

BMA Medical Student Focus Groups – options appraisal for application to Foundation Programme – May 2009

Principles

The BMA Medical Students Committee has identified the following principles on which the development of, and improvement to, the application system should be based. Any changes made to the arrangements should be assessed against these principles:

- The arrangements for selection and recruitment to Foundation Programme should be equitable, meritocratic and transparent and should be subject to scrutiny and review;
- The application process should allow applicants to represent themselves fully and fairly;
- Any new methods of assessment that might be developed should not be used to rank individuals into the foundation programme.
- A national knowledge-based assessment either during medical school or at the end of foundation year 1 should not be used for selection to the foundation programme, exit into full registration or for selection to specialist training;
- The process should be simple to operate;
- There should be a consistent national communication strategy, implemented locally with full guidance.

The BMA MSC would support any changes that meet these criteria where there is evidence that changes are necessary and would improve the process.

Summary

The BMA Medical Students Committee (MSC) hosted a series of Focus Groups at 24 medical schools around the UK involving 341 medical students. Focus groups were used to ensure that each student understood the concepts being discussed. Each group was given a standardised presentation of the options, delivered by a member of the MSC's Executive Subcommittee. The feedback was collected on a standardised feedback form in two ways – firstly rating the value of each method for allocation into foundation programme and secondly a free text response box on the advantages and disadvantages of each option, which were then analysed for common themes.

- *The current system:* 79% of the students in the groups rated the current system as having good or very good value as a method of allocation to foundation programme. High first choice fill, a good understanding of the system and freedom to apply anywhere were seen as advantages. Disadvantages included an imbalance between academic and non-

academic achievements, not being fully representative of the candidate and a perceived risk of plagiarism.

- *A National Exam:* 86% of students in the groups rated the option of a national exam as having little or very little value. Advantages were it was seen as a fair and objective assessment of knowledge and would avoid plagiarism. Disadvantages included the potential loss of curriculum diversity, a concern over the logistical arrangements of an exam and concerns that it would be duplicating existing work.
- *An application form plus interview:* 81% of students rated this method as having good or very good value. Advantages included the ability of an applicant to represent themselves fully, that it included an assessment of a candidate's communication and interpersonal skills and that there was a human element to the process. Disadvantages included the risk of interviewer bias or subjectivity, logistical concerns and that it is a high stakes scenario.
- *Multiple Mini Interviews and Situational Judgment Tests:* From the feedback (either lack of or inappropriate to the method) it was clear that students are not familiar with this concept, and had mixed feelings about its appropriateness or effectiveness. Some students felt it would be a positive move, provided it does not overlap with medical school OSCEs.
- *Structured record of achievement:* Students were not clear about how this would work and what it would assess, and feedback was mixed. Advantages included that it was representative of the candidate, being scored across many attributes, and that it would encourage continuous personal and professional development. Disadvantages included concerns over how it would be scored and standardised, that it would not be truly reflective of the candidate if considered alone, and that it would require long-term implementation.

Other concerns: These included questions and confusion of the necessity to change a system that is perceived by students to be working well, as well as concerns over what is perceived to be an unrealistic timetable which may significantly increase stress and anxiety for those students faced with an unknown system at short notice.

Report

In response to the Medical School Council's review of the options for selection into foundation programme the BMA's Medical Students Committee organised focus groups of medical students in 24 medical schools across the UK.

At each group a standardised PowerPoint presentation of the options under consideration was delivered by a member of the MSC's Executive Subcommittee, and feedback was recorded on a standardised feedback form. The results of this are recorded in two ways, firstly through thematic analysis of the free text boxes

of advantages and disadvantages of various systems and secondly by the groups rating the value of the options as selection methods. The results are detailed in this report.

The focus groups involved 341 medical students from the following medical schools: Barts and the London, Bristol, BSMS, Dundee, GKT, Glasgow, HYMS, Imperial, Manchester, Nottingham, QUB, UEA, Warwick, St Georges, St. Andrews, Cambridge, Oxford, Leeds, Cardiff, Newcastle, UCL, Keele, Peninsula and Liverpool.

Yeargroup	1st	2nd	3rd	4th	5th	6th
% of total students	3.8	7.0	19.9	54.5	13.2	1.5

The options presented were:

1. The current system

Summary:

- Academic Ranking
- “White Space” application form
- On-line National application process
- Allocation to School (preference then score)
Matching to programme (score then preference)

2. National exam

Summary:

Three variations:

- Option 1 - Knowledge based exams - USMLE style, based purely on factual knowledge
- Option 2 - ‘White space’ questions under exam conditions -Similar to the current system question, but done by all students at the same time, under exam conditions.
- Option 3 - Situational tests - as GP selection

In this paper only the results for option 1 are reported for reasons outlined below.

3. Application form (current system) with interviews

Summary:

- Academic Ranking + Application Form
- Interviews:

- Formats:
- “Free” interview (little structure)
- Multiple Mini Interviews: (MMI)
- Structured, similar domains as the UKFPO form covers
- May take place at National Assessment centres
- If not – where? (home school vs. 1st choice)

Due to their prominence in the literature reviews the concept of Multiple Mini Interviews (MMI) was added during the focus group process and 50% of the focus groups reported back on this option.

4. Structured record of achievement (SRA)

Summary:

- Similar to a Portfolio – containing information about common domains across medical schools covering:
 - applied medical knowledge
 - clinical skills
 - professionalism
- Report structured into common domains
- Will be graded or scored
- Develop a profile across domains, rather than a single grade or score

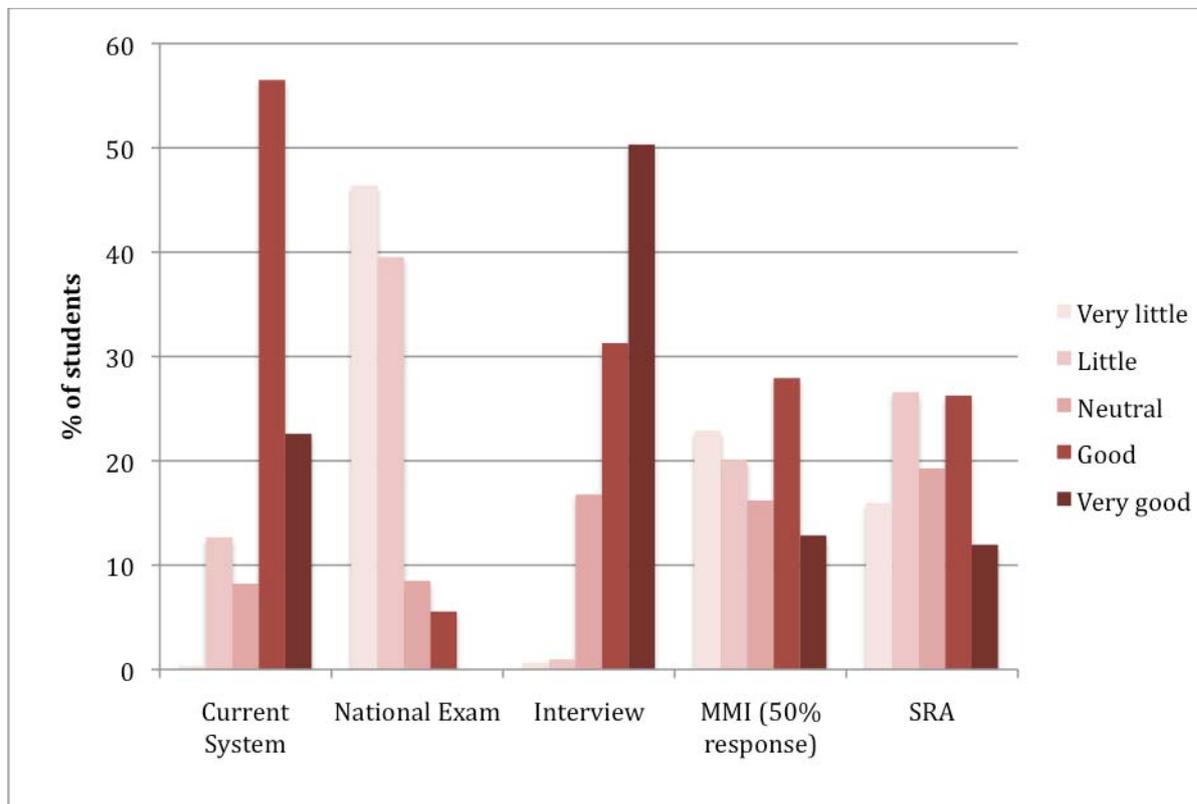
5. Other options

This was left as a free text response.

Results

The focus groups were asked to rate how much value each of the options had as a selection method into foundation programme. Unfortunately this was not uniformly filled out by all of the groups, with some marking each individual's opinion and others coming to a group consensus. For purposes of reporting back if a consensus was reached the result was weighted to the size of the focus group. 50% of the groups reported back on the option of a MMI.

Percentage of students rating the value of options for application to foundation programme



The results show that the majority of students rate the current system and the option of interviews as having good or very good value. The option of a national exam was unpopular, with the majority of students rating it as having little or very little value. MMIs and SRAs received mixed responses. This is due to students not fully understanding these concepts and this is discussed later.

Thematic analysis

From the free text response boxes for the advantages and disadvantages of each option common themes were identified. There was significant variation in the amount of text response from each focus group from a few points to essay style responses. Many views and opinions were expressed and the results here are described as the percentage of focus groups where a major theme was identified (present in more than 10% of the groups).

1. Current system

Advantages:

- High first choice fill rate (54%)
- Well understood by students (50%)

- Freedom to apply anywhere in the UK (38%)
- Standardised system (33%)
- Avoids nepotism and bias (objective) (25%)
- Online system (25%)
- Single application using a national system (25%)
- No expense to students (21%)
- Time allowed to consider answers (21%)
- Anonymous (21%)
- Ability to fill it out while on elective (17%)
- Not supplanting other work (12.5%)

Disadvantages:

- Imbalance of emphasis between academic and non-academic work (generally that the academic weighting is insufficient) (83%)
- Not fully representative of candidate (75%)
- Risk of plagiarism and outside help (58%)
- Simply an assessment of creative writing (42%)
- Poor understanding or confusion related to the nature or purposes of the questions (38%)
- Problems of the variation in quartiles at different medical schools (38%)
- Impersonal/lack of human element (30%)
- Does not recognize excellence (21%)
- Candidates who don't get 1st choice are affected disproportionately badly (17%)
- Score is not known before applying to school (17%)
- Poor feedback after the process (17%)
- Variation in the amount of assistance available at medical schools (13%)

2. National exam

Although this was split into 3 options during the presentation only a thematic analysis of a national knowledge based assessment (similar to a USMLE style exam) is included here. The option of the current form filled out under exam conditions was poorly responded to. From the feedback forms it was clear that students are not familiar with the concept of situational tests and the feedback varied widely often with comments not relating to situational testing.

Advantages:

- Fair assessment of knowledge across the country (46%)
- Objective and fair assessment (30%)
- Prevents plagiarism (21%)
- Easy to score and standardize (21%)
- Could create a league table of medical schools (17%)
- Focus on academic ability (13%)

Disadvantages

- Will lead to a loss of curriculum diversity (79%)
- Concerns over the logistical arrangements of an exam (when in the year, which year of medical school, variations in curricula, where would the exam take place etc) (71%)
- Duplication of finals (58%)
- Very high stakes (46%)
- Only assesses knowledge (42%)
- Not representative of the whole candidate (42%)
- Could create a league table of medical schools (38%)
- Would be a significant change to implement (25%)
- Doesn't recognize a good doctor (25%)

3. Application form + interviews

The feedback here relates to an application form similar to the current system with the addition of a single structured interview. MMIs were included as an option for 50% of the focus groups, however it was clear from the feedback that this was not well understood by students with large variations on the themes reported and the feedback for this option is not included here.

Advantages:

- Allows candidate to represent themselves fully (83%)
- Communication/interpersonal skills assessed (58%)
- Face to face element/human contact (54%)
- Avoids plagiarism (30%)
- Allows student to feel valued by the system (25%)
- Provides experience for future interviews (21%)

Disadvantages:

- Risk of bias/subjectivity (58%)
- Logistical concerns (where would they take place, would there be traveling involved, what time of year, electives etc) (38%)
- High stakes (30%)
- Concerns over interview structure and content (21%)
- Stressful (13%)

4. Structured record of achievement

This concept was not well understood with students posing many questions of how it would work and what it would contain.

Advantages:

- Is scored across many attributes, allows candidate to represent themselves fully (74%)
- Encourages continuous personal development (42%)
- Applicable throughout career, good practice (25%)
- Provides evidence for achievements (25%)

Disadvantages:

- Concerns over how it would be standardized and scored (42%)
- May not be truly reflective in its own right (33%)
- Long term implementation required (as current 3rd/4th year students have not had the opportunity to put a portfolio together etc) (33%)
- May simply become a paper collecting exercise (33%)
- May duplicate work in some schools (30%)
- May be open to fabrication (30%)
- Concerns over what weighting would be given to different attributes (21%)
- Variations in medical schools may be a challenge (17%)
- Concept is not clear enough (17%)

5. Other options

There were a few alternative options suggested:

- Entirely random selection (1 group)
- Structured CV (4 groups)
- CV plus an interview (similar to academic applications) (3 groups)

Other views

Students were almost uniformly concerned over the timescale suggested for this change, saying it would be too large a change without sufficient time for preparation (there was a view that this exercise was simply change for change's sake). Students also wanted significantly more information as to why this change is taking place. There was a general consensus that local interviews would be more convenient. Most groups suggested some kind of combination of elements of the above options. There were calls to ensure that any new system was not excessive for the purpose that it is for, and that it must not advantage well-off students who can afford extra courses, preparation or travel.