



What Is Different About Applying to Medical School? (Positive) Implications for Academic Psychiatry

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Received: 17 July 2018 / Accepted: 26 July 2018 / Published online: 13 August 2018
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Last year saw the highest-ever number of applicants to both allopathic and osteopathic medical schools as well as applicants to psychiatry residency programs in the USA [1, 2]. Numerous changes in the medical school application process have accompanied this growth, yielding a more diverse student population [3, 4]. With the unprecedented number of applicants and the broadening of the student population, academic psychiatry must evaluate the preparedness of their medical schools and post-graduate programs to properly educate and foster the professional development and overall well-being of trainees. In this column, we outline what changes have been made to the application process and consider the implications for academic psychiatry.

Changes

The MCAT Exam Has Changed The MCAT, the Medical College Admission Test, was updated in 2015 to bring far greater emphasis to behavior and the potential role of behavioral determinants of human health. The MCAT now includes four sections: (1) Biological and Biochemical Foundations of Living Systems; (2) Chemical and Physical Foundations of Biological Systems; (3) Psychological, Social, and Biological Foundations of Behavior; and (4) Critical Analysis and Reasoning Skills. Scoring has also been revised: exam results are “scaled and equated” [5] for each of the varied MCAT exam forms. Each of the four sections results in a scaled score for each section of 118 at the lowest and 132 at the highest, with a total combined score out of a 528 total. The MCAT registration fee is \$315 for each exam, or \$125 for those who apply for a fee assistance

program. An applicant’s MCAT score is viable for 3 years and an individual cannot take the MCAT more than a total of seven times [5].

The Application Process Has Changed The application to allopathic and osteopathic medical schools has a centralized application service—the American Medical College Application Service and the American Association of Colleges of Osteopathic Medicine Application Service, respectively. Both of these applications are completed online, and then the application is sent to the applicant’s designated medical schools along with the primary application fees for each designated school. The primary application includes transcripts, MCAT score, letters of recommendation, personal demographics, activities and experiences, and the personal statement of the applicant. With the new online system, the numbers of applications per applicant has increased to 15, on average, and some students may apply, literally, to dozens of schools.

After the primary application is sent to the designated medical schools, the schools may invite the applicant to complete an online secondary application. The secondary applications vary by school and usually request additional information about the applicant that is not found in the primary application. The secondary applications also include multiple writing prompts as well as a secondary application fee. Secondary application fees range, on average, from \$50 to \$150 per applicant.

The Number and Diversity of Applicants Have Changed The number of applicants has grown (Table 1), and with this steady increase has come greater numbers of female applicants and applicants who identify as underrepresented minority individuals. In 2017, 49.5% of allopathic medical school applicants were female, and 49.2% of osteopathic medical school applicants were female [3, 6]. According to a recent study of the Association of American Medical Colleges, 99% of medical schools have placed priority on recruiting from populations

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Table 1 Total number of applicants to allopathic and osteopathic medical schools by year [3, 6]

	2008	2012	2017
Allopathic medical schools	42,231	45,266	51,680
Osteopathic medical schools	11,231	14,945	20,836

that are underrepresented in medicine, including individuals who identify as ethnic/racial minority, students with disadvantaged backgrounds, and students from rural and urban underserved communities [2].

The Number of Slots Has Changed According to the results of the AAMC 2017 medical school enrollment survey, allopathic medical school enrollment has increased 29% since 2002 and is projected to increase by another 1% in 2018. Additionally, osteopathic medical school enrollment has increased 163% since 2002. This expansion has resulted in an overall increase in first-year medical school enrollment by 50% in the past 15 years [2]. Contributors to the growth are numerous new medical schools, branch campuses, and remote teaching sites that have been created in recent years: 24 new MD programs and 13 new DO programs that have been accredited, or preliminarily accredited, in the past decade [7, 8].

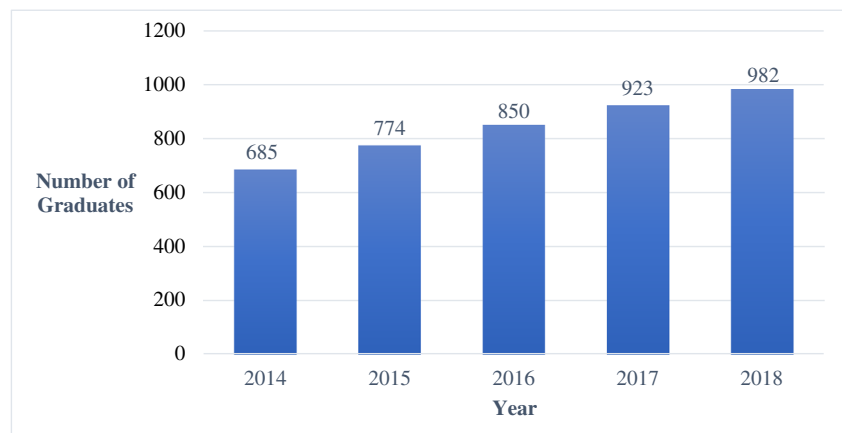
The Selection Process Has Changed Medical schools now focus on a holistic review of applicants. Humanistic qualities, analytic and interpersonal capacities, and personal strengths of candidates are more heavily weighted than in the past. Admissions policies and selection procedures take into consideration the experiences, skills, and academic achievements of an applicant to “think about applicants as future physicians rather than simply as prospective students” [9].

(Positive) Implications for Academic Psychiatry

These changes in the application and selection process for students seeking positions in allopathic and osteopathic medical schools have positive implications for the field of academic psychiatry.

With the greater emphasis on behavioral sciences, a more diverse applicant pool, greater numbers of students in training, and a greater emphasis on humanistic qualities, we will see greater numbers and tremendous talent to enter the field of psychiatry. We are already beginning to see a clear upward trend in the number of graduates of US allopathic medical schools entering psychiatry residency programs (Fig. 1). This supply of talented early-career medical graduates will lead to the need for more residency and subspecialty fellowship positions. Interestingly, in 2017, 40% of medical schools reported concerns regarding their entering class’s ability to find their preferred residency slots at the time of graduation. Nearly two-thirds of medical schools have indicated concern about the availability of graduate medical education opportunities in their states [2]. Residency program leadership and admissions committees should consider these changes and medical school concerns and reflect on the unique issues that their training programs may encounter. Expansion of residency programs or a reorientation of past admissions practices should be considered.

With the increase in trainees, academic psychiatrists will also carry increasing teaching responsibilities for students in medical school because psychiatry offers many of the required curricular elements. Preclinical courses in behavioral health and sciences, psychopathology, psychopharmacology, clinical interviewing, self-care/well-being, ethics, and other topics are taught by psychiatry faculty, at times in small-group as well as large-group settings. Psychiatry faculty often are important mentors to students throughout their training years, and the increase in students will also lead to greater requests for these

Fig. 1 Number of US graduating seniors in allopathic medical schools matching to psychiatry residency programs over the past 5 years [1]

mentoring relationships. Growth in required rotation slots and new offerings for subinternships and specialized rotations may be needed to keep up with the interests of medical students who may consider a career in psychiatry. Happily, psychiatry faculty will have opportunities to connect with students early in their medical training but also may experience a greatly increased teaching demand.

Similarly, because members of the psychiatry faculty often play an important role in providing mental health services to students, the clinical demand for student-patients will predictably grow over time. With many students carrying significant loans and expenses, including from the medical school application process itself, the stress experienced by students is considerable. Moreover, evidence suggests that students from underrepresented groups, such as underrepresented racial/ethnic minority and non-conforming identity groups, may have greater mental health concerns, and psychiatry faculty members may be well-positioned to assist these students.

Applying to medical school is different than in the past, and the changes have important positive, wonderful even, implications for academic psychiatry. Looking ahead, leaders of academic departments of psychiatry will need to ensure that their faculty members are able to assume their expanding and evolving duties with medical students—in teaching, in mentoring, and in caregiving. Medical student education directors will need to provide enough robust training opportunities, and residency admissions programs may need to rethink their current practices to embrace more diverse candidates. The need for expansion of residency and fellowship programs should be evaluated, and creation of new well-being and clinical care activities, led by psychiatrists and psychologists on the academic faculty, may be helpful to the more diverse workforce that is entering the field of medicine. Showing an unrelenting commitment to cultivating an evermore welcoming and supportive culture of medicine is also an important role that we, as members of academic departments of psychiatry, can play.

Compliance with Ethical Standards

Disclosures On behalf of all authors, the corresponding author states that there is no conflict of interest.

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