Admissions to Medical School during the COVID-19 Era without the MCAT

Peter R. Corridon

1College of Arts and Sciences, Khalifa University of Science and Technology, Abu Dhabi, United Arab Emirates. 2Department of Immunology and Physiology, College of Medicine and Health Sciences, Khalifa University of Science and Technology, Abu Dhabi, United Arab Emirates.

ABSTRACT: As medical schools cope with the consequences of the COVID-19 pandemic, a new cohort of students will be admitted in the fall. Administrators are again challenged to make unprecedented enrollment decisions without standardized exams. This challenge provides unique opportunities to re-evaluate admission processes that have been employed since 1928 and support holistic admissions. This article highlights key factors that are being considered during current medical school admission cycles, including limited opportunities to take standardized exams, heightened student anxiety, and potential exam alternatives. These factors are framed and discussed within the context of the medical college admission test (MCAT) exam.

KEYWORDS: Medical school, admissions, MCAT, COVID-19

Introduction

The COVID-19 pandemic has drastically affected academia, causing the cancellation of various standardized examinations. As a result, this will be the second consecutive year that admissions committees worldwide will have no choice but to reduce or eliminate their dependence on the medical college admission test (MCAT). Medical school admission processes rely on MCAT scores in conjunction with other quantitative, and to a lesser extent, non-cognitive or interpersonal skills to identify admissible applicants.1,2 Since 1928, this exam has been a significant component of the application process for the majority of medical schools in North America.3 The exam has gone through several iterations after its inception. Various studies designed to evaluate the most recent versions of this test have identified the exam’s ability to predict student performance during the first year of medical school,4 throughout the entire medical school program,5 and beyond.6

The global expansion of the healthcare market has amplified the need for physicians and has, in turn, had an unprecedented influence on the international demand for medical education.7 Such growth has led to exponential increases in the number of US-style medical education programs worldwide that rely on the MCAT as an admissions tool.5,8 However, the pandemic has forced us to rethink this dependence, suggesting the use of more holistic methods of admissions to gauge an applicant’s readiness to learn in medical school. It should be noted that many medical schools internationally have been increasingly using assessments of interpersonal skills in their admission process for some time now, and it may perhaps be time to embrace such approaches further.

Previous studies have underscored the complexity of the medical school admission process and suggest the increased use of a holistic approach that considers the whole applicant when making admission decisions.10 As a result, the COVID-19 pandemic has provided a unique opportunity to re-evaluate the importance of a single standardized score to predict future performance. This commentary highlights some major issues, including limited opportunities to take the MCAT exam, heightened student anxiety, and current need for exam alternatives, that admissions committees must address during the COVID-19 pandemic to support student entry into medical school without the MCAT.

Limited opportunities to take the MCAT

At the start of the pandemic, the Association of the American Medical Colleges (AAMC) was urged to cancel MCAT exams at all US, Canada, and international testing sites in March of 2020, and began offering options to reschedule the exam for the then summer. However, students were left without opportunities to sit the exam and were unable to meet admission deadlines. As the number of infected cases rose, the initial endemic transitioned to a global pandemic, and students were left with further reduced chances to take this exam. There were requests to remove the MCAT score as a requirement for the 2019–2020 admission cycle, or at least to make this requirement optional.11

But by the end of 2020, there was hope that we would emerge from the pandemic, and administrators were optimistic that medical school applicants would be able to acquire MCAT scores for the current admission cycle. One year later, we have
not overcome this predicament. Even though test offerings have increased, the majority of tests are provided in North America, and are all still subject to change or cancellation depending on current health and safety conditions related to COVID-19. It has been argued that the AAMC could have followed the Electronic Testing Service’s approach with the Graduate Records Examinations (GRE) test and started offering test takers the option to take the MCAT from home due to COVID-19-related test center closures, or perhaps, initiate a process to revise or re-evaluate the exam as it struggled to reschedule testing dates.11

**Heightened student anxiety**

The sudden disruption to the admissions processes left students, who had prepared for several years to get into medical school, unsure about their futures. Earlier research has outlined the negative impact of uncertainty in medical education, which has been shown to foster frustration that can, in turn, lead to self-doubt, and feelings of insecurity and inadequacy. It is reasonable to argue herein that the impact of the COVID-19 pandemic would have had similar undesirable effects on medical school applicants who were unable to obtain an MCAT score during the past and current admission cycles. It is thus important to consider the effects of this uncertainty might have on premedical students, and ensure that medical schools remain committed to their missions and transparently communicate with premedical communities.14

Meanwhile, students who rescheduled their exams were exposed to other stressors, namely, those related to health and safety. Venturing from home during these times can induce fear of contracting the virus. One can imagine that these concerns are exacerbated for students who must travel long distances to take the MCAT exam. Furthermore, adhering to newly implemented safety measures could adversely impact performance. Wearing personal protective equipment and maintaining social distance can stress test takers and heighten their anxiety in already tense exam conditions.

**Current need for exam alternatives**

Before the pandemic, members of the medical education community have argued that the MCAT is weighted too heavily, leading to calls for its elimination. Such arguments have focused on ways in which the MCAT supports systemic inequities and alienates minorities and foreigners who take it. The turmoil that the MCAT’s absence has caused may allow us to revise or re-evaluate our dependence on this single exam approach and strengthen our commitment to holistic admissions.

Recognizing the challenges that such a transition presents, we should consider the value offered by the MCAT exam, a test aimed at evaluating the skills and knowledge needed for medical school. As a result, we have examined the value of practice exams as a predictor of performance on the actual MCAT exam. We observed that these exams may be a good indicator of actual performance, and thus, this method can provide us multiple opportunities to gauge performance. Specifically, admissions committees can consider administering multiple remotely proctored MCAT practice exams that can provide trend data for a longitudinal evaluative approach, while simultaneously enhancing skills needed for future standardized exams. This type of approach may provide an opportunity to help redesign admission processes as well as current COVID-19 restrictions and support the holistic approach. Additionally, given the recent change in the USMLE Step 1 exam to a pass/fail reporting system, it is possible to envision a similar change for the MCAT by setting a passing score to 500 or greater.

**Conclusions**

Although re-evaluating admission processes that have been employed for nearly a century introduces concern. The factors outlined in this article, including limited opportunities to take standardized exams, heightened student anxiety, and current need for exam alternatives, provide a unique opportunity to address valid critiques of the MCAT and strengthen the commitment to holistic admissions in the COVID-19 era and beyond.

**Acknowledgements**

The author would like to thank Mrs. Maja Corridon, Dr. Gabriel Finkelstein, and Ms. Anousha Khan for reviewing the manuscript. I would also like to thank Ms. Sara Azzuni for providing a student-based perspective on the issues outlined in this article and Khalifa University of Science and Technology for its ongoing financial support.

**Author Contributions**

PRC was responsible for developing, drafting, and revising the manuscript. I would also like to thank Ms. Sara Azzuni for reviewing the manuscript.

**ORCID iD**

Peter R. Corridon [https://orcid.org/0000-0002-6796-4301](https://orcid.org/0000-0002-6796-4301)

**REFERENCES**

1. McGaghie WC. Qualitative variables in medical school admission. Acad Med. 1990;65:145-149.
2. de Visser M, Fluit C, Cohen-Schotanus J, Laan R. The effects of a non-cognitive versus cognitive admission procedure within cohorts in one medical school. Adv Health Sci Educ Theory Pract. 2018;23:187-200.
3. Pigg T, Kroopnick M. The evolution of the Medical College Admission Test (MCAT exam). Acad Med. 2015;90:541.
4. Busche K, Elks ML, Hanson JT, et al. The validity of scores from the new MCAT exam in predicting student performance: results from a multisite study. Acad Med. 2020;95:387-395.
5. Dunleavy DM, Kroopnick MH, Dowd KW, Seacy CA, Zhao X. The predictive validity of the MCAT exam in relation to academic performance through medical school: a national cohort study of 2001-2004 matriculants. Acad Med. 2013;88:666-671.
6. Casey PM, Palmer BA, Thompson GB, et al. Predictors of medical school clerkship performance: a multispecialty longitudinal analysis of standardized examination scores and clinical assessments. BMC Med Educ. 2016;16:128.
7. Rizwan M, Rosson N, Tackett S, Hassoun H. Opportunities and challenges in the current era of global medical education. *Int J Med Educ*. 2018;9:111-112.

8. Shaya J, Vukusic S, Hassan A, et al. Adapting premedical post-baccalaureate approaches to support US-style medical education in the United Arab Emirates. *J Med Educ Curric Dev*. 2020;7:2382120520953119.

9. Rizwan M, Rosson N, Tackett S, Hassoun H. Globalization of medical education: current trends and opportunities for medical students. *J Med Educ Train*. 2018;2:35-41.

10. Monroe A, Quinn E, Samuelson W, Dunleavy DM, Dowd KW. An overview of the medical school admission process and use of applicant data in decision making: what has changed since the 1980s? *Acad Med*. 2013;88:672-681.

11. Michalec B. MCAT testing during the COVID-19 pandemic. *Acad Med*. 2020;95:1292-1293.

12. Camara W. Never let a crisis go to waste: large-scale assessment and the response to COVID-19. *Educ Meas Issues Pract*. 2020;39:10-18.

13. Luther VP, Crandall SJ. Commentary: ambiguity and uncertainty: neglected elements of medical education curricula? *Acad Med*. 2011;86:799-800.

14. Ballejos MP, Sapien R. Medical school admissions and enhancing holistic review practices during COVID-19. *Acad Med*. 2020;95:e5-e6.

15. Perna G, Cuniberti F, Dacco S, Nobile M, Caldirola D. Impact of respiratory protective devices on respiration: implications for panic vulnerability during the COVID-19 pandemic. *J Affect Disord*. 2020;277:772-778.

16. Eskander A, Shandling M, Hanson MD. Should the MCAT exam be used for medical school admissions in Canada? *Acad Med*. 2013;88:572-580.

17. Chen W, Corridon PR. The predictive value of full-length practice exams for the new MCAT exam for premedical students. *J Med Educ Curric Dev*. 2020;7:2382120520981979.