

## Position Paper on the use of the Medical College Admissions Test during the COVID-19 Pandemic

The American Medical Women's Association (AMWA) holds the position that fair and equitable admissions processes must be the standard in every sphere of the medical establishment. Medical school applicants face substantial and unforeseen barriers this application cycle. Applicants from groups traditionally and persistently under-represented in medicine are disproportionately impacted by the COVID-19 pandemic and related application barriers (1, 2). AMWA is committed to championing diversity and equity, and is concerned about the potential impact of these barriers on the future of our medical workforce. Recognizing the substantial barriers that students face during this application cycle, AMWA posits that the Medical College Admissions Test (MCAT) should be optional for the current cycle and that applicants planning on retaking the MCAT be allowed to blind their previous scores. If these barriers persist, the MCAT should continue to be optional.

Students applying this cycle face multiple barriers related to the ongoing COVID-19 pandemic. MCAT exams were rescheduled for a significant number of applicants after testing centers were closed from March through May. While other graduate school entrance exams have shifted to an online format, the MCAT must be taken in person, creating a situation that is at odds with public health recommendations designed to reduce the spread of COVID-19. Despite the worsening pandemic, applicants are being rescheduled to take the MCAT all over the country--some in areas with a surge in COVID-19 cases; placing applicants, their families, and test center employees at additional risk. Applicants who have or live with individuals with underlying health conditions must decide whether to risk their health or the health of those around them to take an exam. And, despite recommendations from the AAMC, applicants have reported that not all test sites have implemented the proper COVID-19 screening protocols on the day of the test. In one survey of recent applicants, 58.2% (n=93) reported no screening related to COVID-19 (3). Given the numerous times applicants have had their tests rescheduled and the diminishing number of test dates remaining this cycle, some applicants may feel pressured to sit for the exam despite experiencing possible symptoms of COVID-19. The risk extends beyond applicants; call center employees and their family members have contracted COVID-19. Some family members have lost their lives as mentioned in a recent AAMC webinar (4).

In order to accommodate the high number of applicants attempting to sit for the MCAT, testing centers are scheduling exams from 6am to midnight in six hour waves. Adherence to recommended cleaning procedures is highly variable between test centers (3). In some centers, multiple exams (non-MCAT) are offered simultaneously on different schedules making it difficult for facilities to close down and thoroughly disinfect after each wave of testing (3). Students report a lack of cleaning at some testing centers and a rush to start new examinees without disinfecting the exam area or testing equipment. Mask wearing is also variable between testing sites (3). Several students have now tested positive for COVID-19, 2 to 7 days after taking their in-person exam (5).

The disparate impact of COVID-19 on communities of color means that applicants who are underrepresented in medicine (URiM) are more likely to be directly affected by these additional barriers (6). The timing of MCAT exams places students scheduled from 6pm to midnight in

areas with civil unrest and curfews at increased risk of physical harm and possible arrest. In Chicago, IL and Portland, OR, testing centers were located behind police barricades or near areas of active protest. Again, URiM applicants are at greater risk of arrest for curfew violations, and being injured or dying during that arrest. No one should be forced to risk their lives for a standardized test.

The current testing environment also exacerbates existing inequities. The limited availability of testing forces students to travel to other cities and out of state to take the exam. Students with lower income cannot afford to travel to distant testing centers as seats become available, nor can they travel to cities early and pay for room and board to allow for adjustments to time zone differences before testing. State or country ordinances regarding COVID-19 may also restrict travel to test sites. For example, students in Northern states who previously were able to drive to Canada to sit for the exam are no longer able to as the US-Canadian border is currently closed. Delaying for a year after submitting primaries and secondaries would mean a substantial cost to applicants since the majority of application-related fees and costs are non-refundable. Students forced to delay not only face uncertain employment, but reduced opportunities for internships, fellowships, volunteering, and clinical and research experiences that medical schools use to evaluate the productivity of a “gap year.” Lower income students will not have the money required to apply in the next cycle. Students experiencing economic hardship before the pandemic are more likely to be affected by the financial impacts of COVID-19. Full-time and part-time jobs are limited because of ongoing COVID-19-related restrictions, further reducing options for low-income students. Additionally, the continued exam rescheduling makes balancing a study schedule and work exceedingly challenging and, in some cases, impossible. In one instance, students were advised to check the portal at an undefined time between 6am EST (3am PST) and 12pm EST (9am PST). The system crashed due to the significant number of students logging in to check during this undefined time period. When the system was back online, applicants had to wait up to 12 hours to reschedule their exam, sometimes only to find that all local test spots had filled (7, 8).

Students requiring accommodations are at an even greater disadvantage due to delays in processing their requests and scheduling their exams, especially since they are unable to reschedule their exams online. Despite being told they would be rescheduled in two days, several students waited for up to a month for a new date (8). Some students needing accommodations were given test dates in September, the last month the MCAT offered this application cycle, in distant cities (8). Several students needing extended time on the exam were asked to split the test over two days with limited options about the timing of the exam (8).

MCAT cancellations result in delayed applications, placing students at an additional disadvantage when applying to programs with rolling admissions, which represent the majority of allopathic and some osteopathic schools. Students take a different, shorter version of the MCAT, providing fewer breaks and no tutorial period to allow test-takers to prepare before exam initiation. We are concerned whether the shortened MCAT can be equitably compared to the full length exam. This may place applicants who took the shortened version at an unfair disadvantage when being compared to applicants who took the full length exam. Students studying for the shortened exam are also forced to adapt test-taking strategies created with the full MCAT in mind. Students who took their MCAT before the pandemic did not face the extraordinary

circumstances that COVID-19 has caused. A numeric score cannot account for the increased financial burden, loss of loved ones, struggles with personal health and wellbeing, and impacts on stress and study schedules that students now face.

As a long-standing champion of equity in medicine, AMWA believes that every student, regardless of race, ethnicity, income, immigration status, sexual orientation, gender identity, religion, disability, or other identity or lived experience, must have access to a fair, equitable, and inclusive testing and admissions process for medical school. AMWA recognizes that the students most likely to be affected by the delays, cancellations, and barriers related to taking the MCAT during this pandemic are students who are already under-represented in medicine. AMWA also recognizes the urgent need for greater diversity and inclusion in every area of the medical establishment. While some schools have taken steps to screen or interview applicants without MCAT scores or accept scores from dates later in the testing year, it is not clear if all applicants will be able to complete their MCAT test in 2020 as originally scheduled. Stanford University, the University of Minnesota, and the University of Washington have taken the step to waive the MCAT this cycle. In light of the disparate impact of MCAT testing challenges among current medical school applicants, AMWA calls on all medical schools to consider making the MCAT optional this cycle and allowing applicants planning on retaking the MCAT be allowed to blind their previous scores to ensure a fair and equitable admissions review. If these barriers persist, the MCAT should continue to be optional.

#### References:

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