Admission to Medicine at the University of Auckland

Why were there no less than three articles in the 7 September 2012 issue of the NZMJ about the selection process for the admission of candidates to Auckland Medical School?

As outlined in these articles in the NZMJ, entry to our medical schools is judged on a number of criteria.

There are ‘affirmative’ pathways. These attract their specific critics. Most would support the entry of ‘culturally fluent’ applicants. For some, an applicant’s heritage or place of upbringing becomes a useful tool to gain entry through the affirmative pathway. The rural pathway has a wide inclusion base, “in the hope” that students will return to their rural communities, as stated on the Auckland University website earlier this year. For this process there is no bonding, and no undertaking of commitment to return back to that rural community. Yet the applicant may be accepted with lesser grades than those required on average.

For the rest, the major criterion for admission to medical school is the GPA (Grade Point Average). Undergraduate entry is based on a prescribed course at both Auckland and Otago Universities. The GPA is finely dissected out using a 9-point scale. At least each school is comparing students who have done the same courses, comparing like with like. It is an equal process.

Poole talks about a GPA above 6 as a basic requirement. In reality, it is more like 8 for current applicants. Most of my colleagues are firmly of the opinion that they would not have a chance of getting in to our medical schools if they were to apply today. It seems the bar has been lifted considerably.

At postgraduate level, the GPA remains the major weighting factor. But how does one realistically compare different degrees from different universities and apply the same fine 9-point weighting system for grades obtained? An A+ weighting from one university might equate to an A or even an A- from another. Surely this is comparing apples with oranges and perhaps lemons as well.

Crampton states that the GPA is the most reliable tool for predicting future academic performance. Postgraduate students have already proven their academic ability. Should they still be subject to a 9-point rating system when their grades are not comparable?

UMAT speaks for itself; it is not popular with students. There are ways and means of getting around this hurdle, introducing further inequality to the selection process. Do we see the universities informing prospective students where they can get ‘coaching’ to improve their scores, or providing advice as to how they do this, or financial advice for this?

Then there is the interview, the major point of difference between the two New Zealand medical schools, with Otago opting not to employ an interview, except for the few students gaining entry through the ‘other’ category. Is there a significant difference in the outcomes of the graduates from the two schools at the end of the day?

For a very few it serves a useful purpose, but for the majority it is a lottery. As stated, the interview process has variable reliability. There is no standardisation of the questions asked.
Some of the questions are ridiculously hard. Ethics is never an easy topic, and to have a candidate quizzed at length on difficult ethical issues is hardly relevant at a time when they are young, inexperienced and nervous.

But not every interviewer probes such challenging issues. The personality and perspective of any individual interviewer appears to play a significant role in the conduct of the interview. Subjects and topics appear to be discussed at random, both in content, and with respect to the interaction and responses of the interviewer.

Poole\textsuperscript{3} talks about measures to enhance reliability. The evidence for interview reliability is hard to find. If the interview is retained then why not modify this to a process proven to have greater reliability and validity. Multiple Mini Interviews (MMIs) or similar processes have more reliability and better predictive powers. This offers the chance to standardise the interview process. Other universities employ this interview process.

These selection processes have been criticised both in the popular press, and by politicians. \textit{North and South}, July 2011 edition, had a large focus on the changing ethnicity of medical students. While Auckland defends its selection process, stating the ethnicity of admissions reflects the ethnicity of its secondary schools and the Auckland population, one must remind them they are supplying graduates for all of New Zealand, not just the Auckland region.

Perhaps the good old lottery is a fairer process. We all understand a true lottery. Biases in the current system are considerable, with first-year GPA being the only consistent validated assessment tool. So given all this, the present process remains just that, a lottery.

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References: