

Medical Schools Council and Dental Schools Council Admissions Deans

Woburn House, London, 1 April 2009

Attendance at the conference was high, with representatives from 31 undergraduate Medical Schools and 13 Dental Schools. This was the second combined meeting hosted by the Medical Schools Council and Dental Schools Council, and it was unanimously agreed to be a useful forum to inform good practice. Co-Chairs Professor Tony Weetman, Pro Vice Chancellor of the Faculty of Medicine, Dentistry and Health, University of Sheffield, and Professor David Yates, Director of Undergraduate Admissions, Medical School, University of Manchester, led an informative agenda exploring issues in undergraduate admissions including assessment, work experience and regulation of the professions.

Session 1: The role of UKCAT in the assessment of non-academic attributes

Dr Sandra Nicholson, Chair, UKCAT and former Associate Dean of Admissions at Barts and the London

Dr Nicholson outlined the role of [UKCAT](#), which is run by a consortium of 26 universities in partnership with Pearson VUE, in assessing non-academic attributes of applicants. The 120 minute onscreen test assesses desirable qualities of being a doctor, including cognitive reasoning and decision analysis, with a 30 minute section piloting the assessment of the behavioural attributes. Scores have been shown to differentiate between highly able candidates, with no meaningfully significant bias between the age, gender or ethnic profiles. The effect of social class on achievement remains less stark than with performance at A Levels. Tests of behavioural attributes were piloted in 2007 (IVQ, ITQ and MEARS – Managing Emotions and Resilience Scales), whereby candidates self-report on how they would behave or feel in a given situation. Fewer differences between the ethnic, gender, age and social profile of candidates were found than with the cognitive sub-tests. There was no correlation between the scores obtained in the behavioural and cognitive tests, indicating that the tests do reflect different qualities.



Statistics indicate a year on year increase in the number of applicants to take the UKCAT test. There is no prescriptive way to consider candidate UKCAT scores as different Schools place different values on attributes, but the consortium can advise. Dr Nicholson confirmed that there would shortly be a paper to member Schools offering more detailed advice about the different elements of the test. There were some concerns that candidates would be able to prepare 'model' answers for the UKCAT test, but the time limit means that applicants are deterred from this.

Session 2: Equivalences: Working with New Qualifications

Connie Cullen, Director of Admissions and UK/EU Student Recruitment, University of York

Connie Cullen discussed the importance of developing fair and recognisable measures of qualification equivalences to ensure admissions decisions are fair and defensible; yet recognising the difficulties of this in the context of the large range of UK and international qualifications of very different types and curriculums. Other issues can arise with how to recognise and compare fairly the attainment of candidates who apply with five or six A Levels, 'softer' A Level subjects, the International Baccalaureate (IB) or the new [14-19 Diploma](#). Whilst the overarching award may be familiar, the range and variety of such awards has increased. At present, the 14-19 Diploma does not provide for the minimum chemistry and biology qualification necessary for the study of medicine and dentistry; however the Extended Diploma, which will start later, does. In the face of uncertainty, Admissions Deans are advised to consult [NARIC](#) or [UCAS](#) materials for information, as well as academic colleagues and other admissions staff. Deans agreed that information sharing between Schools would be especially helpful.



Ms Cullen then addressed the development of the [QCA Level descriptors](#) and the [UCAS points tariff](#), against which different UK qualifications can be compared. She explained the process for devising UCAS tariff points: the report of an Expert Group (Chief Examiner, HE representatives and observers) leads to recommendations to the Tariff Advisory Group, which then goes to the Tariff Reference Group, and then to the UCAS Board. It was recognised that most IBDP offers for medicine and dentistry are higher than their strict tariff A level equivalents, but represent what institutions want to say about the students they are seeking. In any case, Schools should publish typical offers based on the different qualifications. Delegates agreed that in the context of evolving content and value, minimum entry requirements of qualifications and awards should be regularly reviewed.

Session 3: Work experience of applicants: confidentiality and veracity

Dr Gordon Dent, Director of Admissions for Undergraduate Medicine, Keele University

Dr Dent discussed some of the challenges of judging applicant personal statements: what can realistically be verified, what should be verified, and what follow-up is appropriate. Personal statements which include details of extracurricular activities, roles and responsibilities are a useful means of identifying students who will enjoy working life as a doctor, as well as those who have the relevant soft-skills and those who have made the most of opportunities. They are an important means of filtering potential applicants for interview; in interview, they can form the basis of many questions. Once accepted onto the course, the personal statement remains a useful point of reference should there be any fitness to practise issues. However, there is anecdotal evidence of students being economic with the truth, receiving coaching or input into the writing of the statement, and in some cases, telling lies. Some examples were identified on www.newmediamedicine.com forums but it is not always possible to identify candidates from these forums. However, in their current form, what legitimate means do Schools have to challenge the truths of personal statements? Delegates discussed mixed practice of using personal statements for selection, and one School cited the use of an online questionnaire of attributes and contact details for referees of work experience placements. A nationally coordinated process of verification would be an ideal way forward.



Session 4: Independent Safeguarding Authority

Peter Swift, Deputy Director of the Safeguarding Group, Department for Children, Schools and Families

Peter Swift briefed delegates about the implementation of the Vetting and Barring Scheme (VBS) by the [Independent Safeguarding Authority](#) (ISA), which will come into force on 26 July 2010. The [Safeguarding Vulnerable Groups Act 2006](#) sets out the scope of the scheme and defines regulated and controlled activities for which there are requirements for employers and individuals. All doctors and dentists will be required to register. There will be a one-off fee of £64, exempting unpaid volunteers. Delegates were advised that outreach activities, volunteering and summer schools are likely to require registration with the ISA. The first autumn intake of students required to register will be in October 2011.



Employers will have a duty to check that employees are ISA registered; as will personnel suppliers (including Medical and Dental Schools). Employers, personnel suppliers, professional and regulatory bodies will have a duty to inform the ISA of relevant information in certain circumstances. Through the [CRB](#) check, or free online check against the ISA list, it will be possible to find out whether an individual is registered. Registered status confirms that an individual is not barred. If the individual is barred, this will only be shown on the CRB disclosure. Employers and personnel suppliers will be able to register an interest in an individual, and will be notified when there is a change to their registration status.

The timeline for the phased rollout is as follows:

- October 2009 - barring from regulated activity; duties on providers to make referrals to the ISA
- July 2010 - voluntary ISA registration for new entrants to the workforce & those moving jobs
- November 2010 - mandatory ISA registration for new entrants and job movers before they start their new posts (including students commencing HE education in medicine and dentistry)
- January 2011 - members of the existing workforce, including students, will be phased into the scheme

Session 5: Update from Supporting Professionalism in Admissions

Janet Graham, Director, *Supporting Professionalism in Admissions*

The [Supporting Professionalism in Admissions](#) (SPA) Programme was set up in 2006 in response to the [Schwartz Report](#) to provide expertise and advice to the HE sector in the UK, in the form of evidence based good practice statements and briefings;; conferences and website resources. Good Practice statements and briefings to date cover Admissions Policies, Feedback, Interviews, Criminal Convictions, Entry Profiles, Admissions Tests – validity, use etc, working with ECU on native languages issues, age and admissions etc and visits have been made to over 110 institutions across the UK – relatively informal information exchange; SPA conferences, SPA website. SPA has six staff and is independent of UCAS, Higher Education Institutions (HEIs) and government, and works with [UUK](#), [QAA](#), [UCAS](#), [HEA](#), [NCEE](#), [ECU](#), [NUS](#), government departments and funding councils etc with regard to admissions, contextual data, qualifications and widening inclusion from an HE perspective. Future priorities for SPA include the ‘applicant experience’ and issues around contextual data.



Ms Graham discussed some of the challenges and strengths of fairness in the admissions process, including how to ensure that applicants have equality of opportunity. All measures should be transparent and included in applicant information on websites and prospectuses, with processes and policies regularly monitored and reviewed. It was noted that [HEFCE](#) / [OFFA](#) require a single Widening Participation Strategic Assessment to be prepared by each English HEI by 30 June 2009. When reviewing admissions policies HE providers should note the [QAA Code of Practice, Section 10](#), on admissions to higher education and the [SPA Admissions Policies Guidance](#).

Session 6: Making decisions at registration and exposing the legal framework

Anthony Egerton, Assistant Director of Registration, General Medical Council

UK graduates are entitled to registration provided, amongst other things, their fitness to practise is not impaired. The [General Medical Council \(GMC\)](#) is the statutory body responsible for the registration and regulation of all doctors in the UK. A person's fitness to practise may be regarded as impaired for several reasons including misconduct, a conviction or caution and adverse physical or mental health. Applicants for registration are required to complete a self-declaration of fitness to practise; failure to fully disclose any material can lead to erasure of a doctor's name from the Register. Anthony Egerton explained that in making decisions on applications for registration, the GMC must demonstrate fairness, transparency and consistency, whilst bearing in mind the primary purpose of the GMC – ‘to protect, promote and maintain the health and safety of the public’. The GMC takes into account the seriousness of the fitness to practise matter declared, whether the offence was singular or repeated, the reliability of supporting evidence, and whether the offence might bring the profession into disrepute.



Anthony provided further detail on the process in practice explaining that in 2008, 6,544 UK graduates applied for provisional registration with the GMC; of these 677 made positive fitness to practise declarations; 232 were subject to further scrutiny and all, following an in depth investigation, were granted registration. It is essential that doctors understand the obligations of registration in the UK as set out in [Tomorrow's Doctors](#) and [Good Medical Practice](#).

Session 7: Fitness to Practise

Peter Butler, Quality Assurance Officer, General Dental Council

As an outcome of the CHRE student fitness to practise project a draft guidance document on student fitness to practise for the dental team including dental care professionals has been put out to consultation by the [General Dental Council](#) (GDC). The guidance is based on the [GMC-MSD Student Fitness to Practise](#) publication, and includes the focus of patient safety as well as alignment with the GDC guidance on the standards expected of dental professionals. Peter Butler discussed how Schools would need to manage student fitness to practise issues, and the GDC will be following up with Schools and training providers when the guidance is rolled out. The GDC aims to publish the final guidance document later in 2009.



Session 8: Workshops

Fitness to Practise

Delegates agreed that the guidance documents by the GMC-MS and GDC working groups are comprehensive and extremely useful, but raised concerns (especially from the Dental Schools) about the role of personal tutors. There were also some concerns about how the guidance could be introduced alongside university disciplinary procedures. Delegates would welcome further guidance about what health concerns should be subject to fitness to practise investigations but the GMC confirmed that guidance should not be prescriptive as allowances can be made in individual circumstances. There was also some discussion of the membership of Fitness to Practise panels, with representation from NHS Trusts and lay members deemed to be good practice.

Delegates also expressed an interest in exploring whether information about applicants or students who have been excluded from one School on the grounds of fitness to practise could be shared with other Schools – and even between medicine, dentistry and other health professions. The Information Commissioner has agreed that patient safety is the priority, but a protocol as to the storing and sharing of relevant information needs to be developed.

CRB Checks

Delegates discussed variation across the UK regarding who pays for CRB disclosure, and the timing of this. There were some concerns about raising awareness amongst applicants that cautions, reprimands and warnings should be declared early on in their application to university. There were also some concerns about the time taken to assess clearance of overseas applicants and whether this impacted on the Schools applicants could apply to.

Careers advice and health related work experience

There is an expectation that candidates will have informed their choice of career, in part, through relevant work experience. However, many admissions policies recognise that it is increasingly difficult for students of lower NS-SEC groups to access work experience in medical or dental practices. Delegates agreed that the value and quality of work experience was variable. It was agreed that Schools need to enable, where possible, access to work experience.

Concerns from session 3 about plagiarism and verification were reiterated. It was noted that the Medical Schools Council had rejected a proposal to collect details of two referees for work experience at the point of application; however there was some interest amongst delegates for pursuing this at the point of invitation to interview. Gordon Dent agreed to develop a draft questionnaire for this purpose, although there were some concerns about the resource implications of verification and following up with non-respondents.

Admissions Principles statement - A revised document will be available on the website shortly.

(First row (l-r): Delegates arrive for the meeting; a panel discuss feedback from workshops; Gordon Dent addresses the conference. Second row (l-r): Tony Weetman and David Yates discuss the agenda; delegates listen to a keynote speaker; networking)

