

## Form FC

Commonwealth of Australia

*Competition and Consumer Act 2010 — subsection 91C (1)*

### **APPLICATION FOR REVOCATION OF A NON-MERGER AUTHORISATION AND SUBSTITUTION OF A NEW AUTHORISATION**

To the Australian Competition and Consumer Commission:

Application is hereby made under subsection 91C (1) of the *Competition and Consumer Act 2010* for the revocation of an authorisation and the substitution of a new authorisation for the one revoked.

PLEASE FOLLOW DIRECTIONS ON BACK OF THIS FORM

#### **1. Applicant**

- (a) Name of applicant:  
(Refer to direction 2)

A91441

A91442

A91443

The Australian National University in its capacity as lead contractor of the  
**GAMSAT Consortium.**

- (b) Description of business carried on by applicant:  
(Refer to direction 3)

To the extent that it is relevant to this Application, the Applicant is in the business of the provision of teaching services and all other services associated with the instruction and training of medical students through its graduate-entry medical school, being operated within the Medical School.

- (c) Address in Australia for service of documents on the applicant:

Australian National University

Legal Office

Canberra ACT 2600

#### **2. Revocation of authorisation**

- (a) Description of the authorisation, for which revocation is sought, including but not limited to the registration number assigned to that authorisation:

Authorisation numbers A91144, A91145 and A91178

Public register # C2009/1199

Determination dated 26 November 2009

- (b) Provide details of the basis upon which revocation is sought:

Current authorisation due to expire on 18 December 2014.

### 3. Substitution of authorisation

- (a) Provide a description of the contract, arrangement, understanding or conduct whether proposed or actual, for which substitution of authorisation is sought:

*(Refer to direction 4)*

Arrangement in relation to the:

- Interview Policy; and
- Preference Policy

(‘Policies’)

the text of which are set out in Attachment C to the Submission.

- (b) Description of the goods or services to which the contract, arrangement, understanding or conduct (whether proposed or actual) relate:

The services to which the Policies relate are the teaching services and other related services provided by and through the graduate-entry medical schools operated by the Applicant and the other Consortium Members to those students enrolled in those medical schools.

- (c) The term for which substitute authorisation of the contract, arrangement or understanding (whether proposed or actual), or conduct, is being sought and grounds supporting this period of authorisation:

Authorisation is sought for a period of ten years or longer on the basis that the Consortium has shown evidence that over the previous five years in which the current authorisation has been in place the Policies have provided public benefit and no detriment.

### 4. Parties to the contract, arrangement or understanding (whether proposed or actual), or relevant conduct, for which substitution of authorisation is sought

- (a) Names, addresses and description of business carried on by those other parties to the contract, arrangement or understanding (whether proposed or actual), or the relevant conduct:

- **Monash University;**

School of Medicine and Health Sciences  
Clayton, VIC 3800

- **University of Wollongong;**

Graduate School of Medicine  
Northfields Avenue, Wollongong NSW 2522

- **Deakin University;**

School of Medicine

Geelong VIC 3220

- **The University of Western Australia;**

Faculty of Medicine and Dentistry  
Perth WA 6009

- **Griffith University;**

School of Medicine  
Gold Coast, QLD 4222

- **The University of Notre Dame Australia;**

School of Medicine Sydney  
Broadway NSW 2007

School of Medicine Fremantle  
Fremantle WA 6959

- **The Australian National University;**

ANU Medical School  
Canberra ACT 0200

- **The Flinders University of South Australia;**

School of Medicine  
Bedford Park Adelaide SA 5001

- **The University of Queensland;**

School of Medicine  
Herston, Qld 4029

- **The University of Melbourne.**

Faculty of Medicine, Dentistry and health Services  
Parkville VIC 3010

- (b) Names, addresses and descriptions of business carried on by parties and other persons on whose behalf this application is made:  
(Refer to direction 5)

See 4(a) above

- (c) Where those parties on whose behalf the application is made are not known - description of the class of business carried on by those possible parties to the contract or proposed contract, arrangement or understanding:

Not applicable

**5. Public benefit claims**

- (a) Arguments in support of application for substitution of authorisation:

As set out in the **Submission**.

*(See Direction 6 of this Form)*

- (b) Facts and evidence relied upon in support of these claims:

As set out in the **Submission**.

**6. Market definition**

Provide a description of the market(s) in which the goods or services described at 3 (b) are supplied or acquired and other affected markets including: significant suppliers and acquirers; substitutes available for the relevant goods or services; any restriction on the supply or acquisition of the relevant goods or services (for example geographic or legal restrictions):

The market relevant to this Application is the national market in Australia for the provision of tertiary medical training services provided to students that already hold a bachelor degree (or higher degree) in one or more other disciplines.

*(See Direction 7 of this Form)*

**7. Public detriments**

- (a) Detriments to the public resulting or likely to result from the substitute authorisation, in particular the likely effect of the conduct on the prices of the goods or services described at 3 (b) above and the prices of goods or services in other affected markets:

As set out in the **Submission**.

*(See Direction 8 of this Form)*

- (b) Facts and evidence relevant to these detriments:

As set out in the **Submission**.

**8. Contracts, arrangements or understandings in similar terms**

This application for substitute authorisation may also be expressed to be made in relation to other contracts, arrangements or understandings (whether proposed or actual) that are, or will be, in similar terms to the abovementioned contract, arrangement or understanding

- (a) Is this application to be so expressed?

No.

- (b) If so, the following information is to be furnished:

- (i) description of any variations between the contract, arrangement or understanding for which substitute authorisation has been sought and those contracts, arrangements or understandings that are stated to be in similar terms:



Not applicable.  
(See Direction 9 of this Form)

- (ii) Where the parties to the similar term contract, arrangement or understanding(s) are known - names, addresses and description of business carried on by those other parties:

Not applicable  
(See Direction 5 of this Form)

- (iii) Where the parties to the similar term contract, arrangement or understanding(s) are not known — description of the class of business carried on by those possible parties:

Not applicable.

## 9. Joint Ventures

- (a) Does this application deal with a matter relating to a joint venture (See section 4J of the *Competition and Consumer Act 2010*)?

No.

- (b) If so, are any other applications being made simultaneously with this application in relation to that joint venture?

Not applicable.

- (c) If so, by whom or on whose behalf are those other applications being made?

Not applicable.

## 10. Further information

- (a) Name, postal address and telephone contact details of the person authorised by the parties seeking revocation of authorisation and substitution of a replacement authorisation to provide additional information in relation to this application:

Jasmine Hope, Senior Lawyer, Australian National University, ANU Legal Office, Chancelry Building, Canberra ACT 2600 Telephone: 02 6125 3324

Dated..... 27 June 2014 .....

Signed by/on behalf of the applicant

..... Hope .....

(Signature)

..... Jasmine Rebekah Anne Hope .....

(Full Name)

..... Australian National University .....

(Organisation)

..... Senior Lawyer .....

(Position in Organisation)

## DIRECTIONS

1. Where there is insufficient space on this form to furnish the required information, the information is to be shown on separate sheets, numbered consecutively and signed by or on behalf of the applicant.
2. Where the application is made by or on behalf of a corporation, the name of the corporation is to be inserted in item 1 (a), not the name of the person signing the application and the application is to be signed by a person authorised by the corporation to do so.
3. In item 1 (b), describe that part of the applicant's business relating to the subject matter of the contract, arrangement or understanding, or the relevant conduct, in respect of which substitute authorisation is sought.
4. In completing this form, provide details of the contract, arrangement or understanding (whether proposed or actual), or the relevant conduct, in respect of which substitute authorisation is sought.
  - (a) to the extent that the contract, arrangement or understanding, or the relevant conduct, has been reduced to writing — provide a true copy of the writing; and
  - (b) to the extent that the contract, arrangement or understanding, or the relevant conduct, has not been reduced to writing — provide a full and correct description of the particulars that have not been reduced to writing; and
  - (c) If substitute authorisation is sought for a contract, arrangement or understanding (whether proposed or actual) which may contain an exclusionary provision — provide details of that provision.
5. Where substitute authorisation is sought on behalf of other parties provide details of each of those parties including names, addresses, descriptions of the business activities engaged in relating to the subject matter of the authorisation, and evidence of the party's consent to authorisation being sought on their behalf.
6. Provide details of those public benefits claimed to result or to be likely to result from the contract, arrangement or understanding (whether proposed or actual), or the relevant conduct, including quantification of those benefits where possible.
7. Provide details of the market(s) likely to be affected by the contract, arrangement or understanding (whether proposed or actual), in particular having regard to goods or services that may be substitutes for the good or service that is the subject matter of the application for substitute authorisation.
8. Provide details of the detriments to the public, including those resulting from the lessening of competition, which may result from the contract, arrangement or understanding (whether proposed or actual). Provide quantification of those detriments where possible.
9. Where the application is made also in respect of other contracts, arrangements or understandings, which are or will be in similar terms to the contract, arrangement or understanding referred to in item 2, furnish with the application details of the manner in which those contracts, arrangements or understandings vary in their terms from the contract, arrangements or understanding referred to in item 2.

**GAMSAT Consortium**

**Application for Revocation of a Non-Merger  
Authorisation and Substitution of a New  
Authorisation under section 91C(1) of the  
*Competition and Consumer Act***

**Policies Governing the Application for Admission and  
the Interviewing of Applicants for Admission to Study  
Medicine at Graduate-entry Consortium Medical  
Schools**

27 June 2014

## Introduction

1. The submission is made on behalf of each of the signatories to, and all other entities bound by, the consortium agreement dated on or around 3 May 2000 (***Consortium Agreement***), namely those universities identified in the Application for Revocation of an Authorisation and the Substitution of a New Authorisation, dated 27 June 2014 and any other university that may become a party to the ***Consortium Agreement*** or be bound by it after the New Authorisation is granted.
2. The entities mentioned in the previous paragraph are collectively referred to as the ***GAMSAT Consortium*** and each party is referred to separately as a ***Consortium Member***. Any reference to the ***GAMSAT Consortium*** in this submission should be taken as a reference to each ***Consortium Member***, unless the context indicates otherwise.
3. Throughout this submission, reference is made to medical schools and their conduct. In each case, the medical school is not a separate legal entity, but exists within the university structure. It is for that reason that each university is the Applicant for Authorisation.
4. For ease of reference, a Glossary of terms is set out at the end of this submission. All defined terms are bolded and italicised.

## The Policies for which Authorisation is sought

5. Authorisation is sought pursuant to section 88(1) and section 88(1A) of the *Competition and Consumer Act 2010 (CCA)* for the following policies:
  - the Interview Policy; and
  - the Preference Policy,the text of which are set out in **Attachment C**. The policies are each referred to as a Policy and, collectively, as the Policies
6. Authorisation is sought for a period of ten years or longer on the basis that the Consortium has shown evidence that over the previous five years in which the current authorisation has been in place the Policies have provided public benefit and no detriment.

## Submission structure

7. This submission will first provide the background to this Application including information about the previous Determination made by the Commissioner in 2009.
8. Secondly this submission will provide an update on the following issues:
  - Operation of the GAMSAT Consortium and the competition issues that the Agreement raises;
  - market definition, identifying the market in which the benefits and detriment are assessed;

- the characteristics and operation of that market in future with the **Policies** implemented; and
- the characteristics and operation of that market in future without the **Policies** implemented,

thereby providing a way to identify and assess the benefits and detriment resulting from the **Consortium Members** remaining parties to the **Agreement** and continuing to give effect to the **Policies**.

9. For the purposes of this submission, for revocation and substitution of a new authorisation, the following will also be examined based on the experience and statistics obtained during 2010 to 2014:
  - Evidence of Public Benefit; and
  - Evidence of how potential Public Detriment has been addressed.
10. This submission will then provide an assessment of the net benefit of the Policies, concluding that the substantial benefits continue to outweigh the potential detriment of the **Policies**.

## Background

### 2009 application

11. On 19 June 2009 the GAMSAT consortium (as constituted at that time) applied for authorisation under section 88(1) of the *Trade Practices Act* for two policies, namely the:
  - One Interview Policy; and
  - Preference Policy,

the text of which are set out in **Attachment A ('2009 Policies')**.

12. In 2009 the GAMSAT consortium contended that the benefits resulting from the **2009 Policies** were substantial and outweighed the relatively minor detriment of the **2009 Policies**.
13. On 26 November 2009 the Commission granted the authorisation to the GAMSAT consortium to abide by the **2009 Policies** governing processes for the application for admission and the interviewing of applicants to study medicine at graduate-entry consortium member medical schools.
14. Since 2009 there have been some minor changes to the **GAMSAT Consortium** and **2009 Policies**. The **GAMSAT Consortium** has notified the **Commissioner** about these changes via correspondence, copies of which are attached as **Attachment B**. Revised versions of the **2009 Policies** are specified in **Attachment C ('Policies')**.

### Commissioner's Determination in 2009

15. The public benefits of the **2009 Policies** which were accepted by the **Commissioner** in the **Determination** were efficiencies which arise as a

result of the streamlining of the application and interview process. These efficiencies produce cost savings for:

- universities, in terms of reducing the costs associated with interviewing many more applicants than there are positions available to address the risk that some applicants will accept an offer of a place at another university. These savings may be used in teaching, research and administration activities; and
- applicants, in terms of travel and accommodation costs and the direct costs of lodging multiple applications.

16. The potential public detriment considered by the **Commissioner** in the **Determination** included:

- reduced competition in the process to select applicants;
- number of preferences; and
- fairness of the process, including:
  - i. transparency in the requirements of applicants;
  - ii. the interview process; and
  - iii. rights of appeal.

17. But in considering the potential public detriment outlined above, the **Commissioner** concluded that:

*"4.78. While the Policies may reduce the potential for competition among Consortium Members in terms of their admissions processes, the ACCC considers there are elements to the Policies which mitigate this detriment.*

*4.79. In assessing the public detriments associated with the Consortium's Policies, the ACCC is mindful that the Consortium Members as a group cannot restrict or limit the total number of places to graduate-entry medical courses, or establish the prices at which places in the courses will be made available. These are determined by the Australian Government.*

*4.80. The number of applicants for places to graduate-entry medical schools far exceeds the number of places available. As such, there will always be applicants who are not offered places, regardless of the admissions process used."*

18. In balancing the public benefit and detriment the **Commissioner** concluded, in the **Determination**, that the public benefit that was likely to result from the **2009 Policies** was likely to outweigh the public detriment and authorisation was granted.

#### Current Application

19. The public benefit has been realised during the authorisation period from 2010 to 2014. Details of this are specified in the submission below under the

headings 'Evidence of Public Benefit' and 'Evidence of how potential Public Detriment has been addressed'.

20. The ACCC authorisation was granted for 5 years and is due to expire on 18 December 2014.
21. It is on this basis that the **GAMSAT Consortium** now submits that the Commission should accept its application for Revocation of an Authorisation and the Substitution of a New Authorisation.

#### Operation of the GAMSAT Consortium

22. The **GAMSAT Consortium** is governed by a Board comprising the Deans or Heads of Schools of the graduate-entry medical schools (**Notre Dame**, which has two graduate-entry medical schools, has one member). A Board Executive was created in 2008, comprising the Dean of the lead university (currently, **The Australian National University**), the Chair of the Policy Committee (currently **Griffith University's** Professor of Obstetrics & Gynaecology) and two elected member (currently the Pro Vice-Chancellor of **Deakin University's** Faculty of Health and the Dean of **UWA's** Faculty of Medicine, Dentistry & Health Sciences).
23. The Policy Committee is responsible for oversight of the development and delivery of the GAMSAT test and for the annual selection and admission cycle described below. Each member of the Consortium nominates one member to sit on the Policy Committee.
24. Admission of new **Consortium Members** is by agreement. The decision is taken by the Board of the **GAMSAT Consortium**. A university is eligible to apply for admission to the **GAMSAT Consortium** once its graduate-entry medical course is accredited by the Australian Medical Council.
25. Each of the universities that developed new graduate-entry schools since 2000 applied to join the **GAMSAT Consortium**. On each occasion, the Board of the **GAMSAT Consortium** agreed to admit the university to the **GAMSAT Consortium**. Membership takes effect on the payment of a joining fee (that covers administration costs) and by the university executing a Deed of Appointment.
26. The University of Sydney unilaterally decided to withdraw from the GAMSAT Consortium in 2011. The University of Sydney conducts its own application and interview process for graduate-entry medical students.
27. There are currently 11 graduate-entry medical schools in Australia that are part of the **GAMSAT Consortium**. The **GAMSAT Consortium** consists of the following Universities:
  - Monash University;
  - University of Wollongong;
  - Deakin University;
  - The University of Western Australia;



- Griffith University;
  - The University of Notre Dame Australia;
  - The Australian National University;
  - The Flinders University of South Australia;
  - The University of Queensland; and
  - The University of Melbourne.
28. The University of Notre Dame Australia has two medical schools, one in Fremantle and one in Sydney.
29. A Deed of Appointment provides for a new Member to be bound by the Consortium Agreement from the effective date of the Deed. The Deed correspondingly provides for the other Members of the Consortium to consent to the admission and acknowledges the joining Member's entitlement to exercise all the rights, privileges and benefits of being a Member.
30. The same process would be used to admit any other universities wishing to join in future.

### Competition issues

31. The competition issues raised by the **Agreement** between the **Consortium Members** are as follows:
- the prohibition against making a contract or arrangement, or arriving at an understanding, a provision of which would be or might be, a cartel provision within the meaning of Division 1 of Part IV of the Act (other than a provision which would also be, or might also be, an exclusionary provision within the meaning of section 45 of the Act);
  - the prohibition against giving effect to a provision of a contract, arrangement or understanding that is, or may be, a cartel provision within the meaning of Division 1 of Part IV of the Act (other than a provision which is also, or may also be, an exclusionary provision within the meaning of section 45 of the Act);
  - the prohibition against making a contract, arrangement or arriving at an understanding that contains a provision that would or might have the effect, of substantially lessening competition within the meaning of section 45 of the Act; and
  - the prohibition against giving effect to a provision of a contract, arrangement or understanding which provision has the purpose, or has or may have the effect, of substantially lessening competition within the meaning of section 45 of the Act.
32. For the Authorisation, the **GAMSAT Consortium** acknowledges that there is a risk or at least an argument that the **Consortium Members** entering into the **Agreement** (containing the **Policies**) or giving effect to the **Policies**



could breach the prohibitions identified in paragraph 31. The **GAMSAT Consortium** denies that this is the case and, indeed, believes that the Consortium Members will not breach the CCA by entering into the **Agreement** or by giving effect to the **Policies**. Nevertheless, the risk of breach empowers the Commission pursuant to Section 91C(1) to accept the **GAMSAT Consortium's** Application and to grant the Authorisation requested in that Application. As noted above the **GAMSAT Consortium** obtained an authorisation from ACCC for the period 2010-2014. Over this five year period the Agreement and Policies have provided a public benefit which will be referred to in detail below.

### Market definition

33. The **GAMSAT Consortium** submits that the relevant market for the purposes of the Application is the market in Australia for the provision of tertiary medical training services provided to students that already hold at least a bachelor degree in one or more other disciplines (**Existing Graduates**).
34. As only graduate-entry medical schools are subject to the **Policies**, it follows that the relevant market must be defined primarily by the options available to Applicants qualified to be admitted to those schools. In this regard, the market must be defined by the options available to **Existing Graduates**, by the demand and supply substitutability of other training services for medical training services offered to **Existing Graduates**.
35. The **Existing Graduates** who apply for admission include both Australian Applicants and international Applicants. The **GAMSAT Consortium** is not aware of any official statistics of the number of overseas applications received, but there is information available on the number of overseas Applicants that enrol each year. In 2008-2013, for instance, international Applicants constituted 14.5% of all commencing students at Australian graduate-entry medical schools.<sup>1</sup>
36. The relevant market is national, encompassing eleven medical schools operated by the ten **Consortium Members** plus the University of Sydney which is not part of the **GAMSAT Consortium**. One or other of the **Consortium Member** medical schools are located in every State and Territory of Australia (other than Tasmania) and compete for Applicants nationally.
37. The nature of this competition is differentiated and, in this regard, not of an even character across the country or between schools. Nonetheless, a national market is justified. Competition is differentiated in nature because not every **Consortium Member** medical school uses simple rankings on the GAMSAT or GPA criteria. A number look for specific qualities in Applicants, including the following:
  - some favour Applicants willing to work as doctors in rural areas (referred to as "Rurality"), examples of which are **Notre Dame**, **Deakin** and **Wollongong** medical schools;

- **Wollongong** and **Notre Dame** favour Applicants who can demonstrate leadership, capacity to work with others, a service contribution outside their area of employment, diversity of experience and a high level of performance in an area of human endeavour; and
- the **Melbourne and Monash** selection process will exclude Applicants who have not completed prerequisite undergraduate studies in certain medical or biomedical sciences.
- All schools have Indigenous applicants pathways with their own admission requirements.

In addition, each **Consortium Member** medical school assesses Applicants in different ways, placing different weightings on components of the selection process described in paragraphs 43 and 46.

38. As noted in paragraph 35, a relatively small number of international students apply each year for admission directly to **GAMSAT Consortium** medical schools outside of GEMSAS. Correspondingly, the **GAMSAT Consortium** understands that a relatively small number of Australian students apply to overseas medical schools, instead of applying to a **GAMSAT Consortium** medical school, although the **GAMSAT Consortium** cannot quantify that number precisely. In our submission, however, this does not affect the market definition, as the option of applying overseas is marginal and cannot be described as a competitive constraint.
39. The **GAMSAT Consortium** submits that the geographic aspect of competition is potentially accentuated if the **Policies** are retained. This is explored further at paragraphs 73 and 74.

## Operation of the market with the **Policies**

### The application

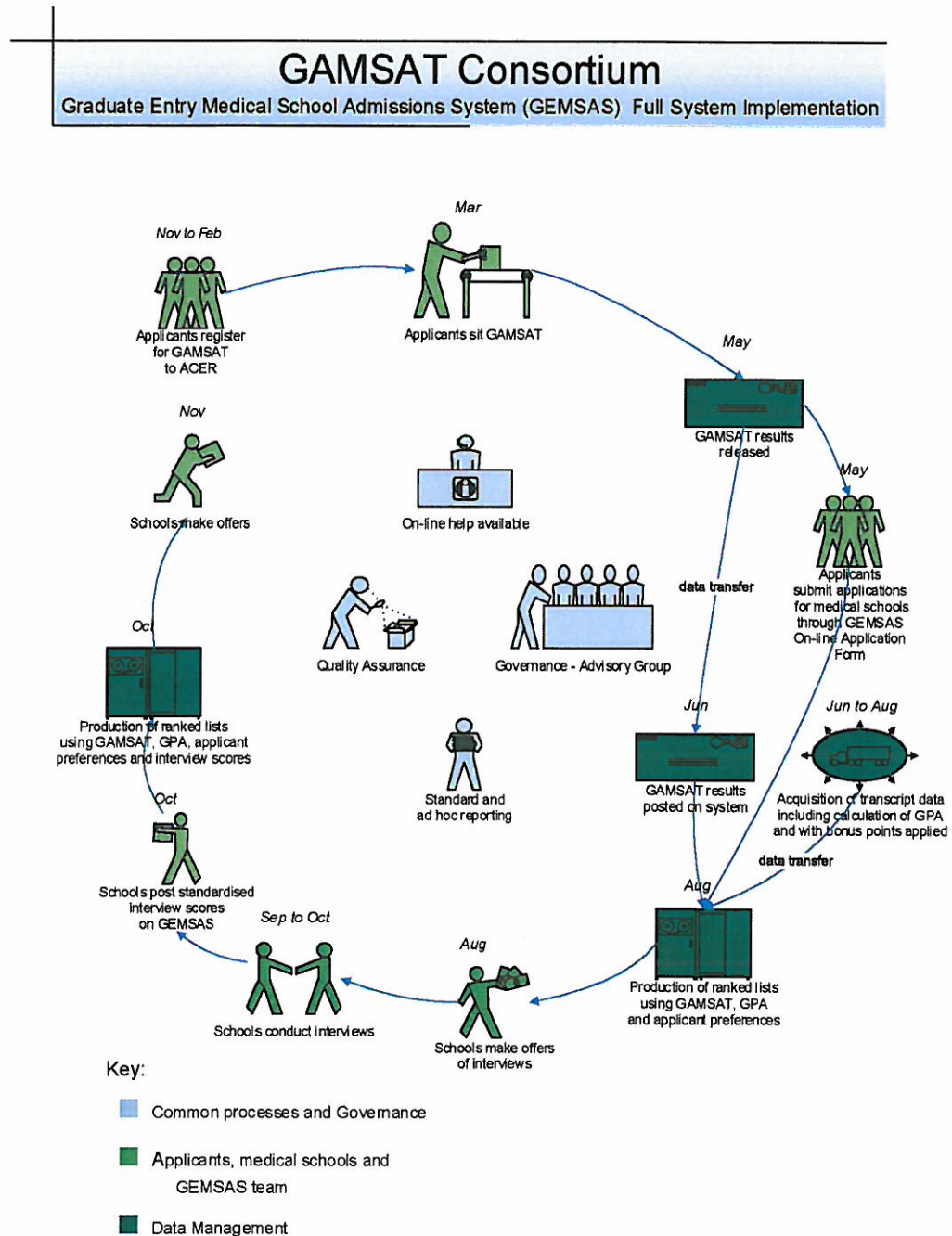
40. The collective effect of the **Policies** is that Applicants seeking admission via a standard entry pathway (as compared with special entry pathways, such as that for Indigenous students) to a graduate-entry medical school submit a single application to **GEMSAS**.
41. Applicants are allowed to indicate in their applications up to six **Consortium Member** medical schools, in order of preference.

### Selection for interview

42. Each Applicant is permitted only one interview. The highest-preferenced medical school to which the Applicant applies and for which the Applicant qualifies for interview, interviews the Applicant. This does not apply to UQ, which does not interview Applicants (a point discussed in paragraph 45).
43. Medical schools use a **Selection for Interview Score** to select Applicants for interview based on their performance in the Graduate Australian Medical Schools Admissions Test (**GAMSAT**) and their Grade Point Averages (**GPA**, a measure of academic performance during their undergraduate degree). Schools calculate the **GPA** by different methods and each school applies different cut offs and weightings to the **GAMSAT** score and **GPA**, some

favouring individual sections of the three part **GAMSAT** test. Some add bonuses. An example of this is the bonuses granted to Applicants from a rural background by some of the **Consortium Member** medical schools, including **Notre Dame**, **Deakin** and **Wollongong** medical schools. Another example is the contribution to the **Selection for Interview Score** of assessment of the portfolios included in the **Notre Dame** and **Wollongong** medical school application processes.

44. The selection process is through computer simulation as follows:



Version 20131116

45. Since 2009, **UQ** does not interview Applicants. Applicants listing **UQ** as their first, second or third preference are treated exactly as described, except that the University creates a ranking list for offers of a place based on GAMSAT score.

The interview and offer of a place

46. Interviewees receive a numerical score for their performance at interview which is added to the **Selection for Interview Score** to create a **Course Rank Set (CRS)**. The school that interviews the Applicant will then consider his or her application for admission, based on the **CRS**. The calculation of **CRS** varies between schools, based on weightings assigned to GPA, GAMSAT score, interview score and other factors such as bonuses.
47. Interviewees' **CRS** are used to create a ranking list for offers of a place by that school.
48. If their interview scores ranked too low to be offered a place they are passed on to their next-preferenced schools in order of preference.
49. Each preferenced school uses its own **CRS** to assess the applicant for offer of a place. Interview scores are standardized and incorporated into each school's **CRS** and the interviewees are included in the school's ranking list for offers of a place.
50. Interviewees rejected by the second school are passed on to their next-preferenced school and the process is repeated until an offer of a place is made or all preferenced schools have been exhausted.
51. Each school offers places to interviewees according to the **CRS** after all preferences have been considered. Interviewees ranked too low to be offered a place are notified that their application has not been successful.
52. Each Applicant can only be interviewed once. If the Applicant is interviewed at a higher preferenced school, that standardized interview score is also used by that Applicant's lower-preferenced schools. If the Applicant is not offered a place by the school that conducts the interview, he or she has not lost his or her opportunity to enrol in a medical course in that selection round. Within the current six preference system, Applicants may have as many as five further opportunities for admission based on the one interview.
53. **Consortium Member** medical schools may make contact with applicants who are interviewed at a higher preferenced **Consortium Member** medical school prior to making offers of places, to ascertain the applicants' understanding of the University, the school and its course requirements. If the **Consortium Member** medical school considers an applicant is not suited to that school, he or she will be passed on to his or her next preferenced **Consortium Member** medical school for consideration of offer of a place. Applicants who decline an offer of a place at this time are treated in the same way as **Applicants** who decline at other phases of the selection process – they exit GEMSAS and are no longer eligible for consideration of offers of a place.

### Operation of the market without the *Policies*

54. Without the *Policies*, **Applicants** who had completed the **GAMSAT** exam would make separate applications for interviews (or selection in the case of **UQ**) at all of the graduate-entry medical schools by which they wanted to be considered.
55. This could be done through a single admissions centre, such as the **GEMSAS**, but need not be; a system that requires applications to be sent directly to medical schools by Applicants is also possible. In either case each medical school would then go through its current process to create a ranking list for offers of interview (or, in the case of **UQ**, for offer of a place).
56. This is the system in use in the United States of America and Canada, where all medical schools are graduate-entry. The American system uses a centralised admissions centre, the American Medical College Application Service (**AMCAS**). Applicants submit one application to **AMCAS**. This application lists the medical schools they wish to apply to, but not in order of preference.
57. **AMCAS** acts as a clearing house for these applications, in that Applicants need only submit one set of academic transcripts. **AMCAS** collates and verifies these academic results and forwards them together with the Medical College Admission Test (**MCAT**, the North American equivalent of the GAMSAT) score to each of the listed medical schools.
58. Each American medical school selects Applicants for interview based on those scores. Offers of a place are made according to ranking lists compiled after interview, based on the selection process of each medical school. Unsuccessful Applicants are rejected and not passed on to any other American medical school, which means that applicants have to travel to multiple cities for interviews and medical schools have to interview many more applicants to fill their places as many applicants receive multiple offers.

### *Evidence of public benefit*

59. In the **Determination**, the Commissioner accepted that the following Public Benefits would flow from the implementation of the *Policies*:
  - “For applicants, in terms of travel and accommodation costs and the direct costs of lodging multiple applications”; and
  - “For universities, in terms of reducing the costs associated with interviewing many more applicants than there are positions available to address the risk that some applicants will accept an offer of a place at another university. These savings may be used in teaching, research and administration activities.”
60. In this submission the **GAMSAT Consortium** contends that these benefits are substantial and outweigh any potential detriment of the *Policies*.



## Evidence of benefit to Applicants

### *Reduced costs*

61. Evidence of the reduced costs to Applicants will be specified below.
62. Prior to 2011 Applicants were able to list three preferences. But in 2011 when Graduate Entry Medical School Admissions System (GEMSAS) was fully operational, applicants were able to list up to six medical schools in the order in which they wished to attend.
63. In 2013 75.85% of all Applicants listed the maximum allowable six preferences (up from 65.79% in 2011). A summary of the application preferences by school is set out below:

#### **Application Preferences by school**

University	Pref 1	Pref 2	Pref 3	Pref 4	Pref 5	Pref 6	Total prefs
Australian National University	329	464	591	619	426	403	2832
Deakin University	378	698	691	562	526	432	3287
Flinders University	292	194	359	547	614	587	2593
Griffith University	356	372	316	447	526	450	2467
The University of Melbourne	1109	273	245	136	86	76	1925
Monash University	255	736	667	495	422	358	2933
The University of Notre Dame Fremantle	369	432	273	198	232	289	1793
The University of Notre Dame Sydney	880	487	438	311	254	218	2588
University of Queensland *	374	283	267	319	292	293	1828
The University of Western Australia	308	283	272	333	410	470	2076
The University of Wollongong	241	437	272	181	161	134	1426
Totals for 2013	4891	4659	4391	4148	3949	3710	25748

\* number to be offered through GEMSAS approx 125

64. The following table shows the interview offers (and UQ offers) by Preference in 2013:

#### **GEMSAS PREFERENCE COUNTS - INTERVIEW & UQ PLACE OFFERS**

University	PREFERENCE OFFERED						TOTAL
	1	2	3	4	5	6	
Australian National University	117	42	31	16	9	6	221
Deakin University	80	71	33	4	5	5	198
Flinders University	99	15	21	23	27	23	208
Griffith University	87	35	8	5	3	1	139
Monash University	51	39	23	4	7	2	126
The University of Notre Dame Fremantle	82	32	20	15	18	13	180
The University of Notre Dame Sydney	194	37	25	13	6	2	277
The University of Melbourne	412	16	2	0	0	0	430
University of Queensland *	150	11	5	2	1	1	170

The University of Western Australia	118	8	10	8	5	7		156
The University of Wollongong	84	41	16	11	4	4		160
Total	1474	347	194	101	85	64		2265
% of All Offers	65.1%	15.3%	8.6%	4.5%	3.8%	2.8%		100.00%

65. The tables in paragraphs 63 and 64 demonstrate:

- i) A large majority of applicants use all six preferences. The **GAMSAT Consortium** contends that this would not be the case without the two policies and that this would lessen applicants' choice
- ii) Just over 10% of Applicants are offered a place at their 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> preference school. The Consortium contends that many of these Applicants would not be able to afford the cost of being interviewed at 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> preferred medical schools.

66. If the **Policies** are not retained Applicants would need to make multiple applications and attend numerous interviews. The statistics from the Association of American Medical Colleges (see Attachment F) show that in the US in 2013 there were 690,281 applications from 48,014 applicants therefore "an average of 14 applications per applicant". The cost implications of not retaining the **Policies**, and requiring Applicants to attend multiple interviews at numerous medical schools are two-fold.

67. First, Applicants would be forced to cover the expense of travelling to each of the medical schools from which they receive invitations to interview. Overnight accommodation would be required at some sites. With the **Policies**, each Applicant travels to the one medical school that invites the Applicant to be interviewed. That represents a significant saving to the Applicant, the greater the more geographically disparate the medical schools are to which the Applicant wishes to apply.

68. Second, Applicants currently pay A\$180 (2014) for the submission of six preferences to **GEMSAS** and are not charged a fee if they are interviewed. It is possible that medical schools would attempt to recover costs by levying a fee for interviews if they were required to interview a substantially greater number of Applicants, as is likely to be the case if the **Policies** are not retained. The University of Sydney which is not a GAMSAT Consortium member currently charges \$100 for interviewing applicants.

69. The cost implications would impact greatest on Applicants from low socio-economic backgrounds and could create disincentives for this already underrepresented group to study medicine.

70. Attending multiple interviews in geographically disparate locations would create other disadvantages for many Applicants. In the experience of the **GAMSAT Consortium**, as many as 43.7% of Applicants are in the process of completing another degree, generally an undergraduate degree, at the time interviews are conducted. The additional interviews these Applicants would attend represent an unwanted interference with their studies, over a prolonged period of time (see paragraph 82 below), often at a critical point of those studies, potentially affecting academic performance and adversely affecting **GPA**, one of the components of the selection process.

71. Retaining the **Policies** therefore represents a benefit to Applicants and, accordingly, the public, by reducing the cost on Applicants and minimising the interference to their existing studies.

#### *Competitive Benefits*

72. There is a competitive benefit associated with the reduction in the costs of the admission process for Applicants if the **Policies** are retained.
73. If the **Policies** are not retained there will be a barrier to interstate competition, Applicants are likely to limit the number of interstate medical schools to which they apply, to limit the cost of travel and accommodation. If they are only interviewed once, there is no reason not to apply to multiple interstate medical schools.
74. Medical schools would not compete as strongly for interstate **Existing Graduates** because there may be less applicants from interstate if the **Policies** were not retained as the extent of that competition will necessarily be limited to a degree by the cost barriers associated with interstate applications. The market is necessarily more competitive as a result if the **Policies** are retained. This is a clear public benefit of retaining the **Policies**.
75. The public benefit in improving the competitiveness of the market is particularly significant given the highly regulated nature of this market. As the Commission is aware, the number of places offered by each medical school is dictated by the **Department of Education (DOE)**. The student contribution towards the cost of their education at medical school (commonly known as HECS) is also regulated by **DOE**. The scope for medical schools to be responsive to changes in the community, in the profession and in the market is therefore limited.
76. The public benefit has a social justice dimension. For Applicants from lower socio-economic backgrounds the added costs of attending multiple interstate interviews will be a significant disincentive. Retaining the Policies is likely, therefore, to:
- improve access to the medical profession for people from lower socio-economic backgrounds; and
  - reduce the existing socio-economic bias in making the profession more representative of the broader community,

all of which represent substantial public benefits.

77. The **GAMSAT Consortium** submits that the **Policies** produce no competitive detriment.
78. The **Policies** allow competition to occur between every graduate-entry medical school at the point where Applicants choose their preferences. If the **Policies** are not retained, Applicants will receive multiple offers from medical schools and competition will take place at the point when the Applicant must decide between those offers. The **GAMSAT Consortium** submits that, despite the difference in timing, the degree of competition between medical schools is at least equivalent and may be greater if the Policies are retained as the Applicants will likely submit more preferences.



*Benefits to Consortium Member medical schools and the community*

79. The benefits of the **Policies** for Consortium Member medical schools and the community stem from the fact that Consortium Members would be forced to interview considerably more Applicants if the Policies are not retained. Interviews are expensive and resource intensive – interviewing more Applicants would lead to increased cost to the taxpayer, who ultimately provides funding for Consortium Members. Further it would lead to considerable loss of time by academic and administrative staff, who would otherwise be more productively engaged in teaching, research or administration. Since the introduction of the **Policies**, Australian graduate entry medical schools typically interview about 125% to 150% of the Applicants needed to fill the available places.
80. Australian medical schools mostly have one or two admissions officers, working with one academic staff member. US medical schools typically have a dedicated admissions office with staffing of around 8-9 people, including academic and administrative staff.
81. **Consortium Members** would interview fewer Applicants if the **Policies** are retained because the **Interview Policy** eliminates the risk that interviewees will decline an offer of a place because they have accepted an offer at another medical school. As a large majority of offers a medical school makes are accepted, fewer interviews are needed to fill the places available.
82. If **Applicants** are only interviewed once, all interviews can be conducted in a week chosen to minimise the impact on students and staff. If Applicants are interviewed at multiple sites, medical schools would be required to conduct the interviews over a longer period of time, so that an interview at one school would not prevent Applicants from being interviewed at any other school. This would increase the impact on staff and current medical students as many schools would be required to conduct a week of interviews during a busy period of term.
83. All **Consortium Members** seek volunteers from the profession and the general public to participate in selection interviews, in part to ensure that the student cohort reflects community concerns and priorities. These volunteers donate their time, on the basis that it is an important contribution to the profession and the community in which they live and work. Minimising the number of interviews that are conducted (by retaining the **Policies**) reduces the impost on these volunteers, which is a benefit to the volunteers and, to the extent that it ensures their continued commitment, a substantial public benefit.

**Evidence of how potential public detriment has been addressed**

84. The only detriment of the **Policies** is the possibility that an Applicant, who would otherwise be offered a place, would fail to obtain a place if the **Policies** are retained.
85. It should be noted that the majority of Applicants miss out on a place, as demand far outstrips the number of places available. Each year, there are

between two and four times more Applicants who satisfy the selection criteria than there are available places.

86. The 2011 - 2013 statistics were as follows:

	2013	2012	2011
Applicants	4,891	4,290	4,303
Graduate entry Medical School Places	1,479	1,468	1,484
Interview offers	2,095	2,048	1,931
Accepted Offers of places	1,599	1,357	1,436
Withdrawals	347	409	312

87. The **GAMSAT Consortium** submits that, for Applicants whose interview performance is a true reflection of their ability, the passing on of applications of **Rejected Applicants** to their next preferenced school before and after interview ensures that the risk of such Applicants not being offered a place if the **Policies** are retained is no higher than the risk for these Applicants if the **Policies** are not implemented.
88. The issue therefore can arise only for the Applicant whose performance at an interview is below what he or she is capable of. If the Applicant has only one interview (as is the case if the **Policies** are retained) and does not perform well at that interview, he or she does not have the opportunity of redeeming him or herself, an opportunity the Applicant would have if he or she could be interviewed by any other medical school. However, the GAMSAT Consortium submits that any detriment resulting from the Applicant not having this opportunity of redeeming a poor interview performance is relatively minor for the following reasons.
89. First, the number of Applicants that will have a "bad day" and do poorly at the interview is likely to be a very small minority of the entire Applicant cohort. The **GAMSAT Consortium** has no way of quantifying this number, but can say that, in its collective experience, the number is generally small, in part because interviews are designed and undertaken with great care by panels of experienced interviewers, who undergo training before the interviews are conducted.
90. Second, the probability of such an Applicant missing out on a place simply on the basis of a poor interview is low. The contribution of the interview score to the **CRS** varies between schools, but it is generally only one of a number of components of the **CRS**.
91. The foregoing suggests that there is no detriment, or little detriment, in the outcomes of the market if the **Policies** are or are not implemented. To the extent that the effect of the Interview Policy remains a detriment by depriving the Applicant who has a "bad day" and interviews poorly of a chance to improve his or her performance at a subsequent interview (which the **GAMSAT Consortium** has submitted is of relatively small significance), the **GAMSAT Consortium** submits that it is substantially outweighed by the benefits articulated above.

### Transparency in requirements of Applicants

92. There have been improvements to the **2009 Policies**. In October, 2010, the GAMSAT Board approved the use of the Graduate Entry Medical School Admissions System (GEMSAS); an online system to facilitate applications and selection to Australian graduate-entry medical schools that had been in pilot phase since mid 2009. The aim of GEMSAS is:
- to ensure the best and fairest outcome for applicants and medical schools;
  - to provide an automated system consistent with the GAMSAT Consortium's 2009 submission to the Commission;
  - to provide a reliable, comprehensive one-stop service for applicants;
  - to automate as many selection processes as possible; and
  - to reduce schools' workloads.
93. The outcomes of implementing GEMSAS have been:
- electronic retrieval of academic transcripts and on-line provision of calculated GPAs;
  - management of applications with up to six preferences from applicants to graduate-entry medical schools;
  - provision of ranked lists for offers of interview and offers of a place for each participating school. Rankings are ordered on the basis of applicants' preferences and medical schools' algorithms for selection, which include GAMSAT and GPA results and standardized interview scores. These lists are refined in consultation with medical school selection officers;
  - management of interactive simulation rounds of computerized matches for offers of an interview and then offers of a place using those ranked lists; and
  - a fair, equitable and transparent selection and admissions process.
94. Through the GEMSAS system the following services have been developed to eliminate potential detriment for Applicants:
- standardisation of interview scores;
  - an appeals process; and
  - GEMSAS website and email service.

### *GEMSAS Website and Email Service*

95. The GEMSAS website, [www.gemsas.edu.au](http://www.gemsas.edu.au), was commissioned in May 2011. The site includes information about GEMSAS processes, key dates, frequently asked questions (FAQs) and updates. There are links to all

medical schools in the GAMSAT Consortium and to the GAMSAT website, which contains detailed information about the GAMSAT exam. There is also information about applications to other courses (Dentistry and Optometry) that use GEMSAS for selection of students.



96. An email question and answer service for Applicants is provided through the GEMSAS website (info@gemsas.edu.au). Trained GEMSAS Project Officers are able to maintain a response time of about 2 hours during peak periods, including at weekends. Applicants have been surveyed and have expressed a strong preference to communicate by email. However, a dedicated telephone number (1300 GEMSAS) has been secured and a trial for appropriate enquiries is planned when resources are available.

#### Interview process - standardisation of interview scores

97. In 2009, the GAMSAT Board agreed, subject authorisation by the Commission, that participating medical schools would include interview scores from other member schools in applicants' **CRS**; the "one-interview" rule whereby Applicants were selected for interview at the highest preferred Consortium Member for which they were ranked within the interview quota for that school.
98. As most Consortium Members interview approximately 125% - 150% of the quota of places available, one third of interviewed applicants are not able to receive an offer of a place at their interviewing medical school. GEMSAS enables all interview scores to be standardised using modified z-scores so that they can be included in the **CRS** of lower-preferenced schools
99. For each of the applicant's preferred Consortium Member medical schools, these standardised scores are converted back to a score suitable for use in that school's selection algorithm. This allows Applicants to compete on an equal basis with all other applicants for an offer of a place at all their preferred medical schools.
100. A formal review of the standardised interview scores and final outcomes for the interviewed cohorts was conducted by Associate Professor Annette Mercer, from the University of Western Australia, who is a member of the GEMSAS Advisory Group, and Associate Professor Steve Farish from the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne, who provided statistical analysis for the 2009 submission to the Commission. A report was presented to the GAMSAT Policy Committee



meeting on 7 March 2012 (attached as **Attachment D**). Committee members concluded that the current method of standardisation was valid and equitable and that it would continue to be used.

#### Appeals process

101. In 2011 a GAMSAT Selection Appeals Committee was set up to hear appeals from Applicants against decisions made through GEMSAS. The Terms of Reference for the GAMSAT Selection Appeals Committee are included as **Attachment E**.
102. In 2010, the first year of operation, 4,303 Applicants applied for a medical school place commencing in 2011. Eight appeals were received. No appeals were upheld but one applicant was granted an interview offer at a higher preference school, as the Appeals Committee felt they may have been confused by the wording of a question in the application form. The appeals related to:
  - five of the appeals were against calculated GPA scores;
  - one applicant appealed against a decision to offer a second-preference place following withdrawal of a bonded medical place offer at the first-preferenced University for which they were ineligible because they are a New Zealand citizen;
  - one appealed against a decision not to consider an application for a rural sub-quota place (the applicant had not completed the section of the application form asking about this type of place); and
  - one appeal related to a misunderstanding of what the applicant had been advised by a preferenced school.
103. In 2012/2013 4,891 applications and 20 appeals were received. No appeals were upheld. The appeals related to:
  - fourteen appeals were from applicants who missed the deadline for submission of offers;
  - four appeals were against calculated GPA scores;
  - one was against a decision to reject a claim of a rural background; and
  - one was from an applicant who requested consideration by lower-preferenced schools after an offer of a place was withdrawn when it became clear that advertised pre-requisite subjects had not been completed.
104. The Appeal Committee recommended a number of changes to GEMSAS documents to reduce the risk of misinterpretation of the deadline for submissions and the consequences of missing the deadline. The recommendation has been implemented.

## Conclusion

105. The **GAMSAT Consortium** submits that the benefits associated with the **Policies** substantially outweigh any detriment that could or may result from the adoption and/or implementation of those **Policies**. This is strongly supported by evidence provided in this submission of the outcome of the Authorisation during 2010 – 2014. On that basis, the **GAMSAT Consortium** respectfully requests that the Commission grant the Authorisation requested in the Application.

Signed on behalf of the applicant:



Jasmine Rebekah Anne Hope

Australian National University

Senior Lawyer

27 June 2014

## Glossary

**AMCAS** means the American Medical College Application Service.

**ANU** means The Australian National University.

Applicant means any **Existing Graduate** that applies for admission to a **GAMSAT Member** medical school through the GEMSAS system to study medicine (the term "Applicant" is not bolded and italicised for ease of reference).

**Consortium Agreement** means the agreement dated on and around 3 May 2000 to which all **Consortium Members** are parties or are otherwise bound by virtue of having executed a Deed of Appointment (described at paragraph 25).

**Consortium Member** means each signatory to, and any other university bound by, the **Consortium Agreement**.

**CRS** means Course Rank Set, the total score the Applicant achieved based on the calculated of the Applicant's **GAMSAT** score, **GPA**, interview score and any other factor such as portfolio, rural background, or some combination of these. **CRS** is used for a medical school to rank applicants and determine whether it offers the Applicant a place.

**Deakin** means Deakin University.

**Existing Graduates** means students who already hold at least a bachelor degree in one or more other disciplines.

**Flinders** means Flinders University.

**GAMSAT** means the Graduate Australian Medical Schools Admissions Test.

**GAMSAT Consortium** is a collective term for the **Consortium Members**.

**GEMSAS** means Graduate Entry Medical School Admissions System.

**GPA** or **Grade Point Average** is a measure of academic performance of an Applicant in his or her undergraduate degree.

**Griffith** means Griffith University.

**MCAT** means the Medical College Admissions Test, the North American equivalent of the GAMSAT Test.

**Melbourne** means The University of Melbourne.

**Monash** means Monash University.

**Notre Dame** means The University of Notre Dame Australia, which includes Notre Dame's Fremantle campus and Sydney campus unless otherwise indicated.

**Policies** means the following two policies of the **GAMSAT Consortium**:

- Interview Policy; and
- Preference Policy,

and each being referred to as a **Policy**.

**2009 Policies** means the policies, namely the One Interview Policy and the Preference Policy authorised by the ACCC in 2009.

**Selection for Interview Score** means that Applicant's total score, calculated on the basis of the Applicant's **GAMSAT** score and **GPA** and any other factors (such as rural background), which a medical school uses to determine whether it offers the Applicant an interview.

**Sydney** means the University of Sydney.

**UQ** means The University of Queensland.

**UWA** means the University of Western Australia.

**Wollongong** means The University of Wollongong.



## **Attachment A**

### ***2009 Policies***

#### **Common set of policies and guidelines:**

In 2009 a common set of policies was adopted by GAMSAT Consortium graduate-entry medical schools to ensure that an efficient and fair selection process for the standard entry pathway was maintained. These policies were:

- Preference Policy
- One Interview Policy

Each school agreed to abide by those policies to the extent possible. The policies were communicated to potential and actual Applicants to each school.

#### **Preference Policy**

All Applicants submitted a single application to the Graduate Australian Medical Schools Admission Centre, listing the medical schools to which they wish to apply in order of preference up to the maximum number of preferences set out in the Admission Guide (six for students commencing in 2010).

In 2009, the Consortium piloted a six preference online selection process, in parallel with the six preference process for selection of the 2010 entry cohort. The pilot demonstrated that more than six preferences led to more Applicants obtaining interviews at higher preference schools. The pilot suggested that six preferences led to an optimal result.

Under the 2009 selection process each school passed the application of each Applicant who was not selected for interview to that Applicant's next preference school (if any) by a date agreed by the Policy Committee of the GAMSAT Consortium. Applications from Applicants who were not selected for interview at their second preference school were passed on to their third preference school by a second agreed date. If the pilot is successful this will be managed simultaneously online for up to six preferences in future.

The University of Queensland does not include an interview in its selection process. Applicants listing The University of Queensland as their first preference are considered for offer of a place based on The University of Queensland's selection process. Applicants who are not selected are passed on to their second preference school by the agreed date for consideration for offer of an interview. Applicants listing The University of Queensland as their second preference, who are not offered an interview by their first preference school, are considered for offer of a place when their applications are passed on; and so on.

#### **One Interview Policy**

Each medical school Applicant received no more than one offer for an interview.

The interview was conducted by the medical school for which the Applicant had the highest preference and for which the Applicant was ranked sufficiently highly to be offered an interview.

Applicants were selected for interview based on the selection for an interview process used by each school. Applicants whose ranking was not high enough for them to be offered an interview at their first preference medical school were passed on to their next preference medical schools as described in the Preference Policy.

After completion of interviews, Applicants were offered places based on the selection for a place process at each school.

All Applicants interviewed, but not selected, were passed on to the Applicant's next preferred schools (if any), including The University of Queensland, for consideration for offer of a place. The interview scores for these Applicants are standardised by the receiving school, by allocating the interview score of the equivalently ranked interviewee at that school. The Applicants are then offered places based on the selection for a place process for that school.

## **Attachment B**

1. Letter dated 11 July 2011 to Prof Angus (Melb Uni) from D. Hatfield (ACCC);  
and
2. Letter dated 15 October 2012 to Dr Chadwick from Prof Glasgow.

2011



Australian  
Competition &  
Consumer  
Commission

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11 July 2011

Professor James Angus AO  
Chair  
GAMSAT Consortium Board of Management  
The University of Melbourne  
Victoria, 3010

Dear Professor Angus

**Authorisations A91144, A91145 and A91178 – Status Report**

I refer to your letter of 24 June 2011 to the Australian Competition and Consumer Commission (ACCC) providing a Status Report which details the outcome of the pilot study conducted by the Consortium in 2010.

You advise that the Consortium will be implementing an online process for the 2011/2012 admission round, which includes increasing the number of medical school preferences applicants are able to select from three to six.

As mentioned previously, the ACCC considers that increasing the number of preferences applicants are able to make could be important in ensuring the most appropriate students obtain an interview and ultimately a place to study medicine at graduate-entry Consortium Member medical schools.

The Status Report and this letter will be placed on the ACCC's public register. If you wish to discuss any aspect of this matter, please do not hesitate to contact Erin Donohue on (02) 6243 1291.

Yours sincerely

David Hatfield  
A/g General Manager  
Adjudication Branch



2012

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Dr Richard Chadwick  
General Manager  
Adjudication Branch  
ACCC

GPO Box 3131  
Canberra ACT 2601

Dear Dr Chadwick

I am writing to provide a report on the authorization granted to the GAMSAT Consortium of Medical Schools (Consortium) – **authorization number A91144, A91145 and A91178.**

Please be advised that the Australian National University has taken over the lead agent role from the University of Melbourne in February 2012.

Stated in the 2011 report, the Consortium undertook to introduce an online admission system - the Graduate Entry Medical School Admissions System (GEMSAS). I am pleased to report that the GEMSAS has been successfully implemented for the 2011/2012 admission round. This was partial go-live with the initial application step remained through the Australian Council for Educational Research (ACER) system. A summary report for 2011/2012 admission round including informative statistics is attached.

The full implementation of GEMSAS to manage all application and admission processes has occurred for the current 2012/2013 admission round. the Consortium will provide a progress report in due course.

The Consortium would be pleased to provide any additional information. Please contact my office Tel: +61 2 6125 2622. email: [dean.medical.school@anu.edu.au](mailto:dean.medical.school@anu.edu.au)

Yours sincerely

Nicholas Glasgow  
Chair, GAMSAT Consortium  
Dean, Medicine and Health Sciences  
Australian National University

15 October 2012

## **GEMSAS Summary Report on the 2011/2012 Selection Round**

In October, 2010, the GAMSAT (Graduate Australian Medical School Admissions Test) Board approved the partial go-live in 2011 of the Graduate Entry Medical School Admissions System (GEMSAS); a system to facilitate applications and selection to Australian graduate-entry medical schools.

The aim of GEMSAS is:

- to ensure the best and fairest outcome for applicants and medical schools
- to provide an automated system consistent with the GAMSAT Consortium's submission to the Australian Competition and Consumer Commission (ACCC)
- to provide a reliable, comprehensive one-stop service for applicants.
- to automate as many selection processes as possible
- to reduce schools' workloads

The expected outcomes of implementing GEMSAS are:

- The electronic retrieval and on-line provision of transcript data and calculated GPAs
- The provision of ranked data lists for offer of interview and the management of interactive simulation rounds using those ranked lists. Rankings are ordered on the basis of applicants' preferences and medical schools' algorithms for selection, which include GAMSAT and GPA results. These lists are refined in consultation with medical school selection officers
- The management of applications with up to six preferences from applicants to graduate-entry medical schools
- A fair, equitable and transparent selection and admissions process.

Medical schools belonging to the GAMSAT Consortium are:

- The Australian National University
- Deakin University
- Flinders University
- Griffith University
- The University of Melbourne
- Monash University
- The University of Notre Dame (Fremantle)
- The University of Notre Dame (Sydney)
- The University of Queensland – non-standard participation as they don't conduct interviews.
- The University of Western Australia

- The University of Wollongong

The 2011 partial go-live retained the application process with the Australian Council for Educational Research (ACER). All processing of the applications was done within GEMSAS including:

- collection of results through the Automated Results Transfer System (ARTS)
- calculation of GPAs;
- allocation of applicants to interview offers using school-specific selection algorithms;
- allocation of applicants to offers of places using school-specific selection algorithms

The GEMSAS Project Officers managed the process of verifying rurality for all applicants (with the exception of cases where schools required additional data to be considered specific to their own requirements).

Schools still handled school-specific requirements such as sub-quota management and documentation submitted in support of portfolios, personal statements and individual application forms. Schools invited applicants to interview, conducted interviews and uploaded results into GEMSAS. Schools made selection decisions according to their university and school policies.

#### 2011/2102 Timetable

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May - June	Applications made through ACER. ACER sent electronic files on to GEMSAS.
June 20 and 21	Training (2 days) for GEMSAS users in Brisbane Supporting documents for rurality claims assessed
July	Results gathered from ARTS universities and/or directly from applicants
July	GPA calculations added to applicant data.
August	Scheduled simulated rounds for allocation to interviews
August 24	Final allocation to interviews UQ offers
August 24 to 31	Interview offers issued to applicants
September /October	Interviews conducted and interview scores input into GEMSAS then standardised
November	Quotas for offers of places input and tasks performed by schools. Scheduled simulated rounds for allocation to offers of places
November 14	Allocation to offers of places – final allocation
November 15	Schools advised successful applicants. Project officers advised unsuccessful applicants
December / January 2012	Final semester results gathered through ARTS or transcripts. Final GPAs calculated. Conditional offers confirmed. Further offers made to fill vacancies
January/February 2012	Enrolments

---

Statistics at a glance:

Applicants	4,317
Medical School Places	1,484
Interview offers	1,931
Offers of places	1,436
Withdrawals	312

1. Applicants took advantage of the ability to list up to six preferences with 65.79% of applicants listing the full six preferences.
2. Interview offers were made to 1,931 applicants at the same time as 125 offers of places were made for the University of Queensland. 9.1% of interview offers received were at applicants' 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> preferences.
3. Final offers of places were made to, and accepted by 1,426 applicants in a series of offer rounds conducted between 14 November and early February. Additional offer rounds were required to fill vacancies created by the withdrawal of offered applicants.
4. Offers of places to applicants who had listed the offering schools as their 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> preferences comprised 13.3% of all offers.
5. On average 79% of all applicants were offered a place at the Medical School at which they were interviewed. The range was between 56% and 94%.
6. In total 312 applicants withdrew their applications. Of these, 31 withdrew prior to interview offers being made, 149 rejected their interview offers and 125 rejected their offers of places. Seven applicants were permitted to defer their offers of places for one year.
7. An appeals process was set up with representatives of the GAMSAT Policy Committee as members of the GAMSAT Selection Appeals Committee. Appeals were heard from seven applicants. Most appeals were against GPA calculations and none were upheld.
8. A survey of participants was conducted and although there was only a 6% response rate, the majority of applicants reported overall satisfaction with the system. Suggestions for improvements are being implemented in the 2012/2013 selection round.



## Attachment C

### *Policies*

#### **Common set of policies and guidelines:**

Since 2011 the **2009 Policies** have been modified by GAMSAT Consortium graduate-entry medical schools to ensure that an efficient and fair selection process for the standard entry pathway is maintained. The Current Policies are now titled:

- Preference Policy; and
- Interview Policy

Each school agrees to abide by these policies to the extent possible. The policies are communicated to potential and actual Applicants to each school via the website <http://www.gemsas.edu.au/medical-schools/>

#### **Preference Policy**

All Applicants submit a single application to the Graduate Australian Medical Schools Admission System (GEMSAS), listing the medical schools to which they wish to apply in order of preference up to the maximum six preferences as set out in the current Admission Guide.

Each Applicant is considered by the first preferred school first for offer. If the applicant does not meet the school's selection requirement, he or she will be passed on to his or her next preferred school for consideration of offer until the sixth preferred school. The process is managed simultaneously by the GEMSAS, a computerised system.

The University of Queensland does not include an interview in its selection process. Applicants listing The University of Queensland as their first preference are considered for offer of a place based on The University of Queensland's selection process. Applicants who are not selected are returned to GEMSAS to be considered by their second preference school. Applicants listing The University of Queensland as their second preference, who are not offered an interview by their first preference school, are considered for offer of a place when their applications are passed on; and so on.

#### **Interview Policy**

Each medical school Applicant will receive no more than one offer for an interview.

This interview will be conducted by the medical school for which the Applicant has the highest preference and for which the Applicant is ranked sufficiently highly to be offered an interview.

Applicants are selected for interview based on the selection for an interview process used by each school. Applicants whose ranking is not high enough for them to be offered an interview at their first preference medical school are passed on to their next preference medical schools as described in the Preference Policy.

After completion of interviews, Applicants are offered places based on the selection for a place process at each school.

All Applicants interviewed, but not selected, are passed on to the Applicant's next preferred schools (if any), including The University of Queensland, for consideration for offer of a place. The interview scores for these Applicants are standardised by the receiving school, by allocating the interview score of the equivalently ranked interviewee at that school. The Applicants are then considered for offer of places based on the selection for a place process for that school.

Schools may make contact with applicants who are interviewed at a higher preferenced school prior to making offer of places, to ascertain the applicants' understanding of the University, the school and its course requirements. If the school considers an applicant is not suited to that school, he or she will be passed on to his or her next preferenced school for consideration of offer of a place. Applicants who decline an offer of a place at this time are treated in the same way as Applicants who decline at other phases of the selection process – they exit GEMSAS and are no longer eligible for consideration of offers of a place.

## **Attachment D**

### ***Report on the standardisation of interview scores in GEMSAS (edited to remove confidential information)***



THE UNIVERSITY OF  
WESTERN AUSTRALIA

*Achieve International Excellence*

## Report on the standardisation of interview scores in GEMSAS

### Background

GEMSAS oversees an electronic matching process for offers of interview and offers of a graduate medical place to the following universities: Australian National University (AU), Deakin University (DK), Flinders University (FL), Griffith University (GU), Monash University (MO), Notre Dame Fremantle (NF), Notre Dame Sydney (NS), University of Melbourne (UM), University of Queensland (UQ), University of Western Australia (WA) and University of Wollongong (WL). The abbreviations shown are those used by QTAC, the organisation conducting the offer process, and will be used in this report. The first trial of the interview offer process was conducted in 2010/11 and the second stage, a trial of the place offer process was to have been held in 2011/12. For various reasons the complete process was conducted 'live' in 2011/12 and the problems/issues that became evident were dealt with as they arose. This report deals with the issues that arose in relation to the standardisation of interview scores. The data were provided by QTAC.

### Standardisation of interview scores

The 'one interview' policy has always been a feature of the combined process conducted by members of the GAMSAT Consortium, and has been reinforced by the ruling of the ACCC. As a result, it has been necessary to devise a method of equating interview scores between universities to facilitate the 'passing on' of candidates, where required, from the institution at which they were interviewed to a lower preference school. Candidates now have six preferences rather than the three that were available in the previous system.

The method that was applied was the standardisation of the set of interview scores for each school to a mean of 75 and standard deviation of 5. These scores are referred to by QTAC as 'normalised' interview scores (NIS). Scores were converted to z-scores (mean 0 and standard deviation 1) then converted to scores with a mean of 75 and standard deviation of 5. This latter stage was a QTAC programming requirement, to retain positive numbers in the program. The values chosen were arbitrary and convenient and meant that most of the 'normalised' interview scores were between 60 and 90 i.e. within 3 standard deviations of the mean.

A problem which became evident very early in the cycle was that some of the ranking mechanisms of the medical schools were adversely affected by the use of NIS. These problems could be overcome by making further conversions to the ranking formulae, however it was decided to 'denormalise' the NIS and put them all back onto the relevant scale for each individual school. The major implications of this decision were that the ranking mechanisms did not need to be changed; the interview scores for



candidates interviewed at a given school remained the same as the raw scores; and the only scores which needed to be converted were those from a 'pass on' school. A potential problem flagged by QTAC was that a very high score from one school may 'denormalise' to a score higher than the maximum score for the second school. To overcome this any scores such as this were set at the maximum score for the second school. This is one of the issues that will be investigated below.

Each school has its own process and protocols for conducting interviews and for the use of the interview score in their final ranking process. It is also generally agreed that the interview conducted at each school has its own rationale and characteristics and that 'equating' can only be done in a numerical sense, not in a qualitative sense. The University of Queensland does not conduct interviews, but participates in the offer of places. ANU operates a pass/fail scheme in which the interview is a barrier and the interview score is not incorporated into the final ranking. This school has accommodated the 'passing on' process by introducing a detailed scoring system. UWA conducted only 72 interviews this year while its undergraduate degree is being phased out. The number of interviews will increase in the future as the new graduate degree commences.

The following table shows the 2011 interview statistics for the ten schools which conducted interviews. These values are for the schools' raw scores.

School	n	mean	sd	min score	max score
Uni 1	166	29.4	2.47	22	34.5
Uni 2	214	34.9	4.76	20	47
Uni 3	162	66.3	15.98	18	98
Uni 4	188	69.2	6.26	46.5	84
Uni 5	113	104.4	14.20	55	136
Uni 6	164	75.9	14.43	35	98
Uni 7	166	43.3	9.71	25	59
Uni 8	424	112.6	14.19	73	151
Uni 9	72	26.2	5.86	12	39
Uni 10	152	48.8	7.04	26	60
<b>Total</b>	1821				

A further 149 candidates were offered an interview but declined the offer. A graph of the distribution of raw scores for each school can be seen in Appendix A.

The purpose of this report is to examine the effect of standardising interview scores for the 'passing on' process, to report on the perceived problems/issues that arose in implementing this and where possible to make recommendations for modifications to the process to minimise problems for candidates and schools. The investigation will be firstly from the perspective of individual candidates and then from the perspective of the schools.

## Standardised scores

The following table shows the range of z-scores (mean 0, sd 1) and the minimum and maximum 'normalised' interview score (NIS, mean 75, sd 5) for each school.

School	n	Min score	z- score	Max score	z- score	Min NIS	Max NIS	N2	Min z	Max z
Uni 1	166	-2.98		2.06		60.1	85.3	166	-2.98	2.06
Uni 2	214	-3.11		2.54		59.4	87.8	213	-2.98	2.58
Uni 3	162	-3.01		1.99		59.9	84.9	161	-2.91	2.01
Uni 4	188	-3.62		2.36		56.9	86.8	187	-2.62	2.42
Uni 5	113	-3.48		2.32		57.6	86.1	112	-2.96	2.31
Uni 6	164	-3.14		1.64		59.3	83.2	162	-2.89	1.70
Uni 7	166	-2.45		1.91		62.7	84.5	166	-2.45	1.91
Uni 8	424	-2.79		2.71		61.1	88.5	424	-2.79	2.71
Uni 9	72	-2.43		2.18		62.9	85.9	72	-2.43	2.18
Uni 10	152	-3.23		1.58		58.8	82.9	150	-2.99	1.67
<b>Total</b>	<b>1821</b>							<b>1813</b>		

There is some variation in the range of z-scores across the 10 schools. This is a potential cause of inconsistencies in the conversion process. There were 8 candidates with a z-score below -3, giving them a NIS less than 60. One was from DK, 1 from FL, 1 from GU, 1 from MO, 2 from NF and 2 from WL. Only one of these candidates received an offer and the offer was from UQ. If these 8 were to be removed from the standardisation process, and the standardisation repeated with the new mean and standard deviation for each school, the revised ranges would be more uniform at the lower end (see right-hand columns).

The problem that was raised by QTAC (see above) involving a high score from one school converting to a score above the maximum score in another school, did not have any practical implications this year. Examination of those candidates with a high NIS, defined as above 80 (more than 1 standard deviation above the mean) gave the following results:

- Total = 283
- Offered a place at the interview school = 262 **(92.6%)**
- Offered a place at another school = 15 (AU=10, FL=2, WA=1, WL=2) **(5.3%)**
- Not offered a place = 6 (AU=2, FL=1, NF=1, UM=2) **(2.1%)**

Those not offered a place (6 candidates) had relatively low GAMSAT scores, which probably explains why an offer was not made. In all cases where a candidate in this group was either 'passed on' or not offered a place the NIS was well below the maximum NIS for that school. Hence the potential problem associated with a very high score being converted above the maximum for another school was not substantiated in this selection round. All the candidates with very high scores were offered a place at the interviewing school. It is highly likely, but not guaranteed, that this would generally occur.

## Offers of a place by school

Of those candidates who were interviewed the following were the outcomes:

<b>Offer at interview school</b>	1048	57.7%
<b>Offer at another school</b>	265	14.6%
<b>No offer</b>	504	27.7%
	1817	



**Note:** the total of 1817 is inconsistent with the previous value of 1821. The reason for this is not known.

The following table shows the outcomes for each school for the group of candidates interviewed there. In addition, the mean and standard deviation of standardised scores for each school and overall is shown.

Interview school	Offered at the school			Offered at another school			No offer			Total no. Interviews
	N	Mean	Std. Dev	N	Mean	Std. Dev	N	Mean	Std. Dev	
Uni 1	67	75.6	5.38	52	77.0	3.32	47	72.0	4.73	166
Uni 2	103	78.8	3.16	22	74.2	2.52	88	70.8	3.70	213
Uni 3	93	77.8	3.25	23	74.5	3.83	46	69.6	3.94	162
Uni 4	110	78.1	2.94	26	71.5	3.15	52	70.1	4.09	188
Uni 5	63	78.1	3.56	15	71.3	4.57	35	71.1	3.50	113
Uni 6	89	78.2	2.42	9	74.3	3.41	65	70.7	4.59	163
Uni 7	119	77.0	3.73	7	73.4	4.97	37	68.9	3.52	163
Uni 8	285	76.6	4.39	67	73.6	3.99	73	70.1	4.53	425
Uni 9	38	77.4	4.32	11	73.8	4.31	23	71.5	4.41	72
Uni 10	81	77.6	3.14	33	75.2	3.44	38	69.3	4.80	152
<b>Total</b>	<b>1048</b>	<b>77.4</b>	<b>3.85</b>	<b>265</b>	<b>74.3</b>	<b>3.99</b>	<b>504</b>	<b>70.4</b>	<b>4.25</b>	<b>1817</b>

The bottom row of the table shows that the mean standardised interview score (NIS) overall for those offered a place at the interviewing school was 77.4. For those offered a place at another school the mean was 74.3 and for those not offered a place at all the mean was 70.4. This pattern is evident at all schools except AU. This result is logical given that AU requires a pass on the interview and the magnitude of the score is not relevant. The decreasing value of the mean across the three categories is encouraging. It indicates that most of those who did well at their interviewing school were offered a place there, while those who were not offered a place at all had generally lower interview scores. A similar pattern was seen with GAMSAT scores, with mean Overall GAMSAT scores of 63.7, 64.5 and 61.3 respectively for the three categories. It is not possible to show results for GPA as the method of calculation varies considerably across schools.

The following table shows of the total offers made by each school, the number and percentage of offers made to their own interviewees and to candidates from another school:

	Own school offer		Other school offer		Total offers
Uni 1	67	56.8%	51	43.2%	118
Uni 2	103	67.8%	49	32.2%	152
Uni 3	93	76.2%	29	23.8%	122
Uni 4	110	81.5%	25	18.5%	135
Uni 5	63	79.7%	16	20.3%	79
Uni 6	88	84.6%	16	15.4%	104
Uni 7	120	91.6%	11	8.4%	131
Uni 8	285	93.1%	21	6.9%	306
Uni 11	0	0.0%	30	100.0%	30
Uni 9	38	76.0%	12	24.0%	50
Uni 10	81	94.2%	5	5.8%	86
	1048	79.8%	265	20.2%	1313

Overall, of those offered places 80% were offered a place at the school at which they were interviewed. UQ is included in this table because 30 candidates who had been interviewed at other schools were offered a place at UQ. With the exception of one of these 30 candidates the standardised score was less than the mean (75). Overall, the minimum standardised score for a candidate offered a place was 57.6 and this candidate was offered at UQ. All other offered candidates had standardised scores greater than 60.

## Recommendations

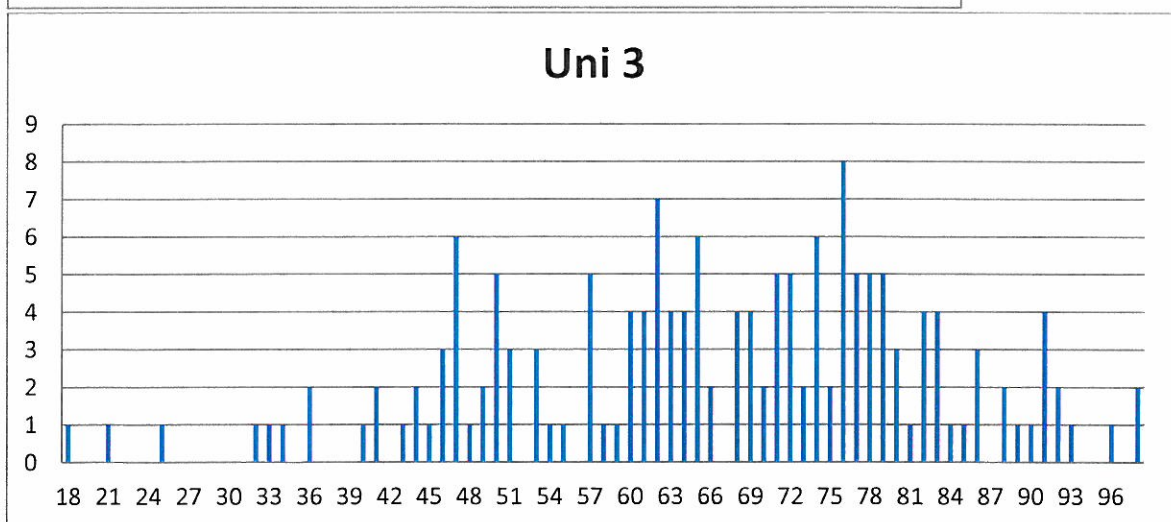
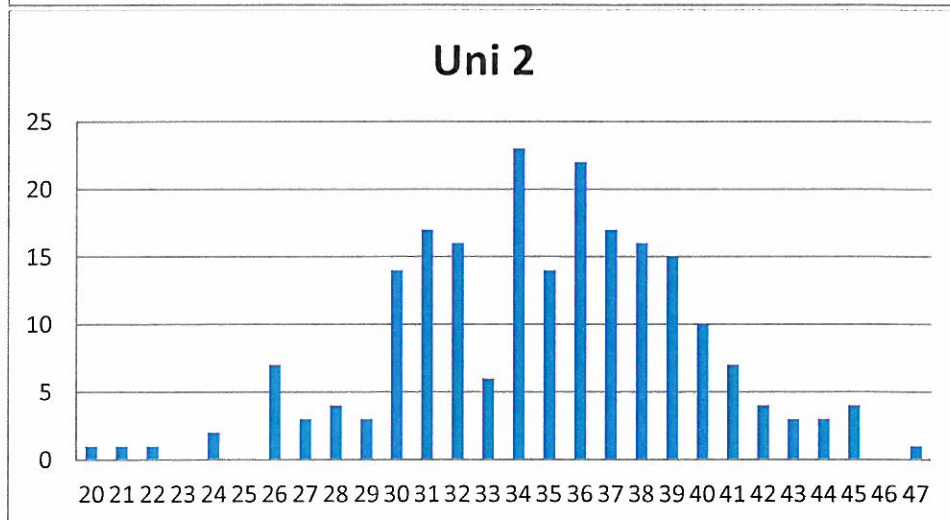
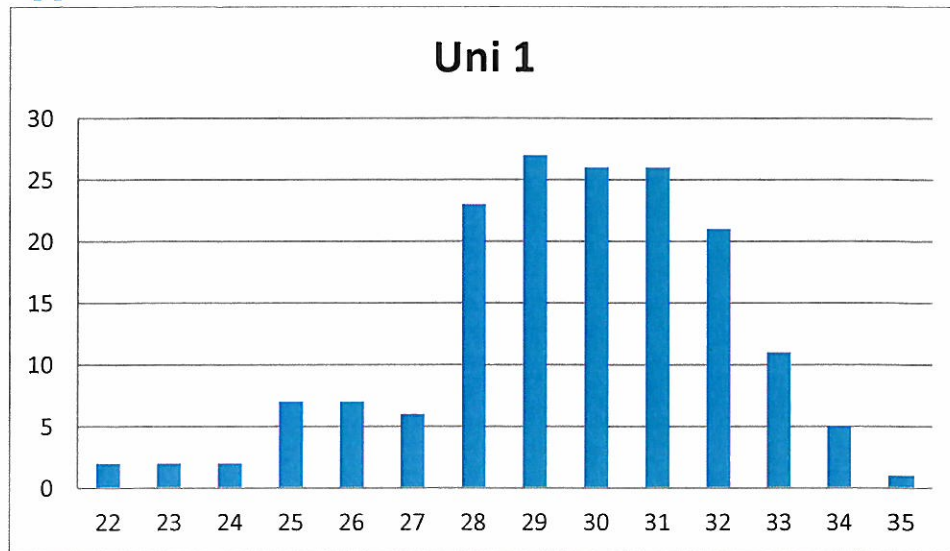
1. In the 'denormalisation' process any score which converts to a score on another scale which puts it above the maximum for the second school, should be set at the maximum score for that school. Indications from this year are that this will have no practical effect in the offer process.
2. The process of standardising interview scores should be referred to as 'standardisation' not 'normalisation'. The latter term has quite a different meaning from what actually occurs in the GEMSAS process. If necessary an alternative term should be devised, but calling these scores 'normalised' scores is incorrect.
3. When the interview scores are first entered into the system and standardised to a mean of 75 and standard deviation of 5, any standardised score less than 60 should be eliminated from the set of scores. When this has been done the standardisation process should be run a second time and the scores which result from this will be the final set. This would entail recalculating the mean and standard deviation for each school then using the revised values to calculate z-scores and final standardised scores. This eliminates the effect of extremely low scores. Experience suggests that the few people involved will not be made an offer at a school requiring an interview. However these candidates may still be competitive at UQ and should remain in the system for this reason.

## Acknowledgments

Thanks to Catherine Wills for organising data for this report, to Dianne Keene from QTAC for supplying the data and to Associate Professor Steve Farish from the University of Melbourne for reviewing the report.

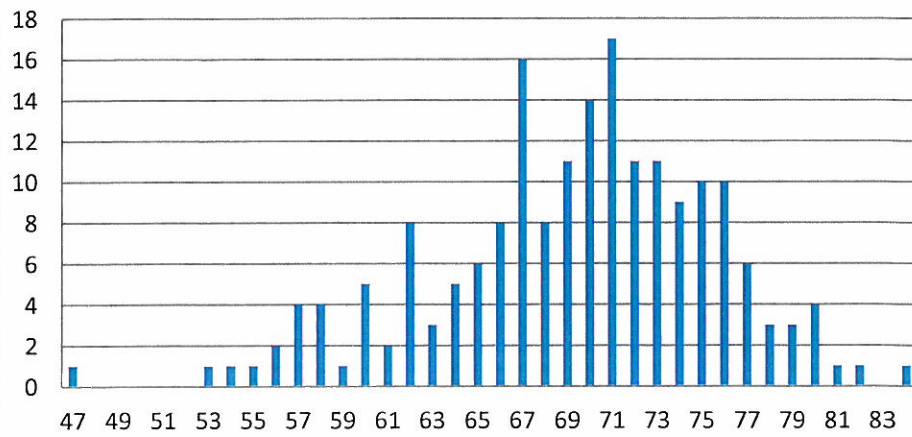
Annette Mercer  
March 6, 2012

## Appendix A – Raw score distributions for each school

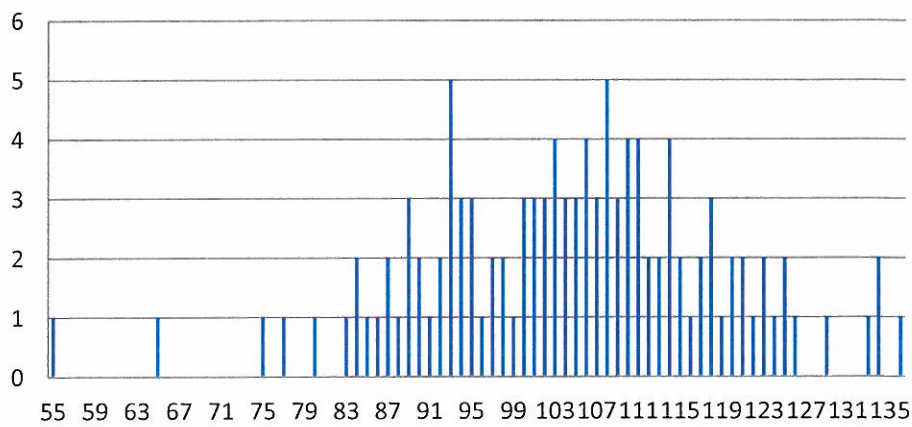




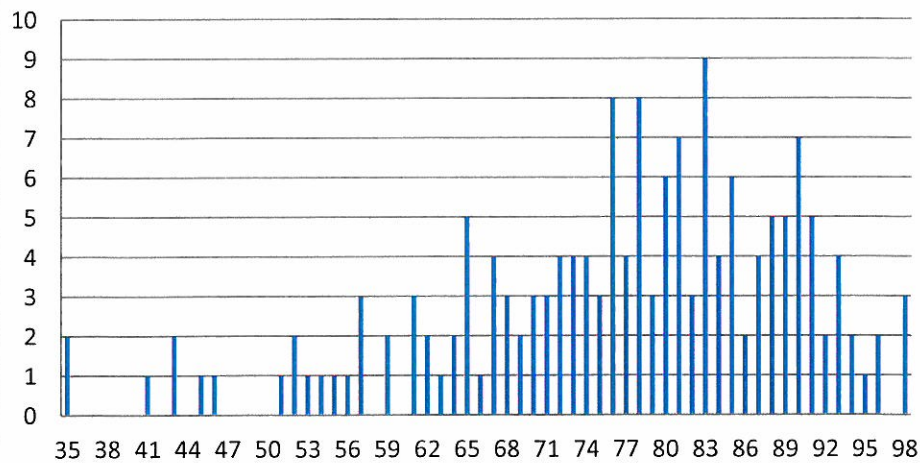
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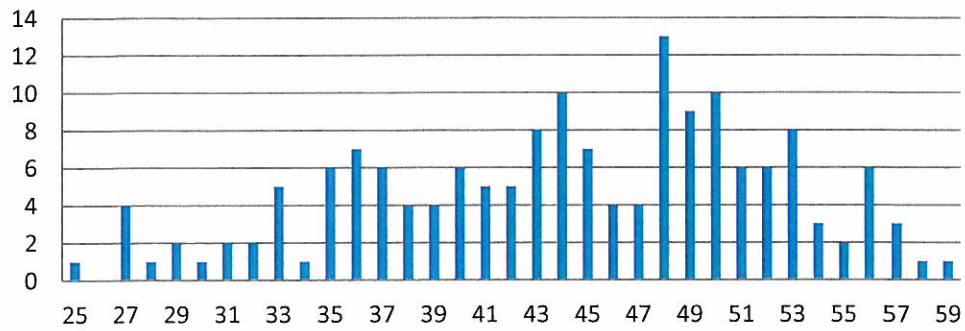
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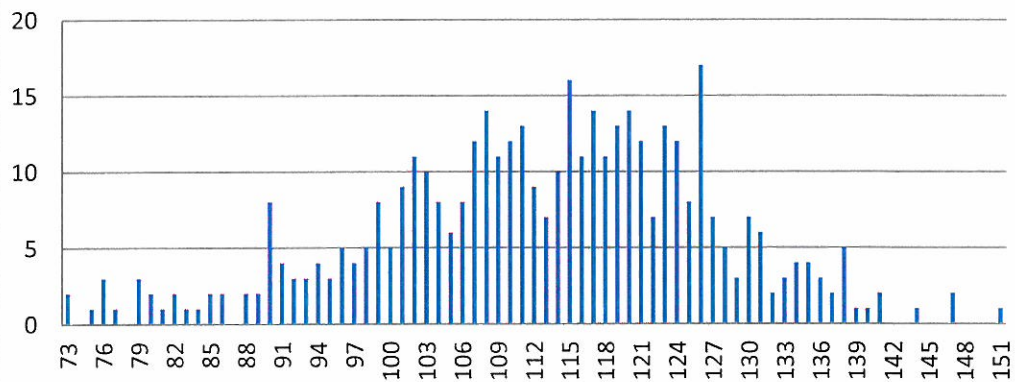
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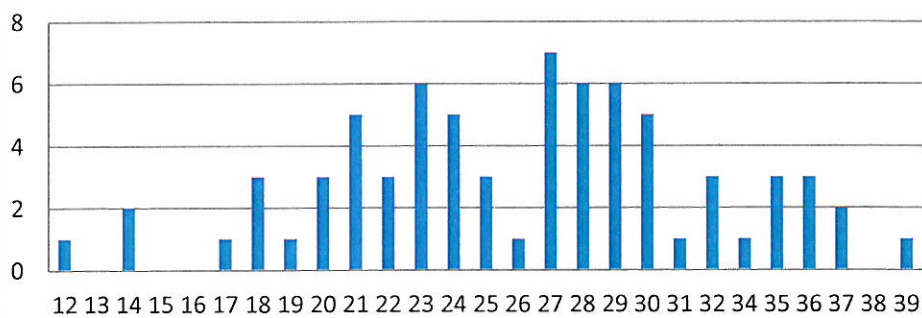
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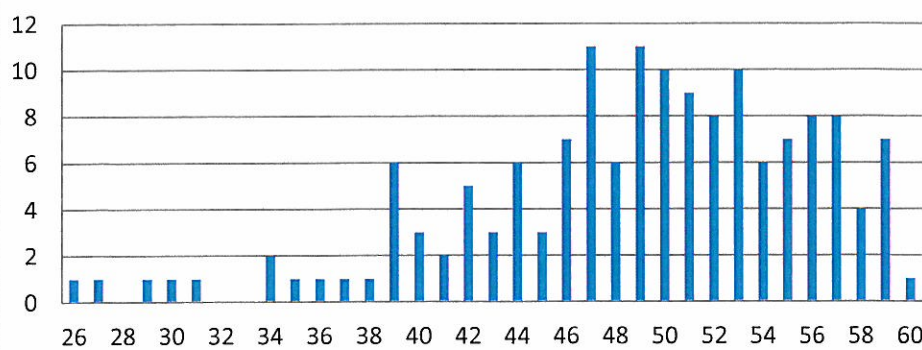
### Uni 8



### Uni 9



### Uni 10



## **Attachment E**

### ***Terms of Reference for the GAMSAT Selection Appeals Committee***

#### ***Preamble***

The Graduate Entry Medical School Admissions System (GEMSAS) is a national computer admissions system managing applications and selection for entry to the medical schools that are members of the Graduate Australian Medical Schools Admissions Test (GAMSAT) Consortium.

GEMSAS is an initiative of the Graduate Australian Medical School Admissions Test (GAMSAT) Board and has been designed to provide a transparent, fair and equitable admissions process for all applicants.

Operationally GEMSAS is governed by an Advisory Group, the membership of which is drawn from a GAMSAT Board sub-committee; the GAMSAT Policy Committee. GEMSAS is contracted to the Queensland Tertiary Admissions Centre (QTAC). Operational support is provided by GEMSAS Project Officers.

The GAMSAT Selection Appeals Committee has been established to provide a transparent process for resolving appeals by GEMSAS applicants who believe that there have been procedural errors in the processing of their application which have not been resolved by prior communication with GEMSAS administrative staff.

#### ***Terms of Reference***

The GAMSAT Selection Appeals Committee will hear appeals from GAMSAT Consortium medical school applicants against decisions taken by GEMSAS administrative staff; the Queensland Tertiary Admissions Centre (QTAC) and the GEMSAS Project Officers. Appeals are permitted on procedural and equity grounds only. The Appeals Committee will not hear appeals against decisions taken by individual medical schools.

Applicants wishing to lodge an appeal will be required to provide all relevant documentation to the Appeals Committee within one week of notification of the date of the appeal. GEMSAS administrative staff will also provide all relevant documentation in a timely fashion prior to the scheduled appeals hearing.

The GAMSAT Selection Appeals Committee will meet within two weeks of receipt of an appeal. Hearings will be conducted by email or teleconference (to be determined by the Chair in each instance).

All use of files or documentation will be consistent with the GAMSAT Consortium's obligations under the Privacy Act. Where there is a conflict, the Privacy Act will prevail.

The Committee may seek additional information at its discretion and it may interview the applicant and/or any relevant administrative staff.

In its consideration of an appeal, the GAMSAT Selection Appeal Committee shall:

- a. offer the applicant an opportunity to present a case in writing
- b. advise the applicant of the GAMSAT Selection Appeals Committee procedures and deadlines;



- c. request GEMSAS administrative staff to provide pertinent information in writing;
- d. maintain a written record of the evidence presented and its decision;
- e. advise the applicant and GEMSAS administrative staff of its decision within one week of the conclusion of the appeal hearing.

All recipients of information provided for the appeal will be required to maintain strict confidentiality

### ***Membership***

The membership of the GEMSAS Appeals Committee consists of:

- Chair of the GAMSAT Policy Committee
- Chair of the GEMSAS Advisory Group (if different from the Chair of the GAMSAT Policy Committee)
- At least three members of the GAMSAT Policy Committee, including at least one Operations Working Group representative.

Secretariat services for the GEMSAS Appeals Committee will be provided by the GEMSAS project officers.

## **Attachment F**

### **AAMC Table 1: US Medical School Applications and Matriculants by School, State of Legal Residence, and Sex, 2013**

**Table 1: U.S. Medical School Applications and Matriculants by School, State of Legal Residence, and Sex, 2013**

The number of 2013 applications and matriculants by U.S. medical schools, showing the percent of in state, out of state, women, and men, are displayed below. Please e-mail us at [datarequest@aamc.org](mailto:datarequest@aamc.org) if you need further assistance or have additional inquiries.

Applications by School, 2013		Applications	Applications						Matriculants	Matriculants					
State	Medical School		by In-State Status			by Sex*			Matriculants	by In-State Status			by Sex*		
			In State	Out of State	%	Women	Men	%		In State	Out of State	%	Women	Men	%
AL	Alabama	2,866	16.2	83.8		43.5	56.5		185	84.9	15.1	42.7	57.3		
AR	South Alabama	1,417	29.9	70.1		45.7	54.3		74	90.5	9.5	36.5	63.5		
	Arkansas	2,322	13.6	86.4		40.7	59.3		171	90.1	9.9	30.4	69.6		
	Arizona	4,199	19.0	81.0		43.4	56.6		115	79.1	20.9	53.9	46.1		
	Arizona Phoenix	3,626	20.4	79.6		42.1	57.9		80	70.0	30.0	53.8	46.3		
CA	Loma Linda	5,677	40.6	59.4		44.0	56.0		168	39.3	60.7	40.5	59.5		
	Southern Cal-Keck	7,752	51.7	48.3		44.5	55.5		184	78.8	21.2	47.8	52.2		
	Stanford	7,341	36.5	63.5		42.2	57.8		102	36.3	63.7	46.1	53.9		
	UC Davis	5,901	71.5	28.5		47.3	52.7		104	97.1	2.9	53.8	46.2		
	UC Irvine	5,773	76.2	23.8		45.3	54.7		104	90.4	9.6	58.7	41.3		
	UC Riverside	2,373	74.3	25.7		45.5	54.5		50	100.0	0.0	52.0	48.0		
	UC San Diego	6,693	61.7	38.3		44.3	55.7		125	84.0	16.0	48.0	52.0		
	UC San Francisco <sup>1</sup>	7,366	49.0	51.0		45.5	54.5		165	82.4	17.6	56.4	43.6		
CO	UCLA Drew	1,777	68.2	31.8		51.3	48.7		24	79.2	20.8	45.8	54.2		
	UCLA-Geffen <sup>2</sup>	8,107	62.0	38.0		45.7	54.3		151	89.4	10.6	44.4	55.6		
	Colorado	5,995	11.5	88.5		43.0	57.0		160	70.6	29.4	49.4	50.6		
	Connecticut	2,729	17.1	82.9		48.4	51.6		90	88.9	11.1	46.7	53.3		
DC	Quinnipiac-Netter	1,882	13.9	86.1		49.1	50.8		60	25.0	75.0	50.0	50.0		
	Yale	5,272	3.8	96.2		43.1	56.9		100	3.0	97.0	50.0	50.0		
	George Washington	13,683	0.5	99.5		49.2	50.8		177	2.3	97.7	54.8	45.2		
	Georgetown	12,250	0.6	99.4		47.2	52.8		197	4.6	95.4	52.3	47.7		
FL	Howard	6,914	0.6	99.4		54.2	45.8		118	3.4	96.6	46.6	53.4		
	Central Florida	3,843	51.9	48.1		47.5	52.5		119	73.1	26.9	50.4	49.6		
	FIU-Wertheim	3,857	48.2	51.8		47.9	52.1		122	78.7	21.3	42.6	57.4		
	Florida	3,333	60.1	39.9		45.6	54.4		133	91.0	9.0	46.6	53.4		
	Florida Atlantic-Schmidt	3,066	59.2	40.8		47.0	53.0		63	81.0	19.0	54.0	46.0		
	Florida State	4,679	46.2	53.8		48.3	51.7		120	95.8	4.2	55.0	45.0		
	Miami-Miller	7,128	27.1	72.9		44.1	55.9		198	53.0	47.0	49.5	50.5		
	USF-Morsani	3,798	55.1	44.9		46.6	53.4		177	75.7	24.3	48.0	52.0		
GA	Emory	6,851	10.0	90.0		47.9	52.1		136	36.8	63.2	50.7	49.3		
	GRU MC Georgia	2,741	44.4	55.6		50.0	50.0		230	93.5	6.5	44.3	55.7		
	Mercer	1,013	99.8	0.2		49.7	50.3		105	100.0	0.0	43.8	56.2		
	Morehouse	4,767	13.3	86.7		54.4	45.6		70	82.9	17.1	61.4	38.6		
HI	Hawaii-Burns	1,880	11.4	88.6		43.7	56.3		66	83.3	16.7	60.6	39.4		
IA	Iowa-Carver	3,564	9.7	90.3		40.4	59.6		152	63.2	36.8	36.2	63.8		
	Chicago Med Franklin	12,326	12.0	88.0		48.0	52.0		190	55.3	44.7	47.9	52.1		



**Table 1: U.S. Medical School Applications and Matriculants by School, State of Legal Residence, and Sex, 2013**

The number of 2013 applications and matriculants by U.S. medical schools, showing the percent of in state, out of state, women, and men, are displayed below. Please e-mail us at [datarequest@aamc.org](mailto:datarequest@aamc.org) if you need further assistance or have additional inquiries.

State	Medical School	Applications	Applications				Matriculants			
			by In-State Status		by Sex*		by In-State Status		by Sex*	
			In State	Out of State	Women	Men	In State	Out of State	Women	Men
			%	%	%	%	%	%	%	%
IL	Chicago-Pritzker	5,670	13.3	86.7	44.0	56.0	21.6	78.4	43.2	56.8
	Illinois	7,609	24.3	75.7	47.3	52.7	78.3	21.7	45.9	54.1
	Loyola-Stritch	9,524	16.3	83.7	47.2	52.8	49.7	50.3	49.0	51.0
	Northwestern-Feinberg	7,762	12.5	87.5	44.4	55.6	13.1	86.9	40.5	59.5
	Rush	8,532	18.2	81.8	47.0	53.0	37.5	62.5	53.9	46.1
KS	Southern Illinois	1,240	96.2	3.8	46.2	53.8	100.0	0.0	45.1	54.9
	Indiana	4,715	16.0	84.0	42.1	57.9	84.3	15.7	44.5	55.5
	Kansas	2,899	17.9	82.1	43.1	56.9	91.5	8.5	43.1	56.9
	Kentucky	2,271	19.2	80.8	40.5	59.5	65.4	34.6	40.4	59.6
	Louisville	3,225	13.6	86.4	41.4	58.6	74.8	25.2	40.3	59.7
LA	LSU New Orleans	3,004	23.6	76.4	45.6	54.4	92.3	7.7	35.1	64.9
	LSU Shreveport	1,042	59.2	40.8	44.1	55.9	98.3	1.7	46.1	53.9
	Tulane	10,139	4.3	95.7	47.5	52.5	13.2	86.8	50.0	50.0
	Boston	11,702	8.0	92.0	48.4	51.6	21.2	78.8	51.5	48.5
	Harvard	7,139	7.2	92.8	42.1	57.9	8.4	91.6	54.5	45.5
MD	Massachusetts	1,172	85.8	14.2	50.7	49.3	97.6	2.4	56.0	44.0
	Tufts	10,240	9.3	90.7	48.8	51.2	24.5	75.5	53.9	46.1
	Johns Hopkins	6,322	6.5	93.5	42.5	57.5	12.1	87.9	51.7	48.3
	Maryland	4,931	17.6	82.4	48.3	51.7	71.8	28.2	63.2	36.8
	Uniformed Services-Hebert	2,778	6.4	93.6	35.1	64.9	8.8	91.2	32.9	67.1
MI	Central Michigan	2,704	41.5	58.5	46.2	53.8	89.1	10.9	56.3	43.8
	Michigan	5,441	21.4	78.6	43.1	56.9	47.4	52.6	50.3	49.7
	Michigan State	6,384	24.7	75.3	45.9	54.1	87.1	12.9	56.2	43.8
	Oakland Beaumont	3,631	36.8	63.2	45.5	54.5	47.0	53.0	46.0	54.0
	Wayne State	4,952	32.6	67.4	44.1	55.8	81.0	19.0	46.6	53.4
MN	Mayo	4,795	8.5	91.5	41.3	58.7	24.5	75.5	40.8	59.2
	Minnesota	4,482	18.8	81.2	44.5	55.4	84.8	15.2	44.3	55.7
	Missouri Columbia	1,497	32.0	68.0	43.8	56.1	77.1	22.9	44.8	55.2
	Missouri Kansas City <sup>3</sup>	992	15.2	84.8	40.8	59.1	51.9	48.1	43.4	56.6
	Saint Louis	6,637	6.5	93.5	42.2	57.8	20.9	79.1	50.3	49.7
MS	Washington U St Louis	4,395	3.7	96.3	41.5	58.5	13.1	86.9	50.8	49.2
	Mississippi	355	100.0	0.0	42.3	57.7	100.0	0.0	35.4	64.6
	Duke	4,962	7.0	93.0	43.7	56.3	13.3	86.7	48.7	51.3
	East Carolina-Brody	884	100.0	0.0	46.5	53.5	100.0	0.0	48.8	51.3
	North Carolina	5,154	17.8	82.2	47.0	53.0	85.0	15.0	52.8	47.2
ND	Wake Forest	7,432	10.2	89.8	45.0	55.0	45.0	55.0	50.8	49.2
	North Dakota	1,226	9.0	91.0	42.2	57.8	72.1	27.9	45.6	54.4



**Table 1: U.S. Medical School Applications and Matriculants by School, State of Legal Residence, and Sex, 2013**

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Applications by School, 2013		Applications	Applications						Matriculants						
State	Medical School		by In-State Status			by Sex*			Matriculants	by In-State Status			by Sex*		
			In State %	Out of State %	Women %	Men %	In State %	Out of State %		Women %	Men %				
NE	Creighton	6,955	2.3	97.7	42.3	57.7	152	10.5	89.5	49.3	50.7				
NH	Nebraska	1,568	17.7	82.3	39.8	60.2	124	83.9	16.1	34.7	65.3				
	Dartmouth-Geisel	4,946	1.5	98.5	45.6	54.4	85	1.2	98.8	61.2	38.8				
NJ	Cooper Rowan	3,671	27.5	72.5	48.7	51.3	64	65.6	34.4	54.7	45.3				
NM	Rutgers New Jersey	3,624	41.4	58.6	50.0	50.0	178	100.0	0.0	41.0	59.0				
	Rutgers-RW Johnson	3,366	42.3	57.7	49.3	50.6	134	97.8	2.2	54.5	45.5				
NV	New Mexico	1,129	26.1	73.9	45.0	54.9	103	96.1	3.9	48.5	51.5				
NY	Nevada	975	22.8	77.2	40.3	59.7	68	83.8	16.2	47.1	52.9				
	Albany	9,098	19.3	80.7	46.0	54.0	134	32.1	67.9	47.8	52.2				
	Buffalo	4,090	47.2	52.8	45.7	54.3	144	81.9	18.1	50.7	49.3				
	Columbia	7,775	15.4	84.6	44.7	55.3	168	23.2	76.8	51.2	48.8				
	Cornell-Weill	6,298	19.2	80.8	44.9	55.1	101	39.6	60.4	42.6	57.4				
	Hofstra North Shore-LIJ	5,585	30.5	69.5	48.6	51.4	80	51.3	48.8	46.3	53.8				
	Mount Sinai-Icahn	6,750	20.7	79.3	47.6	52.4	140	25.0	75.0	47.9	52.1				
	New York Medical	11,872	17.1	82.9	46.9	53.1	200	34.0	66.0	46.5	53.5				
	New York University	8,835	17.2	82.8	46.3	53.7	159	30.2	69.8	46.5	53.5				
	Rochester	6,036	22.8	77.2	46.1	53.9	102	36.3	63.7	52.9	47.1				
	SUNY Downstate	5,471	43.4	56.6	48.7	51.3	188	80.3	19.7	41.5	58.5				
	SUNY Upstate	4,817	43.2	56.8	48.8	51.2	165	90.9	9.1	46.7	53.3				
	Stony Brook	5,196	44.8	55.2	47.5	52.5	124	78.2	21.8	47.6	52.4				
	Yeshiva Einstein	8,415	20.4	79.6	45.5	54.5	183	42.1	57.9	45.9	54.1				
OH	Case Western Reserve	5,947	13.6	86.4	41.8	58.2	197	23.4	76.6	44.2	55.8				
	Cincinnati	5,225	22.7	77.3	42.8	57.2	173	60.1	39.9	48.0	52.0				
	Northeast Ohio	2,549	39.1	60.9	44.8	55.2	149	98.0	2.0	39.6	60.4				
	Ohio State	5,651	20.3	79.7	40.1	59.9	188	54.8	45.2	44.7	55.3				
	Toledo	4,245	27.3	72.7	40.6	59.4	175	69.7	30.3	46.3	53.7				
	Wright State-Boonshoft	4,327	26.8	73.2	44.7	55.3	104	86.5	13.5	53.8	46.2				
OK	Oklahoma	1,691	21.2	78.8	42.3	57.7	165	89.7	10.3	42.4	57.6				
OR	Oregon	5,137	8.7	91.3	45.6	54.4	132	75.8	24.2	50.8	49.2				
PA	Commonwealth	5,002	16.2	83.8	47.4	52.6	101	73.3	26.7	45.5	54.5				
	Drexel	13,604	9.1	90.9	47.5	52.4	261	32.6	67.4	50.6	49.4				
	Jefferson	10,118	11.7	88.3	47.0	53.0	260	40.4	59.6	50.4	49.6				
	Penn State	7,353	16.1	83.9	46.0	54.0	149	47.0	53.0	40.3	59.7				
	Pennsylvania-Perelman	5,740	10.1	89.9	44.1	55.9	168	19.0	81.0	45.8	54.2				
	Pittsburgh	4,988	14.7	85.3	43.0	57.0	162	26.5	73.5	41.4	58.6				
PR	Temple	10,815	11.7	88.3	47.6	52.4	215	61.9	38.1	43.3	56.7				
	Caribe	1,009	43.3	56.7	48.3	51.7	65	81.5	18.5	44.6	55.4				

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State	Medical School	Applications			Applications			Applications			Matriculants			Matriculants		
		by In-State Status			by In-State Status			by In-State Status			by In-State Status			by In-State Status		
		In State	Out of State	%	In State	Out of State	%	In State	Out of State	%	In State	Out of State	%	In State	Out of State	%
PR	Ponce	1,314	34.5	65.5	49.0	51.0	69	78.3	21.7	55.1	44.9					
	Puerto Rico	946	39.5	60.5	49.4	50.6	110	98.2	1.8	52.7	47.3					
	San Juan Bautista	918	26.5	73.5	47.9	52.1	64	68.8	31.3	51.6	48.4					
	Brown-Alpert	6,191	1.2	98.8	50.8	49.2	120	9.2	90.8	52.5	47.5					
	MU South Carolina	3,558	16.1	83.9	47.0	53.0	176	87.5	12.5	40.3	59.7					
SC	South Carolina	3,011	16.2	83.8	45.7	54.3	94	79.8	20.2	39.4	60.6					
	South Carolina Greenville	2,242	21.7	78.3	47.3	52.7	54	75.9	24.1	61.1	38.9					
	South Dakota-Sanford	455	26.4	73.6	38.7	61.3	58	82.8	17.2	39.7	60.3					
	East Tennessee-Quillen	1,995	30.5	69.5	45.1	54.9	72	94.4	5.6	50.0	50.0					
	Meharry	5,473	4.7	95.3	54.4	45.6	105	14.3	85.7	57.1	42.9					
TN	Tennessee	1,628	42.7	57.3	43.6	56.4	166	89.8	10.2	44.0	56.0					
	Vanderbilt	5,830	6.0	94.0	43.0	57.0	96	9.4	90.6	42.7	57.3					
	Baylor	6,618	25.0	75.0	44.0	56.0	186	74.7	25.3	47.8	52.2					
	Texas A & M	3,856	80.7	19.3	45.0	55.0	199	95.5	4.5	53.8	46.2					
	Texas Tech	3,577	83.2	16.8	43.7	56.3	151	90.1	9.9	44.4	55.6					
TX	Texas Tech-Foster	3,104	85.5	14.5	44.8	55.2	100	98.0	2.0	35.0	65.0					
	UT HSC San Antonio	4,187	78.5	21.5	44.7	55.3	212	89.2	10.8	50.9	49.1					
	UT Houston	4,393	76.7	23.3	45.3	54.7	240	90.8	9.2	44.6	55.4					
	UT Medical Branch	4,185	79.4	20.6	45.2	54.8	230	92.2	7.8	43.0	57.0					
	UT Southwestern	4,149	75.5	24.5	44.5	55.5	228	85.1	14.9	39.5	60.5					
UT	Utah	1,535	31.0	69.0	35.2	64.8	102	77.5	22.5	51.0	49.0					
VA	Eastern Virginia	5,803	16.1	83.9	46.2	53.8	146	50.0	50.0	45.2	54.8					
	Virginia	4,709	17.6	82.4	45.0	55.0	161	52.2	47.8	41.6	58.4					
	Virginia Commonwealth	7,165	13.9	86.1	45.3	54.7	210	50.5	49.5	47.6	52.4					
	Virginia Tech Carilion	2,873	20.9	79.1	42.7	57.3	42	38.1	61.9	42.9	57.1					
	Vermont	5,346	1.6	98.4	46.5	53.4	114	29.8	70.2	49.1	50.9					
WA	U Washington	6,015	13.6	86.4	45.3	54.7	235	51.1	48.9	56.2	43.8					
	MC Wisconsin	7,056	10.7	89.3	42.7	57.3	209	49.8	50.2	48.3	51.7					
	Wisconsin	5,045	15.6	84.4	43.7	56.3	175	75.4	24.6	47.4	52.6					
	Marshall-Edwards	1,548	10.5	89.5	43.3	56.7	75	70.7	29.3	41.3	58.7					
	West Virginia	3,083	7.5	92.5	41.9	58.1	110	67.3	32.7	49.1	50.9					
<b>Totals</b>		<b>690,281<sup>4</sup></b>	<b>23.7</b>	<b>76.3</b>	<b>45.7</b>	<b>54.3</b>	<b>20,055</b>	<b>62</b>	<b>38</b>	<b>47.2</b>	<b>52.8</b>					

1. 165 matriculants include 16 to UC Berkeley/UCSF joint program.  
2. 151 matriculants include no matriculants from UCR - Haider and UCLA PRIME.  
3. Special six year undergraduate/MD program at UMKC.  
4. 690,281 is the number of applications from 48,014 applicants, an average of 14 applications per applicant.  
\* Four applicants in 2013, who declined to report gender, are not reflected.