POLICY AT ASME

UKFPO's Proposed Changes to the allocation process to the Foundation Programme

ASME response

In January 2023 the UKFPO announced proposed changes to the allocation process for the foundation programme in 2024. The current proposal would see a removal of the Educational Performance Measure (EPM) and the Situational Judgement Test (SJT) from the allocation process to foundation schools, and instead replaced with a Preference Informed Allocation (PIA). As the Association for the Study of Medical Education (ASME), we welcome the changes to reduce differential attainment and the burden of stress on medical students. However, we believe that there are several important considerations that need to be considered before adopting the proposed system.

Given the short notice of this consultation, we were unable to gather the opinions of our entire membership; and thus, this statement is only reflective of our preliminary analysis of the academic literature, and the opinions of our board. Within this document, we have also included statements from the chairs of our Junior Doctor and Trainee Doctor career groups (JASME and TASME).

Evidence regarding the current system

As mentioned in the UKFPO's webinar, the validity of the SJT is uncertain. Its ability to predict the risk of disciplinary and remedial action remains divided (Sam et al., 2021; Tiffin et al., 2022). Some studies have shown the SJT to be marginally predictive of workplace performance; those who performed better on the SJT had higher supervisor ratings, more likely to complete the foundation year, and had better interpersonal workplace performance (Webster et al., 2020; Smith and Tiffin, 2018; Cousans et al., 2017). In contrast, there was found to be no link between the SJT and academic performance in medical school; suggesting that the highest performing students could be disadvantaged by the judgement test (Simon et al., 2015). In conjunction with this, Sharma's (2015) mixed-method study showed that large proportion of student perceived the SJT as an invalid

measure for assessing their professional capabilities, and many had concerns around the subjectivity of the SJT, whether the scenarios are in line with reality, how much weight is given to the SJT, the time pressure and the lack of feedback for learning. Better performance on the EPM was associated with being 15% more likely of completing the foundation programme and reduced hazard of disciplinary action 5 years post beginning practice (Sam et al., 2021; Smith and Tiffin, 2018).

The current selection system to the foundation programme creates substantial inequalities between white and ethnic minority students (Kumwenda et al., 2017; Kumwenda et al, 2018). There is no correlation between performance on the SJT and EPM, and gender and income (Ibid). One substantial disadvantage of the current system is that certain regions (i.e. London) receive higher performing graduates (Beck and Brown, 2020). Considering that the most important factor for selecting a foundation programme is geography (Patel et al., 2010), the new system may lead to a more equitable distribution of higher performing graduates.

Decision making to foundation programmes is often highly individualised, affected by an individual's social circumstances, geography, support networks as well as other contextual factors. It is essential to acknowledge the variations in decision making among students from minority backgrounds as well as those more broadly with protected characteristics. Since there is no mention of changing the process for applying for special circumstances (e.g., caring responsibilities, disabilities etc.), it is assumed that this will remain in place.

Given the divided evidence on the SJT and its unpopularity among the students, we can understand the decision to provide an alternative system, provided that the proposed system can resolve concerns around the geographical distribution of foundation doctors without major problems. The evidence does suggest that the EPM is a strong indicator of on-the-job performance, and therefore there are grounds for keeping the EPM and incentivising academic achievement.

What does the evidence say about Preference Informed Allocation (Case Study New Zealand)?

In New Zealand, preference informed allocation is used for the recruitment of postgraduate year 1 doctors (PGY1) through the Advanced Choice of Employment (ACE) scheme. The ACE was implemented in New Zealand in 2003. There is a key difference between the New Zealand PIA and the proposed PIA. Under the ACE system the hospital personnel are required to rank the candidates and the computer algorithm matches according to both the students' preferences and the hospitals' (Adams et al, 2010). Academic literature analysing this system shows a high level of satisfaction among PGY1 doctors, ranging from 83.3% to 90% (Adams et al, 2010; Pole et al., 2004; Clark et al., 2017). A large proportion of students received their first preferences, 60-72% (Adams et al, 2010; Clark et al., 2017), and between 96-99% students received one of their top four preferences (Adams et al, 2010; Pole et al, 2004). However, most respondents to one survey did not find the ACE system transparent, due to the algorithm not being public (22 out of 23 respondents) (Pole et al., 2004). While the ACE was successful in allocating students to their top 4 preferences, several applicants

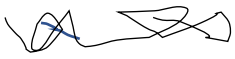
did not receive employment, and several health boards had to create additional first year positions independent of the ACE recruitment (Ibid). Given that the UK has significantly more medical school graduates than New Zealand, the UKFPO and health education bodies need to address how they will intend to allocate students who do not get their preferred foundation schools. In addition to this, none of these studies analysed the ACE in relation to gender, income, or race.

This does indicate that the proposed system might lead to higher levels of satisfaction, but we believe that the following questions need to be considered when implementing a PIA in the UK.

Key questions for the UKFPO regarding the proposed system:

- How will the proposed changes account for situations where a student might not receive any of their preferences?
- Has an equality impact assessment been conducted on the proposal?
- How will the current system take into account students with protected characteristics being less confident when applying for more competitive schools?
- How will academic success be rewarded?
- How will academic commitment be assessed for those who wish to join the academic foundation programme?
- Will the computer-based algorithm being used for the process be publicly available?
- Will the proposed system be evaluated to demonstrate whether it is open, fair, and transparent?
- Has an appeal process been prepared for students who have not been allocated their preferred foundation school?
- On what grounds can a student appeal under the new system?

Thank you,



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JASME Statement regarding the UKFPO decision

On behalf of the JASME committee, following liaison and discussion with our committee members, we would like to express our support for the UKFPO decision to modify the selection process via eliminating the EPM and SJT performance measures.

Our committee members feel that although we cannot foresee precisely the outcomes of the new selection system, that the proposal would constitute a fairer system in allowing more foundation doctors to be located in the areas that best suit their needs and preferences, and recognise that such a system would allow for more even spread of attainment levels across jobs around the country. The use of SJT is controversial given how it has not been linked to higher attainment during foundation years, and more worrying how it as an exam has been suggested to be ableist and racist in nature, often perpetuating negative stereotypes in healthcare practice than do harm to interdisciplinary working. Further, the measurement of EPM may serve as a motive to encourage students during examination periods, but often does not correlate to performance as a doctor, and the competitive nature it fosters among peers can further damage teamworking within medical schools. The decision to award a medical degree is based on competency as opposed to decile score, so to suggest that removing EPM would produce under-qualified doctors is simply untrue.

As mentioned by the UKFPO in their engagement process, this new system will also reduce assessment burden in final year students - with the introduction of the UKMLA incoming shortly, a reduction in assessment burden would be welcomed by the student body.

On behalf of JASME,
Dr Keegan Curlewis and Emma Treharne

TASME's Perspective on the UKFP proposal of preference informed allocation

Our first focus when comparing the new Preference Informed Allocation (PIA) method to the older Score Based Allocation (SBA) system is the evidence that suggests PIA will allow overall a greater number of foundation doctors to be allocated their top choice. This is a positive thing as we all know how difficult moving home, location etc can be especially when starting a new job. Our main worry however is how equitable this decision may be, and will there be certain groups or types of applicants that may be prejudiced by this system. Our current system perpetuates differential attainment(1). It is well published how the current situational judgement test is biased against non-white candidates(2,3). Yet, it is unclear to us exactly how this new system will affect those from a widening access background at present, but this should be a focus of assessment post implementation.

Our second thought is how will we reward academic success attained in medical school. Medical school is competitive. Yet, a recent study showed considerable variation in classification type (Pass, honours, distinction etc) across UK medical schools(4). As such, acknowledging that different students will excel in different areas is important and we would not want those who do well in exams to feel their attainment leads to nothing. The flip side is when we look at a few years down the line at specialty applications, there is less emphasis on attaining Honours in medical school compared to before. At this stage, points are being awarded for academic success through means of research presentation(s) and publication(s), audit and quality improvement project(s), teaching experience(s), and leadership position(s). Perhaps this is a step in the right direction to not punish those unable to score 100% in exams, encourage the development of holistic and excellent clinicians while meeting the standards set by the new incoming medical licensing assessment(5). As such deliberate planning needs to be put in as to how to reward those who attain exam success.

Lastly our thoughts turn to specialty training application itself, which is typically only two years after graduating from medical school. There are ever-rising standards and competition for candidates entering training roles (an entirely separate conversation) which is an issue that needs addressing. However, often this is an important stage where doctors are again moving geographically, therefore perhaps anything that helps maintain geographical stability for doctors is a positive thing.

In summary, we feel the new PIA method on paper appears helpful in regard to maintaining autonomy and geographic stability in doctor's lives (although only a slight advantage if current data is to be believed). However, the method itself may be viewed as random and does not consider any successes achieved by doctors during medical school. There is also the problem that there will inevitably be areas oversubscribed, therefore leading to perceptions of unfair distribution of doctors who do not end up in those areas. This is a step in the right direction, and we are glad UKFP is considering alternatives to the current SBA. Yet, the PIA feels distinctly disconnected to achievements of students from medical school, and what is required of them following their foundation years.

Thank you.

Dr Sean Zhou and the TASME Committee 2022-23

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