CHAMBERS MEDICAL SPECIALISTS

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30 June 2009

Dr Richard Chadwick
General Manager, Adjudication Branch
Australian Competition &
Consumer Commission
GPO Box 3131
Canberra ACT 2601

Dear Mr Chadwick,

RE: University of Melbourne and Others applications for authorisation A91144 - A91145 – Public Submission

Submission Summary

The proposed arrangements will lead to significant public detriment, and the ACCC should vigorously oppose it. Competition for entry to medical schools is highly contested, and admission criteria such as those used by the GAMSAT Consortium are inherently flawed. By allowing eleven universities to simultaneously adopt a flawed process, talented students will be denied an opportunity to pursue a career in medicine. Standards of medical care will fall, and the international reputation of our medical schools will suffer. Competition between universities in developing better selection criteria will improve medical student selection, and should be encouraged.

Reasons for the Submission

The GAMSAT

The Gamsat Information Booklet[1] contains the following information:

> "The Graduate Australian Medical School Admissions Test (GAMSAT) has been developed by the Australian Council for Educational Research (ACER) in conjunction with the Consortium of Graduate Medical Schools to assist in the selection of students to participate in the graduate entry programs. GAMSAT is available to any student who has completed a Bachelor degree or who will be in the penultimate or final year of study for a Bachelor degree at the time of sitting the test. GAMSAT is designed to

[1] Graduate Australian Medical School Admissions Test, Information booklet 2009

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assess the capacity to undertake high level intellectual studies in a demanding course. The test is offered once a year only".

Unfortunately, research into the GAMSAT has shown that it does not achieve its intended goals. Groves et[2] al concluded the following in an article published in the Medical Journal of Australia:

> "We did not find evidence that GAMSAT and structured interviews are good predictors of performance in medical school. Our study highlights a need for more rigorous evaluation of Australian medical school admissions tests".

In the same MJA's editorial, Professor Chris McManus and Professor David Povis characterized our medical schools' selection process as following:

> "Strongly held opinions are rife, inertia predominates, and change occurs more because of necessity, external pressure, political force or mere whim, than because of coherent evidence-based policy or theorising. Selection sometimes seems more to ensure the correct number of entrants on day one, than to identify those best suited to the course and profession. As if to illustrate the problem, the University of Adelaide recently reduced its emphasis on selection interviews, the University of Sydney extended its use of interviews, the University of Queensland may be ending interviews, and a meta-analysis in *Medical Teacher* suggested that selection interviews have only "modest" predictive validity and "little" or "limited" practical value".

The Interviews

Under the proposed "One Preference Policy" and "The One Interview Policy" eleven universities agree to assess applicants by using interviews. Presumably these interviews are structured, to improve consistency. Again, there is inadequate evidence supporting the validity of interviews in assessing prospective medical students. Consistency and reliability become meaningless in the absence of validity.

Kreiter, Yin, Solow and Brenner[3] investigated the reliability of medical school admission interviews and concluded:

> "Interview scores do not appear to possess the level of precision found with other measures commonly used to facilitate admissions decisions. Given the results obtained, the fairness of using the interview as a highly influential component of the admission process is called into question".

More worryingly, interviews lead to accusations of discrimination. Some studies support the notion that interviews might indeed discriminate against some sections of the community.

Entry tests for graduate medical programs: is it time to re-think? Michele A Groves, Jill Gordon and Greg Ryan, MJA 2007; 186: 120–123

[3] **Investigating the Reliability of the** Medical School Admissions Interview. Clarence D. Kreiter , Ping Yin, Catherine Solow and Robert L. Brennan, Advances in Health Sciences Education, Volume 9, Number 2, June 2004, Pages: 147 - 159

Ian R. Dobson and Bob Birrell[4] analysed enrollment statistics in Australian medical schools. They wrote:

> "We conclude that there is no imminent prospect that Australia's medical workforce will be dominated by an Asian 'cognitive elite'.

In a subsequent interview[5] with Sydney Morning Herald journalist Adele Horin, Dr Birrell said:

> "The surprising result for Medicine showed that students from upwardly mobile migrant families who excelled in selective schools faced stiff competition from Australian born private school students. The introduction of "selection filters" by medical schools in recent years may partly explain the results.
>
> The main filter is the Undergraduate Medicine and Health Sciences Admission Test, a range of tests and interviews designed to assess non-academic personal qualities"

This observation is consistent with an editorial published ten years earlier, in the British Medical Journal[6]. K J McKenzie wrote that similarly qualified applicants from minority ethnic groups were 1.46 times more likely to be rejected by medical schools than their white peers.

Janet Albrechtsen[7], a journalist with The Australian, investigated the issue of discrimination by medical schools. She wrote:

> "This latest study appears to confirm concerns raised in *The Australian* last year from some inside the profession that good old-fashioned class envy and its twin sister, social engineering, are behind an interview process that pushes some of the most academically gifted students away from medicine".

While her findings were anecdotal, and her delivery somewhat colourful, Albrechtsen's concerns were shared by many in the community.

Economic Disadvantage

The fee to sit GAMSAT is $308, and an additional fee of $165 is charged to students sitting the test in overseas testing centers. As academic performance is no longer the sole criterion for admission to a medical degree course, many postgraduate students now sit for the GAMSAT exam. Thousands of students compete for limited places, and the GAMSAT imposes a significant cost to society. The GAMSAT Consortium and ACER have a financial interest in creating a cartel. Applicants have little choice but to comply with the added cost. If no cartel exists, individual universities will have an opportunity to regularly review selection criteria, and adopt valid and less expensive measures.

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[4] **ARE ASIANS OVER-REPRESENTED IN TRAINING IN THE HEALTH PROFESSIONS?** Ian R. Dobson and Bob Birrell, *People and Place*, vol. 13, no. 4, 2005, page 60

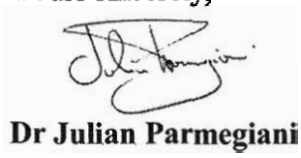
[5] Sydney Morning Herald, 19 December 2005, p3

[6] *British Medical Journal* 1995;310:478-479 (25 February)

[7] **Questions Not Even a Doctor Should Answer**. Janet Albrechtsen, *The Australian*, 7 February 2007

In summary, eleven universities are seeking permission to adopt a specific method to assess applicants to medical schools. The proposed method lacks validity, and will be detrimental to society. In addition, by removing competition between eleven universities, incentives to improve selection criteria will be removed.

Yours sincerely,



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