



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Code of Practice for Selection

1 Introduction

This code of practice defines the policies and procedures that govern the selection of students to join the MB ChB course at the University of Buckingham and the roles of the groups and individuals responsible for them. The aim of the selection processes is to employ fair and transparent procedures to recruit students who have the intellectual capacity and personal attributes to achieve highly during the course, and go on to become competent and caring doctors able to develop and play a full role in whichever health system they work for the remainder of their career.

1.1 Management and Governance of selection procedures

Just as with other aspects of the provision for the MB ChB, the **management** of the selection processes is defined in the *Code of Practice for Management of the Curriculum*. The individual with overall responsibility for all processes relating to the MB ChB is the Director of Medical Education, and there are domain leads each responsible to the Director for different aspects of the provision.

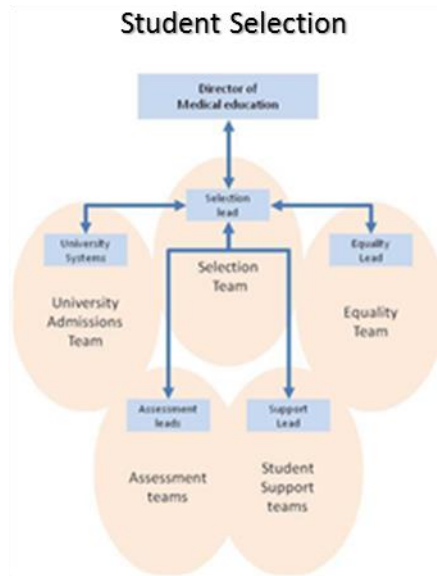
The Selection Lead will work with the Director of Medical Education and other Leads to ensure that the correct numbers of the most suitable applicants for the MB ChB are selected by processes which are open, objective and fair.

The Selection Lead will be responsible to the Director of Medical Education for:

- **S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.**

Working with the other Domain Leads, teams and Clinical Placement providers the Selection Lead will ensure that the following requirements are met:

- **R2.20 Organisations must make sure that recruitment, selection and appointment of learners are open, fair and transparent.**
- Ensure that the Medical School publishes information about the admissions systems, including guidance about the selection process, and the basis upon which places will be offered. Ensure that selection criteria and processes take account of the personal and academic qualities needed in a doctor as set out in Good Medical Practice, and the capacity to achieve the outcomes for graduates defined in 'Tomorrow's Doctors' (2009).
- Ensuring through collaboration with the Assessment Leads and teams that the selection processes adopted are valid, reliable and objective.
- Ensuring that selection processes include input from people with a wide range of expertise and knowledge, and that they are all trained to apply selection guidelines consistently and fairly.
- Liaison with the Equality Lead to ensure that those involved in selection are also trained to promote equality and diversity, and to follow current equal opportunities legislation and good practice.
- Working with University systems to ensure smooth operation of the processes of recruitment and selection.
- Managing mechanisms to deal with queries and complaints from applicants.
- Working with University systems to ensure that the numbers of applicants recruited are consistent with appropriate quotas for each category of applicant.



The Selection Lead will work with the selection team, which may include one or more deputy Selection Leads. The Selection team will meet regularly during the admissions cycle to monitor progress and review policies and procedures.

The Selection Group will make regular reports to the Curriculum Executive which will oversee selection processes to ensure that they are working effectively.

The **Governance** of selection processes will be via the Board of Studies for the MB ChB which has significant external representation. The Selection Lead will provide written reports at least twice a year on the operation of the selection processes for consideration by the Board.

1.2 Ensuring the quality of selection processes

The **Selection Lead** is responsible for the operation of **quality control** mechanisms to ensure that selection processes are properly monitored and evaluated, and issues of quality addressed as quickly and effectively as possible. These processes are described in section 4 below.

The **Quality Lead** is responsible to the Director of Medical Education for the **Quality Management** of the selection processes as described in the *Code of Practice for Quality Management*. This will involve oversight of the quality control processes operated by the Selection Lead through, first approval of those quality control processes. Second through a shared data base of quality data, including reaction of applicants and staff to selection procedures, monitoring of the relationship between selection data and later student performance, and ultimately the later performance of entrants as doctors. Third, quality is managed through periodic review of selection processes, and fourth, through responses to any concerns raised by applicants, staff or other stakeholders.

The Quality Lead will be responsible for liaison with the **General Medical Council** which will undertake the **Quality Assurance** of the selection processes.

1.3 Ensuring fairness of selection processes

The **Selection Lead** is responsible for ensuring that the selection processes are fair and transparent and that they do not discriminate between applicants who are able to pay the fees for

the course on any grounds other than suitability for a career in medicine. These processes are described in section 2 below.

The **Equality Lead** is responsible to the Director of Medical Education, for the oversight of the fairness of selection processes. The Equality Lead will advise on the design of selection processes that acknowledge the value of diversity, and minimise the risk of direct or indirect discrimination on the grounds of the protected characteristics defined in the Equality Act, and will monitor the selection processes in operation for any evidence of such discrimination. For specific guidance on fairness refer to section 3.9. The Equality Lead will make regular reports to both the curriculum executive and the Board of Studies, and may raise concerns at any time through the Director of Medical Education or if necessary the Vice Chancellor of the University.

2 The Selection procedures

Applicants may apply directly to the University of Buckingham, or through the University and College Admissions Service (UCAS). Selection processes will operate in the same way whichever route of application is chosen.

The selection processes operate in two stages. The first stage involves judgements on the basis of the written application primarily related to academic achievement as an indicator of **intellectual suitability** for a medical course and the practice of medicine. Applicants may offer a variety of qualifications, but the overriding principle is that achievement should be at the highest level, and comparable to entrants to other medical schools in the United Kingdom. It is not intended that ability to pay the fees for the course should compensate for academic achievement that is less than usual for entry to a medical course in the UK.

The second stage of selection applies only to those who meet the academic threshold, and is intended to judge **personal attributes** relating to suitability for practice as a doctor. It consists of an Objective, Structured Selection Examination (OSSE), made up of a series of tasks intended to test abilities related to 'Good Medical Practice', published by the UK General Medical Council, according to the blueprint defined in Annex A to this Code.

The Medical School may consider all the information provided within a candidates application including academic qualifications, personal statement and references before a final decision is made to interview or offer a place on the MB ChB course.

2.1 Initial selection on academic achievement

The aim of this stage is to identify those applicants who have, or are about to achieve, academic qualifications that are broadly comparable to entrants to other medical schools in the UK. It is however expected that a large fraction of entrants to the Medical School at the University of Buckingham will come from outside of the UK and may offer a wider variety of qualifications than is usual for entrants to UK medical schools. The selection team will therefore often have to make judgements of equivalence, and these will be made on the best evidence available to the team at the time. It is not appropriate at this stage therefore to define precise scoring systems, as these may well disadvantage (or advantage) some applicants with alternative qualifications.

The up to date academic requirements can be found on the Medical School website.

All applicants who have obtained the threshold grades at the time of application will be invited for the second stage of the selection process.

For those who are working towards final qualifications a judgement will be made of the probability that threshold grades will be achieved.

In the case of applicants offering UK GCSE and A-level this judgement will include:

- The pattern of grades obtained at GCSE. It is unlikely that an applicant who does not have a very large majority of A grades or A* grades at GCSE will be considered likely to meet the A-level grade threshold.
- The actual grades obtained at AS Level if known
- Official predictions from their school or college of the A level grades likely to be obtained.

In the case of alternative qualifications the selection team will make a judgement based on such indicators of past performance and predictors of future performance as are available.

So long as, in the judgement of the selectors there is a better than 75% chance of grade requirements being met then an applicant will be called for the second stage of interview. It must be recognised that in most cases this will be a human judgement from a complex set of data, but the selectors will work on the principle that if there is doubt they will err on the side of calling an applicant to the next stage.

Any offer made at a later date will, however, be conditional on actual attainment of the required grades.

2.1.1 Exclusions Criteria at Academic Assessment

There are additional factors that may normally prohibit entry onto the MB ChB course:

- Previous enrolment on a medicine course, whether completed or not
- Evidence of dishonesty on the application form
- Previous spent and unspent criminal convictions and bindovers
- Failure to meet entry requirements
- Previously undertaken an OSSE at UBMS
- Transfers from other undergraduate science or medicine programmes cannot be accepted

2.2 The Objective Structured Selection Examination (OSSE)

This part of the selection process is used to distinguish between applicants who have crossed or who are predicted to cross the academic threshold on the basis of other attributes relevant to the practice of medicine. The selection will be made on the outcome of an Objective Structured Selection Examination (OSSE) conducted in English. Every applicant will undertake a series of tasks each intended to judge aspects of suitability for a career in medicine as described in the GMC document 'Good Medical Practice'. There will be between ten and twelve stations, each lasting seven minutes, and they will normally include, but not necessarily be restricted to:

1. Test of capacity to arrive at the selection location on time (with due allowance for validated travel disruption), bearing a full set of pre-defined documents
2. Tests of ability to communicate and empathise with simulated patients simulating complex life histories.
3. Tests of capacity to reflect upon the applicant's own life events, which may include those described in their 'personal statement'

4. Tests of comprehension and verbal explanation of ideas presented in writing
5. Tests of numerical skills relating to common tasks in the practice of medicine
6. Tests of ability to observe and summarise information from a video recorded interview between a doctor and a simulated patient
7. Tests of ability to identify strengths and weaknesses of communication skills exhibited during a simulated consultation between doctor and patient
8. Tests of ability to follow instructions for a practical task involving physical interaction with a simulated patient, and of capacity to interact sensitively and safely with the patient when undertaking the task.
9. Tests of ability to communicate and work collaboratively with colleagues through set collaborative tasks.
10. Tests of capacity to establish partnership with individuals through negotiation.

The time pressure and circumstances of the OSSE as a whole are considered also to be a test of aspects of personal resilience. Every effort will be made to ensure that the specific tasks chosen for each station can be completed in the allocated time so long as an applicant maintains focus, but it is explicitly recognised that the capacity to maintain such focus is an essential attribute of a person who intends to work as a doctor in the future, subject to legal requirements for reasonable adjustments in the case of a person with disability.

There will be multiple versions of each station, with quarantine arrangements (see below) when the same stations are used for more than one cycle during a given selection day. A blue print of the relationship between the stations of the OSSE and 'Good Medical Practice' is presented in Annex A.

Performance at each station will be scored either by the simulated patient, or by a trained marker, according to a check list defined in advance. The number of marks available at each station will be the same. For each applicant a total score will be cumulated across stations and applicants will be ranked according to total score. The rank of an applicant will be the principal factor influencing whether an offer of a place is made according to the procedures defined below.

3 Administration of the selection procedures

The Selection Lead is responsible for working with the University admissions staff to ensure the smooth and effective operation of the selection processes, from initial application through to the point of acceptance of an applicant onto the course.

3.1 Initial applications

General and specific enquiries about admissions to the medical course will be handled through University marketing and admissions staff based in the Medical School. Interested applicants will be advised to apply either through UCAS, using their standard procedures, or directly to the University using a modified application form. As the course start date is later than other UK medical schools the normal closing date for UCAS applications to medical school in mid

October will not apply, and the University will continue to consider applications through to the end of the UCAS admissions cycle, and into processes of clearing.

Applications by either route will be received into the admissions office of the Medical School and checked for completeness. They must, at a minimum have:

- Essential personal data, including names, date of birth, gender, nationality and current address and telephone number
- Information about academic qualifications already obtained, including copies of appropriate certificates, and if available transcripts.
- Information about further academic qualifications the applicant is currently working towards
- A suitable academic reference, which indicates, if qualifications are not already obtained, a prediction of the grades/marks likely to be obtained. This prediction must come from an official representative of the school or college where the applicant is currently studying.
- A personal statement by the applicant indicating their reasons for wishing to study medicine
- Information about any disability that may require reasonable adjustments during the selection process or the course

The admissions office will follow up applications missing elements of information and an application will not be processed further until full information is available.

3.2 Screening for the OSSE

The Admissions Team will refer to the approved list of entry requirements to determine whether an applicant will be invited to the OSSE or rejected. The entry requirements document will be defined and reviewed by the Selection Team, and approved by the Curriculum Executive prior to the application opening date each year.

Any applications that contain qualifications that are not defined in the entry requirements document will be reviewed the Quality Lead and the Director of Medical Education. The Admissions Team will send the Quality Lead and Director of Medical Education the applicant's reference number and details of their education and educational achievements, including any predicted grades in examinations yet to be taken. It will not include any direct information about ethnicity, gender, disability or other characteristics protected under the Equality Act (2010), though it must be recognised that indirect information is often present in other parts of the application and cannot reasonably be redacted. In such cases it is the explicit duty of the selectors not to take that information into account in making their decision.

On occasion, past academic performance may have been affected by acute life circumstances. In such situations the selectors may take account of information provided by the reference or personal statement to modify their judgement not to call an applicant to the next stage of the selection process.

An applicant will not be called to the next stage if there is any evidence of dishonesty in the application.

In the case of applicants not called to the next stage, the admission office will record a reason for the decision that may be fed back to the applicant if requested.

3.3 Screening in the case of applicants declaring a disability

Applicants who declare a disability at the time of application will enter the screening process in the normal way, and the declaration of disability will not be made available to the screening selectors. If any further information about disability is vicariously available, such as in the reference or personal statement, this will not be taken into account in the screening decision.

The admissions office, will however, institute a parallel process of investigation of Fitness to Practise medicine in line with guidance provided by the GMC in its document 'Gateways to the Profession' for those applicants judged likely to cross the academic threshold. This process will be led by the Student Support Lead, working with the Equality Lead, and will be conducted independently of the selection process. It will consist of two stages:

First, a preliminary assessment of whether the applicant may be able to complete the course and work as a doctor subject to reasonable adjustments according to the Equality Act (2010). This initial judgement will be made by the Student Support Lead and Equality Lead, taking into account information provided by the applicant, and advice from other professionals (such as educational psychologists) as necessary. It may be necessary to seek further information from the applicant at this stage, but it will be made clear that this is a separate process to the main selection. For most applicants with disability this will be a straightforward decision. If it is decided that an applicant has a reasonable chance of completing the course and working effectively as a doctor with reasonable adjustments, then their disability will not be considered in selection decisions, though they may be allowed reasonable adjustments in the OSEE (see below).

Where the nature or severity of disability indicates doubt about suitability for the course and a medical career, then the applicant will be referred to full Fitness to Practise procedures, which are codified in a separate document. If such procedures find them not fit to practise, then their application will be rejected.

3.4 Screening in the case of an applicant with past criminal convictions or health issues that might affect Fitness to Practise medicine.

All applicants will be asked to declare past criminal convictions, cautions or police warnings at the time of application, and should any convictions, cautions or police warnings be received during the application process they should also declare them immediately. An extended criminal record check will be made on those applicants who are selected for the course and registration will be conditional on that check being satisfactory. If it is discovered that any convictions, cautions or police warnings have not been declared before or during the application process, then the applicant will not be accepted onto the medical course under any circumstances.

Any applicant with a record of convictions, cautions or warning from the police will be considered by the 'Concerns Group', chaired by the Student Support Lead (see code of Practice on Student Support). In most cases the group will refer the applicant to Fitness to Practise procedures, which will investigate and come to a decision as to whether the applicant is likely to be suitable for the medical course and a career as a doctor. Meantime, if the applicant is called to the second stage of the selection process that will proceed independently of the Fitness to Practise proceedings.

All applicants will also be asked to declare any personal health issues that might impact upon their suitability for the course or for a career as a doctor. All such declarations will be considered by the 'Concerns Group' chaired by the Student Support Lead, which will take appropriate medical advice, and if necessary refer the applicant to Fitness to Practise proceedings. It is

recognised that this process will interact with issues of disability, and the Fitness to Practise judgements will take into account the requirements of the Equality Act (2010) as necessary. Meantime, if the applicant is called to the second stage of the selection process that will proceed independently of the Fitness to Practise proceedings.

3.5 Conduct of the OSSE

Applicants selected for the second stage of the selection process will be notified as soon as possible after the screening decision is made, and called to the next available OSSE day. Applicants will normally be given at least a month's notice.

There will be at least three OSSE selection events during each calendar year before the admission of a given cohort. Normally one of these will occur in February, a second in April, and a third in September. Each event will last a maximum of three days, with applicants allocated to one of the days. Applicants who have a reason considered legitimate by the admissions officers may change the day they attend during a selection event, or defer to the next selection event, so long as they give at least two weeks' notice. No applicant may change the date of their OSSE more than once, and applicants called to the final OSSE in a selection cycle will be informed that their case will be deferred to the next entry cohort if they do not attend.

Failure to attend an OSSE without very good reason will lead to the rejection of the applicant. Applicants will be sent a letter (electronically if appropriate) at least two weeks before their scheduled OSSE, containing information about the time and place of the examination and precisely what documents need to be brought on the day. The letter will contain a warning that failure to arrive on time or to bring appropriate documentation will affect negatively their chances of receiving an offer.

All applicants must bring:

- Appropriate photo identification, preferably a passport
- A full sized photocopy of their chosen form of photo identification

No applicant may continue the OSSE without firm photographic evidence of identity. Failure to produce a photocopy and late arrival will result in marks up to the equivalent of 1 station to be deducted.

3.5.1 Choreography of the OSSE

Applicants taking the OSSE on a given day will be called to arrive either before 0830, if taking one of the morning rotations, or before 1300 if taking one of the afternoon rotations. Staff will be available from 0800 to book applicants in, check identity, and to take University certified copies of certificates. For every five minutes after the respective deadlines an applicant will lose marks in the OSSE unless they can provide validated evidence of travel disruption beyond their control. Applicants will be warned that they must arrive before time and that arriving late may affect their chances of an offer. Full directions will be provided, applicants advised to stay locally the night before, and a suitable list of accommodation provided that they may book for themselves. Applicants will be asked not to bring mobile telephones, but if they do, the telephones will be taken from them and held securely until the whole OSSE session is complete.

Fifteen minutes after the final arrival time all applicants scheduled for that half day will be shown a video introduction to the OSSE process, which will explain further how the examination will be conducted, and how the applicants are expected to behave. Each applicant will be given a sheet of sticky labels with a unique identifier for that applicant (not their name) printed on each label.

The first OSSE rotation of the session will normally begin fifteen minutes after the video introduction. One applicant for each of the stations (including any rest stations if included) will be taken into the examination room to begin the examination. Those applicants who are scheduled for the second rotation of the session will remain in the holding room until the first rotation has begun, then they will be led on a conducted tour of the campus, or if they wish they may remain in the holding room. They must however return in good time for the next rotation.

The examination room(s) will be configured with room dividers into spaces for each of the stations organised so that applicants may easily move from one to the next. They will however be placed and divided so that applicants in any one station will not easily be able to hear the activity in adjacent stations. Stations will be numbered sequentially.

Each station will contain all materials necessary for the task, and all simulated patients and markers will be in place well before the applicants arrive in the room. Each station will have written instructions placed at eye level on the outside, so that applicants may read them before the task begins.

One applicant will be placed outside of each station, including rest stations, and asked to stand facing into the room, away from the instructions. Once all applicants are in place they will be asked to turn to read the instructions at their station. After two minutes a bell will ring, and the applicants will all enter their stations. Applicants must affix one of their sticky labels to the mark sheet in the station before beginning the task.

After seven further minutes, the bell will ring twice and all applicants must leave their station immediately whether they have completed the task or not. Applicants who do not move promptly will lose marks on the first occasion, and if they continue such behaviour will be disqualified from the examination and removed from the room. Each applicant then moves to the next station in ascending numerical sequence and begins to read the instructions outside of that station.

After a further two minutes the bells rings once again, and applicants enter their next station to begin the next task. Markers must complete marks sheets on each applicant between the end of the station and the next applicant arriving, and must not still be writing when the next applicant enters the station.

This sequence continues until all applicants in this rotation have completed all the stations. There will be a sufficient number of administrative staff present to ensure that applicants are monitored and guided to move correctly between stations.

All applicants will the leave the examination room to another room where they will be held in quarantine until the next set of applicants has entered the examination room for the second rotation of the session. Once the second rotation has begun, these applicants will have the option of a conducted tour of the campus, or they may leave.

Normally there will be two OSSE session on each day of the event, each with two rotations. Each OSSE session will have different, but equivalent versions of the stations from other sessions in that selection event.

On occasion, there may be three OSSE rotations in a single session during a day, in which case the quarantine arrangements will be adjusted so that later applicants may not have contact with those who have completed the earlier OSSE rotations in that session.

Mark sheets will be collected from stations during or after each rotation, any necessary further marking completed immediately, and then collated into sets for each applicant. Marks will be entered to a spreadsheet with double entry checking for accuracy, and a total mark calculated for each applicant.

3.5.2 OSSE for applicants requiring reasonable adjustments

There will be one or more sessions of OSSE during the admissions cycle where extra time will be allowed for those applicants who provide an educational psychologist report indicating a need for such adjustment. In this case timing will be adjusted to allow an additional 25% reading time between stations, and two minutes extra time in stations where the candidate must process written information or complete written tasks.

3.5.3 Misconduct

Medical School and University staff will monitor the behaviour of applicants during the selection process. Any applicant engaging in behaviour which is judged to be disruptive to the selection process will be asked to leave, and their application will be rejected. If there is any suggestion that an applicant has behaved inappropriately during the examination, or attempted to communicate by any means with applicants who have yet to take the OSSE, this accusation will be investigated by the Selection Lead, and if proven their application will be rejected.

3.6 Making offers

Offers will be made on the basis of performance in the OSSE. Each year the Selection Lead will determine the number of offers of places to be made, taking into account the fact that some offers will be declined, and some applicants may not meet the conditions of their offer. This will be a complex task, and the number of offers to be made may change during the admission cycle to maximise the chances of recruiting appropriate numbers to the course.

The principle is that offers are made starting with the best performing applicant in the OSSE, and running down the rank order of OSSE performance until the pre-determined number of offers has been made.

It is recognised however, that it is unreasonable to keep applicants who have attended an OSSE in February waiting until October to hear the outcome. A proportion of offers will therefore be made after the second OSSE event, normally in May. By this time the pattern of performance in the OSSE will be known, and it will be possible to identify a mark threshold above which it is extremely unlikely that an applicant will fall below the point in the rank order where offers will not be made. Applicants above this initial threshold will be made a firm offer. Others will be informed of their position, and told that their applications will be held until all OSSE sessions are complete, when a final decision will be made. It is likely that there will be tied ranks around the threshold for an offer at this stage, in which case the Selection Lead and Deputy leads will work as a team to choose between applicants with tied ranks on the basis of further information from their applications.

If appropriate, offers will be made conditional on performance in examinations yet to be taken, in accordance with the academic requirements described in section 2.1 above.

3.7 Confirming offers

Applicants who are known to meet the academic threshold and who cross the OSSE rank threshold will be made an unconditional offer, subject to normal University procedures concerning financial guarantees and eligibility for visas if appropriate. They will be expected to accept or decline the offer, and pay a deposit, within 6 weeks of receipt of offer, and if they do not reply by that time the offer will be withdrawn and another made to the next applicant in rank order.

Applicants made offers conditional on further examinations results will be required to provide validated evidence of those results promptly after they are announced. However, candidates will need to provisionally accept or decline the offer, and pay a deposit, within 6 weeks of receipt of the offer. If the conditions are met, their offer will become unconditional, and they will be subject to the same rules as above. If the conditions are not met and the offer invalid the deposit will be returned to the applicant. The Selection Lead will have a small amount of discretion to consider applicants who have failed to meet the conditions of their offer by a small margin, and may choose to make their offer unconditional at that stage.

3.8 Deferred Entry

3.8.1 General deferrals

If an applicant is selected and presented with an offer to study Medicine starting in January after academic and OSSE assessment, the place can only be deferred if that applicants rank is in the top 30% of all applicants (unless on medical grounds). The applicant can request their decile ranking once the selection process has been completed and an offer has been received.

In order to secure the deferred place the standard deposit of £10k will need to be paid within 6 weeks of the offer being made. Registration onto the course will be dependent on satisfactory occupational health screening, DBS checks and payment, as required for all MB ChB applicants.

3.8.2 Deferral on Medical Grounds or exceptional circumstances

If an applicant is selected and presented with an offer to study Medicine starting in January after academic and OSSE assessment, but medical reasons or exceptional circumstances prevent the applicant from starting the course, the place can be deferred. However, evidence documenting the incapacity to study at the start of the course will need to be provided.

In order to secure the deferred place the standard deposit of £10k will need to be paid within 6 weeks of the offer being made. Registration onto the course will be dependent on satisfactory occupational health screening, DBS checks and payment, as required for all MB ChB applicants.

3.9 Feedback to unsuccessful applicants

Those applicants who are not called to the OSSE may be given feedback on the reasons why they are considered either not to have met the academic threshold, or to be unlikely to meet that threshold. The reasons for the judgment of selectors will be recorded during the screening process.

Applicants who have presented for the OSSE, but who do not reach the threshold for an offer may be provided with their overall OSSE score, together with an indication of the decile in which they sat in the ranking process. The Medical School will not release details of performance at individual stations or the precise rank attained.

3.10 Appeals Process

Applicants are entitled to appeal against any decision made during the selection process but are not allowed to submit retrospective mitigation. Any appeal against decisions made by the selection team will be dealt with by the Medical School.

Feedback to unsuccessful applicants is available through the mechanism outlines in Section 3.9. However, if an appeal is deemed appropriate by the applicant they can write directly to med-appeals@buckingham.ac.uk to initiate an appeal.

The Lay Chair of the Board of Studies and the Chief Operating Officer will together review any decisions made about the application and have two options:

- Agree with the decision of the Selection Group and the Quality Lead will respond directly to the applicant.
- Refer the application back to the selection team and ask them to review their decision.

The Chair of the Board of Studies and Chief Operating Officer have no power to overturn the decision, this power remains with the Selection team and even if the case is reviewed the decision may not be overturned. However, if under review the Selection team reverse the original judgement, the applicant in question and all other applicants in a similar situation will be contacted by Medicine admissions.

3.11 Fairness in the Selection Process

3.11.1 General comments

This code of practice governs the fairness of the interaction between applicants and staff within the medical school. This document describes the transparency of our code of practice and ensures fairness by providing a guide to staff who may engage with potential applicants. The Equality Lead is responsible to the Director of Medical Education, for the oversight of the fairness of selection processes and can be contacted at any time to answer specific enquiries.

The Equality Lead may respond at any time to concerns about fairness raised by any applicant or any other individual, and may raise the matter with the Director of Medical Education or if necessary the Vice Chancellor of the University.

3.11.2 Enquiries, Recruitment and Marketing

General and specific enquiries about admissions to the medical course will be handled through University of Buckingham marketing and admissions staff based in the Medical School. Applicants will be advised to apply either through UCAS, using the UCAS standard procedures, or directly to the University using a modified application form.

Relationships with potential applicants will be nurtured by individual staff using appropriate methods to encourage applications to the Medical School. However, once an individual discloses that they are a current applicant; staff must refer them to the admissions office for advice. No contact should be initiated or continued by medical school staff to any individual applicant or group of applicants.

Individual applicants may be contacted by recruitment staff following any offers made by the selection team, in May and September through to the course start date, to promote conversion of an offer to an accepted place.

Feedback from enquirers and applicants will be coordinated by the Quality Lead in collaboration with recruitment and marketing staff.

3.11.3 Applicants

The Selection Lead is responsible for working with the University admissions staff to ensure the smooth and effective operation of the selection processes, from initial application through to the point of acceptance of an applicant onto the course.

Once an individual has submitted an application, all contact must be through the general admissions office. No contact shall be initiated or continued by medical school staff to any individual applicant or group of applicants. Only the Admissions Officer, central admissions and the Equality Lead will have access to the specific details of each applicant. Detailed information required for the selection process will be released at appropriate times with the student code acting as an identifier.

One exception to this is when an applicant has declared a disability, criminal conviction or health issue and has been invited to attend the OSSE. At this point the Equality Lead will provide the Student Support lead with the applicant's details. This will institute a parallel process of investigation of Fitness to Practise medicine in line with guidance provided by the GMC in its document 'Gateways to the Profession'. This process will be led by the Student Support Lead (please refer to section 3.3).

Any information provided to applicants must come through the admissions office and be provided to all applicants at designated times.

Feedback from applicants will be coordinated by the Quality Lead once offers or rejections have been made.

3.11.4 Post-Offers

Following the completion of the selection process and offers being made, individual applicants may be contacted by Medical School staff. Once offers have been made the admissions office, in collaboration with the Equality Lead, will release information to recruitment staff. The focus of contact with applicants at this point will be to promote conversion of an offer into an accepted place.

Applicants may request feedback on the selection process. Those applicants who are not called to the OSSE may be given feedback on the reasons why they are considered either not to have met the academic threshold, or to be unlikely to meet the threshold. The reasoning for the judgment of the selection team will be recorded during the screening process and relayed to applicants on request by the admissions office. Applicants who have presented for the OSSE, but who do not reach the threshold for an offer may be provided, by the admissions office, with their overall OSSE score, together with an indication of the decile in which they sat in the ranking process. The Medical School will not release details of performance at individual stations or the precise rank attained.

Feedback from applicants will be coordinated by the Quality Lead once offers or rejections have been made.

3.11.5 Patient & Public involvement in the selection process

Patients and the public have a legitimate interest in the selection of future doctors, and will be involved in the selection processes in a variety of ways, including:

- All selection policies and procedures, including selection criteria will be approved by the Board of Studies, which has external representation from the NHS, from patients and from students.

- In the Objective Structured Selection Examination a proportion of the judgements about individual applicants will be made by the simulated patients and external representative from the NHS, and these will contribute at least 30% of each applicant's score.
- Quality control mechanisms will involve collection of information from the patients and external representatives taking part in selection processes.
- In the case of applicants with disability or health problems consideration of their case will involve the 'concerns group' which has patient and external representation.
- In the case of conduct or health issues which may question Fitness to Practise, consideration of the case will be by Fitness to Practise procedures, which have external patient involvement.

4 Quality Control of the selection process

The Selection Lead is accountable to the Director of Medical Education for the quality control of the selection processes and procedures. The Quality Lead is responsible for the Quality Management of those processes and procedures by verifying the effective operation of the quality control processes.

Quality control will be exerted at the level of:

- The applicant experience, including administrative interactions with the University and Medical School and perceptions of fairness and effectiveness of the selection process.
- Indicators of the reliability of the selection processes.
- Indicators of fairness of the selection processes, including analysis of the performance of different groups.
- Indicators of the validity of the selection process, including the relationship between performance in the selection process and performance as a medical student, and eventually performance as a doctor.

4.1 Quality control of the applicant experience

The Selection Lead will be responsible for the collection of feedback from applicants passing through the selection process. All applicants will be sent a questionnaire seeking their views on the efficiency, fairness and effectiveness of the selection processes. These data will be collated by the Selection Lead, considered by the selection group, and entered into the shared data base of quality information maintained by the quality office.

The Selection Lead will produce a report each year summarising the outcome of evaluation by applicants, and this will be considered by the Curriculum Executive and Board of Studies, together with an action plan to resolve any issues arising from the feedback.

Feedback will also be sought in writing from external representatives involved in the selection process, including simulated patients, NHS staff and lessons learned both reported annually and taken into account as appropriate in the following admissions cycle.

4.2 Quality control of the reliability of the selection process

Initial screening of applications to make judgements about crossing the academic threshold will be subject to proportionate blind double assessment. Towards the end of the selection cycle a

proportion (not less than 25%) of applications will be considered by a second panel blind to the decisions of the first, and the decisions of the two panels compared statistically.

The outcomes of the OSSE examination will be subject to conventional psychometric analysis for indicators of reliability, with the aim of refining the examination to achieve a reliability coefficient exceeding 0.75 (given the relatively small number of stations).

4.3 Quality control of the fairness of the selection process

The Equality Lead will have access to information about protected characteristics declared by applicants that will not be known to the selection team, and will scrutinise the selection process for indicators of patterns of selection decisions that might question the fairness of the process. The Equality Lead will report annually to the Curriculum Executive and Board of Studies across the provision, including selection procedures.

The Equality Lead may respond at any time to concerns about fairness raised by any applicant or any other individual involved in the selection process, and may raise the matter with the Director of Medical Education or if necessary the Vice Chancellor of the University.

4.4 Quality control of the validity of the selection processes

The Selection Lead will work with the Curriculum and Assessment Leads to correlate performance in the selection process, especially the OSSE and the UKCAT scores, with performance of students during the course, and ultimately beyond, within the limits of data likely to be available. Periodic reports on such correlations will be used to inform development of the selection procedures, recognising that this will be a long term process, given the statistical uncertainty of such correlations with the relatively small numbers of students taking the course.

Annex A

Blueprint of Selection process to 'Good Medical Practice'

Good Medical Practice		Where tested in Selection process	
Domain	Standard	Application Form	OSSE Stations
1: Knowledge Skills & Performance	Develop & maintain professional performance.	High Academic Threshold.	
	Apply knowledge & experience to practice	High academic threshold. IELTS score.	Comprehension station. Numeracy station.
	Record work clearly, accurately & legibly		Data interpretation station.
2: Safety & Quality	Contribute to and comply with systems to protect patients	Declarations of disability and impacts on studies.	Manual dexterity station. Communication station.
	Respond to risks to safety		Interview station. Manual dexterity station.
	Protect patients and colleagues from any risk posed by your health.	Declarations of disability and impacts on studies.	
3: Communication, partnership & Teamwork	Communicate effectively		Communication station. Interview station. Comprehension station. Manual dexterity station. Negotiation station. Listening and assimilation station. Consultation evaluation station.
	Work collaboratively with colleagues		Leadership station. Negotiation station.
	Teaching, training supporting & assessing		Comprehension station. Interview station.
	Continuity & coordination of care		Listening and assimilation. Interview station.
	Establish partnership with patients		Communication station Manual dexterity station. Negotiation station.
4: Maintaining Trust	Show respect for patients		Communication station. Interview station.
	Treat patients & colleagues fairly and without discrimination		Communication station. Interview station. Leadership station. Negotiation station.
	Act with honesty & integrity	No probity issues.	Interview station.

Note: The selection processes aim to assess attributes that underpin the capacity to develop Good Medical Practice only as far as they can be judged at an applicant's stage of personal development.