

# ORIGINAL ARTICLES

## A Survey of the Training Needs of the National Panel of Specialists

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### Abstract

#### Background

A survey of National Panellists (NPs) in Scotland was undertaken to establish their current skill base and what training would be required to enable them to carry out appointment committee responsibilities effectively.

#### Methods

A questionnaire was sent to all NPs in November 2005 requesting their views on the importance of a range of issues covering the appointment process for Specialist Registrars (SpRs) and Consultants.

#### Results

Three quarters of NPs responded. Half (51%) had not undertaken training in the appointments process. Many (46%) of those who considered that employment legislation was important, rated their knowledge as 'none' or 'poor'. Of those who considered that knowledge of equal opportunities legislation was important, 15% rated their knowledge as none or poor.

#### Conclusion

NHS Education for Scotland (NES) has been encouraged to bring forward training courses to prepare NPs with respect to employment and equal opportunities legislation relevant to the appointment of Consultants and SpRs. A resource package of information about professional/regulatory body guidance, and other pertinent information should also be made available for NPs.

### Introduction

The National Panel of Specialists is a group of medical and dental consultants in Scotland, who support statutory Advisory Appointment Committees (AAC) for consultant posts and Appointment Committees (AC), at which Specialist Registrars (SpRs) and other grades of staff are appointed. AACs require two NPs and ACs require one. (Hereafter both AACs and ACs will be referred to as ACs.) Appointments for Modernising Medical Career (MMC) Run Through posts will not require national panellists (NPs).<sup>1</sup> The panel has been in existence for almost 60 years,<sup>2</sup> and has increased from 75 to approximately 350 members. Appointments to the panel are normally for four years, and are made by Scottish Executive Health Department (SEHD) on behalf of Scottish Executive Ministers, the Royal Colleges and the Universities of Aberdeen, Dundee, Glasgow and Edinburgh.

NPs advise ACs on whether a candidate has sufficient training and experience to be appointed as a Consultant or SpR. This includes providing input at short-listing, commenting on any aspect of the appointment (including the job description in some cases) and full voting rights on the AC.

The Scottish Executive Health Department (SEHD) publishes guidance<sup>1</sup> for NPs which details the composition of an AC and the roles and responsibilities of AC members.

Currently there is no specific training for new or established NPs. The Academy of Medical Royal Colleges and Faculties in Scotland asked NES to explore this issue with a view to filling training gaps. To date there has been no evaluation of the skills

and knowledge required to carry out the duties of an NP, or the extent to which existing NPs are prepared for their role. The purpose of this project was therefore to investigate gaps in key areas relevant to the appointment process and to provide NPs with an opportunity to comment on other issues.

## Methods

Contact details for members of the National Panel were obtained from SEHD in September 2005 when the panel was made up of 336 people of whom 72% were male. NPs were nominated by Royal Colleges (66%), Ministers (16%), or a University with a medical school (18%). The specialties represented by most panellists were medical (25%), surgical (18%), clinical (12%) and psychiatry (11%). The clinical specialties group consisted of the subspecialties of blood transfusion, chemical pathology, clinical genetics, haematology, histopathology, medical microbiology and virology. The remaining specialties were accident and emergency, anaesthetics, dental, obstetrics and gynaecology, occupational medicine, public and community health and radiology: each constituting less than 10%.

A questionnaire was developed in electronic and printable format and was piloted on a researcher and two NPs. The revised version was sent electronically to all NPs with an e-mail address (n=314) and by post to those without (n=22). Reminders were sent to prompt responses mid-way through the survey period and soon after the closing date.

When questionnaires were returned with missing or unclear data, an attempt was made to contact the respondent to clarify. Overall the quality of data provided was good, with few missing answers (under 2% for each question except where indicated in the text). Data was stored and analysed using SPSS version 13. Ten percent of cases were checked independently by another researcher and no major errors were found. For the benefit of clear presentation in this report, all percentages have been rounded up, therefore sums may not exactly equal 100%.

## Results

A total of 249 (74%) completed questionnaires were returned. Two panellists declined to take part, three indicated that they had withdrawn, or were about to withdraw from the panel and two completed forms were lost.

Respondents were representative of the whole National Panel. 68% were male, there were respondents from all three nominating bodies and every specialty in similar proportions to the panel as a whole.

## Training and experience

About half of NPs had undertaken relevant training, either for another appointment-related role (38%) or before (11%) / after (14%) they joined the panel (some received training in more than one of these categories). Overall 51% of all NPs had received no training (Figure 1).

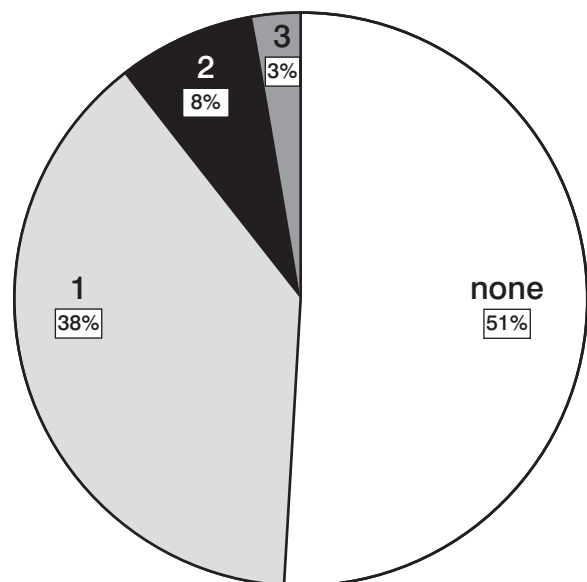


Figure 1. Proportion of NPs who were provided with training related to ACs - each training provision is noted as one category: prior to joining NP, after joining NP or through another role - i.e. 3% of respondents have received training under all three.

The mean number of ACs attended as a panellist per year (including previous appointments to the panel) was 3.2 (standard deviation 2.9). The mean number of ACs attended per year did not appear to be significantly different across specialty groups.

## NPs' perception of skill/knowledge required

NPs were asked to rate four areas of skill or knowledge in terms of their importance to being an NP. The percentage of respondents who indicated each level of importance is shown in Table I.

**Table I.** NPs' perception of the importance of specified areas of skill or knowledge

	not important	of little importance	reasonably important	very important	of vital importance
accurate appraisal of candidates' supporting information (e.g. CV, references, qualifications, experience)	0%	0%	6%	39%	55%
interview technique (e.g. ability to elicit information, judge character)	0%	2%	21%	55%	22%
understanding of and adherence to equal opportunities legislation (e.g. gender, ethnicity, age, disability, inclusion issues)	0%	2%	19%	47%	32%
knowledge of employment legislation	2%	9%	53%	25%	10%

All these areas of the appointment process were considered reasonably to extremely important by the vast majority of respondents (89-98%).

Some additional important areas of skill or knowledge (n=129) were provided by 98 respondents (39%). All responses were logged and grouped into recurring themes (Table II).

**Table II.** Themes of additional areas of important skill / knowledge

Theme	number of times cited	% of times cited
overseas equivalence	37%	29%
UK rules / regulations	28%	22%
good selection / interview practice	21%	16%
knowledge about the appointment	20%	16%
other	12%	9%
understanding role of NP	11%	9%
<b>total</b>	<b>129%</b>	<b>100%</b>

The most commonly mentioned additional issue was an understanding of how to assess the equivalence of qualifications or experience gained overseas. Also commonly mentioned was the importance of understanding UK rules and regulations regarding the appointment of a candidate. Some respondents stressed the importance of various aspects of good selection and interview practice including understanding the appointments process, ensuring that it runs smoothly and how to deal with unexpected circumstances.

## NPs' self-rated skill/knowledge

NPs were asked to rate their own level of skill and knowledge on the same four areas as listed above (Table III).

**Table III.** Respondents' self-rated level of skill / knowledge

	none	poor	adequate	good	excellent
accurate appraisal of candidates' supporting information (e.g. CV, references, qualifications, experience)	0%	<1%	33%	57%	8%
interview technique (e.g. ability to elicit information, judge character)	0%	1%	36%	55%	6%
understanding of and adherence to equal opportunities legislation (e.g. gender, ethnicity, age, disability, inclusion issues)	1%	15%	49%	29%	4%
knowledge of employment legislation	2%	47%	37%	10%	2%

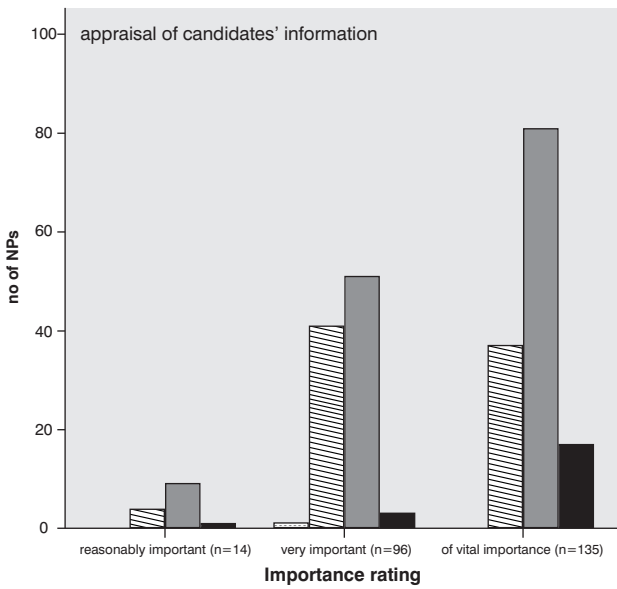
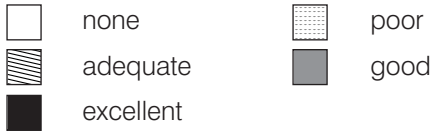
Almost all respondents (99%) considered that their skill in appraisal of candidates' information, and interview technique was adequate or better. 16% reported that they had poor or no knowledge of equal opportunities legislation. Half of respondents reported no or poor knowledge of employment legislation.

Figures 2.1 to 2.4 indicate the relationship between respondents' perception of the importance of each area and their self-rated skill/knowledge.

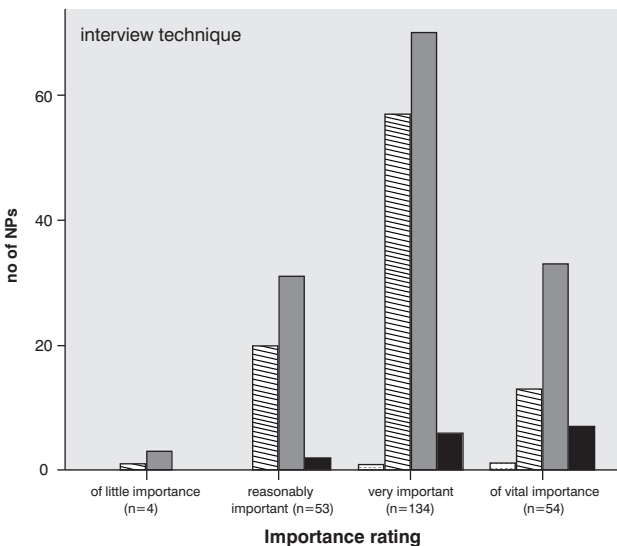
Most respondents who rated the appraisal of candidates' information and interview technique as 'very important' and 'of vital importance' rated their own skill as adequate or better (Figures 2.1 and 2.2).

**Key to graphs 2.1 - 2.4**

bars show NP's self rated skill

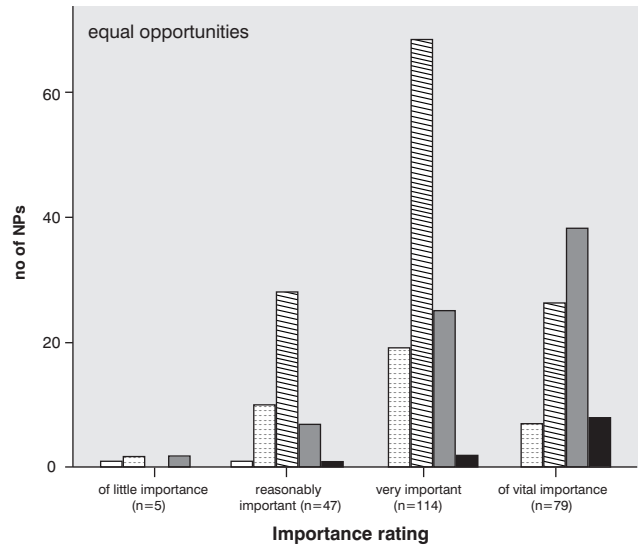


**Figure 2.1.** No. of NPs who rated appraisal of candidates' information in each category of importance. Bars indicate self-rated skill.

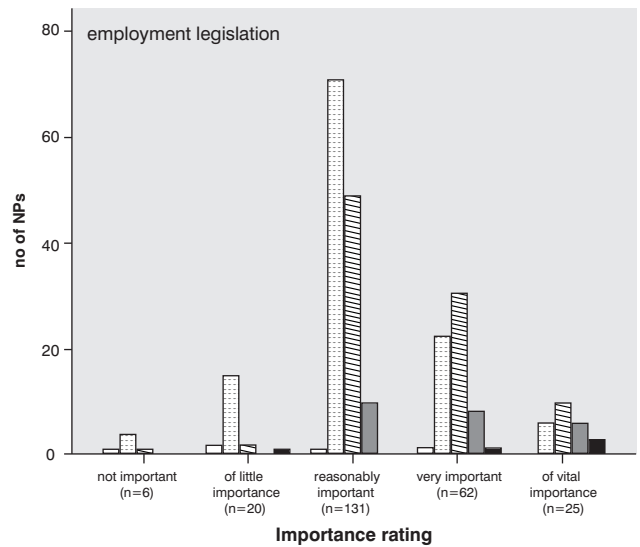


**Figure 2.2.** No. of NPs who rated interview technique in each category of importance. Bars indicate self-rated skill.

Of 218 respondents who thought knowledge of employment legislation was at least reasonably important, 46% considered their knowledge poor or non-existent (Fig. 2.4). In equal opportunities the equivalent figure was 15%.



**Figure 2.3.** No. of NPs who rated knowledge of equal opportunities in each category of importance. Bars indicate self-rated skill



**Figure 2.4.** No. of NPs who rated knowledge of employment legislation in each category of importance. Bars indicate self-rated skill

In three of these four areas of skill/knowledge most respondents rated themselves as adequate or better, regardless of whether they had undergone training. The exception was employment legislation, where 65% of those who had received no training

rated themselves as having none or poor knowledge. When compared to the group who had received training, this difference was statistically significant (chi square=19.57,  $p<0.0001$ )

Forty percent of those having undergone training once also felt they had poor knowledge. The proportion decreased with increased exposure to training (26% and 14% for 2 and 3 categories of training, respectively).

### **NPs' opinion of the panel and its future**

Most respondents (86%) commented on the role they thought the National Panel should play in NHS Scotland.

Almost a quarter of respondents felt that the role of the National Panel was to provide a mechanism for quality control at ACs; to maintain standards and provide transparency and consistency across Scotland. Nineteen percent cited independence as its role, providing an unbiased view to the committee. Also mentioned were fair assessment of candidates' ability and qualifications, reviewing job descriptions and ensuring posts are suitable/meet national standards.

Two thirds of questionnaire respondents suggested changes they would like to see made to the system of SpR/Consultant appointments. These changes included improving the process of candidate selection, appraisal and interviewing. Twelve percent indicated that more robust selection was needed e.g. by use of a transparent scoring system. It was noted that HR could filter out all candidates who failed to meet minimum criteria at this stage, saving valuable time for NPs. Improvements in methods of appraisal were suggested by 12% of respondents including the use of psychometric testing, demonstration of clinical skills and 360 degree assessment. Additional/improved support was requested including a source of advice at the GMC about eligibility of overseas qualifications and more accurate and up to date guidance. Several respondents suggested that ACs do not require two panellists for consultant appointments. It was also noted that some specialties do not have sufficient panellists.

### **Discussion**

This study reports on the training requirements of NPs in Scotland. Three quarters of current panellists responded to this questionnaire, and good representation of specialties was achieved. The data reveal that half of panellists had received no training on the appointments process. The most striking training gap was in knowledge of employment law but also to a lesser extent in equal opportunities legislation. An important additional gap noted by NPs was access to up-to-date information from professional bodies about UK and non-UK qualifications. Some elements of candidate appraisal and interview technique were also highlighted as potential areas for training.

Four elements of the appointments process were identified in scoping work as particularly significant, however 15% ( $n=38$ ) of respondents rated one or more in one of the lowest two importance categories. Most considered one element unimportant but four people selected a low importance category for two elements and one person for three. Based on this type of study, it is not possible to speculate why these areas were considered unimportant but this may merit further exploration. In addition, the authors are not aware of any other research evidence or evaluation of the NP system regarding its cost-effectiveness or the level of benefit derived from the independent status of NPs e.g. in comparison to systems employed in other countries which may not involve any representation external to the employing body. It is likely that an independent expert specialist provides quality control and maintains national standards in NHS and Honorary Consultant appointments.

The study has identified areas of training requirements among NPs and options for delivery. This includes NES providing training sessions for the year's new cohort ( $n\sim 80$ ), and initially extending the invitation to current panellists who have not undergone training ( $n\sim 160$ ). By conducting a yearly course, in two or three years all NPs will have been trained with a rolling programme to deal with all subsequent new appointments. In addition, it is

proposed that NES collates a resource package which can be made available to NPs. This package would include websites/contact details for the professional bodies delivering guidance on the status of qualifications for the UK and overseas. Evaluation of this annual session should be conducted to ensure that it meets NPs' training needs, and identify any required additions to the programme in the future.

### Limitations of this work

The reported measures of skill/knowledge in these important areas of appointments procedure are, by the nature of the qualitative methods employed, a subjective indication of the individual's perception of their own skill level. In future assessments, it may be appropriate to attempt a more objective measure of skill and knowledge, or of the effectiveness of the AC more broadly. Adequate knowledge has been assumed to be the cut-off point of acceptability however, in the longer term, it may be appropriate to expect targeted training to drive up this level of quality.

### Conclusion

A significant proportion of NPs in Scotland have outstanding training requirements to allow them to carry out their duties, particularly with respect to employment and equal opportunities legislation. NES has been encouraged to bring forward a training programme to meet these needs.

#### References

1. Scottish Executive. The National Panel of Specialists, General Guidance on Medical and Dental Appointments. Including Appointment of Consultants under the National Health Service Appointment of Consultants (Scotland) Regulations 1993. January 2007 Available at <http://www.sehd.scot.nhs.uk/publications/DC20070126PanelGuide.pdf> (Accessed 23rd May 2007)
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