


# Do Medical Students in Their Fifth Year of Undergraduate Training Differ in Their Suitability to Become a “Good Doctor” Depending on Their Admission Criteria? A Pilot Study [Letter]

This article was published in the following Dove Press journal:  
*Advances in Medical Education and Practice*

Adham Chakhachiro 

Faculty of Medicine, Imperial College  
London, London, UK

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## Dear editor,

The study conducted by Kötter et al<sup>1</sup> regarding medical students' suitability to becoming 'good doctors' based on their admission criteria was read with great interest. Their finding that it could be favourable to select medical students not only based on academic performance but also on other additional selection criteria was interesting and delves into the important topic of medical admission selection criteria. The results of the study are in concordance with the literature and what is currently occurring in practice in many universities across the world.<sup>2</sup>

Research has been conducted by scholars on the relationship between admission selection criteria and performance in medical school. However, currently, there is little known about the relationship between medical student admission selection criteria and performance as a doctor.<sup>3</sup> Whether there is a correlation between medical school performance and outcomes as a doctor is also unknown.

Therefore, the work performed by Kötter et al is commended as it focuses on this crucial-unresearched topic. However, some factors need to be considered. First, the method students were assessed regarding their suitability to becoming “good doctors” is ambiguous and not validated. The article does not comment on the exact process and criteria used to assess the students. As mentioned, there is no accepted definition of what a “good doctor” is, therefore such a broad concept should be avoided as it is difficult to assess. Having said that, various characteristics have been identified regarding what makes a “good doctor” such as communication, empathy, compassion, and competency.<sup>4</sup> The use of a structured criteria to assess the various skills and characteristics of the students would have produced more accurate and valid results in determining their suitability to becoming “good doctors”. The use of a 4-point Likert scale by the students' supervising general practitioner is an oversimplification to assess this and risks the introduction of various sources of bias and discrepancies in assessment. Ensuring the study is blinded could also help mitigate this.

The basis of the selection criteria in the UK and around the world is based on assessing prospective students on characteristics that make successful doctors through a mixture of panel interviews, multiple mini interviews, and aptitude

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Correspondence: Adham Chakhachiro  
Faculty of Medicine, Imperial College  
London, South Kensington, SW7 2AZ,  
London, UK  
Email [adham.chakhachiro15@imperial.ac.uk](mailto:adham.chakhachiro15@imperial.ac.uk)

tests including the situational judgement test. This has been shown to correlate with good performance on the university course.<sup>2,5</sup> Use of a similar criterion in the study would elicit more robust and valid results.

As mentioned, the small sample size and the single centred nature of the study necessitate caution when interpreting the results of the study as it limits further in-depth analysis.

To conclude, Kotter et al have touched upon an imperative subject regarding medical admission selection criteria. More research needs to be conducted to assess its true impact and ability to predict students' suitability to becoming "good doctors" and more importantly improving patient outcomes.

## Disclosure

The author reports no conflicts of interest in this communication.

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