








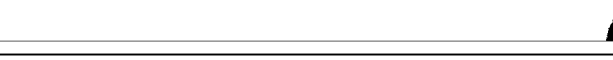



A-level grades and medical school admission

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Over the past decade there has been a rapid increase in the A-level grades required for admission to British medical schools. This has worried those concerned in selecting and preparing potential students. The explanations put forward for this sudden increase in grade requirements are speculative and usually take one of three forms: there has been an inflation of A-level grades, and an A grade has become devalued; there has been an increased demand for medical school places, making it more



worsening economic climate, and hence medical schools can afford to select only the best students, and there has been a



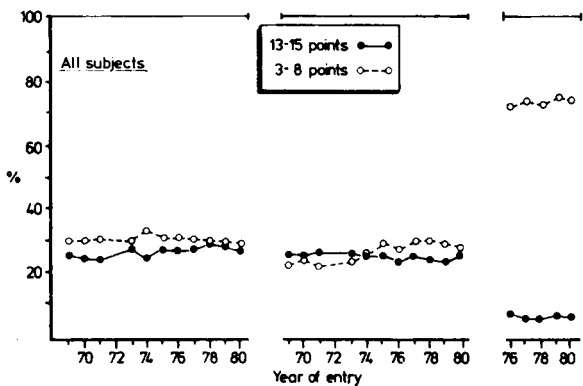
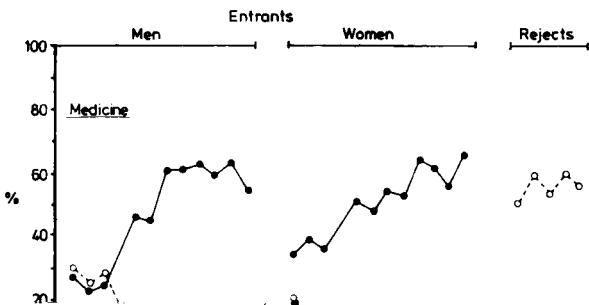


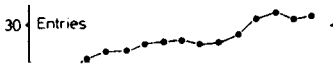
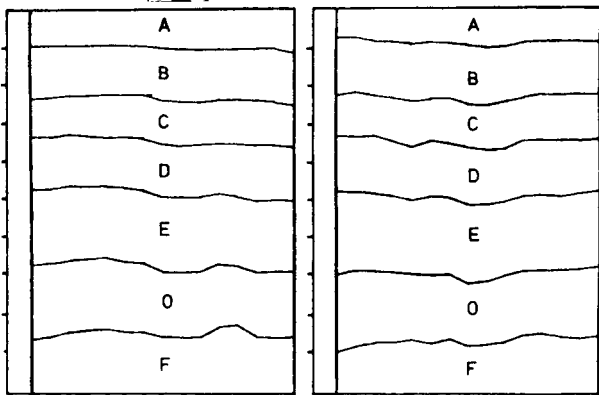
FIG 1—Top: Proportions of men and women candidates entering medical school each year with 13 or more A level points or under

birth rate. So when we examine A-level entrants (assuming, on average, three subjects per person) as a proportion of the eligible population (fig 2 (bottom)) it is clear that since 1970 the percentage of men taking A levels has been constant, and, particularly for science subjects, there has been almost no systematic change in either sex. Hence the proportions in fig 2 (top) are applied to populations of roughly equal ability, and inflation should be of little consequence, assuming that there has been no large-scale shift of pupils of higher ability from non-science to

been relatively gradual and hence is unlikely to have accounted for the sudden dramatic shift shown in figure 1 (top).

Increased demand?

Could the sudden rise in obtained A-level grades have been caused by an increased demand for medical school places? Figure 4 shows the absolute numbers of individuals putting medicine first on their Universities Central Council for Admissions (UCCA) form. It is clear that between 1970 and 1973 there was indeed a rapid rise in demand for places, and that this coincided with the rapid rise in A-level grades obtained.



All subjects

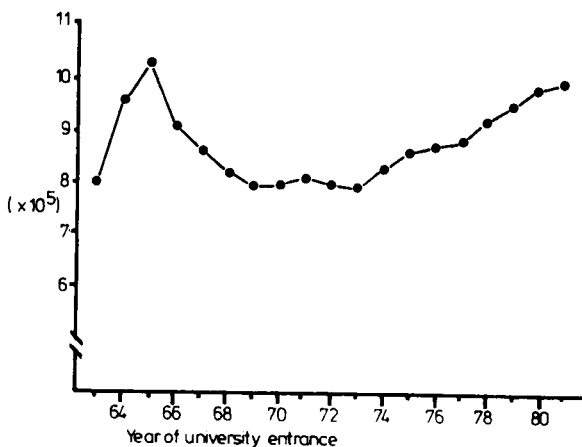


FIG 3—Effective population who would be of appropriate age for university entrance in particular years, assuming entry occurs at age 18. (Data derived by lagging birth statistics, with no correction for mortality.)

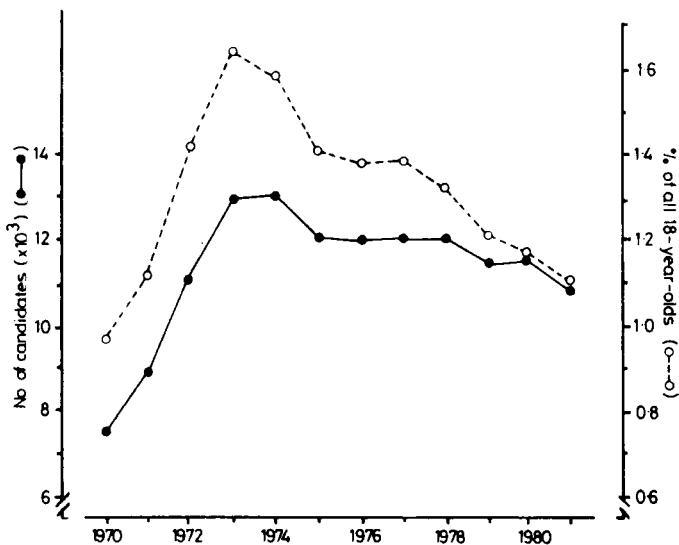


FIG 4—Absolute number of candidates each year putting medicine as first choice on their UCCA form, and percentage of individuals of an appropriate age putting medicine as their first UCCA choice.

There is little evidence about whether high obtained A-level grades indicate an increased likelihood of success at a preclinical or clinical course, or an increased competence or ability in the actual practice of medicine. Studies have found only small correlations between A-level performance and subsequent success in medical schools,¹⁻³ typical correlations being of the order of 0.25 (accounting for about 7% of total variance) and showing a tendency to predict performance less well as the student progresses through medical school. Thus in a survey of entrants

[REDACTED]

a small correlation was found between total A level grades and [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

I suspect that candidates with, say, two E grades at A level would have difficulty in completing the course (though this is not necessarily the case in other disciplines, where cognitive style is of greater predictive value).⁷

There is no evidence that the recent increase in A level grades