

## Failure to secure a training post in an applicant's first choice deanery: a significant risk factor for difficulties during training

Dear Editor,

Concern is increasing over the number of general practice specialty trainees who are failing the assessment processes. Recent data suggests that the CSA (clinical skills assessment) in particular has been highlighted for the number of failures by international medical graduates,<sup>[1-3]</sup> however evidence is beginning to emerge of difficulties at earlier points in training.<sup>[4]</sup> Previous research has suggested that the scores of trainees on recruitment may be a predictor of performance in training and final outcome.<sup>[5-8]</sup> Increasingly, emphasis is shifting from implementing reactive and remedial strategies, to proactively identifying trainees at risk and implementing early interventions.

Whilst evidence exists to demonstrate that low scoring trainees are more likely to experience problems during training, we wished to identify any other factors that may contribute to these trainees' poor progression in training. On the basis of the literature and in the light of Wessex providing the most extensions in a single year to date (n.19) to 14% of the cohort of trainees recruited in 2009, we undertook a simple retrospective analysis of recruits to GP training in Wessex in this year, focussing upon those trainees who scored greater than one standard deviation below the mean in either stage two or three of the recruitment process. Having identified a sample of trainees (n.39) whose recruitment scores fell into this bracket, subsequent ARCP panel data and exam outcomes were audited to track the progression of these doctors through training.

Our findings indicated that for 2009, of the 39 low-scoring candidates who were recruited, 22 (56%) went on to experience problems during training. Of these 22 trainees, 19 were placed on remedial extensions and 3 were released from training. Figure 1 presents all the outcomes for this group.

Outcomes for lowest scoring trainees at recruitment (n.39)

8	19	3	2	5	2
↓	↓	↓	↓	↓	↓
CCT achieved	Extension	Outcome 4	IDT out of Wessex	Resigned/did not start	Out of program/ delayed start

Figure 1: Outcomes for low-scoring audit sample

On looking at the data for this group more closely, it became apparent that a large proportion of the lowest scoring candidates at recruitment had not applied to Wessex as their first choice deanery (n.28/39; 72%). All of these 28 trainees were

recruited via round one clearing or at round two, having applied unsuccessfully at round one.

We looked again at the whole cohort for 2009 (n.134), but this time through the lens of 'choice of deanery.' We found that candidates choosing Wessex as their first choice generally progressed through training and completed successfully. Similarly, all round two candidates applying for the first time and choosing to come to Wessex progressed through training and completed successfully (n.4/4). Where issues arose, the majority related to trainees who had not chosen Wessex as their first choice, irrespective of recruitment round.

For the 2009 cohort, these 28 trainees who had not applied to Wessex as their first choice deanery constituted 21% of the total number recruited (at both rounds one and two). For the 39 trainees in our original low-scoring sample, the mean scores at stages two and three of recruitment were 446 and 70.4 respectively, in contrast to the mean scores for all Wessex candidates of 517 and 79. Figure 2 contrasts the mean scores of the sub-groups, illustrating the differences.

Mean recruitment scores of low scoring recruits			
Cohort	N	Stage two mean score	Stage three mean score
Applied directly to Wessex	11	455	70.9
Clearing/round two not applying directly to Wessex	28	444	69.9
		$p=0.55$	$p=0.68$

Figure 2: comparison of recruitment scores for sample, low scoring vs. Wessex not first choice

We then compared the ARCP and exam data for these two groups to see if we could identify differences. Despite having comparable recruitment scores, the trainees who had not initially applied to train in Wessex were more than twice as likely to require a remedial extension at the end of the three-year programme compared to those who had applied to Wessex as first choice (57% compared to 27%). Trainees applying directly to Wessex but with low recruitment scores were four times as likely to complete training successfully after three years (45% compared to 11%). Additionally, a relatively large proportion of trainees who had not chosen to train in Wessex resigned from training or did not take up their training post having initially accepted the offer (14%). The figures below present the outcomes for the two cohorts of trainees:

Low scoring recruits who chose to train in Wessex (n.11)

5 (45%)	3 (27%)	1 (9%)	1 (9%)	1 (9%)
↓	↓	↓	↓	↓

CCT                      Extension                      Outcome  
4                      IDT                      Resigned  
/ did not  
start

*Figure 3: Outcomes for low scoring recruits who chose to train in Wessex*

Low scoring recruits who did not choose to train in Wessex (n.28)

3 (11%)	16 (57%)	2 (7%)	1 (4%)	4 (14%)	2 (7%)
↓	↓	↓	↓	↓	↓
CCT	Extension	Outcome 4	IDT	Resigned/ did not start	OOPE/ Deferred start

*Figure 4: Outcomes for low scoring recruits who did not choose to train in Wessex*

Thus we conclude that for Wessex, failure to choose the deanery as first choice is a significant risk factor for having difficulties during training and for failing to complete training, independent of recruitment scores.

Educators in Wessex have, for some years now, been aware of a 'London effect' where candidates not securing a training post in their first choice deanery of London, often look to those around London and seek to obtain posts there through the national clearing process. If appointed, they often continue to live in London and commute. The effects of excessive travelling and dislocation from support networks on these trainees would seem to be cumulative, both on well-being and on their progression through training.

We have drawn a number of conclusions from our audit, one of which is that 2009 may have been an unusual year, particularly as a second round of recruitment is exceptional in Wessex. That said, the numbers involved enabled us to make a meaningful comparison between the identified groups. The impact of having conducted this work is that we are currently looking to make the support structures for trainees more robust at an earlier point in training, for instance by proactively using recruitment data to identify high-risk appointees. As a result of this work, the Wessex deanery has recently begun sharing recruitment information with associate deans and programme directors in the patch offices across Wessex, something that has not happened before. We are considering piloting sharing this information with trainers.

Our findings have implications for other deaneries: low scoring candidates at recruitment may go on to experience difficulties during training, but not necessarily. However it would seem, based upon our data, that trainees recruited via clearing are at particular risk. Those deaneries which recruit trainees via the clearing process and those requiring a second recruitment round may be well-advised to assess these trainees early for the need for proactive intervention and support.

This is an Accepted Manuscript of a letter published by Taylor & Francis in *Education for Primary Care* in 2013, available online: <http://www.tandfonline.com/doi/abs/10.1080/14739879.2013.11494202>

Yours faithfully,

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**Keywords:** Recruitment; CSA; deanery choice; progression; remedial extensions;  
trainee management

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**Word count:** 962 (excluding tables and references)

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