Breaking the class ceiling: How can we promote diversity in selection?

Professor Fiona Patterson
Overview

• The case for ‘breaking the class ceiling’?
• *Case Study 1:* Widening access in selection in medical & dental schools admissions using UKCAT
• *Case Study 2:* Promoting diversity in selection in the banking sector
• Implications for future research, theory & practice
The case for breaking the class ceiling?

• **Boosting social mobility** is an objective of many governments & it is now a priority for employers (Social Mobility & Child Poverty Commission, 2015)

• Important for **economic prosperity** as well as on grounds of fairness

• A **diverse workforce** means employers draw on a wide range of talent that strengthens business & the economy as a whole

• **UK Cabinet Office Panel for Fair Access to the Professions** (known as the ‘**Milburn Review**’: Cabinet Office, 2009)

• **Criticism of the ‘elite’ professions**, e.g. Medicine, Finance, Law, Accountancy
The case for diversity & inclusion?

• Diversity confers a **competitive advantage**
  – Increased potential for **innovation** & **improved decision making**
  – Search for **top talent** draws from the widest possible pool
  – Customer service: **reflecting the communities served**

• Diversity as an ‘**organisational health**’ indicator

• Fairness, **social justice** & **corporate social responsibility**

• Often embedded within the **organisation’s values**
UK Context  Laurison & Friedman, 2015

• Enduring disparity in income levels across the socio-economic classes – ‘top jobs’ disproportionately represented by those from fee-paying schools

• Those whose parents work in routine/semi-routine jobs (approx. 33% of the total population) only make up 17% of those in professional occupations

• Young people from less advantaged backgrounds are much less likely to go to the ‘best’ universities (Harris, 2010)

• Some key factors include:
  – differential access to information, teaching & related resources
  – ‘feeling out of place’ at elite institutions (Reay, Clozier & Clayton, 2009)
Less than 7% of doctors, barristers, judges, vets & dentists are from routine/semi-routine ‘working class’ origins

Note: n=5,349. Height of bars is ratio of the percentage of people whose parents occupations are categorized as NS-SEC 1 in each occupational group to the percentage of people in the population with parents in NS-SEC 1 occupations; values over 1 indicate over-representation.
How can we best design selection methods & systems to promote diversity in SES?

• Research tends to focus on outreach, attraction, candidate preparation, rather than selection methods (Ashley et al, 2016)

• Challenges & issues in assessment
  – Defining SES
  – Differential academic attainment problem - lower SES is linked to lower academic achievement & slower rates of academic progress compared with higher SES communities (APA, 2016)
  – Cognitive ability differentials
  – Assessor (unconscious) bias
  – Use of contextual data?
Defining SES

• How are data gathered?
  – Self report data
  – Research shows its more acceptable for early career but experienced hires do not expect to be asked about their SES

• What data are gathered?
  – Commonly asked questions, all with their own challenges:
    • National Statistics Socioeconomic Classification (NS-SEC) - complex algorithm based on parental occupation
    • Post code area?
    • Parent/guardian has a degree?
    • Type of school attended
    • Free school meals?
High volume selection methods: A levels

• ‘Traditional’ high-volume selection methods, e.g. cognitive tests/A-levels, are increasingly incongruent with a social mobility agenda

• Independent school pupils more than twice as likely as pupils in state schools to be accepted into one of the 30 most highly selective universities (Sutton Trust, 2016), introducing immediate bias in selection (Kirkup et al., 2008)

• **30%** of pupils from private schools gain 3 A’s, compared to **10.7%** of pupils attending state schools (Paton, 2012)

• Private school students do not outperform state school students for **undergraduate degree class** (Smith & Naylor, 2001)

• Links between A level attainment & career success remain unclear (Kirkup et al., 2008)
Grant Thornton breaks the mould with recruitment approach

With GCSEs, A levels and finals over for another year, a groundbreaking approach to recruitment that sidesteps traditional exam results is reaping rewards for the Cambridge office of Grant Thornton – and having a transformational impact on the firm nationally.

Since 2013, Grant Thornton has taken a radical departure from the industry norm by dropping school exam and degree results as requirements for new candidates and instead focusing on individual talent, values and potential.

As a result of the pioneering policy, the firm says it has seen a higher quality of applications, taking on 500 new trainees in 2015, up 25 per cent on the previous year.

PwC ditches A-level requirements to find 'untapped' talent

PwC is dropping A-level requirements, claiming that they are biased against those from poorer backgrounds.

The accounting firm, as one of the biggest graduate employers in Britain, has announced that they will be using alternative testing methods in order to determine who is qualified rather than A-levels.

The company has previously focused on screening an applicant’s UCAS score, which is made up of points for the qualifications that 16-17 year olds have, in order to determine who to recruit.

However PwC bosses now believe that A-level grade scores are related to class and those from poorer backgrounds are at a disadvantage. The firm believes that there is a direct correlation between wealth and A-level achievement.

Richard Irwin, Head of Student Recruitment at PwC, says: "We want to target bright, talented people and extend our career opportunities to untapped talent in wider pockets of society.

"Our experience shows that whilst A-level assessment can indicate potential, for far too many
Cognitive Ability Tests & SES

- Clear links between cognitive ability & job performance but negative impact on SES

Example cut score – massive impact on low SES group
How relevant are these issues to your organisation?

What the key drivers & barriers to promoting diversity?
Selection methods into the healthcare professions

*Research evidence & practice*
How effective are selection methods in medical education? A systematic review

Fiona Patterson,1 Alec Knight,2 Jon Dowell,3 Sandra Nicholson,4 Fran Cousans2 & Jennifer Cleland5

CONTEXT Selection methods used by medical schools should reliably identify whether candidates are likely to be successful in medical training and ultimately become competent clinicians. However, there is little consensus regarding methods that reliably evaluate non-academic attributes, and longitudinal studies examining predictors of success after qualification are insufficient. This systematic review synthesises the extant research evidence on the relative strengths of various selection methods. We offer a research agenda and identify key considerations to inform policy and practice in the next 50 years.

METHODS A formalised literature search was conducted for studies published between 1997 and 2015. A pool of 184 articles was selected, and the following selection methods were evaluated: (i) academic records, (ii) aptitude tests, (iii) situational judgement tests (SJT), (iv) case-based discussions, (v) multiple mini-interviews (MMIs), (vi) portfolios, (vii) interviews and multiple mini-interviews (MMIs), and (viii) selection centres (SCs). The evidence relating to each method was reviewed against four evaluation criteria: effectiveness (reliability and validity); procedural issues; acceptability, and cost-effectiveness.

CONCLUSIONS Evidence shows clearly that academic records, MMIs, aptitude tests, SJTs and SCs are more effective selection methods and are generally fairer than traditional interviews, references and personal statements. However, achievement in different selection methods may differentially predict performance at the various stages of medical education and clinical practice. Research into selection has been over-reliant on cross-sectional study designs and has tended to focus
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<tr>
<th>Selection Method</th>
<th>Reliability</th>
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<th>Promotes widening access?</th>
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<td>Traditional Interviews</td>
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<td>Structured Interviews/MMIs</td>
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<td>Moderate</td>
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<tr>
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<td>High</td>
<td>Moderate to high</td>
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<td>Various</td>
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<td>Moderate</td>
<td>Low to moderate</td>
<td>N/A</td>
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<td>Traditional Interviews</td>
<td>Low</td>
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<td>Personal statements</td>
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<td>References</td>
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# Academic Attainment

- Most widely used selection method
- Potential bias against ‘non-traditional’ candidates

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<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
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<tr>
<td>Good predictor of performance in education</td>
<td>Less predictive of clinical practice</td>
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<tr>
<td>Research is generally highly consistent</td>
<td>In the UK, A Levels are losing discriminating power</td>
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<tr>
<td>Generally administered by other bodies, so low cost to educators</td>
<td>Socio-economic class bias</td>
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<td>Standardised and well-recognised assessments</td>
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Aptitude Tests

- Mixed findings, depending on the specific aptitude test used (e.g. MCAT/ GAMSAT/ UKCAT/ BCAT/ UMAT/ HPAT)
- The broad range of tests available makes commenting on generality of findings problematic
- It is important to evaluate each aptitude test in their own right in order to draw conclusions regarding the quality of the tool

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
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<tr>
<td>Some evidence for reliability and validity (incremental, predictive, criterion-related)</td>
<td>Reliability and validity may be affected by how they are used (i.e. weighting, cut score, etc)</td>
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<tr>
<td>No evidence on cost-effectiveness at present</td>
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<tr>
<td>Less equitable for non-traditional applicants (e.g. SES)</td>
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## Situational Judgement Tests (SJTs)

- High quality research, including meta-analyses/systematic reviews

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<th>Strengths</th>
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<tr>
<td>An increasingly popular method of assessment in healthcare</td>
<td>Method of construction &amp; response instructions may affect validity</td>
</tr>
<tr>
<td>Strong predictor of job performance; also predicts performance above cognitive ability &amp; personality tests</td>
<td>Mode of administration may affect candidate reactions (e.g. computer-based vs. video-based)</td>
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<tr>
<td>Positive candidate reactions</td>
<td>Some item types may be more susceptible to faking, practice &amp; coaching effects than others</td>
</tr>
<tr>
<td>Evidence that coaching does not significantly impact on validity</td>
<td>Requires expertise to design effectively</td>
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<tr>
<td>Reliable method of assessment with low adverse impact to minorities</td>
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What are Situational Judgement Tests?

• Situational Judgement Tests (SJTs) are a measurement method designed to assess judgement in role-relevant situations:
  – Present challenging situations likely to be encountered in the role
  – Candidates make judgements about possible responses
  – Scored against pre-determined key

• SJTs focus on non-academic attributes (e.g. integrity, empathy, resilience, team involvement)
Example SJT item (for entry into postgraduate training)

You are reviewing a routine drug chart for a patient with rheumatoid arthritis during an overnight shift. You notice that your consultant has inappropriately prescribed methotrexate 7.5mg daily instead of weekly.

Rank in order the following actions in response to this situation (1=Most appropriate; 5=Least appropriate)

A  Ask the nurses if the consultant has made any other drug errors recently
B  Correct the prescription to 7.5mg weekly
C  Leave the prescription unchanged until the consultant ward round the following morning
D  Phone the consultant at home to ask about changing the prescription
E  Inform the patient of the error
Situational judgement tests in medical education and training: Research, theory and practice: AMEE Guide No. 100

Fiona Patterson1,2, Lara Zibarras3 & Vicki Ashworth1

1Work Psychology Group, UK, 2University of Cambridge, UK, 3City University London, UK

Abstract

Why use SJTs? Traditionally, selection into medical education professions has focused primarily upon academic ability alone. This approach has been questioned more recently, as although academic attainment predicts performance early in training, research shows it has less predictive power for demonstrating competence in postgraduate clinical practice. Such evidence, coupled with an increasing focus on individuals working in healthcare roles displaying the core values of compassionate care, benevolence and respect, illustrates that individuals should be selected on attributes other than academic ability alone. Moreover, there are mounting calls to widen access to medicine, to ensure that selection methods do not unfairly disadvantage individuals from specific groups (e.g. regarding ethnicity or socio-economic status), so that the future workforce adequately represents society as a whole. These drivers necessitate a method of assessment that allows individuals to be selected on important non-academic attributes that are desirable in healthcare professionals, in a fair, reliable and valid way.

What are SJTs? Situational judgement tests (SJTs) are tests used to assess individuals’ reactions to a number of hypothetical role-relevant scenarios, which reflect situations candidates are likely to encounter in the target role. These scenarios are based on a detailed analysis of the role and should be developed in collaboration with subject matter experts, in order to accurately assess the key attributes that are associated with competent performance. From a theoretical perspective, SJTs are believed to measure prosocial Implicit Trait Policies (ITPs), which are shaped by socialisation processes that teach the utility of expressing certain traits in different settings such as agreeable expressions (e.g. helping others in need), or disagreeable actions (e.g. advancing ones own interest at others, expense).

Are SJTs reliable, valid and fair? Several studies, including good quality meta-analytic and longitudinal research, consistently show that SJTs used in many different occupational groups are reliable and valid. Although there is over 40 years of research evidence available on SJTs, it is only within the past 10 years that SJTs have been used for recruitment into medicine. Specifically, evidence consistently shows that SJTs used in medical selection have good reliability, and predict performance across a range of medical professions, including performance in general practice, in early years (foundation training as a junior doctor) and for medical school admissions. In addition, SJTs have been found to have significant added value (incremental validity) over and above other selection methods such as knowledge tests, measures of cognitive ability, personality tests and application forms.
## Interviews & Multiple Mini Interviews (MMIs)

- Widely used for many years
- Format varies widely – ‘traditional’, structured and MMI
- MMI increasingly popular, but design & implementation varies hugely

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<thead>
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<tr>
<td>Means of assessing non-academic skills</td>
<td>Careful design is required to ensure good reliability</td>
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<tr>
<td>Good approach for some aspects, such as</td>
<td>Potential for bias (gender, ethnicity, SES)</td>
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<tr>
<td>communication skills</td>
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<tr>
<td>High face validity</td>
<td>Resource intensive</td>
</tr>
<tr>
<td>Some evidence they can be ranked effectively</td>
<td>Rarely clear what content is actually assessed within a composite total score, especially with MMIs</td>
</tr>
<tr>
<td>Belief may help screen out ‘unsuitable’</td>
<td>Historically little evidence of predictive validity, though changing as interviews become more structured</td>
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Widening access medical & dental school admissions?
The case for widening access into healthcare?

• Diverse peer interaction throughout medical training allows students to develop ‘cultural competence’ (Whital et al, 2003)

• ‘Widening access’ makes the workforce more population-representative which significantly improves patient satisfaction (Paez et al, 2008) & patient outcomes (Cohen & Steinecke, 2006).

• Medical/dental school admissions form the ‘gateway’ to the profession
Laura Spence

- Laura Spence applied for medicine at Oxford having taken 10 GCSEs, obtaining the top A* grade in each.
- Spence was not offered a place because “other candidates had equally good qualifications had performed better at interview”
- Huge political row that Oxford had discriminated against her because of her state-school background in a "working-class" region
- Spence won a scholarship at Harvard to study biochemistry & later graduated in medicine from Cambridge
- The rejection of a well-qualified state-school pupil led to suspicions that Spence's exclusion was on the basis of social class & regional prejudice rather than academic suitability
Medical profession must open doors to poor students, says Alan Milburn

Alan Milburn, the social mobility tsar said that schemes to raise diversity of intake should be funded by the state.

The medical profession stands accused by the government's social mobility tsar of failing to make "any great galvanising effort" over the past decade to open its doors to poorer students.

Issuing a report into the closed shop of Britain's professions Alan Milburn, the
Why not use a lottery system?

Dutch medical schools abandon selection for lottery system for places

Jan Coebergh Newcastle

Two Dutch medical schools will no longer independently select some students as these students do not perform better at medical school.

Until 1999, admission into the nine Dutch medical schools was based entirely on a lottery. Based on academic grades, the average chance of getting a place was 35%, rising to 70% for those with the highest grades.

The law changed in 1999 after a media row over a bright girl who was not allowed to enter medical school three years in a row. Universities were allowed to select up to half their

Some used this allowance to promote entry of mature students, graduates, and ethnic minorities.

In recent evaluations at four universities, three found that selected students did not get higher grades than those given places by the lottery. They concluded that selection was not beneficial. Two universities will stop selecting since the costs are high and will return to the lottery admission policy. One university did find that selected students performed better and will continue.

In contrast to the experiences
Evaluating the potential for UKCAT to promote diversity

N= 26,000 per year for 8,000 posts

5 subtests
- Verbal, numerical, abstract reasoning & decision analysis
- SJT – targets empathy, integrity & team involvement

http://www.ukcat.ac.uk/
Our findings demonstrate no changes in admission rates based on higher social class...the (cognitive ability tests) are not a means to widen access to medical schools among less advantaged applicants
SJT Specification

• An SJT for a novice population (no medical knowledge required)

Content
• Scenarios based in either a healthcare setting or during education/training for a medical/dental career
• Third party perspective

Response Format (rating using a 4 point scale)
• Rate the appropriateness of a response from ‘very appropriate’ to ‘very inappropriate.’
• Rate the importance of a response from ‘very important’ to ‘not important at all’
Example UKCAT SJT items

A consultation is taking place between a senior doctor and a patient; a medical student is observing. The senior doctor tells the patient that he requires some blood tests to rule out a terminal disease. The senior doctor is called away urgently, leaving the medical student alone with the patient. The patient tells the student that he is worried he is going to die and asks the student what the blood tests will show.

How **appropriate** are each of the following responses by the medical student in this situation?

Q1 Explain to the patient that he is unable to comment on what the tests will show as he is a medical student

Q2 Acknowledge the patient’s concerns and ask whether he would like them to be raised with the senior doctor

Q3 Suggest to the patient that he poses these questions to the senior doctor when he returns

Q4 Tell the patient that he should not worry and that it is unlikely that he will die
UKCAT SJT Evaluation

- **Reliability** of a 70 item test with similar quality items estimated ($\alpha=.75$ to $.85$)
- Candidate reactions shows **good face validity** (significantly more than the cognitive tests of UKCAT)
  - Content of SJT relevant for med/dental applicants = 70%
  - Content of the SJT is fair to med/dental applicants = 63%
UKCAT SJT Evaluation

- **SJT correlates with CAT** (approx $r=0.28$). Since a large amount of variance is not explained, the SJT is assessing different constructs to the other tests.

- **Predictive validity**: Good evidence that the SJT predicts subsequent performance at medical/dental school $N=217$, $r=.34$  
  
  *Patterson et al, in press Academic Medicine.*

- **Gender**: Females outperformed males (0.2 SD)

- **Ethnicity**: White candidates performed better (0.3SD)

- **Occupation & Employment Status**: those in the higher occupational classes (i.e. Managerial/Professional Occupations) do not always score higher than those in lower classes - in some cases those from lowest occupational groups, received the highest mean score.
Widening access using SJTs

- Applicants’ SES impacted their SJT scores far less than their cognitive (CAT) scores, i.e. the SJT notably helps redress the disadvantage to lower SES applicants
- Cohen’s d ≤ .20 little/no effect

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<tr>
<th></th>
<th>High SES group</th>
<th>Low SES group</th>
<th>Mean difference</th>
<th>Cohen’s d</th>
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<td>3615</td>
<td>1.54*</td>
<td>0.13</td>
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<tr>
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<td>0.38</td>
<td>0.34–0.42</td>
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<td>CAT</td>
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<td>25.66*</td>
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<td>0.31–0.39</td>
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95% CI = 95% confidence interval.
*p < 0.01.
Widening access in selection using situational judgement tests: evidence from the UKCAT

Filip Lievens,1 Fiona Patterson,2 Jan Corstjens,1 Stuart Martin3 & Sandra Nicholson4

CONTEXT Widening access promotes student diversity and the appropriate representation of all demographic groups. This study aims to examine diversity-related benefits of the use of situational judgement tests (SJT) in the UK Clinical Aptitude Test (UKCAT) in terms of three demographic variables: (i) socioeconomic status (SES); (ii) ethnicity; and (iii) gender.

METHODS A survey was conducted among the second-year students at a UK medical school (n = 131). SJTs were used in the selection process for 14 students and 10 non-White students. Effect sizes were calculated for each SJT and cognitive test.

RESULTS Firstly, the effect size for SES was lower for the SJT (d = 0.13–0.20 in favour of the higher SES group) than it was for the cognitive tests (d = 0.38–0.35). Secondly, effect sizes for ethnicity of the SJT and cognitive tests were similar (d = ~ 0.50 in favour of White candidates). Thirdly, males outperformed females on cognitive tests, whereas the reverse was true for SJTs. When equal weight was given to the SJT and the cognitive tests in the admission decision and when the selection ratio was stringent, simulated scenarios showed that using an SJT in addition to cognitive tests put candidates of lower socioeconomic status at less of a disadvantage & can diversify the student intake...

“SJT complements cognitive (academic) tests....puts candidates of lower socioeconomic status at less of a disadvantage & can diversify the student intake...”

Medical Education, 2016
Case Study 2.

Using SJTs for selection into early careers in banking
SES & banking sector selection

- 18% of all UK children attend a fee-paying school, in contrast to 34% of new entrants to the banking sector.
- In private equity roles, 69% of new entrants were educated privately & are from ‘target’ universities

Figure 3.4: Percentage of vacancies likely to be filled by graduates who had already worked for employer

Source: The Graduate Market, 2016, Highfliers\textsuperscript{40}
Evaluation results

• Good **psychometric properties** (the test differentiates effectively, with acceptable reliability)

• Those from **state schools (non-selective) group scored significantly higher on the SJT** than those from ‘independent/private’ schools (p<.01)

• **Females** outperform males (unlike the CAT)

• **No adverse impact** for ethnicity

• **Lower levels of candidate attrition** (i.e. greater engagement with the process & enhanced candidate experience)
What are SJTs measuring?

- SJTs measure **prosocial implicit trait policies (ITPs)** which are shaped by early **socialisation** (parental modelling) that teach the utility of expressing certain traits in different settings;
  - **agreeable expressions** e.g. helping others in need, turning the other cheek, looking after one’s neighbours or,
  - **disagreeable actions** e.g. showing selfish preoccupation with one’s own interests, holding a grudge/getting even, and advancing one’s own interests at others’ expense
- Prosocial actions are often part of **role modelling, leadership & interpersonal exchanges** and are related to effective performance
- People with stronger ITPs about the utility of prosocial action will tend to endorse prosocial SJT response actions
A model for future design & evaluation of selection

Design Selection Criteria
- Role / job analysis with stakeholders
- Create person specification
- Identify / prioritise selection criteria

Attract Applicant Pool
- Diversity & widening access considerations
- Realistic job preview

Selection Methods
1. Screening
   - Selecting Out Values & non-academic indicators e.g. SJTs
   - Selecting in / Ranking Academic indicators e.g. ALevels, Aptitude Tests
2. Selection
   - Structured Interviews / MMIs / Personality Tests

Make Selection Decisions
- Stakeholder acceptability
- Procedural issues incl. scalability
- Cost efficiency
- Effectiveness incl. psychometric properties of selection methods

Evaluation
Summary & future research

• Research regarding the **optimal weightings & sequencing** of each selection method in a selection system

• A strong need for ‘**culture (}& policy) change**’ in some sectors?

• Has the case been made more strongly in the **corporate sector**?

• Should non-academic attributes be used for ‘**selecting out**’ & academic attributes used for ‘**selecting in**’?

• Lack of evidence for use of **contextual data** in selection

• Increased focus on the role of selection methods in promoting **diversity & widening access** in recruitment
Thank You

f.patterson@workpsychologygroup.com