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เพิ่มขึ้นของการสอบวัดระดับภาษาอังกฤษในยุคของการคัดเลือกโดยใช้แฟ้มสะสมผลงาน  
CONSTRUCTING A CONCEPTUAL FRAMEWORK FOR THE MEDICAL SCHOOL  
ADMISSION SYSTEM: THE GROWING INFLUENCE OF ENGLISH PROFICIENCY  
TESTING IN THE ERA OF PORTFOLIO-BASED SELECTION

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**บทคัดย่อ (Abstract)**

ภาษาอังกฤษได้กลายเป็นภาษาสากลในวงการวิทยาศาสตร์และการแพทย์ ทำหน้าที่เป็นเครื่องมือสำคัญในการเข้าถึงความรู้ การสื่อสารระหว่างบุคลากรทางการแพทย์ และการเผยแพร่ผลงานวิจัย ในการศึกษาทางการแพทย์ ความสามารถทางภาษาอังกฤษเป็นสิ่งจำเป็นต่อการเรียนรู้ การคิดวิเคราะห์เชิงคลินิก และการสื่อสารกับผู้ป่วย ในประเทศไทยซึ่งภาษาอังกฤษไม่ใช่ภาษาหลัก ความไม่เท่าเทียมทางโครงสร้างและสังคมทำให้ผู้สมัครบางกลุ่มมีข้อจำกัดในการเตรียมตัวเข้าศึกษา และระบบการรับเข้าศึกษาแบบแฟ้มสะสมผลงานที่มุ่งประเมินความสามารถหลากหลายเกินกว่าการสอบมาตรฐาน อย่างไรก็ตาม การพึ่งพาการทดสอบความสามารถทางภาษาอังกฤษ เช่น TOEFL และ IELTS รวมถึงการสัมภาษณ์ภาษาอังกฤษ ทำให้ผู้สมัครจากครอบครัวมีฐานะทางเศรษฐกิจดีกว่ามีความได้เปรียบ ส่งผลต่อความเท่าเทียมในการเข้าศึกษา การบูรณาการภาษาอังกฤษในหลักสูตรแพทย์จึงควรเน้นทั้งทักษะวิเคราะห์ สื่อสาร และเชิงคลินิก พร้อมลดความเหลื่อมล้ำทางการศึกษา การศึกษานี้วิเคราะห์บทบาทของการทดสอบภาษาอังกฤษในระบบแฟ้มสะสมผลงานและเสนอแนวทางการรับเข้าเรียนที่สมดุลระหว่างมาตรฐานวิชาชีพกับความเท่าเทียมทางสังคม

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**Abstract**

English has become the global lingua franca in science and medicine, serving as a critical tool for accessing knowledge, communicating across healthcare teams, and disseminating research. In medical education, proficiency in English is essential for learning,

clinical reasoning, and effective patient interaction. In Thailand, where English is not the primary language, structural and social inequalities create disparities in access to English learning resources, affecting applicants' preparedness for medical school. The shift toward Portfolio-Based Admission systems aims to assess a broader range of competencies beyond standardized exams. However, the increasing reliance on English proficiency tests such as TOEFL and IELTS, as well as English-language interviews, reinforces advantages for applicants from socioeconomically privileged backgrounds, thereby challenging equity and inclusivity in admissions. Integrating English into medical curricula should therefore extend beyond language instruction to foster analytical, communicative, and clinical skills while addressing educational disparities. This study examines the role of English proficiency within Thailand's PBA system, highlighting the tension between maintaining rigorous professional standards and promoting equitable access. Recommendations include implementing flexible language assessments, pre-admission preparatory programs, and targeted interventions to mitigate socioeconomic barriers. Ensuring that English requirements enhance student competence without exacerbating inequities is critical for cultivating diverse, high-quality, and globally competent medical professionals.

**Keywords :** English proficiency, Portfolio-based admission, Medical education, Educational equity

## Introduction

English has emerged as the global lingua franca of science and medicine in the era of globalization. In particular, within the field of medical sciences, access to up-to-date academic knowledge, communication among healthcare professionals, and the dissemination of research findings predominantly occur in English (Sukpanichnant, 2008; Woragittanont & Suraratdecha, 2016). English proficiency is therefore not merely an ancillary skill but a fundamental tool essential for medical students to effectively learn, analyze, and communicate within the complex and demanding professional context (Chalauisaeng, 2016; Nithiphaichit et al., 2023). Moreover, medical communication conducted in English plays a crucial role in fostering understanding and trust between physicians and patients from diverse cultural backgrounds, which directly influences the quality of care and health outcomes (Pancharoen, 2023; Phaktoop & Apiraknapanon, 2024).

In the context of Thailand, where English is not the primary language for the majority of the population (Pittpunt, 2023), the development of English proficiency among

students aspiring to enter medical schools faces significant structural and social (Sring & Saengchai, 2019; Srijan & Chuenchaichon, 2019). Unequal access to educational resources and English language learning opportunities constrains some applicants' ability to adequately prepare for English proficiency tests, which serve as critical instruments for assessing readiness for medical education at the tertiary level.

Over recent years, the medical school admission system in Thailand has shifted towards a Portfolio-Based Admission model to provide applicants with the opportunity to demonstrate diverse competencies beyond standardized test scores (Ruechakool & Sawangboon, 2024) This approach aims to reduce reliance on single-examination results and to broaden the selection criteria to include a variety of skills, knowledge, and personal potentials (Srisontisuk et al., 2020). Nevertheless, as English language proficiency has been elevated to a key evaluative criterion within portfolio assessments, scores from standardized English tests such as TOEFL and IELTS have increasingly gained significant influence (Corporation & Ngo, 2025; Soonthorn et al., 2019).

The growing emphasis on English proficiency examinations within the portfolio system, while reflecting the necessity of language standards for modern medical students, also challenges principles of equity and accessibility in the admissions process. Applicants from socioeconomically advantaged backgrounds, who have greater access to preparatory resources, hold a disproportionate advantage over those from less privileged circumstances (Iramaneerat & Rangsisombatsiri, 2010). This imbalance undermines the original intent of portfolio admissions to create a broad and diverse evaluative space and poses challenges to the educational system's commitments to fairness and social equity.

Therefore, developing a conceptual framework for medical student selection that harmonizes rigorous professional English language standards with principles of fairness and inclusivity is a critical academic and policy imperative (Nonsuphap, 2017). Such a framework must encompass comprehensive analyses of sociocultural and educational contexts aligned with the evolving needs of health systems in the era of globalization, to foster a selection process that is high-quality, transparent, and sustainable.

This paper aims to explore and analyze the increasing influence of English proficiency testing within the portfolio admission system of Thai medical schools, while investigating possible frameworks and approaches to balance professional standards and social equity in student selection. Ultimately, it seeks to open pathways toward developing

an admissions system that is equitable, rigorous, and responsive to the demands of the contemporary globalized world.

### **Integrating English into Medical Education: Beyond Language toward Epistemic and Professional Transformation**

In the context of medical education, English can no longer be viewed merely as a basic communication tool. Rather, it has emerged as a critical mechanism for accessing global knowledge, cultivating professional competencies, and shaping learners' identities as globally responsive physicians (Chalauisaeng, 2016; Satayasai, 2013). Contemporary medical learning has shifted away from content-driven instruction towards approaches that prioritize inquiry-based learning, interprofessional communication, and interpretation of internationally sourced data all of which demand proficient use of English as an academic and clinical language.

The integration of English, therefore, must transcend the simple addition of language instruction hours to the medical curriculum. It requires a deliberate design of learning processes that embed language within clinical contexts and systems-based reasoning. For instance, research from Nithiphaichit et al., (2023) demonstrated that using concept maps in pharmacological instruction enhanced students' ability to perceive connections among terminologies and clinical ideas (Nithiphaichit et al., 2023). Meanwhile, Krudpathum and Wilaem (2016) pointed out that many pre-clinical students continue to struggle with analytical use of English, particularly when confronted with complex material rooted in real-world clinical scenarios (Krudpathum & Wilaem, 2016).

Nonetheless, structural challenges continue to hinder meaningful integration. These include limitations in institutional resources, instructor preparedness, and longstanding inequalities in English language exposure beginning from primary education. For example, Chalauisaeng (2016) found that a significant number of medical residents encountered difficulties in interpreting complex sentences in medical literature barriers that impaired their capacity for evidence synthesis and rational clinical judgment. Such findings reinforce the notion that advanced English proficiency is not a peripheral academic asset, but a fundamental condition for ensuring high-quality patient care. Moreover, English language integration intersects profoundly with the issue of educational equity (Chalauisaeng, 2016). While English opens access to global medical knowledge, it may simultaneously act as a barrier for students from linguistically underprivileged backgrounds (Pittpant, 2023).

Accordingly, language instruction in medical education must be sensitive to learner diversity and emphasize the creation of shared learning spaces that promote linguistic development through authentic clinical use.

Taken as a whole, integrating English into medical education should not be viewed solely as language enhancement, but rather as a pathway toward elevating students' capacities to think, analyze, and communicate within a dynamic and information-rich world. Such integration must be guided by principles of research-based learning, purposeful language use, and the creation of safe environments for experimentation, application, and learning from error (Detroekpan & Sithsungnoen, 2024).

In conclusion, the integration of English into the medical learning process is not merely a matter of linguistic proficiency. It is fundamentally about developing future physicians who are capable of communicating, interpreting, and translating knowledge across cultural and disciplinary boundaries physicians who are prepared to engage with complex, transnational health challenges in a thoughtful and sustainable manner.

### **Selection of Medical Students through Portfolio-Based Admission: The Foundational Role of English Proficiency**

The selection process for medical school admissions is a critical step in shaping competent healthcare professionals who can effectively respond to the rapidly evolving demands of modern health systems. In recent years, the Portfolio-Based Admission system has gained prominence across many medical institutions, as it allows applicants to demonstrate diverse competencies beyond standardized test scores, including academic achievement, personal skills, problem-solving abilities, and relevant experiences (Srisontisuk et al., 2020). This holistic approach provides a broader evaluative lens for assessing candidates.

Nevertheless, English language proficiency remains a fundamental prerequisite universally upheld by medical schools. This emphasis is due to English's central role as the medium of instruction, the primary language for accessing medical literature, and a key communication tool within international clinical contexts (Thaphech & Surasith, 2023). Applicants lacking sufficient English skills face significant barriers in both academic learning and clinical practice. Empirical evidence from admission criteria highlights the decisive role of minimum scores on standardized English proficiency tests such as TOEFL, IELTS which serve

as essential screening tools to ensure applicants possess the linguistic readiness required for rigorous medical education (Soonthorn et al., 2019).

Furthermore, the incorporation of English-language interviews in the selection process offers a critical opportunity to evaluate candidates' real-time communicative competence, encompassing fluency, clarity, and professional reasoning. English proficiency in this context transcends simple language testing; it affirms a foundational capacity necessary for engaging with complex medical concepts, critically appraising scientific literature, producing coherent academic reports, and collaborating effectively within multidisciplinary healthcare teams characterized by cultural diversity (Woragittanont & Suraratdecha, 2016; Krudpathum & Wilaem, 2016).

Research by Iramaneerat and Rangsisombatsiri, (2010) and Pittpant (2023) underscores the indispensable nature of English proficiency as a foundational step in medical education and professional development (Iramaneerat & Rangsisombatsiri, 2010; Pittpant, 2023). Effective English communication is pivotal not only for academic success but also for establishing trust and clarity in patient-provider interactions. Therefore, although Portfolio-Based Admission systems aim to reduce overreliance on exam scores, the imposition of stringent English proficiency standards remains a vital preliminary filter. This ensures the selection of candidates adequately prepared for the intellectual and communicative demands of contemporary medical training. Moreover, English interviews reinforce evaluators' ability to assess communication and analytical competencies essential for clinical practice, where precision and mutual understanding are paramount (Phaktoop & Apiraknapanon, 2024).

In summary, integrating English proficiency as a core component within the Portfolio-Based Admission framework functions not only as a quality benchmark reflecting applicants' readiness but also as a strategic mechanism for cultivating future physicians capable of thriving in a globalized medical landscape. Ongoing refinement and enhancement of these language standards are imperative for balancing inclusivity with the rigor necessary to meet the dynamic challenges of modern medical education and healthcare delivery.

### **English Language Proficiency in Portfolio-Based Admission to Thai Medical Schools: Navigating Academic Readiness and Structural Inequities**

Although the portfolio-based admission system for medical education in Thailand was originally designed to accommodate diverse talents and provide holistic opportunities

for applicants to demonstrate their potential, significant disparities in access to English language learning resources remain a major barrier that exacerbates structural inequality within the selection process.

From elementary through secondary education, the quality of English instruction varies greatly by region and socioeconomic group. Students from rural areas or low-income families often lack access to qualified English teachers, standardized curricula, and modern learning materials. As a result, they typically enter the application process with weaker English proficiency compared to students from urban schools or those with access to more resource-rich educational environments.

These disadvantages directly affect candidates' ability to achieve competitive scores on standardized English proficiency tests such as TOEFL and IELTS exams that are frequently required as part of the portfolio-based medical admission criteria (Corporation & Ngo, 2025). Applicants who lack access to sufficient English learning support are significantly less likely to meet minimum score thresholds, thereby losing opportunities to pursue medical education despite having potential in other areas. Moreover, English-language interviews often a key component in the selection process intensify this inequality by invoking what Bourdieu refers to as “cultural capital.” Candidates from affluent backgrounds are more likely to receive specialized coaching and tailored instruction that enables them to communicate fluently and confidently in academic or professional English. In contrast, many applicants from underprivileged backgrounds face psychological discomfort, lack of exposure, and language-related anxiety under high-stakes conditions. This disparity not only reflects inequities in language proficiency but also reinforces deeply embedded social structures that reproduce educational disadvantage. As such, students with strong academic or clinical potential may be excluded from professional pathways simply due to language disadvantages rooted not in capability, but in socioeconomic constraints beyond their control (Iramaneerat & Rangsisombatsiri, 2010).

This phenomenon illustrates how an overreliance on English test scores and linguistic performance during interviews functions as a structural filter that privileges candidates with greater access to economic and social capital. Those who can afford expensive language courses, private tutors, and repeated attempts at high-cost exams benefit from cumulative linguistic preparation, while those from lower-income households are constrained by limited time, financial resources, and educational opportunities.

Consequently, the competitive landscape becomes inherently unequal, distorting the meritocratic ideals the admission system claims to uphold.

In this light, English language requirements particularly those that carry high economic and cultural costs operate as a hidden social mechanism that limits access to top-tier medical schools for students from marginalized backgrounds. Even though these students may possess qualities essential for the medical profession, they are systematically filtered out due to an overemphasis on linguistic capital. As a result, the diversity of the medical student population a critical foundation for an inclusive and equitable health system is undermined by selection mechanisms that fail to account for broader structural disadvantages.

### **English Proficiency and Clinical Competence: Navigating Language Challenges in Thai Medical Practice**

The rigorous emphasis on English language instruction and the high English proficiency criteria in medical student selection are rooted in the essential role of English in real-world medical practice today. English is no longer merely an ancillary skill but has become a vital tool for accessing global medical knowledge, including research articles, clinical guidelines, and the latest treatment protocols most of which are disseminated primarily in English. Furthermore, communication within multicultural and multilingual interprofessional teams is crucial, especially in hospitals serving international patients or where English functions as a lingua franca among staff. In clinical practice, physicians must use English accurately to interpret complex clinical information such as diagnostic reports, research findings, and continuously updated treatment guidelines. A thorough understanding of specialized terminology and nuanced meanings is essential for making timely and accurate medical decisions. Additionally, effective English skills are necessary for composing medical reports and engaging in professional communication through meetings or presentations (Krudpathum & Wilaem, 2016).

Real-world applications of English proficiency such as patient consultations with foreign nationals or collaboration in international research teams serve as critical assessments of medical students' and young doctors' readiness to face the challenges of modern medicine (Chalauisaeng, 2016). Fluency and precision in English communication thus transcend mere examination requirements; they constitute foundational competencies for functioning in the fast-paced, complex medical environments of today.

From this perspective, English functions as a vital “bridge” in Thai medical practice, enabling physicians to continually learn, adapt, and advance professionally to provide high-quality, safe healthcare both domestically and internationally. Purposeful training and development of English language skills are therefore indispensable preparations for medical students and healthcare professionals in the current era.

## Conclusion

The growing role of English proficiency testing within Thailand’s portfolio-based medical school admission system. English is no longer just a basic communication skill but a vital tool for accessing global medical knowledge and effectively communicating in multicultural healthcare settings.

However, the strong emphasis on English test scores and interviews in the selection process creates inequities. Applicants from socioeconomically disadvantage backgrounds often lack access to quality English learning resources, putting them at a disadvantage despite having potential in other areas.

Strict English proficiency standards are essential to maintain the quality of medical students, ensuring they can navigate complex academic materials, communicate with diverse teams and patients, and develop professionally in a globalized medical environment. At the same time, these standards must be implemented thoughtfully to avoid exacerbating social inequalities. Efforts to improve resource access and English learning opportunities are crucial to fostering equitable admission and elevating the overall quality of medical students.

In summary, English proficiency is a fundamental requirement for medical education and admissions. Yet, admission frameworks must balance rigorous language standards with inclusivity, supporting diversity and quality in future healthcare professionals to meet the demands of today’s global health systems.

## Recommendations

The findings of this study highlight that English proficiency standards are essential for ensuring the academic and professional readiness of medical students. However, if applied without consideration of structural inequalities, these standards may disadvantage applicants from socioeconomically underprivileged backgrounds. Admission policies should therefore incorporate flexibility and supportive measures, such as context-based language assessments, pre-admission English preparatory programs, and investment in early-stage

language development. Such interventions can ensure that English requirements serve to enhance student quality without exacerbating inequities, promoting both academic excellence and educational equity.

Future studies should examine the impact of English proficiency requirements within portfolio-based admissions on applicant diversity and long-term academic outcomes. Research should also focus on developing assessment methods that better capture clinical and analytical language competencies rather than relying solely on standardized test scores. Comparative analyses across institutions or countries could further identify best practices for integrating rigorous language standards while minimizing socioeconomic barriers, thereby informing more equitable and effective selection frameworks.

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