

A Comparison of Australian and American Medical School Admission Experiences

Jack B. Ding,¹ Xin L. Xiao,² Zachary I. Merhavy,³ David Fahim,⁴ Cheney E. Merhavy,⁵ Thomas C. Varkey.⁶

Abstract

Attaining admission into medical school has been described as a very competitive process by successful matriculants. The processes that medical schools use to classify applicants can greatly differ among institutions. These systemic differences flow over onto the applicant level, such that individuals from different geographic regions can have varied and diverse application experiences depending on local medical school admissions protocols. This piece compares the medical school admission processes of Australia and the United States of America, in the form of a narrative recount of a successful medical school matriculant in each country, with the individual experiences of matriculants from alternative pathways blended into the piece. The authors discovered significant differences in admissions protocols between the two countries, with the greatest differences revolving around admissions exams, applicant profile (high school students versus college students), degree types, and alternative entrance pathways.

Key Words: Premedical Student; Medical Student; Medical School; Medical Education (Source: MeSH-NLM).

Introduction

Australia and the United States of America (USA) share significant similarities in language and culture, given that both have a mainly English-speaking population and are relatively new countries with colonial heritage. Gaining acceptance into medical school in either country is highly competitive. Over a period of 15 years, there were around 580,000 applicants to US medical schools, of which 260,000 ultimately enrolled (45%).¹ While there is a paucity of comparable Australian data, one study noted that only 38% of first-time applicants who were extended an interview to medical schools in the largest Australian state matriculated in the 2013 to 2014 cycle.² There are notable differences in medical school admission processes between the two countries. For example, about half of all Australian medical schools recruit applicants who are in their final year of high school for entry into 5 to 7-year medical school courses. In contrast, the rest recruit applicants holding undergraduate degrees into 4-year courses.³ Those that do the former are referred to as 'undergraduate medical schools which are generally regarded as the 'traditional' path to medical school, while the latter is called 'postgraduate medical school.' In contrast, all US schools require an undergraduate degree as a pre-requisite to entering medical school. Two other major differences include US osteopathic medical education and US citizens attending foreign medical schools. Osteopaths in the US will have attained all requirements to practice as medical doctors,

whereas osteopathy in Australia is a different degree with no medical training. Australian citizens very rarely pursue medical education abroad. In contrast, nearly 3000 US citizen IMGs entered US residency training in 2018.⁴

These systemic differences in admission protocol ultimately flow over onto the individual level and define each student's admission experiences. **Table 1** summarizes the similarities and differences in our experiences. **Table 2** summarizes the UCAT, GAMSAT, and MCAT admission tests.

Experience Report

A total of six medical students from Australia and the US were virtually introduced to one another by a mutual connection in September 2021. We shared our admissions experiences with Australian and US allopathic, US osteopathic, and international medical schools through WhatsApp, Zoom, and Google Docs. The two Australian and US 'traditional' applicants penned a classic vignette of their experiences. The remaining members blended their experiences into these two vignettes to provide a succinct, multi-faceted overview of our journeys into medical school.

A Student with a Traditional Australian Medical School Admissions Experience

I am a traditional medical student at an undergraduate Australian

¹ MBBS. Adelaide Medical School, The University of Adelaide, Adelaide, Australia

² MD. Melbourne Medical School, The University of Melbourne, Melbourne, Australia

³ MS. First-year Medical Student, Ross University, Bridgetown, Barbados

⁴ BS. Fourth-year Medical Student, College of Osteopathic Medicine of the Pacific, Western University of Health Sciences, Pomona, California, United States

⁵ BS. School of Medicine, Ross University, Bridgetown, Barbados.

⁶ MEd, MBA. Dell Medical School, The University of Texas at Austin, Austin, Texas, United States.

About the Author: Jack Ding has recently graduated in November 2021 from his 6-year medical program at the University of Adelaide, Australia and is due to commence an Australian internship in January 2022. Jack is also the recipient of the Global Health Travel Scholarship (for ongoing contributions to international health related studies) and Outstanding Academic Achievement, both of which were conferred by the University of Adelaide.

Correspondence:

Jack B. Ding

Address: 30 Frome Rd, Adelaide SA 5000, Australia

Email: jackbding@icloud.com

Editor: Francisco J. Bonilla-Escobar

Student Editors: Benjamin Liu & Mohamed Hoosen Suleman

Copyeditor: Mohamed Fahmy Doheim

Proofreader: Lourdes A. Medina-Gaona

Layout Editor: Francisco J. Bonilla-Escobar

Submission: Jan 6, 2022

Revisions: Feb 13, 2022; Mar 3, 2022

Responses: Feb 14, 2022; Mar 5, 2022

Acceptance: Mar 9, 2022

Publication: Apr 19, 2022

Process: Peer-reviewed

medical school. I wanted to become a physician for as long as I can remember, and pursuing this career as early as possible made perfect sense. I consolidated on this goal in my junior year (11th grade) of high school, first enrolling in senior year (12th grade) subjects that count toward my ATAR (SAT equivalent) as part of an accelerated curriculum. I also purchased numerous third-party resources for the UCAT (MCAT equivalent).

I started UCAT preparation over a year before my anticipated test date, as applicants can only take it once a year, meaning I only effectively had one attempt per intake cycle to take it. This was the standard strategy for traditional AU undergraduate applicants, typically aged 17 or 18 with strong prior academic performance. As I entered my senior year (12th grade), I noticed diminished academic collaboration between medical school aspirants in my classes. In hindsight, I attribute this to the competitive nature of the undergraduate medicine admissions processes and the high weighting assigned to ATAR performance. I dedicated about 4 hours of after-hours study on school days and about 8 hours a day over the weekend. Due to the academic rigor, I had limited time for non-academic experiences during the school week. Across the four mid-term breaks in the year, I engaged in shadowing and volunteer experiences. By the year-end, I scored a 99.5 ATAR percentile and 95 percentile in the UCAT. I realized these scores were very average for matriculating undergraduate medical students and therefore applied to every undergraduate medical school in the country.

Table 1. Comparison of Medical School Landscape in Australia and the United States of America.

	Australia	United States of America
Local applicant landscape	Allopathic medical schools	Allopathic medical schools, osteopathic medical schools, international medical schools
Applicant recruitment	High school and undergraduate graduates	Primarily undergraduate students/graduates
Medical entrance exam	UCAT (undergraduate schools), GAMSAT (postgraduate schools)	MCAT
Selection factors	Primarily academic (ATAR or GPA) and interview	Primarily academic (GPA) and interview. Extracurricular experiences such as volunteering, research, letters of recommendation, personal statement, work record also play a role

Legend: ATAR: Australian Tertiary Admission Rank; GAMSAT: Graduate Medical School Admissions Test; GPA: Grade point average; MCAT: Medical College Admission Test; UCAT: University Clinical Aptitude Test

Eventually, six schools responded with Multiple Mini Interview (MMI) interview offers. An MMI interview consists of several short interviews that are evaluated independently and are the norm for Australian medical schools. After completing the interview process, I nervously investigated the two main backup options applicants had if they failed to receive an admission offer in their senior year (12th grade). The first option was to redo Year 12 and ideally score a higher ATAR and UCAT. Alternatively, I could enroll in an undergraduate course to be admitted to a postgraduate medical school upon completing the degree.

Notably, there are no dedicated 'pre-medical' tracks in Australia, though certain courses are saturated with students competing for a medical seat. This is not to say postgraduate medical schools are primarily occupied by applicants who failed to receive an undergraduate seat. I was told that the premise of postgraduate medical education was to select more holistic and mature candidates who hailed from all walks of life.⁵ After an agonizing 2-month wait, I thankfully received a medical school offer in my home state.

Table 2. Overview of Content on the UCAT, GAMSAT, and MCAT Medical School Selection Tests.

University Clinical Aptitude Test (UCAT) Overview – Australia		
Subtest	Task	Time limit
Verbal reasoning	44 MCQs	26 minutes, 15 seconds
Decision making	29 MCQs	38 minutes, 45 seconds
Quantitative reasoning	36 MCQs	30 minutes
Abstract reasoning	55 MCQs	16 minutes, 15 seconds
Situational judgment	69 MCQs	32 minutes, 30 seconds
Graduate Medical School Admissions Test (GAMSAT) – Australia		
Section	Task	Time limit
Reasoning in humanities and social sciences	47 MCQs	70 minutes
Written communication	2 written essays	65 minutes
Reasoning in biological and physical sciences	75 MCQs	150 minutes
Medical College Admissions Test (MCAT) Overview – US		
Section	Task	Time limit
Biological and biochemical foundations of living systems	59 MCQs	95 minutes
Chemical and physical foundations of biological systems	59 MCQs	95 minutes
Psychological, social, and biological foundations of behavior	59 MCQs	95 minutes
Critical analysis & reasoning skills	53 MCQs	90 minutes

Legend: MCQs: Multiple choice questions.

A Student with a Traditional US Medical School Admissions Experience

I am a traditional medical student at a US medical school. I have been passionate about medicine for as long as I can remember. During my college years, I revolved my life around gaining a medical seat and was enrolled in a Bachelor of Science degree. However, many of my pre-medical peers were enrolled in humanities degrees. I took the MCAT (GAMSAT equivalent) in the summer before my senior year (4th year undergraduate) and scored a 510 (84th percentile). Because most of my time was dedicated to studies and extracurricular activities, such as shadowing and volunteering experiences, I did not forge strong friendships with other pre-medical students. I finished my degree with a 3.71 GPA and applied to 16 medical schools through the portal. I was required to include a personal statement, a list of personal experiences, my MCAT score, and my college transcripts. Every school sent secondary applications to me, with detailed questions that I filled out. Finally, three medical schools extended MMI interview invitations to me. Following this process, I experienced an agonizing wait of several months, knowing that my scores were very modest for most MD schools. During this time, I thought about the option of studying medicine abroad. I had heard that some Caribbean medical schools might use a more holistic review process. They typically also have a lower barrier for entry and more streamlined selection processes, and may also be more liberal with scholarship offers. I may have even

begun my studies a semester earlier due to how swiftly some schools process applications. The primary drawback is that many schools may be of uncertain quality, and I could face additional hardships returning to the US for licensure. The other option I could have contemplated was DO schools, which would have involved applying through a separate application portal. Indeed, I was interested in a holistic approach to patients and was charmed by the tenets of osteopathic manipulative medicine. Both options tended to attract more non-traditional applicants and those with more diverse life experiences. Finally, I received an offer in March of my senior college year (4th-year undergraduate).

Conclusion

To conclude, there are key differences in medical school admission processes between Australia and the US. This has a flow-over effect on the individual experiences of applicants. While both students in this paper were from a traditional background, their experiences are by no means wholly representative of their cohorts. Rather, their narrative accounts serve best as adding dimension, perspective, and depth to the discussion and debate on medical school admission processes. Future qualitative interview studies on medical school applicants and their admission experiences would help set a formal research analysis of this topic and help identify common themes in applicant experience across a wider sample pool.

References

1. Zhang D, Li G, Mu L, Thapa J, Li Y, Chen Z, et al. Trends in Medical School Application and Matriculation Rates Across the United States From 2001 to 2015: Implications for Health Disparities. *Acad Med.* 2021;96(6):885-93.
2. Griffin B, Auton J, Duvivier R, Shulruf B, Hu W. Applicants to medical school: if at first they don't succeed, who tries again and are they successful? *Adv Health Sci Educ Theory Pract.* 2019;24(1):33-43.
3. Medical Deans Australia and New Zealand. Membership. Available from <https://medicaldeans.org.au/about/membership/>; updated 2022 March; cited 2022 March 6.
4. Ahmed AA, Hwang W-T, Thomas CR, Jr., Deville C, Jr. International Medical Graduates in the US Physician Workforce and Graduate Medical Education: Current and Historical Trends. *J Grad Med Educ.* 2018;10(2):214-8.
5. Geffen LB. The case for graduate schools of medicine in Australia. *Med J Aust.* 1991;155(11-12):737-40.

Acknowledgments

None.

Conflict of Interest Statement & Funding

The Authors have no funding, financial relationships or conflicts of interest to disclose.

Author Contributions

Conceptualization, Project Administration, Supervision, & Visualization: JBD. Investigation, Writing – Original Draft Preparation, & Writing – Review & Editing JBD, XLX, ZIM, DF, CEM, TCV.

Cite as

Ding JB, Xiao XL, Merhavy ZI, Fahim D, Merhavy CE, Varkey TC. A Comparison of Australian and American Medical School Admission Experiences. *Int J Med Stud.* 2022 Apr-Jun;10(2):212-4.

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

ISSN 2076-6327

This journal is published by [Pitt Open Library Publishing](https://pittopenlibrarypublishing.com/)

