تجمع الرياض الصحي الثاني
Riyadh Second Health Cluster

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: October - December 2024

This report presents an in-depth analysis of the Riyadh Second Health Cluster's performance during Q4 2024, encompassing scholarship programs, Saudi Commission for Health Specialties (SCFHS) training programs, and hospital-based trainee enrollment.

As of Q4, the year-to-date (YTD) total of scholars reached 508, comprising 99 external and 409 internal (Efaad) scholars. Scholarship conversion rates demonstrated improvement compared to previous quarters, reaching 4% for external and 0.73% for internal scholars.

A comprehensive review of SCFHS training program enrollment and trainee support across all healthcare specialties was conducted. Notably, fellowship program enrollment increased to 62 in Q4, while external rotator utilization significantly decreased to 6.2% from 9% in Q3.

Hospital-based trainee enrollment exhibited an overall decrease of 27.6% compared to Q3, primarily attributed to a decline in nursing undergraduate trainees.

The actionable insights gleaned from this analysis will be instrumental in refining strategies to attract and retain top-tier healthcare talent within the cluster.

Executive Administrations:

- Postgraduate and Scholarship Administration
- Health Training Administration
- Family Medicine Academy
- Dental Academy

Scholarship Report

Significant Findings

- **Award Activity:** A significant decrease in awarded external scholarships was observed in Q4, with 10 awards compared to 34 in Q3, representing a 70.6% reduction. Conversely, a substantial increase in awarded internal scholarships was noted, with 85 awards in Q4 compared to 43 in Q3. Notably, all internal scholarship awards were granted in October (n=85).
- **Scholar Returns:** A 67.7% decrease in returned external scholars was observed in Q4, with 10 returns compared to 31 in Q3. Internal scholar returns also demonstrated a significant decrease of 40%, with 48 returns in Q4 compared to 80 in Q3.
- **Modification/Upgrades:**
  - A notable decrease in modifications or upgrades was observed for external scholars in Q4, with 6 compared to 11 in Q3. Similarly, a moderate decrease in modifications or upgrades was observed for internal scholars in Q4, with 13 compared to 17 in Q3. This may indicate adjustments to existing award parameters or potential delays in program requirements.
  - The conversion rate for external scholars decreased from 11.2% in Q3 to 4% in Q4. The conversion rate for internal scholars also decreased from 4.2% in Q3 to 0.73% in Q4, both successfully meeting the goal of reducing conversions.

Recommendations

- **Refine External Scholarship Selection Criteria:** Analyze the reasons for the significant decrease in awarded external scholarships. Re-evaluate selection criteria to ensure they effectively identify and support high-potential candidates.
- **Optimize Award Timing:** Investigate the concentration of internal scholarship awards in October, coinciding with the commencement of SCFHS programs, and consider strategies to distribute awards more evenly preceding program start dates to ensure timely and consistent support for scholars.
- **Clarify Program Requirements:** Proactively address potential delays in scholar program requirements to minimize the need for modifications. Consider providing clear and timely communication regarding program expectations and deadlines.
- **Streamline Modification/Upgrade Processes:** Streamline administrative procedures for modifying or upgrading scholarships to improve efficiency and reduce delays.
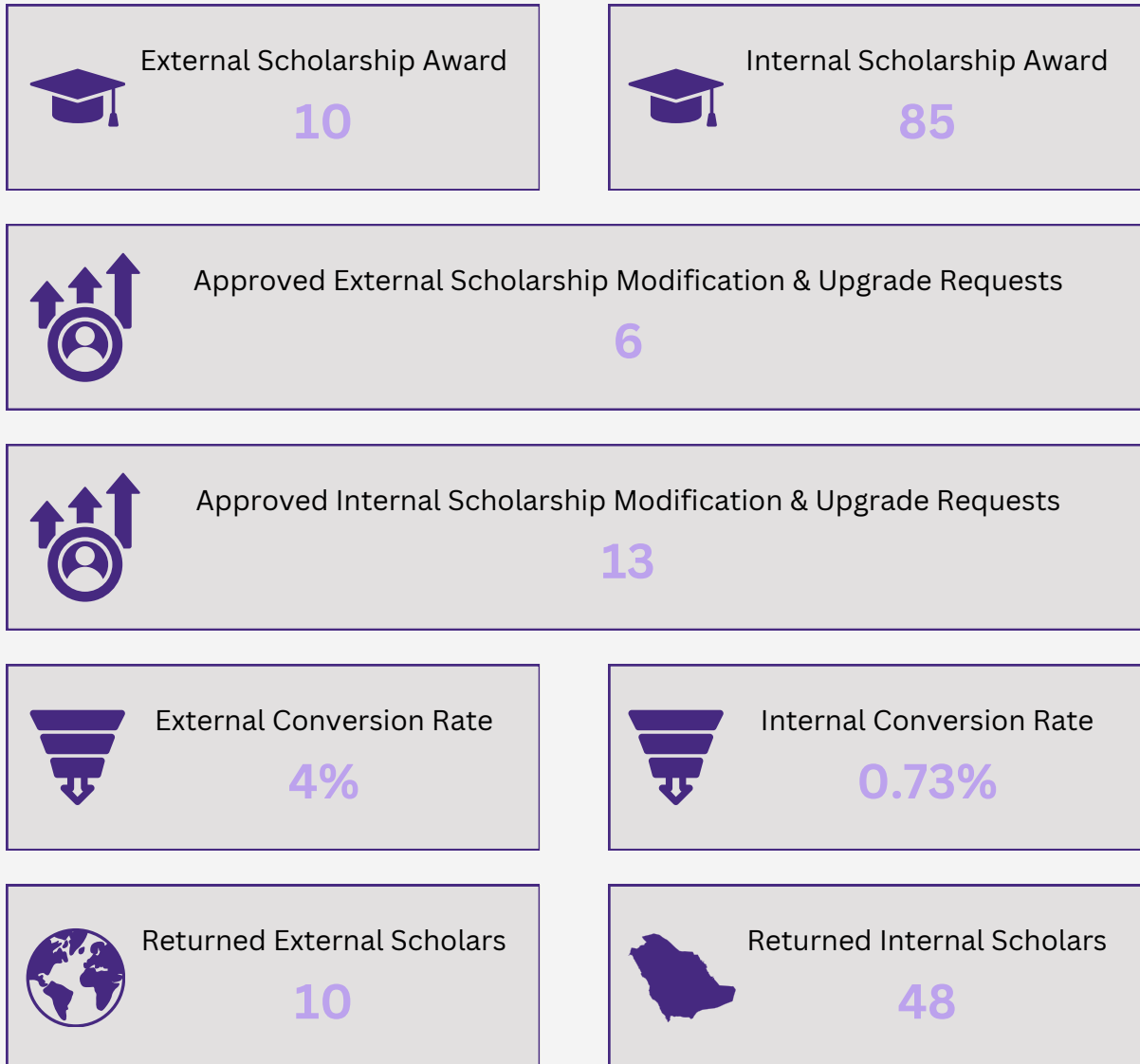
Scholarship Report

- **Maintain Focus on Conversion Rate Reduction:** Continue to implement strategies to maintain the reduced conversion rates for both internal and external scholars. Regularly monitor conversion rates and adjust strategies as needed.
- **Explore Targeted Interventions:** Consider implementing targeted interventions to improve conversion rates for specific groups of scholars, such as those at risk of dropping out.

Additional Considerations

- **Track Scholar Retention:** While not observed in quartely 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

External Scholarship Award 10	**Internal Scholarship Award** 85

Approved External Scholarship Modification & Upgrade Requests 6

Approved Internal Scholarship Modification & Upgrade Requests 13

External Conversion Rate 4%	**Internal Conversion Rate** 0.73%
Returned External Scholars 10	**Returned Internal Scholars** 48

SCFHS Trainee Report

Significant Findings

- **Medical Residents and Fellows:** Q4 observed an average of 1,1175 medical residents and fellows, representing a slight 3.25% increase from Q3 (average 1,138). While medical fellows exhibited a slight 0.6% reduction, medical residents demonstrated a 4.8% increase in Q4.
- **Medical Rotating Trainees:** A modest 15.6% decrease in enrollment was observed for medical rotating residents (including FM) in Q4 (n=233) compared to Q3 (n=276). Conversely, medical rotating fellows experienced a significant 47.4% decrease in Q4 (n=60) compared to Q3 (n=114). Given the established objective of reducing the number of rotating trainees, further investigation is necessary to effectively manage the substantial number of rotating residents.
- **Family Medicine Residents:** Family medicine residents demonstrated a slight 9.5% increase in Q4 (average 138) compared to Q3 (average 1126), suggesting an increase in training site capacity and successful expansion plans.
- **Dental Programs:** Dental trainees exhibited a significant 71.6% increase in Q4 (n=127) compared to Q3 (n=74), attributed to the expansion of dental residency and dental assistant programs.
- **Allied Health and Nursing Programs:** Trainees demonstrated a significant reduction in Q4, contrary to the trend observed from Q1 to Q3.
- **WAT Activity:** WAT activity increased in Q4 with 25 reported cases compared to 10 in Q3. This increase may be attributed to the rigorous adherence to the newly issued postgraduate policies.

Recommendations:

- **Optimize Resident Training Capacity:** Analyze the factors contributing to the 4.8% increase in medical residents and ensure that training programs have the necessary resources and infrastructure to support this growth.
- **Address Rotating Resident Numbers:** Conduct a thorough analysis to understand the factors contributing to the substantial number of rotating residents and develop strategies to optimize their training experiences while aligning with the objective of reducing overall numbers.

SCFHS Trainee Report

- **Sustained Growth Strategy:** Develop a sustainable strategy to maintain and potentially further expand the capacity for family medicine residents, ensuring alignment with healthcare needs, accreditation standards and workforce demands.
- **WAT Activity:** Continue to enforce the newly implemented postgraduate policies. Monitor WAT activity to ensure the upward trend represents positive compliance rather than an underlying issue.
- **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.

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

Average Medical Residents	Average Medical Fellows (Include Level 3)
850 ▲ 4.8%	**325** ▼ 0.6%

Medical Diploma Trainee	Average Rotating Medical Residents
2	**233** ▼ 15.6%

Average Rotating Medical Fellows	Average Family Medicine Residents
60 ▼ 47.4%	**138** ▲ 9.5%

Dental Residents	Average Dental Assistant Trainees
81 ▲ 119%	**46** ▲ 24.3%

Allied Health Trainees	Nursing Trainees
26 ▼ 57.4%	**15** ▼ 55.8%

Total Warnings, Appeals and Terminations	Total Average Trainees
25	**1,554** ▼ 1.3%

SCFHS Program Metric Cards

Medical Residency Programs (Includes Family Medicine) **23**	Medical Fellowship Programs **56**
Medical Level 3 Fellowship Program **1**	Medical Diploma Program **1**
Allied Health Programs **13**	Allied Health Academic Programs **4**
Dental Residency Programs **8**	Dental Diploma Program **2**
Nursing Programs **6**	Total SCFHS Programs **115**

Hospital-Based Trainees Report

Overall Trends

- **Enrollment Expansion:** A notable 27.6% decline in enrollment was observed in Q4 (n=2276) compared to Q3 (n=3145). This decline was most pronounced among undergraduate nursing trainees, with a 64.8% reduction. This may be attributed to the cyclical nature of nursing trainee enrollment throughout the academic year.
- **Trainee Distribution:** Trainee numbers peaked in October, reaching a high of 1083. Subsequently, a 42.4% reduction was observed in November (n=624), followed by a further decrease to 569 in December.

Specific Findings:

- **Medical Students:** Enrollment among medical students increased by 15% in Q4 (n=391) compared to Q3 (n=340), with a notable peak in October (n=196), likely attributable to the commencement of the academic year.
- **Medical Interns:** A significant increase in medical intern enrollment was observed in Q4 (n=645) compared to Q3 (n=289), with a substantial portion occurring in December (n=261).
- **Medical Clinical Attachment:** Enrollment in medical clinical attachments decreased by 51.5% in Q4 (n=66), with the highest number of enrollments observed in November (n=35).
- **Family Medicine:** A decline was observed in both family medicine intern (n=76) and clinical attachment (n=18) numbers compared to Q3, with decreases of 30.9% and 5.3%, respectively.
- **Dental:** Dental intern numbers increased slightly by 7.5% in Q4 (n=100), while dental clinical attachments experienced a sharp 39.4% decrease (n=92). Conversely, dental allied health trainees exhibited a 33.3% reduction in Q4 (n=10).
- **Nursing:** Nursing undergraduate enrollment witnessed a significant decline in Q4 (n=577) compared to Q3 (n=1638).

Hospital-Based Trainees Report

- **Allied Health:** Undergraduate allied health trainees demonstrated a slight 7.8% increase in Q4 (n=249), with a notable peak in December (n=108). In contrast, graduate trainee enrollment experienced the highest decrease by 75% in Q4 (n=52), primarily in November, compared to Q3 (n=208).

Recommendations:

- Analyze specific programs and marketing initiatives implemented to understand their impact on enrollment. Consider replicating successful strategies in future quarters.
- Analyze enrollment fluctuations in medical students by investigating the significant increase in October and determine if it aligns with expected enrollment patterns or if there are any factors contributing to this surge.
- Investigate the medical intern December surge by analyzing the factors contributing to the substantial increase in enrollment in December and assess the implications for training capacity and resource allocation.
- Optimize internship onboarding by developing innovative strategies to effectively onboard the increased number of medical interns, ensuring a smooth transition into their training programs.
- Analyze medical clinical attachment enrollment decline by investigating the reasons and explore strategies to enhance the attractiveness and accessibility of these programs.
- Address Family Medicine enrollment declines and what factors are contributing to the decline in interns and clinical attachments enrollment and implement strategies to address these concerns.
- Monitor dental clinical attachment and dental allied health trainee decrease by investigating the sharp decline and assessing the potential impact on trainee learning and clinical experience.
- Address Allied Health graduate trainee decline and implement strategies to address the potential challenges and attract and retain qualified individuals in these programs.
- Utilize data analysis to inform all decisions related to trainee enrollment, training program development, and resource allocation.
- Conduct regular evaluations of all training programs to assess their effectiveness, identify areas for improvement, and ensure alignment with best practices.

Hospital-Based Trainee Metric Cards

Medical Students 391 ▲ 15	**Medical Interns** 645 ▲ 123%
Medical Clinical Attachment 66 ▼ 51.5%	**Family Medicine Interns** 76 ▼ 30.9%
Family Medicine Clinical Attachment 18 ▼ 5.3%	**Dental Interns** 100 ▲ 7.5%
Allied Dental Trainees 10 ▼ 33.3%	**Dental Clinical Attachment** 92 ▲ 39.4%
Allied Health Undergraduate Trainees 249 ▲ 7.8%	**Allied Health Graduate Trainees** 52 ▼ 75%
Nursing Undergraduate Trainees 577 ▼ 64.8%	**Total October Trainees** 1083 ▼ 3.9%
Total November Trainees 624 ▼ 42.4%	**Total December Trainees** 569 ▼ 8.8%

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