

# Council of Heads of Medical Schools

## GUIDING PRINCIPLES FOR THE ADMISSION OF MEDICAL STUDENTS

The following revision to the CHMS guiding principles for the selection and admission of students to medical schools has been prepared following a helpful workshop at the CHMS Admissions to Medicine and Dentistry Conference 2004. The principles are based on those set down in the Schwartz report: transparency; selection for merit, potential and diversity; reliability, validity and relevance; the minimising of barriers; professionalism. Consultation has indicated that there is widespread support for the new principles, including from the BMA and Department of Health.

1. ***Selection for medical school implies selection for the medical profession.*** A degree in medicine confirms academic achievement ***and*** automatically entitles the new graduate to be provisionally registered by the General Medical Council and to start practising as a doctor (Medical Act 1983, Part II). Fitness to practise issues must therefore be considered when selecting students.
2. ***The selection process attempts to identify the core academic and non-academic qualities of a doctor.*** First among these is the recognition that patient care is the primary concern of a doctor. Honesty, integrity and an ability to recognise one's own limitations and those of others are central to the practice of medicine. In addition, medical students should be expected to have good communication and listening skills, an ability to make decisions under pressure and to remain calm. They must be able to cope with stress and have an understanding of professional issues such as teamwork and respect for the contribution of other professions. Curiosity, creativity, initiative, flexibility, and leadership are all desirable characteristics for the aspiring doctor. Admissions policies will be informed and guided by current research and good practice.
3. ***A high level of academic attainment will be expected.*** Understanding science is core to the understanding of medicine, but medical schools generally encourage diversity in the subjects offered by candidates and will publish the range of acceptable subjects together with the typical offers which will be made.
4. ***The practice of medicine requires the highest standards of professional and personal conduct.*** 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. 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. ***Criminal offences and other related matters*** must be declared by applicants. Offences against children will always disqualify a candidate, and offences against the person and recent/serious dishonesty are likely to disqualify a candidate from entry onto a medical degree. 'The Duties of a Doctor' as determined by the General Medical Council ([www.gmc-uk.org](http://www.gmc-uk.org)) should be studied by aspiring candidates.
5. ***The practice of medicine requires the highest standards of professional competence.*** In relation to admission to medical school this will mean that the medical school must evaluate whether there are particular circumstances that will preclude a candidate being able to practise as a doctor. Issues relating to a candidate's health will not be dealt with by an interview panel set up to assess personal qualities. Health matters will be separately considered by a Fitness to Practise Committee informed by an Occupational Health assessment. This process would be run in parallel with the general selection process. A ***disability***, for example, need not be a bar to becoming a doctor if the student can fulfil the rigorous demands of professional fitness to practise as a newly qualified doctor. Students with disabilities should seek advice from medical schools well before the deadline for UCAS submissions so that their individual circumstances can be considered. Applicants are expected to declare a history of any serious ***physical or mental disorder***, and each applicant's circumstances will be dealt with on a case by

case basis. A history of serious ill health will not jeopardise a career in medicine unless the condition impinges on professional fitness to practise.

- 6** *Candidates should demonstrate some understanding of what a career in medicine involves and their suitability for a caring profession.* Medical schools expect candidates to have had some relevant experience, either paid or voluntary in health or related areas. Medical schools will not be prescriptive how this is obtained, recognising the widely differing opportunities available to candidates,
- 7** *Medical schools have agreed that the selection process for medical students must be transparent, involve 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. Medical schools will be proactive in accordance with legislative requirements in reaching out to all sections of the community  
Medical Schools welcome diversity among their applicants and are positive about accepting applications from mature applicants. However it is recommended that older applicants consider the date of completion of training and the likely number of years that they will be able to practise after qualification when applying.
- 8** *The primary duty of care is to patients.* Freedom from infection with blood-borne viruses is not an absolute requirement for those wishing to train as doctors, although an applicant who is a carrier must recognise that some areas, especially surgical specialties, will not be available as career choices. The nature of the medical course means that students found to be infectious carriers of blood-borne viruses on entry to medical school will need to comply with occupational health supervision and guidance from the responsible Head of Course to ensure they do not perform exposure-prone procedures.
- 9** *Failure to declare information that has a material influence on a student's fitness to practise may lead to termination of their medical course.*

## GUIDING PRINCIPLES FOR THE ADMISSION OF MEDICAL STUDENTS February 1999

The following guiding principles for the selection and admission of medical students to medical schools have been agreed by the Council of Heads of Medical Schools:

1. ***Selection for medical school implies selection for the medical profession.*** A degree in medicine confirms academic achievement ***and*** automatically entitles the new graduate to be provisionally registered by the General Medical Council and to start practising as a doctor (Medical Act 1983, Part II).
2. ***Medical schools have agreed that the selection process for medical students must be transparent and involve procedures that respect obligations under the Race Relations Act and offer equality of opportunity.*** Individual medical schools will publish annually details of their admissions procedures together with an analysis of the outcome of the selection process. Their procedures will reflect an agreed standard for racial equality and equal opportunities. They will amend procedures that are shown to result in any unfair imbalance between successful and unsuccessful applicants. The results of their internal audits will be available for scrutiny by the national bodies that have responsibility for monitoring equal opportunities legislation.
  - a. Medical schools welcome mature students who satisfy the selection criteria, but will take account of the length of postgraduate general and specialist clinical training that doctors are required to undertake.
3. ***The selection process attempts to identify the core academic and non-academic qualities which doctors must possess.*** First among these is the recognition that patient care is the prime duty of a doctor. Honesty, integrity and an ability to recognise one's own limitations and those of others are central to the practice of medicine. In addition, medical students should be expected to have good communication and listening skills, an understanding of professional issues such as teamwork and respect for the contribution of other professions. Curiosity, creativity, initiative, flexibility, and leadership are all desirable characteristics for the aspiring doctor.
4. ***Candidates should have obtained some experience of what a career in medicine involves and demonstrate their suitability for a caring profession.*** Medical schools will not be unduly prescriptive about the nature of this experience, recognising the differing opportunities available to candidates.
5. ***A high level of academic attainment will be expected.*** Understanding science is fundamental to the understanding of medicine, but medical schools will encourage diversity in the subjects offered by candidates and will publish the range of acceptable subjects together with the typical offers which are made.
6. ***The practice of medicine requires the highest standards of professional and personal conduct.*** It must be recognised that some students may not be suited to a career in medicine, even though they may attain the academic standards necessary for admission to medical school. It is in the interests of such students themselves and the public for them not to be admitted to medical school, rather than to have to leave the course or the profession subsequently. ***Criminal offences and other related matters*** must be declared by applicants. Medical schools will seek information from applicants on any convictions or charges with offences, which are awaiting trial, or on Child Protection investigations.

7. ***The primary duty of care is to patients.*** Students who have ***infectious diseases*** that could be transmitted to patients - e.g. e-antigen positive hepatitis B - will not normally be admitted to medical school. Candidates should therefore satisfy themselves of their suitability in this regard well before committing themselves to the admissions process.
8. ***The practice of medicine requires the highest standards of professional competence.*** This implies that there may be particular circumstances which require special consideration. A ***disability***, for example, need not be a bar to becoming a doctor if the student can fulfil the rigorous demands of professional fitness to practise as a preregistration house officer. Students with disabilities should seek advice from medical schools well before the deadline for UCAS submissions so that their individual circumstances can be considered. Applicants must declare a history of mental ill health, but this will not jeopardise a career in medicine unless the condition impinges on professional fitness to practise and is ongoing or likely to recur.
9. ***Failure to declare information that has a material influence on a student's fitness to practise may lead to termination of their medical course.***

February 1999