



**Chair**  
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Dear Students

## **Selection into the Foundation Programme**

You may have heard that work has been underway for the last year to improve the method of selection into the Foundation Programme.

Following an Option Appraisal undertaken in 2009 it was concluded that evolution, not revolution, was the best way forward. Students were involved in the Option Appraisal and continue to be involved in the development of the framework.

Work has begun to analyse the way in which academic quartiles are calculated and then to standardise this. A common framework will be developed and which will be used by all medical schools.

We also plan to replace the white-space questions following an extensive review. Evidence was identified and considered during the option appraisal which identified that Situational Judgement Testing (with Educational Performance Measure) was the preferred method. This method will be piloted and evaluated to test this conclusion. Situational Judgement Test pilots will take place throughout 2010 and 2011 at selected medical schools. The results will then be analysed before any changes are made to the current recruitment round. The 2010/2011 and 2011/2012 recruitment rounds will run as normal using the current system of white space questions and academic quartiles.

Situational judgment tests offer the fairest mechanism to distinguish between candidates. It is really not possible to revise for them and so the exam burden on candidates is minimised, whilst at the same time they provide good insight into the candidate's professionalism – to complement the knowledge and clinical skills assessed through the common framework.

The questions in the situational judgment test will be based on a thorough analysis of the role of an F1 doctor. To give you an idea of the type of question asked, here is an example of a question used in the selection of GPs:

- *You are reviewing a routine drug chart for a patient with rheumatoid arthritis during an overnight shift. You notice that your consultant has inappropriately prescribed methotrexate 7.5mg daily instead of weekly.*

*Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate).*

- A. Ask the nurses if the consultant has made any other drug errors recently
- B. Correct the prescription to 7.5mg weekly
- C. Leave the prescription unchanged until the consultant ward round the following morning
- D. Phone the consultant at home to ask about changing the prescription
- E. Inform the patient of the error

As work to develop and pilot the proposed new selection system unfolds, we shall be sending you regular updates and providing links to our website - [www.medschools.ac.uk/AboutUs/Projects/isfp/Pages/default.aspx](http://www.medschools.ac.uk/AboutUs/Projects/isfp/Pages/default.aspx) - where you can access all the background information. We shall also be providing further examples of the sort of questions you might expect. If you would like to start a discussion on this topic visit our survey and forum website at: <http://surveys.medschools.ac.uk/msc>

Yours sincerely

A handwritten signature in blue ink that reads "Tony Weetman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Professor Tony Weetman  
Chair, Medical Schools Council