



Scholarship & Training Report

PREPARED BY

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Executive Summary

For: Executive Administrations, Family Medicine Academy, and Dental Academy in Riyadh Second Health Cluster.

Reporting Period: April - June 2024

The Riyadh Second Health Cluster's performance in Q2 of 2024 is analyzed across scholarships, SCFHS training programs, and hospital-based trainee enrollment. Trends are compared to Q1 data. Scholarship activity, including a significant decrease in awarded scholarships in Q2, is investigated with recommendations for improvement. SCFHS training program enrollment and trainee support are reviewed for all specialties. Hospital-based trainee enrollment considers the impact of summer vacation. This analysis helps strengthen the strategies for attracting and retaining healthcare trainees.

Executive Administrations:

- Postgraduate and Scholarship Administration
- Learning Institute Administration
- Simulation and Life Support Administration
- Continuous Professional Development Administration
- Health Training Administration
- Academic Operation Administration
- Family Medicine Academy
- Dental Academy



Scholarship Report

Significant Findings

- **Award Activity:** A significant decrease in awarded scholarships occurred in Q2 compared to Q1. Q1 saw a total of 21 scholarships awarded (7 external, 14 internal), while Q2 saw only 2 external scholarships awarded in May. No new scholarships (internal or external) were awarded in April or June.
- **Scholar Returns:** Compared to the high number of scholar returns in Q1 (particularly February's 109), Q2 saw a significant decrease. There were:
 - 1 returned external scholar in April
 - 1 returned external scholar in May
 - 14 returned external scholars in June
 - 1 returned internal scholar throughout Q2
- **Modification/Upgrades:**
 - Internal scholarships saw a high number of modifications/upgrades, particularly in June (27). This could indicate adjustments to existing awards or potential delays in program requirements. Compared to Q1, internal modifications/upgrades were spread more evenly throughout the quarter.
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 - The external conversion rate reduced by **3.5%** in Q2 compared to Q1. Conversely, the internal conversion rate increased by **7.1%** in Q2 relative to Q1.

Recommendations

- **Investigate the Minimum New Scholarship Awards:** Analyze the reasons behind the low new scholarship awards (internal and external) in April, May, and June. This could involve factors like:
 - Budgetary constraints
 - Application deadlines for scholarship programs falling outside Q2
 - Lack of applications meeting eligibility requirements
- **Review Internal Scholarship Modifications/Upgrades:** Evaluate the high volume of internal scholarship modifications/upgrades in June (27). Understand if these represent:

Scholarship Report

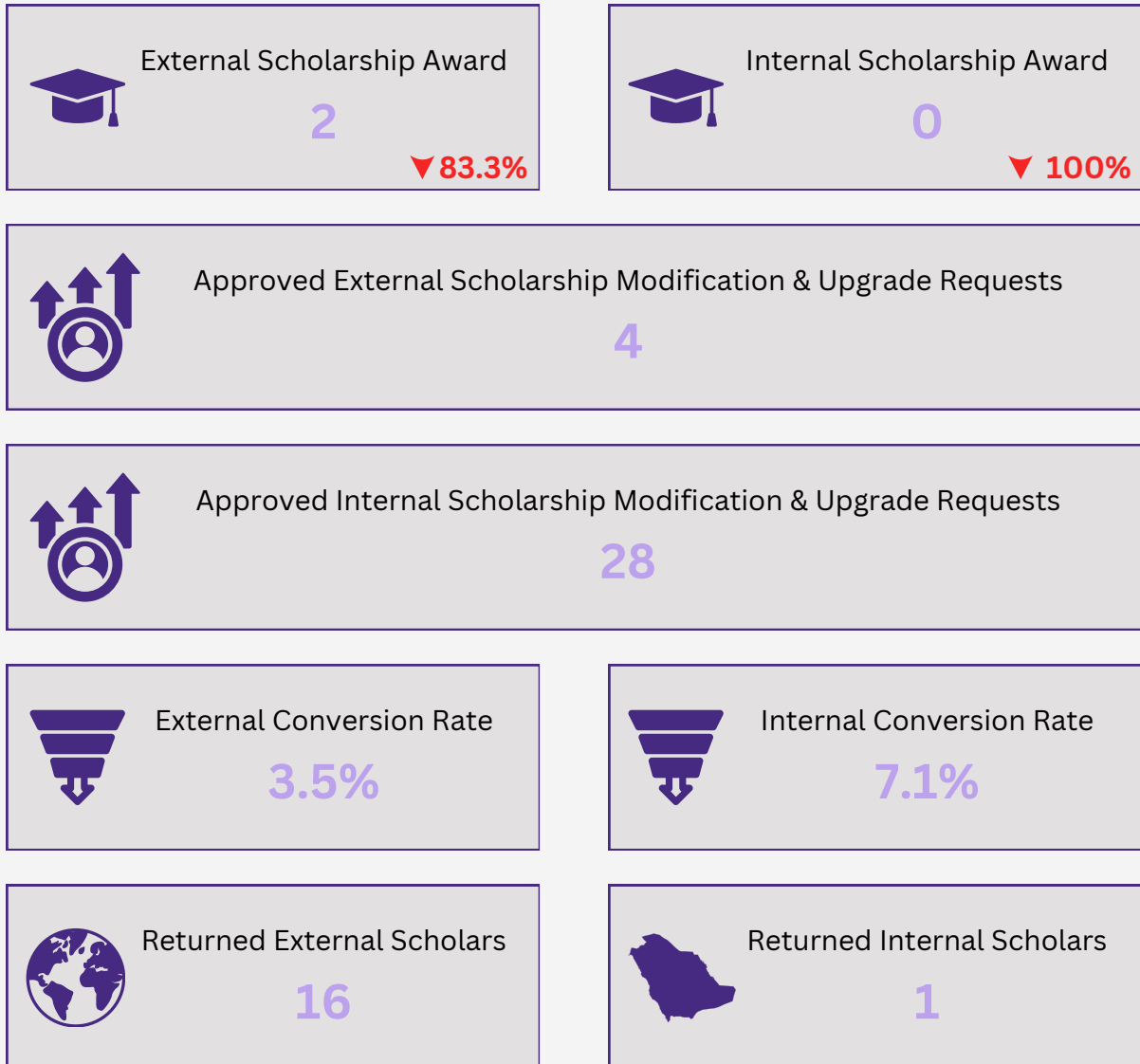
- Adjustments to existing awards (e.g., change of training site)
- Delays in program requirements.
- **Investigate Scholar Returns in June:** Analyze the reasons for the significant increase in returned external scholars in June (14) compared to April (1) and May (1). This may be attributed to the summer coinciding with the end of the school year.
- **Monitor Scholar Pipeline:** Implement mechanisms to track the flow of scholarship applications and approvals for both internal and external scholarships. This will ensure timely processing and a consistent flow of new scholars.

Additional Considerations

- **Track Scholar Retention:** While not observed in Q2 data, develop mechanisms to track scholar retention beyond returns. This could involve monitoring program completion rates or scholarship continuation.
- **Diversity & Inclusion Review:** Regularly review the scholarship program to ensure fair and inclusive criteria for awarding opportunities across all demographics and specialties within the healthcare sector.
- **Outcomes & Impact Assessment:** Explore methods to assess the long-term impact of the scholarship program. This could involve monitoring scholar career paths and contributions to the healthcare sector.

By implementing these recommendations and closely monitoring scholarship activity throughout the year, the Riyadh Second Health Cluster can refine its program to effectively attract and retain qualified healthcare professionals.

Scholarship Metric Cards



SCFHS Trainee Report

Comparison with Q1 Data

- **Medical Residents and Fellows:** Similar to Q1, medical residents showed minimal fluctuations (818 in January to 810 in June). However, medical fellows exhibited a slight increase throughout Q2, reaching 328 in April and remaining constant at 327 in May and June. This contrasts with Q1's small increase from 320 to 326.
- **Medical Rotating Trainees:** A significant decrease in enrollment is observed in medical rotating residents (including FM) and medical rotating fellows compared to Q1. April saw 164 residents and 23 fellows, dropping to 114 residents and 20 fellows in May, and further decreasing to 85 residents and 38 fellows in June. Although an increase in the number of rotating trainees is not recommended, further investigation is needed to understand this substantial decline.
- **Family Medicine Residents:** Family medicine residents remained fairly stable throughout Q2, with a slight decrease of **5.8%** from 137 in April to 129 in May and June. This is an exigent trend compared to Q1's increase, which suggests further investigation to understand reasons for decline.
- **Dental and Other Programs:** Allied health trainees, nursing trainees, and dental residents maintained consistency throughout Q2, mirroring the trend observed in Q1. However, dental assistant trainees saw a significant increase, rising from 37 in April to 59 in both May and June. This **59.5%** increase is attributed to dental assistant program expansion.
- **WAT Activity:** Similar to Q1, WAT activity remained low in Q2 with 3 reported cases in April, 4 in May, and 1 in June.

Significant Findings

- **Sharp Decline in Medical Rotating Trainees:** The substantial decrease in medical rotating residents and fellows throughout Q2 is a major finding compared to Q1's stable or slightly increasing enrollment.
- **Increased Dental Assistant Trainees:** A significant rise in dental assistant trainees in May and June compared to April is a notable change within Q2 data.
- **Continued Stability in Other Programs:** Consistent enrollment in dental residents, allied health trainees, and nursing trainees suggests these programs may be nearing capacity or require adjustments to attract new trainees by expansion.

SCFHS Trainee Report

- **Low but Consistent WAT Activity:** The low number of reported WAT cases throughout both Q1 and Q2 indicates a generally positive training environment. However, continued monitoring is crucial.

Recommendations

- **Investigate the Decline in Medical Rotating Trainees:** While capacity is not a primary concern, a significant decrease in medical rotating residents and fellows occurred in Q2. It is crucial to analyze the reasons behind this drop to ensure it is not related to a decline in training quality. This analysis should consider factors such as program completion cycles, changes in trainee intake procedures, and external influences impacting trainee selection.
- **Evaluate Program Capacity:** Considering the consistent enrollment in some programs (dental residents, allied health, nursing), assess the capacity of each program and explore strategies for program expansion to increase capacity.
- **Develop Trainee Retention Strategies:** Investigate methods to improve trainee retention, particularly for programs experiencing trainee declines. This could involve mentorship programs, well-being initiatives, or career development support.
- **Maintain Monitoring of WAT Activity:** While currently low, continue to monitor WAT activity to identify any emerging trends or areas requiring intervention.

Additional Considerations

- **Track Training Completion Rates:** Implement mechanisms to track trainee completion rates for all programs. This will provide valuable insights into program effectiveness and identify areas for improvement.
- **Diversity & Inclusion Review:** Regularly review training programs to ensure fair and inclusive enrollment practices across all demographics and specialties.
- **Trainee Well-being:** Develop initiatives to assess trainee well-being and identify areas where additional support may be needed.

By implementing these recommendations and close monitoring throughout the year, a thriving training environment is ensured.

SCFHS Trainee Metric Cards



SCFHS Program Metric Cards



Hospital-Based Trainees Report

Overall Trends

- **Enrollment Decline:** Q2 witnessed a significant enrollment decline (**54%**) compared to Q1 (3,013 vs. 1,386). However, a portion of this decrease can be attributed to the closure of schools for summer vacation, typically impacting the number of trainees.
- **Sharp Decrease April-June:** A further reduction (**55%**) occurred in total trainees from April (632) to June (285). This steeper decline suggests additional factors at play beyond summer vacation.



Program-Specific Findings (compared to Q1):

- **Medical Students:** A substantial decrease (**74.8%**) occurred throughout Q2, with a significant drop in June likely due to summer break.
- **Medical Interns:** Enrollment remained stable throughout most of Q2, with a significant drop in June potentially due to factors beyond summer vacation. Further investigation is warranted. (Q1: 696 vs. Q2: 393)
- **Family Medicine:** Family medicine intern and clinical attachment numbers remained lower compared to Q1. Continued monitoring is necessary. (Q1: 103 interns, 3 attachments vs. Q2: 46 interns, 5 attachments)
- **Dental:** Dental intern numbers remained consistent with a slight increase overall, while dental clinical attachments saw a significant decline (**51.5%**).
- **Allied Health:**
 - **Undergraduate:** A decrease of **31.4%** was observed, likely due in part to summer vacation. (Q1 peak: 195 vs. Q2 peak: 100)
 - **Graduate:** Q2 saw a **16.6%** drop compared to Q1's peak, with a complete absence in June. Further investigation is needed to understand this decline beyond summer vacation.
- **Nursing:** Nursing undergraduate enrollment saw the most significant decline (**75.8%**), likely due to summer vacation. (Q1 peak: 467 vs. June: 0)

Hospital-Based Trainees Report

Significant Findings

- **Summer Vacation Impact:** The decrease in trainees during Q2 is partially attributed to summer vacation, particularly impacting medical students, nursing undergraduate trainees, and some allied health trainees.
- **Additional Decline:** The steeper decline from April to June suggests factors beyond summer vacation may be impacting enrollment.

Recommendations

- **Explore Training Trends:** Analyze trainee demographics by program throughout the year to understand how summer vacation and other factors influence enrollment patterns.
- **Targeted Strategies:** Develop targeted recruitment and retention strategies for intern and summer trainee programs during the summer months.
- **Investigate Further Decline:** Investigate the reasons behind the additional enrollment decline beyond summer vacation, particularly in medical interns, allied health graduates, and nursing undergraduate programs.
- **Competitive Marketing:** Develop a marketing strategy to maintain program visibility during slower periods like summer.

Comparison with Q1 Data

The substantial decline in total trainees from Q1 to Q2 necessitates further investigation, considering summer vacation and potential underlying factors impacting specific programs.

By implementing these recommendations and closely monitoring trainee enrollment throughout the year, the hospital can ensure a strong and sustainable pipeline of trainees.

Hospital-Based Trainee Metric Cards





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Riyadh Second Health Cluster

