JOINT MEETING

OF

COUNCIL OF DEANS

COUNCIL OF ACADEMIC SOCIETIES

Friday, February 4, 1972
Palmer House Hotel
Chicago, Illinois

9:00 am - 12:30 pm
Monroe Ballroom

SELECTION PROCESSES FOR MEDICINE:
ARE CURRENT POLICIES RATIONAL?

CURRENT CONCEPTS OF A THREE-YEAR CURRICULA

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

One Dupont Circle

Washington, D.C.

SELECTION PROCESSES FOR MEDICINE: ARE CURRENT POLICIES RATIONAL?

Moderator: Dr. Paul A. Marks

Discussant: Dr. Sam L. Clark, Jr.

Panelists: Mr. Martin S. Begun
Dr. Paul R. Elliott
Dr. Roy K. Jarecky
Mr. Mark L. Rosenberg
Dr. Harold J. Simon

PROLOGUE

Associate deans and committees on admissions stand guard over the threshold to medicine. They are being pressed increasingly from every side; by ever-increasing numbers of applicants, by minority groups, by those who see admissions as the key to correcting the maldistribution of doctors, by politicians promoting individual constituents, by their own faculty colleagues with individual axes to grind. These pressures tend to be not just competitive, but mutually exclusive; preferential selection from minority groups becomes racial discrimination in reverse; lawsuits by disappointed applicants may force selection committees toward more exclusive use of objective criteria--a process that will intensify the degree to which medical school classes fail to represent the breadth of American society.

What should be the goals of the selection process? Should we continue to select only those for whom the academic challenge of medical school is only a little more of what they are already highly adapted to? Should we select humane, sensitive, warm and generous individuals? How? Lacking a definition of a "good doctor", can we rationally select at all? Or should the selection process be abandoned altogether for "open admission" followed by periodic weeding out?

Neither the pressures nor the goals nor the alternatives generally proposed seem rational. Can the selection of people to enter medical school be made rational? Perhaps not. The purpose of this discussion will be to explore the implications of these questions.

Sam L. Clark, Jr., M.D.
Chairman, Dept. of Anatomy
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Division of Student Affairs

Estimated Increase in Undergraduate Students Describing Themselves As "Premedical"

We have attempted to ascertain whether or not there has been a substantial increase in the number of undergraduates describing themselves as premedical by comparing 1970-71 enrollment estimates with those for 1971-72.

Questionnaire Results

Two hundred seventy colleges and universities were contacted. Of the 115 institutions responding, about 60 provided usable data. Securing a clean count is difficult for a variety of reasons. A number of schools keep no tally of premedical students at all, a few record only those students who actually apply to medical school, while others either have no premedical major as such or are organized in a manner that does not allow for easy identification of those students in a particular professional preparation course sequence. Most premedical advisors did comment that they thought there were more premedical freshmen this academic year as compared to last and estimated the enlargement at 15% to 20%. The reasons provided to explain the increase included publicity related to the purported physician shortage, lack of jobs in the "hard" sciences, and the student's view of medicine as a service profession allowing for individual expression.

The data presented below is an approximation and should be utilized cautiously at best. As of December 16, 1971, schools with usable data reported an increase in premedical students as follows:

Class	Percent Increase 1970-71 to 1971-72
Freshmen	17
Seniors	16
All Four Years	20

A slight increase in minority students and at some universities a substantial increase in female premedical students seems also to have occurred.

American Council on Education Data

The American Council on Education's Office of Research reports that 17% more undergraduate freshmen identified themselves as potentially premedical or predental students in the fall of 1970 than in 1969. Another way to express this increase is to note that in 1969 3.3% of the total freshmen class described themselves as premedical or predental, whereas in 1970 3.9% so identified themselves. By 1971 this percentage had risen to 4.4% which represents a premedical-predental group 14% larger than that for the previous year. The freshmen premedical student gain of 17% derived from the questionnaire survey is thus only three percentage points different from that estimated in the ACE reports.*

Comparison Graph

The graph appended to this report pictures the increase in the number of freshmen describing themselves as premedical or predental over a period of five years during which the over-all number of college freshmen appears to be levelling off. The number of medical school applicants has also steadily increased during the past few years. Even though fewer freshmen identified themselves as premedical in 1968 and 1969, it appears that the number of applicants for the classes entering 1972 and 1973 will not decrease. As noted above, a lack of employment opportunities in the natural sciences and engineering, the publicized need for physicians, and the attractiveness of medicine as a profession have boosted the number of applicants. However, it should also be kept in mind that the rejection of thousands of applicants each year may dampen the enthusiasm of students for medicine and result in a sharp slump in the number of applicants. Many schools are already suggesting that applicants with GPAs below 3 have little chance for success. Thus, the upward curves on the graph should not be taken literally since there are many factors, as yet unclear or unidentified, that soon may produce changes in the current directions of the plots.

*National Norms for Entering College Freshmen - Fall 1971, 1970, 1969. American Council on Education, (1971 report in press), Vol. 5, No. 6, 1970; Vol. 4, No. 7, 1969.

January 7, 1972

Comparison of Numbers of Entering Freshmen, Freshmen Identifying Themselves as Premedical or Predental, and Applicants to Medical School, 1966-1971

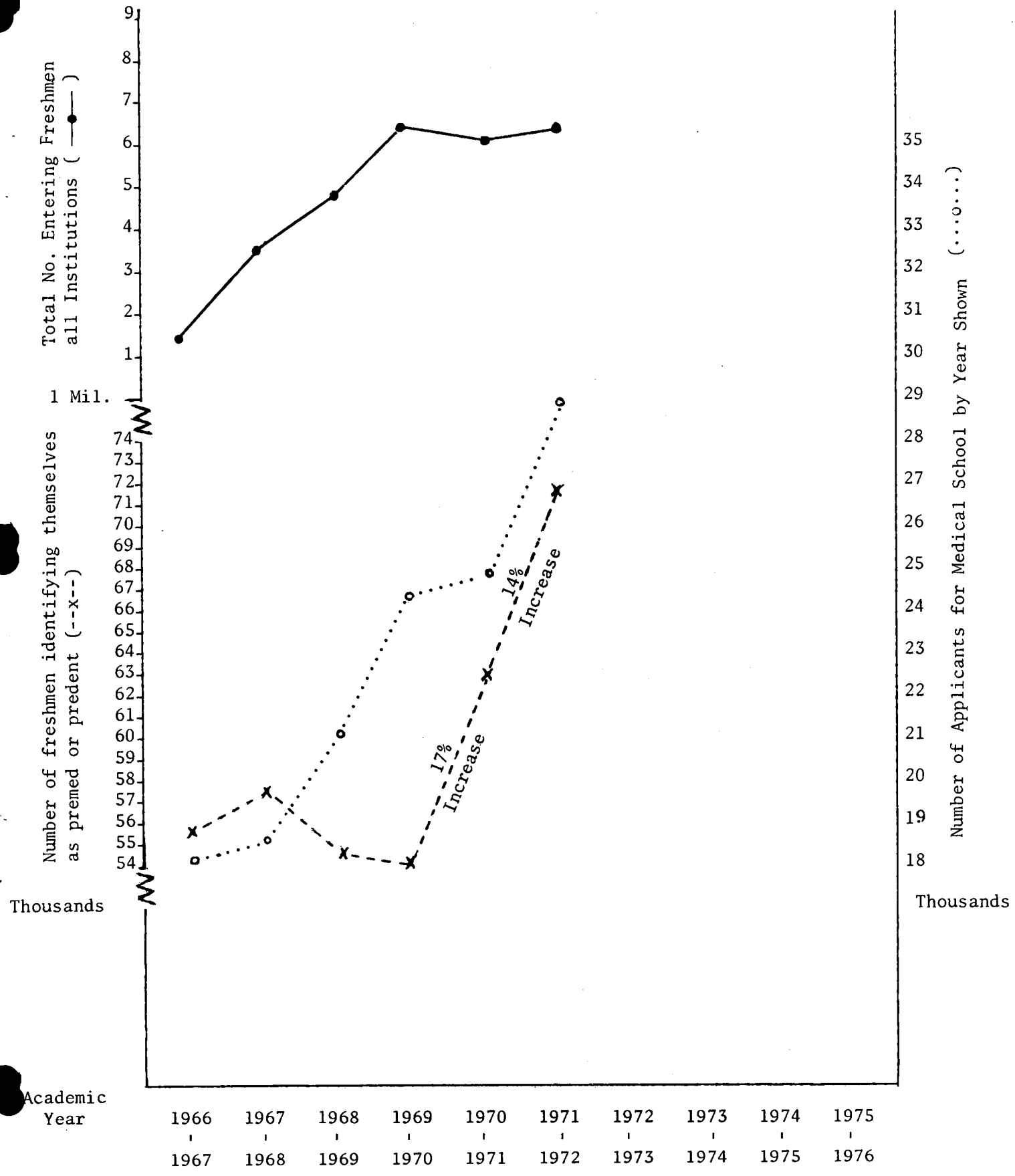


TABLE 1

Trends in Characteristics of MCAT Examinee Population 1965-71

The following table shows the percentages of examinees in various categories for each of the years 1965 through 1971.

Characteristic	Percentages of Examinees						
	1965	1966	1967	1968	1969	1970	1971
SEX:							
Male	90	89	89	89	88	86	84
Female	10	11	11	11	12	14	16
COLLEGE STATUS:							
Sophomore	4	5	4	4	4	3	3
Junior	43	44	46	45	44	44	39
Senior	36	35	34	35	35	30	30
College Graduate	17	15	16	15	17	22	27
UNDERGRADUATE MAJOR:							
Biological Sciences	43	45	46	48	48	49	48
Humanities, languages, the arts	7	6	6	6	5	5	4
Physical sciences and mathematics	17	17	18	18	18	25	23
Social Sciences	9	8	9	9	10	9	9
Premedical	18	17	15	12	12	6	5
Other	7	6	7	6	6	7	10

The number of examinees remained near 19,000 for the years 1962-65, then increased to 19,705 in 1966, 22,288 in 1967, 26,539 in 1968, 28,880 in 1969, 33,869 in 1970, and 45,324 in 1971.

SEX: There is a consistent increase in the percent of female examinees which is even more significant considering the major increase in total examinees thru the years.

COLLEGE STATUS: Note the rather sharp declines in percent of seniors in 1970 and percent of juniors in 1971 taking the test with the accompanying proportionate increases in percent of college graduates for each of these years. This suggests a significant increase among college graduates with an initial interest in medicine.

UNDERGRADUATE MAJOR: Outside of the substantial decrease in general premedical as a declared undergraduate major with a corresponding increase in the physical sciences and mathematics in 1970, there seems to be no other noteworthy change in this category.

Though the huge increase in MCAT examinations administered in 1971 is by no means accounted for by a corresponding increase in those retaking the test, the latter do account for substantial proportions of the total data presented in the previous table and is thus specified in more detail in Table 2.

TABLE 2

Comparison of Percentages of Non-Repeating and Repeating
MCAT Examinees for 1970 and 1971

1970 - Repeating examinees were 21% of total examinee group
1971 - Repeating examinees were 23.4% of total examinee group

Characteristic	Non-Repeating Examinees		Repeating Examinees	
	1970	1971	1970	1971
SEX:				
Male	86	83	89	86
Female	14	17	11	14
TOTAL	100	100	100	100
COLLEGE STATUS:				
Sophomore	4	4	0	0
Junior	53	49	10	8
Senior	25	24	51	51
College Graduates	18	22	40	42
TOTAL	100	99*	101*	101*
UNDERGRADUATE MAJOR:				
Biological Sciences	47	46	54	54
Humanities, languages, the arts	5	5	6	4
Physical sciences and mathematics	26	24	21	19
Social Sciences	9	9	8	9
Premedical	7	6	6	5
Other	7	10	5	9
TOTAL	101*	100	100	100

*Percentages may not add to 100 because of rounding.

SEX: Note here not only an increase of 3% new female examinees but also a similar increase among women repeating the test, perhaps reflecting their perception of improved chances of eventual admission.

COLLEGE STATUS: The nature of the admission time-table explains both the concentration of examinees among the juniors and beyond and also why the majority of repeaters are seniors and college graduates. As noted with Table 1, a sharp increase in new MCAT examinees is observed among college graduates.

UNDERGRADUATE MAJOR: The most persistent MCAT examinees tend to be those with majors in the biological and physical sciences as might be expected.

DATAGRAM (for February 1972)

U.S. Medical Student Enrollments
1968-1969 through 1971-1972

A higher than predicted first year enrollment* in the nation's 108 medical schools for the 1971-1972 academic year was achieved mainly by the continuing enlargement of entering classes in previously existing medical schools and the creation of freshman classes in six new medical schools.

An AAMC survey of 1971 fall enrollments showed that totals for the 1971-1972 entering class, the largest freshman class ever admitted, amounted to 12,361, an increase of 1,013, or 8.9 percent over 1970. This gain equals the percentage increase recorded in 1970 over 1969; but when the component parts of the whole class are analyzed, important differences become apparent. Members of minority segments, for instance, now claim 10.3 percent of the freshman class in comparison with 8.8 percent in 1970, 6.1 percent in 1969, and only 4.2 percent in 1968 (Figure 1).

Black Americans, the largest minority group, account for 881, or 7.1 percent, of the entering class students. Although this total falls somewhat short of the 1,000 black freshmen targeted for 1971 by an AAMC Task Force**, the consistent upward trend from 266 in 1968 to 881 in 1971 establishes a gain of 615, or 231.2 percent, since 1968 and reflects successful recruitment efforts (Figure 3). Admissions of non-U.S. blacks have been variable; 39 in 1968, 48 in 1969, 87 in 1970, and 57 in 1971 (Table 2).

*The total predicted first year enrollment for 1971 was 12,150. Expansion of First Year Enrollment: Medical Schools' Current Plans for Next Year's Entrants. Datagram. J. Med. Educ., 46:1004-1006, 1971.

**"Report of the Association of American Medical Colleges Task Force to the Inter-Association Committee on Expanding Educational Opportunities in Medicine for Blacks and Other Minority Students." Washington, D.C.: Association of American Medical Colleges, April 1970.

Other minority segments in first-year classes increased more slowly from 147 in 1968, 201 in 1969, and 301 in 1970 to 394 in 1971 (Figure 3). These totals are lower than those published previously+ because the entire first year class of the University of Puerto Rico School of Medicine at San Juan has been deleted from the minority counts in the AAMC study. Thus, only 40 students of Puerto Rican ethnic descent who reside in the continental United States entered a U.S. medical school in 1971. These 40 mainland Puerto Ricans, however, represent a gain of 48.2 percent over 1970. Mexican American freshmen achieved a 60.3 percent rise over 1970; and American Orientals increased by 13.2 percent, while a 100 percent gain was attained by the 22 first-year American Indians (Table 2).

Women medical students comprised 1,673, or 13.5 percent, of the 1971 freshman class, a gain of 417, or 33.2 percent, over 1970. This surpassed the dramatic increase of 32.5 percent in 1970 over 1969 and accomplished a startling rise of 786, or 88.6 percent, over 1968 (Table 1 and Figure 2). In contrast, the increase percentage over the previous year for men entrants declined from 6.5 percent in 1970 to 5.9 percent in 1971.

Women of minority groups are responsible for rather high percentages within their own groups: American Indian women - 8, or 36 percent; American black women - 200, or 23 percent; American Oriental women - 43, or 20 percent; non-U.S. women - 31, or 17 percent; and Mexican American women - 10, or 12 percent.

+U.S. Medical Student Enrollments, 1968 through 1970-1971. Datagram. J. Med. Educ., 46:96-97, 1971.

Respondents to the 1971 fall enrollment survey also reported a total of 43,399 medical students - comprising all groups and all years. This represents an increase of 3,161, or 7.9 percent, over 1970. Of this overall total, 4,690 (10.8 percent) are women, 2,056 (4.7 percent) are black Americans, 1,004 (2.3 percent) belong to other U.S. minority groups, and 514 (1.18 percent) come from foreign countries. In comparison with 1970, all of these groups showed significant increases with the exception of foreign students (Tables 3 and 4).

In summary, for both women and minority medical students larger increases in the 1971-72 first-year class were recorded than for either the first-year class as a whole or the entire medical school enrollment for the 1971-1972 academic year.

Office of Student Records

AAMC Division of Student Affairs

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

DIVISION OF STUDENT AFFAIRS

TABLE I

U.S. MEDICAL SCHOOL ENROLLMENTS - MEN AND WOMEN

TOTAL FIRST - YEAR CLASS*

	1968-1969 99 Schools		1969-1970 101 Schools		1970-1971 102 Schools		1971-1972 108 Schools		Increase	
	No.	%	No.	%	No.	%	No.	%	No.	%
MEN	8,976	91.0	9,474	90.9	10,092	88.9	10,688	86.5	596	5.9
WOMEN	887	9.0	948	9.1	1,256	11.1	1,673	13.5	417	33.2
TOTAL	9,863	100.0	10,422	100.0	11,348	100.0	12,361	100.0	1,013	8.9

*Including repeaters and those who re-entered

TABLE 2

ENROLLMENTS OF MAJOR MINORITY SEGMENTS AND FOREIGN STUDENTS

FIRST - YEAR CLASS

U.S. MINORITY GROUPS	1968-1969		1969-1970		1970-1971		1971-1972		Increase	
	No.	%	No.	%	No.	%	No.	%	No.	%
Black Americans	266	2.70	440	4.22	697	6.14	881	7.12	184	26.4
American Indians	3	.03	7	.07	11	.10	22	.18	11	100.0
Mexican Americans	20	.20	44	.42	73	.64	117	.95	44	60.3
American Orientals	121	1.23	140	1.34	190	1.67	215	1.74	25	13.2
Puerto Ricans-Mainland	3	.03	10	.10	27	.24	40	.32	13	48.2
TOTAL	413	4.19	641	6.15	998	8.79	1,275	10.31	277	27.8
FOREIGN STUDENTS										
Non U.S. Blacks	39	.40	48	.46	87	.77	57	.46	-30	-34.5
Others	82	.83	109	1.05	126	1.11	128	1.04	2	1.6
TOTAL	121	1.23	157	1.51	213	1.88	185	1.50	-28	-13.2

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

DIVISION OF STUDENT AFFAIRS

TABLE 3

U.S. MEDICAL SCHOOL ENROLLMENTS - MEN AND WOMEN

TOTAL ENROLLMENT*

	1968-1969 99 Schools		1969-1970 101 Schools		1970-1971 102 Schools		1971-1972 108 Schools		Increase	
	No.	%	No.	%	No.	%	No.	%	No.	%
MEN	32,697	91.2	34,298	91.0	36,360	90.4	38,709	89.2	2,349	6.5
WOMEN	3,136	8.8	3,392	9.0	3,878	9.6	4,690	10.8	812	21.0
TOTAL	35,833	100.0	37,690	100.0	40,238	100.0	43,399	100.0	3,161	7.9

*Including repeaters and those who re-entered

TABLE 4

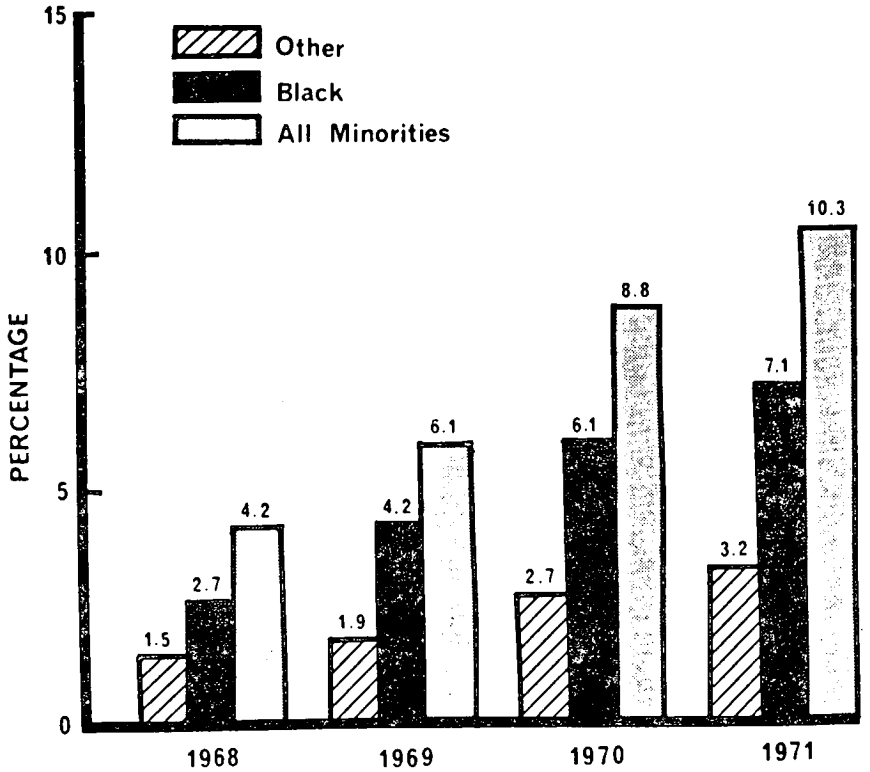
ENROLLMENTS OF MAJOR MINORITY SEGMENTS AND FOREIGN STUDENTS

TOTAL ENROLLMENT

U.S. MINORITY GROUPS	1968-1969		1969-1970		1970-1971		1971-1972		Increase	
	No.	%	No.	%	No.	%	No.	%	No.	%
Black Americans	783	2.19	1,042	2.76	1,509	3.75	2,056	4.74	547	36.3
American Indians	9	.03	18	.05	18	.04	35	.08	17	94.4
Mexican Americans	59	.16	92	.25	148	.37	247	.57	99	66.9
American Orientals	421	1.17	452	1.19	571	1.42	646	1.48	75	13.1
Puerto Ricans-Mainland	3	.01	26	.07	48	.12	76	.18	28	58.3
TOTAL	1,275	3.56	1,630	4.32	2,294	5.70	3,060	7.05	766	33.4
FOREIGN STUDENTS										
Non U.S. Blacks	154	.43	130	.34	180	.45	212	.49	32	17.8
Others	357	1.00	442	1.17	470	1.17	302	.70	-168	-35.7
TOTAL	511	1.43	572	1.51	650	1.62	514	1.18	-136	-20.9

FIGURE 1

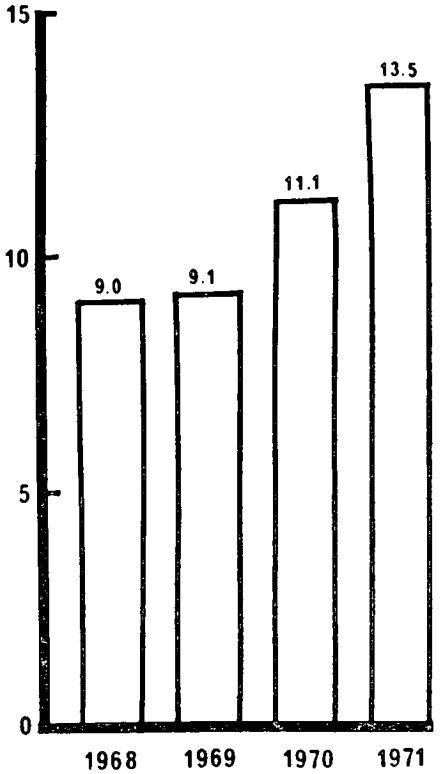
MINORITY REPRESENTATION IN FIRST YEAR CLASSES
OF U.S. MEDICAL SCHOOLS 1968-69 THROUGH 1971-72



Footnote for Figure 1
All percentages exclude non-U.S. Citizens
Other=American Indian, Mexican American,
American Orientals, Puerto Ricans-Mainland

FIGURE 2

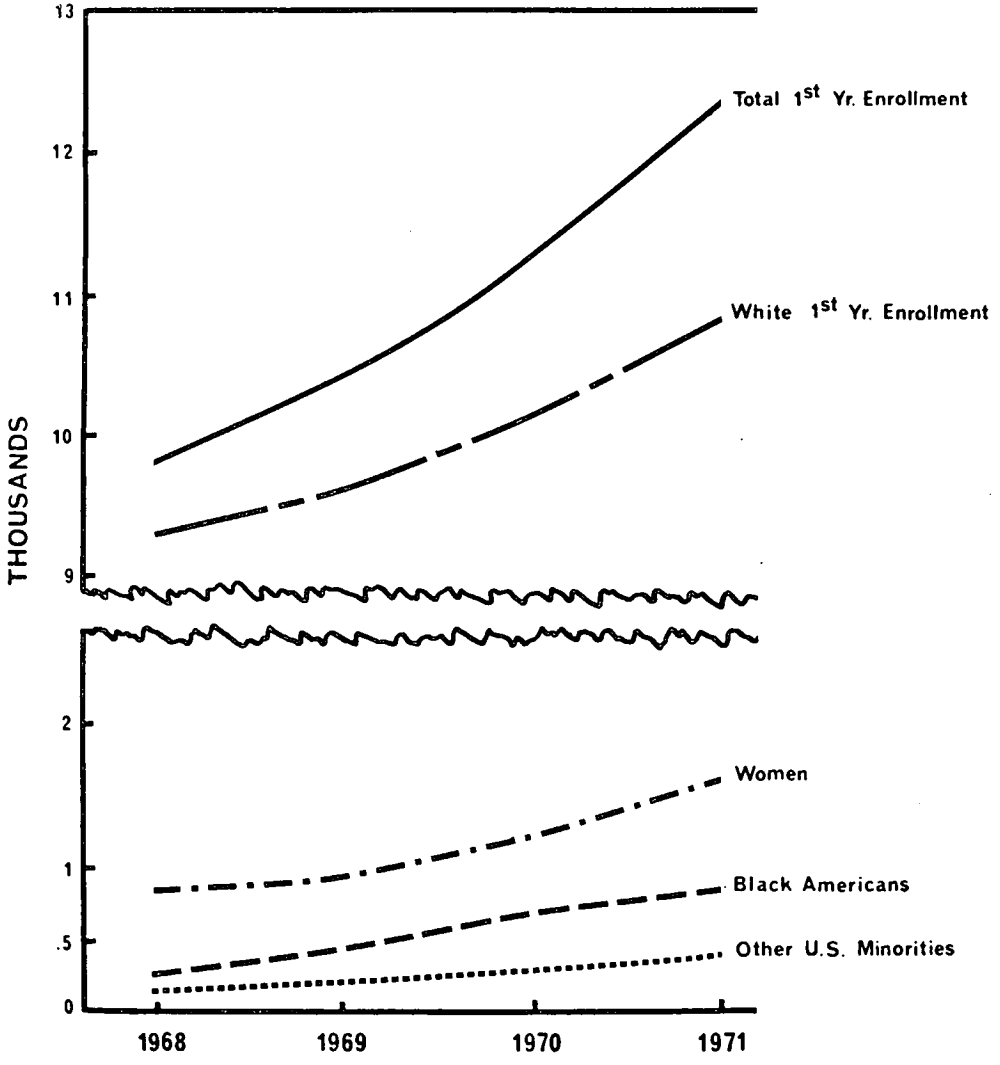
REPRESENTATION OF WOMEN IN FIRST YEAR CLASSES
OF U.S. MEDICAL SCHOOLS 1968-69 THROUGH 1971-72



Footnote for Figure 2
Percentages include Minority Women and Foreign Nationals

FIGURE 3

NUMBER OF FIRST YEAR U.S. MEDICAL STUDENTS
1968-69 THROUGH 1971-72



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
Division of Student Affairs

Revised Detailed Summary of Admissions Lawsuit Survey of December, 1971

(by Davis G. Johnson, Ph.D.)

A. Sample

	No.	%
1. U.S. Medical Schools polled#	115	100%
2. Replies received (as of 1/17/72)	112	97%

B. Replies to Questions 1 and 2

1. To what extent has your medical school been faced with legal action concerning your admissions process during the past five years?

Approximate Number of Lawsuits

Year Initiated	Threatened	Actual
1967	1	0
1968	1	0
1969	5	1
1970	4	1
1971	8	4
Total	19	6

Definitions

Threatened = School contacted by lawyer who threatened to sue on behalf of an applicant.

Actual = Lawsuit actually initiated against school.

2. If your school had any actual or threatened admissions lawsuits during the past five years, please indicate their nature below:

Nature of Lawsuit	Approximate Number Threatened	Approximate Number Actual	
a) Residency (e.g. issue of state residency as criterion for acceptance)	5	0	
b) Sex (e.g. issue of sex discrimination bias)	2	2	(1 also h)
c) Race (e.g. issue of race discrimination bias)	7	2	
d) Age (e.g. issue of age discrimination bias)	0	0	
e) Health (e.g. issue of physical or emotional health as criterion for acceptance)	1	2	
f) Late application	1	0	
g) False credentials	1	0	
h) 14th Amendment*	1	1	(also b)
i) Nature not specified	1	0	
TOTAL	19	6	individuals

#Including seven developing schools that had no applicants as of 1971.

*14th Amendment (Section 1) - "All persons born or naturalized in the United States and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws."

DGJ/sg 1/17/72

Continued . . . . . .

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Admissions Lawsuit Survey (Continued)

C. Comments to Question 3

If you have had any actual admissions lawsuits during the past five years, please describe briefly below, including their nature, approximate dates and outcome or current status. Continue on other sheet if necessary.

1. "Suit has been brought, but no court action has taken place as yet."

2. "The lawsuit currently in progress was filed in both the New York State and Federal courts on behalf of ten rejected applicants to the class entering in 1971, and John Doe. Only the Federal case is being pursued at the present time. We have been accused of abridging the constitutional rights of the plaintiffs as stated in amendments five and fourteen of the Constitution of the United States. The primary issue seems to be one of alleged reverse discrimination, i.e., minority students with 'inferior credentials' gained places in the class thereby depriving non-minority students with 'better credentials' of places."

3. "A black student whose offer of admission was withdrawn because of a falsified application is suing in Federal Court."

4. "We have had several threats by students who were not admitted to file suits, but have not actually been contacted by a lawyer to date."

5. "Glassman vs. ----- Medical College - -----Hospitals. Judgement for defendants, reported in New York Journal of Law, October 1970."

6. "Suit initiated in April, 1971 - Decided in favor of the University on December 13, 1971."

7. "Only one year in operation. No suits threatened or brought, but I get the feeling it could happen any day, particularly as the admissions processing becomes less personal and less service-oriented."

8. "We are a developing school."

D. Comments to Question 4

Please add below (or on separate sheet if desired) any general comments or constructive suggestions on this topic.

1. "One of those threatening lawsuit was a black student who had forged her papers. The other was a threat by representatives of the Japanese race who felt they were prejudiced against in admissions. In both cases their case was proved invalid."

Continued.....

Admissions Lawsuit Survey (Continued)

2. "Late in 1969 an elderly lawyer wrote the College of Medicine upon two occasions. The letters charged 'discrimination in reverse' and asked for justification of our policies. We were unable to give explanations that satisfied this individual, but he apparently decided not to pursue the matter."

3. "There have been a number of incidents, but House Counsel informs me none of those are applicable."

4. "We are very interested in this topic. In the last two years we have heard rumors about potential suits relative to the older (28 and up) applicant and as regards minority student appointments. No direct threats were made to our office."

5. "We have rejected a recent applicant, class of '76, who will probably sue on the basis of his excellent academic record. His father is an attorney and in phone conversation he was aware that this course of action was open to him. His rejection was on the basis of interview."

6. "Admission to medical school decision should be honest and above-board."

7. "Although we have had no problems in this area, we would appreciate any feedback your office can provide on the topic."

8. "We have had a threatened suit on re-entry, but the issue was why a man was dropped rather than admitted."

9. "This is clearly a matter on which we need legal advice soon. I sense our luck is running out."

10. "An applicant who was declined admission to our 1971 entering class has filed a complaint with the New York State Commission on Human Rights. He charges that he was discriminated against because of his race (Caucasian) and, specifically, that we accepted black applicants whose qualifications were lower than his. Hearings were held over the summer and we are awaiting a ruling."

"The legal ramifications are not clear. It seems likely that if the Commission rules against the medical school the matter will have to go to court."

11. "Personally, I am astounded that at least 200 Californians have not as yet sued their State Medical Schools."

12. "Pressure is occasionally applied through government officials, but decisions of committee stand and are backed by University administration."

Continued.....

Admissions Lawsuit Survey (Continued)

13. "We have had students who meet all our requirements for admission to the first year, but have not been accepted because of all places have been filled. They have enrolled in our Graduate School or as special students and as such, they have satisfactorily completed the academic requirements asked of our first year medical students and hence have seeked admission to advanced standing. With these cases, we have experienced resistance from our own Faculty in accepting them to advance standing because they feel they have entered medical school through dubious means."

14. "We, too, tend to worry about suits from out-of-state students, but have to continue to limit our out-of-state admissions."

15. "I would fully support making this information available to the administration of medical schools and providing the opportunity to discuss its implications."

16. "I don't know how it would hold up in a lawsuit, but it seems to me that since most admissions are based on several different criteria only two of which are in any way objective (grades and MCATs) and the rest of which are quite subjective (interview, college recommendations, etc.) that there is every possibility for a student to be rejected without recourse or even a very dear explainable (to him) reason. Since schools choose students to come they must also choose to reject students. Otherwise selection becomes purely a 'numbers game' (which we may yet come to)."

17. "We have had no actual or threatened lawsuits about admission. Last year we were threatened with a lawsuit from a student we had dropped from medical school."

18. "The threatened lawsuit was accompanied by an official complaint to the OEO Division of Compliance with Federal Statutes Regarding Race Discrimination. The complaint was thoroughly investigated and it was the decision that our Admissions Committee was acting well within the meaning and intent of the law and were actually in compliance."

19. "Recourse to the courts appears to be a natural consequence of the frustration experienced by many qualified applicants to gain admission to medical school. It is not a phenomenon likely to disappear. A composite of legal precedent and experience in this area, to be compiled and maintained by the AAMC office, would be of tremendous help to the schools who might be faced with suits in the future. In fact, it might be tremendously useful to all schools in order to avoid unnecessary lawsuits."

20. "The only threatened lawsuit at _____ arose over the academic record of a student. The student hired a lawyer but he school never received any official communication from legal counsel."

21. "We are anxious to hear the outcome of your survey. Our admissions policies are not yet formulated and your information on this subject would be greatly appreciated."

End of Summary

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
Division of Student Affairs

Summary of Admissions Lawsuit Survey of December, 1971

A. Sample

		No.	%
1.	U.S. Medical Schools polled#	115	100
2.	Replies received (as of 2/6/72)	98	85

B. Results

1. To what extent has your medical school been faced with legal action concerning your admissions process during the past five years?

Year Initiated	Approximate Number of Lawsuits Threatened	Actual
1967	1	0
1968	1	0
1969	2	1
1970	3	1
1971	6	3
Total	13	5

Definitions

Threatened = School contacted by lawyer who threatened to sue on behalf of an applicant.

Actual = Lawsuit actually initiated against school.

2. If your school had any actual or threatened admissions lawsuits during the past five years, please indicate their nature below:

Nature of Lawsuit	Approximate Number Threatened	Actual	
a) Residency (e.g. issue of state residency as criterion for acceptance)	3	0	
b) Sex (e.g. issue of sex discrimination bias)	1	1	(also h)
c) Race (e.g. issue of race discrimination bias)	6	2	
d) Age (e.g. issue of age discrimination bias)	0	0	
e) Health (e.g. issue of physical or emotional health as criterion for acceptance)	1	1	
f) Late application	1	0	
g) False credentials	1	0	
h) 14th Amendment*	1	1	(also b)
TOTAL	14	4	individuals

*14th Amendment (Section 1) - "All persons born or naturalized in the United States and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws."

#Including seven developing schools that had no applicants as of 1971.

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SELECTED BIBLIOGRAPHY ON THE ADMISSIONS PROCESS

American Medical Association, "Education Number" Journal of the American Medical Association, published the third week in November each year.

This is a comprehensive review of medical education complied annually. All schools and new developments are reviewed. Varied data on students is included. This a valuable reference for all medical educators.

Dube, W.F., Stritter, Frank T., Nelson, Bonnie C.,"Study of U.S. Medical School Applicants, 1970-71" J. Med. Educ., 46:837-857, 1971.

This study is the latest in a series of annual applicant studies, produced by the applicant activity for a specific entering year. In the more recent studies, comparison and trend data are listed chronologically for the past ten years.

Erdmann, J.B., Mattson, D.E., Hutton, J.G., Jr., and Wallace, W.L. "The Medical College Admission Test: Past, Present, and Future" J. Med. Educ., 46:937-946, 1971.

An exposition of the historical development of the test with its supporting rationale, its current characteristics and usage, and projections for future modification.

Funkenstein, D.H., "Current Medical School Admissions: The Problems and a Proposal" J. Med. Educ., 45:7, 497-509, 1970.

The following are problems cited by medical school admissions committees:

1. A marked increase in number of applicants.
2. Development of new programs without a concommitant increase in the size of the entering class.
3. Change in preparation, career plans, and values of medical school applicants.

As one aspect of a proposal to help solve these problems, the author suggests an admissions committee including subcommittees for each individual program offered at the school.

Gough, H.G., "Nonintellectual Factors in the Selection and Evaluation of Medical Students" J. Med. Educ., 42:642-650, 1967.

A suggestion that there are other factors besides intellectual ability and academic achievement to consider in the selection of medical students and a recommendation that medicine needs many different types of students.

Hamberg, R.L., Swanson, A.G., and Dohner, C.W. "Perceptions and Usage of Predicitve Data for Medical School Admissions" J. Med. Educ., 46:959-963, 1971.

A survey of admissions officers and pre-medical advisors on some seventeen possible selection criteria reveals remarkable agreement between the two groups and also identifies the most "useful" and "strong" criteria.

Johnson, D.G. and Hutchins, E.B., "Doctor or Dropout?: A Study of Medical Student Attrition" J. Med. Educ., 41:1099-1269, 1966.

This special issue of the JME reports a national study of the medical student dropout problem. Data for the study are drawn from the following sources: (a) central AAMC records on over 108,000 medical school entrants from 1949 through 1962; (b) over 4,000 questionnaires filled out by medical school deans, admissions officers, and student affairs officers, and by 1961-62 dropouts, repeaters, and successful students; and (c) site visits during 1962 and 1963 to twenty medical schools to interview almost 300 students, dropouts, faculty members, and administrative officers. The report includes detailed suggestions for reducing attrition.

Mason, Henry R. and Ruhe, W., "Students Transferring from Foreign to U.S. Medical Schools in Advanced Standing" J. Med. Educ., 44:561-570, 1969.

A review of the experiences with and evaluation of the performance of American and foreign medical students transferring from foreign to U.S. schools with advanced standing. The most valid measure for predicting future academic success of such transfers appeared to be Part I of the National Board examination. A centralized application service for screening such transfer applicants is suggested to facilitate the procedure.

Page, R.G. and Littlemeyer, M.H., Preparation for the Study of Medicine, Chicago: University of Chicago Press, 1969.

A series of papers presented at the 1967 AAMC-University of Chicago sponsored conference to consider educational trends and their implications in preparing students for medical school. Much helpful information is presented, part of which was collected in questionnaires answered by both students and officials at medical schools.

Sedlacek, W.E. (Ed.), Medical College Admission Test Handbook for Admissions Committees, (2nd ed.) Evanston, Ill.: Association of American Medical Colleges, 1967.

Though no longer in print, multiple copies were distributed to each medical school admissions office. This handbook discusses the usual reliability and validity issues of the test and provides a summary of recent research as well as suggestions for the use and interpretation of test results.

CURRENT CONCEPTS OF A THREE-YEAR CURRICULA

Moderator: Dr. Daniel C. Tosteson

Discussant: Dr. Carleton B. Chapman

Panelists: Dr. L. Thompson Bowles
Dr. Ernst Knobil
Dr. Sherman M. Mellinkoff
Dr. Robert G. Page
Dr. Robert E. Sandstrom

January 4, 1972

A three-year sequence leading in medical schools to the M.D. degree is well worth considering for many reasons. For one thing, medical educators have wondered for years how best to utilize the fourth year of the traditional sequence, but until recently, very few were willing to consider the logical step of eliminating it altogether.

The most compelling reason for adopting a three-year curriculum for most (but definitely not all) candidates for the M.D. degree is that the four-year curriculum is today an anachronism and something of a historical accident. Its original purpose - to train the compleat practitioner - was grossly modified with the development of internship and residency programs. But the logical implications of such developments have never been taken fully into account by curriculum planners in medical schools. What is needed today is critical consideration of sequence and repetition in the curriculum, as well as (or even more than) content. But the building of the M.D. curriculum by mindless accretion and worship of the number four is hardly defensible.

When all is said and done, what is needed is a loosening up of the system so that some students (and probably most of them) will receive the M.D. three years after entering medical school. Others may, for good academic reason or by preference, take four. Still others may remain in the pre-M.D. status even longer.

But insistence on four years as the only permissible sequence is no longer justifiable.

Carleton B. Chapman, M.D.
Dean, Dartmouth Medical School

	Year Started	Regular Program or Optional	How Long	Method of Acceleration
ALABAMA	1971	O	36 months	Core basic science. Begin in July. No major vacations in summers.
ALBERT EINSTEIN	1971	R	36 months	Five months of vacation (including summers) and four months of electives have been dropped.
BAYLOR	1970	R	36 months	No summer vacation. Program includes 3 months of electives.
UC IRVINE	1970	O	12 quarters (33 months)	Dropped summer vacations and two electives.
UC SAN FRANCISCO	1969	O	12 quarters (36 months)	Dropped all summer vacations.
DARTMOUTH	1970	O	128 weeks (33 months)	Dropped all summer vacations.
DUKE	Several Years	O	39 months	Drop summer vacation after 2nd and 3rd years.
INDIANA	1968	O	39 months	Drop summer vacation after the 2nd and 3rd years.
LOYOLA	Several Years	O	39 months	By going summers after the 2nd and 3rd years.
KANSAS	1969	O	39 months	Dropping summer vacations.
MEHARRY	1970	O	39 months	By going in the summers after the 2nd and 3rd years.
MINNESOTA	1969	O	33 months	Drop summer vacation plus 2 electives.
NEBRASKA	1970	O	36 months	No summer vacation. Drop 6 weeks of electives.

	Year Started	Regular Program or optional	How Long	Method of Acceleration
NORTH CAROLINA	1967	O	32 months	Going summers and taking electives in the afternoon during the first year.
TOLEDO OHIO	1969	R	2 yrs. 9 months (132 weeks)	Core basic science, core clerkships & electives. 13 weeks vacation for the whole program.
OHIO STATE	1970	R	3 calendar yrs.	Begin July of entering year. Core integrated basic science. Go straight through summers.
PENNSYLVANIA	1968	O	32 months	Go summers after 1st and 2nd years.
RUSH	1971	O	34 months	Drop summer holidays.
SOUTH CAROLINA	1971	O	33 months	Enter in advanced standing by passing some basic science & dropping some electives.
STANFORD	Many Years	O	39 months	Drop summer vacations.
SUNY SYRACUSE	1970	O	33 months	By entering in advanced standing. Curriculum is the same for 3 and 4 year students but summer vacations are dropped for 3 year students.
TENNESSEE	1943	R	36 months	18 months of basic science plus 18 months clinical clerkship.
UT HOUSTON	1971	R	36 months	12 quarters, final two electives. Go all summers.
UT GALVESTON	1970	O	33 months	Two years basic science followed by 48 weeks of required clerkships. Students must pass Part II of the National Boards and obtain an approved internship. Drop senior electives.
MCV	1968	O	33 months	Begin 3rd year in July and skip senior electives. Must pass Parts I & II of National Boards & get an internship.
UW SEATTLE	1967	O	10 quarters	Begin third year in July to take one year of elective clerkships.

In addition to the above information, it is of interest that no school on the list has yet encountered or anticipates major licensure problems for graduates.

The regular program of 6 of the listed 26 medical schools is three calendar years. In these 6 schools, students who go for longer periods require special programs.

Twenty schools give options to students to accelerate and graduate in under 4 years. The percentage of students opting for the accelerated programs varies from as high as 80% to as low as 1.2%. Twenty of the 26 schools permit fulfillment of requirements in 36 months or less. Twelve schools offer complete requirements in 34 months or less and eleven of these schools offer complete requirements in thirty-three months or less.

In the 20 schools giving the option for an accelerated program, students are self-selected or offered the option by the school on the basis of academic standing. In none of these schools is the student required to accelerate, and in all cases of student self-selection specific requirements must be satisfied.

All accelerated programs require a diminution in traditional vacation time. Every school listed has dropped one or more summer vacations, though other holiday periods are not significantly altered. Four schools have dropped electives. Five schools indicate a definite contraction in the content of traditionally-required basic science. Two schools allow time conservation by entering first year students into advanced standing. Generally, traditional course content is not altered. Acceleration has been achieved, in large part, by the combined sacrifice of vacations and/or electives (26 schools).

One three-year program has been operating continuously since 1943 (Tennessee), three have been in existence for many years, two since 1967, three since 1968, three since 1969, eight since 1970 and five began in 1971.

SUGGESTED ARTICLES

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3. Stetten, D., Jr. Projected Changes in Medical School Curriculum. Science, 174:1303, 1971.

4. Swanson, A.G. The Three-Year Medical School Curriculum. (Editorial.) J. Med. Educ., 47:67, 1972.