

## What kind of doctor do you want and how do we select them?

### Brighton & Sussex Medical School Admissions Event:

10 November 2015, Bramber House, University of Sussex

### Summary Document with Action Points

#### Purpose of the day:

The aim of this day was to relook at the admissions criteria and selection methods for BSMS. This was our first major public involvement event and important in light of the recent GMC visit to us encouraging us at increasing the patient and public involvement within the BSMS curriculum. It was important to look at our selection criteria in light of the "Selecting for Excellence" report produced by the Medical Schools Council. It was agreed that a report of the event would be sent out to all attendees within a month of the event and that the findings would inform our new Admissions policy.

#### Work before the day:

We worked with Healthwatch East Sussex lead by Elizabeth Mackie to survey the public about values and behaviours important in aspiring doctors. We also talked with Professor Marie Harder's group to help with the design of the questionnaire. Professor Marie Harder is the founder and head of the Values and Sustainability research group at the University of Brighton, which collaboratively co-develops cross-disciplinary design research in values-based approaches. They helped us by developing the value statements used on the day from in-depth interviews with the public.

#### Attendees:

Invites were sent out to organisations with an interest in selecting medical students including employers (local NHS Trusts and CCGs), schools, university admissions tutors, heads of Nursing and applied health professionals, consultants, junior doctors, current medical students and general practitioners. We also invited members of the public through the Healthwatch organisation.

Over 130 booked onto the day with 105 attending; 12 members of the public, 25 BSMS staff, 9 GPs, 9 BSMS students, 6 heads of science from secondary schools, 4 members of the MSC and a cross section of NHS staff and other interested parties.

#### Talks:

**Professor Tony Weetman**, Chair of the Selecting for Excellence Executive Group discussed the challenges that medical schools face in recruiting the most suitable students and ensuring that students come from the full breadth of society. The research data suggests that there is not enough evidence to develop a national framework for selection. However the evidence suggests that using a mixture of academic attainment, aptitude tests and MMIs is the best approach. When discussing widening participation it was stated that **80% of medicine applicants came from only 20% of**

**schools or colleges.** When looking at Polar 3 quintile data only 5% of medical students came from this group in 2013 with a target of 9% in 2023. Ideally all UK courses would be made up of 20% of students from each quintile.

**Rachel Dickinson** represented the major state sixth form colleges in Brighton and had some requests for help from the medical school:

- Liaison person at BSMS that both students and teachers can address queries to
- Clear understanding of selection criteria (is this for all medical schools?)
- Help with organising work experience/Shadowing scheme
- Understanding the structure of the NHS
- E mentoring
- Support with UKCAT and BMAT & personal statements
- Practice interviews & MMIs
- Events/ talks that selected pupils can attend
- Support from earlier as to what a successful application will look like e.g. sports/ music/ hobbies

**Professor Bobbie Farsides** concentrated on values within the learning environment and our school rather than just looking at individual values in students. She challenged us to look at our own values as a school and how we present our school to potential candidates. We need think about how we treat them when they come to visit and how we construct our environment. We need to embed our values into the curriculum and how we behave towards one another as colleagues. We should reach out and contribute to the local community and health economy.

**Dr Erin Doherty**, one of our BSMS graduates who came through our outreach programme (BrightMed) gave a passionate talk about opportunities for all not just middle class children.

**Dr Katie Petty-Saphon** spoke on behalf of the MSC about selection. She stated that **50% of state schools have not had a single applicant for medicine in the last 3 years**. She also noted that medicine is competitive with an average of about 10 applicants to a single place. Although there is no clear selection method, personal statements, references, interviews all have low reliability and low validity in assessing workplace based performance. She concluded with the introduction of a single UK medical Education database (UKMED) that may have the answers to some of the questions around selection and progression through medical school and beyond.

**Tina Attloe**, Admission Tutor for Nursing at University of Brighton talked about her expertise using MMI. Five stations are used each lasting 5 minutes with a single examiner. The format allows an applicant to impress at every station; one poor or weak station will not result in a rejection. Parity and fairness, not a single person making a decision but a collective result – each station has 6 points available with a total score of 30. They are able to test for communication, values and behaviours. The examiners range from service users, existing students, teaching staff and employers.

### Morning roundtable discussions:

At the start the attendees at each table described values that the attendees felt were important (see **Appendix 1**). We then looked at the 15 values that the public had chosen as being very important to them and following discussions the top 5 values were firstly chosen by each table and then a top 6 was generated from all the tables.

#### Top 6 (frequency of tables)

Doctors are knowledgeable (11)  
Doctors are honest about diagnosis and prognosis, sharing information as they discover it (9)  
Doctors are willing to learn from patients and colleagues (8)  
Doctors are truly caring about patients (6)  
Doctors ask questions, listening patiently and taking time (5)  
Doctors acknowledge patients' emotions, not just their symptoms (5)

Other values chosen as being within their top 5 were:

Doctors value patients as equals and appreciate their knowledge (4)  
Doctors inspire unconditional trust (3)  
Doctors think creatively and approach things from different perspectives (3)  
Doctors confirm that patients have understood the information they provide (2)  
Doctors make eye contact and give patients their full attention (1)  
Doctors make a human connection by asking questions that may not be health-related (1)

#### Missing from the top 6 of the tables

The way doctors communicate is jargon-free and accessible  
Doctors are calm and reassuring through body language  
Doctors are sensitive to patients with disabilities or other additional needs

Conclusion: Need to see these results in context of the bias of the people in the room.

Finally attendees were asked whether these top 6 values were easy or difficult to teach at medical school. Only knowledge, patience and listening were thought to be easy to teach. The values of caring, empathy, humility, honesty were all thought to be difficult to teach and therefore needed to be selected for.

### Afternoon roundtable discussions:

The attendees discussed the pros and cons of various methods of selection and even suggested new methods (see **Appendix 2**). The conclusion was that educational attainment essential but maybe use of contextual data to vary 'A' level offer. No real desire for another admission tests outside UKCAT and BMAT and not very keen on them either. No real desire for personal statements but thought useful at interview but aware of coaching for personal statements. Many tables were keen on MMIs

and suggested various stations. Some of the other methods could be used within MMIs and some interesting e.g. mystery shopper.

**Healthwatch data:** the full report is attached as **Appendix 3**.

A total of 41 people contributed to the survey before the event. The first survey question asked them to think of a time when they saw a doctor and what qualities they thought were important for the doctor to have. Most people when answering this question thought of a General Practitioner. The key qualities that arose from this question were:

- Listening skills
- Understanding
- Simple, clear language that the patient can understand
- Caring & friendliness
- Knowledgeable
- Eye contact
- Managing time
- Understanding the emotional impact of illness
- Confidence
- Understanding of disability

The second question explored the way the doctor should speak to you or act towards you. The commonest of these was partnership, respect and treating patients as equals. Other behaviours include honesty and professionalism.

The third question explored the public's views about the cultural background of the doctor was important. Apart from the ability to speak English that ensured clear communication the actual background of the doctor didn't appear important.

Another question explored the public views on the barriers to studying medicine and the main themes were that of the duration of the course and the burden of assessment. The financial implication of a long course was also raised.

Healthwatch gained feedback from people with learning disabilities through an organisation called Speak Out which is an advocacy organisation for people with learning disabilities in Brighton and Hove. Seven people with learning disabilities from Speak Out's Training Group gave feedback on what makes a good doctor. In answering the questions, they were thinking mainly about GPs but also about consultants.

**Comments:**

- Very important that your GP gets to know you personally and understands your physical and mental health and the reasonable adjustments you need.
- A GP should be relaxed and patient, giving you enough time.
- Kindness is important and a sense they care about you getting better
- Friendly is important

- Good listening skills are needed.
- Doctors should find it easy to talk to lot of different people including a wide range of people with learning disabilities who communicate in different ways.
- Doctors should be trustworthy and make you feel safe and you can trust them
- Need to respect your confidentiality and check if it is ok to share information with anyone
- Be clear about what has been talked about, what they are going to do, what you are going to do, what will happen next.
- Not just give pills, give other ways to address problems

The values were very similar to the values generated by the larger study but they raised the issue of doctors' confidentiality as an important value/behaviour which hadn't been raised earlier.

**Evaluation from the public** was extremely positive (see Appendix 4) with all 12 recommending the event to others. They particularly enjoyed discussions at tables, the initial overview very useful and very interesting and meeting people through the round table discussions. They thought the presentations and discussions thought-provoking and enjoyable. They valued the medical school giving them the opportunity to contribute.

**Evaluation from all attendees** (see Appendix 5) - 67 respondents :

When asked if the event achieved its aims, 36 felt it was fully met and 32 met to some extent, 54/67 felt they were fully able to say everything they wanted, and 66/67 felt the content and pace was just right. There were concerns about the excessive unexplained use of acronyms and most attendees wanted to see the outcome from the event. The best aspects were the group discussions, networking, meeting people from different backgrounds and Bobbie Farsides and Erin Doherty's talks.

**Actions to be take forward from the event:**

- We have clear values/behaviours/attitudes from the event that need to be incorporated into our admissions document and also communicated to staff and the public via our website and incorporated into posters in our public facing buildings
- BSMS has a number of plans in place in order to respond to some of the issues around outreach and engagement with schools. A new member of staff to the widening participation & outreach team will be appointed
- BSMS is setting up a working party to develop our own MMIs with a view to their introduction as part of selection for the application year 16/17.

## Visions for the future

We wish to develop and support committed members of the **public** to work us around various aspects of the curriculum.

The full report of the event can be seen on our website [ADD LINK](#)

Professor Malcolm Reed: Dean of Brighton & Sussex Medical School

Darren Beaney: Head of Admissions

Dr Julia Montgomery : Admissions Event Lead

18/12/15

**Appendix 1****Values generated via round tables (personal comments and flip chart exercise)**

<b>Positive</b>	<b>Negative</b>
Empathy/ engagement	
Listening skills	
Full attention on patient/ interested	
Altruistic	
Approachable – similar background	Often feel doctor is far removed from me
Not necessarily from the same gender/ethnicity/sexual orientation/ not so important / patient should have choice to see who they would like to see	Pre judgement/ prejudice
Understanding of personal issues/focussed on my needs	
acceptance	
Able to develop a plan that you can understand/ able to explain in simple terms/ finding solutions and explaining them to me/ able to summarize	
Trustworthy	
Kindness/ compassionate	
Knowledgeable/ acknowledge when doesn't know/ intelligent/competent/ Ability to obtain information	
Organised	
Reliable	
Patient	
Honest/ humility / reflect on their decisions	
Non judgemental	
Take full responsibility	
Take time/create time	
Seeing the patient more than the condition	
Caring	
Calming touch when examining	
Surgeon qualities maybe different – precise, focussed, attention to detail	
Advocate for the patient	
supportive	
Open	
Research other treatment options	
humour	
Partnership/joint contribution towards treatment	
Personalised care	
Open minded	
To have looked at your notes beforehand	
Professional – doesn't demean colleagues	
Medical leadership	
Engage with carer as well as patient	
Complementary medicine	
resilience	

Appendix 1 – Values generated via round tables

Mindful of patients' support eg carers	
Managing expectations	
Team working	
Find out what people want and what matters to them	



## Appendix 2

## Selection Methods

<b>Admission Tests - comments</b>
National test
Not BMAT/UKCAT
Additional tests – yes as a measure of speed, pressure, stress. Must be free.
Too elite, cramming
SJT – thought to be better than UKCAT/BMAT as testing scenarios
Need a test for interpersonal skills

<b>Personal statements - comments</b>
? more structured
Too formulaic
References only to alert not suitable
Write the personal statement while at the interview – just before the actual interview
Useful in relation to questions at interview
Coaching available
Must be name blind

<b>Academic Ability - comments</b>
Fundamental, yes,
Sciences must include biology and chemistry
Medical school must dictate choices yes and no
Yes to graduate entry only- no open to all
Need to advertise before A levels that medicine open to all – better career advice
3 AAA as a lowest offer
Prior attainment can be seen as evidence of resilience and hard work but may disadvantage WP issues
Contextual data must be used
WP with routes into medicine

<b>Interviews - comments</b>
<b>MMI yes</b>
Ethics question
Service users, students, different panels, other health professionals, administrators
Value based questions
Role player
45 mins
Watch a video and comment on comprehension and communication
Good examiner training
Select for emotional intelligence
5 stations each 5 mins = 25 mins

Other Methods	Comments/votes
Group tasks/debate	
SJT	no
Psychometric	Pooled spectrum needed so no good
Random allocation after a tariff threshold	
Virtual second life ( online scenarios)	
Work experience assessments / pre medicine 6 week placements like nursing	Not realistic
Build strong relationships with schools	
Mystery interviewer	
Simulation	
Film them	
Lottery	
Stratification of applicants by socio-economic groups	
Need to see applications	

**Conclusions:**

Educational attainment essential but maybe use of contextual data to vary A level offer. No real desire for another admission tests. Not very keen on UKCAT and BMAT. No real desire for personal statements but useful at interview, aware of coaching for Personal statements. Many tables were keen on MMIs and suggested various stations.

Some of the other methods could be used within MMIs and some interesting eg mystery shopper. Maybe ask the student to do some administrative task and have the administrator mark them.

### Appendix 3 Healthwatch Data

Healthwatch East Sussex used its networks and connections in East and West Sussex (and through Healthwatch Brighton and Hove) to gather the views from local people, patients and carers about recruiting the right young people to become the doctors of tomorrow.

A total of 35 people contributed to the survey either during face to face interviews or completing the survey on line.

The following is a record of all responses received and not indicative of the total number of completed forms, some people contributed lots of free text, others gave shorter more succinct responses.

Following each question a wordle was created to reflect common words given in the responses.

**Q1: Thinking about some time when you went to see a doctor. What qualities or characteristics do you think it is important for a doctor to have?**

- Time for you, really caring. A person who for those moments you are with them makes you feel that you are the only person in the world, that their whole attention is devoted to your particular problem. This is not only possible but I have experiences this kind of care: the amazing thing is it wasn't just for me; each and every person was treated in this fantastic way. Incredible and sadly rare.
- Friendliness
- Efficiency
- Be well presented
- Knowledgeable
- speak clear English
- A friendly manner – show some interest in you as a person. Pleasant, caring compassionate but also on the ball.
- Explanation of the short time they are given to each patient to explain in simple language the problems
- They are kind, straightforward talking with human touch, explain in plain English with medical terminology, fact included in conversation (interview at appointment)
- A friendly and approachable character. Being able to communicate with the patient and give the patient as much time as possible.

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- That they listen to you. Look at you when you are explaining why you have come to see them. Speak clearly to you and not to use technical terms they may not understand. They don't make feel silly asking for explanations
- Confidence
- Manners
- Engagement
- Active listening
- Understanding
- Patience
- Use of language
- Social skills
- Attentive listener
- Appear relaxed and never rush even if time is limited
- Put you at ease
- Courteous
- Be good listeners
- Understanding of disability
- I need to believe the doctor is knowledgeable/competent in the area of my concern
- Evidences good listening and questioning skills – doesn't just take what I say at face value
- Understanding of the emotional impact of actual/potential illness
- Ability to convey a realistic and balanced opinion in non-technical language
- Strong eye contact to reinforce the listening skills
- Compassionate and respect
- It is important for medical staff at all levels to walk in the shoes of the patient
- A friendly approachable character
- Being able to communicate with the patient as much time as possible
- Empathy
- Listening skills
- Open and engaged manner
- Professional
- Skilled at appropriate questioning
- An excellent bedside manner
- The ability to listen to you and understand your views and concerns
- Pleasant responses and sensitive
- Understanding and listening to patients
- Understanding
- Knowledgeable

## Appendix 3 – Healthwatch Data

- Passion to help people
- Listening skills
- appearance that inspires confidence
- apparent patience with client
- knowledge and authority (GP or Specialist)
- GP knowing when to refer on
- Availability of appointments
- Not apparently clock watching
- Knowledgeable
- Time to listen, not to rush
- Someone who listens empathetically, genuinely seem interested in your health both socially and medically
- Doctors are all too ‘trigger happy’ with supplying prescriptions without looking into wider connections to what might be causing health issues.
- I was once prescribed anti-depressants for PMT!!!
- Need to more holistically at people health
- Communication skills verbal/listening
- Be able to provide concise advice pitched at the correct level
- Patience
- Active listener
- Kind, well mannered
- Non judgemental
- Empathetic
- A friendly approachable character
- Being able to communicate with the patient and give the patient as much time as possible
- The ability to listen without prejudice and to hear what is being said
- Intelligence
- Self-awareness and insight
- An approachable manner, someone who will be able to put you at your ease. You should be able to feel that you can explain your condition/problem and if it is warranted not to be judgemental
- One would choose to register with a doctor who is professionally sound and aware of modern methods of treatment and care, however it is usual to go to the nearest healthcare centre, where one does not have a choice and rarely sees the same doctor twice! Fortunately I have a very good FP who has a gentlemanly approach and thinks about preventative medicine



**Q2: Should the doctor speak to you or act towards you in any particular manner?**

- With the normal friendly politeness you would expect from anyone. Doctors are special, but they have to appear to be the same as everyone else, whilst instilling confidence in their patients. To talk to people as if they are a nuisance or inferior is not the way to heal.
- In clear English and in a friendly way
- As an adult to adult – give you credit for being an intelligent human being. Show empathy and understanding
- Be prepared for and accepting of the fact that you may be the ‘expert’ on your condition and prepared, if appropriate to enable you to share in the solution to the problem, not just be the arrogant expert. Get away from the old diagnosis by the expert and then treatment prescribed by the expert model! There should be a dialogue, not just the doctor asking the questions, the patient answering them and then the doctor deciding what is best., And the doctor should embrace goal orientated health care when appropriate.
- It depends on what the subject is. If it’s very minor, polite, brief interview
- Communication should be appropriate and understandable with regard to the purpose of the consultation
- Listen and answer in terms a lay person could understand
- Friendly but professional
- Polite
- Entirely depends upon the situation at the time
- Always polite
- Have eye contact and be glued to the computer screen throughout the consultation
- Please address me as I would wish; either by first name or surname (according to own preference)
- Act as my personal health advisor and that my health needs matter
- Consider my social and cultural expectations
- A registrar made a comment following my husband having a fractured hip, that is was ‘Karma’
- Communication should be appropriate and understandable
- As an equal
- Respectful and assertive
- In a way they would be expected to be treated themselves with words you would understand
- Friendly, knowledgeable

## Appendix 3 – Healthwatch Data

- Doctors should treat each patient as individual; not let past patients/illnesses inform their future judgements
- Calm
- Professionally friendly
- Non patronising
- Honest
- Accept the approach I require (e.g. I like “informal first name’ terms, some may not
- Not over familiar
- Honest and open about the condition
- Power differences between patients and doctors is a factor
- Doctors need to work towards empowering patients by actually listening to them
- With respect, open to concern, able to discuss problems
- Professional but kind – not as if patients are beneath them
- Communication should be appropriate and understandable with regard to the purpose of the consultation
- Should make me feel h/she is interested in me
- As before, in an appropriate way, that you feel he is interested in alleviating your concerns
- A doctor should act in a courteous, polite manner at all times giving patients confidence so they discuss their symptoms – in the knowledge that they are in safe hands. Of course we expect our doctors to be brilliant clinicians and technicians. However it is quite disconcerting to have a young doctor tapping away at his computer as if he couldn’t make a diagnosis without it. One remembers at 82 years that “doctors” didn’t have computers “in our day” and they managed very well!





**Q3: Which type of doctor were you thinking about?**

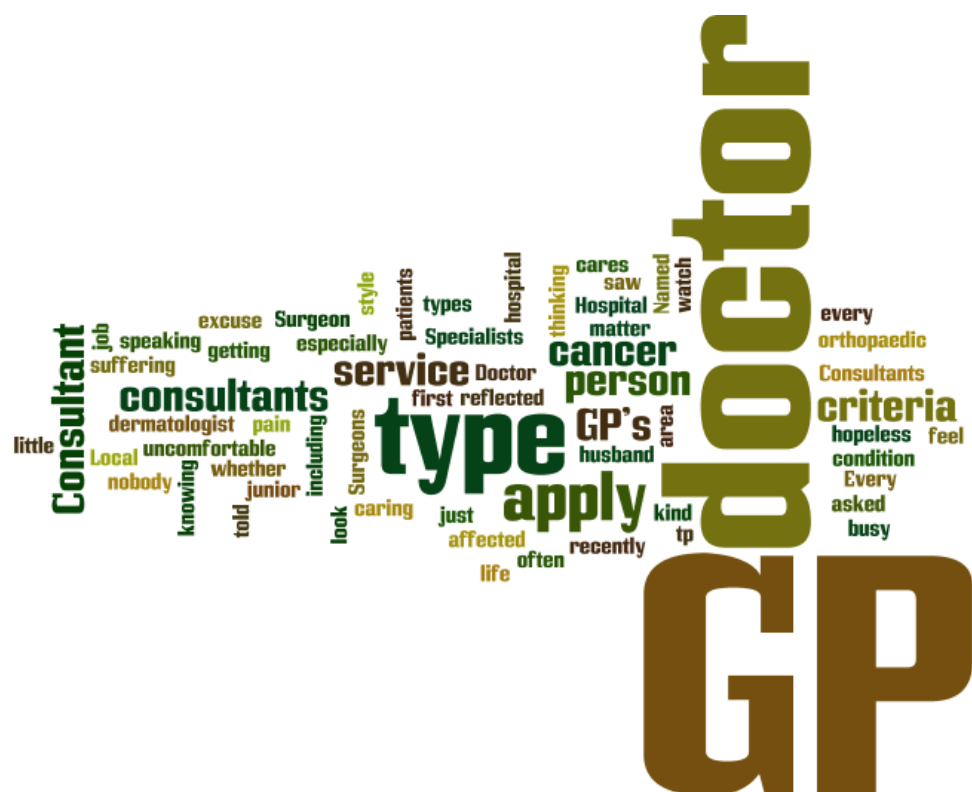
- Any type of doctor. Why does it matter which type? Every person in any service should be caring, including every type of doctor. It's no excuse to say they're too busy or they should 'look after cancer patients first' (especially when the person they are speaking to has not been told whether or not they have cancer themselves) I feel getting any kind of service from any type of doctor in this area is hopeless. I just watch my husband suffering, uncomfortable and often in pain knowing there is little I can do and nobody out there who cares.
- Any
- GP – but should apply to any doctor
- GP and dermatologist
- GP. The same criteria should apply to consultants
- I recently saw an orthopaedic doctor. He asked what I did and reflected on how my job and life style was being affected by my condition
- GP
- GP
- GP
- Both GP and hospital doctor
- Consultant and junior doctor
- Surgeon
- GP – the same criteria should apply to consultants
- GP
- GP
- Consultant
- GP
- A GP and Hospital Doctor
- Named a doctor (GP)
- GP
- All types, GP's Consultants, Specialists, Surgeons
- GP's
- Local GP
- All
- A GP
- GP
- It was called "bedside manner". We still had implicit faith in them and they earned respect because it was a proper consultation – no – "your time is up". In this modern age I respect the knowledge of doctors, but ways must be

Appendix 3 – Healthwatch Data

found to overcome these problems. My own doctor who is Nigerian and is a good example of a “gentleman” “a brilliant doctor” but because of the modern-day accessibility issues – you would wait a long time to get an appointment and because he is thorough with everyone, you never see him on time. Waiting in the surgery is excessive!

*Can you think of another/one more medical situation, and the qualities or characteristics that you think are important for doctors in that case?*

- Neurosurgeon who berated his Nurse in front of me because she corrected him about my referred format for information.



**Key words**

- GP
- Doctor
- Consultant

**Q.4 Just to clarify, have you considered whether the doctor's cultural background would matter to you?**

- Not is S/he was able to behave with the qualities specified in the answer to question 1.
- Yes it would matter to me, we all have preconceptions about people. So a patient might think that a doctor from a particular religious background may not be so concerned about them.
- Yes to some extent, but mostly in the area of cultural understanding and language skills. The doctors in Birmingham, Coventry, Redditch and Worcester who saved my husband's life were a mixture of several cultural backgrounds and all that entails. Sadly, we have not received anywhere near that kind of care in East Sussex, but the ethnic mix is very similar.
- Doesn't matter as long as they show ability to diagnose and communicate clearly in English
- Consultant carrying out a test – important to explain what they were going to do and why in a friendly and reassuring way.,
- No, must have good clear British speaking voice
- No
- It would not matter to me, but should it conflict with how they would treat me, I would expect them to get someone else to deal with me
- No
- This would Not matter to me all
- Yes some non-British doctors can be ruse and use culture as an excuse. There is no excuse for rudeness in any culture
- The doctor's ethnicity would not definitely not matter nor generally the person's gender
- If the doctor evidenced cultural views about treatment of lifestyle which were very different to mine I might b uncomfortable
- I do not think compassion can be taught
- No
- Empathy, should speak/understand GOOD English, not looking at watch/clock to see how many minutes of allocated consultation time remain
- Cultural background should not matter
- No - only in terms of understanding their speech
- This does not make a difference as long as they have excellent English and knowledge in medicines and symptoms etc.
- No as long as they can understand what is being said
- No along as he/she does the job well



## Appendix 3 – Healthwatch Data

- Cultural
- Able
- Ethnic
- Excuse

**Q.5 What aspects of school do you think do and don't support people to go into a career in medicine?**

- Science
- Maths
- English
- The time taken to qualify might put people off
- National Curriculum supports the study of science at secondary level but pupils need to be engaged to take it further at A level, university and Med school
- Biology, Chemistry & Physics
- Health & Social Care/Social sciences
- Sociology, psychology, maths and English
- Having the model of a school nurse
- Encouraging pupils to follow science is vital also, one hates to say, knowledge of Latin alongside other languages. Careers advice is too late to help with exam choices
- Private schools
- Good schools for biology and science
- Science doesn't teach them Chemical make-up of medicines
- English doesn't teach "proper" names
- This depends on the school, location and the teachers. There are no defining criteria.
- Compassion cannot be taught
- I believe the most important determinant is parental profession or family tradition
- An emphasis on academic excellence and drive to succeed
- Possibly high profile past pupils in the medical field who serve as role models
- An emphasis on the science disciplines
- A school tradition of getting people into "good" medical schools
- English language
- Maths
- Need to teach etiquette too
- I can only speak about what my grandchildren tell me about 'Careers' advice in school...They have always been able to talk to their 'Careers' advisor who guided them towards their chosen career...so I would assume if you wanted



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to be a doctor the advice would be there to enable you to take the correct subjects at A level to obtain your goals

- Educational courses are not always sufficient in accessing medicine degrees
- When I was at school, the subject I was taught would not have given me opportunity to go on to medicine. But in my thirties I did train as an RGN.
- I would hope that all children should get the opportunity now to do this. I do think they should not have to rely on a grant but be paid to train.
- This depends on the school, location and the teachers. There is no defining criteria
- All types of schools should have a choice on the science subjects required
- Don't really know. But although medicine is a science, the best doctors are caring human beings
- Interest in Biology and sports science
- I don't really know the answer to this. Creating an equal playing field regardless of gender, colour, creed and so on would help but it appears that most of our medical jobs are taken by people from Asian or Afro-Caribbean origin who are not always reputed to have the best start in life. Obviously a good education is crucial with sufficient funding and that's always an issue.
- Not really too sure about this question, I suppose the school needs to give realistic advice about what it means to have a medical career
- Often anyone who has good A levels in the sciences is encouraged to apply for medicine. People believe they know what a good doctor does so it is easy to encourage someone to apply. It remains a prestigious job and so teachers like to encourage those that they think will get into medicine to go for it. I can't think of any aspects of school that don't support people to go into career in medicine
- It is important that pupils at school should have a good sound knowledge of science subjects and be steered towards skills required for a career in medicine. Perhaps training could be divided between vocational training for GPs and more academic for specialists, researchers etc.

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**Key words**

- School
- Science
- English
- Advice

**Q.6 Have you ever thought of going into a career in medicine? (i.e. becoming a doctor of some kind)- If so, what triggered you to think about this? – If you didn't pursue this career what deflected you?**

- I am a doctor. My father was a doctor – I wanted to be a doctor for as long as I can remember. Why people became ill and being able to have some control over illness was the motivating factor
- The length of time, continual exams to become qualified and the responsibility for the health of someone made me think it was not for me
- I'm retired. Years ago I did consider it but it was very soon after my Dad died and my mother need my support. I guess I wasn't very serious about a medical career and I don't think I would have been particularly good as a Nurse.
- Yes many years ago, Not pursued because of length of course



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- N way – too squeamish
- Spent a few years as a Nurse with the W.R.A.F.
- No
- I trained as a nurse when my children were teenagers. I wanted a career that helped others maintain health and as much independence as possible. If I were looking now, I would be concerned about the hours junior doctors are expected to work, rather than what they are paid.
- I feel we need to train more doctors and stop taking them away from other countries who also need them
- Nursing degree, however length of time to become a trained doctor could be a financial burden
- I have now retired from business
- I began training as an OT because I enjoyed it but was involved in a car accident so had to give up
- I have never considered becoming a health care professional but if I had, I doubt that I would have had the courage to be a surgeon!
- No
- I was a registered General Nurse didn't like the way a relative was treated by some nurses/doctors
- No
- No
- Yes a Nurse. I was a Red Cross Nurse
- Not interested in medicine. Training is too long
- No
- I've been interested in becoming a doctor
- The academic side of things are a bit too scary
- No
- Wanting to help others, gain knowledge of body and how it works
- I only had a vocation for teaching (not a career). My sister in law was the only woman in the medical school (was 87 years). She found it hard in a male dominated regime but succeeded to become a GP – A micro biologist, a forensic scientist consultant etc. This does not happen today!



The following feedback is from a group of people with learning disabilities

## Feedback from People with Learning Disabilities on what they want from a Doctor.

By Speak Out  
October 2015



### Speak Out

Speak Out is an advocacy organisation for people with learning disabilities in Brighton and Hove. Through a range of advocacy services we support people with learning disabilities to have their say about services in Brighton and Hove. Speak Out is funded by Brighton and Hove Council and the CCG to engage with people with learning disabilities on issues for consultation. Speak Out also communicates issues that have arisen from people with learning disabilities through self-advocacy groups.

## Feedback

Seven people with learning disabilities from Speak Out's Training Group gave feedback on what makes a good doctor. Those involved included one person with complex needs including autism, BSL communication and a physical disability, two other people with a physical disability, two older people and three people with a mild learning disability who live more independently.

In answering the questions, they were thinking mainly about GPs but also about consultants.

The questions that were focused on were the qualities needed in the doctor, how they should treat you and how people felt about different cultural backgrounds.

### Comments:

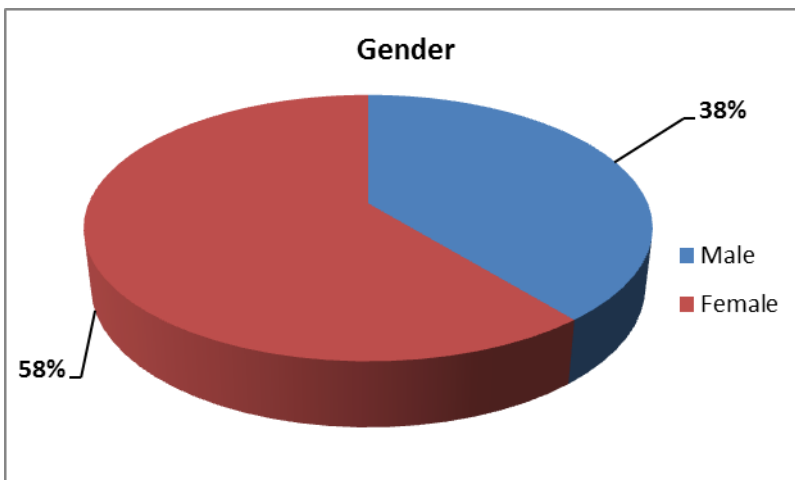
- Very important that your GP gets to know you personally and understands your physical and mental health and the reasonable adjustments you need.
- A GP should be relaxed and patient, giving you enough time.
- Kindness is important and a sense they care about you getting better
- Friendly is important
- Good listening skills are needed.
- Doctors should find it easy to talk to lot of different people including a wide range of people with learning disabilities who communicate in different ways.
- Good explanation skills using accessible language
- Doctors should be trustworthy and make you feel safe and you can trust them
- They need to respect your confidentiality and check if it is ok to share information with anyone
- They should be clear about what has been talked about, what they are going to do, what you are going to do, what will happen next.
- Not just give pills, give other ways to address problems
- Should be easy to ask them questions or they should help you if you find it hard to speak up



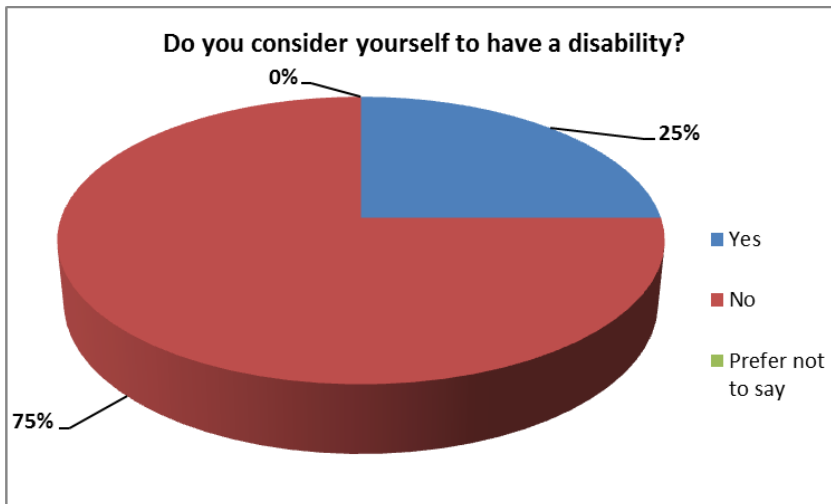
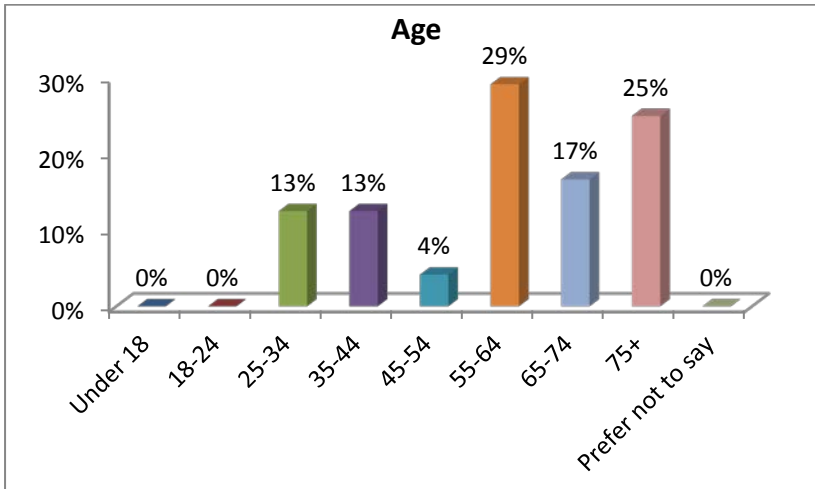
### Equalities Data

A total of 34 people contributed to the survey either during face to face interviews or completing the survey on line.

24 completed equalities forms were received providing the following analysis:



Appendix 3 – Healthwatch Data



Single	4	18%
Married	13	59%
Divorced	0	0%
Civil Partnership	2	9%
Co-habiting	3	14%
Prefer not to say	0	0%
Blank	2	
	24	

Appendix 3 – Healthwatch Data

Christian	14	61%
Jewish	0	0%
Muslim	0	0%
Buddhist	0	0%
Hindu	0	0%
Sikh	0	0%
Other religion	3	13%
None	6	26%
Unknown	0	0%
Prefer not to say	0	0%
Blank	1	
	24	

Elizabeth Mackie  
Healthwatch East Sussex  
November 2015

## Appendix 4 – Public Feedback

<b>Event Title</b>	BSMS “How can we select the best future doctors”?
<b>Location</b>	Bramber House Conference Centre, Sussex University
<b>Date</b>	Tuesday 11 <sup>th</sup> November 2015
<b>Role eg public member, employer, teacher, administrator, BSMS faculty etc</b>	Public members/Healthwatch

### Aims of the day

Did you feel the event achieved its aims?	Please tick choice ✓		
	Not at all	To some extent	Fully
		6	6

Were you able to say everything you wanted to?	Not at all	To some extent	Fully
			2

### Content and pace

Was the content of the event: -	Too Hard	Just right	Too Easy
			12

Was the pace of the event: -	Too fast	Just right	Too slow
			11

### In your opinion

Has today been a good use of your time? <b>If no</b> , please say why.	Yes	No
		12

Is there anything you think could be improved upon? <b>If yes</b> , please give details.	Yes	No
		7

- More time for discussion. V. useful points emerging within the group.
- Bemused by the massive number of unexplained acronyms, especially from one contributor. Given a “glossary” which had been produced after the event. Much appreciated. Could have done with it earlier on, though.
- Some presentations were too complicated.
- Greater clarity in the research project on values on items which are genuinely values, and items which are ‘behaviours’.
- We don’t all understand acronyms in medical education.
- Explanation of many abbreviations e.g. BMAT/UKCAT.
- I would have liked to have seen more public attendees

Would you recommend this event to others?	Yes	No
		12

Please say which aspect/s of today’s event was/were most helpful or you particularly enjoyed

- Discussion round the table. Presentations. The Challenge! Playing a part.
- Discussions at tables especially the last one (3.45).
- Initial overview very useful, and other contributions linked well.



- Group discussion especially input of the two medical students.
- All very interesting.
- Meeting people – round table.
- Both presentations and discussions thought-provoking and enjoyable.
- Great opportunity to discuss with doctors/students and those involved in admissions and give input. Interesting discussions around ethics in particular.
- Group interaction.
- Explanation of interview processes. Opportunity to hear the views of others, esp. medical students.

## Appendix 5 – Collated Feedback

<b>Event Title</b>	BSMS “How can we select the best future doctors”?
<b>Location</b>	Bramber House Conference Centre, Sussex University
<b>Date</b>	Tuesday 11 <sup>th</sup> November 2015

### Aims of the day

Please tick choice ✓

Did you feel the event achieved its aims?	Not at all	To some extent	Fully
		<b>32</b>	<b>35</b>

Were you able to say everything you wanted to?	Not at all	To some extent	Fully
		<b>13</b>	<b>54</b>

### Content and pace

Was the content of the event: -	Too Hard	Just right	Too Easy
		<b>66</b>	

Was the pace of the event: -	Too fast	Just right	Too slow
	<b>3</b>	<b>59</b>	<b>1</b>

### In your opinion

Has today been a good use of your time? <b>If no</b> , please say why.	Yes	No
<ul style="list-style-type: none"> <li>It was very interesting although probably hasn't changed much for me.</li> <li>Fairly good use, although whole day is a lot for a clinician.</li> <li>Not sure if what I've 'said' will have any influence as so much information.</li> </ul>	65	1

Is there anything you think could be improved upon? <b>If yes</b> , please give details.	Yes	No
<ul style="list-style-type: none"> <li>More time for discussion. V. useful points emerging within the group.</li> <li>Bemused by the massive number of unexplained acronyms, especially from one contributor. Given a “glossary” which had been produced after the event. Much appreciated. Could have done with it earlier on, though.</li> <li>Some presentations were too complicated.</li> <li>Greater clarity in the research project on values on items which are genuinely values, and items which are ‘behaviours’.</li> <li>We don't all understand acronyms in medical education.</li> <li>Explanation of many abbreviations e.g. BMAT/UKCAT.</li> <li>I would have liked to have seen more public attendees</li> <li>Summary points to consolidate points of the day – logistically hard to do, perhaps as an email to attendees!</li> <li>The ‘research’ element was weak and confusing.</li> <li>More time to bring together ideas across tables and collectively agree values rather than have them pre-decided.</li> <li>More time for group discussions/whole room feedback and debate.</li> <li>Everything can be improved but essentially this event has been extraordinarily well organised and I appreciated the sticking to time.</li> <li>I would have liked to have looked more at how we might consider the medical school's</li> </ul>	27	32

- responsibilities to the local health economy – should you begin to support it?
- More representation from patients/public in presentations. Also maybe a panel session with more doctors from WP routes: what exactly inspired them to get involved/what were barriers?
  - I would like to receive feedback on what was proposed by the entire group of participants (e.g. conclusions).
  - Obvious and actual outputs – lots of discussion – not actual decisions.
  - Invite other members of the MDT. Paramedic education has interesting interview models.
  - Addressing more of the socio-political context around healthcare and the higher education sector.
  - Some individual working groups perhaps going forward on careers advice for all ages – promoting health.
  - Less paper!
  - More group discussion aspects to develop ideas.
  - Some input from the pre-nursing pilots would be useful.
  - Smaller groups.
  - Consulting other professions about selection. Hearing from core groups who struggle to access medical school e.g. Black origin BSMS students. The facilitator guidance was very unclear and could have been much more simple.
  - Perhaps allow more groups more time to feedback as lots of useful ideas came up and I am not sure who will read them?
  - Make this event better advertised to students.
  - If VBR has been decided on, focus on specific methods that address this.
  - Have the small group discussion in a quieter environment. Noisy room hastened conversations.
  - Too many round table discussions.

Would you recommend this event to others?

Yes	No
66	

Please say which aspect/s of today's event was/were most helpful or you particularly enjoyed

Discussion round the table. Presentations. The Challenge! Playing a part.

- Discussions at tables especially the last one (3.45).
- Initial overview very useful, and other contributions linked well.
- Group discussion especially input of the two medical students.
- All very interesting.
- Meeting people – round table.
- Both presentations and discussions thought-provoking and enjoyable.
- Great opportunity to discuss with doctors/students and those involved in admissions and give input. Interesting discussions around ethics in particular.
- Group interaction.
- Explanation of interview processes. Opportunity to hear the views of others, esp. medical students.
- Lectures from different professions, group work, resources/stationery on tables. Thank you.
- Discussing qualities of potential applicants. Talking to other healthcare professionals.
- Meeting school teachers and people from MSc.
- Range of speakers – kept to time and provocative, relevant content. Good mix of people in the room, tables well allocated.
- I enjoyed the whole event, interactive nature very good, educational, good to meet and interact with a diverse crowd. It's a great responsibility selecting the doctor of the future, pleased that it is being thought about very seriously and lots of good stuff going on to improve and monitor outcomes.
- Discussion – very useful.
- Reassuring to know selection methods for medical students are scrutinised and are constantly developed.
- I enjoyed the variety of speakers and participants – it made v. interesting discussions. It was very

thought provoking and a pleasure to talk about the selection of students.

- It was interesting to meet others from different professions and their on admissions. Really enjoyed Erin's talk.
- Excellent range of expert speakers. Workshops well pitched.
- Discussions with colleagues. The meeting was very well chaired by the Dean.
- Active participation.
- The mix of different backgrounds/skill sets contributing to discussion.
- I enjoyed listening to expert speakers who gave a clear overview of their remit and then posed interesting questions to ponder from then on. Thank you – thoroughly enjoyed the day.
- Useful to hear all the statistics and to meet everyone from different viewpoints.
- Group work.
- I have enjoyed the whole day and feel BSMS is very forward thinking and it is refreshing to see such importance being placed on this to get the right candidates.
- Sharing of experiences from Nursing School; also Erin's story.
- Consideration of ethics excellent.
- Final session – discussion about admissions processes.
- BrightMed presentation of Erin's presentation.
- Round table discussions.
- Group discussions very interesting and useful. Nice to meet people from all walks of life.
- Excellent event. Diversity of participants meant that a real variety of viewpoints were introduced. Also great networking!
- Finding out about how selection is currently done at BSMS and what alternatives could be.
- Really exciting to hear the MSC encouraging us to widen participation – feels like it might happen. I found the presentation from Tina Attoe really interesting – we can learn a lot from them.
- Networking. Myself and a new contact have devised a plan to link Brighton college and local state school potential medical students together.
- The diverse views of people attending.
- Enjoyed the statistics that were offered.
- BrightMed, table discussion.
- Admissions criteria.
- Small group discussion. Chief Exec Medical Schools Council.
- Networking. Insight into such a variety of selection and admissions considerations.
- Learning about needs of medicine, medical school and work underway in this area. Met and talked to many interesting people.
- The group discussions, meeting lots of different stakeholders.
- Talks by Professor Bobbie Farsides and Dr Erin Doherty.
- 'My story' and Rachel Dickinson – very illuminating. Good day! Thanks.
- Networking. Involvement of users/carers, NHS colleagues as well as University. Also grateful you did not require a registration fee.
- Networking.
- Excellent. A great example of BSMS consultation.
- Meeting lots of people in medical areas – useful conversations.
- Session on MMIs. Excellent to have such a wide range of participants in the audience.
- Round table discussion and activities, talks were broad, interesting and thought provoking.
- Round table discussion. Mixed audience and ability to discuss ideas at many opportunities throughout the day. Well designed and thought through schedule/activities.
- Round table discussions. Transparency in selection process. Variety of topics covered and speakers. Thank you for the opportunity to attend.
- Meeting patient representatives.
- Discussion with a wide range of stakeholders.
- Discussion was fantastic.
- Patient reps – useful perspective.
- Finding out about how med students are selected.
- Interesting and thought provoking. Can transfer this over into teaching of med students and F2/GP trainees in general practice.

- As a junior doctor and tutor for BSMS 1st years, it resonated very well with my current situation.
- Brilliant and very interesting day.
- Very interesting to share opinions and insight into BSMS selection processes.
- Good food and venue.