



MSC DSC Response to UCAS Admissions Process Review

January 2012

We hope to receive a high level of response to this consultation from all those who have a stake in the higher education admissions process. We want to understand as fully as possible those aspects of the proposals which you support and those which cause concern. Where there are perceived problems, we encourage you to put forward preferred solutions. All your responses will be carefully analysed and a summative report will be published in March 2012.

In order to assist with the analysis and evaluation of responses, we would be grateful if you would provide us with the information requested below. Please note that any information given will be held by us and will only be used for the purposes of consultation and research. You are not required to provide your name but we will treat your identity in confidence if you do give it to us.

Name	Jocelyne Aldridge
Job title	Senior Policy Officer
Organisation	Dental Schools Council (DSC) <i>and</i> Medical Schools Council (MSC)

Are you replying as an individual or on behalf of your organisation?

Organisation(s) – Representing the views of UK medical and dental schools.

Please indicate which of the following categories applies to you/your organisation?

Higher Education - University Higher Education - College Higher Education – Private provider School FE college Applicant or potential applicant Parent of an applicant or potential applicant Government body Non-Government body HE sector body Other (please state)	<i>Please enter one of these categories below:</i> HE sector body
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Application post-results: proposed system

To what extent do you agree/disagree with the following statements?

(APR Consultation ref 23.6.1)

A system of application post-results would deliver a fairer admissions process because the applicant would submit actual results and the reliance on predicted grades would be removed

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

3

(APR Consultation ref 23.6.2)

Applying post-results will not necessarily have positive impacts on equality and diversity.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

2

(APR Consultation ref 23.6.3)

Two choices is an adequate number for Apply 2, allowing applicants both an aspirational and a more realistic application.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

3

(APR Consultation ref 23.6.4)

A system of application post-results may encourage a mechanistic approach to admissions with contextual and other data used less effectively.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

1

(APR Consultation ref 23.6.5)

The lack of flexibility in the proposed post-results system may mean that HEIs are forced to reject candidates they might have accepted in the current system.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

2

(APR Consultation ref 23.6.6)

Giving young applicants more time to make application decisions recognises how much they mature over the final year at school or college.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

-Neither agree nor disagree-

(APR Consultation ref 23.6.7)

A post-results system will not be agile enough to provide a better experience for all groups of students; those with A levels, those with Scottish Highers and those with other academic or vocational qualifications.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

- Neither agree nor disagree-

(APR Consultation ref 23.6.8) Please specify any particular group of students whose needs would be less well met in a post-results system

Applicants from lower socio-economic backgrounds

The potential impact of the proposed changes on widening participation is a particular concern for medical and dental schools. In particular, given that students from lower socio-economic groups tend to achieve lower grades at school than those from higher socio-economic backgrounds, the increased focus on academic attainment inherent in the proposed system could be expected to *reduce* equality and diversity in admissions. Furthermore, widening access schemes often involve the use of contextual data and/or a detailed screening process to determine which applicants are eligible for adjusted entry criteria or entry to enrol onto a widening access course, and so it may be that the shorter admissions window would disadvantage these applicants.

Applicants with qualifications other than A-levels and commonly accepted equivalents

Not everyone comes with standard A-levels and these complex qualifications take time to interpret.

International applicants

As well as applying with non-UK qualifications many of which do not become ratified until late August, and take time for UK institutions to interpret, international students need time to organise their visa, and it is unlikely that the window for this in the proposed system is long enough. We believe that these factors would put non-UK applicants at a disadvantage under the new proposals.

Disabled applicants

Making adjustments to the selection process for disabled applicants would become more difficult in the time allowed.

Applicants to courses with non-academic requirements

The short window for considering applications in Apply 2 would make it very difficult for courses to run the

range of selection methods including interviews in the same number and to consider applicants abilities beyond academic attainment. Even with the reduction of choices to two we believe that for highly selective courses with a range of non-academic requirements, institutions will be less able to consider all applications against the full range of requirements, and as a result the proposed APR process will be less fair for those applying to these courses.

Please enter any further comments about this section below

APR- a fairer system?

We acknowledge that APR appears to offer the potential for a fairer approach to university admissions removing reliance on predicted grades (which can be unreliable) and by affording applicants more time to make the most appropriate decisions regarding their applications. However we feel that the proposed approach could be considered less fair for specific groups of applicants including international and disabled applicants. We would also suggest that by reducing the time available for institutions consider and assess applicants on the full range of attributes beyond the academic ability demonstrated by attainment at A-level and equivalent assessments, APR would be inherently unfair to applicants in general and those from lower socio-economic backgrounds in particular.

Looking at the proposed system in relation to medical and dental applications, we also have a number of observations and concerns we would like to highlight:

The Research Phase

We welcome the emphasis on supporting applicants to make the right decisions through the research phase. However, for courses like medicine and dentistry with specific requirements this research phase needs to happen much earlier than the final year of school. For example, students applying to medicine and dentistry will need to have selected appropriate subjects including chemistry and biology for A-level or equivalent, be able to demonstrate an interest in the caring professions for example through relevant work experience and most will be required to take an aptitude test like UKCAT. Currently, applicants have usually been working towards applying to medicine or dentistry for a number of years, and therefore this group of applicants would not really benefit from the extra time to consider their choices afforded by the post results applications system.

We would support UCAS developing materials and tools to support applicants to make the best choices for them. We would also support schools and their students being encouraged to access these materials as early as possible. Medical and dental schools already engage in outreach programmes that involve going into schools and other methods to engage students earlier on in the potential for a career in medicine or dentistry. We would be happy to work with UCAS to identify existing resources and relevant information that potential medical and dental applicants would benefit from having access to through UCAS.

Apply 1

Whilst Apply 2 has a proposed an equal consideration deadline in the third week of June, applicants to Apply 1 may apply at any time. The absence of an equal consideration deadline in Apply 1, and the ability for applicants to apply though this route throughout the year would make it impossible for selecting institutions to treat applications consistently particularly in relation to any non-academic requirements. Whilst we would not suggest a cap on the number of places filled through Apply 1, given the lack of an equal consideration deadline and the ability for applicants to apply at any time there is a risk that for

highly selective courses far fewer places will be available to school leavers (who will have to apply late in the cycle through Apply 2) than are currently. An unintended consequence of this could be that ultimately the most selective courses only select through apply 1 and school leavers wishing to pursue these courses will have to have a year out. Whilst we acknowledge that a year out could be used to the applicant's benefit, giving them time to strengthen their application perhaps through relevant work experience, it could deter some applicants from applying to highly selective courses like medicine and dentistry for financial reasons.

Apply 2

Selection to medical and dental school implies selection to the medical and dental professions. Our aim is to select those with the greatest aptitude for medical training *from* those with high academic ability. Meaning that medical and dental schools are looking for a range of attributes beyond academic ability that the public expects to see in its doctors and dentists. The emphasis on value based selection for medicine dentistry and other healthcare courses is only likely to increase in response to the widening access agenda and to changes to how health and NHS governance, particularly in England. For example, the NHS Future Forum report on education and training earlier this year states (recommendation 7) that new Local Education and Training Boards will only commission education and training: '*...from institutions that select students and trainees in partnership with employers, ensuring wider participations through the use of processes such as value based recruitment based on the NHS Constitution.*'

An important tool for assessing applicants on the full range of attributes and qualities required for medicine and dentistry is the interview. The current timescale for interviews is generally November to mid-March, truncating this to a 4-6 week window in July and August for Apply 2 means interviews could not be run in the same number and therefore means that a very large proportion of applicants would be rejected without interview. We do not believe that the reduction in choices to two would mitigate the negative effects of the reduced time available for considering applications.

Apply 3 and deadlines for decisions

As medical and dental courses are highly selective places are not currently made available at clearing and it is anticipated that Apply 3 would not be an option for medical and dental applicants in an APR system either.

Furthermore applicants to medicine and dentistry are required to pass a number of checks prior to their enrolment. The proposed system does not allow sufficient time for checking non-academic conditions such as enhanced CRB and occupational health checks after offers are made and before the beginning of the university term. This could lead to a number of students needing to be removed from courses during their first term.

A bespoke applications system for medicine and dentistry

It is our view that a post-qualification application system would be highly likely to result in a more mechanistic approach to admissions, with an increased focus on academic attainment which would be inappropriate for selecting the best doctors and dentists of the future. We believe that APR system proposed would not be suitable for medical and dental admissions. We suggest that any new scheme for medical and dental admissions will need to be 'bespoke', to accommodate the demands of medical and dental professions and we would be very happy to work with UCAS to develop and pilot such proposals.

For example, one aspect of the proposals where a different approach for medicine and dentistry would be required is the number of choices available to applicants. Given what is required for admission to medical and dental school and the popularity of medicine and dentistry, each year there will be highly qualified applicants to medicine and dentistry who will need to pursue other options. In the current system this is acknowledged by the additional non-medical/dental course choice available to applicants. Should the new

system only allow two applications overall this would be detrimental to those applying for the most competitive courses. We would suggest that applicants for courses like medicine and dentistry are also able to apply for at least one other course in a different subject. Incidentally, the proposed tailor made personal statements would help applicants simultaneously applying for very different courses to write strong and relevant personal statements.

Application post-results: widening participation

To what extent do you agree/disagree with the following statements?

(APR Consultation ref 24.8.1)

A wider group of applicants would be encouraged to make more aspirational applications with the confidence of knowing they have achieved appropriate qualification results.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

3

(APR Consultation ref 24.8.2)

Applicants would be deterred from making aspirational applications by having to make decisions quickly and being restricted to two choices.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

- Neither agree nor disagree-

(APR Consultation ref 24.8.3)

Applicants may not understand the importance of contextual data and would be deterred from applying for some courses if they have not achieved the grades.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

- 2

(APR Consultation ref 24.8.4)

Widening participation would be supported by more constructive and focussed advice and guidance.

1- strongly agree
2- agree

Enter number between 1 – 4 below:

3- disagree
4- strongly disagree

- 2

(APR Consultation ref 24.8.5) How do you think a system of application post results could be managed to enable it to promote widening participation?

Details of how contextual data will be used to determine adjusted entry criteria would need to be made explicit in order to encourage suitable and eligible applicants with lower grades than the minimum to apply to courses with higher grade requirements.

Regardless of whether APR is introduced, schools and colleges in the state sector need far more support to deliver high quality careers advice to their students. Students need to be supported to consider their future careers, to select suitable subjects at A-level or equivalent, to make appropriate choices on applying to HE and to understand and perform well in the university selection process.

Please enter any further comments about this section below

Encouraging aspirational choices

It should be noted that all medical and dental courses remain very popular and highly competitive and therefore it would be fair to consider all such courses 'aspirational' therefore the idea that applicants with two choices would have one 'aspirational' and one 'more realistic' choice is inappropriate for courses like medicine and dentistry. Medical and dental schools already run or participate in programmes aimed at widening participation in the medical and dental professions through raising aspirations of students at school that might not have considered applying to a course like medicine or dentistry. These programmes involve a range of activities and students at different stages in their education including the very young. Details of these schemes can be provided on request.

Widening participation at the point of admission to HE

Admissions methods to promote widening participation such as adjusted entry criteria using contextual data need to be made well before A-level and equivalent results are published. Moving to post-results applications is unlikely to have a major impact on the inequality of aspiration and will have no impact at all on inequality of attainment in schools and colleges.

We believe that the absolute reliance on academic attainment for defining eligibility would require the introduction of separate admissions paths for WP students. While this would not be particularly difficult to manage, a separate route would add complexity to the process for students, could be associated with stigma and if some of those eligible to apply through the WP route chose not to do so it could lead to situations where two students from the same school and similar backgrounds applying through different pathways and therefore being considered on different terms.

Application post-results: Efficiency improvements

To what extent do you agree/disagree with the following statements?

(APR Consultation ref 25.18.1) A post-results system is an efficient system as fewer applications require processing by HEIs.	
1- strongly agree 2- agree 3- disagree 4- strongly disagree	Enter number between 1 – 4 below: 3

(APR Consultation ref 25.18.2) A more efficient streamlined process would enable HEIs to make financial savings.	
1- strongly agree 2- agree 3- disagree 4- strongly disagree	Enter number between 1 – 4 below: 3

(APR Consultation ref 25.18.3) A more streamlined process would make the process easier for applicants to navigate.	
1- strongly agree 2- agree 3- disagree 4- strongly disagree	Enter number between 1 – 4 below: - Neither agree nor disagree-

(APR Reference 25.18.4) What disadvantages in terms of process efficiency, if any, could be experienced by HEIs, applicants or advisers as a result of a post-results system?	
<p>Assessing non-academic requirements</p> <p>Limits to medical and dental student numbers are currently set by the UK Departments of Health, and all undergraduate medical and dental courses remain very popular and highly competitive, with typically 10-12 applications received for every medical/dental place. The volume of largely high quality applications mean that it would be very difficult to assess all applicants on the full range of attributes and qualities required for medicine and dentistry. As previously mentioned, accommodating the range of assessment processes involved in selecting medical and dental students, including interviews, in a short window during the summer would mean that interviews could not be run in the same number.</p> <p>Whilst a post-results applications system could reduce staff requirements for most of the year, it is difficult to see how adequate staffing could be achieved during the intensive nine-week admissions period. This would almost certainly require using temporary staff during this period, with significant demands for training and an unacceptably high probability of errors. Realistically, universities would have to hire in specialist agency staff for these periods, who could expect to charge premium rates for their services, given that all universities would require their services at the same time. In addition, staff involved in the admissions process including clinicians on interview panels often have other commitments over August – September such as annual leave, clinical duties including supporting new junior doctor change-over, and conducting research, which would limit their availability. Given the number of potential restrictions on the</p>	

availability of these individuals during this period and the fact that many of them are not employed by the university and therefore cannot be required to contribute is cause for real concern for medical and dental school admissions.

The multiple and overlapping rounds of applications (Apply 1, Apply 2 and Apply 3) in the proposed system presents difficulties for institutions. For example the work arising from Apply 2 for medical and dental schools such as arranging occupational health clearance and enhanced CRB checks, as well as visas for international applicants will be still on-going during the Apply 3 round. This overlap will stretch resources and mean that the decision making process for Apply 3 will take place at a time when the results of occupational and CRB checks for those applicants with offers from Apply 2 (and perhaps Apply 1) could still be unknown.

Dealing with enquiries from applicants

There is enormous potential for making the admissions system easier for applicants to navigate, and many of the proposed changes would be very helpful. However, the very heavy workload imposed on universities during the nine-week window would preclude institutions from providing any detailed responses to enquiries from applicants. Applicants with unusual circumstances or unconventional educational backgrounds would be likely to face uncertainty as they would be unable to talk to staff at their chosen HEIs.

Dealing with appeals and errors

A major difficulty in the current admissions system is dealing with applicants who request re-marks of A-level and equivalent papers, and those with missing grades due to administrative errors. It can take time for grades to be remarked or retrieved from the system. To allow the APR system to run at all efficiently, it would be necessary to restrict applications to students who had confirmed A-level grades at the Apply 2 deadline. Anyone requiring re-marks or still waiting to receive their results would have to use the Apply 3 period, by which time it would be unlikely that any places would remain.

Furthermore, appeals against a particular HEI decision should follow a careful and considered route which allows full examination of all the evidence presented. The proposed two week period in which all appeals could be lodged and heard is too short and too late in the cycle to allow a thorough assessment of the appeal.

Please enter any further comments about this section below

Application post-results: International and part-time students

To what extent do you agree/disagree with the following statements?

(APR Consultation ref 26.5.1)

It is desirable for international applicants to apply through a centralised system and not direct to HEIs.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

2

(APR Consultation ref 26.5.2)

It is desirable for part-time applicants to apply through a centralised system and not direct to HEIs.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

- Neither agree nor disagree-

(APR Consultation ref 26.5.3)

Access to improved data about international and part-time applications will be a benefit of being part of a central admissions service.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

- Neither agree nor disagree-

(APR Consultation ref 26.5.4)

The proposed new process has the capacity to offer greater flexibilities which will support international and part-time admissions.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

- Neither agree nor disagree-

Please enter any further comments about this section below

It should be noted that:

- The number of international medical and dental students institutions are permitted to accept are limited and,
- It is not possible to study medicine or dentistry part-time.

Application post-results: Examination, results and applications timetable

To what extent do you agree/disagree with the following statements?

(APR Consultation ref 28.7.1)

The changes to the examination timetable should not have a major impact on the accuracy of

assessment; with appropriate changes to their systems, awarding bodies should be able to maintain accuracy and rigour in a shorter marking period.

- 1- strongly agree
- 2- agree
- 3- disagree
- 4- strongly disagree

Enter number between 1 – 4 below:

3

(APR Consultation ref 28.7.2)

The option of starting the HE term for first year students in late October is worthy of consideration.

- 1- strongly agree
- 2- agree
- 3- disagree
- 4- strongly disagree

Enter number between 1 – 4 below:

3

(APR Consultation ref 28.7.3)

The option of starting the HE term for first year students in January is worthy of consideration.

- 1- strongly agree
- 2- agree
- 3- disagree
- 4- strongly disagree

Enter number between 1 – 4 below:

- Neither agree nor disagree-

(APR Consultation ref 28.7.4)

The resources available in schools and colleges will be sufficient to give students support to make applications and manage offers in the timescale proposed.

- 1- strongly agree
- 2- agree
- 3- disagree
- 4- strongly disagree

Enter number between 1 – 4 below:

3

(APR Reference 28.7.5) What provisions could be made within the educational and qualification structures in Scotland to make a UK system of application post-results workable for Scottish students?

Rather than looking at how the Scottish system may be adapted to be more in-line with the rest of the UK, we should also consider how systems in the rest of the UK could be adapted to be more in-line with the Scottish system. For example, an option would be to move the whole of the UK towards the Scottish system, where students could apply on the basis of their AS-level results. However, given that intention has been voiced to abolish the AS-level partly because it is acknowledged students develop and improve hugely over the two years of A-levels a move to select on grades attained at the end of the first year of a two year course could be seen counter to the aims of APR. It should also be noted that Scottish Highers are a high level qualification that the AS-level, as recognised by the UCAS tariff.

(APR Reference 28.7.6) What steps could be taken to secure parity for Northern Irish applicants whose school term currently ends at the end of June?

There are no obvious ways of accommodating the Northern Irish system with a post-results applications process.

Please enter any further comments about this section below

Importance of a UK admissions process

UK medical and dental schools provide education and training for the future medical and dental workforce of the UK. Furthermore this education and training is quality assured by UK regulators; the General Medical Council and the General Dental Council. Whilst some differences between the four countries in their administration of higher education and health are inevitable we believe that the education and training of the NHS workforce is UK wide concern. Furthermore if separate application systems were to develop to accommodate each country's circumstances the result is likely to result in less choice and more confusion for applicants and be less efficient for institutions. Therefore we would not be in favour of any changes that would ultimately result in a devolved applications system for HE.

School timetable

In terms of secondary schools' and colleges' ability to adapt to new timetables, we are sensitive to the fact that resources available in schools and colleges will be highly variable. Increasing pressure on the system will accentuate the disparities between the independent/selective and comprehensive state schools/colleges.

A-level timetable

In terms of the window for processing A-level papers, it should be noted that there are already significant problems with the accuracy and reliability of A-level marking, as evident from the number of mistakes in recent years in content of papers and published grades, as well as the number of re-marks that are requested and result in alteration of grades. Increased time pressure can only be expected to increase the magnitude of these problems.

HE timetable

In terms of university timetabling, the option of starting the HE academic year later in October would cause upheaval and mean reviewing timetabling, scheduling of teaching, and other dates for the academic year. Whilst the option of starting the HE year in January would solve many of the problems implicit in a post-results application system. However, this could not possibly be restricted to first-year students and would also put the UK out of alignment with HEIs throughout Europe.

HE timetable – medicine and dentistry

For medicine and dentistry separate consideration also needs to be given to the potential negative impact changes to the timetable could have on institutions ability to adhere to regulatory requirements, for example EU legislation on the minimum number of teaching hours required for health professional education and training programmes. There is also a risk that major changes to the timetable could destabilise the provision of clinical placements which would have to be reorganised. In the case of dentistry this could also have a knock on effect on patient care as dental students are directly involved in service delivery during their course. Care would need to be taken to avoid or mitigate any negative affects a change in the HE timetable might have.

Application post-results: Proposed timetable changes

To what extent do you agree/disagree with the following statements?

(APR Consultation ref 29.4.1)	
An earliest start date of circa 8 October for first year students would not have a serious impact on the delivery of HE courses.	
1- strongly agree 2- agree 3- disagree 4- strongly disagree	Enter number between 1 – 4 below: 2
(APR Consultation ref 29.4.2)	
Universities could make appropriate resources available to make offer decisions and process applications between mid-July and end August.	
1- strongly agree 2- agree 3- disagree 4- strongly disagree	Enter number between 1 – 4 below: 4

(APR Consultation ref 29.4.3) Please give any suggestions about what needs to be done to ensure that interviews can be successfully completed within the proposed model of applications post-results.	
<p>As highlighted in our comments on other sections, the short window for considering applications, particularly through Apply 2, poses particular difficulties in relation to the effective delivery of interviews. We have identified and considered 2 ways of managing interviews within the proposed system: a system of intent to apply or co-delivery of interviews.</p> <p>Interviews prior to application: a system of ‘intent to apply’ There could be a system of ‘intent to apply’ before results come out, which would allow students to approach HEI’s before the results are out and before the submission of their UCAS application. However this appears to be overly complicated, inefficient and counter to the intentions of a post results application process.</p> <p>Co-delivery of interviews We have also considered the potential for sharing or co-delivery of interviews for medicine and dentistry as a way of dealing with the shorter window for decision making, we have identified a number of advantages or disadvantages to this approach:</p> <p>Advantages:</p> <ul style="list-style-type: none"> • Shared/regional interviews would allow schools to consider a larger number of applicants’ interview data, than interviewing separately. • A common format for interviews would increase the transparency of the process for applicants. • It would likely reduce the costs associated with delivering interviews for HEIs. • It could potentially reduce travel costs for applicants. <p>Disadvantages:</p> <ul style="list-style-type: none"> • This would require an agreement among all interviews on a common interview format (and common content). Although medical/ dental schools are looking for the same range of attributes, there are variations in the particular emphases different schools place. For example for schools with a focus on problem based learning there is potentially a higher emphasis on applicants’ ability to work in a team. • Medical/dental schools are in competition with each other therefore it could be difficult for shared/ 	

regional interviews to work.

- It could be unpopular amongst applicants as it may serve to limit student choice even further, and would raise the stakes for the interview so that a single bad interview performance would lead to rejection from both medical schools to which a student had applied.
- Interviews are currently an opportunity for applicants to see the institution to which they are applying and to ask questions of that institution to find out if it and the course is right for them. Shared or regional interviews might lead to a situation where applicants might accept an offer from a medical school which they hadn't visited.

We therefore conclude that whilst there are potential solutions to the difficulties posed by APR, none are straightforward or without notable disadvantages. More achievable would be to accommodate interviews within a post results offer system, where applicants are selected for interview on the basis of predicted grades but only given an offer once grades are known. This would afford more time to deliver interviews and to consider applicants' non-academic attributes whilst also removing some of the uncertainty and inefficiencies of the current system. Incidentally, a post results offer system is used to select applicants for medicine and other courses in Australia.

(APR Consultation ref 29.4.4) Please give any suggestions how to accommodate applications for courses requiring auditions or the submissions of portfolios.

N/A

Please enter any further comments about this section below

Time table changes

(see comments on previous section)

8th of October start date

For most courses, a start date of 8th October would be reasonable if this were required to allow a fairer and more streamlined admissions process. However, graduate entry medical courses generally begin in September and some as early as August in order to optimise the time available for teaching and learning to meet the minimum number of hours required for medical training in EU law. By requiring all courses to start on the 8th of October would be extremely problematic for graduate entry medicine, where there are legal minimum duration requirements.

Application post-results: Benefits and risks of the proposed 2014 year of entry enhancements

To what extent do you agree/disagree with the following statements?

(APR Consultation ref 31.3.1)

A single offer date for all applications would help minimise the real or perceived advantages of applying as early as possible in the cycle.

1- strongly agree 2- agree 3- disagree 4- strongly disagree	Enter number between 1 – 4 below: 2
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(APR Consultation ref 31.3.2)

The current process can be improved with a more disciplined approach to deadlines, service level agreements for decision-making by HEIs, with no informal agreements to relax them.

1- strongly agree 2- agree 3- disagree 4- strongly disagree	Enter number between 1 – 4 below: 2
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(APR Consultation ref 31.3.3)

The replacement of Clearing with a managed process of applications with equal consideration for places available at that point would give students a more positive experience and achieve a better match of applicants to courses.

1- strongly agree 2- agree 3- disagree 4- strongly disagree	Enter number between 1 – 4 below: - Neither agree nor disagree-
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(APR Consultation ref 31.3.4)

A short break between Confirmation and Apply 3 would help to improve the process to place applicants after they have received their results.

1- strongly agree 2- agree 3- disagree 4- strongly disagree	Enter number between 1 – 4 below: - 3
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Please enter any further comments about this section below

Overall we welcome the proposals for 2013-2014, in particular the improvements to the applications platform. We also support the implementation of a single date or defined range of dates on which to inform applicants of all decisions. Given the variation in selection processes in different institutions and for

different courses we would welcome the opportunity to explore exactly where in the cycle a date or window for all decisions to be made should be.

As previously mentioned we welcome the facility for applicants to submit tailored personal statements. We also suggest that the technical consultation explore whether and how institutions and courses could add specific questions for applicants to answer in addition to their personal statements.

We agree that the process could be improved by more systematic adherence to deadlines. However, this requires absolute clarity that decisions will not be changed on the grounds of appeals from applicants, their parents or schools. We believe that the removal of the ability for appeals would be effectively impossible to achieve.

We note that the equal consideration deadline of 15th October for medicine and dentistry in Apply 1 has been retained which we wholly support. However, whilst medical and dental applicants would not be applying through Apply 2 we would still question the fairness of having no deadline for Apply 2, as this would mean that equal consideration could not be guaranteed to all applicants.

The insurance choice

Option	Description	Benefits	Disadvantages
Keep insurance choice as is	A contractually-binding 2 nd choice, intended to offer a safety net to applicants not meeting the conditions of their firm choice	Supports applicants in making aspirational choices	Evidence shows that it is not well understood by applicants and is not used wisely
Remove insurance choice	Applicants accept one conditional offer and enter Clearing if they don't meet the conditions	Facilitates HEIs in managing their numbers	Does not support applicants in making aspirational choices; disadvantages recruiting institutions for whom the insurance choice may represent an important pool of applicants
Enforce correct use of insurance choice	Application system ensures that applicant has included at least one choice with lower entry requirements	Supports applicants in using the insurance choice as it was intended; fewer applicants needing to enter Clearing	Simple business rules don't reflect complexity of offers and what appears to be an unwise insurance choice may in reality not be, for instance for courses like medicine where the option for entry with lower grades does not exist.
Make insurance choice optional for HEIs	HEIs choose whether applicants can accept them as an insurance choice or only as a firm choice	HEIs for whom insurance choice is beneficial can continue with it; applicants can choose	More complex than current process and has capacity for unfairness

		to apply to HEIs that accept insurance choice	
Replace insurance choice with priority wait list option	Applicant chooses one firm choice and can be added to wait list for up to four others. HEI gives priority to waitlisted applicants once CFs have been confirmed	Provides some back-up for applicant but not contractually binding on HEI so facilitates number management	Provides less certainty for applicants than current process. Is complex and would be difficult to implement

(APR Consultation ref 32.5)

In light of the information given above, please rank the options above in your preferred order (using 1 as the most effective through to 5 as the least effective).

Option	Rank 1 to 5
Keep insurance choice as is	3
Remove insurance choice	4
Enforce correct use of insurance choice	1
Make insurance choice optional for HEIs	5
Replace insurance choice with priority wait list option	2

Please enter any further comments about this section below

We agree with the UCAS findings that the current insurance system confuses applicants, and is not always used properly. The misuse of the insurance system makes it difficult for institutions to manage offers and places, and clearly is failing to sever applicants if they are unable to understand it. However, the ability to accept an offer as an insurance or back up option should an applicant not achieve the requirements of their first choice can be a useful facility for applicants, particularly those that are applying to highly selective courses. We therefore support the investigation into how to improve the implementation of the insurance or back up choice both from the point of view of the applicant and the institution.

We suggest that the priority wait list be explored in more depth, perhaps in the first instance for professional courses to which applicants are likely to be applying to the same programme in a number of institutions. If this still proves to be too complex, as your initial research appears to show, we would suggest that measures, including better guidance for applicants, be taken to ensure that the insurance system is used properly. Ideally applicants should not be able to put an offer with the same conditions as their firm choice as their insurance. However instead of stopping applicants from doing so, we suggest that applicants are alerted to the fact and advised of the purpose of the 'insurance choice' and that wherever possible the insurance offer should have lower requirements than the firm offer.

Timetable for reform

To what extent do you agree/disagree with the following statements?

(APR Consultation ref 33.2.1)

2016 year of entry is a manageable start date for a system of applications post-results.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

4

(APR Consultation ref 33.2.2)

2014 year of entry is a manageable date to be ready for the proposed changes to the current system.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

2

(APR Consultation ref 33.2.3)

We believe that the proposed changes for 2016 year of entry and 2014 year of entry are workable solutions.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

3

(APR Consultation ref 33.2.4)

If the proposal for 2016 year of entry does not go ahead, further refinements are needed to the 2014 process.

1- strongly agree
2- agree
3- disagree
4- strongly disagree

Enter number between 1 – 4 below:

2

Please enter any further comments about this section below

We believe that to improve fairness for applicants, adaptation of the current system is more appropriate than any version of the proposed APR system. The 2014 deadline for other changes is likely to be achievable in most cases and are largely desirable.

However, we believe that the ambitious timetable for implementation of APR places high risk on a process that is critical to students' futures. We suggest that UCAS considers piloting a number of alternative approaches, including bespoke approaches for particular courses like medicine and dentistry, before committing to significant changes.

If the proposed changes for 2016 do not go ahead, some further modifications would be useful. These include improving the flexibility of the UCAS entry profiles, live links to the UCAS database to allow HEI student/admissions records systems to automatically log withdrawals, changes, etc., and a clearer statement that HEIs will/should only communicate directly with applicants.

For more information about the UCAS admissions process review, please visit:

www.ucas.com/admissionsprocessrreview

Responses must be received in UCAS by 20 January 2012.

Please complete, save and return this document via email to:

admissionsprocessreview@ucas.ac.uk

Or if you wish, print out a hard copy and return the document to:-

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