Selecting the *Best Medical Students*

By A/Prof Chin Jing Jih

AROUND MAY and June annually, hundreds of parents in Singapore agonise over the outcome of their children's applications to the medical schools in Singapore. For many of these young men and women, earning a place in medical school is the climax of a meticulously planned project that began years ago, as early as their secondary school education. These aspiring doctors have dedicated much of their school vacations and free time on activities that are aimed at helping to develop their interests (and subsequently during application, as a proof of their commitment) in Medicine.

In spite of the often mentioned association between a medical career and poor work-life balance, a place in medical school, particularly a local medical school, remains the undisputed top prize and singular target for many bright students and their parents. The perception that medical practitioners are financially secure and highly respected by the community remains prevalent and deeply rooted in an Asian society like ours. And to many parents in Singapore, gaining a place in one of the local medical schools also means saving several hundred thousand dollars, which is roughly the amount of money required to achieve the same ambition at a foreign medical school in say, the UK or Australia. Every year, the applicants far outnumber the places that are up for grabs, resulting in intense competition.

"The admission system has done part of the job in ensuring that the best applicants are selected to become future doctors, and medical education will complete the task."

Challenges of choosing future doctors

For the medical schools, identifying the real McCoy from more than a thousand hopeful and anxious applicants is certainly no easy task. Furthermore, it comes frequently, though unfairly, with the expectation that they will make the right choices on behalf of the medical profession. The schools are often, whether justified or not, blamed for doctors found guilty of unethical behaviour or professional misconduct. The admission exercises in local institutions share many similar conceptual and operational challenges with medical schools all over the world.

Firstly, with so much at stake for the applicants and their parents, there is tremendous pressure on medical schools to ensure the selection process is fair and impartial. Schools that are still employing the unstructured, free-flow format of questioning during interviews will most definitely face ferocious appeals from unhappy candidates who felt that they were subjected to questions that were biased or unreasonable.

Secondly, Medicine has always attracted many applicants with impeccable results in their Singapore-Cambridge General Certificate of Education Advanced Level or International Baccalaureate examinations. This makes differentiating and ranking them based on academic performance rather difficult. While additional criteria such as assessments (like the BioMedical Admissions Test, which is a mandatory requirement in one of the local medical schools) may to some extent help to further differentiate applicants' suitability for Medicine, the admission interview needs to be well designed to enable robust separation based on evaluation of domains that are relevant to the profession.

This brings us to the most challenging task of selecting candidates with the right combination of qualities, in terms of academic abilities, and more importantly, personality and character traits that are critical to the production of compassionate and responsible doctors after five years of medical education. After all, the core mission of medical schools is to produce doctors who are professional, that is, well-equipped in terms of technical and ethical competencies. While academic abilities and potential can be inferred from the candidates' track record, no perfect psychometric model has been able to accurately predict their probability of becoming good doctors in five to six years' time.

Current admission system in local medical schools

In the last decade or so, medical schools in Singapore have responded positively to the aforementioned challenges, and have constantly reviewed and improved the admission system. The admission interview today has come a long way – from the previous system of open-ended viva voce (referred to by a medical colleague as "predictable questions

with unpredictable outcomes") to one that is based on more standardised assessment of applicants. This shift has resulted in significantly reduced variance in candidates' experience, and there is a general agreement that the system today is fairer and more objective.

Medical schools have also switched to having multidisciplinary interview panels to provide more all-rounded evaluation of applicants. And instead of a single interview, they are put through many different mini-interview stations, where situational judgement tests are employed to evaluate their fit with the course, based on their responses when presented with a range of distinct situations.

Potential improvements to consider

The medical fraternity has constantly debated what the ideal admission interview should be. Some have even begun to doubt the worth of an interview, suggesting that if the academic results of all the applicants are comparable, a lottery system based purely on luck to pick medical students from the sea of applicants may be more equitable and invites less protest from those who are unsuccessful.

Personally, I believe that the admission interview has some utility in helping to select the appropriate entrants for medical school. But I have less angst about whether we are employing the perfect system and best processes. I would argue that the interview is probably more useful in weeding out those who have overtly displayed personality or character traits that are either risky or totally incompatible with norms of the medical profession. But for the remaining candidates who do not display any unacceptable behaviour, the brief encounter can only achieve so much in determining their suitability for Medicine. The admission interview was certainly never meant to predict their future behaviour.

Let us not forget that most candidates admitted into the undergraduate programme are at a young and malleable age of 19 to 21. They are therefore highly responsive in the next five years to good mentorship and guidance. Medical schools' main focus should be on what the school can do in those few years in terms of imparting the necessary skills and professional values to ensure that it produces doctors that will serve Singapore well. To give an analogy: while selecting good and fresh ingredients is important, a brilliant chef can still cook a great dish regardless of the quality of ingredients offered to him. Instead of criticising the admissions interview, those who are concerned should look at how lessons on ethics and professionalism can be integrated into medical education and curriculum. It is also important to accept all students who have been selected, and over the five years, monitor closely, identify those with overt or potential professional issues, and offer timely remediation to mould them into responsible doctors.

One of the unintentional but predictable consequences of a highly competitive and merit-based admission system is the propensity to end up selecting students from a few top schools. These students also tend to have similar social backgrounds. Such a social bias in the selection process, while not deliberate, is a matter of concern for the medical profession in the long run. Students do learn from one another's experience and opinions, and such a trend can lead to groupthink and challenges in connecting with patients from different socio-economic classes.

A couple of years ago, concerned by a lack of diversity in the background, abilities and interests of its undergraduates, the National University of Singapore Faculty of Law announced that it was reviewing its admission procedures to look at ways to attract students from a wider range of schools and social backgrounds. One of the strategies discussed was to allocate a percentage of places to what is termed the discretionary admission scheme, which allows the school to consider factors besides academic grades. Perhaps medical schools too should consider similarly explore using discretionary admission to accept medical students from a wider base of pre-university institutions, based on attributes such as leadership, volunteerism and social advocacy, or on other outstanding accomplishments in non-medical related areas. This can provide some degree of balance and dynamism to the somewhat skewed and homogeneous educational and social profiles of our medical students today.

While entering the medical school is only the beginning of a long journey, it is a major milestone and a proud achievement for all our medical freshmen, who have overcome numerous obstacles to land a place in our local medical schools. Potentially, all of them will one day become good doctors. The admission system has done part of the job in ensuring that the best applicants are selected to become future doctors, and medical education will complete the task. On behalf of the SMA Council and the three medical schools, I would like to congratulate and extend a warm welcome to all our new medical students, and we look forward to them joining the profession in the near future. ■

A/Prof Chin is President of the 55th SMA Council.