

## Competency based selection system for general practitioner registrars

Fiona Patterson, Pat Lane, Eamonn Ferguson, and Tim Norfolk discuss how they developed a pioneering selection process for general practitioner registrars. They give advice on how it can be modified for use in other specialities

Selecting the wrong doctor for any job can have serious consequences. Such selection mistakes have the obvious potential to damage not only patients' health, but also the doctor's. For the latter, being appointed to a job for which you lack essential skills or attributes can lead to high levels of stress. So how can we minimise these risks to patient and doctor at selection?

Research has consistently shown that the cornerstone of effective selection is a competency model, based on an inclusive description of the relevant knowledge, skills, abilities, and attitudes that are associated with highly successful performance of the job. This article outlines how we used a recently developed competency model for general practice to design a new selection system for recruiting doctors for general practitioner training in the Trent Region.

### What makes a good general practitioner?

Over three years, we analysed 168 separate doctor-patient exchanges. We assessed some from the doctor's perspective and some from the patient's. By systematically eliciting the knowledge and behaviours that accurately and consistently seemed to define successful general practitioner performance, we came up with 11 key competencies (see box).

Our model was validated by general practitioners and patients and can be applied to both selection procedures and continuing professional development.

### A new selection system for GP registrars

On the basis of the research outlined above, we developed a new selection system with three main components—a competency based application form, a structured reference form (referees scoring candidates on identified competencies), and an assess-

### Key competencies for successful general practitioner performance

- Empathy and sensitivity
- Communication skills
- Clinical knowledge and expertise
- Conceptual thinking and problem solving
- Organising and planning skills
- Professional integrity
- Coping with pressure
- Team involvement and managing others
- Legal, ethical, and political awareness
- Learning and personal development
- Personal attributes (such as flexibility, self motivation)

ment centre (a series of work related exercises designed to elicit competencies).

#### Application form

Application forms typically collect biographical information, but discriminating between candidates at this stage is rarely easy. Medical qualifications and experience, for example, can seem very similar, and sifting at this stage is based on fairly limited information. To counter this, we included questions that required candidates to supply information more focused towards work experience specifically relating to the competencies underlying general practitioner performance.

We asked candidates to provide examples of when they have shown certain skills and behaviours, first briefly outlining a situation encountered then explaining how they dealt with it. Such a question might be: "Describe a situation when you have demonstrated empathy and sensitivity when dealing with a patient. What did you do and what was the outcome?" There is no prescribed "correct" answer, but responses are scored according to agreed criteria about what constitutes a potentially effective or ineffective approach to the situation. We asked several questions so that overall scores did not rely on just one example of experience.

With the use of agreed rating scales across the application form, sifting becomes less arbitrary—provided those shortlisting the candidates are trained to recognise and measure these common criteria. Critics argue that responses to such questions can be easily "faked." In practice, however, we found this is not to be the case. In addition, three shortlisters examine the same batches of 10 application forms, which increases reliability.

#### Reference form

In Britain references are usually open ended, based on general perceptions about a candidate's suitability for the role. However, such reference information is not very effective in selection settings. One of the few ways that this can be improved is by providing standardised checklists and rating scales. We designed a new reference form requesting referees to provide performance ratings based on the identified competencies. As with the application form, using such ratings improves the reliability of both the reference forms and the referees.

#### Assessment centres

Using a properly developed combination of assessment tools in selection provides a more accurate prediction of future work performance. Assessment centres allow a detailed picture of

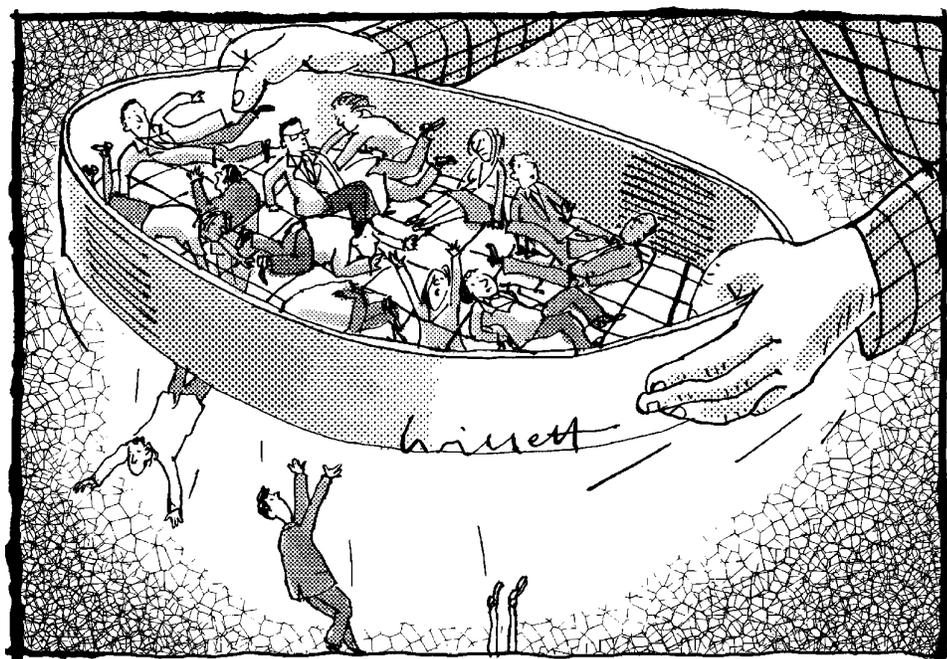
the underlying skills and abilities of the candidates to be seen, as they include a range of different exercises rather than a single interview. This also increases accuracy, validity, and fairness. We designed our assessment centre for selecting general practitioner registrars around the following:

- Simulation exercise (candidate as doctor and actor as patient in a given scenario)
- Group exercise (small group of candidates asked to resolve a work related issue)
- Written exercise (candidates prioritise six on-call issues and justify their chosen sequence)
- Competency based structured interview (candidates provide evidence based on specific experience)
- Technical interview (candidates respond to questions relating to clinical practice).

Assessment centre exercises are specifically designed so that several competencies are assessed in one exercise. For example, assessors observing a candidate during the group exercise would assign ratings for communication skills and problem solving ability. The day is scheduled so that different assessors see different candidates doing different exercises throughout the day. We used standardised rating scales and checklists throughout the process to optimise objectivity, and our assessors are rigorously trained.

After each exercise, we collate assessment information for each candidate in separate files. After the final exercise, each file is studied by an assessor who has had no earlier involvement with that candidate, providing an independent summative evaluation of every doctor's performance.

Assessors then discuss performance across all exercises, and selection decisions are made. An independent facilitator oversees this process and asks assessors to provide evidence for their evaluations, which increases



objectivity and fairness. In other words, decisions must be based on the evidence observed rather than on “gut feeling” or unsubstantiated judgments. The idea here is to corroborate the evidence as a group, thus reducing the risk of making erroneous decisions.

### Competency models: strong but flexible

The competency model acts as a robust framework with which to assess performance, but such models are not static. Over time, the needs of the job role may change, and the underlying skills leading to successful performance may thus alter. It is therefore important to adopt a systematic approach whereby constant feedback is used both to re-evaluate the original competency model and to refine selection tools.

In principle, this process could be applied to any branch of medicine. However, a specific competency model must be developed for a given role to ensure that accuracy, reliability, and fairness are maintained. For example, although there will probably be some components in common, the dominant skills underlying good performance as a surgeon may differ from those demanded of a general practitioner. Each specialty needs to develop its own model of core knowledge, skills, and abilities. Only then can appropriate selection tools be designed and a similar selection process to that outlined above emerge.

### Long term benefits

No selection system is 100% accurate, but selection centres provide a constructive framework for

minimising the risks. Unlike most other selection procedures, the process reported here generates a range of in depth information about candidates’ knowledge, skills, and abilities. The information collected at selection can be used to generate individual development plans for general practitioner registrars, so that potential performance deficiencies can be targeted more accurately. Appropriate training and development plans are likely to lead to improved performance. Unsuccessful candidates also receive detailed feedback on their performance that may be constructive in their career planning or personal development.

Adopting a competency based approach certainly takes time and resources to develop. However, these costs are soon outweighed by the costs of recruiting the wrong person for a job—both for that person, the profession, and, crucially, patients.

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## Briefing

### Commentary on this article

This competency based system seems to be a huge advance on the standard interview based system. This would be especially true in my field of emergency medicine. Ten to 20 minutes of nervous semiformal questioning (dependent on grade) gives a poor indication of how the candidate will cope in the real world. Calming the anxious parent of a well child, treating an angry but injured drunk, or simply multitasking four or more patients at various stages in their treatment at 4 am all require different skills from “good interview technique” and an academically impressive cv.

The tremendous advantage of the system described is that the candidate is assessed over a variety of tasks while working as part of a group. The actual tasks would probably change for my specialty (and could be varied to suit any specialty). Another advantage is that without increasing the amount of the interviewer’s time dedicated to the task (one day each for two to eight people), the candidates are assessed for the whole day. They already give up a day each to the process as they wait to find out the result. Under this selection scheme constructive, objective feedback could be given to the unsuccessful candidates (a copy of their score sheet and comments, for example).

Industry is acutely aware of the shortcomings of the cv/interview technique. Therefore companies will hire external “selectors” to run objective selection processes based on a wide variety of factors including psychometric and aptitude tests as well as work related tasks. This could be made cost effective if used by the NHS as a whole to assess junior doctors, and it is a useful way of giving objective careers guidance to individual doctors on the basis of their results. Simon Eccles, *specialist registrar in emergency medicine, North Thames region, London*

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## Benefits of a competency based selection system

- More accurate and fair identification of individuals with a greater potential to become high performing general practitioners
- Improved self selection for the advertised post, so that attrition rates are likely to reduce (if candidates are familiar with a profile of the competencies required they can decide whether they are unsuited to the role at an earlier stage in the process)
- More accurately guided training and development activities for general practitioner registrars
- Long term, an improved quality of service for patients as new recruits will be more likely to become high performing general practitioners