

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

StART – our Strategy for Atracting & Retaining Trainees

2. **Author(s) of Paper**

Alastair McLellan, Ronald MacVicar, Anne Dickson, Rowan Parks, Stewart Irvine

3. **Purpose of Paper**

To **inform** the NES Board of the activity undertaken or facilitated by the NES Core Group over the past 6 months and the proposals for ongoing efforts to attract and retain trainees in Scotland, and to seek NES Board **endorsement** for our next steps

4. **Key Issues**

- Each year ~18% of Scottish medical training posts that are available for recruitment are unfilled after national recruitment rounds; this is ~3% of our entire compliment of 5700 training posts.
- NES leads, but works jointly with Scottish Government and NHS Scotland to effect recruitment of medical trainees.
- Gaps in training programmes have the potential to impact adversely on training of others but also have the potential to compromise the delivery of safe patient care, given that doctors in training comprise almost 50% of the secondary care medical workforce.
- Gaps in training programmes arise for a variety of reasons, including out-of-programme training, career breaks, resignation following CCT, and failure to fill posts at recruitment. Separate initiatives seek to mitigate the impact of the other reasons for gaps in programme.
- StART launched in April 2013 and is our Strategy to Atract & Retain Trainees in Scotland. StART is led by NES on behalf of a collaboration of stakeholder organisations.
- This paper details the initiatives undertaken through StART to improve the online and national profile of Scotland as a training destination and to detail plans for the next financial year.

5. **Educational Implications**

Failure to address the gaps in our training programmes, will compromise the planned output from Scottish training programmes, has the potential to compromise training of trainees appointed to our programmes and may impact on patient safety (due to gaps in rotas).

6. Financial Implications

The StART programme was developed and launched in 2013 in response to the developing problem of attracting and retaining trainees in Scotland. The initiative has a budget of £50k for the current financial year. It is our intention to identify this area of work as a priority in the 2013/14 operational plan for medicine as it is now seen as a priority by Scottish Government.

The impact of unfilled posts is not felt by NES financially as funding for the post currently remains with the relevant NHS board. There is a cost to the territorial boards in filling the gaps with locum appointments in terms of agency and recruitment costs, additional induction and statutory training.

7. Which NES Strategic Objectives(s) does this align to?

In respect to the alignment with the NES strategic themes and objectives the following are addressed:

Strategic Themes

- Education to create an excellent workforce
- Improving quality

Strategic Objectives

- We will deliver consistent evidence-based excellence in education for improved care.
- We will continue to build co-ordinated joint working and engagement with our partners.

8. Impact on the Quality Ambitions

- Safe
- Person Centred
- Effective
- This initiative links with work being carried out at Scottish Government to support the recruitment and retention of trained doctors and aligns with the objectives of the 2020 workforce vision:
 - strengthening workforce planning to ensure the right people, in the right numbers, are in the right place, at the right time
 - employing people who demonstrate our core values by improving recruitment practices

9. Key Risks and Proposals to Mitigate the Risks

- There is a risk that continuing failure to recruit fully to Scottish training programmes impacts adversely on training of other trainees, potentially on safe delivery of patient care and on projections for the production of a trained doctor workforce. The StART initiative is a proposal that brings together the stakeholders involved in training to develop strategies for reducing the gaps by improving recruitment and retention.
- There is a risk that we will use resources and not see a gain. We are mitigating that risk by ensuring a strong evidence base for our plans, piloting initiatives before full implementation and reflecting back to our stakeholders regularly.

10. **Equality and Diversity Impact Assessment**

Please select one of the boxes

- Impact Assessment is not required at this stage because:
x Equality and Diversity Impact Assessment has been planned (briefly summarise your arrangements for undertaking the EQIA):
- Recruitment has already been impact assessed as an overall process.
 - The website is compliant with E&D policies for accessibility.
 - Social media strand is due to be assessed at end of pilot – March 2014.

Rapid Impact Assessment completed*

Full Impact Assessment completed*

Impact assessments for individual work streams have been completed as appropriate.

11. **Communications Plan**

Yes

No

12. **Recommendation(s) for Decision**

The Board is asked to:

- Note the completed actions and research evidence
- Approve in principle the direction of travel and the proposed actions for 2014/15

StART – our Strategy for Attracting & Retaining Trainees

1. Why Scotland needs StART

In the each of the last 3 years, on average 190 training posts (including Locum Appointment for Training (LAT) posts) in Scotland have been unfilled after national recruitment rounds; this represents ~18% of the posts that are available for recruitment each year and ~3% of our entire compliment of 5700 training posts. The distribution of these unfilled posts among our WoS, SEoS, NoS & EoS Regions is 56%, 13%, 20% & 10% respectively. Unfilled posts impact on a range of specialties including Medicine, Anaesthetics, Emergency Medicine and Psychiatry.

Gaps in training programmes that arise from failure to fill posts at recruitment add to gaps that result from other reasons, such as out-of-programme training (OOPT), career breaks (including maternity leave), resignation following CCT and less than full-time training (LTFT). While these vacancies may present opportunities to recruit to LAT posts, currently the demand for these is low, and consequently they are even harder to recruit to¹. Specialties such as Paediatrics and Obstetrics & Gynaecology tend to achieve high levels of recruitment and yet carry high rates of gaps for these other reasons. Separate initiatives seek to mitigate the impact of gaps in programmes that arise from reasons other than failure to recruit.

What is clear is that gaps in training programmes have potential to impact adversely on training of others but also have potential to compromise the delivery of safe patient-care.

2. What does StART aim to achieve

StART aims to increase fill rates and so reduce gaps in our Scottish training programmes by a) improving recruitment of medical trainees to our specialty training programmes & by b) improving retention of medical trainees within our specialty training programmes, from 2014 onwards. By 2016, StART aims to have achieved the following:

- an increase in overall applications to Scottish training programmes by Scottish foundation completers by 5%
- an increase in first choice preferencing of Scottish training programmes by 5%
- an increase in fill rates of hard to fill programmes in emergency medicine, general practice and psychiatry by 5%
- a reduction in gaps in our training programs due to failure to fill, by 5%.

Currently 3 specialties present particular challenges throughout the UK with regard to recruitment because of national shortages of applicants for available places: Emergency Medicine, Acute Medicine and Psychiatry. Solutions to these difficulties are not within the gift of StART alone, but the responses of StART are informed by awareness of the responses actioned by the respective Colleges and other UK organisations. Nor is it within the gift of StART alone to resolve the challenges posed by gaps created by OOPT and LTFT. A further specific challenge is our need to recruit to our rural-track training opportunities, which, within the UK, are primarily an issue for Scotland.

¹ The fill rate of vacant core and specialty training posts in 2013 was 86%, and for LAT posts 50%.

The aims of StART to attract and retain trainees are aligned with the Scottish Government's initiative on attractiveness of Scotland for trained doctors (under the leadership of Dr John Colvin) ensuring a coordinated response to the attractiveness of Scotland as a locus for medical careers as a whole, whether for doctors in training or for those who have completed their training.

3. Who is involved in StART?

StART has been led by a Core Group from the Medical Directorate within NES comprising Professor Alastair McLellan, Professor Rowan Parks, Dr Ronald MacVicar, & Ms Anne Dickson. To ensure integration and coordination of the efforts of StART, directed at doctors in training, with initiatives targeting trained doctors, the latter are now represented through engagement of Dr John Colvin, the Scottish Government Advisor on attractiveness of Scotland as a member of the StART Core Group.

While StART is led by NES, key to delivery of our aims is the collaboration of stakeholder organizations through the StART Alliance; our Alliance comprises representatives from Scottish Government, territorial Health Boards, Specialty Training Boards, Royal Colleges (including the Scottish Academy of Royal Colleges), Scottish Medical Schools, BMA & NES and includes postgraduate trainee representatives.

4. Key elements of StART

StART's approach can be summarised as **informing & connecting**. A timeline outlining key steps in StART's activities is provided in Appendix A.

4.1 Research & market research

To inform our strategy NES has commissioned a) market research of FY1 & CT1 trainees undertaken by Bright Signals, an external marketing agency and b) novel research undertaken by Prof Jen Cleland and her team at the University of Aberdeen into the 'push-pull' factors that determine choice in medical careers decision making.

The StART core group has been working with Bright Signals to develop strategic goals, headline messages, and to consider how we might a) work with trainees to promote the strengths of our training, b) work through social media and c) maximise our impact through participation in careers fairs. StART's key marketing message is: **'Scotland: home of medical excellence'**; the aim is to develop the themes of Scotland as home, as well as Scotland for training, in the context of its history of medical excellence.

A vital component of the StART initiative is to progress our understanding of the factors that determine location of training, in particular at the key career transitions (undergraduate to Foundation, Foundation to Core or GP, Core to ST3/4 training and from ST6/7+ to Consultant). This body of work entitled **'Understanding push-pull factors in medical careers decision-making'** has recently been submitted to the StART core group to inform our next phase of activities. The Executive Summary of this paper is included in Appendix B.

Among the key messages from this work are:

- The greatest influence on medical students' decision making is lifestyle, including location – with proximity to friends and family, and familiarity with the local and work environments impacting mostly on decision making.
- Career decision making among doctors in training is more complex, but overall the greatest influencers are cited to be work-related factors, specifically good working conditions, desirable location, good reputation for quality training and availability of linked training positions (linked with their partners' appointment).
- While some factors that have been identified are personal and are not amenable to intervention – improving the quality of the working and training experience may increase the attractiveness of posts and locations.
- Early positive experiences are very important to careers decision making.
- Overseas doctors are more tolerant of less desirable options including poorer working conditions and departments with lesser reputation.

4.2 StART & ScotMT website redesign

Our research suggests that 71% of trainees (taken from a survey of 1300 trainees at various levels of training, of whom 56% are currently training in Scotland) have rarely or never used the ScotMT website to help inform career decision making. ScotMT is our website that supports medical recruitment in Scotland. The original ScotMT website has been re-evaluated with regard to content, accessibility & attractiveness. Review of website analytics has also been undertaken and shows that the 'bounce rate' (% of people who immediately leave the site) of the original ScotMT site was approx. 44% and that the average 'visit duration' to the ScotMT site was for just 3 minutes. As a consequence, Mr Colin Sanders and Ms Anne Dickson have led a major overhaul of the ScotMT website that has delivered improved content, easier navigation and mobile-enablement; measurable goals are to reduce the 'bounce rate' to 30% or less and to increase the average 'visit duration' to a target of 5 minutes. The emphasis in the revised content is to provide a trainee-oriented perspective with case studies, video interviews and facts about life in Scotland. The bounce rate during the this year's Foundation recruitment window was 29% and visit duration was 6.19minutes.

A small consultation of trainee views was undertaken to aid design of the site and further testing was carried out using bespoke testing software during the BMJ Careers Fair.

The URL of ScotMT is: <http://www.scotmt.scot.nhs.uk>

Our longer term goal is that by 2016 our linked sites should not just be an outstanding resource supporting recruitment, but should also become the comprehensive starting point for anyone interested in pursuing a medical career in Scotland with links to university pages, colleges, training information and links to medical career opportunities in NHS Boards giving a clear journey from school to career.

4.3 Careers Fair – participation in the 2013 BMJ Careers Fair in London (18th-19th October 2013)

Our participation in the 2012 BMJ Careers Fair in London in 2012 contributed to our awareness of the need for an initiative such as StART; our aims in participating in this year's event were as follows:

- To increase the impact of our presence compared to 2012 when it was clear that the visual impact of other Deaneries' stands & scale of these Deaneries' engagement with marketing recruitment opportunities eclipsed that of NES.
- To increase applications to training programmes in Scotland for Aug 2014.
- To inform plans for a future Scottish Careers Fair from an understanding of the format, seminar topics & exhibitors at this fair.
- To assess the role of technology in the fair and to evaluate accessibility of content in the new ScotMT website by trainee users.

The NES team's evaluation of this year's event is included in Appendix C.

4.4 Trainees – the 'T' in StART

Trainees and potential trainees are the target of StART; our challenge is how to attract and retain them. Our preliminary market research and our formal, commissioned research on push-pull factors in career decisions making have both affirmed that trainees are the prime resource that trainees and potential trainees access to inform their choice of location of training and their choice of training programme. We are recruiting a cohort of trainees to a novel role (called 'training ambassadors') who are keen and willing to work with us to promote training and their training programmes in Scotland. Their prime role is to be available to share experiences of their training programme, of training in their location and of training in Scotland to prospective applicants; other roles are that they may be interviewed, do podcasts for the ScotMT website, provide testimonials (again for the ScotMT website), participate in careers fairs, and to take part in webinars and Twitter Hours. The 'training ambassador' job description is included in Appendix D. View trainee interviews: <http://www.scotmt.scot.nhs.uk/about-us/case-studies.aspx>

4.5 Keeping in Touch Initiative – a pilot

Transition points in medical careers present opportunities for data gathering. There is currently an appetite for data at completion of CCT as to where our newly trained doctors pursue their careers, and what determines their choice of location. For trainees who choose to leave Scotland, at least temporarily, there is an opportunity to maintain a connection – that gives context to periodic e-mails about future training opportunities in Scotland, in the hope and expectation that this will encourage many to return at a later point in their career.

A pilot was run in July 2013 that targeted trainees completing Foundation training, Core training, GP training and Higher Specialty Training. This incorporated a survey that invited responses on destination at these transitions in their careers and why they have made that decision, but also invited those trainees who were leaving Scotland to consent to NES maintaining contact with them about future training opportunities. Of 255 respondents, half were FY doctors; the other half were split between CCT, GPST and HST. 20% of respondents had completed training. 22% of all respondents were moving out of Scotland (majority to the rest of the UK).

There was willingness from those remaining in training for NES to keep in touch with them about future career opportunities. It was clear, however, that currently there are several initiatives pursuing careers destination data, each owned by different organisations but what is lacking currently is a systematic approach to such data collection; the Foundation school has run successfully a survey of Foundation completers annually for several year and some of the Royal Colleges have started to collect data from CCT completers (eg Royal College of Anaesthetists).

4.6 StART Social Media Programme

StART is committed to unleashing the potential of social media to connect potential recruits to our 'training ambassadors' through Twitter Hours and webinars. Initially run in conjunction with Bright Signals, we intend to take that learning and embed these approaches fully into our programme of activities to maximise access to insights around what training in Scotland – 'the home of medical excellence' - has to offer.

Follow @scotmedtraining on Twitter

4.7 Trainers – make me want to train in Scotland.

Consultants and General Practitioners who act as Educational & Clinical Supervisors and as Training Programme Directors are well placed to promote training opportunities in Scotland to trainees – and we aim to encourage awareness that emphasising the positive aspects of pursuing medical careers in Scotland could reap benefits in terms of recruitment to their LEP, to their specialty programme and to Scotland. Just as we have recruited a cohort of 'training ambassadors' from our trainee cohorts – our aim is add to their ranks, a cohort of trainers who are willing to act as advocates of training in Scotland.

It should be noted that many Scottish training programmes are ranked very highly for 'overall satisfaction' in the 2013 GMC National Trainee Survey. Appendix E lists Scottish training programmes and the Deaneries where these programmes are located, that ranked among the top 4 (typically of 20 UK Deaneries / LETBs).

5. StART – the next phase

- **Planning for a Scottish Careers Fair in 2014.**
- **'Make me want to train in Scotland'**

There is a need to recruit a group of trainers from around Scotland – to add to the rank of trainees who have committed to working with StART as 'training ambassadors'. Their role is to be accessible to prospective applicants to help address trainees' queries, but also to participate in Careers Fairs within Scotland.

- **Engagement of the Territorial Boards**

One of the highest priorities for trainees in influencing their choice of programme is work environment. We need to work with OD Leads, Directors of Medical Education (DMEs) and Medical Directors in the Boards to ensure they are aware of trainee concerns and to support them in improving workplace environments where necessary, as well as spreading examples of good practice.

- **Engagement of Scottish Medical Schools in StART’s ambitions.**

While we have some representation of the Scottish Medical Schools among the StART Alliance, it is clear that much remains to be done in presenting Scotland as a locus for a medical career from school – through medical school – through postgraduate training – to a trained doctor role in the Scottish NHS. The importance of the training to transition is recognised through the involvement of Dr John Colvin in the StART Core group; as yet, however, the Medical Schools have yet to engage fully with StART and much could be done to promote Scotland to school pupils and undergraduates in Scottish Medical Schools as *the* place to train and work.

- **Development of StART website.**

The growth of interest in StART necessitates improved access to information about this initiative and related activities. In 2014 we will develop the linking site for StART showing what StART is doing through a) its Core Group activities, b) the StART Alliance c) our cohort of Training Ambassadors and d) events such as careers fairs. This site will host a specially designed interactive career pathway directing students, prospective and current trainees as well as trained doctors looking for career opportunities and information. It will link to SMT and to Scottish Medical Careers to give a single gateway to information about being a doctor in Scotland.

- **Development of the Trainee Ambassadors**

We need to harness the enthusiasm and focus that our trainees have expressed both to be ambassadors for their programme and Scottish training, but to reflect back to us ways to improve the quality of training and ideas on how to improve how we communicate and support the trainee at every stage but crucially at transition points.

- **Rural-track training**

In line with NES’s policy on supporting remote and rural healthcare we will ensure that StART includes a focus on rural-track training and incorporates learning from the Northern Peripheries Project “Recruit and Retain Healthcare Workers”

6. Recommendation(s) for Decision

The Board is asked to:

- **Note** the completed actions and research evidence
-
- **Approve in principle** the direction of travel and the proposed actions for 2014/15

Appendix A: Timeline outlining key steps in StART's activities

April 2013	Commissioned market research survey of FY1 & CT1 trainees by Brightsignals
30th April 2013	Launch of StART at 3 rd NES National Medical Education Conference
10 th May 2013	Presentation on StART at 'Trust me, I'm a doctor: professionalism & excellence in modern medicine', a meeting organised by the Scottish Academy Trainee Doctors Group
3 rd September 2013	StART Alliance meeting Dr John Colvin, Scottish Government on attractiveness of Scotland for trained doctors, joins the StART Core Group.
16 th September 2013	Revised ScotMT website went 'live'
20th September 2013	StART Core group met with representatives from the BMA Junior Doctors' Committee
26th September 2013	Webinar on Foundation Training in Scotland (link to video of webinar) http://www.video3uk.com/ospcast.aspx?eid=ECGr95KyTo8f
11 th October 2013	Availability of report on our commissioned research on push-pull factors in medical careers decision making (work undertaken by Prof Jen Cleland & colleagues at the University of Aberdeen)
18 th -19 th October 2013	NES participation in 2013 BMJ London Careers Fair
13 th November 2013	Webinar on Core Medical Training in Scotland http://www.video3uk.com/ospcastl.aspx?eid=ECLj25QmRt61
25 th November 2013	Exhibit on StART at the NES Annual Review

Appendix B: Understanding push-pull factors in medical careers decision making.

Final report Clelland J et al

Executive Summary

Introduction: Medical education and training systems allow considerable individual choice by doctors, first, when they select a medical specialty, and second, regarding where they wish to practise within health systems. This is desirable for the doctor in training but not necessarily the service: under recruitment and/or attrition before completion of training are serious issues for some specialties and some locations.

This project addressed a gap in the literature: exploring the most important push-pull factors in medical student and trainee careers decision making at different stages of transition in medical training. This project also investigated what sources of information are accessed by trainees to help their medical careers decision making.

Methods: We conducted an evaluation of senior medical student and trainee doctor careers decision making in relation to whether or not to stay in Scotland (or come to Scotland) via a sequence of three studies.

Study 1: First, we carried out a focused, comprehensive review of the medical careers decision making literature since 2011. This identified 31 studies, eleven of which were from the UK. The main messages from the review were that medical careers decision making is of growing interest due to current and anticipated future shortages of doctors in some areas of medical practice. However, the studies in this area tend to be limited by local and/or single specialty focus, populations for whom career decision making is not a current concern, and a dependence on a single methodology (questionnaire surveys). We identified a need to improve the quality of studies on this topic, particularly in terms of study design, populations studied and the explicit use of pedagogic or theoretical frameworks.

Study 2: These findings informed the content and design of the next study: a qualitative online survey to identify the broad range of factors that influence decision making. This was distributed in four Scottish and one English Deaneries, and four medical schools. 327 trainees (mostly FP doctors) and 181 final year medical students responded. Lifestyle factors such as being near friends and family, and in a desired locality, seemed to be more important to medical students than work factors. Conversely, work factors such as enjoyment of a specialty, unit reputation and working conditions were more important to trainees than lifestyle factors. Interestingly, females tended to cite more lifestyle factors and males as work factors for influencing their careers decision making. The data also suggest that, while interest and enjoyment drive FP doctors and trainees towards a particular specialty, working conditions and perceived quality of training can drive them away from the same specialty relatively early on in training. The direction of travel of this push appeared usually away from hospital medicine and towards general practice.

Study 3: The third study was a discrete choice experiment (DCE) to analyse the relative importance of six factors identified as important to medical careers decision making in the first two studies: familiarity

with the hospital/unit, geographical location, opportunities for spouse/partner, potential earnings, clinical/academic reputation and working conditions. Bearing in mind that a DCE uses an earnings characteristic to estimate the willingness to pay/accept compensation for each attribute, the two largest valuations that require either compensation to accept or willingness to pay in forgone earnings comes from a move from a training position that has good working conditions to one which has poor working conditions (compensation) and a move from a training position that is not so desirable in terms of geographical location to one that is desirable respectively (willing to pay). Subgroup analysis suggested that excellent training and good working conditions may attract trainees to a location; overseas doctors are more prepared to tolerate a range of less desirable options; older doctors are less likely to want to move location, and Scottish respondents place much value on being somewhere where there are opportunities for their spouse or partner. Interestingly, FP doctors place more value than trainees on working conditions.

The main sources of information for careers decision making were prior experience through rotations (undergraduate or FP) and/or experience of the specialty. This was followed by talking to friends, seniors and general word of mouth. The use of formal sources of information such as the UKFPO, College web-sites and Scottish Medical Training website was reported infrequently, which is perhaps surprising. Careers Fairs were used by very few respondents.

Discussion: In conclusion, this study aimed to identify the factors that were most important in medical student and trainee doctor decision making. The study applied a novel methodology, a discrete choice experiment, to progress understanding of this topic, by identifying what factors are most important at different stages of training. The key findings are that final year students, foundation doctors and trainees place relative importance on different factors. Many of the factors described here are personal and hence not easily amenable to modifications. However, we identified that trainees value quality of training and learning environments and good working conditions (evidenced by the qualitative study and DCE) and, increasingly, will not tolerate poor training, poor working conditions, or inflexible career paths including linked posts. However, some sub-groups (notably overseas doctors) are more prepared to tolerate these conditions than home trainees. Early positive experiences are very important to careers decision making. Addressing issues to do with quality of working and training experience may increase the attractiveness of particular specialities and locations to tomorrow's doctors.

Encouraging medical students and trainees to use formal sources of careers information may be worthwhile but, at this point in time, communicating the attractiveness of training places depend more on positive experiences being spread by word of mouth.

Appendix C:

StART – Feedback on NES involvement in BMJ Careers Fair in London (18th-19th October 2013)

As part of StART, NES was represented at the 2013 BMJ careers Fair in London – this paper presents a summary of our team’s experience to inform our approach to future engagement in careers fairs.

Alastair R McLellan, Rowan Parks, Anne Dickson, Colin Sanders, Kim Walker: 25th October 2013

StART – Feedback on NES involvement in BMJ Careers Fair in London (18th-19th October 2013)

Who represented NES? Ms Anne Dickson, Dr Ronald MacVicar, Professor Alastair McLellan, Professor Rowan Parks, Mr Colin Sanders, Dr Kim Walker

Aims & Objectives:

1. To increase the impact of our presence compared to 2012 when it was clear that the visual impact of other Deaneries' stands & scale of these Deaneries' engagement with marketing recruitment opportunities eclipsed that of NES.
2. To increase applications to training programmes in Scotland for Aug 2014
3. To inform plans for a future Scottish Careers Fair from understanding the format, seminar topics & exhibitors at this fair
4. To assess the role of technology in the fair and to evaluate accessibility of content in new ScotMT website by trainee users

Overview: 1637 delegates attended; NES team 'scanned' 177 contacts (11%).

Strengths

- Excellent team work – with knowledge & expertise of NES team covering full range of enquiries
- NES stand won 'best small stand category' at fair
- Use of scanner (not done in 2012) permits follow-up of all contacts, and will potentially permit tracking to future recruitment to Scotland
- Most enquiries from medical undergraduates and from current Foundation trainees
- Many specific enquiries from 4th year medical students wanting to make informed decisions about choice of foundation school next year who may not have considered Scotland without our presence
- Several (but nevertheless strong) enquiries specifically about remote & rural training opportunities
- Small stand – but larger probably not necessary
- Most useful visual aid was map of Scottish Deaneries
- NES logo on bags & 'freebies' were good 'ice-breakers' that facilitated conversations with delegates
- Allows us to appraise our opposition (corporate HEE approach was perceived to be frustrating by many English Deanery / LETB stand exhibitors – all had much more subdued / constrained presence)
- Ipad(s) with Wi-Fi access to ScotMT was easily the most useful resource – and was hub of many discussions

- The credit card sized card with details of ScotMT website was easily the most useful handout. We did have printed materials for Foundation, GP training & Leadership – the first 2 were used fairly frequently, the last not used at all.
- CS achieved very useful feedback on accessibility of ScotMT website content from delegates who engaged with his formal evaluation process
- Good opportunities to address myths around trainees perceived inability to choose location within Scotland when they apply for training programmes in Scotland. The question is whether this misinformation is being promoted deliberately down south.
- ScotMT website
- Opportunity to network with other organisations and their staff and spread the Scotland message

Weakness

- Significant time spent giving advice to trainees and trained doctors (many from outside UK) whose careers had stalled, or were trying to get into UK – with unclear benefit to Scottish recruitment
- Few enquiries regarding higher specialty training in Scotland
- Although stand had strong overall visual impact – unlikely that many read text on the banners.
- Although we were raffling a Kindle – the poster advertising that was barely visible – and trainees were oblivious to that opportunity.

Opportunities

- Would participation in careers fairs elsewhere in England be more productive?
- Should we invest in running a careers fair in Scotland?

Threats

- Can we afford not to be at future BMJ London careers fairs?
- Cost of participation in BMJ London Careers Fair

ARMcLellan, Rowan Parks, Anne Dickson, Colin Sanders, Kim walker

25th October 2013

StART

Scotland's Strategy for Attracting & Retaining Trainees

Role of Training Ambassador

What is StART?

Gaps in training programmes compromise training and service delivery. StART, Scotland's coordinated response to the challenges of recruitment of medical trainees, was launched at the 3rd NES National Education Conference, in April 2013. Led by NES, and in conjunction with stakeholder organisations (through the START Alliance), StART aims to improve recruitment to and retention in specialty training programmes throughout Scotland from 2014 onwards.

Who's involved?

The StART Alliance comprises representatives from stakeholder groups including Scottish Government, territorial Health Boards, Specialty Training Boards, Royal Colleges, Scottish Medical Schools, and BMA & NES and will include undergraduate and postgraduate trainee representatives.

Scottish Medical Training

Scotland - the home of medical excellence

What are we doing?



'Scotland: home of medical excellence' is the key theme that underpins our marketing strategy. Key to the success of StART will be Scotland-wide collaboration to produce and deliver a suite of relevant resources (e.g. revamped recruitment website) and opportunities (e.g. careers' fairs and social media



programme featuring webinars and 'Twitter hours') to target potential recruits.

These resources and opportunities will be informed by newly commissioned work (entitled 'Understanding push-pull factors in medical careers decision-making') to gain insights into what informs trainees' choices at the key career transitions (undergraduate to Foundation, Foundation to Core or GP, Core to ST3/4 training and from ST6/7+ to Consultant).

What do we hope to achieve?

StART will deliver a new collaborative approach to promoting the range of high quality medical training opportunities that Scotland has to offer, in the expectation that in future there will be fewer gaps in our



training programmes. By 2016 we hope to reduce gaps across programmes by 5%. Fewer gaps will result in safer delivery of patient care and will positively impact on quality of training of all of our trainees (as training opportunities are typically compromised to maintain service provision when there are gaps).

StART is also about retaining the best quality doctors once they have come to Scotland, and promoting Scottish training as a premier training location and a place to settle for a long term career.

Trainees – the ‘T’ in StART

Trainees are the target of StART’s activities – as we strive to boost recruitment to Scotland and retention of trainees within Scotland. Our preliminary market research affirms that trainees are the prime



resource that Foundation and Core trainees access to inform their choice of location of training and their choice of training programme. Engagement of trainees in delivering StART is vital if we are to succeed in our aims: to that end we aim to enlist a cohort of ‘training ambassadors’, trainees who are keen to work with us to promote training programmes in Scotland. We hope to enlist trainees from as many programmes as possible and from as many locations as

possible around Scotland. Enthusiasm and willingness to share good experiences of training in Scotland are the only criteria of eligibility for the role of ‘training ambassador’.

Trainees in all training grades and in all programmes are potentially eligible.

The ‘training ambassador’ role will involve a bit of time – to be interviewed, to do podcasts, to document experiences, to participate in careers fairs, and to take part in webinars and Twitter Hours.



We need you!



What is expected of a ‘training ambassador’?

	Action	Time commitment
1	To be an enthusiastic advocate of training in your specialty – in your Deanery region and/or in Scotland.	As much as you want to do
2	To write testimonial/s about your training experience – to feature on some or all of the following – Scottish recruitment website, NES website, NES annual report, ad hoc specialty recruitment materials (written/online). We would envisage tailoring your contribution to suit as many of these needs as possible to minimise the need to write further contributions.	See attached template – we anticipate a couple of hours to do the complete thing. Don’t forget the photos!
3	Option to participate in videos / podcasts describing your experiences of training in your region and/or in Scotland – for inclusion in revamped Scottish recruitment website. Quotes may be used from these videos in other materials that are written to support recruitment.	See attached template – A couple of hours for us to film you, and/or You doing short 10 – 30 second clips using your own

		phone to highlight one question from the list if you'd rather
4	Willingness to participate in e-mail communications with trainees who are seeking more information about specialty training in your region. We would establish a NES email address to ensure that your personal e-mail account is not required. It is difficult to quantify currently what interest there will be in accessing information in this way – but we would plan to offer e-mail contacts to trainees who wish more information about training opportunities, whom we meet at careers' fairs and through other routes.	We think a couple of hours a week at most during the opening of recruitment. We will monitor the number and help build up FAQ replies – and deal with spammers. If it looks like it will get more onerous, we'll get help to answer questions.
5	Willingness to participate (subject to your availability and feasibility from the perspective of your training workplace) in a careers fair (possibly local, possibly national) to be an advocate of training for your specialty (and region / Scotland depending on context). Expenses incurred would be met by NES.	These can be over two days, so up to that for attending. You could do a half day to full attendance.
6	Willingness to participate in the StART social media programme. The aim is to run a few sessions per year comprising webinars and/or 'Twitter hours'. These would typically take about an hour or so, most probably in evenings – during which you participate via your PC and or smartphone in sessions, typically with other trainees or trainers – and are available to answer questions from interested trainees. Again, we don't know what the uptake or interest in this approach may be - but we'll try it out!	One hashtag hour: one hour + one additional following up any questions not answered at the time. We don't expect you to do more than one (unless you want to!) Webinars: four hours including prep and the filming + travel to Glasgow
7	Training ambassadors would join the StART Alliance – and will be included in information sharing through that network. They would also be invited to attend StART Alliance meetings that are held 2-3 times per year (attendance being subject to your availability and feasibility from the perspective of your training workplace).	Half day per quarter
8	Engagement in evaluation of the 'training ambassador' role to provide feedback on how the role should be developed in future.	Questionnaire, feedback interviews – probably a couple of hours

Who are we looking for?

As we said above, enthusiasm and a willingness to contribute are key. However, we do ideally want people who intend to continue their training in Scotland or would consider their career in Scotland, even if they want to work elsewhere first. We want people who are happy to be on the website and other materials and who want to enthuse others. You can do as much or as little as you want from the list above, but it's useful if you remember that the 'peer to peer' contact is what future candidates value most so being able to take on email or twitter would be very helpful.

We don't want to give a false picture. We want people who are honest and have high standards who can help us raise the quality of training – you can challenge us, that's part of the role. You would have to remember that you are an ambassador for Scottish Training, but you should already be considering what you put out there on twitter, facebook in terms of your professional obligations so it should not restrict you.

How are training ambassadors identified?

- Volunteer for the role by emailing your interest in the role via: StART.alliance@nes.scot.nhs.uk
- Alternatively, trainees might be nominated for the role by an educational supervisor, TPD or other training lead.

In general, we would liaise with your TPDs regarding this role – to ensure that the role would be appropriate and feasible in the context of ongoing training goals, although it is not perceived that the role would be very onerous.

For how long can you be a training ambassador?

Confirmation of the role as a ‘training ambassador’ would be in writing from the StART Core Group, on behalf of NES. There is a consent form for anyone which you would need to complete as well.

The role would be for 12months in the first instance - and would continue, by mutual agreement until CCT or CCGPT. We’d also appreciate you telling us of any incidents or problems that would mean the role would not be appropriate any longer – for example, if you had a transfer to another part of the UK for personal reasons. You can give up the role at any time.

What else can you do?

Tell us what else you think a training ambassador should be doing – what do you think should be our next steps?

Do you blog, or have other activities promoting your specialty already? Let us know. We can link to your site if it helps give prospective candidates a positive, but honest, picture of an aspect of training. However we don’t advertise or promote courses or private work, nor would we normally promote social events or other hobbies.

Appendix E: training programmes where Scottish Deaneries' rankings have been in the top 4 in the league tables of the 20 UK Deaneries / LETBs for 'overall satisfaction'.

	Rank in UK	No. of Deaneries	Programme	Comments
NHS Education for Scotland (East Region)	2	19	FY2	
Overall ranking 'overall satisfaction' in UK = 9/20	1	20	ACCS	
	2	19	Core Psychiatry	
	1	20	Anaesthetics	
	2	19	Emergency Medicine	
	3	19	General Psychiatry	
	4	20	GP training in Practice	
	4	18	Haematology	
	1	19	Paediatrics	
	1	18	Respiratory Medicine	
NHS Education for Scotland (North Region)	1	19	FY1	
Overall ranking 'overall satisfaction' in UK = 10/20	1	19	Core Psychiatry	
	1	18	Child & Adolescent Psychiatry	
	4	19	Clinical Radiology	
	1	19	Endocrinology & Diabetes	
	1	18	Haematology	
	4	16	Neurology	National
	2	19	Old Age Psychiatry	
NHS Education for Scotland (South-East Region)	3	19	CMT	
Overall ranking 'overall satisfaction' in UK = 2/20	1	17	CST	Cross-deanery programme
	4	19	Core Psychiatry	
	2	18	Acute Internal Medicine	
	1	19	Clinical Radiology	
	3	20	Core Anaesthetics	
	3	19	Emergency Medicine	
	2	19	Endocrinology & Diabetes	
	2	19	General Psychiatry	
	1	20	GP training in Practice	
	2	19	Obstetrics & Gynaecology	
	2	19	Paediatrics	
	3	16	Psychiatry of Learning Disability	
	1	12	Rehabilitation Medicine	National
	1	20	Trauma & Orthopaedic Surgery	
	2	16	Urology	Cross-deanery programme
NHS Education for Scotland (West Region)	3	19	Core Psychiatry	
Overall ranking 'overall satisfaction' in UK = 6/20	3	19	Clinical Radiology	
	4	19	Emergency Medicine	
	3	17	Otolaryngology	
	2	19	Geriatric Medicine	
	3	20	GP training in Practice	
	3	18	Haematology	
	4	18	Histopathology	
	1	19	Old Age Psychiatry	
	1	14	Oral & maxillofacial surgery	National
	1	13	Paediatric surgery	National
	3	15	Palliative Medicine	National
	2	16	Psychiatry of Learning Disability	
	2	18	Respiratory Medicine	
	1	16	Urology	
4 Scottish Deaneries	all 1 to 4 top UK rankings	20	Core Psychiatry	
	4 of top 5 UK rankings	20	GP training in Practice	
	3 of top 4 UK rankings	18	Haematology	
	3 of top 5 UK rankings	19	Paediatrics	