UKCAT is committed to achieving greater fairness in selection and to the widening participation in medical and dental training of under-represented social groups. Through an evolving programme of research UKCAT seeks to identify applicant characteristics associated with good dentists and doctors.

The UKCAT is a Consortium of Medical and Dental Schools. We meet twice a year to share best practice around use of the test and to consider the outcomes of relevant research. The consortium guides the development of test content, advises on the candidate experience and shapes the research agenda.

Alongside the standard UKCAT Test we offer the UKCATSJT as a standalone subtest to schools not using the UKCAT in selection.
What can UKCAT offer?

• A test measuring relevant **non-academic domains** meeting the requirements of **values based recruitment**.

• A **research infrastructure** to further develop the **evidence base** around admission to programmes

• A **highly secure, on-line** test with capacity throughout the **UK and internationally** and **flexibility** for candidates in times and location

• **Immediate results** to candidates

• An **efficient, reliable** and **valid** method of differentiating between candidates

• Extensive **free advice and preparation materials**

• A **partnership of Universities** who direct the development and delivery of the test

What is in the UKCATSJT?

The UKCATSJT measures the capacity of candidates to understand real world situations and identify critical factors and appropriate behaviour in dealing with them. The test assesses integrity, perspective taking, team involvement, and resilience & adaptability.

The domains measured within the test were identified through role analysis which informed the attributes to be targeted.

Candidates are presented with a series of scenarios and rate the appropriateness or the importance of a series of options related to that scenario.

Scenarios have been developed for a novice population (no clinical or procedural knowledge is required), are based in healthcare or educational settings and take a third party perspective.

The subtest is 27 minutes and comprises 69 items associated with 20 scenarios. An extended test is offered for candidates with learning difficulties.

[http://www.ukcat.ac.uk/about-the-test/situational-judgement/](http://www.ukcat.ac.uk/about-the-test/situational-judgement/)
How is the UKCATSJT marked?

Full marks are awarded for an item if the response matches the correct answer and partial marks awarded if the response is close to the correct answer. Scores for the Situational Judgement subtest are expressed in one of four bands, with Band 1 being the highest. Alongside their band, candidates are given an interpretation of their performance:

- **Band 1** - Those in Band 1 demonstrated an excellent level of performance, showing similar judgement in most cases to the panel of experts.
- **Band 2** - Those in Band 2 demonstrated a good, solid level of performance, showing appropriate judgement frequently, with many responses matching model answers.
- **Band 3** - Those in Band 3 demonstrated a modest level of performance, with appropriate judgement shown for some questions and substantial differences from ideal responses for others.
- **Band 4** - The performance of those in Band 4 was low, with judgement tending to differ substantially from ideal responses in many cases.
How do candidates take the test?
The UKCAT is a computer-based test delivered in test centres throughout the UK and internationally. Candidates register via the UKCAT website and book their test at a convenient location and time. Testing currently runs from July to October each year.

UKCAT offers bursaries to candidates who meet set criteria, which cover the full test fee. Over 10% candidates receive a bursary each year.

Candidates receive their results as they leave the test centre. Results are delivered directly to Universities through a secure web-based system.

How can candidates prepare to take the test?
UKCAT provides extensive free preparation materials to candidates. UKCAT does not endorse commercially available preparation courses or books. The Preparation toolkit (http://www.ukcat.ac.uk/preparation/candidate-toolkit/) includes the UKCAT Official Guide, practice tests and questions, tutorials, Official UKCAT Practice App and videos.

UKCAT Situational Judgement Test (SJT)
In healthcare education, there has been an increasing emphasis on assessing non-academic and relevant professional attributes (Eva et al, 2009; Prideaux et al, 2011). Both in the UK and abroad, SJTs are used nationally to select postgraduate trainees entering general practice, psychiatry, public health and other medical specialties, foundation doctors and dental foundation trainees.

The evidence for using SJTs in selection is extensive. Large international meta-analytic studies show that SJTs predict subsequent job performance and training outcomes and have been shown to offer substantial added value over IQ tests and personality measures in selection (McDaniel et al, 2001; Lievens et al, 2005).

UKCAT & Research
UKCAT collects candidate demographic information, test data, and assessment data relating to medical and dental school progression. The database is a significant resource currently containing data relating to the 255,200 candidates who have taken the test since 2006. This research database underpins UKCAT research activity.

Research relevant to the UKCAT can be found on our website.

http://www.ukcat.ac.uk/our-research/published-research/
Research in Belgium (Lievens & Sackett, 2012) followed four cohorts of medical students (N=723) from admission to employment. Procedural awareness, as measured by the SJT during admission, was valid seven years later for internship performance and also job performance in GP training nine years later.

In the UK, an SJT was found to be the best single predictor (compared to a knowledge test and interview) of subsequent in-training performance and end-of-training competence as measured by the MRCGP (Paterson et al, 2013).

**UKCATSJT Validity**

Further to the encouraging findings of a preliminary validity study (2014) a second predictive validation study (2015) was undertaken. This study used a sample from two UK medical schools.

SJT scores (alpha .77 to .80) were significantly correlated with first year tutor ratings (corrected r = .34, N = 217) (Patterson et al, Academic Medicine, in press). Significant differences in tutor ratings were found with those allocated to Band 1 receiving significantly higher tutor ratings than those in lower bands. Significant differences were found between Bands 1 & 2 and between Bands 1 & 3/4, across all tutor ratings.

Figure 1 Mean Tutor Ranks for each domain variable split by bands.

A third validation study (2016) tracked the same cohort of medical students into their second year; this study sought to examine the relationship between SJT score and three second year exams. As hypothesised, SJT scores correlated significantly with the Health & Society professionalism exam and the OSCE combined (uncorrected r= .19, p< .05, N= 123) (the most criterion-relevant of the three exams) but not with Applied Scientific Knowledge (which measures scientific knowledge rather than non-academic/professional attributes).
SJTs and Widening Participation
There are encouraging preliminary findings that the SJT can improve chances for applicants from less advantaged socio economic backgrounds. Those applicants in the higher occupational classes do not always score higher than those in lower classes - in some cases those from lowest occupational groups received the highest mean score.

A further study (Leivens et al 2016) reported applicants’ SES impacted their SJT scores far less than their cognitive scores. The SJT has the potential to help redress disadvantages to lower SES applicants.

Figure 2 Means, standard deviations (SDs), independent-samples t-tests and effect sizes of the cognitive ability test (CAT) and situational judgement test (SJT) scores according to socio-economic status (SES).

<table>
<thead>
<tr>
<th>High SES group</th>
<th>Low SES group</th>
<th>mean difference</th>
<th>Cohen’s d</th>
<th>95% Cl of d</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2012 cohort</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJT</td>
<td>11 966</td>
<td>204.76 ± 11.70</td>
<td>3615</td>
<td>203.22 ± 12.14</td>
</tr>
<tr>
<td>CAT</td>
<td>11 966</td>
<td>645.01 ± 64.51</td>
<td>3615</td>
<td>620.34 ± 66.66</td>
</tr>
<tr>
<td><strong>2013 cohort</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SJT</td>
<td>11 756</td>
<td>198.82 ± 15.54</td>
<td>3698</td>
<td>195.64 ± 17.41</td>
</tr>
<tr>
<td>CAT</td>
<td>11 756</td>
<td>677.17 ± 72.16</td>
<td>3698</td>
<td>651.51 ± 76.48</td>
</tr>
</tbody>
</table>

95% CI = 95% confidence interval
*p < 0.01

Contact us
There is more information on the UKCAT website regarding the test: www.ukcat.ac.uk
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