in the academic reference. Powis et al found that interviewers' negative remarks had weak predictive value for course withdrawal,1 and Papadakis et al suggested some correlation between negative statements regarding unprofessional undergraduate behaviour and later disciplinary action in graduates.4 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.7 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 struggling, which is of particular concern. We intend to review our struggles 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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7 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 struggling, which is of particular concern. We intend to review our struggles 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. 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 men and may present a considerable difficulty for students from more paternalistic cultures. Language barriers may be important because fluency in standard English may not be adequate for medical and colloquial needs.

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