



CONFERENCE REPORT

Medical Schools Council and Dental Schools Council Admissions Deans Meeting

Main Hall, Woburn House, London, Thursday April 7th 2011

The annual meeting of the Medical Schools Council and Dental Schools Council Admissions Deans took place on 7th April. Representatives from 28 medical schools and seven dental schools attended the meeting. Professor Jon Cohen, and Co-Chair, Dr Muriel Shannon, led an informative agenda exploring issues of fitness to practise at admissions, updates from UKCAT, GMC and SPA, criteria for acceptable access/foundation courses and the future of widening access.

Session 1: Local findings from verification of work experience

Dr Mary Hems, Admissions Tutor, Brighton and Sussex Medical School

Dr Hems outlined BSMS' approach to the verification of work experience. She noted that it was an ongoing concern due to evidence of fraudulent applications, as well as frustration amongst volunteer service managers that prospective medical students are leaving before completing their voluntary placement and therefore possibly misrepresenting their experience at application to medical school. For the 2010/11 admissions cycle BSMS sent a questionnaire to applicants with the invite to interview. The questionnaire asked applicants to provide details of their two most recent/substantial work placements. Applicants brought their forms to interview, which were then logged and retained by student volunteers. Feedback suggests that applicants were happy to do this, there were no refusals and no one forgot to bring their form. A random sample of 10% of forms (approx. 50) was followed up by email, asking contacts simply to confirm whether or not the individual concerned had been with them for the stated period of time. A good and prompt response was obtained and no false claims identified. It was highlighted that this process was designed not to be too onerous on applicants, their referees or Medical School staff and that the same procedure will be followed in subsequent application rounds. Delegates agreed that a verification process could be used to send a strong signal to applicants that deception about work experience will not be tolerated.

Session 2: Survey on attitudes on deception in the UCAS form

Dr Jon Dowell, Dundee Medical School

Dr Dowell presented findings from a survey on attitudes on deception in the UCAS form, prior to their publication. The rationale for this work was to explore the UCAS finding that 5% of medical school applicants had over 10% similarities in their application forms. Seven medical/dental schools at six universities participated in the survey. It was completed by first year medical and dental students online, who were asked

about their awareness of deception generally and whether their own form was accurate. It was noted that the questionnaire was a reasonably good tool with high reliability and internal consistency. Most respondents agree that it was understandable to be deceptive on your UCAS form and suspect that deception was common. There was a widespread view that the system requires and perhaps allows deception to take place. Numbers that reported being deceptive themselves were lower than expectations of others being deceptive, suggesting a high social desirability bias in responses. This suggests that there may be under reporting of deception on UCAS forms. The meeting felt that the action of verifying claims in the UCAS form coupled with an emphasis on the importance of honesty at each stage of the admissions process was necessary to dissuade applicants from giving deceptive answers.

Session 3: Standards for medical fitness to train, guidance from HEOPS

Dr Nigel Wilson, Consultant Occupational Physician, The University of Liverpool

Dr Wilson presented the latest version of HEOPS' *Standards of medical fitness to train*, noting that this was a 'living' document and that an equivalent document has been developed for dental schools. It was highlighted that the standards document for dentistry has been referred to the GDC for comment. These standards documents are intended to be practical and concise tools to support medical and dental schools to make decisions about applicants' medical fitness to train. Delegates were invited to give feedback on the standards to ensure that it is useful for them. Issues of mental health in relation to fitness to train were raised, as notably the majority of exclusions of students are due to mental health issues. It was felt that criteria 3 i) in the document addressed this as much as possible; suggesting a need for schools to look at mental health issues against a functional capacity standard with information needed about diagnosis, severity, duration and treatment to make this assessment. Dr Wilson noted that fitness to train issues around eating disorders, learning disorders and Asperger's Syndrome are to be considered by HEOPS next year. The latest versions of the standards of medical fitness to train are available on HEOPS' website: www.heops.org.uk

Session 4: UKCAT Update

Dr Sandra Nicholson, Chair, UKCAT

Dr Nicholson highlighted the good progress of the widening participation research being conducted by Durham University for UKCAT, noting that it will be presented to UKCAT consortium members first then distributed to a wider admissions audience in the next few months. It was noted that in the coming months a range of data will be available on the predictability of UKCAT, with Professor Chris McManus doing a scoping exercise on how UKCAT matches with progress data.

Delegates were informed that from July 2011 sub test 5 would no longer be run, as sufficient data for analysis have been collected. The money saved from not administering sub test 5 will be used to analyse the data already collected. There will be a related workshop day on 9th May at Woburn House which will explore

what admissions staff will find useful from this analysis. Delegates were invited to attend this and more broadly to talk to UKCAT about issues they have with UKCAT data.

Section 5: GMC support on selection into medical school

Martin Hart, Education Directorate, GMC

Mr Hart explained that the GMC is re-examining its role in relation to selection. As part of this re-examination, it was noted that a seminar to further discuss the GMC's role in selection will take place on June 9th, and admissions deans are invited to participate in this event. Delegates were reassured that the GMC is not looking to interfere with individual admissions decisions, rather provide more guidance and support for schools in the increasingly challenging area of selection.

Delegates raised concern about dealing with applicants with criminal convictions (including cautions) as it is not always obvious how these might be viewed at the point of provisional registration. It was felt that more support from the GMC on the likelihood of registration of individuals with specific criminal convictions could support medical schools to make difficult decisions in this area.

Section 6: UCAS Update

Dr Tammy Long, UCAS

Dr Long updated delegates on the review of the central application system that UCAS are undertaking. This review is intended to make the system fairer, more flexible and more efficient. The review process is UCAS led and will be considering models from other countries, IT systems, new models and capacity and capability for change. If proposed changes from the review are a significant departure from the current system they will be open for consultation. It is expected that the review will conclude in September 2011. Delegates were encouraged to participate through a survey on admissions, telephone interviews, participation in workshops and helping to provide access to the student base and to test any new models. If delegates would like to become involved in the process or have any questions they are invited to email: admissionsprocessreview@ucas.ac.uk

Session 7: Supporting Professionalism in Admissions Programme

Annie Doyle, Senior Project Officer, SPA

Ms Doyle highlighted that admissions has never been under more scrutiny and as a result, more public information and information on social mobility will be required. Key areas of work for SPA are the use of contextual data and admissions tests.

Delegates were advised that an initial set of contextual data items from publicly available data sets will be made available to HEIs via UCAS for 2012 entry. Whether or not to use this data was presented as a local decision. However, if used it is important that clear audit trails are put in place and that the principles of using the data are clear. Principles produced by SPA in consultation with HEIs can be found here: <http://www.spa.ac.uk/contextual-data/principles-contextual-data.html>

Admissions tests are high on SPA's agenda. There are a number of local tests as well as UKCAT, BMAT, GAMSAT etc. that are used in admissions processes. Which test to use will vary but increased information about the validity of the respective tests will help inform decisions in the future. Clarity about why these tests are used should be evident to applicants. Guidance on what makes a good admissions test is available from the SPA website: <http://www.spa.ac.uk/admission-tests/what-good-test.html>. Also available here is guidance on the 'criminal convictions' section of the UCAS form: <http://www.spa.ac.uk/good-practice/criminal-convictions.html>

In discussion of other areas of SPA's work, delegates raised concerns about the feasibility of giving interview feedback to unsuccessful applicants. Whilst they acknowledge that this is good practice, it may not be practical to give feedback to all who request it. It was suggested that it should be made clear to applicants prior to interview how much feedback could be given as this would discourage repeated attempts to get feedback. Additionally, explaining how competitive the application process is and giving a wider context can help in cases where applicants have performed well at interview but have not been selected.

Session 8: Criteria for an acceptable access/foundation course: potential new workstream

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

Dr Dent presented the differences between access and foundation courses. In terms of acceptability, he noted that access courses are not always targeted at the correct applicants and that clarity on entry requirements, subject content and requirements for progression is not always evident. It was noted that despite a lack of clear information, access courses can still be very well designed. Delegates agreed that access courses should be able to widen access to those without traditional qualifications but must also prepare applicants for the rigour of a standard medical programme. Delegates agreed that there were issues in identifying appropriate access courses and that a set of criteria could usefully be developed.

Session 9: Group Discussion

Session chaired by Dr Muriel Shannon

This session on widening access was introduced by Dr Shannon's presentation on St George's Widening Participation programme. Delegates were advised that this programme is targeted at applicants living in London and that outreach starts at the primary school level. Outreach work continues at road shows, spring and summer schools and, amongst other activities, a website: www.tasteofmedicine.co.uk. At admissions, applicant ability is evaluated on the basis of exam results and potential. If applicants do not meet the desired AAA level, admissions will then look at their school's average grades and accept those who do 60% better than their school's average. UKCAT results are used to rank candidates on the waiting list. Currently, 84% of

applicants to St Georges come from state schools, 25-35% from socio-economic groups 4,5,6,7 and 4% from low participation areas.

The presentation was followed by group discussions around four themes:

UCAS Contextual data

Delegates agreed on a set of key points that require consideration prior to the use of UCAS contextual data.

The issues listed below were all seen as vital concerns:

- how much the data should be used for all applicants or just for specific sub-groups
- how much to adjust entry criteria based on contextual data
- how local the data should be
- aligning the data used by admissions deans to what universities will be required to demonstrate under the new access agreements
- considering who may lose out from using these data
- how might UCAS data link in with other information such as data from existing WA programs

It was noted that contextual data will be part of the usual information sent from UCAS and will form extra columns on the data sheet.

Outcome markers

It was seen as important to evaluate in which areas applicants from widening access programmes are practising, particularly as many outcome markers are currently short term in scope. Delegates agreed that it was important to have outcome markers that determine how those admitted to medical school reflect the population applying to particular schools and how that in turn reflects the local or regional demographics. It was also agreed that data on outcomes in terms of student progression both through the course and professional progression should be collected to ensure that a full range of competent doctors is produced to meet the needs of the population. To aid this process it was felt that work with Royal Colleges, UKCAT, UKFPO and GMC could help give insight into these areas.

Fees and bursaries

Prior to the publication of the HE white paper, delegates felt that it was difficult to assess what the impact of changes to fees and bursaries would be. Concerns about the potential impact on intercalation and for graduate entry were raised. It was important to try to select students likely to complete the course or to consider awarding medical science degrees as a precursor to a medical degree. The group felt that it was inequitable and impractical to suggest that medical students might pay for only 3 or 4 years of study and then be subsidised by the NHS. The issue of certain religious groups being unable to accept loans was raised. It was stated that the scheme where the sum borrowed was paid back over 21 years represented a graduate tax rather than a loan and did not favour those from wealthier backgrounds. It was the recipient of the

education and training who would be responsible for payment rather than their family. It was also noted that potential for applicants moving to Scottish or EU institutions would be difficult to monitor and have implications for English HEIs. It was not known how the fees would be recouped if a doctor moved abroad on completion of their degree before the whole sum was repaid. Delegates agreed that attitudes towards debt may impact on the number and profile of future applicants to medicine and dentistry. It was hoped that if implemented with appropriate explanation, the fees would not be a barrier to those from non traditional backgrounds especially with bursaries and fee waivers being made available

Admissions tests

Discussion amongst delegates highlighted the variation in tests used. In terms of BMAT, delegates agreed that the test was a valid measure not influenced by school type, socio-economic background or ethnicity. It was also noted that coaching was not useful for this test. UKCAT was seen as fair and robust and delegates were keen to have access to forthcoming data on validity. Delegates felt that UKCAT should be used inclusively in the admissions process and not as a cut off test. It was noted that delegates were not broadly in favour of one admission test over others as the differences between institutions were valued. Delegates agreed that it would be useful to hear from Cambridge Assessment on BMAT at a future meeting and to follow up on UKCAT's research findings.