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Contributor Role	Role Definition	Authors					
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Conceptualization	Ideas; formulation or evolution of overarching research goals and aims.	X					
Data Curation	Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later reuse.						
Formal Analysis	Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data.						
Funding Acquisition	Acquisition of the financial support for the project leading to this publication.						
Investigation	Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection.	X	X	X	X	X	X
Methodology	Development or design of methodology; creation of models						
Project Administration	Management and coordination responsibility for the research activity planning and execution.	X					
Resources	Provision of study materials, reagents, materials, patients, laboratory samples, animals, instrumentation, computing resources, or other analysis tools.						
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Writing – Original Draft Preparation	Creation and/or presentation of the published work, specifically writing the initial draft (including substantive translation).	X	X	X	X	X	X
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2. What can we learn about medical school admission processes from other countries?

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1 **ABSTRACT.**

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

12

13 **Key Words:** Premedical Student, Medical Student, Medical School, Medical Education

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1 **THE EXPERIENCE.**

2 **INTRODUCTION.**

3 Australia and the United States of America (USA) share significant similarities in language and culture, given
4 that both have a mainly English-speaking population and are relatively new countries with colonial heritage.
5 Gaining acceptance into medical school in either country is highly competitive. Over a 15-year period, there
6 were around 580,000 applicants to US medical schools, of which 260,000 ultimately matriculated (45%).¹
7 While there is a paucity of comparable Australian data, one study noted that only 38% of first-time applicants
8 who were extended an interview to medical schools in the largest Australian state matriculated in the 2013 to
9 2014 cycle.² There are notable differences in medical school admission processes between the two countries.
10 For example, about half of all Australian medical schools recruit applicants who are in their final year of high
11 school for entry into 5 to 7-year medical school courses, while the rest recruit applicants holding
12 undergraduate degrees into 4-year courses.³ Those that do the former are referred to as 'undergraduate
13 medical schools', which are generally regarded as the 'traditional' path to medical school, while the latter is
14 called 'postgraduate medical schools'. In contrast, all US schools require an undergraduate degree as a pre-
15 requisite to enter medical school. Two other major differences include US osteopathic medical education and
16 US citizens attending foreign medical schools. Osteopaths in the US will have attained all requirements to
17 practice as medical doctors, whereas osteopathy in Australia is a different degree with no medical training.
18 Australian citizens very rarely pursue medical education abroad. In contrast, nearly 3000 US citizen IMGs
19 entered US residency training in 2018.⁴

20
21 These systemic differences in admission protocol ultimately flow over onto the individual level and define each
22 student's admission experiences. Table 1 summarizes the similarities and differences in our experiences.
23 Table 2 summarizes the UCAT, GAMSAT, and MCAT admission tests.
24

1 **EXPERIENCE REPORT.**

2 A total of 6 medical students from Australia and the US were virtually introduced to one another by a mutual
3 connection in September 2021. We shared our admissions experiences with Australian and US allopathic, US
4 osteopathic, and international medical schools through WhatsApp, Zoom, and Google Docs. The two
5 Australian and US 'traditional' applicants penned a classic vignette of their experiences. The remaining
6 members blended their experiences into these two vignettes to provide a succinct, multi-faceted overview of
7 our journeys into medical school.

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1 **A STUDENT WITH A TRADITIONAL AUSTRALIAN MEDICAL SCHOOL ADMISSIONS EXPERIENCE**

2 I am a traditional medical student at an undergraduate Australian medical school. I wanted to become a
3 physician for as long as I could remember, and it made perfect sense to pursue this career as early as
4 possible. I consolidated on this goal in my junior year (11th grade) of high school first enrolling in senior year
5 (12th grade) subjects that count toward my ATAR (SAT equivalent), as part of an accelerated curriculum. I also
6 purchased numerous third-party resources for the UCAT (MCAT equivalent). I started UCAT preparation over
7 a year in advance of my anticipated test date, as applicants can only take it once a year, meaning I only
8 effectively had one attempt per intake cycle to take it. All of this was the standard strategy for traditional AU
9 undergraduate applicants, who are typically aged 17 or 18 with strong prior academic performance. As I
10 entered my senior year (12th grade), I noticed diminished academic collaboration between medical school
11 aspirants in my classes. In hindsight, I attribute this to the competitive nature of the undergraduate medicine
12 admissions processes, and the high weighting assigned to ATAR performance. I dedicated about 4 hours of
13 after-hours study on school days, and about 8 hours a day over the weekend. Due to the academic rigor, I
14 had limited time for non-academic experiences during the school week. Across the four mid-term breaks in the
15 year, I engaged in shadowing and volunteer experiences. By the year-end, I scored a 99.5 ATAR percentile
16 and 95 percentile in the UCAT. I realized these scores were very average for matriculating undergraduate
17 medical students, and therefore applied to every undergraduate medical school in the country. Eventually, six
18 schools responded with Multiple Mini Interview (MMI) interview offers. An MMI interview consists of several
19 short interviews that are evaluated independently of one another and were the norm for Australian medical
20 schools. After completing the interview process, I nervously investigated the two main backup options
21 applicants had if they failed to receive an admission offer in their senior year (12th grade). The first option was
22 to redo Year 12, and ideally score a higher ATAR and UCAT. Alternatively, I could enroll in an undergraduate
23 course with the intention of being admitted to a postgraduate medical school upon the completion of the
24 degree. Notably, there are no dedicated 'pre-medical' tracks in Australia, though certain courses are saturated
25 with students who are competing for a medical seat. This is not to say postgraduate medical schools are
26 primarily occupied by applicants who failed to receive an undergraduate seat. I was told that the premise of
27 postgraduate medical education was to select more holistic and mature candidates, who hailed from all walks
28 of life.⁵ After an agonizing 2-month wait, I thankfully received a medical school offer in my home state.
29

1 A STUDENT WITH A TRADITIONAL US MEDICAL SCHOOL ADMISSIONS EXPERIENCE

2 I am a traditional medical student at a US medical school. I was passionate about medicine for as long as I
3 could remember. During my college years, I revolved my life around gaining a medical seat and was enrolled
4 in a Bachelor of Science degree, though many of my pre-medical peers were enrolled in humanities degrees. I
5 took the MCAT (GAMSAT equivalent) in the summer before my senior year (4th year undergraduate) and
6 scored a 510 (84th percentile). Because most of my time was dedicated to studies and extracurricular
7 activities, such as shadowing and volunteering experiences, I did not forge strong friendships with other pre-
8 medical students. I finished my degree with a 3.71 GPA and applied to 16 medical schools through the portal.
9 I was required to include a personal statement, a list of personal experiences, my MCAT score, and my
10 college transcripts. Every school sent secondary applications to me, with detailed questions that I filled out.
11 Finally, three medical schools extended MMI interview invitations to me. Following this process, I experienced
12 an agonizing wait of several months, knowing that my scores were very modest for most MD schools. During
13 this time, I thought about the option to study medicine abroad. I had heard that some Caribbean medical
14 schools may use a more holistic review process. They typically also have a lower barrier for entry, more
15 streamlined selection processes, and may also be more liberal with scholarship offers. I may have even
16 begun my studies a semester earlier due to how swift some schools process applications. The primary
17 drawback is that many schools may be of uncertain quality, and I could face additional hardships returning to
18 the US for licensure. The other option I could have contemplated was DO schools, which would have involved
19 applying through a separate application portal. Indeed, I was interested in a holistic approach to patients, and
20 was charmed by the tenets of osteopathic manipulative medicine. Both options tended to attract more non-
21 traditional applicants and those with more diverse life experiences. Finally, after several months, I received an
22 offer in March of my senior college year (4th year undergraduate).

1 **CONCLUSION.**

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

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1 **FIGURES AND TABLES.**

2 **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 students 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

3

4 **Legend:** ATAR: Australian Tertiary Admission Rank; GAMSAT: Graduate Medical School Admissions Test;

5 GPA: Grade point average; MCAT: Medical College Admission Test; UCAT: University Clinical Aptitude Test

1 **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

2

3 Legend: MCQs: Multiple choice questions.