Royal College of Anaesthetists

Exploring improvements to the national recruitment process in anaesthetics: recognising the person behind the number

April 2025

Foreword

This report sets out the findings and recommendations from work undertaken following two resolutions passed at the College's Extraordinary General Meeting in 2023. As requested by members, we further examined past failings of the Anaesthetics National Recruitment Office (ANRO) and considered the feasibility of returning to regional recruitment.

This work was completed and reviewed by Council at the end of last year. Since then, however, external developments – including the government's decision to abolish NHS England – have introduced new uncertainty. At the time of writing the report, NHS England had committed to providing additional resources for anaesthetics recruitment, including three new posts within the ANRO team. Regrettably, these posts remain unfilled, and our recent attempts to obtain an update have gone unanswered. This is a serious and ongoing concern.

We acknowledge the wider challenges NHS England is facing, but anaesthetic recruitment services must be adequately resourced. The College's Recruitment Committee has been working constructively with the ANRO team, and we recognise the genuine progress that has been made in some areas. But without the additional resources promised, the system remains fundamentally ill-equipped to deliver recruitment services, particularly given the increase in application numbers. This places an unacceptable strain on the system and represents a significant risk to applicants participating in what is a high-stakes and deeply consequential process.

The College will continue to do everything in our power to monitor and improve the recruitment process for applicants, who deserve a system that is fair, robust and transparent. While we do not have control over resourcing, we will continue to lobby for change.

With regard to regional recruitment, after careful review, we have concluded that the current national model should be retained, not least because of a lack of resources available to regional teams to take on this role. This view has been strengthened by the government's plans to significantly restructure NHS governance in England, which brings uncertainty in the near term.

We are grateful to the many individuals and groups who have contributed to this work, which has been collaborative throughout. Our sincere thanks go to members of our working party, to anaesthetists in training and trainers, and the wider membership.

Dr Claire Shannon
President

Contents

Acknowledgements

We are grateful to everyone who participated in the work presented in this report, including the following colleagues:

- Dr Jon Chambers
- Dr Caroline Evans
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- Dr Helgi Johansson
- Dr Giovanna Kossakowska
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- Dr Stephen Robb
- Dr Sarah Thornton
- Dr Matt Tuck
- Dr David Urwin

Executive summary

This report presents findings and recommendations from our work to implement two resolutions relating to recruitment that were carried at the Extraordinary General Meeting (EGM) in October 2023.

Key points

- The Royal College of Anaesthetists (RCoA) is, like all other medical royal colleges and faculties, an advisory body for the Medical and Dental Recruitment and Selection (MDRS) Committee and the Anaesthetics National Recruitment Office (ANRO), which own the process of recruitment at this level into the NHS. This limits our ability to directly implement change.
- Anaesthetics recruitment is singularly different from all other medical specialties in that it allows applicants to apply to clusters, comprising England and Wales or Northern Ireland or Scotland. Applicants in England and Wales are then interviewed at different regional selection centres while separately preferencing the region(s) to which they hope to be appointed.
- Our exploratory work after the EGM considered both the historical context that led to the change from regional to national recruitment and the question of whether the current recruitment experience for applicants would be improved by returning to a regional system.
- After consultation and engagement with stakeholders, we concluded that the current form of recruitment is not perfect. However, several stakeholders noted that the current model offers benefits to applicants to anaesthetics, particularly those in the devolved nations.
- Responsibility and accountability for recruitment in the UK are unclear to many applicants and stakeholders involved in recruitment.
- Feedback from current and previous applicants indicates that the recruitment process is impersonal and unsupportive and requires significant proactivity to navigate.
- Our work to implement the EGM resolutions included extensive investigation and engagement with multiple stakeholders. We did not find compelling evidence that the recruitment experience would be improved by changing from a national to a regional model. Overall, our findings suggest that anaesthetics recruitment should not be adjusted to a regional or local model.
- Recognising the high-stakes nature of the process, our work indicates that there is scope, and a requirement, to explore improvements to the recruitment process to make it more personalised, particularly at this early stage of applicants' careers.

Summary of recommendations

Recommendation 1: NHSE (NHS England) and the MDRS should continue working with the RCoA to improve recruitment through collaboration and engagement.

Recommendation 2: NHSE, the MDRS and the West Midlands Deanery must collaborate to ensure that additional staff are recruited to vacant administrative posts within the ANRO team. This is required to improve operational delivery of recruitment and ensure that an appropriate standard of communication is consistently maintained.

Recommendation 3: The MDRS and NHSE should provide applicants with greater visible accountability of the recruitment process, including the publication of the terms of reference and governance structure for national recruitment.

Recommendation 4: The RCoA should consider sending key information and updates on the recruitment process to its training networks before and during a recruitment process to support the cascade of information.

Recommendation 5: The MDRS and NHS England should undertake a review of recruitment communication channels to ensure that essential information is available, accessible and communicated ahead of the recruitment process. This should include:

- publishing up-to-date information on websites, including the number of available posts and the correct forms for the given recruitment round
- removing out-of-date information and forms from websites and online searches
- consideration of the timing, frequency and tone of voice of communications, as well as response times, to ensure that all communications reflect the high-stakes nature of recruitment and the mental burden that the process places on applicants.

Recommendation 6: Recruitment teams should undertake a review of the ORIEL guidance and consider how best to integrate this guidance into the system itself.

Next steps

We will work with stakeholders to implement the recommendations from this report. In addition, we will consider how the findings might be applied to other areas of our work, such as examinations and training.

We are also undertaking work in relation to other areas of recruitment that members have raised with us during the stakeholder engagement reported here and in other forums. These are the use of the Multi-Specialty Recruitment Assessment (MSRA) and run-through training.

Members have raised questions about the validity of using the MSRA in anaesthetics recruitment. In response, we have developed a proposal for analysis of the use of the MSRA as a selection tool, which has received initial approval from the UK Medical Education Database (UKMED). The analysis will help to address some of the questions raised by providing insight into the career progression and performance of anaesthetists in training while the MSRA has been in use. The methodology and timeline for this analysis will be presented at the College Tutor's meeting in June 2025.

Similarly, some members have questioned the rationale for uncoupled training in anaesthetics. We have therefore established a working group to work with our training networks, the Academy of Medical Royal Colleges and other specialties to consider the appropriateness of run-through training for anaesthetics.

Introduction

The Royal College of Anaesthetists is the professional body responsible for the specialty throughout the UK. We are the third largest medical royal college in the UK by membership. With a combined membership of more than 24,000 Fellows and Members, we ensure the quality of patient care by safeguarding standards in the three specialties of anaesthesia, intensive care and pain medicine.

In 2023, the College held an EGM at which six resolutions proposed by members were carried with significant support. Two of the resolutions pertained to recruitment. Resolution 5 advised Council to further explore administrative errors made during the delivery of recruitment in anaesthetics. Resolution 6 advised Council to explore the possibility of regional recruitment. These two resolutions are detailed below.

Resolution 5: National Recruitment for Doctors-in-training

The Council is advised to:

- make necessary enquiries in order to acquaint itself with the reasons for the delay in publishing the SIR (Serious Incident Report report), and discuss its findings
- consider whether there is any evidence, on the basis of the report, that HR records were not kept clearly and accurately, whether or not adequate auditing and benchmarking systems were in place and whether or not staff had the necessary knowledge, skills and training to carry out their roles
- consider whether or not it still has confidence in the leadership and senior management of the Anaesthetic National Recruitment Office (ANRO).

Resolution 6: Regional recruitment

The Council is advised to:

- set up a group, together with any other stakeholders it sees fit, which may include the Academy of Medical Royal Colleges, to investigate whether a centralised national recruitment centre is in the best interests of our specialty, to explore the legal and practical possibilities of recruitment at a regional level, and to present a report on their findings in due course.

Post-EGM project governance

After the EGM, we established a working group to lead on implementation, including consultation with the following stakeholders:

- resolution proposer (consultant anaesthetist)
- anaesthetists in training representatives
- RCoA Anaesthetists in Training Committee
- national recruitment managers within NHSE
- Academy of Medical Royal College (AoMRC) Education and Training Leads Network
- MDRS Co-chairs.

Background and context to national recruitment

National recruitment is a standardised process by which doctors who have completed foundation training are selected and appointed into specialty training programmes. In addition to UK-based foundation doctors, there is a proportion of applicants who apply from outside the UK. It is a highly competitive process and demand for places far outstrips supply, even though some specialties, including anaesthetics, are experiencing severe shortages.

In 2024, there were 54,012 applications (from 26,138 unique applicants) for just 9,341 specialty training places in the UK. For anaesthetics, there were 3,520 applications for an available 540 core anaesthetic training places – a competition ratio of 6.5:1. Between core and higher anaesthetics training, there were 640 applications for 390 places in 2024 – a competition ratio of over 1.6:1.[1]

National recruitment, as a competitive process, needs to be delivered in a way that is robust, valid and fair to all applicants. From an employment perspective, the process must also comply with relevant legislation.

Previously, recruitment at a regional level was used in anaesthetics and other specialties. Regional recruitment was put in place to more closely control the recruitment process following the national failure of the Medical Training Application Service (MTAS) application system run by Modernising Medical Careers in 2007. Also, at this time, the College established its Recruitment Committee to help oversee and provide specialty advice into the recruitment process. Local deaneries were also asked to arrange processes and posts themselves. This resulted in some applicants having multiple interviews and being offered more than one post, which meant that those they turned down were left unfilled. The impact of this was greater in areas where attracting applicants is more difficult. The local processes also made standardisation across regions more difficult to maintain.

National recruitment was introduced across some specialties when Oriel, the UK-wide portal for postgraduate medical recruitment, was developed in 2014 and most specialties adopted national recruitment in full in 2018. The College worked with national and regional bodies to negotiate a process for anaesthetics that adopted the national concept of recruitment, but preserved the independence of a process for the devolved nations. This meant that anaesthetics has a national process that recruits via multiple units of application – England and Wales, Northern Ireland and Scotland.

To allow for greater fairness, a national standardised and transferable score was introduced, allowing applicants who applied to England and Wales to freely list their applications across any region and, depending on their ranking, to be considered anywhere. Northern Ireland and Scotland agreed on a process that focused recruitment on their geography.

This change to a national process was initially subject to criticism due to the sudden nature of the movement and pace of change. However, it enabled the College to focus on improving fill rates nationally for anaesthesia from circa 80% to 100% in both core and higher training. The College also convened regional engagement sessions with schools of anaesthesia to provide support for increasing fill rates and other recruitment and retention activities in the region. In this respect, the change to national recruitment was a successful move by the MDRS. However, there is recognition across specialties that difficulties in filling training posts persist in some locations that remain less desirable to applicants.

1 Royal College of Anaesthetists (2024). *The Anaesthetic Workforce 2024: UK State of the Nation Report.* RCoA.

Stakeholders involved in recruitment

Recruitment is a complex process involving several stakeholders. Although the College is involved in the recruitment process, and our members play a major role in the advice, assessment, benchmarking and quality assurance processes, recruitment is the responsibility of the Department of Health and Social Care which delegates this function to the MDRS to deliver across the four nations.

Regional deaneries coordinate recruitment for each specialty on behalf of the MDRS, and work together with the colleges to deliver it. Each deanery is accountable to a postgraduate dean. The roles of the key stakeholders involved in the recruitment process are detailed below.

The MDRS Board is a subgroup within NHSE, appointed by the statutory educational bodies for each of the four UK nations (NHSE, HEIW (Health Education and Improvement Wales), NES (NHS Education for Scotland) and NIMDTA (Northern Ireland Medical and Dental Training Agency)) to represent their interests and deliver national recruitment. The MDRS Programme Board is chaired by two postgraduate deans and oversees national recruitment to all specialties with the following functions:

- report back to NHSE on recruitment delivery
- make recommendations for change in the recruitment process to the MDRS Programme Board based on reviews that they have undertaken
- responsible for ORIEL, the online recruitment application portal
- encourage quality assurance and standard setting to selection processes
- work to develop standardised recruitment assessment tools such as MSRA
- evaluate and improve selection processes
- ensure that recruitment is equitable and fair.

The Anaesthetic National Recruitment Office (ANRO) is a local deanery office hosted by the West Midlands and was formed in 2010. This office has maintained administrative responsibility for anaesthetics recruitment, but individual regions hosted interviews locally up until 2018 when larger regional centres were developed. The ANRO team includes administrative officers who oversee paediatrics and general practitioner (GP) programmes, the largest specialties that recruit. They are line managed by a Band 8 National Programme lead who has responsibility for programme management and recruitment. ANRO has relationships with nominated recruitment leads for all deaneries across the UK with which they liaise regularly to deliver recruitment across many specialties.

The Royal College of Anaesthetists is the professional body responsible for safeguarding standards in anaesthesia, including standards in recruitment. The College's work on recruitment is overseen and delivered by the Recruitment Executive Committee comprising committed and experienced anaesthetists volunteering their time to develop and maintain standards in the specialty.

The Recruitment Executive Committee's role is to represent the College on all aspects of recruitment, by discussing, considering and reviewing all aspects of the process set out by the MDRS and ANRO, and making appropriate recommendations that support doctors who wish to apply for anaesthetic training posts in the UK. This includes the following responsibilities:

- Ensure the functioning of a Recruitment Executive Committee and subgroups for CT1 and ST4 to act on behalf of the College, the specialty and Council in setting policies, and maintaining standards for recruitment.

- Ensure that the recruitment office has all specialty standards in place to deliver recruitment, including:
  - advising on specialty standards to set the person specifications for each recruitment round
  - agreeing and communicating the person specification for entry into the specialty.
- Provide expert clinical knowledge and input to the recruitment process.
- Advise on the appropriate assessment tools, methodology and process for recruitment.
- Provide the specialty and prospective candidates with information about the recruitment process.
- Appoint appropriate personnel to help advise on the various aspects of recruitment.
- Advise external stakeholders, but not manage or control the recruitment process or set the number of training places.
- Develop and advise on the assessment methods to be used in anaesthetics.
- Develop and maintain a bank of questions for recruitment.
- Develop and train the pool of assessors.
- Quality assure the recruitment processes.

The chair of the Recruitment Executive Committee represents the College in various forums and meetings including with NHSE, the ANRO, the AoMRC and the MDRS.

Distribution of posts

Training posts are distributed and allocated across the UK by the statutory educational bodies (NHSE, HEIW, NES and NIMDTA) based on factors including but not limited to:

- training needs and capacity
- immediate patient service needs
- Government or national policy
- workforce planning for future service needs
- other socioeconomic factors.

The College regularly offers data, feedback and advice for the appropriate number and spread of posts to meet demand and support the workforce. This is done through its advocacy and influencing work, which is informed by data and evidence collected from members and published in the workforce census, *State of the Nation*, and other workforce-related documents. The College's position is based on feedback from its training networks, workforce needs and the number of anaesthetists required to meet current and projected future patient demand.

Recommendation 1: NHSE and the MDRS should continue working with the RCoA to improve recruitment through collaboration and engagement.

EGM Resolution 5: national recruitment for doctors-in-training

The College has attended to this resolution in the spirit in which it was intended and provided regular feedback to members through a series of EGM updates.[2]

The College and the working group have held regular meetings with the Dean of the West Midlands Deanery, the MDRS and the General Medical Council (GMC) to establish whether there had been an intentional, or sustained, departure from Good Medical Practice from those involved in the management of recruitment. The SIR referenced in the resolution was the output from an investigation into errors that occurred in recruitment in autumn 2021. The College did not seek to repeat this process, but to follow up with stakeholders involved in recruitment to check that processes continued to be followed and whether progress was being made on the recommendations from the SIR.

The investigation and subsequent meetings were held during a significant amount of change within NHSE to merge NHSE and HEE (Health Education England) into a single organisation. The College was satisfied that some progress had been made in implementation of the SIR recommendations but noted that work was still required to ensure that appropriate staffing was in place within the ANRO team.

NHSE reported that this aspect of the work had been challenging to deliver because of the prolonged merger process, but multiple sources within NHSE provided evidence that resources had been approved to address the staffing issues. In February 2024, the then RCoA President wrote to the Chief Executive of NHSE requesting immediate action to address the resourcing issues within ANRO or to work with the College to identify a viable alternative to the provision of anaesthetic recruitment services. In response, the Chief Workforce, Training and Education Officer wrote to the College in March 2024 to confirm that NHSE had committed to establishing three additional posts to support anaesthetic recruitment.

We recognise that good progress has been made to improve processes, systems and documentation since the review, and this goes a significant way towards reducing the risk of further errors and improving knowledge sharing. However, we also urge those responsible for recruitment in NHSE to prioritise recruiting additional staff to fill vacant administrative roles, particularly as application numbers increased to 3,520 for the 2024 round of CT1 anaesthetics recruitment. In addition to anaesthetics, the National Recruitment Office supports other specialties with their recruitment and increases in applicant numbers have the potential to add significant administrative load to the existing team.

Recommendation 2: NHSE, the MDRS and the West Midlands Deanery must collaborate to ensure that additional staff are recruited to vacant administrative posts within the ANRO team. This is required to improve operational delivery of recruitment and ensure that an appropriate standard of communication is consistently maintained.

Recommendation 3: The MDRS and NHSE should provide applicants with greater visible accountability of the recruitment process, including the publication of the terms of reference and governance structure for national recruitment.

2 For example, updates emailed to members and published online in August 2024, May 2024 and December 2023.

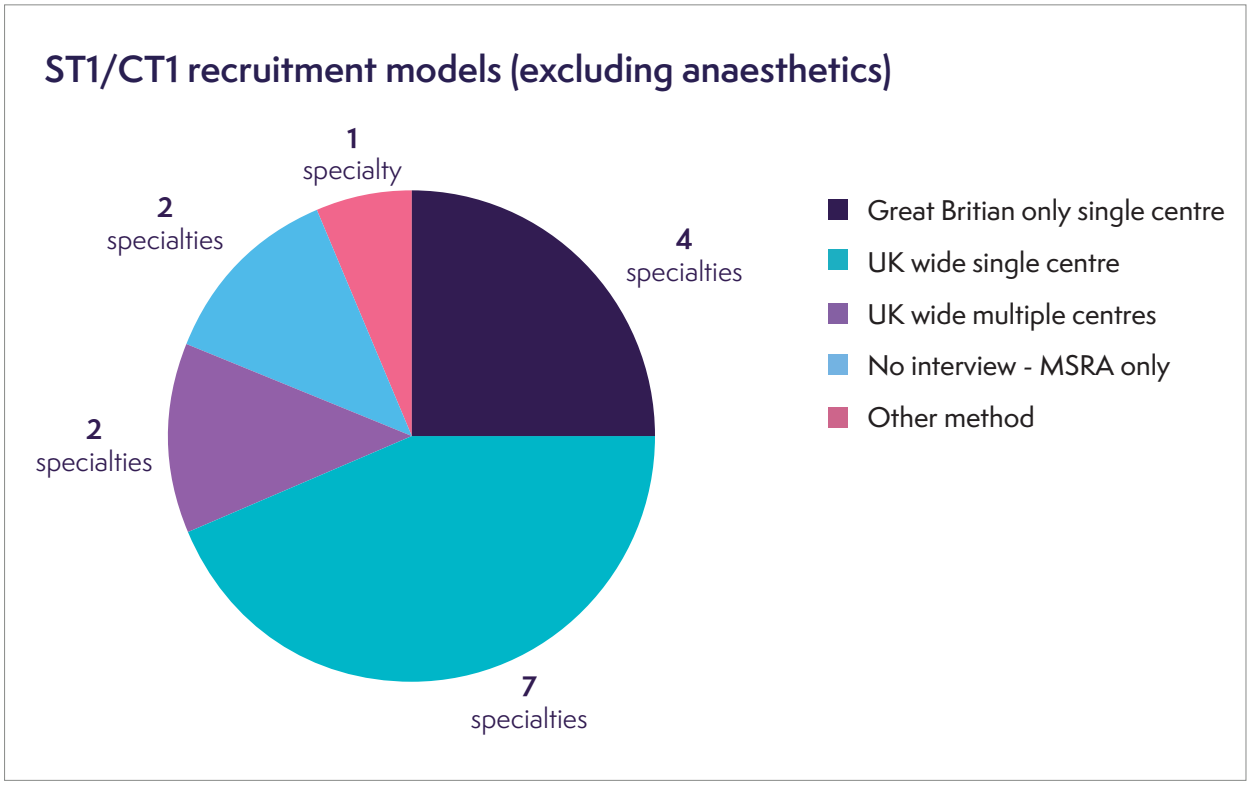
EGM Resolution 6: regional recruitment

After the EGM, we engaged in scoping the options for regional recruitment. We met with the resolution proposer (consultant anaesthetist) to hear more from their perspective. We included anaesthetists in training, our lead dean for anaesthetics and national recruitment managers in meetings and focus groups to acquire a broad range of perspectives.

The current model of recruitment

For CT1 applications to anaesthetics, applicants apply to England and Wales or Scotland or Northern Ireland. Applicants must determine this before making their application and cannot transfer interview scores between areas. There are interview centres in the East of England, Midlands, North-east, North-west, South-west, Wessex, Yorkshire, Wales, Scotland and Northern Ireland.

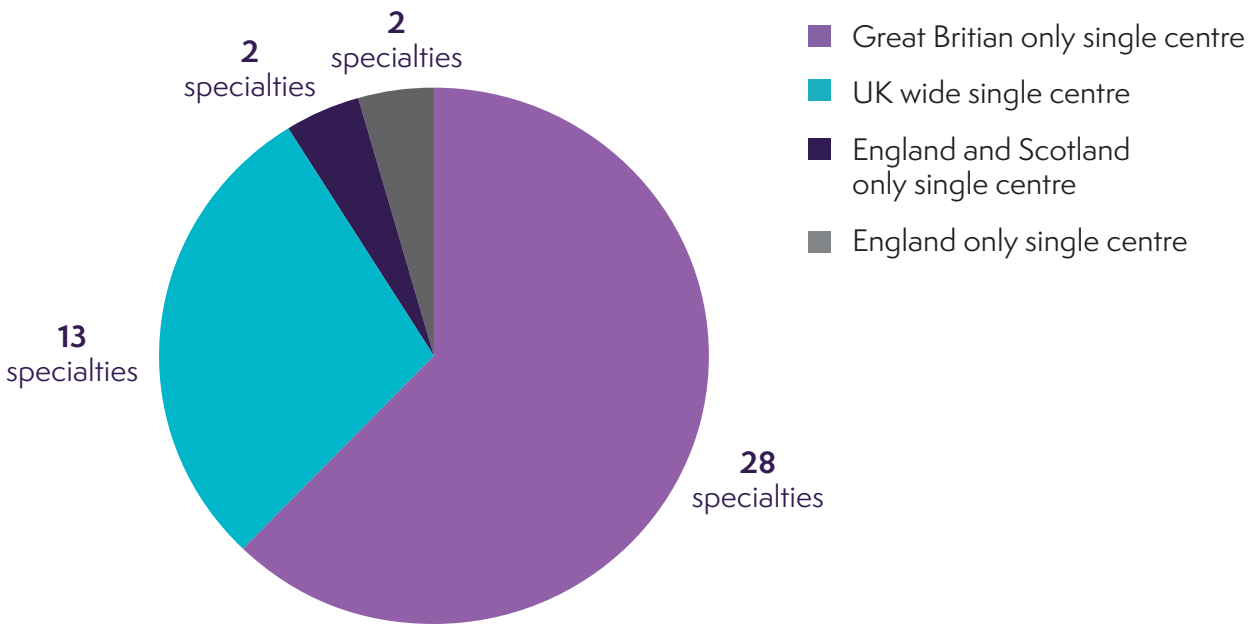
This is unique among medical specialty recruitment at the ST1/ CT1 level, because only anaesthetics has specific recruitment to clusters. An in-depth breakdown is available in Appendix A.



Recruitment at ST4 is similar, in that applicants for anaesthetics can apply to England and Wales or Scotland or Northern Ireland. There are interview centres in the East of England, London, Midlands, North-east, North-west, Thames Valley, Wales, Scotland and Northern Ireland.

Similar to ST1/CT1, anaesthetics is unique in its approach to recruitment at the ST4 level. More details are provided in Appendix A.

ST3/4 recruitment models (excluding anaesthetics)



The current model of recruitment into anaesthetics has evolved to fit the specific needs of supporting recruitment, fill rates and retention in the devolved nations.

Our exploratory work suggested that the current process may have an element of 'cross-border' inequity built into it, whereby scores for a national process are not transferable across units of application (eg Scotland, Northern Ireland and England and Wales). However, this is potentially outweighed by the greater levels of fill rates and retention within each nation.

Although there are elements of flexibility built into the process for recruitment, there are restrictions in some areas for candidates who may wish to be considered across units of application. This may strengthen the feeling of commitment to the specialty or region that has been selected, particularly in developing the approach in Scotland where there has been a significant amount of work around workforce projections and retention.

Scoping regional recruitment

Initial feedback from members involved with proposing the resolution illustrated that, over time, the national recruitment process had become less personal. The resolution was borne from frustration that the process left applicants feeling that they had become a cog in a wheel or a number on a spreadsheet, rather than a valued and highly skilled member of the medical profession with many years of training and experience.

This reported depersonalisation of the process was exacerbated by some of the communications received by applicants about the process, or in cases where the process had failed to deliver. Applicants regularly noted that the tone and response rate of the communications had not recognised or captured the high-stakes nature of the process for applicants. The working group and College Council were therefore keen to explore these themes further.

Initial discussions with all stakeholders explored the potential benefits of a model of regional recruitment. There was recognition that previous systems of recruitment involved applicants being interviewed by colleagues working in the same hospital or region. However, this was also perceived as a potential erosion of the independence and standardisation of the process across the UK.

Other benefits, such as applicants being able to demonstrate a commitment to a region or hospital (as well as the specialty) were outweighed by feedback from stakeholders citing disadvantages that a regional or more local model of recruitment would bring. These include facts such as knowing the person interviewing, the risk of being unable to attend the specific interview and the potential increase in bias.

Benefits of regional recruitment	Disadvantages of regional recruitment
• Ability to see the consultant with whom you would work if successful • Ability to demonstrate commitment to specialty, hospital or region	• Increases bias in a process that is nominally national and standardised • Many applicants prefer not to be interviewed by local consultants because this could introduce conflicts/bias • Interview lottery • Unfair to applicants • Limits choice of placement • Reduction in standards

Discussions with the MDRS, ANRO, other medical royal colleges and faculties, and focus group interviews with applicants suggest that there are benefits to the current form of recruitment that need to be retained for the purposes of flexibility, choice and supporting strategic workforce planning across the UK. Overall, we concluded that these benefits outweigh the potential benefits of a return to regional recruitment and therefore the current national model should remain in place. Our work did, however, recognise that changes were needed to the process.

Comparison with other specialty recruitment processes shows anaesthetics to be unique, with clustered arrangements and multiple interview centres. With respect to moving to more regional recruitment, findings indicate that this:

- increases bias and reduces fairness
- becomes an interview lottery
- limits choice
- reduces consistency and affects standards
- increases re-advertising of posts owing to applicants accepting multiple posts but filling only one, requiring more efforts in supporting clearing and increasing overall administrative burden
- risks having different recruitment timelines across regions impacting interviewer time
- reintroduces travel requirements if done in person, thereby affecting time in training/service.

There are also perceived disadvantages to national recruitment, such as trusts/health boards and consultants having no control over which anaesthetists in training will be appointed. There is also a perception that candidates are more likely to decline offers in areas considered to be less popular. However, anaesthetics has a high fill rate (nearly 100% at CT1 since 2013 and over 85% at ST4 since 2015). The risk of posts remaining vacant until the next interview round, often cited as a disadvantage of national recruitment, is therefore lower compared with other specialties.

These sentiments were shared when we explored these questions with education leads within the AoMRC and separately with the national recruitment team within NHSE. We were reminded of the challenges that regional recruitment would present for broadening opportunities for applicants with specific circumstances that need to be supported, as well as the need to apply a standardised approach to support reasonable adjustments in line with the Equality Act 2010.

Regional recruitment would potentially cause an increase in staff time nationally to support multiple regional centres, which would lead to an increased financial cost to the NHS. Fill rates may also be difficult to manage via a regional process. For example, regions and hospitals outside the more popular areas may find it more difficult to fill all places, leading to a reduced national fill rate. Multiple applications from candidates to different regions would stretch interview capacity and leave gaps in training.

Applicant experience of recruitment

We held two focus groups with anaesthetist in training representatives to gain valuable insights on the two EGM resolutions relating to recruitment and explore their support and recommendations for the College's work in these areas. Participants reported feeling like they were 'treated as a number' during the recruitment process. They also highlighted the difficulties caused by needing to schedule their own time and reminders to check information regularly, noting that taking annual leave at the 'wrong' time or attending to a family emergency might result in missed information and opportunities. Although the College cannot control the processing administration for recruitment, we will endeavour to improve our guidance to aspiring anaesthetists rather than simply signposting to ANRO information.

There were mixed views on whether or not it was better to be interviewed by someone known to an applicant. Participants recognised that the objectivity and independence of being interviewed by someone not known personally to an applicant was probably fairer. They also highlighted that, although short interview times meant prior relationships could be a positive feature, this could also be disadvantageous. On balance, being known to the person interviewing was not viewed as a positive factor because of the risk of bias that would impact on the validity of the national process.

Focus group participants also identified ST4 scoring self-assessment as another area where the College might be able to support applicants. This was noted as complicated and unclear, with a call for some stronger guidance.

During the focus groups we asked anaesthetists in training to share their own experiences of the recruitment process as well as that of their colleagues so that we could explore solutions to the issued raised. Participants described feeling unclear about the process, unaware of updates and having to overly rely on local networks and personal relationships to navigate the process.

Anaesthetists in training also described feeling that successful completion of stage 1 training was not enough in itself to compete for a higher training place. They felt that, to prepare a CV, someone would need to be prepared to go quite far over and above the (already rigorous) baseline requirements of training to gain an ST4 training place. This feeling worsens with less favourable competition ratios.

Anaesthetists in training also reported that there was a significant mental load placed on them from the application and recruitment process. Applicants generally need to wait long periods of time for an announcement to come from a central office and are constantly checking emails, junk mail and talking to colleagues about the process, because they fear that missing a communication, even for one day, would have a big impact on their chances.

The MSRA was reported as being overwhelming to prepare for – akin to studying for a completely new high-stakes examination. Lots of time is taken up by revising, 'getting into, and maintaining oneself, in the zone' and then taking the examination. This experience left applicants questioning the relevance or validity of the process because they reported that the MSRA 'is an exam developed for and by another specialty'. Anaesthetists in training said that they had to check multiple websites daily to make sure that they had not missed information or a deadline. They also described feeling that recruitment was an 'industry in itself'.

From talking to all stakeholders and seeking the views of anaesthetists in training, there was a strong feeling that regional or local recruitment would potentially increase bias, reduce choice and limit the flexibility of the process for applicants. This is not to say that change is not required to the system, as we have already discussed.

There was an overwhelming view expressed that it would be better to focus on making the current recruitment process more personalised and centred around the experience of applicants rather than on a move back to regional recruitment. National recruitment can be an initial and profound interaction between a doctor and the NHS as they embark on a long-term career. This experience can have a long-lasting impact and set future impressions of the NHS as an employer. The relationship between work and wellbeing for doctors has been well documented, and experiences of induction and recruitment to an organisation/specialty can have an impact on levels of engagement and wellbeing.

A more personalised and supportive approach to recruitment can lead to the workforce feeling valued and reduce unnecessary levels of stress and anxiety in the process.

In the next section we explore how the recruitment process can be made more personalised and supportive, and make recommendations and suggestions (in the table below) for ways in which this could be achieved.

Improving recruitment via a more personalised approach

We asked the focus groups of anaesthetists in training how recruitment as a process could be improved. Rather than structural change to move towards a regional model of recruitment, participants felt that the recruitment process had been reduced to a point where the person behind the application had been lost.

At the centre of each application is a person with their own personal circumstances, friends and family, expectations and aspirations. Above all, every applicant is a valued doctor working in the NHS and striving to obtain a training place to further their career and provide the care that patients need. The stress of losing out on this owing to a missed email or administrative error means that the stakes for recruitment are extremely high.

Recommendations for improvement related to the extent to which accurate information was readily available on the correct website(s) at the right time. Anaesthetists in training highlighted the need to ensure that the fundamental parts of the process are in place, such as updating websites, removing old forms from all websites that previously housed them, cascading information and ensuring that person specification requirements are understood and available.

Having dates sent out in advance of the process was seen as a positive step. This happens to some extent currently, but expecting a communication within a specified date range adds to the stress of waiting and worrying about missing a communication. The timing, content and tone of communications received were noted on several occasions. Communication is at times overly

complex and sometimes curt or full of legalese, depending on its purpose. Those responsible for the recruitment process should review their communications to ensure that they are written in plain English and can be easily understood by people unfamiliar with the process.

Anaesthetists in training reported that the networks of trainers, colleagues, consultants and supervisors were very helpful as a source of information. Many of these people were used as sign posters, sounding boards or mentors through the process and are viewed as a rich source of information and experience. College webinars were also reported to be very helpful in explaining the process and requirements.

Recommendation 4: The RCoA should consider sending key information and updates on the recruitment process to its training networks before and during a recruitment process to support the cascade of information.

Recommendation 5: The MDRS and NHS England should undertake a review of recruitment communication channels to ensure that essential information is available, accessible and communicated ahead of the recruitment process. This should include:

- publishing up-to-date information on websites, including the number of available posts and the correct forms for the given recruitment round
- removing out-of-date information and forms from websites and online searches
- consideration of the timing, frequency and tone of voice of communications, as well as response times, to ensure that all communications reflect the high-stakes nature of recruitment and the mental burden that the process places on applicants.

Recommendation 6: Recruitment teams should undertake a review of the ORIEL guidance and consider how best to integrate this guidance into the system itself.

We asked our focus group participants to suggest aspirational targets that could improve the process for applicants. These suggestions included having help information built into the Oriel system in the form of tool tips to help applicants when they encounter pages, rather than having lots of associated/ supporting documents to explain the system. Participants also felt that having access to the scoring framework would help applicants to think about how they could approach the recruitment process.

We have categorised and summarised the suggestions and recommendations for improvements in the recruitment process on the next page.

Information	Help and support	Staffing	Interview process
• Information sent to applicants regularly using accessible language • Information that recognises the pressure that people are under • Regular updates via email and on website • Information sent out ahead of a deadline/ milestone – College to support	• Name and contact details for someone should anything go wrong • Briefing from the team on any issues • Help tabs to explain why specific information is needed – more accessible language	• Named staff who are informed and on hand to help and answer questions • Applicant questions and queries are handled by qualified staff • Confirmation that emails have been received/read • Having confidence that someone understands the situation of the applicant, what categories they fall into and what they are asking • Updated website with information allowing for everyone to have the same information • Staff having interest and being invested in the work that they do	• Saying hello to introduce themselves in the interview • [At the end of an interview] Not feeling 'booted out'

MSRA validity study

A final aspect of discussion that arose through the EGM process and the focus groups was the use of the MSRA. Anaesthetists in training felt that the MSRA did not necessarily allow for a true assessment of their anaesthesia-specific attributes. The use of the MSRA as an assessment tool was implemented to assess and benchmark large numbers of applicants. Some members noted that, although they saw the rationale to implement this at the time, the ongoing use of the tool needed further exploration.

In response to these questions about the validity of using the MSRA in anaesthetics recruitment, we have initiated a detailed analysis of its use as a selection tool. We have received initial approval from UKMED after submission of our proposal. The analysis will enable us to better understand the career progression and performance of anaesthetists in training recruited while the MSRA has been in use.

Appendix A

Core Training/ST1 entry

Specialty and level	Number of applications to national selection process (August 2024 recruitment only)	Interview process	Shortlist method (if known)
General Practice ST1	15,036	• No interview – selection undertaken solely on MSRA score	• MSRA
Internal Medicine Training CT1	6,273	• UK-wide recruitment • Digital interviews administered by **all** appointing regions	• Oriel application and self-assessment scoring • Longlisting by regional staff • Interview
Core Psychiatry Training CT1	4,650	• No interview – selection undertaken solely on MSRA score	• MSRA
Clinical Radiology ST1	3,719	• Recruit for England, Scotland and Wales • Interviews run by London recruitment team for all applicants	• Certificate of Readiness to Enter Specialty Training (CREST) • MSRA for long listing • Interview
Anaesthetics CT1	3,522	• Recruitment UK wide • Cluster recruitment – applicants apply to and are considered for appointment in England and Wales **or** Northern Ireland **or** Scotland • Interviews run by multiple recruitment teams – East of England, Midlands, North-east, North-west, South-west, Wessex, Yorkshire and the Humber, Northern Ireland, Scotland, Wales	• Oriel • MSRA • Interview by cluster
Core Surgical Training CT1	3,384	• Recruit for England, Scotland and Wales • Interviews run by London recruitment team for all applicants	• Oriel • CREST • MSRA • Interview

Specialty and level	Number of applications to national selection process (August 2024 recruitment only)	Interview process	Shortlist method (if known)
ACCS Emergency Medicine CT1/ST1	2,718	• Recruit for England, Scotland and Wales • Interviews run by London recruitment team for all applicants	• Oriel • MSRA • Interview
Obstetrics and Gynaecology ST1	2,170	• UK-wide recruitment • Interviews run by the North-west recruitment team for all applicants	• Oriel • MSRA • Interview
Public Health Medicine ST1	1,816	• UK-wide recruitment • Interviews run by the Midlands recruitment team for all applicants	• Oriel • CREST • MSRA • Interview
General Practice and Public Health Medicine ST1 (dual CCT programme)	1,794	• Introduced for the first time in 2024 following approval of the curriculum by the GMC • England only: MSRA alone for GP part of selection • For Public Health, applicants undertake an online interview administered by the Midlands recruitment team	• MSRA only in GP and interview in Public Health
Paediatrics ST1	1,583	• UK-wide recruitment • Digital interviews administered by the recruitment teams in the Midlands, North-east, Thames Valley, Northern Ireland and Scotland	• Oriel • Application form • Interview • (No MSRA)
Ophthalmology ST1	1,383	• UK-wide recruitment • Interviews run by the South-west recruitment team for all applicants	• Application and interview • MSRA
Histopathology ST1	600	• Recruit for England, Scotland and Wales • Interviews run by London recruitment team for all applicants	• Oriel – self-assessment • MSRA • Interview

Specialty and level	**Number of applications to national selection process** (August 2024 recruitment only)	**Interview process**	**Shortlist method** (if known)
Community Sexual and Reproductive Health ST1	461	• Recruitment UK wide • Interviews run by East of England recruitment team for all applicants	• Oriel • MSRA • Interview
Cardiothoracic Surgery ST1	408	• Recruitment UK wide • Interviews run by Wessex recruitment team for all applicants	• Application • Interview • No MSRA
Neurosurgery ST1	354	• UK-wide recruitment • Interviews run by the Yorkshire and the Humber recruitment team for all applicants	• Application • MSRA • Interview
Oral and Maxillofacial Surgery ST1	34	• UK-wide recruitment • Interviews run by the South-west recruitment team for all applicants	• Application • Interview • No MSRA

Higher level entry (ST3/ST4)

Specialty and Level	Number of applications to national selection process (August 2024 recruitment only)	Interview Process
General Surgery ST4	681	• UK-wide recruitment • Interviews run by the London recruitment team for all applicants
Anaesthetics ST4	640	• Recruitment UK wide • Cluster recruitment – applicants apply to and are considered for appointment in England and Wales **or** Northern Ireland **or** Scotland • Interviews run by multiple recruitment teams – East of England, London, Midlands, North-east, North-west, Thames Valley, Northern Ireland, Scotland, Wales
Cardiology ST4	501	• Recruit for England, Scotland and Wales • Interviews run by Wessex recruitment team for all applicants
Psychiatry (all specialties) ST4	486	• Recruit for England, Scotland and Wales • Interviews run by North-west recruitment team for all applicants
Paediatrics ST3	445	• UK-wide recruitment • Interviews run by the Midlands recruitment team for all applicants
Intensive Care Medicine ST3	426	• UK-wide recruitment • Interviews run by the Midlands recruitment team for all applicants
Obstetrics and Gynaecology ST3	377	• UK-wide recruitment • Interviews run by the North-west recruitment team for all applicants
Acute Internal Medicine ST4	367	• Recruit for England, Scotland and Wales • Interviews run by the Midlands recruitment team for all applicants
Respiratory Medicine ST4	367	• Recruit for England, Scotland and Wales • Interviews run by South-west recruitment team for all applicants
Endocrinology and Diabetes Mellitus ST4	316	• Recruit for England, Scotland and Wales • Interviews run by the South-west recruitment team for all applicants
Gastroenterology ST4	312	• Recruit for England, Scotland and Wales • Interviews run by the Scotland recruitment team for all applicants

Specialty and Level	Number of applications to national selection process (August 2024 recruitment only)	Interview Process
Urology ST3	299	• Recruitment UK wide • Interviews run by the Yorkshire and the Humber recruitment team for all applicants
Geriatric Medicine ST4	281	• Recruit for England, Scotland and Wales • Interviews run by the North-west recruitment team for all applicants
Dermatology ST3	274	• Recruit for England, Scotland and Wales • Interviews run by the North-west recruitment team for all applicants
Medical Oncology ST3	265	• UK-wide recruitment • Interviews run by the London recruitment team for all applicants
Plastic Surgery ST3	264	• Recruit for England, Scotland and Wales • Interviews run by London recruitment team for all applicants
Emergency Medicine ST3	240	• Recruit for England, Scotland and Wales • Interviews run by the Yorkshire and the Humber recruitment team for all applicants
Clinical Oncology ST3	232	• Recruitment UK wide • Interviews run by the London recruitment team for all applicants
Haematology ST3	207	• Recruit for England, Scotland and Wales • Interviews run by the South-west recruitment team for all applicants
Neurology ST4	189	• Recruit for England, Scotland and Wales • Interviews run by the Thames Valley recruitment team for all applicants
Renal Medicine ST4	181	• Recruit for England, Scotland and Wales • Interviews run by North-west recruitment team for all applicants
Otolaryngology ST3	173	• Recruit for England and Scotland • Interviews run by the Yorkshire and the Humber recruitment team for all applicants
Vascular Surgery ST3	173	• Recruitment UK wide • Interviews run by London recruitment team for all applicants

Specialty and Level	Number of applications to national selection process (August 2024 recruitment only)	Interview Process
Combined Infection Training ST3	153	• Recruit for England, Scotland and Wales • Interviews run by the Scotland recruitment team for all applicants
General (Internal) Medicine ST4	145	• Recruit for England • Interviews run by Midlands recruitment team for all applicants
Emergency Medicine ST4	130	• Recruit for England, Scotland and Wales • Interviews run by the Yorkshire and the Humber recruitment team for all applicants
Clinical Radiology ST3	102	• Recruit for England • Interviews run by London recruitment team for all applicants
Palliative Medicine ST4	101	• UK-wide recruitment • Interviews run by the Midlands recruitment team for all applicants
Combined Infection Training ST4	97	• Recruit for England, Scotland and Wales • Interviews run by the Scotland recruitment team for all applicants
Occupational Medicine ST3	84	• Recruit for England and Scotland • Interviews run by London recruitment team for all applicants
Paediatric Surgery ST3	84	• UK-wide recruitment • Interviews run by the Yorkshire and the Humber recruitment team for all applicants
Sport and Exercise Medicine ST3	77	• Recruit for England, Scotland and Wales • Interviews run by the Midlands recruitment team for all applicants
Clinical Genetics ST3	59	• Recruitment UK wide • Interviews run by the Midlands recruitment team for all applicants
Rehabilitation Medicine ST3	58	• Recruit for England, Scotland and Wales • Interviews run by the Midlands recruitment team for all applicants
Paediatric Cardiology ST4	53	• UK-wide recruitment • Interviews run by the Wessex recruitment team for all applicants
Thoracic Surgery ST4	48	• Recruitment UK wide • Interviews run by Wessex recruitment team for all applicants

Specialty and Level	Number of applications to national selection process (August 2024 recruitment only)	Interview Process
Clinical Neurophysiology ST3	44	• Recruit for England, Scotland and Wales • Interviews run by the Yorkshire and the Humber recruitment team for all applicants
Nuclear Medicine ST3	31	• Recruit for England, Scotland and Wales • Interviews run by London recruitment team for all applicants
Allergy ST3	30	• Recruit for England, Scotland and Wales • Interviews run by London recruitment team for all applicants
Genitourinary Medicine ST4	27	• Recruit for England, Scotland and Wales • Interviews run by the Midlands recruitment team for all applicants
Chemical Pathology ST3	26	• Recruit for England and Scotland • Interviews run by the Midlands recruitment team for all applicants
Clinical Pharmacology and Therapeutics ST4	23	• Recruit for England, Scotland and Wales • Interviews run by East of England recruitment team for all applicants
Audiovestibular Medicine ST3	22	• Recruit for England, Scotland and Wales • Interviews run by London recruitment team for all applicants
Medical Ophthalmology ST3	16	• Recruit for England, Scotland and Wales • Interviews run by the South-west recruitment team for all applicants
Paediatric and Perinatal Pathology ST3	7	• Recruit for England, Scotland and Wales • Interviews run by London recruitment team for all applicants
Diagnostic Neuropathology ST3	6	• Recruit for England, Scotland and Wales • Interviews run by London recruitment team for all applicants

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