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Medical Student Selection: How Good Are We?

Abstract:

In the last quarter of a century there have been major changes in the selection of medical students. The shift from academic performance to academic performance plus other, so-called, non-cognitive factors has developed a significant momentum. While this appears to be a new phenomenon we can find similar recommendations in the 1940's.

In a review of selection for places in medicine the Interdepartmental Committee on Medical Schools (UK, 1944) recommended that the process should include examination results, interview by a small committee, and reports from head masters or mistresses. They recommended adequate arrangements for weeding out failures in the early part of the course. The committee also noted that selection of medical students demands significant thought by the authorities and it is suitable for research.

Following this prescient report there was a gradual drift to selection on academic "merit". The realisation that medicine required more than academic success to succeed as a competent doctor led to a renaissance in the use of interviews. However, it was not until the development of the Multiple Mini-Interview by Kevin Eva and his group that research into selection developed and resulted in significant changes to selection.

We now have a plethora of selection processes, including; cognitive tests such as GPA, MCAT and similar; personality tests; situational judgement tests; portfolios; and interviews of various types. How these processes are combined to make a final decision is also very variable. Through these methods it is now possible to adjust the selection process to reflect the interests of the medical school. In Australia, for instance, selection methods are used to promote selection on academic ability, rural or regional interests or other student characteristics.

So where do we go from here. Do we need additional methods of selection? If so, do we improve our currently available instruments or do we need to develop new ones?

The cost of selection is high, for both the school and the applicants. Do we need to develop systems that can be used on-line so that travel by the applicants is not required? Do we need to develop more effective paper-based or on-line instruments that can screen applicants before the interviews and thus reduce unnecessary time and money spent on interviews?

The biggest question however is, do the selection methods improve patient care? Some research data would suggest that it does, however with the variability in selection processes and the time between selection and practice as a medical practitioner it is a difficult question to answer.

I will argue that continued development of selection methods will continue to improve the doctors we graduate.