

Office of  
LEGISLATIVE AUDITOR GENERAL  
State of Utah

**REPORT NUMBER 2003-07**  
**July 2003**

**Follow-up Audit  
of  
Medical School Admissions**

During the past year, the University of Utah School of Medicine carried out most of the procedural recommendations made in our January 2002 audit of its admissions process. However, even though substantial changes have been made, the School of Medicine has not realized a substantially different class selection. The school's goal to enroll a diverse student body continues to produce a high rate of admission among female and minority applicants. The consideration of an applicant's diversity in terms of race and gender is a common practice among graduate schools nationwide and has received support from a recent U.S. Supreme Court decision. However, because the School of Medicine does not officially consider race and gender as indicators of diversity, the court's ruling may have little bearing on the school's admissions policies.

In January 2002, the Office of the Legislative Auditor General released a report titled **A Performance Audit of Medical School Admissions** (Report 2002-01). The report describes many ways in which applications were not handled according to the school's admissions policies. Subsequently, the Higher Education Appropriations Subcommittee asked the Legislative Auditor General to conduct a followup audit and verify whether the School of Medicine has implemented the recommendations contained in that January 2002 audit report. This report contains the findings of our follow-up audit.

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**Although considerable progress has been made, the school's diversity policy is still a concern.**

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During the past year, the School of Medicine has made considerable progress toward addressing the procedural problems with the admissions process. However, additional refinements are needed. To achieve greater consistency and compliance with its admissions policies, the School of Medicine needs to provide better training and supervision of its office staff and its Admissions Committee (which is comprised of a Review Committee, Interview Committee, Selection Committee and Executive Committee). In addition, the school still needs to reduce the number of applications sent to the Selection Committee that makes a final ranking of applicants.

The School of Medicine has not adequately addressed our concerns surrounding its policy to enroll a diverse student body. The term “diversity” is widely used in reference to gender and race-based admissions. However, the official policy of the School of Medicine is to prohibit the consideration of gender and race during the admissions process and instead seek “a mix of students with varying backgrounds and experiences... .” One concern is that some members of the Admissions Committee still consider an applicant’s race and gender as the primary indicators of an applicant’s diversity. Other committee members say they do not consider an applicant’s race and gender during the admissions process. However, they do tend to view the backgrounds and experiences of minority and female applicants as offering something unique to the class of students. The result is that minority and female applicants are accepted at a much higher rate than white male applicants.

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**Many improvements have been made to the admissions process.**

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## **Most of the Procedural Problems Have Been Addressed**

During the past year, the School of Medicine has created a more consistent process for evaluating applications than the one we observed during our prior audit. Previously, we found that many applications were not handled according to the school’s admissions policies. For example, some applicants who were rejected during the initial screening or “review” process were still granted interviews. Some of those were even accepted to medical school. On the other hand, some applicants who met all the admissions requirements and passed their interviews were still rejected without having their applications reviewed by the Selection Committee. The following describes how the school has responded to each of the procedural problems described in the prior audit report.

## **Independence of the Admissions Committee Has Improved**

During our prior audit we found many instances in which the Dean of Admissions decided to override some of the decisions made by the Admissions Committee. For example, there were several instances in which the dean decided to grant interviews to applicants even though the Admissions Committee had decided the applicant did not meet the minimum requirements for admission. These included several “courtesy” interviews for applicants who did not meet the minimum requirements but who were children of faculty members and prominent members of the community.

Although school officials did not believe such applicants would have been accepted, they were granted interviews anyway. The prior audit also identified applicants who were initially considered unqualified for medical school but who were mistakenly referred to the Selection Committee. Three were even accepted.

During the past year, the School of Medicine has developed a more formal process for reviewing applications that does not allow for the type of exceptions identified during the prior audit. Courtesy interviews are no longer given and the status of each application is decided collectively by three committees of volunteers who review applications, conduct interviews and make the final selection or ranking of applicants. If questions or concerns are raised about an application, an executive committee decides whether the application should proceed or whether further review or interviews are necessary. For the most part, we found that the Dean of Admissions is not as personally involved as in years past in deciding whether or not an applicant should receive further consideration.

## **Role of the Admission’s Dean Has Been Clarified**

In the past, the Dean of Admissions was also responsible for the school’s Office of Diversity and Community Outreach. Our prior audit raised concerns about potential conflict of interest because the same person who was responsible for recruiting women and minority students was also responsible for selecting a class of students. The School of Medicine has since appointed two associate deans who now oversee the two offices separately.

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**The School of Medicine has adopted a more systematic evaluation process.**

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## **Application Review Forms Have Been Clarified.**

The prior audit report stated that members of the Admissions Committee were not required to conclude whether they thought an applicant should be granted an interview. The committee members were asked, “Should this applicant be interviewed? Yes \_\_\_ No \_\_\_ Maybe \_\_\_.” Because the reviewer was allowed to choose “maybe,” the dean was often required to decide whether or not the applicant should receive further consideration. Furthermore, those who reviewed applications appeared confused by the forms they were asked to fill out for each applicant. As a result, committee members often provided review comments that were either irrelevant, inappropriate or which required interpretation by the Dean of Admissions. As a result, it was often the dean, not the Admissions Committee, that made critical decisions regarding the admission of certain individuals.

During the past year the School of Medicine has developed a new set of review forms. The school’s Review Committee now uses a more systematic process of rating each application against eight specific and measurable selection criteria. Any application that is rejected during the review process is carefully examined by a special Review Committee. As a result, the process appears more fair and objective than it did previously.

## **Interviewers Focus on Five Administratively Selected Criteria**

The School of Medicine has also addressed our concerns regarding the process of interviewing applicants. During our prior audit, we found that some interviewers asked questions touching on the applicant’s religion and race. According to school policy, such questions are considered “inappropriate, uncomfortable or possibly discriminatory... .” Furthermore, some of the written responses by interviewers contained statements that demonstrated bias toward an applicant’s gender, race and other personal attributes. Finally, the interviewers were required to use a scale to rank applicants that was confusing and resulted in inconsistent ranking of applicants.

The school’s new admissions process requires those who interview applicants to focus their attention on five specific areas: (1) motivation for seeking a medical degree, (2) awareness of the medical profession, (3) leadership and problem solving skills, (4) ability to effectively interact with patients, and (5) ability to recognize his or her weaknesses. As a

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**Interviewers are asked to focus on five key issues.**

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result of the new interview format, we believe that interviewers are doing a better job of addressing the issues selected by the School of Medicine. In addition, the interviewers are now required to make a clear recommendation regarding whether the applicant should receive final consideration for admission. However, some interviewers are not following the process as prescribed and continue to make comments that are inappropriate or irrelevant to the admissions process. When inappropriate remarks are identified, the admissions staff have been asked to block them out in order to prevent such comments from affecting other decision makers.

### **Selection Committee's Review of Applications Has Greatly Improved**

In the past, we found that several dozen applications were submitted to the Selection Committee for final consideration even though they had either unacceptable interview results or were otherwise judged unqualified for admission. Three such applicants were accepted and enrolled in medical school. For this review we examined approximately 60 applications and found no instances in which applicants rejected by the interviewers were submitted to the Selection Committee. The only applications considered by the Selection Committee were those deemed qualified by the Review Committee and had favorable responses from two interviewers.

The Office of Admissions has a policy of dropping very low scores given by members of the Selection Committee. This policy was designed to prevent one member of the Selection Committee from having too much effect on an applicant's ranking. Specifically, school policy requires that if a member's rating of an applicant is more than two standard deviations from the committee's average score then the outlier score must be dropped from the average. During our prior audit we found that this policy had not been followed. However, during the past year the admissions office has followed its policy of eliminating very low or very high scores.

During our prior audit we found a few cases in which the Dean of Admissions decided to accept certain applicants to medical school even though the Selection Committee ranked them behind other applicants who were not accepted. Since the prior audit, the school made several modifications to the process used to rank applicants. We found that the

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**The School of Medicine has improved its applicant ranking procedure.**

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process is being followed. Applicants have been accepted in the correct order according to their ranking.

In conclusion, the School of Medicine has made significant changes to the process it uses to review applications, interview applicants and make a final ranking or selection of a medical school class.

## **Additional Improvements Are Needed**

Although the admissions process is much improved, the school needs to take several additional steps to ensure that its admissions policies are followed. First, the Office of Admissions should develop a quality control process to verify that the review process is carried out consistently and that interviewers focus only on the five areas they are asked to evaluate. Second, the School of Medicine should continue to explore ways to eliminate more applications during the review and interview phases of the admissions process. Third, the school needs to do a better job of screening out applicants who do not have a proven record of high academic performance.

### **Selection Criteria Can Be Applied More Consistently**

The admissions office needs to ensure that the school's selection criteria are consistently and correctly applied. We found a number of instances in which those assigned to review applications or interview applicants did not follow the school's admissions process. In most cases the errors were not significant. However, there were a few applicants that were rejected prematurely because the admissions procedures were not properly followed.

There are three steps in the admissions process: (1) a review phase during which staff verify whether the minimum requirements for admission have been met; (2) an interview phase in which two or three interviews are conducted; and, (3) selection phase in which each applicant receives a final ranking by the Selection Committee. At each phase of the admissions process, we found that changes have been made to eliminate inappropriate decisions. We believe continued vigilance is necessary as we occasionally found some admissions procedures that were not correctly or consistently followed.

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**Some committee members base their decisions on factors other than those specified by school's admissions policies.**

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**Review Staff Can Be More Consistent in Their Administration of the Admissions Criteria.** The staff within the admissions office are asked to examine each application and determine whether the minimum requirements have been met in each of eight areas:

1. Grade Point Average (GPA)
2. Medical College Admissions Test (MCAT)
3. Physician Shadowing
4. Patient Exposure
5. Leadership Ability
6. Demonstrated Ability to Multi-Task
7. Community/Volunteer Services
8. Research Experience

Each applicant must meet the minimum requirement in each area and have an above average rating in at least five of the eight areas. For example, in the area of “community/volunteer services, the school requires that an applicant have a minimum of “three to four months” of service. On average, an applicant should have provided some community service during each year in college. Of the 61 applications we examined, we found 13 in which the standard was not correctly applied. The applicant was either given a higher or lower rating for their volunteer service than they should have received. We found similar problems in the way staff examined some of the other selection criteria. One problem is that some of the criteria are unclear and open to interpretation.

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**Some of the selection criteria is vague and open to interpretation.**

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### **Interviewers Not Always Following Procedures.**

The School of Medicine has improved the forms that interviewers use to describe the results of their interviews. The improved form forces interviewers to focus on five issues:

1. Motivation for pursuing a career in medicine,
2. Awareness of the medical profession,
3. Leadership and problem solving skills,
4. Personal qualities such as confidence, care, humility, and humanity,
5. Self-appraisal ability.

Based on the interviewer’s evaluation of the above five areas, they must recommend whether an applicant should be considered by the Selection

Committee. In addition, the interviewers are required to clearly describe the basis for their recommendation.

For the most part, we found that interviewers are focusing on the five areas. But, we did find that some interviewers based their conclusions about an applicant on other criteria. For example, one interviewer rejected an applicant because, among other things, the interviewer said the applicant spoke too much. In contrast, another interviewer rejected an applicant, in part, because the applicant did not speak up enough during the interview.

In addition, some interviewers neglected to draw any conclusion regarding the applicant's abilities in each of the five areas of concern. For example, some interviewers failed to report whether they felt the applicant had proper motivation or sufficient awareness of the profession as required. Instead, the interviewer merely wrote down the applicant's statements relating to those topics. As a result, the interviewers provided little support for their conclusions to reject or accept an applicant.

Furthermore, we found many instances in which the interviewer's conclusion did not match the comments made in the interview form. For example, we found some cases in which all of the interviewer's written comments were relatively positive, but the recommendation given was to reject the applicant. In other cases, the reason for rejecting an applicant was that "there was nothing really wrong with this applicant but nothing really outstanding either." However, the interviewer apparently did not know that the applicant was among the most highly qualified applicants in terms of his academic qualifications. Interviewers must describe their justification based on the five criteria if they plan to reject an applicant. Otherwise, it may appear that the rejection is based on the interviewer's personal biases rather than the school's selection criteria.

**Interview Should Avoid Commenting on Applicant's Gender and Race.** In some cases, it appears that the interviewer's conclusions were based on information that they have been specifically instructed not to consider. The training manual provided to each interviewer states that interviewers should "not include comments about the applicant's: gender, age, race or ethnicity, religion, sexual orientation, disability, parent's occupation, marital or child status, rural vs. urban status." Yet we found that some interviewers continue to make comments that addressed such issues.

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**Contrary to policy, some interviewers continue to consider an applicant's race, gender, economic status and geographic background.**

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For example, some interviewers made comments indicating that an applicant comes from a rural setting, that he/she is of a certain ethnic minority, or come from an economically disadvantaged family or community. Even though we did not find any comments that suggested the same strong bias that was uncovered during the prior audit, the school still needs to encourage its interviewers to focus on the five interview criteria described in the **Admissions Committee Training Manual**.

We believe the school needs to provide additional training to interviewers. Admissions staff should also review a sufficient number of interview comments to verify that the interviewer has complied with the admissions process and has provided proper support for his or her recommendation.

When applications are presented to the Selection Committee, the admissions office staff prepare a one-page summary with highlights of the application. We found that several of these summaries contained references to the applicant's race. Obviously, the school can not eliminate all references to race, gender and other personal characteristics – especially if they are described in a letter of recommendation or in the applicant's personal statement. However, when the school's own staff prepare summary statements, we expect them to avoid commenting on subject matter that is prohibited by the school's admissions policy.

### **Number of Applications Sent to the Selection Committee Could Be Reduced.**

In our prior audit report we recommended that the School of Medicine investigate ways to reduce the number of applications under consideration by the members of the Selection Committee. At that time, we found that a relatively small number of applications were eliminated during the review and interview phases that precede the Selection Committee's review of the most qualified applications. As a result, the Selection Committee was required to spend many hours reviewing the nearly 250 applications that were presented to them. The more applicants the Selection Committee reviews, the less time they can spend considering each application. For this reason, we encouraged the School of Medicine to explore ways of increasing the number of applications eliminated during the review and interview phases of the admissions process.

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**More applications need to be eliminated during the review and interview phases of the admissions process.**

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During the past year, however, the number of applications presented to the Selection Committee actually increased. The reason is that fewer applications were eliminated during the review and interview phases of the admissions process. During 2001, 53 percent of applications were eliminated during the review and interview phases of the admissions process. For 2003, only 35 percent of the applications were eliminated during the review and interview phases. The Selection Committee might have reviewed even more applications than last year but the school experienced a significant decline in the number who applied to medical school.

The School of Medicine reports that the rise in applications going to the Selection Committee is due to the many changes that have occurred in the admissions process during the past year. Because so many steps in the admissions process are new, the Admissions Committee and staff have had a tendency to give every applicant the benefit of the doubt and to avoid rejecting applications unless there was a clear justification for doing so. In the future, as the admissions process is further improved, the School of Medicine expects to eliminate more applications during the early stages of the admissions process.

### **Academic Records Need Greater Scrutiny**

The School of Medicine still needs to address our concerns regarding the way they evaluate the academic qualifications of each applicant. During our prior audit we questioned the school's use of different academic requirements for disadvantaged and non-disadvantaged applicants. We also encouraged the School of Medicine to give greater consideration to each applicant's academic abilities.

Since our prior audit, the school has adopted a single GPA and MCAT requirement and has developed a method of rewarding applicants with very high scores and penalizing those with very low scores. While we recognize their effort to improve the process, the school is still not giving an adequate review of each applicant's academic background. Our concern is that the school may admit students who are not adequately prepared academically.

**Medical School No Longer Has Different Requirements for Disadvantaged and Non-disadvantaged Applicants.** The School of Medicine has stopped its practice of applying one standard to

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**The School of Medicine accepts applicants with only a 2.5 GPA while the other graduate programs require a 3.0 GPA.**

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disadvantaged applicants and another to those who are not disadvantaged. Previously, disadvantaged students would be considered for admission as long as they had a GPA above 2.5, while other applicants needed a 3.2 to be considered. As recommended in our prior audit, the School of Medicine has adopted a single minimum requirement for GPA and MCAT scores. Beginning this year, any applicant with a GPA above 2.5 and an MCAT score above 21 could be considered. One concern is that the new academic standards represent, for the most part, a lowering of the school's minimum requirements for admission. This action contradicts a request by the Board of Regents for increased admissions standards (See page 36 of our prior report). By comparison, other graduate programs at the University of Utah require applicants to have at least a 3.0 GPA.

The problem with allowing students with low GPAs to apply, is that the school may admit students who are not adequately prepared for the academic rigors of medical school. During the recently completed recruitment for the coming school year, the School of Medicine has given serious consideration to many applicants with a GPA less than 3.0 and some have been accepted. For the coming school year, there are six students who were accepted with undergraduate GPAs less than 3.0. We are concerned that they have not demonstrated the ability to perform well in medical school.

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**For the coming school year the school has accepted six students whose undergraduate GPAs were below 3.0.**

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#### **GPA and MCAT Now Factored Into an Applicant's Final Score.**

In order to give greater weight to an applicant's academic record, the school has developed a ranking system that rewards students with very high GPAs and MCAT scores and penalizes those with low scores. Each applicant's GPA and MCAT scores are compared against the average scores of all pre-med students from their undergraduate institution. Five percent of an applicant's final ranking is based on his or her GPA and five percent is based on his or her MCAT score. We are concerned that the approach is overly simplistic and does not allow the school to properly evaluate an applicant's true cognitive abilities.

Under the school's new system for ranking MCAT scores, applicants are given 2, 3 or 4 points depending on how their MCAT score compares to those of other pre-med students from their undergraduate institution. One concern we have is that the MCAT is a national test, and all applicants should be measured against each other and not only against other students from their undergraduate program. The current system

applies a different standard to applicants with the same MCAT score and, thus, awards different points.

For example, during the recruitment for the class entering in the fall of 2003, there were 17 applicants with a MCAT score of 26. Of those, 7 received a rating of 3 from the School of Medicine, while 10 received a rating of 2. The reason for the different ratings is that each applicant's MCAT score was compared to the average score of students from their undergraduate school and not all students who took the exam. Those who received a rating of 3 came from schools where the average MCAT score was relatively low. Figure 1 shows the range of MCAT scores for which applicants received two, three or four points from the School of Medicine.

**Figure 1. Medical School Awards Different Points to Students with the Same MCAT Scores.** Some students who score as high as 27 on the MCAT may be awarded 2 points while students who score as low as 26 on the MCAT may receive 3 points.

Range of MCAT Scores by Points Awarded*		
2 Points	3 Points	4 Points
22 to 27	26 to 36	33 to 39

\* Applicants with Utah Residency Only.

Figure 1 shows that applicants with MCAT scores from 22 to 27 were awarded 2 points on a scale of 2 to 4. Applicants with MCAT scores ranging from 26 to 36 were awarded 3 points. Applicants with MCAT scores ranging from 33 to 39 were awarded 4 points. We question the fairness of awarding a score of three points to an applicant who achieved a 36 on the MCAT while some with a score of 33 on the same national exam would receive four points.

**System of Scoring GPAs May Not be Fair.** We are also concerned that the school's system for rating an applicant's GPA is overly simplistic and does not account for all the factors that could be considered beyond just the raw GPA. As with the MCAT scores, the School of Medicine has developed a statistical method for rating an applicant's GPA. Applicants within one standard deviation of the average GPA for their undergraduate school receive 3 points. Those with a GPA greater than one standard

Applicants with an MCAT score of 36 received a lower rating than others with a MCAT of 33.

deviation above the mean receive 4 points. Those greater than one standard deviation below the mean receive 2 points. The following describes how the new scoring system was applied during the past year.

**Figure 2. Medical School Awards Different Points to Students with Similar GPAs.** Students whose college GPA is as high as 3.94 received the same rating as applicants with a GPA of 3.46.

Range of College GPA by Points Awarded*		
2 Points	3 Points	4 Points
2.98 to 3.43	3.46 to 3.94	3.96 to 4.0

\* Undergraduates from the University of Utah. Applicants from other schools received 2 points with GPAs as low as 2.80.

Figure 2 shows that an applicant from the University of Utah with a GPA of 3.94 was given a rating of 3 points, while a classmate with a 3.46 GPA was given a rating of 3 points as well. However, an applicant with a 3.96 GPA received a rating of 4.

The School’s approach to rating an applicant’s GPA is arbitrary because it makes a very large distinction between an applicant with a 3.94 and another applicant with a 3.96 GPA without considering all of the factors that can influence the GPA. The use of an arbitrary statistical method is surprising considering that the dean of the School of Medicine has said that the raw GPA alone is not an appropriate indicator of a student’s cognitive abilities. During a presentation to the Higher Ed Appropriation Committee the dean said:

We look at overall GPA, science GPA non-science GPA. We consider how an applicant has done in his or her most recent two years in school. Is there an upward trend, is there a downward trend, have there been withdrawals, repeats, and other factors that impact GPA such as working more than 30 hours during school, having personal or family illness, or limited access to quality secondary education. ... By evaluating these factors I mentioned, we can better determine whether the applicant’s raw GPA is a true indicator of his or her cognitive ability.

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**The Admissions Committee no longer examines each applicant’s college transcripts.**

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In addition to those mentioned by the dean, we recommend that the school consider other factors affecting GPA such as the difficulty of the major field of study or the number of classes taken at one time. However, even though the dean suggested that the School was examining each applicant's GPA in light of these factors, we found that no one on the Admissions Committee is currently examining each applicant's college transcripts in this manner. Instead, the school relies on a statistical method that oversimplifies the analysis and does not give an adequate consideration to the applicant's cognitive abilities.

We examined the transcripts of dozens of applicants and were impressed with the academic credentials of some even though they had relatively low GPAs. They had taken many challenging courses at once, majored in a difficult field of study such as microbiology or chemistry and completed their course work while also participating in research and other time consuming activities. In contrast, we were not as impressed with some applicants even though they met the schools minimum GPA and MCAT requirements. They did not major in a rigorous field of study. They took most of their credit hours at a community college. Some repeatedly dropped classes and carried a light class load. Some took many years to complete college. Yet, they were considered by the Selection Committee and some were accepted in spite of their relatively poor academic record.

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**Some applicants with relatively poor academic records were accepted to medical school.**

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In the past, the Review Committee made a careful examination of each applicant's college transcripts and evaluated each applicant's academic record in the manner described previously by the dean. For some reason the Review Committee no longer evaluates each applicant's college transcripts and MCAT score. Instead, one staff member reviews the transcripts but only with the purpose of identifying whether applicants with very low scores should receive further consideration. In fact, in some cases, the staff suggested that certain applicants were not adequately prepared for medical school. Even so, because they met the minimum requirement of a 2.5 GPA, they received further consideration. Some were even accepted.

Our concern is that the Admissions Committee does not distinguish those applicants with a truly exceptional academic records from those who do not. Some members of the Selection Committee have told us that they assume that all applicants considered by their committee have excellent academic records. This is not the case; the committee has considered, and

the school has accepted some students with rather weak academic records. We recommend that the Review Committee again be given the responsibility for examining the full academic record of each applicant and that they eliminate those with relatively poor academic qualifications.

**School of Medicine Should Identify Factors that Predict Success as a Physician.** The School of Medicine is not alone in placing less emphasis on an applicant's academic record. Nationwide, medical schools are more concerned about an applicant's ability to interact and communicate effectively with patients and less concerned with academic ability. School officials cite research studies that show a poor correlation between a student's GPA and MCAT score and his or her effectiveness as a physician. School officials argue that just because someone is highly intelligent does not necessarily mean he or she will be able to interact well with patients. As a result, the University of Utah, like other medical schools, considers not only an applicant's academic ability but also the applicant's community service, leadership, communication skills, problem solving skills, and awareness of the profession.

We are concerned that school officials still do not know what characteristics best predict a person's ability to be an effective physician. School officials discount the importance of an applicant's academic achievements because there is little correlation, they say, between a person's grades and their ability to perform as a physician. However, the School of Medicine does not have enough evidence to support its use of its other, more subjective selection criteria.

During our prior audit, we suggested that the school conduct a study to see which attributes best predict success in medical school. Specifically, we suggested that the medical school use the reports it receives from residency programs regarding the effectiveness of each recent graduate from the School of Medicine. These reports, used to identify program weaknesses, could also be used to identify students who are the most successful in their residency programs. The school could then review and identify which attributes identified during the admissions process best correlate with success in the residency program. Although school officials agreed to this approach, the school did not retain the residency reports this year. We recommend that the School of Medicine begin collecting residency reports each year and use them to verify which of its selection criteria best predicts a student's success as a physician.

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**The School of Medicine needs to identify those characteristics that best predict success in medicine.**

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## Diversity Remains a Primary Consideration

Our prior audit report raised concerns about the school's diversity policy because it appeared inconsistent with the school's policy on non-discrimination. Although the school's admissions policies prohibited the consideration of such factors as "race, ethnicity, gender, religion, age..." we identified many written comments in the application files that showed that members of the Admissions Committee were in fact considering race, gender, and other factors that they had been instructed not to consider. The result was that minorities and women were accepted at much higher rates than applicants who were either white or male. For this reason, we recommended that the School of Medicine to clarify its admissions policies and bring them in line with its policy on non-discrimination.

During the past year the School of Medicine has made an effort to discourage any consideration of race and gender by the members of the Admissions Committee. Although they continue to seek a diverse class of students, the school's official policy is to avoid the consideration of either race or gender during the admissions process. During our follow-up review we examined dozens of interview notes and review comments. We found that the school has made progress in reducing the frequency in which committee members comment on the applicant's race and gender. On the other hand, we found that the rate of acceptance among female and minority applicants continues to exceed the rate of acceptance of white male applicants. The school's continued emphasis on diversity appears to be the primary cause.

We found that some interviewers and Selection Committee members are still considering an applicant's race and gender during the admissions process. It appears that for some committee members, diversity is essentially a matter of gender and race. However, even the committee members who consciously avoid considering an applicant's race or gender still tend to view the minority and female applicants as offering something different and unique to the student body. Because there are so few minority and female applicants, and because they do tend to have different experiences and backgrounds than most white male applicants, the minorities and females do tend to stand out.

We have several concerns about the school's emphasis on diversity. First, the school has not done enough to define diversity and has not

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**Even the committee members who consciously avoid considering race and gender still consider minority and female applicants as offering more diversity.**

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provided a systematic way of identifying students who are diverse. Second, applicants have not been told of the importance that diversity plays in the admissions process and they have not been given an opportunity to demonstrate how they might add diversity to the student body. Third, it is unclear what educational benefits should result from the school's goal of diversity.

**Minorities and Females Continue To Be Accepted at a Higher Rate than White Males**

During our prior audit we found that female and minority applicants were admitted at about twice the rate of their white and male counterparts. Little has changed during the past year. Figure 3 shows that female applicants continue to be accepted at a higher rate than male applicants. Of those who applied in 2003, 60 percent of the female applicants were accepted but only 26 percent of male applicants.

**Figure 3. Females are Accepted at a Much Higher Rate than Males.** Acceptance rate of female applicants has increased.



**The School of Medicine accepts women at a rate that is two and one-half times the rate of acceptance for men.**

Figure 4 compares the acceptance rate of minority and white applicants. During 2003, 52 percent of the minority applicants were accepted while 31 percent of the white applicants were accepted.

The School of Medicine accepts minority applicants at a higher rate than white applicants.

**Figure 4. Minority Applicants Accepted at Higher Rate than White Applicants.** Since 2000, after the School of Medicine began to focus on diversity, the minority applicants have been accepted at a higher rate than white applicants.

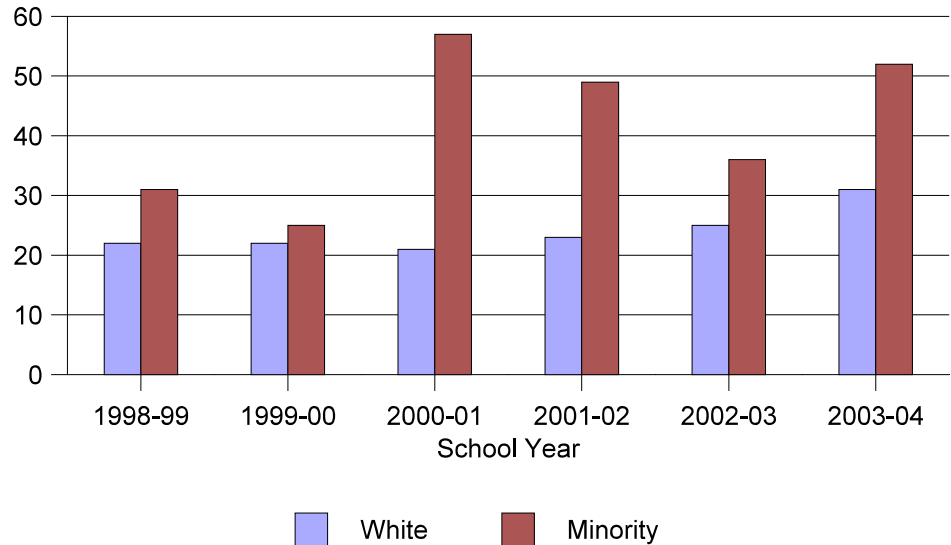


Figure 4 shows that minorities continue to be accepted at very high rates. During 2003, a minority applicant had about a fifty percent chance of being accepted whereas white applicants were accepted at a rate of about one in three. In 1998 and 1999, before the implementation of President Machen's diversity policy, minority and white applicants were accepted at approximately the same rate.

Figure 5 shows the combined effect of the school's apparent preference for female and minority applicants. White males are accepted at about one-third the rate that minority females are accepted.

**Seven of every ten female, minority applicants were accepted in 2003.**

**Figure 5. Percentage of Applicants Accepted, Minority Females and White Males.** Applicants who are both minority and female are accepted at three times the rate of white male applicants.

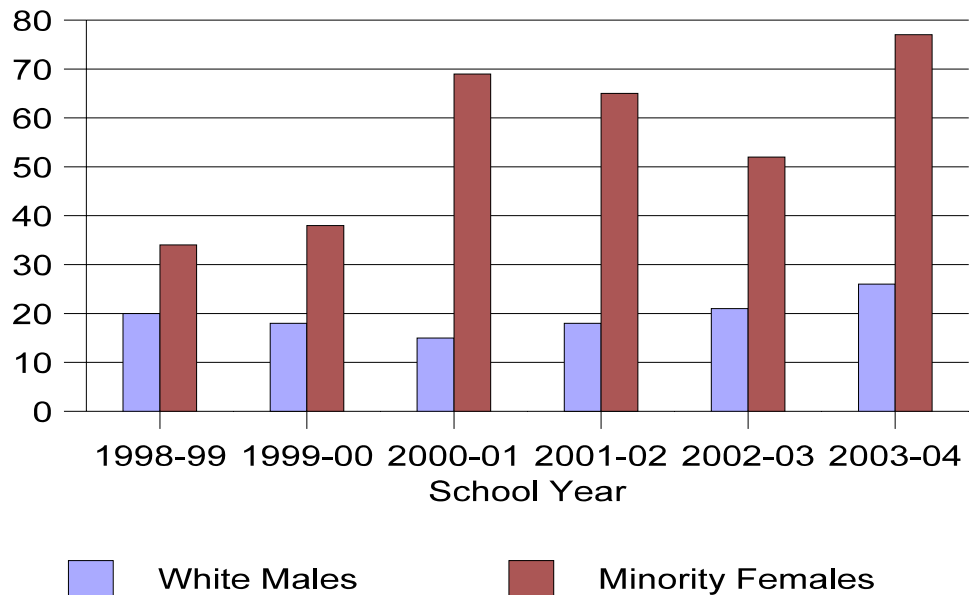


Figure 5 shows that one in four white male applicants was accepted for the class beginning in the fall of 2003, but applicants who were both female and from an ethnic minority population were accepted at a rate of more than seven of ten. School officials said they could not explain why minority and female applicants would be accepted at such high rates. However, they deny that race or gender is given formal consideration during the admissions process.

### **School Officials Suggested That Minorities And Women Are Better Applicants**

When asked to explain the higher rate of admission among minority and female applicants, school officials speculated that female and minority applicants may be better prepared for medical school than white male applicants. School officials suggested that females and minorities must overcome greater obstacles than their white male counterparts in order to even qualify for medical school. For this reason, they believe, only the best females and minorities apply to medical school. In effect, these populations “self-select.” In contrast, school officials believe that less qualified male applicants are applying in greater numbers.

**School officials believe that women and minorities are accepted at higher rates because only the best females and minorities apply.**

**We found no evidence that minority and female applicants are better qualified than white male applicants.**

We question the theory that self selection explains the higher rate of admission among women and minorities. Our review of the academic records identifies that the females and minorities accepted to the School of Medicine had lower average GPA and MCAT scores than their white male counterparts. In fact, as previously mentioned there were six applicants who were accepted even though they had an undergraduate GPA below 3.0. Of those, five were minorities. The sixth was a white male who was accepted because of an interstate contact that requires the school to accept 9 students from Idaho. Furthermore, when we compared performance for each of the school’s eight selection criteria we found that the white males performed at least as well as the female and minority applicants. Figure 6 identifies the eight selection criteria used during the preliminary screening in the admissions process and the percent by demographic group that were rated below the school’s “average” for each category.

**Figure 6. By Demographic Group: Percent who were Rated Below “Average” for each of Eight selection Criterion.** Based on the school’s rating for each of eight selection criteria, there is no evidence that white male applicants are less qualified than those who are either female or ethnic minority.

	White Male	White Female	Minority Male	Minority Female
<b>Percent Accepted:</b>	<b>26%</b>	<b>57%</b>	<b>29%</b>	<b>77%</b>
<b>Percent Below Average:</b>				
1. GPA	17%	16%	57%	71%
2. MCAT	35	79	43	88
3. Physician Shadowing	3	6	0	12
4. Patient Exposure	4	6	0	6
5. Leadership	5	3	0	6
6. Multi-tasking	31	26	0	47
7. Volunteer Service	3	3	0	0
8. Research	1	0	14	6

The data in Figure 6 show little evidence of self-selection by female and minority applicants. Although each of the minority male applicants were average or above average in 5 of the selection criteria, many were below average in terms of their academic preparation and their research. If there

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**The Selection Committee considers each applicant's (1) commitment to excellence, (2) diversity of experience, and (3) humanitarian qualities.**

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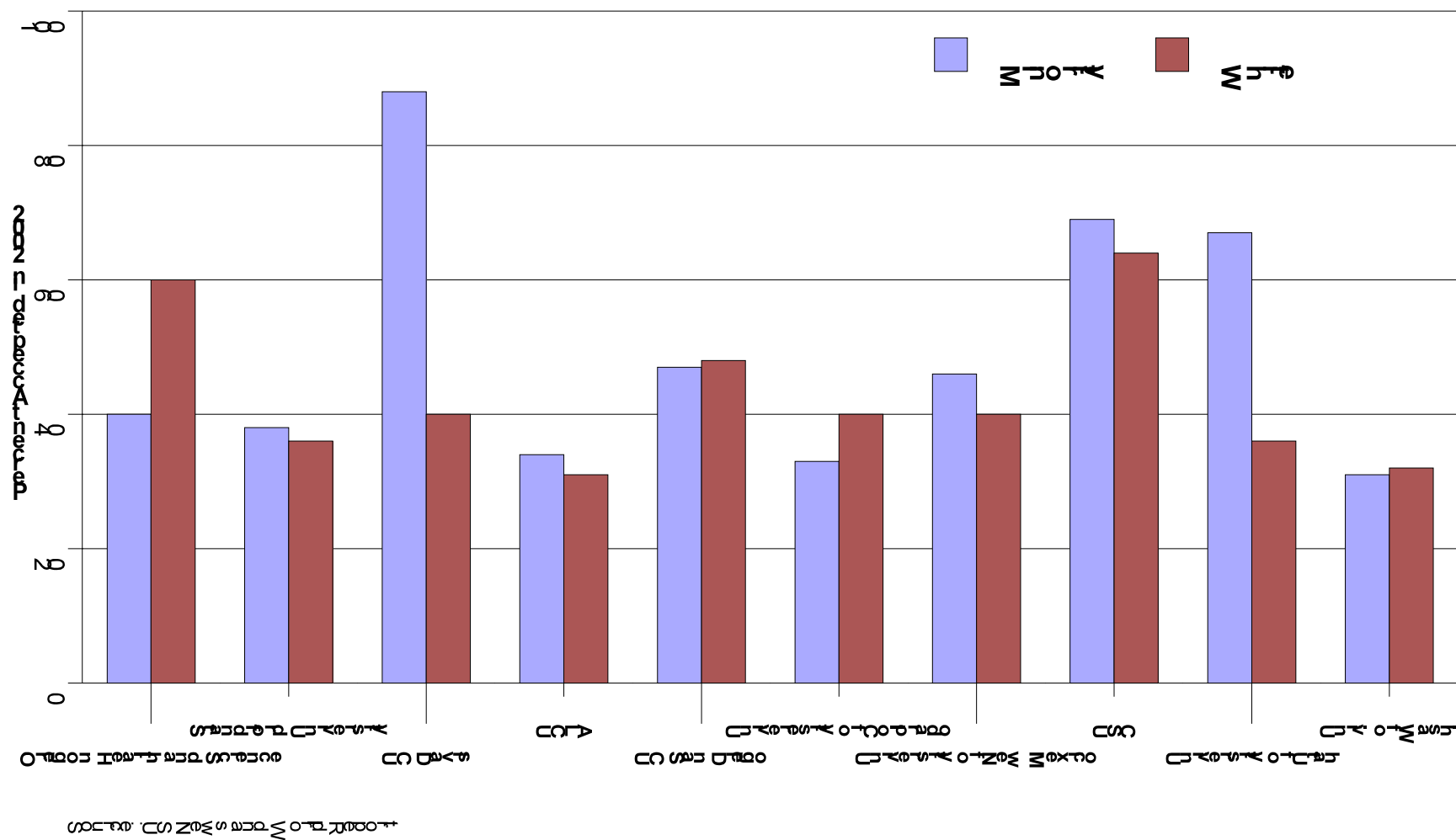
was self-selection going on, we would expect the female and minority applicants to have fewer below average performers than the white male applicants. We conclude that it is not their superior preparation in terms of the school's eight selection criteria, rather it appears that female and minority applicants are selected at higher rates due to the consideration of other factors by the Selection Committee.

According to school officials the Selection Committee is asked to consider the school's three core values as they review each application. They are: (1) commitment to excellence, (2) diversity of experience, and (3) humanitarian qualities. The consideration of these values, according to the School of Medicine, may result in a higher rate of acceptance of female and minority applicants. School officials suggest that although race and gender are not directly considered, they may be "co-factors" that tend to favor the selection of women and minorities. For example, although the school may not directly consider an applicant's Hispanic ethnicity, the fact that he or she grew up in a low income community, in a multi-cultural setting, and speaks English as a second language may suggest that the applicant has greater compassion and understanding for people who are under-served by the medical community. So, according to school officials, it would be this applicant's experience rather than their ethnic background that may lead the selection committee to believe the applicant offers greater diversity and humanitarian qualities than other applicants who do not have that background.

**University of Utah Is Fairly Unique in its High Rate of Acceptance of Minority and Females.** By comparing Utah's admissions rates to those of other state medical schools we found additional evidence that it is Utah's admissions process and not the self-selection by the applicants that produces the higher rate of acceptance among minorities and females. Figure 7 shows that the University of Utah is fairly unique among schools in terms of its treatment of minority applicants.

**Figure 7. Only the Universities of Utah and California Davis have Higher Acceptance Rates of Minority Applicants.**

Except for the University of Utah and UC Davis, most medical schools in the Western United States have roughly the same rates of acceptance among minority and white applicants.



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**Other schools accepted women and minorities at roughly the same rates as males and whites.**

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If only the best minority applicants were in fact applying to medical school, one would expect to find other medical schools also admitting them at high rates than white applicants. Instead, most other institutions accept roughly the same percentage of minority applicants as they do white applicants. The data suggests that the cause for the higher rate of admissions among minorities at Utah is the admissions process, not that the minorities are more qualified and the whites less qualified.

The pattern of low number of minority applicants, elevated acceptance rates and number of minorities accepted is similar for female applicants [see **Appendix**]. Most other western medical schools accept roughly the same percentage of females who apply as they do the males. The data also show that the most significant difference between the University of Utah and other schools is that the University of Utah does not attract nearly as many minority and female applicants as other institutions. Because few women and minorities apply, the University of Utah must admit a higher percentage of females and minorities than other institutions in order to achieve a diverse student body.

### **Diversity Policy Is the Main Cause for the High Rate Of Admission among Minorities and Females**

We attribute the higher rate of admission for female and minority applicants to the school's goal to create a more diverse student body. Expanding diversity is not only the goal of the university's administration but is also supported by the Board of Regents and the Association of American Medical Colleges, the school's accrediting organization. The underlying goal is to create a student body in which students are exposed to people with ideas, attitudes and experiences different from their own. However, it is difficult to measure the level of diversity of ideas and attitudes that may exist in a student body. Instead, the University of Utah usually evaluates its diversity goals in terms of the number of minority and female students enrolled. A class of students is not considered sufficiently diverse unless it reflects the same percentage of women and minorities as the population at large.

**The Goal Is to Expose Students to Ideas Different from Their Own.** Ever since J. Bernard Machen assumed the role of President of the University of Utah, he has listed among his goals the enrollment of a more diverse student body. Although the underlying goal is to create a class with individuals who come from different backgrounds and

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**President Machan speaks of diversity in terms of enrolling students with different ethnic and racial backgrounds.**

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experiences, the goal of diversity is most often discussed in terms of expanding the enrollment of minorities and women.

During his inaugural address in 1998, President Machen said:

We owe our students preparation for the kind of society in which they will be living. Many come to the University from homogeneous backgrounds – environments where their values and culture have never been challenged.

By exposing students to a diversity of ideas, the President suggests they will be better prepared for a world that is becoming increasingly diverse. However, the goal of increasing the diversity on campus is most often discussed in terms of expanding the enrollment of minority and female students. Continuing with the President’s inaugural address, he said:

We need to bring individuals from diverse ethnic and racial backgrounds into the University so as to enrich the discussion and debate that takes place here. Moreover, since we are a public institution, it is our obligation to be sure that representatives of all segments of society can participate in the debate.

Based on the above statements, our discussions with individuals associated with the School of Medicine, and from on-campus publications, we have concluded that the goal of a diverse student body contributes to the increased enrollment of female and minority students. Although a recent ruling by the US Supreme Court recognizes that racial diversity is an acceptable goal for a university admissions process, the official position of the School of Medicine is that race and gender are not part of their diversity program. Their stated goal is to seek a class of students with a diverse set of backgrounds and experiences. Nevertheless, many of those who serve on the school’s Admissions Committee agree with the university President that diversity is largely a matter of race and gender.

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**The School of Medicine’s definition of diversity is more limited, focusing on background and experience.**

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**Creating Diversity from Current Applicant Pool Is Difficult.** The goal to create a diverse student body is an especially difficult task for the School of Medicine because most applicants are quite similar. Unlike most other medical schools, the School of Medicine draws its students from a rather homogeneous applicant pool. The vast majority of applicants are white and male. Most are from the Wasatch Front and have similar backgrounds and experiences. Many have spent time away from home for religious missionary service. Many have common experiences



such as earning an Eagle Scout award, and engage in the same kind of extra-curricular activities that are common among residents of the inter-mountain west. While they may be well prepared academically for medical school, they offer little in terms of diversity.

Fortunately, the characteristics that make white male applicants from Utah appear similar to the School of Medicine are the very characteristics that set them apart when they apply to medical schools in other states. For example, the missionary service provided by many young men from Utah is an attribute that sets them apart when applying to Washington State, Johns Hopkins, Baylor, Duke and Columbia. As a result, pre-med student from Utah may find it easier to be accepted to the medical school programs in other states than to the program in their own state.

**Females and Minorities Tend to Stand Out.** In contrast to the large number of white males that apply, relatively few women and minorities seek admission to the School of Medicine at the University of Utah. Whether or not they intend to consider the applicant's race and gender, the interviewers and the Selection Committee tend to identify the minority and females applicants as offering the greatest diversity. It appears that some committee members are giving preference to women and minorities because of their race and gender. However, during our review of applications we also found that the female and minority applicants do tend to have different experiences and backgrounds than the typical white male applicant from Utah. Many applicants who are ethnic minorities or female have taken an unconventional route to medical school. Often their life experiences offer what Admissions Committee considers to be a "compelling story" different from the experiences of a typical white male applicant.

**Contrary to Policy, Some Admissions Officials Consider an Applicant's Race, Gender and other Factors Prohibited by Policy.** We found that at least two members of the Selection Committee appear to have difficulty considering an applicant's diversity without focusing on race, gender or one of the other factors that are specifically prohibited by the school's admissions policies. For example, one Selection Committee member said that he considers race and gender during the admissions process "because we are imbalanced." He said the state has a population consisting of 50 percent females, but females only represent 30 to 40 percent of the student body at the School of Medicine. For this reason, he believes the school needs to enroll more females.

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**Because most applicants are white men, the women and minorities tend to stand out.**

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**Some members of the Admissions Committee do consider an applicant's race and gender.**

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**Committee members have difficulty describing diversity without referring to race, gender and other characteristics that are supposed to be off-limits.**

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Another Selection Committee member told us that he feels that minority groups are under represented. He said that if two applicants are similarly qualified in terms of academics, one white and one a minority, he would give preference to the minority applicant. During our review of written comments made by each interviewer we found that some interviewers tended to focus on the applicant's race and ethnicity as reasons why the applicant should be considered diverse. One interviewer made reference to an applicant's status as a "single parent" as an indicator of her diversity. Another interviewer noted that an applicant's involvement in politics demonstrated diversity.

More often than not, we found that when an interviewer made comments about an applicant's diversity, it was made in reference to one of personal factors that is specifically prohibited by the school's policies. The training manual for the Admissions Committee provides the following instruction:

Each application is considered according to the selection criteria and individual merit. Decisions are not made on the basis of marital status, college attended, major field of study, political affiliations, prior occupation, parental occupation, religion, age, gender, disability, race, ethnicity, or rural vs. urban status.

Although the medical school's policy specifically prohibits the consideration of race and gender as well as a number of other factors, the Admissions Committee are finding it extremely difficult to evaluate an applicant's diversity without considering one of those factors.

### **School of Medicine Needs to Clarify And Provide Support for its Diversity Policy**

If the School of Medicine wishes to continue to consider an applicant's diversity during the admissions process, it will need to first define what it means by diversity and provide the Admissions Committee with a systematic way of identifying applicants that meet the criterion. Second, they need to inform applicants that they will be considered in terms of the diversity they will bring to the class of students and provide the applicant with a means of demonstrating their ability to add diversity. Third, the school should demonstrate the basis for its decision to emphasize diversity and the educational benefits that it hopes to achieve through its policy.

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**The School of  
Medicine needs to  
clearly define the  
attributes they are  
looking for in a  
diverse applicant.**

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**Define Diversity and Then Create a Systematic Way of Evaluating an Applicant's Diversity.** The school acknowledges the need to view diversity broadly, however our concern is that admissions officials have not been given a clear definition of diversity or a systematic means of evaluating an applicant's diversity. Although guidelines have been established for most of the attributes considered by the Admissions Committee – such as a person's leadership and problem solving skills, or their awareness of the medical profession – no such guidelines or procedure has been developed to evaluate all of the different ways that an applicant's diversity could be examined.

The training manual for members of the Admissions Committee provides examples of the type of attributes that could be used to describe an applicant's diversity. These include:

...the fact that someone grew up with parents imprisoned in a prison camp, the fact that someone was presented with unique experiences during a religious mission, or the fact that someone came to medical school after pursuing a different career would all be proper areas of inquiry and could be considered as positive factors in the selection process.

We believe this statement does not adequately explain what specific attributes the Selection Committee should consider in evaluating an applicant's diversity. It is also inconsistent with other policies. Elsewhere in the school's admissions policy, committee members are required avoid asking questions about or making reference to such factors as an applicant's ethnic background, religion, or prior occupation. Yet these are the very factors that are described as examples of diversity in the school's policy. We question how an interviewer is supposed to inquire about an applicant's diversity, if questions about race, religion, or a prior career are prohibited. We have found that when committee members try to describe an applicant's diversity, they usually end up making reference to personal attributes such as race, religion or marital status even though they have been asked to avoid such topics.

Until the School of Medicine develops a clear definition of diversity and a systematic way of identifying those students who can best add diversity, we believe that the policy is not workable.

**Disclose to Applicants the School's Focus on Diversity.** The information provided to applicants does not, in our view, provide

sufficient disclosure that they will be evaluated in terms of their ability to add diversity to a student body. Applicants are also not formally invited to demonstrate the ways in which they might offer diversity to a class. One institution we are aware of, actually invites applicants to prepare a personal essay describing the ways in which they would add diversity. Given the emphasis that the University of Utah places on diversity, we recommend that applicants be notified of this emphasis and be given an opportunity to demonstrate how they will add diversity to the class.

**School of Medicine must Demonstrate the Educational Benefits of Diversity.** If there are specific educational benefits to enrolling a diverse class of students, the School of Medicine should be able to identify and measure those benefits. As mentioned previously, we asked the school to identify which attributes best predict a student's success in medical school and to adapt the admissions criteria accordingly. School officials have agreed to do so. We recommend that they include in their research an analysis of the success of its diversity policy and that they present their findings to the State Legislature.

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**The School of Medicine should verify whether their diversity policy is a success.**

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In summary, the School of Medicine is seeking students who are highly qualified in three respects: (1) outstanding cognitive abilities. Previously in this report we have suggested that the school follow its deans' suggestion and conduct a subjective analysis of such indicators as an applicant's GPA and MCAT score; (2) the school wishes to consider several different humanitarian qualities that identify how well an applicant will relate to their patients and coworkers; and, (3) the school wishes to consider ways in which an applicant can bring diversity in terms of their different perspectives, experiences and ideas. The School of Medicine needs to identify effective indicators for each area and regularly test the school's success in identifying applicants who are outstanding in each area.

## **Recommendations**

1. We recommend that the School of Medicine continue to explore ways to eliminate more applications during the review and interview phases of the admissions process.
2. We recommend that the School of Medicine provide training to interviewers regarding the selection criteria they must use to evaluate applicants and that admissions staff review the interview

comments to verify that the interviewer has proper support for his or her recommendation.

3. We recommend that the Admissions Office develop a quality control process to ensure that the Admissions Committee is complying with the school's admissions policies and are correctly applying the selection criteria.
4. We recommend that the Review Committee be given the responsibility for examining the full academic record of each applicant and eliminate those applicants who have relative poor academic qualifications.
5. We recommend that the School of Medicine begin collecting residency reports each year and that they use those reports to verify which of its selection criteria best predicts a student's success as a physician.
6. We recommend that the School of Medicine better define the characteristics they seek in a diverse class of students and that they develop systematic way of identifying the extent to which a student will add diversity.
7. We recommend that the School of Medicine disclose to applicants that they will be evaluated in terms of the diversity that they offer to the class and that applicants be given an opportunity to demonstrate how they might add diversity.
8. We recommend that the School of Medicine identify the intended benefits of its diversity program and conduct research that documents the extent to which those goals have been met.
9. We recommend that the Legislature ask the School of Medicine to present evidence supporting its diversity policy and the educational benefits that it hopes to achieve through that policy.

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**Appendix A**  
**Western Medical Schools' Admissions**  
**By Gender**

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**Appendix B**  
**Western Medical Schools' Admissions**  
**By Race**

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**Agency Response**