



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: January - March 2024

This report examines the performance of the Executive Administrations and Academies in Q1 2024. It covers scholarships, training programs, and hospital-based trainee enrollment. While a potential pause in new scholarships is noted, the report offers recommendations for all three areas to optimize program management and attract qualified healthcare professionals.

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 total of 21 scholarships were awarded in January (7 external and 14 internal). No new scholarships were awarded in February, but awards resumed in March with 5 external scholarships.
- **Scholar Returns:** A significant number of scholars returns occurred in February (109), with a much smaller number returning in January (7) and March (13). The high number of returns in February is associated with the end of local fellowship programs.
- **Modification/Upgrade Approvals:** Modification/upgrade approvals followed a distinct pattern, with activity concentrated in January (9) and March (9), and none reported in February. This suggests these approvals might not directly correlate with new scholarship awards. The first quarter conversion rate for external scholars is **13%** and for internal scholars **1.8%**
- **Nursing Scholar Focus:** Nursing Scholar data is excluded, requiring separate tracking for a more comprehensive picture.

Recommendations

- **Review Award Patterns:** Evaluate the process for awarding scholarships to understand the pause in new awards during February. This may involve examining budget allocations, application pauses or award cycle schedules.
- **Improve Communication:** Enhance communication with scholarship recipients. Pre-award briefings and ongoing support can help ensure scholars understand program expectations and maximize their scholarship experience.
- **Data Integration:** Explore integrating Nursing Scholar data into the overall scholarship reporting for a more complete view of scholarship activity.

Additional Considerations

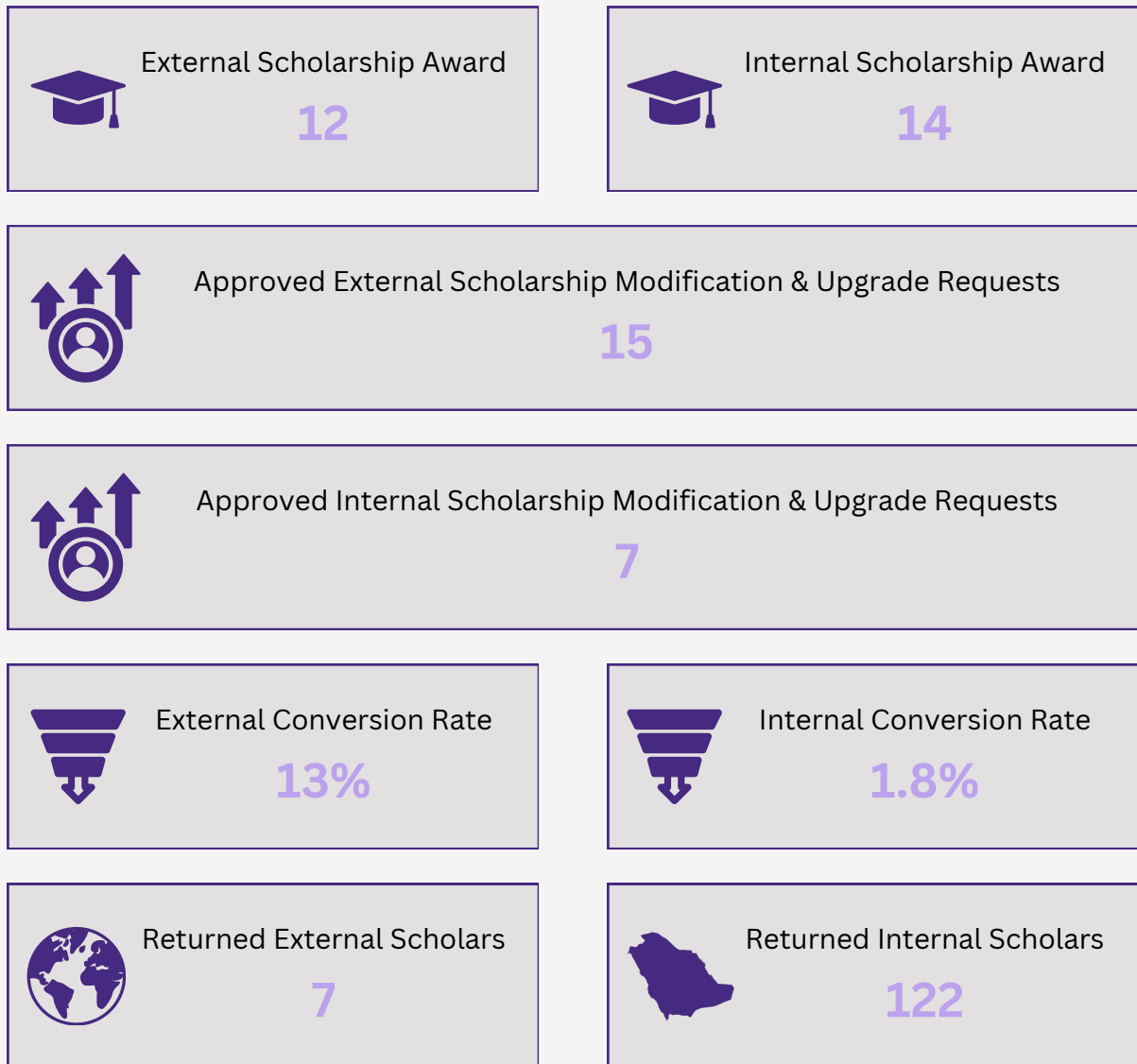
- **Track Scholar Success:** Implement mechanisms to track scholar success after completing their programs. This could involve monitoring job placement rates, performance evaluations, or contributions to the healthcare sector.

Scholarship Report

- **Scholarship Program Marketing:** Consider developing targeted marketing campaigns in Riyadh Second Health Cluster to raise awareness about scholarship opportunities, requirements and application method to attract qualified candidates.
- **Diversity & Inclusion:** Ensure the scholarship program awards opportunities fairly across various demographics and specializations within the healthcare field.

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

Scholarship Metric Cards



SCFHS Trainee Report

Significant Findings

- **Stable Enrollment with Exceptions:** While medical diploma trainees, dental residents, dental assistant trainees, allied health trainees, and nursing trainees exhibited consistent enrollment throughout Q1, medical residents and medical fellows showed slight fluctuations. Medical residents decreased by **0.4%** from 818 in January to 815 in March, and medical fellows increased by **1.9%** from 320 to 326 during the same period. Further analysis is needed to understand these minor shifts.
- **Increase in Family Medicine Residents:** Family medicine residency enrollment increased by **7%** (n=9) from January (128) to March (137). This is a positive trend as it supports the development of primary care services within the healthcare cluster.
- **Low WAT Activity:** The low number of reported warnings, appeals, and terminations (WAT) throughout Q1 (2 in January, 4 in February and March) suggests a positive training environment with minimal disciplinary actions. However, monitoring of WAT activity is still important.

Recommendations

- **Investigate Enrollment Shifts in Medical Programs:** While minimal, analyze the reasons behind the slight enrollment changes observed in medical residency and fellowship programs throughout Q1. This could involve factors such as program pause, termination, trainee graduations, or new trainee intake.
- **Evaluate Program Capacity:** Considering the consistent enrollment across most programs, assess the capacity of each program to accommodate potential future growth. This could involve considering program expansion strategies.
- **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.
- **Enhance Communication with Trainees:** Explore methods to enhance communication with trainees, including program updates, well-being support resources, and feedback mechanisms. This will foster a positive learning environment and address trainee concerns.

SCFHS Trainee Report

Additional Considerations

- **Diversity & Inclusion Review:** Regularly review training programs to ensure fair and inclusive recruitment practices across all demographics and specialties within the healthcare sector.
- **Trainee Well-being:** Develop initiatives or surveys to assess trainee well-being and identify areas where additional support may be needed.

By implementing these recommendations and closely monitoring training program activity throughout the year, the Riyadh Second Health Cluster can ensure a thriving training environment that attracts and retains qualified healthcare professionals.

SCFHS Trainee Metric Cards



SCFHS Program Metric Cards



Hospital-Based Trainee Report

Overall Trends

- **Enrollment Decline:** Q1 saw a significant decline in total trainees from January (1,183) to February (968) and March (862). This translates to a reduction of **27%**.
- **Medical Interns and Students:** Medical interns experienced a moderate decrease (256 in January to 177 in March), while medical students showed some fluctuation with a peak in February (147) and a decrease in March (122).
- **Family Medicine:** Family medicine interns exhibited a fluctuation throughout Q1, starting with 43 in January, increasing to 49 in February, and then dropping to 11 in March. Family medicine clinical attachment remained constant with only 1 trainee reported throughout the quarter.
- **Dental:** Dental intern numbers remained consistent, with a **20%** increase in March (42 from January's 35). Dental clinical attachment and allied dental trainees saw a fluctuating pattern through Q1.
- **Allied Health:**
 - **Undergraduate:** Allied health undergraduate trainees experienced a peak in January (195) followed by significant declines in February (71) and March (100). This represents a decrease of **63%** from January to March.
 - **Graduate:** Allied health graduate trainees exhibited a similar trend with a peak in February (98) compared to January (20) and March (33). This translates to a **78%** increase from January to February, followed by a **66%** decrease by March.
- **Nursing:** Nursing undergraduate trainees saw the most substantial constant decrease in Q1, dropping from 467 in January to 333 in March (a **28%** decrease).



Significant Findings

- **Q1 Enrollment Decline:** The substantial decrease in total trainees throughout Q1 necessitates further investigation.
- **Fluctuation in Family Medicine Interns:** While the initial increase followed by a sharp decline in family medicine interns requires further analysis, it's not necessarily a consistent downward trend.

Hospital-Based Trainee Report

- **Peaks and Declines in Allied Health:** The significant drops in both allied health undergraduate and graduate trainees after their peaks in January necessitate further exploration.
- **Nursing Undergraduate Trainee Decline:** The substantial decrease in nursing undergraduate trainees across all three months warrants further analysis.

Recommendations

- **Investigate Q1 Enrollment Decline:** Analyze the reasons behind the overall decline in trainee enrollment across the board in Q1. This could involve factors such as program scheduling adjustments, changes in trainee intake procedures, or external factors impacting trainee decisions.
- **Focus on Family Medicine Interns:** Investigate the reasons behind the fluctuation observed in family medicine interns (43 in January, 49 in February, and 11 in March). This could involve program evaluations, competitor analysis, or exploring potential recruitment challenges.
- **Explore Allied Health Trainee Peaks and Declines:** Analyze the reasons behind the peaks in allied health trainees (both undergraduate and graduate) in January, followed by significant declines in February and March. This could involve communication with training programs, reviewing program offerings, or investigating potential changes in trainee interests.
- **Explore Nursing Trainee Decline:** Analyze the reasons behind the 28% decrease in nursing undergraduate trainees. This could involve communication with nursing schools, reviewing program offerings, or investigating potential changes in career choices.
- **Develop Long-Term Enrollment Strategy:** A long-term enrollment strategy is crucial for a steady pipeline of qualified trainees. Start by analyzing past data and gathering stakeholder input to identify programs needing improvement. Then, create targeted recruitment efforts, like attending relevant career fairs or strengthening ties with training institutions. Enhance program appeal by offering competitive compensation, incorporate simulation training, flexible scheduling, and faculty development. Finally, continuously monitor enrollment trends, collect feedback, and adapt the strategy based on the data to ensure consistent program competitiveness.

Hospital-Based Trainee Report

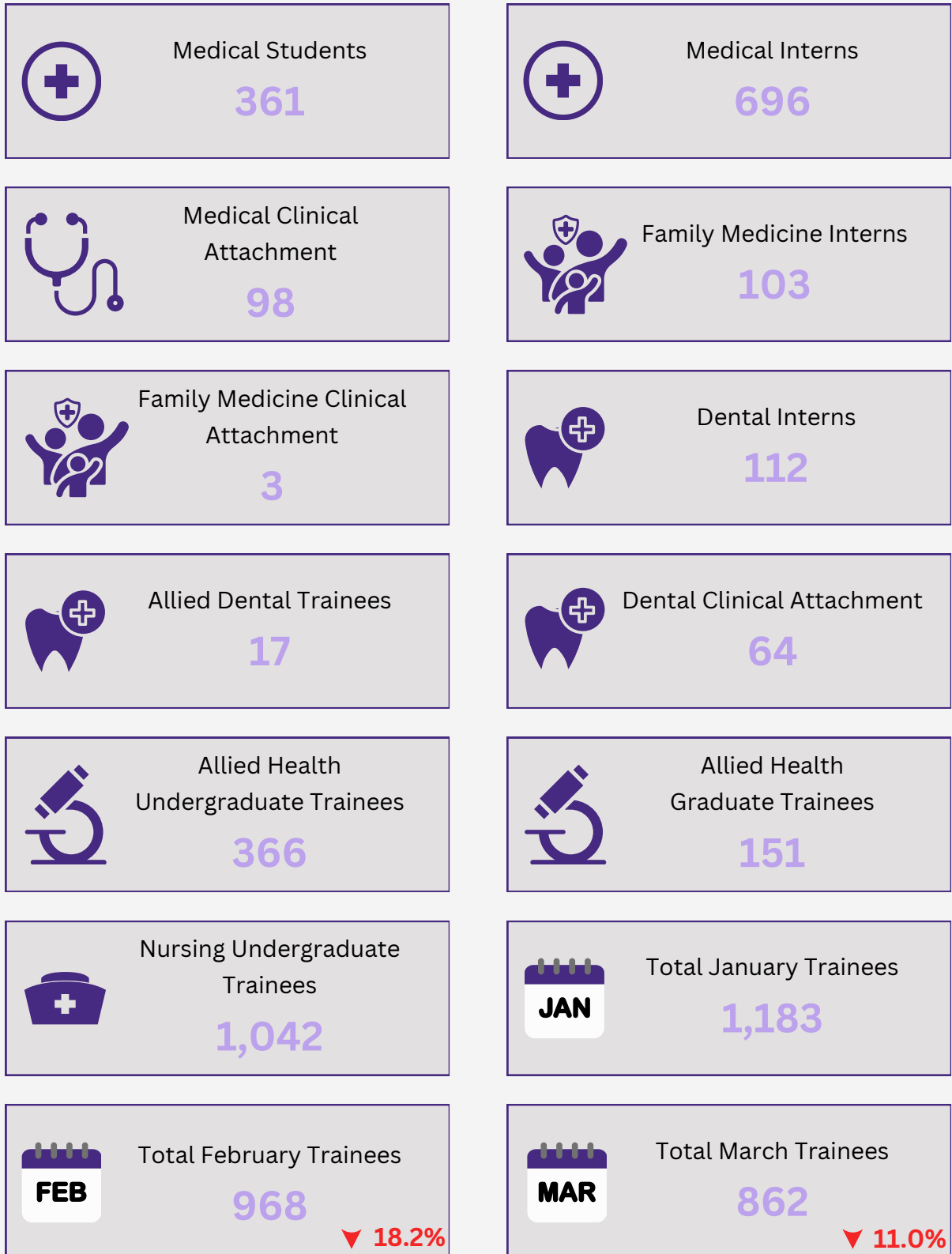
- **Identifying Training Barriers:** Hospital-based trainee programs face a variety of hurdles. These can be environmental (program structure, resources), faculty-related (expertise, availability), trainee-specific (compliance, finances), or even patient-driven (caseload, population). Examining these barriers across all levels can help identify key areas for improvement, ultimately strengthening the ability to attract and retain qualified healthcare professionals.

Additional Considerations

- **Diversity & Inclusion Review:** Regularly review hospital-based training programs to ensure fair and inclusive recruitment practices across all demographics and specialties within the healthcare sector.
- **Trainee Well-being:** Evaluate trainee support programs and consider initiatives to enhance trainee well-being throughout their training period.

By implementing these recommendations and closely monitoring trainee enrollment throughout the year, the cluster can ensure a significant improvement in hospital-based trainee numbers.

Hospital-Based Trainee Metric Cards





تجمع الرياض الصحي الثاني
Riyadh Second Health Cluster

