

Clustering and geriatric medicine – points from TPDs taken from March 2018 BGS survey

There are insufficient interview slots in the midlands for all shortlistable candidates to be interviewed in that region.

Clustering is proving to be logistically difficult for interviewers, which also means regions are finding it hard to find sufficient numbers of panellists to put forward. People are having to travel further, often involving an overnight stay. This makes consultants with childcare responsibilities less likely to be able to be part of the process, making the panels non-representative of the speciality. It is also making filling short notice gaps on panels impossible.

The process seems to be disorganised, due to the size of the interview centres. No control over dates or venues, resulting in clashes with Easter holidays and the Spring BGS conference. Dates have been announced later than when it was a local process, making it harder to rearrange clinics and other commitments. TPDs have been repeatedly asked for the same information. Information published about the numbers of posts on the recruitment website has been incorrect.

TPDs feel that they are likely to have less knowledge of trainees coming to the region as they may not be interviewing them directly, which will affect their ability to place new appointees in appropriate first posts. It is felt that such big clusters are making recruitment feel like a factory process, rather than a personal one.

TPDs who seemed happier about the process were in close geographical areas (e.g. London and KSS), or had a clustered interview happening closer to them.

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