Dear Mr Findlay

Thank you for your letter of 7th December, 2016, requesting further information on the Matriculation Policy of Edinburgh Medical School. I believe that Sir Peter Rubin, Chair of the Board for Academic Medicine, is writing separately about the wider context, in particular the potential consequences of the dramatic expansion of medical school places in England and the differential effects of junior doctor contracts between England and Scotland. My reply is therefore focused on addressing the four major issues raised in your letter.

**Medical Student Intake**

Places to study Medicine are controlled at Government level. Both our total number of places and how these are distributed according to the student’s country of origin (and thus their fee rate) are determined annually by Scottish Government and the Scottish Funding Council.

For our 2016 entry, we were allowed to recruit a maximum of 217 students into the first year of the medical course. 115 places are available for “home fee” students, 85 for students from the rest of the UK, and 17 places are for overseas students. This allocation of places is fixed since students pay different levels of fee and we are not permitted to recruit additional Scottish students into RUK or international places.

Fee rates for Medicine are listed at [http://edin.ac/2j6QTz3](http://edin.ac/2j6QTz3)

The “home fee” group are mostly Scottish students, but students from elsewhere in the EU (excluding the remainder of the UK) are also eligible for these places. There is huge demand for both home fee and rest-of-UK places. For “home fee” status, we received 1277 applications in 2016 for 115 places, and were therefore obliged to refuse many well-qualified students.

**Admissions Procedures and Widening Access**

Our matriculation policy is detailed on our website ([www.ed.ac.uk/medicine-vet-medicine/undergraduate/medicine](http://www.ed.ac.uk/medicine-vet-medicine/undergraduate/medicine)) and in the attached pdf, which is available to all applicants. For standard entry into Medicine, the minimum requirement for a Scottish student is AAAAB at Highers in S5 and typically 2 Advanced Highers and a further Higher in S6, all with a minimum B grade.

We are keenly aware of the needs and challenges of widening access to medical education. Potential applicants from widening access backgrounds are encouraged
through two key routes: the LEAPS programme (leapsonline.org) which supports access to higher education for pupils at state schools in south east Scotland, and the University of Edinburgh’s “Pathways to the Professions” programme (www.ed.ac.uk/student-recruitment/widening-participation/projects/pathways-professions) which supports applications to Architecture, Law, Medicine and Vet Medicine from state schools in the Lothians. In the last two years an impressive student-led programme, “You Can Be a Doctor” (youcanbeadoctor.co.uk), has been going into schools and supporting potential applicants specifically for medicine.

We already operate a contextualized admissions policy, adjusting grade requirements for those who meet widening access criteria. We were also delighted to be given 10 additional places for 2016 entry specifically for widening access students and have successfully filled all these places.

The proportion of Scottish school pupils from the two most disadvantaged quintiles (SIMD 20 and SIMD 40) who received an offer from us to study medicine in 2016 was 33% (30 of 92 applicants). 17 of these applicants matriculated, corresponding to an entrant/applicant ratio of 18%. Students on the REACH and Pathways to the Professions programmes also succeed in obtaining places at our medical school (21 of 47 eligible students on these pathways received offers in 2015). Considering that we receive approximately 2300 applications for around 200 places each year, these figures demonstrate the positive impact of our selection policy on those from disadvantaged backgrounds. Further information about contextual admissions at the University of Edinburgh can be found at www.ed.ac.uk/student-recruitment/publications-resources.

Our existing programmes have been successful for a large number of widening participation applicants, but an underlying problem is aspiration, as much as achievement, in some schools. We do not receive enough applications from students with widening access markers. We are therefore now also pursuing interventions that reach further back into schools, and are in discussion with the Scottish Government Health Workforce Department about our proposals. Discussions around access courses and pre-medical course routes are current in most or all Scottish medical schools.

Non-academic Skills in Student Recruitment

How to select the best 17 year-olds to produce the best life-long doctors is a contentious area. Retention rates in all medical schools undergraduate programmes are very high, compared to other university courses, and drop-out rates are similarly low in all medical schools and, so far as we know, this also applies to later drop-out rates from Medicine as a profession.

Academic performance remains the strongest predictor of retention and subsequent success in professional exams. Of course, being a good doctor involves much more than passing exams. Many non-academic skills are taught and developed during a medical course and there are concerns that testing for them at age 17-18 may disadvantage some potentially excellent applicants. There is at present no evidence that any selection method produces better doctors than any other. Drop-out rates are similar in all medical schools.

In assessing our applications we do seek evidence of candidates’ personal qualities and skills (empathy, interpersonal relationships, ability to communicate), evidence of career exploration prior to application (understanding of medicine, work experience and shadowing amongst those who are diseased, disadvantaged or disabled) and evidence of the breadth and level of non-academic achievements and interests (social involvement, school responsibilities, leadership, organisational abilities, cultural, sporting, vocational and voluntary achievements). The Admissions Committee recognises that not all applicants have equal opportunities to gain relevant work experience and allow for this in the assessment of applications.
The selection weightings for entrants are based 50% on academic achievement, 30% on non-academic criteria (15% personal statement/reference and 15% situational judgement section of the UKCAT test) and 20% on score in the UKCAT aptitude assessment. For graduates and mature students who are selected for interview, the interview accounts for 30% of the final score, and the remaining 70% will be based on pre-interview academic/UKCAT performance.

We agree that the approach to selection of students is an important area, and we are reviewing our selection methods again in 2017.

**Careers in General Practice**

We agree with the Committee that the lack of GPs across Scotland and the wider UK is a matter of concern. Often, perhaps usually, career choices are made several years after students leave medical school, and many factors influence their decisions. For careers in general practice, factors such as work-life balance and gender are powerful predictors of this career choice. Medical schools do also have an important role to play in influencing career choices and, prompted by the recent Wass Report ([tinyurl.com/zt5eona](tinyurl.com/zt5eona)) we are holding a GP Summit in Edinburgh, convened by myself and Professor David Weller, to look at ways to encourage and support students to consider careers in general practice.

General Practice has a high profile in our MB ChB programme and, with our new curriculum which started in autumn 2016, our students will have further increased exposure to general practice across all years of their training. They already spend more time in general practice than in any other specialty. More broadly, the University of Edinburgh was the first in the UK to have an academic department of general practice and we continue to have a strong academic presence in this area. Professor Aziz Sheikh is a leading light internationally and is an excellent example of how the University contributes in primary care locally as well as internationally. Our contributions in public health research more broadly are also outstanding. Senior GPs occupy visible senior roles in the MBChB, and General Practice attachments are rated very highly by our students.

Edinburgh graduates are less likely to choose general practice than average, but it remains their largest career destination by a considerable margin ([eemec.med.ed.ac.uk/news#91](eemec.med.ed.ac.uk/news#91)). The performance of Edinburgh graduates at RCGP specialist exams is the third highest in the UK, after Oxford and Cambridge ([eemec.med.ed.ac.uk/news#92](eemec.med.ed.ac.uk/news#92)), which does not suggest that it is the choice of the least academically able.

It is an unexplained observation, so far, that medical schools with higher entry grades tend to produce fewer GPs. Importantly, however, the smaller proportion of graduates from Edinburgh choosing General Practice is balanced by over-recruitment to a number of other key shortage specialties. Edinburgh is in the top 6 schools for recruitment to Medical specialties, Psychiatry, Paediatrics, Anaesthetics, Public Health, Obstetrics and Gynaecology, and Radiology.

**Retention in Scotland**

There is evidence that doctors undertaking their postgraduate training in a region are more likely to remain in that region to practice as GPs or consultants. There is probably a weaker effect from medical school choice, looking at the huge range of medical schools that have trained Scotland’s existing medical workforce.

For some of our new programme ideas we are seeking guidance on how apprenticeships/golden handcuffs might encourage graduates to remain in Scotland. Like choice of specialty, there are many influences on these decisions. At a time of shortage of doctors, perceptions of working conditions are likely to be a powerful influence on choice of location (and specialty).
I trust this response has provided the information you requested but I would, of course, be happy to amplify or further discuss any of these issues.

Yours sincerely

Professor Moira Whyte OBE, PhD, FRCP, FMedSci
Sir John Crofton Professor of Respiratory Medicine
Head of School of Medicine
Director Centre for Inflammation Research