

Improving Selection to Foundation Programme

Information on Stage Two of the Project



Background Information

There are a number of key issues with the current process. These are:

- Candidates answer 'white space' questions in their own time which makes it harder to ensure that 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

Key Recommendations

The Foundation Programme Steering Group's key recommendations for stage two of the project were:

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

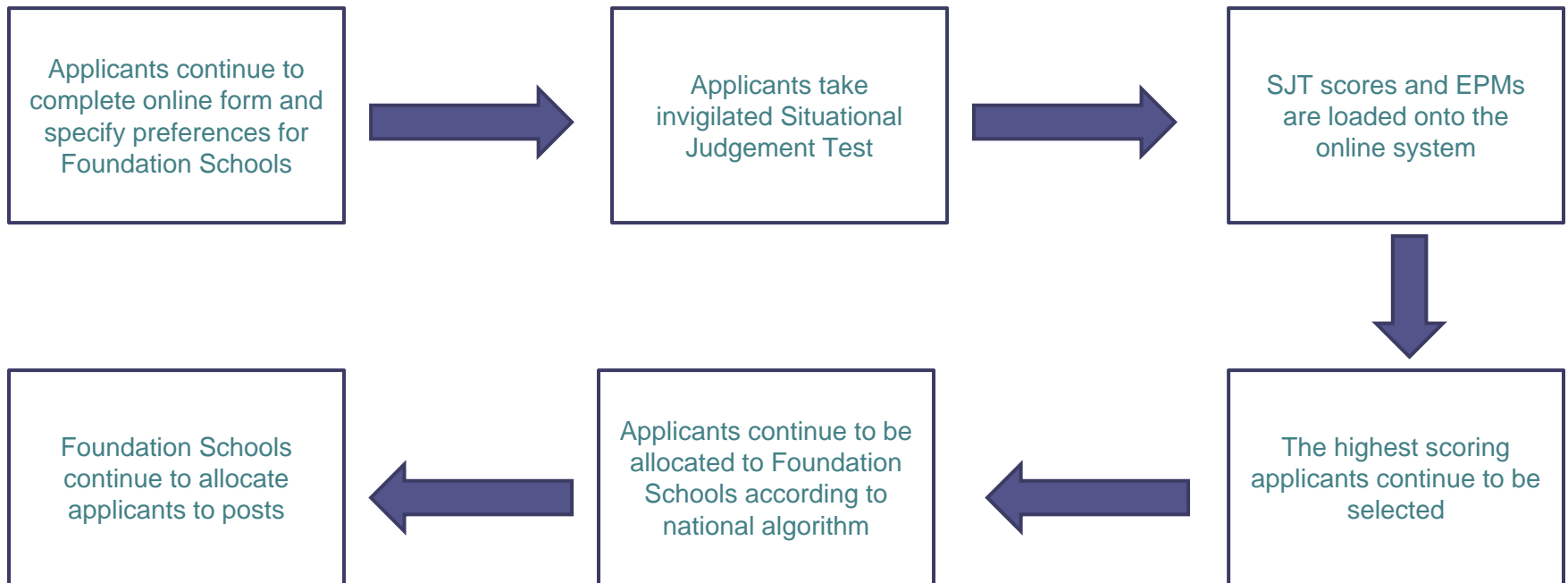
- Educational Performance Measure (EPM)

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 for GP specialty training

Proposed Selection Process



Situational Judgement Tests

The diagram below demonstrates how the SJTs will be produced and deployed:



Test items drafted by trained writers at special workshops



Items subject to 3-stage QA process



Items stored in a secure bank for download by Med Schools



Med Schools run the SJTs



Outcomes are subject to psychometric analysis for QA purposes

Sample SJT 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

Sample SJT Question - 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.

Educational Performance Measure

- The EPM 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
- The EPM 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

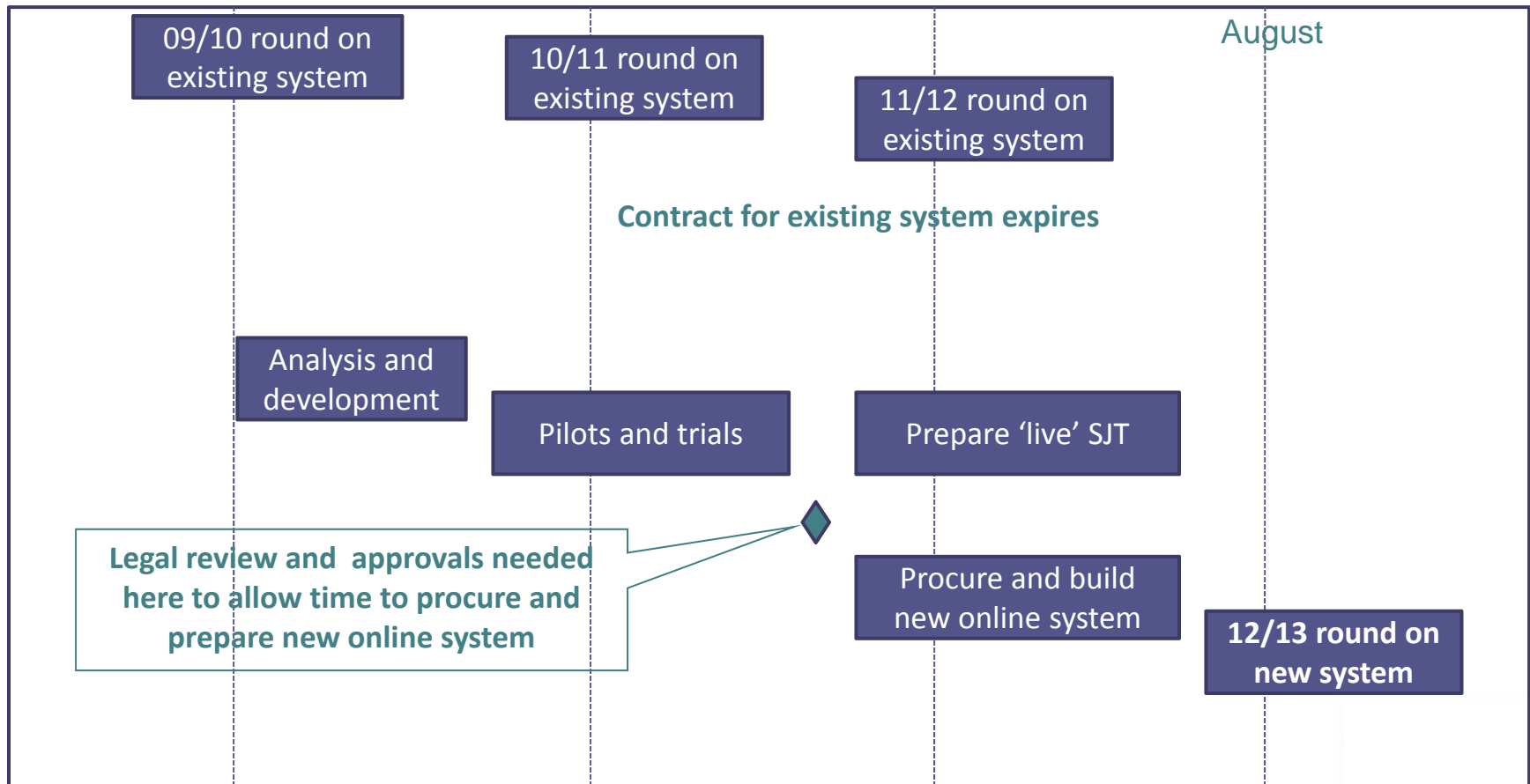
Feasibility Study and PID

In order to secure funding for phase two of the project two key documents were developed in order to provide more detailed information on how the project will be taken forward, when pilots will be run, the costs and key considerations.

Feasibility study: This provides a very detailed and thorough plan for implementing the key recommendations of the Foundation Programme Steering Group. A number of key factors were addressed including: the aims and objectives of the project, scope of the work, timelines, resources and skills needed, the costs of the project, constraints, assumptions, communications, risks and a detailed blueprint for 2012/13 onwards

Project Implementation Document (PID): This looks at the objectives, scope and deliverables of the project. The PID defines: the objectives and scope, the deliverables and responsible owners, a detailed plan of work to be completed, risks and issues and costs and timelines

Timelines



SJT Pilots

A number of pilots will be run before the live round 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

Situational Judgement Test items will be written at workshops in Spring/Summer 2010

There will be a mini pilot involving approximately 500 students on October/November 2010 and a subsequent pilot with approximately 2,000 students in April 2011

Live application of the SJTs will take place in November 2012