

Supporting rural and outer metropolitan students entering high stakes courses.

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Abstract

The Faculty of Medicine, Dentistry and Health Sciences has policies designed to widen participation in the medical and dental courses. Sub-quotas for rural and outer metropolitan applicants, together with a rigorous support programme both before and after entry, have resulted in an increase in numbers from both these groups. This presentation will describe the process and outcomes of implementing these policies, under the headings 'Providing information', 'Creating a social environment' and 'Academic support'. Examples of the workshop activities undertaken with secondary students and the results of a survey of the most recent cohort of students entering the courses will be presented. Discussion topics will focus on the most effective ways to use limited resources for supporting under-represented groups; and in looking to the future, how to engage new and emerging groups in Australian society in entering high stakes courses.

Introduction

Issues of access to higher education and in particular medical education have been well documented in recent years. Smith (2003) noted that in the UK there is emerging evidence to support universities and medical schools in accepting candidates from different backgrounds with lower academic results than usually required, because of the tendency of government school students to do better than their independent school counterparts when they enter with equivalent grades. The strategy of lowering the academic threshold for students from diverse backgrounds, including rural backgrounds, has been put forward by a number of researchers. Powis (2003) believes that one good argument for lowering the academic threshold of admission of medical students is that it allows students from lower socio-economic groups to enter medical education.

The principle of affirmative action in selection according to background has been applied to rural applicants. Wilkinson et al (2003) undertook a study in Australia to determine the association between rural and undergraduate training, rural postgraduate training and medical school entry criteria favouring rural students, on the likelihood of working in rural Australian general practice. They note that the shortage of rural doctors is a global problem and that is it multi-factorial in its causes. They concluded from this study that there is increasing evidence for enrolling more students with a rural background into medical school, and continuing to expand both rural undergraduate and graduate opportunities. Similar studies have been

undertaken in the US. One such study showed that not adjusting for rural status in the admission process at one university would have markedly reduced the number of rural applicants offered medical school interviews (Basco et al 2002). A Canadian study (Woloschuk and Tarrant, 2004) also concluded that adapting medical school admissions policies to admit more candidates with a rural background should be part of a multi-dimensional approach to increasing the number of rural practitioners. They found that students from a rural background who graduated from a family medicine programme were approximately 2.5 times more likely to enter rural practice than their urban counterparts.

A prevailing view noted by Garlick and Brown (2008) is that the doctors of tomorrow should reflect the social and ethnic diversity of the countries in which they practise. They concede that the realities of widening participation are not as straightforward as may be imagined. Powis et al (2007) proposed a set of principles to increase the diversity of medical school entrants and to widen access to students from disadvantaged communities. They outlined two general strategies. One was to establish a more flexible and inclusive selection and admissions process; and the other was to provide materials and activities to increase the aspirations of potential applicants by targeting schools with students currently under-represented in medical schools. A study by Mathers and Parry (2009) concluded that interventions aiming to increase participation rates in medicine must address the disjuncture between the perceptions of the profession by those from a lower socio-economic background and their personal identities. They commented on the elite image that the profession maintains in contemporary society and the need to re-orient individual working-class identities in the pursuit of wider participation.

Background

In 1998 a new selection process was introduced at the University of Western Australia (UWA) for entry into the high-stakes courses of Medicine and Dentistry. This process involves an aptitude test and an interview in addition to the high academic requirements of the courses. Two of the goals of the new process were to increase diversity in the student cohorts and to promote equity in the selection of students with respect to different socio-economic, geographic and ethnic backgrounds (Mercer, 2006). In 2001 the faculty implemented the Rural Student Recruitment (RSR) Programme with the aim of increasing the intake of students from a rural background from approximately 5% to 25%.

A review of the selection process and its outcomes in 2005/06 demonstrated that there were still secondary schools in the Perth metropolitan area which were not represented in the student cohorts. Most of these were situated in outer metropolitan areas or low socio-economic areas. However, representation of rural schools had increased due to the Rural Student Recruitment programme conducted by the Faculty of Medicine, Dentistry and Health Sciences. In order to address the issue of under-representation by sections of the community and to attract cohorts which would be more representative of the Western Australian population, the Faculty introduces the Outer Metropolitan Programme.

The Outer Metropolitan Programme

The programme was initiated using the model developed for the RSR Programme. In the first year a pilot programme was set up with three secondary schools to determine the different needs and requirements of outer metropolitan students compared with rural students. The objectives of the two programmes are:

- To increase awareness of Medicine and Dentistry as careers for academically able students.
- To increase the number of applicants to the Medicine and Dentistry courses at UWA from rural and outer metropolitan secondary schools.
- To provide students in Years 10 – 12 with information and advice on the medical and dental courses at UWA and on Medicine and Dentistry as careers.
- To provide a point of contact for teachers, students and their parents during Years 10 – 12.
- To mentor and support students through the complex entry process to the medical and dental courses.

A major barrier for all these students is a lack of information on the careers of medicine and dentistry, on the medical and dental courses at UWA and on the rigours of the selection process. In many cases the schools are not used to dealing with students aspiring to study high-stakes courses, many of the parents are not tertiary educated and the students do not have role models for these careers or the university courses. A second barrier is isolation during the long and complex selection process. Aspects of the programmes are designed to provide a social group for the students before, during and after the selection process. The third barrier is academic isolation. Rural and outer metropolitan schools have smaller tertiary-bound cohorts than inner metropolitan and high socio-economic schools. For a variety of reasons it is more difficult for these students to achieve the high academic threshold required to enter the medical or dental course.

Strategies were put in place to address all these barriers. The features of the programmes are:

- Information sessions for school staff.
- Hands-on workshops with students.
- On-going contact with the schools.
- Campus visits by school students in Years 10 – 12.
- School visits by medical and dental students as role models.
- Pre-UMAT and pre-interview dinners for students successful to that stage.
- Accommodation and assistance with transport for UMAT and interview.
- Quotas for the two groups within the medical and dental student intakes.
- Orientation session and support programmes for applicants who are successful in gaining entry to the courses.

Survey of recent entrants

The 50 students who were selected from both programmes for entry in 2011 were surveyed during their orientation session. The questionnaire was divided into the following sections:

Information, Social aspects and *Academic aspects*, with provision for open-ended responses on the most positive aspects of the programme and aspects that could be changed/improved. The results of the survey indicated support for the strategies employed and successful outcomes on the three general aspects of the programme as specified above.

Issues for audience discussion

- What are the most effective ways of providing support to the wide variety of students who need assistance in accessing high-stakes courses? (before, during and after selection)
- How can this best be done given the limited resources available?
- What are the particular barriers for new and emerging groups in Australian society?

Session outline

Initial discussion by the group <ul style="list-style-type: none"> • Topic: What are the barriers for high-achieving students from lower socio-economic schools in accessing high-stakes courses? 	5 minutes
The two UWA programmes A brief description by the presenters of the aspects of the two programmes in the Faculty of Medicine, Dentistry and Health Sciences, including how these activities are resourced.	10 minutes
Discussion by the group <ul style="list-style-type: none"> • Topic: Are there any innovative ways of implementing such support programmes which make best use of limited resources? 	5 minutes
The survey of students Presentation of the survey results under the three headings <i>Information, Social aspects</i> and <i>Academic aspects</i>	5 minutes
Discussion by the group <ul style="list-style-type: none"> • Topic: What are the particular barriers for new and emerging groups in Australian society in accessing high-stakes courses? 	5 minutes

References

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