



April 25, 2017

Dr. Bernie White, Registrar  
College of Dental Surgeons of Saskatchewan  
1202 The Tower At Midtown  
201 1st Ave South  
Saskatoon, SK S7K 1J5

RE: Senate Meeting April 22, 2017

Dear Dr. White,

I attended the Senate Meeting on April 22, 2017. The only area of relevance that might prove of interest to the Council of the College of Dental Surgeons was the change to admission qualifications for the College of Medicine. I don't know whether at some stage the College of Dentistry might consider something similar or not.

The College of Medicine has proposed a Diversity and Social Accountability and Admissions Program (DSAAP). This change to admission qualifications was confirmed with the approval of the Senate at the most recent meeting. Enclosed please find a copy of the report that was presented to the Senate by Kevin Flynn, the Chair of the Academic Programs Committees of Council.

Respectfully submitted,

Dennis T. Lanigan, DMD, MD  
Oral and Maxillofacial Surgeon

DTL/sm

CC: Dr. Gerry Uswak, Dean  
College of Dentistry  
University of Saskatchewan  
Enclosed: Copy of report presented to Senate  
Dictation ID 725

· DR. D.T. LANIGAN\*\* · DR. F.I. HOHN\* · DR. M.M. MACLENNAN\*

· DR. C.C. HUMBER\* · DR. K.S. VIRDI\*

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\*DENOTES OMFS PROF. CORP. \*\*DENOTES OMFS MEDICAL PROF. CORP.



## Report from University Council

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### FOR CONFIRMATION

**PRESENTED BY:** Kevin Flynn; Chair, Academic Programs Committee of Council

**DATE OF MEETING:** April 22, 2017

**SUBJECT:** Change to Admissions Qualifications - College of Medicine

**DECISION REQUESTED:** *It is recommended*  
That Senate confirm the approval of changes to admission qualifications for students entering the College of Medicine in or after August 2018.

#### BACKGROUND AND SUMMARY:

The *University of Saskatchewan Act* states that decisions regarding admission qualifications and enrolment quotas for university programs are to be approved by Council and confirmed by University Senate.

The College of Medicine has been investigating ways to help ensure access to the MD program for Saskatchewan residents from lower socio-economic backgrounds. Students who are unsuccessful in achieving a regular offered seat and who qualify through the answers provided on the Diversity and Social Accountability Admissions Program (DSAAP) questionnaire will be considered for a DSAAP seat. The DSAAP questionnaire asks for information on an applicant's family gross household income, as well the highest level of education achieved by the applicant's parents, whether the applicant was raised by a single parent or in a non-traditional household, and about the social background of the applicant's family, amongst other questions. The College of Medicine did significant research into the impact of socio-economic status on academic outcomes and sees the DSAAP as a mechanism for recognizing that impact on applicants.

There will be six seats offered through the initial implementation of this admissions program. These seats were created by reducing the number of out-of-province seats from ten to five and by adding one seat from the regular SK resident seats.

#### CONSULTATION:

The Faculty Council of the College of Medicine approved the Diversity and Social Accountability Admissions Program at its January 25, 2017 meeting. The Academic Programs Committee reviewed these proposed admissions changes at its February 8, 2017 meeting and was very supportive of this endeavour to make admission to the College of Medicine more accessible for students applying from lower-income families. University Council approved the changes at its March 23, 2017 meeting.

#### ATTACHMENTS:

1. Diversity and Social Accountability Admissions Program for Saskatchewan Residents

**MOTION**

*That the College of Medicine implement a Diversity and Social Accountability Admissions Program for Saskatchewan Residents that has the operational parameters described below.*

A motion approving this new College of Medicine admissions program was passed at the Faculty Council of Medicine meeting held January 25, 2017.

The proposal for this new admissions program is now being submitted for consideration by University Council (through the Academic Programs Committee) and, if approved there, subsequently will be submitted to the University Senate for final approval.

Submitted on behalf of the College of Medicine,




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Dr. Barry Ziola  
Director of Admissions  
2017.01.26



**Diversity and Social Accountability Admissions Program (DSAAP\*)  
for Saskatchewan (SK) Residents: Operational Parameters**

[1] The initial implementation of the DSAAP will involve 6 seats. These 6 seats will be for residents of Saskatchewan (SK) only, with the 6 seats created by reducing the number of out-of-province (OP) seats from 10 to 5 and adding 1 seat from the regular SK resident seats (which number  $\geq 80$  of the currently available 100 seats). Here it is important to note that this 50% reduction in the annual OP seat allotment still allows the College of Medicine to meet its diversity and cross-Canada student perspective requirements vis a vis accreditation. It should also be noted that for the last 11 in-coming classes, where the total seats available started at 60 per year and rose through 68, then 84, and to now 100 seats per year, the 10% of seats historically assigned to OP students have been completely filled only 3 times (58% of available seats were filled on average during the 11 years, with the fill % ranging from 10% to 100% in any given year).

[2] All SK residents will first be considered through the regular SK admission rank number (ARN) process (50% Multiple mini-interview or MMI + 30% university academic average or UAA + 20% Medical College Admissions Test or MCAT). If unsuccessful in achieving a regular offered seat, SK residents who qualify through the answers they provide to a DSAAP supplemental admissions questionnaire (see details below) will then be considered for a DSAAP seat.

[3] Applicants who self-declare as being of Aboriginal descent will continue to be first considered through the usual SK ARN process. If unsuccessful in achieving a regular offered seat, these applicants will then continue to be considered for admission through the Aboriginal Admissions Program (10 seats are available), but not through the DSAAP as well.

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\* **Abbreviations used:** ARN, admission rank number  
DSAAP, Diversity and Social Accountability Admissions Program  
OP, out-of-province  
SK, Saskatchewan



[4] Once applications close October 1, all SK applicants, except for self-declared Aboriginals, will be sent a DSAAP supplemental admissions questionnaire (see below) containing two parts. The covering message with the questionnaire will be that it is voluntary for the individual to apply for consideration through the DSAAP – i.e., that **a response is not obligatory**. If the individual voluntarily participates, they then will be considered within the DSAAP framework for one of the 6 DSAAP seats.

[5] Part A of the DSAAP supplemental admissions questionnaire will have a single question dealing with average household gross income over the past 5 years (threshold of \$80,000<sup>†</sup>). *To be qualified, and thus considered for a DSAAP seat, a SK applicant **will first have to answer** that their 5-year average gross household income was below the threshold of \$80,000.*

[6] SK Applicants answering *yes* to the question in Part A then will go on in Part B to answer questions dealing with different aspects of social economic status (SES) pertinent to SK residents. For each Part B question answered *yes*, the applicant's ARN would be augmented by +0.1 when the applicant is considered for a DSAAP seat.

[7] Qualified DSAAP applicants will then be re-ranked by their modified ARNs and the top 6 would be offered one of the 6 DSAAP seats in the initial offering of seats done in mid May. Based on their modified ARNs, up to 6 next ranked DSAAP applicants would be the reserve or 'wait-list' DSAAP applicants.

[8] If one of the 6 top DSAAP applicants would have come up on the regular SK wait-list for an offer of a seat (i.e., achieve a seat through the usual SK admissions process), then that offer would go instead to the next ranked DSAAP applicant on the reserve DSAAP list.

[9] The 5 remaining OP seats will be split 3:2 for medicine training years 2-4 being in Saskatoon and Regina, respectively. The 6 DSAAP seats would be similarly split 4:2. Any applicant first offered a DSAAP seat who later is offered a seat off the regular SK wait-list will retain their initial medicine years 2-4 assigned learning site. An applicant offered a seat as described in [7] just above will have their learning site assigned as if they had come off the regular SK wait-list at the ARN of the initial DSAAP individual they are replacing.

[10] DSAAP applicants are required to provide appropriate tax assessment information for all household members (see below - **Part A** of the supplemental admissions questionnaire) and can be required to provide documentation to validate any of their answers to questions [2] through [10] in **Part B** of the DSAAP supplemental questionnaire.

[11] DSAAP applicants will be asked to provide the names and contact information for 2 References who can speak to the applicant's circumstances growing up. These references will be contacted by phone to answer a standard questionnaire constructed to solicit information independently speaking to an applicant's answers in Part A and/or Part B of the DSAAP supplemental admissions questionnaire. Arms-length individuals (i.e., non-household or related family members) are preferred as the references used. In the event two such references are not available, a letter can be provided explaining why this is so and why non-arms-length individual(s) should be used as a reference.

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<sup>†</sup> Statistics Canada information for 2014 gives \$85,710 as the median Family Income in Saskatchewan. The *threshold* average family income of \$80,000 forming the basis of Part A of the DSAAP supplemental admissions questionnaire thus is appropriately just below the median income for Saskatchewan Families.

**Questions in the DSAAP supplemental admissions questionnaire** (*Answers, and details and documentation provided in support of yes answers, will only be used for the DSAAP and will be handled by the confidentiality policies and procedures used for all other College of Medicine admissions information.*)

**Part A**

**Question:** Is the average household gross income for your family over the past 5 years <\$80,000 per year? **If yes, proceed to the questions in Part B.** Also, you must submit copies of the annual tax assessments for individuals, including yourself, making up your household for each of the past 5 years. The annual tax assessments you submit in support of a yes answer here will also support your answers to Part B questions [1] and [2].

**Part B**

[1] Is the average household gross income for your family over the past 5 years <\$65,000 per year?

[2] Is the average household gross income for your family over the past 5 years <\$50,000 per year?

For questions 3 - 12, if you answer yes in any case, please provide details supporting your answer.



[3] Was high school graduation (or less) the highest education level achieved by each of your parents or guardians?

[4] Did your family ever receive social assistance in the pre-university years of your life?

[5] Over the past 10 years, did your parents' or guardians' jobs involve clerical, service, or unskilled labour?

[6] Were you raised by a teen parent, single parent, or family other than your biological parents for  $\geq 10$  of your pre-university years?

[7] Do you come from a family of 3 or more children?

[8] Were you ever in foster care?

[9] Are you a single parent taking care of one or more children?

[10] Were you or your immediate family admitted to Canada with refugee status?

[11] During your 4-year baccalaureate degree, were you registered for  $\geq 2$  years as having a disability? (The registration date of the disability and with which university is all that is needed for a yes answer: confirmation of registration is all that will be done - details of the registered disability are not required.)

[12] Did you complete all of your high school education in, and graduate from, a high school in a rural area? (A rural area is defined as an area with a population of  $\leq 4,000$  people as per the 2011 Saskatchewan Population census data.)

**NOTES**

(i) With only a yes answer to Part A, an individual would be eligible to be considered for a DSAAP seat, but with no upwards adjustment of their ARN. Each yes answer to Part B questions will give the DSAAP applicant a +0.1 adjustment in their ARN. Consequently, with 12 questions for Part B, the maximum ARN adjustment possible would be +1.2.

(ii) It is important to emphasize that this ARN adjustment is specific for the *relative* positioning of only those applicants who qualify to be considered for one of the 6 DSAAP seats (i.e., their answer to the **Part A question is yes**).

(iii) Individuals sent the DSAAP supplemental admissions questionnaire will be notified that it will be up to them to decide the answers, and how to document those answers, for each of the questions. In submitting details and documentation, individuals will be told that they can redact confidential identifiers (for example, social insurance numbers).

(iv) The Admissions Committee (or delegated sub-committee thereof) will review all materials provided (in a de-identified form) and decide if each *yes* answer in the DSAAP supplemental admissions questionnaire will be accepted. Included in the consideration of DSAAP applicants will be the feedback provided by the two references. Details will not be provided back to applicants. In parallel with other decisions made by the Admissions Committee, DSAAP applicants ultimately will be told only whether or not they have been successful in being awarded a seat through the DSAAP process.



### Background for the DSAAP Proposal<sup>‡</sup>

[A] Household income for medical student's parents or guardians is disproportionately high relative to the Canadian population at large. In Table 6 of the 2002 study by Dhall et al (1), 53.7% of Canadian medical students come from households whose gross income was reported as >\$80,000 per year. For Canadian households at large, the comparable percentage was 19.9%. These two values point to children born into higher income families being disproportionately represented in Canadian Medical Schools. This conclusion is reinforced by the fact that 17.0% of Canadian medical students analyzed in this study came from households with incomes >\$150,000, while the number of Canadian households with this income level was only 2.7%. With regard to gaining entrance into a Canadian medical school, the impact ratios for an applicant coming from a household with incomes of >\$80,000 and >\$150,000 were found to be a staggering 2.7X and 6.3X, respectively. In Table 1 of the more recent study by Young et al (2), 38.7%, 12.1% and 6.8% of medical student at McGill University, McMaster University, U. of Ottawa and U. of Toronto came from households with incomes of \$100,000-249,999, \$250,000-499,999 and ≥ \$500,000, respectively. This newer data again points to individuals coming from high economic backgrounds being advantaged in their choice of medicine as a career.

(1) I.A. Dhall, J.C. Kwong, D.L. Steiner, R.E. Baddour, A.E. Waddell, I.L. Johnson, 2002. Characteristics of first-year students in Canadian medical schools. *Can. Med. Assoc. J.* 166:1029-1035.

(2) M.E. Young, S. Razack, M.D. Hanson, S. Slade, L. Varpio, K.L. Dore, D. McKnight, 2012. Calling for a broader conceptualization of diversity: surface and deep diversity in four Canadian medical schools. *Acad. Med.* 87:1501-1510.

[B] In parallel with the data in [A], similar findings have been published regarding the social economic status (SES) of medical students in American medical schools. For 1987 through 2005, 48-51% of first year medical students came from a household with income in the top 20%, while only 5-6% came from households with income in the bottom 20%.

(3) D. Grbic, D.J. Jones, S.T. Case, 2015. The role of socioeconomic status in medical school admissions: validation of a socioeconomic indicator for use in medical school admissions. *Acad. Med.* 90:953-960.

[C] As far as Canadian Medical Schools are concerned, to date, schools in the Western provinces have played a leading role in SES-related admissions processes. The U. of S. has had a long-standing

<sup>‡</sup> References or documentation numbered (1) through (10) are in order in the pdf provided along with this document.

Saskatchewan Human Rights Commission-approved Program for admission of self-declared Aboriginal applicants. The UBC has processes established for assisting self-declared Aboriginal students into medicine. The U. of C. initial thrust in this area is briefly described below in [E]. Lastly, the U. of M.'s first foray into adjusting admissions processes in relation to social issues was their introduction of a supplemental application (i.e., questionnaire) for *rurality*. The information provided by applicants is then scored and used to adjust composite application scores upwards so as to increase the probability of a *rural* applicant gaining admission.

(4) M. Raghavan, B.D. Martin, D. Roberts, F. Aoki, B.A. Mackalski, J.D. Sandham, 2011. Increasing the enrolment of rural applicants to the faculty of medicine and addressing diversity using a priority matrix approach to assign values to rural attributes. *Rural and Remote Health* 11: article 1646.

(5) Supplementary application for rural characteristics used by the Faculty of Medicine, U. of M. Version 2011-12 (1 page).

[D] The U. of M. Faculty of Medicine has recently extended their approach to increasing entrance of applicants with a rural background to enhancing the entrance probability of applicants with disadvantaged social determinants. Document [6] is the actual submission from the U. of M. Faculty of Medicine Admissions to the U. of M. Senate Committee on Admissions, which has approved the approach. It proposes using the same priority matrix approach (again based on a supplemental application/questionnaire) to enhance the probability of entrance for applicants coming from SES-disadvantaged backgrounds. Interestingly, to accommodate this proposal, the number of seats held for out of province applicants was concurrently reduced from 10% to 5% of the 110 seats available each year.

(6) B.D. Martin, Director of Admissions, College of Medicine, U. of Manitoba, March 13, 2015. A proposal to the Senate Committee on Admissions from the College of Medicine recommending revised admissions criteria for the undergraduate medical education program (17 pages).

[E] Lastly, the U. of C. Medical School has just added a "right-out-of-high-school" program called *Pathways to Medicine Scholarship*. This program is modeled on several such programs in the USA and elsewhere that focus on students right out of high school, and it targets populations under-represented in medicine (low SES, Aboriginal ancestry and/or growing up in a rural community). The U. of C. program has a high current cost of \$27,000 per student who successfully completes the requirements (4 year degree, all components of a medical school preparatory program). Accepted *Pathways* applicants who have the basic requirements met to make application are automatically offered a seat.

(7) <http://cumming.ucalgary.ca/pathways>

Question #7 on *number of children in the family* in Part B of the DSAAP supplemental admissions questionnaire is supported by the following two documents.

(8) This is 2011 Statistics Canada giving the number of children in different types of SK families. The average is essentially one, except for female or male single parents.

(9) This document gives calculation of the cost of raising a child (based on 2004 Manitoba data) to age 18, with the number being just over \$166,000. So, with three or more children, not many \$ are left to support extra-curricular activities, trips to Europe or elsewhere, or support a child going to university without their having to work.

Finally, the article provided as document (10) was very recently published in University Affairs. It speaks in a general and timely way to the DSAAP proposal.

