

Improving Selection to the Foundation Programme

Summary case for SJT

Introduction

The project 'Improving Selection to the Foundation Programme' (ISFP) has extensively evaluated options for improving the selection of junior doctors for Foundation Programme training within the NHS. The main recommendation from the project is that a new national 'Situational Judgement Test' (SJT) should be introduced to replace the 'white space' questions that are currently used to rank applicants to the Foundation Programme. The ISFP project and its recommendations have been very thoroughly documented (see www.ISFP.org.uk for the details). This short paper presents a highly summarised account of the case for introducing the SJT, and is intended specifically to record aspects of the case that have been highlighted by the legal review of the ISFP recommendations.

Shortcomings of the current 'White Space' method for FP selection

Since 2006 there has been a UK-wide process for selecting applicants for FP training posts. Applicants complete an online form that contains 'white space' questions designed to test the applicant against the FP person specification. The answers given by the applicants are manually scored, and the scores are used to rank the applicants for selection. There have been long-standing concerns about the following aspects of the existing arrangements:

- The applicant completes the online form in their own time and without any supervision. Given this, there is no guarantee that the answers are entirely the applicant's own work.
- There is insufficient evidence that the 'white space' questions provide a reliable and valid basis for selection.
- The manually marking of the questions by clinicians is very labour intensive; it costs around £1.6m per year, and distracts staff from front line duties.
- Because the questions require written answers, their use potentially disadvantages applicants whose first language is not English.

ISFP

Given the concerns about the 'white space' selection method the Department of Health (DH), on behalf of the four UK health departments, commissioned work to investigate, assess and pilot a more robust method. That work has become known as 'Improving Selection to the

Foundation Programme' (ISFP) and has been directed by the ISFP Project group, which comprehensively represents the bodies concerned with the recruitment of junior doctors:

- Medical Schools Council (MSC)
- The Academy of Medical Royal Colleges (AoMRC)
- The British Medical Association (BMA)
- The Conference of Postgraduate Medical Deans (COPMeD)
- The General Medical Council (GMC)
- The National Association of Clinical Tutors (NACT)
- The Northern Ireland Medical and Dental Training Agency (NIMDTA)
- NHS Employers
- The Scottish Board for Academic Medicine
- The Scottish Foundation Board
- The UK Foundation Programme Office (UKFPO)
- The four UK Health Departments.

ISFP has spanned almost three years, and has involved the efforts of almost 2000 people across the UK. The work has included comprehensive and unprecedented investigation and evaluation of options for improving FP selection. An international panel of experts evaluated a longlist of options, and put forward the most promising for a rigorous options appraisal that was conducted according to the best practice set out by HM Treasury in the 'Green Book'. The options were assessed not just in terms of cost but also in terms of an extensive set of evaluation criteria, which included fairness, reliability, validity, educational impact, the burden on applicants, and so on. All of the investigation and analysis work has been transparently published and laid open for scrutiny.

The analysis showed convincingly that the introduction of an invigilated Situational Judgement Test (SJT), along with a more standardised way for medical schools to rank the educational performance of their students (the 'Educational Performance Measure', or EPM) was the best option by a considerable margin.

The SJT and EPM have since been subject to extensive development and piloting. The DH has accepted the recommendations of the ISFP Project Group that the SJT should replace the use of 'whitespace' questions from 2012 onwards, following a full-scale 'Parallel Recruitment Exercise' (PRE) in 2011 when the SJT was trialled alongside the 'white space' questions. The implementation of the recommendations will more align FP recruitment with the processes that are used for selection in later stages of medical training, since SJTs have been used for some years to select applicants for GP training, and are also being implemented by other medical specialties in the UK.

The practicalities of implementing SJT

The SJT is intended to be a robust and secure basis for selecting applicants for FP training. To achieve this, the implementation of the SJT must be approached in a very rigorous way. For example:

- The SJT test questions must be developed, quality assured, and piloted according to established best practice before they are used for selection. The piloting requires each question to be taken by a large sample (hundreds) of applicants under realistic test conditions. This limits the number of questions that can be practically produced each year to around 100.
- The tests must be delivered in a standard way for all applicants. Standards have been developed to cover all aspects of the delivery of the tests, including: the timing of the tests, the briefings to be given to applicants, the quality of the venues, invigilation, the secure storage of papers, the arrangements for applicants with special needs (eg dyslexia) and so on.
- There must be no possibility that applicants have prior sight of the test papers, or get any form of unauthorised help in taking the test. Given this, if tests are to be run on more than one date, then each sitting will require a different version of the test, so that the questions from one sitting cannot be leaked to applicants taking another.

Given the above it is proposed that the SJTs will be implemented by the UK medical schools acting under Memorandum of Understanding to adhere to the necessary standards. The Medical Schools Council will retain responsibility for quality assuring the performance of the schools, and for supporting and briefing the staff of the schools. The tests will be held on two main dates each year, with a third fall-back date for applicants who have exceptional reasons for having missed the main dates. All applicants will therefore be required to take the test in the UK.

Legal review and justification

The ISFP recommendations have been subject to a legal opinion (see www.isfp.org.uk for the detailed report). The legal review has flagged for consideration two aspects of the recommendations, as follows:

- 1) The results of the pilots suggest that there might be some group differences in the SJT for applicants whose first language is not English
- 2) The proposals to run the SJT at UK medical schools is a disadvantage for applicants who would be far away at the time and have to travel to the UK to take the test.

The ISFP Project Group has reconsidered these issues and has determined that they are comprehensively outweighed by the benefits of implementing the recommendations. More specifically:

While the pilot SJT results did show a small group difference for applicants whose first language is not English, the extent of this was considerably less than the group difference that arises from the use of 'white space' questions. The improvement appears to arise in part because the 'white space' questions require both comprehension and composition in English,

whereas the SJT requires only comprehension. In any event the SJT provides a significant reduction in group difference, and it would be irrational to forego the improvement simply because some small residual group difference still remained. That said, the performance of the SJT will be reviewed year on year, and opportunities for further improvement will be pursued where they are identified.

The possibility of running the SJT outside of the UK will be kept under review. However, at present the requirement for applicants to take the test in the UK is considered a reasonable one given that:

- Attending interviews or other selection tests in the UK is the norm for recruitment to UK-based jobs.
- Applicants can apply from anywhere in the world, and there is no way of knowing their geographic spread until they have applied.
- It would be too expensive- even if it were possible- to run the tests to the required standard in many different locations for small numbers of applicants at each location.