

What is already known on this topic

Male students and those with lower A level grades and of non-white ethnicity may perform less well on the undergraduate medical course

What this study adds

Late acceptance on to the course and the presence of “negative comments” in the academic reference are additional risk factors at Nottingham medical school

in the academic reference. Powis et al found that interviewers’ negative remarks had weak predictive value for course withdrawal,⁷ and Papadakis et al suggested some correlation between negative statements regarding unprofessional undergraduate behaviour and later disciplinary action in graduates.⁸ In view of our results, statement review remains an integral part of our admissions process.

Similarly, we are not aware that others have examined the timing of course offers in relation to undergraduate progress.

Future policy and research

Many medical schools in the United Kingdom are exploring more varied admissions policies, perhaps incorporating elements of the successful Australian policies of lower examination grades accompanied by psychometric testing.³ Their outcome evaluations, especially in relation to non-traditional students, may be important in guiding future policy across the UK.^{2,9} Our data suggest that the current four stage approach to student selection is sound, but we now have concerns that the introduction by UCAS of open references will reduce the opportunities for head teachers to draw attention to personal qualities or difficulties that might make it difficult for a student to succeed in medicine. A structured reference might be more helpful.

Pastoral support at Nottingham includes informal meetings with personal tutors and more intensive formal mechanisms, yet some students still hide, or deny, their difficulties until they reach a crisis point. In the course of this research we noticed a high incidence of depressive illnesses in strugglers, which is of particular concern. We intend to review our strugglers and our pastoral practices more closely to see what further support could be offered, perhaps as targeted interventions to those at greatest risk. Research elsewhere has identified personal, social, cultural, and financial pressures that may particularly affect students from non-mainstream backgrounds and that may need to be addressed explicitly and proactively.^{10,11} Failure in clinical examinations may have a sex related or cultural basis because the current emphasis on patient centred, empathetic care may be more natural for women than for men¹² and may present a considerable difficulty for students from more paternalistic cultures.¹³ Language barriers may be important because fluency in standard English may not be adequate for medical and colloquial needs.¹⁴

We plan further investigations into the nature of negative comments and the characteristics and difficulties of those who do less well on the course.

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Corrections and clarifications

Factors influencing death at home in terminally ill patients with cancer: systematic review

In this article by Barbara Gomes and Irene J Higginson the linked website in reference 64 (Macmillan Cancer Relief) was correct for the Gold Standards Framework (GSF) when the paper was written (*BMJ* 2006;332:515-21, 4 Mar). Macmillan Cancer Relief, however, ceased functioning as a support for the GSF Programme in 2004. The programme is now supported by the NHS End of Life Care Programme, and the correct web address is www.goldstandardsframework.nhs.uk.

Reproductive outcome after chromosome analysis in couples with two or more miscarriages: case-control study

In this research paper by Maureen T M Franssen and colleagues (*BMJ* 2006;332:759-62, 1 Apr) we wrongly described the study as a case-control study when it should have been an index-control study. The error, which happened during editing, occurred in the title and the abstract.