



**msc** Medical  
Schools  
Council  
Selection Alliance

## **Selection Alliance 2017 Report**

An update on the Medical Schools Council's work  
in selection and widening participation

November 2017

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# 1. Introduction

This is the first report from the Medical Schools Council Selection Alliance. Previous updates from the Medical Schools Council on selection and widening participation have been presented as reports on the implementation of the Selecting for Excellence Final Report. While this remains a key objective for the Medical Schools Council and the Selection Alliance, work has developed since that report was published in 2014. As well as this, the Selection Alliance is now an established entity with an established governance system and work programme.

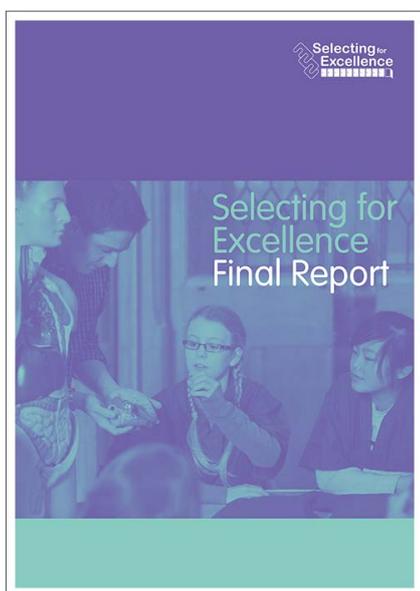
The recommendations in the Selecting for Excellence Final Report supply the template for the Selection Alliance's work and an update on the implementation of the recommendations aimed at the Medical Schools Council and medical schools is available as Annexe B to this report. In general progress has been good. This is reflected in the fact that a number of UK medical schools have introduced extended courses specifically designed for widening participation applicants. For entry in 2016 there were five of these courses and for 2018 entry there are nine.

Progress in selection methods is illustrated by a steady move towards the introduction of multiple mini-interviews by medical schools across the UK and by the reduction in the use of personal statements for scoring applications. Both of these changes are indicated as best practice in the research underpinning the Selecting for Excellence Final Report.

Since 2014 a number of new policy drivers have developed which are influencing the work of the Selection Alliance. These are as follows.

## Qualification reform

The first major driver is qualification reform. Both A levels and GCSEs are changing in England. A levels are now linear and a new grade system is being introduced for GCSEs. It is important to understand that these changes only affect England which means the



Selecting for Excellence Final Report, 2014

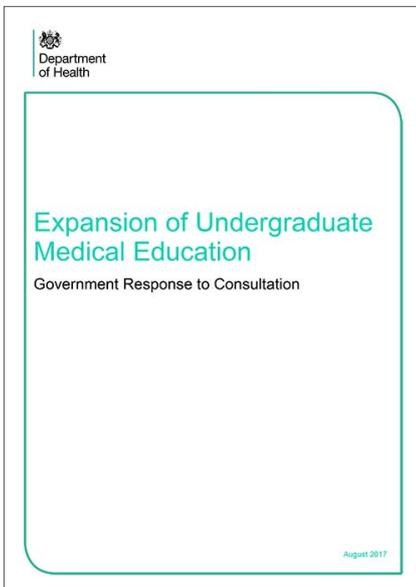
qualification system across the UK is becoming more diverse.

Medical schools need to understand the impact of this diversity and understand how different grades relate to each other. The Selection Alliance has an important role in supporting medical schools through these changes and is actively engaging and advising them on these issues.

## New medical school places

The announcement in October 2016 that there will be an extra 1,500 places at UK medical schools will have a big impact on the Selection Alliance's work. The Medical Schools Council supports the government's proposal that these places should be awarded to medical schools, whether new or established, that produce an evidence-based plan as to how these places can help to widen participation.

The Selection Alliance will help this process by working to provide an evidence base on widening participation. These new places also offer an opportunity to test new ways of selecting students that might lead to greater numbers of students attending medical school from a lower socio-economic background.

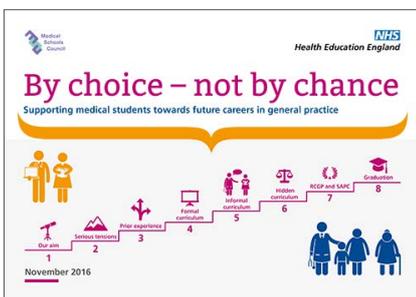


Expansion of Undergraduate Medical Education

## Shortage specialties

There is increased political pressure on medical schools to find solutions to the shortages seen in certain specialties such as psychiatry and emergency medicine, but principally general practice. The report [By choice – not by chance](#), written by Professor Val Wass, made a series of recommendations as to what medical schools should do to encourage more students to consider general practice careers. The two major recommendations of concern to the Selection Alliance are:

- The need to develop and promote awareness and understanding of general practice to pupils in primary and secondary schools through outreach



By choice – not by chance

and greater interaction between school/college pupils and staff.

- Improving access to quality work experience in general practice for prospective medical students, in line with work experience opportunities more readily available in secondary care.

The Selection Alliance continues to promote and support outreach activities undertaken by medical schools and it ensures that the materials that it produces present general practice in a positive light.

To ensure that medical schools are able to provide innovative outreach sessions which promote general practice to potential medical students, the Selection Alliance will work with the Royal College of General Practitioners in 2017 to run a competition for medical students to design outreach activities centred around the role of GPs.

The Royal College of General Practitioners along with Health Education England is currently running an extended GP work experience scheme. This project started out as a pilot study at Leeds Medical School led by Dr Gail Nicholls. It has now been extended to cover 17 medical schools. The Selection Alliance is not directly involved in this project but supports it, for example by facilitating a meeting of the group of involved medical schools during Selection Alliance events. This project will also produce resources for all applicants including a reflective diary which the Selection Alliance will actively promote and fund.

## A changing regulatory environment

2017 has seen the first Teaching Excellence Framework (TEF) awards handed out to universities. A large part of the metrics that universities are measured against in the TEF process concern widening participation.

TEF is applied at the institutional level at present, but subject-level TEF may be applied in the future. The work of the Selection Alliance will help to prepare medical

schools for the point when TEF becomes subject-level by providing data on widening participation outcomes and data on outreach provision that medical schools can use in their TEF submissions.

The establishment of the new Office for Students, which will take over the current activities of the Office for Fair Access, is another development that will have a big impact on the higher education sector. The Selection Alliance will ensure that it engages with this new body in relation to widening participation and medicine.

## Health and disability

The General Medical Council is undertaking a review of health and disability in medical education and training in 2017. Figures collected as part of the Selecting for Excellence project did not indicate that medicine has a significant problem with attracting disabled students.

**"it is important that disabled students are treated fairly in admissions processes"**

However, the Selection Alliance is keen to work with the General Medical Council on this project as it is important that disabled students are treated fairly in admissions processes. Any work that provides guidance for them should ensure that medicine continues to be a supportive environment for disabled students.

## 2. Data monitoring

This chapter explores the available data for monitoring widening participation in medicine using the UK Medical Education Database (UKMED). This is a platform for collating data on the performance of UK medical students and trainee doctors, linking undergraduate data with postgraduate data.

This section will focus on the representation of women in the profession, the ethnic diversity, and students from under-represented groups such as those from lower socio-economic backgrounds.

### Data source

UKMED is a collaboration between various data providers in the education and health sectors. The UKMED data used in this chapter are provided by:

- The Higher Education Statistics Agency (HESA)
- UK Clinical Aptitude Test (UKCAT)
- The General Medical Council

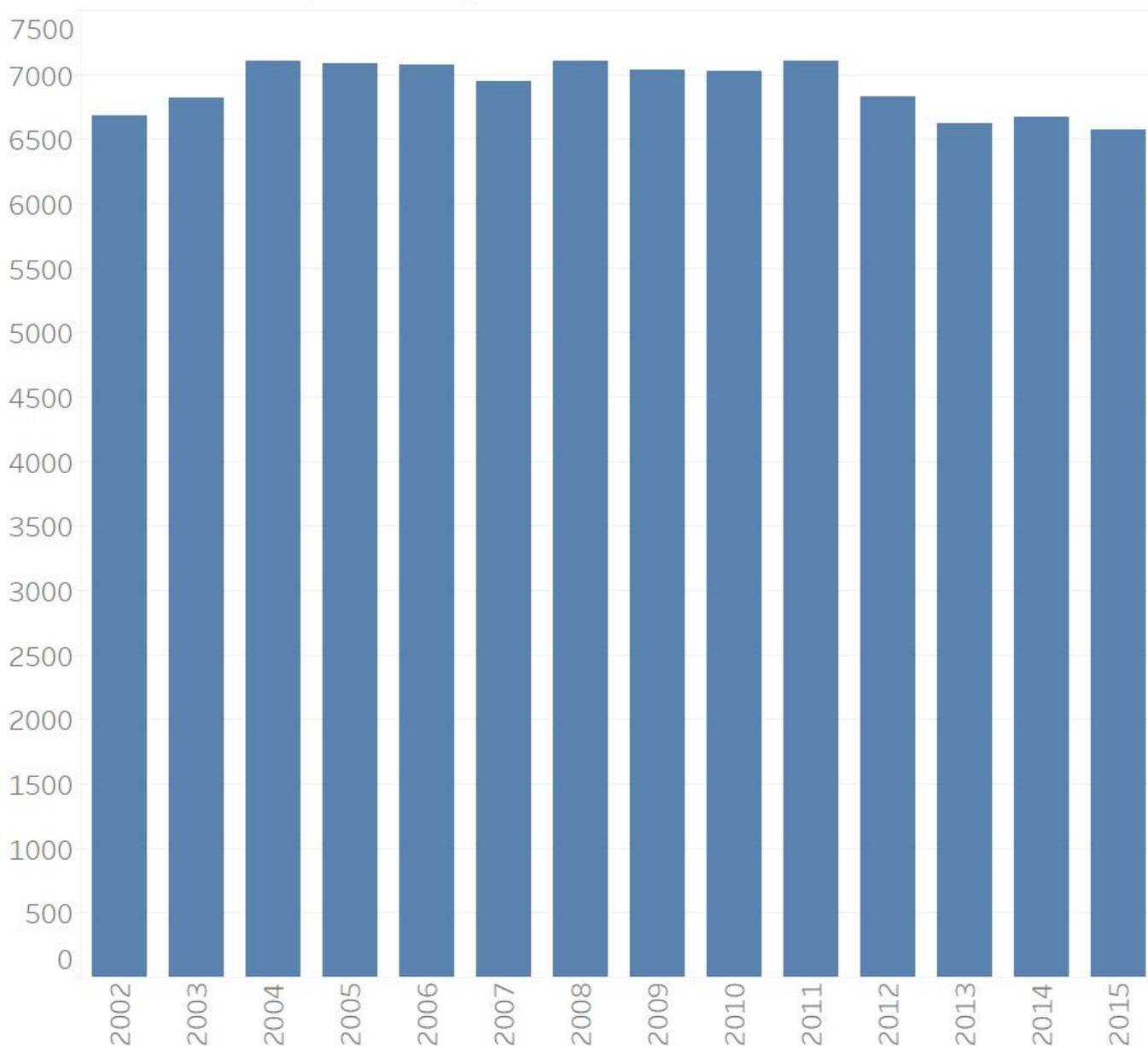
The data that forms the foundation of UKMED's undergraduate cohort comes from the HESA Student records. The HESA 'Student' records have been collected since 1994/95 and this means that medical student entry trend analyses can be achieved. The cohort selected for review in this chapter were all UK domiciled students who enrolled in one of the medical schools with a membership to the Medical Schools Council between 2002 and 2015.



## Entry into medical school

The number of UK-domiciled students studying medicine has fluctuated since 2002, peaking in 2008 and falling to an all-time low in 2015 as shown in figure 1.

Figure 1: Number of medical students by year of entry to medical school.



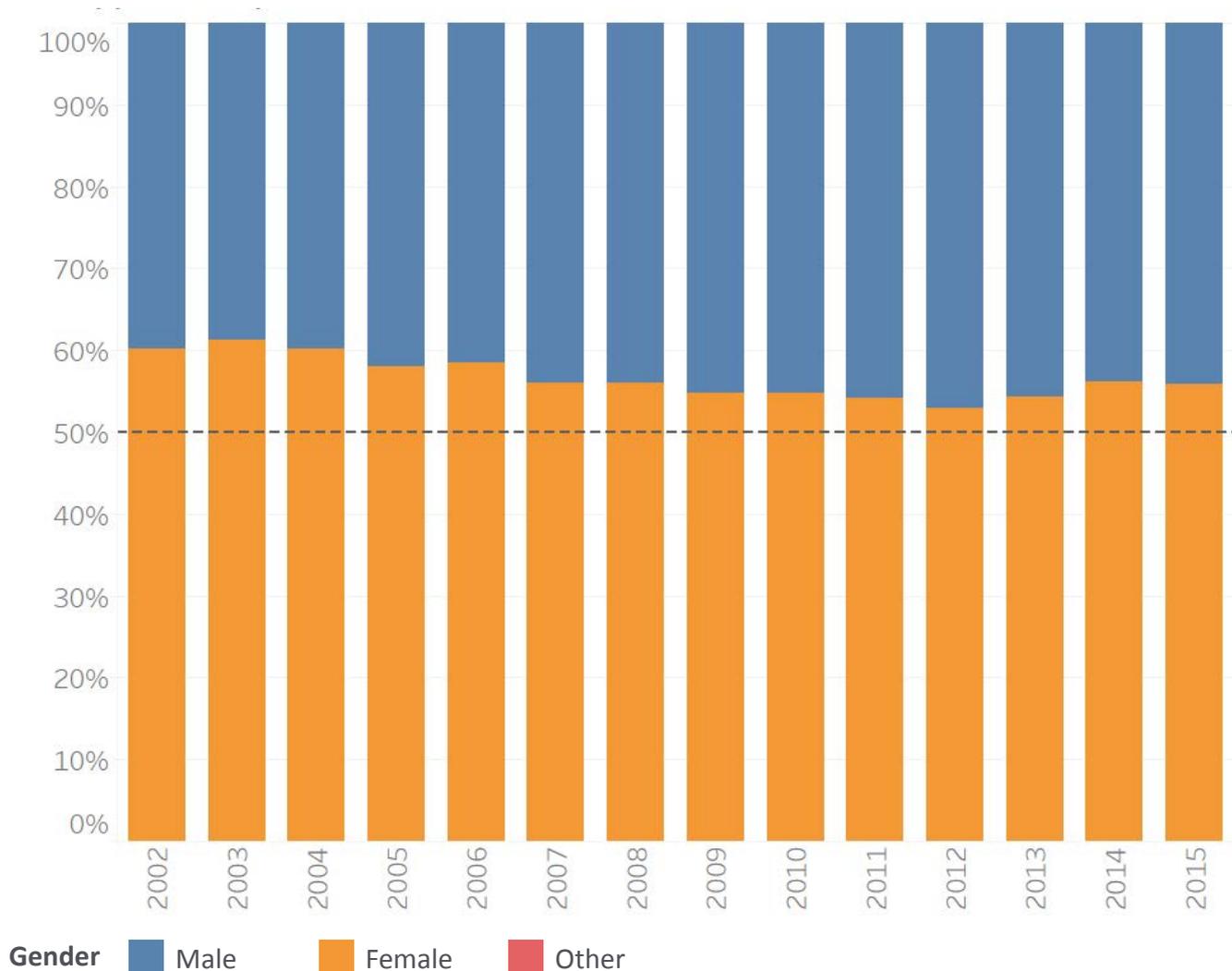
# Identity

## Gender

Since 2002, women account for more than 50% of the students entering medical schools, as shown in the HESA data presented in figure 2a. This pattern mirrors the applicants to higher education and student population, which is greater than the UK female population as shown in figure 2b.

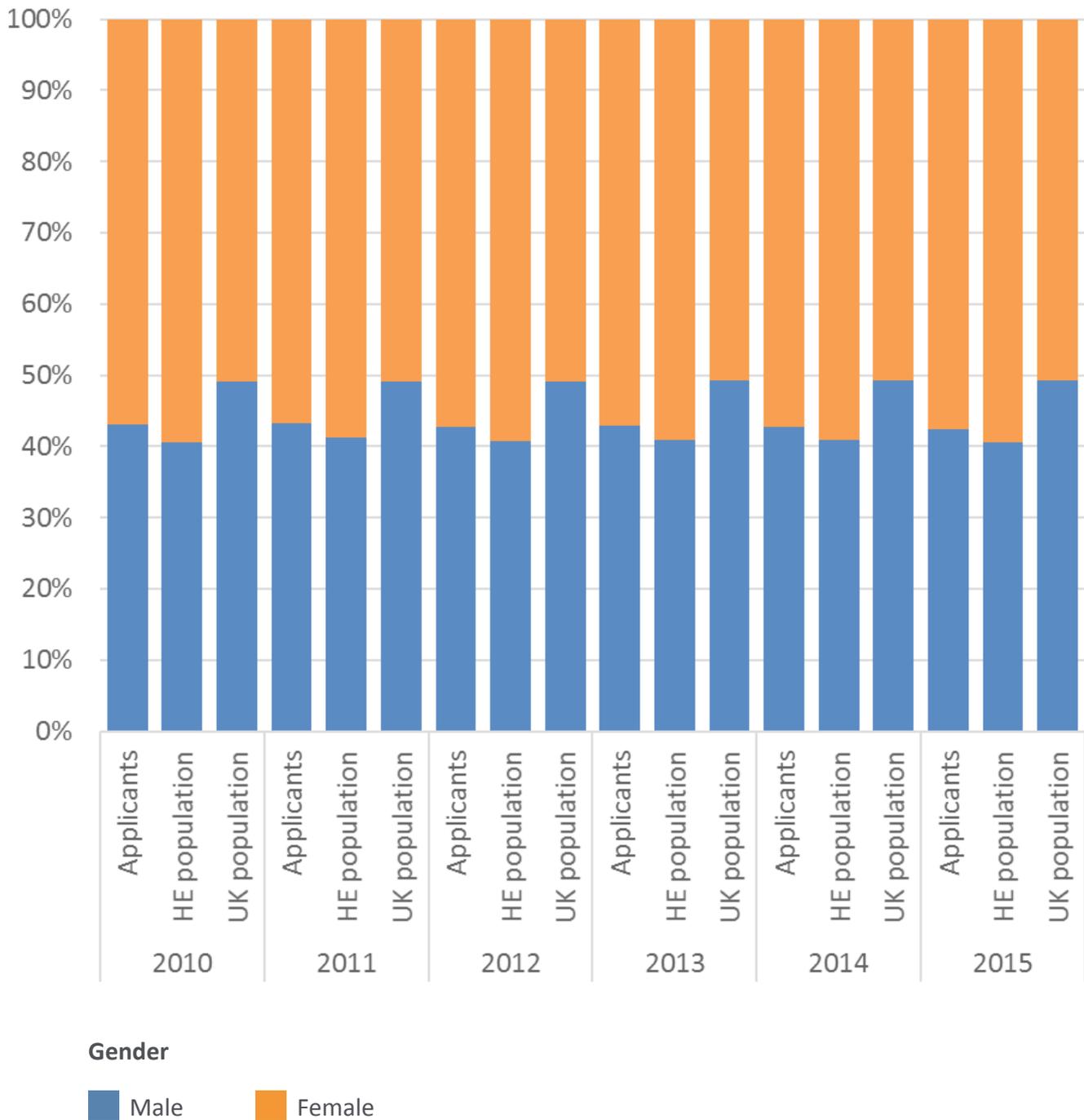
Although the number of women entering medical schools account for more than half of the cohort, the 2016 General Medical Council data from [The State of Medical Education and Practice in the UK](#) reveal that women only make up 45% of the medical register.<sup>1</sup> It is worth noting that the medical register also includes doctors who obtained their medical qualifications from outside of the UK.

Figure 2a: Gender by year of entry to medical school.



1 GMC, The State of medical education and practice in the UK, 2016: Figure 8: Changes in the gender and age of doctors on the UK medical register between 2011 and 2015 – “The proportion of female doctors is edging closer to making up 50% of the register, with a 45% share in 2015 compared with 43% in 2011. The number of female doctors on the register has grown by nearly twice as much as the number of male doctors.”

Figure 2b: Gender by UK-domiciled UCAS applicants to undergraduate courses<sup>2</sup>, HESA first-year higher education student enrolment (all levels)<sup>3</sup>, and UK population<sup>4</sup>.



<sup>2</sup> UCAS Undergraduate End of Cycle Reports

<sup>3</sup> HESA UK domiciled HE students by level of study, sex, mode of study, first year identifier and ethnicity.

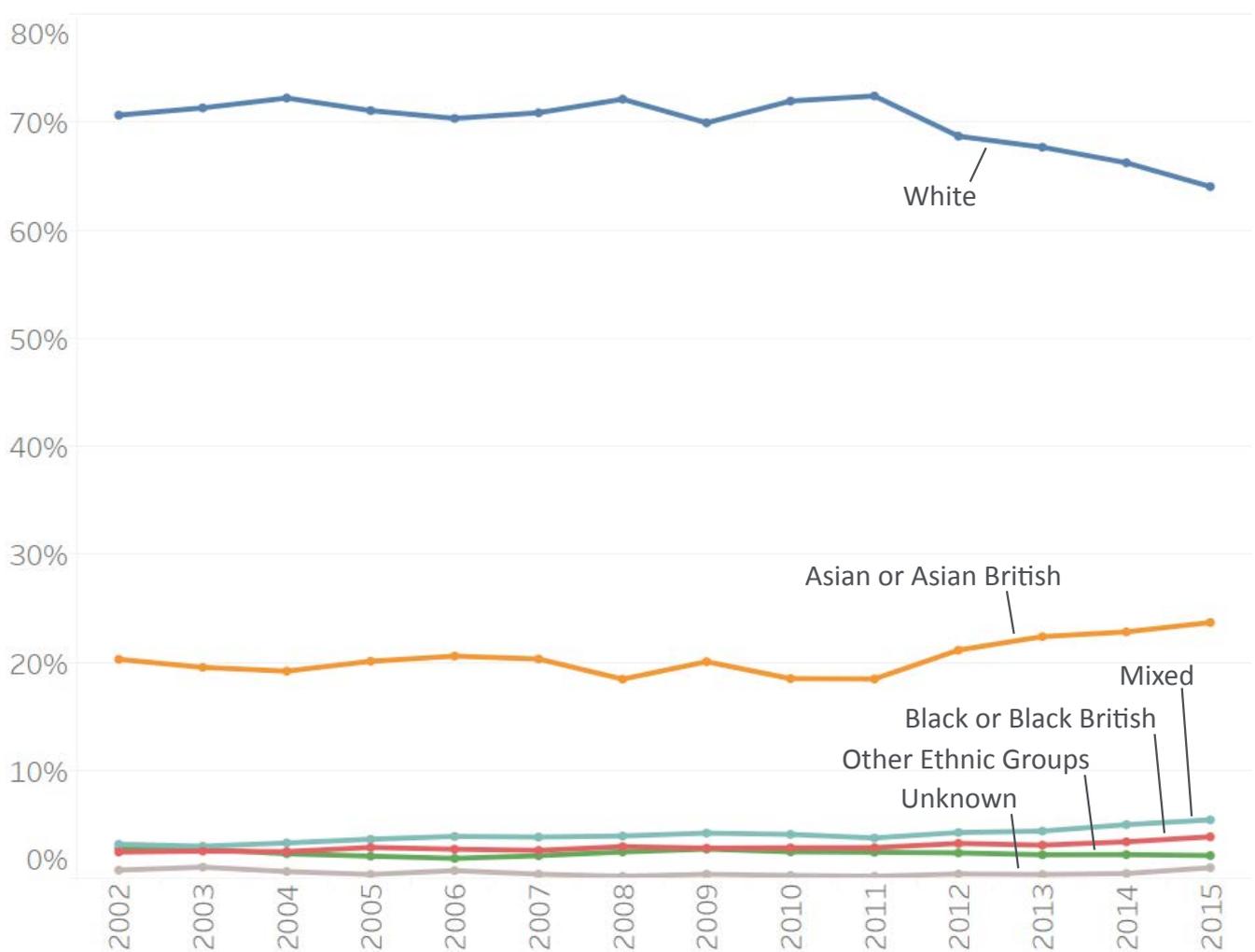
<sup>4</sup> ONS Mid-1838 to Mid-2015 Population Estimates for United Kingdom and its constituent countries: Total persons, Quinary age groups and Single year of age; estimated resident population.

## Ethnicity

Students from a White ethnic background remain the dominant ethnic group studying medicine. Since 2011, there has been a shift with the proportion of white ethnic students decreasing, while students from an Asian background have started to increase (figure 3a). All other ethnic minority groups have remained stable.

In contrast to the general population of students entering higher education, the proportion of ethnic minorities in medicine are over-represented. People from an Asian background account for 9% of the general student population in 2015/16<sup>5</sup> (figure 3b) but make up nearly a quarter of the medical student population for the same entry year. Applicants to higher education and students from an 'Asian or Asian British' or 'Black or Black British' background are also over-represented when compared to the UK population as measured in the 2011 UK census (table 1).

Figure 3a: Ethnicity by year of entry to medical school.

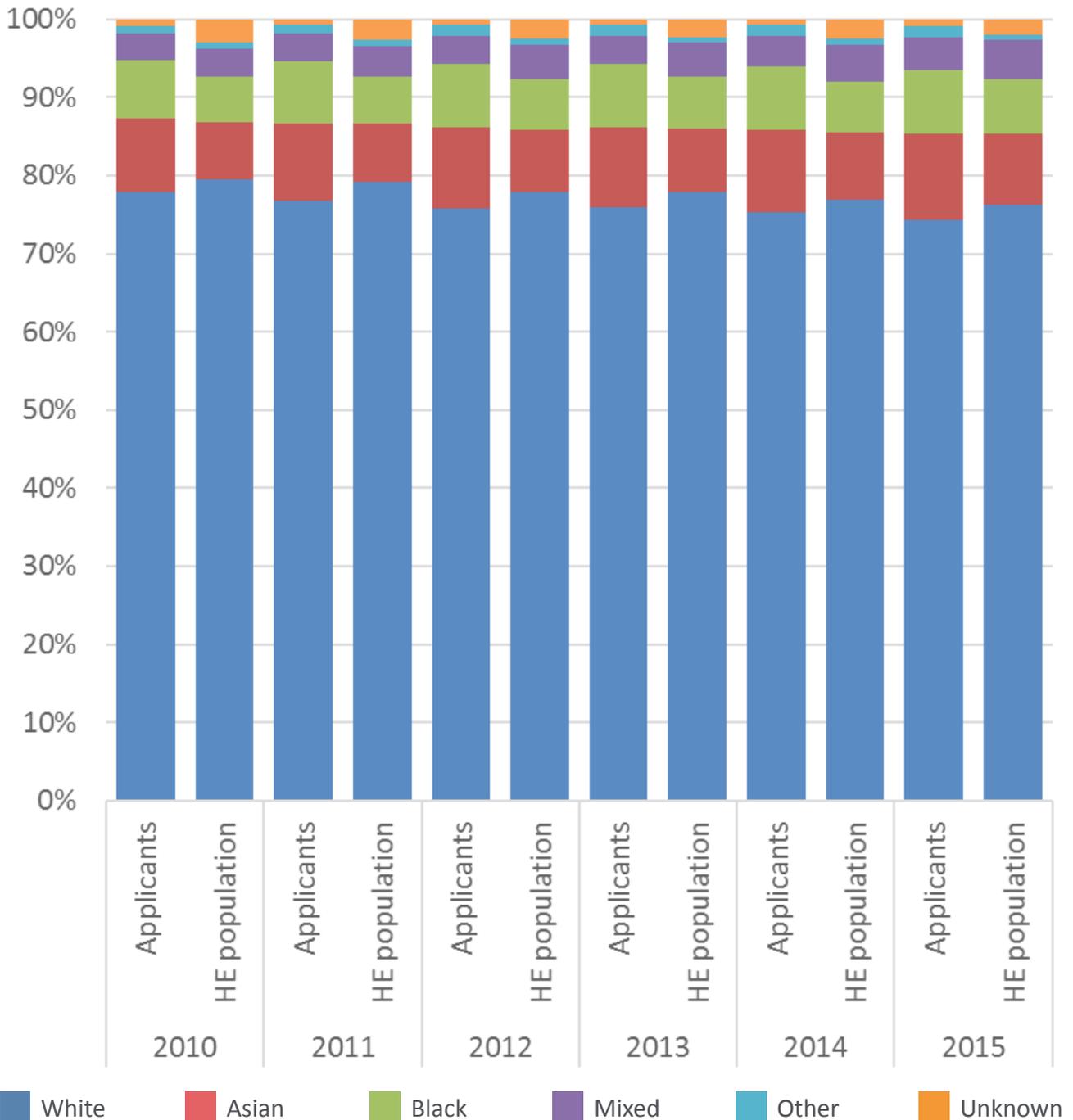


5 GMC, The State of medical education and practice in the UK, 2016: Figure 12: Changes in the ethnic make-up of doctors on the UK medical register between 2011 and 2015. The figure shows the register consists of 52% White, 18% unknown and 30% BME (of which 22% is Asian).

The General Medical Council’s report, [The State of Medical Education and Practice in the UK](#), shows that over half of the doctors on the medical register are from a White ethnic background and 30% are from a ‘black and minority ethnic’ background, with people from an Asian background accounting for 22% of the medical register.

Nearly a fifth of the medical register does not hold accurate records on the ethnic background, which makes it difficult to draw accurate conclusions.

Figure 3b: Ethnicity by UK-domiciled UCAS applicants to undergraduate courses<sup>6</sup> and HESA first-year higher education student enrolment<sup>7</sup>.



6 UCAS Undergraduate End of Cycle Reports

7 HESA UK domiciled HE students by level of study, sex, mode of study, first year identifier and ethnicity

Table 1: UK population by ethnicity in the 2011 census.<sup>8</sup>

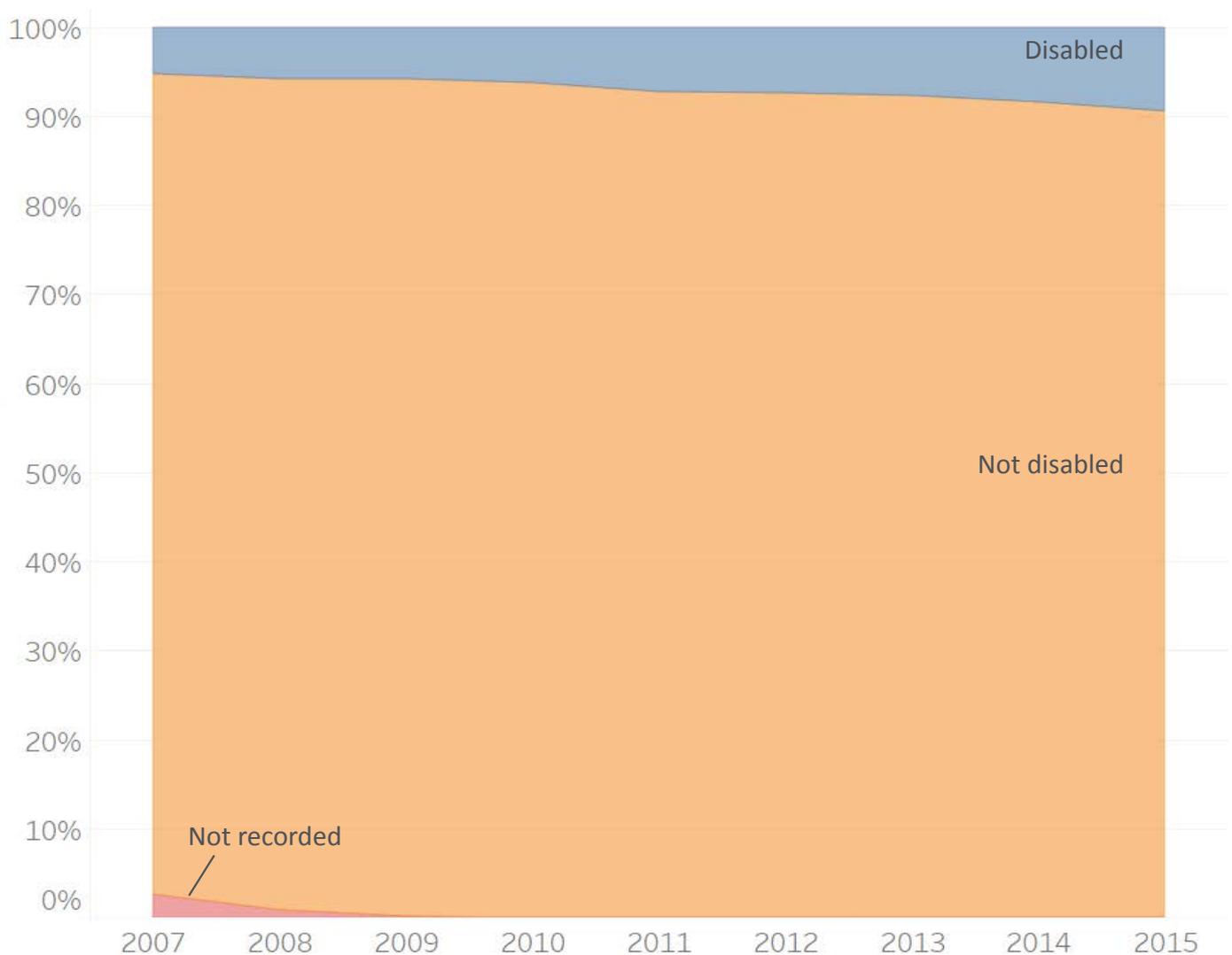
	White	Asian	Black	Mixed	Other
Proportion	87.1%	7%	3%	2%	0.9%

## Disability

Under the Equality Act 2010, a person has a disability ‘if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on a person’s ability to carry out normal daily activities’. ‘Substantial’ and ‘long term’ is defined by the Act as ‘more than minor or trivial’ and are conditions that lasts 12 months or longer. Disability for some individuals can get better and their status can change over time.

The proportion of students entering medical school who have a declared disability has been increasing as shown in figure 4. This has kept pace with the proportion of applicants to higher education who have a declared disability (table 2).

Figure 4: Disability by year of entry to medical school



<sup>8</sup> 2011 Census: Key Statistics and Quick Statistics for Local Authorities in the United Kingdom

Table 2: UK-domiciled UCAS applicants to undergraduate courses by disability status.<sup>9</sup>

Year	Disability status	
	'Disability declared'	'No disability declared'
2010	6.6%	93.4%
2011	6.9%	93.1%
2012	7.4%	92.6%
2013	7.9%	92.1%
2014	8.6%	91.4%
2015	9.3%	90.7%

## Family background

### Socio-Economic Classification (SEC)

Students with a parental background of higher and lower managerial occupations are the dominant groups that study medicine. In contrast, the 2011 UK census revealed that only 10% of the population were in higher managerial occupations (table 3).

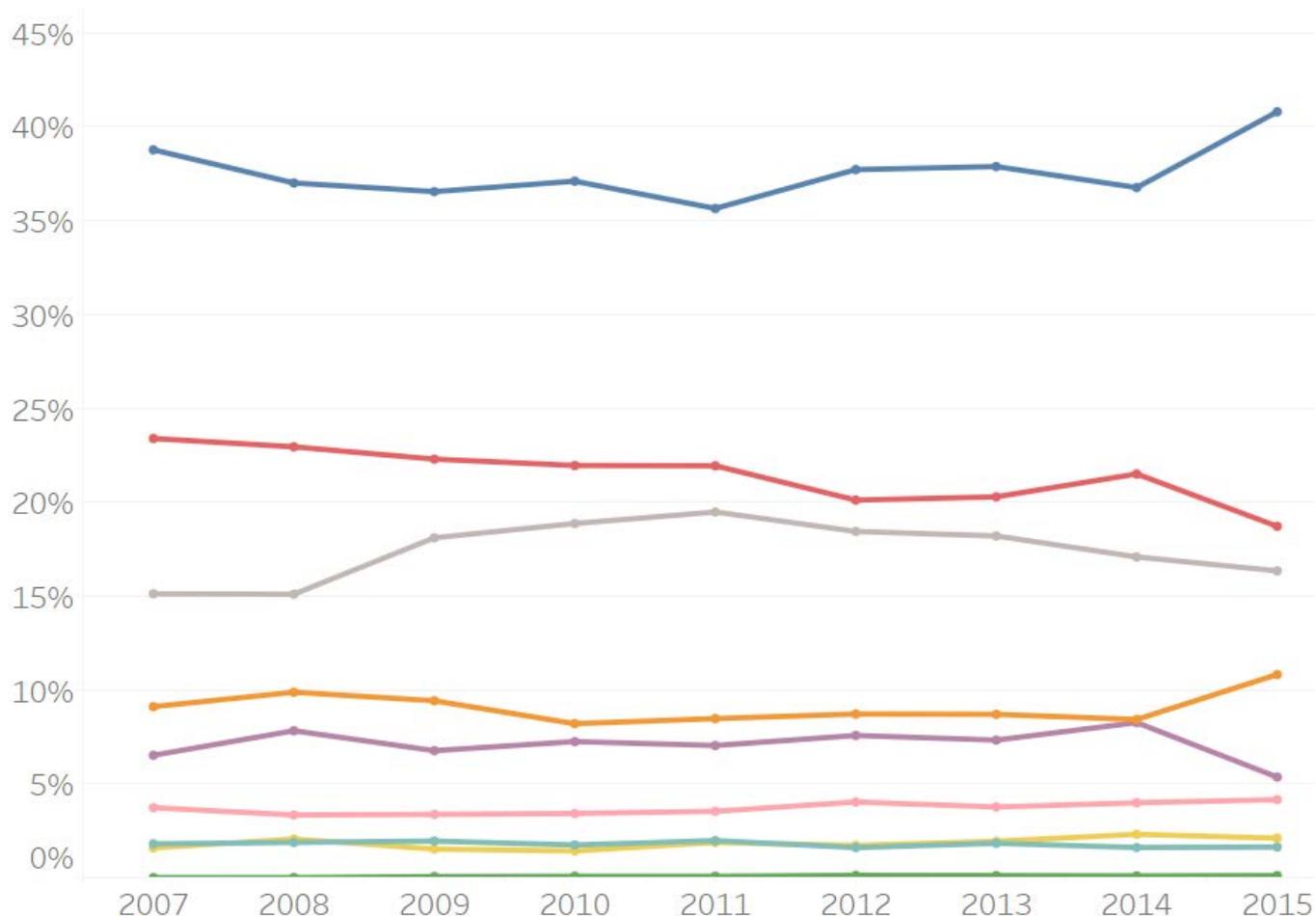
There has been an increase in 2015 with an even greater proportion of students from higher managerial occupational backgrounds entering medical school (figure 5). This was accompanied by a decrease in lower managerial and semi-routine occupational backgrounds.

Students who come from a family that has never worked or are in long-term employment account for less than 0.5% of the student cohort for each year of entry. Students from backgrounds in routine or semi-routine occupations are also poorly represented in medical schools when compared with the UK population.

However, it is worth noting that between 14% and 27% of the HESA data are undeclared or unknown which makes it difficult to draw firm conclusions from the data. Self-reported socio-economic data are very difficult to verify and students may not accurately report their socio-economic status for various reasons.

<sup>9</sup> UCAS Undergraduate End of Cycle Reports: Applied before June deadline and UK-domiciled.

Figure 5: SEC by year of entry to medical school



**SEC**

- Higher managerial and professional occupations
- Lower managerial and professional occupations
- Small employers and own account workers
- Lower supervisory and technical occupations
- Intermediate occupations
- Routine occupations
- Semi-routine occupations
- Never worked and long-term unemployed
- Unknown

17 2011 Census: Key Statistics and Quick Statistics for Local Authorities in the United Kingdom – for all usual residents between 16 and 74 years old.

Table 3: Socio-Economic Classification for the UK population in the 2011 census.<sup>10</sup>

NSSEC	%
Higher managerial administrative and professional occupations	10%
Lower managerial administrative and professional occupations	21%
Intermediate occupations	13%
Small employers and own account workers	9%
Lower supervisory and technical occupations	7%
Semi-routine occupations	14%
Routine occupations	11%
Never worked and long-term unemployed	6%
Full-time students	9%

## Parental education

Data on parental experience of higher education for 2007/08 were only available for England and Scotland which explains the high proportion of data with unknown parental education. From 2008/09 onwards this information was collected on the UCAS application form and supplied to Higher Education Providers. This means that from 2008/09 the coverage of the data field includes UCAS entrants to higher education providers in Wales and Northern Ireland. Students without parental experience of higher education are on the increase slightly. However, it is worth noting that around 15% of students did not provide information about their parental experience of higher education.

A considerable proportion of students entering medical school have parents who have had prior experience of higher education, account for nearly 70% of the 2015/16 entry cohort (figure 6). This is almost an entirely inverted when reviewing the 2011 UK census which shows that only 27% of the UK population have had prior experience of higher education (table 4).

<sup>10</sup> 2011 Census: Key Statistics and Quick Statistics for Local Authorities in the United Kingdom – for all usual residents between 16 and 74 years old.

Figure 6: Parental education by year of entry to medical school.

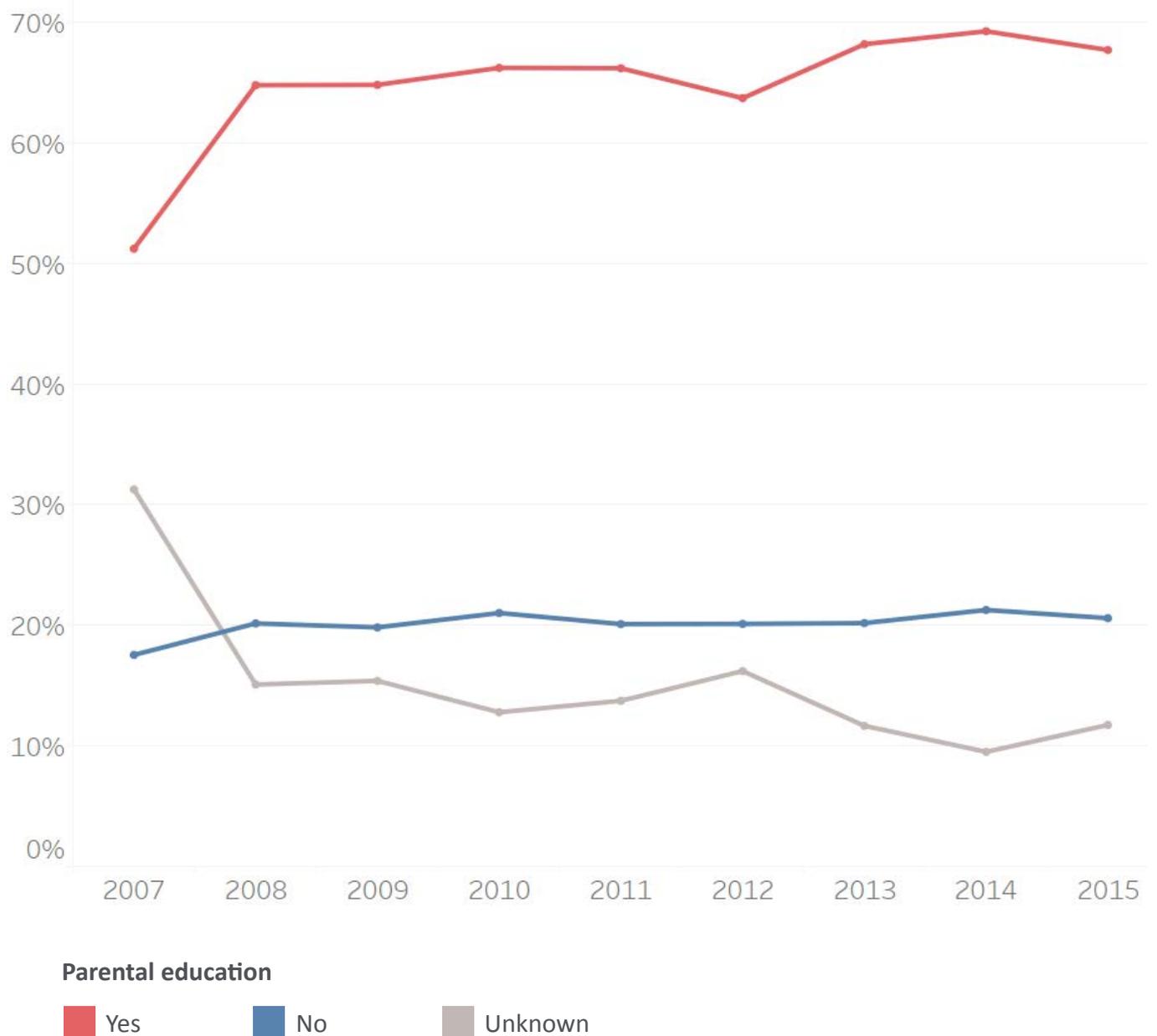


Table 4: UK population with experience of higher education in the 2011 census for all usual residents aged 16 and over.<sup>11</sup>

	Experience of higher education	No experience of higher education
Proportion of population	27%	73%

<sup>11</sup> 2011 Census: Key Statistics and Quick Statistics for Local Authorities in the United Kingdom.

## UKCAT Bursary

The data available only applies to students who took the UKCAT and were eligible for a bursary under the UKCAT bursary scheme. Candidates are eligible for the UKCAT bursary scheme when they are in receipt of one of the following:

### Note →

The UKCAT bursary eligibility criteria has changed over time in response to changes to state benefits and student financial support.

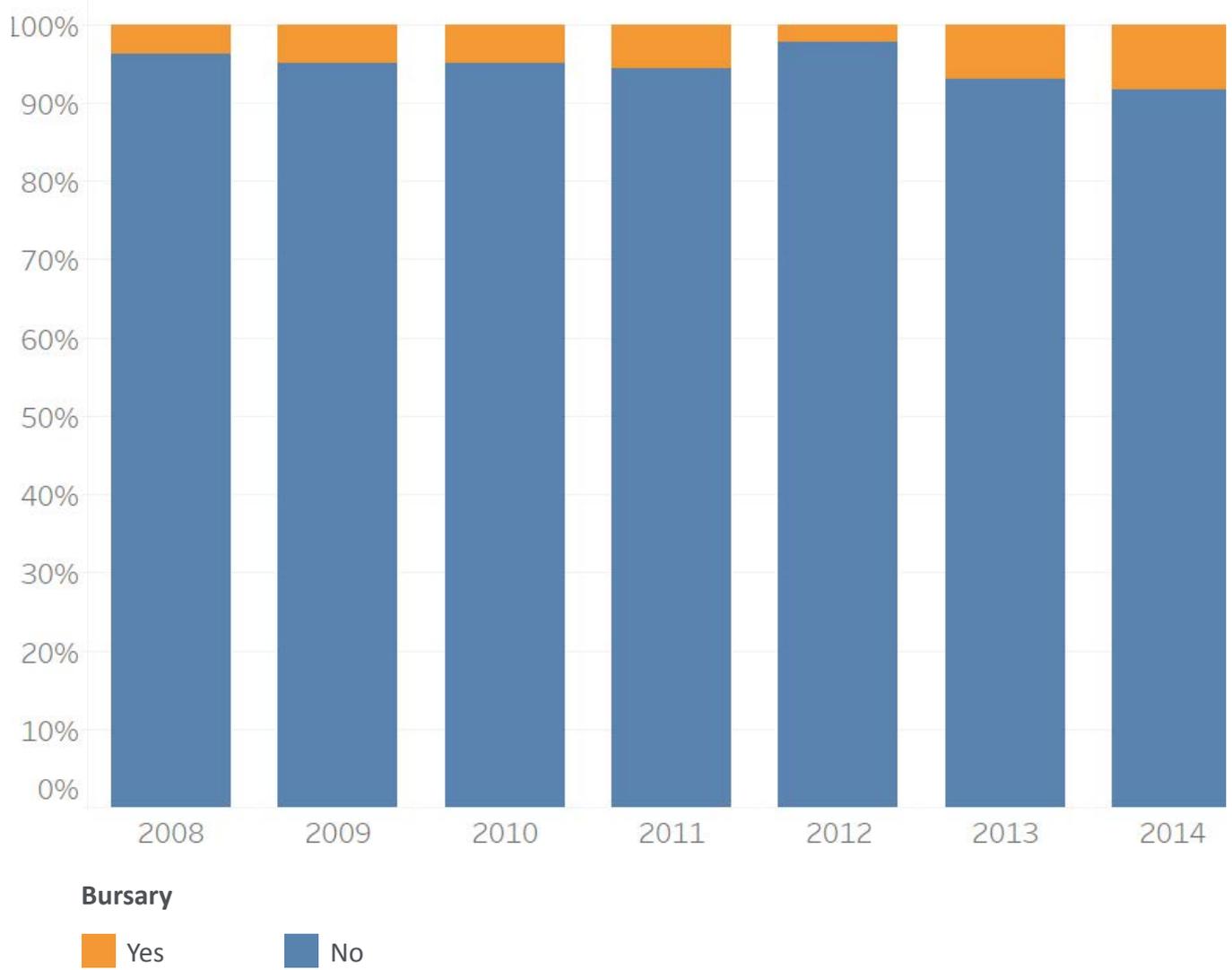
- 16 to 19 Bursary or Educational Maintenance Allowance (EMA);
- Discretionary Learner Support (or equivalent FE funding for Wales, Scotland, Northern Ireland);
- Free School Meals;
- Student Finance Full Maintenance Grant or Full Special Support Grant (or equivalent HE funding for Wales, Scotland, Northern Ireland);
- Income Support, Job Seeker's Allowance, Employment and Support Allowance or Universal Credit; or
- An equivalent means tested benefit to one of the above, if they are outside the UK but within the EU.

Bursaries are also available to candidates who:

- Live with a parent/guardian in receipt of Income Support, Income-based Jobseeker's Allowance or Income-based Employment and Support Allowance;
- Live with a parent/guardian in receipt of Universal Credit if the household income as stated on the award is less than £35k;
- Live with a family member in receipt of Child Tax Credit where the candidate is named on the award and the household income as stated on the award is less than £35k; or
- Live with a parent/guardian in receipt of Asylum Support.

The proportion of students who took UKCAT and were eligible for a bursary has been increasing. There was a drop in the number of students entering medical schools with a UKCAT bursary in 2012 (figure 7). This coincides with the raised university tuition fees in the 2012 entry year.

Figure 7: Bursary by year of entry.



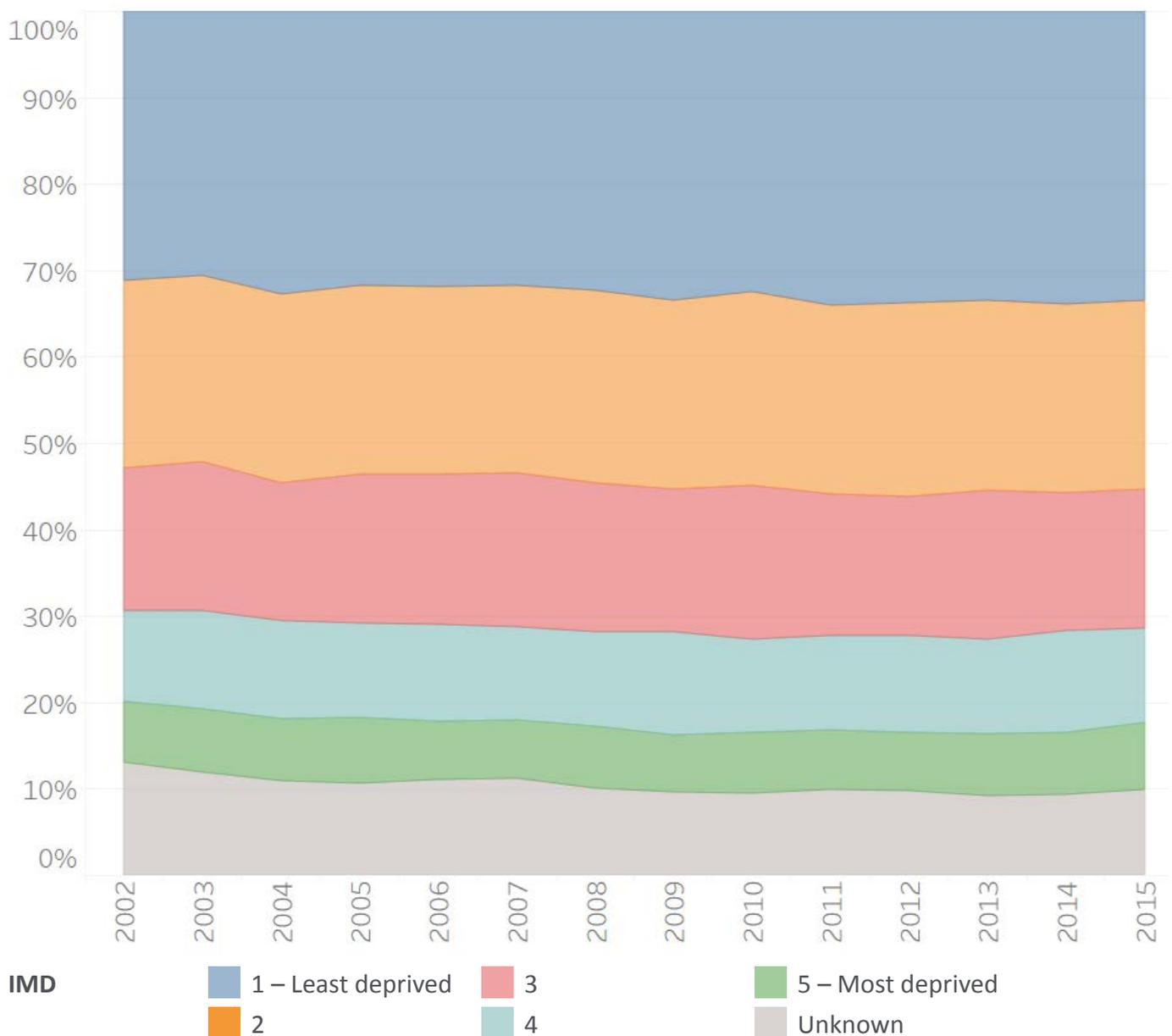
## Neighbourhood

### Index of Multiple Deprivation (IMD)

The Index of Multiple Deprivation information in UKMED comes from UKCAT, which splits the IMD rankings into quintiles. Students from the least deprived areas still make up the largest group that go on to study medicine, while those from the most deprived areas make up the smallest group (figure 8a). The proportion of the general population in each IMD ranking has remained static over time and is evenly distributed (figure 8b), a trend clearly not reflected in medical schools.

However, it is worth noting that the IMD is not a direct measure of deprivation, and an area's deprivation is relative to other local areas. Within every area there will be students who are deprived and students who are not.

Figure 8: IMD by year of entry to medical school.

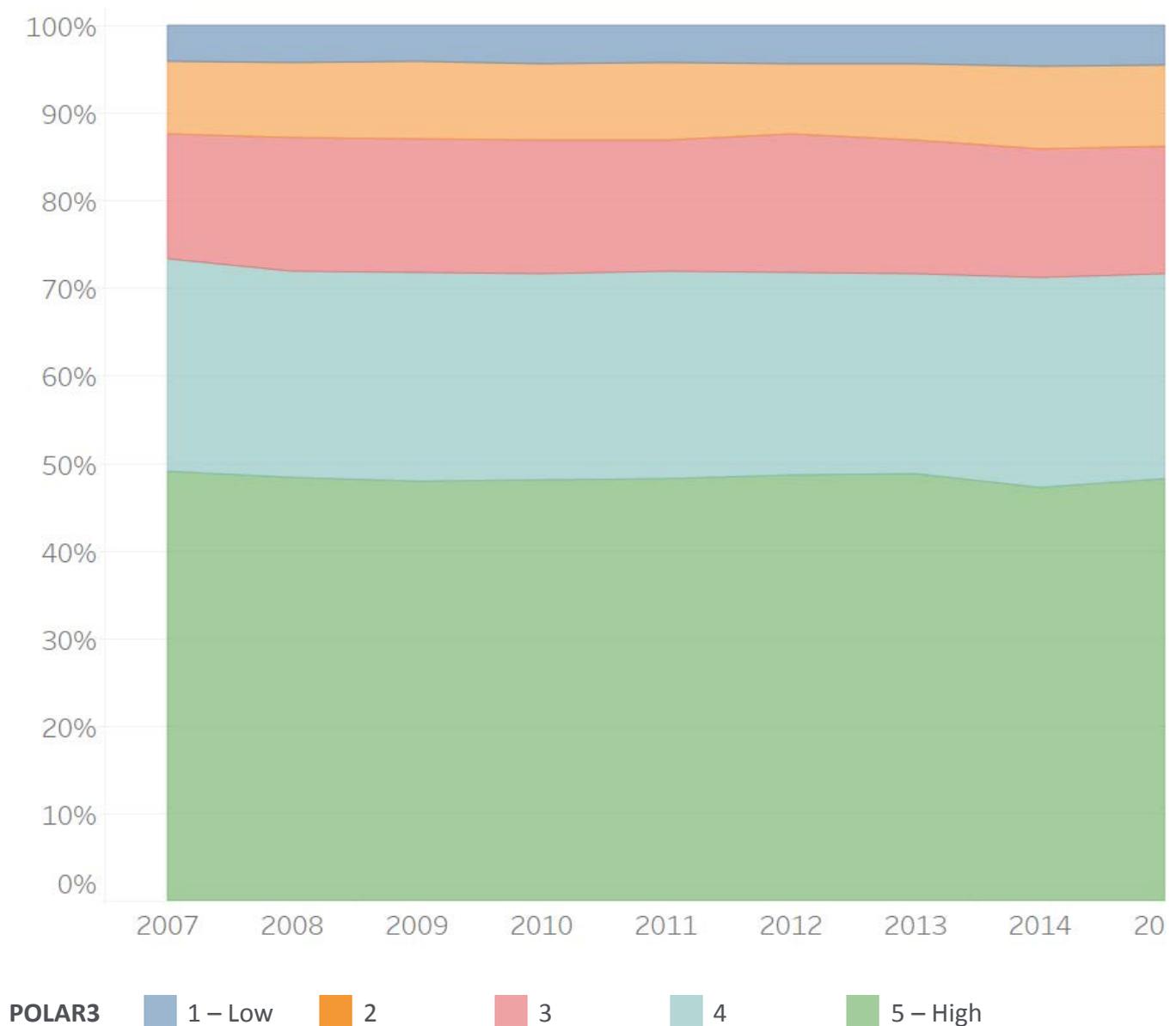


## Participation in higher education of Local Areas (POLAR)

The participation in higher education data uses the most recent iteration of the POLAR classification, POLAR3. This information is taken from HEFCE and covers participation in higher education across the UK.<sup>12</sup> This is based on the combined participation rates of those aged 18 between 2005 and 2009, who entered higher education between the 2005/06 and 2010/11 academic years.

The trends in participation across all POLAR rankings have remained static since 2007 (figure 9); low-participation neighbourhoods have retained this categorisation throughout that time. This stagnancy is also observed in the UCAS applications to undergraduate courses (table 6).

Figure 9: POLAR3 by year of entry to medical school.



<sup>12</sup> [www.hefce.ac.uk/analysis/yp/POLAR](http://www.hefce.ac.uk/analysis/yp/POLAR)

Table 6: UCAS applicants to undergraduate courses for UK-domiciled 18-year-olds.<sup>13</sup>

Year	POLAR3					
	'Not assigned'	1 – Low	2	3	4	5 – High
2010	0.2%	10.1%	14.7%	19.0%	23.9%	32.0%
2011	0.2%	10.2%	14.9%	18.9%	23.7%	32.0%
2012	0.2%	10.2%	14.9%	19.1%	23.6%	32.0%
2013	0.2%	10.4%	15.1%	19.2%	23.6%	31.6%
2014	0.2%	10.9%	15.4%	19.3%	23.2%	31.1%
2015	0.3%	10.9%	15.5%	19.3%	23.3%	30.8%

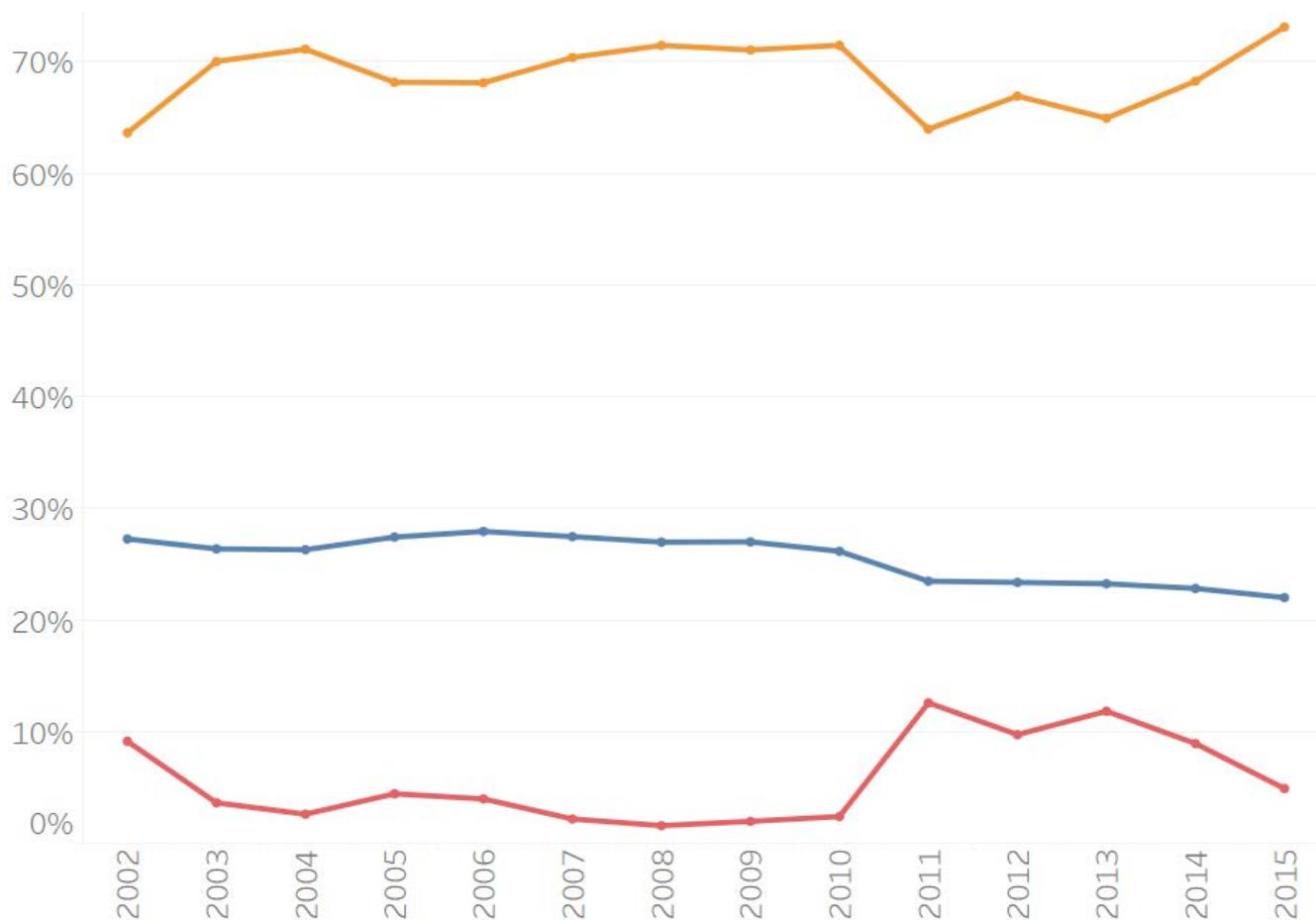
<sup>13</sup> UCAS Undergraduate End of Cycle Reports.

## Educational Context

### School type

The proportion of students studying medicine coming from a privately funded school has been declining since 2010 (figure 10). This has been accompanied by a marked increase in the proportion of students from state-funded schools. The composition of students entering medical schools from a privately funded school is slightly higher than current student population (table 7).

Figure 10: School type by year of entry to medical school



#### School type

■ State-funded school
 ■ Privately funded school
 ■ Unknown school type

Table 7: Proportion of students at 16 Age as at 31 August 2015 by school type.<sup>14</sup>

	State-funded school	Privately funded school
Proportion of population	84.1%	15.9%

<sup>14</sup> ONS Schools, Pupils and their Characteristics: January 2016 - National Tables.

## Data monitoring activities

The Selection Alliance set up the Data Monitoring Group to explore the data available for monitoring widening access into medicine. The data will be made available for medical schools to compare against a national benchmark and to develop a tool for routine monitoring for each medical school. The group have been involved in a number of activities to take advantage of accessible data to achieve its objectives.

## Improving coding of data about medical school programmes

The course data from HESA were reviewed by the Medical Schools Council and the General Medical Council with assistance from medical schools. The exercise sought to map the course titles and course IDs in the HESA dataset to common and standardised codes (Standard Entry Medicine, Graduate Entry Medicine, Medicine with a Preliminary Year and Medicine with a Gateway Year) which will be of value to research projects to understand the outcomes for different courses and selection into widening access courses. The Data Monitoring Group has also been engaging with UCAS to provide routine reports on applicants to medicine.

## Establishing routine monitoring

A product from the activity to improve coding of medical school programmes has enabled the development of a tool to routinely monitor the profile of students entering medical schools. This report contains descriptive statistical information that will be published in the Selection Alliance's annual report. The Medical School Entry Profiles report presents statistical information by various demographic breakdowns for each medical school and course type. The demographic breakdowns include widening access information such as the IMD quintiles, parental education, school type, and socio-economic classification.

## Research into widening participation

Members of the Data Monitoring Group are taking advantage of the UKMED database to perform research into widening participation. A research project is currently investigating ‘how the professional outcomes of medical graduates from gateway courses compare to graduates from standard entry medicine courses?’. The project will explore how professional outcomes of medical graduates from gateway courses compare to graduates from standard entry medicine courses. The postgraduate outcomes of those on a six-year Medicine with a Gateway Year courses will be compared to those on the five-year Standard Entry Medicine courses. UKMED holds data for the three medical schools that offer the two courses. By using the postgraduate data available in UKMED, outcomes will be measured in terms of progression through training as captured by the Annual Review of Competency Progressions (an annual review of training progress carried out by the Local Education Training Boards and deaneries), performance in royal college medical exams, and the specialty training programmes applied to and offered after the Foundation Programme.

**"with the aim to make widening access to medicine more fair, transparent, and evidence-based"**

An application to use UKMED data to develop a multidimensional measure of widening access status for UK non-graduate medical students has been submitted. The research project will use the range of contextual admissions indicators in UKMED to achieve this, with the aim to make widening access to medicine more fair, transparent, and evidence-based.

### Disclaimer

This report uses data from UKMED ([www.ukmed.ac.uk](http://www.ukmed.ac.uk)). UKMED uses data from the Higher Education Statistics Agency Limited Source: HESA Student Record 2002/03 to 2014/15 Copyright Higher Education Statistics Agency Limited. Neither the GMC (the data controller for UKMED) nor the Higher Education Statistics Agency Limited can accept responsibility for any inferences or conclusions derived by third parties from data or other information supplied by it.

## 3. Outreach

The Selection Alliance has undertaken considerable work in 2016/2017 on outreach. This year efforts have particularly focused on increasing outreach with teachers and careers advisers. The reasoning for this approach is that an individual teacher or careers adviser has the scope to support a number of pupils applying to medicine. Throughout the Selection Alliance's work on selection and widening participation it has heard from pupils that their teachers are not able to support them in their applications as they do not understand the process. It has also heard from teachers who want more information so they can support their students.

### Cold spots

In 2016 the Selection Alliance published the results of a piece of work that took place in 2015 and mapped outreach provision across the UK. It looked at which secondary schools received outreach opportunities from which medical school and what type of outreach they received. The mapping exercise found that:

- Approximately 40% of secondary schools and colleges are engaged with medical schools.
- The areas of the country that do not have engagement, the cold spots, typically tend to be outside the immediate proximity of a medical school but do not necessarily fall into an 'urban' and 'rural' split and can depend on the outreach strategy of the local medical school.
- There are parts of Lancashire, Teesside, Cumbria, Norfolk and Wales that do not have the coverage of other areas.
- Over a one-year period there are 330 schools that show over five engagements with medical schools.

Medical schools have been given access to these data and anecdotally the Selection Alliance has heard that they have used this to extend their outreach to schools they have not previously worked with. This needs to



Implementing Selecting for Excellence: A progress update, 2016

corroborated by evidence and therefore the mapping exercise will take place again in 2017/18.

## Guidance for teachers and careers advisers

The Selection Alliance commissioned Ceri Nursaw of Nursaw Associates to create bespoke guidance for teachers and careers advisers to help them support their pupils interesting in applying to medicine. Five interactive digital booklets make up the guidance. They are:



A journey to medicine:  
Preparing your students

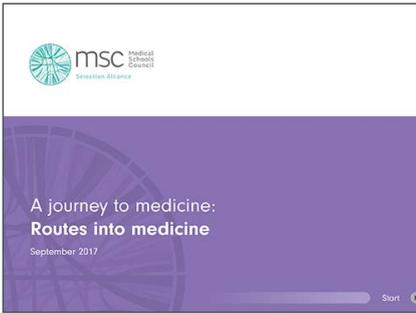


A journey to medicine: The  
UCAS application



A journey to medicine: The  
admissions process

- **Supporting your students' journey to medicine**  
This covers the role of a doctor, what makes a good doctor, the roles in healthcare, what a student can expect at medical school and how students should prepare for an application for medicine (like work experience).
- **Helping your students put together their UCAS application**  
This covers choosing a medical school personal statements, predicted grades, academic references, the fifth choice (a maximum of four applications to medicine courses can be made in each admissions cycle, leaving one application slot 'spare') and information for students with a disability.
- **The admissions process**  
This covers tests, interviews, contextual information and what to do when a student hears back from the medical schools.
- **Routes into medicine**  
This sits alongside the Entry Requirements for UK Medical Schools booklet. It includes information on standard entry, graduate entry, and alternative entry routes.
- **Results day and beyond**  
This includes information on what to expect for students who have met their offer, not met their offer, and preparing to go to medical school. It also



A journey to medicine: Routes into medicine



A journey to medicine: Results day and beyond

includes a section on life at medical school.

Each booklet includes exercises that teachers and careers advisers can do with their students to help them prepare for different aspects of the admissions process. There are also quotes from admissions deans from across UK medical schools explaining what they are looking for from applicants and how best to prepare them.

The booklets have been well received and were heavily promoted at the events below. All respondents to the post event survey (bar two) said they were very likely or likely to use the Selection Alliance resources in the future. The Medical Schools Council now intends to put a communications plan in place to promote them more widely.

## Regional conferences for teachers and careers advisers

As part of the Selection Alliance's national outreach programme it ran four teacher and advisers conferences. The aim of these conferences was to engage teachers and advisers working within the cold spots, ultimately to attract more students from disadvantaged backgrounds to apply to and study medicine.

The four conferences were held in:

- **Sheffield**  
Run in association with Leeds, Hull York and Sheffield medical schools (27 March 2017)
- **Birmingham**  
run in association with Birmingham, Lancaster and Liverpool medical schools (6 April 2017)
- **Liverpool**  
Run in association with Birmingham, Lancaster and Liverpool medical schools (24 May 2017)
- **Lincoln**

Run in association with Leicester and Nottingham medical schools (29 June 2017)

It is difficult to compare the four conferences due to the different nature of the cold spots (urban and rural). However, we have been able to make some recommendations regarding how the Medical Schools Council can move forward.

The main evaluation findings are:

- **The conferences were effective at targeting cold spot schools**

Of the 94 schools that attended, a third were cold spot schools (30 schools).

- **The conferences were well received by schools**

All respondents (except two who were unsure) said they would like to attend a similar event in the future.

- **The conferences promoted the Medical Schools Council resources**

While there was some awareness of the medical school resources, following the conferences all respondents (except two) said they were very likely or likely to use the Medical Schools Council resources in the future.

- **The location of the conferences appears to make a difference in terms of attracting cold spot schools to attend. The location should either be in the cold spot or within easy travel.**

The events that attracted the highest proportion of cold spot schools were Liverpool and Lincoln (43% and 37% respectively). They adopted different approaches that responded to the different types of cold spot areas they have addressed – Lincolnshire is rural, Liverpool is town/urban cold spots alongside more targeted city deprivation.

- **Post and email appeared to be the most effective way of engaging cold spot schools**

The combination of sending out the flyer to the Head alongside an email to the school (the head of school

where possible) seemed to be most effective in engaging cold spot schools.

- **The Medical School Council engagement has helped to provide a more national picture and context for schools and colleges as well as leveraging resource and support internally**

All medical schools involved in running the event valued the Medical Schools Council engagement and would do it again. The involvement of the Medical Schools Council provided added legitimacy.

- **There needed to be greater clarity on the Medical Schools Council's role and expectations**

There was some confusion in the initial stages regarding the flexibility individual hosts had in determining their own conference. Organisers said they wished to see the regional conferences as part of a broader national campaign.

- **There have been positive benefits from medical schools working together to host the conferences**

All of the conferences were hosted by groups of medical schools working together. This was not a requirement. The benefit to this has been in learning from each other, sharing presentations and presenters and sharing contacts. There have been additional benefits in that medical schools have been able to see how each other work, and share different approaches.

"medical schools have been able to see how each other work, and share different approaches"

The recommendations from the evaluation are that:

1. **The Medical Schools Council continues to run regional conferences**

The Medical Schools Council should run regional conferences within or within easy travel distance from the cold spots.

2. **The conference format and content should have some standardisation but also reflect local factors**

The conferences should reflect the geographical and economic/educational context of the area. There should be commonality across the conferences to

ensure it represents a national picture alongside some flexibility to ensure the conference meets the needs of schools and colleges and the particular challenges in that cold spot.

**3. The Medical Schools Council should position the conferences within a wider strategic campaign**

The regional conferences should not happen in localities every year, however, they should be considered every two years. The individual regional conferences should sit within a strategic broader national campaign led the Medical Schools Council. Ideas that have been suggested include a national conference every few years that has funded places, applicant summer school or conference, web-based sessions for teachers and advisers, hour-long CPD online courses and regular communication to schools and colleges.

**4. The Medical Schools Council should work closely with the hosts in the initial stages and in the identification of schools**

Face-to-face engagement in the initial stages with the hosts, including clarifying roles and expectations would have helped in the initial stages to avoid any confusion regarding the different roles and responsibilities. Early promotion of the event is critical, with some early conferences finding it harder than the later ones to promote and encourage take-up. The identification and promotion of the event to schools and colleges has taken the most time for the organisers. The Medical Schools Council took a role in identifying cold spot schools and in some cases this could be extended to helping to target schools. The identification of schools should be extended to career companies who have advisers based in the cold spot schools.

**5. The Medical Schools Council should continue to communicate with schools**

The Medical Schools Council should provide information to go out to schools that can be locally circulated.

## **6. The Medical Schools Council should produce short summaries of the guidance booklets**

There was general support for not printing the Medical Schools Council's teacher and adviser booklets, due to information becoming out of date. However, there was still a perceived need for printed material to give out at the conferences. Consideration should be given to short summaries of each of the guidance booklets for schools (say one page) containing information that would not go out of date, and pointing teachers and advisers to the web resources.

## **7. Consideration should be given as to whether information for parents should be developed and whether we run sessions for generalist widening participation outreach staff**

Parents were raised as an important and influential group that has no dedicated information at present. Further work would need to be done to see if there was a demand from parents and/or medical schools on this type of resource. Similarly some of the generalist outreach staff that have attended the conferences have indicated how useful they found the event. Should the Medical Schools Council consider offering these staff a session on medicine admissions?

## **Student-led widening participation**

Many, but not all, medical schools have a student widening participation group. These are groups of medical students who work together to deliver activities for pupils from a widening participation background.

Medical students from across the UK were invited to attend the first Selection Alliance Student-Led Widening Participation Conference on Wednesday 22 March 2017. The aim of the conference was to bring together representatives of student widening participation societies to share best practice and ideas. Not all medical schools have one of these societies and staff and students from these medical schools were also invited to attend so they could see if setting up this type

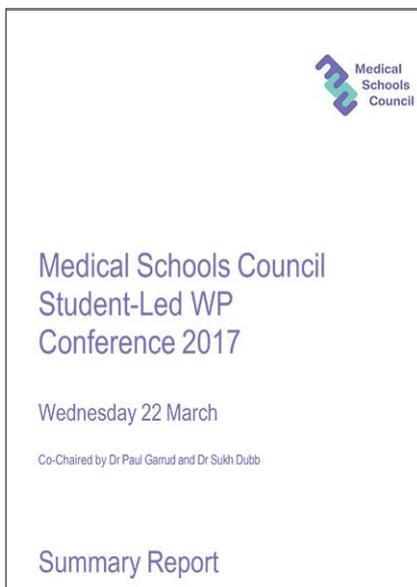
of group would be beneficial for them.

72 medical students took part in the conference representing 30 medical schools. At the conference there were:

- Presentations from a number of different student societies giving examples of the work they do
- A presentation from two six form students hoping to study medicine on what sort of outreach opportunities they would value
- A presentation on the best practice contained in the MSC guidance on outreach
- Presentations from medical school staff on how they use students to help them deliver their widening participation programme

As well as presentations there were a number of group work activities designed to get the students sharing ideas. A full report of the event is available on the Medical Schools Council website.

The event went very well and Selection Alliance has committed to running it as an annual event. As well as supporting yearly conferences the Selection Alliance is looking at ways of having a continuing relationship with student widening participation societies. One way it might do this is through setting up a Facebook group and/or accrediting and supplying small amounts of funding for groups.



Student-led WP conference  
2017

## 4. Better advice and guidance for applicants

The Selecting for Excellence final report highlighted the need to provide applicants with good advice on all aspects of applying to medical school. The reasoning behind this is that students from higher socio-economic backgrounds are more likely to have access to help and support in making their applications than their less privileged peers.

**"the definitive source of up-to-date guidance that teachers, advisers and applicants can trust"**

Since the final report was published in 2014, the Selection Alliance has become aware that there is no shortage of advice about applying for medicine; multiple sources exist, from NHS sources such as the Health Careers website to courses students can attend for a fee and online forums. The advice available is therefore of varying quality. To try and help applicants, the Medical Schools Council intends to become the definitive source of up-to-date guidance that teachers, advisers and applicants can trust.

The Selection Alliance brings together all of the admissions deans in UK medical schools and is therefore best placed to provide guidance on admissions that reflects the different approaches used across the UK. The guidance for teachers and careers advisers reflects this approach; all admissions deans were given the chance to comment on it and it contains numerous quotes setting out what in particular admissions deans expect from applicants.

### New guidance for applicants

The Selection Alliance plans to produce new guidance for applicants to medical school. This work builds on the work that the Selection Alliance has done to provide better guidance for teachers and careers advisers who are supporting applicants to medicine (see outreach chapter for more details).

The first stage of this process is information sheets aimed at the age 16 to 21 cohort. These provide bite-



## Understanding medicine



## What makes a good doctor?

sized information that can be printed out and used not just by students but by medical school staff doing outreach activities. The Selection Alliance decided on this approach after feedback from school students that stated they wanted a concise approach and would prefer printed information to a social media approach. The 15 information sheets cover the following areas:

1. What makes a good doctor?
2. Work and voluntary experience
3. Understanding medicine
4. Entry routes
5. Entry requirements
6. Medical school differences
7. Personal statement
8. Fifth choice
9. UKCAT
10. BMAT
11. Interviews
12. Contextual information
13. No offer or place
14. Offers
15. Preparing for medical school

They can be downloaded individually or as a collection on the [Medicals Schools Council website](https://www.medschools.ac.uk/).

Phase two of this work will be to supplement these information sheets with other resources such as YouTube videos or a 'massive open online course' (MOOC), depending on applicant feedback.

## Entry requirements for UK medical schools

In 2017 the Selection Alliance published the third version of an annual document which sets out the entry criteria for every medical course in the UK. The publication sets out high-level information as to what



Entry requirements for UK medical schools: 2018 entry

each course requires in terms of academic attainment as well as other information such as whether the course requires applicants to sit an aptitude test and the style of interview that it uses.

There is also information on competition ratios for the course and details of any widening participation interventions in place including contextual admissions. The document is designed to be a brief overview so that applicants can identify the courses that suit them and can then visit the school's website for further information.

In the three years that this report has been published, feedback has shown that it is helpful to applicants.

## Preparation for multiple mini-interviews (MMIs) – a tool for students

Interviews are an area that often causes anxiety for applicants. This is especially the case with an MMI as they involve a set of different encounters in a relatively short space of time, which can cause candidates to fear the experience. The provision of good quality, practical information in advance of their attendance on the day is an important method of helping to ensure that candidates can prepare and feel more confident. A more confident candidate is more likely to display their best qualities, thus enabling interviewers to have a more accurate insight into an individual's potential.

To help students prepare for MMIs, the Selection Alliance has commissioned a bespoke preparation tool for applicants on MMIs from Work Psychology Group Ltd. This tool will include appropriate and informative content to provide all candidates with practical guidance regarding how to navigate MMIs and structured interviews.

The tool will allow candidates to familiarise themselves with what MMIs are and provide an insight into the process through the use of video examples. The following information will be provided to improve

understanding of what the candidate should expect on the day:

- What MMIs are
- Why they are used, with a focus on the benefits for candidates
- Competencies likely to be assessed
- Type of interview stations commonly used
- Estimated time frame for the MMI
- Videos to provide examples of two different interview stations, highlighting what is involved

## Guidance on health and disability

Applicants with a disability or a health condition are a group that needs particular support and guidance when applying for medical school. The General Medical Council is undertaking a review of health and disability across medical education and training in 2017. As part of these activities stakeholders they have engaged with have indicated that applicants need better guidance on what both going to medical school and being a doctor actually entail, especially from a physical capabilities point of view.

In 2017 the Selection Alliance will work with the General Medical Council and other stakeholders to create guidance on applying to medicine with a disability.

## 5. Selection methods

The Selection Alliance is interested in how selection methods can be optimised to ensure that the right individuals, who will go on to succeed on the course and become excellent doctors, are identified. Another priority is to ensure that selection processes are fair and do not discriminate against widening participation candidates.

"ensure that selection processes are fair and do not discriminate against widening participation candidates"

### Multiple mini-interviews (MMIs)

In 2014 the Selecting for Excellence Final Report recommended that:

**"Medical schools must evaluate whether they should develop selection processes that includes elements of academic attainment, aptitude tests and multiple mini interviews (MMIs)."**

This was based on research from Professor Jen Cleland et al that these methods have the most evidence to show that they are effective. The Final Report also stated:

**"MSC must work with medical schools to facilitate the sharing of MMI items and the building of an evidence base as to the effectiveness of different forms of MMI items. The impact of MMIs on widening participation must also be evaluated as part of this work."**

The reasoning behind this recommendation was that, although many medical schools use MMIs, they do not do so in the same way. For example, there are differences in the length and number of stations medical schools use. The Final Report states:

**"There is work that the Medical Schools Council can do in partnership with medical schools to contribute to increase the effectiveness of MMIs already in use and to develop an evidence base that can be used to develop consensus as to what**

**works best in terms of MMIs. This would involve working with medical schools to develop a bank of items that can be used in MMIs and using these items to build evidence of the types of items that work best to measure different values or skills."**

In 2017 the Selection Alliance MMI Expert Group has developed a work plan to deliver on these recommendations. The first part of the work has been to define the criteria that most MMIs seek to assess. It was originally suggested that these were likely to fall into three categories:

- Interpersonal – this would cover attributes like communication, teamwork and empathy
- Intrapersonal – this would cover attributes like insight, integrity and resilience
- Motivation and commitment to study medicine

A survey of admissions deans in attendance at the Selection Alliance meeting in April 2017 indicated that while there is some variation in MMIs with regard to station length and number of stations used in an MMI, there appeared to be consensus on the common attributes that are important to assess (communication skills and empathy) that fit with the Selection Alliance MMI Expert Group's original suggestions. There was also consensus that there are attributes that admissions deans feel are important for the future but more difficult to assess such as resilience and adaptability.

**"there appeared to be consensus on the common attributes that are important to assess"**

The development of shared stations testing these attributes will form the second part of this work. The criteria for designing stations will be:

- Impact on widening participation
- Susceptibility to unconscious bias
- Susceptibility to coaching
- Is this a good use of MMIs or is the attribute best tested in another way?

In October 2017 an item writing event was held to

develop the shared stations. The Selection Alliance MMI Expert Group will be joined by medical school staff, students and patients for a two-day residential meeting that will develop items that will be used by medical schools in 2018.

## Multiple mini-interview (MMI) training – a tool for assessors

Another way that the Selection Alliance is supporting medical schools to deliver high-quality MMIs is by developing generic training for all those involved in assessing students undertaking MMIs. The training module will be available online and will include videos showing actors undertaking MMIs which assessors will be able to rate and see feedback on their scores. It will also include equality and diversity training specific to assessing MMI stations as well as setting out generic principles for designing MMI stations. CPD points will be available for those who complete the training. Medical schools will be able to add specific training modules about their own MMI processes.

The training will be launched in December 2017.

## Contextual admissions

In 2016 the Selection Alliance commissioned a research team led by Professor Jen Cleland to look at how contextual data is used in medical school admission and to suggest ways in which its use could be improved. The findings of the research found that there is no evidence to suggest that medical schools using a range of different measures of social disadvantage is effective. The team concludes:

**"A combination of several weak CA [contextual admissions] markers does not automatically improve reliability and accuracy, nor does availability equate with usefulness and robustness."**

Instead they recommended that comparing an

"comparing an individual applicant's academic performance to that of the average performance at their secondary school is a robust way of predicting success on a medicine course"

individual applicant's academic performance to that of the average performance at their secondary school is a robust way of predicting success on a medicine course and well-supported by the published evidence.

Medical schools largely use a combination of contextual measures and their reasoning for this is that no single indicator can give an accurate measure of social background, so each measure needs to be triangulated. Medical schools may be concerned that focusing on academic performance relative to school performance would not adequately identify candidates from a widening participation background.

The Medical Schools Council is looking at the correlation between academic performance relative to school performance and other contextual markers as well as the relationship between markers. If there is a positive correlation between educational attainment markers relative to school performance then this measure will prove extremely helpful in efforts to widen participation as it has a proven link to achievement on the course.

## Weighting and sequencing of selection methods

The Selection Alliance is keen to establish whether the weighting and sequencing of individual aspects of the overall selection process has an impact on widening participation.

Recently, the Medical Schools Council received the final report of commissioned research (Fielding et al, 2017) that looked at whether differences in admissions practices have an impact on student demographics. In particular the team were asked to look at the impact of weighting one aspect of the selection process compared to another, for example aptitude tests being given more emphasis than prior academic attainment.

A retrospective analysis looked at what impact individual elements of the selection process had on the proportion of students admitted from target widening participation groups across 18 medical schools over an

eight-year period. The group found no obvious changes in the proportion of admissions from each of the target groups.

The project then looked in more detail at data from five medical schools. Within each of these five schools selection processes had changed in terms of the weightings of different selection criteria during the eight year period of study, but these changes did not map to any discernible changes in the proportion of students from the target groups. The conclusion was that current selection methods do not impact on widening participation and therefore there is no simple way to maximise the benefit to widening participation candidates by optimising weightings of the different criteria medical schools use at present.

The same research team will be looking at the issue of sequencing elements of the selection process and the final report for this work will be submitted in December 2017.

## Health and disability

The matter of how to ensure that disabled candidates are treated fairly during selection processes will become an increasing focus for the Selection Alliance in 2017.

All medical schools want to welcome disabled students and help them to succeed on the course, but this has to be balanced with the fact that every student must meet the outcomes set by the GMC in order to graduate. Reasonable adjustments can and should be made to enable students to meet these outcomes, but the outcomes themselves cannot be changed.

Selection is a unique challenge as the decision to admit a student cannot be made on the basis of them being disabled or not (disability is a protected characteristic under the UK Equality Act, 2010). There remains confusion, however, among medical schools as to whether they are required to take a student who can complete the course, but who may not be able to work as an F1 doctor in the NHS or not. The General Medical Council is looking at this issue in 2017 and the Selection Alliance has agreed to form a sub-group to look specifically at issues relating to selection.

# Annexe A

## Methodology using UKMED data

To simplify reporting and mirror the Selecting for Excellence Final report, the original values in the School\_Type field were grouped.

Grouped values	Original values
State-funded school	A state-run or state-funded school – non-selective
	A state run or state funded school – selective on academic, faith or other grounds
	From state-funded school of college
Privately funded school	Independent or fee-paying school
	Privately funded school
Unknown school type	All other values

The scope of the report only includes the medical schools with a Medical Schools Council membership. The following medical schools using the field MEDICAL\_SCHOOL\_FIRST were filtered out from the analyses:

- Buckingham
- The University of Bradford
- UCLan

The scope of the report only includes UK domiciled students. Only the following cases in the HESA\_DOMICILE\_REGION field were included in the analyses:

- England
- Guernsey and Jersey
- Isle of Man
- Northern Ireland
- Scotland
- UK region unknown
- Wales

Please note that the HESA Student record data are currently being reviewed by the Medical Schools Council and the General Medical Council, with support from the medical schools. For this reason, the cohort in this chapter includes students from graduate entry courses. Part of this review will attempt to map the HESA Student record data to one of the four medicine course types:

- Standard Entry Medicine
- Graduate Entry Medicine
- Medicine with a Preliminary Year
- Medicine with a Gateway Year

The following variables, where complete data was available, were used from the UKMED dataset:

- Gender
- Ethnicity
- Disability (at entry to medical school)<sup>1</sup>
- SEC<sup>2</sup>
- Parental Education (2007–2015)<sup>3</sup>
- IMD quintiles<sup>4</sup>
- POLAR3 – Young participation quintile<sup>5</sup>
- School Type
- UKCAT Bursary (2008–2014)<sup>6</sup>

The statistics provided in the data chapter have been subjected to the HESA statistical disclosure rules for anonymising statistics.<sup>7</sup> This means that counts are rounded to the nearest multiple of 5 and percentages on small groups of students are suppressed.

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1 [www.hesa.ac.uk/collection/c16051/a/disable](http://www.hesa.ac.uk/collection/c16051/a/disable)

2 [www.hesa.ac.uk/collection/c15051/a/sec](http://www.hesa.ac.uk/collection/c15051/a/sec)

3 [www.hesa.ac.uk/collection/c15051/a/pared](http://www.hesa.ac.uk/collection/c15051/a/pared)

4 [www.neighbourhood.statistics.gov.uk/dissemination/Info.do?m=0&s=1460015515128&enc=1&page=analysisandguidance/analysisarticles/indices-ofdeprivation.htm&nsjs=true&nsck=false&nssvg=false&nswid=1366](http://www.neighbourhood.statistics.gov.uk/dissemination/Info.do?m=0&s=1460015515128&enc=1&page=analysisandguidance/analysisarticles/indices-ofdeprivation.htm&nsjs=true&nsck=false&nssvg=false&nswid=1366)

5 [www.hefce.ac.uk/analysis/yp/POLAR](http://www.hefce.ac.uk/analysis/yp/POLAR)

6 [www.hesa.ac.uk/collection/c15051/a/previnst](http://www.hesa.ac.uk/collection/c15051/a/previnst)

7 [www.hesa.ac.uk/about/regulation/data-protection/rounding-and-suppression-anonymise-statistics](http://www.hesa.ac.uk/about/regulation/data-protection/rounding-and-suppression-anonymise-statistics)

## Annexe B

### RAG ratings

RAG (red amber green) ratings are a way of describing the status of an action. Green means the action is complete. Amber means the action is on its way to completion. Red means more information is required to determine a course of action.

Actions are here divided between those for the Medical Schools Council as an organisation and those for individual medical schools.

### Actions for the Medical Schools Council (MSC)

Recommendation	Action taken	Rating
MSC should explore how to analyse data on those who make unsuccessful applications.	MSC continues to consider how it might be possible to look at unsuccessful applicants. The key issue is that these data are held by UCAS which makes it difficult and expensive to access. UKMED is currently in discussions about how UCAS data might be added to that database. This could be a way forward.	Red
MSC must collate and publish a summary of data on the socio-economic profile of medical students and applicants every year.	MSC has set up a sustainable way of collecting and disseminating this information by utilising HESA data collected by the General Medical Council. The first publication of these data will take place in 2017.	Green
MSC should consider and test potential collaboration between medical schools on outreach programmes	At present MSC has not looked at systematic collaboration although medical schools have worked together on the teacher and careers adviser conferences.	Amber

Recommendation	Action taken	Rating
<p>More work needs to be done to identify geographical areas across the UK where young people do not have access to outreach programmes run by medical schools. MSC should work with Health Education England and other bodies to establish what can be done to provide outreach activities for students living in these areas.</p>	<p>Outreach provision by medical schools has been mapped across the UK and medical schools have been provided with these data. Mapping will be repeated in 2017/18 and then the impact of this intervention can be measured.</p>	<p>Amber</p>
<p>MSC must continue to work with Health Education England to ensure the best possible information for potential applicants to medicine is provided by NHS Careers and other careers services.</p>	<p>MSC has worked with NHS Careers on the information provided to applicants and has developed materials that are accessible on its own site.</p>	<p>Green</p>
<p>Information provided by MSC and NHS Careers to potential applicants must be designed to manage expectations of future careers in medicine. Any information must make clear what specialties the NHS will need in the future and highlight the need for more general practice and community-based doctors. It must also highlight the fact that the NHS provides a wide range of other rewarding career opportunities outside medicine</p>	<p>The Health Careers website makes clear the range of careers available on its website and MSC continues to flag this in its documents and presentations.</p> <p>MSC has worked with the Royal College of General Practitioners to ensure GP careers are properly promoted.</p>	<p>Amber</p>
<p>MSC must produce guidance for careers advisers and teachers on supporting their students through the medical application process.</p>	<p>Completed Q2 2017.</p>	<p>Green</p>
<p>MSC must work with the devolved administrations to ensure the PRACTISE commitment is adopted across the UK.</p>	<p>Little progress has been made on this recommendation. Attempts were made to contact the devolved administrations but it has proved hard.</p>	<p>Red</p>

Recommendation	Action taken	Rating
The Selecting for Excellence guidelines on work experience must be reviewed in 2017 to ensure that they remain fit for purpose	A session was run with admissions leads in April 2017 and the guidance has been updated as a response to their comments.	Green
MSC must work with Health Education England, the Royal College of General Practitioners and other bodies to ensure that the PRACTISE commitment is extended to GP surgeries and other primary care providers.	This has not been done. However, MSC has worked with Health Education England and the Royal College of General Practitioners in creating a toolkit to encourage more practices to provide work experience opportunities.	Red
MSC and the Association of UK University Hospitals must work together to facilitate volunteering opportunities for young people within the NHS.	MSC has not undertaken this work but Health Education England has done extensive work to promote volunteering.	Amber
MSC must continue to promote the guidance on access courses to medical schools.	This guidance is out of date so MSC is not promoting it. Efforts were made to update it but there needs to be work done in collaboration with QAA to update requirements for these courses. This would mean they may become acceptable to more medical schools.	Red
MSC must provide additional guidance to applicants and careers advisers/ teachers based on the statement of the core values, skills and attributes needed to study medicine by March 2015.	Completed Q2 2017.	Green
As part of the implementation of the Selecting for Excellence project MSC must ensure that medical schools' selection processes take into account Health Education England's work on values-based recruitment.	All English schools are values-based recruitment compliant. Only one medical school in the UK does not interview.	Green

Recommendation	Action taken	Rating
Evidence may not at present be available to enable a national framework for selection to be developed, but MSC and medical schools must continue to gather evidence to enable such a framework to be developed in the future.	Although MSC continues to look at this issue and commission research, for example the work on MMIs and the research on weighting and sequencing, it is no further along in identifying an optimum method for selecting students. UKMED may provide answers in the long term.	Red
MSC must work with medical schools to facilitate the sharing of MMI items and the building of an evidence base as to the effectiveness of different forms of MMI items. The impact of MMIs on widening participation must also be evaluated as part of this work.	The first item writing workshop designed to create shared MMI items will take place in October 2017. As yet it is unclear how many schools will agree to share items. MSC has engaged a psychometrician to ensure the outcomes of sharing items are properly analysed.	Amber
MSC, in partnership with medical schools, must look into the feasibility of medical schools collaborating on the development of selection centres.	No work has been done to implement this recommendation. It is possible that evidence on selection methods is not yet secure enough to suggest developing selection centres	Red
MSC must commission research in 2015 on contextual data and medical admissions processes and this research should be used to develop guidance for medical schools on the use of contextual data.	MSC commissioned this research but the findings did not indicate that it is possible to create a framework for the use of contextual admissions as the measures available are so weak. It was suggested that an individual's performance relative to the average performance of their school is the best measure to use but medical schools do not agree that will correctly identify widening participation students. MSC is investigating, using HESA data which measures are the strongest and if there is any link between school measures and other widening participation measures.	Amber

Recommendation	Action taken	Rating
MSC must commission research in 2015 to examine the impact of different weightings of admissions procedures on selection values and widening access.	This research was commissioned in 2016 and found that there was no indication that weightings impact on WP.	Green
The General Medical Council and MSC must continue to develop the UK Medical Education Database (UKMED). The development of the project must continue to ensure that in the long term UKMED can be used to evaluate the impact of widening participation initiatives.	UKMED continues to develop well and is being increasingly utilised by researchers.	Green
MSC must ensure that UK medical schools are aware of the latest thinking internationally on medical selection. To facilitate this, MSC should continue, along with the Association for the Study of Medical Education, to support the International Network of Researchers in Selection into Healthcare (INReSH) conference.	MSC continues to support INReSH and the latest meeting will take place in Helsinki in August 2017.	Green
MSC must work with medical schools to develop additional targets for widening participation that utilise different data sets.	Work on contextual measures has not indicated that any of them are strong enough to extend the targets to cover them in addition to POLAR.	Red
MSC must report annually on medical school progress in meeting these targets	This has now been established from 2017	Green
MSC must undertake a formal review of these targets and progress achieved to date in 2019 to ensure they remain fit for purpose.	Work on contextual measures may allow us to review the targets in 2019 but current evidence suggests this may be a struggle.	Amber

Recommendation	Action taken	Rating
MSC must set up a Selection Alliance to take forward the recommendations in this report that are targeted at medical schools.	The Selection Alliance has been in operation for two years.	Green
MSC must create an Oversight Group to ensure that widening participation remains at the heart of the work of the Selection Alliance.	This group has now met twice.	Green

## Actions for medical schools

Recommendation	Action taken	Rating
Medical schools must consider the potential to make use of data resources that track the progress of students from a widening participation background.	Medical schools have responded very positively to the data provided by MSC. Reviews, such as repeating the mapping exercise, will show the extent of this response.	Amber
Medical schools must use the Selecting for Excellence guidance on outreach to consider how they can strengthen the outreach currently provided.	Medical schools seem to be responding positively but a follow up survey would help to establish a factual base for this assertion.	Amber
Medical schools must ensure that the details of any widening participation programmes they run are easily accessible on their websites; ideally it should only take 'three clicks' for a user to access this information.	An audit is needed to establish if medical schools have taken forward this recommendation.	Red

Recommendation	Action taken	Rating
<p>Medical schools must review the information on selection available on their websites to ensure it is easy to understand and to locate.</p>	<p>An audit is needed to establish if medical schools have complied with this recommendation. However, MSC has produced guidance for applicants on entry requirements which mitigates somewhat the need for this recommendation.</p>	<p>Amber</p>
<p>Medical schools must implement the Selecting for Excellence guidelines on work experience and ensure that all aspects of their selection processes fit with the principles laid out in the guidelines. They must also clearly signpost the guidelines on their websites and other published materials aimed at applicants.</p>	<p>MSC is aware that schools flag this guidance to applicants and discussion with admissions deans confirmed they are still compliant with the requirements set out in the guidance.</p>	<p>Green</p>
<p>Medical schools must consider the impact that their widening participation activities have had and consider whether, based on these outcomes, they should introduce a foundation course or expand the course they currently run. This evaluation should take into account value for money and the impact that interventions have on widening participation.</p>	<p>Five medical schools have introduced foundation courses since the Selecting for Excellence final report was published.</p>	<p>Green</p>
<p>Medical schools must keep up to date with Health Education England's (and relevant Devolved Administrations bodies') work to encourage those in other health professions to consider other NHS careers/courses and assist where appropriate</p>	<p>An audit is needed to establish if medical schools have complied with this recommendation.</p>	<p>Red</p>

Recommendation	Action taken	Rating
All medical schools must consider and evaluate their approach to the use of contextual data	An audit is needed to establish if medical schools have complied with this recommendation.	Red
Medical schools must recognise that all students are individuals and may need support arising from their individual circumstances. This includes widening participation students whom medical schools should support to ensure they are able to progress and reach their maximum potential.	An audit is needed to establish if medical schools have complied with this recommendation.	Red
Medical schools must implement the Selecting for Excellence project's A journey to medicine: Student success guidance.	An audit is needed to establish if medical schools have complied with this recommendation.	Red
Attrition rates and benchmarks drawn from the higher education sector as a whole must be used to evaluate the success of medical schools in supporting students from widening participation backgrounds.	An audit is needed to establish if medical schools have complied with this recommendation.	Amber
Medical schools must utilise the common statement on the core values skills and attributes needed to study medicine in designing and developing their selection processes	MSC is aware that medical schools use the core values, skills and attributes document in selection or the values in the NHS constitution to which it is mapped. An audit would be required to test if all medical schools are compliant.	Amber
All medical school selection processes must involve evidence-based assessment of core values.	MSC is content that all medical schools test values during the selection process.	Green

Recommendation	Action taken	Rating
<p>Medical schools must evaluate whether they should develop selection processes that includes elements of academic attainment, aptitude tests and MMIs.</p>	<p>MSC is content that all medical schools test values during the selection process.</p> <p>There is evidence that medical schools are moving in this direction. For example, 23 medical schools now use MMIs and almost all now use an aptitude test.</p>	<p><b>Amber</b></p>
<p>Medical schools must use more than one source and different types of contextualised data in their admissions processes. They must triangulate data to ensure the individuals they identify are truly from a widening participation background.</p>	<p>An audit is needed to establish if medical schools have complied with this recommendation. MSC needs to keep working on contextual data to help schools meet this recommendation.</p>	<p><b>Amber</b></p>
<p>Medical schools must work towards meeting the targets for increasing the numbers of students from a lower socio-economic background.</p>	<p>Medical schools remain committed to widening participation. However, whether they focus on the Selecting for Excellence targets as opposed to government or access agreement targets is open to question.</p>	<p><b>Amber</b></p>
<p>Medical schools must consider how they can implement the best practice indicators set out in Appendix A.</p>	<p>An audit is needed to establish if medical schools have complied with this recommendation.</p>	<p><b>Red</b></p>