

Disadvantaged students with lower grades do just as well on medical degrees

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Students from some of England's worst performing secondary schools who enroll on medical degrees with lower A Level grades, on average, do at least as well as their peers from top performing schools, a new study has revealed.

The research also found that students from poorly performing schools who match the top A Level grades achieved by pupils from the best performing schools, go on to do better during a medical degree.

The authors of the research are now calling for medical school entry criteria to be relaxed for all pupils applying from low-performing schools.

The study, led by academics from the University of York alongside partners at the Universities of Dundee and Durham, analysed data from UK medical degree courses and linked it to information on secondary schools from the Department for Education.

Some universities, such as Birmingham, Southampton and Kings College London, have already trialled A Level 'grade discounting' for medical school place offers for some disadvantaged applicants.

Lead author of the paper, Lazaro Mwandigha, from the Department of Health Sciences at the University of York said: "This study suggests that relaxing A Level grade entry requirements for students from the worst performing [secondary schools](#) is beneficial. Although there are

important further questions about how to fairly classify schools, the study demonstrates that these students are, on average, just as able to keep up with the pace of a medical degree".

There is fierce competition to study medicine in the UK with normally around 11-12 applications made for each place on offer. Partly as a result of this, entry grade requirements have crept up to AAA or A* AA at A Level. Despite only 5.3% of children in the UK going to private school, around half of medical degree places are currently filled by students who attended selective schools.

Supervising author Dr. Paul Tiffin said: "This study is the first robust evidence that grade discounting for pupils from underperforming schools is justified. At the moment around 20% of UK schools are providing 80% of our [medical students](#) so A Level achievement should be viewed in terms of the context in which a pupil learns in order to help increase fairness and widen participation in medicine."

While they acknowledge it is not a "cure all" solution, the researchers argue that lowering entry grades for certain pupils could work as part of a package of measures.

Dr. Lewis Paton, another member of the research team at the University of York, said: "Bright pupils from less well performing schools sometimes don't apply to medical school because they or their teachers don't think they'll make the grades required to get in. If medical schools started to contextualise A Level results, it could make access to studying medicine appear more achievable."

The researchers argue that widening access to medical degrees is not just a matter of social fairness; it is also something that would benefit the UK's health services.

Dr. Tiffin added, "The NHS needs more doctors from under-represented minority groups. Having doctors from a wider range of backgrounds would enable health professionals to better understand and meet the UK's diverse healthcare needs."

Clare Owen, Assistant Director of the Medical Schools Council, said "This research adds important data to our understanding of how entry requirements relate to subsequent performance. The Medical Schools Council recognises the benefits of admissions which take applicants' backgrounds into account and this year published a guide which collects together the best practice of medical schools as they implement contextual admissions. Each medical [school](#) must decide on the best approach for its circumstances and this research will help them by making a significant contribution to the evidence base"

The study looked at data on medical students who had taken the UK Clinical Aptitude Test (UKCAT) - the admissions test used by most UK universities for admissions to their medical degree programmes. The dataset included information on schools attended by applicants, A level results, admissions to medical degrees and performance on the course.

What is the effect of secondary (high) schooling on subsequent [medical school](#) performance? A national, UK based, cohort study is published in *BMJ Open*.

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