Hospital Topics

Appointment of Preregistration House Officers

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Summary

A new programme to try and match the preferences of students and consultants in preregistration appointments has been designed after a survey of student opinion. It is based on five main principles: a standardized change-over date for posts; holding only one post in a teaching hospital; separate application for house physician and house surgeon appointments; application six months before the post becomes vacant; and two rounds for matching preferences.

The programme has now been working successfully for a year and experience suggests that the ideal administrative size for it is that of a region or area health authority.

Introduction

The report of the Royal Commission on Medical Education 1965-8¹ states that "every university with a medical school should establish a satisfactory procedure for arranging a suitable combination of posts for its new graduates, taking account of their needs as well as their abilities. We think that no arrangements for appointment to approved training posts for the intern year should be made before a medical student reaches the final year, and that preferably the arrangements should be made only after the final examination. The filling of posts by private arrangements between Consultants and students should cease, though the preferences of trainers and trainees should be respected as far as possible."

This happy state still does not prevail in many regions in Britain. It certainly did not in 1966 when the United Birmingham Hospitals first began the experiment of devising a programme for matching prospective house officers and available posts.

Although in Birmingham in 1966 we were no longer indulging in that hangover of the serf system whereby newly graduated doctors are paraded before their prospective chiefs who select the most favoured and then send the remainder off to find employment in non-teaching hospitals, we still retained the free enterprise system of patronage by the consultant and soliciting by the applicant. Appointments were made after graduation based on promises often made years before. Our graduates who wished to take posts in the teaching hospital insisted on promises earlier and earlier in their undergraduate careers as a result of the many more

attractive posts in the region being promised years in advance to graduates imported from other regions. (In the Birmingham Region there are about 200 approved preregistration posts and a graduate output that has only reached 120.)

First Matching Programme

Because of the dissatisfaction of some consultants and many students, an attempt was made in 1966 to introduce into the United Birmingham Hospitals a method of appointment of preregistration house officers by a "matching programme" similar to the nation-wide programme in the United States. The principle was that students should make their selection of posts from those available in the United Birmingham Hospitals and indicate their order of preference. The consultants were notified of those who wished to apply for their posts, but without indication of the student's order of preference, and were asked to indicate their choice of applicants in order of preference. Lists were then compared and the posts appointed according to the ranking determined by the product of the preferences. If a tie occurred preference was given to the consultant's choice. At the students' request the decision was made 12 months before qualification so that those who were unsuccessful had time to apply elsewhere.

This scheme proved extremely cumbersome to administer as there were 32 teaching hospital posts available and a number of applicants listed all of them in order of preference. The consultants were then sent a very large number of names, some of them of applicants who had listed the preference in the high teens or twenties and so had virtually no chance of succeeding to the post. Chaos reigned.

FIRST AMENDMENT

After analysing the results of the first year's matching programme it was found that 80% of the posts were allocated on a one to one matching basis and that 92% of the students achieved one of their first three choices. This suggested that the scheme might be much easier to administer if the initial selection was made with the candidates listing only three posts. To further help the consultants whose failing memories might help impede their matching of names and faces, the students were asked to provide three passport photographs to be sent with their curricula vitae.

This revised matching programme then ran for a further 2½ years and proved easier to administer. There were always less than 10 per cent of the available posts that were not filled at the first round, although there were, of course, many students who did not succeed in obtaining a teaching hospital post.

The scheme was not an unqualified success and the rea-

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sons for its failure are difficult to pinpoint accurately. Although it was more difficult to administer than our earlier scheme of mutual arrangement, the matching programme did not fail because of any lack of co-operation or enthusiasm by the hospital administrative staff. Perhaps the most important cause of failure was the lack of enthusiasm by the consultant staff who did not wish to be deprived of the right to choose their junior staff and so, suspicious that the matching programme might allocate them someone whom they did not want, still tended to make a promise to the first acceptable student who approached them. While there are obviously no objections to first choices being mutually agreed it soon became known among the undergraduates that certain posts were already promised and so began once again the unseemly struggle that the matching programme was designed to avoid. The breakdown of the scheme was to the disadvantage of the diffident student or the one who waited until he had "surveyed the field."

Medical Student Opinion

In a new attempt to improve the scheme we sought (perhaps belatedly) the opinion of the students beginning their penultimate year of training. The students were given copies of the General Medical Council recommendations and the Royal Commission report and, after an impartial briefing and discussion session, were asked to complete a comprehensive questionnaire on the aims and administration of house officer selection.

Out of a possible return of 115, 87 useful replies were received. There was almost unanimous approval for some form of matching programme, only two students wished to revert to the old informal arrangement. Entirely random allocation of posts, as it were from a hat, was favoured by 6 per cent of the students, while 9 per cent wished to have the posts allocated according to the student's academic grading, giving the so called "best jobs" to the best students. There was almost unanimous opinion that if there was a fair matching system guaranteeing all applicants some job within the region, then the optimum time for application would be six months before qualification.

At least one teaching hospital post was the aim of more than half of the students; because of this there was a large majority who thought that teaching hospital posts should be limited to one six-month period in the year of preregistration training. There was less unanimity of opinion about how to arrange the allocation. Altogether, 40 per cent felt that, within the limitations imposed by one teaching hospital post, applicants should be free to apply for whichever post they wished, while 59% were in favour of some form of pairing either of specific posts or of specific hospitals.

Of those questioned, 39% wished to have two six-month posts (medicine and surgery), the remainder expressed a preference for either three four-month posts or four three-month posts. During discussion at the meeting it became clear that even more would have favoured this latter type of rotating job had they thought it was a likely possibility in the foreseeable future.

Present Matching Programme

In 1971 the Preregistration Committee of the Faculty of Medicine set up a working party comprising representatives of the teaching and non-teaching hospitals, the medical society, and the university, to try to prepare a scheme incorporating the whole of the Birmingham Region. They considered the matching programmes operating successfully in other regions in Britain and also those in the United

States of America. The recommendations of the working party were as follows:

(1) The change-over for preregistration posts throughout the Birmingham Region should be standardized at 7 July and 7 January each year.

(2) No student should normally hold more than one of his preregistration posts in the teaching hospitals.

(3) The house physician and house surgeon posts should be applied for separately; there would be no pairing of specific posts.

(4) Application should be made six months before the post was vacant and that canvassing should not begin until two weeks before the closing date.

(5) Matching should begin by the students stating their first three preferences; a list of interested applicants should then be circulated to each consultant so that they could state their preference. The post not filled in the first round of the scheme should then be sent to the students not already placed and a second round of matching conducted.

Of the 191 posts recognized as being suitable for preregistration purposes in the Birmingham Region, 130 were committed to the scheme.

Discussion

There seems to be obvious reasons for preferring a method of selection of house officer appointments if only to prevent some of the inadequacies of a "first come first promised" system or one that leaves the student uncertain of his future until after graduation. Selection or "matching" with freedom of choice was favoured by the students canvassed who were not in favour of any direction of labour. The medical students' suggestion for the rationing of teaching hospital posts to one six-month period in the preregistration year appears to benefit all parties and has proved a success in the first two years of the latest scheme in the Birmingham Region.

The later in the undergraduate training the selection is made for house officer posts the greater will be the experience of the student and the wider his field of choice. However, most students (and their families) wish to plan in advance. Selection six months before qualification has evolved as an acceptable compromise. Although at present we select the two posts separately six months before they are filled there is a good case to be made for deciding the two appointments one after the other as the second choice is determined principally by the first appointment—namely surgery as opposed to medicine or teaching as opposed to non-teaching.

The organization of the preregistration year on a rotation of more than two posts—for example, four months each of medicine, otorhinolaryngology, and accident and emergency surgery or of neurology, cardiac surgery, and radiotherapy, etc.—was attractive to students although not to consultants in medicine and surgery. We believe that such a rotation has advantages and might be recommended to the General Medical Council.

The experience of running a matching programme in the Birmingham Region with about 200 suitable posts suggests that the ideal administrative size for such a scheme is that of a region or area health authority. A national scheme with a choice of some 2,500 posts would be very difficult to administer and has no evident advantages.

Reference

- 1 Royal Commission on Medical Education, 1965-8, *Report*, Cmnd. 3569. London, H.M.S.O., 1968