

RECRUITMENT PROCESS

The purpose of this document is to describe the step-by-step process of recruitment, including benchmarking through national interview. An overview of the pathways to occupational medicine is provided in **OMST 2022 Curriculum Flexibility** (p.5).

Benchmarking is the process by which applicants for training posts outside the NHS are matched by the National School of Occupational Health (NSOH) or equivalent bodies in devolved countries, against NHS recruitment standards. This ensures consistency in the national recruitment process.

Please note that applicants must demonstrate achievement of the **Common Capabilities** for entry to occupational medicine training and these are listed in this document on page 5 (Table 2) and mapped to the recruitment process.

The process of recruitment into occupational medicine is outlined, step by step, in the following table:

STEP	DETAILS				
1. Starting the application process	All applicants, including those who wish to benchmark, must apply through the <u>Oriel</u> recruitment system within the specified time window. Applicants are asked to complete a Prioritisation Task as part of their Oriel application. More information about the Prioritisation Task can be found in the Occupational Medicine Applicant Guide .				
2. Preparation	a) The <u>MDRS</u> website contains extensive information about the process, what evidence to submit, the marking scheme and other relevant matters, as well as how to seek support from the recruitment lead for the specialty.				
	b) There are two specialty specific guides which set the recruitment standards and ensure fairness and consistency in the recruitment process:				
	Occupational Medicine Applicant Guide and Self-Assessment Preparation Guidance for Candidates.				
	Applicants are strongly advised to read and follow the guidance meticulously.				
3. Submitting evidence	As part of the application process, applicants must submit evidence against each domain and self-score their portfolio. Please see Self-Assessment Preparation Guidance for Candidate guidance for details and examples of suitable evidence.				



STEP	DETAILS
4. Review	 a) The self-scored portfolio is reviewed by an experienced consultant in occupational medicine (usually an educational supervisor or TPD). The consultant's scores will be shared with the applicant.
	b) The applicant has a right to appeal if they disagree with the consultant's score. The appeal is heard by the Clinical Lead for recruitment (usually the Head of School or National TPD) and the consultant's score will be adjusted if the appeal is upheld.
	c) Significant discrepancy between the applicant's self-score and consultant's score (defined as more than 10% variation) is discussed by the Clinical Lead for recruitment and the national recruitment lead. The main purpose of the discussion is to consider whether there could be any probity issues. If there is a possible probity issue, the Clinical Lead will discuss the matter with the applicant and, if there remains a concern about probity, there will be escalation to the Responsible Officer (RO).
	d) The consultant reviewing the portfolio will also review the Prioritisation Task , completed as part of the Oriel application, and score the applicant.
5. Longlist	The recruitment team longlist the applicants to ensure they meet basic requirements including fitness to practise declarations and meet the requirements of the Person Specification . This is consistent with other specialties.
	There is no shortlisting and as long as the applicant meets the basic criteria, regardless of their portfolio scores, they will be offered an interview. This removes potential variation in scoring the portfolio or differential attainment and ensures a consistently fair opportunity to be interviewed.
6. Interview	a) The interview consists of two stations:
	• Portfolio
	• Scenario
	Please see the Occupational Medicine Applicant Guide and Panel Combo Pack for more details.
	b) The interview panel consists of two consultants, usually accredited clinical or educational supervisor. Senior trainees (ST6) are invited to sit in the panel but they are always paired with very experienced consultants. All panel members are up-to-date with the ED&I training.





STEP	DETAILS				
6. Interview (continued)	c) The interview panel is provided with a pack before the interview which contains questions and guidance for scoring. This is called the Panel Combo Pack .				
	d) On the day of interview, there is a panel briefing led by the National Recruitment Lead with input from the Clinical Lead and the Lay Person(s). At the brief, it is stressed to the panel members to only use the questions within the Panel Combo Pack and to use the scoring guidance to ensure fairness and consistency. It is also reiterated that the panel members must not confer with each other at any stage of scoring. The panel members are reminded also to add feedback alongside the scores, which is mandatory for poor scores and if they raise a red flag.				
	e) Each panel member scores applicants independently in accordance with the guidance provided in the Panel Combo Pack, and is prohibited from conferring. They can review previous candidates' scores and calibrate the scores to ensure consistency.				
	f) Scores are reviewed during the interview by the National Recruitment Lead and the Clinical Lead. If there is significant discrepancy between the scores of the two panel members, the panel members are asked to review their independently and calibrate if appropriate.				
	g) The interview scores are added to the portfolio scores and prioritisation task scores and the applicants are ranked based on their total score. Applicants that score over the appointability threshold are invited to choose a training programme in the order they rank. Non-NHS applicants are required to score over the appointability threshold to be 'benchmarked'.				
	h) Applicants are able to raise concerns about the interview, which will be heard and addressed on the day of interview by the National Recruitment Lead, Clinical Lead and the Lay Person(s).				
	 i) There is wash up session at the end of the interview day to gain feedback from the panel members which is used to fine tune the next round. The Lay Person(s), who moves between panels to observe, also provides verbal feedback at the wash up session and written feedback to recruitment team. 				
	 j) The applicant will be notified of their scores and they can request to see the details of their scores and the panel members' feedback. 				





STEP	DETAILS
7. Feedback	a) By correlating the interview scores with training outcomes (ARCP), the NSOH or equivalent bodies in devolved countries monitors the effectiveness of, and improves, the interview stations.
	b) General feedback from trainers and ARCP panels, as at 2022, is that the quality of trainees has improved over the past few years.
	c) NSOH and the national recruitment team will be seeking feedback from applicants, including those that were unsuccessful or did not reach the appointability threshold, which will inform further enhancement of the process.

Table 1: Step-by-step guide to recruitment into Occupational Medicine speciality training

The Recruitment Steering Group

The NSOH and equivalent bodies in the devolved countries, the Faculty of Occupational Medicine (FOM) and National Recruitment Team are working together to set up a Recruitment Steering Group, which will ensure conformity to MDRS guidance, and improve the process of continuous evaluation, feedback, lessons learned and inclusion of EDI as an integral part of quality improvement.



Mapping Common Capabilities to recruitment

Common professional capabilities	Application Portfolio	Interview & Portfolio	Interview & Scenario
a) Demonstrates the knowledge, skills, attitudes and behaviours to be able to take a history and examine workers, and keep an accurate and relevant medical record.			✓
b) Demonstrates appropriate time management, organisation and decision- making.			>
 c) Understands and applies the basis of maintaining good quality care, ensuring and promoting worker safety. 	~	>	~
 d) Understands the principles of clinical governance i.e. the processes that safeguard higher standard of care and facilitate the development of improved clinical services. 	~		
 e) Demonstrates the knowledge, skills, attitudes and behaviours to be able to educate workers effectively. 	~	>	•
f) Demonstrates effective health promotion.	✓		
 g) Demonstrates knowledge, skills, attitudes and behaviours needed to continue self- directed lifelong learning. 	 	►	
 h) Demonstrates the knowledge, skills, attitudes and behaviours to be able to communicate effectively with workers, employers and colleagues. 		>	~
 Demonstrates effective team working skills within the clinical team. 			

Table 2: Mapping of the common capabilities required for entry to occupational medicine specialty training to the recruitment assessment process.