



**Evidence for the Panel on Fair Access to the Professions: Medicine**

**Submitted by: The Medical Schools Council**

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The Medical Schools Council is firmly committed to ensuring fair access to medicine. Medical Schools recognise the need for the doctor to have a deep understanding of the population she/he serves. To develop a medical profession that better represents the society it serves, the UK's 31 Medical Schools with undergraduate programmes have developed strategies to widen access to medical school. The policies, programmes and activities that make up these strategies are explored in this submission of evidence<sup>1</sup>.

**Part I: Background detail and facts**

The Medical Profession in the UK

There are currently 232,402 doctors on the medical register in the UK (as at 25/02/2009, GMC). Of these, 62,041 are on the specialist register and 57,725 are on the GP register (as at 25/02/2009, GMC). In 2008, 11,276 new doctors joined the medical register (only first full registrations, i.e. not restorations to the register). For previous years the numbers of first full registrations were as follows: 2004 - 12,777; 2005 - 14,859; 2006 - 13,507; and in 2007 - 16,168<sup>2</sup> (sourced from the GMC).

The NHS is the main employer of doctors in the UK and currently employing 128,210 doctors. This has increased by annually by an average of 3.6 per cent since 1997. There were more than 38,500 additional doctors employed in the NHS in 2007 compared with 1997 (NHS Confederation, 2009)<sup>3</sup>. The types of organisations within the NHS who employ doctors include 172 Acute Trusts (inclusive of the 82 Foundation Trusts), 152 Primary Care Trusts, 74 Mental Health Trusts (including 32 Foundation Trusts and 16 PCTs providing MH services), 10

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<sup>1</sup> Examples are based on a survey of Medical Schools February 2009, to which 28 of the 31 Medical Schools with undergraduate programmes responded.

<sup>2</sup> Figures include those newly registered doctors who studied and qualified outside the UK

<sup>3</sup> NHS confederation website (Feb 2009):

<http://www.nhsconfed.org/OurWork/Parliamentarycentre/Pages/KeyStatisticsOnTheNHS.aspx>

Strategic Health Authorities and c.10,500 GP practices (NHS Confederation, 2009).

The work of researchers, such as Michael Goldacre, has explored the career choices of different cohorts of graduates from Medical Schools in the UK. For example, a survey of medical qualifiers from 1977 using all available evidence, including that on non-responders, found that 76% of cohorts were working in the NHS 27 years after qualification. Approximately 18% were working in medicine either overseas or outside the NHS. Of NHS respondents, 89% of men and 51% of women had full-time contracts (Taylor, Lambert & Goldacre, 2008).<sup>4</sup>

### Education and training

According to data collected by HESA in the academic year 2006/2007 there were 37,695 undergraduate medical students in the UK.<sup>5</sup> All doctors must have a primary medical qualification to be provisionally registered with the GMC. After successful completion of two years of foundation training and gaining full registration status with the GMC after their first year, the majority continue on into either specialist training or GP training.

Graduate programmes and certain admissions policies, whilst not aimed at widening access, add a degree of flexibility to this early part of medical training and education. Approximately one third of UK Medical Schools have specific admissions policies that give special consideration to applicants from other healthcare professionals wishing to study medicine.<sup>6</sup> In addition those with an undergraduate degree (preferably a science degree) are eligible for graduate entry courses which are only 4 years in duration (14 of the 31 UK Medical Schools with undergraduate programmes offer this).

A strategy taken by some schools to widen access into Medicine is to offer a foundation year prior to the medical undergraduate course so that the educationally disadvantaged students can improve their knowledge and understanding of the science relevant to the practice of medicine. Currently 16 of the 31 Medical Schools run a foundation year programme, or have some form of compact agreement with a programme run at another institution. At Kings College London the foundation year is an integral part of their 6 year Extended Medical Degree programme (EMDP), which began in 2001 with 10 students and has just accepted its 300th student. The EMDP students are integrated with conventional students from their first year, but the pace at which the subjects are studied is slower than usual. EMDP students do 55%, 65% and 80% of one year's worth of MBBS material in each of their first three years, respectively. Leeds Medical School has a partnership with the Clinical Sciences programme at Bradford University, whereby 40 MBChB places at Leeds are reserved for students progressing from Bradford (20 places on first year, for those successful completing the Foundation year; 20

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<sup>4</sup> Kathryn Taylor, Trevor Lambert, and Michael Goldacre. Career destinations, job satisfaction and views of the UK medical qualifiers of 1977. *J R Soc Med.* 2008 April 1; 101(4): 191–200.

<sup>5</sup> HESA. Students in Higher Education. *HESA.* 2008

<sup>6</sup> Of the 28 Medical Schools who responded 9 had admissions policies for healthcare professionals wishing to study medicine: Aberdeen, Birmingham, HYMS, KCL, Leicester, Newcastle, Nottingham, UEA and Warwick.

places on 2nd year, for those successful at end of year 1 of the BSc). It should be noted that learning outcomes of first year Clinical Sciences mirror learning outcomes for first year of Leeds MBChB. From September 2003 there has been an annual intake of students from Bradford and to date, 24 ex-Clinical Science students have graduated from Leeds (3 of them with Honours) receiving provisional registration with the General Medical Council.

#### Selection into Medical School: Best Practice

Medical Schools seek to select the students who will make the best doctors, and to do this they use a variety of selection tools. The most commonly used being the application form; personal statement; predicted or achieved A Levels, Scottish Highers or equivalent; academic reference; UKCAT<sup>7</sup> scores and evidence of work experience. Less commonly employed methods are the unstructured interview; BMAT scores; GAMSAT scores (used for graduate entry) and assessment centres. None of the schools surveyed reported using psychometric tests to select students.

In accordance with item six on the Medical Schools Council's *Guiding Principles for the Admission of Medical Students* Medical Schools require candidates to 'demonstrate some understanding of what a career in medicine involves and their suitability for a caring profession.'<sup>8</sup> Evidence of healthcare related work experience is an indicator of the applicants understanding of, and commitment to, a career in healthcare in general and medicine specifically. There is awareness amongst admissions deans of the difficulties involved in securing healthcare related work experience, particularly for applicants from less advantaged backgrounds. In these situations Schools may look for evidence that applicants have experience in work environments where they interact with the general public and express skills and attributes (such as communication skills, team working skills, commitment and motivation) which are relevant to the medical profession.

There is no national scheme to support secondary school students with aspirations to study medicine, into healthcare related work experience. There are, however, a number of locally run initiatives to support fair access to healthcare related work experience. Of the 28 respondents to the survey 15 Medical Schools were aware of, or directly involved in, a local scheme. For example: Peninsula Medical School works with a number of state schools in Exeter and the local NHS Trust to provide work placements over a two week period in the summer each year - usually in a hospital setting. Imperial Medical School have a pilot twinning initiative, where a local GP surgery is paired with a suitable widening participation school. In Wales, formal work experience programmes are provided by most Hospital Trusts, and the compact scheme *Step up to Health* targets students from Community First localities within Wales to provide them with relevant healthcare work experience.

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<sup>7</sup> The UK Clinical Aptitude Test (UKCAT) was first used in 2006 as an entrance test as part of the admissions process used by a consortium of 23 UK Medical and Dental schools. *Annual Report UKCAT*, 2008.

<sup>8</sup> The Medical Schools Council, *Guiding Principles for the Admission of Medical Students*, 2006

The Leeds Teaching Hospitals NHS Trust offers a two tiered work experience programme and applicants who are interested in becoming a Doctor are advised to undertake both elements of the programme. The first element of the programme, *Experience of the Work Environment*, looks at the working environment of the National Health Service and at the wide variety of careers that the service has to offer, over a period of up to two consecutive weeks. The second element of the programme, *The NHS Working Life Experience*, is an observation/shadowing placement that gives applicants an insight into medical careers and can be used to support medical school applications.

## **Part II: Evidence on current issues or barriers to access to profession(s)**

The major barriers to widening participation in medicine, as identified by Medical School widening participation leads, include the cost of completing a medical degree, a lack of sufficient guidance and information during the applications process and the limited aspirations of some students who are both interested and capable but do not believe that medicine is a profession open to them.

### Raising aspirations

UCAS data indicate that in 2008 14% of successful applicants to medical school were from SEG 4-7. It is acknowledged that the proportion of successful applicants from SEG 4-7 is lower in medicine than the proportion of successful applicants to 'all courses' (23% in 2008). These data are best understood in the context of the number and proportion of applicants to Medicine from SEG 4-7, which in 2008 was also only 14%. Similarly UCAS data on school type indicate that in 2008 67% of applicants and 64% of successful applicants to medicine were known to be from state schools and FE colleges, as compared to 80% of applicants and 82% of successful applicants to all courses. These data would suggest that more needs to be done to raise aspirations and to encourage and support students from lower socio-economic groupings and state schools to apply to Medicine.

### Information and guidance in the applications process

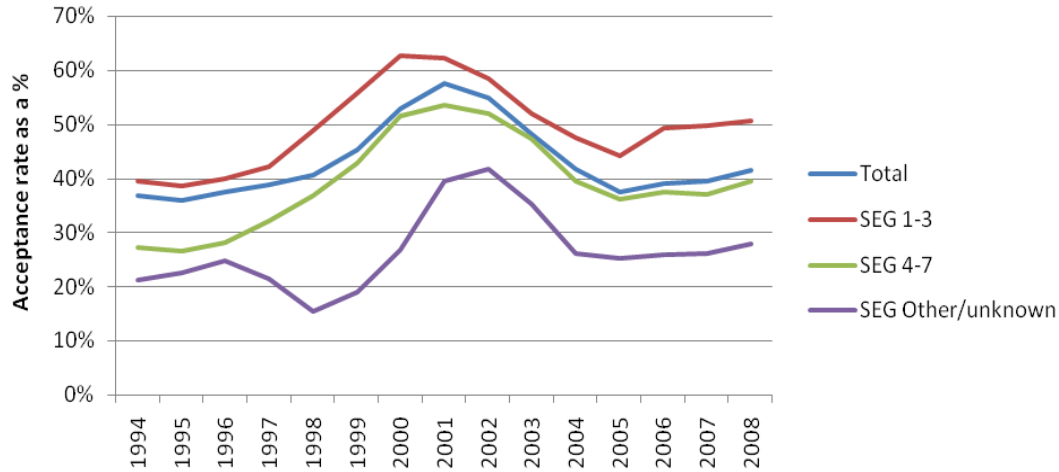
An analysis of acceptance rates to Medicine (figure 1) demonstrates that the acceptance rate has remained higher for applicants from SEG 1-3, than other applicants, but that since the late 1990s, applicants from SEG 4-7 have had a similar acceptance rate to that of average of all applicants to Medicine<sup>9</sup>. Furthermore, an analysis of acceptance rates by school type also shows that applicants from Independent schools have had consistently higher rate of acceptance than those from state schools (see figure 2). These data suggest that applicants

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<sup>9</sup> Data classified by Socio-economic Class in 1994-2001 where 1-3 = Professional; Managerial and technical/intermediate; Skilled Non-Manual and 4-7(6) = Skilled Manual; Partly skilled; Unskilled. Data classified by Socio-economic Grade from 2002 where 1-3: Higher managerial and professional; Lower managerial and professional; Intermediate occupations and 4-7 = Small employers and own account workers; lower supervisory and technical occupations; Semi-routine occupations; Routine occupations.

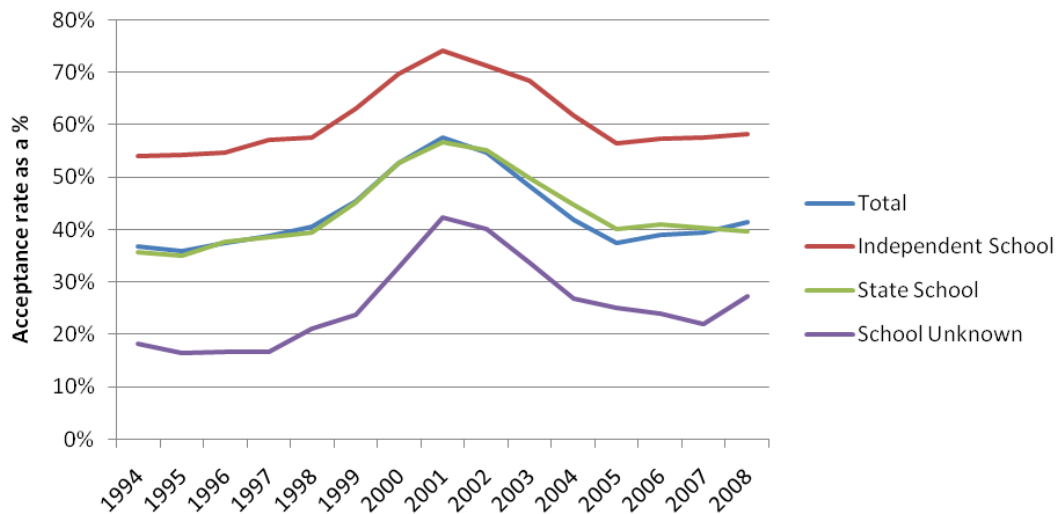
from lower socioeconomic groupings and state schools may lack sufficient information and guidance needed to prepare a competitive application to study medicine.

Figure 1: Showing the acceptance rates to medicine by socio-economic grade/ class



Data sourced from UCAS 2009

Figure 2: Showing the acceptance rates to medicine by school type



Data sourced from UCAS 2009

**Part III: Current initiatives, programmes and policies to ensure fair access to the profession(s)**

All Medical Schools are engaged in widening participation however, how activities are managed and funded varies between schools. Some schools run their own schemes specifically for medicine; others operate according to University policies and programmes.

### Admissions practices aimed at widening access

In terms of admissions practices, many schools provide extra support in the application process for applicants from low participation groups (17 of 28 respondent schools), and have an adjusted entry criteria policy for low participation groups (17 of 28 respondent schools). For example the Widening Access Team at Cardiff organises workshops to provide information and advice on completing personal statements and gaining work experience as well as mock interviews. Current medical students also offer valuable advice and give examples of their own application experiences, through the workshops and e-mentoring.

### Outreach activities

All Medical Schools are engaged in some form of outreach activities as part of their widening participation agenda. These activities include student led school visits (26/28), summer schemes/schools (25/28), attendance at regional and national recruitment events outside the University (25/28), staff led school visits (24/28), taster days (24/28), active local partnerships with low participation schools (21/28), and various forms of mentoring including e-mentoring (20/28).

Many UK Medical Schools are engaged in a wide range of outreach activities aimed at widening participation. For example, the comprehensive programme of outreach activities at St George's follows pupils through their educational development. St George's contributes to a number of widening participation networks, particularly in AimHigher geographical and thematic partnerships. Plans to raise aspirations among local Primary school children include the provision of specially designed first aid and personal, social, health education (PSHE) work sheets to local primary schools, and support this work with a programme of visits from current students. In addition, the Medical School will be running a programme of visit/taster days on site for primary school pupils. St George's activities aimed at Secondary school students include the *Experiments Roadshows* and clinical taster days for year 8, 9 and 10 pupils; HEFCE/ESF funded Summer Schools; and the award winning Taste of Medicine CD-ROM for pupils and teachers.

### Financial support for disadvantaged students

As with all undergraduate programmes financial support is aimed at students from low income families, and medical students who qualify for additional support do so through national schemes such as those run by OFFA in England and SAAS in Scotland. In addition to the national schemes to support students from low income groups, some Medical Schools offer other scholarships and bursaries to socially disadvantaged students.

For example, in Edinburgh 35 medical students are currently in receipt of University of Edinburgh Access Bursaries, each amounting to £1000 per year of study - a similar arrangement also exists at Sheffield. UEA's Alumni award provides additional financial support to all foundation students in their last two years of the programme. Leeds Medical School

offers two scholarships to medical students from low income families: the Financial Support Scholarship, a one off £800 award; and the Bartlett Scholarship, funded by the Bartlett Foundation providing a £2,500 Scholarship to students through an annual award of £500. Peninsula Medical School currently offers three bursaries for each new intake, targeted at students from Devon and Cornwall from SEG 4-7 or those who have difficult personal circumstances, with an award of £2,000 in year one and £1,000 per year for the next three years. Finally, UCL medical students, on the basis of financial need, can receive Bennett-Waters Scholarships (£1000 per annum for up to 5 years); Gowland hardship funds (£500); UCL Alumni Scholarships (£500 or £1000); UCL hardship funds and Intercalated BSc scholarships and bursaries awarded on the basis of academic merit and/or financial need.

#### Overseas examples

Outside of the UK, other initiatives such as lowering the threshold for academic marks, emphasising cognitive skills, ethical orientation and aspects of empathy and creativity, as assessed through interviews and by psychometric tests, have been employed by some Medical Schools in Australia (BMA, 2004).<sup>10</sup>

#### Evidence

Little evidence is available for assessing the effectiveness of the initiatives, programmes and policies designed to widen access to Medicine. However, students who have been subject to the outreach activities have reported back positively where evaluation forms have been issued, as at Aberdeen, Imperial, Sheffield and Leeds.

#### **Part IV: Suggested actions to extend fair access to the profession(s)**

The Medical Schools Council advocates the sharing of best practice both within and between professions. Evidence should be sought to guide practice, and for this short, medium and long term evaluations of the impact of the various approaches are needed. It should be noted that by including tariff points in the current system determining the university league tables, universities are potentially de-incentivised from lowering tariff requirements. An adjustment of league table criteria would support Medical Schools (and other professional programmes) in their efforts to widen access into the medical profession.

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<sup>10</sup> BMA The demography of medical schools: A discussion paper, *BMA* (2004)