

Increasing Transparency in Ontario Medical School Admissions

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INTRODUCTION

With each passing year, medical school applications in Ontario become more competitive. According to the Ontario Medical School Application System (OMSAS) the number of applicants has been steadily increasing over the past decade (1). Due to the large number of applications, Ontario medical schools employ various forms of evaluation criteria to select matriculants into their programs. Some examples of these requirements include weighted or cumulative grade point average (GPA), Medical College Admissions Test (MCAT) scores, reference letters, autobiographical sketches (ABS), additional essays, the CASPer Test, geographic location, and interview performance. Of the six medical schools in Ontario, each one uses different combinations of these criteria to assess their applicants. In addition, some schools do not weigh all of their criteria evenly and prioritize one area over another in evaluation.

Despite requiring significant amounts of information from applicants, Ontario medical schools often do not openly disclose to applicants how the different aspects of their application are being used to evaluate them. This problem can be defined generally as application and admission transparency. Medical school application and admission transparency can be divided into two major categories: pre-application information and application feedback. Pre-application information can be described as information that an applicant can use to make an informed decision about whether their application is competitive for a particular medical school. At some schools, this can be represented as statistics of successful applicants (those receiving interviews) and matriculants, minimum scores for GPA and standardized tests, and releasing criteria by which qualitative components of applications such as essays are being evaluated. Application feedback can be defined as the scoring of personal information and the interview, the actual weighting of these scores in the admission decision, and position of waitlists. A complete summary of the different forms of publicly available admission criteria for applicants

for both Ontario and other Canadian medical schools can be found in the Appendix. All information from the table has been gathered from medical school websites.

A lack of transparency in the admission process of medical schools has several consequences. Medical school applications are often financially and emotionally burdensome for applicants. Currently, individuals with a higher socioeconomic status are disproportionately represented in medical schools (3). Financially, it costs \$220 to apply through OMSAS with additional \$100-125 for each medical school application (2,3). This value does not include fees for sending transcripts or completing the MCAT and/or CASPer test (an additional \$100-500). Along with these costs, there are also hidden costs associated with using preparatory courses and materials, as well as taking time away from work to study (3). A lack of admission transparency can exacerbate this problem by allowing individuals to apply to schools where there is a low probability that they will be successful in gaining admissions. Additionally, if applicants are unsuccessful and reapply without scores or feedback, they are left in the same predicament where they may reapply to schools that are unlikely to accept them.

The decision to apply to medical school is a calculated risk for many students. Without access to concrete information on admissions, applicants may turn to informal routes for information. These resources may be current medical students, healthcare professionals, or online forums. False or misleading information could be provided to students through these means and may influence their decision to apply to medical school. By releasing accurate admissions information and evaluation criteria, applicants can make more informed decisions and tailor their expectations about the results of their applications. Furthermore, there is another concern that non-transparent admission processes may lead to reduced diversity in the application pool. Diversity for the purposes of this paper refers to diversity of experiences from applicants in terms of their employment, volunteering, and other non-academic activities. Applicants who are more familiar with the medical profession because of their family background or extracurricular experiences may be more confident approaching the process; greater admissions transparency could therefore enhance diversity among medical school matriculants. At the same time however, providing overly specific admissions requirements could reduce the diversity in the applicant pool as it may discourage individuals with different profiles from applying – this issue is discussed in more detail in the recommendations.

Overall, Ontario medical schools are lacking in admissions transparency compared to some of the other Canadian medical schools. Some Canadian medical schools have demonstrated a commitment to providing applicants with information regarding their cutoffs and evaluation criteria, and have demonstrated that it is feasible to provide feedback to individual students. This feedback is usually provided as summary of evaluations scores throughout the admission process. Details of these differences are listed in the Appendix and discussed below in the recommendations.

In this paper we highlight some of the current standards of admissions and application transparency at other Canadian medical schools, and provide recommendations on how Ontario programs might improve their admission processes. The Ontario Medical Students Association

(OMSA) calls on Ontario medical schools to work towards more transparent admissions processes and greater applicant feedback.

SUMMARY OF GUIDING PRINCIPLES

The Ontario Medical Students' Association offers the following guiding principles:

1. Timely and relevant feedback is a fundamental aspect of the medical profession and should be promoted in all areas of medical education, including during the admissions process.
2. Ontario medical schools should look to mirror other Canadian medical schools that have established robust feedback and admissions transparency practices.
3. Ontario Medical Schools should collect and release data on applicants and matriculants to assess the barriers in accessing medical education.
4. Having medical students with diverse extracurricular, employment, volunteering and research experiences is beneficial to the medical profession, and should be promoted as part of the admissions process.

SUMMARY OF RECOMMENDATIONS

OMSA recommends the following:

- 1. Ontario medical schools should seek to provide statistics to both successful and unsuccessful applicants based on the school's evaluation criteria (such as GPA, MCAT, CASPer).**

Matriculant statistics can be described as the most comprehensive and useful form of pre-application information. Particularly, these data extend beyond minimum criteria and can inform applicants of what a typical successful application looks like. Currently, the only Ontario school that provides comprehensive matriculant statistics is McMaster University and the University of Western Ontario. McMaster University not only provides averages of GPA and MCAT of successful applicants, but distributions of these scores. They do not provide CASPer test scores for reasons discussed later. The University of Western Ontario provides statistics on GPA, MCAT and undergraduate institution of matriculants. The University of Toronto and the Northern Ontario School of Medicine (NOSM) provide statistics on the age and GPA of matriculants, but nothing beyond this. The University of Ottawa and Queen's University do not provide any statistics on matriculants.

Conversely, matriculants statistics are provided at several other Canadian medical schools. Both the University of Alberta and Dalhousie University provide average values of GPA and MCAT scores (12,13). Furthermore, the University of British Columbia provides detailed statistics on not only successful applicants, but also on unsuccessful applicants. This information includes GPA and MCAT scores for in-province applicants and out-of-province applicants. Furthermore, the University of British Columbia details the average scores for extracurricular activities of successful applicants. The University of Calgary provides a detailed and comprehensive set of applicant statistics, including averages for successful and

unsuccessful applicants, and the distribution of both. This information includes GPA and MCAT scores, as well as extracurricular and interview scores.

Several Canadian medical schools have demonstrated a commitment to providing comprehensive statistics to applicants to encourage them to make informed decisions. It could be argued that establishing these practices may not be feasible across Ontario due to a higher number of applicants and larger class sizes; however, as discussed, these statistics are made available in Ontario at McMaster University, which has the highest number of applicants in the province (1). As well, the University of British Columbia has a comparable class size to the largest program in Ontario (the University of Toronto) and still provides admission statistics. All Ontario medical schools should work towards providing comparable statistics to promote fair and transparent admission processes.

2. Ontario medical schools should provide potential applicants with easily accessible information regarding quantitative cutoffs (from current and past years) as well as qualitative assessment criteria to assist in pre-application decision making.

Pre-Application Information

As stated previously, pre-application information relates to information that an applicant can use to decide if they are eligible to apply to a particular school; i.e. if they are a competitive applicant. Pre-application information can be presented as minimum requirements (of either past years or the current year), or competitive averages based on previous applicants. Transparency of this information can often be the easiest for medical schools to disclose as it does not require individual feedback for applicants. As well, it may have the greatest impact on admissions as it allows individuals to decide for themselves whether or not they want to apply if they might not be eligible or competitive. Important aspects of pre-applicant information are discussed below.

GPA

GPA is the most universal criteria for medical school admissions, being required by all Ontario medical schools (6,7,8,9,10,11). In general, GPA comprises all the grades from an applicant's transcript, or a portion thereof if a school allows for some form of weighted GPA scoring. GPA evaluation transparency can be found in column 1 of the Appendix. Some schools assess GPA competitively (it contributes to an applicant's score) and others only use it as a screening cut-off. The majority of programs do provide information regarding the minimum GPA required for a competitive application. The only schools that do not publicly release this information are Queen's University (7) and the University of Ottawa (8). However, the University of Ottawa will provide this information if an individual applicant emails their admissions office. This practice may cause issues of fairness in admissions as only individuals who are aware that they can email the program to receive cutoff information have access to such data. This policy could lead to an applicant applying when they would not receive a complete application review. All Ontario schools should work to provide applicants with at least a minimum cutoff, even if cutoffs are based on a particular application pool. Both the University of Western Ontario University (10) and the University of British Columbia (13) have GPA criteria based on the current application pool but provide previous years' cutoffs to potential applicants.

MCAT

The MCAT is currently required by four Ontario medical schools: Queen's University, the University of Toronto, McMaster University, and the University of Western Ontario. McMaster University only evaluates the Critical Analysis and Reasoning Skills (CARS) section and the University of Western Ontario does not evaluate the Psychological, Social and Biological Foundations of Behaviour (PSBB) section. McMaster University assesses the MCAT competitively, whereas the other schools have a cut-off score that is either set or based on the current applicant pool. Similar to the use of GPA, the majority of schools do provide information on the minimum requirement for MCAT scores for either the current application cycle, or previous years' cycle if the cut-off changes from year to year. The only school that does not provide a minimum value is Queen's University because it fluctuates with each application pool. However, it is possible to provide past years' cutoffs, which is the practice at the University of Western Ontario. Many Canadian medical schools provide MCAT cutoffs even though they are used differently in the admissions process. This suggests that providing this information to applicants is feasible. Therefore, regardless if the MCAT is assessed as a cutoff or competitively, it is reasonable to expect that it is provided by medical schools.

CASPer Test

The CASPer test is a more recent evaluation tool for health professional applications that is being increasingly utilized by Canadian medical schools (4). Presently in Ontario, only the University of Ottawa and McMaster University use the CASPer test. Outside of Ontario, several schools including Dalhousie and the University of Alberta use the test. The CASPer test is meant to replicate a multiple-mini interview (MMI) and evaluates an applicant's ability to judge, communicate, and empathize. Applicants are scored on a quantitative scale based on their responses (5). In terms of scoring transparency, students are not permitted to write the test without first agreeing to forfeit their right to receive their scores. As such, no medical school is able to provide information on scoring cutoffs or how the CASPer test is used in the applications process. The only information provided on how CASPer is used is that McMaster University states it accounts for 33% of an applicant's pre-interview score (6). Altus Assessment has briefly stated why they do not provide scores to test takers in their Frequently Asked Questions, explaining that "You will NOT receive your CASPer score, in the same way you would not expect to get "results" from an interview, reference letter, or personal statement" (4). However, this statement may not represent the current state of medical school admissions at all Canadian schools, as some programs outside Ontario do provide scores for personal statements and interviews to applicants. Although the CASPer test may be an effective way to evaluate non-academic criteria, it also represents a rather non-transparent application evaluation. This issue may be challenging to address as medical schools do not have control over the CASPer test as they do with other admission scores. Nevertheless, we recommend that like other forms of admission tests, such as the MCAT, students are provided with their CASPer test scores, average scores of CASPer test-takers, and/or the average score of successful applicants to medical schools. This recommendation is consistent with the original intentions of the creators of CASPer who aspired for the test to be an equivalent of the MCAT for noncognitive skills (5).

Autobiographical Sketch (ABS)

The ABS is a record for Ontario medical schools on an applicant's extra-curricular activities since the age of 16. It currently consists of six sections: employment, volunteer activities, extracurricular activities, awards and accomplishments, research, and other (16). All Ontario schools except for McMaster University use this for application evaluation. Some schools such as the University of Toronto and the University of Western Ontario require additional essays about some of the activities listed. No school in Ontario indicates exactly how the ABS is used in an applicant's evaluation, just simply that it is used. Some schools such as NOSM, the University of Toronto, and the University of Western Ontario detail the necessary attributes they are looking for in the ABS. Both Queen's University and University of Ottawa do not provide details of how they evaluate this component. Other Canadian medical schools provide information on what features they are looking for in the ABS of their applicants. These attributes can be related to the CanMEDS Roles (17) or program specific goals. Schools should seek to provide some information on the qualities they are evaluating in the ABS, similar to the University of British Columbia, the University of Calgary, and Dalhousie University. Additional details on how these sections are being evaluated would also be beneficial, such as the number of reviewers, how objectivity is maintained, how conflicts of interest are mitigated, and who qualified to review the ABS (e.g. physicians, researchers, medical students, or community members). We recommend that medical schools provide ABS evaluation criteria to applicants as well as details on the process by which these factors are evaluated.

Additional Essays

Students may be asked to expand upon their ABS or may have to answer specific short essay questions provided by the medical school. Fortunately, how this component is assessed is highly transparent across Canada. All Ontario medical schools list some form of criteria for their essays, which allows applicants to direct their writing appropriately. However, currently no university details how exactly their additional essays are incorporated into applicants' final scores. We recommend that medical schools seek to provide this additional information to applicants, which would further demonstrate the objective nature of the evaluation process.

Conclusion

There exists disparity both within Ontario and more broadly across Canadian medical schools in terms of transparency with pre-application information. Several Canadian medical schools provide clear outlines for how they evaluate qualitative application materials. However, there remain several Ontario medical schools that do not provide this information. Transparency in the pre-application stage can allow applicants to make informed decisions about whether or not they wish to apply to a particular school. Ultimately, this information can provide applicants with criteria to inform their decision making and avoid applying to schools where they do not meet the application requirements. Informed decision making is particularly important given the high financial and emotional costs associated with applying to medical school. Therefore, we recommend that all Ontario medical schools seek to provide admissions statistics and feedback to applicants.

3. Ontario medical schools should provide feedback to applicants, such as evaluation scores, in order to assist in post-application improvement.

Application Information

Application feedback relates to information that an applicant receives after making the decision to apply. It can also relate to how different aspects of an applicant's application are weighted throughout the process. The utility of application feedback for an applicant is to disclose why an applicant was not successful and to allow the applicant to improve areas of their application for future years. Medical school admission is extremely competitive with only 20% of applicants being accepted across Canada (18), and as such, students often apply several times before they are successful. Students' ability to improve their applications would be enhanced with this additional information by understanding what sections of their application could use targeted improvement. Due to the significant number of applicants, individualized feedback or comments on performance may not be feasible or helpful to applicants. However, some medical schools calculate scores to evaluate and compare applicants. Providing these scores to unsuccessful applicants can allow individuals to examine where they can improve for future applications and make informed decisions on whether or not they wish to reapply.

Pre-Interview Scores and Weighting

In Ontario, the only schools that provide information about weighting and scoring are NOSM, McMaster University, and the University of Western Ontario. NOSM and McMaster University detail how different application components are weighed, while the University of Western Ontario provides information on academic cutoffs. No other Ontario school provides applicants with rationales or scores for why they did or did not receive an interview. Scores can be provided in one of two ways. The first being that raw scores along with a comparative average from a successful applicant cutoff value. The other option is to provide students with a standardized score relative to other applicants, or percentile of where they stand in the applicant pool. Ontario medical schools do not inform unsuccessful candidates if they did not meet the cutoffs for an interview. These practices differ compared to several other Canadian medical school which provide applicants with scores to determine if they are successful for an interview or not. The University of British Columbia, Calgary, Alberta and Dalhousie, all provide unsuccessful applicants with scores or information as to why they were not offered an interview. This information can allow students to not only improve their application, but also to trust the legitimacy and objectiveness of the admissions process and plan for future application cycles. We recommend that all Ontario medical schools work to provide pre-interview scores and evaluations to applicants that are not offered an interview.

Post-Interview Scores, Weighting, and Waitlists

No scoring information is provided to applicants at any of the Ontario medical schools on how they were assessed after their interview. Both NOSM and McMaster University provide information on how much the interview score contributes to the final acceptance decision. However, several other Canadian medical school such as Dalhousie, Calgary, and Alberta do provide applicants with scores if they are rejected post-interview. OMSA recommends that each

medical school provides students with the final scores from their interviews and final file reviews to allow students to better understand why they were not offered admission.

Waitlists are used by all medical schools to ensure their classes are filled each year. The University of Western Ontario and the University of Ottawa both provide some information about an applicant's position on the admissions waitlist. These programs do not provide exact ranks; rather, the University of Western Ontario provides a general low, middle, or high ranking, while the University of Ottawa provides a high or low ranking. Knowing one's general position on a waitlist can be beneficial as it may provide potential closure to students who will most likely be unsuccessful and allow them to focus on alternative plans. This practice appears to be uncommon as few other medical schools provide waitlist ranks. This may be due to the complex nature of waitlists, as several medical schools have multiple campuses that may factor into the final offer decision. Although there is no set standard for providing this information to applicants and it may not always be feasible, we recommend that Ontario medical schools investigate the feasibility of providing waitlist positions at their individual school.

4. Ontario medical schools should ensure that their evaluation of candidates maintains and allows for a diversity of applicant experiences.

As discussed, there is a potential risk that providing medical school applicants with information on how subjective components of the application are evaluated with lead to increased homogeneity within the applicant pool. This homogeneity refers specifically to the non-academic experiences that pre-medical students undertake. An example of how this may manifest is the belief that an applicant needs to pursue a specific type of activity or non-academic profile to be successful, such as volunteering at a hospital or participating in research. It also extends to suggest that these activities would potentially score higher compared to other types of experiences. Ensuring that evaluations of the ABS and essays allow for diverse non-academic experiences is important as not all applicants are afforded the same level of opportunities. Allowing for diversity of experiences from applicants provides a more equal and fair admission process to applicants. Additionally, having individuals with different non-academic experiences is viewed as beneficial for the medical profession as it allows for people to have different strengths and interests, and pursue a variety of career paths.

Ultimately, in parallel to increasing admissions transparency, institutions also need to ensure that their evaluations are inclusive and accommodating of the diverse experiences that applicants may bring. We recommend that medical schools use evaluation criteria and categories that can apply broadly to a diverse array of experiences.

Limitations

There are potential limitations to increased transparency of medical school admissions. One potential concern is that applicants who are relatively close to admission cutoffs may not apply. This decision is especially relevant at schools such as Queen's University and the University of Western Ontario where cutoffs often change each year. However, as previously described, there are still several benefits of allowing individuals to make these decisions with as much information as possible. Another potential limitation to releasing cutoffs is that this practice could lead to a non-holistic approach to the admissions process where students might focus on solely

meeting cutoffs. However, academic cutoffs will always be a critical part of admissions and students will need to meet these standards regardless of if they are provided. Changing evaluation standards also may relate to potentially subjective areas of evaluation such as the ABS and interview. By providing students with feedback on these sections, schools may become more liable if students are unsuccessful in their application. The risk may be greater if schools provide narrative or comment-based feedback, which additionally may not be feasible. As such, we recommended that schools provide numeric scores for these sections to help students identify which areas of their applications need improvement.

Revealing how extracurricular activities on the ABS are evaluated could lead to applicants adjusting their ABS to attempt to perfectly fit the assessment criteria. Applicants may seek to participate in activities that they believe will be scored or perceived more favourably by the admissions committee, thus homogenizing the applicant pool and discourage applicants from pursuing their personal interests. However, this attitude of selecting potentially more appealing activities may exist based simple on what an applicant believes will look favourable. This phenomenon may be mitigated so long as schools ensure their evaluation criteria are broad in scope and do not emphasize particular types of activities, as discussed in recommendation number 4.

Conclusion

Several Canadian medical schools have been successful in providing students with application feedback (such as through evaluation scores), which allows students to improve their applications for future years, mitigate financial and emotional burden related to the application process, and improve socioeconomic equity in medical school. More importantly, disclosing how applicants are scored and how they compare to matriculants allows both applicants and the broader general public to have faith that medical schools are selecting the best individuals to be the future of the medical profession. Adopting transparent admission practices helps demonstrate that the process is objective and does not contain avoidable bias. The future of healthcare is in part decided during the medical school admissions process and as such these processes should be fair and transparent. OMSA recommends the following actions:

1. That the OMSA advocates for the implementation of these recommendations with the six Ontario medical schools. This may include working with medical school Deans, Admissions Officers, and/or Admission Committees.
2. That programs re-evaluate their admissions processes and seeks ways to enhance applicant feedback and transparency.

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APPENDIX

Publicly Available Admissions Criteria for Medical Applicants

ONTARIO MEDICAL SCHOOLS

	Pre-Admission Information						Applic
	GPA	MCAT	CASPer Test (4,5)	ABS	Additional Essays	Statistics	Pre-Interview Score and Weighting
McMaster University (6)	Minimum GPA provided (3.0).	Minimum CARS provided (123).	No scoring information provided.	N/A	N/A	Information provided on matriculant average GPA, CARS score, age, and education background	Applicants informed of criteria weighting (33% for GPA, MCAT, CASPer). No scores provided.
Northern Ontario School of Medicine (7)	Minimum GPA provided (3.0).	N/A	N/A	Information of necessary attributes provided. No scores provided	Information of necessary attributes provided. Context Score provided	Information on matriculant average GPA, education and geographic background provided.	Applicants informed of criteria weighting (1/3 for GPA, ABS, Context Score).
Queen's University (8)	No GPA cutoff information provided.	No MCAT cutoff information provided.	N/A	No information on evaluation provided.	N/A	No statistics provided.	No information on academic or ABS cutoff provided. Sequential selection process provided.

University of Ottawa (9)	GPA information provided by individual request.	N/A	No scoring information provided.	No information on evaluation provided.	N/A	No statistics provided.	No information provided. No information on criteria weighting
University of Toronto (10)	Minimum GPA provided (3.6) and recommended GPA provided (3.8).	Minimum MCAT score provided (125 in each section).	N/A	Information of necessary attributes provided. No scores provided.	Information of necessary attributes provided. No scores provided.	Information on matriculant average GPA provided.	No information provided. No information on criteria weighting
University of Western Ontario University (11)	Minimum GPA provided and previous GPA cutoffs provided.	Previous MCAT cutoffs provided.	N/A	Information of necessary attributes provided. No scores provided	Information of necessary attributes provided. No scores provided	Information on matriculant GPA, MCAT, and education background provided.	Academic Cutoffs provided. No scoring information provided.

OTHER CANADIAN MEDICAL SCHOOLS

	Pre-Admission Information						Applic
	GPA	MCAT	CASPer Test	ABS	Additional Essays	Statistics	Pre-Interview Scores and Weighting
Dalhousie University (12)	Minimum GPA provided (3.3/3.7).	Minimum MCAT provided (125 section, 503 overall)	No scoring information provided.	Information on necessary attributes provided in past admission documentation	Information on necessary attribute provided.	Information on matriculant average GPA, age, and geographic background provided.	Applicants informed of criteria weighting. Pre-interview scores provided.
University of Alberta	Minimum GPA provided (3.3).	Minimum MCAT Provided	No scoring information provided.	No information on evaluation provided.	N/A	Information of matriculant average GPA,	Applicants provided with academic an

(13)		(124 in sections).				average MCAT, and age.	non-academic scores.
University of British Columbia (14)	Minimum GPA provided (75%).	Minimum MCAT provided (124 in sections)	N/A	Information on necessary attributes provided.	N/A	Information on both matriculants and non-successful applicants provided. Details include average GPA, average MCAT and education background.	Applicants provided with academic and non-academic scores. Weighting of criteria is provided.
University of Calgary (15)	Minimum GPA provided (3.2/3.8).	Minimum CARS score for Non-Alberta n applicants provided (128).	N/A	Information of necessary attributes provided.	N/A	Information on both matriculant and non-successful applicants provided. Details include average GPA, average MCAT, interview and application scores.	Applicants provided with scores. Weighting of criteria is provided.