

Applicant Survey – Specialty Recruitment 2022

A feedback survey was sent to all individuals who submitted an application to nationally led vacancies in the 2022 specialty recruitment process in either Round 1 or Round 2. Applicants to local vacancies in any of the devolved nations were not sent the survey link.

In total, the survey link was provided to 36,568 individuals and 2,706 responses were received. Whilst decisions for 2023 recruitment processes have already been made, the feedback can be used when deciding on longer term recruitment strategies.

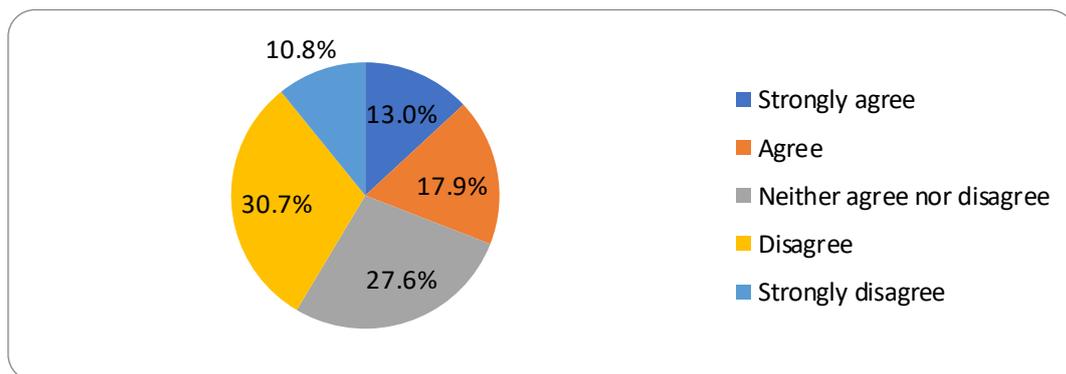
Responses have been received from applicants to 59 different specialties, but the most popular specialties of respondents were:

- General Practice ST1 (29.1%)
- Internal Medicine Training CT1 (15.7%)
- Anaesthetics CT1 (8.9%)

Applicants to the 2022 process were asked identical questions to those who applied in 2021. This paper will outline the responses received and where differences lie compared with the responses received in 2021.

Question: Do you feel that Covid-19 detrimentally affected your application?

41.5% of respondents felt that their application had not been detrimentally affected, with 27.6% neither agreeing nor disagreeing.



This differs considerably with 2021 data where 49.3% of respondents believed that their application had been affected by Covid-19.

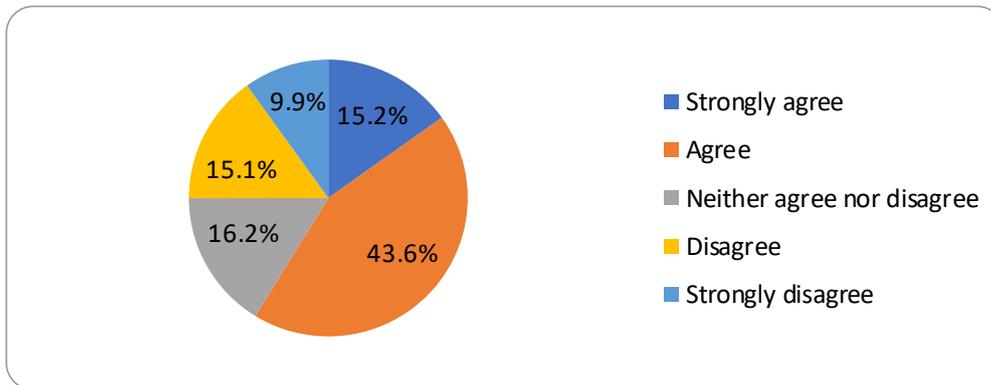
For those 2022 respondents who felt that their application had still been affected, reasons given were:

- Assessment solely on the MSRA with no opportunity to show portfolio or be interviewed
- Inability to study for MSRA due to staff shortages and needing to work additional shifts
- Limited opportunities to improve content of portfolio during pandemic

- Higher application numbers compare with pre pandemic
- Shorter online interviews limit ability to demonstrate skills

Question: Do you think that the processes adopted for 2021/2022 specialty recruitment were fair?

58.8% of respondents thought that the selection processes adopted were fair, with 25.0% disagreeing. This is a similar response to that received in 2021, where 51.5% felt they were fair, but a greater proportion of last year's respondents (30.1%) felt that the processes were unfair.



Respondents who felt that this year's processes were unfair gave the following reasons:

- Assessment solely on the MSRA with no portfolio review or interview
- Online interviews are shorter in duration than face to face interviews were; does not give enough time to demonstrate abilities
- Processes frequently changing e.g. last year IMT was solely on portfolio, this year it was solely on interview. Makes it difficult to know what to do in preparation for specialty recruitment
- Portfolio assessments benefit those who have money to attend courses, conferences etc.
- Assessment based solely on interview does not allow opportunity for demonstrating full range of competences

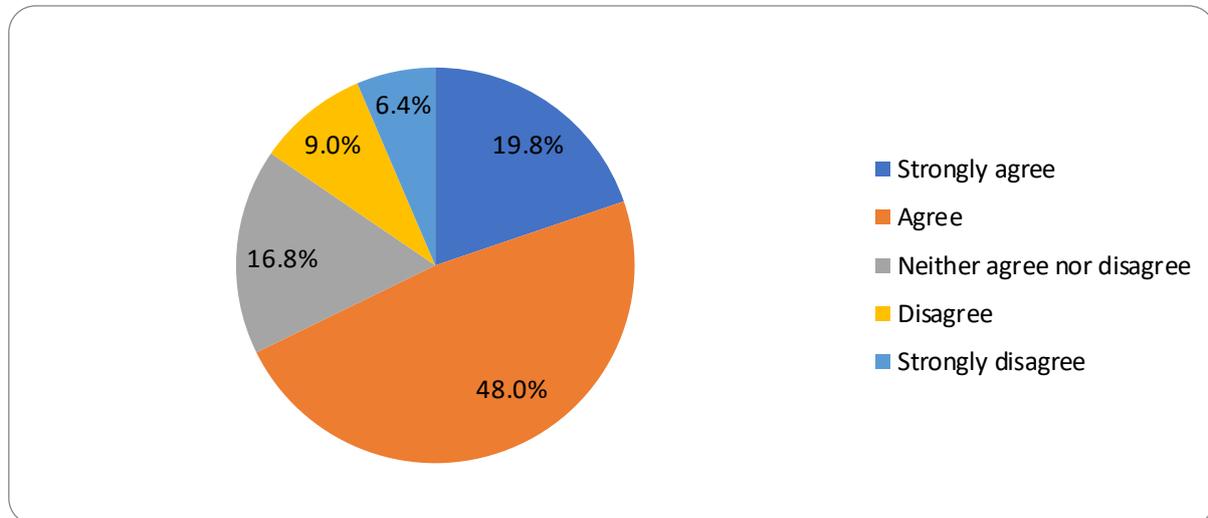
Question: Do you think any particular groups might be disadvantaged by the selection processes adopted?

67.2% of respondents did not think that particular groups of applicants might be disadvantaged by the processes adopted. Of those who did think that disadvantage might exist, the following groups were cited:

- International Medical Graduates
- Those with learning disabilities such as dyslexia
- Those from a less affluent socio-economic background
- Those in busy clinical jobs without appropriate time to prepare

Question: Did self-assessment verification form a valid part of the recruitment process?

60.1% of respondents stated that self-assessment verification was used as part of the selection process for the specialty to which they applied. Of these, 67.8% felt that self-assessment verification formed a valid part of the recruitment process.



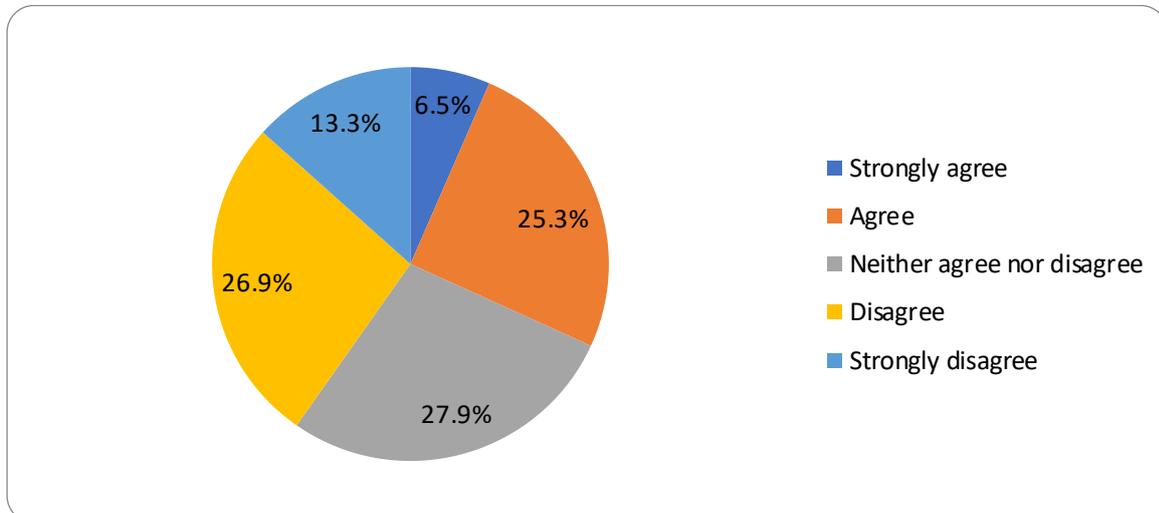
This is almost identical to 2021 data where 66.9% of those that underwent self-assessment verification thought that it was a valid tool.

Those that felt that self-assessment verification was not a valid part of the recruitment process gave the following reasons:

- Not used in the final scoring for Internal Medicine Training; only used to determine who would be invited to interview
- Where self-assessment is not validated and does not form part of the interview process, there is nothing to stop applicants from falsifying their score to receive an invitation to interview
- Subjectivity when scoring evidence; some applicants received different scores for the same type of evidence

Question: Do you think a one station interview is a valid selection method?

Whilst the percentage of respondents who felt that a single station was not a valid selection method (40.2% in 2022, 40.0% in 2021), the proportion of those who felt it was a valid method had reduced (31.8% in 2022, 34.9% in 2021).

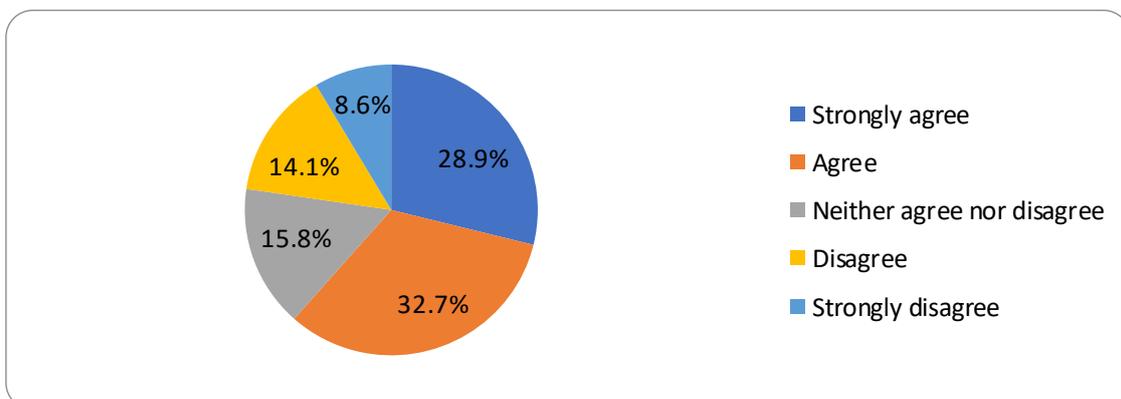


Reasons given for why a single interview was not a valid selection method included:

- Limited domains are tested
- More opportunity for bias from limited number of assessors
- Difficult to get a full impression of the applicant from such a short interaction

Question: Would you be supportive of retaining digital interviews, even if face to face, in person recruitment can take place again?

A higher percentage of respondents were supportive of retaining digital interviews, when compared with 2021 responses (61.6% in 2022, 57.4% in 2021). Digital interviews will be retained for 2023 recruitment.



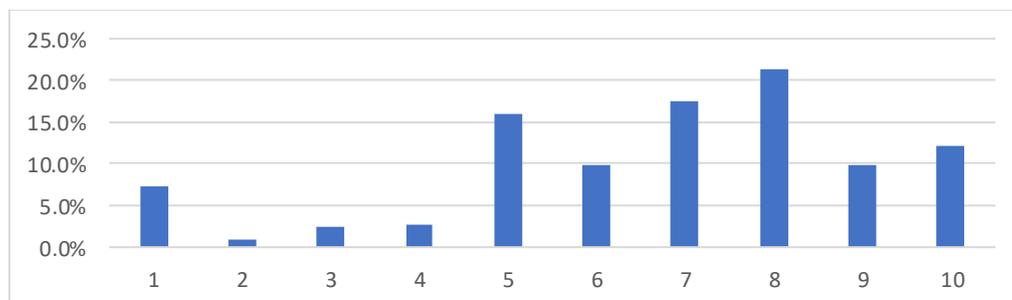
Reasons given in support of digital interviews included:

- No need to travel; reduces cost and time away from home
- Better for the environment
- Easier to arrange leave to attend
- Easier to fit around other commitments
- Allows those working abroad to be interviewed without needing to travel back to the UK

Reasons given for wanting to return to in person interviews included:

- Easier to build a rapport with panel members
- Easier to read body language in person
- Removes anxiety of experiencing IT issues during interview
- Better reflects how medicine is practised

Respondents were asked to rate how well they felt the digital interview process had gone on a scale of 1 to 10 (with 1 being the lowest and 10 the highest).



86.6% of respondents gave a score of 5 or higher.

Conclusion

Results from the 2022 applicant survey are encouraging. Some data is in line with last year's responses, however, other areas are more positive. For example, less respondents felt that their application had not been detrimentally affected by Covid-19 and more respondents were supportive of digital interviews continuing.

Many of the reasons given by respondents for not being supportive of continuing with the current processes are already being addressed by the MDRS team:

- **Selection processes changed last minute** – it has already been decided that 2023 recruitment will be run in the same way as 2022, meaning there will be no changes or surprises for applicants. Moving forwards, MDRS should ensure that decisions for future recruitment years are communicated to potential applicants at the earliest opportunity

- **Reduced interview time prevents a full assessment of the applicant** – work is being undertaken to allow multi station interviews digitally. This would allow the length of overall assessment to increase
- **Single panel leads to bias** – as above, being addressed through new multi station functionality

It is positive to see that the survey results are broadly in line with the decisions that we have taken for 2023 recruitment. Applicant survey data should be used when developing a longer term strategy for delivery of specialty recruitment.