Recruitment challenges in psychiatry

The challenge of recruiting and selecting able and committed clinicians to posts in psychiatry is a topic that has appeared frequently in the pages of *The Psychiatrist*.1-3 This is not only because finding the right person directly affects the quality of services offered to patients, but perhaps also because of a sense of frustration over some of the processes involved and some of the changes that have been imposed.4 Take, for example, the widespread unease, dissatisfaction and loss of confidence in the Medical Training Application System (MTAS) and other government recruitment innovations for training posts.5 For consultant recruitment, too, a rigid, unwieldy mechanism exists that many feel is no longer fit for purpose. Consultant appointments anchored on the Advisory Appointments Committee, a legally constituted interview dating back to the National Health Service Act 1946, are still at the heart of the consultant appointment process in most areas.6-8

The training of doctors from medical school to specialist level, including the training of psychiatrists, has, over recent years, increasingly focused on the demonstration of key competencies as a prelude to progression.9-10 However, for most people this eventually leads to a traditional medical panel interview for a consultant post, which generally does not assess the essential competencies required for carrying out the job successfully. But once appointed, psychiatrists are encouraged by the College to again focus on competencies by gathering information widely from colleagues, patients and relatives through the 360-degree feedback process as part of their ongoing appraisal linked to revalidation.11

Assessment centres – a better approach?

Selection of staff into a modern healthcare organisation should surely be based on a fair, objective and rounded view of competencies beyond performance at a panel interview. Competency-based selection and assessment processes for managers have been developing since the 1950s and have an extensive research base.12 The assessment centre is the core technique for competency-based selection, using consistent standards which can be aligned with the strategic direction of the organisation. Use of such assessment centres has only recently been introduced into medicine.13 Their reliability at selecting the best candidates is based on putting them through a range of work-related tasks, typically during a day-long exercise involving the candidates and a group of observers. Research across a number of different industries has shown that assessment centres, with exercises based around the person specification for the job, have good predictive validity for future job performance, clearly superior to interview alone.13,14 Candidates who take part in assessment centres are often impressed by the thoroughness and fairness of the employer, even if they are not appointed. This systematic approach to recruitment and selection leads to better informed decisions than those based on a snapshot of behaviour during a formal interview.14

St Andrew’s experience

St Andrew’s Healthcare is a specialist mental healthcare charity which adopted assessment centres for management posts some years ago and for senior clinical posts in 2003. In total, about 400 medical candidates have been assessed through this process. After some trial and error, we have established a settled system of 1-day assessment centres for the selection of psychiatrists and other senior clinicians after initial shortlisting based on the person specification. Box 1 sets out the key elements of the assessment centre we found to be most helpful in selecting the best candidates.

| Summary | An assessment centre is a widely accepted management technique for the effective and fair selection of candidates for employment and promotion. In an era of evidence-based medicine, their adoption for clinicians must surely be overdue. We report our positive experience of introducing assessment centres at St Andrew’s Healthcare, a UK mental health charity. The involvement of service users and members of the multidisciplinary team proved invaluable to the success of this innovation. |
| Declaration of interest | None. |
Box 1 St Andrew’s Healthcare assessment centre, key elements

- **Service user interview**: a group of service users are supported, usually by a social worker, in developing a set of questions for candidates. These vary widely and can often be testing and highly revealing, for example: ‘Are you a nice doctor?’, ‘Do you know a good joke?’, ‘Where have you worked before?’

- **Competency interview**: this interview is typically led by line or medical managers with human resources professionals, who ask about achievements, including team leadership. The interview drills down for specific details of the individual’s personal contribution and skills, and typically elicits evidence of team development, management and problem-solving skills in a clinical setting.

- **Mock ward round**: a multidisciplinary team from the recruiting service presents every-day clinical dilemma in a highly realistic, mock ward round led by the candidate. These are usually based closely on actual patients, with their identity appropriately protected. Complex clinical decisions, ethical dilemmas, differences of opinion within the team or inappropriate behaviour by a team member can be played out and the candidate is assessed on their ability to manage the situation.

- **Panel interview**: a traditional medical appointment committee interview.

- **Feedback and discussion**: all observers’ views, including those of service users, are fed in and ranked. Agreement is reached on who should be appointed and on the content of feedback to candidates.

Box 2 Observations on assessment centres

- **Candidates** generally find assessment centres searching and tiring, but also an interesting learning opportunity. Most, but not all, see them as fairer than panel interviews and appreciate the effort put in. Not all candidates enjoy the experience, as they tend to be unfamiliar with the concept and have not been able to prepare stock responses for the exercises.

- **Service users** typically enjoy the process, often making a real contribution to appointing the right clinician to the service. Astute, intuitive judgements by service users are common and sometimes key to decision making.

- **Multidisciplinary team**: if they are new to assessment centres, staff are often slightly nervous beforehand but they usually genuinely enjoy the process, feel valued at being involved and make a parallel and equally important contribution to the service users in the selection.

- **Appointing managers** greatly appreciate the assistance of a wider group in discovering the real person behind the candidate’s formal presentation and in selecting the best person for the role.

who are able to deliver well-rehearsed and polished performances at the panel interview may lack substance in the competency interview or even demonstrate a less-than-ideal attitude towards service users who interview them. Often service users’ views encapsulate the feedback from other exercises, from ‘she’s a great doctor’ to ‘we’d run rings around him’. Service users generally enjoy the experience and benefit from being genuinely trusted and involved in such important decisions for their future care. Likewise, members of the multidisciplinary team enjoy the day, feel more involved and committed to the team and have already started to form a relationship with the successful candidate that can be grown in further team building exercises when the candidate takes up their post.

A day at an assessment centre appears generally well spent and is regarded as a valuable learning and development opportunity for all participants. The overall effect for St Andrew’s has been a successful recruitment and a clear strengthening of the medical team.

Conclusion

Assessment centres are a way of empowering stakeholders, especially service users, in the recruitment of key clinical staff; they are fairer to candidates and improve the quality of recruitment. For St Andrew’s Healthcare they have become an important part of our strategy to develop the senior clinical workforce, together with ongoing professional, team and personal development activities. Anecdotal evidence has shown similar developments in some National Health Service trusts and so we would encourage others to explore this approach.

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