Transforming Higher Surgical Trainee Selection into a Defensible and Dependable Process

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Training in Hospital Authority

- Basic training
  - Registration
  - 1
  - 2
  - General Surgery
  - Urology
  - Neurosurgery
  - Plastic surgery
  - Paediatric surgery
  - Cardiothoracic surgery
- Higher training
  - 3
  - 4
  - 5
  - 6
  - Orthopaedics & Traumatology
  - Otohinolaryngology
  - Emergency Medicine

Heightened competitiveness
Shortening Traineeship lifespan

Delay in entry into higher training
Previous Process

- **Basic Surgical Trainees**
- **Higher Surgical Training Posts**

**Department A**
- Post < trainees
- Eligible trainee’s delayed entry into higher training

**Department B**
- Post > trainees
- No eligible trainees

**Dissatisfaction**
- Delayed completion of training
Challenges

- Management
- Colleges
- Trainees
- Trainers
- Department heads

- Dependability
- Defensibility
Important Components

- Assessment: competency-based; multi-source
- Outcomes followed through
- Tools – valid & reliable
- Implementation: feasible and affordable
- Procedures: fair
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- Implementation: feasible and affordable
- Outcomes: followed through
Keen competition for increasingly inadequate College-accredited training posts

- Conventional Selection
  - Local
  - Department-based
  - Specialty-specific
  - Narrowly-sampled
  - Seniority-based

- Dissatisfaction due to perceived unfairness of current process
- Small specialties’ failure to attract trainees beyond own finite pool
- Need to avoid failing own trainees through lack of departmental posts
- Need to formalise the “disposal” of mediocre trainees
- Questionable predictive validity of current process as judged by wrong choices

Seemingly vigorous exercise drive away potential entrants to surgical career

- Transformed Selection
  - Central
  - Conjoint
  - Widely-Sampled
  - Competency-based

- Avoidance of challenge on validity encouraged by enhanced transparency
- High cost of developing defensible assessment methods
- Fear of losing out good trainees in face of wider choices
- Fear of losing out working hands through a trainee-centred process
- Fear of failing trainees on commitment to trainees with specialty choice upon recruitment

Future Selection

Driving forces

Restraining forces
Results

Assessment-competency-based; multi-source

Outcomes followed through

Tools – valid & reliable

Implementation-feasible and affordable

Procedures-fair
Composite Score

- Colleges
- HA SDR
- Referees
- Curriculum Vitae
- Interview
- Suitability for Specialty Training

Trainers
- Half-yearly assessment (2 at a time)

Supervisors
- Referees nominated by candidates

Panel Members

Program Director
- Interview

Assessment by panel members
- Assessment by one program director

Curriculum Vitae
- 15%
- 20%
- 20%
- 15%
- 20%

Suitability for Specialty Training
- 10%

Half-yearly assessment (2 at a time)

One-off assessment by 3 referees

Interview
- 15%

One-off assessment by 3 referees

Assessment by panel members

Assessment by one program director

Interview
- 15%

Assessment by one program director

100%
Outcomes of Seven Selection Exercises

2003 to 2007

Outcome

140 trainees
133 trainees
7 trainees
3 trainees
4 trainees

Successful

Higher training
Service
Alternative training pathways

No waiting time
Results

Assessment-competency-based; multi-source

Tools – valid & reliable

Outcomes followed through

Implementation-feasible and affordable

Procedures-fair
Results

Assessment-competency-based; multi-source

Outcomes followed through

Tools – valid & reliable

Implementation-feasible and affordable

Procedures-fair
Procedural Fairness

Rules on procedural fairness
- Job-relatedness
- Chang to perform
- Reconsideration opportunity
- Consistency of administration
- Feedback
- Information known
- Openness
- Treatment at site
- Two-way communication
- Propriety of questions

Examples of Measures

Appeal mechanism
Results

Assessment-
competency-based;
multi-source

Tools – valid &
reliable

Outcomes
followed through

Implementation-
feasible and
affordable

Procedures-
fair
Results

- Assessment: competency-based; multi-source
- Tools: valid & reliable
- Procedures: fair
- Implementation: feasible and affordable
- Outcomes: followed through
Previous Process

Basic Surgical Trainees

Higher Surgical Training Posts

Department A
Post < trainees

Delayed entry into higher training

Eligible trainee’s delayed entry into higher training

Department B
Post > trainees

No eligible trainees

Post unfilled

Transformed Process

Basic Surgical Trainees

Higher Surgical Training Posts

Department A
Post < trainees

Delayed entry avoided without loss of headcounts

Department B
Post > trainees

Post filling optimised by recruiting a quality-assured trainee in exchange

Centrally coordinated transfer
Conclusion & Lessons Learnt

- Dependability
  - Assessment methodology
  - Feasibility & affordability
  - Outcome followed through

- Defensibility
  - Tools - validity & reliability
  - Procedural fairness

- Assessment science
- Change management
Thank you