Dear editor

We read with great interest the article by Singagireson et al on the fairness of the Situational Judgement Test (SJT) as a method for ranking medical students applying to the UK Foundation Programme.¹

The SJT assesses the applicant’s approach to hypothetical, yet realistic, situations which could be encountered by a newly qualified, Foundation Year 1 (FY1) doctor. To perform well, applicants should be familiar with the roles and responsibilities of an FY1 doctor. However, as the SJT is not an assessment of clinical knowledge, revision is difficult and therefore students aiming to do well cannot necessarily rely on extensive preparation. Many would argue that this is unfair.

The lack of correlation between the performance at medical school and the performance in the SJT is also worrying.² We strongly believe that students who excel in medical school should excel as doctors since the curricula of all UK medical schools are individually approved by the General Medical Council – the organization which sets standards for doctors and oversees their education and training. Accordingly, we believe that the SJT should be replaced by an assessment that correlates more strongly with performance in medical school. This is likely to be the one evaluating the clinical knowledge of the candidates. We find it difficult to understand why this would pose a problem as the SJT is essentially used as a tool to compare medical students across the country. An additional advantage of using such an assessment is that students are better able to prepare for it.

Another alternative to the SJT is to interview and subsequently score all Foundation Programme applicants. However, due to the vast number of candidates every year, this is unlikely to be practical.

Nevertheless, we feel that it is important for all medical students to have good insight into the role of an FY1 doctor and therefore an assessment similar to the SJT could perhaps be integrated into undergraduate medical education as a summative examination.

Disclosure

The authors report no conflicts of interest in this communication.

References

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