



Selection Alliance 2019 Report

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



msc Medical
Schools
Council
Selection Alliance

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**"a steady
transformation has
been taking place in
access to medicine"**

Foreword

Over the last decade a steady transformation has been taking place in access to medicine. From the Selecting for Excellence project onwards, UK medical schools have collaborated to an unprecedented degree in enabling many more young people from minority and under-represented communities to apply and enter medical school. The 2019 report gives substantial detail of how both applicants and entrants have been changing over this period.

Perhaps the aspect I would most like to celebrate this year is how the increasing diversity of medical students is enriching the experience and culture of our medical schools: I think there is little doubt that they will have a substantial and beneficial impact on healthcare in our country in the future.

Paul Garrud

Chair, Medical Schools Council Selection Alliance

1. Introduction

The report provides an overview of the work of the Medical Schools Council Selection Alliance in the last year, as well as setting out proposals for future work.

This first chapter will outline some of the context in which the Selection Alliance is working and will identify the key factors influencing its current work. The following chapter is on data and sets out the available information on current demographics of medical students, such as ethnicity and measures relating to social and educational background. For the first time the Selection Alliance has been able to access UCAS data, so this chapter will focus on the demographics of applicants, both successful and unsuccessful, as well as entrants to other medical schools.

"For the first time the Selection Alliance has been able to access UCAS data"

The following chapters focus on outreach, providing information to applicants, selection methods and a five-year review of the Selection Alliance's work.

New medical schools and new courses

Following the expansion of medical school places in England, announced in 2017, these new students are beginning to enter the system. This year, students started at three new medical schools:

- Edge Hill University Medical School (year 0)
- University of Lincoln Medical School
- University of Sunderland School of Medicine

Anglia Ruskin University School of Medicine started taking students in September 2018 and Kent and Medway Medical School is currently beginning the admissions cycle for students starting in 2020. The Selection Alliance has focused on supporting these new schools in 2019 and has provided opportunities for their staff to engage with experienced admissions leads in order to facilitate the sharing of best practice. They have also been invited to attend Selection Alliance events including our multiple-mini interview writing workshop

Course types

Standard Entry Medicine

The standard bachelor's degree in medicine, usually five years long.

Graduate Entry Medicine

For those who already have a bachelor's degree in an accepted subject. Most of these degrees are four-years in duration.

Medicine with a Preliminary Year

A five-year Standard Entry Medicine with an additional year at the start. Designed for those who achieved highly at A level, or equivalent, but who did not take the required science subjects.

Medicine with a Gateway Year

For those who are of high ability but who may be coming from situations where they have had barriers to their learning. Often these are six-year courses.

and have been given the chance to run Selection Alliance-funded events such as teacher engagement conferences.

As well as the new medical schools coming online there are new courses being developed across the UK. The number of six-year courses for students from a widening participation background has risen to 19 and a number of medical schools are considering running this type of course in the future.

The Selection Alliance has supported Professor Sally Curtis from Southampton School of Medicine in setting up a Gateway and Foundation Course Leaders Group. This group will meet three times a year to share best practice, identify areas where collaboration may be helpful and identify research opportunities on the impact of these courses.

As well as established interventions like Gateway courses, medical schools are beginning to develop other innovative courses. Of great interest is the new HCP-Med course at Edinburgh. This programme is specifically designed for healthcare professionals living and working in Scotland. For the first three years of the course, students study part time and online (they attend sessions at the medical school for three weeks a year and undertake an annual GP placement) in years four and five they join the Standard Entry Medicine programme.

Innovative programmes are also being developed to focus on workforce shortages. The Scottish Graduate Entry Medicine Programme (ScotGEM), run in partnership by the universities of St Andrews and Dundee is a programme for graduates aiming to meet contemporary and future needs of the NHS in Scotland. Placements are delivered in remote and rural areas and there is a focus on general practice. Students on the ScotGEM course are offered a "return of service" bursary, a grant worth up to £16,000 in total, in exchange for working in NHS Scotland for up to four years

Equality, diversity and inclusion

Across the Medical Schools Council's wider work issues of equality, diversity and inclusion (EDI) are becoming increasingly important. It is well known that there is an attainment gap between BME medical students and their white counterparts. Individual medical schools are developing a range of interventions to better support their students and reduce the attainment gap. The Medical Schools Council is working with medical schools and external stakeholders to look at what it can do to support medical schools as they undertake this work.

Some of the factors believed to impact on differential attainment, such as individuals not feeling like they are students or that they belong to the medical school ("impostor syndrome"), and difficulty developing relationships with supervisors, are challenges that students from widening participation backgrounds face. It should also be acknowledged that there is an overlap between some BME backgrounds and being from a lower socio-economic background. Evidence drawn from The UK Medical Education Database (UKMED), that will soon be published, shows that there is differential attainment between widening participation students and those from a traditional background.

"as medical schools seek to widen participation they need to continue to think about what they can do to make their medical schools a truly welcoming environment for students from all backgrounds"

Therefore, as medical schools seek to widen participation they need to continue to think about what they can do to make their medical schools a truly welcoming environment for students from all backgrounds. This is about culture, but it is also about rules, regulations and curriculum design. For example, in an environment where students have to work, what changes could medical schools make to help students balance their education with paid employment? The narrative needs to change from one that looks at deficits in individual students that need to be addressed to one that looks at the system of education and how it can be developed to ensure all students thrive.

The Selection Alliance is focusing on EDI in a number of ways. In 2020 we will publish guidance to support

applicants to medical school who have a disability. Guidance for medical schools on supporting and encouraging disabled applicants will be published at the same time. The Selection Alliance also focuses on EDI in our work on multiple-mini interviews. Steps have been taken to ensure that a diverse range of people have input into the design and piloting of the shared stations and we monitor this through data collection. There are also plans to research the impact that having different personal characteristics has on performance on these items.

Qualification reform and predicted grades

Qualification reform in England is now embedded. The Selection Alliance continues to keep medical schools informed of changes and how these relate to different qualifications used across the UK.

"One area of concern emerging across the higher education sector is predicted grades"

One area of concern emerging across the higher education sector is predicted grades. Now that most applicants do not take AS levels, medical schools are relying on predicted grades to make offers to applicants. Informal feedback from schools is that this is making meeting admissions targets difficult with a large number of students not achieving their predicted grades.

There are also wider discussions about university admissions moving to a system that operates post-qualification. This would have implications for a subject like medicine that uses both interviews and aptitude tests to make decisions on admissions. The time between secondary education qualifications results and the start of the academic year is currently short in terms of the time that medical schools would have to make decisions.

Universities UK is currently undertaking a review of admissions practices and the Selection Alliance is feeding in to these discussions. There is also a proposed review by the Office for Students in 2020 that the Selection Alliance will seek to work with.



UKMED

The [UK Medical Education Database](#) (UKMED) provides a platform for collating data on the performance of UK medical students and trainee doctors across their education and career. These data are used for research purposes and the studies being published continue to provide useful evidence to inform the Selection Alliance's work. A recent study found that trainees who came from families where no parent was educated to a degree level were more likely to choose general practice in comparison to other specialties. This is an important finding given that the NHS needs more GPs.¹

Getting an international perspective



The Medical Schools Council continues to play an active role in organising annual [International Network for Researchers in Selection into Healthcare](#) (INReSH) conferences that bring together academics involved in evaluating and improving selection methods in the healthcare field. In 2019 a joint event with Monash University was held in Prato, Italy. The event brought together researchers from across the world to discuss priorities for selection research.

¹ Kumwenda B, Cleland J, Prescott G, et al, [Relationship between sociodemographic factors and specialty destination of UK trainee doctors: a national cohort study](#), BMJ Open, 2019

2. Data monitoring

This year the Medical Schools Council has acquired access to UCAS applicant data, which is now stored in UKMED alongside the entrant data provided by HESA. The data presented in the following graphs includes the number of applications to the four course types and the percentage of entrants from those applications. The categories presented reflect those shared by HESA and UCAS, which are gender, BME and ethnicity, POLAR quintiles and NS-SEC between 2007 and 2017. This new combined data set is still undergoing analysis and there may be small changes in the outcomes presented in the final report.

Please note that the ratio of applications to places is much higher for Medicine with a Preliminary Year and Medicine with a Gateway Year. However, in comparison with Standard Entry Medicine and Graduate Entry Medicine, the total numbers of applications for these course are small and interpretations must be made with caution.

It is also important to note these data are reporting on distinct applicants by course type (one applicant can apply to more than one course and across course types) and distinct entrants (ultimately, applicants can only begin one course despite multiple applications).

University of Buckingham Medical School is not included in the data because most of its students apply directly to the university and not through UCAS.

Gender

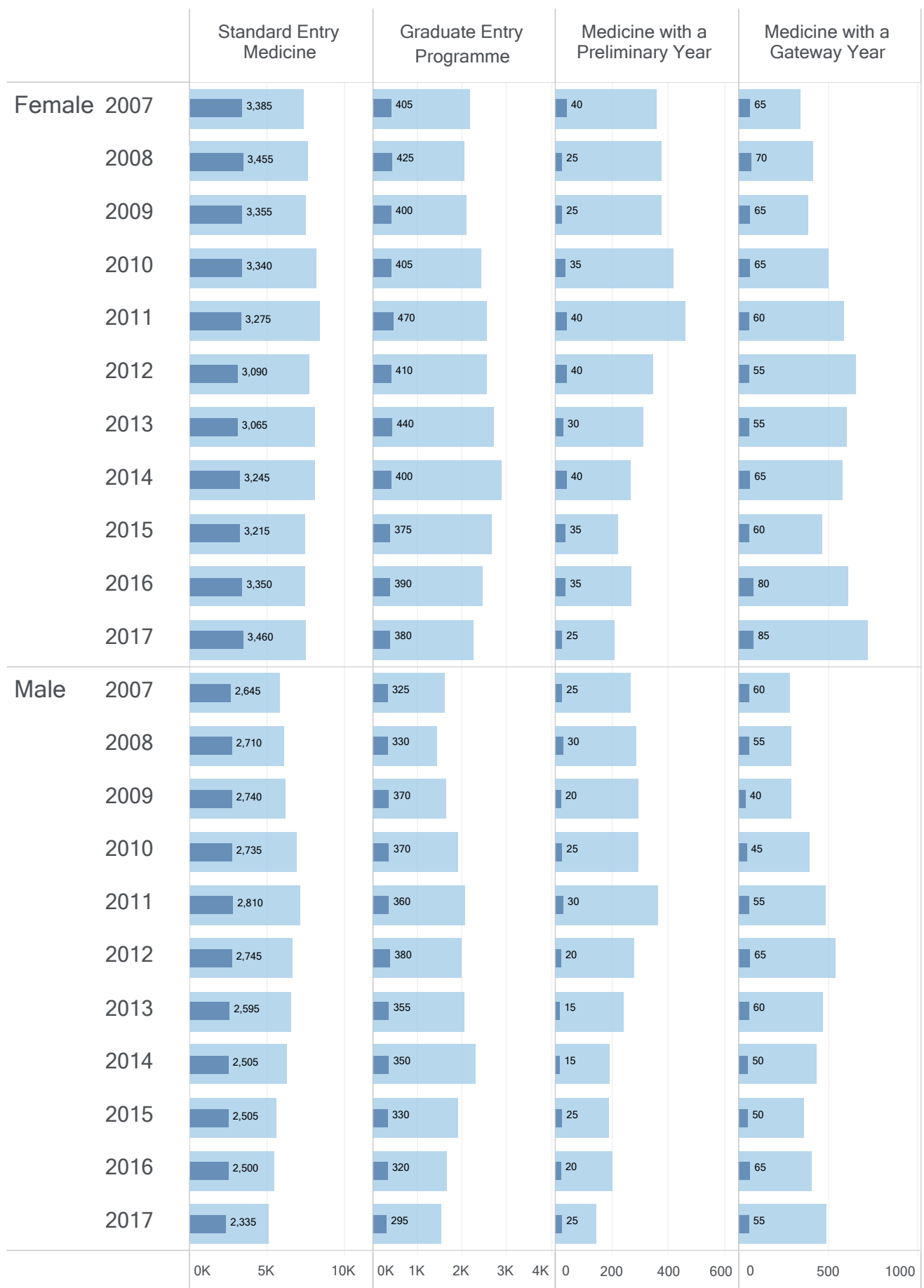
Females across all course types make a higher number of applications to study medicine. The proportion of male and female entrants from their respective applications is very similar within and across the four course types.

↳ [See chart on following page.](#)

Number of applicants and entrants by gender and course type

Number of applicants

Number of entrants



**"BME applications
show over a twofold
increase to Medicine
with a Gateway
Year in the reporting
period"**

Black and Minority Ethnic (BME)

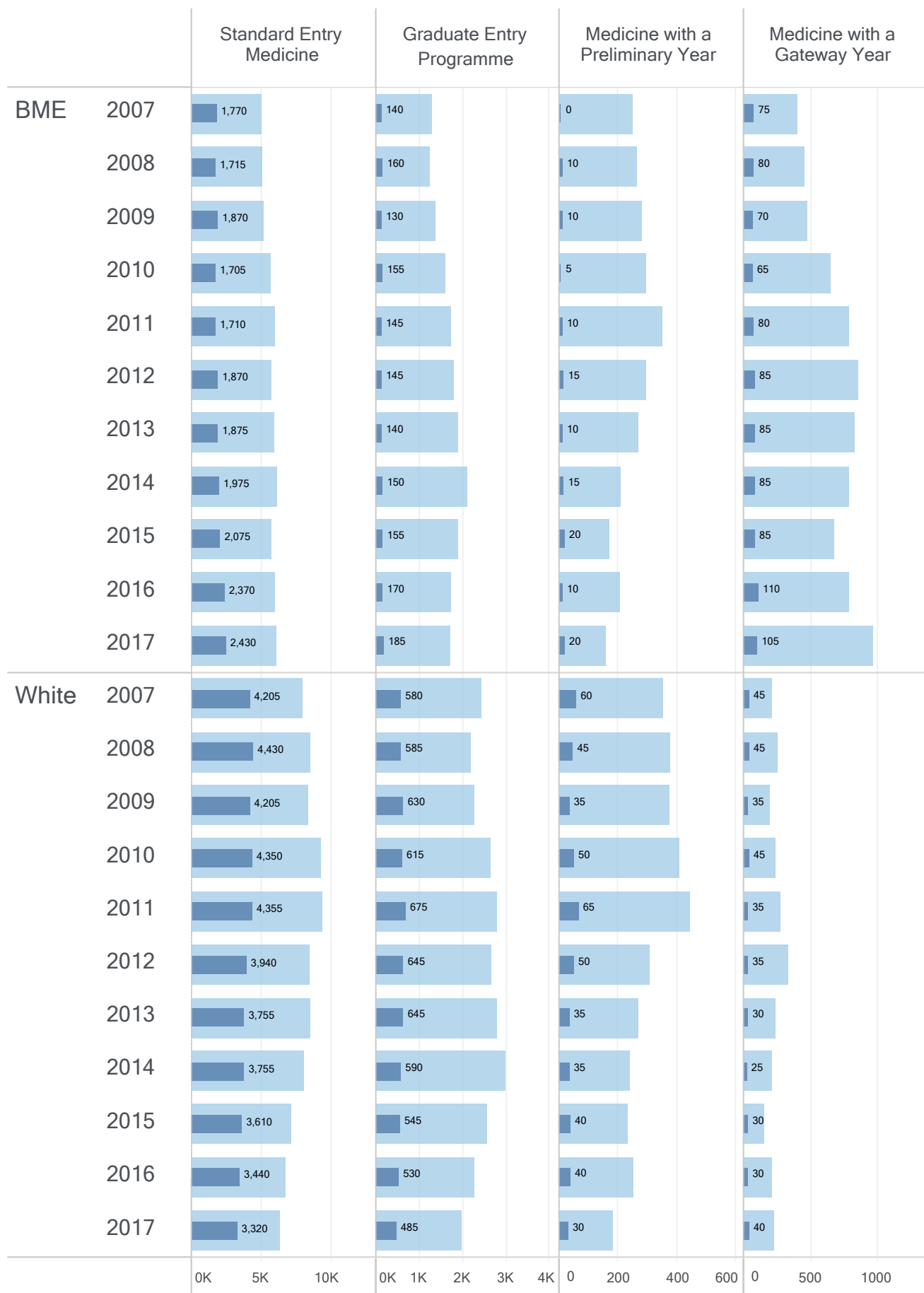
The total number of BME applications to medicine shows an overall increase in the 10-year reporting period. Medicine with a Gateway Year is the only course type that shows a greater proportion of BME applicants than white applicants. It is also notable that although small in total number, BME applications show over a twofold increase to Medicine with a Gateway Year in the reporting period. This rise in applications may be the result of increased information and outreach provided by the Medical Schools Council and medical schools to underrepresented groups, and from successful applicants returning to their schools and communities as relatable role models, raising the aspirations of others.

↳ [See chart on following page.](#)

Number of applicants and entrants by BME/White and course type

Number of applicants

Number of entrants



"the lowest proportion
of entrants to
Standard Entry and
Graduate Entry
courses are of Black
heritage"

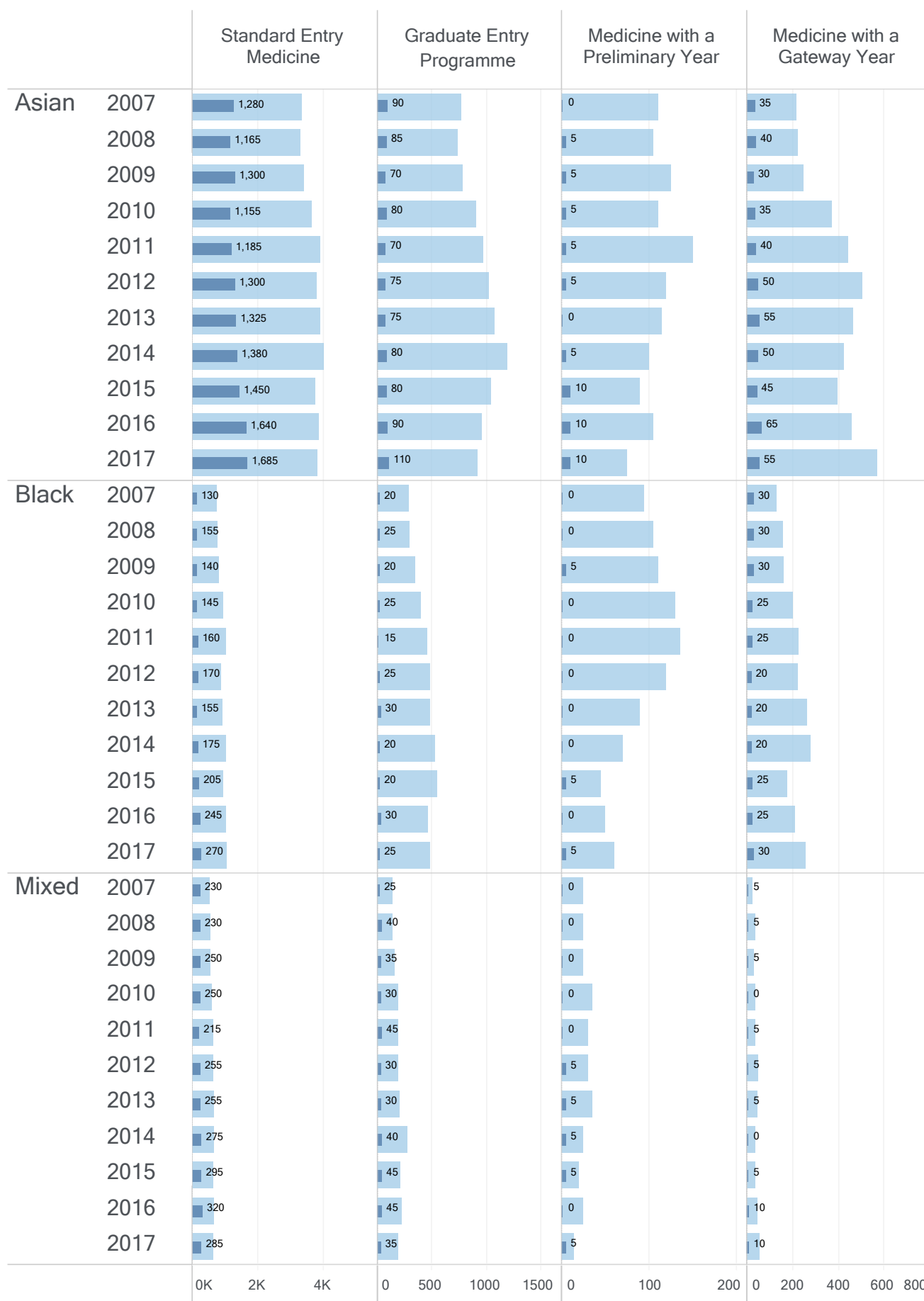
Ethnicity

By further exploring the BME categories, the data show applicants of Asian heritage submit the highest number of applications, followed by applicants of Black heritage. With the exception of Medicine with a Preliminary Year, the number of applications for Black and Asian students has increased over the reporting period. However, despite these groups, the lowest proportion of entrants to Standard Entry and Graduate Entry courses are of Black heritage. Medicine with a Gateway Year has a more even representation of entrants across the BME categories.

↳ [See chart on following page.](#)

Number of applicants and entrants by BME and course type

Number of applicants
Number of entrants



"the gap between the numbers of applicants from quintile 5 compared to 1 can clearly be seen with greatest difference in Standard Entry Medicine"

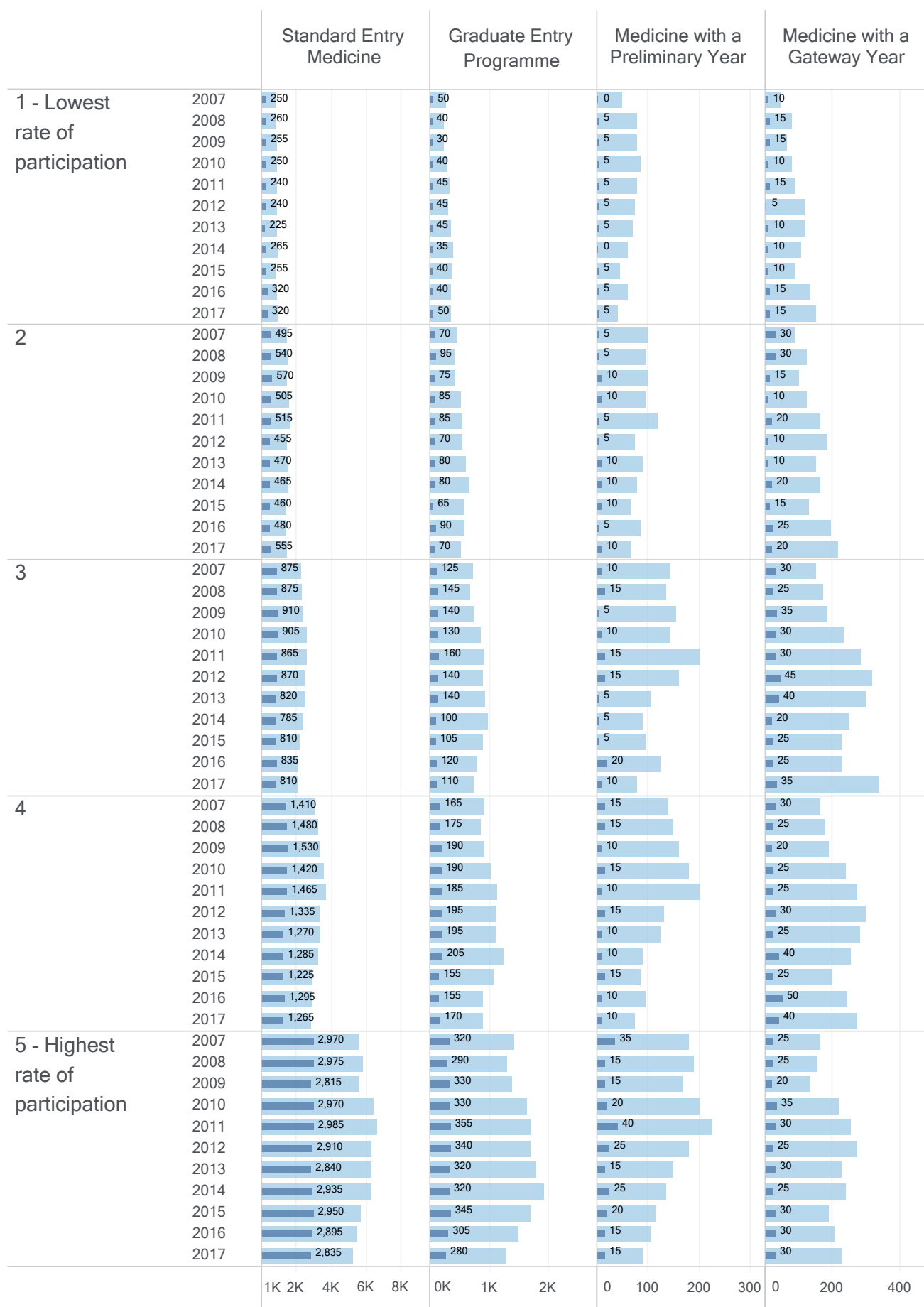
Participation of local areas (POLAR)

POLAR provides a geographical measure reflecting the participation of young people in higher education. Quintile 1 reflects areas of the lowest participation and quintile 5 the highest. There is a small increase in applications to medicine from POLAR quintiles 1 and 2 in the reporting period. However, the gap between the numbers of applicants from quintile 5 compared to 1 can clearly be seen with greatest difference in Standard Entry Medicine, which has a clear incremental increase in applications from the lowest to highest quintile.

↳ [See chart on following page.](#)

Number of applicants and entrants by POLAR classification and course type

Number of applicants
Number of entrants



The National Statistics Socio-Economic classification (NS-SEC)

Note

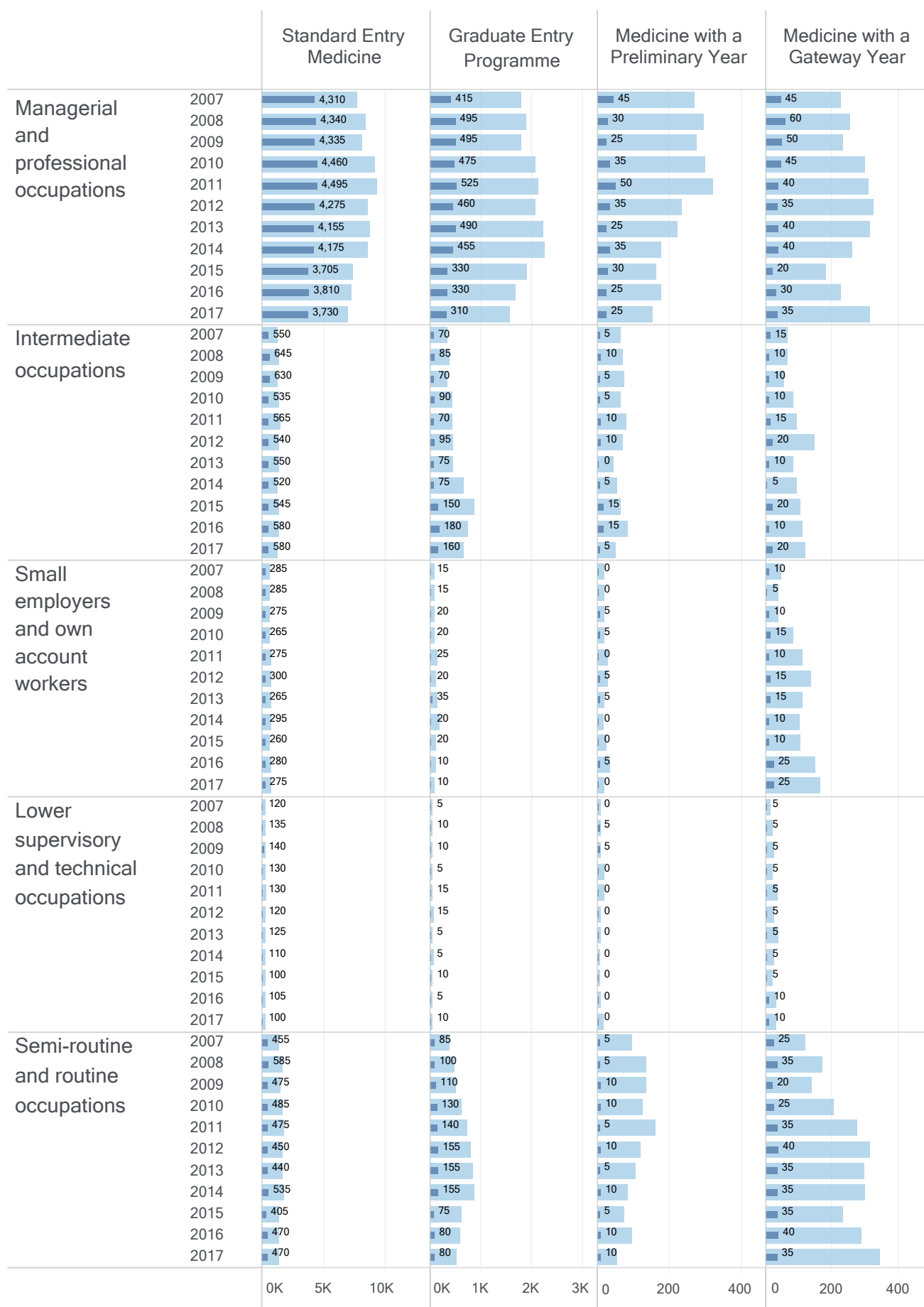
NS-SEC is a self-reported measure of parental socio-economic status. As such, interpretations of the data must be made with caution.

The managerial and professional occupations group comprises the highest two socio-economic classifications and, with the exception of Medicine with a Gateway Year, yield the greatest number of applications. However, there is a small decrease in the number of applications from this across the reporting period. It is also noteworthy that, despite the difference seen in applications from the NS-SEC groups, the difference in the proportion of entrants from each group is much smaller.

↳ [See chart on following page.](#)

Number of applicants and entrants by NS-SEC classification and course type

Number of applicants
Number of entrants



Notes on the data

The report includes information collected by the Higher Education Statistics Agency Limited (HESA) and the Universities and Colleges Admissions Service (UCAS), and provided to the General Medical Council ("HESA Data" and "UCAS Data").

Sources: HESA Student Record 2002/2003 to 2017/2018. Copyright Higher Education Statistics Agency Limited. HESA makes no warranty as to the accuracy of the HESA Data and cannot accept responsibility for any inferences or conclusions derived by third parties from data or other information supplied by it.

UCAS Applicant Data 2007 to 2018. Copyright the Universities and Colleges Admissions Service. UCAS makes no warranty as to the accuracy of the UCAS Data and cannot accept responsibility for any inferences or conclusions derived by third parties from data or other information supplied by it.

Conclusion

In the five years following the publication of the Selecting for Excellence Final Report, there has been an overall increase in the number of entrants to medical school with demographic characteristics associated with social and economic disadvantage.

When looking across all medical schools and course types, increases can be seen in the number of entrants:

- Of BME backgrounds (29%, including a 58% increase in students of Black heritage)
- From the lowest POLAR quintile (35%)
- From the lowest IMD quintile (46%)
- From state schools (14%)
- Whose parents do not have HE qualification (11%)
- With disabilities (33%)

These figures provide a very broad overview with encouraging year-on-year changes. However, it must be noted that the total number of entrants for many of these demographic characteristics remain small and there is still progress to be made.

It will be interesting to see how the applicant and entrant data changes over the next few years, in particular as a result of the increased number of Gateway courses, many starting in 2018 and arising from the implementation of 1,500 new medical students places. Through the monitoring of these data the outcomes of the increased focus on widening participation will be made clearer.

3. Outreach

The Selection Alliance's outreach work has focused on two groups:

- Young people from disadvantaged backgrounds who have the aptitude to apply to medicine.
- Teachers, advisers and higher education outreach staff working in schools and colleges which serve under-represented communities, and/or are located in cold spots.

MSC Summer Schools

2019 Summer Schools

The Medical Schools Council was delighted to receive funding from Health Education England to deliver summer schools for 350 young people in 2019. The aim of the summer schools was to target young people from disadvantaged backgrounds attending schools that do not currently have a relationship with a UK medical school. The summer schools were designed to allow students to explore whether medicine is the right choice for them, and to give them the information, skills and, above all, the confidence they need to submit a strong application to medicine.

To deliver these objectives, the Medical Schools Council recruited four medical schools to act as hubs. Their remit was to target significant cold spots where our research shows secondary schools are not regularly getting access to outreach activities from medical schools. These schools and target areas were:

- University of Exeter Medical School – targeting Devon, Cornwall and Somerset
- Imperial College London Faculty of Medicine – targeting areas outside of London such as Bedford, East Cambridgeshire and towns in Kent and Essex
- Keele University School of Medicine – targeting the West Midlands including Shropshire and Herefordshire

"The summer schools were designed to allow students to explore whether medicine is the right choice for them, and to give them the information, skills and, above all, the confidence they need to submit a strong application"

MSC Summer School eligibility

To be eligible, a student must be:

- In, or has been in, local authority care

Or hold a minimum of two of the following:

- Studying in a school that achieved below the national average Attainment 8 score at GCSE, or has attended such a school until the age of 16
- From a school with a high percentage of students receiving free school meals
- Living in a geographical area with low levels of progression onto higher education
- A young carer
- From a family where the parents do not have a university degree from the UK or abroad
- In receipt of or eligible for free school meals or the 16–19 Bursary Fund or Discretionary Learner Support or Means Tested Benefit
- Estranged from parents or guardians and/or be an asylum seeker or refugee

- University of Manchester Medical School – targeting the North West (Bury, Rochdale, Wigan and Salford)

Each hub school was funded to deliver summer school places for 70 young people. In addition, to ensure good geographical coverage across the UK and support the Medical Schools Council to deliver places for 350 young people, additional places were funded in existing summer schools from seven medical schools:

- Hull-York Medical School
- University of Southampton School of Medicine
- University of Leeds School of Medicine
- University of Birmingham School of Medicine
- University of Sunderland School of Medicine
- University of Bristol Medical School
- Brighton and Sussex Medical School

Each medical school was asked to include the following sessions in their summer school:

- Activities designed to build students' confidence, with a focus on showing them that people from a range of backgrounds have successful careers in medicine.
- Sessions designed to develop an understanding of what being a doctor and studying medicine is like (including the variety of courses and teaching styles available).
- A session on general practice
- Sessions designed to give students an experience of all aspects of university life.
- Opportunities to explore other healthcare study and career options that are available.

Evaluation

Attendees completed evaluation questionnaires, developed by each medical school, allowing quantitative and qualitative data to be collected. These data are

currently being analysed by the Medical Schools Council and will be described in the final report of the project. As well as medical school level data, all attendees were invited to complete a standard Learning Gain questionnaire at the start and end of the summer schools. This survey approach allows the Medical Schools Council to look at attitudinal change pre- and post-event to explore the impact of the summer schools from the perspective of the students. Key findings from these data include:

"Students reported considerable development in their more general understandings of healthcare career possibilities."

- Students reported the greatest change in the statement, 'I understand the process of how to apply to medical school'. It would appear that from relatively limited knowledge and understanding at the beginning of the intervention, students had developed a richer and more detailed understanding of the process and procedures linked to applying to medical school by the end of the MSC Summer School programme.
- Students reported considerable development in their more general understandings of healthcare career possibilities. Through this enhanced understanding, some students reported a greater interest and intention to study healthcare subjects rather than specifically focusing on medicine.
- The data also indicate that students developed crucial interpersonal skills while undertaking the MSC Summer School programme. Areas showing the greatest gain included presentation skills and networking or working with others.

Recruitment

328 students attended MSC Summer Schools against a target of 350 students. While the shortfall in numbers is disappointing it is important to note that this is less than 7% from the target.

Hub medical schools reported that engagement with the cold spots was challenging. However, they were able to make in-roads to areas that have typically not

engaged previously in this work. The most successful in-roads were made by the host medical schools that directly engaged with “cold” secondary schools to create new partnerships. Being able to build on this in future years will be critical to shrinking the cold spots.

Summer schools 2020 and 2021

The Medical Schools Council has received additional funding from Health Education England to run summer schools for a further two years. It has commissioned the following five medical schools to run summer schools in 2020 and 2021:

- Brighton and Sussex Medical School in collaboration with Kent and Medway Medical School
- University of Exeter Medical School
- Imperial College London Faculty of Medicine
- Lancaster University Medical School in collaboration with Edge Hill University Medical School and University of Liverpool School of Medicine
- University of Leicester Medical School

Longitudinal evaluation

The confirmation that MSC Summer Schools will run for three years has allowed the Medical Schools Council to develop a plan for a longitudinal evaluation of the project. Approximately 1,000 young people will take part in the scheme over three years, which creates a rich pool of data to evaluate. The Medical Schools Council has already put the necessary data privacy notices in place to allow us to collect and use data from individuals taking part.

UKMED, a project run by the General Medical Council and Medical Schools Council that links data from application and entry to medical school to longitudinal outcomes, including performance in postgraduate assessments, will be used to identify participants that progress to medical school. It may also be possible to use UCAS data to identify participants that choose to apply to other healthcare courses.

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Working with teachers and careers advisers

"The Medical Schools Council is committed to working with teachers and careers advisers to provide them with up-to-date and accurate information on how best to support their students"

The Medical Schools Council is committed to working with teachers and careers advisers to provide them with up-to-date and accurate information on how best to support their students who have an interest in applying to medicine. It is also critical that teachers and careers advisers understand the different routes into medical schools, including pathways designed to widen participation. By providing this information it is hoped that more young people from diverse backgrounds will be encouraged to enter medical school.

In 2019 the Selection Alliance has supported events for teachers and careers advisers organised by Anglia Ruskin University School of Medicine (in partnership with University of Cambridge School of Clinical Medicine and Norwich Medical School, University of East Anglia) and Kent and Medway Medical School. The Selection Alliance resources for teachers are available on our website and have also been added to the Times Education Supplement bank of resources for teachers. It is hoped that an article written by the Selection Alliance will shortly appear in the Times Education Supplement to further promote our existing advice and guidance to teachers.

Plans for 2020

Health Education England has provided funding for the Selection Alliance to support five regional events for teachers and career advisers in 2020. The following medical schools will be running these events:

- Aston University Medical School in collaboration with University of Birmingham School of Medicine and Keele University School of Medicine
- Edge Hill University Medical School in collaboration with University of Liverpool School of Medicine and Lancaster University Medical School
- University of Lincoln Medical School in collaboration

with University of Nottingham School of Medicine

- Newcastle University School of Medical Education with the involvement of University of Sunderland School of Medicine
- St George's, University of London in collaboration with King's College London GKT School of Medical Education and University College London Medical School

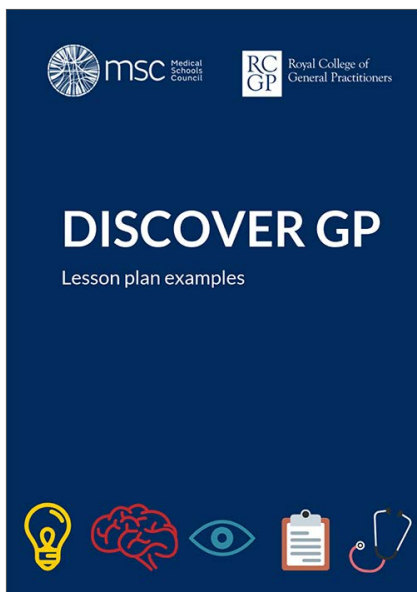
These events will aim to target over 100 schools that have never previously had contact with a medical school.

The Selection Alliance is also in discussions with medical schools in both Scotland and Wales to scope the possibility of holding events in these countries.

Collaboration with the Royal College of General Practitioners (RCGP)

The Selection Alliance has worked closely with RCGP as it has developed outreach activities aimed at young people. The Selection Alliance and RCGP ran a student competition to develop outreach activities for primary school pupils. [The winning entries are available on the Medical Schools Council website](#) and have been shared with medical schools.

The Selection Alliance also promotes RCGP-developed outreach sessions and resources for older students. All participants at the MSC Summer Schools received a hard copy of the RCGP Reflective Diary, funded out of the project budget. The diary is designed to help students reflect effectively on their experiences on the summer schools and any work experience they do which helps them prepare for medical school interviews.



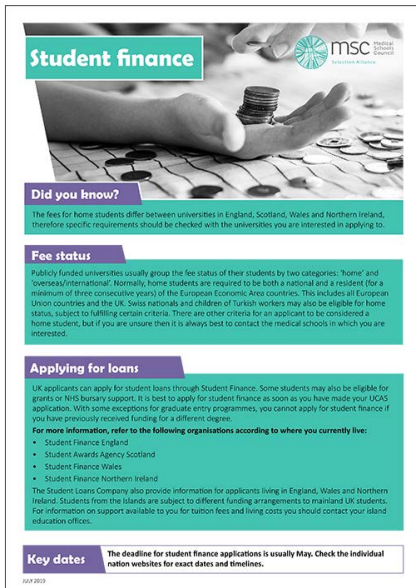
Student-led widening participation activities

The Selection Alliance continues to support an annual conference for students involved in widening participation activities. The conferences take place annually in November and are organised by students and medical educators who are members of the National Medical Schools Widening Participation Forum. It is encouraging that in 2019 representatives and students from the five new medical schools in England were present as this will be an important chance for them to learn from students already involved in running widening participation events.

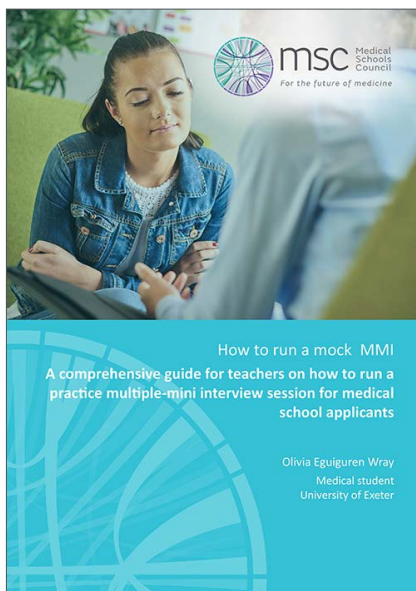
Outreach mapping

The third running of the medical schools outreach mapping exercise will open in late 2019 and medical schools will have until April 2020 to complete the survey. The data collected allows the Medical Schools Council to identify which state-funded secondary schools and sixth form colleges receive outreach from medical schools as well as the type of outreach they receive. These data are shared with medical schools so they can identify new schools and colleges to engage with. It also allows the Medical Schools Council to measure the impact of our work in seeking to engage with the widest possible number of schools.

4. Better information for all applicants



Infosheet: Student finance



How to run a mock MMI

The Selection Alliance continues to focus on producing high-quality guidance and advice for applicants to medicine. Our resources on entry requirements to medical school list every course available in the UK and remain our most popular content. The booklet and interactive webpage are intensively used by schools and individual applicants, helping to raise the profile of the Medical Schools Council and the advice we provide.

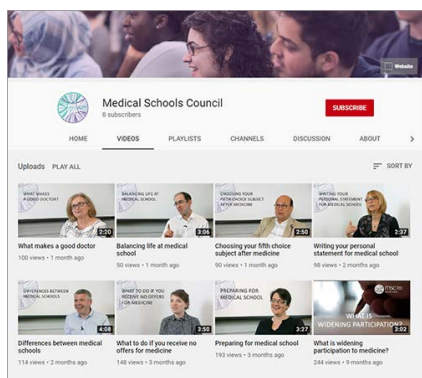
In 2019 the Selection Alliance has produced a number of new resources for applicants:

- An [Infosheet on student finance](#) to complement the 15 other short communications we produce on subjects like interviews and aptitude tests. The information in the Infosheet was created in collaboration with the Student Loans Company and was developed in response to the high numbers of queries MSC receives about student finance.
- A [multiple-mini interview \(MMI\) guide](#), created by a student from Exeter Medical School, and endorsed by the Selection Alliance. This guide allows teachers and career advisors to set up and run mock MMIs for their students who have been invited to attend MMI days.

Videos

The Selection Alliance has started producing videos for the [Medical Schools Council YouTube channel](#). They are designed to complement our established series of Infosheets and are called Infoshorts. They feature a variety of speakers including admissions leads, Deans and senior staff within medical schools. To date eight videos have been released:

- What is widening participation?
- Preparing for medical school



Medical Schools Council
YouTube channel

- What to do if you receive no offers for medicine
- What makes a good doctor?
- Balancing life at medical school
- Choosing your fifth choice after medicine
- Writing your personal statement for medicine
- Differences between medical schools

They have been launched and promoted at times when they will be most relevant to applicants. For example the 'Preparing for medical school' video was launched close to results day when successful applicants will be thinking about starting their courses after the summer. 'Balancing life at medical school' was launched as new students joined their course in late September.

Useful links



[Guidance on relevant experience for applying to medical school](#)



[Statement on the core values and attributes needed to study medicine](#)



[MSC Interview Prep website](#)

5. Selection methods

The Selection Alliance's work on selection methods in the last year has primarily looked at improving the evidence base around the use of multiple-mini interviews (MMIs). While there have been numerous studies looking at the effectiveness of this type of interview within institutions, there have not been many studies looking at performance across institutions. The Selection Alliance MMI Expert Group aims to address this gap by developing and using shared, common MMI stations across collaborating medical schools and using the performance data to research equity, reliability, and validity. The group is chaired by Angela Kubacki from St George's, University of London and Paul Garrud from Nottingham School of Medicine.

MMI writing

Three item writing events have now been held. These events have involved representatives from 20 medical schools, patients, and students, including those from widening participation backgrounds. In 2019, representatives from the Royal College of General Practitioners and the Royal College of Psychiatrists were invited to take part, as was a Foundation School Director as it was felt that postgraduate educators should be involved in the selection of students they will ultimately train once they start work in the NHS.

Attendees work in small groups to develop ideas for stations and first drafts. These drafts are then shared with a different group and changes and comments are made in an iterative quality assurance process. Following the event, the draft items are then subject to a further review by the MMI Expert Group.

The events have developed a total of 54 MMI stations. Twenty-seven of these are available for use by medical schools in the 2019–20 admissions cycle and a further 27 will go through a quality assurance and piloting process in 2020. The items are either roleplay scenarios or interview-style stations (both experiential and

situational). They are designed to test the following competencies:

- Commitment to a career in healthcare
- Perspective taking
- Resilience and adaptability
- Teamwork
- Communication skills

All items are piloted before they are added to the bank for medical schools to use in live interviews. These pilots take place across UK medical schools and use the same assessors and simulators that are used in real interviews. Current medical students, or local outreach students, are interviewed using the stations as the pilot is not designed to see if the stations differentiate between candidates; it is to test whether the item works well in a practical sense.

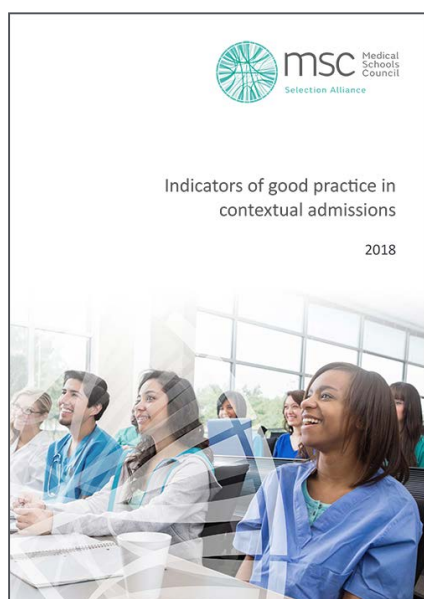
Live use of items and research

Four medical schools used the shared stations in 2018. There were no concerns from applicants who took part in interviews using the items. More medical schools are expected to use the items in the 2019–20 admissions cycle.

Data have been collected from all medical schools using the items. Analysis of these data will identify whether the stations developed by Selection Alliance differentiate between candidates: did they enable good candidates to score well and poor candidates to score badly. These data can also be used to compare performance on Medical Schools Council stations versus the stations designed by individual medical schools.

Applicants invited to interview by medical schools using the items were asked to complete a voluntary survey which contained equality and diversity questions. These data are currently being anonymously matched with MMI performance data so that the sensitivity of the performance of items to personal characteristics can be measured.

Contextual admissions



Indicators of good practice in contextual admissions

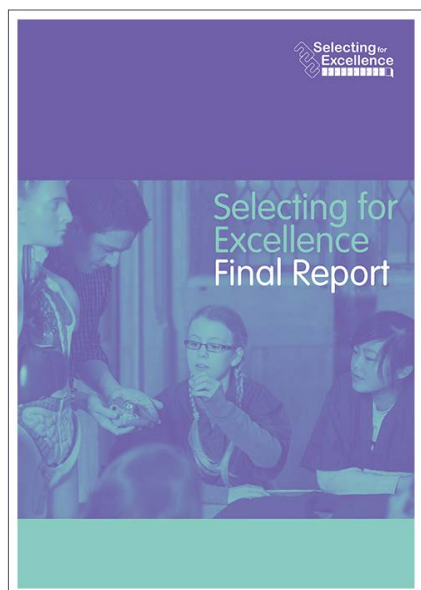
The Selection Alliance continues to promote the use of contextual admissions by UK medical schools. Our guidance on [best practice indicators in contextual admissions](#) remains our primary way of explaining and promoting contextual admissions to schools and stakeholders.

In 2020 the Selection Alliance will work with a number of medical schools who are investigating the possibility of creating a shared widening participation (WP) flag or measure for those undertaking their longitudinal outreach programmes. This would mean that students identified as being WP who have successfully completed a WP programme at one medical school could be flagged as being a WP applicant at another school and qualify for a contextual offer from that school. This could be a lower grade offer or a guaranteed interview, for example.

The Selection Alliance will also work with medical schools to identify if participation in an MSC Summer School could be used by all medical schools as an appropriate way of identifying widening participation students.

The Selection Alliance continues to support and facilitate research into selection. UKMED currently has a number of projects of this type (for example, predictive validity of aptitude tests in postgraduate attainment, disability declaration at different stages), and the National Institute for Health Research-funded [UK Medical Applicants Cohort Study](#) that will recruit and follow an entire national cohort of entrants has already provided early results about the perception and experience of widening participation applicants.

6. MSC Selection Alliance Five Year Review



Selecting for Excellence Final Report, 2014

At the end of 2019 the Selection Alliance will have been in existence for five years. Progress to implement the recommendations of the Selecting for Excellence Final Report has been good. Many of the recommendations have been met or are making good progress, as shown in the audit carried out in 2018.

Where the recommendations have not been implemented it has been because the Selection Alliance does not have the ability to implement them. For example, there was a recommendation to produce guidance on access courses and encourage more medical schools to accept graduates of these courses. This has not been possible because in the intervening years QAA has undertaken a significant project to develop a new subject specification for these courses. The Selection Alliance has engaged positively with this process, providing feedback on subject, level and assessment requirements necessary to encourage more medical schools to accept these qualifications. A UKMED project is also underway to establish how well entrants with access to higher education diplomas progress at medical school.

Progress to date

The Selection Alliance has made real progress in a number of areas:

- Data collection and reporting on medical student demographics has been put on a sustainable footing thanks to the ability to access HESA data through UKMED.
- The inclusion of UCAS data in 2019 has allowed the Selection Alliance access to data on both successful and unsuccessful applicants which can now be reported on.
- The Selection Alliance is the only organisation in the

UK that undertakes detailed national mapping of outreach activity. The mapping of outreach activity across the UK enables both the Medical Schools Council and individual medical schools to identify schools and colleges which currently do not receive outreach opportunities. These data also allow the Selection Alliance to track progress in increasing the coverage of outreach across the UK.

- Bringing together admissions and widening participation leads through the Selection Alliance has led to greater collaboration between medical schools. For example, all of our teacher events in 2020 will be run by collaborations of medical schools. Additionally, informal feedback from Selection Alliance attendees is that they welcome the chance to meet their peers and discuss common problems they all face. The information shared at events is used to influence university and medical school policy on admissions.
- The MMI sharing project is a ground-breaking opportunity to collect cross-institutional data on the performance of MMI items. There are very few other examples globally of medical schools collaborating on selection methods.
- Our programme of summer schools is allowing us to develop a bank of resources that can be used by all medical schools to help them optimise their outreach activities. These resources range from comprehensive data privacy notices to ensure data for evaluation can be captured to example learning sessions on specialties like general practice and psychiatry.
- The Selection Alliance has produced 24 high-quality pieces of written and additional video guidance for applicants, teachers and career advisers.

Entry requirements

Competition ratios	<input checked="" type="checkbox"/>	A Levels and Scottish Highers	<input checked="" type="checkbox"/>
Personal statement	<input checked="" type="checkbox"/>	International Baccalaureate	<input checked="" type="checkbox"/>
Work experience	<input checked="" type="checkbox"/>	Widening participation	<input checked="" type="checkbox"/>

MSC's entry requirements information is available as [an interactive webpage](#) so you can search by your chosen criteria and make easy comparisons.

All these innovations and interventions, as well as the hard work and buy-in from individual medical schools and their staff, has led to a steady increase of widening participation students attending medical school.

The next five years

In 2018, the Selection Alliance agreed three strategic objectives:

- To improve transparency in medical school admissions
- To increase equity in access to medicine
- To further develop the evidence base that supports outreach and selection

There are a number of projects currently in motion that will drive the Selection Alliance's work over the next few years:

- Our programme of summer schools will allow the Selection Alliance to take a robust, data driven, approach to the evaluation of this type of outreach activity.
- Access to UCAS data will allow the Selection Alliance to work on a national level to identify which groups are under-represented in terms of making applications to medicine. These data will be used by the Selection Alliance to focus outreach interventions more precisely.
- UCAS data will also allow the Selection Alliance to look at which elements of the selection process may act as barriers to entry of different groups, including widening participation students, into medicine.

"the Selection Alliance will promote a narrative that celebrates the diversity of lived experience that these students bring to both their own education, that of their peers, and their future medical practice"

Beyond these project-based activities, the Selection Alliance would also like to focus on some wider issues. Foremost of these issues is ensuring that widening participation is not seen as being about 'letting people in'. Instead the Selection Alliance will promote a narrative that celebrates the diversity of lived experience that these students bring to both their own education, that of their peers, and their future medical practice.

the Selection Alliance would also like to build on the work currently in motion to implement the mutual recognition of contextual flags developed by individual

"Building an evidence base on both the impact of secondary educational subject choice and attainment would be a worthwhile project for the Selection Alliance"

medical schools. Currently the model is that outreach focuses on the area local to a medical school and those students that complete the programme are made a contextual offer to that medical school such as reduced grades or guaranteed interview. The consequence of this is that these students do not have the same choices as their peers: to get a reduced offer they have to go to their local medical school. If they could instead access a variety of different medical schools by being eligible for their contextual offer this would give them a chance to move away from their local area should they wish to.

The current regulatory system only gives institutions the credit for the number of students entering their courses from widening participation backgrounds. There is no mechanism for an institution to have the time and resource that they put into individuals to support them in accessing medicine recognised if those individuals do not choose to go to their medical school. The Selection Alliance would like to work with regulators across the UK to look at this issue as this would benefit both medical schools and students from a widening participation background.

The Selection Alliance would also like to focus on the entry requirements needed to study medicine. These have broadened over the last five years to be less prescriptive on science subjects (while all Standard Entry courses still require at least one science, typically chemistry). It would be interesting to look at the outcomes for students entering medical schools with varying combinations of science A levels and also at the impact that chemistry has on performance. Building an evidence base on both the impact of secondary educational subject choice and attainment would be a worthwhile project for the Selection Alliance.