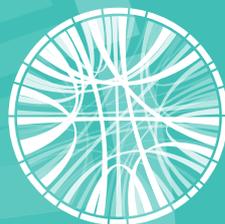




MSC Selection Alliance Annual Report 2023

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



msc Medical
Schools
Council
Selection Alliance

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"the considerable investment by UK medical schools to widen access and participation in medicine has continued to facilitate more applications and entrants by young people from disadvantaged and under-represented backgrounds"

Foreword

Outreach and admission to medical schools has been very challenging over the last three years of the Covid-19 pandemic. However, this report shows that the considerable investment by UK medical schools to widen access and participation in medicine has continued to facilitate more applications and entrants by young people from disadvantaged and under-represented backgrounds.

In particular, we have seen that the pandemic has not adversely affected our progress in widening access to medicine, while it has stimulated a number of helpful innovations in the form of virtual outreach, summer schools, and interviews.

I should like to state my admiration and thanks to all our colleagues in the UK medical schools for their continuing commitment during this extremely demanding period.

Paul Garrud

Chair, Medical Schools Council Selection Alliance

1. Introduction

This report provides an overview of the work of the Medical Schools Council Selection Alliance (MSCSA) from 2020-2023.

The COVID-19 pandemic caused upheaval and unrest in many areas across education, from disruption of teaching, assessment and grade awards to selection and interview methods. However, against this backdrop, MSC has continued to support medical schools and applicants to medicine.

"The COVID-19 pandemic caused upheaval and unrest in many areas across education, from disruption of teaching, assessment and grade awards to selection and interview methods"

This first chapter outlines the context in which the Selection Alliance is working and identifies key factors influencing its current work. The second chapter presents the available information on current demographics of medical students, such as ethnicity and measures relating to social and educational background and explores the impact the pandemic has had on the demographic profile of entrants to medical school.

The following chapters focus on outreach, information for applicants, selection methods, and an update on the Selecting for Excellence project.

Current medical schools and new courses

There are currently 44 medical schools in the UK, and as well as five new medical schools in England, one in Wales and one in Northern Ireland, there are new courses being developed across the UK. The number of six-year Gateway courses for students from widening participation backgrounds has risen to 18 and a number of other medical schools are considering running this type of course in the future.

The Selection Alliance has supported the setting up a Gateway and Foundation Course Leaders Group. This group meets regularly online to share best practice, identify areas where collaboration may be helpful and identify research opportunities on the impact of these

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.

courses. In addition, the Selection Alliance has formed a New Medical Schools Forum to provide opportunities for their staff to engage with experienced admissions leads in order to facilitate the sharing of best practice. New schools also attend Selection Alliance events including multiple-mini-interview writing workshops and have been given the chance to run Selection Alliance-funded events such as teacher engagement conferences.

Challenges to selection during the pandemic

The COVID-19 Pandemic was a challenging time for applicants and their parents, secondary schools and colleges, and medical schools. In 2020, secondary schools and colleges were advised by Government to commence online teaching. GCSE, A level, Scottish Highers, and Scottish Nationals candidates did not sit examinations but were awarded grades based largely on their previous work and teacher estimated grades.

The late change to grades awarded in 2020 led to an unplanned expansion of medical school places in both 2020 and 2021, as more candidates than anticipated met the conditions of their offers. A substantial number of medical schools went over their allocated number of students. MSC, along with The Department for Education (DfE) in England, put in place an Incentivised Transfer Scheme (ITS) whereby students with an offer at an over recruited school could transfer to a school with places and receive a financial incentive; the devolved governments in Scotland, Wales and Northern Ireland also made funding available for additional places.

During the pandemic there was lack of parity of access to resources and teaching for many applicants, particularly those from deprived socio-economic backgrounds. The consequences of this educational disruption will be felt for many years to come as even children, who were in primary school during the pandemic, progress through their educational years. We are now seeing GCSE and Scottish National students

from 2020 applying to medical school for 2023/24 admission, and we must not forget that most students' experience and access to education has been severely disrupted, with many students who entered university during the pandemic years requiring more support, both academically and pastorally.

Changes to selection as a result of the pandemic

The pandemic had a significant effect on how medical schools selected applicants to medicine. It was recognised that applicants did not have the same opportunities for work experience, with many acknowledging that online work experiences, such as that offered by the Royal College of General Practitioners and Brighton and Sussex Medical School, are a valuable alternative. Online work experience increased access of opportunity for some widening participation applicants.

"It was recognised that applicants did not have the same opportunities for work experience"

Medical schools were required to switch to online interviews as face-to-face selection methods were no longer viable. Many schools have continued to hold their interviews or MMIs online, as there are many benefits both to candidates and medical schools, such as zero transport cost, availability of interviewers, and lack of space on campus. However, there are disadvantages too, as candidates lose the opportunity for an immersive experience, visiting the medical school and meeting staff and students in person. In-person selection events also ensure candidates are not relying on any additional resources at the time of the interview.

Equity, diversity, and inclusion

The COVID-19 pandemic highlighted many disparities between applicants and students from ethnic minority, and deprived backgrounds compared to their more advantaged counterparts. The intersectionality of background characteristics such as socioeconomic disadvantage and ethnicity can compound disadvantage

"The COVID-19 pandemic highlighted many disparities between applicants and students from ethnic minority, and deprived backgrounds compared to their more advantaged counterparts"



UKMED
UK Medical Education Database

and is seen in many students, especially those on Gateway courses. This has prompted the MSC Selection Alliance to work with the MSC Equality Diversity and Inclusivity Alliance to tackle these issues, as it is recognised that the disadvantage that applicants face does not disappear once they enter medical school. In fact, they can be exacerbated due to financial stresses, and academic pressures alongside a lack of social support, social capital, and institutional adaptation to the changing demographic of medical students.

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. Some examples are:

- 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 GPs¹.
- The likely impact of teacher-estimated grades during the pandemic was investigated².

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 McManus IC, Woolf K, Harrison D, et al, Predictive validity of A-level grades and teacher-predicted grades in UK medical school applicants: a retrospective analysis of administrative data in a time of COVID-19, *BMJ Open* 2021;11:e047354. doi: 10.1136/bmjopen-2020-047354

- The successful outcomes for students from Gateway courses have been examined at undergraduate and postgraduate levels^{3,4}.
- The predictive value of admissions tests used by medical schools (e.g. UCAT) have been shown to include postgraduate outcomes as well as success in medical school⁵.
- The impact of declared disability amongst those starting medical school has also been studied: disabled students complete medical school successfully in the same, very high proportions as other, non-disabled ones⁶.

3 Curtis S, Smith D. A comparison of undergraduate outcomes for students from gateway courses and standard entry medicine courses. *BMC Med Educ* 20, 4 (2020). <https://doi.org/10.1186/s12909-019-1918-y>

4 Elmansouri A, Curtis S, Nursaw C, Smith D. How do the post-graduation outcomes of students from gateway courses compare to those from standard entry medicine courses at the same medical schools?. *BMC Med Educ* 23, 298 (2023). <https://doi.org/10.1186/s12909-023-04179-3>

5 Paton LW, McManus IC, Cheung KYF, et al, Can achievement at medical admission tests predict future performance in postgraduate clinical assessments? A UK-based national cohort study, *BMJ Open* 2022;12:e056129. doi: 10.1136/bmjopen-2021-056129

6 Murphy MJ, Dowell JS, Smith DT, Factors associated with declaration of disability in medical students and junior doctors, and the association of declared disability with academic performance: observational study using data from the UK Medical Education Database, 2002–2018 (UKMED54), *BMJ Open* 2022;12:e059179. doi: 10.1136/bmjopen-2021-059179

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 2021/2022. 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 2022. 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.

2. Data monitoring

Since 2019 the Medical Schools Council has had access to UCAS applicant data, which is now stored in UKMED alongside the entrant data provided by HESA, UCAT, UKFPO, and Royal College data.

The applicant data reported in this section are based solely on data from UCAS and there are likely to be small differences between the numbers accepted (reported here) and the numbers that finally registered and started each course. To comply with statistical disclosure requirements, all numbers are rounded, and some percentages based on small numbers are suppressed.

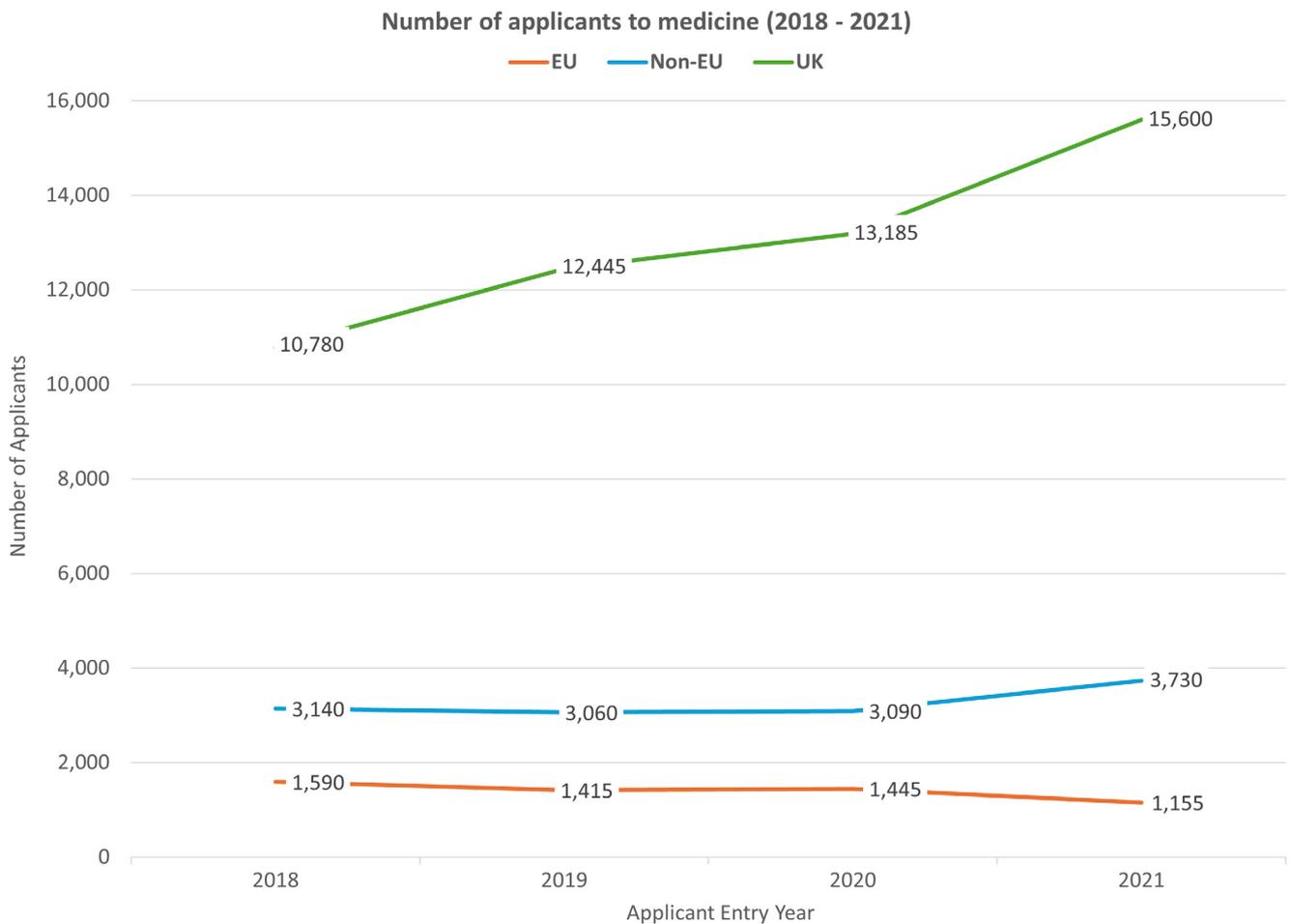
Applications to medicine

Note

Applicants in this section are split into EU, Non-EU, and UK applicants.

There has been a steady increase in the number of UK applicants to medical schools over the period of this report 2019-23. A small decrease in the number of EU applicants to medical schools was seen in 2021, accompanied by an increase in other overseas applicants. The former may be due to EU applicants now being required to pay international fees as the UK is no longer part of the EU.

Graph 1: Number of applicants to medicine each year since 2018



Standard Entry Medicine

The data in this section is restricted to UK residents, aged under 21 years of age. The data are presented for a range of demographics, including ethnicity, socioeconomic background, and school type. The adapted Multiple Equality Measure (MEM)⁷ is also included.

7 www.ucas.com/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports/equality-and-entry-rates-data-explorers#:~:text=What%20is%20the%20multiple%20equality,progression%20into%20higher%20education%20exist.

Ethnicity

The data points for each year from 2018 to 2021 are joined for each ethnic group in chronological order, with 2021 being on the right-hand end.

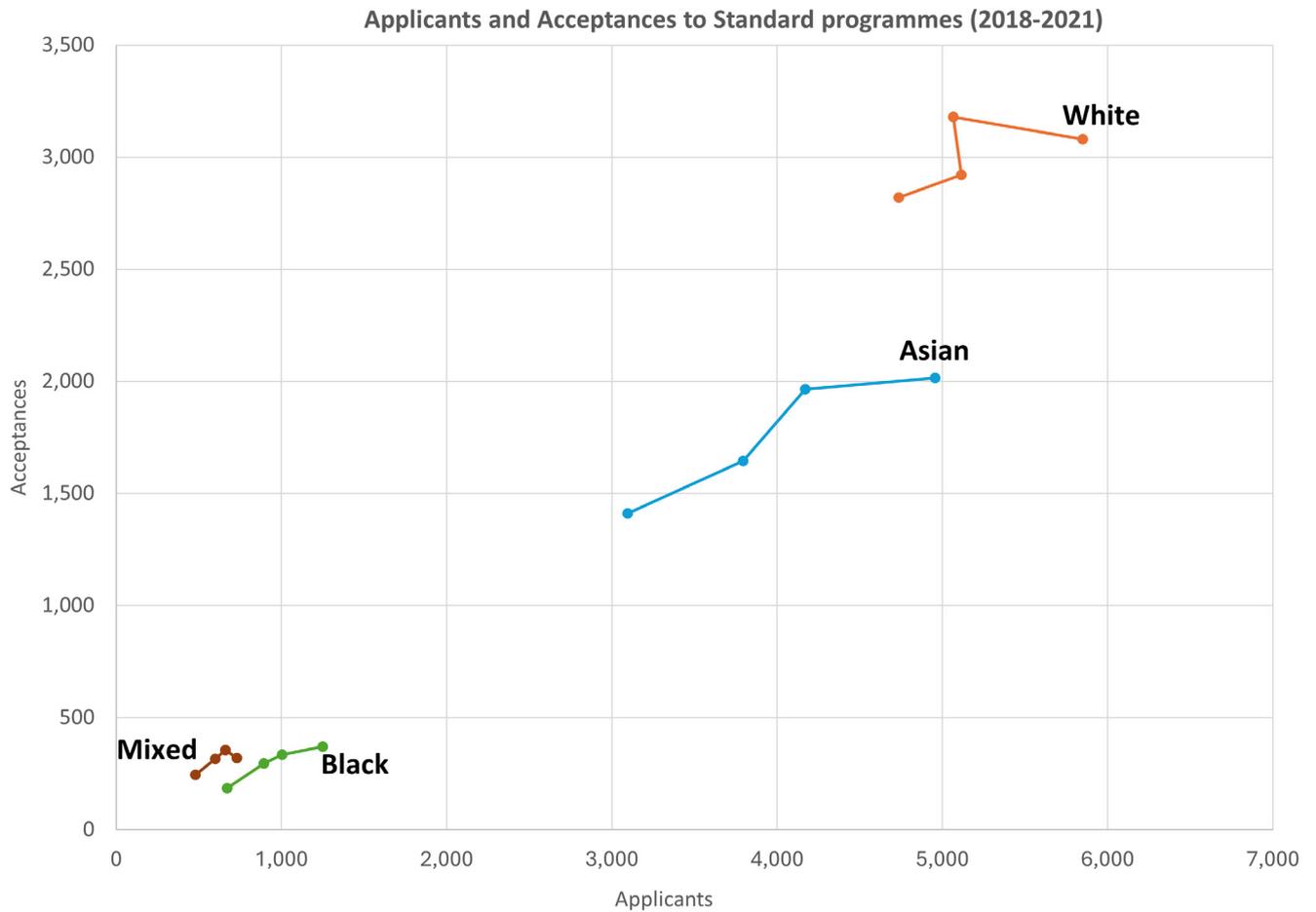
The applicant numbers continued previous trends for an increased proportion of those from an Asian and Mixed ethnicity backgrounds, with a drop in the proportion of applicants from a White background.

The acceptance figures show increased numbers from Asian, Black, and mixed or multiple ethnic backgrounds accepting places at medical school, with a small reduction in those with a white ethnicity accepting places in 2021; however, overall, the acceptance rate for applicants from white backgrounds remains high.

↳ [See chart on following page.](#)

"The acceptance figures show increased numbers from Asian, Black, and mixed or multiple ethnic backgrounds accepting places at medical school"

Graph 2: The number of applicants and acceptances to the Standard A100 Medicine Course by mixed or multiple ethnic groups.



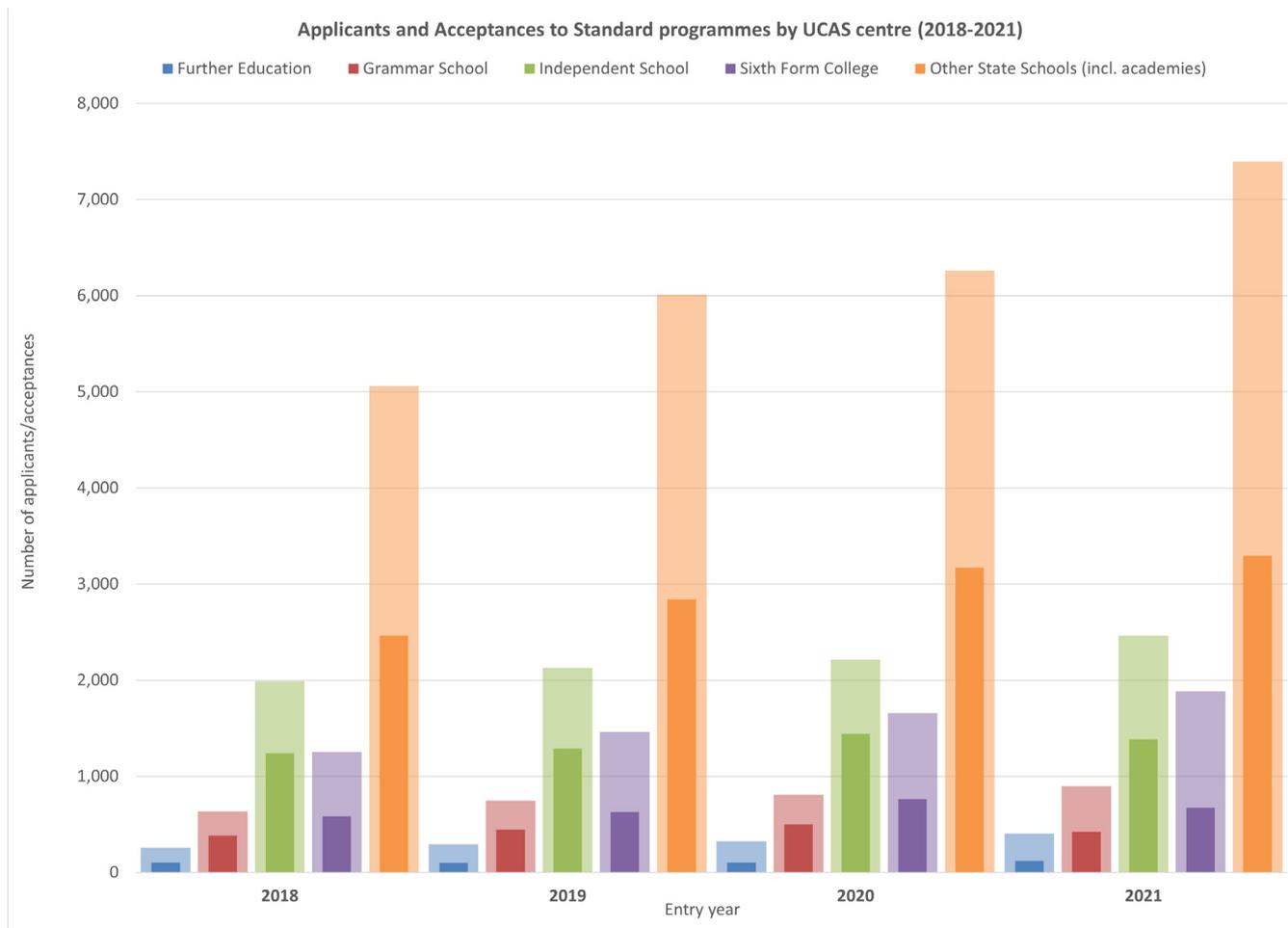
School Type

Note

School type classed as 'Other' were omitted to simplify graph.

Examining the data in relation to school type shows a substantial increase in the number (and proportion) of applicants from state schools (including academies in England) and sixth-form colleges, with a smaller increase from independent schools.

Graph 3: The applicant numbers (light colour) and acceptance numbers (darker colour) to the Standard Entry medicine courses by secondary school type from 2018-2021.



The proportion of applicants accepted at medical school from each type of secondary school has remained relatively stable. However, there has been an overall increase in the number of acceptances amongst applicants from state schools (i.e. a school receiving funding through their local authority or directly from the government).

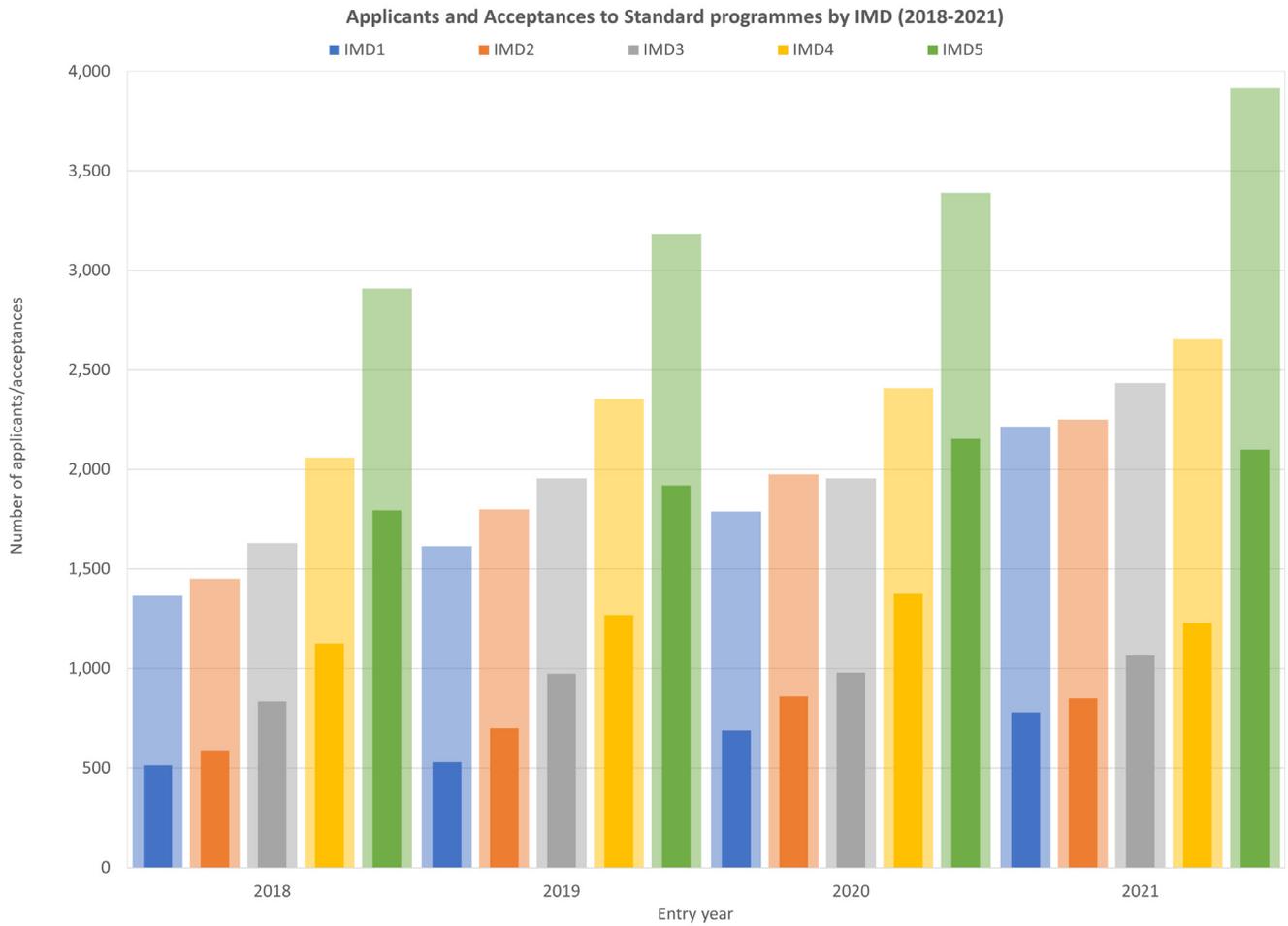
Socioeconomic background

Index of multiple deprivation (IMD) is a measure of relative deprivation for small, fixed geographic areas of the UK. IMD classifies these areas into five quintiles based on relative disadvantage, with quintile 1 being the most deprived and quintile 5 the least deprived.

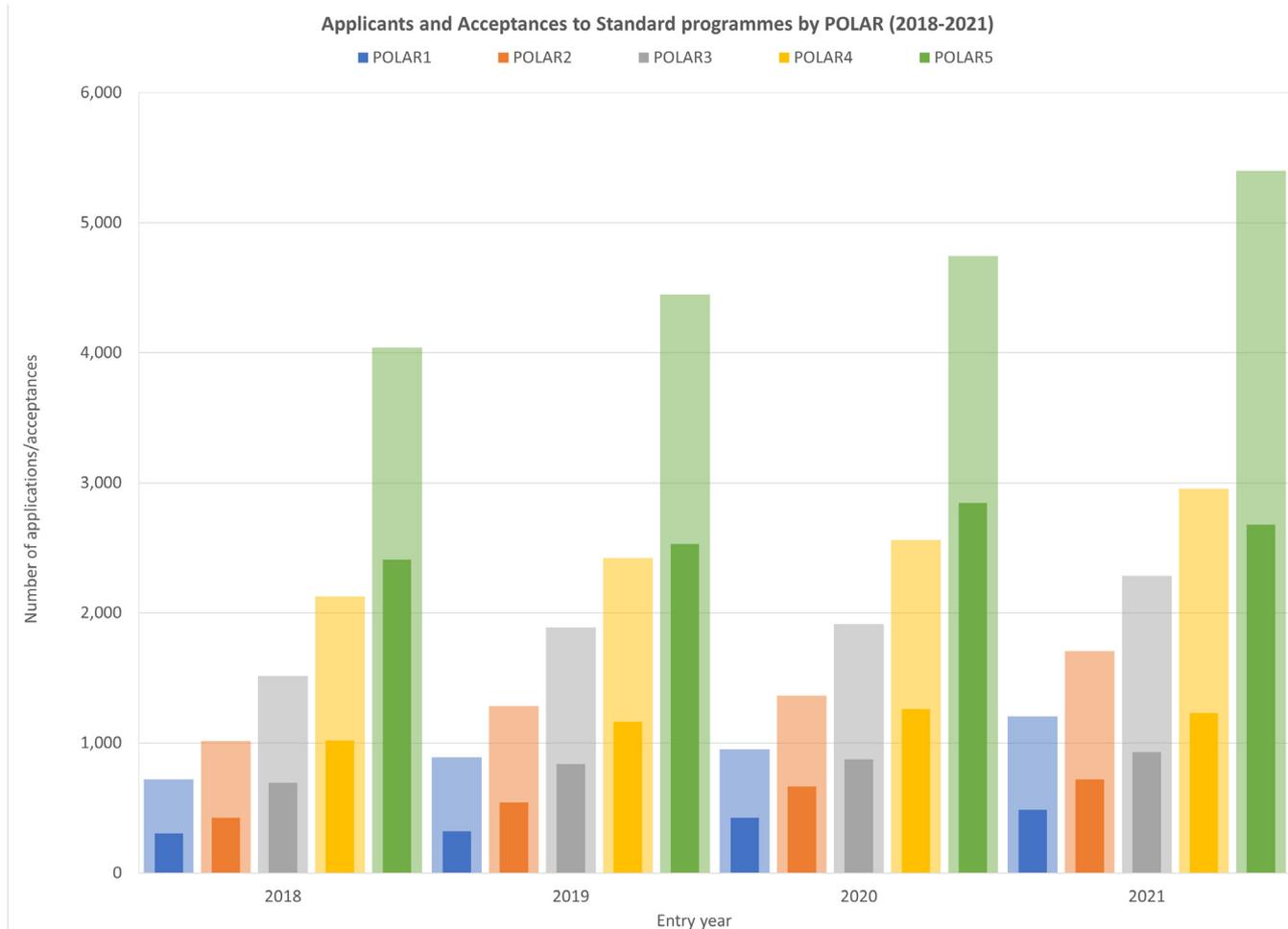
The number of applicants and acceptances increase with the quintiles indicating increasing socioeconomic advantage.

↳ [See chart on following page.](#)

Graph 4: The number of applicants and acceptances to Standard Medicine course in relation to the Indices of Multiple Deprivation.



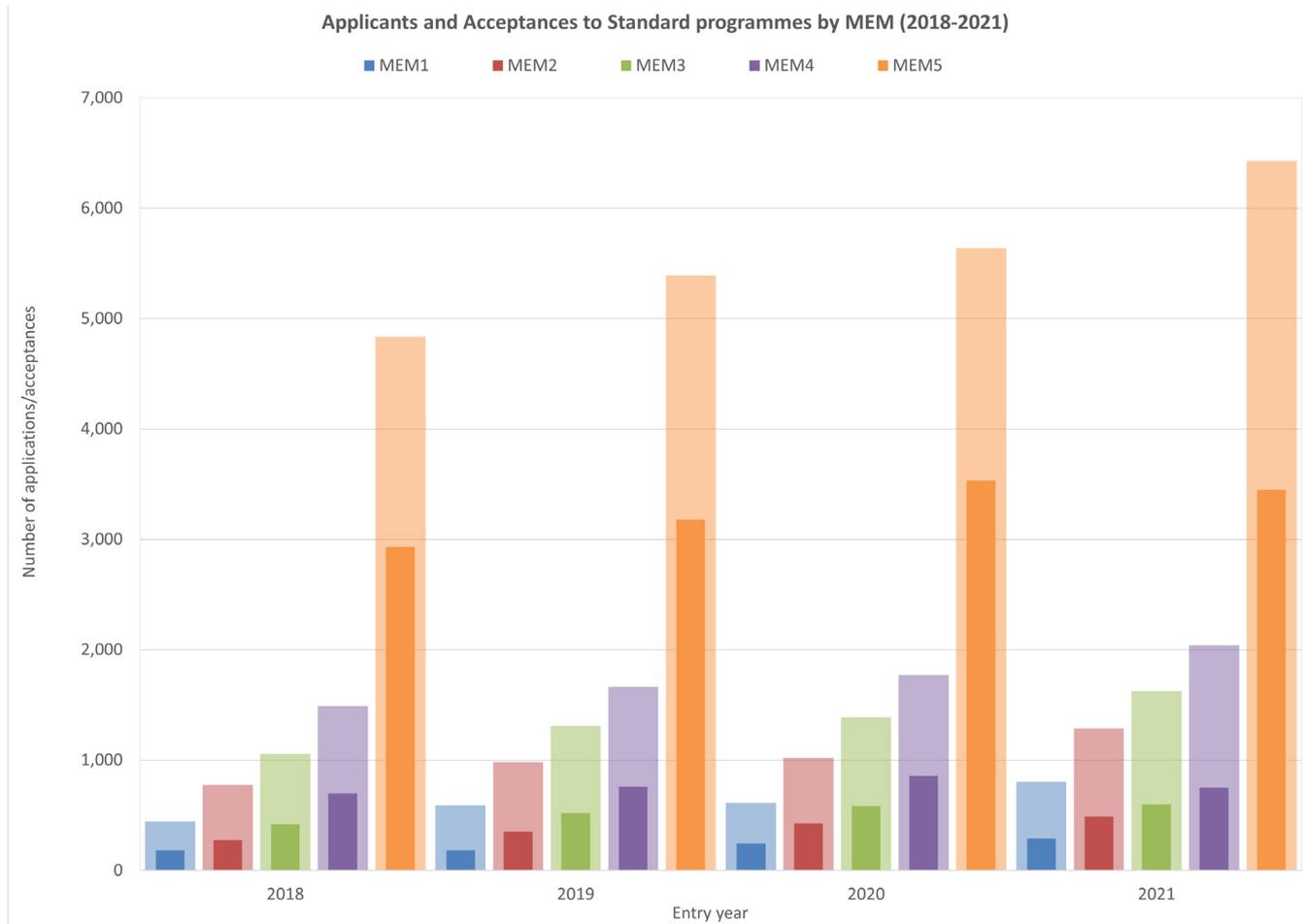
Graph 5: The number of applicants and acceptance to Standard Entry medicine courses in relation to POLAR (participation of local areas in higher education).



POLAR classifies local areas into five groups - or quintiles - based on the proportion of young people who enter higher education aged 18 or 19 years old. Quintile one shows the lowest rate of participation. Quintile five shows the highest rate of participation.

The number of applicants and acceptances increases with the quintiles indicating increasing participation in higher education, an indicator of socioeconomic advantage.

Graph 6: The number of applicants and acceptance to Standard Medicine course in relation to the Multiple Equality Measure (MEM).



MEM is UCAS' principal measure of equality⁸. The MEM used in this report is a more restricted version, that combines school type, Index of multiple deprivation, and the POLAR measure of participation in higher education. The full UCAS MEM brings together information on several equality dimensions for which large differences in the probability of progression into higher education exist. These equality dimensions include sex, ethnic group, where people live (using the POLAR3 and IMD classifications), secondary education school type, and income background (as measured by

8 www.ucas.com/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports/equality-and-entry-rates-data-explorers#:~:text=What%20is%20the%20multiple%20equality,progression%20into%20higher%20education%20exist.

"the proportion of applicants from the most disadvantaged backgrounds increased in both 2020 and 2021"

whether a person was in receipt of free school meals (FSM), a means-tested benefit while at school). It is not available to organisations external to UCAS.

Again, the number of applicants and acceptances increases with the quintiles indicating increasing socioeconomic advantage. Graphs 4-6 show that the proportion of applicants from the most disadvantaged backgrounds increased in both 2020 and 2021 and there was also an increased proportion of acceptances from applicants from more disadvantaged backgrounds.

Gateway programmes

There are currently 18 medical schools across the UK who offer a Gateway Programme to medicine. These medical degrees are designed to support access and transition into university for students who are of high ability but may not have had the opportunity to reach their academic potential for a variety of social, economic or educational reasons. The courses use contextual admissions processes which require fulfilment of eligibility criteria and offer lower entry criteria than standard entry medicine.

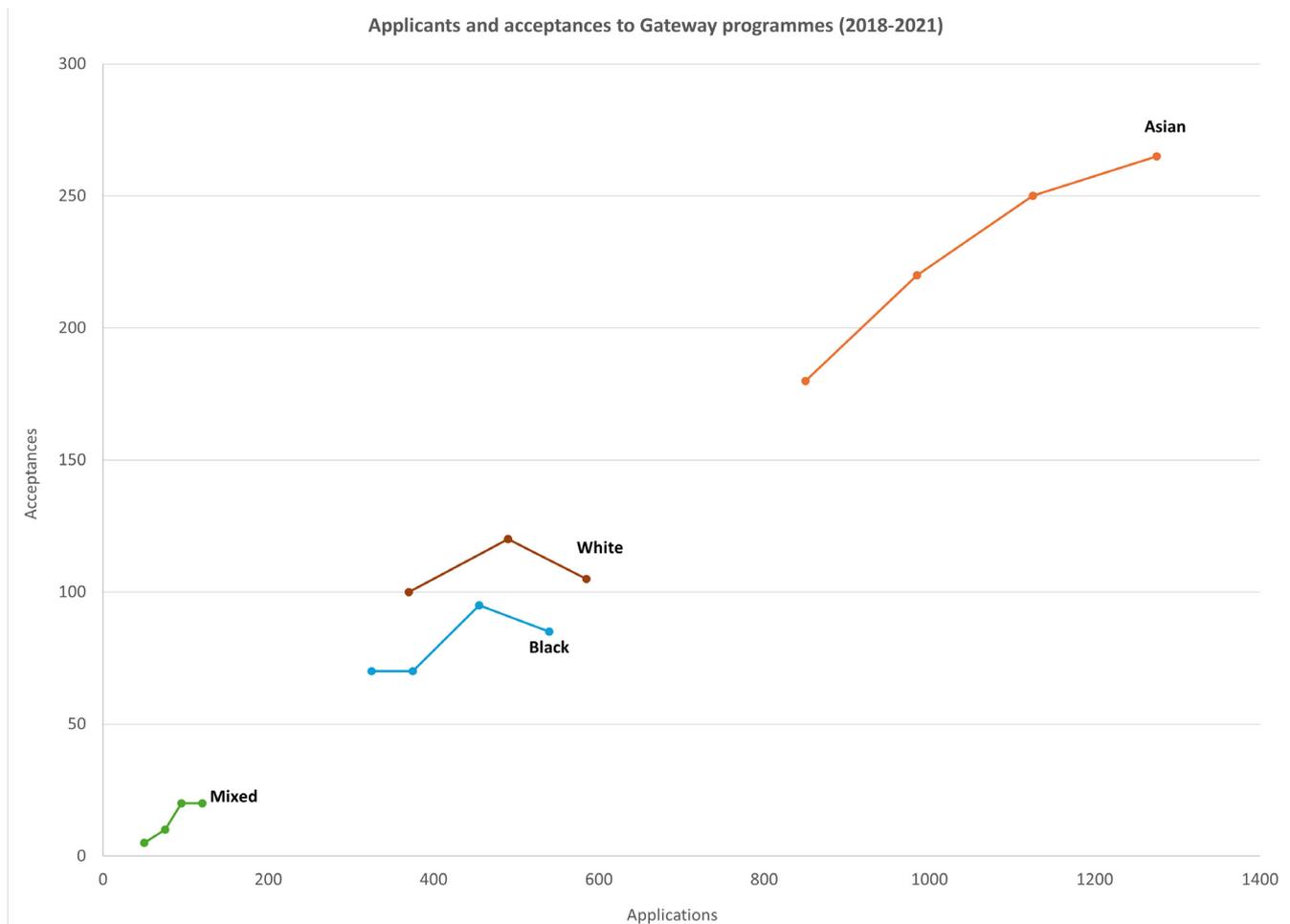
Ethnicity

Overall applicant numbers have increased notably. The proportions of applicants show continued, small increases in Asian, Black, and Mixed ethnicity applicants, and a decrease in those from White backgrounds.

Acceptance profile was very similar in changes to the applicant profile, with the small exception of no noticeable increase in acceptances of applicants from a Black background for 2021.

↳ [See chart on following page.](#)

Graph 7: The number of applicants and acceptances to Gateway programmes from 2018-2021.



Note

The data points for each year from 2018 to 2021 are joined for each ethnicity group in chronological order, with 2021 being on the right-hand end.

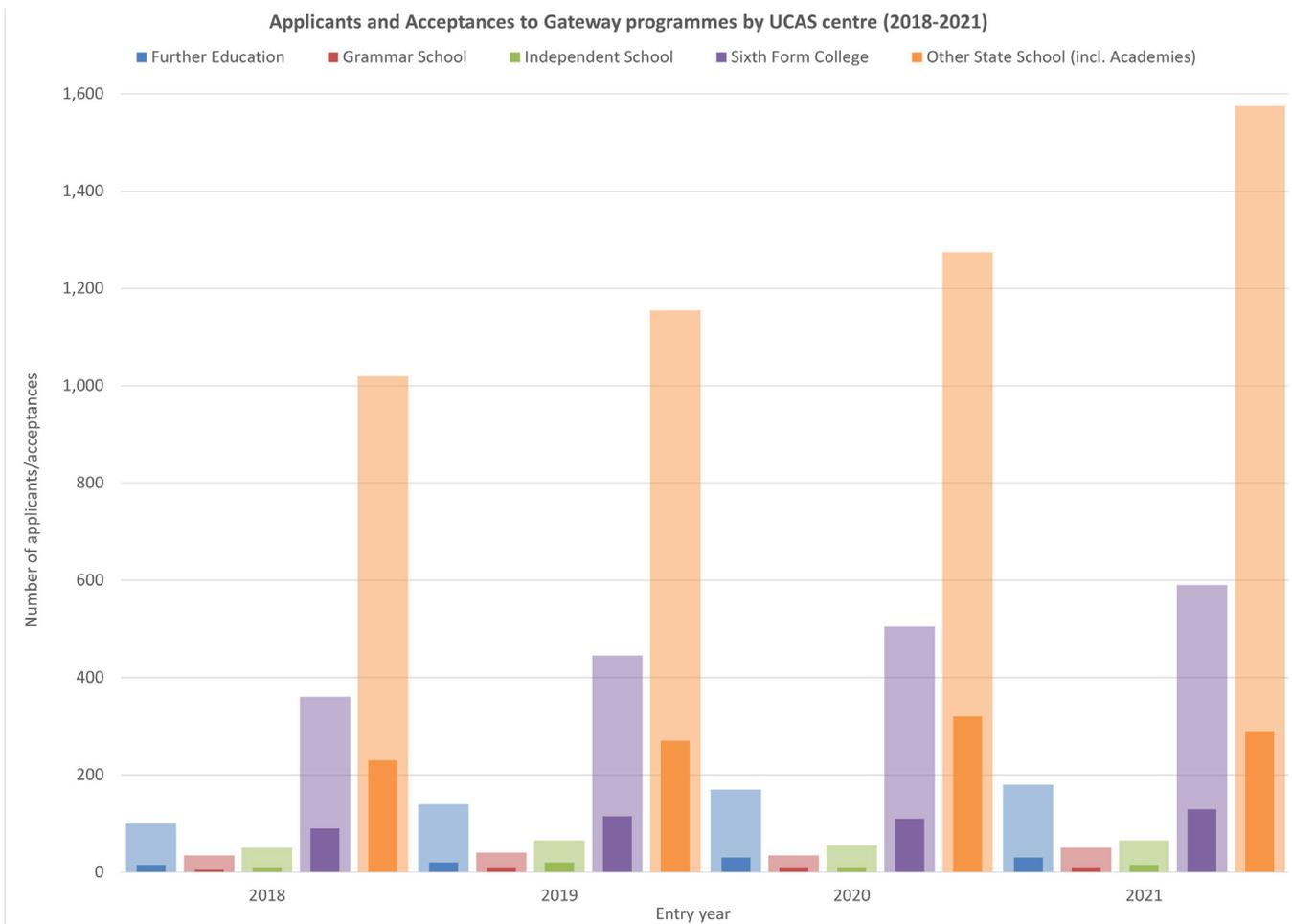
School Type

Note

School type classed as 'Other' were omitted to simplify graph.

Most applicants and acceptances to Gateway programmes are from State schools and Sixth Form colleges. Very few applicants from selective schools apply to Gateway programmes, however, there is a higher proportion of acceptances among these applicants.

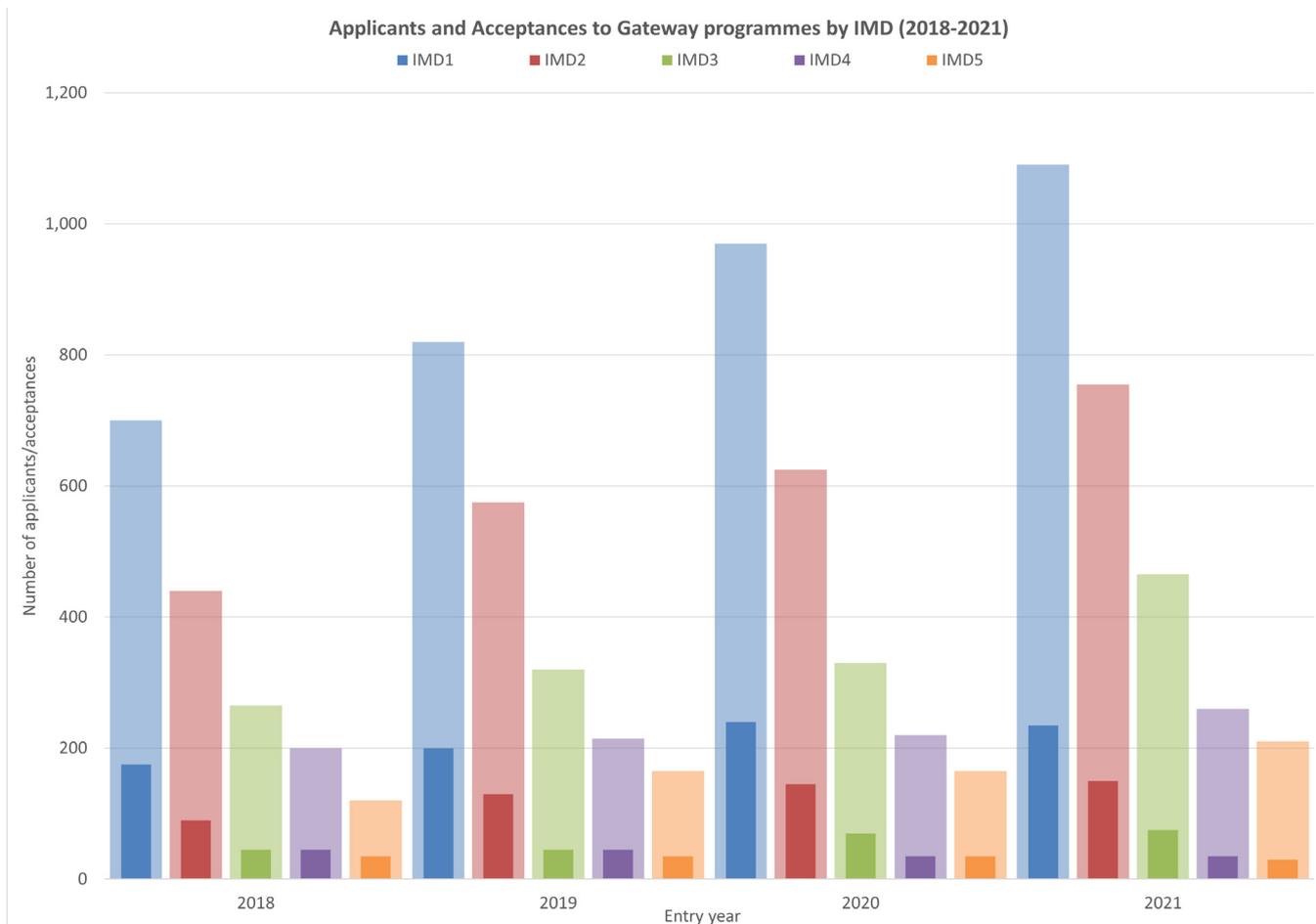
Graph 8: The applicant numbers (light colour) and acceptance numbers (darker colour) to Gateway programmes to medicine from 2018-2021.



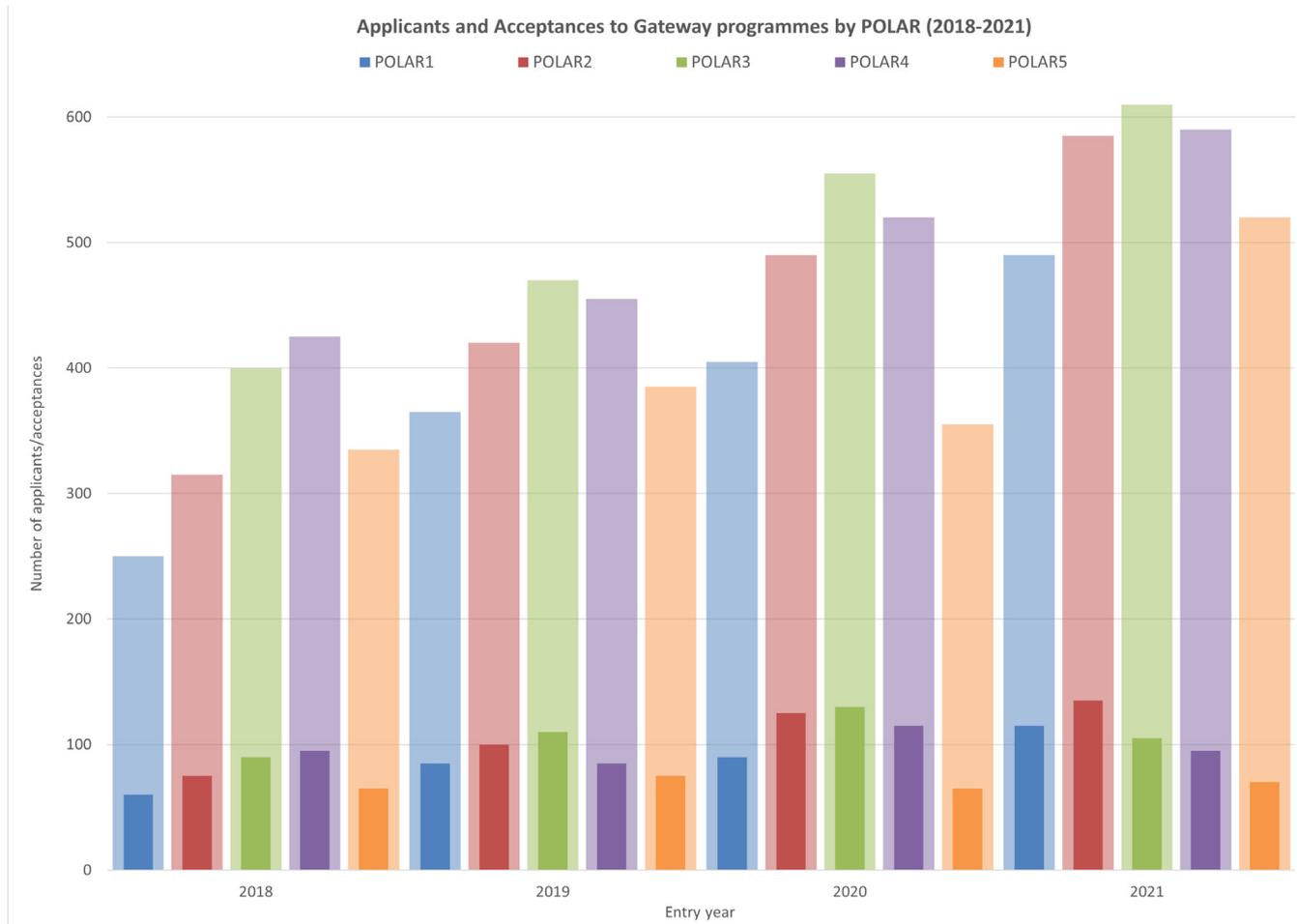
Socioeconomic background

The numbers of applicants and acceptances declines markedly across the IMD quintiles, with highest numbers coming from the areas with the greatest deprivation. This is in stark contrast to standard entry applications and acceptances, where the numbers are higher with increasing socioeconomic advantage.

Graph 9: The number of applicants and acceptance to Gateway programmes in relation to the Indices of Multiple Deprivation.

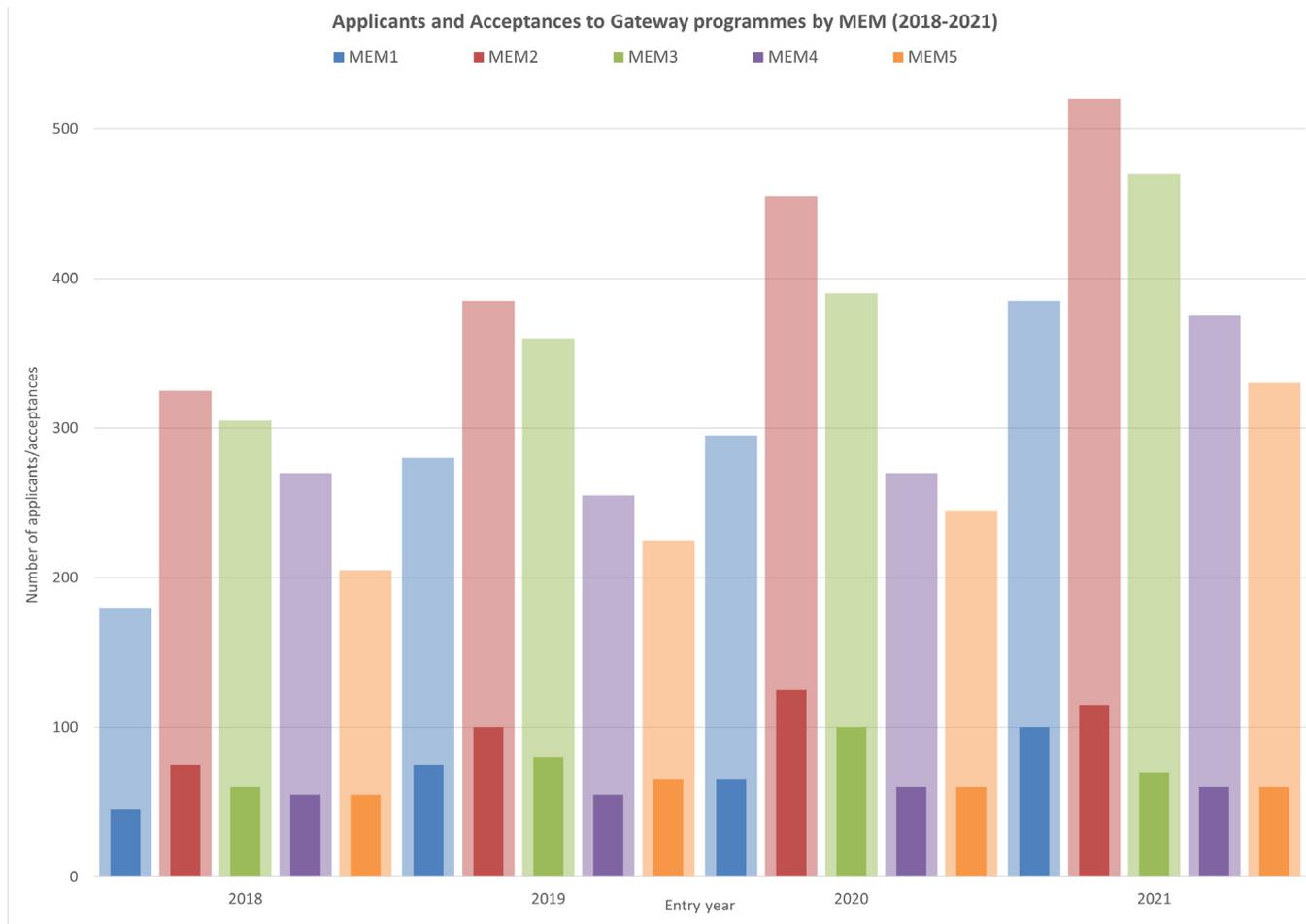


Graph 10: The number of applicants and acceptance to Gateway programmes in relation to POLAR (participation of local areas).



Although there are higher numbers of applicants from areas with higher participation in HE, there is clearly a broader spread of applicants and acceptances across the POLAR quintiles. Indeed, in 2021 the graph shows higher numbers of acceptances from the lower POLAR quintiles.

Graph 11: The number of applicants and acceptance to Gateway programmes in relation to the Multiple Equality Measure (MEM).



With the exception of MEM1, the number of applicants and acceptances decreases across the quintiles indicating that greater access to and participation in Gateway courses are associated with disadvantage. The MEM data suggest that Gateway courses may not reach or attract students from the most disadvantaged backgrounds effectively (i.e. quintile 1). This could reflect their greater combined socioeconomic and educational disadvantage.

In conclusion, Gateway programmes actively attract and recruit applicants from the most disadvantaged backgrounds to their programmes. The above graphs (graph 9-11) indicate that Gateway programmes are meeting their aims of increasing numbers of students from disadvantaged backgrounds at medical school.

Graduate Entry Medicine

There are 17 Graduate Entry to Medicine programmes across the UK. Graduate Entry Medicine courses are open to those with a previous bachelor's degree, usually achieving a minimum of 2.1, though some schools may accept a 2.2. The majority of these courses accept students with a prior degree in any subject, but a minority of universities require the applicant's previous degree to be health or science related. Graduate entry courses are usually a four-year accelerated degree, but in some universities, it is a five-year course.

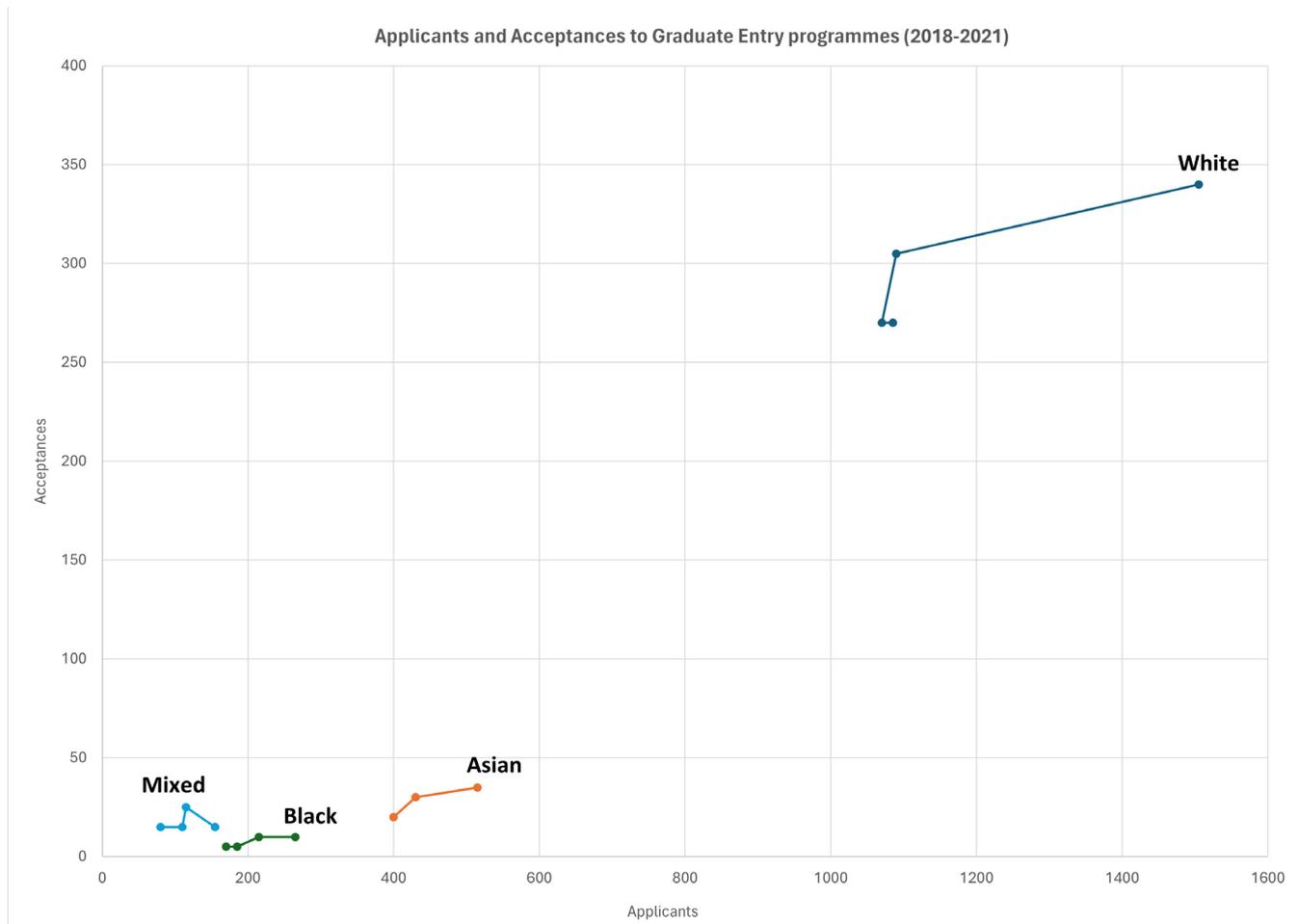
In the graphs below, we report the figures for ethnicity but not for the geographic socioeconomic indices (IMD, POLAR, MEM) used above since this data is often missing for graduate applicants or may be misleading where their postcode represents university residence or early career accommodation.

Ethnicity

Though the overall numbers have increased over time, particularly in 2021, both the applicant and acceptance profiles show little change in the proportions from different ethnic backgrounds.

↳ [See chart on following page.](#)

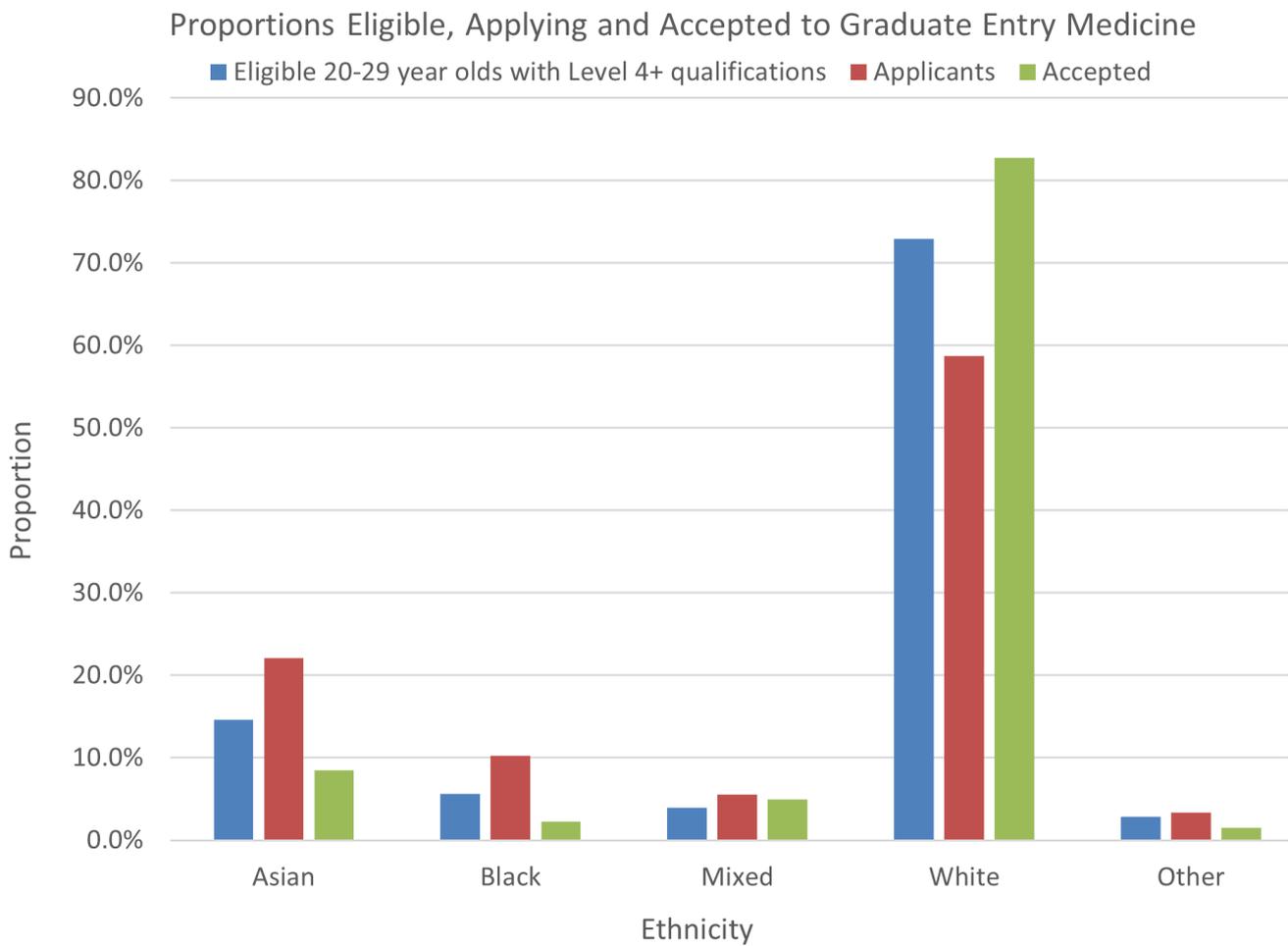
Graph 12: The number of applicants and acceptances to Graduate Entry Medicine from 2018-2021.



Note

The data points for each year from 2018 to 2021 are joined for each ethnicity group in chronological order, with 2021 being on the right-hand end..

Graph 13: The proportion of eligible applicants (those aged 20-29 with a level 4+ qualification as per the 2021 census), compared to applicants and acceptances in relation to ethnic background.



The majority of graduates who would be eligible to apply to Graduate Entry Medicine programme are from a White background, though a slightly smaller proportion actually apply, and a significantly higher proportion get accepted. In contrast, though proportionately more graduate applicants apply from Asian and Black ethnic groups, they are less likely to be accepted. This pattern will be investigated further.

Conclusion

This report provides an overview of the applicant and entrant data profiles according to key demographic characteristics and shows positive changes in increasing applications and representation of students from disadvantaged backgrounds, especially in Gateway courses. However, it must be acknowledged that the numbers on these courses remain small (524 in 2021).

"It is heartening to note that in the first two years (2020, 2021), the pandemic has not adversely affected disadvantaged applicants"

It is heartening to note that in the first two years (2020, 2021), the pandemic has not adversely affected disadvantaged applicants, who have increased in number and the proportion who are successful. The number and proportion of applicants and acceptances from disadvantaged backgrounds has continued to increase across the time period presented. With support from the Medical Schools Council, medical schools worked collaboratively to ensure that applicants from disadvantaged backgrounds had access to information, advice, guidance, and resources to help them make informed decisions and support their preparation for selection events. Medical schools did this by sharing best practice on among many things, including guidance about work/life experience, researching the profession, access to technology, and online interviews.

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 has worked in partnership with Health Education England, now NHS England Workforce Training and Education Directorate (NHSE WT&E), to fund a variety of outreach activities at medical schools across England.

Over the pandemic there was a recognition that MSC's approach to outreach would need to change to ensure that applicants from disadvantaged backgrounds still had fair access to information and opportunities available to them to support their journey to medicine. MSC, working in partnership with medical schools, switched to delivering online content over the course of the pandemic, through the use of virtual summer schools for applicants, and online events and webinars for teachers and career advisers. Since then, many of these activities have remained online, in recognition of the fact that applicants, teachers, and career advisers cannot always afford to travel to attend events, nor can they always dedicate the time away from 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"

MSC Summer Schools

Since 2019, MSC with funding from NHSE WT&E, has continued to deliver summer schools for young people. The aim of the summer schools is to target young people from disadvantaged backgrounds, particularly focusing on those attending schools that do not currently have a relationship with a UK medical school. The summer schools are designed to allow students to explore whether medicine is the right choice for them, and to give them the information, skills and, above all,

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

the confidence they need to submit a strong application to medicine.

MSC has worked with a number of medical schools from across England. 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. Since 2019, partner medical schools have provided summer schools both online and in person.

Partner schools included:

- University of Exeter Medical School
- Imperial College London Faculty of Medicine
- Brighton and Sussex Medical School in partnership with Kent and Medway Medical School
- Bristol Medical School
- Lancaster University Medical School
- University of Leicester Medical School
- Kings College London Medical School in partnership with St George's University of London Medical School, University College London Medical School, and Queen Mary's University of London School of Medicine
- Anglia Ruskin University Medical School
- Hull York Medical School

In total, over 1,000 year 11 and year 12 students were able to attend either an online or in-person summer school. The summer school programme focused on the most disadvantaged young people and on those facing the greatest challenges and difficulties in accessing both higher education and medicine. Students came from a variety of backgrounds, with a greater representation of students from a minority ethnic background compared to the national population or the composition of medical students. There were proportionately more students from an Asian or Black background (for all categories) attending the summer school than

applicants to medicine. Many students also qualified for free school meals (or other direct financial support measures) and came from the most disadvantaged IMD quintiles and the lowest POLAR4 quintiles. Many students have been or are in local authority care. When the summer school participants are compared to medical school applicants and students the MSC have recruited a more socially diverse group, representing the areas of lowest higher education participation rates and the most deprived communities.

Students attended sessions on a variety of topics including:

- 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).
- Sessions 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. As well as medical school level data, all attendees were invited to complete an attitudinal survey developed with Learning Gain at the start and end of the summer schools. This survey approach has allowed 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:

"Summer Schools provided participants with the opportunity to develop and enhance these crucial skills for those interested in pursuing a career in healthcare and/or medicine"

- In 2020, Students reported the greatest change in the statement, 'I feel confident presenting my thoughts and ideas to others'. It would appear that this shift in confidence suggests that the content of the Summer Schools provided participants with the opportunity to develop and enhance these crucial skills for those interested in pursuing a career in healthcare and/or medicine.
- In both 2021 and 22, the greatest change was seen in the statement 'I feel confident in applying to medicine'. This boost in confidence to apply indicates that, across the programme, participants were provided with positive messages about progressing to a medicine programme of study with the participating university partners.

Summer schools 2023 and 2024

MSC commissioned four summer schools in 2023 to run longitudinal programmes where students were engaged for several weeks over the course of the academic year, culminating in a summer school, either online or in-person. Each medical school was asked to continue with their programme for the academic year 2023/24 with a summer school in summer 2024. It has commissioned the following five medical schools to run summer schools in 2023 and 2024:

- Brighton and Sussex Medical School in collaboration with Anglia Ruskin Medical School
- Edge Hill University Medical School in partnership with Lancaster University Medical School, University of Liverpool Medicine School, and University of Manchester Medical School
- University of Leeds Medical School in partnership with Hull York Medical School and University of Sheffield Medical School
- St George's University of London Medical School in partnership with University College London Medical School, Queen Mary's University London Medical School, and King's College London Medical School.

Longitudinal evaluation

The MSC Summer Schools will now undertake a longitudinal evaluation of the project. There is a rich pool of data to evaluate as the summer schools have run successfully, both online and in-person since 2019. MSC has already put the necessary data privacy notices in place to allow us to collect and use data from individuals taking part.

UKMED, 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 chose to apply to other healthcare courses. A team from Imperial College London School of Medicine will undertake this work in partnership with the MSC.

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.

Since 2019 the Selection Alliance has supported events organised by medical schools to support teachers and advisers in the local area. Over the course of the pandemic, many of these took place online, and since then, many have remained online.

Medical Schools who have taken part in regional events include:

- Anglia Ruskin University School of Medicine
- Kent and Medway Medical School
- 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
- University of Leicester Medical School
- Imperial College London Medical School



Medical School webinars on Youtube

MSC has also worked with medical schools to deliver eight online webinars on a variety of different topics, including:

- The differences between medical schools
- What makes a good medical student?
- Work experience
- UCAT/BMAT admissions tests
- Interviews
- Results day – what happens if your students don't get their grades?
- Student wellbeing and applying to medical school with a disability.

MSC also delivered over 10 webinars for applicants to medicine, mainly on how to apply to medical school, but also several on different careers within medicine on specialties such as pathology, radiology, and general practice.



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. The event moved online during the pandemic and aims to return to an in-person event from 2023 onwards.

4. Better information for all applicants

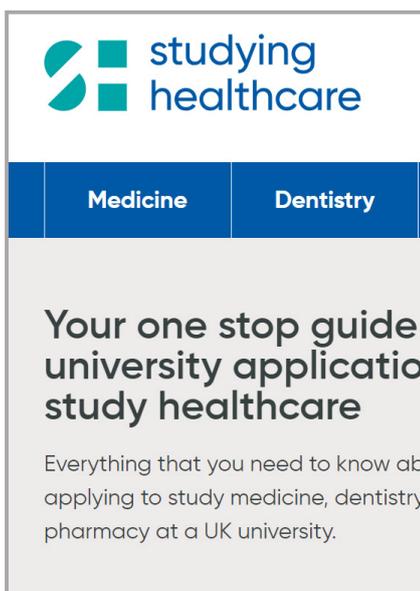


Guidance on gaining relevant work experience to study medicine in the time of COVID-19

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 well used by schools and individual applicants, helping to raise the profile of the Medical Schools Council and the advice we provide.

Since 2020 the Selection Alliance has produced a number of new resources for applicants:

- Guidance about online work experience, highlighting the many online resources that are available to applicants as accessing in-person work experience can be challenging.
- A multiple-mini-interview (MMI) online guide. During the pandemic medical schools used online MMIs as part of their admissions process. Many have continued to use online platforms to deliver their interviews.



Studying healthcare website

Studying Healthcare website www.studyinghealthcare.ac.uk

Studying Healthcare is a partnership between the Medical, Dental and Pharmacy Schools Councils to provide up-to-date and accurate information about the university application process for these healthcare subjects.

Studying Healthcare provides information on how to apply for a degree in medicine, dentistry or pharmacy to set applicants on the path to becoming a healthcare professional. The website has a particular focus on widening access by ensuring that students from all backgrounds are supported to make an informed choice to study healthcare at university.

It also provides an outreach hub which enables students, parents, and school staff to access events and resources delivered and developed by university health faculties across the UK.

This website has been generously funded by NHS England WT&E.

InsideUni Medicine

www.insideunimedical.org



InsideUni Medicine was launched in 2022. It is a collaboration between InsideUni and MSC, with funding from NHS England WT&E. Five pilot schools have taken part, University of Cambridge Medical School, University of Nottingham Medical School, University of Sheffield Medical School, University of Southampton Medical School, and Keele University Medical School. Students from each university have provided reflections on their own experiences of applying to medical school.

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 few years has primarily looked at improving the evidence base around the use of multiple-mini-interviews (MMIs). During the pandemic, as schools were required to offer online MMIs, MSC commissioned the Work Psychology Group to conduct a literature review and develop a series of practical recommendations and considerations to inform decision making within medical schools. The work focused on two key areas,

- Does conducting interviews/MMIs online have an impact on subgroup differences?
- What factors should be considered, when designing an online MMI, to ensure it is fair for all applicants?

Guidance was created for medical schools on how best to implement online MMIs, as well as guidance for applicants on what to expect from an online MMI.

MMI writing

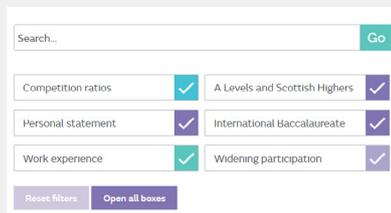
MMI item writing events continued over the pandemic with an emphasis on creating items suitable for online use. These events have involved representatives from multiple medical schools, patients, and medical students, including those from widening participation backgrounds.

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.

Current items in the MMI item bank were reviewed and it was highlighted if they were suitable for online use. Medical schools have access to the online MMI bank and can use items in their own MMI circuits.

Entry requirements

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



The screenshot shows a search interface with a search bar at the top containing the text "Search..." and a "Go" button. Below the search bar is a table of filter options. The table has two columns. The first column lists criteria: "Competition ratios", "Personal statement", and "Work experience". The second column lists qualifications: "A Levels and Scottish Highers", "International Baccalaureate", and "Widening participation". Each cell in the table contains a checkmark icon. At the bottom of the filter table are two buttons: "Reset filters" and "Open all boxes".

Search...	Go
Competition ratios ✓	A Levels and Scottish Highers ✓
Personal statement ✓	International Baccalaureate ✓
Work experience ✓	Widening participation ✓
Reset filters	Open all boxes

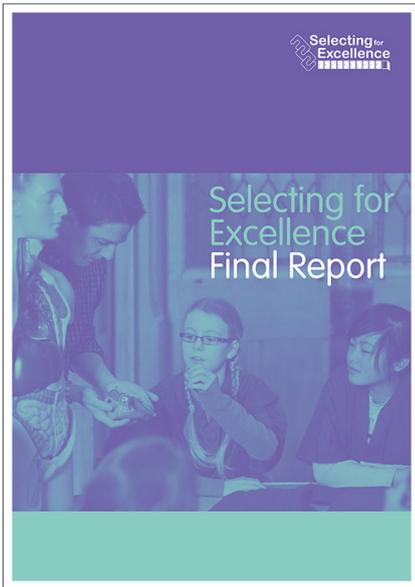
UK Medical School Entry Requirements

Contextual admissions

The Selection Alliance continues to promote the use of contextual admissions by UK medical schools.

In 2020 the Selection Alliance began work with a number of medical schools who had agreed to recognise each other's longitudinal outreach programmes. The UKWPMED programme currently has seven-member medical schools. Students identified as being from a WP background who have successfully completed an outreach programme at one medical school are flagged as being a WP applicant at the other member schools. They qualify for an interview and a contextual offer from that school, usually with a reduced grade offer.

6. MSC Selection Alliance 10 Year Review



Selecting for Excellence Final Report, 2014

"In December 2024, MSC will publish its 10-year review of Selecting for Excellence, and reflect on the work MSC, and medical schools, have done to widen access and participation to medicine over the last decade"

The Selection Alliance was set up in 2014 to implement the recommendations of the Selecting for Excellence Final Report. A five-year review in 2019 showed that many of the recommendations have been met or that schools are making good progress to meet those recommendations. 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 to Higher Education diplomas and encourage more medical schools to accept graduates from 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 and evidence from UKMED about successful attainment and progress of students from the Access route.

In December 2024, MSC will publish its 10-year review of Selecting for Excellence, and reflect on the work MSC, and medical schools, have done to widen access and participation to medicine over the last decade. It will also set out its vision for the future, considering the current Government's call for expansion and the NHS Long Term Workforce Plan.