August 6, 2020

An Open Letter to MCAT Examinees and Our Community

We have listened carefully to, and respect, those of you who have expressed concerns about taking the MCAT exam in testing centers during the pandemic. Your questions about safety are legitimate, and we are continuously reviewing and reassessing every aspect of this experience to protect the health and safety of every test-taker during this challenging time.

The AAMC also takes seriously our responsibility to support the medical school admissions process in identifying qualified, diverse individuals to enter medical school each fall and become physicians who will one day heal and save lives.

As physicians, we also believe decisions should be driven by data. And the data demonstrate the MCAT exam is being conducted with minimal risk due to the safety protocols we’ve implemented.

Since May, 43,000 individuals have taken the exam in testing centers around the nation. As of Aug. 5, 2020, we’ve received reports or information directly from four MCAT examinees about COVID-19 infections: one of these examinees tested positive for COVID-19 12 days before the exam but did not disclose this information; one reported experiencing symptoms during the exam; and two reported developing symptoms within a week following their exams. We are in touch with each of these examinees and have reviewed or are reviewing the circumstances of their exams for safety lapses. The safety precautions in place at MCAT testing centers were designed to prevent transmission of COVID-19 even with an infected, but asymptomatic, individual in the testing center. To date, we have not received reports of illness from any other examinees who tested at the locations of these examinees on those dates or been contacted by any health department alerting us to a possible transmission. The information before us at this time indicates that taking the MCAT exam is safe.

As the threat of COVID-19 emerged, we and our testing vendor, Pearson Vue, consulted with medical and infectious disease experts to implement a 7-step safety protocol that is consistent with CDC guidelines. These 7 steps, together, create redundant layers of protection:

1. Requiring test-takers to confirm that they meet CDC health and safety guidelines and agree to rigorously follow all guidelines while testing.
2. Reducing the number of allowed test-takers for each site by 50%.

3. Requiring masks for all staff and test-takers when in the same room as other people.

4. Maintaining six feet of distance between test-takers at all times, including at check-in and in waiting rooms.

5. Permitting gloves and making hand sanitizer available during testing.

6. Spacing all testing workstations at least six feet apart and separating them by partitions. In addition, there are plexiglass sneeze guards between test center staff and candidates in the check-in/administration area.

7. Cleaning high-touch areas every hour and cleaning workspaces between examinees.

Even though the data indicate that the safety protocols are effective, there is no room for complacency. Every test-taker needs to know we are doing everything possible to ensure a safe testing environment. This includes engaging independent monitors to ensure full compliance with safety protocols in the testing centers; using video recorders at testing centers to assist with a careful review of any reported violation; employing a strict follow-up process for every reported safety and health violation; and having AAMC senior staff conduct regular reviews of audits and investigations. If any given test center cannot fully comply with the safety protocols, the center will not be used for MCAT testing.

Making the MCAT optional for the 2021 cycle, as some have argued, may be a workable option for some medical schools, but it would not result in a fair or equitable process across-the-board at this point. Of the 50,000 expected applicants to medical school this year, MCAT scores for 37,000 have already been transmitted to medical schools. Encouraging schools to waive the MCAT exam will introduce inequity into the review processes that are already underway at many medical schools and could ultimately disadvantage students from underrepresented and lower socioeconomic backgrounds by taking away their opportunity to take the exam and meaningfully compete with other applicants. AAMC data show that at least 3,600 examinees from these backgrounds who have already submitted their medical school applications are scheduled to take the exam on the remaining dates in August and September. The AAMC cannot in good conscience disadvantage these applicants based on little to no evidence of actual safety risk to examinees.

Switching to remote, online testing may be an option for the future, but right now, current technology cannot guarantee the legitimacy of the results, and there are significant access issues, such as poor broadband access in certain areas and slow computers.

Therefore, to make the process as fair as possible in this difficult and challenging year and to preserve the integrity of the exam, the MCAT will continue to be administered in testing centers under strict safety protocols for the current admissions cycle.
America’s medical schools are committed to selecting the next generation of physicians safely, effectively, and fairly. In the midst of COVID-19, the importance of this task could not be more clear. We promise we will continue to listen to your concerns and suggestions, closely monitor the data, and assess our processes to identify any opportunities for improvement to protect the health and safety of MCAT examinees.

Sincerely,

David J. Skorton, MD  
AAMC President and CEO

Joseph E. Kerschner, MD  
Chair, AAMC Board of Directors  
Dean of the School of Medicine  
Provost and Executive Vice President  
Professor of Otolaryngology  
Microbiology and Immunology  
Medical College of Wisconsin