

## Impact of the recent changes of the Multi-Specialty Recruitment Assessment (MSRA) weightage in specialty training recruitment during the COVID-19 pandemic

The Multi-Specialty Recruitment Assessment (MSRA) is a computer-based examination which consists of two components, namely, clinical problem solving (CPS) and professional dilemmas (PD). For the past few years, the MSRA has been used as a compulsory assessment for run-through postgraduate specialty training applications in the UK such as general practice (GP), obstetrics and gynaecology, and ophthalmology. The CPS component consists of 97 questions to be completed within 75 min, and it assesses the application of clinical knowledge in different scenarios as expected of a GP trainee in their first year of practice.<sup>1,2</sup> On the other hand, the PD component consists of 50 questions to be completed within 95 min and it is often regarded alike to the Situational Judgement Test (SJT) that final-year medical students sit for as part of their Foundation Programme application. The key difference between the PD and SJT paper is that candidates are asked to assume the role of a Foundation Year 2 doctor instead when answering the questions.<sup>1</sup>

Interestingly, the MSRA does not have a maximum achievable score. An applicant's MSRA score is calculated via a system called 'normalisation', where the cohorts' score of each paper in that academic year is standardised around a mean of 250 and an SD of 40.<sup>1</sup> In the past few years, the weightage of the MSRA score on an overall application has ranged from 15% to 100% across different specialties. In 2020, a total score of 550 and above of both papers was the cut-off to secure direct offers (ie, offer without interview) for GP trainee jobs, while applicants who scored below 550 were considered for an interview.<sup>3</sup> No other specialty has previously placed a 100% weightage on the MSRA to determine a job offer, regardless of the applicant's score.<sup>3</sup>

However, recently, due to the COVID-19 pandemic, and as a consequence, the implementation of strict social distancing rules, national recruitment office (NRO) staff have introduced plans to replace in-person interviews

as part of the national selection.<sup>4,5</sup> As a result, multiple NROs have increased the weightage of the MSRA, with a minority of recruitments, such as GP training, replacing interviews completely despite the availability to explore alternatives such as virtual interviews.

As there are multiple pros and cons to an increase in the weightage of the MSRA in postgraduate specialty recruitment, this letter aims to explore the impact of increasing the MSRA weightage in the national selection applications' scoring system.

Here are the pros.

1. As the MSRA is based on the application of clinical knowledge expected of a GP ST1 trainee, therefore, covering multiple specialties broadly, this ensures that the incoming trainees are competent in diagnosing and managing common conditions of primary care. As the body systems are interlinked, trainees across all specialties must have a solid foundation in their general clinical knowledge.
2. The cancellation of interviews reduces the stress levels of the interviewers (ie, consultants) who may find it difficult to take time off their current increasingly busy schedules to conduct interviews. As MSRA is a computer-based examination, there is less need for manpower to coordinate the national selection. Therefore, the MSRA provides an economical 'next best alternative' for NROs to recruit new trainees while ensuring a fair assessment is in place.
3. With the MSRA replacing the role of interviews in the recruitment process, some applicants may find it easier to focus their attention on preparing for the examination.

The following are the cons.

1. The increase in weightage of the MSRA acts as a double-edged sword as it can also increase the stress levels of some applicants. Compounded by the worsening current COVID-19 situation in hospitals where doctors are overworked and understaffed, it can be challenging for applicants to find the time and to remain motivated to study for the MSRA examination after a busy and tiring shift.
2. Applicants who have spent their time, money and effort building their portfolio and curriculum vitae will have no added advantage in the application process. Specialties such as GP and psychiatry, which now place a 100% weightage on the MSRA examination, will not consider the appli-

cants' commitment to the specialty.<sup>4</sup> Applicants will not have the opportunity to demonstrate their other competencies such as involvement in teaching, leadership, research and taster weeks; all of which was previously assessed in interviews to ensure that the best all-rounded candidates were selected.

3. The increase in the weightage of the MSRA examination will mainly favour those with strong academic abilities in primary care medicine. The examination does not distinguish candidates who have in-depth knowledge of the specialty they are pursuing. The NRO for obstetrics and gynaecology has stated that applicants will be assessed against two cut-off scores.<sup>4</sup> Applicants who score above the higher cut-off will receive a direct job offer,<sup>4</sup> while those scoring below the lower cut-off will receive an immediate rejection. Applicants who score in between will be interviewed. This gives the impression that those with a strong background in primary care medicine need not demonstrate their commitment to the specialty.

All things considered, we acknowledge that the decisions were made in the interest of optimising our limited resources while maintaining the integrity of the selection process. However, we find that the decision was made prematurely by the specialty-specific NROs and could have benefitted from a national survey on trainees' perception of these changes before introducing them. The lack of communication and discussion defeats the purpose of trainee and junior doctor panels and organisations striving to represent trainees and junior doctors all over the UK.

The British Medical Association (BMA) has also raised its concerns on the use of the MSRA examination in other specialty recruitments, stating that "it is not designed for, validated in, or tailored to, many specialties where its usage is now being proposed".<sup>5</sup> Hence, this brings in the question of whether we are using the right assessment tool for our future specialty trainees. While it may be economically challenging to conduct interviews for all trainees, we believe that NROs could still include portfolio scoring systems as part of the national selection. Robust portfolio scoring systems, such as those used in Core Surgical Training (CST) or Intermediate Medical Training (IMT) applications, would allow participants to demonstrate their interest in pursuing the specialty.<sup>4</sup> The integration of a system as such is likely to be a better indicator of specialty trainee performance, as compared with sitting a generalist examination alone.

Moving forward, further research into the reliability, applicability and validity of the MSRA, as an indicator of trainee performance across specialties which use the MSRA in the recruitment process, should be conducted.

As we delve further into the current times of uncertainty, we hope to have highlighted the potential consequences of the increase in the MSRA weightage to multiple postgraduate recruitment programmes. Nevertheless, we appreciate that the NROs have acted in the best interests of our future trainees.

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provided final approval for the letter to be published. RO and SZYO agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. RO and SZYO contributed equally to this paper.

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