Reviewer's report

Title: Even one star at A-level could be "too little too late" for medical student selection.

Version: 1  Date: 16 September 2007

Reviewer: Sandra Nicholson

Reviewer's report:

General

I enjoyed reading the authors’ analysis of the ability of current A Level grades to aid medical student selection with their cautionary prediction of how introducing A* grades will only facilitate discrimination by academic merit for approximately the next decade. Whilst previous work of the first author has demonstrated the predictive validity of success at A Level with medical school and postgraduate examinations I believe the authors were right to attempt to demonstrate again this ascertainment in the light of recent A Level inflation. The data concerning year 3 assessments (MCQ and OSCE) appear to corroborate with these previous findings. However we do not know, and the authors are assuming, that students with A*/A** will perform better in medical school examinations. The authors are right to call for further research into the relationship between academic success as routinely measured by A Level grades and performance at medical school, but i would also add more importantly as practising doctors. This introduces my main philosophical point that whilst introducing A* and perhaps A** grades facilitates discrimination between applicants for medical courses, well demonstrated by this paper, in terms of who to reject it does not necessarily help select candidates on the basis of who will go on to be the best and happiest doctors. Surely there must be a ceiling on the relationship between academic success and performance at medical school and certainly with medical practice. The paper does not acknowledge that most medical schools take into consideration, some highly, other measures of suitability for medical training. To be fair A Levels remain the most heavily weighted selection tool currently but with their discussed limitations it is time to seek other reliable and valid methods of selecting tomorrow's doctors. Therefore whilst I agree with the authors A* may be "too little too late" I would also add "too narrow" and urge the medical selection community to consider alternative selection tools alongside the traditional measurements of academic success.

None

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

On page 2
Results
The phrase "A* grades had been already introduced..." makes the meaning of the sentence unclear do they mean "if or had A* grades had been already introduced" ??

On page 3
Background
Bearing in mind my general comments above I would ask the authors to consider their use of "unvalidated tests" do they mean tests with no long term predictive validity which is fair comment if contextualised. It is not appropriate to simply say the newly introduced tests for medical student selection are unvalidated when there is evidence of construct validity and reliability amongst internal items and with similar tests in other fields.

Discretionary Revisions (which the author can choose to ignore)
On page 5
I would question whether the introduction of A*'s was improving the process of selection. Making a process easier does not necessarily make it better and as indicated earlier this paper can, and perhaps should, indicate some of the competing complexities in student selection.

Anecdotally some lesser able candidates sitting 4 A Levels may bring their average down. I wonder if the authors would like to comment on the reliability of their data for ALEVUCAS bearing this in mind?

What next?: Accept after minor essential revisions
Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I am a director of UKCAT and chair its test development working group. The UKCAT Consortium aim to develop a valid and reliable selection test for medical and dental degree programmes in the UK. These responsibilities do not involve
any personal financial gain.