



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

'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 concerns about the current system which ranks applicants using a combined score derived from answers to a set of white space questions 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 answers to white space questions is labour intensive and costly – with much Consultant time away from service

Option Appraisal

In response to this, the Medical Schools Council was commissioned by the Department of Health to lead a Project 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 Project 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 Project Group on a short-list of preferred selection tools. There was extensive consultation with key stakeholders and members of the Project 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 Project Group reached a decision on two key recommendations for stage two of the project:

- To pilot two new selection methods: Educational Performance Measure (EPM) – to evolve from the current quartile rankings - and Situational Judgement Test (SJT) – to replace the current white space questions
- To continue with the current method of selection unless the pilots show substantial and convincing evidence for change

The Proposed Selection Process

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. Applicants will continue to be allocated to foundation schools based first on their preference and then on their score.

Educational Performance Measure (EPM)

A common framework based primarily on the results of assessments of applied knowledge and clinical skills will be developed. However the EPM differs from the current quartiles in that:

- It will be more robust than current quartile scores, with all schools providing scores to a standard specification agreed across the UK
- There may be separate scores for clinical skills and written knowledge based on performance at medical school
- It will be more granular than quartiles
- The pilots of EPM will help to produce a standard specification and determine the effectiveness and practicality of producing an EPM score
- It is envisaged that the EPM scores will be combined with the SJT scores to give an overall score which will be used for selection purposes. The pilots will consider the relative weightings of the EPM and SJT scores and how they should be combined to produce an overall score for selection purposes.

A framework is currently being developed to look at how the results of assessments at medical school can be used to create a standardised EPM score. The medical schools are working closely with the Project Group to identify the best way of doing this. The EPM score will be combined with the SJT scores to give an overall mark which will be used for allocation.

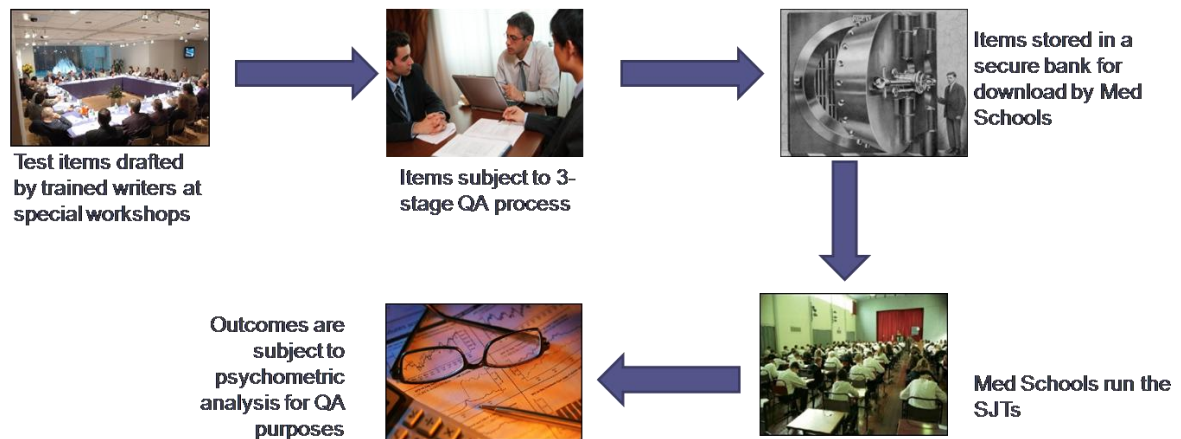
Situational Judgement Test (SJT)

Every applicant will undergo an invigilated test which is designed to assess professional judgement and likely behaviours expected of the Foundation Doctor, as defined in the person specification. The test questions will be multiple choice and may have more than one correct answer, based on the complex situations encountered in foundation training. Situational Judgement Tests (SJTs) are currently used in the selection process for GPs, and they are being piloted for selection into other specialty training posts.



It is proposed that the SJT will be delivered by medical schools in the UK on a minimum of two dates to allow for electives and unavoidable absence. The test is expected to last approximately 2 hours.

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. 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.

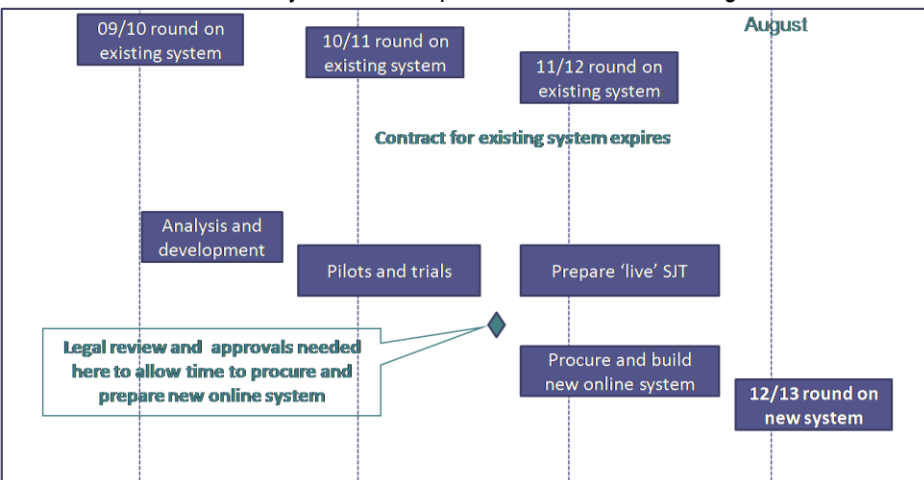
Feasibility Study: The purpose of this was to produce a very detailed and through plan for implementing the key recommendations from the Foundation Programme Project Group (outlined below). The Feasibility Study takes into account the following key areas: aims and objectives, a detailed 'blue print' 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 are 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 applications to the Foundation Programme to begin in August 2013. 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. 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 for the application process to the Foundation Programme beginning August 2013. It is important to highlight that no component will be implemented into the live recruitment round without an in-depth analysis of the results and agreement from the Project 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 by staff 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.

Situational Judgement Test (SJT) pilots will take place during autumn 2010 and spring 2011 and will look at how effective SJTs are in selecting the best applicants. The current application system will continue to run via the UKFPO website, and scores obtained by students during the pilot will have no bearing on their 'real' application. The results of the pilots will determine whether it will be possible to go live in 2012/2013.

A small number of medical schools (2-3 schools) will be involved in a small scale pilot in October 2010. The results from this pilot will be analysed and the outcomes will help inform a larger pilot (8-10 schools) which will run in spring 2011.

Those involved in the pilot will undertake an invigilated assessment where they will answer approximately 60 SJT questions. It is anticipated this will last for 2 hours.