



## The Royal College of Emergency Medicine

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### **National Recruitment 2021 – EM ACCS \*\*\*Added 10 March 2021\*\*\***

We have received a number of enquires related to the National Recruitment for Emergency Medicine ACCS and this statement sets out the situation.

National recruitment in Emergency Medicine is delivered by Health Education England, supported by the EM Heads of Schools who sit on the RCEM Training Standards Committee. There are TSC clinical leads for the different points of entry – ACCS, DREEM, ST3 and ST4 – who are highly experienced individuals, openly recruited against published person specification criteria. The lead deanery for ACCS recruitment is London and the South East, and DREEM, ST3 and ST4 recruitment is supported by Yorkshire and Humber.

The general principle framework for 2021 was determined by the national Health Education England constituted Medical and Dental Recruitment Selection Committee (MDRS) in October 2020. The MDRS Committee stipulated that there would be no face to face interview process in 2021. Therefore, as detailed in the [statement from the RCEM Training Standards Committee](#) released on 11 January 2021, the College worked with Health Education England to agree two proposals to enable recruitment to continue this year, as part of Covid-19 surge planning. As detailed in our [earlier statement](#), the Multi Recruitment Specialty Assessment (MSRA) was selected as an established, evidence-based method of selection, that could be utilised if necessary during a Covid-19 surge if EM clinicians were unavailable to interview.

It was agreed that as far as feasible, the recruitment process for 2021 would be reflective of our prior recruitment process – that was to include clinical, ethical, commitment to speciality and portfolio evaluations – and there was no change to either the application process or person specification. Recreating the standard, in-person, face to face recruitment process by means of a virtual recruitment strategy would have required a minimum of 8 weeks of panellist time; to allow not only verification of information provided by applicants, but also to undertake all equivalent stations used in prior face to face recruitment. This was therefore ruled out as not feasible on the grounds that we could not ensure a sufficient number of panellists would be available or that they would have the time available to undertake this due to the demands on front line staff.

The MSRA is an online assessment tool that has been used by other specialities for recruitment, including General Practice, Psychiatry and Clinical Radiology. It is an assessment tool that has focus on clinical and situational judgment tests, pitched at the level of Foundation and early years post Foundation practice. The MSRA has been evaluated in detail prior to recruitment and the Work Psychology Group have

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shown that candidates who have taken the MSRA when applying for other specialties, who have then been recruited to Emergency Medicine in prior years, show a distribution of scores which reflect performance at interview and progress in the early stages of training.

The decision to use MSRA for 2021 was based on the fact that Covid restrictions rendered assessment of clinical competency and capability or situational judgement unfeasible by interview process. Such skills cannot be assessed by self-verification at application. Since the specialty needs to maintain comparable standards at recruitment such that the same benchmarks of appointability can be maintained, HEE and RCEM Executive and Training Standards Committee supported the use of the MSRA for this year. Whilst we would have preferred to hold interviews as normal we recognised that due to the Covid situation increasing frontline pressure and uncertainty this simply wasn't feasible this year.

A 30-minute interview will occur, allowing panellists 10 minutes reading time of application forms, then five questions between two panellists and applicant over 15 minutes and a final 5 minutes scoring before the next candidate. This will allow candidates the ability to showcase their experiences and knowledge (previously contained in their portfolio) and allow evaluation of commitment to specialty. This has allowed all 840 slots to be filled and all applicants will be interviewed over 2 weeks of panellists' time. The Work Psychology Group, using their prior assessments and data analysis of the MSRA, made and supported the recommendation for the 60/40 split for interview versus MSRA weighting.

The interview capacity for 2021 has remained the same as 2020, with circa. 840 trainees being interviewed. The interview capacity to provisional post ratio is approximately 2.8.

We note the concern expressed that doctors who have worked previously in Emergency Medicine may be disadvantaged by this process. The person specification for application has not changed so there is no reason why that should be the case. The MSRA is not speciality specific so there is no particular advantage to those in this element that have further experience over others who meet the person specification without such experience. The additional insights from experience will have potential bearing at interview. The large majority of trainees who make applications to ACCS EM come from Foundation Programme and not from Junior Fellow posts. It should also be noted that the agreed recruitment process- again, supported tier 2 visa holders to be recruited in a single recruitment round.

RCEM Executive and TSC will continue to review the findings of evaluations undertaken following recruitment, including longitudinal assessments of candidates progress through training after appointment.

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