



Dan Pearce

Findings Getting into medicine

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and Chris McManus

The social background of doctors has a much more important influence on the standards and distribution of medical care in Britain than most people realise. The social and political attitudes doctors bring with them as students to medical school, and develop there, can determine where they are willing to work when qualified, their relationships with hospital administrators and politicians, and their manner of communicating with patients.

What evidence there is of the social background of doctors tends to contradict the rather rosy public image they enjoy as dedicated men and women who have worked hard to qualify against fierce competition. The 1967 Royal Commission on Medical Education (the Todd report) found that 90 per cent of students entering medical schools eventually qualify, even if it takes them five to eight years. More recent figures from the General Medical Council confirm this. Thus, selection for the medical profession in effect takes place at the age of 17 or 18 on entry to university medical schools. Selection procedures are not well documented. Most medical schools rely on ad hoc admission committees and tutors. As highlighted by the recent junior doctors dispute, the distribution of medical care is becoming critical. So the criteria used for selection need to be clarified.

In our study of students in the first four years at Birmingham University medical school we have looked closely at the factors which have influenced selection. Just over half of the 619 students we contacted completed a questionnaire of 200 questions in February 1974, giving a sample of 331.

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Entry to medical school remains socially exclusive, with half the Birmingham students having professional fathers (see table). This exclusiveness seems to be increasing rather than decreasing, if our Birmingham figures are compared with those of the Todd report (see figure 1). Of the students in our survey, 18.4 per cent had a father who was a doctor, 45 per cent of these being GPs. Of the 5.3 per cent whose mothers were doctors, only two had fathers who were not in medicine. This proportion of medical students who come from a medical background seems to have remained stable over two decades: the Todd report found the proportions in 1957, 1961 and 1966 to be 17.1 per cent, 20.9 per cent and 21.2 per cent respectively. It seems part of the folklore of medical schools that this arrangement should continue.

That admission is also influenced by a medical background is shown by the fact that 33 per cent of those with doctors as fathers also having at least one sibling in the medical profession, whilst for those from non-medical backgrounds the figure is only 11 per cent. Nearly half these Birmingham medical students were recruited locally, in the midlands. Three quarters of the students whose fathers were GPs came from the midlands, suggesting some "local influence" in selection. A fifth of the students came from London and the south east: no other area provided more than 10 per cent.

A third of Birmingham students were women. This represents a considerable increase in the proportion of women coming into medical schools. In 1963, the Todd report found only a quarter of medical students were women. However, our study did reveal discrimination against women, in that they had to be better qualified than men to get into medical school (see figure 2a).

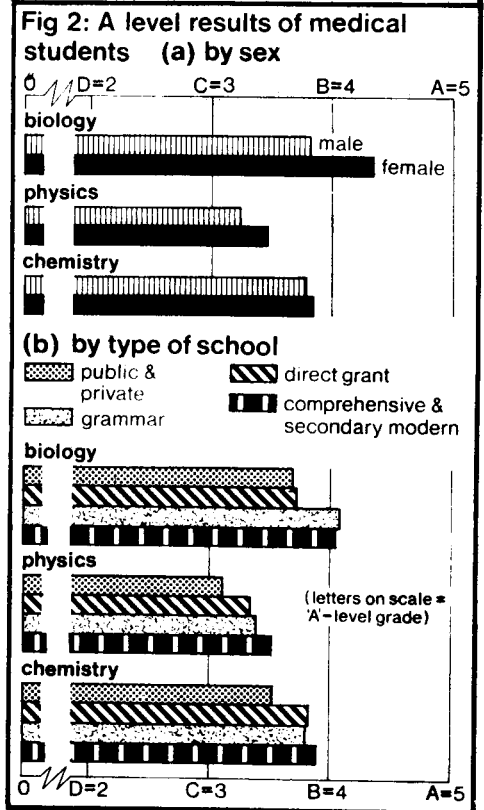
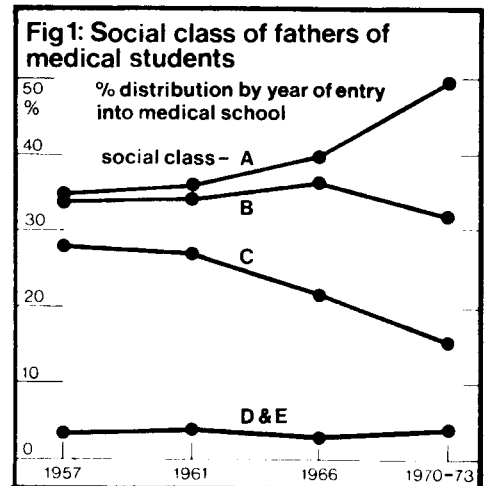
A quarter of the students in our sample had been to public schools, 44.4 per cent to grammar schools and 20.9 per cent to direct grant schools. Only 2.5 per cent had been to comprehensives and 6.7 per cent to secondary modern. Our findings are similar to those of the Todd report. The A-level results of students who had been to public schools were lower than those who had been to state schools (see figure 2b).

Our survey, nearly ten years after the Todd report, establishes once again that your chances of entering medical school are considerably enhanced if your father is from social class 1, if he is a doctor, if you are a man, and if you have been to a public school. The Todd report and other studies had found that medical students whose fathers were doctors were more likely than others to have to re-sit exams, as were

students from public and direct grant schools.

If ability to pass exams, and the likelihood of dropping out, are measures of motivation to study medicine, then our schools are selecting in favour of those with least motivation. It may be wrong to draw this inference: it is certainly difficult to say who will become a "good doctor" and where he or she will practise. But it does seem fair to assume that doctors selected from middle or upper class backgrounds will eventually seek to work in areas similar to their own social background. This could be an influence in the notorious maldistribution of medical care.

In 1973, there were 10,746 applicants for places in British medical schools, of whom only 3,147 were successful. It seems doubtful that any change in the selection procedures of medical schools, or even an Open University medical course, as recently suggested by Professor Acheson of Southampton and others, could correct the im-



The social class of Birmingham University medical students

	fathers of Birmingham medical students %	general population %
I professional	49.1	2.8
II intermediate	31.6	15.5
III skilled	15.6	49.9
IV & V semi-skilled and unskilled	3.7	31.8