

CFMS Report: Socioeconomic Diversity in Admissions Policy Survey

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Background

One of the most concerning issues regarding medical education in Canada is the fact that current medical school cohorts do not reflect the diverse population of our nation. As outlined in the CFMS position paper, Access to Medical Education,¹ the CFMS believes that current medical school admissions criteria across Canada inadvertently exclude applicants from lower socioeconomic status (SES) backgrounds. Individuals from lower SES backgrounds experience multiple barriers when considering a career in medicine in comparison to more affluent applicants. These include the financial burden incurred when applying to and attending medical school, academic requirements, and sociocultural influences. These barriers ultimately lead to a lack of socioeconomic diversity in our current medical school cohorts and future physicians.

Building off of the aforementioned position paper, we surveyed medical school admissions offices across Canada to assess the current status of admissions policies relating to SES diversity. This was an effort to extend current AFMC data² regarding admissions quotas. We plan to use the data gathered from this survey to further develop the CFMS position regarding access to medical education and to work with admissions committees to identify gaps in admissions practices and increase SES diversity within medical school cohorts to better reflect the Canadian population.

Method

A survey consisting of the following 10 questions was sent to the admissions departments of all 17 Canadian medical schools.

1. Are there any policies in place to increase the representation of students from a lower socioeconomic background in your MD program?
 - a. If there is a specific policy, what is it called? When was it implemented?
 - b. If there is a specific policy, how has it been implemented? How did it affect the demographic makeup of the class?
2. Does your school collect any information on entering students' financial information? (E.g. parental household income)
 - a. If you answered YES, do you have any data you'd be willing to share here?
3. What financial assistance (if any) does your school provide to students admitted from a lower socioeconomic background?
 - a. What percentage of students in the program receives this form of financial assistance?
4. What percentage of your students comes from rural areas?

5. Are there any additional underrepresented groups in your class that you are trying to target in your admissions? (E.g. Indigenous applicant stream)
 - a. If you answered YES to the previous question, could you please elaborate?

We wish to thank all of the schools that took the time to participate in the survey. The CFMS plans to iteratively repeat this survey in future years. We welcome schools to update their responses or to respond if they did not get a chance in previous years. Any questions about this report can be fielded by the CFMS VP Education at vpeducation@cfms.org.

Results

A total of 7 schools responded (41% response rate) within the timeframe of the emailed survey, with the key results summarized below. Responding schools were were: Memorial University (MUN), University of Calgary (U of C), Dalhousie University (Dal), University of Saskatchewan (U of S), McGill University, University of Toronto (U of T), and Northern Ontario School of Medicine (NOSM). In total, these MD programs are home to more than 3600 medical students. The survey results are summarized in Table 1.

Table 1. Summary of survey results.

	Formal Policy	Informal Policy	Policy Description	Financial Assistance	School Specific Highlights
Memorial University (MUN)		Yes	Evaluate applicant holistically considering financial need		Admissions Application includes area for financial situation disclosure 30-40% of students are rural
University of Calgary (UofC)		Yes	Evaluate applicant holistically considering financial need	Yes	Pathways to Medicine: scholarship for low income highschool graduates interested in medicine
Dalhousie (Dal)				Yes (25% of students receive)	
University of Saskatchewan (UofS)	Yes		Increase SES of student body and collect data on household (parental) income through voluntary diversity survey using income brackets		Aboriginal Admissions Program Diversity and Social Accountability Admissions Program (for low SES students)

McGill	Yes		Increase SES of student body and collect data on household (parental) income through voluntary diversity survey using income brackets	Yes	Application Financial Assistance (MMI)
University of Toronto (UofT)	Yes		Increase SES of student body and collect data on household (parental) income through voluntary diversity survey using income brackets	Yes (73% of students receive)	Black Student Application Program (BSAP) – supplemented by the Summer Mentorship Program for high school students Indigenous Student Application Program (ISAP) – supplemented by the Summer Mentorship Program for high school students
Northern Ontario School of Medicine (NOSM)				Yes (25% of students receive)	Social Accountability Mandate to reflect the population of Northern Ontario - self-identified indigenous, francophone and rural and remote applicants given priority 2016 Data: 13% Indigenous, 20% Francophone, 89% Northern Ontario, 11% Rural and remote Canada

Of the seven schools that responded, only three schools (U of S, McGill, and U of T) had formal policies in place attempting to increase the socioeconomic diversity of its student body. In some schools (e.g. MUN, U of C), there is no formal policy in place, however, the admissions process attempts to consider financial need and evaluate applicants holistically.

Three schools (U of S, McGill, and U of T) currently collect, or are planning on collecting, information on household (parental) income. This information appears to be collected on a voluntary basis (e.g. diversity survey), and tends to ask for income brackets as opposed to detailed financial data. Five schools (U of C, Dal, McGill, U of T, and NOSM) have financial assistance programs in place, but it is important to note that rarely do these funds cover the entire cost of living and studying. The percentage of students receiving financial assistance is often unknown, as the support programs are often associated with the university as a whole (rather than the respective MD program). At two schools (Dal, NOSM), as many as 25% of

students receive some form of financial aid. At U of T, approximately 73% of medical students receive some sort of financial support from the MD program. Summary statistics from the survey are reported in Table 2.

Table 2. Summary statistics from survey.

	Percentage of schools (out of 7 respondents)
Formal Policy	43%
Informal Policy	29%
Financial Assistance	71%
Recognition of importance of admitting Low SES specifically	57%
Recognition of importance of admitting underrepresented populations in medicine including low SES	86%
Recognition of financial status, whether through formal policies, informal policies, programs or financial assistance	100%

The commendable efforts from each of these schools are often paired with other attempts at diversifying the programs' student bodies, with special attention being paid to rural, Indigenous, and Black applicants.

School-specific highlights:

- MUN: Although there is no specific policy in place, the application process provides ample opportunity for disclosure of financial barriers. The school also has a high representation of rural students, at around 30-40% of the student body.
- U of C: Pathways to Medicine – a scholarship program for low-income high school graduates interested in medicine.
- Dal: N/A
- U of S: Aboriginal Admissions Program in place since the mid-1990s; the Diversity & Social Accountability Admissions Program (geared toward low SES students) is to be implemented for the class matriculating in 2018.
- McGill: Some financial assistance provided at the *application* stage too (e.g. MMI assistance).

- U of T: Black Student Application Program (BSAP) and the Indigenous Student Application Program (ISAP). The two streams are supplemented by the Summer Mentorship Program (SMP), which is geared toward Black and Indigenous high school students.
- NOSM: The program has a specific demographic mandate meant to reflect the population of Northern Ontario. Thus, priority is given to rural and remote applicants (whether in Ontario or elsewhere in Canada), along with self-identified Indigenous and Francophone applicants.

Discussion

The results of our survey show that the majority of medical school respondents recognize the importance of admitting medical students from traditionally underrepresented populations, and of those schools, over half specifically recognize low SES as a barrier. Of the 7 schools that responded to the study, 5 (71%) have policies that specifically aim to increase the representation of students from lower socioeconomic backgrounds in their class cohorts. Similarly, 5 of the 7 schools provide financial aid to their students to assist with tuition. The number of students who receive this aid ranges from 25% to 73%. The three schools with the highest tuition among respondents (U of T, NOSM, and Dal) all offer financial aid to their students.

It is important to note that many of the schools also have policies to target students from other traditionally underrepresented populations within medicine. Specifically, U of S, U of T, and NOSM each have an Aboriginal application program to increase Indigenous representation in medical school cohorts. NOSM also gives priority to Francophone students as well as students from Northern Ontario and rural/remote areas of the rest of Canada.³ Furthermore, U of T has a Black Student Application Program, reflecting the significant black population in the City of Toronto and the Greater Toronto Area.

Our survey also reported that 43% of responding schools had a formal policy in place to increase socioeconomic diversity in admissions. These same schools also aim to increase students from low socioeconomic backgrounds by better understanding their current student demographic. Specifically, U of S, U of T, and McGill administer voluntary surveys where current students are able to submit parental income. While only 43% of responding schools had a formal policy in place to increase socioeconomic diversity it is important to note that an additional 29% of schools had informal policies in place. The policies implemented by MUN and U of C include evaluating the applicant holistically as well as considering financial barriers.

Having formal policies in place allows schools to objectively assess applicants. While informal policies can be helpful, they are inherently inconsistent and may be applied to varying degrees by different file reviewers. Though the medical application process as a whole contains

subjective elements, the continued push towards consistency in applicant evaluation may benefit from introducing formal policies for applicants of lower SES.

In regards to financial assistance, 71% of responding schools offered some form of financial aid to students in need, however rarely does this assistance cover all expenses incurred. This is a concern as medical school tuition in Canada is expensive and is only increasing with values ranging from 8,250 to 27,241 per year for non-Quebec schools. High tuition and subsequent debt burden has been reported to deter students from applying to medical school and therefore it is extremely important to have financial aid to address this barrier.⁴ It would be important that all schools offer some form of financial assistance to make medical education accessible to everyone.

Of the 71% of schools offering financial aid only McGill has funding opportunities available to low SES students prior to admission to assist with interview costs. Unfortunately, no funding is allocated to potential applicants before this stage. Applying to medical school in Canada has expensive upfront costs including writing the MCAT, travelling between interviews, and the application itself. As these costs may range from hundreds to thousands of dollars depending on number of schools applied to, our data suggests that medical schools may be unintentionally missing out on students who are not able to afford to apply.

When considering our results, it is important to recognize the limitations of our study. Of the 17 schools surveyed, 7 schools responded. Implications for this include drawing conclusions that are too broad and unrepresentative of the other Canadian medical schools. Other Canadian studies have had similar problems and it is likely that any voluntary survey of medical schools would have similar problematic outcomes.⁴ To address this concern we continue to welcome responses from the other 10 schools to supplement the current data.

Although we did not receive responses from all Canadian medical schools, additional data pulled from the “Access to Medical Education” position paper suggest that similar initiatives exist at other schools, including the Canadian Aboriginal Leaders in Medicine pre-admissions workshops for Indigenous pre-medical students at University of British Columbia, a 2-4 year special pre-medicine study program for Aboriginal students at the University of Manitoba, and the Office of the Aboriginal Health Care Careers Program at University of Alberta.

Conclusion

In summary, we found that while medical schools across Canada have begun to incorporate initiatives to address financial barriers, these initiatives are neither uniform nor sufficient to address all barriers that prospective students from low SES face. Further work must be done to determine specific recommendations to ensure objective aid is given, while taking into account the drastic differences in tuition between schools.

References

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