ISFP Communications Strategy

Parallel Recruitment Exercise (PRE) 2011/2012

Issue

1. The purpose of this document is to identify the objectives, approach, and key messages to be used for disseminating information about the Parallel Recruitment Exercise (PRE) for FP 2012 recruitment.

2. The following documents are attached as annexes:

- Annex A Stakeholder analysis
- Annex B Communication action plan
- Annex C Key messages and press lines to take
- Annex D Rationale for using Situational Judgement Tests and Educational Performance Measures
- Annex E Case for change, including evidence and anecdotes

Objective

3. The objective of the communications strategy is to ensure that all stakeholders involved in the recruitment of medical students into the Foundation Programme are fully informed about the PRE, including both Situational Judgement Tests (SJT) and Educational Performance Measures (EPM).

Approach

4. The ISFP project will seek feedback on its communications strategy, action plan and communication documents from key stakeholders to ensure a common understanding is engendered by the communications.
5. Stakeholders are divided into primary, secondary and tertiary audiences to ensure each group is receiving the correct level of information.
6. Regular, relevant communication will be relayed to each key audience, ensuring they are informed about each stage of the PRE process.
7. The ISFP Team will have weekly communications meetings in order to ensure that the communication action plan is on track, and to update as necessary.
8. All communication produced from any member of the ISFP Team will be sent to the Communications Officer prior to dissemination to ensure that it has a clear message appropriate to the audience, is in keeping with the plan and that all there is a consistent “voice” for all communication.

Strategy for delivery

9. The communication timeline (Annex B) sets out the communication activity planned for each stakeholder group. This plan is a live document that is updated regularly as new opportunities present themselves. The majority of the communications activity will centre around four delivery mechanisms:

    - Face-to-face meetings and presentations. Much of the communication will be presented face to face at meetings to stakeholders. Presentations will be given by PRE leads and careers advisors to final year and penultimate year students. The presentation will contain the rationale for using SJTs with an explanation of what is being assessed and why academic achievement is not all it takes to be a good doctor. The presentations will be trialled with medical student advisors prior to roll-out to ensure they are pitched at the right level and answer the questions medical students will have.

    - Development of local PRE teams. Each medical school will be asked to name a PRE lead (usually a senior clinician), an EPM administrator and an SJT administrator to be

responsible for the PRE. The UKFPO medical student rep will also be asked to become a champion as part of the PRE team. The Dean will have ultimate responsibility and will be accountable to Medical Schools Council.

- Electronic media and publications Stakeholders will receive regular emails and information about the PRE will be published in the relevant UKFPO publications, via BMA communication mechanisms and on medical school websites. An "Administrators' Guide to the PRE" will be produced. The main source of up-to-date information will remain the website, which will contain an ever-renewed set of FAQs, the case for change and the rationale behind SJTs.

- Press and PR. One feature article has been commissioned specifically about SJTs. It will be written by Fiona Patterson and will appear in BMJ Careers at the end of October. Press releases will be sent to the medical press with the results of the 2010/2011 pilots, and will announce the three main dates for the SJTs (plus Birmingham and Imperial). The ISFP comms team will be working closely with the UKFPO and the DH media centre in all media work and clearance will be sought from the DH media centre where necessary.

Risks and considerations

10. There is a risk that the EPM, which was advertised as using a common framework, does not deliver the degree of consistency which was promised in previous communication. If the make-up of the EPM is determined by each school separately, new key messages must be developed, along with an explanation of the change in policy.

11. If medical school Deans do not drive the parallel recruitment process, it may fail. Buy-in is crucial and the Medical Schools Council must develop a way to ensure the accountability of its members for the success of the pilots.

12. It is recommended that a weekly communications meeting is held within the ISFP Team to ensure that the plan is regularly updated, any potential issues are flagged up early and new developments and decisions are discussed. Failure to do this may result in incorrect information being disseminated, or in important new information not being distributed.

Annex A– Stakeholder Analysis

Method:

An analysis of key stakeholders was carried out through the development of a stakeholder matrix. Each stakeholder was listed, along with their current understanding of the PRE stage of the project, the level of understanding that they will need to have and their level of importance to the success of the PRE. This level indicates whether they are primary, secondary or tertiary stakeholders for the purposes of the PRE.

The communication action plan was developed from the stakeholder matrix. The stakeholders are listed below.

Primary stakeholders:

1. UK medical students in their final year
2. Medical school deans
3. Medical school administrative staff/PRE leads
4. UK Foundation Programme Office
5. Four UK health departments (through the UK Scrutiny Group)
6. BMA Medical Students Committee
7. ISFP Project Group and Project Board
8. UKFPO Recruitment Rules Group
9. Applicants to FP 2012 from medical schools outside the UK

Primary stakeholders have high involvement in the project and must have an in-depth understanding of the PRE. These stakeholders need a high level of communication and engagement to ensure the pilots are a success.

Secondary stakeholders*:

1. Penultimate year medical students
2. Careers advisors (MCAN / NEAF)
3. Postgraduate deans (COPMeD)
4. General Medical Council (GMC)
5. Medical Education England (MEE)
6. Medical Programme Board

Secondary stakeholders have some involvement with the project and should be kept up-to-date with major developments and should have a basic understanding of the ISFP project and the PRE.

Tertiary stakeholders*:

1. Foundation school directors
2. Foundation school managers
3. NHS Employers
4. National Association of Clinical Tutors (NACT)

Tertiary stakeholders will have very limited involvement at this stage, but should be kept up to date with major developments through updates at meetings twice yearly.

ANNEX B – Communication Action Plan

Date	Stakeholder Group	Activity	Key steps
2011			
23 May	Medical students	Email announcing SJT dates	AS/CM to formulate email, get feedback from med students, and approval by PON. AS to send to PRE leads for dissemination.
24 May	ISFP	Draft communications strategy for PREs to ISFP	CM to send strategy to AS for review, and forwarding to ISFP handover group.
24 May	Medical students	Set up Facebook fan page.	AS to transfer info on current Facebook group to new page to increase the usability of Facebook.
26 May	ISFP	Communications strategy presented at the ISFP handover meeting	AS to present strategy, take comments and work with CM to revise and circulate to wider ISFP group.
27 May	UK medical students / clinical assessment candidates	PRE text to UKFPO for: • Foundation Applicants' Handbook • UKFPO FP 2012 Recruitment Presentation • Clinical Assessment website text • Clinical Assessment Guidance for Applicants	CM to draft text and send to AS for approval.
2 Jun	All	EPM rationale info sheet	SF to draft and send to comms.
6 Jun	PRE teams	Email from PON and TW to med school deans requesting appt of PRE teams	CM to draft email for consideration. Once approved, SF to send out to med school deans.
8 Jun	Medical students	UKFPO publishes all documents/ presentations for FP 2012 (including info on SJT pilots)	
9 Jun	ISFP comms	Review pilot feedback	VA to provide a summary of the pilot feedback. AS/CM to review to ensure any communication issues are addressed; and key messages developed.
10 Jun	All	Announcement about SJT dates to be sent for publication in: • UKFPO E-update • UKFPO Med Student Board Bulletin • BMA updates	Announcement about SJT dates to be circulated for publication by AS.
10 Jun	Medical students	Conduct an audit of the UKFPO's Medical Student Board to see which schools passed on the email sent 2 wks ago.	AS to discuss with Lucy/Sharon at UKFPO to ask whether regular audits can be conducted; and to develop an email to students.
15 Jun	All	SJT rationale info sheet	AS will edit copy from WPG and publish it on the ISFP website. It will form part of the key messages and any presentations given.

16 Jun	Careers advisors	First draft of presentation to MCAN to be completed	AS to draft presentation and send to CM for collaboration before circulating to PON, K PS, SF and DS for final agreement
17 Jun	All	Publish updated FAQs on ISFP website	AS to update FAQs for website based on SJT and EPM rationale sheets.
17 Jun	All	Case for change drafted	CM to draft the case for change and request comments from the ISFP transition group before sending it to the ISFP steering group
21 Jun	Medical school admin/ PRE leads	Send "save the date" to nominated PRE teams for a workshop to take place on 7 September.	SF to compile a list of administrators and PRE leads that will be responsible for the pilots. AS to send out an email announcing the workshop. (Recommend 3-4 per school attend).
24 Jun	All	Key messages finalised	CM to draft a part of comms strategy, AS to circulate to ISFP transition group for comment before sending to ISFP Steering Group
24 Jun	MSC Exec	Add PRE to the agenda	Discuss accountability, questions and progress on appointing PRE leads/admin.
30 Jun	Undergrad careers advisors (MCAN)	Presentation at MCAN's conference	AS will give a presentation on the upcoming PRE.
30 Jun	UKFPO Rules Group	Rules Group Meeting – Update	KPS/SF to give AS's presentation on PRE plus an update including what it is hoped the pilots show; progress on PREs and agreement about accountability of members.
1 July	ISFP steering group	Meeting - • Agree strategy for holding medical schools accountable for success of pilots. • Agree whether each school will be asked to name a PRE lead and an administrator to work on SJTs and EPM.	• SF - Add these items to the agenda and ask for agreement. • PON to write to MSC to let them know the outcome and ask for contact details for each school's PRE Team. Note: Medical students from UKFPO's MSB will be added to this team in Aug/Sept.
4 July	All	Redevelop ISFP website	Newly updated and restructured ISFP website goes live. AS to project manage web designers and lead the restructuring exercise.
6 July	Foundation School Managers	Presentation on PRE to be given	AS to present generic powerpoint slides to the group
Jul – Nov	Medical students	Med schools to give PRE presentation to final and penultimate year students	PRE leads/careers advisors to give a mandatory talk on selection prior to first SJT (presentation prepared by AS).
18 Jul	All stakeholders	Press release re: Parallel Recruitment Exercise	Press release sent to BMJ Careers, BMA News, Student BMA News to announce PRE dates
7 Jul	Medical school PRE leads /	Invitation sent for the workshop on 5 Oct	AS to develop and send invitation to named individuals. Limit of 2 reps attending per

	admin		medical school.
28 Jul	Rules Group	Rules Group Meeting - Update	KPS /SF to provide an update on ISFP progress.
15 Aug	Med school PRE leads/admin	Publish "Administrator's Guide to the Parallel Recruitment Exercise"	CM to draft, with input from SF and AS. To include good practice examples from 2010/2011 pilots.
7 Sep	Foundation School Managers	FSM meeting - Update FSMs on progress of the PRE	AS to write a short paper updating FSMs on the ISFP project to be circulated with papers and presented at the meeting by Sharon Witts. Paper to be written by 26 August.
7 Sep	Medical students	10 x posters for each medical school	Posters to be disseminated at the workshop on 5 Oct. These will announce the SJTs and allow space for the school to write in date, time and venue. Posters to be put up 2 weeks prior to each SJT pilot.
8 Sep	Foundation school directors	FSD meeting - Update FSDs on progress of pilots	SF to write a short paper updating FSMs on the ISFP project to be circulated with papers and presented at the meeting by Kim Walker or Janet Brown. Paper to be written by 26 August.
9 Sep	Non-UK applicants	Email non-UK applicants to ask them to book an SJT sitting through the UKFPO	CM to formulate email and SW to send to successful Eligibility Office applicants.
12 Sep	Careers advisors	UKFPO Careers Conference	SF to present at the UKFPO careers conference on info about the ISFP to careers leads.
12 Sep	Medical students	Email to students from medical schools with details of their SJT pilots	AS to ensure the draft wording for these emails appears in the Administrator's Guide; and send a reminder email to all administrators on 15 Sept.
14 Sep	GMC	Written update at GMC Undergraduate Board meeting	AS to write update on ISFP progress to be presented by Martin Hart. Update to be sent to Martin by 5 Sept.
15 Sep	Final year and penultimate year medical students	UKFPO Medical Students Board Meeting	SF to present. One hour slot scheduled. ISFP give PRE presentation to med student reps from all schools. Ask them to become champions within their schools – connect them to the pilot lead and administrator.
22 Sep	All stakeholders	ISFP Final Report published on ISFP website	Report published with covering note as agreed with Dept of Health, England.
22 Sep	Med school staff, FSDs, FSMs, ISFP Project Group & DH	Email announcing publication of ISFP Final Report	Email to include link to report on ISFP website.
22 Sep	PRE Workshop attendees	Send full PRE Workshop agenda	Include agenda, directions, delegate list, PRE admin guidance
22 Sep	Medical press / all	Press release re: release of ISFP Final Report	Press release sent to BMJ Careers and BMA News re: publication of Final ISFP report on the ISFP website.

23 Sep	PRE teams	Email from ISFP to PRE leads, admin and student leads	SF to send email to members of all PRE teams providing contact details and introducing student leads; also providing info on resources available for more info.
29 Sep	Rules Group	Rules Group Meeting – Update	KPS/SF to provide a progress report on PRE..
5 Oct	Medical school PRE leads / admin	Workshop for medical school PRE leads and administrators	WR to send out agenda and map prior to event, organise registration desk, catering, etc.
27 Oct	Medical press / all	Feature article in BMJ Careers about SJTs	Fiona Patterson is writing this article – it is about how SJTs are becoming the future of medical recruitment. FP pilots will be mentioned.
26 Oct	Foundation schools/ med schools	National Q1 verification day	At the end of the session, review with attendees whether this would be the best way to continue reviewing educational achievements in future when this becomes part of the EPM.
27 Oct	Med students	Email from FPAS promoting PRE	UKFPO to send email to all UK applicants reminding them to participate in the PRE (including AFP applicants).
4 Nov	Med students	Email to students taking SJTs on 11 Nov at B'ham and Imperial, reminding them about SJTs and encouraging them to take part	• Email to be sent to all applicants through FPAS. • Students will be told what they need to take with them to the assessment, and that if they have any questions, they can speak to the pilot lead at their school.
11 Nov	Med students and Staff	SJT sitting #1	• SF to contact schools one week prior to the SJTs to ensure everything is set and to solve any final problems. • Ensure that enough support is in the ISFP office to respond to questions on the day.
21 Nov	Med students	Email to students taking SJTs on 28 Nov, reminding them about SJTs and encouraging them to take part	• Email to be sent to all applicants through FPAS. • Students will be told what they need to take with them to the assessment, and that if they have any questions, they can speak to the pilot lead at their school.
24 Nov	Rules Group	Rules Group meeting - update	KPS/SF to give a short update on how the first SJT sitting went, prior to reviewing low scoring applications.
25 Nov	PRE Workshop attendees	Send follow-up email	Include slides, summary of RTDs, guide for PRE SJT invigilators
28 Nov	Med students and staff	SJT sitting #2	• SF to contact schools one week prior to the SJTs to ensure everything is set and to solve any final problems. • Ensure that enough support is in the ISFP office to respond to questions on the day.

2 Dec	Med students	Email to students taking SJTs on 9 Dec, reminding them about SJTs and encouraging them to take part	• Email to be sent to all applicants through FPAS. • Students will be told what they need to take with them to the assessment and that if they have any questions, they can speak to the pilot lead at their school.
9 Dec	Med students and staff	SJT sitting #3	• SF to contact schools one week prior to the SJTs to ensure everything is set and to solve any final problems. • Ensure that enough cover is in the ISFP office to respond questions on the day.
15 Dec	Medical students	• Medical schools publish what EPM comprises on their websites. • ISFP updates their website and Facebook and sends an e-update to say that this information is published.	SF to write to medical schools in November giving them a specific deadline for publishing the information and letting them know that the ISFP will be publishing the fact that this info is now available.
19 Dec	PRE Teams	Send thank you email for running SJT	Include participation %, arrangements for feedback, reminder of PRE Review workshop
2012			
9 Jan	Medical students and staff	SJT sitting #4	• SF to contact schools one week prior to the SJTs to ensure everything is set and to solve any final problems. • Ensure that enough cover is in the ISFP office to respond questions on the day.
18 Jan	All	Invitation to PRE Review Workshop	Invite - UKFPO, MS deans, pilot leads and administrators, ISFP group and med student representatives to be invited to discuss what went well and what should be improved for FP 2013. Include topics for discussion, full agenda to be forthcoming
27 Jan	Deans, PRE Team	Deadline for return of PRE Evaluation reports	Send reminder to outstanding replies one week earlier
27 Jan	All stakeholders	Press release – PRE participation	Content needs to be approved by KPS, PON, DG prior to sending
10 Feb	Medical Schools	MSC Council meeting	Summary of PRE Team evaluation reports
20 Feb	PRE Review Workshop attendees	Send full agenda	To be agreed with UKFPO
1 Mar	Med students	Provide UKFPO with additional text explanation for SJT/EPM scores for FPAS, and cover email	Form of words displayed in the help text link in FPAS and contained in email to applications informing them score is available.
3 Mar	Med students	National Undergraduate General Surgery Conference	PON to speak on ISFP process
7 Mar	Med students	Email i-pad winners	Need to confirm they are happy to have details publicised on website
15 Mar	FP applicants	SJT results available through FPAS	SF, OW, WR to be available to field applicant enquiries
15 Mar	Medical schools	Anonymised summary report	Copy to PRE Teams and Deans

		on SJT sent to individual schools	
16 Mar	Med students, FSDs	PRE Review Workshop	Joint with UKFPO. UKFPO, MS deans, pilot leads and administrators, ISFP group and med student representatives to be invited to discuss what went well and what should be improved for FP 2013.
23 Mar	Project Group	Send ISFP Project Group papers	Include draft final report of PRE
27 Mar	Med students	Announce i-pad prize winners on ISFP site	By medical school
30 Mar	ISFP Project Group	ISFP Project Group meeting	
13 Apr	PRE Review Workshop attendees	Send RTD discussions and outcomes	
13 Apr	Medical students	PON at BMA-MSC conference	Provide briefing and slide set in advance
2 May	PON, KPS, DG	Circulate PRE Final Report press release	Ask for comments ahead of publication
9 May	Attendees to PRE Review Workshop	Provide slidesets from PRE Review Workshop	
9 May	All stakeholders	Upload PRE Final Report on ISFP website	
9 May	Journalists	Send PRE Final Report press release	
9 May	All stakeholders	Update MSC, ISFP Facebook on PRE Final Report	Highlights – participation, analysis and evaluation of SJT
01 June	All stakeholders	Archive ISFP website	UKFPO to lead applicant-facing communications, ISFP website archived for further information

Annex C – DRAFT Key messages and press lines to take

Key messages and press lines to take

1. A full Parallel Recruitment Exercise (PRE) will be run alongside the national FP 2012 recruitment round, allowing medical schools to conduct a “dry run” before implementing the new selection methods in earnest for FP 2013 recruitment.
2. The aim is for an invigilated Situational Judgement Test (SJT) to replace the “white-space” application questions and for an Educational Performance Measure (EPM) to replace the current academic quartile ranking for students in the FP 2013 recruitment round.
3. All medical students applying to the Foundation Programme 2012 will be asked to take an SJT in addition to completing their FPAS application.
4. Medical school administrators will be asked to calculate a decile score for each student’s EPM in addition to providing an academic quartile ranking.
5. The results from the parallel recruitment exercise will only be used for purposes of analysis and will not have any bearing on the Foundation Programme allocation process.
6. Extensive piloting of both new selection methods has been successfully undertaken over the past year. SJTs are already being used for selection into GP training and are increasingly being piloted and used for other specialty selection.
7. Medical Schools Council is working closely with the UKFPO, BMA and the four UK departments of health to ensure that the new selection methods are fully piloted and fit for purpose before implementation.

DRAFT Press Lines to Take

Why change the recruitment process? It seems to be working quite well.

The current process has worked well for a number of years, but it was felt that the recruitment and selection process should continue to improve and evolve as new selection methods are developed and proven. There have also been some concerns about whether the white space questions currently used could be sustained in the long term as we know the model answers are developed and sold on the internet. As applicants have quite a long period of time to answer the questions, students have raised the issue that some applicants have had outside help in completing their answers. The Situational Judgement Test (SJT) addresses these concerns as applicants will sit a two-hour invigilated test.

We also wanted to ensure that the academic component of the application score was calculated in a clear, consistent and fair way by each medical school, and wanted to increase the level of granularity in the academic scores. Medical schools will calculate the Educational Performance Measure (EPM) using a range of assessments. As types of assessments differ at each medical school, schools will decide for themselves which assessments to use within the agreed framework provided by the ISFP project group. Students will be ranked and divided into deciles rather than quartiles. The assessments used in the decile ranking calculations will be published by each medical school in advance so students will know exactly which assessments will be used to rank them.

Does that mean the old system was unfair?

Not at all. The recruitment and selection process currently in use has been a successful way of recruiting foundation doctors since recruitment to FP 2006. However, selection processes are improving all the time and it is now time to build on the best parts of the current system to include new selection methods. SJTs are now being used for selection into training programmes in some specialties and are being piloted in others.

How will the new system work when it is implemented?

The proposed new recruitment process will continue to run in a similar way to the current process. Applicants will have to complete an online application form and rank their foundation schools.

Will recruitment to Academic Foundation Programmes change with the new system?

The process for recruiting to Academic Foundation Programmes will undergo changes. These are currently under discussion and the new process will be published early in 2012. It is likely that applicants to AFPs will have to take an SJT along with their peers.

If the Parallel Recruitment Exercise shows that this method of recruitment is not robust, what will happen next year?

We expect that the proposed system will be robust and do not have any concerns that it won't be implemented as planned. A lot of work has already been undertaken and has showed that this is a good way forward. We are running a Parallel Recruitment Exercise to obtain more data on the validity/robustness of this method. Research evidence has shown SJTs to be a valid way of selecting applicants and this has been reinforced by the pilot data. The EPM component is an improvement on the current system and is therefore likely to be a much fairer method for applicants. We do expect some correlation between the current and proposed methods and although they are different, ultimately they are still trying to recruit the best applicants.

How is the EPM different from academic quartiles?

There will be three parts to the EPM which will each be scored: performance at medical school, additional degrees and academic achievements (publications, presentations and prizes). Performance at medical school will be used to rank students; and then divide them into deciles. Each applicant receives a score according to their decile group which is then added to any points they receive for additional degrees and other academic achievements to form the EPM score.

How is "performance at medical school" determined?

There is a common EPM framework which lists the agreed principles that medical schools adhere to when determining which assessments to use in ranking students. Each medical school will publish how it will calculate the decile component of the EPM on its website by the end of December 2011.

Initially, you said a standard template would be used for all medical students so that the EPM would be calculated consistently and fairly. Why is this no longer the case?

There are three parts to the EPM. Two parts, additional degrees and academic achievements, will be scored using the standard scoring framework to be published on the ISFP website as part of the agreed EPM Framework. This framework also sets out the principles that all medical schools must adhere to when calculating the third part of the EPM, medical school performance, which provides the decile score. A list of specific assessments would not have been appropriate as medical school curricula vary widely across schools and different assessments are used at different stages. Therefore, a set of principles was developed which will ensure that the decile score for the EPM is calculated consistently and fairly. The principles are as follows: all assessments must be summative (and hence subject to formal controls); cover clinical knowledge, skills and performance; cover non-clinical performance; cover all aspects of the curriculum assessed up to the end of the penultimate year at medical school; represent the average performance of the applicants over time, rather than being limited to a snap-shot and include both written and practical forms of assessment.

What makes SJTs better than white space questions?

The test can be invigilated, meaning that students will all have a fair chance to do well without the possibility that some are receiving coaching. Research evidence suggests that SJTs have good levels of predictive validity (i.e. they are able to predict performance in the role) as well as demonstrating good reliability. There has not been enough research published about white space questions to draw the same conclusions.

How do you know that SJTs will pick the best doctors?

The way a medical student responds to a SJT question is a good indicator of how they will behave as an F1 doctor when encountering a similar situation. This part of the selection process is not meant to measure a student's academic ability, but their ability to be a good F1 doctor. Being a doctor is not only about making a diagnosis and treating patients, but is also about prioritisation, organisation, professionalism, team working and giving the ability to communicate well with patients and staff. Although academic ability and medical knowledge are very important, these skills are also crucial to the success of the applicant.

Recently, there was the case of a graduate who was academically very gifted and was in the top quartile of his graduating class. He struggled with his F1 assessments. He was rated poorly on teamworking and his patients had complained about his communication skills. He didn't prioritise well and often made poor judgement calls. However, his ability to diagnose patients was second to none. Unfortunately, without the rest of these skills, he could not progress. This doctor had to repeat his F1 year and receive remedial training in the skills he lacked. The best doctor is not always the one with the best academic record. It is likely that the SJT would have shown that this doctor would have difficulty performing at the level expected of an F1 doctor.

Why do I have to travel to my medical school, 60 miles away from my hospital placement, to take the Situational Judgement Test? Students from another medical school working in this hospital are taking the test here. Can't I just take the test with them?

Each medical school determine the location of their SJT sites. Your medical school has decided that all SJTs will be undertaken at the medical school. It may be that the other medical school you mentioned has determined that the hospital is a test site for their students.

You cannot sit the SJT with students from other medical schools, even if they are working at the same hospital. Each medical school will have different SJT test sheets and they would not be able to administer or process a test for a student from another school.

Will my medical school reimburse my expenses if I have to travel to my medical school to take the SJT?

Your medical school is your normal place of study, even if you are currently in a hospital placement some distance away. It is expected that you will attend your normal place of study for all the required tests and exams, such as the SJT, without reimbursement.

Why are there are there only two national dates to take the SJT for FP 2013 rather than three dates?

Two national dates are offered to allow for electives and unavoidable absence from the SJT. If an applicant is unavoidably absent from the SJT on the first date, they will be permitted to take the SJT on the second date. Applicants who are unavoidably absent on the second national date will be permitted to take the SJT on a third date.

Why is the SJT going to be 2 hours 20 minutes and have 70 questions, rather than 2 hrs, 60 questions, which was originally proposed?

The SJT paper will consist of 60 questions which 'count' towards the final score, and 10 pilot questions which do not count, but are being piloted for use in future years. The pilot questions will be distributed throughout the paper. The SJT is considered to be a power test, not a test of speed, and evaluation of the SJT pilots with applicants to FP 2011 and FP 2012 indicates that around two minutes per question is appropriate.

Annex D – Rationale for Situational Judgement Tests and Educational Performance Measures

Situational Judgement Tests

Why were Situational Judgement Tests chosen?

In order to ensure that medical students are selected in to the Foundation Programme in the fairest possible way, a number of different selection methods were considered as part of an option appraisal. When comparing the different options, it became clear that Situational Judgement Tests (SJTs) are the fairest, most reliable and practical way forward. This is because students will take the SJT in exam conditions and so everyone will have an equal chance to do well. There is also research evidence to support the use of SJTs and it is expected that a sufficient number of questions can be developed in order to use SJTs in the long term.

What do SJTs assess?

SJTs are a test of aptitude and are designed to assess the professional attributes expected of a Foundation doctor. There are two question formats:

1. Rank five possible responses in the most appropriate order
2. Select the three most appropriate responses for the situation

Different scenarios lend themselves to different response formats so using two different formats allows a range of situations to be tested.

Students must answer what they 'should' do in the scenario described, not what they 'would' do. This is because research into SJT shows that questions asking a candidate what they 'would' do are more susceptible to coaching.

How are the SJT questions written?

The SJT tests a number of different attributes, which were identified during a job analysis of the F1 role, including team working and professionalism. The attributes form the basis of the SJT items, which are written by subject matter experts who work closely with Foundation doctors. This ensures that the scenarios presented are an accurate reflection of what F1s encounter in their role. The items are then reviewed by other subject experts including F1 and F2 doctors, to ensure they are both realistic and fair.

How fair are SJTs?

The SJT will be invigilated, meaning that students will have a fair chance to do well without the possibility that some are receiving outside help. The items have also been designed to reduce the ability for coaching. In order to ensure students feel prepared for the SJT, prior to taking the 'live' exam, they will have access to example questions and answers to help familiarise themselves with the format.

The answer keys allow for the elements of subjectivity in the ranking scenarios, with points awarded for near misses. This means it is possible to score highly, without getting all of the answers in exactly the right order. However, if students put the best answer as the least appropriate or vice-versa, they would not get points for this.

In addition, research has shown that generally, scores are less influenced by ethnicity than tests of cognitive ability (ref 2). Tests into the effects of group differences on performance in this SJT will be carried out at all stages.

Have SJTs been tried and tested?

Research evidence suggests that SJTs are able to predict performance in the role (ref 3 & 4), as well as showing higher validity over other methods (ref 5). They have also been shown to be reliable (ref 6).

They are currently used for selection into GP training and are increasingly being piloted and used in other specialty selection processes. Evidence suggests that within medical selection, SJTs are a reliable and valid method of selection (ref 5 & 7).

SJT items were initially piloted at four medical schools, involving over 450 medical students, in autumn 2010. Fifteen further pilots involving over 1,000 medical students took place at both UK and non-UK medical schools in spring 2011. The results show good levels of reliability and the SJT was able to differentiate between candidates.

How will you ensure the SJTs remains the fairest method possible?

Creating a system that can be used into the future is a really important consideration. 'White space' questions cannot continue to be used as there are limited ways to ask these types of questions. SJTs allow for a range of scenarios to be presented and a vast amount of questions can be created.

The SJT can be refreshed every year with new items to help increase the longevity of the test and in order to ensure the SJT remains valid, ongoing work with take place – for example, studies which assess whether performance on the test is related to future performance as a doctor.

References

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Educational Performance Measure

What is an Educational Performance Measure?

An Educational Performance Measure (EPM) refers to a score produced by the applicant's medical school to reflect the applicant's achievements or performance on a range of assessments compared to their cohort. The EPM framework outlines a number of rules that each school is required to follow when calculating the EPM. All UK and non-UK medical schools will be required to submit their students' decile scores to the UKFPO using the EPM framework.

How many points will be awarded?

The EPM is worth a maximum of 50 points and is comprised of three parts:

1. Medical school achievements (calculated in deciles): 34 - 43 points
2. Previous degrees: maximum of 5 points
3. Educational achievements (prizes, publications and presentations): maximum of 2 points

Which assessments will be taken into account?

Each medical school will decide which assessments they want to include as part of the EPM. However, the EPM framework outlines a number of rules that must apply to any assessments chosen. All assessments used in the determination of a student's performance must:

- Be summative (and therefore subject to more formal controls)
- Cover clinical knowledge, skills and performance
- Cover non-clinical performance
- Cover all aspects of the curriculum assessed up to the end of the penultimate year at medical school
- Represent the average performance of applicants over time
- Include written and practical assessments

Each medical school will choose their 'basket of assessments' and then consult with students about which ones will be taken into account. Once the formal consultation period has finished and any amendments have been made, each medical school must publish their method for calculating the EPM to ensure transparency across all schools.

How many points will be awarded for the different degrees?

Applicants can earn up to 5 points for additional degrees that have been awarded by the time of application to the Foundation Programme. The points awarded for each degree will be as follows:

Previous degree	Number of points
• Doctoral degree (PhD, DPhil, etc)	5
• Masters degree • 1st class honours degree • Bachelor of Dental Science (BDS) • B Vet Med	4
• 2.1 class honours degree • 1st class intercalated degree which does not extend the degree programme	3
• 2.2 class honours degree • 2.1 class intercalated degree which does not extend the degree programme	2
• 3rd class honours degree • Unclassified or ordinary degree • 2.2 class intercalated degree which does not extend the degree programme	1
• Primary medical qualification only • 3rd class intercalated degree which does not extend the degree programme	0

What educational achievements will count?

Students can earn a maximum of 2 points for educational achievements. These can be earned in a number of ways:

Educational achievements	Number of points
Prizes • 1st prize – National/international educational prize	1
Presentations • Oral presentation at a national or international conference • 1st named author in a poster or presentation at a national or international conference	1
Publications • Educational research paper published in a peer-reviewed journal	1
Maximum number of points available	2

Why is EPM a better way forward than quartiles?

Students will be divided into deciles, rather than quartiles, which will produce a wider spread of marks making it more granular and fairer for students at the margins. The EPM will also address concerns about comparability between applicants in the same quartile from different schools and will make greater use of the information accumulated during medical school. In addition, students will be consulted with about which assessments are used, making it more transparent. There will be minimal disruption to students and medical school curricula by implementing the EPM.

Annex E – Case for change

Improving Selection into the Foundation Programme

Why change?

. . . because selection methods are always evolving

New selection methods are being developed and research on their effectiveness is being published all the time. The Department of Health wants to ensure that new doctors starting work in the NHS are selected using the latest proven valid, reliable and feasible methods. Situational Judgement Tests (SJTs) are an aptitude test which has been proven to predict future performance in GP training in the UK. It is expected to do the same for Foundation trainees. The Educational Performance Measure (EPM) was deemed by the expert panel reviewing selection methods as the best way to take an applicant's academic performance into account during the selection process. It provides an excellent way to measure a student's cognitive ability over a number of years and assessments, rather than relying on the performance of an applicant on a single exam.

. . . because there are concerns with the current tool being used to measure aptitude (white-space questions)

Currently, applicants are asked to answer a series of questions where they are expected to demonstrate through their short-essay answers that they meet aptitude criteria set out in the person specification. The question-writers have said that there is a limited number of ways they can ask these questions, which ask applicants to base the majority of their answers on their experience.

A better way of measuring aptitude is to give an applicant a situation they are likely to encounter as an F1 doctor and ask how they would react in that situation. This is a better indicator of future performance and is the basis of SJTs.

As applicants have quite a long period of time to answer the questions, students have raised the issue that some applicants have had outside help of some sort. Each year, applicants are removed from the process for cheating, collusion and plagiarism. Model answers are easily bought on the internet as are detailed guides to what makes a good answer.

The SJT addresses these concerns as applicants will sit a two-hour invigilated test under exam conditions. Question-writers have said that there are an infinite number of scenarios that could be used to measure an

applicant's aptitude. A bank of questions from which 60 will be drawn has been developed and is continually renewed with new questions.

. . . because research has shown us a better way

Research evidence suggests that SJTs have good levels of predictive validity (i.e. they are able to predict a person's performance in the job) as well as demonstrating good reliability. There has not been enough research published about white space questions to draw the same conclusions.

The way a medical student responds to a SJT question is a good indicator of how they will behave as an F1 doctor when encountering a similar situation. This part of the selection process is not meant to measure a student's academic ability, but their ability to be a good F1 doctor. The majority of the work of a foundation doctor is about prioritisation, organisation, professionalism, team working and having the ability to communicate well with patients and other staff, rather than making a diagnosis. Although academic ability and medical knowledge are very important, these skills have been proven to be crucial to the success of the applicant.

. . . because the pilots were successful

SJT items were initially piloted at four medical schools, involving over 450 medical students, in autumn 2010. Fifteen further pilots involving over 1,000 medical students took place at both UK and non-UK medical schools in spring 2011. The results show good levels of reliability.

. . . because there are concerns with the current academic performance measure

Part of the measure of academic performance is currently entangled with the "white-space" questions as Question 1 requests students list their educational achievements, including additional degrees and posters, prizes and presentations. These do not sit comfortably in here as application questions should all relate specifically to the attributes in the person specification.

Academic quartiles scores are a very rough measure which do not allow for much score differentiation between candidates. In addition to this, evidence suggests that not all medical schools calculate their academic scores in a way which is transparent to students.

The EPM integrates all three aspects of academic performance – medical school performance (calculated in deciles), additional degrees and other academic achievements. These are calculated in a clear, consistent and fair way by each medical school using a range of assessments. As types of assessments differ at each medical school they will decide, in consultation with students, which assessments to use. These will be published by each medical school in advance so students will know exactly which

assessments will be used to rank them. All assessments used in the determination of a student's performance must:

- Be summative (and therefore subject to more formal controls)
- Cover clinical knowledge, skills and performance
- Cover non-clinical performance
- Cover all aspects of the curriculum assessed up to the end of the penultimate year at medical school
- Represent the average performance of applicants over time
- Include written and practical assessments

Why not just use academic performance as a selection method?

While there is some evidence that academic performance is a good indicator of future performance, there is more evidence to say that it is only a good predictor of future academic performance. This means if a student does well at medical school, they are highly likely to pass their royal college exams, but this does not necessarily mean that the most academically gifted make the best doctors. Therefore, academic performance alone cannot be used to choose doctors. See the case study below.

CASE STUDY

John* graduated from an elite medical school in 2009. He was academically very gifted and scored in the top quartile of his graduating class. John's academic ranking score was very high, but his FPAS application score was only average.

John struggled through his F1 year with his assessments. Although his ability to diagnose patient's illnesses was second to none, he was rated poorly on teamworking and his patients had complained about his communication skills. According to his peers, he didn't prioritise well and often made poor judgement calls. Without these skills, he could not progress even though his knowledge of medicine was excellent. John had to repeat his F1 year and receive remedial training in the skills he lacked.

It is likely that the SJT would have shown that John did not have a natural aptitude for working with others, prioritising or communicating with patients. In a competitive job market, others who scored more highly in these areas are likely to have gotten the job ahead of John. Even though John's academic performance was better, he was not best suited to the job of an F1. The aim of the selection tools is to ensure the best candidates are chosen.

**Not his real name*