

Values Based Recruitment



Analysis of VBR Activity within Higher Education Institutions

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1. Executive Summary

Why values based recruitment?

Values based recruitment (VBR) is an approach which attracts and selects students, trainees or employees on the basis that their individual values and behaviours, alongside their skills and aptitude, align with those of the NHS Constitution. This will ensure that the future and current NHS workforce is selected against the values of the NHS Constitution, building a workforce not only with the right skills and in the right numbers, but with the right values to support effective team working in delivering excellent patient care and experience.

VBR is a priority for Health Education England (HEE) and this is reinforced through its inclusion in The Mandate from the Government to Health Education England (April 2014 to March 2015) which requires that *“HEE will oversee delivery of a national values based recruitment framework and associated tools and resources by October 2014 and ensure that selection into all new NHS funded training posts incorporates testing of values based recruitment by March 2015.”* (page 25).

What are the aims of this study?

This report captures and analyses information about VBR activity in higher education institutions (HEIs) providing NHS funded pre-registration and high priority 2nd registration healthcare programmes in England. It is part of a suite of publications and is accompanied by a literature review¹ which presents the evidence base on the selection methods available to assess values and a review of VBR activity within NHS Trusts in England². Taken together, these reports ensure that the work of the HEE VBR programme is evidence-based, incorporating findings both from the research literature and from the experiences of those HEIs and Trusts undertaking recruitment activity in practice.

This study focuses on establishing a picture of current HEI VBR activities and identifying potential areas of good practice for wider dissemination. Its objectives are to:

- Capture existing VBR activities used to recruit students to NHS funded training programmes;
- Identify the extent to which HEIs are promoting the values of the NHS Constitution as part of their recruitment processes;
- Identify those HEI programmes which would benefit from support in meeting the requirements set out in the Mandate;
- Recommend how the quality of existing practice can be further enhanced and

¹ <https://www.hee.nhs.uk/our-work/attracting-recruiting/values-based-recruitment>

² <https://www.hee.nhs.uk/our-work/attracting-recruiting/values-based-recruitment>

- developed using evidence informed approaches; and
- Shape the development of the national VBR framework for launch in October 2014.

How was it conducted?

The analysis is based on responses to an online survey distributed throughout April, May and June 2014 to all HEIs offering NHS funded healthcare programmes. The survey was structured around the key stages of VBR; attraction, screening (or 'shortlisting'), selection and evaluation.

564 programmes were identified as being in scope, of which 538 (95.4%) provided a meaningful response and 522 (92.6%) could be considered to have fully completed the survey. As the commissioning process is dynamic, this baseline will continue to be reviewed and refined.

All results presented within this report assume that the information provided in response to the survey was an accurate reflection of the recruitment activity undertaken within the relevant programme at the time of reporting.

What are the key messages?

At the **attraction** stage:

- The majority of programmes are promoting values as part of the attraction strategy.
- For some programmes the values are emphasised more strongly than for others.
- There is some variability in the values which are most likely to be promoted, with 'Commitment to Quality of Care and 'Working Together for Patients' being the most common. In some cases values are promoted implicitly rather than explicitly.
- A range of methods is used as part of attraction strategies, the most common being through open days and promotional materials, including websites.
- Nursing programmes appear to be the most likely to promote values and Undergraduate Pharmacy and Dental the least.

Generally, the values assessed by HEIs can be mapped to the values of the NHS Constitution however there may be overlap with other assessment criteria which are focused on skills and abilities and a lack of awareness of how these differ from values.

At the **screening** stage:

- An application form is by far the most common method of screening candidates, with the emphasis being placed on the candidate's educational qualifications and the information contained in the personal statement.
- Around half of application forms are scored against a predetermined scoring system and around a quarter are not designed to assess values.

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- There are a small number of instances of Situational Judgement Tests (SJTs) being used for screening but there is a suggestion that these might be being completed face-to-face and therefore still require some form of administrative support from the HEI. SJTs have generally been developed in-house and, when used, are assessing a wide range of different values.
- Other screening methods include literacy/numeracy testing and written exercises.
- In the vast majority of cases, all candidates who successfully pass the screening process are invited to some form of face-to-face selection, however overseas applicants can represent a particular challenge in this respect.
- There is a very small number of cases where it appears that selection decisions are made on the basis of screening information alone.

At the **selection** stage:

- The structured interview is the most common selection method. Most structured interviews are conducted by two interviewers and last between 16 and 30 minutes. NHS staff are involved in the majority of structured interviews, however the involvement of service users is less common.
- Group interviews/tasks are the second most common selection method and are particularly prevalent within Nursing, Midwifery and Allied Health Professions programmes. There is some variability in the number of candidates that are assessed during the group interview/task with the most common number of candidates being six, eight and ten. Typically, the group interview/task is assessed by two interviewers/assessors and lasts between 16 and 30 minutes.
- Whilst group interviews/tasks require less resource than other types of selection method, the data suggests that there are likely to be other limitations of this method, such as candidates not being provided with adequate time to each contribute.
- There are fewer instances of other assessment methods such as unstructured interviews, Multiple Mini Interviews (MMIs), SJTs and personality tests being used. MMIs are more prevalent within Undergraduate Medical and Dental programmes and SJTs are more prevalent within Nursing Programmes.
- The most commonly assessed values during selection are; 'Respect and dignity', 'Compassion' and 'Commitment to quality of care'. The least commonly assessed values are 'Everyone counts' and 'Improving lives'.

At the **evaluation** stage:

- The majority of evaluation activity undertaken by HEIs involves gathering feedback from candidates and staff involved in the selection process.
- There is less activity relating to establishing the fairness, reliability and validity of selection methods; doing so can be resource intensive and lengthy.
- The structured interview is the selection method most likely to have been evaluated.
- There appears to be more evaluation activity in relation to MMIs than group interviews/tasks, despite group interviews/tasks being more commonly used.

What next?

Outcomes and conclusions from the results of this study have resulted in the recommendations for the values based recruitment programme set out below.

- **Recommendation 1:** Identify those programmes which are not currently assessing values as part of their overall selection process in line with the best practice identified in the VBR literature review.
- **Recommendation 2:** Tailor support from HEE local teams to enhance recruitment processes not currently assessing values as part of their overall selection process in line with best practice.
- **Recommendation 3:** Generate practical case study material, guidance documents, resources, training and support to be shared with HEIs to coincide with the launch of the VBR framework in October 2014.
- **Recommendation 4:** Design mechanisms to further enhance understanding of NHS Constitution values within HEIs to help ensure their more consistent promotion and application, and provide resources, such as the NHS Employers' Values Mapping tool, to enable organisations to map their own local values to those of the NHS Constitution.
- **Recommendation 5:** Commission a longitudinal evaluation to assess the impact of implementation of these recommendations on patient, trainee, staff and health and education provider experiences.

2. Introduction

Background

This report captures and analyses information about Values Based Recruitment (VBR) activity collated from a scoping exercise undertaken between April and June 2014 that targeted all Higher Education Institutions (HEIs) providing NHS funded pre-registration healthcare programmes in England. The purpose of this report is to detail the results from the analysis undertaken, drawing out key conclusions and recommendations based on current activity within HEIs to inform the development of the national VBR framework.

VBR is an approach which attracts and selects students, trainees or employees on the basis that their individual values and behaviours align with the values of the NHS Constitution, alongside their skills and aptitude. This will ensure that the future and current NHS workforce is selected against the values of the NHS Constitution, to build a workforce not only with the right skills and in the right numbers, but with the right values to support effective team working in delivering excellent patient care and experience.

VBR can be delivered in a number of ways; through screening assessments, to values based interviewing techniques, role play, written responses to scenarios, and assessment centre approaches amongst others.

This report complements two separate reports; 1) a literature review³ which presents the evidence base on the selection methods available to assess values and 2) a review of VBR activity within NHS Trusts in England⁴. Taken together these reports ensure that the VBR programme is supported by an evidence-based approach, incorporating findings both from the research literature and the experiences of HEIs and Trusts undertaking recruitment activity in practice.

Drivers for Values Based Recruitment

When Health Education England (HEE) was established on 1 April 2013, the following was included in the Health Education England Directions 2013: *“The Secretary of State directs that HEE must exercise its functions under the HEE Directions with a view to ensuring that education and training for healthcare workers is provided in a way which promotes the NHS Constitution”* (paragraph 2.4). The NHS Constitution establishes the principles and values upon which NHS organisations should exist namely: Working together for patients; Respect and dignity; Commitment to quality of care; Compassion; Improving lives; and Everyone counts.

³ <https://www.hee.nhs.uk/our-work/attracting-recruiting/values-based-recruitment>

⁴ <https://www.hee.nhs.uk/our-work/attracting-recruiting/values-based-recruitment>

The VBR programme is a priority for HEE. VBR was identified as a key deliverable in the 2013-2015 Mandate from the Government to HEE: “*HEE will oversee delivery of a national values based recruitment framework and associated tools and resources by October 2014 and ensure that selection into all new NHS funded training posts incorporated testing of values based recruitment by March 2015*” (page 25). The focus on the NHS Constitution values across the NHS has been driven in part by the report of the Mid Staffordshire NHS Foundation Trust Public inquiry (Francis, 2013⁵) which highlighted the critical role the workforce plays in ensuring the provision of high quality and safe health services and, in particular, the significance of staff values and behaviours on the level of care and patient experience. Other key drivers include reports such as Keogh (2013⁶), Berwick (2013⁷) and Cavendish (2013⁸) which have also served to place the spotlight on quality of care, patient safety, values, attitudes and aptitude for caring.

Although there is no evidence nationally, nor any suggestion from the above that recruitment strategies have failed to select people with the right values in the past, there is clearly a need to promote good recruitment practice and ensure that effective, evidence-based approaches to assess for values are put in place.

Objectives

The focus of this study was on establishing an accurate baseline of all current VBR activities whilst identifying potential areas of good practice and for development. The objectives for this study were to:

- Capture existing VBR activities used to recruit students to NHS funded training programmes;
- Identify the extent to which HEIs are promoting the values of the NHS Constitution as part of their recruitment processes;
- Identify those HEI programmes which would benefit from support in meeting the requirements set out in the Mandate;
- Recommend how the quality of existing practice can be further enhanced and developed using evidence informed approaches; and
- Shape the development of the national VBR framework for launch in October 2014.

⁵ Francis, R. (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.

⁶ Keogh, B. (2013). Review into the quality of care and treatment provided by 14 hospital Trusts in England: overview report.

⁷ Berwick, D. (2013). A promise to learn – a commitment to act: improving the safety of patients in England.

⁸ Cavendish, C. (2014). The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings.

3. Methodology

Scope

In the absence of a definitive definition, the term 'NHS funded healthcare programme' was widely defined to accommodate different commissioning approaches amongst LETBs. Funding was deemed to be investment of public funds in the broadest sense in any aspect of the student/trainee's training – this could be in the form of direct funding for fees, or indirect through bursary, placement support or part funded costs. The following programmes were deemed to be in scope:

- Non-medical pre-registration programmes including Nursing, Midwifery, Allied Health Professions and Healthcare Science (HCS);
- Some high profile 2nd registration programmes, for example, Health Visiting, School Nursing, District Nursing and Community Child Nursing;
- Scientist Training Programme (STP) and Higher Specialist Scientific Training (HSST) (informed by the National School of Healthcare Science); and
- Undergraduate Medical, Dental and Pharmacy programmes.

Pharmacy technicians and the pre-registration pharmacy year were out of scope as recruitment of students to these programmes is managed by employers. Undergraduate Pharmacy programmes do not attract NHS funding, but produce a workforce that delivers pharmacy services in both the public and private sector. Pharmacy programmes were however included as the profession itself had expressed an interest in being involved in the debate.

Process

An online survey tool was developed and tested with a range of stakeholders. Approaches were made to the UK Council of Deans of Health, Medical Schools Council, Dental Schools Council and Pharmacy Schools Council to set out the aims of the study and seek their support for the survey.

HEIs and Schools were asked to complete an online survey for each programme to (a) confirm the funded healthcare programmes considered to be within scope and (b) enable analysis at programme, HEI and LETB level.

Non-responders were followed up by email and telephone to ensure a high level of understanding around the importance of the survey and to encourage a high response rate. The team worked with colleagues in local teams to promote the survey within their local areas and drive up response rates.

Approach

The survey was administered online and responses were gathered throughout April, May and June 2014. The survey was structured around the key areas for VBR; attraction, screening (or shortlisting), selection and evaluation.

Definitions were provided throughout the survey to help ensure shared understanding and consistency in reporting. These definitions are also provided throughout this report to aid interpretation of the results. Questions were designed to identify not only what methods are being used but also to elicit information regarding how these methods are implemented.

All results presented within this report assume that the information provided in response to the survey was an accurate reflection of the recruitment activity undertaken within the relevant programme at the time of reporting.

4. Results

Sample

There were 564 programmes identified and included in the database.

The programmes were grouped into eight categories. The number of programmes within each category is summarised in Table 4.1 below. The number of programmes included within each category ranged from 12 to 182, with the majority of programmes falling under the Nursing category. The programmes were further grouped into 39 subcategories and a full list of the programme categories and subcategories can be found in Appendix i. The number of programmes included within each subcategory varied ranging from 1 – 59.

Table 4.1 Frequency of cases by programme category

Programme Category	Programmes in database	
	N	%
Allied Health Professionals	157	27.8
Nursing	182	32.3
Midwifery	44	7.8
Scientific, Technical & Therapeutic	58	10.3
Specialist Nurse Post Registration	63	11.2
Undergraduate Dental	12	2.1
Undergraduate Medicine	26	4.6
Undergraduate Pharmacy	22	3.9
Total	564	100

There were 86 HEIs included in the database (this includes some medical and dental schools who identified themselves under their school name rather than the governing institution). The number of programmes offered varied by HEI ranged from 1 -19.

Response rates

Of the 564 programmes included in the database, 538 (95.4%) provided a meaningful response to the online survey (characterised as providing a response to the first question in the survey regarding ‘attraction’). Of these, 522 (92.6%) can be considered to have fully completed the survey, and as such the findings in this report are based on these responses only.

The response and completion rates per programme have been assessed and are provided in Appendix i. 21 out of the 39 programme subcategories (53.8%) achieved 100% response and completion rates. Table 4.2 overleaf summarises the response and

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completion rates of all programmes who achieved less than 100%. The lowest response and completion rates were observed for the Undergraduate Pharmacy and Undergraduate Dental programmes (completion rates of 63.6% and 75.0% respectively). These varying response and completion rates should be considered when interpreting the results across different programmes; the results from those with poorer rates should be treated with caution as they are less generalisable.

Table 4.2 Summary of response and completion rates for programme subcategories achieving less than 100%

Programme Subcategory	Number of Programmes Identified	Response Rate (%)	Completion Rate (%)
Undergraduate Pharmacy	22	68.2	63.6
Undergraduate Dental	12	75.0	75.0
(Allied Health Professions) Dietetics	6	83.3	83.3
(Allied Health Professions) Podiatry	7	85.7	85.7
(Allied Health Professions) Paramedic	23	95.7	87.0
(Allied Health Professions) Speech and Language Therapy	16	93.8	87.5
(Specialist Nurse Post Registration) District Nursing	17	88.2	88.2
Undergraduate Medicine	26	92.3	88.5
(Allied Health Professions) Therapeutic Radiography	9	100.0	88.9
(Specialist Nurse Post Registration) School Nursing	19	89.5	89.5
(Allied Health Professions) Occupational Therapy	24	95.8	91.7
(Nursing) Mental Health Nursing	52	96.2	92.3
(Allied Health Professions) Diagnostic Radiography	16	93.8	93.8
(Nursing) Adult Nursing	59	98.3	94.9
(Specialist Nurse Post Registration) Health Visiting	21	100.0	95.2
Midwifery	44	100.0	95.5
(Nursing) Children's Nursing	46	100.0	95.7
(Allied Health Professions) Physiotherapy	31	96.8	96.8

Attraction

Summary of results

Respondents were asked to provide information about the attraction strategy used for the programme on which they were reporting. The responses to the questions asked in this section of the questionnaire are presented in full in Appendix ii. The following definition of attraction was provided to help respondents answer the questions in this section:

“Attraction should be taken to mean any activity which takes place before an individual makes a decision to apply (for example, information in a prospectus, other marketing materials, advertising, self-screening tools).”

The results demonstrate that the vast majority (88.0%) of programmes promote values as part of their attraction strategy, with 7.3% of programmes stating that they do not promote values as part of the attraction strategy. Information is not known about 4.6% of the programmes.

For the 497 who indicated that values are promoted as part of the attraction strategy for the programme, there is an almost equal split between the programmes where values are clearly defined and emphasised (41.0%) and those where there is some mention of values (42.2%). A much smaller proportion (4.3%) of programmes have only minor or passing reference to values. Information is not known about 12.6% of the programmes.

Respondents were asked which values are explicitly mentioned or highlighted as part of the attraction strategy for the programme. They were asked to select all that applied from the six NHS Constitution values as well as provided with the option to select ‘other’ and add their own values in a free text box. They were advised to use the ‘other’ option if the values promoted could not be readily mapped to those of the NHS Constitution. The most frequently promoted value is ‘Commitment to quality of care’ (75.1%) closely followed by ‘Working together for patients’ (72.0%). The least frequently promoted values is ‘Everyone counts’ (38.4%). Information was provided by 134 respondents regarding the promotion of other values (27.0%), this is discussed further in section 4.12.

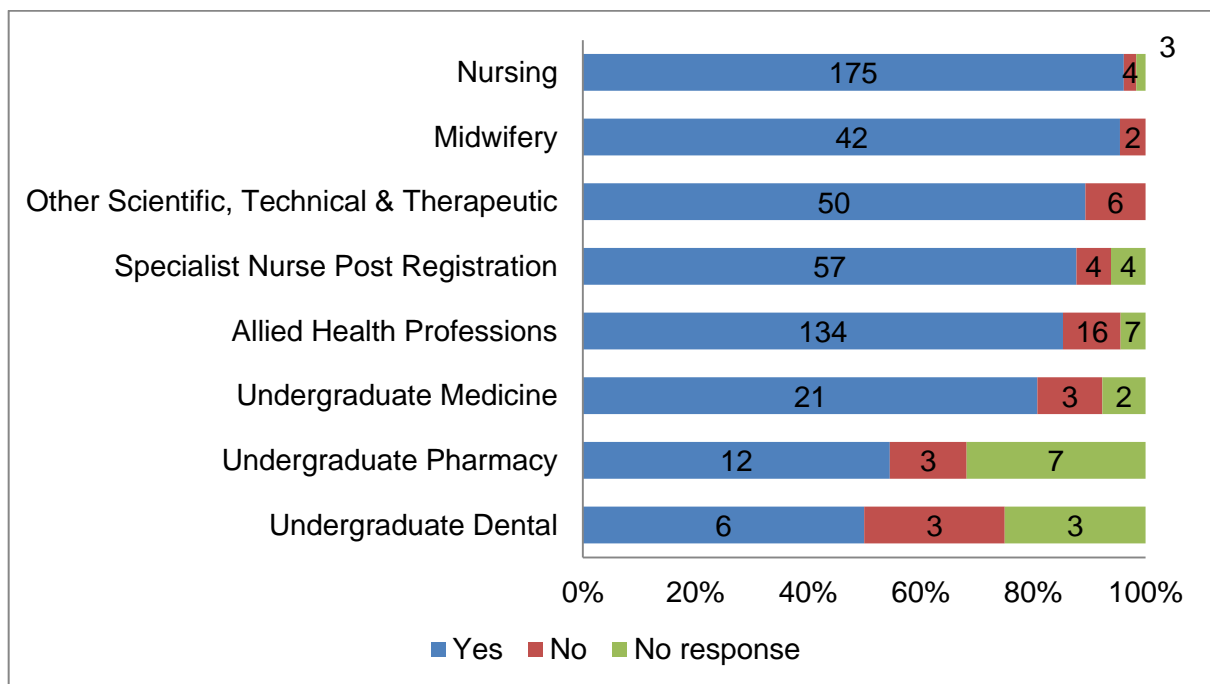
Attraction – other methods

Respondents were given the opportunity to leave free text comments about how values are promoted during attraction. The most commonly cited method of promoting values during attraction is through the use of open day talks, followed by the use of marketing materials such as websites, course brochures and prospectuses. A number of respondents also describe running outreach events at local schools and colleges and some suggest that the reference to values in attraction materials is more implicit rather than explicit.

Attraction – insights across programme categories

Figure 4.1 below summarises the extent to which different types of programmes promote values. The figure shows the proportion of each category which responded ‘yes’ or ‘no’ to the question regarding whether or not values are promoted as part of the attraction strategy, as well as the proportion where no response has been recorded. From this it is possible to observe that Nursing programmes are the most likely to promote values in their attraction materials (96.2% responded ‘yes’) and Undergraduate Dental programmes and Undergraduate Pharmacy the least (50.0% and 54.5% respectively). However, for both these programmes there are a significant proportion of unknown responses which may affect the outcome. In absolute, rather than percentage terms, the Allied Health Professional category has the highest number of responses which state that they do not promote values as part of the attraction strategy for the programme (16 responded ‘no’ and seven are unknown).

Figure 4.1 Proportion of each programme category which promote values as part of the attraction strategy for the programme



Other values assessed – summary of responses

Throughout the survey respondents were asked to provide information about which of the six values of the NHS Constitution are promoted or assessed at various parts of the selection process. When asked these questions, respondents were able to select multiple responses and were also given the option to select ‘other’ and add in their own values in a free text comment box. Respondents were encouraged to use the ‘other’ box when the values promoted/assessed could not be readily mapped to one of the NHS Constitution values listed. Across the entire survey, 622 free text comments were left by 170

respondents. These comments were consolidated and qualitatively analysed to identify the common themes with regards to the 'other' values listed. Table 4.3 below summarises these results.

Table 4.3 Summary of other values assessed mapped to NHS Constitution values

NHS Constitution Value	Theme (number of sources in brackets)	Example quote
Working together for patients	Accountability (2)	<i>"Everyone is accountable"</i>
	Social Responsibility (3)	<i>"Desire to work for the public good"; "must demonstrate that they 'give something back' to their community"</i>
	Collaboration (7)	<i>"The need for inter-professional approach to patient/service user care"</i>
	Communication (9)	<i>"Listening, respecting others contributions"; "Use of sensitive and professional terminology"</i>
	Community (1)	
	Teamwork (7)	<i>"Working together as a team"</i>
	Advocacy (5)	<i>"Client advocacy"</i>
Respect and dignity	Integrity and Honesty (5)	<i>"Integrity Veracity and honesty"; "Probity"</i>
	Respect (3)	<i>"respect for others' viewpoints"; "promoting dignity and respect"</i>
	Trust (1)	
	Person centred Practice (15)	<i>"A patient centred approach to healthcare delivery"; "patient centred collaborative approach"</i>
	Valuing people (4)	<i>"Valuing others"; "humanity"</i>
Commitment to quality of care	Commitment (8)	<i>"Commitment to midwifery"</i>
	Competence (3)	<i>"Competence (i.e. academic profile and a basic understanding of the profession)"</i>
	Safety (3)	<i>"Patient safety" "occupational wellbeing"</i>
Compassion	Caring and Compassion (8)	<i>"Desire to care"; "overall impression of commitment to an ethic of care"</i>
	Empathy (6)	
	Not judging (6)	<i>"non-judgemental approach"</i>
	Holistic (3)	<i>"Seeing the person, not the age/condition"</i>
Improving lives	Developing self (1)	<i>"Life-long learning"; "development of clinical skills"</i>
	Innovation (3)	<i>"insight"; "enterprise"</i>
	Self-awareness / reflection (8)	<i>"Self-evaluation"</i>
	Improving (5)	<i>"Improving lives"; "Making peoples' lives better"</i>
	Empowerment (5)	<i>"Work with people to enable them to change their lives"</i>
	Enablement (1)	
Everyone counts	Responsibility (4)	<i>"Responsibility for effective use of NHS resources"; "taking responsibility for actions"</i>

	Diversity (5)	<i>“Tolerance”; “respect for difference and diversity”</i>
	Equality (4)	<i>“Equality in healthcare”</i>
Implied across NHS Constitution Values	Courage (7)	
	Morality (5)	<i>“Moral values”; “ethical practice”</i>

In the majority of cases, whilst different terminology was used, it is possible to map the information listed in the ‘other’ box to one of the six values of the NHS Constitution. For example, values which could be categorised as relating to ‘accountability’, ‘social responsibility’ and ‘collaboration’ are considered to fall within the value from the NHS Constitution: ‘Working together for patients’.

After grouping the comments into themes, an analysis of the frequency with which each theme was mentioned by respondents was undertaken. From this it can be observed that comments which could be categorised as relating to ‘Person centred practice’ are the most commonly referenced (with 15 respondents referring to this as an ‘other’ value). These can be mapped to the ‘Respect and dignity’ value from the NHS Constitution which emphasises the need to *“value every person – whether patient, their families or carers, or staff – as an individual.... and seek to understand their priorities, needs, abilities and limits.”*⁹

Comments which could be categorised as relating to ‘Communication’ are the second most commonly referenced (with nine respondents referring to this as an ‘other’ value). These can be mapped to the value ‘Working together for patients’ as this emphasises the need to *“fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS (and)... speak up when things go wrong.”*

The majority of the themes identified through assessing the comments left in the ‘other’ boxes could be mapped to one of the values of the NHS Constitution suggesting that differences in the values assessed are often likely to relate to differences in terminology or categorisation as opposed to there being a fundamental difference in the perception of the values which are considered important to assess by HEIs.

There were two themes identified ‘Courage’ (seven sources) and ‘Morality’ (five sources) which are considered to be captured implicitly across the values of the NHS Constitution as a whole.

There were also a number of themes identified which could not be readily mapped to the values of the NHS constitution. These are summarised in Table 4.4 overleaf. Of these themes, the most commonly referenced was ‘leadership’ (six sources) this is not explicitly referenced within the values of the NHS Constitution. However, ‘leadership’ is not commonly considered to be a value. Whilst a leader’s behaviour is likely to be influenced by their values it is not in itself a value. Similarly, themes categorised as relating to

⁹ See: <http://hee.nhs.uk/about/nhs-constitution/>

‘resilience’ and ‘evidence-based practice’ would also be considered as relating to an individual’s skills as opposed to their values.

These results suggest that there is a lack of understanding about what constitutes a value and how these differ from other attributes such as skills, abilities and personality. The literature review¹⁰, which presents the evidence base for Values Based Recruitment, summarises these differences, concluding that values are motivational goals that influence behaviour. While personality traits primarily impact the amount of effort that individuals exhibit in pursuit of those goals (goal striving), values primarily impact the goals that individuals choose to pursue (goal content). Personality represents behaviours that come most naturally, whereas values reflect effort (a choice) to behave a certain way; this is an important distinction when considering selection tools. It is known that assessing values in recruitment is more challenging than assessing abilities and skills in part because of this difficulty in defining a value alongside other attributes and skills required for the role.

Table 4.4 Summary of other ‘values’ assessed outside of NHS Constitution values

Not explicit in any of the NHS Constitution values	Leadership (6)	
	Resilience (5)	
	Autonomy (2)	<i>“To be an autonomous practitioner”</i>
	Evidence-based practice (3)	<i>“Appreciation and application of research in professional practice”; “commitment to evidence-based practice”</i>
	Choice (4)	<i>“Informed choice”; “promotion of informed choice”</i>
	Confidentiality (3)	

¹⁰ <https://www.hee.nhs.uk/our-work/attracting-recruiting/values-based-recruitment>

Attraction – key messages

- The majority of programmes are promoting values as part of the attraction strategy.
- For some programmes the values are emphasised more strongly than for others.
- There is some variability in the values which are most likely to be promoted, with 'Commitment to Quality of Care and 'Working Together for Patients' being the most common. In some cases values are promoted implicitly rather than explicitly.
- A range of methods are used as part of attraction strategies, the most common being through open days and promotional materials, including websites.
- Nursing programmes appear to be the most likely to promote values and Undergraduate Pharmacy and Dental the least.
- Generally, the values assessed by Higher Education Institutions (HEIs) can be mapped to the values of the NHS Constitution however there may be overlap with other assessment criteria which are focused on skills and abilities and a lack of awareness of how these differ from values.

Screening

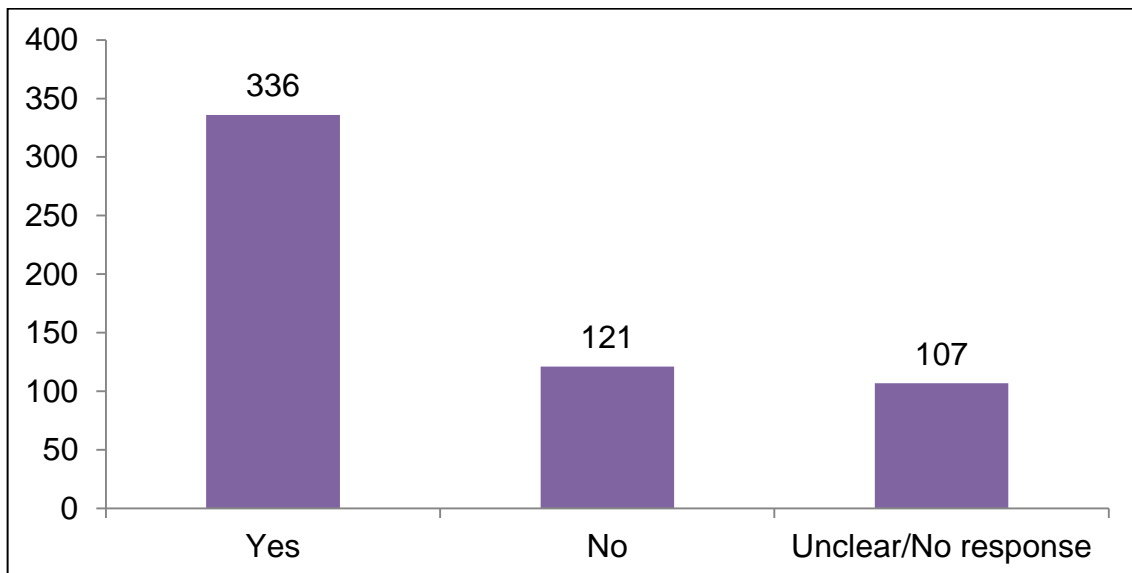
Screening – summary of results

The respondents were asked to complete a number of questions within this section of the questionnaire, including information about the methods used to screen candidates, the extent to which values are assessed as part of this and finally what happens following the screening processes. The following definition of screening was provided to help respondents provide information in this section¹¹:

“Screening should be taken to mean any activity which takes place after the individual has applied but before they are invited to a face-to-face selection process (often known as ‘shortlisting’ and usually involving the UCAS application form).”

From the information provided it was possible to identify the proportion of programmes which are assessing values as part of the screening process, these results are summarised in Figure 4.2 below. From this it can be observed that the majority (59.6%) of programmes are assessing values at this stage compared to 21.5% that are not. Information was not provided or was unclear for 19.0% of programmes.

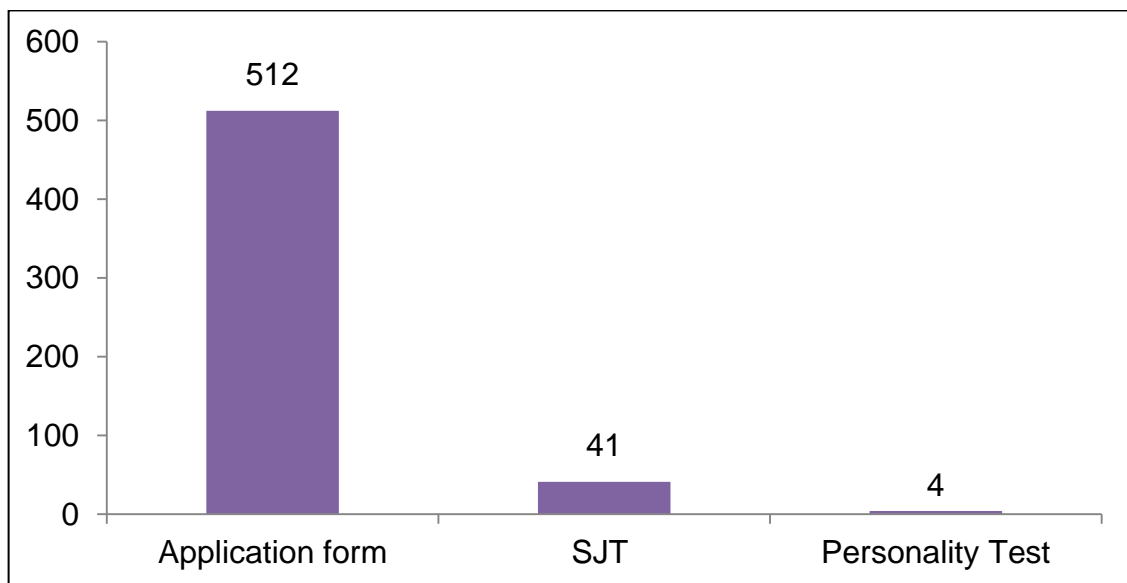
Figure 4.2 Number of programmes assessing values during screening



¹¹ Note: at the point of survey design the term ‘pre-screen’ rather than ‘screening’ was used to reflect the terminology used within the literature. However, it has since be agreed that ‘screening’ is a more appropriate and simplified term and therefore ‘screening’ rather than ‘pre-screen’ is referred to within this report

Respondents were asked to provide further information about the screening process used for the programme in terms of the following methods; application form, Situational Judgement Test (SJT) and personality test. Figure 4.3 below summarises the number of programmes using each of the three methods. From this it can be observed that the application form is by far the most commonly used screening method (90.8% of programmes use this method) compared to SJT (7.3%) and personality test (0.7%). Further information about how each of these methods used is detailed in the following sections.

Figure 4.3 Number of programmes using each screening method



Screening – application form

The responses to the questions asked in this section of the questionnaire are presented in full in Appendix iii. The following definition of an application form was provided to help respondents provide information in this section:

*“Application Forms are a series of structured questions which a candidate is asked to complete. These may include questions about a candidate’s previous experience or their education. As in the case of the UCAS application form, they may include space for a candidate to provide a **Personal Statement** and **References**. The information from the Application Form may or may not be scored against predetermined criteria.”*

The 512 respondents who indicate that an application form is used during screening were asked follow up questions about how this is designed and delivered. From this it can be observed that the information most commonly used to inform the decision to progress or reject a candidate is the candidate’s educational qualification (98.1%), their perceived

commitment to the profession for which they are applying (88.1%) and their previous work experience (83.4%). The part of the application form which is most likely to be reviewed is the personal statement (93.6%) closely followed by the referee(s) statement (85.5%). Of those programmes that use application forms, 52.0% score these against a predetermined scoring system.

The value most commonly assessed as part of the application form is 'Commitment to quality of care' (52.0%) closely followed by 'Compassion' (50.0%). The least commonly assessed value is 'Everyone counts' which is assessed by 152 of the 512 (29.7%) respondents using applications forms. There were 125 respondents (24.4%) who stated that values are not assessed as part of the application form. The information used to make a judgement on a candidate's values is most often the personal statement (77.0%). A slightly smaller proportion use the referee(s) statement to inform this judgement (57.0%) or the candidate's previous study or career history (52.0%). There was a varied response when respondents were asked about the proportion of application form which is focused on values, with a relatively large proportion (18.2%) stating 'I'm not sure', suggesting that respondents found it difficult to answer this question. Of those that provided a proportion, the most commonly selected response (19.3%) was between 26 and 50% of the application form, suggesting that when values are assessed at this stage they are potentially considered less important than other factors (such as educational attainment and knowledge of the programme).

Screening – Situational Judgement Test

The responses to the questions asked in this section of the questionnaire are presented in full in Appendix iv. The following definition of an SJT was provided to help respondents answer the questions in this section:

“Situational Judgement Tests (SJTs) are a standardised test whereby candidates are presented with a series of scenarios that they may encounter as part of the course or role for which they are applying, and a set of responses to each scenario. Judgements about these responses are recorded, and assessed against a predetermined scoring key. SJTs can be completed on a computer or can be paper-based but for screening purposes it would be expected that they would be completed online.”

The 41 respondents who indicate that an SJT is used during screening were asked follow up questions about how this is used. The vast majority (87.8%) indicate that the SJT is scored against a predetermined scoring system. One of the defining features of an SJT (see definition above) is that it is assessed against a predetermined scoring key, suggesting that a small proportion of respondents (12.2%) were reporting on an alternative selection method which they incorrectly labelled as an SJT. This may include a task which

asks candidates to write a written response to a scenario or review a video presenting a challenging scenario.

SJTs can be delivered via a computer or online or can be paper-based. The respondents indicate that the majority of SJTs used for screening are paper-based (73.2%) which would suggest that candidates would either be sent the test in the post or would go to the institution to complete it.

Respondents were asked whether the SJT had been developed based on evidence from a formal analysis of the relevant role. This provides an indication of the likely quality of the SJT as best practice would suggest that an SJT is more likely to be a robust, fair and effective selection tool if developed based on thorough job analysis. More than a third (39.0%) of SJTs used are based on a formal analysis and 29.3% are not. Another 29.3% of respondents are not sure. The majority (46.3%) of SJTs are reported to have been developed in-house by the HEI themselves with a further 9.8% developed by external contractors. It was reported by 34.2% of respondents that their SJT has been developed through some other means and 7.3% are not sure.

The value most commonly assessed through an SJT is 'Respect and dignity' (85.4%) closely followed by 'Compassion' (78.1%) and 'Working together for patients' (73.1%). 'Improving lives' and 'Everyone counts' are less commonly assessed through an SJT (each selected by 61.0%).

Screening – personality test

The following definition of a personality test was provided to help respondents answer the questions in this section:

“Personality Tests are a standardised measure whereby candidates are asked a series of questions about their preferences which have no right or wrong answer. The responses are recorded, and a profile is created for each candidate to describe their likely preferences or personality traits which can be compared with other candidates. Personality tests can be completed on a computer or can be paper-based but for screening purposes it would be expected that they would be completed online.”

Only four respondents indicate that a personality test is used during screening. Of these, three stated that the test is administered online or is computer based and one states that it is administered via paper and pencil. In terms of the values the personality tests are designed to measure, the following values are assessed across two of the tests: 'Respect and dignity'; 'Commitment to quality of care'; 'Compassion' and 'Improving lives'. 'Working together for patients' and 'Everyone counts' are assessed in just one of the personality tests. Two of the tests were not designed to assess values and one respondent indicates

that another value is assessed, described in the free text comment as “*ethical thinking and professional behaviour characteristics*”.

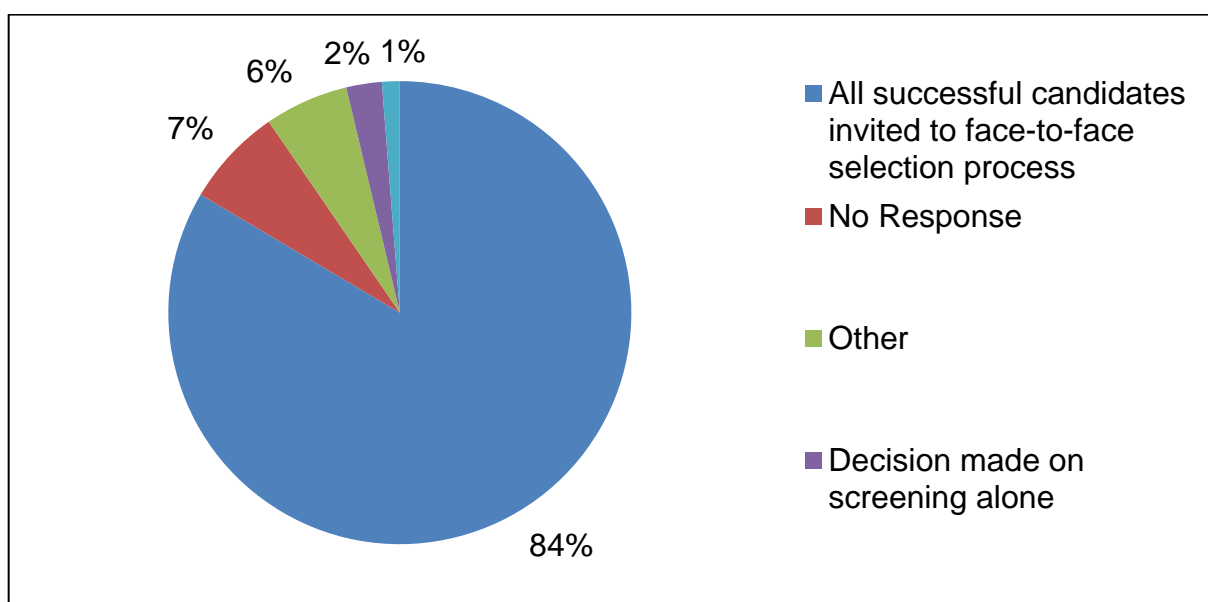
Screening – other methods

At the end of the screening section of the survey, respondents were invited to provide information about any other screening methods used which had not already been captured using a free-text box. Comments were left by 198 respondents and these have been analysed qualitatively to identify the common themes. Many of these responses supported information which had been provided elsewhere in the survey however some identified alternative approaches to screening including: the use of literacy or numeracy tests, written exercises or standard medical admissions tests (such as the UK Clinical Aptitude Tests ‘UKCAT’ or BioMedical Admissions Test ‘BMAT’) as part of the screening process. Two respondents indicate the use of an open-day as part of the screening process.

Screening – decision making

Respondents were asked to indicate what happens following the screening process. The results are presented in Figure 4.4 below. It can be observed that in 471 of the 564 cases (83.5%), all candidates who pass the screening process are invited to a face-to-face selection process before offers are made. In just 14 cases (2.5%) the decision to offer a candidate a place on the programme is based on the information from screening alone (i.e. the screening process is actually used as a form of selection rather than to screen-out unsuitable candidates). In seven cases (1.2%) there is a mixed approach whereby some candidates are invited to a face-to-face selection process but others are made an offer based on information based on screening only. There was no response provided for 39 (6.9%) of cases.

Figure 4.4 Response to question: ‘What happens following the screening process?’



In response to the above questions, 33 respondents (5.9%) selected 'other' in response to the above question and provided more information in a free text comment box. The majority of these comments (21) could be interpreted as suggesting candidates are invited to a face-to-face selection process before being offered a place. Four comments suggest that the decision is made on the basis of the screening information alone for some candidates. In six cases the information provided was unclear. In two cases, the respondents explained that whilst the majority of candidates are invited to a face-to-face selection process, there is an exception made for overseas applicants, where instead a telephone interview process is used. However, this interpretation relies on a judgement being made on the basis of the text provided and therefore it is suggested that responses which fall into the 'other' category are explored further with the programmes directly before any conclusions are drawn.

Screening – insights across programme categories

The proportion of each of the eight programme categories using the three screening methods is presented in figures 4.5 - 4.7 overleaf. In proportional terms, programmes falling under the Specialist Nurse Post Registration category are most likely to use an SJT during screening followed by those falling under Other Scientific, Technical and Therapeutic category. None of the Undergraduate Pharmacy programmes are known to use an SJT for screening. In real terms, the greatest number of programmes using an SJT for screening are those in the Nursing category (14 cases), however when looking at this as a percentage this only represents 6.7% of all Nursing programmes. Very few programmes use a personality test as part of the screening process. Of the four that do, two are within the Undergraduate Pharmacy category, one in Undergraduate Medicine and one in Nursing. There is a very small proportion in these programme categories only using an application form for screening. An application form is by far the most common method of screening candidates, with the emphasis being placed on the candidate's educational qualifications and the information contained in the personal statement.

Figure 4.5 Proportion of programme categories using an SJT for screening

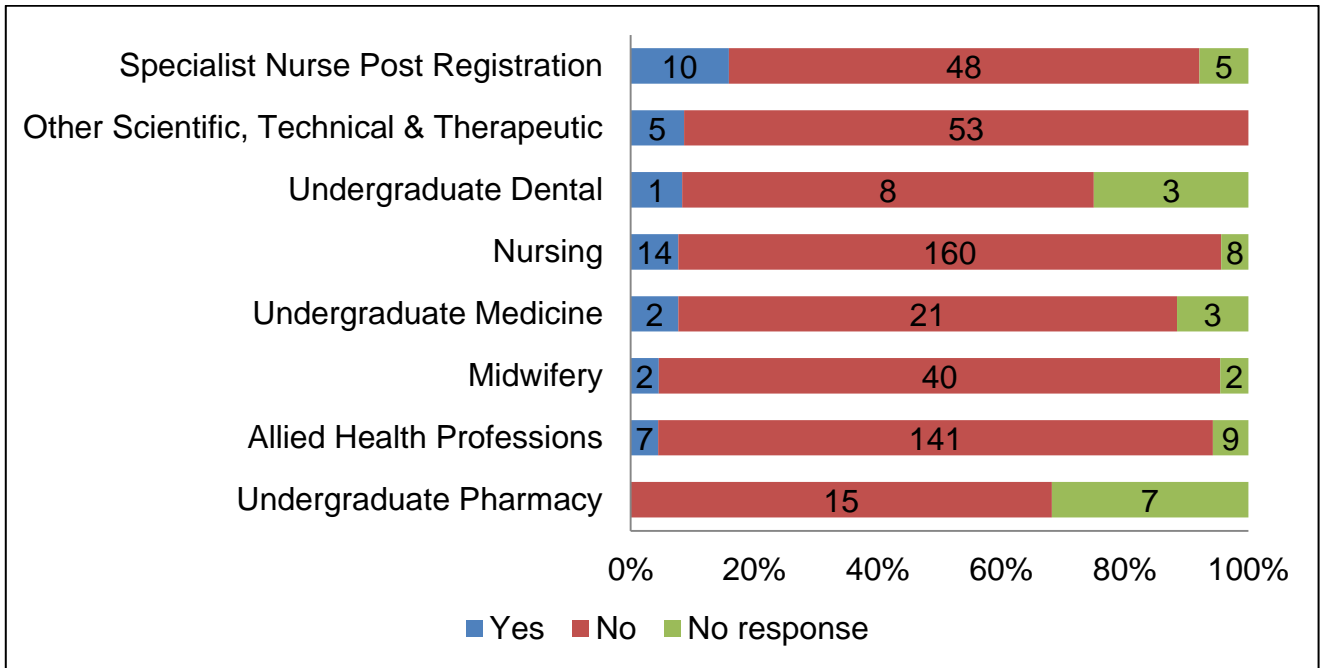


Figure 4.6 Proportion of programme categories using a personality test for screening

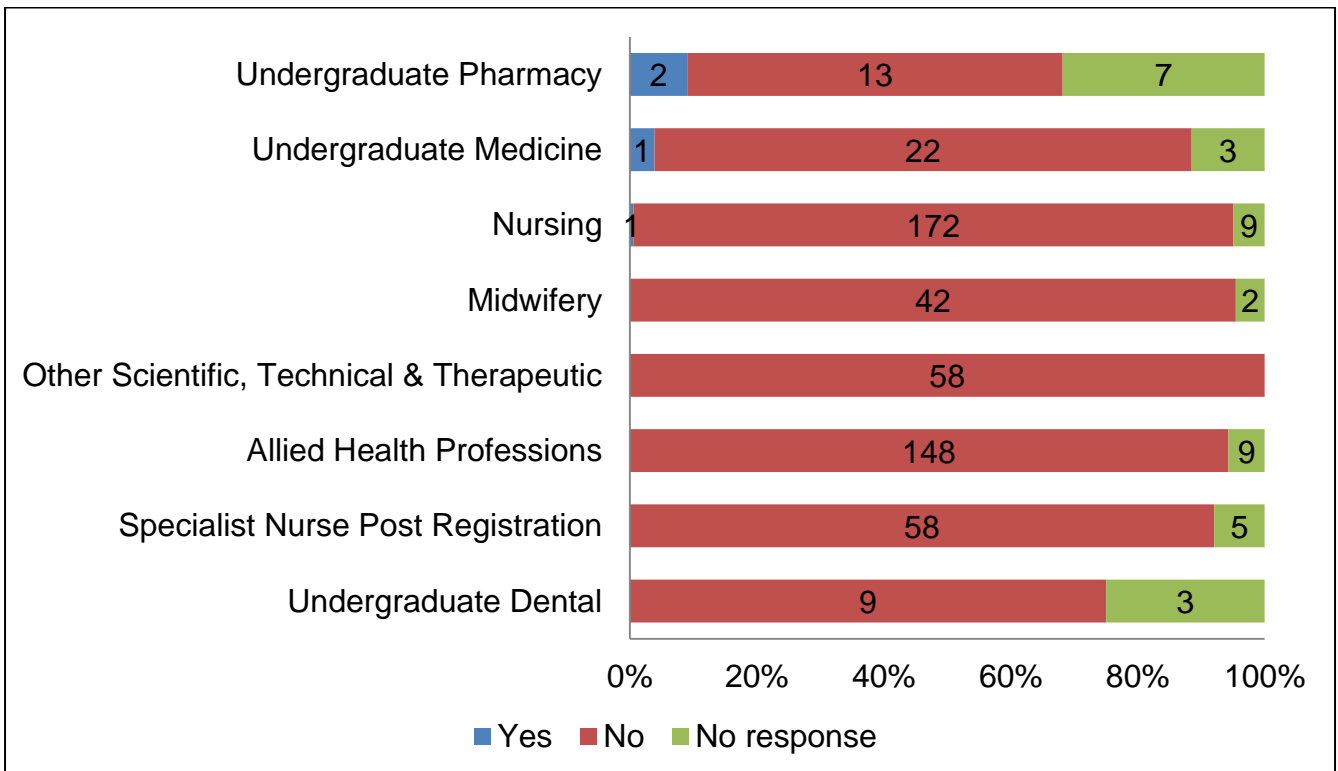
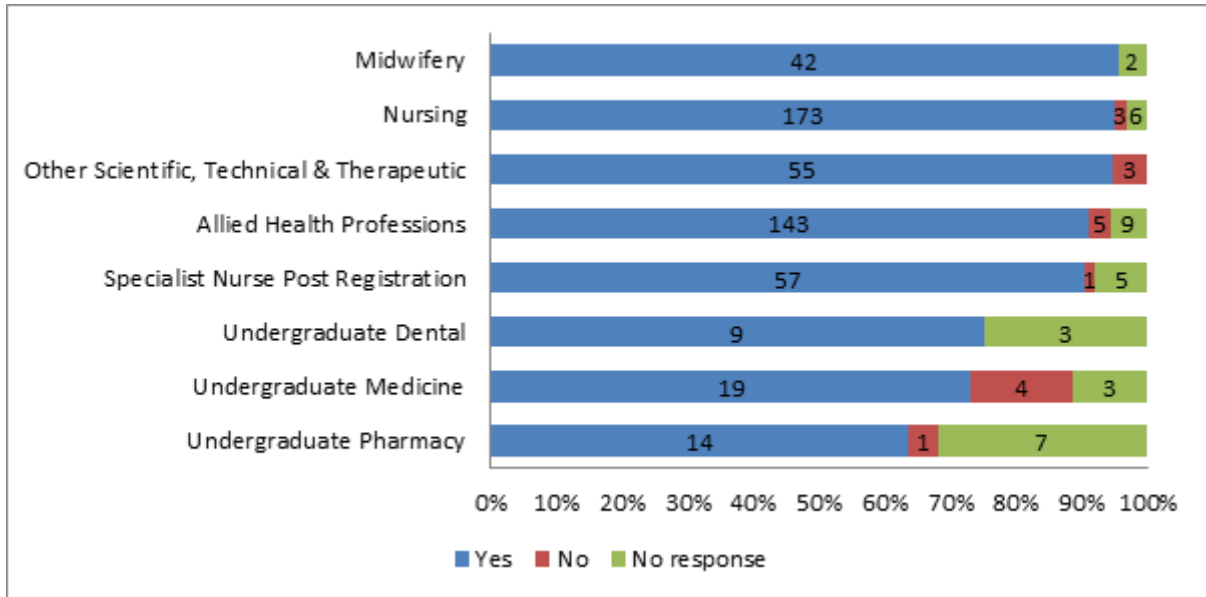


Figure 4.7 Proportion of programme categories using an application form for screening



Screening – key messages

- An application form is by far the most common method of screening candidates, with the emphasis being placed on the candidate's educational qualifications and the information contained in the personal statement.
- Around half of application forms are scored against a predetermined scoring system and around a quarter are not designed to assess values.
- There are a small number of instances of Situational Judgement Tests (SJTs) being used for screening but there is a suggestion that these might be being completed face-to-face (i.e. paper/pencil rather than online) and therefore would still require some form of administrative support from the Higher Education Institution (HEI). Generally SJTs have been developed in-house by the HEI themselves. When used, SJTs are assessing a wide range of different values, more so than the application form.
- Other screening methods include literacy/numeracy testing and written exercises.
- In the vast majority of cases, all candidates who successfully pass the screening process are invited to some form of face-to-face selection however overseas applicants can represent a particular challenge in this respect.
- There are a very small number of cases where it appears selection decisions are made on the basis of screening information alone (i.e. there is no face to face selection process).

Selection

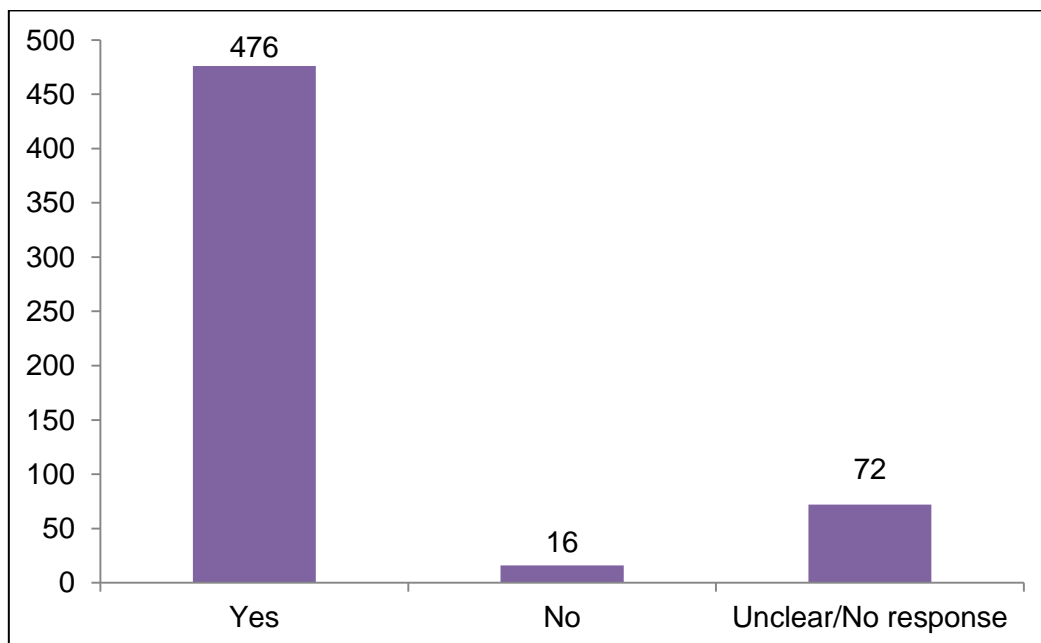
Selection – summary of results

The respondents were asked to complete a number of questions within this section of the questionnaire, including information about the methods used to select candidates and the extent to which values are assessed as part of these methods. The following definition of selection was provided to help respondents provide information in this section¹²:

“Selection should be taken to mean any activity which involves direct, face-to-face contact with the individual who has applied (even if in a group setting) to make a decision about their suitability for a place on the programme.”

From the information provided it was possible to identify the proportion of programmes which are assessing values as part of the selection process, these results are summarised in Figure 4.8 below. From this it can be observed that the majority (84.9%) of programmes are assessing values during the selection stage compared to just 2.8% that are not. Information was not provided or was unclear for 12.7% of programmes.

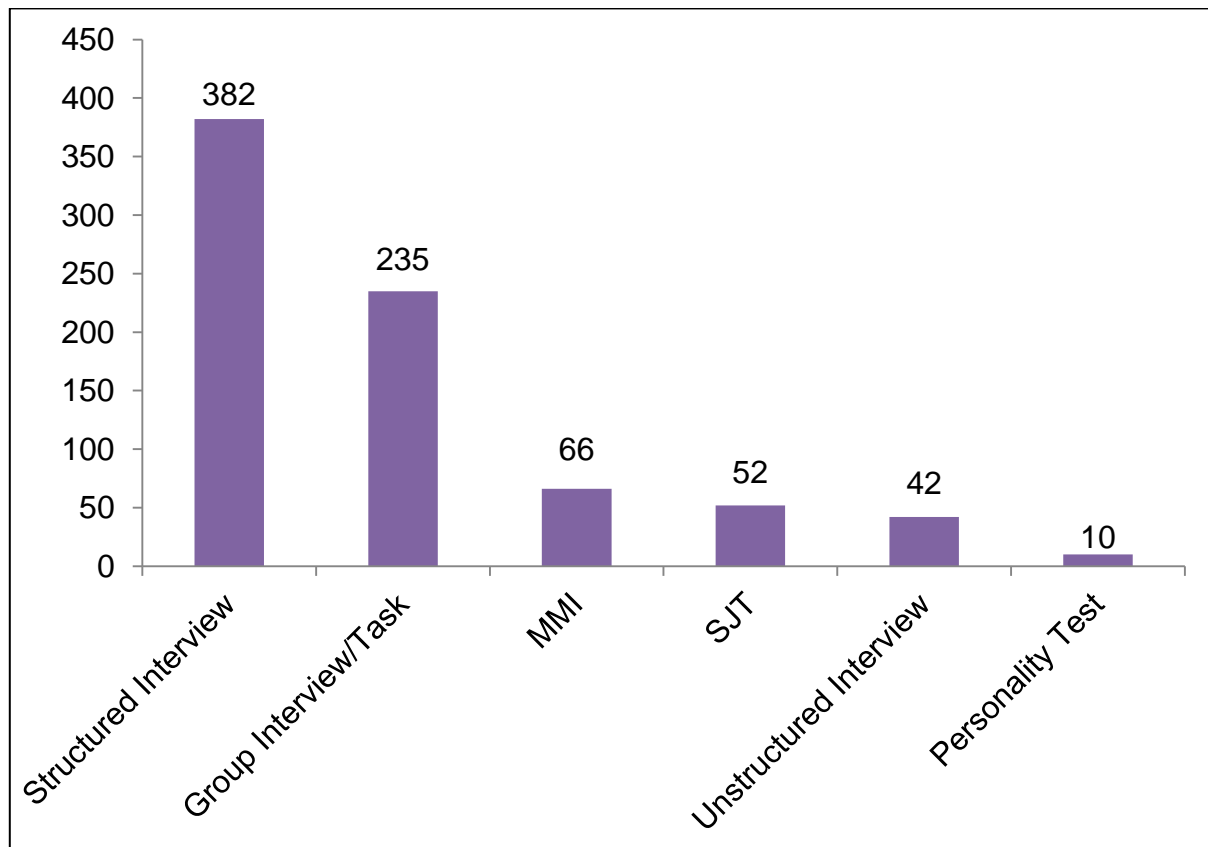
Figure 4.8 Number of programmes assessing values during selection



¹² Note: For the purposes of the survey, ‘selection’ was defined as a face to face process. However, selection in its broadest term could be defined as any activity which is used to **select in** suitable candidates (as opposed to **select out** unsuitable candidates) and this may therefore not always be conducted face to face (for example through the use of a telephone interview or an online SJT).

Respondents were asked to provide further information about the selection process used for the programme in terms of the following methods; structured interview, unstructured interview, group interview/task, Multiple Mini Interview (MMI), SJT and personality test. Figure 4.9 below summarises the number of programmes using each of the six methods. The structured interview is the most commonly used selection method (67.7% of programmes use this method) followed by group interview/task (41.7%). The MMI, SJT, unstructured interview and personality test were the least commonly used methods at (11.7%, 9.2%, 7.5% and 1.7% respectively).

Figure 4.9 Number of programmes using each selection method



Selection – structured interview

The responses to the questions asked in this section of the questionnaire are presented in full in Appendix v. The following definition of a structured interview was provided to help respondents provide information in this section:

*“Structured Interviews are interviews which ask a standardised set of predetermined questions to a **single** candidate. The candidate may be asked to discuss examples from their previous experiences or they may be asked how they would respond to hypothetical questions but each candidate receives the same, or very similar, questions. A structured interview is typically scored against predetermined scoring criteria which is the same for all candidates. There may be one or more interviewers present but if there is more than one candidate this would be categorised as a **group interview**.”*

Of the 382 respondents who indicated that they use a structured interview as part of the selection process, it can be observed that for the majority of programmes (57.9%) two interviewers are involved in the process however for some programmes three interviewers are involved (10.1%). It is rare for either a single interviewer or for four or more interviewers to facilitate the interview (8.9% and 11.3% respectively).

In terms of length, typically structured interviews last for between 16 and 30 minutes (56.3%). In 17.0% of cases the interviews last 15 minutes or less and in 18.9% they last between 31 and 45 minutes. It is rare for the interview to last for 45 minutes or more (7.9%). NHS staff are reported to be involved in the majority of structured interviews (91.6%), whereas service users are less likely to be involved (observed in 36.4% of cases).

In terms of managing the interview process, in the majority of cases (83.5%) interviewers are given some flexibility to ask questions outside of the given structure. Only rarely are they given much flexibility (9.2%) or no flexibility at all (7.3%). The vast majority of structured interviews are scored against a predetermined scoring system (90.6%).

The values most frequently assessed as part of the structured interview are ‘Respect and dignity’ (86.3%), ‘Compassion’ (85.1%) and ‘Commitment to quality of care’ (85.5%). ‘Everyone counts’ is the least commonly assessed value (59.9%) however this is still assessed by over half of the programmes using structured interview. Only six programmes (1.6%) using a structured interview report that values are not assessed at this stage. The most common method (used in 84.8% of cases) for assessing a candidate’s values at this stage is through asking them to discuss their values directly (for example “tell us what made you want to apply to become a xxx” or “what attributes do you feel you have that would make you a successful xxx”). The second most common method (used in 79.1% of cases) is asking the candidate to provide examples from their previous experience of times when they have demonstrated the required values (for example, “describe a time when you have worked together with others to achieve something” or “tell us about a time when you cared for someone compassionately”). Only a small proportion (14.1%) of programmes ask candidates to interact with a role actor or service user during the structured interview to provide insight into their values. When asked about the proportion of the structured interview which is focused on assessing the candidate’s values, 29.6%

said that this proportion was between 51 and 75% and 34.3% said that this was 76% or more.

Selection – unstructured interview

The responses to the questions asked in this section of the questionnaire are presented in full in Appendix vi. The following definition of an unstructured interview was provided to help respondents provide information in this section:

*“Unstructured Interviews ask questions to a **single** candidate which are not generally predetermined, meaning different candidates may get asked different questions and the interviewer has the freedom to ask the candidate about anything which they deem relevant. The interviewers decide whether or not the candidate should progress to the next stage in the selection process based on their own judgement rather than predetermined scoring criteria. There may be one or more interviewers present but if there is more than one candidate this would be categorised as a **group interview**.”*

Of the 42 respondents who indicate that an unstructured interview is used as part of the selection process for the programme, it can be observed that as with the structured interview, typically two interviewers are involved (42.8%) however they are more likely to involve a single interviewer (23.8% of cases compared to 8.9% of structured interviews). The timing is also more varied with 31.0% of cases lasting 15 minutes or less, 28.6% lasting between 16 and 30 minutes, 16.7% lasting between 31 and 45 minutes and 23.8% lasting 45 minutes or more. NHS staff are less likely to be involved than in the structured interview (76.2% compared to 91.6% with structured interviews) however service users are more likely to be involved (47.5% compared to 36.4%).

Whilst the nature of an unstructured interview means that questions are not necessarily predetermined, in the vast majority of unstructured interviews (90.5%) interviewers are encouraged to explore a candidate's values as part of the interview. Consistent with the structured interview, the values most frequently assessed are 'Respect and dignity' (76.2%) 'Compassion' (73.8%) and 'Commitment to quality of care' (73.8%). 'Everyone counts' is the least commonly assessed value in the unstructured interview (45.2%). Only three cases (7.1%) reported that values are not assessed as part of the unstructured interview. As with the structured interview, the most common method for assessing a candidate's values at this stage is through asking them to discuss their values directly (57.1%). Only a small number (16.7%) ask candidates to interact with a role actor or service user. In terms of the proportion of the unstructured interview which is focused on values, the responses were more varied than for the structured interview with 28.5% of responses stating that this proportion is between 26 and 50%, 19.1% stating that this is between 51% and 75%, and 23.8% stating that this is 76% or more. This may be partly explained by the lack of structure given to these interviewers, meaning the questions

asked and the amount of time spent on each are more likely to be subject to interviewer discretion and therefore may vary.

Selection – group interview/task

The responses to the questions asked in this section of the questionnaire are presented in full in Appendix vii. The following definition of a group interview/task was provided to help respondents provide information in this section:

“Group Interviews are interviews which involve questions being asked of two or more candidates simultaneously. The questions may be predetermined and there may be one or more interviewers present. Rather than ask questions of the candidates, a group interview may instead involve a group of candidates being asked to complete a task together whilst observed by assessor(s).”

Of the 235 respondents who indicate that a group interview/task is used as part of the selection process for the programme, it can be observed that, as with the structured interview, typically two interviewers are involved (48.9%). It is rarer for three or four interviewers to be involved (25.1% and 22.1% respectively) and very rare for a single interviewer to facilitate the discussion (3.8%).

In terms of the number of candidates involved in the group interview/task, this is more varied with the most common number of candidates being six (27.2%) and eight (25.1%). In 18.3% of cases, 10 or more candidates were involved in the group/interview task. There were 13 cases (5.5%) where two interviewers are responsible for assessing 10 or more candidates. With regards to timing, the majority of the group interview/tasks last between 16 and 30 minutes (43.4%), this includes seven cases where 10 or more candidates are being assessed which would give a maximum of three minutes ‘speaking time’ per candidate assuming the time is split evenly. In six cases (2.6%), six or more candidates are assessed in 15 minutes or less giving less than three minutes ‘speaking time’ per candidate assuming the time is split evenly. The majority of respondents (75.0%) did however indicate that there are processes in place to ensure all members of the group have an opportunity to contribute. However, of the 58 cases which do not have such processes in place, 51 (87.9%) typically involve six or more candidates meaning it is likely that some candidates may not be provided with appropriate opportunity to contribute.

In just over half of cases (53.2%), interviewers ask predetermined questions during the group interview/task meaning that for remaining 46.8% of cases there are no predetermined questions for interviewers to ask. In the majority of cases (86.0%), however, there is a predetermined scoring system used.

The values most frequently assessed during the group interview/task are 'Respect and dignity' (89.4%), 'Working together for patients' (81.7%) and 'Compassion' (79.6%). 'Improving lives' is the value least commonly assessed (61.7%). In only four cases (1.7%) are values not assessed. The most common method for assessing a candidate's values during the group interview/task is through observing the way in which the candidate interacts or communicates with other members of the group (87.7%). This is an element which cannot be observed as readily through the other types of interview. In the group setting candidates are less likely to be asked to discuss their values directly (33.2%) or provide examples from their previous experience (27.2%). In terms of the proportion of the group interview/task focused on values, the majority stated that this was either between 51% and 75% (22.1%) or 76% or more (42.9%).

Selection – Multiple Mini Interview

The responses to the questions asked in this section of the questionnaire are presented in full in Appendix ix. The following definition of a Multiple Mini Interview (MMI) was provided to help respondents provide information in this section:

“Multiple Mini Interviews (MMIs) involve a single candidate meeting with multiple interviewers, each of which will ask the candidate questions or to complete a particular task. The number of interviews (often called ‘stations’) and the length of each can vary as can the nature of the questions or tasks asked of the candidate. In some cases, a station may involve a candidate interacting with an actor playing a role. At the end of each station, the interviewer or assessor will award the candidate a mark, usually according to predetermined scoring criteria. These scores are usually totalled across each of the stations to give the candidate an overall score for the MMI. Sometimes the interviewers or assessors will discuss the performance of the candidates before agreeing on the final total score.”

Of the 66 respondents who indicate that an MMI is used as part of the selection process for the programme, it can be observed that candidates typically meet with nine or more interviewers (25.8%). The second most frequent number of interviewers for candidates to meet with is five (19.7%). In the vast majority of cases each individual interview within the MMI (sometimes referred to as a 'station') lasts under 10 minutes (in 48.5% of cases they last 5 minutes or less and in 34.9% of cases they last between 6-10 minutes). In the majority of MMIs the interviews ask predetermined questions (90.9%) and the MMI is scored against a predetermined scoring system (97.0%). In terms of whether or not interviewers have the opportunity to discuss the candidates with one another following the MMI, this is split with 45.5% stating that this does happen and 51.5% stating that it does not.

The values most frequently assessed during the MMI are 'Compassion' (89.4%), 'Respect and dignity' (77.3%) and 'Working together for patients' (60.6%). 'Everyone counts' is the

value least commonly assessed (51.5%) however this is still assessed by over half of those using an MMI. Values are not assessed in only two cases (3.0%). The most common methods for assessing a candidate's values during the MMI is through asking the candidate to consider hypothetical situations (for example, "what sorts of things would you consider when breaking bad news to someone?" or "what would you do if you witnesses a colleague behaving inappropriately?") and through observing the way in which the candidate interacts or communicates with the interviewer(s) (both used in 87.9% of cases). In terms of the proportion of the MMI focused on values, 21.2% state that this is between 51% and 75% and 37.9% state that this is 76% or more.

Selection – Situational Judgement Test

The responses to the questions asked in this section of the questionnaire are presented in full in Appendix ix. The following definition of a Situational Judgement Test (SJT) was provided to help respondents answer the questions in this section:

"Situational Judgement Tests (SJTs) are a standardised test whereby candidates are presented with a series of scenarios that they may encounter as part of the course or role for which they are applying, and a set of responses to each scenario. Judgements about these responses are recorded, and assessed against a predetermined scoring key. SJTs can be completed on a computer or can be paper-based."

Of the 52 respondents who indicate that an SJT is used as part of the selection process for the programme, 88.5% indicate that the SJT is scored against a predetermined scoring system. As indicated in the screening section, as one of the defining features of an SJT is that it is assessed against a predetermined scoring key (see definition above), this suggests that a small proportion of respondents (11.5%) were reporting on an alternative selection method which they incorrectly labelled as an SJT.

SJTs can be delivered via a computer or online or can be paper-based. As with SJTs used at screening, the majority are paper-based (71.2%) rather than online or computer-based (28.8%). SJTs used for selection are more likely to be based on a formal analysis of the relevant role than those used for screening (53.9% compared with 39.0% of those used for screening), they are also more likely to have been developed in-house (57.7% compared with 46.3%).

The two values most commonly assessed through an SJT are the same as for SJTs used for screening: 'Respect and dignity' (82.7%) closely followed by 'Compassion' (80.8%) however when used for selection 'Commitment to quality of care' was slightly more likely to be assessed (76.9%) than 'Working together for patients' (71.2%). Similarly, whilst 'Improving lives' and 'Everyone counts' are less commonly assessed through an SJT they are still assessed by the majority of SJTs used (in 65.4% and 61.5% cases respectively).

Selection – personality test

The responses to the questions asked in this section of the questionnaire are presented in full in Appendix x. The following definition of a personality test was provided to help respondents answer the questions in this section:

“Personality Tests are a standardised measure whereby candidates are asked a series of questions about their preferences which have no right or wrong answer. The responses are recorded, and a profile is created for each candidate to describe their likely preferences or personality traits which can be compared with other candidates. Personality tests can be completed on a computer or can be paper-based.”

Only 10 respondents indicate that a personality test is used during selection. Of these, five state that the test was administered online/computer based and five state that it is administered via paper and pencil. In terms of the values the personality tests are designed to measure, ‘Compassion’ and ‘Respect and dignity’ are the most common (six and five cases respectively) with five respondents indicating that the personality test has been designed to measure ‘other’ values not listed.

Selection – other methods

At the end of the selection section of the survey, respondents were invited to provide information about any other selection methods used which had not already been captured. There were 252 respondents who left comments in this free text box and these have been analysed qualitatively to identify the common themes. Many of these responses supported information which had been provided elsewhere in the survey however some identified alternative approaches to selection including: the use of a written exercise to assess values, the use of stimulus materials such as videos, scenarios and photographs, about which the candidate is asked to present a response or answer a question. Personality testing was cited in a small number of cases, and sometimes included reference to emotional intelligence.

In the free text responses, some respondents refer to the way in which values are identified, discussed and used to inform decision making. For example, one respondent discusses how candidates can be ‘vetoed’ by an interview panel for ‘expressing an unacceptable attitude towards service users’ which in this case provided a mechanism for ensuring the candidate’s values are weighted more heavily within the scoring systems. Some of the challenges of assessing values are discussed by some respondents including concerns about ‘impression management’ and the use of ‘buzz words’ by candidates, in this case the respondent highlights the need to “*probe interviewees on what they mean by these terms to reduce the influence of rehearsed answers*”.

Selection – insights across programme categories

To understand the differences in the selection processes used across different categories of programme, responses to some of the questions have been split by programme category. Appendix xi provides a summary of the proportion of each programme category using each of the six selection methods. Figures 4.10 to 4.15 below show the proportions of each of the eight high level programme categories against selection methods used to assess values. From this it can be observed that group interview/tasks are most likely to be used by those falling under the Midwifery and Nursing categories and are least likely to be used by those falling under the Undergraduate Medicine and Dental categories which conversely are the most likely to use MMIs. Programmes falling under the Specialist Nurse Post Registration, Nursing and Midwifery categories are the most likely to use SJTs and Undergraduate Pharmacy, Allied Health Professions and Nursing are the most likely to use personality tests.

Figure 4.10 Proportion of programme categories using a group interview/task for selection

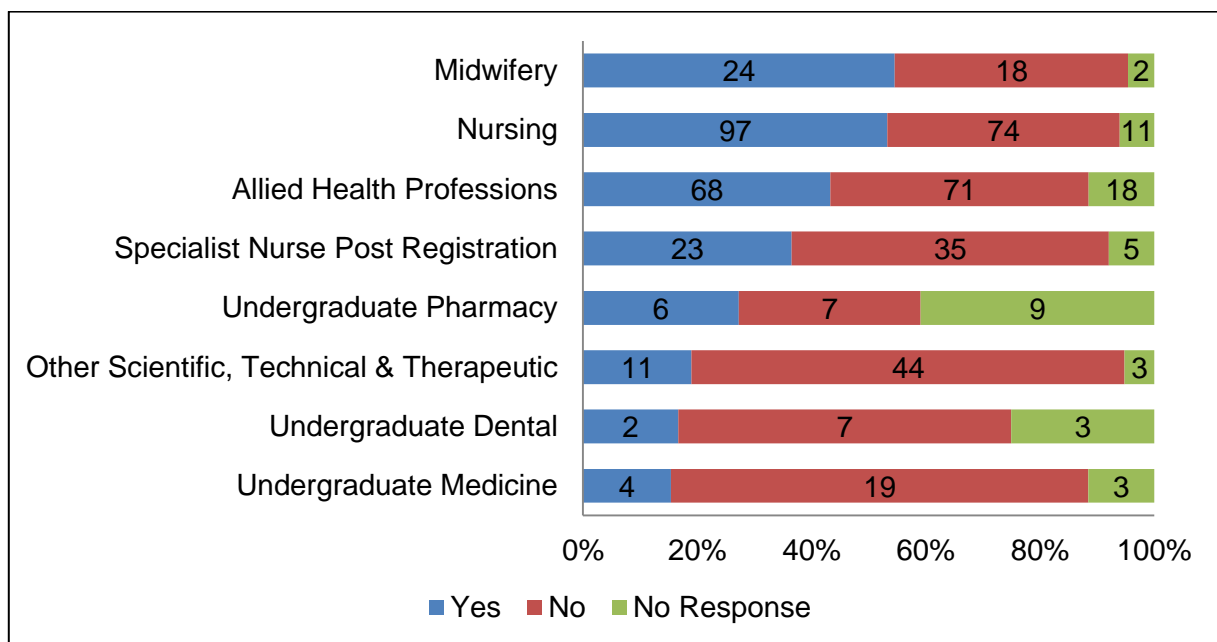


Figure 4.11 Proportion of programme categories using an MMI for selection

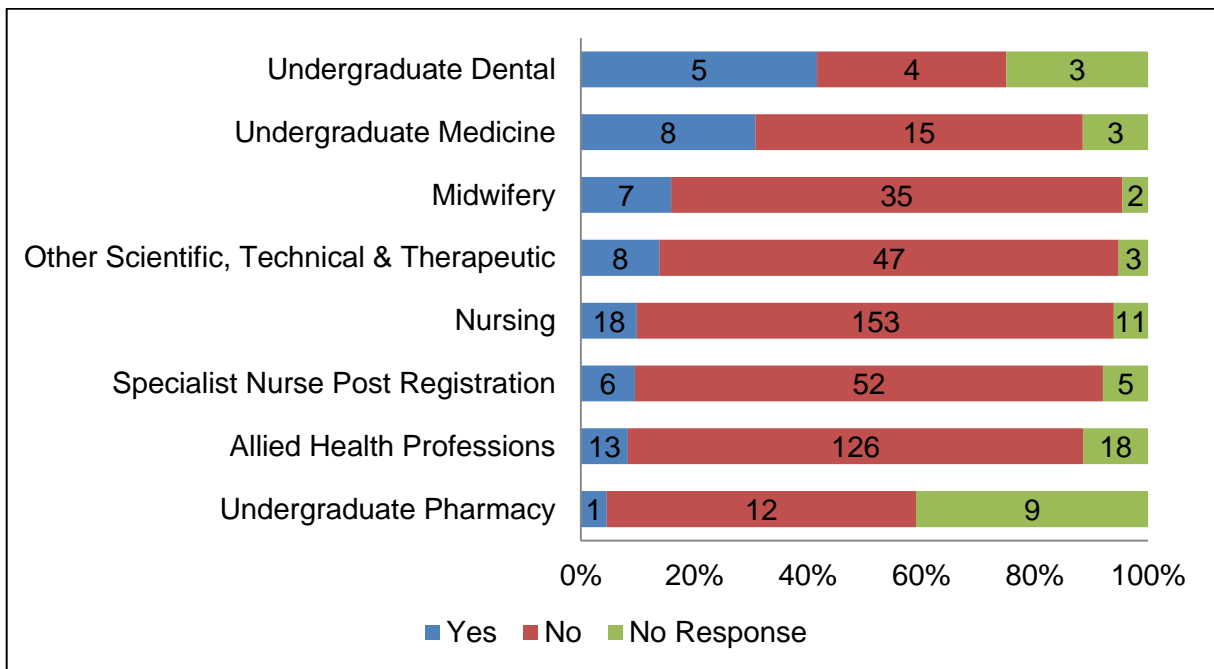


Figure 4.12 Proportion of programme categories using an SJT for selection

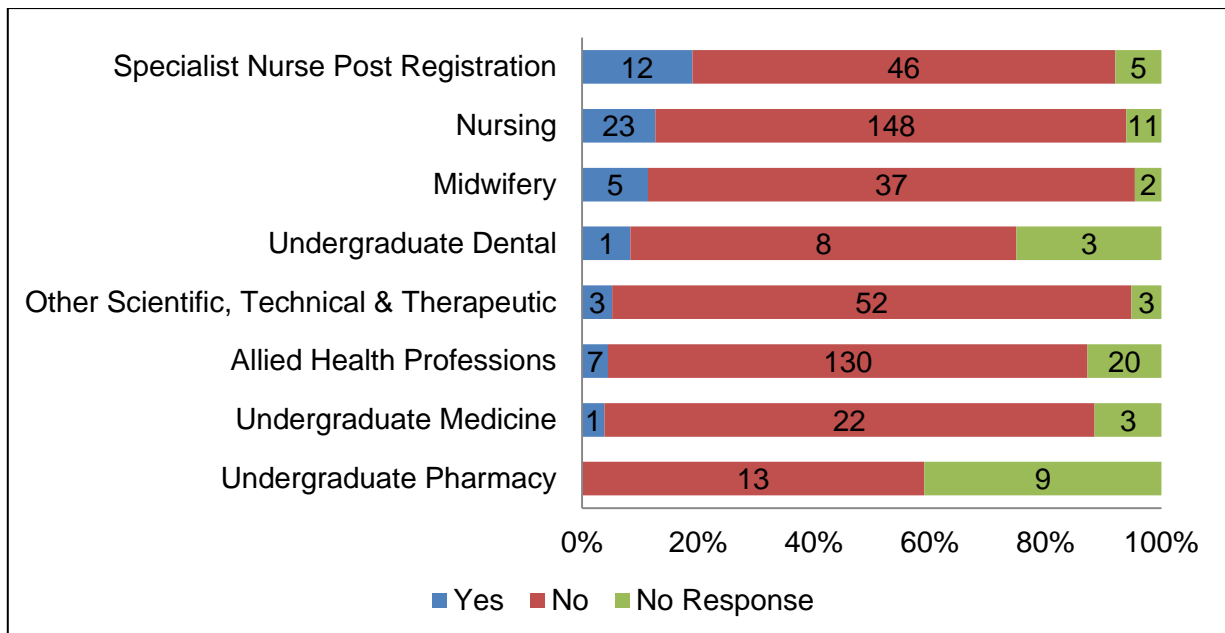


Figure 4.13 Proportion of programme categories using personality test for selection

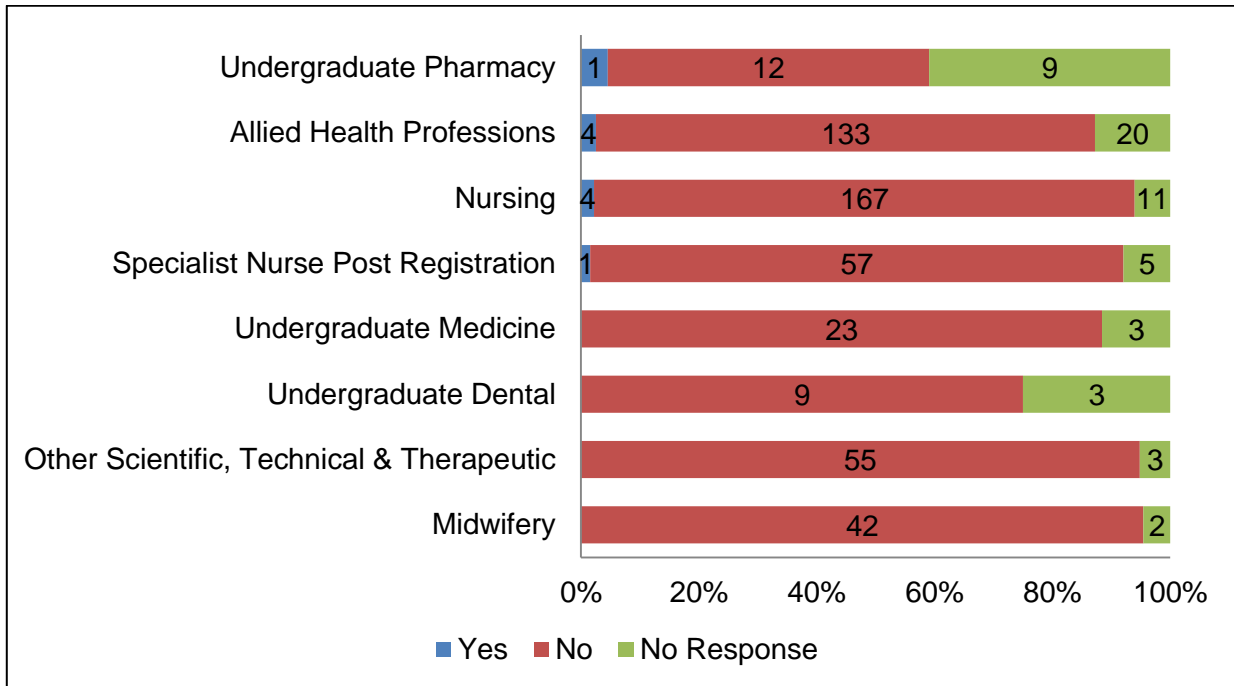


Figure 4.14 Proportion of programme categories using a structured interview for selection

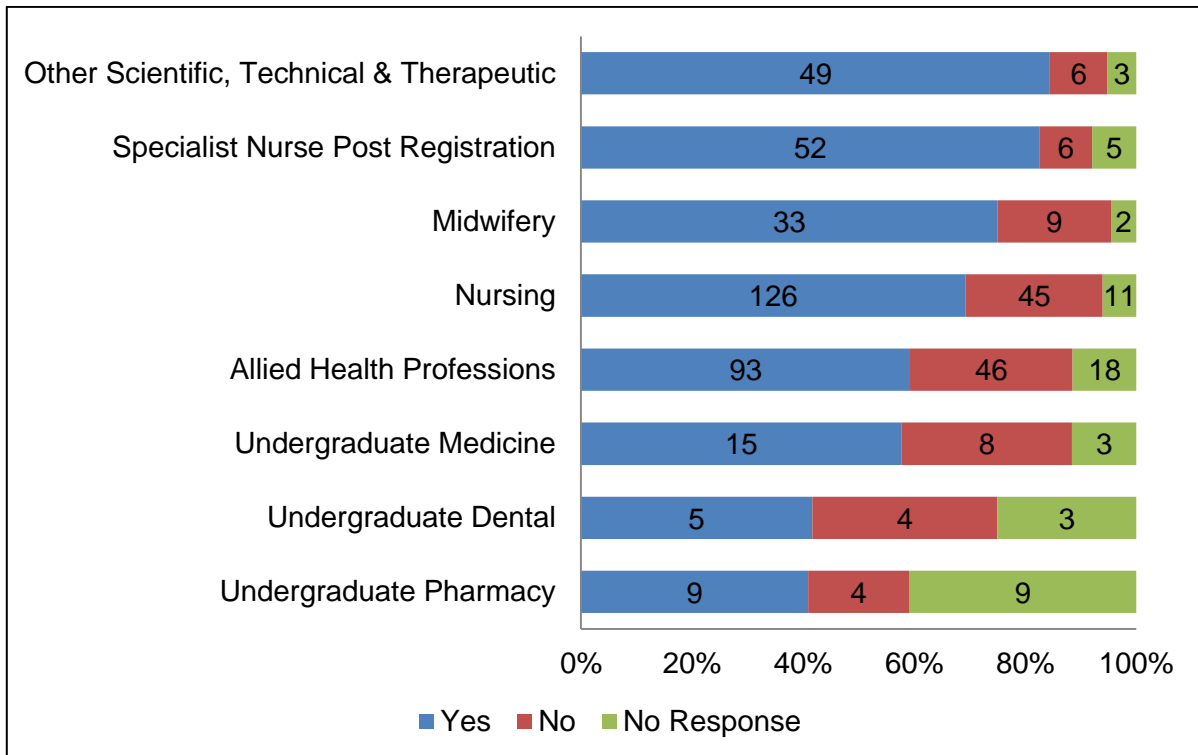
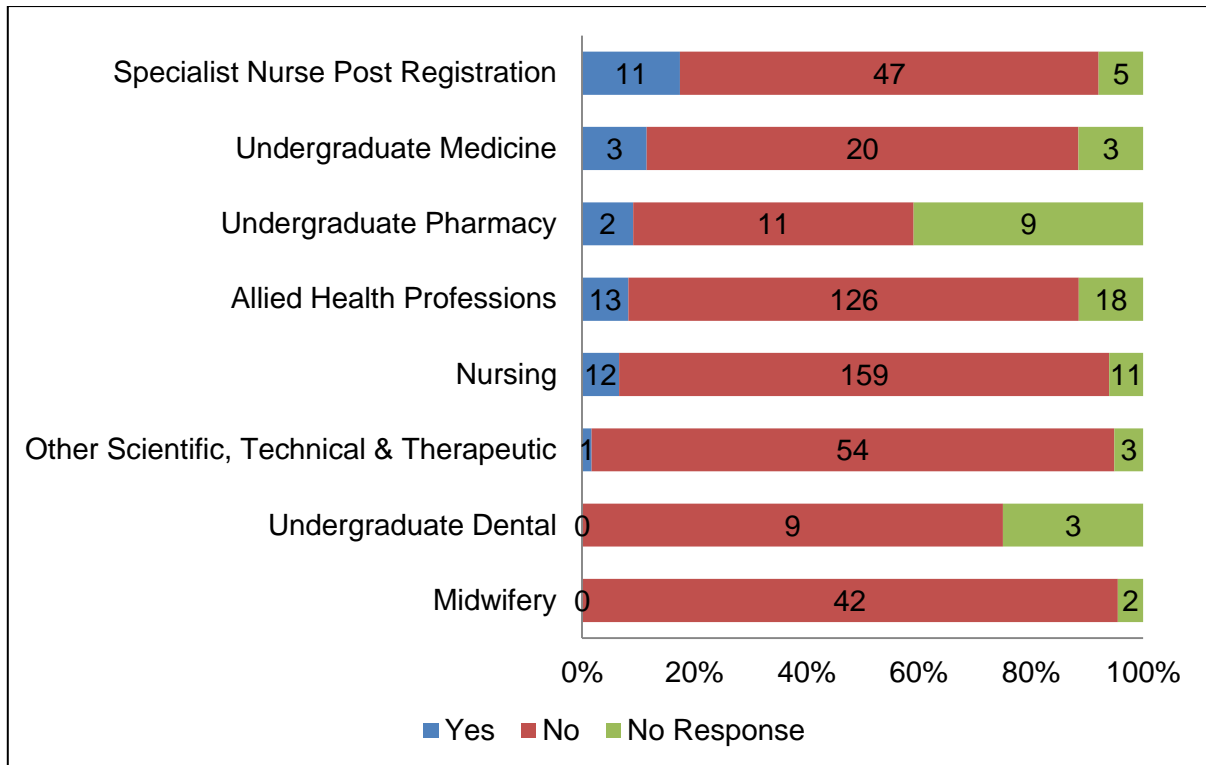


Figure 4.15 Proportion of programme categories using an unstructured interview for selection



Selection – key messages

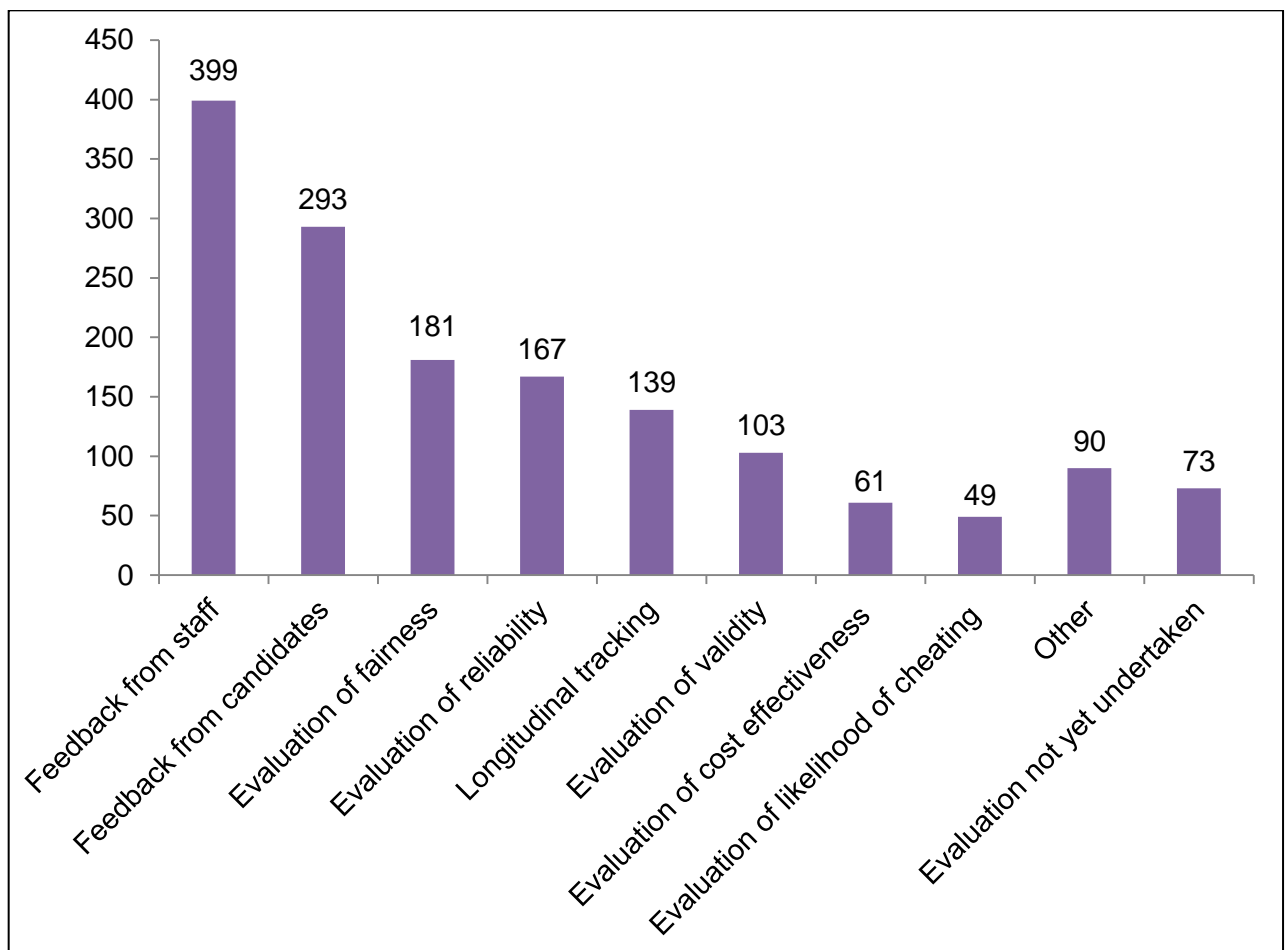
- The structured interview is the most common selection method. Most structured interviews are conducted by two interviewers and last between 16 and 30 minutes. NHS staff are involved in the majority of structured interviews however service users are less commonly involved.
- Group interviews/tasks are the second most common selection method and are particularly prevalent within Nursing, Midwifery and Allied Health Professions programmes. There is some variability in the number of candidates that are assessed during the group interview/task with the most common number of candidates being six, eight and 10. Typically, the group interview/task is assessed by two interviewers/assessors and lasts between 16 and 30 minutes.
- Whilst group interviews/tasks require less resource than other types of selection method, the data suggests there are likely to be other limitations such as; candidates not being provided with adequate time to each contribute, and assessors being 'overloaded' with information from observing multiple candidates at once.
- There are fewer instances of other assessment methods such as unstructured interviews, Multiple Mini Interviews (MMIs), Situational Judgement Tests (SJTs) and personality tests being used. MMIs are more prevalent within Undergraduate Medical and Dental programmes. SJTs are more prevalent within Nursing Programmes (including Specialist Nursing Post-Registration).
- The most commonly assessed values during selection are; 'Respect and dignity', 'Compassion' and 'Commitment to quality of care'. The least commonly assessed values are 'Everyone counts' and 'Improving lives'.
- Group interviews/tasks and MMIs appear to be considered to assess values in a different way to structured interviews. For example, both MMIs and group interviews/tasks are more likely to assess the value 'Working together for patients' and both of these methods are more likely to report a higher proportion of time spent on assessing values. Furthermore, in both group interviews/tasks and MMIs the candidate's values are more likely to be assessed through consideration of hypothetical situations and through their interaction with the other candidates and interviewers than through being asked to discuss their values directly (as is the most common technique used in both structured and unstructured interviews). This suggests that group interview/tasks and MMIs are being chosen as selection methods for reasons beyond simply managing resources or minimising costs.

Evaluation

Evaluation – summary of results

Respondents were asked to provide information about any evaluation activity which has been undertaken as part of the attraction, screening or selection processes for the programme. The results are summarised in Figure 4.16 below. From this it can be observed that some form of evaluation activity has been undertaken for the majority of programmes (only 73 programmes, 12.6% of cases, stated that evaluation activity has not yet been undertaken). The most common form of evaluation activity is gathering feedback from those involved in the selection process (for example, shortlisters, interviewers, assessors, administrative staff) to gain insights into their perceptions of the selection process; 399 of the 564 cases (70.7%) report that this has been undertaken. The second most common form of evaluation activity is gathering feedback from candidates to gain insight into their perceptions of the selection process and this has been undertaken by 293 of the 564 cases (52.0%). More robust forms of evaluation such as assessing the reliability and validity of methods are less commonly undertaken (in 167 and 103 cases respectively).

Figure 4.16 Response to question: ‘What evaluation activity has been undertaken?’



In addition to the above question, respondents were also invited to leave free text comments regarding the evaluation activity. They were asked to provide information about any other evaluation activity undertaken but not listed, the results of any evaluation activity which has been undertaken and information about any evaluation activity which is planned for the future. Free text comments were left by 349 respondents, the responses to these free text comments were combined and analysed qualitatively to identify common themes which are summarised below.

- **Type of selection method evaluated:** Interviews are the selection method most likely to be referenced in relation to evaluation activity which is unsurprising considering they are the most common selection method (40 respondents discuss evaluating the interview specifically). Interestingly it would appear from the free text comments that MMIs are more likely to be evaluated than group interviews/tasks (25 cases vs 8 cases) this is despite group interviews being the more commonly used method.
- **Newly introduced methods and plans for introduction:** There was evidence to suggest that MMIs are more likely than other selection methods to have been recently adopted and a number of programmes suggest that they are considering using MMIs in the future. There is also evidence to suggest that a number of programmes are considering the use of SJTs.
- **Candidate evaluation:** In terms of the mechanism for undertaking candidate evaluation, this is most often achieved through a post-interview or assessment day feedback form or questionnaire, and in just one instance is verbal feedback sought.
- **Service user involvement:** A number of instances indicate that the involvement of service users in the evaluation process is planned for the future – there is some awareness that this needs to happen due to Health Care Professions Council (HCPC) requirements for some programmes. In other cases, the involvement of service users is something which has recently occurred. Some evaluation involving service users is reported as being formal, whilst other instances speak more informally. Service users may be involved in the design or redesign of particular aspects of selection, for example, questions for structured interview.
- **Formal evaluation:** There are some instances of members of the course team undertaking a formal approach to evaluation for example through a literature review, or ongoing publishable research. A number of respondents suggested that there are plans to introduce a longitudinal evaluation of the selection process.
- **Newly introduced selection processes:** Some respondents mentioned that because selection processes and/or evaluation have been recently introduced there

is therefore nothing to report at the present time.

- **Impact of survey and VBR programme:** Some respondents mentioned that the survey itself has prompted them to consider evaluation. There is also evidence of a willingness to engage further with evaluation, particularly to make VBR more explicit within the selection process. A number of instances mentioned a plan to incorporate a form of evaluation after the current recruitment cycle.

Evaluation – key messages

- The majority of evaluation activity undertaken by Higher Education Institutions (HEIs) involves gathering feedback from staff involved in the selection process and from candidates. There is less activity relating to establishing the fairness, reliability and validity of selection methods; doing so can be resource intensive and lengthy.
- A structured interview is the selection method most likely to have been evaluated which is not surprising given it is the most commonly used method.
- There appears to be more evaluation activity in relation to MMIs than group interviews/tasks, despite group interviews/tasks being more commonly used.

5. Summary, Implications and Recommended Next Steps

Attraction: key messages

The majority of programmes are promoting values as part of the attraction strategy.

For some programmes the values are emphasised more strongly than for others.

There is some variability in the values which are most likely to be promoted, with 'Commitment to quality of care and 'Working together for patients' being the most common. In some cases values are promoted implicitly rather than explicitly.

A range of methods are used as part of attraction strategies, the most common being through open days and promotional materials, including websites.

Nursing programmes appear to be the most likely to promote values and Undergraduate Pharmacy and Dental the least.

Generally, the values assessed by Higher Education Institutions (HEIs) can be mapped to the values of the NHS Constitution however there may be overlap with other assessment criteria which are focused on skills and abilities and a lack of awareness of how these differ from values.

Screening: key messages

An application form is by far the most common method of screening candidates, with the emphasis being placed on the candidate's educational qualifications and the information contained in the personal statement.

Around half of application forms are scored against a predetermined scoring system and around a quarter are not designed to assess values.

There are a small number of instances of Situational Judgement Tests (SJTs) being used for screening but there is a suggestions that these might be being completed face-to-face (i.e. paper/pencil rather than online) and therefore would still require some form of administrative support from the Higher Education Institution (HEI) . Generally SJTs have been developed in-house by the HEI themselves. When used, SJTs are assessing a wide range of different values, more so than the application form.

Other screening methods include literacy/numeracy testing and written exercises.

In the vast majority of cases, all candidates who successfully pass the screening process are invited to some form of face-to-face selection, however overseas applicants can represent a particular challenge in this respect.

There are a very small number of cases where it appears selection decisions are made on the basis of screening information alone (i.e. there is no face to face selection process).

Selection: key messages

The structured interview is the most common selection method. Most structured interviews are conducted by two interviewers and last between 16 and 30 minutes. NHS staff are involved in the majority of structured interviews however service users are less commonly involved.

Group interviews/tasks are the second most common selection method and are particularly prevalent within Nursing, Midwifery and Allied Health Professions programmes. There is some variability in the number of candidates that are assessed during the group interview/task with the most common number of candidates being six, eight and 10. Typically, the group interview/task is assessed by two interviewers/assessors and lasts between 16 and 30 minutes.

Whilst group interviews/tasks require less resource than other types of selection method, the data suggests there are likely to be other limitations such as; candidates not being provided with adequate time to each contribute, and assessors being 'overloaded' with information from observing multiple candidates at once.

There are fewer instances of other assessment methods such as unstructured interviews, Multiple Mini Interviews (MMIs), Situational Judgement Tests (SJTs) and personality tests being used. MMIs are more prevalent within Undergraduate Medical and Dental programmes. SJTs are more prevalent within Nursing Programmes (including Specialist Nursing Post-Registration).

The most commonly assessed values during selection are; 'Respect and dignity', 'Compassion' and 'Commitment to quality of care'. The least commonly assessed values are 'Everyone counts' and 'Improving lives'.

Group interviews/tasks and MMIs appear to be considered to assess values in a different way to structured interviews. For example, both MMIs and group interviews/tasks are more likely to assess the value 'Working together for patients' and both of these methods are more likely to report a higher proportion of time spent on assessing values. Furthermore, in both group interviews/tasks and MMIs the candidate's values are more likely to be assessed through consideration of hypothetical situations and through their interaction with the other candidates and interviewers than through being asked to discuss their values directly (as is the most common technique used in both structured and unstructured

interviews). This suggests that group interview/tasks and MMIs are being chosen as selection methods for reasons beyond simply managing resources or minimising costs.

Evaluation: key messages

The majority of evaluation activity undertaken by Higher Education Institutions (HEIs) involves gathering feedback from staff involved in the selection process and from candidates. There is less activity relating to establishing the fairness, reliability and validity of selection methods; doing so can be resource intensive and lengthy.

A structured interview is the selection method most likely to have been evaluated which is not surprising given it is the most commonly used method.

There appears to be more evaluation activity in relation to MMIs than group interviews/tasks, despite group interviews/tasks being more commonly used.

Recommendations

The information presented in this report provides an insight into the way in which Values Based Recruitment (VBR) is currently being practiced within HEIs. The following recommendations are suggested in response to the evidence that has emerged which has been considered alongside the evidence from the previous literature review¹³:

- **Recommendation 1:** Identify those programmes which are not currently assessing values as part of their overall selection process in line with the best practice identified in the VBR literature review.
- **Recommendation 2:** Tailor support from HEE local teams to enhance recruitment processes not currently assessing values as part of their overall selection process in line with best practice.
- **Recommendation 3:** Generate practical case study material, guidance documents, resources, training and support to be shared with HEIs to coincide with the launch of the VBR framework in October 2014.
- **Recommendation 4:** Design mechanisms to further enhance understanding of NHS Constitution values within HEIs to help ensure their more consistent promotion and application, and provide resources, such as the NHS Employers' Values Mapping tool, to enable organisations to map their own local values to those of the NHS Constitution.
- **Recommendation 5:** Commission a longitudinal evaluation to assess the impact of implementation of these recommendations on patient, trainee, staff and health and education provider experiences.

¹³ <https://www.hee.nhs.uk/our-work/attracting-recruiting/values-based-recruitment>

6. Appendices

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Values Based Recruitment

i. Response and completion rates by programme category (8 groups) and sub-category (39 groups)

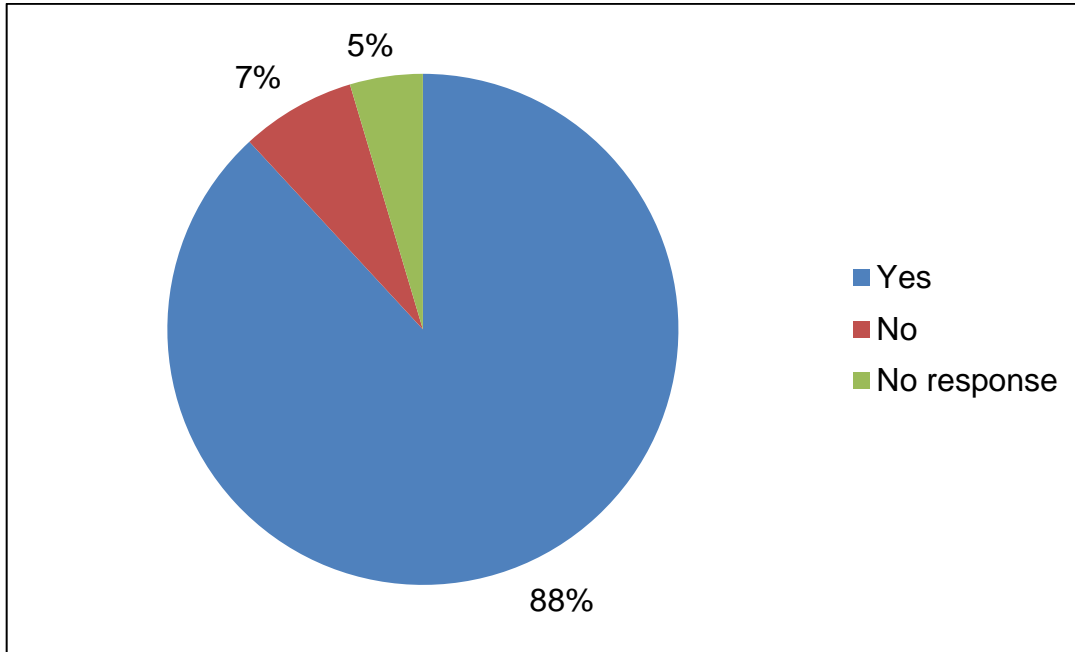
Programme Category	Programme Sub-category	Number of programmes Identified	Number of missing responses	Response rate (%)	Number of full responses	Completion rate (%)
Allied Health Professions	Art, Music and Drama Therapy	1	0	100.0	1	100.0
	Diagnostic and Therapeutic Radiography	1	0	100.0	1	100.0
	Diagnostic Radiography	16	1	93.8	15	93.8
	Dietetics	6	1	83.3	5	83.3
	Occupational Therapy	24	1	95.8	22	91.7
	Operating Department Practice	20	0	100.0	20	100.0
	Orthoptist	2	0	100.0	2	100.0
	Orthotists / Prosthetists	1	0	100.0	1	100.0
	Paramedic	23	1	95.7	20	87.0
	Physiotherapy	31	1	96.8	30	96.8
	Podiatry	7	1	85.7	6	85.7
	Speech and Language Therapy	16	1	93.8	14	87.5
Therapeutic Radiography	9	0	100.0	8	88.9	
Overall Allied Health Professionals		157	7	95.5	145	92.3
Nursing	Adult Nursing	59	1	98.3	56	94.9
	Children's Nursing	46	0	100.0	44	95.7
	Dual registration Nursing	3	0	100.0	3	100.0
	Learning Disabilities Nursing	22	0	100.0	22	100.0
	Mental Health Nursing	52	2	96.2	48	92.3
Overall Nursing		182	3	98.4	173	95.1

Values Based Recruitment

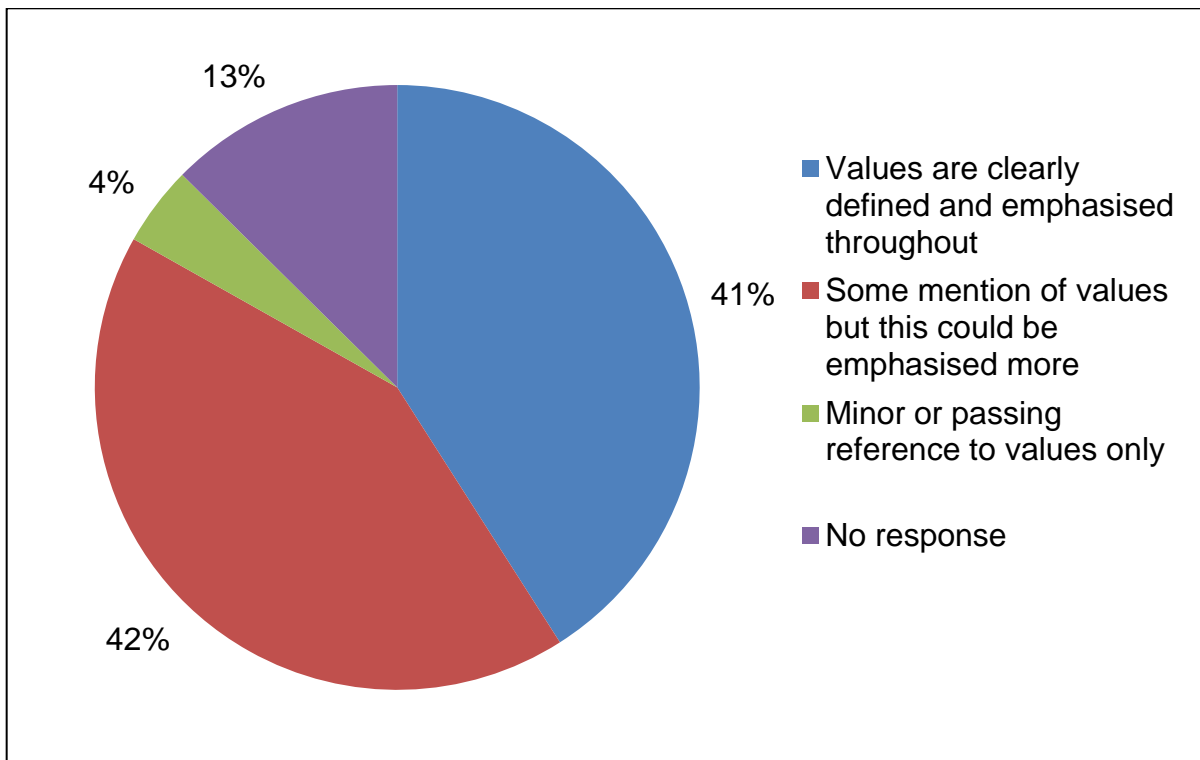
Programme Category	Programme Sub-category	Number of programmes Identified	Number of missing responses	Response rate (%)	Number of full responses	Completion rate (%)
Other Scientific, Technical & Therapeutic	Clinical Psychologist	16	0	100.0	16	100.0
	Combined Dental Hygiene/Therapy	5	0	100.0	5	100.0
	Dental Hygiene & Therapy	1	0	100.0	1	100.0
	Dental Hygienists	1	0	100.0	1	100.0
	Dental Nursing	3	0	100.0	3	100.0
	Dental Technicians	1	0	100.0	1	100.0
	Dental Therapy	2	0	100.0	2	100.0
	HCS Practitioner Training Programme	6	0	100.0	6	100.0
	HCS Scientist Training Programme (STP)	2	0	100.0	2	100.0
	IAPT High Intensity Practitioner	11	0	100.0	11	100.0
	IAPT Psychological Wellbeing	8	0	100.0	8	100.0
	Other	2	0	100.0	2	100.0
Overall other Scientific, Technical & Therapeutic		58	0	100	58	100
Specialist Nurse Post Registration	Community Child	4	0	100.0	4	100.0
	District Nursing	17	2	88.2	15	88.2
	Health Visiting	21	0	100.0	20	95.2
	Practice Nursing	2	0	100.0	2	100.0
	School Nursing	19	2	89.5	17	89.5
Overall Specialist Nurse Post Registration		63	4	93.7	58	92.1
Midwifery		44	0	100.0	42	95.5
Undergraduate Dental		12	3	75.0	9	75.0
Undergraduate Medicine		26	2	92.3	23	88.5
Undergraduate Pharmacy		22	7	68.2	14	63.6
Total		564	26	95.4	522	92.6

ii. Attraction

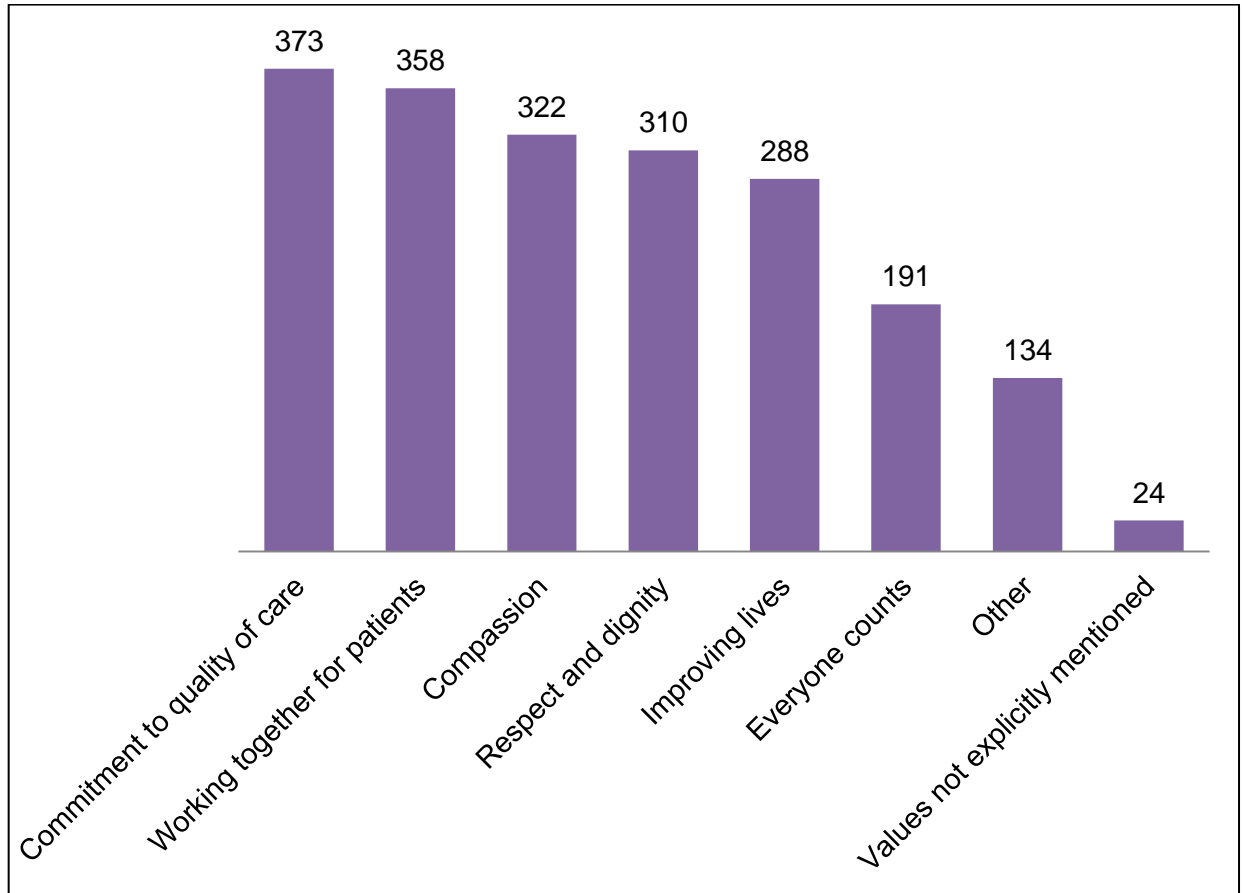
Are values promoted as part of the attraction strategy?



In your opinion how much emphasis is given to values as part of the attraction strategy for the programme?

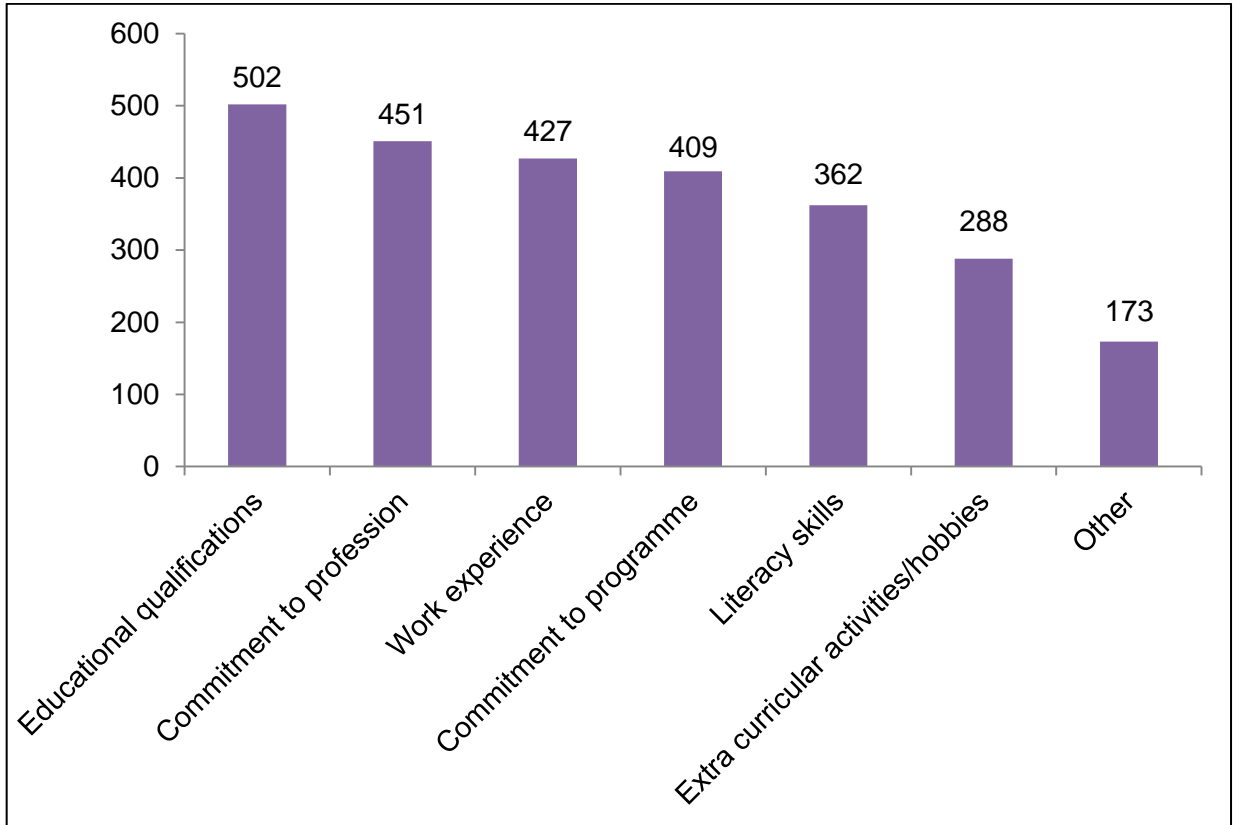


Which of the following values are explicitly mentioned or highlighted as part of the attraction strategy?

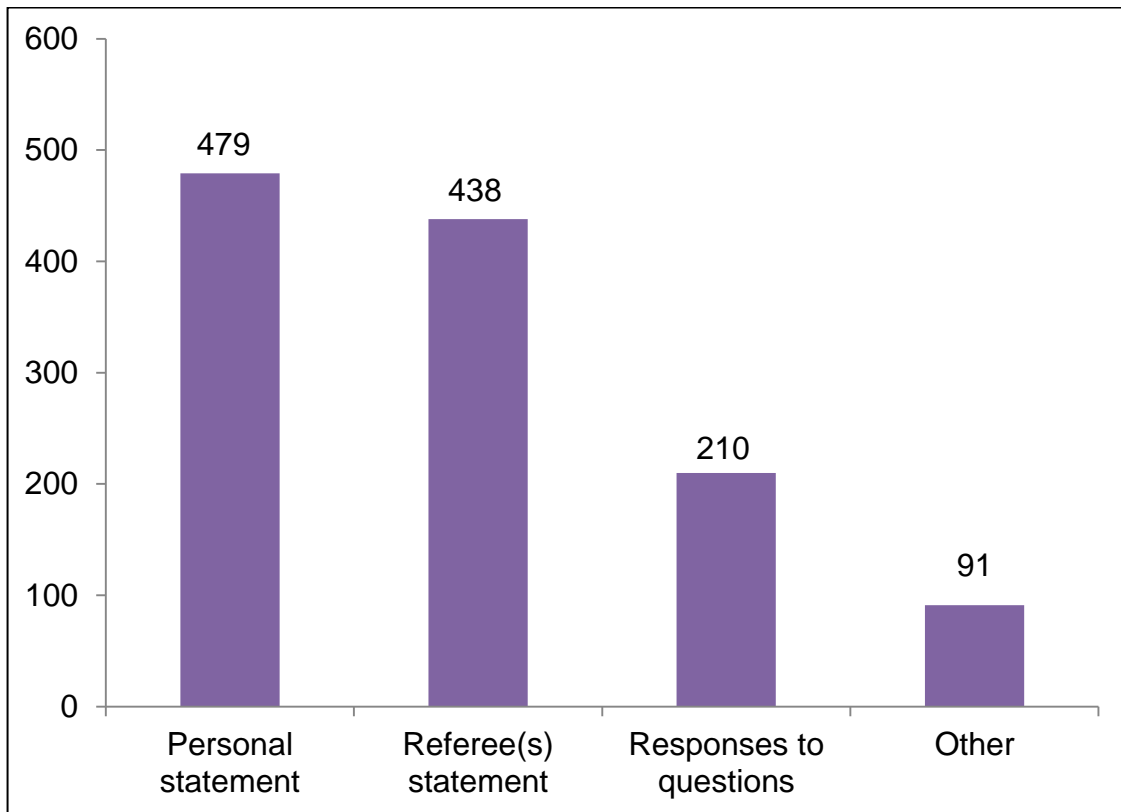


iii. Screening – application form

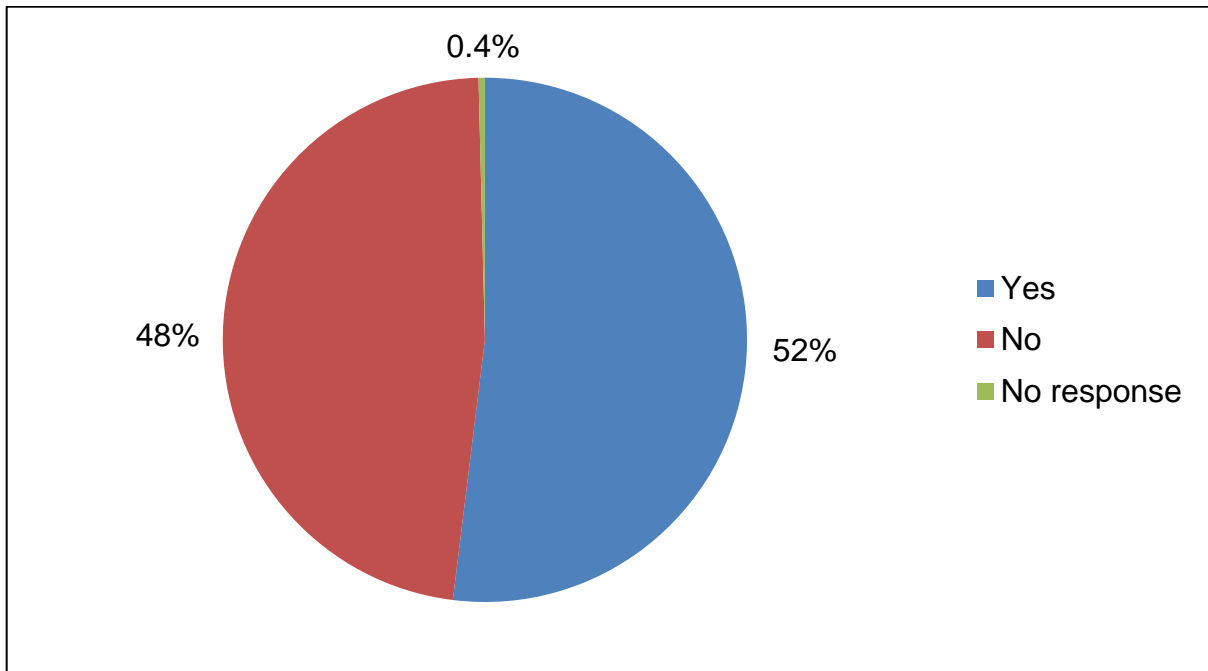
What information from the application form informs the decision to progress or reject a candidate?



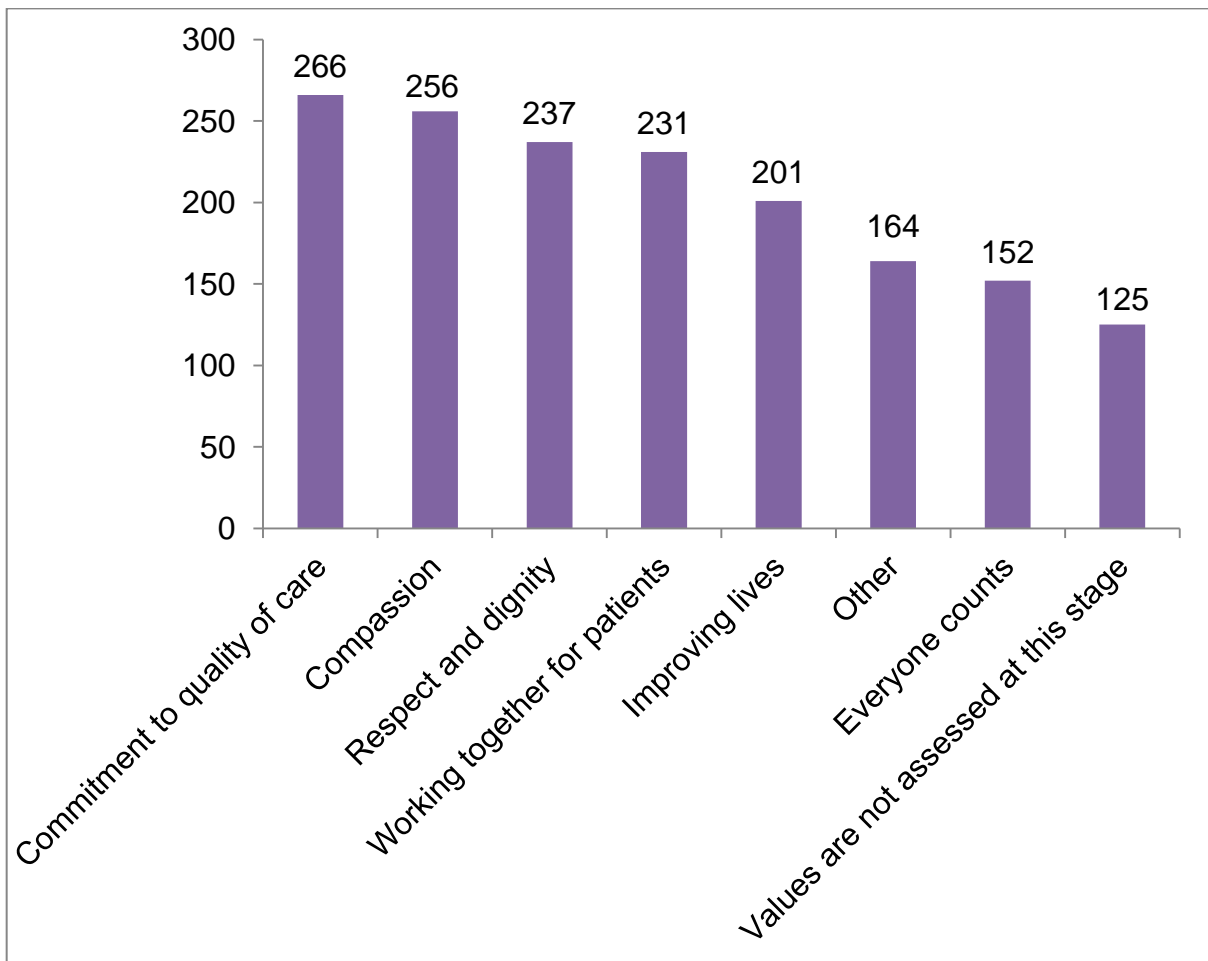
What parts of the application form are reviewed to inform the decision to progress or reject a candidate?



Is the application form scored using a predetermined scoring system?

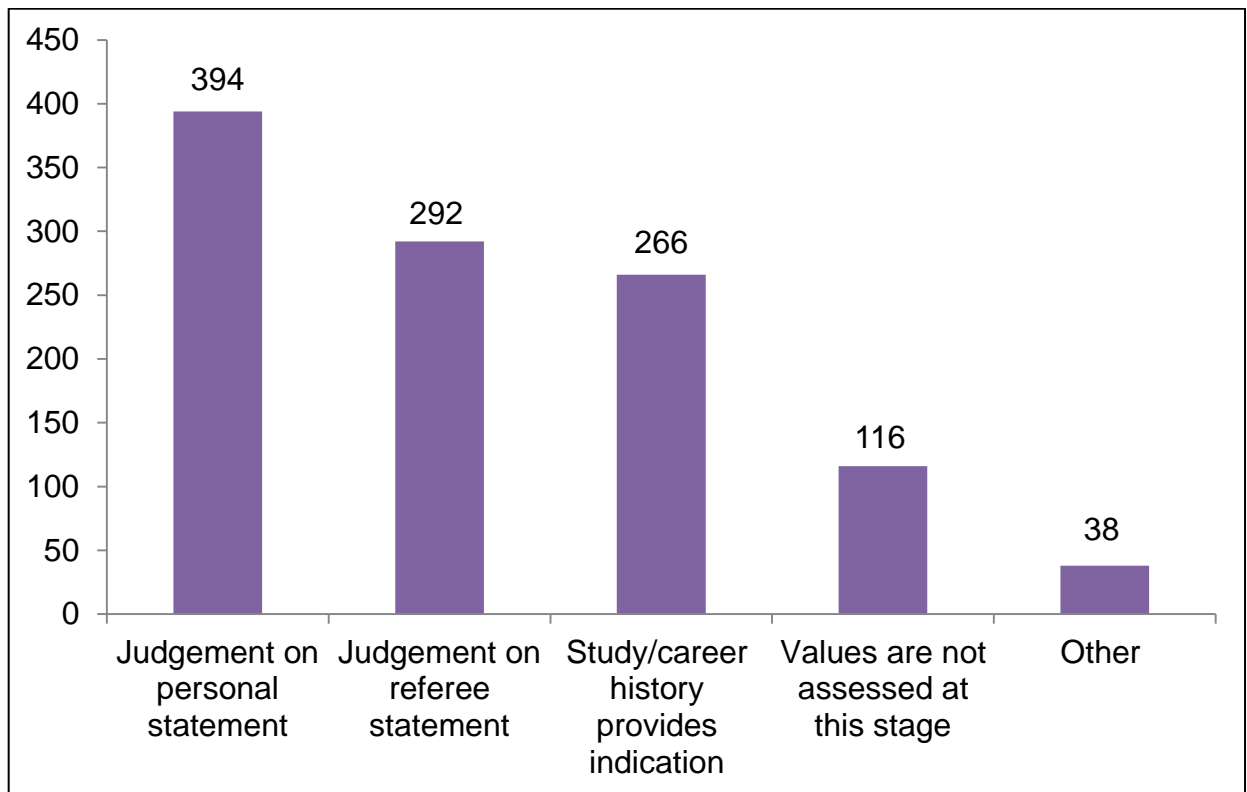


Which of the following values are assessed as part of the application form?

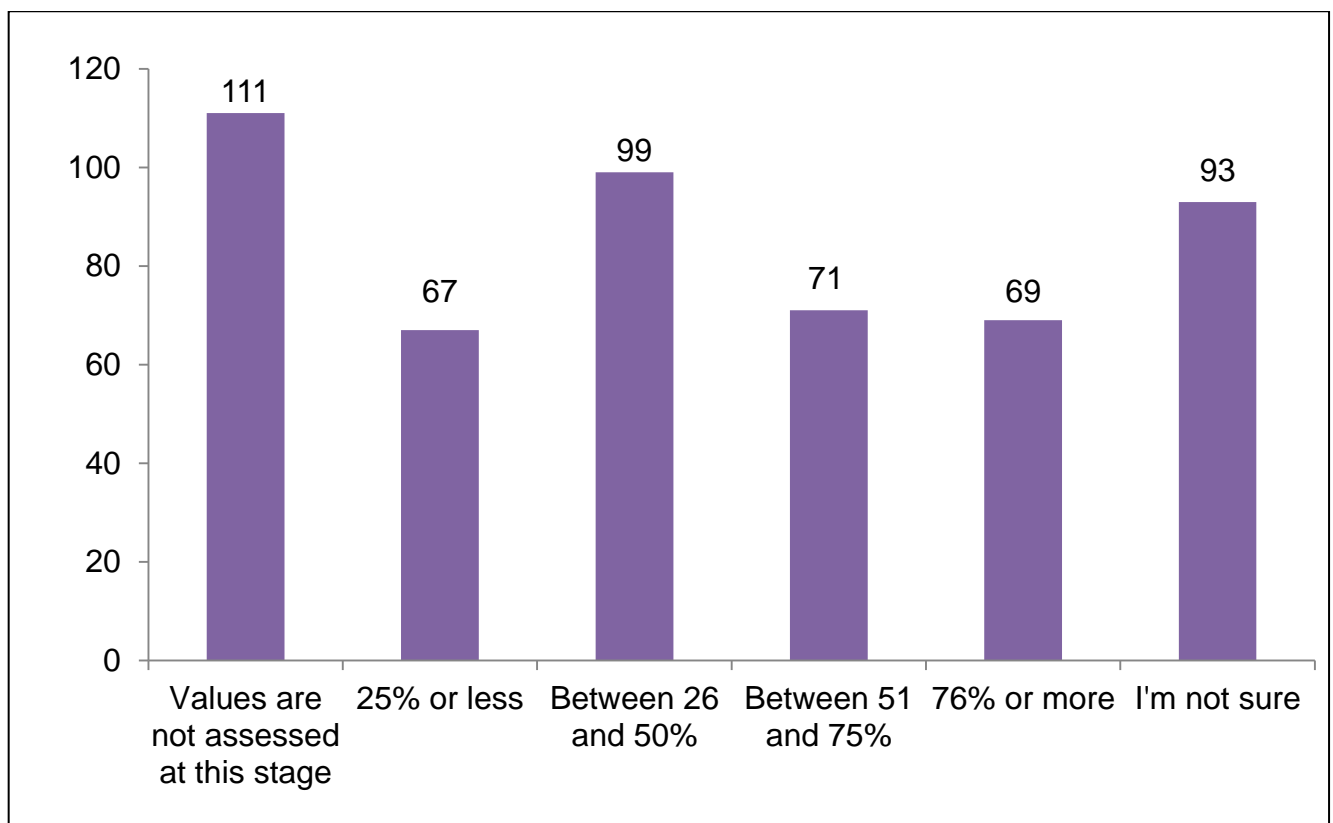


Values Based Recruitment

How are the values assessed as part of the application form?

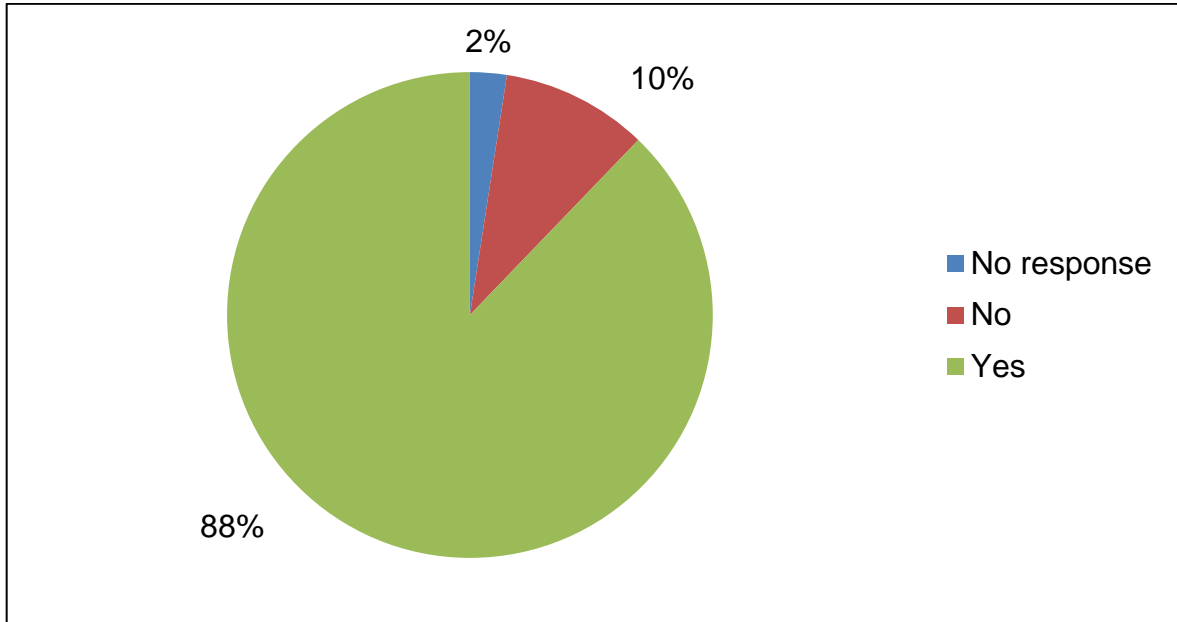


Approximately what proportion of the assessment of the application form is focused on assessing the candidate's values?

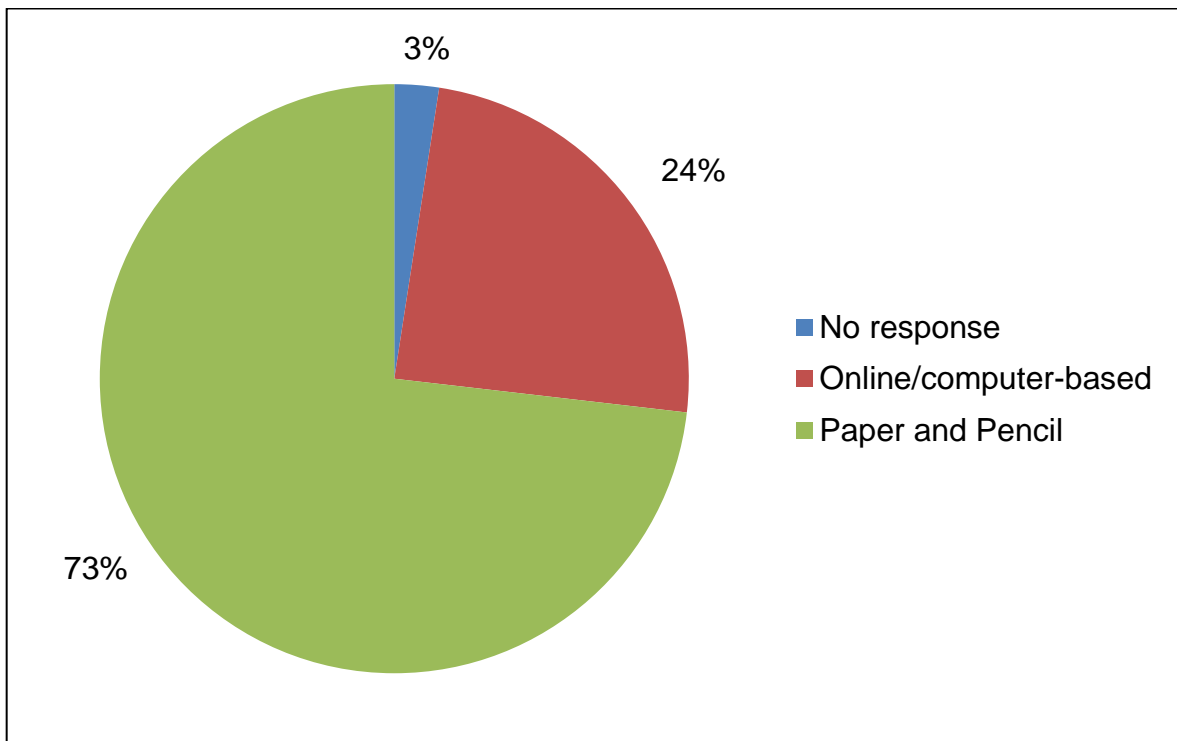


iv. Screening – situational judgement test

Is the SJT scored against a predetermined scoring system?

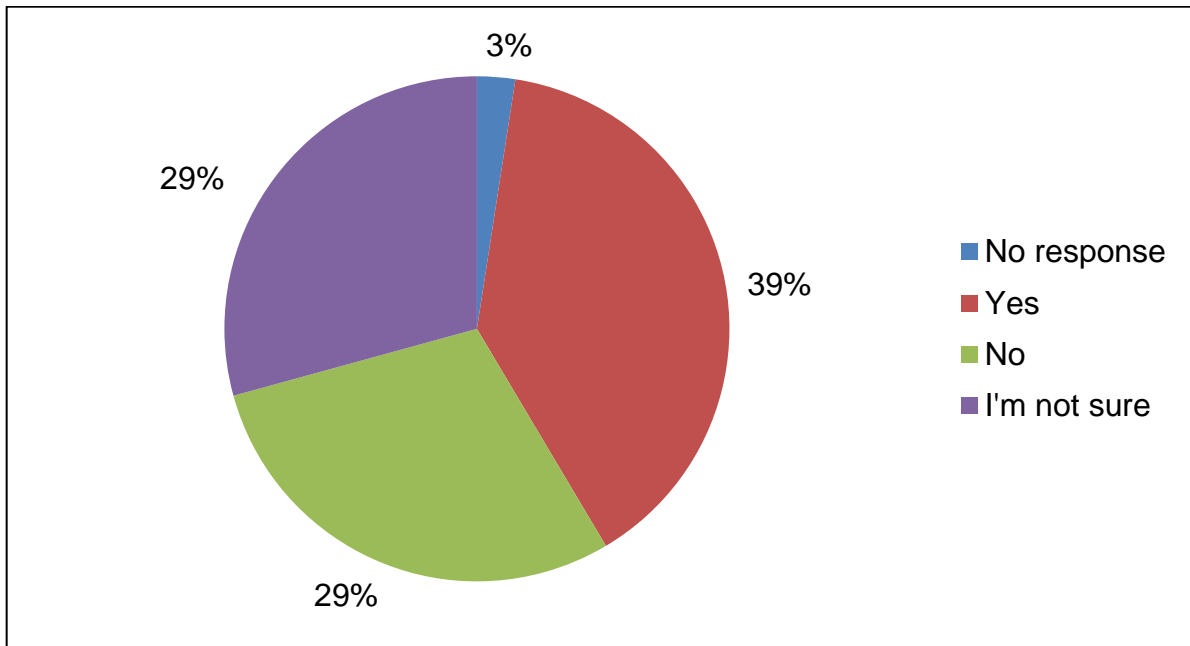


How is the SJT delivered?

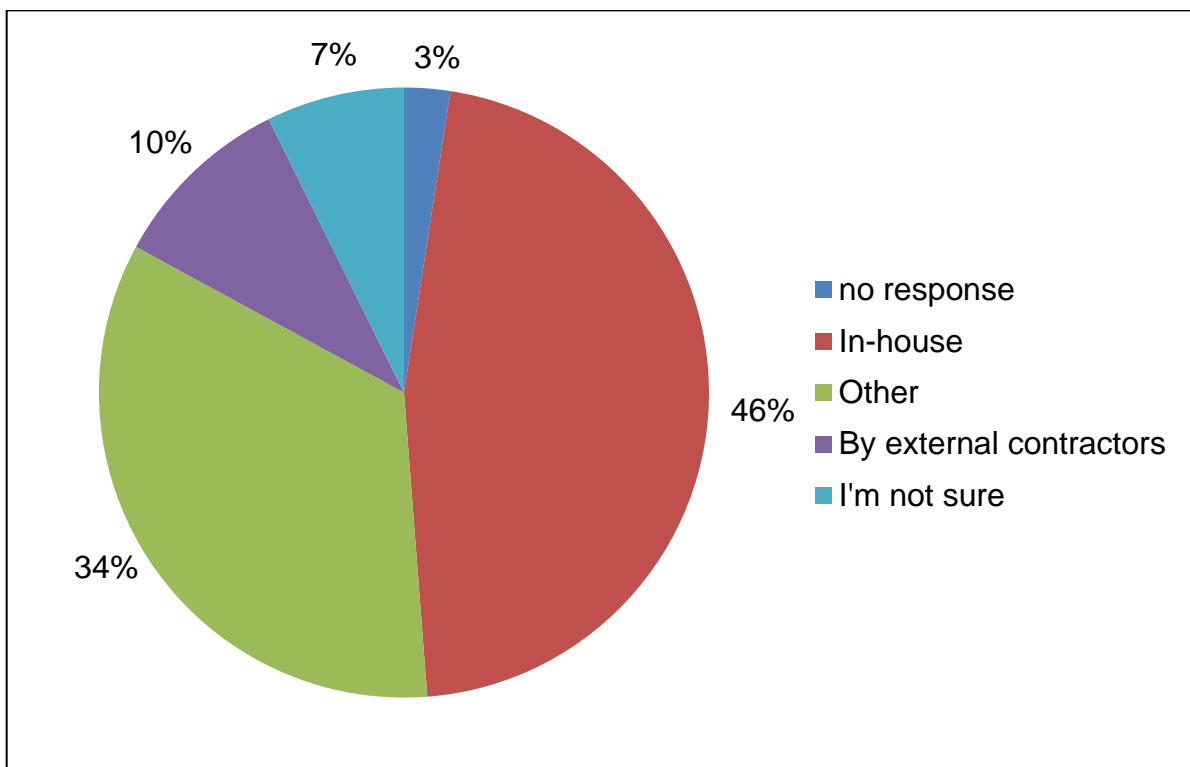


Values Based Recruitment

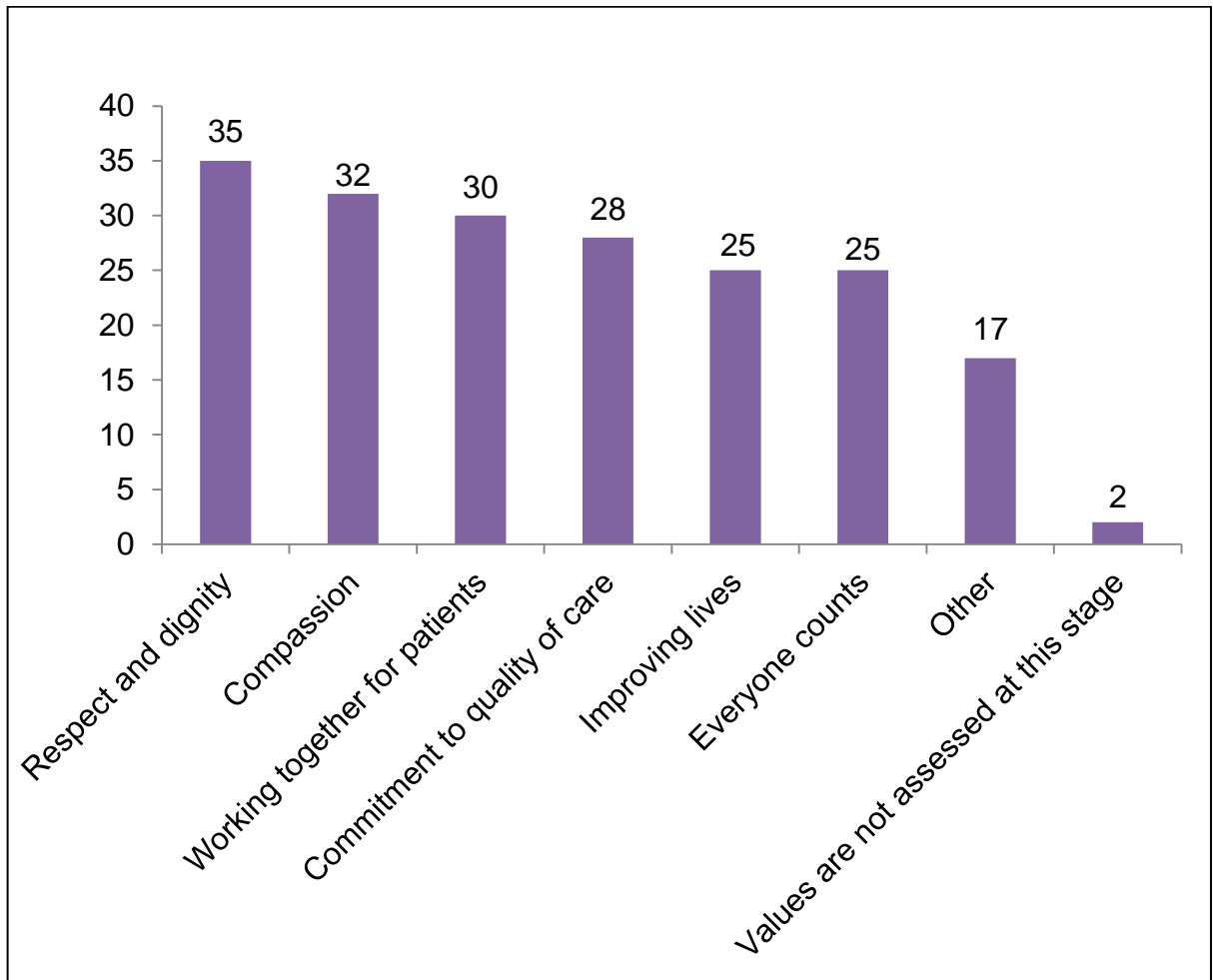
Was the SJT developed using evidence from a formal analysis of the relevant role?



How was the SJT developed?

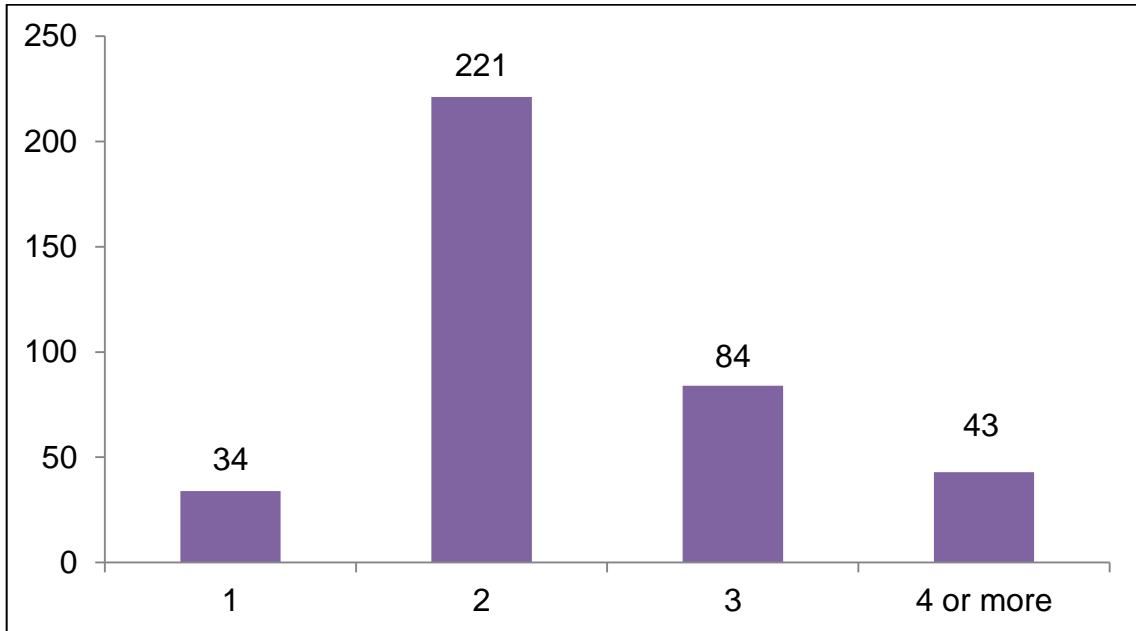


Which of the following values has the SJT been designed to measure?

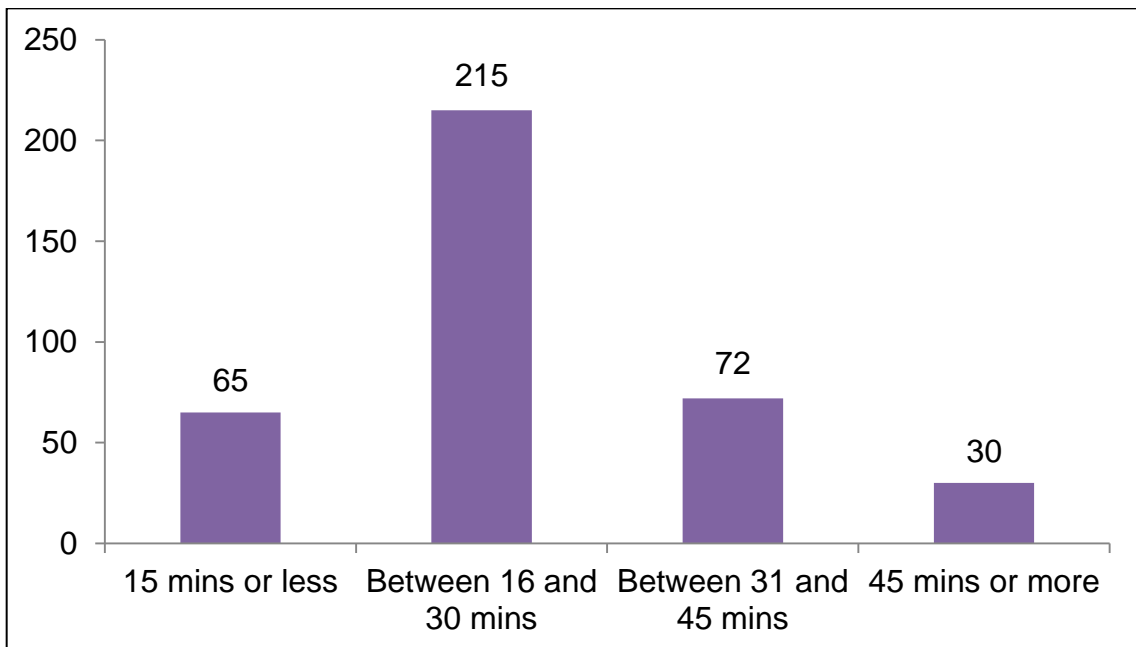


v. Selection – structured interview

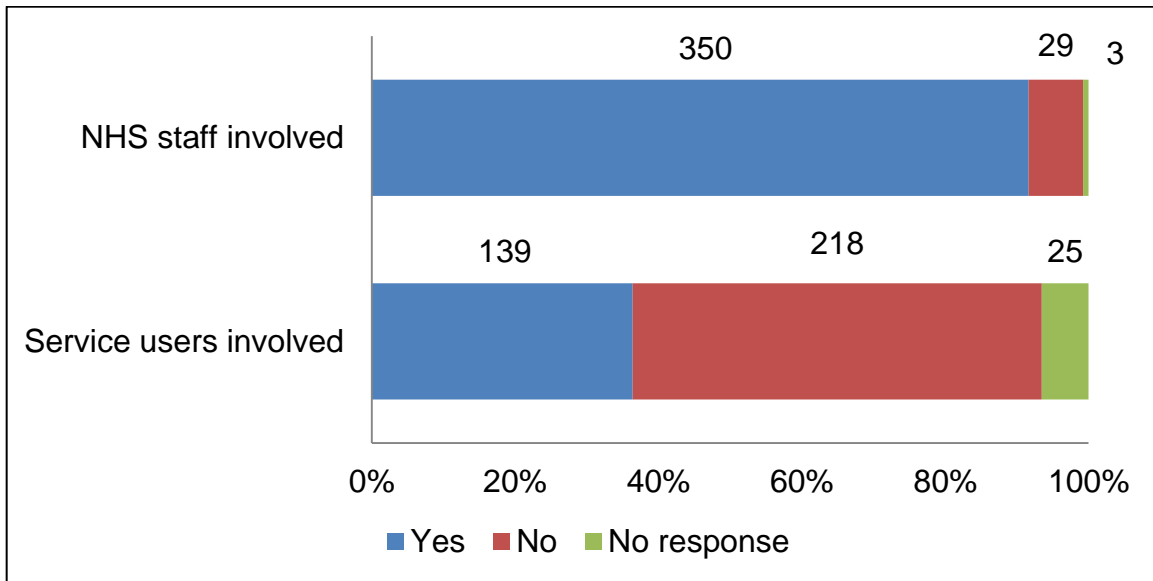
How many interviewers are typically involved in the structured interview?



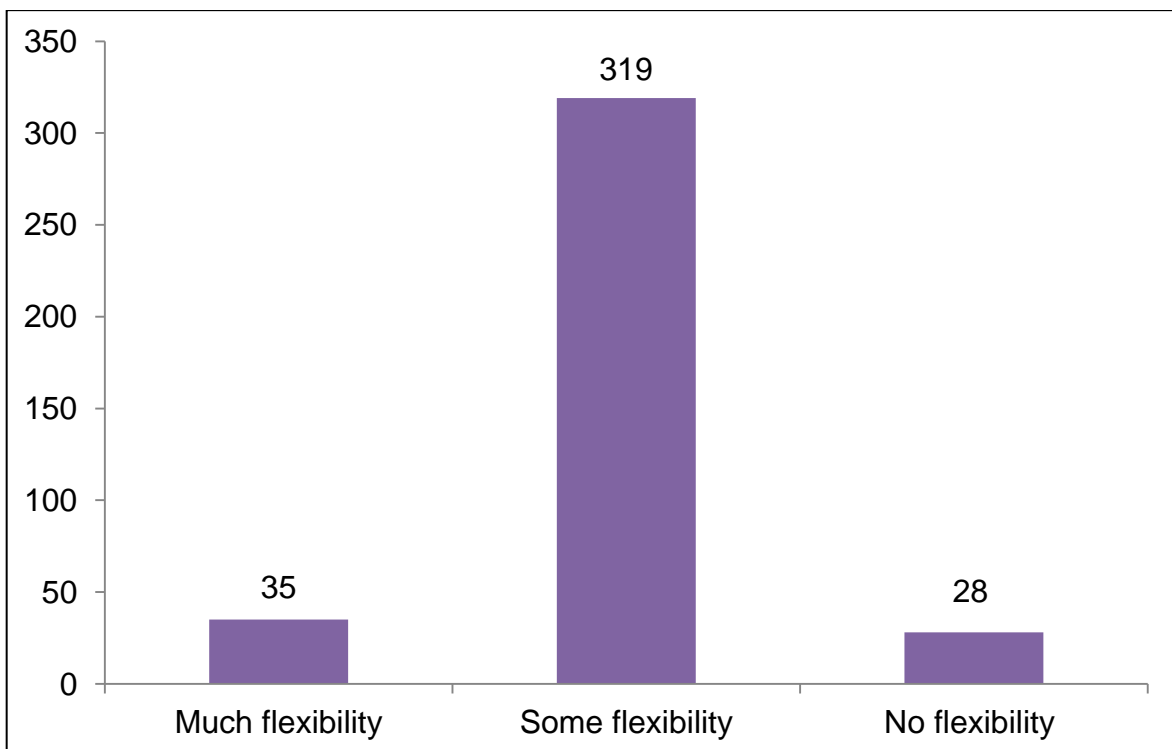
How long does the structured interview usually last?



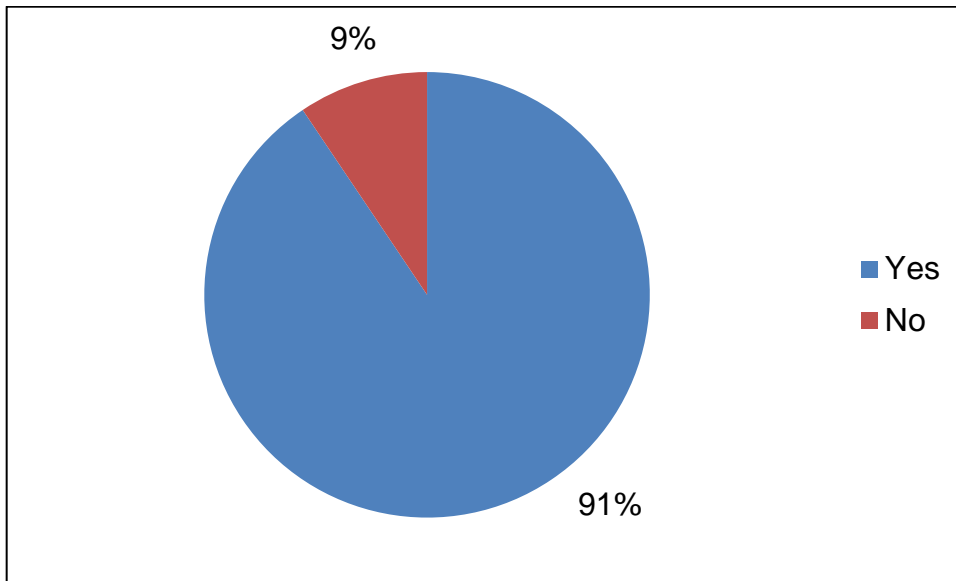
Are NHS staff and/or service users involved in the structured interview?



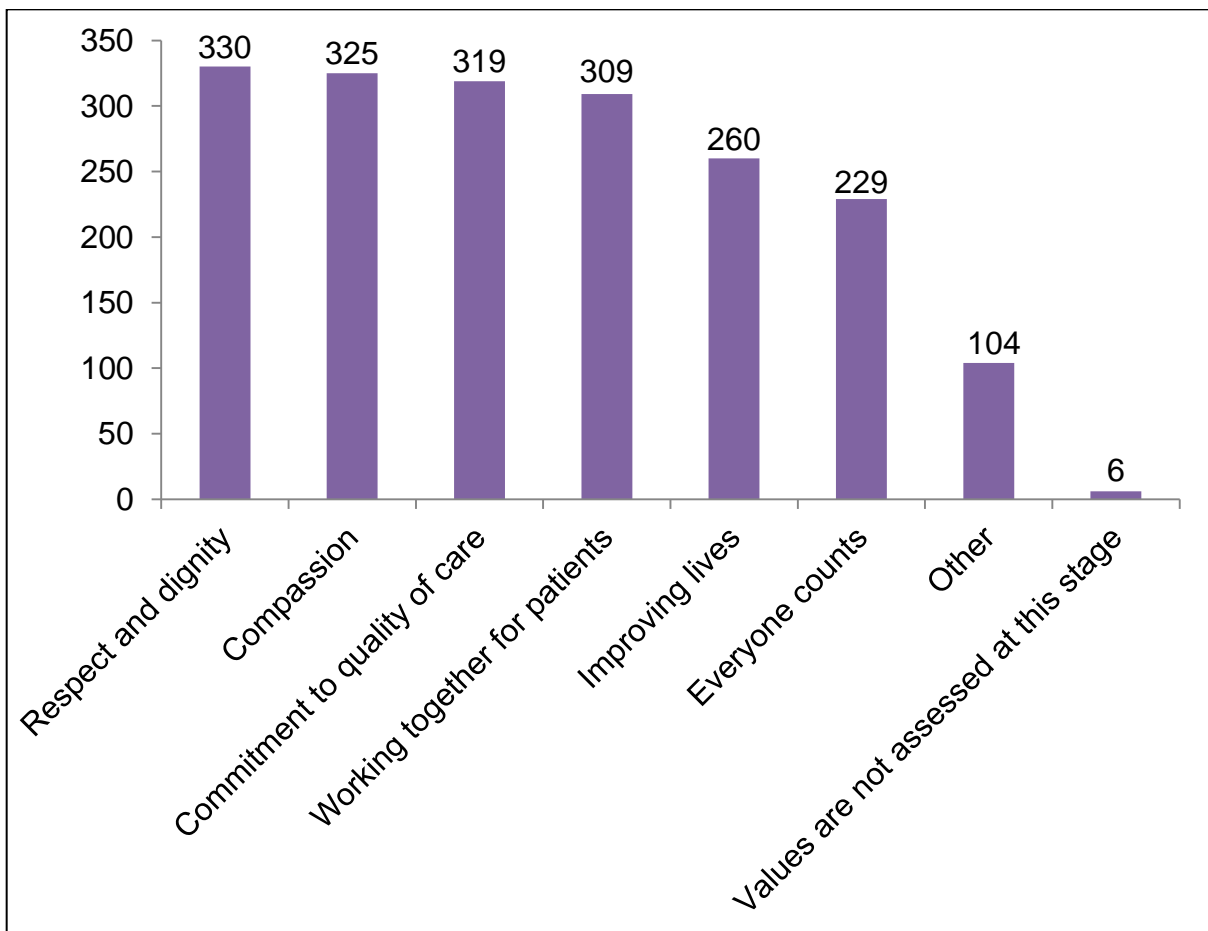
How much flexibility is given to interviewers to ask questions outside of the given structure?



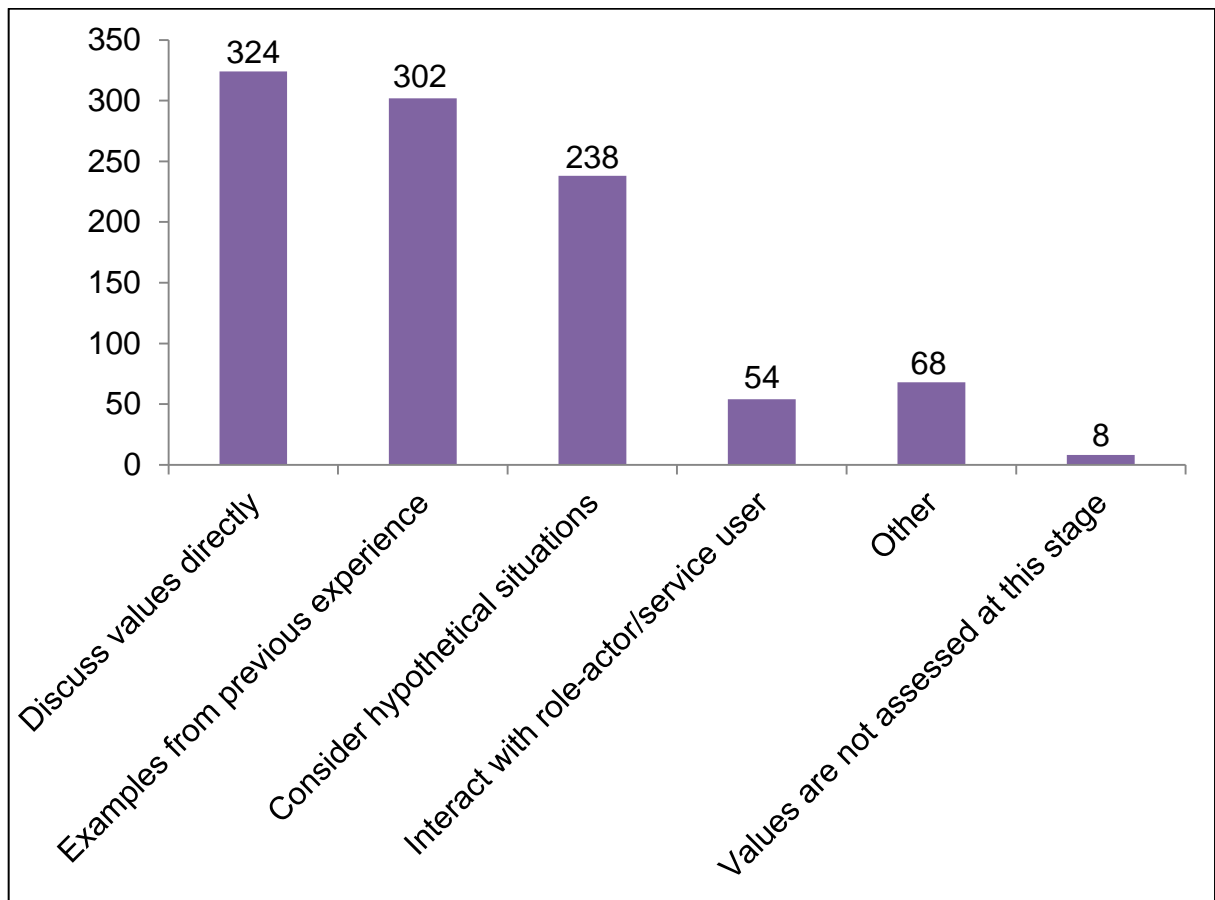
Is the structured interview scored using a predetermined scoring system?



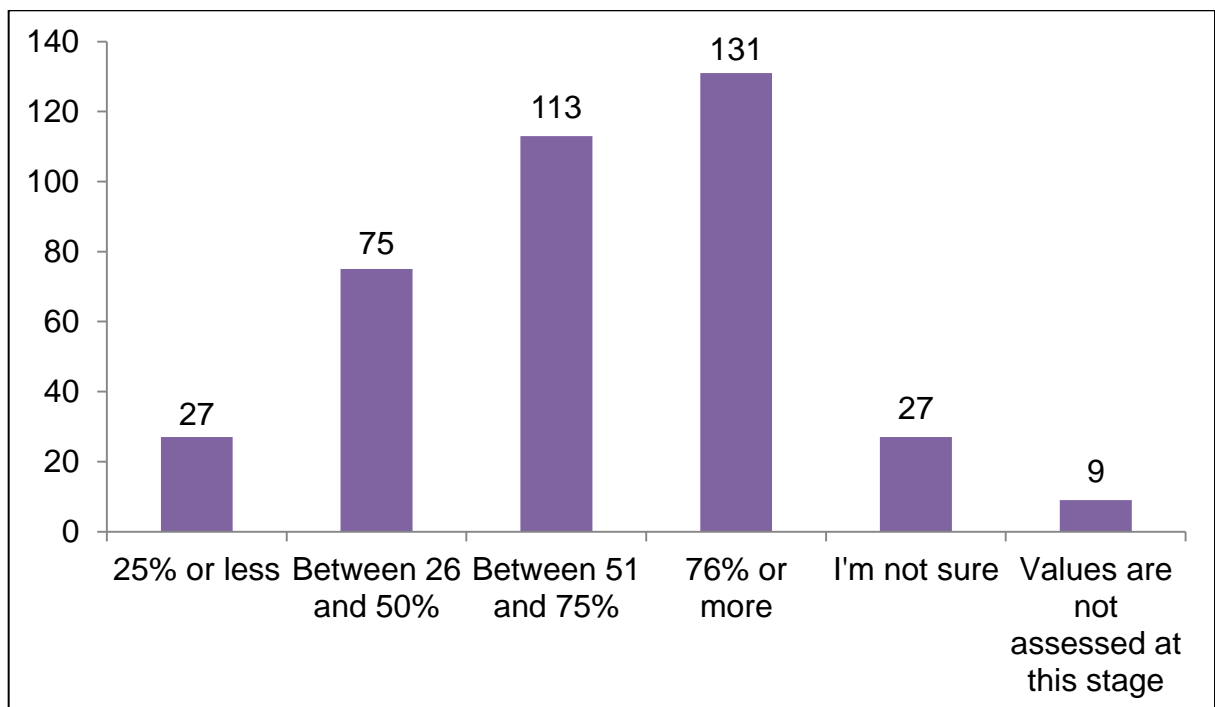
Which of the following values are assessed as part of the structured interview?



How are the values identified assessed as part of the structured interview?

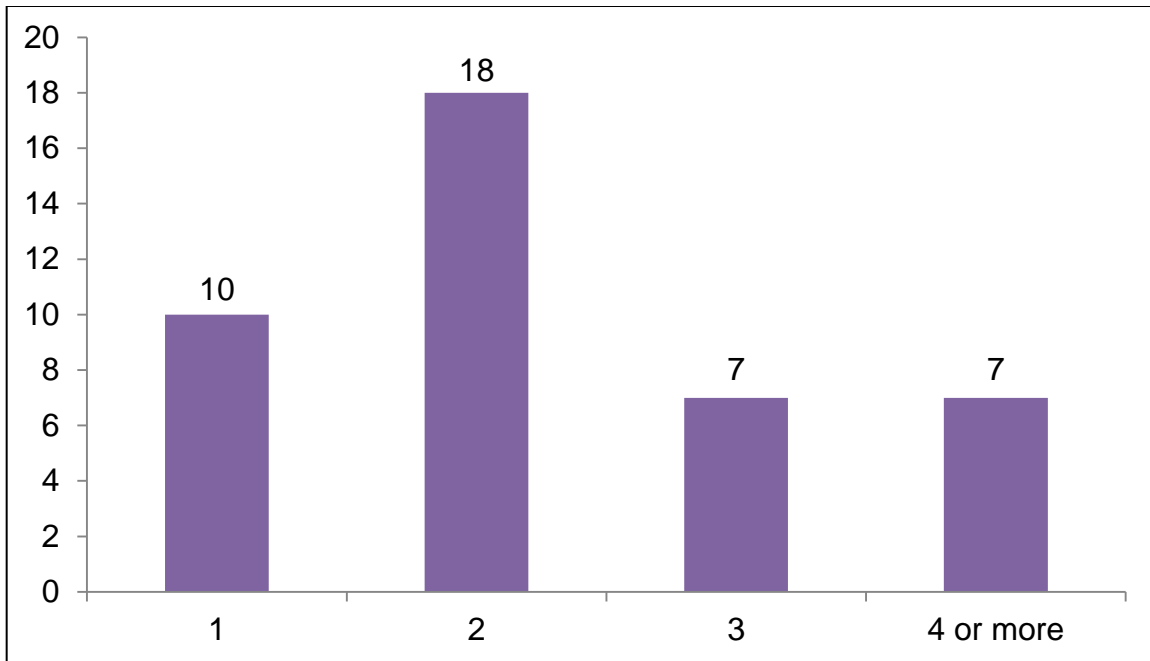


Approximately what proportion of the structured interview is focused on assessing the candidate's values?

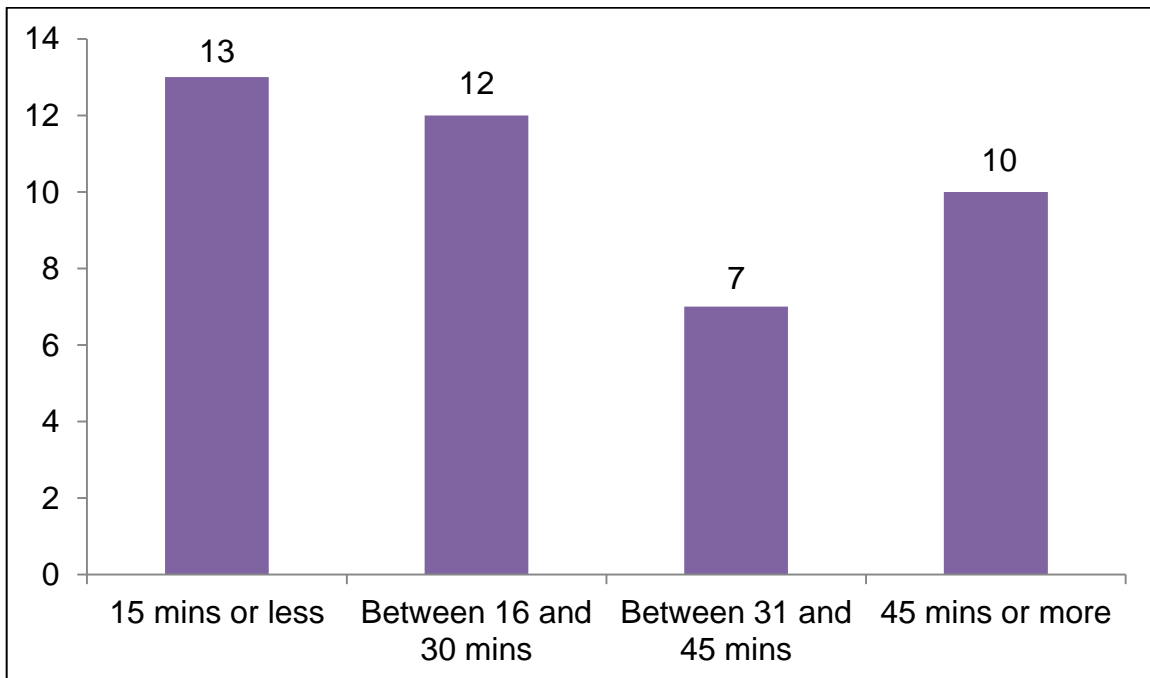


vi. Selection – unstructured interview

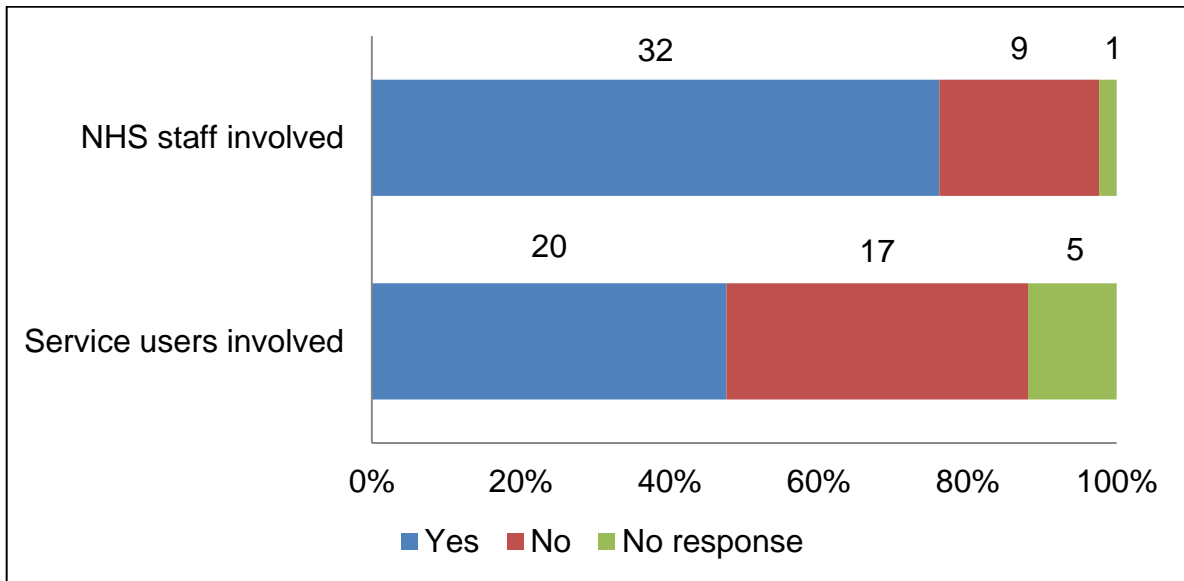
How many interviewers are typically involved in the unstructured interview?



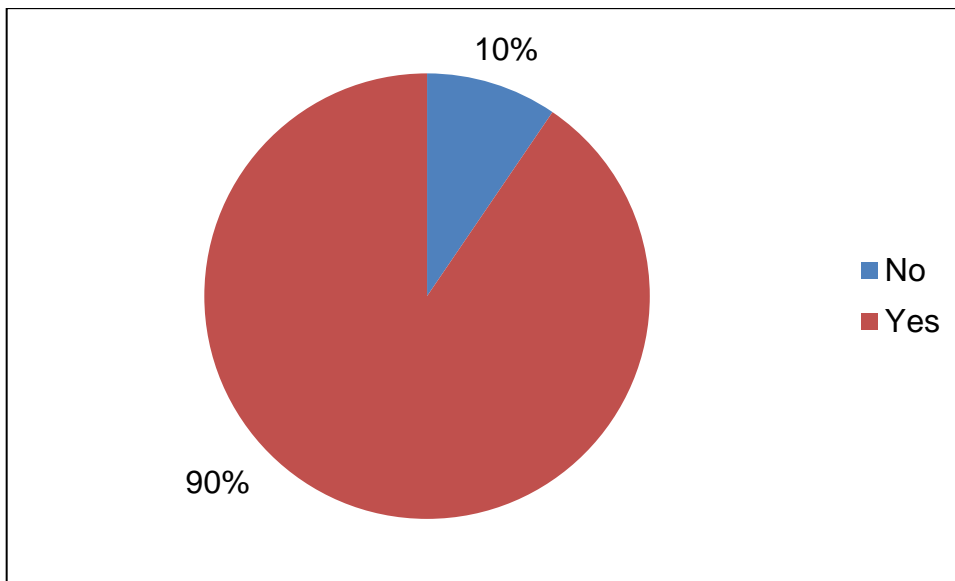
How long does the unstructured interview usually last?



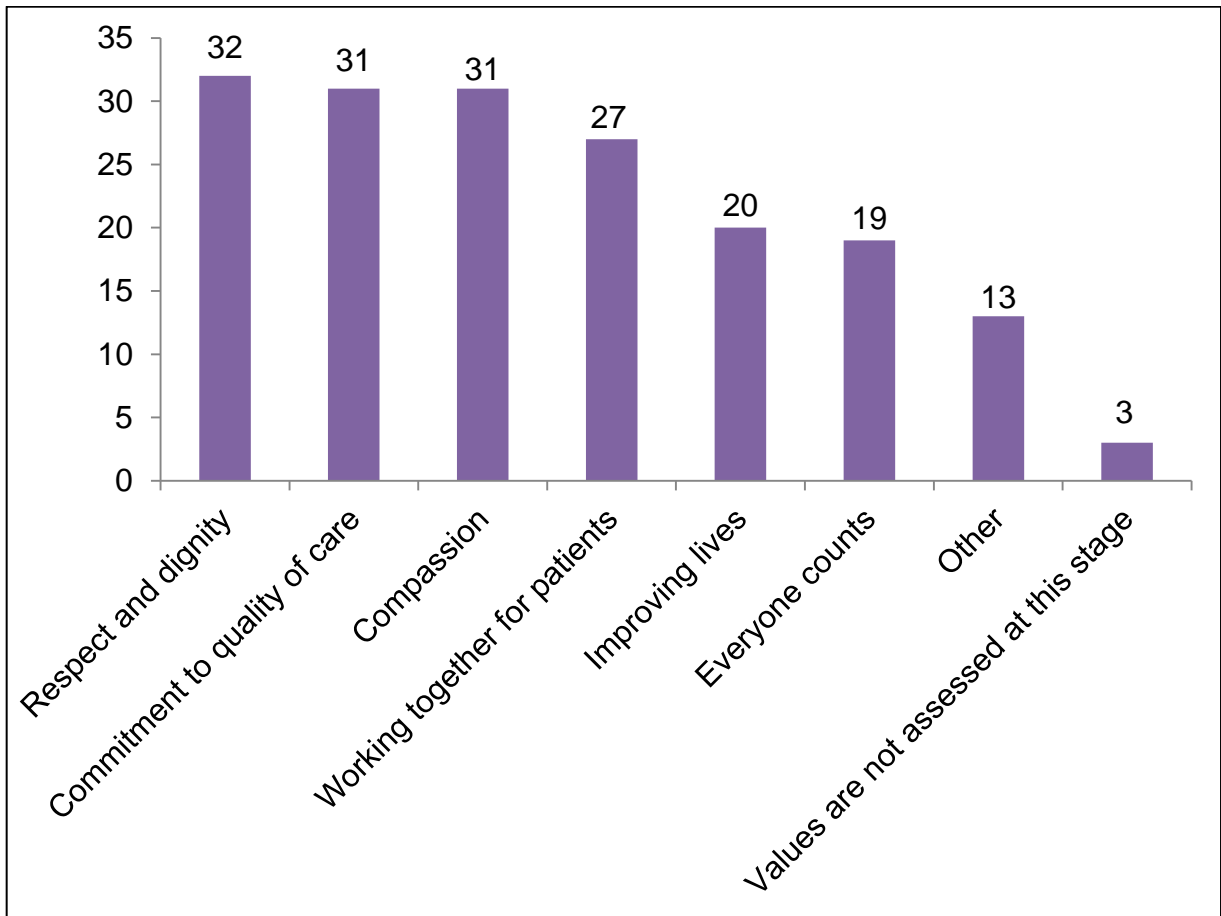
Are NHS staff and/or service users involved in the structured interview?



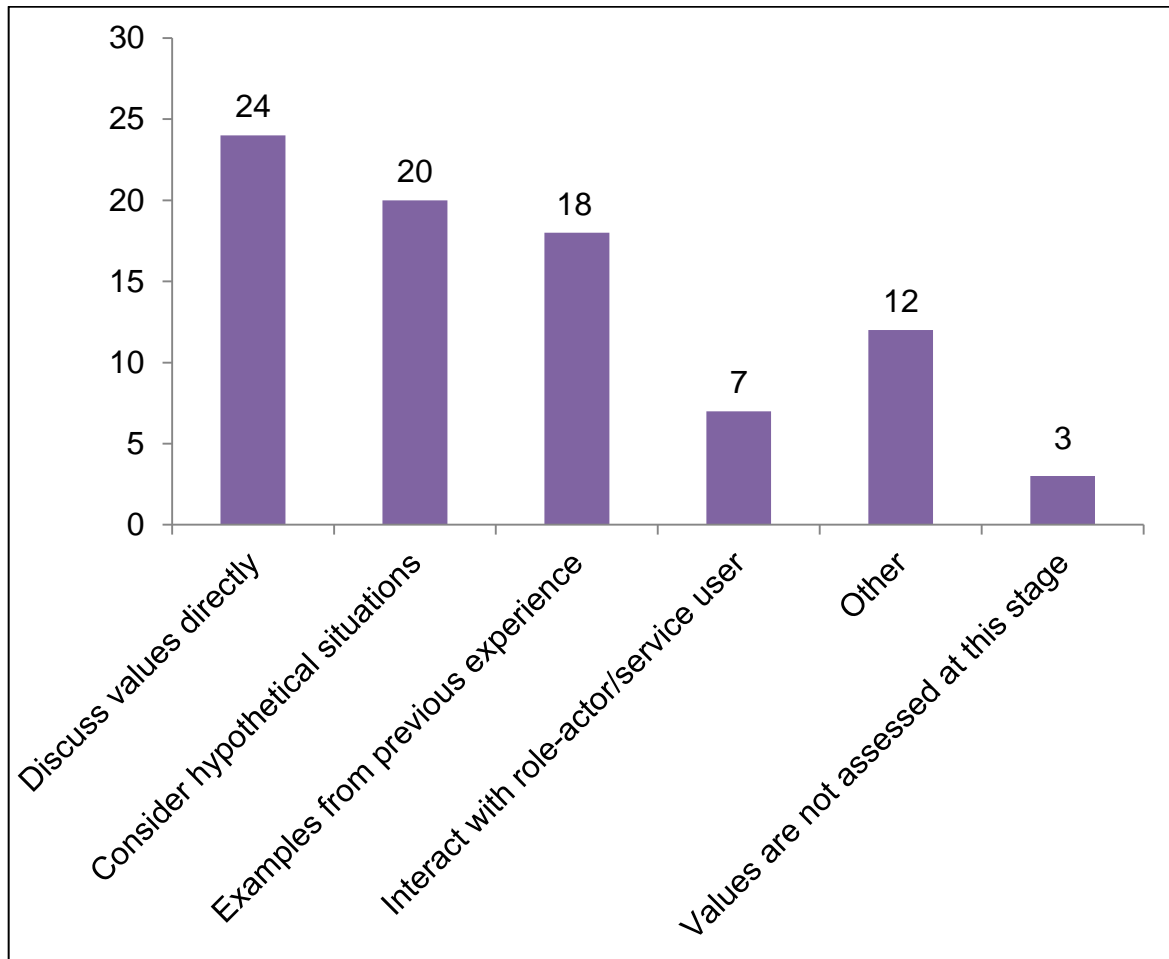
Are interviewers encouraged to explore a candidate's values as part of the unstructured interview?



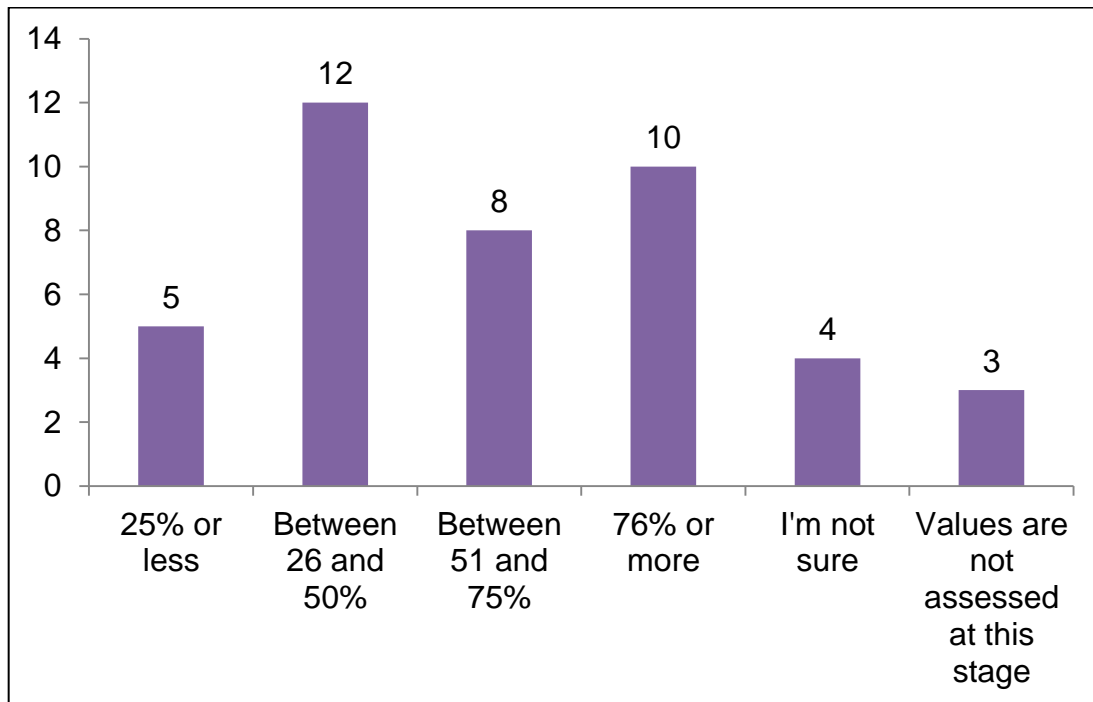
Which of the following values are interviewers encouraged to explore?



How are the values identified assessed as part of the unstructured interview?

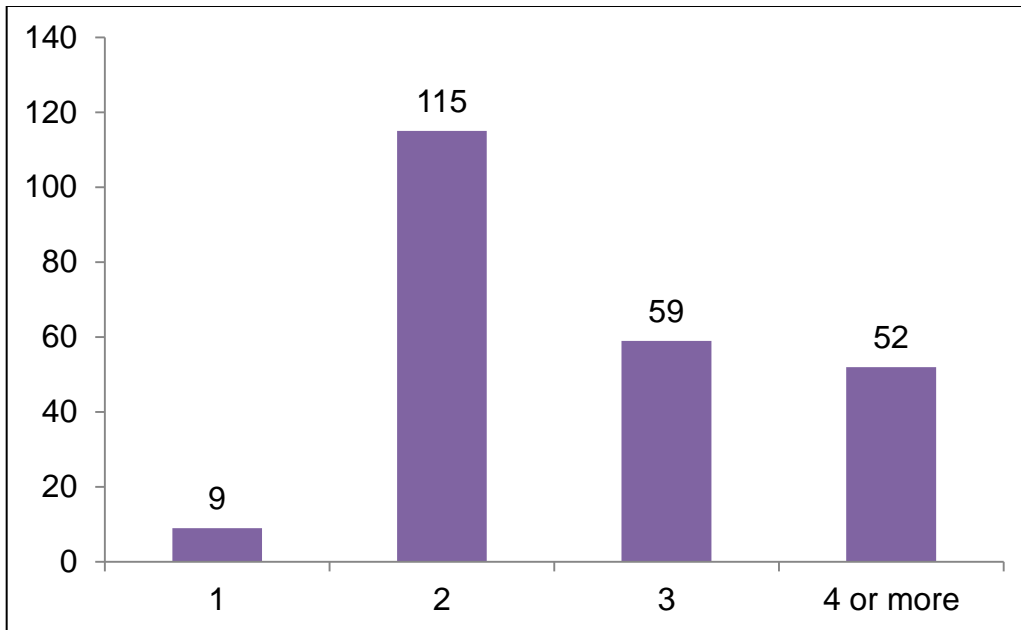


What proportion of the unstructured interview are interviewers expected to spend focusing on assessing the candidate's values?

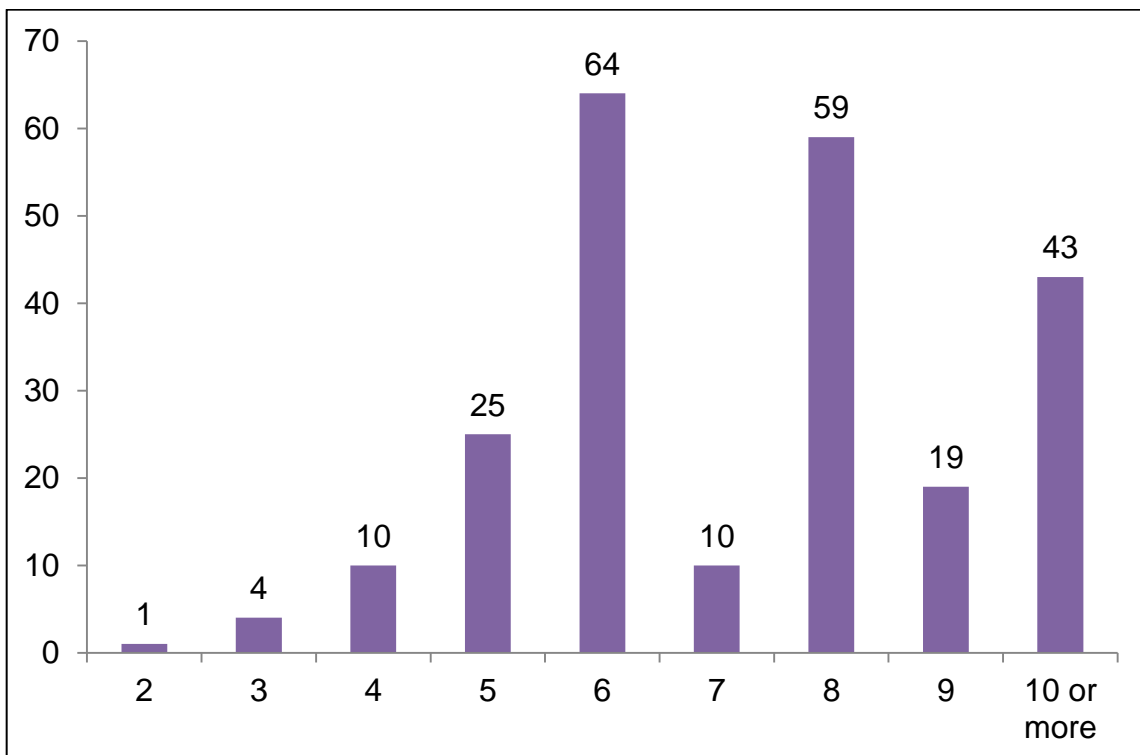


vii. Selection – group interview/task

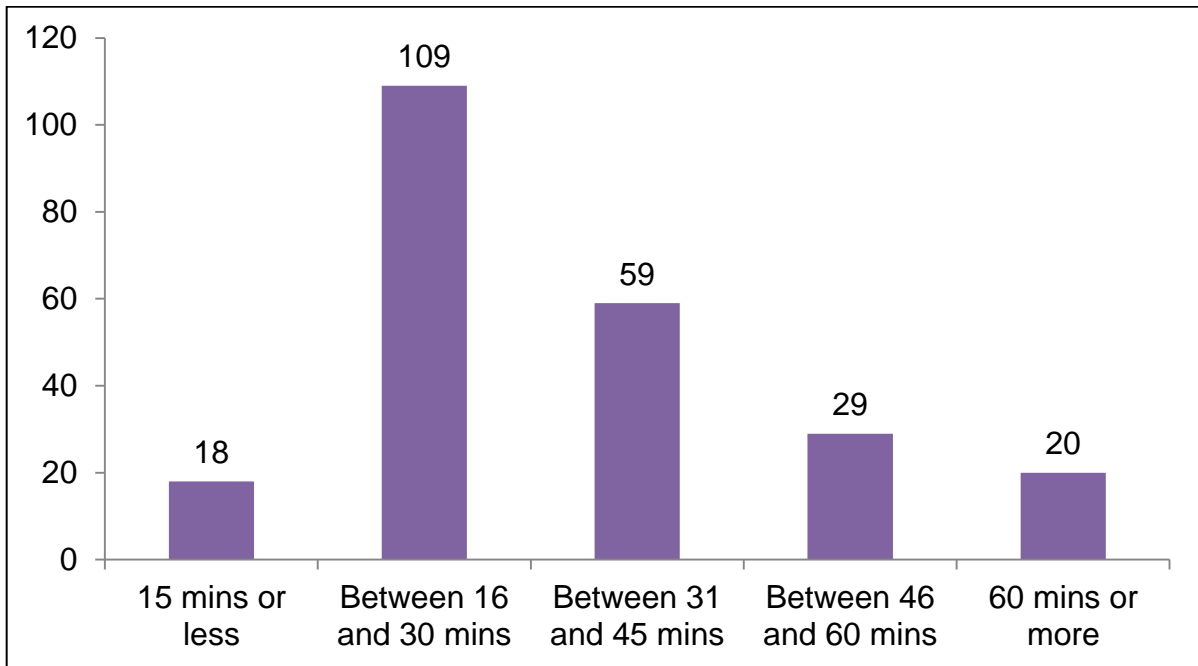
How many interviewers are typically involved in the group interview/task?



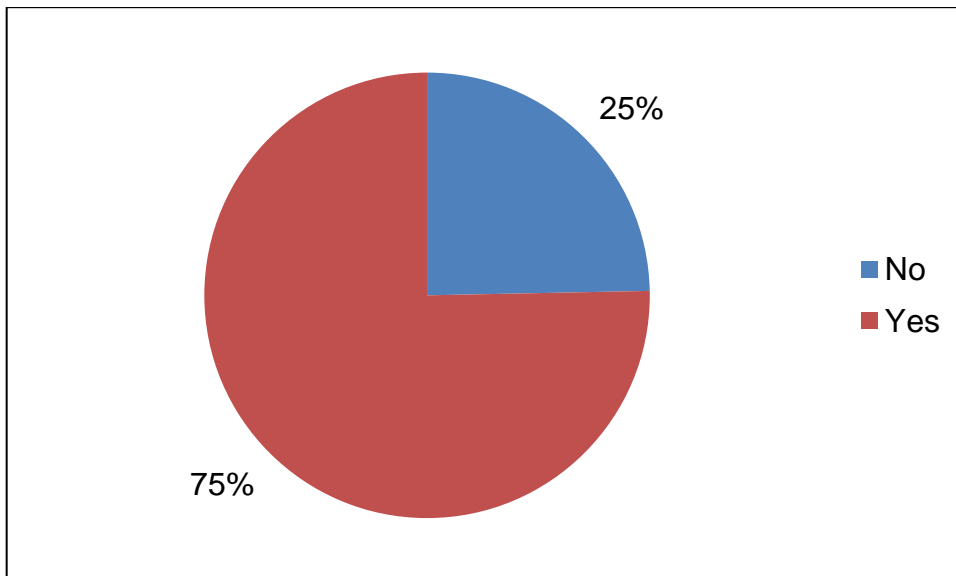
How many candidates are typically involved in the group interview/task?



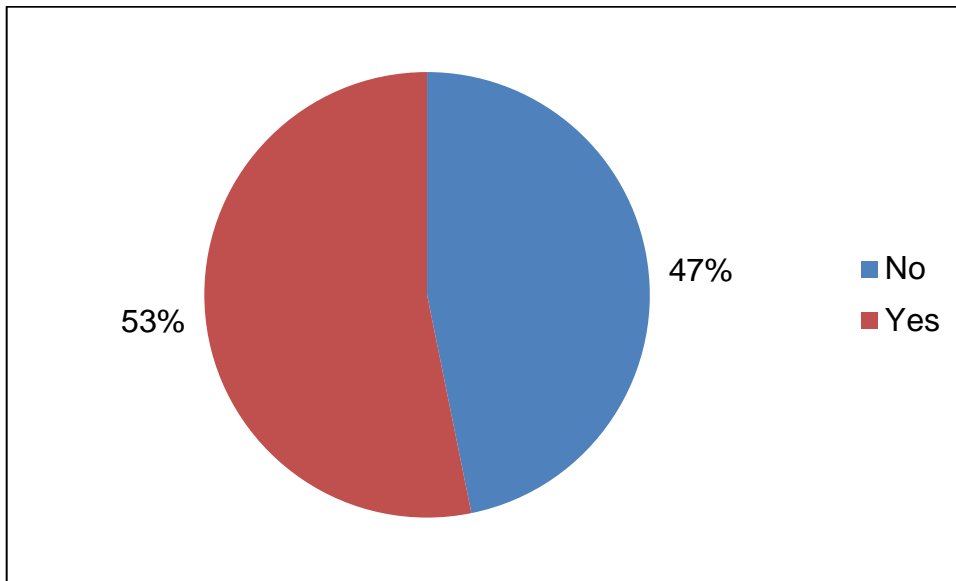
How long does the group interview/task typically last?



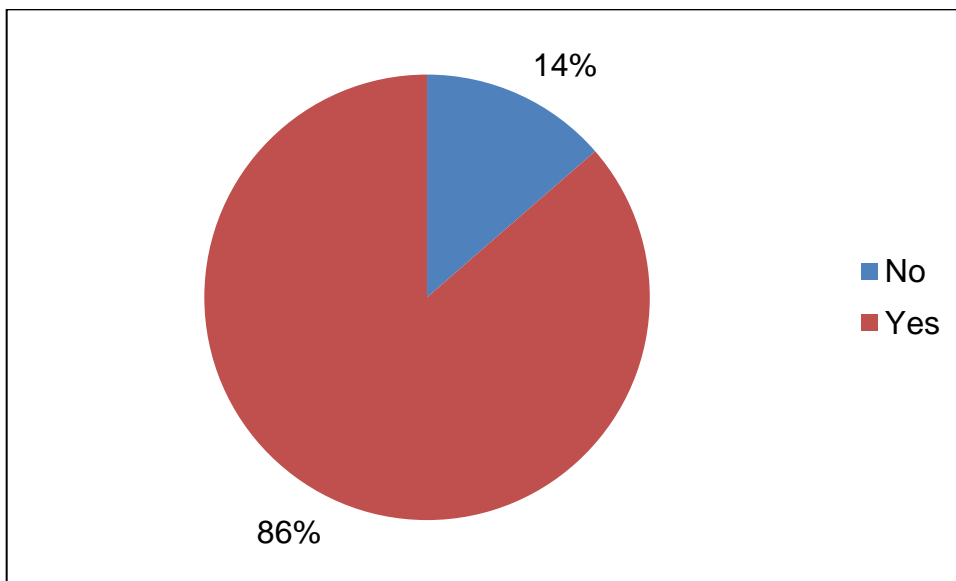
Are there processes in place to ensure all members of the group have an opportunity to contribute?



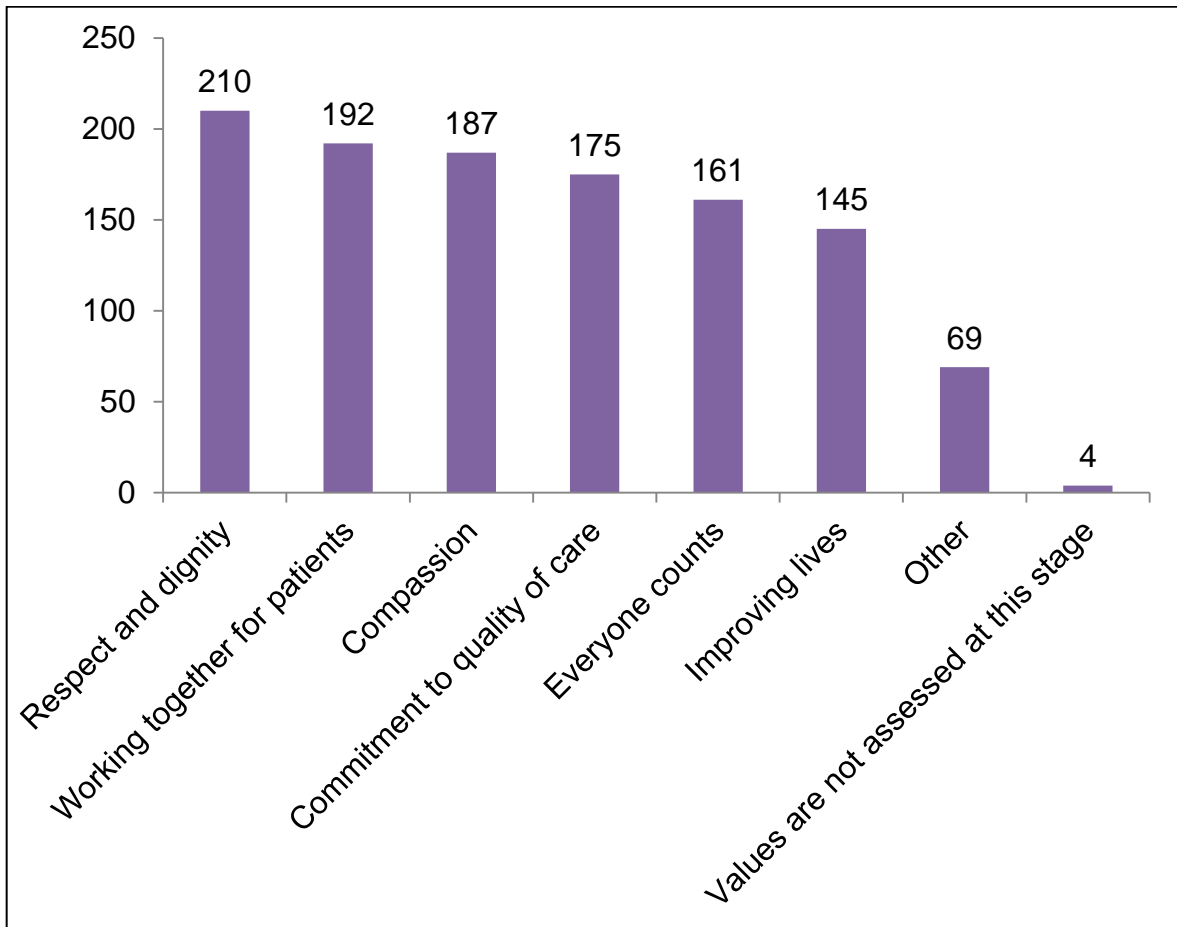
Do interviewers ask predetermined questions during the group interview/task?



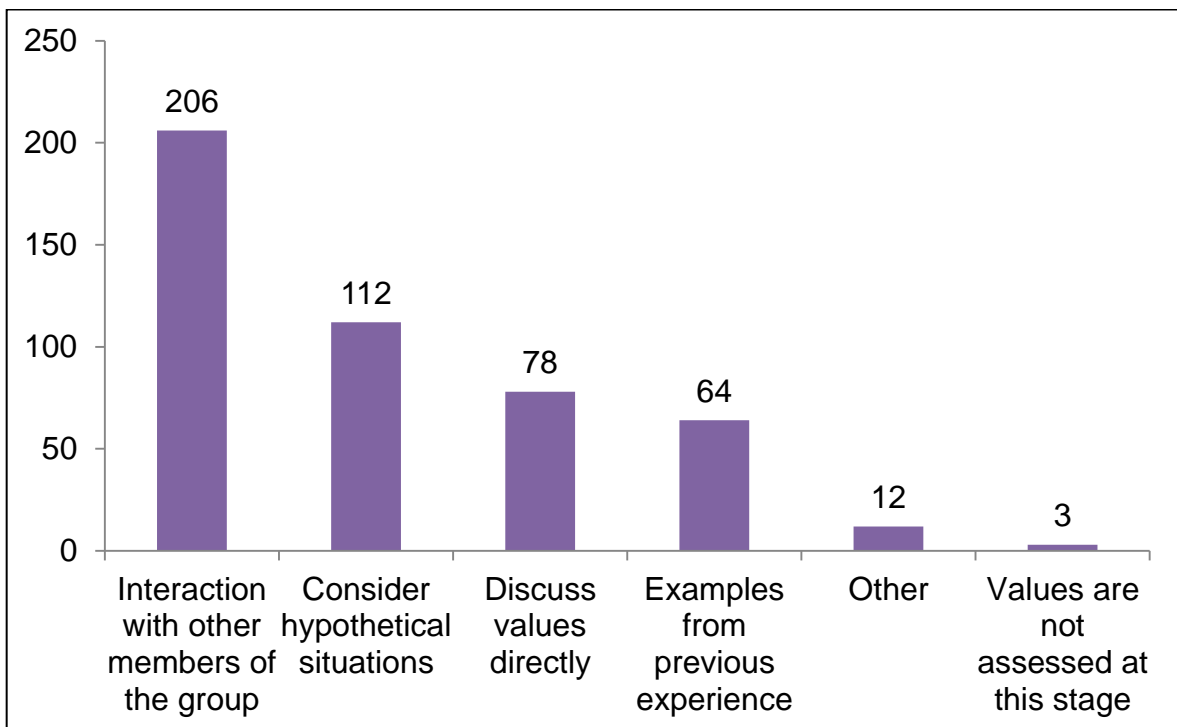
Is the group interview/task scored using a predetermined scoring system?



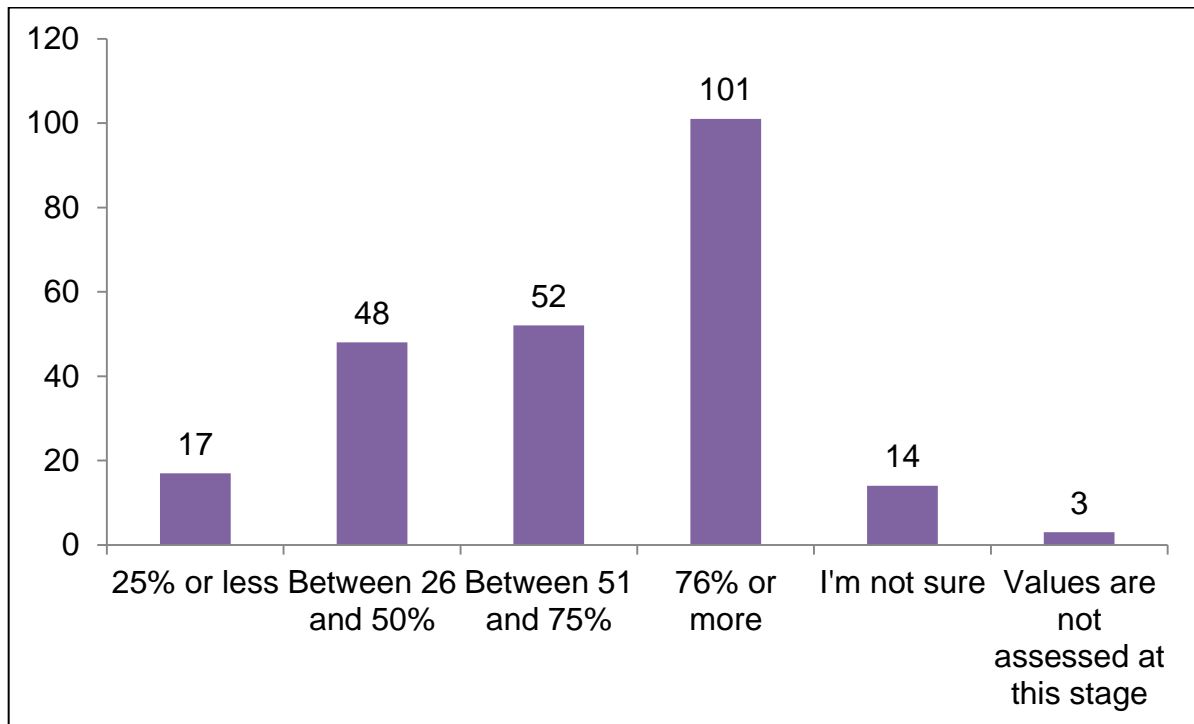
Which of the following values are assessed as part of the group interview/task?



How are the values identified assessed as part of the group interview/task?

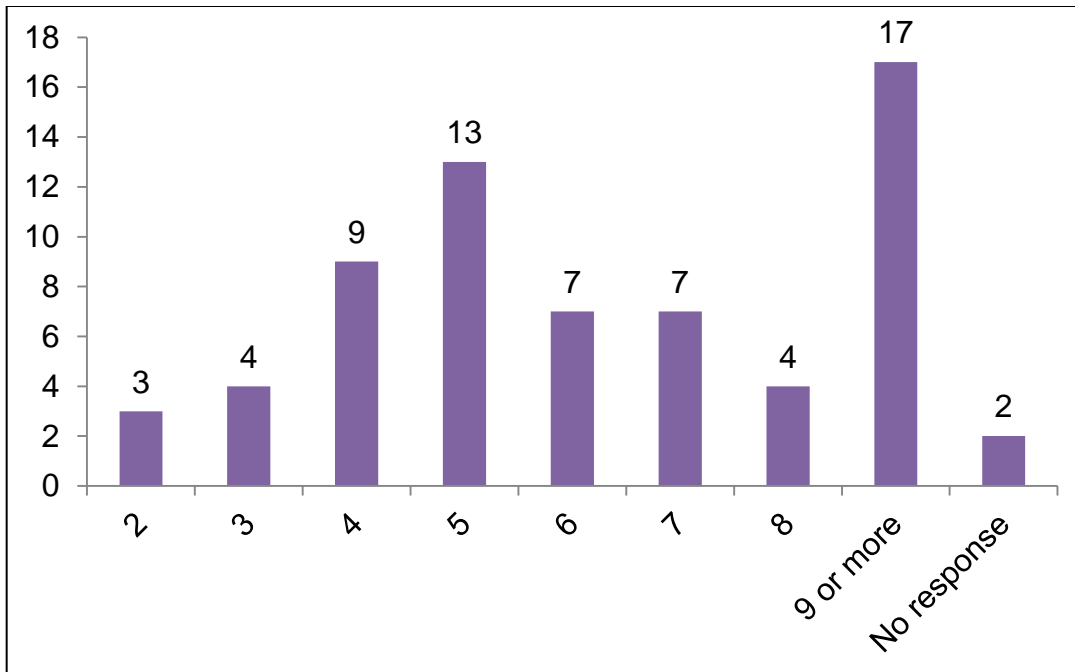


Approximately what proportion of the group interview/task is focused on assessing the candidate's values?

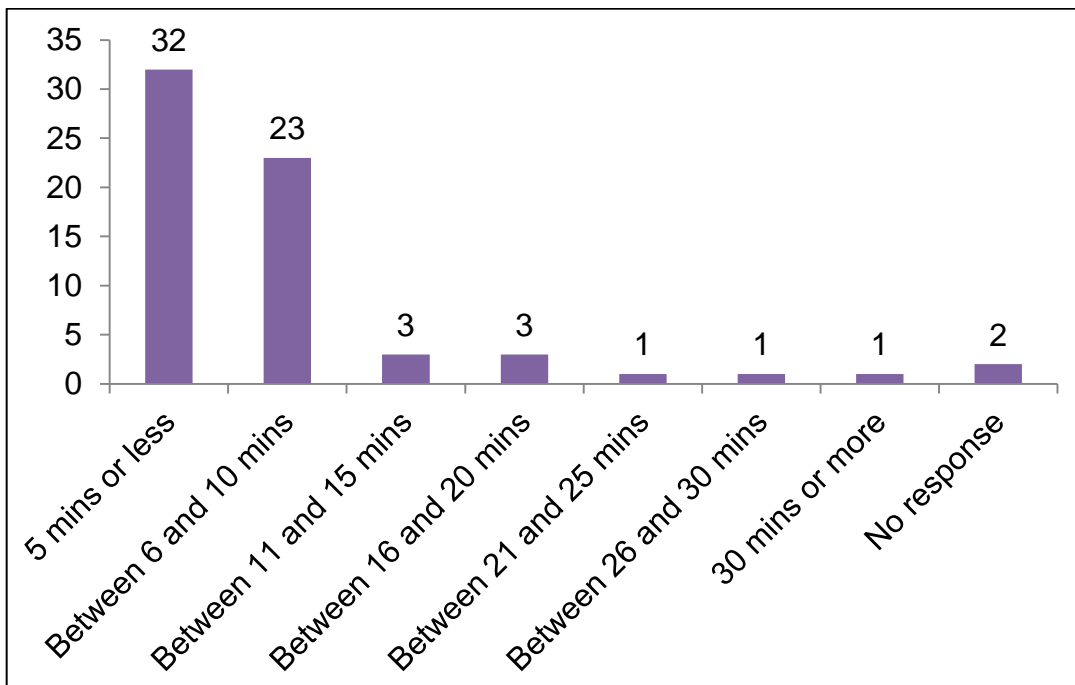


viii. Selection – multiple mini interview

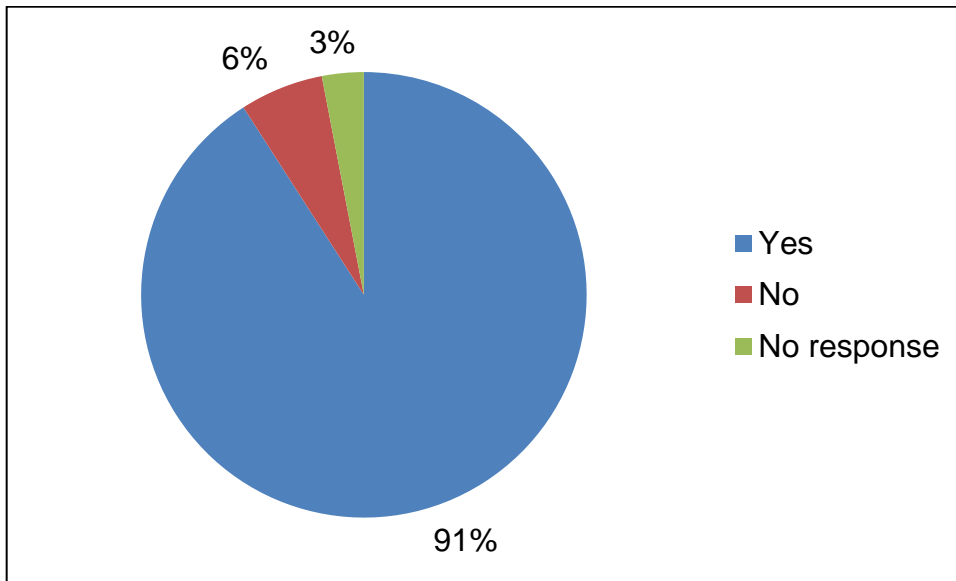
How many interviewers do candidates typically meet with during the MMI?



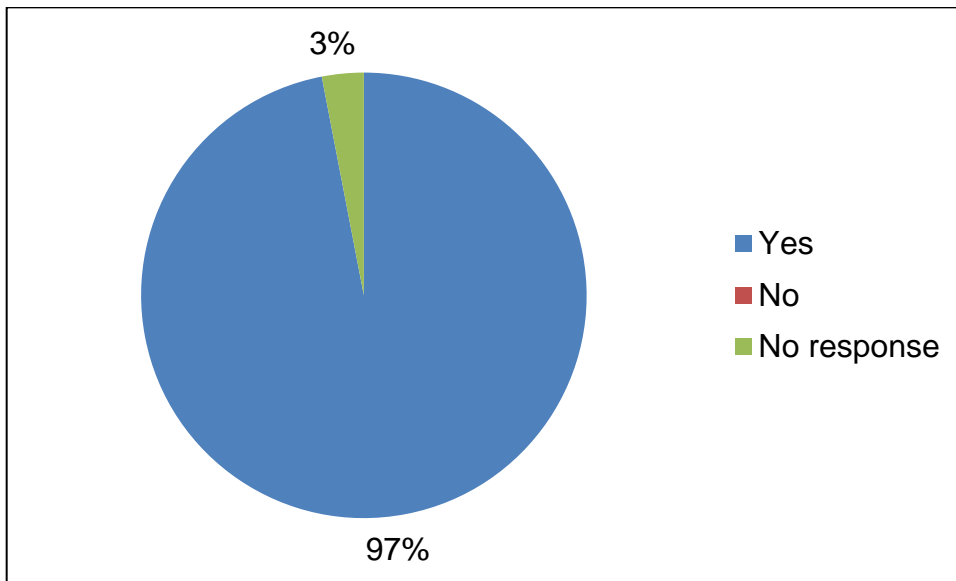
How long does each interview within the MMI usually last?



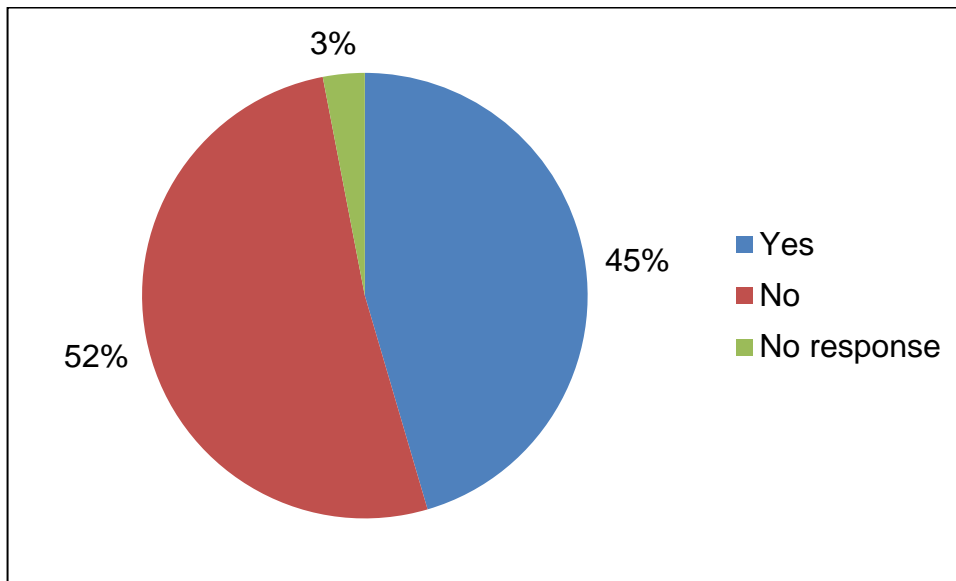
Do interviewers ask predetermined questions during the MMI?



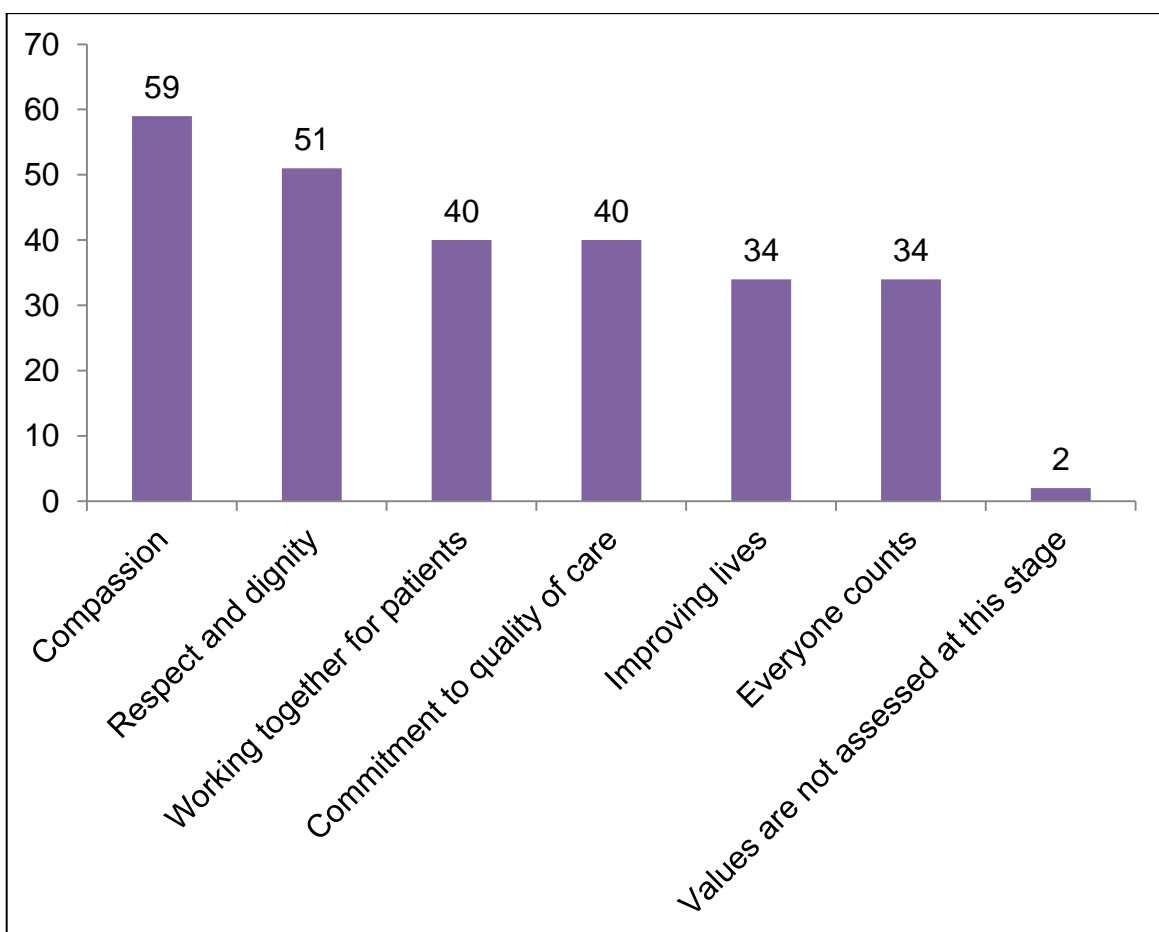
Is the MMI scored using a predetermined scoring system?



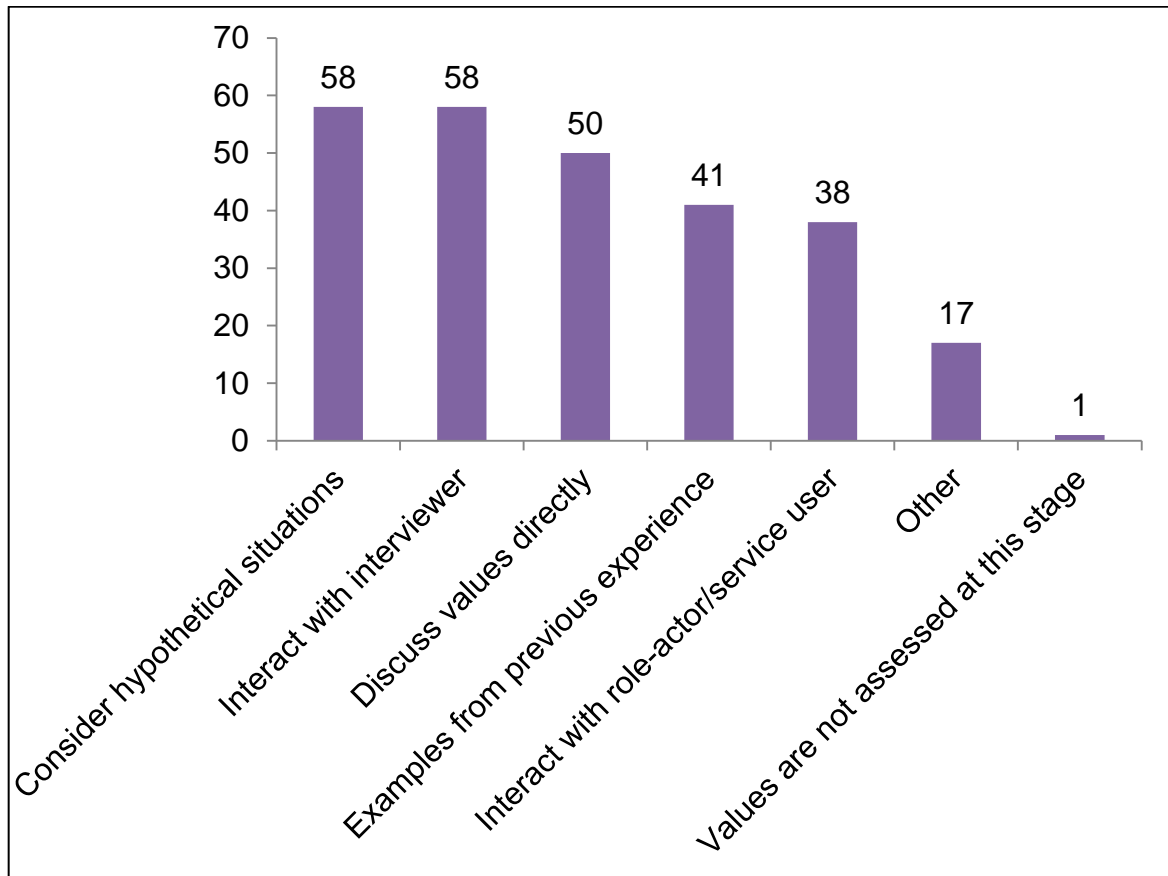
Do interviewers have the opportunity to discuss the candidates with one another following the MMI?



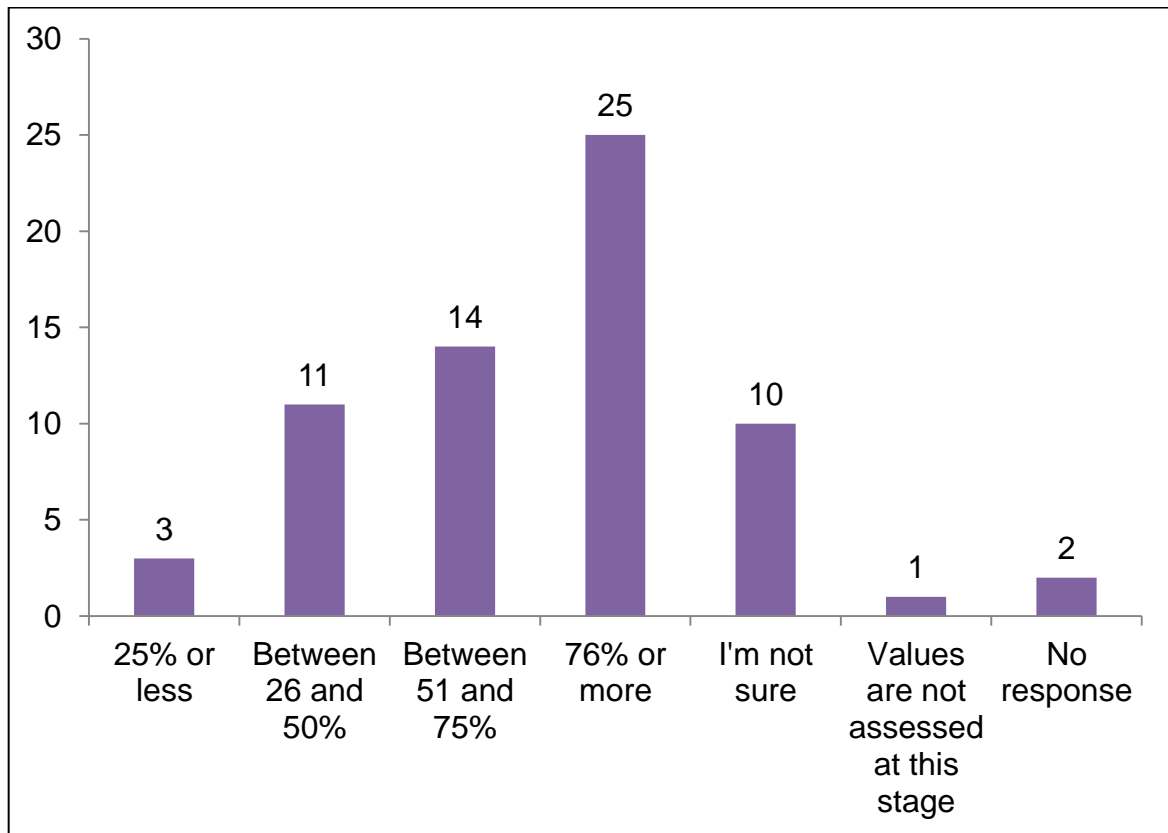
Which of the following values are assessed as part of the MMI?



How are the values identified assessed as part of the MMI?

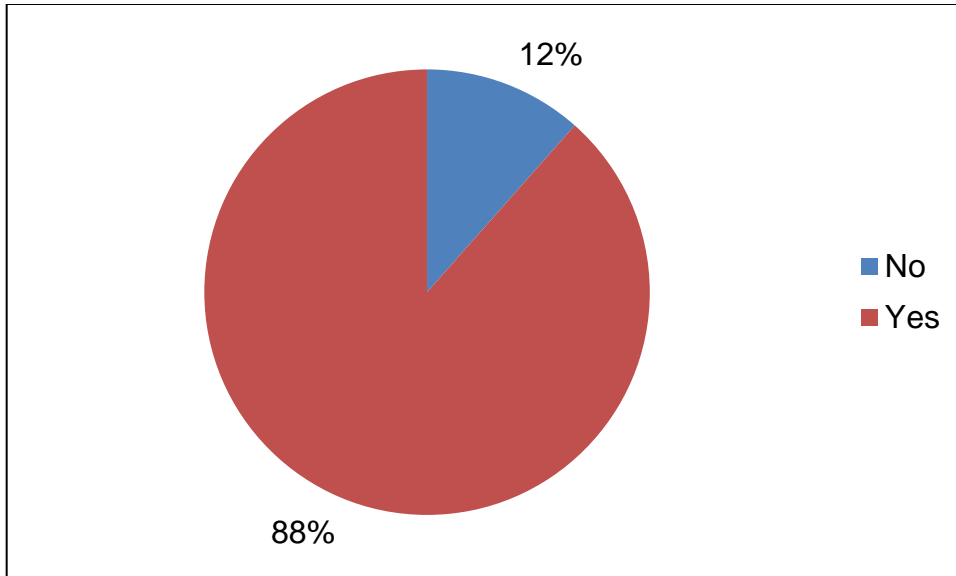


Approximately what proportion of the MMI process is focused on assessing the candidate's values?

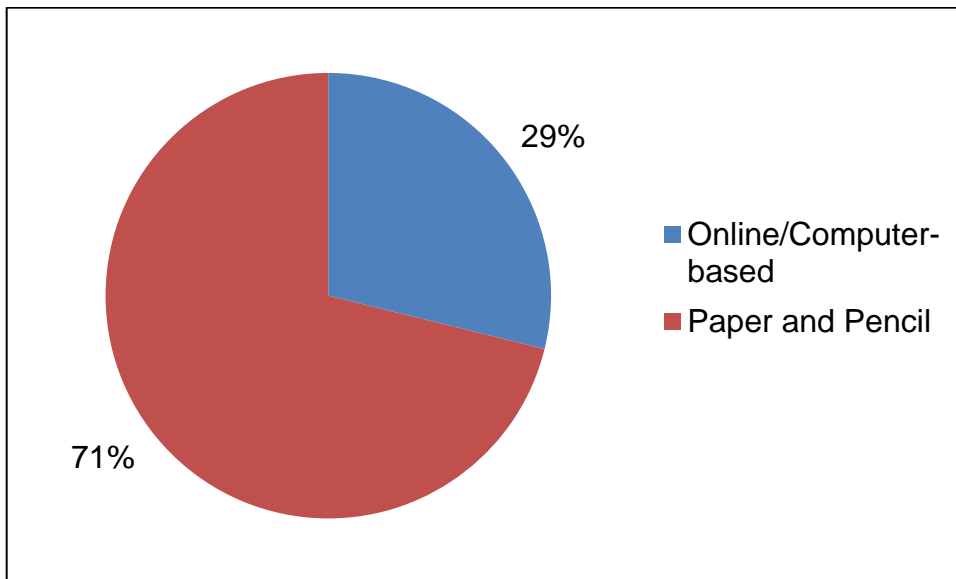


ix. Selection – situational judgement test

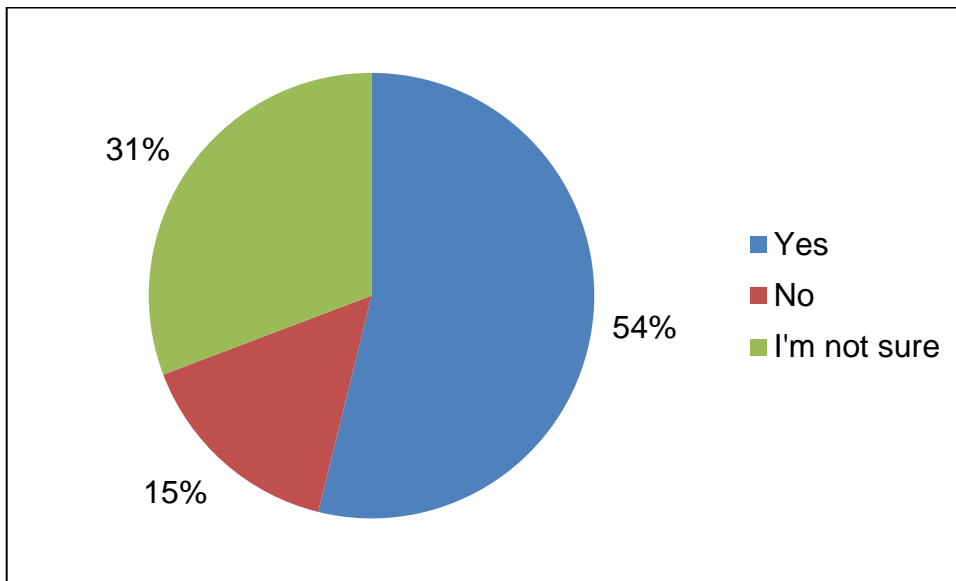
Is the SJT scored against a predetermined scoring system?



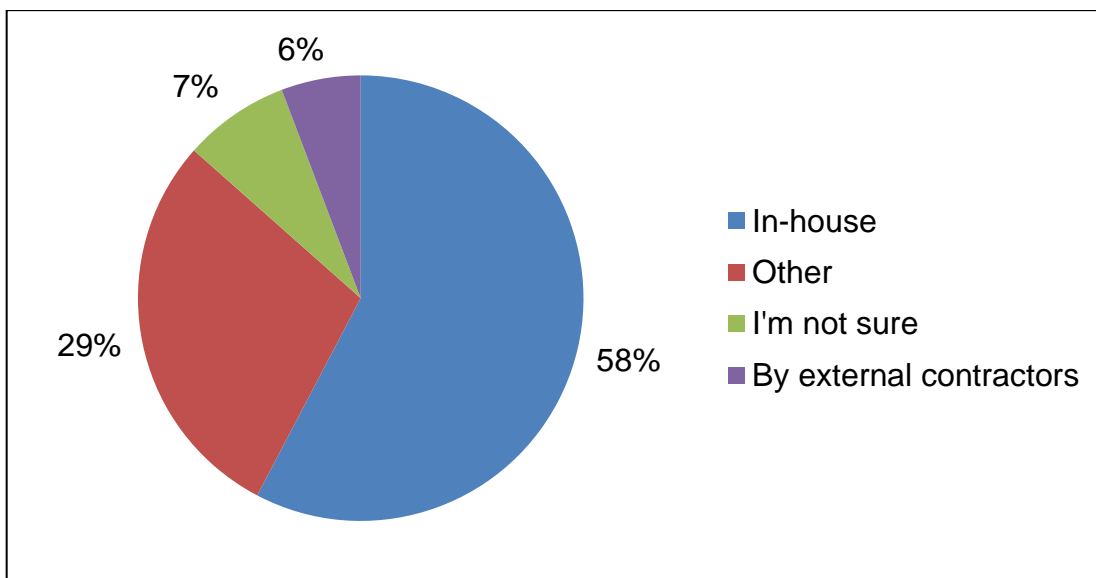
How is the SJT delivered?



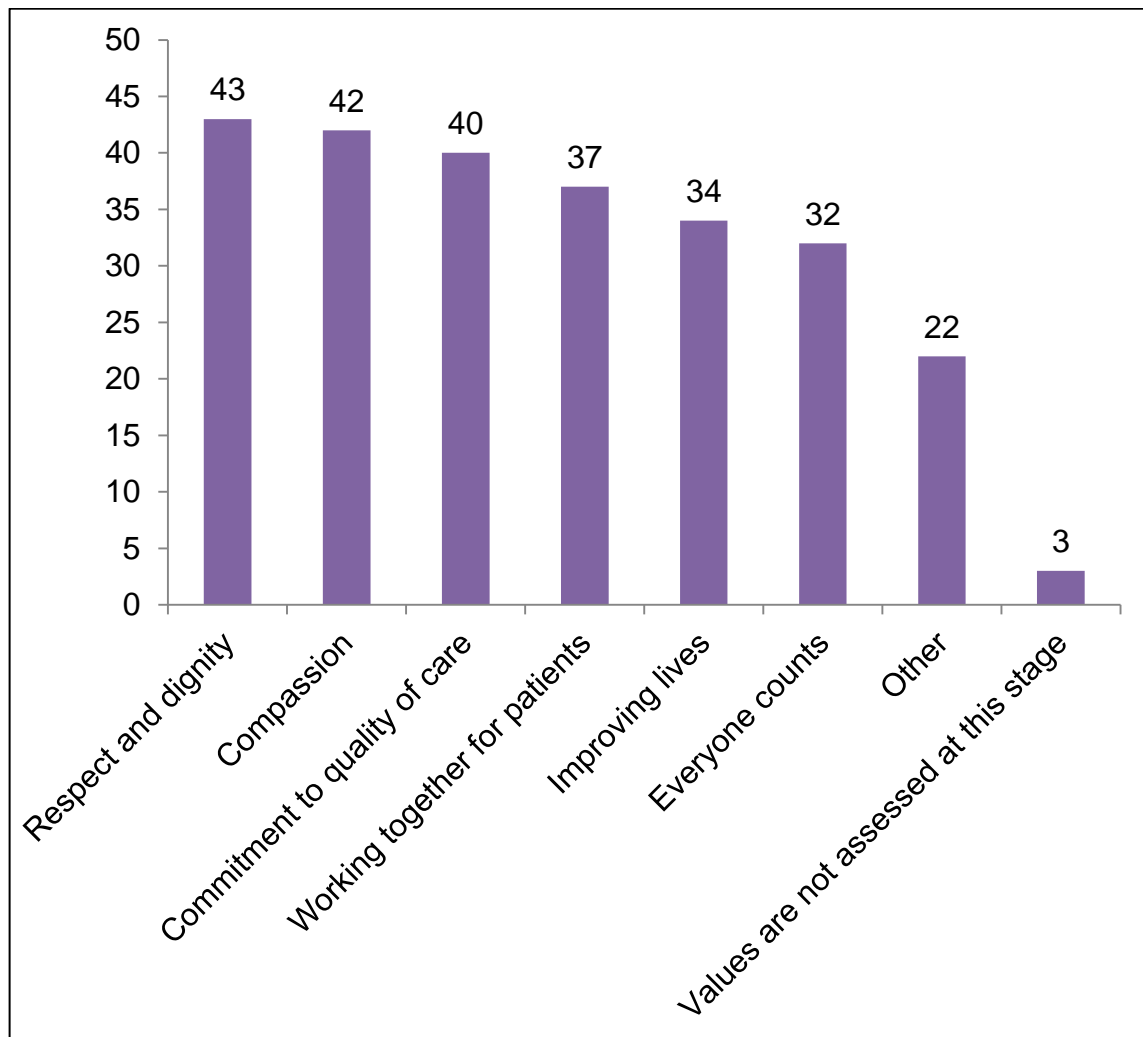
Was the SJT developed using evidence from a formal analysis of the relevant role?



How was the SJT developed?

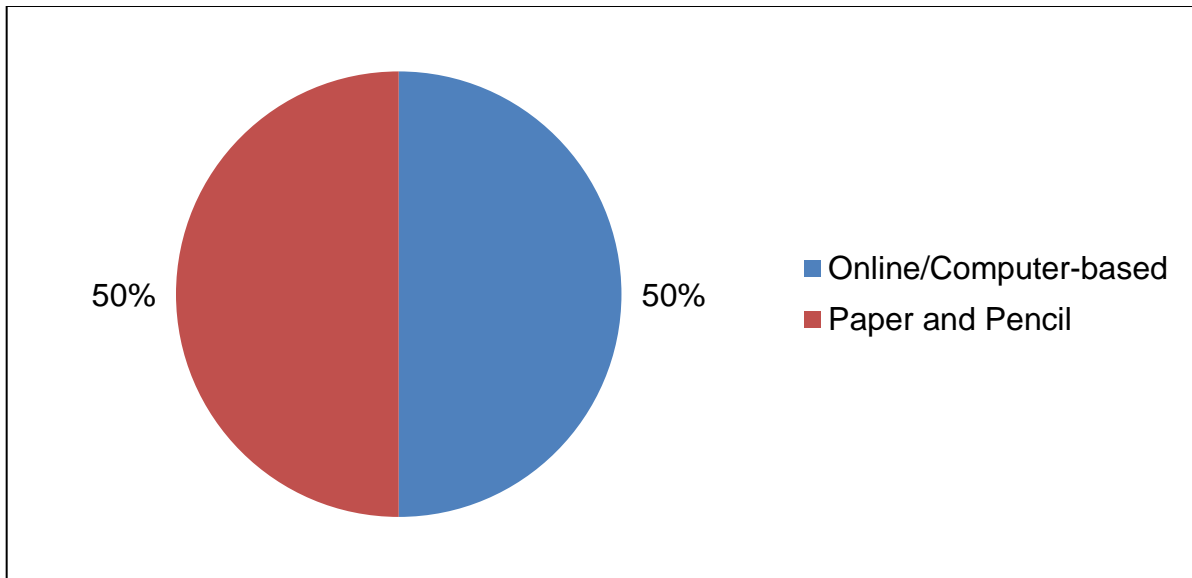


Which of the following values has the SJT been designed to measure?

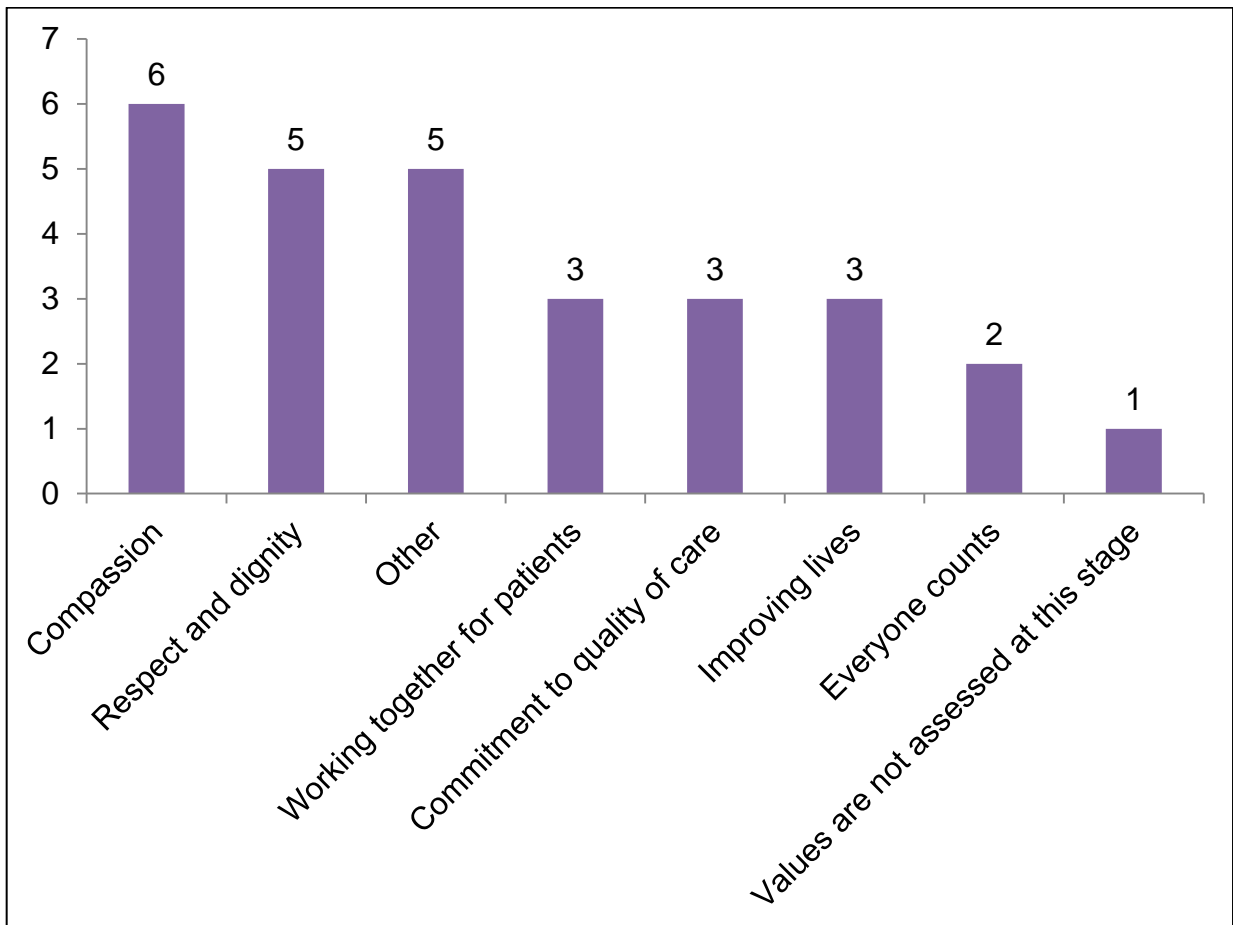


x. Selection – personality test

How is the personality test delivered?



Which of the following values has the personality test been designed to measure?



xi. Selection – by programme

Which selection methods are used by programme?

	Structured Interview proportion Yes (%)	Unstructured Interview proportion Yes (%)	Group Interview proportion Yes (%)	MMI proportion Yes (%)	SJT proportion Yes (%)	Personality test proportion Yes (%)
(Allied Health Professions) Art, Music and Drama Therapy	100.0	0.0	0.0	0.0	0.0	0.0
(Allied Health Professions) Diagnostic and Therapeutic Radiography	0.0	0.0	100.0	0.0	0.0	100.0
(Allied Health Professions) Diagnostic Radiography	75.0	6.3	25.0	12.5	6.3	0.0
(Allied Health Professions) Dietetics	33.3	16.7	50.0	0.0	0.0	0.0
(Allied Health Professions) Occupational Therapy	45.8	8.3	79.2	8.3	8.3	8.3
(Allied Health Professions) Operating Department Practice	80.0	15.8	42.1	0.0	0.0	0.0
(Allied Health Professions) Orthoptist	0.0	50.0	50.0	0.0	0.0	0.0
(Allied Health Professions) Orthotists/Prosthetists	0.0	100.0	0.0	0.0	0.0	100.0
(Allied Health Professions) Paramedic	65.2	0.0	26.1	17.4	4.3	0.0
(Allied Health Professions) Physiotherapy	67.7	3.2	48.4	6.5	0.0	0.0
(Allied Health Professions) Podiatry	42.9	14.3	14.3	0.0	0.0	0.0
(Allied Health Professions) Speech and Language Therapy	31.3	12.5	56.3	6.3	0.0	0.0
(Allied Health Professions) Therapeutic Radiography	77.8	0.0	11.1	11.1	22.2	0.0
(Nursing) Adult Nursing	66.1	6.8	55.9	10.2	11.9	3.4

Values Based Recruitment

	Structured Interview proportion Yes (%)	Unstructured Interview proportion Yes (%)	Group Interview proportion Yes (%)	MMI proportion Yes (%)	SJT proportion Yes (%)	Personality test proportion Yes (%)
(Nursing) Children's Nursing	71.7	4.3	56.5	6.5	13.0	2.2
(Nursing) Dual registration Nursing	33.3	0.0	66.7	33.3	33.3	0.0
(Nursing) Learning Disabilities Nursing	81.8	9.1	45.5	13.6	18.2	0.0
(Nursing) Mental Health Nursing	67.3	7.7	50.0	9.6	9.6	1.9
(Other Scientific, Technical & Therapeutic) Clinical Psychologist	100.0	0.0	31.3	12.5	0.0	0.0
(Other Scientific, Technical & Therapeutic) Combined Dental Hygiene/Therapy Programme	60.0	0.0	20.0	20.0	0.0	0.0
(Other Scientific, Technical & Therapeutic) Dental Hygiene & Therapy	100.0	0.0	0.0	100.0	0.0	0.0
(Other Scientific, Technical & Therapeutic) Dental Hygienists	100.0	0.0	0.0	0.0	0.0	0.0
(Other Scientific, Technical & Therapeutic) Dental Nursing	66.7	33.3	33.3	33.3	33.3	0.0
(Other Scientific, Technical & Therapeutic) Dental Technicians	100.0	0.0	0.0	100.0	0.0	0.0
(Other Scientific, Technical & Therapeutic) Dental Therapy	50.0	0.0	0.0	50.0	0.0	0.0
(Other Scientific, Technical & Therapeutic) HCS Practitioner Training Programme (PTP)	50.0	0.0	33.3	0.0	0.0	0.0
(Other Scientific, Technical & Therapeutic) HCS Scientist Training Programme (STP)	50.0	0.0	0.0	50.0	0.0	0.0
(Other Scientific, Technical & Therapeutic) IAPT High Intensity Practitioner	100.0	0.0	9.1	0.0	9.1	0.0

Values Based Recruitment

	Structured Interview proportion Yes (%)	Unstructured Interview proportion Yes (%)	Group Interview proportion Yes (%)	MMI proportion Yes (%)	SJT proportion Yes (%)	Personality test proportion Yes (%)
(Other Scientific, Technical & Therapeutic) IAPT Psychological Wellbeing Practitioner (Low Intensity)	100.0	0.0	12.5	0.0	12.5	0.0
(Other Scientific, Technical & Therapeutic) Other	50.0	0.0	0.0	0.0	0.0	0.0
(Specialist Nurse Post Registration) Community Child Nursing	75.0	25.0	25.0	0.0	0.0	25.0
(Specialist Nurse Post Registration) District Nursing	82.4	11.8	17.6	5.9	11.8	0.0
(Specialist Nurse Post Registration) Health Visiting	90.5	14.3	52.4	19.0	19.0	0.0
(Specialist Nurse Post Registration) Practice Nursing	100.0	0.0	0.0	0.0	100.0	0.0
(Specialist Nurse Post Registration) School Nursing	73.7	26.3	42.1	5.3	21.1	0.0
Midwifery	75.0	0.0	54.5	15.9	11.4	0.0
Undergraduate Dental	41.7	0.0	16.7	41.7	8.3	0.0
Undergraduate Medicine	57.7	11.5	15.4	30.8	3.8	0.0
Undergraduate Pharmacy	40.9	9.1	27.3	4.5	0.0	4.5

xii. Evaluation criteria for selection methods

Category	Evaluation Criteria	Description	How can this be evidenced?
Accuracy and effectiveness	1. Evidence of reliability	<i>A selection method is reliable if it is consistent in how it assesses candidates under varying conditions. For example, it should not make a difference if a candidate sits the test in the morning or afternoon.</i>	<ul style="list-style-type: none"> • Psychometric evaluation by experts
	2. Evidence of validity	<i>The selection tool measures what it claims to measure, it should be relevant, precise and accurate.</i>	<ul style="list-style-type: none"> • Psychometric evaluation by experts
	3. Arrangements for on-going validation, evaluation and development are in place	<i>Best practice selection is an iterative process, starting with a job analysis to define the selection criteria. After selection has taken place, the predictive validity of various selection tools can be evaluated. Results from validity studies are then used to review the original selection criteria and choice/design of selection methods. Information here can be used to make continual improvements and help to develop the process to optimise selection decisions.</i>	<ul style="list-style-type: none"> • Appropriate data is collected • Validation data is analysed by experts in selection
	4. Susceptibility to coaching	<i>The extent to which access to coaching taken to improve a candidate's test-taking skills and provide an advantage to a candidate's standing in the selection process.</i>	<ul style="list-style-type: none"> • Comparison group research studies
	5. Fairness, promotes diversity/ widening access	<p><i>This is based on three principles; 1) valid selection criteria;</i></p> <p><i>2) accurate and standardised administration by trained staff;</i></p> <p><i>3) monitored outcomes and meets equalities impact assessments.</i></p>	<ul style="list-style-type: none"> • Evaluation questions posed to candidates. • Analysis of sub-group differences

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	6. Legality	<i>The extent to which the design of a selection process and the decisions generated is legally defensible. Selection processes that are perceived as unfair are more likely to result in legal case initiation.</i>	<ul style="list-style-type: none"> • HR experts in employment law
Cost and efficiency	7. Scalability for high volume recruitment	<i>The extent to which a selection process can be scaled up or down and remains efficient and effective for different volumes of applicants.</i>	<ul style="list-style-type: none"> • Data modelling with interpretation of costs of implementation and validity of selection methods
	8. Efficiency	<i>The costs involved and the time taken in developing and implementing the selection tool(s).</i>	<ul style="list-style-type: none"> • Analysis of costs by recruiters and managers
Practicalities and implementation	9. Utility	<i>The costs involved and the time taken to develop more accurate adequate procedures need to be balanced with the potential benefits (e.g. improved performance)</i>	<ul style="list-style-type: none"> • Statistical analysis of the predictive validity a selection tool adds to the accuracy of selection decision-making, compared to the costs to design and implement the tool (using established utility calculation methods)
	10. Generality of use	<i>The degree to which a selection tool used in one context can be transferred/tailored for use in another context or role</i>	<ul style="list-style-type: none"> • Judgement by recruiters
	11. Practicality (ease of administration/ efficiency)	<i>The procedures should be acceptable within the organisation and capable of being implemented effectively. Those responsible for administering the procedures may need to be trained.</i>	<ul style="list-style-type: none"> • Judgement by recruiters and administrators
	12. Expertise required for analysis and	<i>Some selection tools (for example personality tests) require an appropriately trained individual to administer,</i>	<ul style="list-style-type: none"> • For psychometric tools there are specific

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	interpretation of information generated by the tool	<i>score and provide feedback. Similarly, assessors in selection centres must also be appropriately trained in how to evaluate a candidate in a work sample test for example.</i>	<i>licensure guidelines (e.g. from the British Psychological Society)</i>
	13. Ease of interpretation	<i>The degree to which the information generated by the selection tool provides clear and appropriate information relating to a candidate's competence and aptitude for the role.</i>	<ul style="list-style-type: none"> • <i>Judgement by recruiters and stakeholders</i>
Stakeholder acceptance and feedback	14. Positive employee/trainee/student perceptions	<i>The extent to which employees/trainees/ students react positively to the selection process and each selection method within that process. Positive perceptions will result in the candidate being more attracted to joining the organisation</i>	<ul style="list-style-type: none"> • <i>Evaluation questionnaires of candidate perceptions</i>
	15. Generates appropriate feedback	<i>When using selection tools, for example personality assessments, it is good practice to ensure that candidates receive appropriate and useful feedback.</i>	<ul style="list-style-type: none"> • <i>Evaluation questionnaires of candidate perceptions</i> • <i>Recruiter's judgements</i>
	16. Educational impact/value	<i>The extent to which candidates obtain useful information to inform their future education, learning and development.</i>	<ul style="list-style-type: none"> • <i>Evaluation of candidate and employer perceptions</i>