

# Improving Selection to the Foundation Programme

## Appendix I

### Report of the EPM Task and Finish Group



# Final report of the Educational Performance Measurement Task and Finish Group

April 2011

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## 1. Introduction

1.1 This is the report of the Educational Performance Measurement Task and Finish Group, hereafter referred to as the EPM Group. This report reflects the recommendations and agreements reached at the meeting of the EPM Group on 10 November 2010, and through subsequent work led by members of the EPM Group. The report is written for the ISFP Project Group and ISFP Programme Board for their consideration.

1.2 The membership of the EPM Group represents expertise in medical school assessments, business analysis and mathematical modelling as well as key stakeholder interests, with continuity from previous work of the ISFP project. The membership is as follows:

Professor Mike Greaves (Chair)	Head of Medical School, University of Aberdeen
Dr Frazer Anderson	Chair of BM Finals Working Group, University of Southampton
Dr Alison Carr	Dean Adviser, Department of Health
Dr Ian Curran	Associate Dean for Postgraduate Medicine, London Deanery
Dr Anne Edwards	Foundation School Director, Oxford Deanery
Ashley Fraser	Medical Director, NHS Employers
Dr Christine Kay	Medical School Curriculum Manager, University of Aberdeen
Roddy McDermid	Medical Students Society President, Sheffield
Dr Katie Petty-Saphon	Executive Director, Medical Schools Council
Karin Purshouse	Chair, BMA Medical Students Committee
Dr Susan F Smith	Deputy Director of Education, Imperial College Faculty of Medicine
Professor Anthony P Weetman	Chair, Medical Schools Council

Support for the EPM Group was provided by Siobhan Fitzpatrick and Denis Shaughnessy, ISFP Project Team.

1.3 The EPM Group was tasked with defining and recommending specific and workable standards for the EPM framework, in consultation with medical schools and stakeholders as required, and building upon the assumptions made in relation to the EPM, namely that:

- 1.3.1 The EPM should be a means of ranking applicants to an agreed level of granularity, by averaging their performance over a representative basket of assessments taken at medical school up to the point of application to the Foundation Programme.
- 1.3.2 Individual schools should be responsible for determining which combination of assessments is most representative for their applicants, and for agreeing this in consultation with their applicants.
- 1.3.3 The composition of the baskets of assessments should be transparent - each school should publish an unambiguous description of how its basket of assessments is formed.
- 1.3.4 There would continue to be a spread of 30-100 points available for selection to the Foundation Programme.
- 1.3.5 The EPM should satisfy the agreed quality criteria.

## Structure of the document

- 1.4 This sets out the rationale and requirements of the EPM framework, the quality criteria, and the issues that the EPM Group was tasked to address. Section 5 summarises the recommendations for the EPM framework.

## 2. Background

- 2.1 Applicants to the Foundation Programme currently receive a score based on performance at medical school in relation to their cohort, as ranked into four quartiles worth 40, 38, 36 and 34 points. This score is then combined with their score from an online application form, white space questions (total of 60 points), which includes 10 points for degrees, prizes, publications and presentations.
- 2.2 Concerns about the use of academic quartiles, raised before and during an extensive and detailed Option Appraisal<sup>1</sup>, include the comparability of applicants from different medical schools and discrimination of applicants at the margins between quartiles. Given issues around the lack of transparency and lack of consistency across medical schools, one of the main drivers to review the quartile system is to ensure defensibility in the event of legal challenge. Stakeholder feedback shows strong support for the use of some measure of academic performance as well as non-academic and possibly extra-curricular activities. An advisory international Expert Panel supported the principle of making greater use of information accumulated during medical school, and the development of a standardised measure of educational performance.
- 2.3 The recommendations of the ISFP Steering Group were to pilot and evaluate:
  - 2.3.1 A Situational Judgement Test (SJT) to assess professional attributes, judgement and employability.  
*In combination with*
  - 2.3.2 An Educational Performance Measurement (EPM) of applicants at their medical school to assess clinical knowledge/ skills as well as wider personal achievement.
- 2.4 The EPM as a selection tool refers to a differential ranking score produced by the medical school to reflect the applicant's achievements or performance on a range of assessments in relation to their cohort up to the point of application to the Foundation Programme. It was envisaged that the EPM would be derived using a standardised and transparent framework of existing performance measures, with a weighting agreed with medical schools in consultation with applicants and other stakeholders. All UK and non-UK medical schools would be required to provide an EPM score to the UKFPO derived using the standardised framework.
- 2.5 The ISFP Project Group envisaged that a uniform transparent framework for an EPM would address some of the current concerns about comparability between applicants of the same quartile from

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<sup>1</sup> Medical Schools Council (2009) *Selection to Foundation: An Option Appraisal*

different schools, and that it would enable greater granularity<sup>2</sup>. Depending on the results of the 2010-11 pilots, it is anticipated that the EPM would be used in combination with a second selection tool, resulting in a combined higher level of granularity than could to be achieved by the EPM alone.

- 2.6 Two in-depth consultations in autumn and winter 2009 involving all 30 UK medical schools whose applicants apply to the Foundation Programme<sup>3</sup> informed the development of the draft EPM framework for piloting. The first consultation, in September and October 2009, gathered evidence around the information currently used to inform quartile rankings, and the assessment information on applicant performance currently collected and utilised by UK medical schools. The second consultation, in November and December 2009, consulted around the principles of a possible EPM framework, the weighting between different elements and how additional points for prizes, publications, presentations and previous degrees might be awarded.
- 2.7 A working draft EPM framework for piloting, informed by the feedback from the two consultations, was agreed by the ISFP Project Group and the Medical Schools Council in early summer 2010. The draft EPM framework called for applicants to be given two scores - one relating to written assessments (curriculum knowledge), and the other relating to practical assessments (clinical skills) – according to a specific prescription of weightings between earlier and later years of the course. The two scores would then be combined to provide an overall score, with additional granularity to the current quartile ranks.
- 2.8 The EPM pilot, and the issues raised by schools during the pilot, highlighted that a framework which specifies the proportion of assessments from different stages in medical school is inappropriate, since it does not recognise the variation across schools in the timing of courses and assessments. Further, a framework that calls for a clear split between assessments of curriculum knowledge and clinical skills is not feasible, as one competency underpins the other.
- 2.9 The EPM pilot demonstrated the importance – and the benefits – of a nationally agreed framework for EPMs in terms of transparency and consistency. The 25 medical schools which participated fully in the EPM pilot were able to return raw data relating separately to written assessments and practical assessments. Feedback from the remaining five schools indicated that they too would be able to provide data on curriculum knowledge and clinical skills, although they were unable to adhere to the framework within the timeframe.
- 2.10 Whilst many schools consult on and publish the composition of quartiles, there is wide variation between medical schools in the way they produce quartiles. The pilot revealed the different compositions of current measures of performance at medical school – which include assessments in all years in some schools to a single assessment in a single year in others. It is not practical to specify

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<sup>2</sup> Granularity is taken to mean the differentiation between applicants (e.g. the number of different scores achieved)

<sup>3</sup> At the University of St Andrews, applicants transfer to the University of Manchester or to other Scottish medical schools at the end of Year 3, ahead of their application to the Foundation Programme.

the exact composition of the EPM, and the different approaches to assessment and learning should be encouraged.

- 2.11 In principle, there is scope to make the EPM more granular than quartiles, provided that the underlying data enable sufficient differentiation between applicants.
- 2.12 Averaging an applicant's performance over a 'basket' of assessments should be more representative of the applicant's capability than taking any one of the assessments individually. The pilot has shown that the rules for constructing such a basket cannot be specific about the nature or timing of the assessments to be taken into account, nor about the split between written and practical assessments, as these factors vary by school. The EPM framework needs to be defined in a sufficiently generic way to take this variation into account.

### 3. Quality criteria

- 3.1 The recommendations of the EPM Group will be subject to:
  - 3.1.1 Legal opinion, which is to be sought on behalf of the ISFP Project Group by the Medical Schools Council.
  - 3.1.2 Quality review by the ISFP Project Group.
  - 3.1.3 Approval by the ISFP Programme Board.
- 3.2 The Medical Schools Council will also need to seek formal confirmation from its membership that the recommendations will be supported by all UK medical schools.
- 3.3 The following quality criteria are measures against which to evaluate the EPM:
  - 3.3.1 The EPM is a reliable and representative measure of the applicant's performance in their educational progression at medical school up to the point of application.
  - 3.3.2 The EPM is a valid measure in relation to selection to the Foundation Programme (e.g. it is measuring factors that have a bearing on suitability for the job).
  - 3.3.3 The EPM is a sufficiently granular measure.
  - 3.3.4 The EPM is a fair measure.
  - 3.3.5 The EPM is not overly expensive to administer and quality assure.
  - 3.3.6 Medical schools are able to adhere to the framework, and introduce it within suitable timescales.
  - 3.3.7 Where medical schools are not able to produce a reliable EPM, there is a legal and justifiable fall-back.
  - 3.3.8 There is no requirement on any medical school (UK or non-UK) to modify its curriculum in order to comply with the framework.
  - 3.3.9 The framework complies with all relevant legislation.

## 4. Issues and Recommendations

- 4.1 The EPM Group was asked to make recommendations in relation to the following topics identified through the initial EPM pilots:
- 4.1.1 The type and minimum number of assessments to be taken into account in constructing EPMs.
  - 4.1.2 Mathematical principles to be applied in calculating an overall score from a basket of assessments, taking into account the need to deal with pass/fail assessments and other forms of banded marking schemes.
  - 4.1.3 The scores to be used in the case of re-sits.
  - 4.1.4 The treatment of missing assessment scores (e.g. where an applicant has been on sick leave during an assessment).
  - 4.1.5 The definition of the cohorts within which rankings are to be determined.
  - 4.1.6 The treatment of transferring applicants.
  - 4.1.7 Other special cases in which different applicants within a cohort take different assessments.
  - 4.1.8 How other achievements (e.g. prizes, publications, presentations and extra degrees) should be taken into account.
  - 4.1.9 The degree of granularity to be achieved by the EPM.
  - 4.1.10 The mathematical ranking procedure to be adopted (expected to be competition-ranking) and the rules for dealing with equally-scoring applicants around the boundaries between the granular divisions.
  - 4.1.11 Any other aspects that the EPM Group considers should be standardised in order to produce an effective EPM.
- 4.2 This section of the report considers each of these topics in turn, explaining the significance of the topic and its associated issues, describing any options considered for resolving the issues, and presenting the EPM Group's recommendations and associated rationale.

### The number and type of assessments to be taken into account

- 4.3 The EPM is intended to summarise the performance of the applicant over a wide range of assessments undertaken at medical school. In principle this approach should provide a more representative picture than could be achieved by a single assessment. In practice, however, the range of assessments needs to be considered, for example what sort of assessments should be taken into account and how many assessments need to be included.
- 4.4 The EPM pilot has underlined the variety of assessments at medical schools. Although all UK medical degree courses teach to the GMC's curriculum framework *Tomorrow's Doctors*, the timing and format of assessments varies considerably between medical schools. For example, some schools will hold separate assessments for written and practical work, while other schools hold assessments that

combine both elements. Similarly, some schools spread their summative assessments across the years of a course, while others hold most of their assessments in one or two years of a course.

- 4.5 Given the above, it is neither desirable nor possible to define a standard of the sort that stipulates the types of assessment taken in particular years of the degree course. Instead, the standards for the production of EPMs need to allow for the variety of ways in which assessments are conducted, and must reflect the effects to be achieved rather than the means by which they are achieved.
- 4.6 Given this, the EPM Group recommends that the EPM standards should require each school to be responsible for constructing a representative basket of assessments, subject to the following general requirements that the selected assessments should:
- 4.6.1 Be summative (and hence subject to formal controls).
  - 4.6.2 Cover clinical and non-clinical performance.
  - 4.6.3 Cover clinical knowledge and clinical skills.
  - 4.6.4 Cover all aspects of the curriculum assessed up to the end of the penultimate year at medical school.
  - 4.6.5 Represent the average performance of the applicants over time, rather than being limited to a snap-shot.
  - 4.6.6 Include written and practical forms of assessment.
- 4.7 The school should also be required to publish, in advance of the related recruitment round, the details of the basket of assessments and weightings to be used to create EPMs for that round. This will mean that the approach of a school will be subject to scrutiny by its applicants, by other schools, and by those responsible for recruitment to the Foundation Programme.
- 4.8 The EPM Group specifically considered whether the standard should specify a lower limit on the number of assessments that must be taken into account in forming an acceptable EPM. The pilot has shown that some schools might implement a large number of relatively short assessments, while others might implement a smaller number of lengthier tests. Given this, the number of assessments required to form a representative picture of an applicant's performance will vary from school to school, so there is no way to specify an appropriate minimum number. Instead the EPM Group recommends that each school will be expected to use the results of all of the summative assessments taken by the cohort<sup>4</sup>, subject to the general requirements listed earlier.

### Mathematical principles

- 4.9 The EPM pilot has shown that there is a wide variation in the format of the results of assessments held by medical schools. For example, some assessments result in numerical raw scores on a wide scale, say from 0 to 100 or more, while others result in a small number of grades (A to E, say), or even

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<sup>4</sup> 'Cohort' broadly means all of the applicants in a given year of a degree course at a medical school. However, the term has a more precise meaning in this context, which is defined later in this report.

just a binary pass/fail outcome. The assessments can also vary in difficulty, with some resulting in a wider spread of attainment than others. The EPM Group considered the principles upon which such a range of results should be combined to provide an overall measure for each applicant in a cohort.

- 4.10 The EPM Group recommends that assessments with a pass/fail outcome should be excluded from the EPM, as there are a number of variables which would affect their inclusion, for example:
- 4.10.1 The number of summative pass/ fail assessments undertaken by an applicant at each school.
  - 4.10.2 The pass rate of each pass/ fail assessment.
  - 4.10.3 The weighting assigned to each pass/fail assessment.
  - 4.10.4 The granularity of other assessments contributing to the EPM at each school.
- 4.11 Statistical modelling found that in order for pass/ fail assessments to contribute meaningfully to the overall EPM without skew, an above-average applicant must be likely to fail at least one summative pass/fail assessment. Further, failing a single pass/ fail assessment (regardless of weighting) can have a significant impact on the EPM score, whereas the results of other major assessments can give a lot of tied scores.
- 4.12 Where possible, the raw scores from assessments should be used to inform the EPM. However, there are a number of schools whose university-wide policy is to award grades. Including assessments with three, four or five outcomes (for example A-E grades) alleviates the problem of the skew, provided that the average applicant is likely to achieve a few borderline passes.
- 4.13 Where a medical school particularly wants to include a pass/ fail assessment within the EPM, they may do so subject to their own modelling with expert statistical advice.

### Re-sits

- 4.14 There will be cases in which an applicant fails a summative assessment and is required to re-sit. The EPM Group sought to make a recommendation whether, in such cases, the original or the re-sit score should be used for the purpose of determining that applicant's EPM.
- 4.15 The EPM Group recognises that medical schools are usually obligated to follow university-wide policy on re-sits. The EPM Group recommends that re-sit scores should either be the original first-attempt mark, or capped at the pass-mark only, in line with university policy. This rule should be published as part of the locally agreed EPM framework.
- 4.16 An exception may be made in cases in which there are mitigating circumstances for the applicant's performance in the original assessment, but only where the circumstances are formally recognised by the university's policy on re-sits.

### Missing scores

- 4.17 The EPM Group was asked to consider what should be done in cases in which an applicant had been unable (for example through illness) to take a given assessment the results of which formed part of the EPM calculation. The EPM Group has concluded that such cases should not arise if the EPM is to be based solely on summative assessments, since arrangements should be made to ensure that applicants can and do sit such assessments regardless of the circumstances.
- 4.18 If there is an exceptional circumstance that an applicant has been unable to take a component of a summative assessment, for example a presentation as part of a module assessment, the medical school should adhere to its own procedures, for example allocating a representative mark as agreed by its Standards Committee.

### Definition of a cohort

- 4.19 The EPM Group considered whether a cohort should be taken as meaning all of the applicants in a given year of a course, or whether it should exclude those applicants who had chosen not to apply for the Foundation Programme.
- 4.20 The EPM Group recommends that the cohort should be taken to mean all of the applicants starting the final year together, including those who have chosen not to apply but excluding those who have previously applied (see 4.28), since the EPM needs to be a measure of how each applicant has performed relative to all of the other applicants who have taken the same course. The reason for this can be seen most readily by considering the extreme case of a medical school from which just one applicant applies for the Foundation Programme (which is entirely possible for overseas medical schools), where the EPM would be meaningless if it were limited only to the applying applicant.

### Transferring groups of applicants

- 4.21 There are cases where a group of applicants transfers into a school part way through the degree course, having completed the earlier years elsewhere. For example, some applicants who begin their medical studies at the University of St. Andrews transfer at the end of year 3 to Manchester. In these cases the early assessments taken by the applicants from one school might not be in a format comparable with those taken by the applicants from the other school, although in the later years of the course the applicants all take the same assessments, with scores determined by the graduating medical school. The EPM Group considered the three options for dealing with these cases, as follows:
- 4.21.1 Treat the transferring applicants as a separate cohort.
- 4.21.2 Treat all the applicants as one cohort, but exclude the early assessments (e.g. those taken before the transfer) from the EPM basket.
- 4.21.3 Treat all of the applicants as one cohort, and find a way to equate the scores from the early assessments across both schools.

- 4.22 It is at local discretion whether applicants on different entry routes, for example graduate-entry and standard-entry courses, are treated as a single or separate cohorts for the purpose of ranking, provided that the composition of the EPM meets the stipulations of paragraphs 4.6 (representative basket of assessments) and 4.7 (transparent and published framework).

### Other special cases

- 4.23 There are several other special cases that need to be dealt with by the EPM standards. These cases are considered in turn below.
- 4.24 **Student Selected Components.** The decision about whether to include SSCs in the basket of assessments should be taken by individual schools on the following basis: if the assessments relating to SSCs are robustly designed so that the results of all applicants can be fairly compared regardless of which SSC they have chosen, then the assessments should be included; in other cases the results of such assessments should be excluded.
- 4.25 **Transfer of individual applicants.** The EPM Group recommends that only the assessments taken at the institution of graduation should count within the EPM. It is at local discretion whether only assessments in common with the graduating cohort are counted, or a representative basket of assessments for each route of entry be considered.
- 4.26 **Applicants who take a year out or re-sit a year.** Locally agreed rules should be published in advance of the application round; in the case of re-sits, the same policy should be in place as for the re-sit of individual assessments.
- 4.27 **Applicants who delay their application to the Foundation Programme.** The EPM Group recommends that the original decile score should be carried forward. Points for additional achievements are awarded at the point of application.
- 4.28 **Applicants who re-apply after failing finals.** The EPM Group recommends that the original decile score should be carried forward. Points for additional achievements are awarded at the point of application.

### Other achievements

- 4.29 The EPM Group recommends that individual applicants could earn up to five points for additional degrees achieved at the point of application to the Foundation Programme. Where an intercalated degree does not add an additional year (or more) to the length of the Primary Medical Qualification, applicants would receive one point less than a degree which extends the length of the Primary Medical Qualification.

4.29.1 5 points for a Doctoral degree (PhD, DPhil, etc).

- 4.29.2 4 points for a Masters degree, Honours degree 1<sup>st</sup> class, Bachelor of Dental Science (BDS), B Vet Med.
  - 4.29.3 3 points for an Honours degree 2.1 class or an intercalated Honours degree within the length of the degree programme 1<sup>st</sup> class.
  - 4.29.4 2 points for an Honours degree 2.2 class or an intercalated Honours degree within the length of the degree programme 2.1 class.
  - 4.29.5 1 point for an Honours degree 3<sup>rd</sup> class, unclassified or ordinary degree, or an intercalated Honours degree within the length of the degree programme 2.2 class.
  - 4.29.6 0 points for Primary Medical Qualification only.
- 4.30 The EPM Group recommends that individual applicants could earn a maximum of two points for the following:
- 4.30.1 National/international prize – 1<sup>st</sup> prize only (1 point); *and/or*
  - 4.30.2 Publication in a peer-reviewed journal (1 point); *and/or*
  - 4.30.3 National/ international presentation (1 point).
- 4.31 EPM Group members considered that there would be an element of double-counting if applicants were to earn points for each of these achievements, for example it could be expected that an applicant who presents at an international conference would also be an applicant with a peer-reviewed publication. For this reason a maximum of 2 points is proposed.
- 4.32 The EPM Group does not consider there to be a fair, reliable and transparent mechanism to reward extra-curricular achievements with additional points within the EPM.
- 4.33 The workings of the scheme should be monitored over time to ensure that the points awarded are fair and recognise excellence. Consideration should be given to means by which further ideas to recognise other achievements might cost-effectively and fairly be incorporated.

### Granularity

- 4.34 At present, applicants from a single cohort are split into four bands by their academic quartile score. The EPM Group has considered whether it would be beneficial to split applicants into a larger number of bands by a more granular EPM.
- 4.35 The original decision to adopt four bands was partly influenced by the analogy with the four degree classifications (1<sup>st</sup>, 2.1, 2.2, 3<sup>rd</sup>). The analogy is a limited one however, as degree classifications do not map on to quartiles (for example, it is not the case that the top 25% of applicants get 1<sup>st</sup> class degrees).
- 4.36 The EPM Group noted that in principle increasing the granularity of the EPM should increase fairness and increase discrimination between applicants by ability. For example, consider the case of a cohort of 100 applicants. With quartiles the applicant placed at 25<sup>th</sup> in the cohort is ranked the same as the

applicant who is placed first, while the applicant who is placed 26<sup>th</sup> is ranked the same as the applicant who is placed 49<sup>th</sup>. This means that the applicants in 25<sup>th</sup> and 26<sup>th</sup> place are rewarded quite differently, even though their performances might be quite similar, while the applicants in 26<sup>th</sup> and 49<sup>th</sup> place are rewarded in the same way even though their performances might be quite different.

- 4.37 Statistical analysis of the summer 2010 pilot indicated that septiles (combining two sets of quartiles by addition) added an additional level of differentiation between applicants to the Foundation Programme, particularly when combined with scores from the second application tool (the SJT score). Deciles add a further level of differentiation, provided that this is supported by the underlying data. In recognition that a number of schools record grade points rather than raw scores, the EPM Group believe that a greater degree of granularity beyond deciles would be artificial.
- 4.38 It is important to recognise that the granularity cannot be meaningfully increased beyond the 'resolving power' of the underlying assessments. Given this, the scope for increasing granularity should be further investigated through consideration of the data available from medical schools.
- 4.39 The EPM Group recommends that the granularity of the points for performance in relation to cohort should be increased to deciles.
- 4.40 The current range of points available to applicants for quartiles is 34-40 points out of a total 100 points for their FP application. The EPM Group recommends that each individual applicant earns between 34 and 43 points, based on their decile.

### Ranking procedure

- 4.41 The EPM Group has noted that there are various ways in which applicants could be ranked within a cohort and allocated to granular bands, and each of the variants might lead to a different outcome from the others. Given this, the EPM Group recommends that a specific unambiguous process needs to be agreed in order for the EPM to be robust and fair. For the time being, the following approach is suggested:
- 4.42 The N applicants within a cohort will be allocated into deciles according to the following rules. The applicants will be competition ranked according to their overall score. This means that:
- 4.42.1 Each applicant will have a rank place between 1 (highest scoring) and N (lowest scoring).
  - 4.42.2 Applicants with the same score will share the same rank place.
  - 4.42.3 Where x applicants share the same rank place, the next x-1 rank places will remain empty.
  - 4.42.4 The rank places will be allocated in order (from 1 to N) to ten roughly equal-sized groups, so that each group contains N/10 rank places, rounded up or down to the nearest whole number.

## 5. Final recommendations

- 5.1 The EPM framework is based on the premise that the EPM will be worth 50 points, earned as follows:
  - 5.1.1 34-43 points for decile scores; *plus*
  - 5.1.2 0-5 points for previous degrees; *plus*
  - 5.1.3 0-2 points for prizes, publications and presentations.
- 5.2 Performance in relation to the graduating cohort should be reported in deciles of roughly equal size (see 5.10). The cohort is defined as all of the applicants in a given year at the point of application to the Foundation Programme, including those who have chosen not to apply but excluding those who have previously applied (see 5.8). It is at local discretion whether applicants on different entry routes, for example graduate-entry and standard-entry courses, are treated as a single cohort or separate cohorts for the purpose of ranking.
- 5.3 Each medical school should be required to publish, in advance of the related recruitment round, the details of the basket of assessments and weightings to be used to create deciles for that round. This will mean that the approach of a school will be subject to scrutiny by its applicants, by other schools, and by those responsible for recruitment to the Foundation Programme.
- 5.4 Deciles should be composed of a range of assessments which
  - 5.4.1 Are summative (and hence subject to formal controls).
  - 5.4.2 Cover clinical and non-clinical performance.
  - 5.4.3 Cover clinical knowledge and clinical skills.
  - 5.4.4 Cover all aspects of the curriculum assessed up to the end of the penultimate year at medical school.
  - 5.4.5 Represent the average performance of the applicants over time, rather than being limited to a snap-shot.
  - 5.4.6 Include written and practical forms of assessment.
- 5.5 There is no minimum number of assessments to be taken into account in constructing deciles. Only assessments which achieve a fair spread of scores or grades should be included. Pass/fail assessments should not count within the decile score, unless there is a sufficient number of pass/fail assessments that an above-average applicant is likely to fail at least a few.
- 5.6 Locally agreed rules around the construct of the deciles for applicants from different entry routes, for example applicants transferring partway through the course, applicants who take a year out to intercalate, or applicants required to re-sit a year, should be published in advance of the related recruitment round.
- 5.7 Re-sit scores should either be the original first-attempt mark, or capped at the pass-mark only, except in the event of mitigating circumstances as accepted by the university's or medical school's policy. This rule should be published as part of the local framework for deciles.

- 5.8 Applicants who delay their application to Foundation Programme should be given their original decile score. Points for additional achievements are awarded at the point of application.
- 5.9 Applicants who re-apply to the Foundation Programme after failing finals should be given their original decile score. Points for additional achievements are awarded at the point of application.
- 5.10 The N applicants within a cohort will be allocated into deciles according to the following rules. The applicants will be competition ranked according to their overall score. This means that:
- 5.10.1 Each applicant will have a rank place between 1 (highest scoring) and N (lowest scoring).
- 5.10.2 Applicants with the same score will share the same rank place.
- 5.10.3 Where x applicants share the same rank place, the next x-1 rank places will remain empty.
- 5.10.4 The rank places will be allocated in order (from 1 to N) to ten roughly equal-sized groups, so that each group contains N/10 rank places, rounded up or down to the nearest whole number.
- 5.11 In addition to points for deciles in relation to the graduating cohort, each applicant can earn up to 5 points for evidence of a previous degree (either prior to medical school or an intercalated degree) and up to 2 points for evidence of a national/ international 1<sup>st</sup> prize (1 point); a national/ international poster or oral presentation (1 point); a publication in a peer-reviewed journal (1 point).
- 5.12 Applicants can earn up to five points for additional degrees, as follows:

Previous degree	Number of points
<ul style="list-style-type: none"> <li>• Doctoral degree (PhD, DPhil, etc)</li> </ul>	5
<ul style="list-style-type: none"> <li>• Masters degree</li> <li>• 1<sup>st</sup> class honours degree</li> <li>• Bachelor of Dental Science (BDS)</li> <li>• B Vet Med</li> </ul>	4
<ul style="list-style-type: none"> <li>• 2.1 class honours degree</li> <li>• 1<sup>st</sup> class intercalated degree which does not extend the length of the Primary Medical Qualification</li> </ul>	3
<ul style="list-style-type: none"> <li>• 2.2 class honours degree</li> <li>• 2.1 class intercalated degree which does not extend the length of the Primary Medical Qualification</li> </ul>	2
<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> class honours degree</li> <li>• Unclassified or ordinary degree</li> <li>• 2.2 class intercalated degree which does not extend the length of the Primary Medical Qualification</li> </ul>	1
<ul style="list-style-type: none"> <li>• Primary medical qualification only</li> <li>• 3<sup>rd</sup> class intercalated degree which does not extend the length of the Primary Medical Qualification</li> </ul>	0

### Notes for points for additional degrees

- Honours degrees include any type of Bachelors honours degree, e.g. BSc, BA, BEng, LIB, BMedSci, etc.
- A Masters degree is where it represents a further year of study taken in addition to a basic medical qualification. Some international medical schools (e.g. the USA) award an 'MD' or similar as part of their basic medical qualifications. This qualification does not attract any additional points in this section.
- For students who have undertaken an exchange programme of study as part of a degree course, you must take the grade point average (GPA) and calculate the equivalent degree level and select the most appropriate.
- For a 4 point scale, a GPA of 3.6 - 4 should be scored as equivalent to a 1<sup>st</sup> class degree, a GPA of 3 – 3.5 as 2.1, a GPA of 2 – 2.9 as 2.2 and a GPA of 1 – 1.9 as a 3<sup>rd</sup> class degree.
- For a 5 point scale, a GPA of 4.4 - 5 should be scored as equivalent to a 1st class, a GPA of 3.8 – 4.3 as 2.1, a GPA of 3 – 3.7 as 2.2 and a GPA of 2.9 or lower as a 3<sup>rd</sup> class degree.
- If an applicant holds more than one degree at the time of application to the Foundation Programme, they should provide evidence of the degree that will achieve the highest number of points.
- Additional points for degrees can only be given to degrees awarded by the time of application to the Foundation Programme. Official notification from the university must be provided. Where the applicant has received a pass result but has not received the degree certificate, a letter from their medical school Dean confirming that they have passed must be provided, on letter headed paper, signed and dated by the Dean.

5.13 Applicants can earn up to five points for prizes, presentations and publications, as follows:

Educational achievements	Number of points
Prizes <ul style="list-style-type: none"> <li>• 1<sup>st</sup> prize – National/international educational prize</li> </ul>	1
Presentations <ul style="list-style-type: none"> <li>• Oral or poster presentation at a national or international conference</li> <li>• Poster presentation at a national or international conference</li> </ul>	1
Publications <ul style="list-style-type: none"> <li>• Educational research paper published in a peer-reviewed journal</li> </ul>	1
<b>Maximum number of points available</b>	<b>2</b>

## Notes for points for publications, prizes and presentations

### Prizes

Bursaries and medical school prizes will not count in this category. The prize must be 1<sup>st</sup> prize and it must be a national or international educational prize. A letter of evidence from the awarding body must be provided by the applicant.

### Presentations

The conference must be hosted by a recognised professional medical body in order for a student to receive a point. The conference must have taken place by the time of application to the Foundation Programme. A letter of evidence from the conference host must be provided by the applicant.

### Publications

Applicants must supply a PubMed ID (PMID) at the point of application to the Foundation Programme or provide a letter of evidence that the work has been accepted for publication and is 'in press' for a publication which has a PMID. This includes papers, abstracts, book chapters, audits and in rare cases, letters. The front page of the article including the title and authors' names must be provided by the student and uploaded into FPAS.

If an applicant has more than one publication, prize or presentation, they will receive a maximum of one point for any of the three categories individually; a maximum of two points in total.