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Why is HPAT used to select students for Medical course in Irish Universities?

Áine Hyland

The Health Professions Admission Test (HPAT), an aptitude test for applicants to University Medical courses, was introduced in Ireland in 2009. It was a response to concerns that Leaving Certificate results, while measuring academic achievement, were thought to not fully capture the skills needed for success in health professions.

The test was developed and is administered by the Australian Council for Educational Research (ACER), which assured the Deans of Irish Medical Schools that the test could not be 'gamed' or studied for. Therefore, it would provide a more equitable pathway for students who might not have the same access to resources like private tuition or grind schools that could boost their Leaving Certificate scores.

HPAT-Ireland scores are used in conjunction with Leaving Certificate results to determine entry into Irish Medical schools. Candidates receive a score for each of the three sections of the test (Logical Reasoning and Problem Solving, Interpersonal Understanding, and Non-Verbal Reasoning), with a maximum score of 100 for each section. The overall HPAT score is currently a weighted sum of these section scores, with sections 1 and 2 each weighted at 40% and section 3 at 20%. The maximum overall score is currently 300. A percentile rank is also provided, indicating how a candidate's score compares to other test-takers.

The HPAT score is combined with the Leaving Cert CAO score to calculate the overall score, which then determines their rank order for Medical courses. However, unlike applications for other Third Level courses where the full Leaving Cert points are used, points achieved at Leaving Cert are capped for Medical courses.

While the maximum points achievable in the Leaving Certificate is 625, points above 550 are adjusted downwards (or "moderated") for Medical applications. Each 5 points gained over 550 is reduced to 1 point, meaning the maximum adjusted Leaving Certificate score for medicine is 565. This adjusted score is then combined with the HPAT-Ireland score to determine entry.

It has recently been announced that from 2027, the system of selection for Medical schools will change. Leaving Cert points will no longer be "moderated" and HPAT will be marked out of 150 (not 300 as at present). The new maximum score will therefore be 775 – made up of a maximum of 625 points in the Leaving Cert combined with 150 in HPAT.

UNIVERSITY ENTRY IN IRELAND BEFORE THE MID-1960S

Until the mid-1960s, entry to Third Level education in Ireland was open to everyone who satisfied the basic entry requirements (Matriculation) and who could afford to pay the fees or who were in receipt of a scholarship. This worked well when the demand for places did not exceed the number of available places. However, following the introduction of free Second Level education in 1967, demand for University places began to exceed supply and a system of selection had to be introduced.

University College Dublin was the first of the Irish Universities where demand for places exceeded the number of places available. This was especially true for places in the Medical Faculty. Until the late 1960s all applicants were accepted into first year Medicine and the examination at the end of the first year served as a competitive entrance examination to the Medical School proper.

In 1968, UCD Medical School introduced a Points System based solely on Leaving Certificate results and during the following years, the system was extended to other faculties and other Universities. At the time the Universities considered using aptitude tests, interviews, student personal statements and/or school references, but a decision was taken, and became standard practice, to use only Leaving Certificate results for entrance to Medical faculties between the late 1960s and 2009.

Having researched the relationship between academic performance at the end of Second Level education and performance in University, the Universities came to the

conclusion that performance in school leaving examinations was the best criterion for subsequent academic success and should be used for selection purposes.

It was acknowledged from early on that the Points System was not an ideal selection system, but there was no consensus as to a better alternative. Over the years, various reviews of the system were carried out. In 1989, Dr. Monica Nevin of the Psychology Department of UCD gave details of research carried out in UCD that found that the Leaving Certificate was a good predictor of subsequent academic performance.

Her findings echoed those of other studies carried out both in Ireland and in the UK at the time. She considered the use of aptitude tests, personality and motivation tests, interviews and personal statements in addition to the Leaving Certificate but did not recommend that any of these should be used for selection for Third Level courses. She concluded that "*there is really no satisfactory alternative to the use of the school leaving examination as a selection measure for University*" adding that "*the Points System, despite its limitations, has the advantage of being objective and of being beyond reproach*" and she recommended that no change be made in the system of selection.

THE REPORT OF THE COMMISSION ON THE POINTS SYSTEM

A decade later, in 1997, a Commission was set up by the then Minister for Education, Micheál Martin, to review the Points System. The establishment of the Commission met an important commitment in the then Government's *Action Programme for the Millenium.* The Points Commission (chaired by this author) had more than twenty members – including representatives of students, parents, teachers, school management, employers, Third Level institutions, guidance counsellors, the CAO and the Department of Education.

The Commission sat for two years, during which it held 32 meetings and carried out wide-ranging consultations.

Four research papers were commissioned and published, including a paper titled *'The Selection of Medical Students in the Netherlands – Reconciling the Incompatibilities'* by Professor P.J.D. Drenth of Vrije University Amsterdam, who had recently chaired a committee in the Netherlands to review the selection of students for Medical faculties in that country. Professor Drenth's report did not support the use of aptitude or personality tests, pointing out that they were poor predictors of subsequent academic performance.

The final report of the Points Commission, published in 1999, highlighted the fact that healthcare courses generated much of the admission pressure for University places. There was only a total of 600 Medical places in Irish Universities at that time, accounting for just 2% of all Third Level admissions. Competition for these places was intense and students required almost full points to get a place on a Medical course. In considering selection for health care courses, the Commission looked at developments internationally, including in the U.S., the U.K., the Netherlands and Germany.

It also considered a proposal that entry to Medical school should be postponed until applicants completed a preliminary Third Level course in Life Sciences. However, it cautioned against adopting this proposal without further exploration of the issue. As regards the use of aptitude tests and having considered the then available evidence, the



Commission stated that "*it sees no advantage in introducing ability/aptitude tests for Third Level selection for school leavers in this country*".

In the years immediately following the publication of the report of the Points Commission, the competition for places on Medical courses became even more intense. The number of females surpassed the number of males being offered a place, and political pressure was growing to reduce the academic competitiveness of Medical school entry. Despite the reservations set out in the report of the Points Commission about using aptitude tests for selection to Medical courses, in 2004 the then Minister for Education, Noel Dempsey, announced his intention to introduce aptitude tests for applicants to Medical courses.

The initial scheme proposed by Minister Dempsey envisaged the maximum Leaving Cert points being capped at 450 with results in an aptitude test being added to an applicant's Leaving Cert score to determine total points.

At that time, this author was concerned about Minister Dempsey's proposal, given that the international research evidence did not support the use of aptitude tests for University selection. In a submission made to the Deans of the Medical Schools in September 2004, she reminded them of the findings and recommendations of the Points Commission.

She also pointed out that the use of aptitude test for selection to Universities in the U.S. was under review. There was increasing evidence that aptitude tests were unreliable and could be gamed by practice, by coaching and by courses provided in grind schools.

In spite of the claims of the test designers that prior coaching or practice would not affect an individual's aptitude tests results, it was already well known that this was a false claim. Stanley Kaplan, who pioneered coaching for the SATs in the US had written in the 1960s:

> *"Acquiring test-taking skills is the same as learning to play the piano or ride a bicycle. It requires practice, practice, practice. Repetition breeds familiarity. Familiarity breeds confidence"*

And pre-tests and post-tests carried out on students before

and after they undertook coaching or grind-school-type courses showed that individual student performance could be enhanced by up to 20% as a result of systematic coaching for aptitude tests and regular practice of such tests.

In her submission to the Deans of Medicine in September 2004 (twenty years ago) this author stated:

> *"If aptitude tests are introduced for entry to Medical schools in Ireland, the one thing we can predict with a high degree of accuracy, is that there will be a burgeoning of the grind school industry. In that event, as a nation, we will have to seriously consider how equity and social justice can be maintained in relation to University entrance for those students whose families are not in a position to pay for the necessary coaching or grind-school preparation*".

THE FOTTRELL REPORT

In November 2003, a Working Group on Undergraduate Medical Education, chaired by Professor Patrick Fottrell, was set up by the Minister for Education and Science and the Minister for Health and Children. It sat for five years and its report was issued in 2008. Inter alia, the report addressed the issue of selection to undergraduate Medical education programmes and concluded that entry should not be exclusively based on Leaving Certificate performance.

While accepting that Second Level achievement in terms of exam results was clearly a predictor of future academic performance, it asserted that characteristics such as interpersonal skills, integrity, and professionalism were also very important. The report referenced some then recent developments in models of practice emerging internationally and stated that they were helpful in considering a way forward in Ireland.

It mentioned, in particular, the example of Oxford's Medical school which shortlisted applicants for interview on the basis of GCSE academic results and 'performance in a biomedical admissions test'.

The report went on to state that "the combination of a specified minimum level of performance in the Leaving Certificate, together with a further objective and independent test of student related generic thinking skills and aptitudes for medicine offers a very real means of developing a broader based entry mechanism", and recommended *"that the Leaving Certificate should no longer be used as the sole selection method for entry to Medical education at undergraduate level but that a two-stage test be applied for entry. The first stage would be based on Leaving Certificate performance. All students would be required to achieve at least 450 points. This represents the top 16% of Cao applicants. The second stage of selection would be based on a standardized test (e.g. MCAT, BMAT, UMAT, SAT). Applicants would be ranked for entry on the basis of performance in that test".*

HPAT TEST INTRODUCED IN IRELAND IN 2009

The following year, a decision was taken by the Universities to adopt the Australian Council for Educational Research's HPAT test as a selection tool for entry to all Medical schools in Ireland. The recommendation of the Fottrell report concerning applicants with more than 450 Leaving Cert points was not acted on. Instead, it was decided that points above 550 would be adjusted downwards (or "moderated") for Medical applications.



Each 5 points gained over 550 would be reduced to 1 point, meaning the maximum adjusted Leaving Certificate score for medicine would be 565. This adjusted score would then be combined with the HPAT-Ireland score to determine entry.

This system of selection has now been in place for over 15 years.

REDUCING HPAT INFLUENCE FROM 2027

A decision has recently been taken by the Deans of the Medical Schools to reduce the influence that HPAT has had on entry to Medical schools. From 2027 onwards the relative value of HPAT will be halved and Leaving Cert results will no longer be "moderated" and capped.

While this is a welcome decision, it is the view of this author that it is too little too late. It has been well known for many years that contrary to the claims of ACER, HPAT is no different to other so-called aptitude tests.

It has been and continues to be 'gamed' with practice, coaching and grinds. The evidence has been unambiguous for decades that HPAT, as well as other aptitude tests, is not immune to practice or to coaching. Numerous students over the years have improved their HPAT scores by re-sitting. A review of HPAT undertaken by five Medical faculties three years after its introduction found that 40% of successful applicants had improved their score after resitting the test.

And as this author predicted twenty years ago, the grind school industry in Ireland has benefited hugely from HPAT. A quick search on Google identified at least ten providers of grinds for HPAT in Ireland – ranging in cost from €130 to €1,445 for a 'complete course'. Little wonder then, that whereas 33% of Medical students are from wealthy backgrounds, only 3% of students are from disadvantaged backgrounds.

Given what is now known about the considerable advantage the test gives to those who can afford coaching or grinds, it is difficult to understand why the Deans of Medicine have not bitten the bullet and decided to discontinue using HPAT - or any other aptitude test- for selection to Medical courses in Ireland.

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