What are we looking for?

What makes a good doctor?
Medical school application competition

Trend in UG Market Size

* UK applications that are applicable for tariff analysis

<table>
<thead>
<tr>
<th>Year</th>
<th>% volume change on previous year</th>
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<tbody>
<tr>
<td>2011</td>
<td>3%</td>
</tr>
<tr>
<td>2012</td>
<td>-3%</td>
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<tr>
<td>2013</td>
<td>0%</td>
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<td>2014</td>
<td>-3%</td>
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<tr>
<td>2015</td>
<td>-13%</td>
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Admissions processes

- Academic record
- UKCAT, BMAT or other aptitude test
- Personal statement and references
- Interviews
Good predictors of future success:
Strong academic achievement good predictive validity
  • Especially in Chemistry
  • But we have approx 10 candidates per place who are very similar!
Aptitude tests mixed predictive validity
Personal statements weakest tool we have
High interview score good predictive validity

Training interviewers, ^ structure of interview ^ predictive ability of interview ratings
Interview process

MMI (Multiple Mini-Interview)

Admissions ‘speed dating’

Used to assess further some of the non-academic attributes

Used in medicine, dentistry and other healthcare professions.
What is an MMI?

Structure based on OSCE
Candidates rotate around 8-14 stations
Up to 10 mins on each question
Each station tests 1 or more attributes
UK interview experience

• 19 medical schools currently using MMIs

• Range
  • From 4 x 30 minute stations
  • To 12-14 x 5 minute stations
  • Sometimes prep is within the station sometimes it isn’t!

• Some also use group interviews

• Edinburgh does not interview
Problems with traditional interview
Eva et al, Harasym et al, Powis D

It does not measure traits known to predict good performance as a doctor

Interviewer variability has been shown to account for 56% total variance in interview ratings

Exam data demonstrates most reliable data is from multiple assessments by multiple assessors

Good performance in 1 domain does not predict performance in another domain

Candidate rehearsal is known to be a problem
Can test a range of skills, values
Redresses hawk/dove bias
Applicants can make up if poor on 1 station
No correlation with previous academic performance = non-academic selective tool
? Less cloning of the intake
Generally acceptable to participants (followed for 6/12)

Some interviewers get bored!
Does not allow interviewer to probe in depth
Candidates have regretted lack of opportunity to discuss reasons for wanting to study medicine
More resources required
Harris S, Owen C, Discerning quality: using the multiple mini-interview in student selection for the Australian National University Medical School. Medical Education 2007; 41: 234-41.
Lambe P, Bristow D. Predicting medical student performance from attributes at entry: a latent class analysis. Medical Education 2011; 45:308-316
Lemay J, Lockyer J, Collin V, Brownell A. Assessment of non-cognitive traits through the multiple mini-interview. Medical Education 2007; 41: 573-579
Powis D. Selecting medical students. Medical Education 1994; 28:443-469
Roberts C, Rothnie I, Zoonetti N, Crossley J. Should candidate scores be adjusted for interviewer stringency or leniency in the multiple mini-interview? Medical Education 2010; 44: 690-698