**Equity and Medical Education (EME)**

**What are the “sticking points” in the application and admissions   
processes of undergraduate medical schools that affect entry of students   
from low socioeconomic status (SES) backgrounds into medicine?**

January 2016 to March 2017

Robbert Duvivier, The University of Newcastle

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Modifications: Changed to meet WCAG 2.0 accessibility requirements.   
Alternate text inserted for all images. Minor typographical errors corrected.

# Higher Education Participation and Partnerships Programme (HEPPP)

## 2015 National Priorities Pool FINAL REPORT

Equity and Medical Education (EME): What are the “sticking points” in the application and admissions processes of undergraduate medical schools that affect entry of students from low socioeconomic status (SES) backgrounds into medicine?

January 2016 to March 2017

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In accordance with the Conditions of Grant, you must submit to the Department a Final Report (Clause 6.1 of Part A) and an Acquittal Report (clause 6.4 of Part A).

To meet this obligation, please submit:

* the completed **Final Report** template, in Word and PDF
* the completed and signed **Declaration** form, in PDF
* the completed **Acquittal Report** template, in Excel and PDF.

All documents must be submitted to **equity@education.gov.au** by **31 January 2017**.  
If you require additional guidance or clarification, please contact us at **equity@education.gov.au**.

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# 1. PROJECT SUMMARY (Conditions of Grant, clause 2.2(a)-(e) of Part A)

## Objectives

*Indicate the extent to which the Project Objectives specified in clause 3 of Part A of the Conditions of Grant were met. Where obligations established in the Conditions of Grant   
were not met, please identify these and provide an explanation of circumstances and consequences.*

Table 1: Project objectives

| **IDENTIFIED OBJECTIVE** | **EXTENT TO WHICH THE OBJECTIVE WAS MET** |
| --- | --- |
| provide descriptive information on the differences between the profiles of the low socio-economic status (SES) student cohort by examining the total applicant pool across the four universities: University of Newcastle, University of New England, University of New South Wales and Western Sydney University; | Fully |
| understand the pathway into medical school for students from low SES backgrounds | Fully |
| identify best practice career counselling and advice in secondary education, with a particular focus on comparing and contrasting effective strategies used in urban, regional and remote settings. | Partially – due to low recruitment of career counsellors the data we collected does not allow for comparisons based on locations. The consequence is that, based on the available data, our findings offer insight into best practice counselling and advice on aggregate level, without consideration for urban, regional and remote settings. |

## 

## Project Activities, Milestones and Key Performance Indicators

*Below, please specify whether:*

* all project Activities specified in Schedule 1 of the Conditions of Grant were completed
* all Project Milestones specified in Schedule 1 of the Conditions of Grant were completed
* all Key Performance Indicators specified in Schedule 1 of the Conditions of Grant were met.

*Where obligations established in the Conditions of Grant were not met, identify these and provide an explanation of circumstances and consequences.*

Table 2: Project activities, milestones and KPIs

| **TIME FRAME** | **PLANNED ACTIVITIES & MILESTONES** | **IDENTIFIED KEY PERFORMANCE INDICATORS** | **KEY PERFORMANCE INDICATORS OUTCOME** | **CHANGES TO PROJECT PLAN (APPROVED VARIATION)** | **PROJECT ACTIVITIES AND MILESTONES COMPLETED** |
| --- | --- | --- | --- | --- | --- |
| 31 Jan 2016 | 1.1 Establishment of Project Team | Research Assistant and Statistician are contracted | Research Assistant contracted from 1 February 2016 for 0.6 FTE. Resigned for bereavement leave on 17 Oct. Additional Research Assistant engaged on casual basis in Jan 2017. Statistician contracted in Dec 2016 (UNSW and Macquarie) |  | Completed. |
|  | 1.2 Application for appropriate ethics approvals | Appropriate ethics approval applications are submitted at all partner institutions | Ethics submitted on 1 May, approval received 26 July at UoN, 10 August UWS, 23 August UNSW, 25 August UNE, 1 Sept Macquarie University. Ethics approval took considerably longer than expected. |  | Completed. |
| 29 Feb 2016 | 2. Guide for conducting semi-structured interviews with current low socio-economic status (SES) medical students and low SES students who did not accept an enrolment offer | Student interviews guide is completed | Interview guide completed in March 2016. |  | Completed. |
| 31 Mar 2016 | 3.1 Compilation of data on 2013-14 undergraduate applications and admissions from partner institutions’ medical schools | Data compilation is completed | Data compilation initiated on Sept 1 2016, data from all schools received. Cleaning of data-set completed on March 1 2017. |  | Completed. |
| 30 Apr 2016 | 4. Guide for conducting semi-structured interviews with teachers/career counsellors from a range of NSW schools | Teacher/career counsellor interviews guide is completed | Interview guide completed in April 2016. |  | Completed. |
| 31 May 2016 | 5.1 Analysis of admission data to determine:  the profile of low SES applicants and admitted students, examining factors including but not limited to gender, rurality, secondary school type, Australian Tertiary Admission Rank score, Undergraduate Medicine and Health Sciences Admission Test performance, and  how the shortlisting methods used by each partner institution advantage or disadvantage students from low SES backgrounds | Application and admission data analysis is completed | Data analysis initiated later than expected due to technical difficulties of merging data sets and delayed access of data on school level due to operational demands on admission staff. Analysis started March 1 2017. | Data analysis finished by end of Feb. | Completed. |
|  | 5.2 Interviews with students to examine:  the experiences of low SES students navigating a pathway into medical education  perceived barriers and enablers to medical education  the transition into medical education and what assists with it, and  why eligible low SES students do not accept offers to enrol in medical school | Interviews are completed with:  60 current medical students, and  40 students who did not accept an enrolment offer  from the four partner institutions | We developed a survey instrument, based on available literature, which was completed by 984 applicants. Descriptive analysis completed. Interviews completed with 50 applicants  31 unsuccessful  19 current medical students  NB: 29 survey respondents did not accept an enrolment offer. All were invited to interviews, 3 agreed to be interviewed. We widened our sample to include applicants from low SES backgrounds who were unsuccessful in any stage of the application process. | First analysis of interviews in Dec. Decision whether to continue interviewing depends on saturation and emerging themes. Additional interviews in Jan. Final analysis in Feb/March. | Completed. |
| 30 Jun 2016 | 6. Journal article on whether the selection process at partner institutions’ medical schools disadvantages low SES background students | Article is submitted to *Medical Journal of Australia* | Writing not yet commenced as data analysis has not been completed (#5.1) | Article writing to commence in March/April. | Article submitted to Medical Journal of Australia |
| 31 Aug 2016 | 7. Interviews with teachers/career counsellor to examine:  identification of, preparation of and support for students seeking to apply to medical school, and  perceived barriers and enablers to medical education | Interviews are completed with 20 teachers and career counsellors | Interviews completed with 7 career counsellors. Response rates on calls for participants below expectation. | Additional recruitment drive in Feb, due to school holidays. Interviews in Feb/March. | Completed. |
| 30 Sept 2016 | 8. Journal article comparing the experiences of low SES students who have successfully or unsuccessfully applied for medical school | Article is submitted to *Critical Studies in Education* | Writing commenced. | Writing to commence in April. | Paper in final round of editing |
| 31 Oct 2016 | 9.1 Qualitative analysis of interview data | Qualitative analysis completed and complete data set with codings for themes and subthemes available | Codings have been developed. Qualitative analysis of all 51 student interviews and 7 career counsellor interviews completed. | Codings to be developed in Nov/Dec. First analysis of interviews in Dec. Decision whether to continue interviewing depends on saturation and emerging themes. Additional interviews in Jan. Final analysis in Feb/March. | Completed. |
|  | 9.2 Journal article examining why eligible low SES students do not accept offers to enrol in medical school | Article is submitted to *International Studies in Widening Participation* | Available data would not support such analysis, as only 3/29 eligible respondents who did not accept an enrolment offer agreed to be interviewed. We have widened our sample to include applicants from low SES backgrounds who were unsuccessful in any stage of the application process. Writing of the paper that addresses the wider issues will commence in April. | Writing to commence in April. | Paper in final round of editing |
| 30 Nov 2016 | 10.1 E-guide on entry to medical school for low SES students for distribution to universities, schools and state and territory departments of education | E-guide is ready for distribution | E-guide is completed. | E-guide to be developed in Feb/March. Piloted with students and staff. Ready end of April. | Completed |
|  | 10.2 Journal article on effective strategies for teachers and career counsellors to identify, prepare and support students seeking to apply to medical school | Article is submitted to *Education Research and Development* | Analysis complete.  List of articles determined and authors assigned.  Writing has commenced. | Writing commenced in April. | Paper in final round of editing |
| 31 Jan 2017 | 11.1 Final Report | Final Report is submitted to the Department |  | Final report to be submitted end of April. |  |

## ­Highlights and Issues

*Provide a summary of highlights and achievements arising from your project (maximum half page).*

### Achievements

1) We established a dataset of all applicants in 2013 to one or more of the four participating universities (three medical programs, as University of Newcastle and University of New England convene the Joint Medical Program), of which 5% are low SES, 72% from medium SES and 23% from high SES. We combined data at individual level, linking administrative information on applicants’ demographics, ATAR, UMAT scores, interview offers and whether they were offered a place to study Medicine.

2) We designed a survey instrument (online questionnaire) to identify applicants’ perceptions of barriers and enablers across each stage of the application process within the key domains of peer, family and external support, such as teachers, career advisers, doctors, and sources of information about the application process. In total, 948 questionnaires were completed (response rate 20-25%) – with 13% from low SES, 35% from medium SES and 52% from high SES backgrounds.

3) We conducted interviews with 50 applicants (n=10 or 20% low SES) and 7 career counsellors to gain a better understanding of perceptions and experiences of the application process.

4) Drawing from the results of the survey and interviews, as well as existing literature, we have designed an e-guide with advice and tips for prospective medical school applicants. The guide is specially designed to dispel common myths around medical school applications (eg “you can only apply once”, “you have to be a genius to do medicine”). Further information will be available on a dedicated website, <http://www.medschoolapplication.com>

### Highlights

The Australian Bureau of Statistics’ Index of Relative Socio-Economic Advantage and Disadvantage was used to analyse the data according to SES. Our sub-analysis of 2013 applicants (n=4,098) shows significantly different patterns for applicants from each of the low, medium and high SES categories. In particular, applicants from the most disadvantaged background were more likely to apply to only one medical program, and were less likely than other applicants to apply to all three medical programs.

There is a statistically significant variability in UMAT scores according to SES category. Applicants from high SES backgrounds achieved statistically significant higher scores than those from medium SES backgrounds, which in turn were higher than the scores from low SES applicants on both Section 1 (Logical Reasoning & Problem Solving) and Section 2 (Understanding People). Scores on Section 3 (Non-verbal Reasoning) showed significantly higher scores for the most advantaged group compared to medium SES and low SES, but no difference between medium SES and low SES.

The median ATAR of applicants from the most advantaged group was significantly higher. The distribution was different (wider) in the high SES group compared to medium or low SES group, suggesting a lower personal threshold to apply (i.e. individual applicants with lower ATARs compared to other SES groups).

There was a significant difference in the number of interviews offered as a ratio of number of applications made between the groups of applicants from different SES backgrounds (p=0.04, chi-square 6.3). High SES applicants were more likely to receive offers to interview to 2 or 3 schools than 0 or 1 school. There were statistically significant independent associations between a larger number of interview offers and higher scores on UMAT Section 1, UMAT Section 2, UMAT Section 3.

After interview, there is no statistically significant difference in the likelihood of applicants who were in the most disadvantaged group being offered a place at Medical Program 1, 2 or 3 compared to applicants from more advantaged backgrounds. Overall, however, the total number of low SES students who receive an offer is 29% lower than expected on the basis of their frequency of application (p=0.002, chi-square 12.4).

Therefore, the main bottlenecks or ‘sticking points’ for low SES students might be at the decision point to apply for medical school, i.e. numerical underrepresentation as a group compared to medium and high SES, and at subsequent thresholds such as UMAT and ATAR which seem to affect their likelihood of being offered an interview.

Our survey instrument (online questionnaire) provides additional insight. There was a self-selection bias in our sample, with higher proportion low SES than in the main applicant pool (13% from low SES, 35% from medium SES and 52% from high SES backgrounds), but no significant difference in gender between SES groups (33% male and 67% female (p=0.66)) and 1% of respondents who identified as Aboriginal and/or Torres Strait Islander. Statistical analysis showed that there were significant differences between these groups in terms of age (low SES respondents were older) and high school type (low SES respondents more likely to have attended a public school). Low SES respondents were more likely to be the first in family to attend university (25%) compared to 15% of medium SES and 10% of high SES respondents, an Odds Ratio (OR) of 1.83 compared to medium SES and 3.00 compared to high SES (p=0.00, Confidence Interval not available). Low SES respondents who were not offered a place to study medicine were more likely to report that the financial cost of attending medical school interviews was not easily affordable for them, compared to those low SES respondents who were offered a place (OR 3.55 p=0.04 CI not available).

Respondents who attended a private/catholic/other religious school, when compared to respondents who attended a public school, were more likely to report that school career advisers were helpful in preparing them for the UMAT (OR 1.54, CI 1.10-2.12), as well as parent(s)/carer(s) (OR 1.543 CI 1.03-2.30) and less likely to report that friend(s) had been helpful (OR 0.57 CI 0.38-0.86). Respondents from low SES were more likely to report that other family members had been helpful (OR 2.10, CI 1.09-4.07). We found no statistical difference between low SES and high SES respondents in terms of finding private tutor(s)/coaching company helpful for UMAT preparation, although respondents whose parent(s) have no education beyond secondary level were less likely to report that this had been helpful for the UMAT compared to respondents whose both parents have a tertiary level education. There were no statistically significant differences between low SES and high SES respondents’ reports of how helpful online resources had been for preparation.

For interview preparation, we found that respondents who were first-in-family to attend university were less likely to indicate that parent(s)/carer(s) were helpful in preparing them for the medical school interviews (OR 0.42 CI 0.19-0.88). We found no statistically significant differences between respondents in terms of how helpful school teachers, school career adviser(s), friend(s), other family member(s), medical professionals outside the family or online sources had been in preparation for the medical school interviews. Respondents from low SES were less likely to indicate that private tutor(s)/a coaching company had been helpful in preparing them for the medical school interviews, compared to high SES respondents (OR 0.43 CI 0.22-0.82).

Overall, careers advisors and secondary school teachers were rated as the least helpful resources in terms of preparing students for aspects of medical school admissions, and were the resources most often rated by applicants as ‘detrimental to my preparation’. We conducted interviews with 50 applicants (n=10 or 20% low SES) and 7 career counsellors to gain a better understanding of perceptions and experiences of the application process. The different application and selection processes across universities cause much confusion. Some applicants referred to having received help from previous and other current applicants, friends, and family members to prepare and submit their applications. Uncertainty about the requirements or the ability to meet them, or the inability to access the type of support or assistance that could facilitate the process, or concern about the costs of applying are all potential ‘sticking points’ which might discourage some prospective applicants. These types of assistance are less likely to be available to individuals living in a rural community or in a low SES area.

Table 3: Difference between low SES, mid SES and high SES showing total   
number of students and percentage of students

|  | **LOW SES** | **MID SES** | **HIGH SES** |
| --- | --- | --- | --- |
| **Total number of applications^** | **209** | **2957** | **932** |
| % of total applicants | 5.1 | 72.2 | 22.7 |
| One Medical Program | 92\* | 975 | 271 |
| % of total applicants | 2.2 | 23.8 | 6.6 |
| % of total applicants to one school | 6.9 | 72.9 | 20.3 |
| % within SES | 44.0 | 33.0 | 29.1 |
| Two Medical Program | 67 | 907 | 255 |
| % of total applicants | 1.6 | 22.1 | 6.2 |
| % of total applicants to two schools | 5.5 | 73.8 | 20.7 |
| % within SES | 31.1 | 30.7 | 27.4 |
| Three Medical Program | 50\* | 1075 | 406\* |
| % of total applicants | 1.2 | 26.2 | 9.9 |
| % of total applicants to three schools | 3.3 | 70.2 | 26.5 |
| % within SES | 23.9 | 36.4 | 43.6 |
| ATAR^^ | \* |  | \* |
| UMAT^^ |  |  |  |
| Section 1 | \* | \* | \* |
| Section 2 | \* | \* | \* |
| Section 3 |  |  | \* |
| Number of applicants with interview offer^ | 35 | 629 | 225 |
| % of all applicants with interview offer | 3.9 | 70.7 | 24.3 |
| No Medical Program | 106 | 1393 | 471 |
| % of total applicants | 3.7 | 48.7 | 16.5 |
| % of applicants with no interview | 5.4 | 70.7 | 23.9 |
| % within SES | 75.2 | 68.9 | 67.7 |
| One Medical Program | 21 | 359 | 105 |
| % of total applicants | 0.7 | 12.6 | 3.7 |
| % of applicants with one interview | 4.3 | 74.0 | 21.6 |
| % within SES | 0.7 | 12.6 | 3.7 |
| Two Medical Program | 8 | 164 | 67 |
| % of total applicants | 0.3 | 5.7 | 2.3 |
| % of applicants with two interviews | 3.3 | 68.6 | 28.0 |
| % within SES | 5.7 | 8.1 | 9.6 |
| Three Medical Program | 6 | 106 | 53 |
| % of total applicants | 0.2 | 3.7 | 1.9 |
| % of applicants with three interviews | 3.6 | 64.2 | 32.1 |
| % within SES | 4.3 | 5.2 | 7.6 |
| Number of applicants who were offered a place^ | 19 | 368 | 152 |
| % of all applicants who received offer | 3.5 | 68.3 | 28.2 |
| Medical Program 1 | 8 | 178 | 66 |
| % of applicants who received offer | 1.5 | 33.0 | 12.2 |
| % of total offers from Medical Program 1 | 3.2 | 70.6 | 26.2 |
| % within SES | 42.1 | 48.4 | 43.4 |
| Medical Program 2 | 9 | 79 | 41 |
| % of applicants who received offer | 1.7 | 14.7 | 7.6 |
| % of total offers from Medical Program 2 | 7 | 61.2 | 31.8 |
| % within SES | 47.3 | 21.4 | 26.9 |
| Medical Program 3 | 2 | 111 | 45 |
| % of applicants who received offer | 0.4 | 20.6 | 8.4 |
| % of total offers from Medical Program 3 | 1.3 | 70.3 | 28.5 |
| % within SES | 10.5 | 30.2 | 29.6 |

^total numbers differ due to missing data and attrition from dataset  
^^absolute scores and numbers are omitted on request of the medical schools  
\*indicates a category whose column proportions differ significantly (p<0.05)

*Did the project lead to implementable outcomes? What changes will result at your institution/nationally? How is research being translated into practice? Are there activities resulting from this project that will be continued?*

Secondary schools in NSW will be informed about the findings of our study, in particular:

* The existence of a dedicated website (www.medschoolapplication.com) and an e-guide that is available for students and career advisers.

Medical schools (through the Medical Deans Australia & New Zealand) will be informed about the implications of our study, in particular:

* The suggestion to establish a centralised hub of information regarding medical school application procedures and requirements for all universities, which shows clearly the differences for school leavers and non-school leavers, and for applicants from Australia and overseas.
* Whether some feedback could be offered to unsuccessful applicants to assist with future applications.
* Whether the timing of interviews allows sufficient time for relocation of students (where necessary).
* Whether students from rural and low SES areas could be financially assisted to attend interviews, for example through travel scholarships.

The Australian Council for Educational Research, which administers the UMAT, will be informed about the implications of our findings, in particular:

* Whether the timing of the UMAT examination can be changed to avoid clashes with Trial HSC examinations, if possible.
* Whether some feedback could be offered to unsuccessful applicants to assist with future applications.

*Did you undertake an evaluation of your project?*

Yes No X

*Please summarise the findings and attach the evaluation report.*

*Where applicable, indicate number of the following resulting from this project:*

| **Student contacts** | 948 + 51 = 999 |
| --- | --- |
| **Journal (or other publication) submissions** | 1 (3 in preparation) |
| **Conference Presentations** | N/A |
| **Websites developed** | 1  www.medschoolapplication.com |
| **Educational or marketing campaigns** | N/A |
| **Community organisations engaged** | N/A |
| **Schools engaged** | 7 |
| **Parental/family contacts** | N/A |

*Describe any issues that occurred during the year and any mitigation strategies you implemented.*

Recruitment of career advisors was less than expected. We undertook additional recruitment drives, including emails to schools and advertisement through a career adviser network.

Our Research Assistant resigned for bereavement leave. We recruited additional assistance with interview analysis and statistical analysis. Due to this RA being a key member of the team, we proactively applied for an extension of the deadline, which was granted by the Department.

# 2. OTHER PROJECT MATERIAL (Conditions of Grant, clause 2.2 (b)-(e) of Part A)

*List the titles of any published reports, pamphlets or other documentation produced in the course of the Project and attach them to this Final Report.*

Table 4: Additional materials produced over the course of the project

| **TYPE** | **AUTHOR** | **DATE OF PUBLICATION** | **PUBLICATION DETAILS** |
| --- | --- | --- | --- |
| Pamphlet / e-guide | All | April 2017 | Digital |
| Survey instrument | All | Not published – available online or in softcopy |  |

# 3. ACQUITTAL REPORT (Conditions of Grant, clause 6.4(e), clause 6.7-8 of Part A)

*Have you fully expended the Grant Funds provided under the Conditions of Grant?*

Yes X No ­­

*If the answer is No, please specify:*

* *the amount of funds remaining: $*
* *the reason for this underspend:*

*Ensure that the completed Acquittal Report template is signed by an appropriate university officer and attached to this Final Report.*

*\*IMPORTANT NOTICE - Unspent 2015 National Priorities Pool Grant Funds*

* *Grant recipients must fully expend these 2015 National Priorities Pool funds in the project period for which the grant is made and report on this expenditure to the Commonwealth, including the amount of any unspent funds.*
* *If a provider fails to spend the full amount granted it in respect of a year, the unspent funds may be recovered by the Commonwealth.*

# DECLARATION

I declare that:

* I am authorised by the university to sign this Declaration on its behalf, and
* to the best of my knowledge, the information that I have provided in the **Final Report** and **Acquittal Report** for the HEPPP 2015 National Priorities Pool project *Equity & Medical Education* is true, correct and accurate in all particulars.

I understand that:

* The provision of false or misleading information or the making of false or misleading statements to the Commonwealth is a serious offence under the *Criminal Code Act 1995 (Cth)*.
* If any actual or potential conflict of interest arises, I must notify the Commonwealth immediately in writing of the facts giving rise to the actual or potential conflict of interest and to take such steps as the Commonwealth may require so as to resolve or otherwise deal with any conflict of interest that may arise.

I agree to publication of the Final Report on the Department of Education and Training website, once accepted by the department.

**Title**  Professor  
**Name** Darrell Evans  
**Position** Deputy Vice-Chancellor (Academic)  
**Signature**

# Appendix: Getting into Medical School



