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Addressing obesity and homelessness via ChatGPT

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Editor – I read with great interest the July 2023 edition of ClinMed, which focused on the complex issues of obesity and also featured homelessness.[1] The chosen title of the editorial – 'Tough on crime, tough on the causes of crime' – resonates profoundly as it highlights the interconnectedness of health challenges within our society. This edition has effectively showcased the evolution of medical thinking, underscoring the multidimensional nature of these problems.

The outdated belief that obesity is merely a result of excessive calorie intake is debunked through the compelling articles presented. The understanding of obesity's multifactorial aetiology has paved the way for a more holistic approach, appreciating the diverse factors that contribute to its development and complications. The depth with which the edition covers a wide spectrum of subjects, from aetiology and prevention to management and care, demonstrates the multidisciplinary nature of addressing obesity.

Similarly, the articles on homelessness shed light on a dire issue that reflects systemic failures and societal inequalities. The harrowing health outcomes endured by those experiencing long-term homelessness emphasise the urgency of tailored care that addresses individual needs. These articles, collectively, remind us of the ethical responsibility we hold as physicians to prioritize equitable care over institutional targets.

In this context, the role of physicians extends beyond clinical practice. We are tasked with translating our understanding of complex health issues into actionable strategies for both patients and communities. The increasing body of medical knowledge, combined with emerging technologies like ChatGPT, can enable us to bridge this gap more effectively. ChatGPT, with its ability to synthesise and disseminate information,[2] can facilitate communication not only within the medical community but also with the public. It can serve as a tool for physicians to engage in meaningful discussions about health challenges, dispel misinformation, and advocate for informed policies.

As we move forward, the challenges of providing equitable care and tackling the societal determinants of health remain formidable. However, this themed edition is a testament to the potential for collaboration among healthcare professionals, researchers and the wider community. It prompts us to consider how we, as physicians, can contribute not just to individual health but to the strength and wellbeing of the community at large. ■

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The Situational Judgement Test: not the right answer for UK Foundation Programme Allocation

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Editor – Allocation to UK Foundation Programme training posts has long been an issue of contention. Following recent analysis of the allocation process, the UK Foundation Programme Office has now moved away from the use of a Situational Judgement Test (SJT) and the Educational Performance Measure (EPM). Although SJTs have been proposed as a suitable tool for aiding selection decisions, our article last year demonstrated that this was not the case when considering allocation of places in the UK Foundation Programme.[1]

We were interested therefore to hear of Sahota and colleagues' strong defence of the SJT[2] and have carefully considered the points they raise. However, we remain unpersuaded by the arguments made – indeed we have discussed the issues with a wider group of senior academics from UK medical schools (several of whom are additional signatories to this letter), and it is our continued belief that the SJT was not an appropriate method of determining Foundation Programme allocation. To further illustrate this, we provide additional examples of the potential consequences of how an individual candidate's allocation could be dramatically impacted by factors outside of their control.

We estimate that the standard error of measurement (SEM) of the SJT is approximately 16 SJT points, or around 2.5 points of a student's total ranking score out of 100 (0.38 standard deviations). For a student with a ranking score at the mean, changing their SJT score by 1 SEM would change their position in the ranking by around 1,200 places (out of 8,000 or so applicants). This could inevitably impact their destination for the Foundation Programme – by chance alone. This effect is before we consider any unreliability due to issues related to a lack of concordance among the experts who determine the 'correct' response keys. The SJT Technical Report for 2021/22 notes that a Kendall's W of 0.5 was considered satisfactory.[3] This is equivalent to just 50% agreement and below the 0.6 required for good agreement. Of course, some items will have higher agreement rates, but clearly there is doubt over the best course of action for some scenarios and importantly, this is recognised by the candidates, which in turn can lead to low confidence in the fairness of the assessment.

Sahota *et al* dispute that the SJT disadvantages Black and Minority Ethnic (BAME) students. However, SJT technical reports[3] consistently state a difference in mean scores between BAME and white students of around 20 points, which equates to approximately 3 points in a student's total ranking score. Here we find an even bigger impact on the average student's ranking than with 1 SEM of SJT scores – approximately 1,500 places. Why BAME students do not perform as well as their white peers on the SJT is unclear, but this level of impact is not acceptable given its effect on allocation.

Sahota *et al* also question the statistical power and the interpretation of multivariate statistics in relation to the

predictive utility of the SJT and EPM for disciplinary actions.[4] However, the large sample size meant the study had acceptable power despite the overall risk of disciplinary action being low. The multivariate analysis in this paper demonstrated that the SJT had no incremental validity over the EPM and thus the significant incremental expense incurred by its use was not warranted for the outcome of predicting/reducing disciplinary action.

We demonstrated that the EPM was also an inappropriate tool for Foundation Programme allocation. Undergraduate medical assessments are not designed to stratify students across deciles, but to ensure that all graduates meet the required competencies to practise medicine safely as a Foundation doctor. Sahota *et al* are incorrect to state that the EPM is worth more than 9 points. In 2023 all students were awarded 41 points at baseline with a further 0 to 9 points added based on decile rankings. For each decile increment, students gained one extra point out of 100 in the allocation ranking. These decile rankings drove highly competitive and undesirable behaviours among medical students throughout their programmes.

The unnecessary pressure and stress experienced by medical students trying to improve their decile score as well as preparing for and sitting the SJT was universally apparent. The announcement of the upcoming removal of both the SJT and EPM has been welcomed by the majority of the student body nationally and early indicators are that this will have a significant positive impact on student welfare and experience.

As all UK medical graduates are required to complete the Foundation Programme, determination of graduate placements has never been an issue of personnel selection – it is one of allocation. We have demonstrated that neither the SJT nor the EPM, in isolation or combined, is fit for purpose in allocating students to Foundation placements and were widely regarded as unfair by students and unhelpful by medical schools. This is perhaps best summarised by the view of many students that 'the EPM is the Hunger Games and the SJT is the randomiser'. ■

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