5. Application and selection

The whole emphasis of this book is to aid and encourage potential medical students to examine properly the career they are considering. This chapter deals in more detail with some of the practical "nuts and bolts" of the process of applying to and being selected by a medical school. All too often careers advice concentrates too much on these practicalities, implying the only criteria for choosing future doctors are whether they can fill out an impressive application form and get themselves selected. This detracts from the more important process of your addressing medicine's suitability as a career for you, and your suitability to be a doctor. Only after giving this serious consideration should you consider the details of application and selection set out in this chapter.

Unfortunately, the qualities which count for most in medicine are not precisely measurable. The measurable—examination performance at school—neither necessarily relates to these qualities nor guarantees intellectual or practical potential. Stewart Wolfe, an American physician, was right to ask:

> Are the clearly specified and hence readily defensible criteria those most likely to yield a wise and cultivated doctor—a person capable of dealing with uncertainty, of compassionate understanding and wise judgment? Can an ideal physician be expected from an intellectual *forme fuste* who has spent his college years only learning the "right answers"?

Furthermore, there is no acceptable objective measure of the quality of the doctor against which to test the validity of selection decisions. In this sea of uncertainty it is not surprising that selection processes are open to criticism. None the less, few patients would choose a doctor without meeting him or her first and a strong argument can be made for discovering the people behind their UCAS forms, if only briefly. Also, many applicants think that they should have a opportunity to put their own case for becoming a doctor.

Selection for interview (and at some schools for offer without interview) is made on the strength of an application submitted through UCAS. An application completed partly by the applicant and partly by a referee,

usually the head or a member of the school staff, who submits a confidential reference.

Altogether, about 12 000 home and European Union applicants compete for over 6000 (soon to be 7000) places to read medicine at United Kingdom universities, together with about 1500 overseas students who compete for about 330 places. Women comprise over half of all applicants and entrants. Some of the new places are on new accelerated courses for graduates (see p. 40).

It is worth completing the UCAS form accurately and legibly. Deans and admission tutors who have to scan a thousand or two application forms (which they receive reduced in size from the original application) simply do not have time to spend deciphering illegible handwriting. A legible, even stylish, presentation creates a good impression from the start.

Personal details

The first section of the UCAS form presents the personal details of the applicant, including age on 30 September of the coming academic year. Many applicants give instead their current age and at a glance seem to fall below the minimum age for entry at some medical schools or to be so young that older applicants might reasonably be given priority over them. True, the date of birth is also requested, but the quickly scanning eye may not pick up the discrepancy.

The list of schools attended by an applicant is often a useful guide to the educational opportunity received. More ability and determination are needed to emerge as a serious candidate for medicine from an unselective school with

2000 pupils, of whom only 10–15 normally enter university each year, than from a selective school for which university entry is the norm.

Choices

Applicants are not expected to give all their course choices to medicine. Six university courses can be nominated on UCAS forms, and the medical schools have requested that applicants should limit the number of applications for medicine to four. The remaining choices can be used for an alternative course without prejudice to the applications for medicine. You should remember, however, that if a backup offer for a non-medical course is accepted and the candidate fails to get the grades for medical school but does sufficiently well for the backup then that offer has to be accepted, and it is not possible to enter clearing for medicine. The only alternative is to withdraw from university entry in that year and to apply again the following year.

Other information

Examination results should be clearly listed by year. It is sensible to list first those subjects immediately relevant to the science requirements for medicine and those subjects needed for university matriculation, usually English language and mathematics. All attempts at examinations should be entered and clearly separated. The date and number of A level or degree examinations yet to be taken complete the picture.

While it probably never pays to try to amuse on an application form it is worth being interesting. Your personal statement presents an opportunity to catch the eye of a tired admissions dean because medicine demands so much more than academic ability, so include mention of your outside interests and experiences. John Todd, a consultant physician, observed from his own experience that:

> The value of the physician is derived far more from what may be called his general qualities than from his special knowledge … such qualities as good judgment, the ability to see a patient as a whole, the ability to see all aspects of a problem in the right perspective and the ability to weigh up evidence are far more important than the detailed knowledge of some rare syndrome.

Small details, such as the information that an applicant spends his free moments delivering newspapers, assisting in the village shop, and acting as "pall-bearer and coffin-carrier to the local undertaker" converts a cipher into a person. None of those particular activities may be immediately relevant to future medical practice but at least they show initiative. Other activities, such as hobbies, music, drama, and sport, indicate a willingness and ability to acquire intellectual and practical skills and to participate, characteristics useful in life in general but also to a medical school which needs its own cultural life to divert tired minds and to develop full personalities during a long course of training.

Some applicants offer a remarkably wide variety of accomplishments, such as the boy who declared in his UCAS form: "I play various types of music, including jazz, Irish traditional, orchestral and military band, on trombone, fiddle, tin whistle, mandolin, and bodhran. … " If Irish music be the food of medicine, play on. But that was not all, for he continued: "I also enjoy boxing and I have a brown belt (judo). My more social pastimes include ballroom dancing, photography, driving and motor cycling." Would this young man have time for medicine?

It is not sensible to enter every peripheral interest and pastime lest it appears, as indeed may be so, that many of these activities are superficial. It is also unwise for an applicant to enter any interest that he or she would be unable to discuss intelligently at interview.

The applicant's own account of interests and the confidential report (for which a whole page is available) sometimes bring to life the different sides of an applicant's character. For example, one young man professed "a great interest in music" and confessed that he was "lead vocalist in a rowdy pop group" while his headmaster reported that he was "fairly quiet in lessons … science and medicine afford him good motivation … his choice of career suits him well. There is no doubt that he has the ability and temperament successfully to follow his calling". All in all this interplay of information is useful, for medicine is a suitable profession for multifaceted characters.

The confidential report is always important and is sometimes crucial. Most teachers take great care to give a balanced, realistic assessment of progress and potential in these confidential reports. Readers of UCAS forms quickly discover the few schools pupilled entirely by angels. Cautionary nuances are more commonly conveyed by what is omitted than by what is said, but a few heads are sufficiently outspoken to write from the hip in appropriate circumstances. Euphemisms may or may not be translated such as: "Economy of effort and calm optimism have been the hall mark of his academic process. Put another way, his teachers used to complain of idleness and lack of interest." Others indicate that they are attempting to get the candidate to come to terms with reality. For example: "We have explained to him that you are not in the business to supply fairy tale endings to touching UCAS references and that you will judge him on his merits."

It sounded as if that candidate was likely to come to the same fate as the would be officer cadet rejected from Sandhurst with the explanation that "he sets himself extremely low standards—unfortunately he totally fails to live up to them". Not that every head gets it right, like the one whose pen slipped in writing, "Ian also has the distinction of being something of an expert in breeding erotic forms of rabbits".

Fair but frank confidential references are an essential part of an acceptable selection process. The confidential report usually includes a prediction of performance at A level, useful because it is set in the context of the report as a whole; but predictions can be misleading. A recent survey of the accuracy of A level predictions indicated that only about one third

turned out to be correct, a half were too high (and half of these by two or more grades) and a tenth were too low. Occasionally a candidate is seriously underestimated, with the result that an interview is not offered and the applicant is at the mercy of the clearing procedure after the results are declared or has to apply again next year. Application to medical school after the results are known would be fairer but the practical difficulties in changing the system have so far proved insuperable.

Getting an interview

What in the mass of information counts most in the decision to shortlist a candidate for interview or even, at some medical schools, an offer without interview? Grades achieved in GCSE and A level if already taken or predicted grades if not yet taken are universally important. Medical schools also take notice of, but may give different weighting to, outstanding achievement in any field because excellence is not lightly achieved. They look for evidence of determination, perseverance, and consideration for others; for an ability to communicate, for breadth and depth of other interests, especially to signs of originality, for the contribution likely to be made to the life of the medical school, for a solid confidential report, and for assessment of potential for further development by taking all the evidence together. Highly though achievement is valued, potential, both personal and intellectual, is even more important. Perceptive shortlisters look for applicants who are just beginning to get into their stride in preference to those who have already been forced to their peak, aptly described by Dorothy L Sayers in *Gaudy Night* as possessed of "small summery brains that flower early and run to seed". Although the shortlisting process deliberately sets out to view applicants widely, analysis of the outcome has shown that academic achievement still carries the weight in selecting candidates from their UCAS forms. The great majority of applicants called for interview are academically strong, and it is then that their personal characteristics decide the outcome (see next chapter).

What weight is put on medically related work experience in shortlisting—and what indeed is "medically related"? If you look through the stated views of individual medical schools in the *UCAS Guide to Entry to Medicine* on the "qualities" they are seeking in applicants, you will find three constantly recurring themes: communication skills, evidence of concern for the welfare of others, and a realistic perception of what medicine entails. It follows that any work experience that entails dealing with the public, actively helping or caring for others, or which shows doctors at work and health care in action may enable you to be convincing in establishing your ability to communicate, your understanding of what you would be letting yourself in for, and your discovery of the skills and attributes you already possess which make you suitable in principle for the responsibilities of a doctor. It is not so much precisely what you do but why you have done it and what you have both given to it and gained from it.

Applicants could legitimately ask whether any factors, apart from the strength of the UCAS application form, enter into the selection for interview. It used to be customary at many medical schools (a tradition by no means confined to them) for the children of graduates of the school or of staff to be offered an interview, but that has now been abandoned out of conviction that the selection process must be and be seen to be open and, as far as can be, scrupulously fair.

Unsolicited letters of recommendation are a sensitive matter. Factual information additional to the UCAS confidential report is occasionally important and is welcome from any source. For example, one applicant had left another medical school in his first term against the advice of his dean to work to support his mother and younger brother. Three years later, when the family was on its feet and he wanted to reapply to medical school, he was under a cloud for having given up his place. The UCAS form did not tell the full story; and a note from the family doctor was most helpful in giving the full background to a courageous and self sacrificing young man. Some other unsolicited letters add only the information that an applicant is either well connected or has good friends, and it is difficult to see why such applicants should be given an advantage over those whose friends do not feel it proper to canvass.

It is not only unsolicited testimonials that recommend in glowing terms. How could any dean resist the angel described thus by her headmaster:

> The charm of her personal character defies analysis. She is possessed by all the graces and her noble qualities impress everybody. She has proved the soul of courtesy and overlying all her virtues is sound common sense. She has always been mindful of her obligations and has fulfilled her responsibilities and duties as a prefect admirably well. Amiable and industrious, she appears to have a spirit incapable of boredom and her constructive loyalty to the school, along with her unfailing good nature, has won her the high esteem and admiration of staff and contemporaries alike. We recommend her warmly as a top drawer student.

A "top drawer" student indeed—and a top drawer headmaster.

When to apply

All UCAS forms for applicants to medicine must be received by 15 October at the latest, so get on with it as early as possible. Late applications are rarely even considered and almost never successful.

In principle a year's break between school and university is a good thing. The year is particularly valuable if used to experience the discipline and, often, the drudgery of earning a living from relatively unskilled work. It can provide insights for students (most of whom come from relatively well off families) into the everyday life and thinking of the community which will provide most of their patients in due course and may be very different from their own background. There is no need for such work to be in the setting of health care; in fact much is to be said for escaping from the environment of doctors and hospitals.

If the earnings of these months are then used to discover something of different cultures abroad that is a bonus. Alternatively, you may work abroad through Project Trust, Gap Projects, Operation Raleigh, or other similar organisations. But just being a year older, more experienced, and more mature is, in itself, helpful to the discipline and motivation of study and especially useful when you are faced with patients. In practice, short term employment may, unfortunately, be difficult to find but there are few places where work of some description cannot be obtained if a student is prepared to do anything legal, however menial. Settling down to academic work again after a year off can be a problem, but it is not insuperable if the motivation and self discipline are there. If commitment has evaporated after a year's break, better to have discovered early than late; better to drop out before starting rather than to waste a place that another could use and to waste your own time, which could better be channelled elsewhere.

A practical dilemma arises for those planning a year off over whether to apply for deferred entry before taking A levels or to apply with completed A levels early the year afterwards. Universities may be reluctant to commit themselves a year ahead to average applicants because the standard seems

to be rising all the time. Outstanding applicants, however, should have no difficulty in arranging deferred entry before taking A levels, but it is worth checking the policy of schools in which you are interested before application. If you are not offered a deferred place apply early the next year and send a covering letter to the deans of your chosen medical schools asking for as early an interview as possible if you are planning to go abroad.

REMEMBER

- Each year about 12 000 home and EU students apply for 6000 (soon to be 7000) places to read medicine in the UK.
- Some of the additional places will be shorter courses for graduates, mostly, but not entirely, science graduates.
- About 1500 overseas students compete for 330 reserved places.
- Women comprise just over half of applicants and entrants.
- Academic achievement is the strongest determinant in selection, but broader interests and achievements also count.
- It generally pays to apply as early as possible.
- Applications should be legible, honest, and, as far as possible, interesting.
- Use four choices for medicine; it is entirely reasonable to give a fifth and sixth to a non-medical option, but this is not compulsory.
- If you are planning a gap year, apply for a deferred entry rather than delay your application, and be prepared to discuss your plans for the year at interview.