

## 5: Interviewing.

"God, this is awful. Hesitating for two hours up and down a filthy street, lips and hands and knees tremulously out of control, my heart pounding in fear of the little door through which I must go ..."

352087 A/c Ross (T.E. Lawrence), The Mint.

"Before the war it was usual for candidates to be interviewed by the dean or his representative. The interviews were generally perfunctory, but served to exclude those whose unsuitability was conspicuous"

Harris (1948; p.317).

### Summary.

The process of interviewing candidates for admission to medical school is analysed in the St. Mary's study. Two interviewers and a chairman independently assessed each interviewee on a series of six scales. Interviewers showed high correlations between one another on their judgements, although there was evidence that judgements were influenced by the particular chairman of the panel. Factor analysis of the judgements revealed three independent factors ('Academic suitability', 'Non-academic suitability', and 'Health'). Non-academic suitability was the major determinant of interview success, with the role of academic suitability depending in part on the chairman of the panel. Judgements showed moderate correlations with those made by the Dean from the UCCA form alone. Background determinants of the interviewers' factors are described; non-academic suitability was related to personality (high extraversion and low psychoticism) and to the choices made on the UCCA form. Analysis of applicants subsequently admitted to non-interviewing rather than interviewing provincial medical schools in England and Wales, suggested that they were lower on 'Interests' and higher on 'Academic ability'.

The interview is an important part of the selection of medical students in most medical schools in Britain, and in the United States (Puryear and Lewis, 1981). Three hundred and thirty eight (24.8%) of 1361 applicants to St. Mary's Hospital Medical School who took part in the survey of Medical Student Selection were interviewed; the process of short-listing for interview has been described previously in chapter 4. If similar proportions can be applied to other medical schools, then a total of about 8,500 medical school selection interviews take place each year in Britain.

The interview as a method of selection has been much criticised; for example Simpson described it as "potentially even less reliable than random selection [and yet it] is regarded as a sort of clinical examination of the soul" (Simpson, 1972; p.32). The Royal Commission on Medical Education of 1968 suggested that "interviews may not always be necessary if full school reports are available" (Royal Commission, 1968). In 1980-81, 10 out of the 31 British medical schools interviewed only a minority of entrants (Richards, 1983).

Interviewing itself has been criticised both by psychologists (e.g. Wagner, 1949; Mayfield, 1964; Ulrich and Trumbo, 1965; Schmitt, 1976; Arvey and Campion, 1982) and sociologists (Kelsall, 1963) on the grounds that the assessments are not reliable, predictive or objective, and that the conviction they they are useful is often held with an unusual degree of dogmatism and certainty (e.g. Harris, 1948, p.318; "there can be little doubt that it is sometimes not only reliable but amazingly sensitive"). Interviews can undoubtedly be influenced by extraneous factors; for instance Kopelman (1975) in a study at the Middlesex Hospital Medical School showed that interviewers' perceptions of candidates were influenced by the quality of the preceding candidates

("the contrast effect"). Interviews also fail to predict final degree class very well, at least in psychology students (Weir, 1976), and Schofield and Farrard (1975) found no difference in performance of medical students admitted after interview, or admitted solely on the basis of exam results. Finally, it is not even clear that applicants find interviews useful in helping them to choose between universities, Newman et al (1977) finding that interviewed psychology applicants were no more likely to accept conditional offers from that department than were non-interviewed applicants.

In this chapter interviewing is examined to see how it was carried out in one medical school, to describe the reliability of the assessments, and to examine those factors which might bias the process.

#### Interview procedure.

Four interview sessions were held each week from mid-October to December with a few more early in the New Year. Interviews lasted about 15 minutes and were conducted by a chairman and two interviewers, the latter usually but not always consisted of one pre-clinical and one clinical member of staff. The role of the four chairmen (the Dean, who is a Professor of Medicine, the Deputy Dean, who is Professor of Anatomy, the Senior Pre-clinical Tutor, who is Reader in Chemical Pathology, and the past Senior Pre-Clinical Tutor, who is Professor of Biophysics) was to give the interviewing board an idea of the overall standard of the day's interviewees relative to previous weeks. On some occasions a member of the Council of the Medical School attended as an observer out of interest; several members took this opportunity.

The interviewers were selected according to their availability from a panel of 32 members of staff, approximately one-quarter of whose members change each year, and who are drawn from both clinical and non-clinical departments. Over a period of several years most members of academic staff of lecturer grade or above and most of the part-time teachers, have the opportunity to participate in interviews.

Morning interviews are followed at 1 pm by a tour of the School conducted by students, and afternoon interviews are preceded by the tour. This informal tour and opportunity to meet and question students is an important opportunity for applicants to make a more informed choice of medical school.

Interviews are as informal as possible. The opportunity is taken to enlarge on details in the UCCA application form and particularly to see whether the applicants have thought for themselves about their intended career, and can reason in discussion; they are also invited to ask questions about the course and the School itself. The structure of the interview consists of a brief introduction by the Chairman, followed by two five-minute sessions of questions from the two interviewers, followed by one or two questions by the Chairman and the opportunity for the candidate to ask questions.

#### Method.

Before discussing the candidate amongst themselves, the chairman and interviewers completed a simple pro-forma which asked them to rate the candidate on each of five scales, and to make a recommendation in one of four categories, A: definitely accept; B1: take if possible; B2: waiting list; and C: reject (appendix 1-4). Having made their

individual recommendations the board members then discussed with the chairman their joint recommendation. In the rare event that agreement was not reached the decision was left to the Dean in consultation with the chairman of the board. Each chairman routinely met with the Dean within a short time of the interviews to review the applications and to elaborate on recommendations.

The scales on the pro-forma are not regarded as optimal, and in a repeated study would certainly be improved; nevertheless they are adequate for answering a number of interesting questions. No explicit attempt was made to explain to individual interviewers what the items on the proforma meant, and it is possible although unlikely that some have misunderstood the terms used; nevertheless the majority had no difficulty in completing the form on each candidate.

As described in chapter 2, interviewees completed a second series of questionnaires (Q2), in addition to those completed by all applicants (Q1). Q2 contained a large number of questions on interests, cultural pursuits, moral, ethical and political attitudes, the Eysenck Personality Questionnaire (EPQ; Eysenck and Eysenck, 1975), and the State-Trait Anxiety Inventory (STAI; Spielberger *et al.*, 1970). Half the interviewees completed Q2 before their interview and the other half after their interview.

### Results.

Figure 5-1 shows the frequency with which the Chairmen and the two interviewers used the items on the rating scales. The health of candidates was almost invariably regarded as adequate. Academic ability was regarded as adequate in most instances, although of course the

interviewees are themselves highly selected on the basis of academic ability, as a result of the shortlisting process. Personality was generally regarded as suitable in the vast majority of cases. The potential contribution of the candidates to the medical school was more broadly distributed, as was the assessment of the candidates' 'Potential' (in its broadest sense). Recommendations covered all categories, with a majority in favour of A or B1.

Table 5-1 and figure 5-1 summarise the results of comparisons of the judgements of chairmen and interviewers; chairmen made significantly lower estimates of 'potential contribution' and 'potential', but otherwise there were no significant differences.

Agreement between interviewers was assessed by means of Goodman and Kruskal's gamma statistic (Everitt, 1977). Table 5-2 shows that there is a significant agreement for all scales, and that there was a tendency for the two interviewers to agree more closely than did either interviewer with the chairman. Table 5-3 shows the agreement between the detailed recommendations of the interviewers; the recommendations differ by more than one step in 6.7%, 7.2% and 6.2% of the cases in the three tables.

Although the interviewers each made their judgements independently of one another it is possible that a board of interviewers might develop its own 'personality', which would affect the manner in which the interviewers used their rating scales. If this were the case then it would seem most likely that the personality of the chairman, normally being the most experienced member present, would stamp itself most firmly on the committee as a whole. Figure 5-2 shows that the recommendations of the chairmen do indeed differ significantly (Chi-squared for linear trend = 29.3, 3 df,  $p < 0.001$ ). Of greater interest however is that the interviewers' recommendations also differ, according to who is the

chairman of the board (Chi-square for linear trend = 8.8, 3 df,  $p < 0.05$  and 6.9, 3df,  $p < 0.10$  for interviewers 1 and 2 respectively). and the differences are maintained in the final recommendation of the whole board (Chi-squared for linear trend = 20.4, 3df,  $p < 0.001$ ). It is important to note that these differences are not due to differences between the interviewees, a series of one-way analyses of variance failing to demonstrate any significant differences between interviewees according to the particular chairman of the interviewing board.

Table 5-4 shows the eventual destination of the interviewees as a function of the board's recommendation. Those given A or B1 recommendations fared better overall than did those with B2 or C recommendations; nevertheless some 44.6% of those given B2 or C grades by the interviewers were eventually accepted at some other medical school. Some of those rejected were, however, rejected because they already had offers from elsewhere and St. Mary's had few places left; many were put on the waiting list rather than receiving an offer for the latter reason. At the time of their St. Mary's interview, 15.1% of interviewees had already been interviewed by another medical school, 32.4% had an interview arranged at another medical school, 0.2% had unconditional and 9.0% had conditional offers at other medical schools, and 4.5% had already been rejected by at least one other medical school.

Given that interviewers can make an individual recommendation about an interviewee which correlates closely with that of the other members of the committee, one may ask what factors are used in coming to that decision. Table 5-5 shows the results of a principal components analysis, followed by Varimax rotation, of the averaged judgements of the three interviewers on each of the six scales, to investigate the factors used by interviewers in making their judgements. The eigen-values of



3.33, 0.97, 0.77, 0.48, 0.28 and 0.16 suggest that there are three separate factors, and these are readily identified in Table 5-5 as 'Academic Suitability', 'Non-academic suitability' and 'Health'. Of particular interest is that the overall recommendation after interview is more closely related to 'Non-academic suitability' than to 'Academic suitability'. However in exactly the same manner as the Chairman can influence the overall distribution of the recommendations, so there is evidence that he can influence the manner in which the recommendation is arrived at. Separate factor analyses analogous to that of Table 5-5 but separately for the interviews chaired by each of the chairmen suggest that the emphasis put upon academic ability depends in part on the chairman, despite the three factors being derived in almost identical fashion in each case; the loadings of Recommendation on 'Academic suitability' were 0.221, 0.412, 0.565 and 0.627 for chairman B, A, D and C respectively.

There is also evidence that different interviewers used academic suitability to different degrees in making their recommendations; the loading of academic suitability on the interviewers' individual recommendations was 0.471 for those from pre-clinical departments, 0.300 for those from laboratory-based clinical departments (haematology, immunology, etc.), and 0.288 for those from clinical departments. Overall, medically qualified interviewers put less weight on academic factors (loading = 0.337) than did non-medically qualified interviewers (loading = 0.426). It must, however, be remembered that practically all applicants short-listed for interview were academically strong.

Since the Dean when short-listing on the basis of the UCCA form (Chapter 4), and the interviewers are each making judgements about a candidate, one may ask how these judgements are related. Table 5-6 shows

that there are clear associations between the interviewers' and the Dean's assessment of academic ability, and between the Dean's assessment of 'Interests' and the interviewers' assessment of 'Non-academic suitability'. However the Dean's assessment of Community Service seems to be independent of the Interviewers' assessments; this may in part be due to the absence of any explicit reference to it on the interviewers' proformas, but is nevertheless surprising, given that many interviewers specifically ask candidates about such topics at interview, and hence it might have been expected to manifest somewhere in the assessments.

As in the analyses of chapters 3 and 4, one may ask how the interviewers' judgements relate to background variables (Table 5-7). In addition to those used in the previous studies the four personality scores derived from the EPQ, the state anxiety score derived from the STAI, and two variables indicating whether a candidate completed Q2 before or after interview, and the interaction of that latter variable with state anxiety have also been included.

The Interviewers' assessment of factor I (Non-academic suitability) correlated positively with mean O-level grade, with Oxbridge application, with private sector education and with extraversion; previous UCCA applicants scored less well on this dimension.

The Interviewers' assessment of Factor II (Academic suitability) correlated highly with mean O- and A-level grades, and also correlated positively with Oxbridge application, early UCCA application and being female; candidates were rated less well if they were having a courtesy interview, if there was unsolicited information with the UCCA form, if they came from a medical family or if they had applied to UCCA previously.

Many of the predictor variables inter-correlate with one another and hence hierarchical multiple regressions, in which the interviewers' assessments are related to all of the background variables, were carried out. At each step the variable was chosen from those remaining which provided the best additional prediction of the dependent variable independently of those already in the analysis (Table 5-7). For Factor I (Non-academic suitability) it can be seen that successful applicants are extraverts with low psychoticism scores, high mean O-level grades, applications to Oxbridge and a high proportion of London medical schools, have not previously applied to UCCA, and are not having courtesy interviews. Scoring well on Factor II (Academic suitability) is correlated with having high O- and A-level grades, with having taken Biology A-level, and with being a mature applicant; it is correlated negatively with having a courtesy interview, having unsolicited information with the UCCA form, or having applied previously to UCCA.

Given that the interviewers are making three separate judgements, how are those judgements combined together to form an overall recommendation, and is that recommendation based entirely upon those judgements, or do other background variables also enter into the recommendation? Table 5-8 shows a two-stage multiple regression of the board's recommendation. In the first stage the three interviewers' factors are entered, and it can be seen, as in Table 5-5, that Non-Academic suitability is the major determinant of success, that Academic suitability is of lesser importance, and that the third factor, Health, is of no significant effect (being almost invariably good). In stage II all of the background variables were entered in a hierarchical analysis; only two of them are significant at the 5% level, and it is probable that these represent a type I error, since the addition of all the remaining background variables in Stage II does not result in a

significant improvement in fit ( $F(35,229) = 1.336$ , NS). One may thus conclude that the interviewers' recommendation is based entirely upon the individual components of their assessment.

As in chapter 4, one may also ask how the interviewers' assessments relate to the students' own descriptions of their attitudes and culture, using the scales described in chapters 8 and 10. Table 5-9 shows the relationship of the interviewers' assessments to the attitude scales; none of the correlations are significant at the 0.05 level for these 300 interviewees, perhaps a surprising finding given that interviewers' factor 2 is assessing 'Non-academic suitability', which could well be expected to relate to attitudes. A generous interpretation might be that the interviewers are being singularly fair in avoiding the confusion of personal suitability with attitudes to moral and ethical problems, although an alternative explanation is simply that interviewers are not particularly good at making such assessments in the limited time available at a short interview. Table 5-10 shows the correlations of the culture measures with the interviewers' ratings of the interviewees. Only one correlate is significant at the 0.01 level; high Academic suitability correlates negatively with 3:Travel; once more, as in chapter 4, the implication is that a large amount of travel is seen to reflect badly upon a candidate, perhaps because it is felt that it is put on the application or in the interview to cover a lack of more substantial interests.

#### Entrants to interviewing and non-interviewing schools.

Not all medical schools interview most of their entrants. A crucial question therefore in assessing the role of the interview in student selection, is whether entrants to interviewing schools differ from those

entering non-interviewing schools. An answer to this question has been attempted by considering all applicants in the survey who eventually entered non-London, non-Oxbridge medical schools in England and Wales, dividing them into those going to interviewing schools (n=83) and those going to non-interviewing schools (n=28).

Despite the small sample size, a hierarchical discriminant analysis distinguished entrants to the two school types, on the basis of all of the background variables used in chapter 3, and all of the variables extracted from the Dean's assessment of the UCCA form (chapter 4), a total of 33 variables. The criterion for entry into the discriminant function was a significant improvement ( $p < 0.05$ ) in Rao's V. Four variables provided a significant discrimination; entrants to non-interviewing schools scored significantly lower on the Dean's assessment of 'Interests' ( $p = 0.0059$ ) and significantly higher on the Dean's assessment of 'Academic Ability' ( $p = .00125$ ); they were also more likely to have unsolicited correspondence with their UCCA application forms ( $p = .0094$ ) and to come from the North of Britain ( $p = .0091$ ). These significant results are not type I errors since a discriminant analysis based on all the variables was highly significant (Wilks' Lambda = .677,  $p < 0.001$ ).

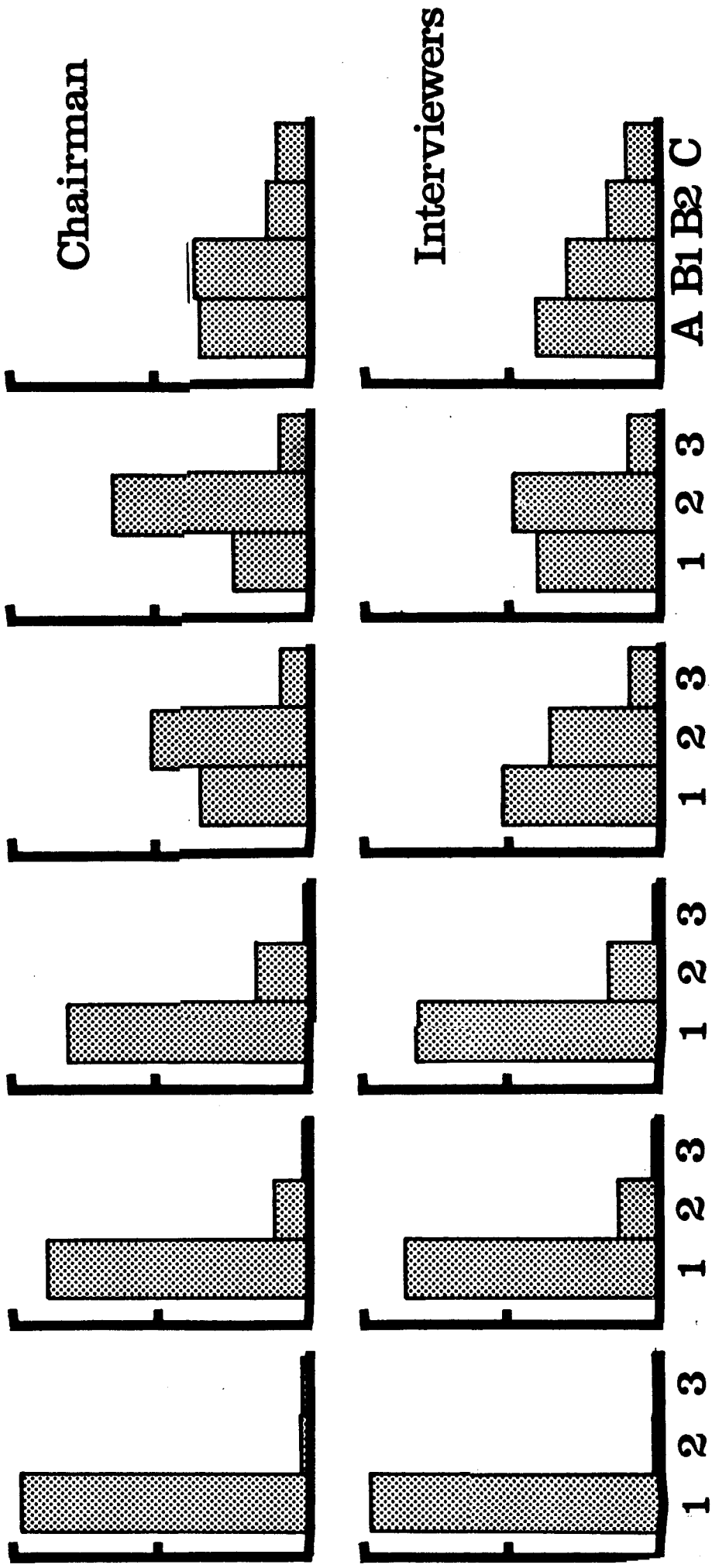
Unfortunately insufficient St. Mary's interviewees, who had completed Q2, were admitted to these medical schools to allow any useful comparison of the contents of Q2.

## Discussion.

From this analysis of interviewing at one medical school it is clear that despite some inevitable biases of assessment, and of external influences upon the making of judgements, that interviewers make broadly similar judgements of Academic and non-Academic Suitability for studying medicine, and that the latter was in general of greater importance in determining their recommendation. This contrasts with the assessments made by the Dean from the application form (chapter 4) where Academic Ability was of relatively greater import, reflecting in part the rather different pool of applicants being considered. That entrants to non-interviewing schools are differentiated from entrants to interviewing schools by having better Dean's assessments of Academic Ability but a lower rating of 'Interests' supports the contention of most interviewers that they are considering broader factors than simply academic ability in coming to their decisions. It would also provide support for the suggestion (McManus, 1982a) that a partial explanation of the increasing A-level grades of entrants to medical schools is the associated diminished use of interviews in selection. The utility of interviewing is also supported by two American studies; in one (Rippey et al, 1981) the MCAT (Medical College Admission Test) was only useful at predicting academic (i.e. exam) performance in the clinical years, whereas clinical performance was better predicted by interview results, and in the other (Nurden et al, 1978) interviewers' assessments were better at predicting intern performance than were MCAT results. In addition the study of Benor et al (1984) has shown that in an Israeli medical school which uses interviews, etc. to emphasise the personal characteristics of applicants, rejected applicants showed lower moral reasoning scores than did those accepted; in contrast a school using purely academic criteria for admission showed no such differences between acceptances and rejects.

Figure 5-1: Shows the frequency with which the chairmen and the two interviewers used the various response categories on the rating scales. Coding of responses: Health 1: Good; 2: Doubtful, 3: Bad; Academic Ability 1: Adequate; 2: Doubtful; 3: Not adequate; Personality 1: Suitable; 2: Doubtful; 3: Not suitable; Potential contribution 1: Good; 2: Moderate; 3: Small; Potential 1: High; 2: Medium; 3: Low; Recommendation see text.

Health      Academic ability      Personality      Potential contribution      Potential Recommendation

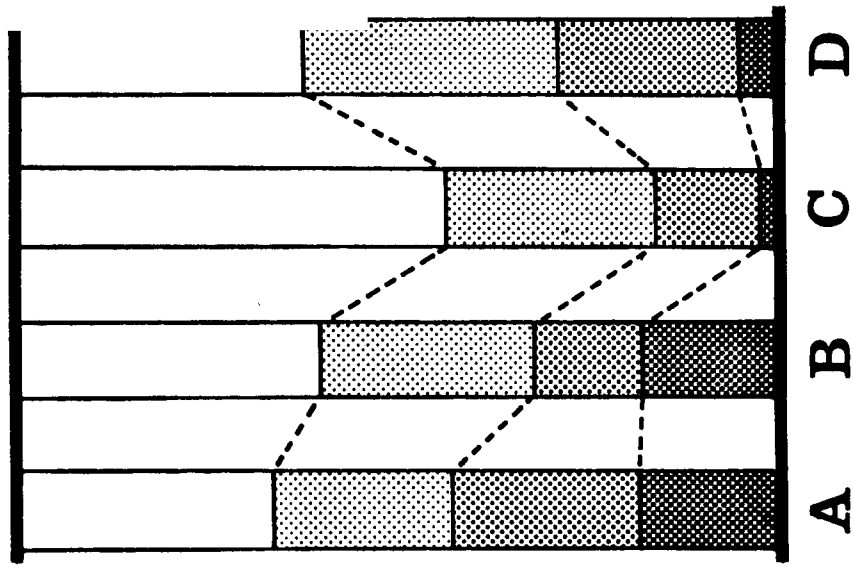


1 2 3      1 2 3      1 2 3      1 2 3      A B1 B2 C

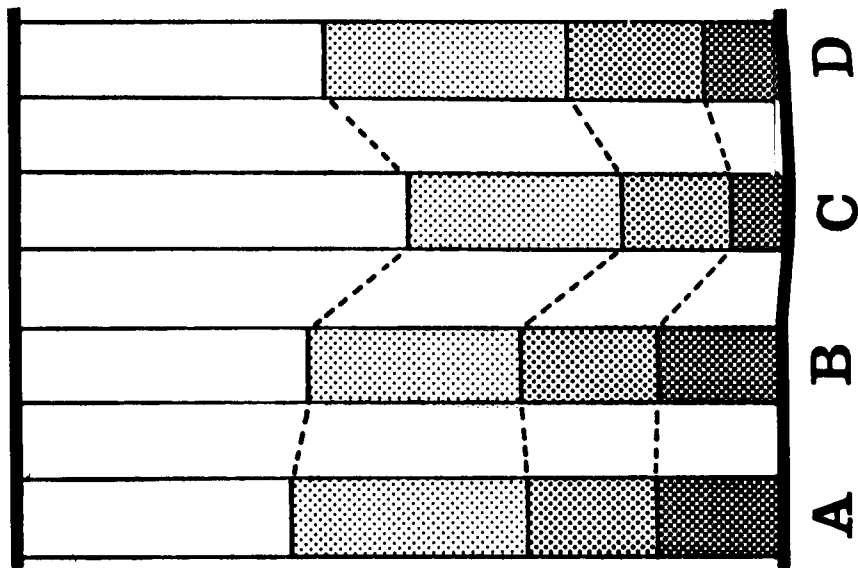


Figure 5-2: Shows the individual recommendations of the four chairmen, the recommendations of the two interviewers, according to the identity of the chairman, and the board recommendation according to the identity of the chairman of the interviewing board (A,B,C,D).

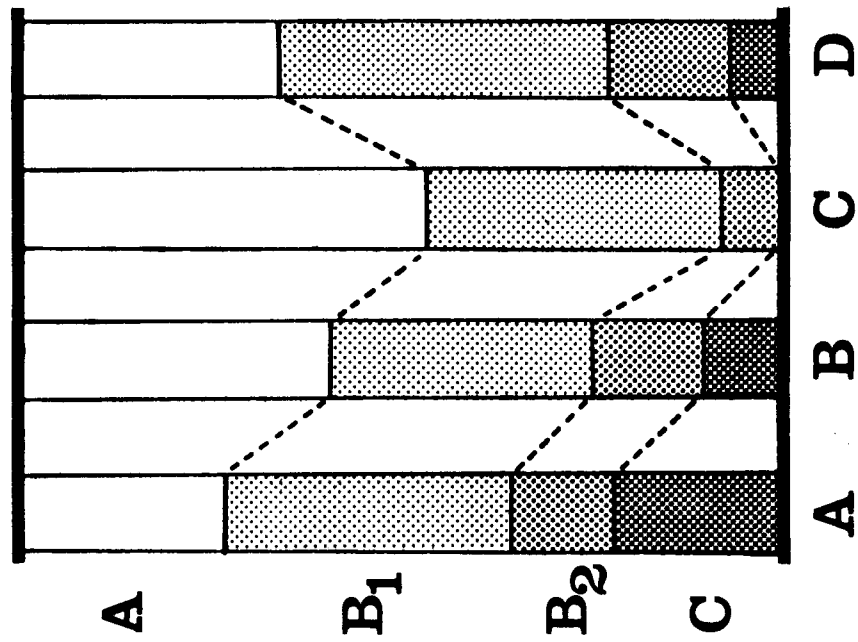
**Panel**



**Interviewers**



**Chairman**



**Chairman**

Table 5-1: Shows the results of a chi-square test for significant differences in linear trend between the frequency with which various pairs of interviewers used the response categories.

(\*:  $p < 0.05$ ; \*\*:  $p < 0.01$ ; \*\*\*:  $p < 0.001$ ).

Chi-square (1 df).

	Chairman vs Interviewer #1	Chairman vs Interviewer #2	Interviewer #1 vs Interviewer #2
Academic ability	.34	1.92	.70
Personality	.26	.43	1.28
Potential contribution	9.04 **	13.47 ***	.42
Potential	4.34 *	14.36 ***	2.52
Recommendation	.01	.37	.24

Table 5-2: Shows agreement between interviewers' judgements of candidates, using the gamma statistic. (\*\*\*:  $p < 0.001$ )

Scale	Chairman with Interviewer #1	Chairman with Interviewer #2	Interviewer #1 with Interviewer #2
Health	.992 ***	.991 ***	.993 ***
Academic ability	.735 ***	.769 ***	.883 ***
Personality	.726 ***	.781 ***	.794 ***
Potential contribution	.582 ***	.637 ***	.673 ***
Potential	.576 ***	.616 ***	.673 ***
Recommendation	.745 ***	.735 ***	.788 ***
Number of interviews	331	305	305

Table 5-3: Agreements on recommendations between interviewers.

		Chairman			
		A	B1	B2	C
Interviewer #1	A	89	29	5	2
	B1	44	57	22	4
	B2	3	9	22	11
	C	1	7	10	16

		Chairman			
		A	B1	B2	C
Interviewer #2	A	82	28	7	2
	B1	39	53	20	5
	B2	4	7	16	14
	C	0	4	7	17

		Interviewer #1			
		A	B1	B2	C
Interviewer #2	A	95	27	4	3
	B1	28	43	19	4
	B2	3	15	20	13
	C	0	5	7	19

Table 5-4: Shows the eventual destination of candidates according to the panel's recommendation at interview.

Group	N (%)	Offer made	Destination group					Overall acceptances	
			Oxbridge	St. Mary's	Other London	Non-London	Non-medical		Not accepted
All interviewees	336 (100%)	60.7%	8.0%	25.0%	24.1%	12.8%	6.5%	23.5%	75.0%
Panel's Recommendation:									
A: Take	138 (41.1%)	97.8%	15.9%	34.1%	26.8%	8.0%	2.2%	13.0%	84.1%
B: Take if possible	102 (30.4%)	61.8%	2.9%	30.4%	25.5%	13.7%	7.8%	19.6%	71.6%
C: Waiting List	59 (17.6%)	5.1%	0.0%	8.5%	18.6%	18.6%	11.9%	42.4%	45.8%
C: Reject	33 (9.8%)	3.0%	6.1%	0.0%	21.2%	15.2%	12.1%	45.5%	42.4%
Undecided	4 (1.2%)	50.0%	0.0%	25.0%	0.0%	50.0%	0.0%	25.0%	75.0%

Table 5-5: Shows a factor analysis of the averaged scores of the three interviewers, after Varimax rotation. The three factors together explain 84.6% of the total variance.

	Factor		
	I	II	III
	'Non-academic suitability'	'Academic suitability'	'Health'
Health	.074	.058	.994
Academic ability	.210	.953	.160
Personality	.823	.062	.189
Potential contribution	.877	.079	.088
Potential	.770	.427	-.017
Recommendation	.846	.398	.053
Per cent common variance	55.3%	24.9%	19.8%

Table 5-6: shows the inter-correlations between the Dean's three judgements of applicants and the interviewers' combined judgement of the candidates. (+: p<0.1; \*: p<0.05; \*\*: p<0.01; \*\*\*: p<0.001).

		Interviewers' Judgments		
		I Non-academic suitability	II Academic suitability	III Health
Dean's judgements	I Academic ability	.0447	.3820 ***	.1015 +
	II Interests	.3393 ***	.0229	.0508
	III Community Service	.0335	-.0106	.0719



Table 5-7: Shows a hierarchical multiple regression of the Interviewers' first two factors. UK nationals only. Variable descriptions have been modified so that all beta values are positive.

Order	Variable	Beta	p
Dependent variables = Factor I (Non-academic suitability)			
1	Higher mean O-level grade obtained	.196	<.001
2	Higher EPQ Extraversion score	.179	.005
3	Oxbridge application on UCCA form	.219	.003
4	Lower EPQ Psychoticism score	.136	.024
5	No previous UCCA application	.133	.035
6	Higher number of London medical schools on UCCA form	.135	.027
7	Not a courtesy interview	.113	.047
Dependent variable = Factor II (Academic suitability)			
1	Higher mean O-level grade obtained	.413	<.001
2	Not a courtesy interview	.294	<.001
3	No unsolicited information with UCCA form	.179	<.001
4	Higher mean A-level grade obtained	.257	<.001
5	Mature applicant	.142	.019
6	No previous application to UCCA	.137	.004
7	Biology A-level taken	.090	.046

Table 5-8: Shows a hierarchical multiple regression of the interviewer's recommendation as a function of the interviewer's first three factors, and all other background variables.

Order	Variable	Beta	p
Stage I.			
1	Higher score on factor I (Non-academic suitability)	.787	<.001
2	Higher score on factor II (Academic suitability)	.296	<.001
3	Higher score on factor III (Health)	.045	NS
Stage II.			
4	Maths A-level taken	.070	.036
5	No unsolicited information with UCCA form	.071	.035

Table 5-9: Correlations of interviewers' judgements with ethical attitudes of applicants. (N=300).  
 +: p<0.10; \*: p<0.05; \*\*:p<0.01; \*\*\*:p<0.001.

		Interviewers' judgements.		
		I	II	III
		Academic	Non-academic	Health
		suitability	suitability	
Ethical attitude Factor:				
1	"Vital libertarianism"	.049	.009	.035
2	"Social tough-mindedness"	-.034	.041	-.009
3	"Liberalism"	-.024	-.042	.065
4	"Personal libertarianism"	-.037	-.068	-.015
5	"Economic conservatism"	-.080	.102 +	.026
6	"Medical control"	-.015	.040	-.010
7	"Sex education"	-.057	.038	.047
8	"General Practise"	.061	.028	.004
I	"Libertarianism"	.000	.001	.048
II	"Tough-mindedness"	-.032	.061	-.021

Table 5-10: Correlations of interviewers' judgements with culture scores of applicants. (N=300).

+: p<0.10; \*: p<0.05; \*\*:p<0.01; \*\*\*:p<0.001.

	Interviewers' judgements.		
	I Academic suitability	II Non-academic suitability	III Health
Culture Factor:			
1: Literary culture	-.067	-.055	.036
2: Low-brow culture	.059	.001	.035
3: Travel	-.149 **	.015	-.039
4: Popular culture	.126 *	.054	-.031
5: Non-literary culture	-.105 +	-.006	-.027
'Culture'	-.097 +	-.027	.019