# ANALYSES/REVIEWS OF THE LITERATURE

# Selection of Medical Students: Philosophic, Political, Social, and Educational Bases

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The task of selecting a cohort of medical students from a pool of well-qualified applicants is complex and fraught with ethical dilemmas and organizational difficulties. In this article, we identify and attempt to formalize the constraints on the task. In response to a range of pressures (or influences) a medical school creates a selection policy, in which selectors define the "necessary character-

- 1. Academic achievement (A). Demonstrated ability in public examinations, particularly thee learning, recall, and utilization of factual information. This is related to intelligence in its naarrower definitions.
- 2. Intellectual and reasoning skills (I). Ann individual's style of manipulating concepts and information, and of approaching study and I learn-

major groups are briefly outlined here, together with the personal characteristics required of students to meet such objectives. The relationship between the pressures and the required personal characteristics is summarized in Table 1.

Pressures Within the University and Medical School

deep processing, problem solving, and l logical reasoning. It is broadly orthogonal to accademic achievement.

- 3. Personality (P). The enduring characteristics of individuals such as adaptability, mnaturity, extraversion, perseverance, initiative, and intrinsic motivations. Much "biodata" (Herriot<sup>7</sup>), assessed as "interests" and "hobbies," can be viewed as indirect indicators of personality; playing a musical instrument is an indicator of commitment, perseverance, and drive, inter alia.
- 4. Demographic characteristics (D). Typically fixed sociological indices such as age, sext, ethnic origin, domicile, type of school attended.
- 5. Interpersonal and communication skills

Universities are concerned principally with education, and therefore try to select students who will respond well to teaching and pass examinations. Universities also wish to produce graduates who will enhance the reputation of the institution. They may also consider the broader student community, searching for students who will make the institution a dynamic, happy working environment, perhaps by participating in extracurricular activities and gaining what William Osler called an avocation alongside their vocation of medicine. The personal characteristics of applicants that would favor achieving these objectives are (grouped by objective):

Table 1. Policy-Making Matrix

		Candidate Characteristic <sup>a</sup>								
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University Pressures	_									
Examination Achievement		•	٥							۰
Long-Term Academic Success		*	•	•						•
Professional Competence			•	۰		*		o	٠	
Specific Curriculum		•	•	۰		•			•	۰
Medical School Community				*	۰	•			*	
Professional Pressures										
Legal/Registration/Certification							•		o	
Maintaining Standards			*	•		•		•	0	•
Selection for a Specialty				•	٥	*		•	۰	
Community Pressures										
"Good" Doctors Ontimal Matching of Characteristics to Sp.	pointe!			*		*		•	*	•
Optimal Matching of Characteristics to Spe	cciaities				•				*	
Political Pressures Affirmative Action/Discrimination/Bias		-								
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They might therefore recommend the selection of students with particular approaches to study and learning (I), motivation (M) for independent study, personality (P) reflecting intrinsic drive, and appropriate attitudes (AT). Specialist expertise may also depend on psychomotor skills (PM), as in surgery, or interpersonal skills (IC) as in general practice or psychiatry.

#### **Political Pressures**

Universities are subjected to external pressures on their activities from political and legal sources, particularly when training professionals to work in large, expensive organizations, such as health services.

- 3. Selection for career speciality. Different specialties require different skills and attributes, and if these skills are less amenable to training,
- 1. Discrimination, bias, and affirmative action. In the United Kingdom, legislation such as the Race Relations Act (1976) and the Sex Discrimination.

(IC), then specialties may recommend their emphasis at selection (Gough & Bell<sup>11</sup>). Additionally, attitudes (AT), personality (P), or demography

mative action on the basis of race or sex. Equality of opportunity means that academic achievement (A) will be the predominant selection criterion.

The law requires that cortain departuration in

POWIS, McMANUS, & CLEAVE-HOGG costs and benefits. Thus although extra costs may separate from fairness at the individual level, as exemplified by the Bakke case in the United be incurred from educating and employing handhidden value, expressed as altruism, accruing to individual but fair socially to a minority group society, and from the educational benefits for the that previously had been discriminated against. medical school of having handicapped individuals in its classes. The Potential of Selection Processes

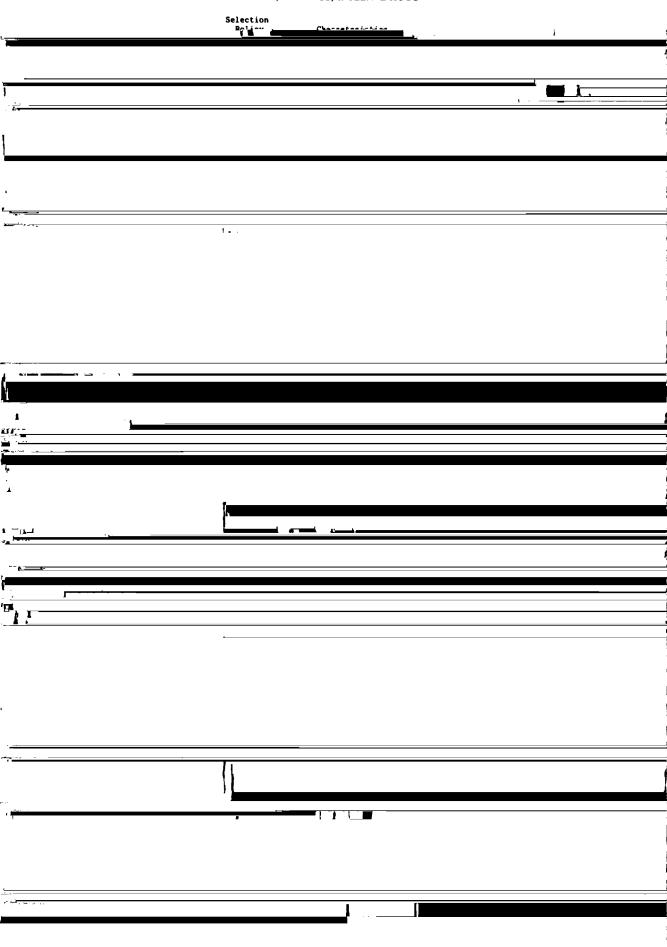
Moral Pressures: Fairness. Justice.

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#### SELECTION OF MECDICAL STUDENTS

sessed indirectly (and not always reliably; e.g., Richards et al. 17). Attitudes (AT) and motivation parental aspirations or expectation of high financial rewards on graduation). Ty pinaranhical and other collideranimines

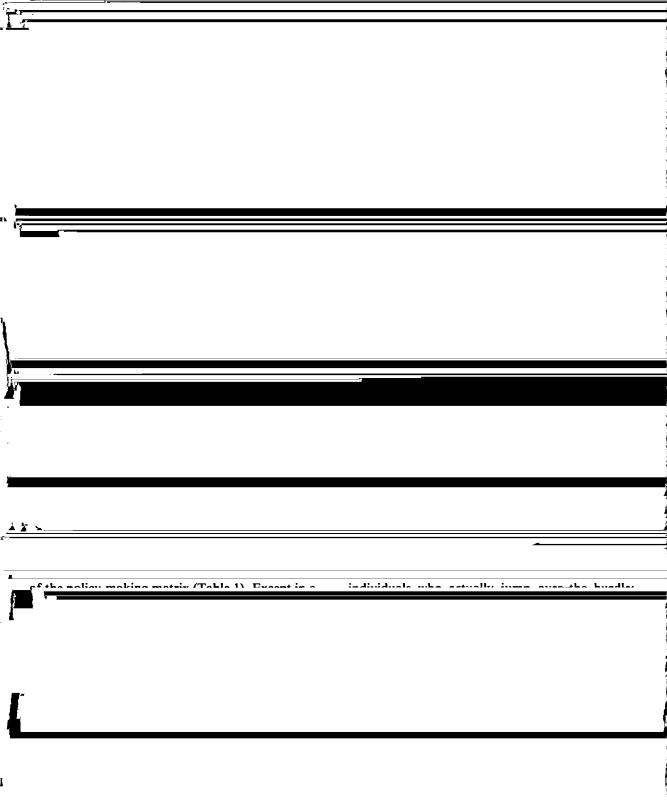
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# Why Is There a Problem of Selection?

Expressing the selection process in the form we have described indicates clearly that the funda-

health care. The hurdles are set to ensure that eventually the number of qualified applicants matches the number of places available. Self-selection systems are often advocated because they seem neutral and passive from the selectors' point



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