

Medical Schools Council Admissions Deans meeting

Woburn House, London, 21 May 2008



The Admissions Deans meeting was convened on 21 May 2008. Dr Jane Adam, Associate Dean for Admissions at Hull York Medical School, developed a varied programme to address concerns about the assessment of applicants' health and disability, and the selection tools used to differentiate between prospective Medical School applicants in the context of evolving 14-19 curriculum and assessment. Attendance at the meeting was high, with representatives from 30 of the 32 UK Medical Schools involved in the undergraduate admissions process. The meeting was chaired by Professor Tony Weetman, Dean of the School of Medicine and Biomedical Sciences, University of Sheffield.

The overwhelming consensus from the meeting was that there is a need for greater collaboration and cooperation between medical schools to ensure consistent policies and processes towards students with disability. Furthermore, with changes to the ways applicants to Medical School will seek to meet entrance requirements, it is important to review again the use of academic qualifications and other available tools for selection..

The Medical Schools Council is looking for a volunteer to help organise the next annual Admissions Deans meeting in spring 2009. Suggested future agenda items include:

- GMC-MSc Fitness to Practise
- How to ensure that sixth form students have access to quality work placements in medical environments
- How to treat European equivalent qualifications and harmonisation
- Adjusted criteria for A Level grades

Session 1: Occupational health assessment of medical applicants: common principles, acceptable processes

Dr Susan Robson, Director, University of Manchester Health and Safety Services

Dr Robson outlined the experience of Occupational Health assessment in the University of Manchester, which is undertaken in-house for all potential and prospective applicants. Although this is less costly than using a private provider, the costs need to be negotiated with the local Strategic Health Authority (SHA). The HEOPS (Higher Education Occupational Practitioners) group has developed a common Occupational Health form, copies of which can be submitted to all participating Medical Schools after the applicant has obtained the GP signature, with only one rather than several sets of costs to the candidate. Disabled students at the pre-applicant stage should be encouraged to self-refer to their local medical school's Occupational Health service, for advice on whether the applicant will be likely to be considered fit to practise.

Session 2: Advising medical schools: encouraging disabled students: Outcome of the GMC project Gateways to the Professions

Professor Janet Grant, Director, Open University Centre for Education in Medicine

Professor Grant described the process of developing the Gateways report *Advising Medical Schools: encouraging disabled students*¹, which is designed to be used as a practical tool for Medical Schools, Deaneries and Trusts with concerns, as well as students and doctors. As recommended by the publication, evaluations of Fitness to Practise should be undertaken independently of evaluations of aptitude, and these should operate on a 'need to know' basis, within the legal boundaries of the Disability Discrimination Act 1995 and the Disability Equality Duty 2006. Professor Grant emphasised the importance of considering applications made by disabled students on a case by case basis.

¹ http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/gateways_guidance/index.asp

Admissions Deans raised concerns about levelling the playing field between students with disabilities and those with no disabilities, how to compensate for specific difficulties students may have faced in the past, yet how to avoid over-compensating in order to continue to select the best candidates through the admissions process. Although there is no central guidance for this, delegates were advised to judge individuals by identical criteria assuming 'reasonable adjustments' (as defined by the Disability Discrimination Act) have been made. Other common concerns among Admissions Deans include how to offer advice to prospective students, and the need to consider the long term prognosis of an illnesses or disability.

Session 3: Changes to UK academic qualifications, from GCSEs to subject-based Diplomas

Delyth Chambers, Advisor to the Department of Children, Schools and Families

Delyth Chambers outlined the current changes to the 14-19 Curriculum and Qualifications, drawing attention specifically to the Single Science GCSEs, four-module A Levels, the Extended Project, the Diploma (England only) and the introduction of the A* graded A Level. Applicants for the 2010 intake will all have studied in the new curriculum, with the DCSF intention for the Diploma to become a standard route into Higher Education.

Admissions Deans were expressly concerned about the value of the Diploma award (up to 420 UCAS points) in comparison with the existing A Level system, and the content of the Society, Health and Development Diploma. Wider concerns were raised about the impact of the Diploma being mistakenly recommended by schools for widening participation applicants which would then close more academic career opportunities to them. Delyth Chambers agreed that it would be legitimate for Medical Schools to make a clear statement that 'for studying medicine the scientific content of the Society, Health and Development Diploma is not enough'.

Session 4: What can A Levels and aptitude tests tell us?

Professor Chris McManus, Professor of Psychology and Medical Education, University College London

Professor McManus presented the findings from studies of different qualifications, aptitude tests and interviews, with the overwhelming conclusion that past behaviour is the biggest predictor of future behaviour, and that GCSEs and A Levels are still the most effective predictor of performance in Higher Education. Although knowledge –based qualifications are useful predictors of future knowledge-based performance, aptitude tests (including BMAT and GAMSAT) have not yet been shown to predict clinical performance.

Given that Medical School applications come from the highest performing A Level students, there does need to be a means of differentiating between the most highly qualified applicants. Professor McManus reaffirmed his belief that in order to select the most able and 'best' Doctors of the future, it would be better to test of job content and job related performance or subject knowledge rather than to refine existing selection processes – or perhaps more controversially introduce 'selection on the job' by allowing a much greater number to start a common 'medical sciences' degree course with only a small proportion who display clinical aptitudes progressing beyond the early years to train as doctors.

Session 5: Uses and abuses of the UCAS application: the personal statement: What can it tell us and how does this relate to predictors of later failure?

Professor David James, Director of Medical Education, Nottingham

Professor James described a study, which he jointly authored, which sought to identify from student personal statements the characteristics and attributes that could predict performance in a Medical degree.² The study found that whilst academic performance does predict performance, the correlation with conscientiousness is even higher. Referee statements however did not offer any significant prediction of performance as a trainee Doctor.

² Ferguson E, Sanders A., O'Hehir F, James D. Predictive Validity of personal statement and the role of the five factor model of personality in relation to medical training. *J Occ Org Psych* 2000; 73:321-344.

Admissions Deans discussed concerns that student statements are now so influenced by others that they cease to be reliable or useful indicator of individual students. Some medical Schools no longer use the personal statement as a selection tool for interview but may alternatively use the UCAS application as a focus for interview questions.

Session 6: How UCAS can help – plagiarism detection and other innovations

Anthony McClaran, Chief Executive, UCAS

Anthony McClaran outlined the Plagiarism Detection Service used by UCAS to deter 'borrowing', collusion or copying any element of the student statement. The scheme was piloted in 2006 and generalised to all applications for the 2007/ 2008 application process. From the study of 50,000 applications, over 800 applications to medical School contained borrowed phrases from three specimen medical statements from a free website. The decision was taken not to automatically cancel the applications of students found to have plagiarised part, or all, of their statement. Instead, Schools are alerted to cases where over 60 percent of the statement is 'borrowed' and it is the decision of the School to consider the application in context. Due to rights to privacy, UCAS is forbidden from alerting the secondary school of the student.

Of all UCAS applications to date, 3 percent have a similarity of 10 percent or more. Of these, 10 percent (0.5 percent overall) have a similarity of 60 percent or more, and the named University/Medical School has been alerted. The Medical Schools Council is now in discussion with UCAS to lower the 60 percent boundary for medical applications in view of the importance of probity as an issue for Fitness to Practise.

Session 7: Principles of selecting medical students

Professor David Powis, School of Psychology, University of Newcastle, NSW

Professor Powis identified that although academic performance is the strongest overall predictor of performance in a Medical Degree, not all high academic performers achieve well as a Doctor, and not all those with lower qualifications achieve less well as a Doctor. Qualifications test knowledge, but desirable personal characteristics might be better discerned through practical exposure to undertaking tasks. The interview (used by most UK Medical Schools) can be of limited value because it is based on the candidate describing how they would react to a situation, whereas a group exercise (used by two UK Medical Schools) would have greater discriminating power as applicants have to show how they would act. Professor Powis emphasised that interviews should make a pre-determined contribution to the information available on which to select applicants, rather than being used as a final, arbitrary final selection tool. A show of hands at the meeting suggested that approximately two thirds of UK Medical Schools currently use a student on the selection panel, but Professor Powis advised against this practice.

Session 8: How to find out what becomes of medical students: Challenges of the Australian Medical Schools outcome database and longitudinal tracking project

Dr Pippa Craig, Senior Research Associate, Australia and New Zealand Medical Deans Group

Dr Craig described the ongoing Australian project, MSOD (Medical Schools Outcome Database), a feasibility study to collect and link the outcomes of medical education and workforce needs. The project aims to track the demography and educational experience of all newly qualified doctors in Australia, but not student performance data. The programme is in its fourth year and has identified many ethical problems (e.g. from whom are consents required and who own the data) which are relevant to any long-term outcome study. The success of the MSOD is dependent on the full co-operation of all organisations and individuals involved, the AU Department of Health and Ageing, the Australia New Zealand Medical Deans Group (who own the data and approve research proposals), and firm strategic links with stakeholders.