



DO MCAT REQUIREMENTS DURING MEDICAL SCHOOL ADMISSIONS PREVENT IMPROVEMENTS IN PHYSICIAN DIVERSITY?

Authors: Yannick Fortin, Kulamakan Kulasegaram, Jesse N. Kancir, Geneviève Moineau, Ariane Carpentier, Mark D. Hanson

Evidence shows that medical students originating from rural and socioeconomically disadvantaged regions are more likely to return and practice in such areas. We describe the current state of medical student diversity and suggest that MCAT admissions requirements might hinder diversity objectives.

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PURPOSE/OBJECTIVES

This study aimed to compare the sociodemographic characteristics of the 2015 entry cohort of Canadian medical students to the general Canadian population. We also investigated whether requirements to prepare and complete the MCAT might have adverse consequences for student diversity.

FINDINGS/IMPACT/OUTCOMES

A response rate of 32% (922/2911) was achieved. The MCAT was completed by 77% of respondents. Being bilingual—English and French—(30.6% vs. 17.4%), having parents earning a combined income above \$100,000 annually (62.6% vs. 35.6%), and identifying as Chinese (10.5% vs. 3.9%), or Arab (2.6% vs. 0.9%) was more frequent in our sample than in the Canadian population. Identifying as Aboriginal (0.6% vs. 3.7%), Black (1.2% vs. 2.5%), Filipino (0.7% vs. 1.3%), or Latin American (0.6% vs. 1.0%), and being from a community of less than 1000 (4.5% vs. 19%) was less frequent in our sample than in the general Canadian population. Respondents generally agreed (70%) that: 1) MCAT-related costs represent a financial hardship; and 2) MCAT requirements limit access to some medical schools.

CONCLUSIONS

While the high proportion of bilingual first-year medical students is encouraging, the sustained underrepresentation of students from lower income families, of Aboriginal and select ethnic heritage, and from rural settings needs continued attention.