

New aptitude test for medical schools less subject to bias than A-level results alone

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A new aptitude test, aimed at increasing diversity and fairness in selecting school leaver applicants to UK medical and dental schools, still has inherent gender and socioeconomic bias, although it is less subject to bias than A level results alone, finds a study published in the *British Medical Journal* today.

Selection to highly competitive UK degree courses such as medicine and dentistry needs to be appropriate, fair and transparent. Unfortunately, the validity and reliability of many current selection practices is questionable. With A level grade inflation, discriminating between large numbers of highly able applicants on their academic achievement alone is increasingly difficult, and participation needs to be widened.

These concerns led to the development of the UK Clinical Aptitude Test (UKCAT) which was first used in 2006 as part of the admissions process by a consortium of 23 medical and dental schools.

The test is an appraisal of skills such as verbal reasoning and decision analysis, and is designed to ensure that candidates have the most appropriate mental abilities, attitudes and professional behaviours for new doctors and dentists to be successful in their professional careers.

To determine whether this test provides a more equitable assessment of aptitude, Professor David James and colleagues analysed data from the first group of applicants who sat the UKCAT in 2006 and who achieved at least three passes at A level in their school leaving examinations.

They found a modest correlation between A level and UKCAT scores, which confirms that the test can be used as a reasonable proxy for A levels in the selection process.

However, the test had an inherent favourable bias to male applicants and those from a higher socioeconomic class or from independent or grammar schools.

These findings lead us to be cautious about use of the UKCAT and the value of any one specific sub-test within an admissions policy, conclude the authors. They also reinforce the need for further research to clarify the practical value of the UKCAT in a wider range of applicants and, importantly, its predictive role in performance at medical or dental school.

Measuring cognitive ability is a step in the right direction, but it doesn't tackle "widening participation" - the admission of people from lower socioeconomic groups or those whose education has been compromised by attending poorer schools, writes Professor David Powis from the University of Newcastle in Australia, in an accompanying editorial.

And neither does UKCAT yet provide selectors with information on the non-cognitive characteristics and personal qualities that are fundamentally essential (and those that are undesirable) in the generic good doctor, he adds. This challenge remains for the future.

Provided by British Medical Journal

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