



American Medical Women's Association
The Vision and Voice of Women in Medicine since 1915

August 7, 2020

Dear Medical School Admissions Committee,

We, the undersigned medical associations write to you in support of pre-medical students applying to medical school this cycle. As you are aware, applicants are facing substantial and unforeseen challenges, and those from groups traditionally under-represented in medicine have been disproportionately impacted by the COVID-19 pandemic and related application barriers (1, 2). We are concerned about the potential impact on the future of our medical workforce.

MCAT exams were rescheduled for a significant number of applicants after test centers were closed from March through May. While other graduate school entrance exams have shifted to an on-line format, the MCAT must be taken in person, creating a situation 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 who have underlying health conditions must decide whether to risk their health or the health of those around them to take an exam. Applicants have reported that some test sites have had a lack of proper screening protocols, variable adherence to recommended disinfecting procedures, and variable compliance with mask wearing (3). In order to accommodate the high number of applicants attempting to sit for the MCAT, test centers schedule exams from 6am to midnight in six hour waves. Students have reported a rush to start new examinees without disinfecting the exam area or testing equipment (3). Several students have now tested positive for COVID-19, 2 to 7 days after taking their in-person exam (4).

The disparate impact of COVID-19 on communities of color means that underrepresented in medicine (URiM) applicants are more likely to be directly affected by these additional barriers (5). 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. For example, In Chicago, IL and Portland, OR, test centers were located behind police barricades or near areas of active protest. Again, URiM applicants are disproportionately affected since they are at greater risk of possible arrest, and dying during that arrest, for curfew violations. No one should be forced to risk their lives for a standardized test.

The current testing environment also exacerbates existing inequities. Students with lower income cannot afford to travel to distant testing centers as seats become available. Delaying for a year after submitting primaries and secondaries would mean a substantial cost to applicants since most application related fees are non-refundable. Lower income students might not have sufficient funds to apply in the next cycle. Students experiencing economic hardship before the pandemic are more likely to be affected by the financial impact of COVID-19. Additionally, the continued exam rescheduling makes balancing a study schedule and work even more challenging and, in some cases, impossible.

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Students requiring accommodations are at an even greater disadvantage due to delays in processing their requests and scheduling their exams. They were unable to reschedule their exams online, and despite being told they would be rescheduled in two days, several students waited for up to a month for a new date (6). Some students needing accommodations were given test dates in September, the last month the MCAT is offered this application cycle, and in distant cities (6). Several students needing extended time on the exam were asked to split the test over two days with limited options on the timing of the exam (6).

MCAT cancellations are delaying applications, which place students at additional disadvantage when applying to programs with rolling admissions. Students are taking a different shorter version of the MCAT that may not be equitably compared to the full length exam. Students who took their MCATs before the pandemic did not face the extraordinary circumstances that COVID-19 has caused. A numeric score does not 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 are now facing.

We believe that every student, regardless of race, ethnicity, income, immigration status, sexual orientation, religion, disability, or other identity or lived experience, should have access to a fair and equitable medical school admissions process. We recognize that the students most likely to be affected by the MCAT delays, cancellations, and barriers during this pandemic are students who are already under-represented in medicine. 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. At least 3 medical schools have taken the step to waive the MCAT altogether this cycle. In light of the disparate impact of MCAT testing challenges among current medical school applicants, we strongly urge all medical schools to consider making the MCAT optional for the current cycle and applicants planning on retaking the MCAT be allowed to blind their previous scores to ensure a more fair and equitable admissions review.

Thank you for your consideration.

Sincerely,

American Medical Women's Association (AMWA)
American College of Perioperative Medicine (ACPM)
American Medical Student Association (AMSA)
American Physician Scientists Association (APSA)
Asian Pacific American Medical Student Association (APAMSA)
Association of Women Psychiatrists (AWP)
Doctors for America (DFA)
Latino Medical Student Association (LMSA)
Medical Student Pride Alliance (MSPA)
National Hispanic Medical Association (NHMA)
National Medical Association (NMA)

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References

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