

## Summary of Stakeholder Engagement

Members of the Steering Group met with;

- Students from 25 UK Undergraduate Medical Schools on 22 January
- Senior staff from 27 Medical Schools on 23 January
- AUKUH HR Directors on 13 February and 8 June
- AUKUH Medical Directors on 27 February
- Foundation School Managers and Directors on 4 March
- Academic Foundation programme leads on 4 March
- BMA Medical Students Committee on 17 March
- UKFPO Medical Students Board on 27 March
- Clinical Tutors on 1 April
- UKFPO Foundation Doctors Committee on 7 May
- NHS Employers' Medical Workforce Forum on 20 May
- UKFPO Foundation Programme Rules Group on 18 June

Written updates with requests for feedback were provided to the AUKUH Medical Directors, AUKUH HR Directors, non-UK Foundation Doctors (via the UKFPO contacts database), the AoMRC patient liaison group and to the AoMRC. Oral updates have been provided to the UKFPO Recruitment Review and to the Medical Schools Council. Feedback from postgraduate deans was collated via email.

All stakeholder groups were invited to nominate up to three representatives to attend each of two cross-stakeholder consultation events in London on 16 June. These events considered the recommendations of the International Expert Panel, and the following possible short-listed selection options: the current system, structured interviews, Multiple Mini Interviews (MMIs), situational judgement tests, educational performance measurements, national assessment for ranking and the current system. The matching rules (algorithms) were also considered. There were also two workshops to consider the criteria and weightings to be used in the CBA.

**BMA** – BMA students committee

**F1s** – UKFPO Foundation Doctors Committee

**FSDs** – Foundation School Directors and Managers

**HRDs** – AUKUH HR Directors

**MSs** – Medical School staff

**NACT** – Clinical Tutors (NACT)

**NHSE** – NHS Employers

**PGDs** – Postgraduate Deaneries

**UGs** – Medical School students (inc UKFPO Medical Students Board)

Characteristic	Raised by	Reported category	Captured in CBA criteria
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Current System			
Anonymity	BMA, UGs	Adv.	Fairness, Validity
The vast majority (90%) receive their first choice school	BMA, FSDs, HRDs, MSs, NHSE	Adv.	<i>Algorithm, not option</i>
Well understood, familiar	BMA, MSs, NHSE, UGs	Adv.	Feasibility

Geographic flexibility	BMA, F1s, FSDs, MSs, NHSE	Adv.	<i>Applicable to all options</i>
Single application form	BMA, NHSE, MSs	Adv.	Applicant Burden, Feasibility
Standardised national system	BMA, MSs, NACT, NHSE, UGs	Adv.	<i>Applicable to all options</i>
Avoids nepotism and bias (subjective)	BMA	Adv.	Fairness
Online system, can apply when on electives	BMA, F1s, FSDs, NHSE, PGDs, UGs	Adv.	Feasibility, Applicant Burden
No expense to students	BMA	Adv.	Applicant Burden
Time allowed to consider answers	BMA	Adv.	Fairness
Ability to fill it out while on elective	BMA	Adv.	Fairness, Feasibility
Not supplicating other work	BMA	Adv.	Educational Impact
It works (allocation and selection)	BMA, FSDs, MSs, NHSE, UGs	Adv.	Feasibility
Timescales – allows time for applicants to complete online form	F1s	Adv.	Feasibility, Compliance
Recognises previous degrees	F1s, FSDs, MSs	Adv.	<i>Applicable to all options</i>
Few complaints	FSDs	Adv.	Fairness
Beginning to develop a bank of white space questions	FSDs	Adv.	Longevity
Discriminates between applicants	FSDs	Adv.	Validity
Tests personal skills and looks at the doctors as a whole	FSDs	Adv.	Validity
Addresses special circumstances	FSDs, NACT	Adv.	<i>Applicable to all options</i>
Links to person specification	FSDs	Adv.	<i>Applicable to all options</i>
Lack of ownership by consultants	FSDs	Adv.	<i>Applicable to all options</i>
High levels of employee satisfaction (=employer satisfaction) when applicants placed in first choice School	HRDs, NHSE	Adv.	Applicant Burden
Fair	HRD, NHSE	Adv.	Fairness
Potential for being judged on more than one dimension	MSs	Adv.	Validity
Assesses written communication skills	MSs	Adv.	Validity, Fairness
Enables curriculum diversity within Medical Schools	MSs, UGs	Adv.	Educational Impact
It is possible to manage student expectations	MSs	Adv.	<i>Applicable to all options</i>
Efficient	MSs	Adv.	<i>Calculated in analysis of benefits</i>
Little time commitment as Foundation Schools coordinate	MSs	Adv.	<i>Calculated in economic analysis</i>
Less time-consuming than interviews	MSs	Adv.	<i>Calculated in economic analysis</i>
Competitive process with risk of failure improves engagement and motivation of applicants	NACT	Adv.	<i>Applicable to all options</i>
TOI is helpful	NACT	Adv.	<i>Not useful as a discriminator</i>
Less burden on Consultant Time than with interviews	NHSE	Adv.	Consultant Time
Pre-employment checks are incorporated	NHSE	Adv.	<i>Applicable to all options</i>
Cost effective and efficient	NHSE	Adv.	<i>Calculated in economic analysis</i>
Cheap	NHSE	Adv.	<i>Calculated in economic analysis</i>
Most applicants are happy	NHSE	Adv.	Applicant burden, fairness
National timeline, guidelines provide consistency	NHSE	Adv.	Consistency
Application system is user-friendly	NHSE	Adv.	Feasibility, applicant burden
The process improves year-on-year	NHSE	Adv.	<i>Applicable to all options</i>
It works well logistically	PGDs	Adv.	Feasibility
Covers more areas than purely academic performance	PGDs	Adv.	Validity

Good correlation of marking systems between schools	PGDs	Adv.	Consistency
Recognition for publications, awards etc	UGs	Adv.	Validity
Recognition for non-academic and extra-curricular activities	UGs	Adv.	Validity
Doesn't reward excellence sufficiently	BMA	Disadv.	Validity
Impersonal, lack of human element (n.b. conflicts with anonymous)	BMA	Disadv.	Fairness, Transparency
Tests creative writing and reflection, not attributes of a good doctor, 'feels fluffy'	BMA, F1s, FSDs, MSs, NHSE, PGDs, UGs	Disadv.	Validity
Imbalance between academic and non-academic achievements	BMA, FSDs	Disadv.	Validity, Fairness
Not fully representative of the candidate	BMA, MSs	Disadv.	Validity
Risk of cheating/plagiarism, internet answers available	BMA, FSDs, NACT, PGDs	Disadv.	Compliance
Poor understanding or confusion re: purpose and marking	BMA, NACT, UGs	Disadv.	Transparency
Suspensions of quartiles, comparability between applicants, not standardised way of looking at academic performance	BMA, F1s, FSDs, PGDs, UGs	Disadv.	Validity, Granularity, Consistency
Applicants who don't receive the first choice school are disproportionately disadvantaged.	BMA, PGDs	Disadv.	<i>Algorithm, not option</i>
Poor feedback after the process	BMA	Disadv.	<i>Not useful as a discriminator</i>
Score is unknown before applying to foundation schools	BMA	Disadv.	<i>Not useful as a discriminator</i>
Variation in the level of assistance from medical schools	BMA	Disadv.	<i>Not useful as a discriminator</i>
All other jobs require CVs – why not Foundation Programme posts?	F1s	Disadv.	Validity
White space questions can exclude those who have worked very at Medical School but have no extra-curricular activities	F1s	Disadv.	Fairness, Validity
It is possible to use the same examples for several white space questions – horizontal rather than vertical marking	F1s, FSDs, UGs	Disadv.	Validity
Some students are displaced (geographically)	F1s, FSDs, NHSE, UGs	Disadv.	<i>Applicable to all options</i>
Transferability of scores between Deaneries	FSDs	Disadv.	Feasibility, Reliability, Consistency
Limited availability of white space questions	FSDs, PGDs	Disadv.	Longevity
Some variation between scorers and schools	FSDs, PGDs	Disadv.	Consistency
Other jobs use CVs as part of the application form	FSDs	Disadv.	Validity
Lack of transparency on what white space questions test	F1s, FSDs, MSs, NACT, UGs	Disadv.	Transparency
Time intensive for ranking and verifying a few difficult students	MSs	Disadv.	<i>Calculated in economic analysis</i>
Strategic ranking of foundation school preferences	MSs	Disadv.	<i>Algorithm, not option</i>
Lack of ownership for employers (student preferences dominate)	MSs	Disadv.	<i>Not useful as a discriminator</i>
Scale and logistics	MSs, NACT	Disadv.	<i>Calculated in economic analysis</i>
Suspicious of quartiles (EU students disproportionately in 1 <sup>st</sup> quartile)	MSs, NACT	Disadv.	Consistency
Lacks involvement of some of the most insightful educationalists	MSs	Disadv.	<i>Not useful as a discriminator</i>
Can be difficult to recruit scorers (locally)	MSs, PGDs	Disadv.	Feasibility, Clinical Time
Time-consuming (scoring), disrupts clinical service	MSs	Disadv.	Feasibility, Clinical Time
Perceived nepotism of clinical supervisors (old system)	NACT	Disadv.	Validity, Validity
Unreliable flow of information from Medical School to Employers (old system)	NACT	Disadv.	<i>Not useful as a discriminator</i>
Challenge of aligning process nationally	NACT	Disadv.	Feasibility
Absence of verifiable metrics	NACT	Disadv.	Granularity
Does not test clinical competence	NHSE, UGs	Disadv.	Validity

White space questions do not discriminate between applicants	PGDs	Disadv.	Validity
No assessment of verbal communication skills	PGDs	Disadv.	Validity
Validity of responses to white space questions can be questionable	PGDs	Disadv.	Compliance
Not as robust as for example MCQs	PGDs	Disadv.	Validity, Reliability, Consistency
Students are unhappy with it (n.b. conflicts with BMA feedback)	PGDs	Disadv.	Applicant burden, fairness
Labour intensive	PGDs	Disadv.	<i>Calculated in economic analysis</i> , Clinical time
No correlation with issues in the workplace	PGDs	Disadv.	Validity
Rewarding additional degrees Disadv.s those who cannot afford additional study, or who do not have the option to intercalate	UGs	Disadv.	Fairness, Validity
Does not take into account the option of Medical Schools regarding student behaviour and conduct	UGs	Disadv.	Validity
No patient input	UGs	Disadv.	<i>Not useful as a discriminator</i>

<b>National Examination</b>			
Fair for all applicants	BMA, FSDs, NHSE, PGDs, UGs	Adv.	Fairness, Applicant Burden
Objective and fair assessment, comparable scores	BMA, F1s, PGDs	Adv.	Fairness, Validity, Consistency
Prevents plagiarism	BMA, UGs	Adv.	Compliance
Easy to score and standardise	BMA	Adv.	Consistency
Could create a league table of Medical Schools (also Disadv.)	BMA	Adv.	Educational Impact
Rewards academic performance	BMA, MSs, UGs	Adv.	Validity
Relatively inexpensive and simple to administer	FSDs, MSs	Adv.	<i>Calculated in economic analysis</i> , Feasibility
Could assess a range of knowledge areas	FSDs	Adv.	Validity
Quality Assurance is easier than with other selection tools	FSDs	Adv.	Transparency
It would help quality assure output, and improve standards, within Medical Schools	FSDs, MSs, PGDs	Adv.	Educational Impact
Could be taken by applicants in non-UK locations	NHSE	Adv.	Feasibility, Fairness, Applicant Burden
Possible to mark via a machine, saving time and resources	PGDs	Adv.	<i>Calculated in economic analysis</i>
Cheap to deliver, but high development costs	PDGs	Adv.	<i>Calculated in economic analysis</i>
Robust	PGDs	Adv.	Compliance
It would help quality assure output from Medical Schools	PGDs	Adv.	Educational Impact
It may reduce input from Consultants	PGDs	Adv.	Feasibility, Clinical Time
Students may prefer this to the current system	PGDs	Adv.	Applicant Burden
Convenient	UGs	Adv.	Feasibility
Could increase public confidence	UGs	Adv.	Public Opinion
Assesses written communication skills	UGs	Adv.	Validity
Stressful	BMA, UGs	Disadv.	Applicant Burden
Loss of curriculum diversity	BMA, F1s, FSDs, MSs, PGDs, UGs	Disadv.	Educational Impact
Logistically difficult (timing, variations in curricula, location, travel)	BMA, F1s, FSDs, MSs, PGDs, UGs	Disadv.	Feasibility, Educational Impact
Duplication of finals	BMA, FSDs, UGs	Disadv.	Feasibility, Educational Impact
High stakes	BMA	Disadv.	Fairness, Candidate Burden
Only assesses knowledge, not broader skills of being a 'good' doctor	BMA, FSDs, MSs, PGDs, UGs	Disadv.	Validity

Undermines learning outcomes - would encourage studying for the exam, not studying to be a 'good' doctor	BMA, MSs, UGs	Disadv.	Educational Impact
Doesn't represent the candidate in the round	BMA	Disadv.	Validity
The format of questions (NCQ, OSCE) would Adv. graduates from one school above another, depending on style of learning	BMA, F1s, FSDs	Disadv.	Fairness, Reliability, Consistency
Could create a league table of Medical Schools	BMA, MSs, UGs	Disadv.	Feasibility, Educational Impact
Would be a significant change to implement	BMA	Disadv.	<i>Not useful as a discriminator</i>
Does not reward excellence	BMA, FSDs	Disadv.	Validity
Difficult to rank 7,000 applicants in a single exam	BMA	Disadv.	Granularity
Students will become competitive against each other – will lose morale and sharing of information to become better doctors as an end in itself	F1s	Disadv.	Educational Impact, Applicant Burden
Stressful	F1s, FSDs	Disadv.	Applicant Burden
Does not support 'aspiring to excellence'	F1s	Disadv.	Validity
Logistics for non-UK applicants: travel cost, overseas test centre?	FSDs	Disadv.	<i>Calculated in economic analysis</i> , Feasibility
Could lead to 'cramming' courses, undermining Widening Participation agenda	MSs	Disadv.	Educational Impact, Applicant Burden
Undermines certification by Medical Schools and GMC	MSs, PGDs, UGs	Disadv.	Educational Impact
Different Schools have different final dates	PGDs	Disadv.	Feasibility, Educational Impact
Not a verified system	PGDs	Disadv.	Validity
Reliance on Information Technology	PGDs	Disadv.	Feasibility
Doesn't assess clinical skills	PGDs	Disadv.	Feasibility
Need multiple assessments to assess communication, clinical skills etc – but these would be labour intensive	PGDs	Disadv.	<i>Calculated in economic analysis</i> , Clinical Time
Costly and impractical	UGs	Disadv.	<i>Calculated in economic analysis</i>
Does not account for extra-curricular activities	UGs	Disadv.	Educational Impact
Lacks sensitivity to individual expression	UGs	Disadv.	Validity
Could undermine public confidence if individual results are known	UGs	Disadv.	Public Opinion

<b>National examination/ white space questions in an Assessment Centre</b>			
Fair (same test, same time)	BMA	Adv.	Fairness
Reduces risk of plagiarism	BMA, PGDs, UGs	Adv.	Compliance
Reduces time demands on Clinical staff	FSDs, PGDs	Adv.	<i>Calculated in economic analysis</i> , Consultant Time
Could test the competencies of the person specification	FSDs	Adv.	<i>Not useful as a discriminator</i>
Standardisation for UK and non-UK applicants	FSDs	Adv.	Fairness, Consistency
Improves granularity	PGDs	Adv.	Granularity
Improves reliability of current system	PGDs	Adv.	Reliability
Tests communication and language skills	PGDs	Adv.	Validity
Cost effective	PGDs	Adv.	<i>Calculated in economic analysis</i>
Could provide useful data for subsequent selection into ST posts	PGDs	Adv.	<i>Not useful as a discriminator</i>
Enables comparison of output between Medical Schools	PGDs	Adv.	Consistency
Concerns about whether ranking 7,000 applicants is feasible?	BMA	Disadv.	Feasibility
Logistics – who will read handwriting? Machine markable?	BMA	Disadv.	Feasibility.
Exam conditions will not help capture the 'best' doctors	BMA	Disadv.	Validity, Applicant Burden
Disadvantages non-UK and dyslexic applicants	BMA	Disadv.	Fairness.
High cost	F1s, NHSE, PGDs	Disadv.	<i>Calculated in economic analysis</i>
Timing/ logistics	F1s, FSDs, PGDs,	Disadv.	Feasibility, Educational Impact

	UGs		
Could drive curriculum change	F1s, PGDs	Disadv.	Educational Impact
Consultants do not feel ownership of the process	FSDs	Disadv.	<i>Not useful as a discriminator</i>
In driving curriculum change, it could distort Widening Participation agendas	PGDs	Disadv.	Longevity, fairness
Could reduce innovation in assessment	PGDs	Disadv.	Longevity, Educational Impact
A 'one-off' assessment cannot reflect knowledge and skills fairly	PGDs	Disadv.	Fairness, Validity
Limited availability of questions (as per current system)	PGDs.	Disadv.	Longevity
Tests written skills, not skills of a 'good' doctors	UGs	Disadv.	Validity

<b>Structured Record of Achievement/ Educational Performance Measurement</b>			
Assesses evidence of performance, competencies and attributes	BMA	Adv.	Reliability, Validity
Assesses range of performance and attributes, allows applicants to present themselves fully (academic and non-academic)	BMA, MSs, PGDs, UGs	Adv.	Validity, Fairness
Encourages continuous personal development	BMA, UGs	Adv.	Validity, Applicant Burden
Good practice to maintain a Structured Record of Achievement	BMA, UGs	Adv.	<i>Not useful as a discriminator</i>
Objective	BMA	Adv.	Validity
Includes certification	BMA	Adv.	Compliance
Could work well in conjunction with interviews/ alternative tools	BMA, PGDs	Adv.	<i>Not useful as a discriminator</i>
Potentially more sustainable and robust than white space questions	MSs	Adv.	Validity, Compliance
Could be used to assess equivalency of non-UK applicants	MSs	Adv.	Validity, Feasibility, Fairness
Responds to HE sector pressure for Records of Achievement	MSs	Adv.	Educational Impact
Enables greater granularity	PGDs	Adv.	Granularity
Clarity of comparability	PGDs	Adv.	Validity
Consistent	PGDs	Adv.	Consistency
Paper based	PGDs	Adv.	Feasibility
Reflects subsequent role as a Doctor	UGs	Adv.	Validity
Concerns about standardisation and scoring	BMA, PGDs, UGs	Disadv.	Feasibility, Validity, Consistency
May not be reflective as a stand-alone selection tool	BMA	Disadv.	Validity
Long-term implementation necessary (to prepare medical students)	BMA, MSs	Disadv.	Longevity, Feasibility
May simply be a paper collecting exercise	BMA	Disadv.	Validity, Feasibility, Reliability
May duplicate work in some schools	BMA	Disadv.	Educational Impact
Vulnerable to plagiarism/ cheating	BMA	Disadv.	Compliance
Concerns about weightings of different elements	BMA	Disadv.	Validity
Complex	BMA	Disadv.	Transparency, Feasibility
No educational value, added burden on students	BMA	Disadv.	Educational Impact, Applicant Burden
Some Schools may respond by creating additional courses or additional certificates, students may do activities for extra points	BMA, UGs	Disadv.	Educational Impact
Concerns about how to manage/compare applications from non-UK graduates	BMA, PGDs, UGs	Disadv.	Fairness, Feasibility
Could inform interviews but could not provide ranking in itself	MSs	Disadv.	Granularity
Retrospective implementation could be difficult	MSs, UGs	Disadv.	Feasibility
Concerns whether it provides clear and fair granularity	PGDs	Disadv.	Reliability, Fairness, Validity
Few legitimate discriminators	PGDs	Disadv.	Granularity.
Risk of bias in reporters (self-reported?)	PGDs	Disadv.	Reliability, Fairness, Consistency
Concerns about capturing behaviour and attitudes	PGDs	Disadv.	Validity

Does not assess communication skills	PGDs	Disadv.	Validity
Concerns about lack of evidence for use	PGDs	Disadv.	Validity
Time intensive for Medical Schools (although this could be streamlined)	PGDs	Disadv.	<i>Calculated in economic analysis, Feasibility</i>
Paper copy could be lost, online copy could be corrupt	UGs	Disadv.	Feasibility

<b>Structured Interviews, MMIs</b>			
Enables candidates to represent themselves fully	BMA, F1s, FSDs	Adv.	Validity
Assesses communication and interpersonal skills	BMA, FSDs, PGDs	Adv.	Validity
Introduces human element to the process	BMA, F1s, PGDs, UGs	Adv.	Fairness, Transparency, Validity
Reduces risk of plagiarism	BMA, FSDs, PGDs	Adv.	Compliance
Students would feel valued by the system	BMA, NACT, UGs	Adv.	Applicant Burden
Provides experience for future interviews	BMA, PGD	Adv.	<i>Not useful as a discriminator</i>
Could work well in conjunction with an exam or white space questions	FSDs	Adv.	<i>Not useful as a discriminator</i>
Could help Foundation Schools match individuals with posts	MSs	Adv.	<i>Not useful as a discriminator</i>
Could help discriminate between candidates	MSs	Adv.	Granularity
The public think interviews are a good means of evaluating applicants	PGDs	Adv.	Public Opinion
Gives impression of 'professional appointment' and may encourage local ownership of appointed candidates	PGDs	Adv.	Public Opinion
Traditional selection method, widely accepted	PGDs	Adv.	Public Opinion
Interviews are used with increasing success for ST posts	PGDs	Adv.	Validity
Easier to test clinical skills	PGDs	Adv.	Validity
May be better perceived by candidates	PGDs	Adv.	Applicant Burden
Could Adv. UK applicants	UGs	Adv.	Fairness
Would ease burden on Trusts	UGs	Adv.	Clinical Time
Risk of interviewer bias or subjectivity	BMA, FSDs, HRDs, PGDs	Disadv.	Consistency, Validity
Career plans could count against the applicant (i.e. if intending to go into biomedical sciences rather than medicine)	BMA	Disadv.	Validity
Logistics (timing, travel, travel for non-UK applicants)	BMA, FSDs, UGs	Disadv.	<i>Calculated in economic analysis, Feasibility, Fairness</i>
High stakes selection tool for a fixed-term post	BMA, PGDs	Disadv.	Fairness, Candidate Burden
Difficulties with standardisation	BMA, FSDs, MSs	Disadv.	Consistency
Stressful	BMA, F1s, UGs	Disadv.	Applicant Burden
No longer an anonymous process	BMA, MSs, UGs	Disadv.	Fairness, Compliance, Validity
If the interview is highly structured, candidates may not be able to present themselves fully or ask questions - impersonal	BMA, F1s	Disadv.	Validity
Lack of evidence to support interviews as a selection method	FSDs, PGDs, UGs	Disadv.	Validity
Consultants would not have ownership (i.e. would not be able to train the applicants they then work with)	FSDs	Disadv.	<i>Not useful as a discriminator</i>
Timing	MSs	Disadv.	Educational Impact
Concerns about who would interview (Foundation Programme involves six posts and possibly more than one Trust) – bias if first choice Foundation School or home school?	MSs, PGDs, UGs	Disadv.	Feasibility, Validity
No appetite for interviews amongst Consultants	NACT	Disadv.	Feasibility, Consultant Time
Labour intensive (training and clinical time)	NHSE, FSDs, PGDs	Disadv.	<i>Calculated in economic analysis, Consultant Time</i>

First impressions may affect overall outcome	NHSE	Disadv.	Validity
Difficult to ensure consistent styles of interview	NHSE	Disadv.	Consistency
May be unfair – favours more confident applicants	PGDs	Disadv.	Fairness
Resource intensive (time and facilities)	PGDs, UGs	Disadv.	<i>Calculated in economic analysis</i>
Concerns about sustainability	PGDs	Disadv.	Feasibility
Would provide only a brief assessment	PGDs	Disadv.	Validity
Costs to applicants	UGs	Disadv.	Applicant Burden

Situational Judgement Test			
Already used in industry – validated method	BMA	Adv.	Reliability
Concerns about how it would map against the person specification	BMA	Disadv.	Validity
Lack of familiarity	BMA	Disadv.	Feasibility

Common Content of Assessment			
Objective assessment	F1s	Adv.	Consistency.
Medical Schools would have ownership	MSs, PGDs	Adv.	<i>Not useful as a discriminator</i>
Introducing new assessment domains would be easier	MSs	Adv.	Educational Impact, Longevity
Good way to improve good practice	MSs	Adv.	Reliability, Longevity
Improve reliability and drive up standards	MSs, NHSE	Adv.	Reliability, Educational Impact
Could be incorporated into existing assessments	NHSE, UGs	Adv.	Applicant Burden
Enables curriculum diversity	PGDs	Adv.	Educational Impact
Would improve comparability of scores between Schools	UGs	Adv.	Transparency, Consistency
Common OSCE stations could assess multiple competencies	UGs	Adv.	Validity
Would ease the burden on Trusts for pre-employment checks	UGs	Adv.	Validity
Could drive curriculum change	F1s, MSs	Disadv.	Educational Impact
Students will become competitive against each other – will lose morale and sharing of information to become better doctors as an end in itself	F1s	Disadv.	Educational Impact, Applicant Burden
Concerns about what it adds to the current assessment process – Schools will still need their own bank of assessment items	F1s	Disadv.	<i>Cost Benefit Analysis</i>
Is not a selection tool in itself	MSs	Disadv.	Validity
Costs and logistics	MSs, UGs	Disadv.	<i>Calculated in economic analysis, Feasibility</i>
Could lead to a national exam	MSs, UGs	Disadv.	<i>Not useful as a discriminator</i>
Non-verified method for selection/ranking purposes	PGDs	Disadv.	Feasibility
Concerns about use for assessment of non-UK applicants	UGs	Disadv.	Feasibility
Could compromise delivery of curricula and assessment styles	UGs	Disadv.	Educational Impact