



Improving Selection to Foundation Programme Briefing Pack – Stage 2 of Project

This document provides information on the Improving Selection to Foundation Programme Project, including the option appraisal, key recommendations, proposed system and information on pilots and timelines.

Background

Current System

'The Next Stage Review: A High Quality Workforce' stated that 'new work needs to be undertaken to develop more reliable and valid selection tools for recruitment' to Foundation Programme training. This was based, to some extent, on shared concerns about the current online application system which ranks applicants using a combined score derived from answers to a set of white space questions mapped against the person specification and an academic quartile ranking provided by the applicant's medical school. The concerns relate to reliability, validity, comparability, NHS consultant time required, possible plagiarism and longevity.

The following key issues with the current process were identified:

- Candidates answer 'white space' questions in their own time, which makes it harder to ensure that the work is their own
- Marking the 'white space' answers is labour intensive
- The academic quartile scores are not sufficiently standardised
- There is little evidence to provide the validity of 'white space' questions as a selection technique

Some of these weaknesses would become critical if there were more applicants than posts, leaving the selection process open to legal challenge.

Option Appraisal

In response to this, the Medical Schools Council was commissioned by the Department of Health to lead a Steering Group to carry out an option appraisal for the best approach for selection of applicants into the UK Foundation Programme and allocation to Foundation Schools. The Option Appraisal was a collaborative venture between the Academy of Medical Royal Colleges, the British Medical Association's Medical Students Committee, the Conference of Postgraduate Medical Deans, the General Medical Council, the Medical Schools Council, the National Association of Clinical Tutors, the Northern Ireland Medical and Dental Training Agency, NHS Employers, the Scottish Board for Academic Medicine, the Scottish Foundation Board, the UK Foundation Programme Office and the four UK Health Departments.

As part of the nine month Option Appraisal, the Steering Group commissioned three academic literature reviews on international good practice in high stakes selection in medicine, which were reviewed by an International Panel of Experts who advised the Steering Group on a short-list of preferred selection tools. There was extensive consultation with key stakeholders and members of the steering group met with medical students, employers, Medical School staff, Foundation School managers and directors, clinical teachers, HR Professionals and postgraduate deans. The BMA Medical Students Committee independently held 24 workshops with 343 medical students. An online survey generated 1,810 further responses. Academic evidence, expert advice and stakeholder feedback informed an independent Cost Benefit Analysis of the short-list of six possible selection options.

Recommendations

After considering all the evidence the Steering Group reached a decision on two key recommendations for stage two of the project:

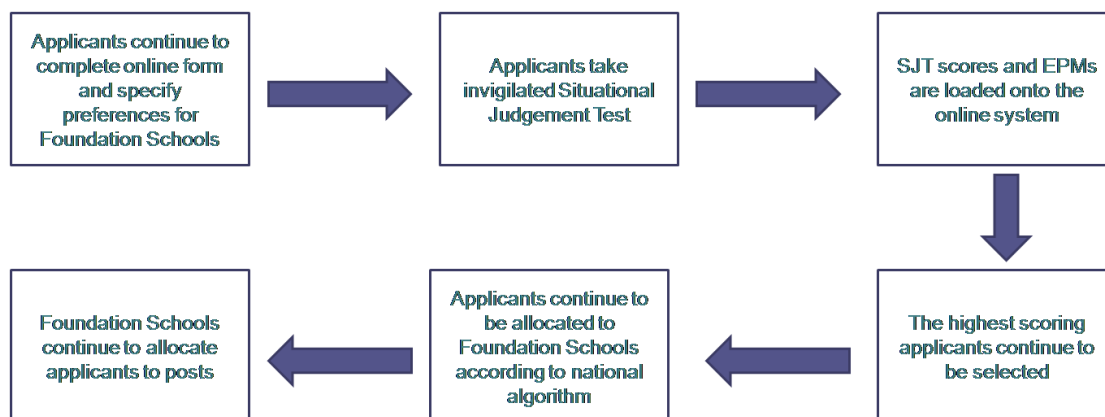
1. Evolution not revolution
2. Pilot two new selection methods:

Educational Performance Measure (EPM) – Replace quartiles with a standardised scheme for medical schools to grade clinical knowledge and skills based on a student's performance to date.

Situational Judgement Test (SJT) – Replace 'white space' questions with an invigilated machine-markable test of professional attributes, similar to selection methods used for GP specialty training

The Proposed Selection Process

The below flow diagram demonstrates the proposed selection process. As demonstrated, applicants will continue to complete the online form specifying Foundation School preferences, but will take an invigilated Situational Judgement Test which will be added to the online system along with their EPM scores. The highest scoring applicants will continue to be selected and allocated to Foundation Schools using a national algorithm and then Foundation Schools will continue to allocate posts to applicants.



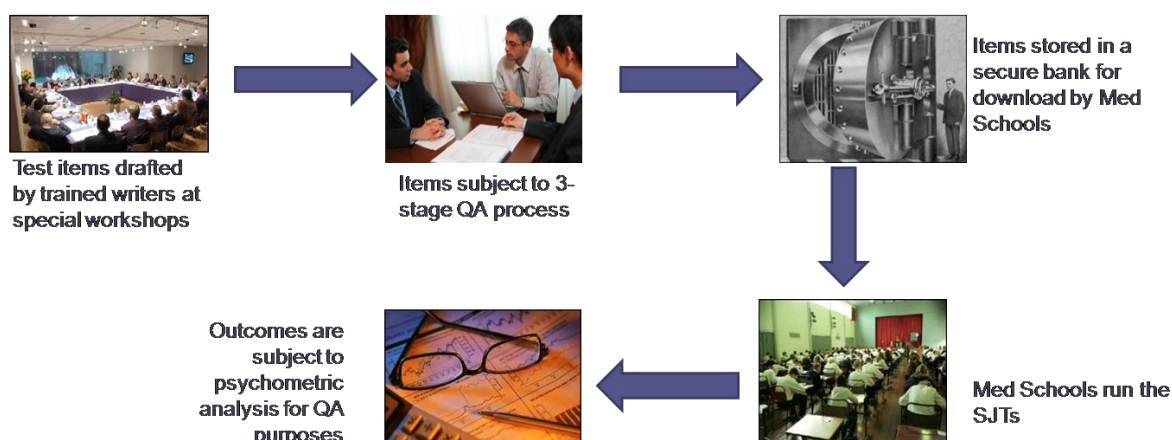
Educational Performance Measure (EPM)

Fine grain educational performance scores will be provided by the medical schools and derived using an agreed common framework based primarily on assessments of applied knowledge and clinical skills. The main points to highlight around EPM are that:

- It will be more robust than current quartile scores, which are not currently produced to a standard specification
- There may be separate scores for clinical skills and for knowledge based on performance at medical school
- It will be more granular than quartiles
- All medical schools will be asked to produce a score for all their applicants
- EPM scores will be combined with the SJT scores to give an overall score which will be used for selection purposes
- The pilots of EPM will help to produce a standard specification and determine the effectiveness and practicality of producing an EPM score
- The pilots will consider the relative weightings of the SJT and EPM scores

Situational Judgement Test (SJT)

Every applicant will undergo an invigilated test, which is designed to assess their professional judgement and likely behaviours in scenarios based on the complex situations encountered in Foundation training, mapped against the person specification. The score achieved from these tests will be combined with the EPM scores to provide a single rank for the purpose of selection. SJTs are currently used in the selection process for GPs. The diagram below demonstrates how the SJTs will be produced and deployed. Essentially, questions will be drafted at workshops held at medical schools and Deaneries and will then be subject to a rigorous quality assurance process. These items will then be stored in a secure bank which medical schools will be able to access in order to download the SJT questions. It is proposed that the test lasts approximately 2 hours, with medical students taking this at their own medical school on an agreed date. The tests will be marked and the outcomes will be psychometrically analysed for quality assurance purposes.



Sample Question

You are a second year foundation doctor (F2 or FY2) working in general practice. At the baby clinic the nurse gives you a syringe with fluid already drawn up, an immunization (MMR), to give to a baby. After the parent and child have gone home you realise that the syringe contained only the diluent; the ampoule of active powder is intact.

Rank in order the following actions in response to this situation
(1= Most appropriate; 5= Least appropriate).

- A. Contact the parent immediately and explain what has happened.
- B. Inform the practice manager of the nurse's mistake.
- C. Fill in a critical incident form.
- D. Send a further appointment for the baby.
- E. Take no action.

Answer

A is the best answer. The parents should be informed of the mistake immediately so that they are aware the baby has not received the immunisation and can make appropriate arrangements. D is the next best answer. The need to repeat the immunisation is addressed, however this does not share with the parents what has happened or the reason for the appointment and so is not such a good answer. It is good to fill in a critical incident form so that the causes of the error are investigated but this does not address the need to repeat the immunisation so C is next best answer. B is not a good response because it does not address the baby's need and it would be better to discuss the error directly with the nurse to find out what had happened. E is not a good response because you are the only person who knows the baby has not received the immunization and if you take no action this will not be redressed.

PLEASE NOTE: This is an example of how the question might be marked. The scoring framework will be piloted as part of the SJT development to explore the best way of scoring candidates in a granular way.

Feasibility Study and Project Initiation Document

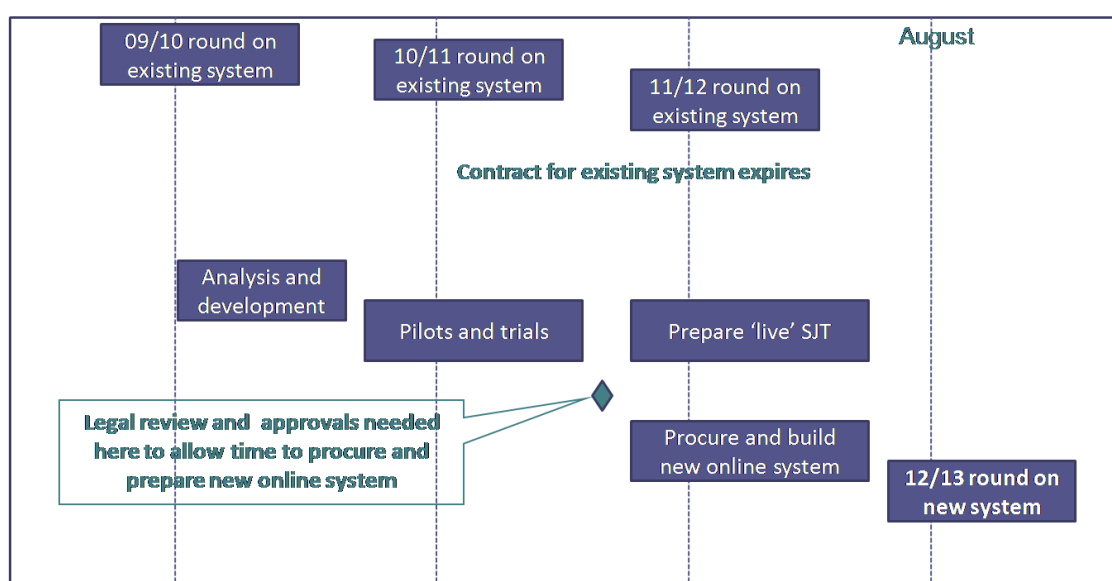
In addition to the final report, the Department of Health requested that two additional documents – a Feasibility Study and a Project Initiation Document – be produced to provide it with more information on what the second stage of the project would involve. This includes pilots and timings.

Feasibility Study: The purpose of this was to produce a very detailed and through plan for implementing the key recommendations from the Foundation Programme Steering Group (outlined below). The Feasibility Study takes into account the following key areas: aims and objectives, a detailed 'blue print' for 2012/13 onwards, scope of the work, approach, success criteria, products, timelines, resources and skills, Governance and organisation, assumptions, constraints, dependencies, controls, communications, quality, risks, fall-back options and costs.

Project Initiation Document: This looks at the objectives, scope and deliverables of the project and defines: the objectives and scope, the deliverables and responsible owners, a detailed plan of the work to be done, risks and issues, and costs and timelines.

Timing

There is a number of key timing considerations that need to be taken into account during the piloting stage. This is a very complex project to organise as there are many individual elements that need substantial work to be ready for the 2012/13 recruitment round. For example, the IT system needs to be re-procured. This involves putting it out to tender, developing it ready for the final pilot in 2011/12 to test it against the current system and making any changes ready for the live recruitment round in 2012/13. A summary diagram has been produced to demonstrate some of the key considerations:



SJT Pilots

The results of pilots will determine whether it will be possible to go live in 2012/13. It is important to highlight that no component will be implemented into the live recruitment round in 2012/13 without an in-depth analysis of the results and agreement from the Steering Group that this is the most efficient and effective way of recruiting medical students to the Foundation Programme.

SJT items will be written at workshops from Spring/Summer 2010 onwards. These will be written by staff members from the UK's 31 undergraduate medical schools and from foundation schools and Deaneries. Questions will initially be written purely for the pilots but additional workshops will be organised throughout the year to build up the bank of SJT questions.