Indicators of good practice in contextual admissions

2018

Introduction

The aim of this document is to provide indicators of what might work best when a medical school considers its approach to contextual admissions. This is not definitive guidance and the Selection Alliance acknowledges there is more research needed in this area. However, this document sets out an approach based on our understanding of what works well at this time.

Contextual admissions can be an important part of a medical school's approach to widening participation. The Selection Alliance accepts there are financial and organisational constraints that might result in individual medical schools opting for a particular approach to contextual admissions.

Universities in England are required by the Office for Fair Access (and in future by the Office for Students) to set out plans for how they will widen participation and improve social mobility but there are additional challenges and pressures for medical schools. Medicine is a high tariff subject and therefore inequalities in public education impact on it to a greater degree. There also tends to be more government and media scrutiny of medicine in comparison to other subjects.

Context

The 2012 report, _Fair Access to Professional Careers: A progress report by the Independent Reviewer on Social Mobility and Child Poverty_, said:

> **Medicine has a long way to go when it comes to making access fairer, diversifying its workforce and raising social mobility. It lags behind some other professions both in the focus and the priority it accords to these issues.**

Following publication of this report, the Medical Schools Council has led a programme of work on widening participation, including the Selecting for Excellence project. This project concluded in December 2014

Fair Access to
Professional Careers

A progress report by the
Independent Reviewer on
Social Mobility and Child Poverty

May 2012

with a series of recommendations, for which the MSC Selection Alliance was established to take forward.

Contextual admissions have been a focus of the Selection Alliance's work and these indicators are the result of this work.

What are 'widening access' and 'widening participation'?

The Selection Alliance has produced the following definition of widening access:

The purpose of widening access initiatives is to raise aspirations and inspire students from backgrounds under-represented in medicine to make an informed choice to study at medical school. The aim is to recruit these students so that future generations of medical students, and therefore doctors, more closely mirror the population that they serve.

As well as this definition of widening participation:

Widening participation aims to ensure there is equality of opportunity to access the medical profession. This means that medical schools must have processes in place to support the recruitment, progression and retention of medical students from under represented backgrounds. This includes students with protected characteristics as defined by the Equality Act (and equivalent legislation across the UK) as well as those from a lower socio-economic background.

From data analysis carried out by the Selection Alliance it has been determined that the key group under-represented for medicine in the UK are students from a lower socio-economic background. There is no single measure that identifies someone as being from this background, but a variety of measures, suggesting

The protected characteristics

As set out in the Equality Act, they are:

- Age
- Disability
- Gender reassignment
- Race
- Religion or belief
- Sex
- Sexual orientation
- Marriage and civil partnership
- Pregnancy and maternity

disadvantage, can be used to build a picture that more accurately determines socio-economic background.

Individual medical schools can look at details of the demographics of their own student cohort and may be able to identify other groups of students that are under-represented on their own course using national statistics. Different nations in the UK may also have different drivers, for example in Wales, Welsh speakers might be a key target group.

Principles of inclusion

As well as the desire to widen participation, medical schools also need to create an inclusive environment.

> **...to support inclusiveness, the process of applying to medical school is examined for its ability to welcome persons from diverse backgrounds... (Razack et al, 2015)**

"...promotional materials including prospectuses and websites should include representations of people from a diverse range of backgrounds."

This means that promotional materials including prospectuses and websites should include representations of people from a diverse range of backgrounds. It also means that they should include clear statements that the medical school is actively looking for students from every background and include clear information on widening participation schemes including contextual admissions.

The medical school should present the message, both internally to staff and students and externally to applicants, that widening participation is about inclusion. It is about diversifying and enriching the medical profession and not about 'letting people in'.

Contextual measures

There is a range of contextual measures that medical schools can use in an overall approach to contextual admissions. Current thinking suggests that triangulation of different measures is best practice. the Selection Alliance concurs with Supporting Professionalism in Admissions which states:

Triangulation…will not provide a perfect indication of 'true' disadvantage for each applicant and does not provide the 'gold standard' of directly describing the applicant themselves. However, it does to a certain degree mitigate the risks associated with using neighbourhood and school measures to predict an applicants' likely level of disadvantage and allows for a more nuanced consideration of contextual data and information

It is also worth noting the findings of the research by Cleland et al, 2016, which found that:

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

This means that medical schools need to focus on the strengths of the measures they use. The research also questioned the use of triangulation, but the Selection Alliance's work has found that a combination of externally validated measures do have a positive impact on identifying widening participation candidates. The Sutton Trust report *Admissions in Context* strongly recommends a greater use of measures relating to the individual or their household to better capture the personal circumstances of the applicants. Therefore, triangulation of measures that include individual level data are preferable.
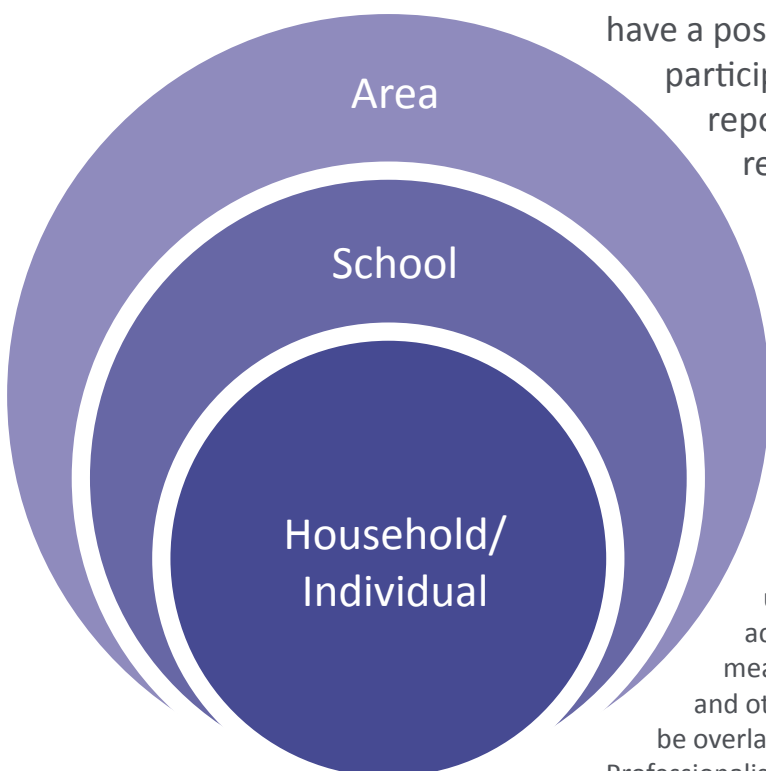
Figure 1 – Triangulation of contextual measures using different levels of data are more likely to accurately reflect applicants' backgrounds. Some measures clearly reflect individual circumstances and others relate to the household but there can be overlap between them. (Adapted from a Supporting Professionalism in Admissions graphic – see references.)

Area

School

Household/ Individual

Examples of contextual indicators that may be used include:

- **Individual and household level measures**: Care leaver (identified from UCAS application); free school meals (evidenced from the applicant); first generation in higher education (identified from UCAS application); means-tested benefit (evidenced from the applicant/ applicant's family); UKCAT Bursary (evidenced from UKCAT data).

- **School level measures**: State or selective (identified from external website using school's postcode); school average performance (obtained from external website using school's postcode).

- **Area level measures**: POLAR (identified from UCAS application); IMD (obtained from external website using household postcode).

Curtis et al (2014) demonstrated the effectiveness of using a minimum of two contextual factors in recruiting students from low socioeconomic backgrounds. Data from an established gateway programme with a bespoke admissions process showed the large majority of widening participation students recruited using contextual admissions were in the lowest household income category. Over 99% of these applicants had fulfilled at least one externally referenced means-tested criteria.

What measures are available and when?

This section sets out what measures are available for medical schools to use and when and how they can access them.

Measures provided by external organisations

There are a number of measures that are available to schools during the selection process. Most of these

measures come to schools through UCAS and include:

- **First generation of family to attend higher education**: This measure looks at whether the applicant's parents went to university. It is self-reported data, which are not as robust as independently verified data, but applicants do tend to understand the question ('Are you in the first generation of your family to attend higher education?') and therefore it can be a useful measure.

- **POLAR**: This is a geographical measure which ascertains how many individuals participate in higher education within a given postcode area. Its strength is that applicants have to put an address in their UCAS form and therefore there is very little missing data. The disadvantage of POLAR is that it is not necessarily a measure of social disadvantage. Postcodes vary in size across the UK and they also have varying levels of affluence within them. Therefore using this measure on its own can lead to false positive identifications of disadvantage.

- **Care leaver**: Care leavers are underrepresented in the university population as a whole so this is an important measure. However, many care leavers do not identify themselves as such. Medical schools need to encourage them to declare this through promotional materials and open days.

- **Regional and/or rural factors**: Medical schools can target specific areas of deprivation they are aware of in their region through the applicant's postcode.

"Postcodes vary in size across the UK and they also have varying levels of affluence within them."

Measures available at the point of selection which do not come from UCAS

- **Longitudinal outreach participation at your institution** – Taking part in a longitudinal outreach scheme run by the medical school or university then this can be a very powerful measure. To get on to these schemes the applicant will have been pre-assessed as being from a widening participation background and the measures used are likely to have been externally validated.

- **UKCAT bursary** – Medical schools receive information in early November on UKCAT bursary awards along with the UKCAT scores. This measure represents applicants who have independently verified financial disadvantage, either as an individual or at a household level. In the absence of other individual or household financial measures it is strongly recommended that medical schools consider using this measure.

Additional measures that can medical schools obtain using their own resources

Information provided on UCAS applications such as the applicant's postcode, school or college can be used by medical schools to access a number of additional contextual measures. Such measures can provide information regarding the area the applicant resides in and school performance compared to the national average. Using postcode measures for graduate applicants may be misleading as this may refer to their current address and not the address that relates to their earlier educational and social background. These additional measures include:

- **English Index of Multiple Deprivation** (IMD); **Scottish Index of Multiple Deprivation** (SIMD); **Welsh Index of Multiple deprivation** (WIMD);

"Using postcode measures for graduate applicants may be misleading as this may refer to their current address and not the address that relates to their earlier educational and social background."

Northern Ireland Multiple Deprivation Measure (NIMDM): These measures use multiple factors such as housing, employment and social class to create a single measure of how deprived a given area is. A postcode, available from UCAS, is required to obtain this measure.

- **ACORN**: This is a consumer classification service that analyses social factors and population behaviours to provide information regarding the attributes of households in specific areas. There is a fee for this service and it requires postcodes available from UCAS.

- **School type**: Most applicants will come with information on the type of school they attended on their record. However, it only identifies whether the student has been to a state or an independent school and does not include whether the school was selective or not. It should also be noted that it only reflects the school they applied from, not necessarily one they attended for the greatest period of time.

- **Individual school performance relative to national average**: This requires the school or college name. www.compare-school-performance.service.gov.uk

- **Individual academic attainment relative to average school performance**: This requires the school/college name. www.compare-school-performance.service.gov.uk

Individual measures that medical schools can request from applicants

Obtaining evidence of individual or household financial status directly from applicants requires an additional stage in the admissions process from medical schools. However, such individual and household evidence is externally validated. Such data increases the reliability of the contextual measures used, thereby reducing the risk of false positives from other less detailed data, such as small-area measures of deprivation.

Individual or Household measures could include:

- Free school meals

- Means-tested benefits (for individual applicants or the parents/guardians of applicants)

- 16–19 bursary (England) or Education Maintenance Allowance (Northern Ireland, Scotland or Wales)

Methods of use

There is a variety of ways to use contextual data during selection processes for medical school.

These include:

- Initial consideration or an invitation to interview that can be offered to applicants with contextual measures, who would not normally be considered in the application process.

- A designated number of interview places for applicants with contextual measures.

- Additional consideration can be given at interviews, for example where scores are adjusted to reflect the applicants' background and previous experience

- A designated number of places on standard entry programmes for applicants with contextual measures. Eligible applicants can be identified using existing admissions processes or through a separate process for those with contextual measures.

- Entry to gateway programmes, which use contextual measures to determine applicants' eligibility.

- Entry to programmes with a preliminary year, some of which use contextual measures to determine applicants' eligibility.

- Grade reductions that can be accepted for applicants with contextual measures.
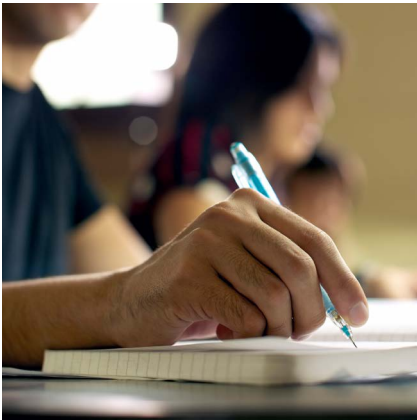
Final thoughts

The language used to describe your course and admissions requirements should be inclusive and welcoming to a diverse audience.

The best practice use of contextual admissions is a bespoke approach involving the collection of data appropriate for your programme's aims, as outlined above. This may have resource implications as it is likely to add to existing admissions processes.

Transparency for applicants is key. Clear information and guidance regarding contextual admission processes should be readily available on medical school websites and prospectuses.

Contextual measures should be used with caution for graduate entry programmes. Measures that may apply to graduates at the time of their application to medicine may not be the same measures that applied to their earlier educational and social background. Therefore, current measures may not accurately reflect educational and social disadvantage.

Consideration to future support provision is required to optimise progression and retention of students from all backgrounds and to ensure a high-quality student experience.

> "The best practice use of contextual admissions is a bespoke approach involving the collection of data appropriate for your programme's aims."

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