Selection Criteria for Graduate Entry Medicine: Where is the Evidence?

Sir

This July saw the first batch of interns from the Graduate Entry Medicine (GEM) programme start work in Irish hospitals. The adoption of a GEM program represents a significant change in the training of doctors, and will change the graduate profile of the four medical schools that have adopted this new approach. GEM students are selected for medical degree programme entry primarily from their scores in the Graduate Australian Medical School Admissions Test (GAMSAT). There is, however, no strong evidence that GAMSAT, as a selection tool, produces higher quality medical students or doctors than the traditional method of selection by Leaving Certificate results. In fact, there is some evidence to suggest that GAMSAT correlates poorly with medical school success [1], and has less predictive value for academic success than either interviews or undergraduate Grade Point Average [2].

In contrast, it is known that school leaving exams closely predict medical school performance [3]. This should not come as a surprise, as intelligence, discipline and hard work over a long period of time are required to achieve the grades necessary for medical school entry, all of which are desirable characteristics in a medical student or doctor. Despite this evidence, there are still excellent candidates being excluded from a career in medicine as a result of the high points required in the leaving certificate examinations. Pressure on leaving certificate students aiming for a career in medicine is intense. Perhaps it would have been wiser to concentrate the expansion of medical school places at schoolâ leaver level until there is good evidence for an alternative. This would reduce pressure on young school students, and the resultant small drop in the Leaving Certificate Points requirement would have been unlikely to significantly alter the academic calibre of entrants. As things stand, GEM costs the student and taxpayer around 25,000 euro per annum in fees alone, which is likely to reduce access for debt-averse students from poorer backgrounds, who have already had to fund at least 4 years in tertiary education. This fact, combined with the lack of evidence to support its use from an academic viewpoint, makes it hard to understand why the shift towards graduate entry had to happen so quickly.

In order that we may continue to produce the highest calibre medical graduates possible, it is imperative that universities offering GEM courses in Ireland produce high quality, detailed data comparing the performance of GEM students, at both undergraduate and postgraduate levels, to traditional entry students, when exposed to identical curricula and examinations. Universities want to expand places at medical school and have gambled that GAMSAT will achieve this goal without compromising the quality of graduates. But there are other - more evidence based - alternatives for expansion of places which could have been considered. The onus should now fall onto the universities in question to address this evidence deficit.

N Conroy
Queensland Paediatric Infectious Diseases Laboratory, Sir Albert Sakzewski Virus Research Centre, Queensland Children's Health Services and Clinical Medical Virology Centre, University of Queensland
Email: niall@doctors.org.uk

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