

Fairness in health professions selection: learning from organizational justice theory and a pandemic Équité dans la sélection des professions de la santé : apprendre d'une pandémie et de la théorie de la justice organisationnelle

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Introduction

With the global pandemic slowly phasing out, now is a good time to evaluate how this phenomenon has had an impact on the perceived and actual fairness of student selection into healthcare professions (HP) programs and think of relevant solutions or research opportunities. A concept that can be helpful to do so is “procedural justice” (sometimes also called “procedural fairness”), originating from organizational justice theory. Procedural justice describes a series of rules to ensure fairness in the selection *process*, i.e. how selection procedures are constructed, conducted and how communication with applicants is established. They include: job relatedness, opportunity to perform, reconsideration opportunity, consistency of administration, feedback, selection information, honesty, interpersonal effectiveness of administrator, two-way communications and propriety of questions.¹ As a team from various countries and backgrounds, we critically reflected on these rules and have chosen the first two, which we felt were especially relevant to illustrate tensions that may arise in admissions, as a starting point for reflection and further research in the field. Although these choices were made to keep this commentary concise, other rules could likely be considered in future publications.

Opportunity to perform

This rule can be defined as “having adequate opportunity to demonstrate one’s knowledge, skills, and abilities in the testing situation.”¹ In a competitive selection system, applicants value the possibility of having a “voice” to prove their “value”, which also allows them, to a certain extent, to exercise control over the procedure outcome. If this “opportunity to perform” is taken out of the equation, then the perceived equity of the process is threatened. As an example, in the face of technical challenges or changes to public health regulations, some institutions temporarily cancelled admissions interviews in the early days of the pandemic, replacing them with a lottery or online selection tools (e.g. situational judgment tests).² This was received with a lot of criticism; applicants likely lost an important “opportunity to perform” and associated sense of agency. Arguably, although the perceived fairness may have been threatened in these situations, it may also have increased the actual fairness for some other candidates who would have otherwise been at a disadvantage because of possible systemic biases in the regular interview process. Likewise, by removing geographical and financial barriers, virtual interviewing has perhaps significantly improved the “opportunity to perform” of remote candidates. This reminds us that not everyone has the same “opportunity to perform” in our current admissions system and that it

needs to be considered not only the individual level (sense of agency) but also from a broader perspective (overall accessibility).

Job relatedness

This rule “refers to the extent to which a test either appears to measure content relevant to the job situation or appears to be valid.”¹ The more a selection process seems job-relevant, the fairer it is perceived by applicants.¹ The move toward virtual interview approaches has demonstrated advantages for accessibility and costs, and perhaps reflects more and more the increasing amount of clinical care provided in a virtual format. However, it still seems unlikely to us that they truly reflect “real” face-to-face encounters, which are still at the center of day-to-day work for most HPs. A recent publication found differences in rating patterns between an in-person and a virtual multiple mini-interview (MMI) for teamwork and integrity stations.³ In our own experience, some collaborative MMI stations had to be abandoned because of the online format. Moreover, when asked about it, prospective students seem to find virtual interviews acceptable, while preferring in-person interviews.⁴ This raises questions about the perceived fairness and validity of virtual interviews and highlights the importance of monitoring how new interview formats may influence who we choose as future HPs. Some institutions want to go back or already went back to in-person interviews, while others realized that online alternatives are feasible and questioned the cost-benefit ratio of in-person interviews for all stakeholders. For postgraduate medical education, some have suggested a first virtual interview followed by an in-person interview on a smaller group as a “second look.”⁴ Perhaps the “right” balance of what can be done virtually, and in-person has yet to be established.

Facing this complex issue, we would encourage HP programs to make sure a proper feedback system is in place to better understand how the multiple changes recently made to their selection processes affected their perceived fairness. For example, it will be highly relevant to understand how virtual interviews are perceived by

applicants, what are the consequences of this change on future cohorts, and what we want moving forward. A framework such as organizational justice theory, with its multiple rules including the two presented here, may be a good starting point to tease apart the benefits and downsides of these changes, better research these phenomena, and inform our decisions to improve fairness of our selection practices. As people involved in admissions at different institutions, when reflecting through a procedural justice lens, we need to provide applicants with “opportunities to perform” within admissions processes that remain job-related.⁵

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