

The Times: September 14, 2003

Education: Playing the selection lottery

Jon Fuller explains why Queen Mary has become the first college to choose medical students at random

Earlier this year I was faced with a seemingly impossible task. More than 1,200 people had applied to train as a doctor on the graduate entry programme at Queen Mary college in London — for just 40 places. How on earth could I choose between them? Checking through their forms, my heart sank. Around half were apparently qualified to start the course. What about the 26-year-old with a masters degree in pharmacy, three years' experience as a pharmacist and a glowing reference from his academic supervisor? Or the 30-year-old PhD in maths with a BSc in sports science who had done voluntary work with disadvantaged children. She, too, had a positive reference from her academic supervisor.

Not to mention the 32-year-old man with a BSc in optometry who worked as an optometrist in a hospital, wanted to be an ophthalmic surgeon and had done voluntary work with adults with chronic illnesses.

Which one would you have chosen for interview? Fortunately, the medical school, anticipating a possible avalanche of applications this year, had recently taken a radical decision. We had decided to whittle the 650 who met our entry criteria down to 120 potential interviewees — on purely random grounds. Tomorrow, the first set of students selected partly by what headline writers have already called a “lottery” will start training to be doctors at Queen Mary.

We are the first medical school in this country that has explicitly used random selection, and we have had approval and criticism in equal parts. Many candidates have been understanding; I have spoken to applicants and parents who can see the logic of our procedures. But many not picked were bitterly disappointed and remain angry with us. I am still dealing with the flak from their complaints to MPs, the General Medical Council and Ucas, the universities admissions service .

Yet random selection is a method that has been used for entry to higher education elsewhere in Europe, such as in the Netherlands, for many years.

I must emphasise that random selection is only part of our selection procedure. All successful applicants must have achieved a first-class honours degree or a 2:1 in a science subject. They have to have a positive reference from a colleague or teacher, they have to show evidence of knowing what a career in medicine means and they have to pass a psychometric test, the Personal Qualities Assessment.

Looking at the 650 that met all those criteria it was difficult to distinguish them from each other. Ucas forms are not always helpful when choosing between applicants. Some universities, faced with even more overwhelming numbers of excellent applicants — such as Cambridge — have instituted further exams in order to rank their applicants academically.

The problem of distinguishing graduate entry applicants who want to train as doctors is even greater than that for students applying straight from A-levels, since the range of experience and qualifications is greater.

Unlike Cambridge, we decided not to raise the academic standards even higher, not to set any more exams (they had already demonstrated academic qualities) and not to use discriminators such as age or social class. Instead we chose to select 120 randomly and interview them in detail to find the 40 needed; (each applicant was interviewed by four pairs of interviewers and asked to comment on a video of a patient consulting a doctor).

Colleagues from other medical schools have been supportive, although many have told me that we were brave to admit that we used random selection. They understand because the problems we faced last year are not confined to Queen Mary. About 3,500 people applied for graduate entry places at medical schools last year; yet there were only 550 places on offer — which means a lot of disappointed people. Applicants for the five-year undergraduate courses overwhelm admissions tutors every year (at least 10 for each place).

We constantly worry about how to pick those who will make the best doctors. Most undergraduate medical schools, including Queen Mary, select by reading Ucas forms and predicted A-level results, deciding from what is written whether to interview. Applicants are given a 15-minute interview (Queen Mary interviewed 1,000 A-level applicants last year). We know some applicants are coached and personal statements written for them.

There are important, unanswered questions about how to select for popular university courses, particularly vocational degrees such as medicine. It remains difficult to predict how students will manage the transition to university; even those who have very high A-level grades and turned in a brilliant interview performance sometimes do poorly in their first year because they have difficulties coping with the learning methods at university.

We have been criticised for excluding people who would make good doctors. This is true, but it would be true whatever method we used. But at least, with our method, exclusion for the majority is not a criticism of them or their potential.

Like all universities, we continue to review our admissions procedures to attempt to ensure fairness. But when people say that a lottery is no way to choose doctors; I respond, then tell me, faced with these numbers of talented and qualified candidates — what is?

Jon Fuller is head of graduate entry at the Queen Mary school of medicine and dentistry