



Challenges facing rural students on application, selection and transition into medical school

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Acknowledgment of **Country**

The University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which we meet.

We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

We recognise their valuable contributions to Australian and global society.



The Project – Experiences of students entering medical school through a rural pathway

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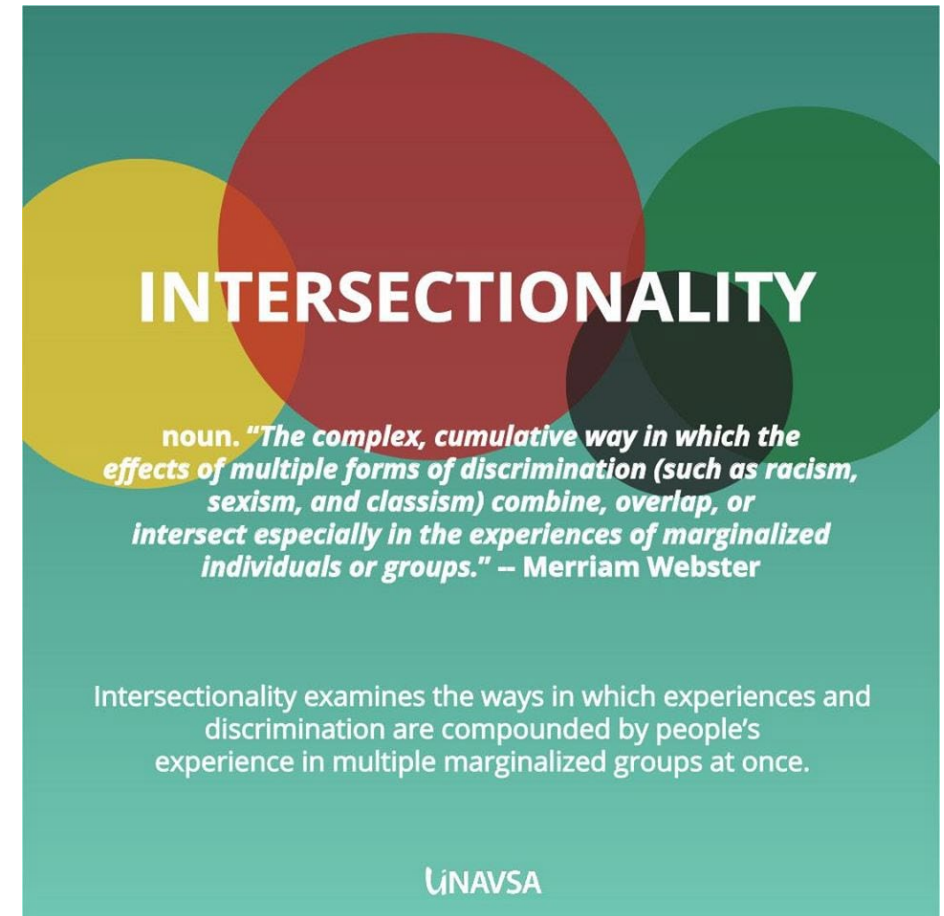
Who we spoke to

Total of 22 medical students were interviewed from 4 universities

- 16 women and 6 men
- 9 students in undergraduate and 13 in a graduate entry program
- 16 were aged 18-25 years, 5 aged 25-35 and one aged over 35
- One identified as Aboriginal and Torres Strait Islander
- ASGS classifications – 13 inner regional, 5 outer regional, 4 remote Australia
- 11 attended public school, 5 attended private day schools, 5 private boarding school, 1 home school

Analysis – intersectionality lens

- What is intersectionality
 - Overlapping disadvantage that compounds
- Benefits of taking this approach
 - Draws our attention to the overlap in rurality and educational disadvantage



<https://unavsa.org/project/intersectionality-101/>

Bourdieu – Concept of field



Challenges – application

- Participants reported that there was little awareness of the requirements to apply for medicine within their school
- Social capital

I had my career advisors telling me oh, you know, nursing is much more realistic, no one from our school has done medical school before, and all that kind of stuff...The school itself didn't have any supports to offer...my career advisor didn't even know that the [medicine entry test] existed... I didn't have any contacts with anyone.


Challenges – application

- Segregated educational system
- Vast difference in experiences between private and public school students
- Economic and cultural capital

We had tutors in the boarding house for help with all of the students [who wanted to study medicine] and so there were designated homework times when they would help with homework and that sort of thing. One of the tutors there was a med student.

Challenge - selection

- Lack of opportunities during high school mean that students spend a lot longer preparing themselves to be competitive
- Some may work for a number of years to build up savings for their living expenses while in medical school
- Entrenched systems of social disadvantage make it difficult to meet the requirements of medical school entry



It's been a pretty long journey for me, about 10 years it's taken to get to where I am now. I grew up in [social housing], low-income family, didn't do very well at high school and just worked up until I was about 20 ... It's been a long and very arduous journey to get into med school.

Transition to medical school - stigma

- Internalised – self stigma
- Bourdieu's concept of symbolic domination – conditions are taken for granted and seen as natural

I think because medical school from the outside is seen as this very elite, only the top tier students who can get in, the legacy kids whose parents are doctors and you have to have gone to private schools. There's this ideology that you have to be from a rich metropolitan family to do medicine...medical students are so fancy and so rich and so smart and I'm not any of those things.

Transition to medical school - stigma

- Comments from other students
- Preservation of field dynamics

When I tell people that I was ...a rural student a lot of people did kind of act like I had kind of found a loophole in the system. Some people weren't very friendly about it in my cohort. So yeah it was kind of - I actually don't tell anyone that I'm a rural entry student anymore.

Transition to medical school

- Forthcoming paper - I'm not “fake rural”: Rural students negotiation of identity and place in medical school in *Sociologia Ruralis* – Journal of the European Society for Rural Sociology
- We chose this title because:
 - Proud to be rural – most participants were proud of their rural identity and preferred rural lifestyles
 - How do we define rurality – who is authentically rural?
 - Why would people be “fake rural”? – belief that people claim rural identity to give themselves an advantage in medical school admissions

Recommendations

- Widening participation measures need to take into account multiple areas of disadvantage: eg first in family, completed schooling in a rural area, socioeconomic disadvantage
- Revise how rurality is defined to ensure applicants with **social connections** to rural communities are selected.
- In addition to “longevity” definition consider:
 - where an applicant completed high school
 - OR mature aged students who currently work/live in rural area



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Thank you

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