

# Is it fair for a junior doctor's deanery to be largely based on one test: a student's perspective

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**Abstract:** The manner in which UK medical students are allocated foundation jobs is a controversial system. As medical students in the UK, we are subject to this system and have found students and junior doctors have varying opinions on it. Ultimately this led us to question, is this a fair system?

**Keywords:** job, allocation, SJT, finals, UK, student

## Introduction

In the United Kingdom all final year medical students are ranked and subsequently allocated to deaneries based on preference. Half of the ranking comprises the Situational Judgement Test (SJT) and the other half is based on medical school performance, including decile rank and extra-curricular activity.

## Is this a fair system?

A study asking student opinion found medical students were “concerned about the score weighting, ranking format, and subjectivity of the assessment”.<sup>1</sup>

Logic suggests if you have done well throughout medical school, you would have gained the knowledge and aptitude to perform well in the SJT. However, Simon et al found no correlation between medical school performance and SJT ranking.<sup>2</sup> This may mean that students who do not fare as well in medical school use the SJT to boost their ranking significantly. Though this may bode well for some, students who rank higher in medical school may have an “off-day” on the day of SJT, resulting in them not being allocated to their desired deanery despite working hard for 5 or 6 years.

Different universities produce doctors of differing quality. The competition to get into different medical schools varies significantly. This suggests the standards of students vary at different medical schools, meaning that a student whose examination rank is high at one university may not have ranked so highly at another. It may therefore be advantageous to go to a university that has less competitive students. It could therefore be argued that the SJT carries such weight to dilute the aforementioned selective advantage. This suggests that giving a large weighting to the national exam, the SJT, is vital to ensure that the rank of a student is more reflective of their abilities to be a safe and competent junior doctor.

## Conclusion

Going forward, the allocation of junior doctors needs to take into account the inter-university difference in standards of students by assessing all medical students across

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the country as one cohort with the use of national examinations throughout medical school. However, this is extremely doubtful, as it would be very expensive and difficult to administer. This suggests that the current 50% weighting given to SJT is appropriate and necessary until such a national system exists to ensure fairness to all medical students across the United Kingdom.

## Disclosure

The authors report no conflicts of interest in this work.

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