

**Chair**  
Professor Iain Cameron  
MD FRCOG FRCP Edin

**Executive Director**  
Dr Katie Petty-Saphon

*Sent by email*

Friday 17 January 2014

Dear Sir/Madam,

I am writing on behalf of the Medical Schools Council<sup>1</sup> to respond to the consultation on New A level Regulatory Requirements.

In general medical schools support the proposed changes to A level structures. The intention to assess exclusively at the end of year 2 has advantages in terms of assessing students' ability to assimilate and synthesise information to build up 'big pictures', rather than compartmentalising information.

However, medical schools have raised a number of concerns related to the proposed changes that they have asked us to raise on their behalf.

#### *Linear assessment*

Careful consideration will need to be given as to situations where students experience disruption to their studies during the two year course, including situations where there are clear extenuating circumstances such as health problems. In these situations it is important that students can re-sit assessments at a reasonable time (i.e. not a full year later). This issue is particularly important for students from widening participation backgrounds, but is equally applicable to a wider cohort.

#### *Biology A level*

The biology subject curriculum should include explicit reference to specific processes such as respiration, circulation, nutrition and excretion in mammals.

Schools & colleges are currently reluctant to offer human biology A level – partially due to perceived unfairness in the setting of grade boundaries - so some students can progress to medical school having covered a limited amount of relevant biology. While this is not necessarily something that can be addressed, given limited

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<sup>1</sup> The Medical Schools Council (MSC) represents the interests and ambitions of UK medical schools as they relate to the generation of national health, wealth and knowledge through biomedical research and the profession of medicine. The membership of the Medical Schools Council is made up of the Heads or Deans of the 33 UK undergraduate medical schools, plus the postgraduate London School of Hygiene and Tropical Medicine. [www.medschools.ac.uk](http://www.medschools.ac.uk)

curriculum space, it is something that should be explicit in the headline outcomes of the qualification specifications.

### *Mathematical knowledge*

Increased emphasis on mathematical requirements is welcome. However, without seeing detailed schemes of assessment it is impossible to judge whether these will have any impact. Some clinical tutors do report that their students struggle with basic mathematics despite having high grades in chemistry and physics at A level. It should be impossible to achieve a high grade in any science A level without demonstrating appropriate mathematical ability, since the opportunities to apply the sciences without mathematical ability are negligible.

### *Coursework*

The possibility of students achieving three A levels without undertaking any extended writing task or exercises in which contrasting theories or points of view have to be addressed is of some concern. Basic writing skills are an important part of research related activities. The medical school curricula are already very full and it is difficult to fit in teaching around basic writing skills.

Medical schools also experience difficulty with students who come to university believing that every question has a single correct answer; A level curricula and assessment systems need to address this.

### *Assessment of practical skills*

The consultation proposals do not make it clear whether the separate reporting of practical skills would be as a grade or as a simple pass/fail statement. It must be assumed that it would be a grade, because a pass/fail would be almost meaningless as a source of information for medical schools. We also fear that medical schools would find the complexity of a two-grade system difficult to handle when processing large numbers of applications; most likely they would overlook the practical score to simplify procedures. Furthermore, direct practical assessment only reflects one component of fully developed experimental skills, with other elements derived from written assessment and included in the A level grade. It would be vital to monitor how medical schools use any information they are given on science performance.

### *AS Levels*

Medical schools are concerned about the removals of AS Levels as a mandatory part of the A level course. Whilst there is much to recommend in the move to linear assessment, it will cause issues for the way in which students are selected.

Currently many medical schools use AS Levels to assess academic potential. There is also good evidence to justify the use of contextual measures of average A level attainment at secondary schools. Given the inaccuracy of predicted grade information (e.g. for OCR, only 48% of predicted grades were correct), the suggested change to A Levels will result in GCSE grades becoming the only meaningful measure of academic ability or in students

wanting to apply to medicine being asked to sit the AS component of the course and provide the results as part of their application.

Medical schools are concerned as to the impact this would have on widening participation. Firstly, greater reliance on GCSE marks gives students less chance to demonstrate their academic capability. Some students will perform better at A level than at GCSE and these students may be discouraged from applying to medicine. Secondly, if medical schools do ask applicants to take the AS level assessment then potential applicants to medicine will need to know that they have to do this. It is accepted that independent schools are often better at advising their students on applying to medicine so this may adversely impact on students from the state sector.

We hope that these comments are helpful. For more information, please contact [clare.owen@medschools.ac.uk](mailto:clare.owen@medschools.ac.uk)

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Katie Petty-Saphon', with a long, wavy horizontal line extending to the right.

Dr Katie Petty-Saphon  
Executive Director, Medical Schools Council