



Monica Lindh  
monica.lindh@telia.com

## 62 – How to Recruit and Select Your Future Colleagues?

*Monica Lindh, specialist in GP/FM, Hofors Health Centre, Region Gävleborg, Sweden. Swedish EURACT Council-representative (2004-2010). Co-authors*

*Fergus O’Kelly, Prof, Ireland  
Margus Lember, Prof, Univ of Tartu, Estonia*

*Roar Maagaard, GP & Ass Prof, Univ of Aarhus, Denmark*

*Bernhard Rindlisbacher, Specialist in GP/FM, Switzerland*

*Dolores Forés, GP, Spain*

*Roger Price, MB BS, FRCGP. Ass Postgrad Dean in Health Education East Midlands, UK*

Recruitment of new colleagues to general practice/family medicine is essential for the viability of the specialty. Selection of “the right” colleagues for training in general practice/family medicine is also essential in order to give the trainees a satisfying professional life and their patients excellent GPs/family doctors!

A survey conducted in 2004 by EURACT, the European Academy of Teacher’s in General Practice/Family Medicine, on specific selection processes for GP trainees in 28 European countries indicated different processes, even within the same country in 50% of the countries. The selection was done by course organizers in 75% and by universities in 25%, usually using interview and university scores. Training Programmes in other specialties sometimes gave credit in general practice programmes. The future trend was predicted to involve “more control by GPs in the process”.

This issue was further explored at an interactive workshop at the WONCA Europe conference 2005 in Kos organized by EURACT. The aim was to strive to produce European recommendations for recruiting and selecting GP trainees.

Introductory presentations by EURACT-Council members (Table 1) gave insight into a very diverse situation in different countries in Europe, ranging from nearly no selection “who is volunteering for GP ?” to very elaborate selection processes. In some places non-GP-specialists were doing the selection – in other places GPs were leading the process. A clinical testing period and references on collaborative competences were sometimes included.

Table 1

Dr Monica Lindh	Sweden
Prof Fergus O’Kelly	Ireland
Prof Llukan Rrumbullaku	Albania
Prof Margus Lember	Estonia
Dr Roar Maagaard	Denmark
Dr Bernhard Rindlisbacher	Switzerland
Dr Dolores Forés	Spain
Dr Roger Price	United Kingdom

According to the literature review presentation, selection practices are relatively unsystematic (1) and also ineffective, uneconomical and unfair (2). The most important factors in selecting applicants have been reported as the personal interview and earlier performance on clinical rotations (3). Knowledge tests at the entrance are not suitable (4). Personal attributes need to be considered rather than academic and clinical competence alone (5,6). In addition, it is recommended to target on six competences essential for family medicine: empathy and sensitivity; communication skills; clinical expertise; problem solving; professional integrity and coping with pressure (1).

The UK was in the process of introducing a new application procedure: firstly a

“technical/formal” procedure, secondly a knowledge test, and if successfully short-listed in this part, the process continued to the third step: direct observation of behavioural competencies, a simulated consultation, and a group problem-solving exercise.

The Kos-workshop was successful with intense discussions. Many participants were very inspired by the elaborate system being used in certain areas of the UK. It became clear that different national settings have to influence the method of selection. It was also obvious that we might learn from each other and we should try to generate some general principles and recommendations.

Some unanswered questions were: Where should training start? (in general practice or in hospital). Introductory period? (to try out the GP-speciality). Who should undertake the selection? Written application? Standard criteria? Use of references? Personal interview? Who should be the interviewers?

Selection and recruitment relate closely to other aspects. EURACT has conducted further work, accessible on its website, on various issues believed to be useful to trainees, trainers, course organizers and also to policy-makers. Some examples are:

- <http://www.euract.eu/resources/specialist-training>:  
*A database with information on “the European GP-training landscape”*
- <http://www.euract.eu/scientific-papers/finish/2-scientific-papers/96-funding-of-vocational-training-programmes-for-general-practicefamily-medicine-in-europe>:  
*How is GP-training funded? How are GP-trainees salaried? Overview and recommendations.*
- <http://www.euract.eu/resources/educational-research-presentations/finish/5-educational-research-presentations/226-selection-and-reaccreditation-of-st-trainers-in-general-practice-in-europe-brendan-oshea-for-euract-specialist-training-committee-11nov2011>:  
*On selection and re-accreditation of ST-trainers in GP in Europe*

Since 2006 the UK has implemented a very elaborate and systematic selection process nationwide, which has been well researched, evaluated and published (7). Focus remains on assessed competencies - Communication, Empathy, Professionalism and context-based Problem solving, with no interview at all! There is a 3-stage process: a single Person Specification for entry to all Specialty training; a Machine Marked Test (8) with papers on Clinical Problem Solving and Situational Judgement; and a Selection centre including Written test and Simulations. It is an expensive but reliable process with evidence that the various elements are predictive of progress in training.

Other countries were also inspired by the workshop and the ongoing discussion within EURACT. For example, Denmark - where Multiple Mini Interviews are used, and in the near future, also simulated patients. Ireland is moving towards national selection with interviews looking at 6 competencies, assuming minimum criteria are met. GP teachers are central to this process which attracts the best candidates.

However the situation is still diverse. In Switzerland the GP-trainee has no clearly structured program, but many options and selection notably depend on the (hospital) posts found. Spain has an exam, consisting of the same Multiple Choice Questionnaire for all specialties. The best student is the first to choose specialty and place, usually a hospital. In Sweden some areas have too few applicants minimizing selection. Sometimes the trainee starts a supervised trial-period.

The recruitment agenda in GP/FM is a big and increasing problem in many countries and in some may even present a threat to the specialty.

## Take home messages

- Selection of trainees to be done by GPs/FPs.
- Target competencies essential in GP/FM (empathy and sensitivity; communication skills; clinical expertise; problem solving; professional integrity and coping with pressure) to be evaluated.
- Systematic approach and selection process should be adapted to conditions within the country taking into account e.g. credits, funding issues, re-training.
- Selection of trainers.
- Recruitment of trainees in GP/FM of importance to the specialty, but also to other disciplines and the ability to meet the challenges of our changing world.

