

# The Medical Schools Council

## GUIDING PRINCIPLES FOR THE ADMISSION OF MEDICAL STUDENTS

Revised March 2010

The following revision to the Medical Schools Council guiding principles for the selection and admission of students to UK Medical Schools has been prepared following a helpful workshop at the Admissions to Medicine and Dentistry Conference 2009. *Tomorrow's Doctors 2009*<sup>i</sup> requires medical schools to demonstrate open, fair and objective processes for student selection. This document reflects the criteria for student selection outlined in *Tomorrow's Doctors* and the principles are based on those commended by the *Schwartz Report*<sup>ii</sup>: transparency; selection for academic merit, potential and diversity; reliability, validity and relevance; the minimising of barriers; professionalism. Due consideration has also been given to *Unleashing Aspiration* the final report of the Panel on Fair Access to the Professions<sup>iii</sup>, which asks that admissions policies take account of the social and educational context of applicants' achievements.

- 1. Selection for Medical School implies selection for the medical profession.** *The Role of the Doctor Consensus Statement*<sup>iv</sup>, agreed in 2008, outlines the unique combination of attributes and abilities doctors require. A medical degree, entitles the new graduate to hold provisional registration with the General Medical Council (GMC) provided their fitness to practise is not impaired. Consequently there is a need to select those with appropriate attributes for training and entry into the profession, and to consider fitness to practise issues when selecting students.
- 2. The aim is to select those with the greatest aptitude for medical training from those with high academic ability.** Candidates are expected to have a high level of academic attainment but it must be recognised that some students will not be suited to a career in medicine, even though they have attained the necessary academic standards. Understanding science is core to the understanding of medicine, but medical schools generally encourage diversity in the subjects offered by applicants and will publish the range of acceptable subjects together with the typical offers which will be made. Medical Schools will also publish details of any admissions test(s) applicants are required to take. Medical schools' admissions policies, will take account of the personal attributes and academic abilities needed in a doctor as set out in *Good Medical Practice*<sup>v</sup> and the capacity to achieve the outcomes set out in *Tomorrow's Doctors*.
- 3. The practice of medicine requires the highest standards of professional and personal conduct.** Where significant concerns exist regarding applicants' behaviour or probity it is in the interests of such students and of the public that they should not be admitted, rather than to have to leave the course or the profession subsequently. Applicants should be made aware that medical students have certain additional responsibilities to other students, and because of this, different standards of professional behaviour are expected of them.<sup>vi</sup>
- 4. Applicants are required to pass a number of checks prior to their enrolment.** Medical schools will inform candidates of the purpose, implications and timing of each of these checks. Applicants are required to undergo an enhanced criminal records check prior to enrolment, which will identify spent and unspent convictions, cautions, admonishments (Scotland), reprimands and warnings.<sup>vii</sup> Medical schools will send the details of how and when to apply for criminal records checks to applicants, applicants are generally expected to pay for their criminal records check. In addition, medical schools will also ask applicants to make known a positive declaration as early as possible, so that the individual circumstances may be considered in a timely fashion, and so that study is not interrupted or terminated due to the late disclosure of something relevant to an enrolled student's fitness to practise. Not all convictions will result in being barred from the profession. Certain types of offences against children will always disqualify an applicant, and offences against the person and recent/serious dishonesty are likely to disqualify a candidate from entry onto a medical degree. The Vetting and Barring Scheme was set up to protect children and vulnerable adults from harm. Under this scheme, candidates applying to medicine from 2010 will also be required to register with the appropriate body<sup>viii</sup> to be eligible to complete clinical placements and to practise as a doctor.
- 5. Failure to declare information that has a material influence on a student's fitness to practise may lead to termination of their medical course.** Honesty and integrity are considered to be essential attributes for the practising doctor and by extension the medical student. If it were to come to light that a student failed to declare something relevant to their fitness to practise as a doctor it could indicate a lack of honesty and integrity.

6. **The practice of medicine requires the highest standards of professional competence.** Medical students are expected to demonstrate all outcomes required by the GMC in *Tomorrow's Doctors*<sup>ix</sup> before they graduate. An impairment or health condition may make it impossible for a student to meet the outcomes required by the GMC at the point of graduation. However, in most cases health conditions and disabilities will not be a bar to becoming a doctor, as reasonable adjustments can be made to the method of learning and the assessment by which the student demonstrates the required outcomes.<sup>x</sup> Issues relating to a candidate's health will not be dealt with by the interview panel. Health matters will be considered separately from the selection process, by a Health and Conduct Committee or equivalent and informed by an Occupational Health assessment. This process would be run in parallel with the general admissions decision-making process. Applicants should declare a history of any serious physical or mental disorder, and individual circumstances will always be considered on a case-by-case basis. Applicants are encouraged to seek advice from the Medical Schools as early as possible to facilitate timely consideration. A history of serious health issues will not jeopardise a career in medicine unless the condition impinges on professional fitness to practise. In addition to the Medical Schools, the disability centre within the University can also advise disabled applicants.
7. **The primary duty of care is to patients.** Both medical schools and medical students have a duty of care to patients. Freedom from infection with blood-borne viruses (BBVs) is not an absolute requirement for those wishing to train as doctors; as such BBV testing is performed post admission to medical school. However, BBV-positive students (and students declining testing) will not be permitted to perform exposure-prone procedures (EPPs) whilst infectious. Experience of EPPs is not a requirement to meet the outcomes in *Tomorrow's Doctors*, although applicants must recognise that careers, especially in surgical specialties, may not be open to them if their infection persists. The guidance: *Medical and dental students: Health Clearance for Hepatitis B, Hepatitis C, HIV and Tuberculosis*<sup>xi</sup> provides more detail on the medical schools and medical students responsibilities in relation to health clearance.
8. **Applicants should demonstrate some understanding of what a career in medicine involves and their understanding of, and suitability for, a caring profession.** Applicants may draw on relevant work experience, either paid or voluntary in health or related areas, to demonstrate this understanding. Medical schools recognise that practical experience in hospices and residential homes, or domestic caring responsibilities, is equally appropriate as work in a conventional healthcare setting such as a hospital or GP surgery. More important than the experience itself, is the ability to demonstrate an understanding of the relevant skills and attributes the profession requires by reflecting upon and drawing on any experience they may have. Applicants should be advised that, in order to engage in health care related work experience, under vetting and barring legislation, they will be required to register with the appropriate body.
9. **Medical Schools have agreed that the selection process for medical students must be transparent, involving procedures that respect obligations under relevant diversity and equality legislation.** Medical schools will make available to prospective applicants details of their admissions policies and explanations of the admissions process<sup>xii</sup>, via their websites and the Entry Profiles on the UCAS Course Search website. Medical schools welcome diversity among their applicants. Medical schools will engage with admissions practices and other activities, which support widening access to the medical profession. The broader widening access to the professions agenda, and the role of Universities to this end, is described in *Unleashing Aspiration* the final report of the Panel on Fair Access to the Professions.

<sup>i</sup> Tomorrow's Doctors (2009). General Medical Council

<sup>ii</sup> The Schwartz Report: Fair Admissions to higher education: Recommendations for good practice (2004)

<sup>iii</sup> Unleashing Aspiration: The Final Report of the Panel on Fair Access to the Professions (2009)

<sup>iv</sup> The Role of the Doctor Consensus Statement (2008). The statement was agreed by: The Chief Medical Officers of England, Scotland, Wales and N Ireland, The Academy of Medical Royal Colleges, The Association of UK University Hospitals, The BMA, COPMed, The GMC, The King's Fund, The Medical Schools Council, NHS Employers and PMETB.

<sup>v</sup> Good Medical Practice (2006). General Medical Council

<sup>vi</sup> Medical students: professional values and fitness to practise (2009). Guidance from the GMC and the MSC; Paragraph 3, Page 4

<sup>vii</sup> Definitions and classifications vary between the Devolved Administrations. Applicants from England, Wales and Northern Ireland are handled by the Criminal Records Bureau ([www.crb.gov.uk/](http://www.crb.gov.uk/)) and applicants from Scotland by Disclosures Scotland ([www.disclosurescotland.co.uk/](http://www.disclosurescotland.co.uk/)).

<sup>viii</sup> In England, Wales and Northern Ireland this body is the Independent Safe Guarding Authority ([www.isa-gov.org.uk/](http://www.isa-gov.org.uk/)) and in Scotland it is Disclosures Scotland (as before).

<sup>ix</sup> Tomorrow's Doctors (2009). General Medical Council

<sup>x</sup> Gateways to the Professions: Advising medical schools: encouraging disabled students (2008). The General Medical Council and the Department for Innovation, Universities and Skills (England)

<sup>xi</sup> Medical and dental students: Health Clearance for Hepatitis B, Hepatitis C, HIV and Tuberculosis (2008). The Medical Schools Council, the Council of Heads and Deans of Dental Schools, Association of UK University Hospitals and the Higher Education Occupational Physicians Group

<sup>xii</sup> Admissions Policies: Guidance for Higher Education Providers (2009). Supporting Professionalism in Admissions; 2.1.2.–2.1.3. [www.spa.ac.uk/good-practice/admissions-policies](http://www.spa.ac.uk/good-practice/admissions-policies)