

The selection of graduates for residency training and the research that is needed

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The Saudi Commission for Health Specialties introduced their flagship Saudi Medical Licensing Examination as a computer-based test first delivered on Thursday, October 1. This examination will contribute 50% of the evaluation to select graduates for their residency programme placement. A matching process is being introduced. The Commission has also published a booklet entitled “Saudi Board Application for Medical Graduates: Submission Regulations and Guidelines”, to support the new process of selection. The Commission recognises that a knowledge-based test alone is not a valid way to make this important career changing decision and initiatives such as research activity, health-related courses, and conference attendances, as well as awards shall also be taken into account. This latter evaluation contributes 20% to the selection process while the cumulative GPA during bachelor medical studies contributes the final 30%.

Individual specialties are also allowed to add further steps before the final decision, including interviews and even additional exams. Even if this would seem an overweight on raw academic performance, it leaves the process employed in the United States far behind while it still places overdependence on the United States Medical Licensing Examination (USMLE) Step 1 examination scores.^[1] Melnick, CEO and president of the National Board of Medical Examiners, and colleagues make a forceful argument in the latest issue of academic medicine that by continuing to use the USMLE Step 1 in this way, the policy distorts medical education in American colleges, leads to considerable emotional stress and even a significant level of suicidal ideation.^[1]

Prober, senior associate Dean of Medical Education at Stanford, has long been a stern critic of “Step 1 madness,” and its unintended consequences. Indeed, they conclude that the USMLE Step 1 does not reflect the totality of attributes desirable for a successful residency training.

Examinations that predict future performance are the holy grail of assessment, but little is known of combined processes using multiple sources for the final decision. Typical of what we are still likely to see is illustrated by a comprehensive study from Norcini *et al.*, using USMLE Step 2 Clinical Knowledge (CK) international medical school scores to predict patient outcomes. They concluded that there was evidence for the validity of Step 2 CK scores in this respect.^[2] Perhaps more relevant would have been USMLE Step 2 CS scores. However, there is no evidence from a multi-source study yet, so perhaps a Saudi study would be the first.

The data generated by Commission examining is a rich source of research and becomes an invaluable way to inform policy decisions made by the Commission.^[3] As yet, the Commission does not have a policy on the way research is conducted with Commission materials, but hopefully soon this will be a reality.

The selection process that has just been introduced becomes another important source of potential data, and the soon-to-start clinical testing process conducted in the three new clinical testing centres will also generate invaluable material, which must not be lost.

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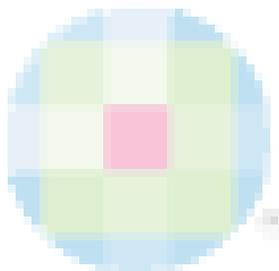
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