AAMC Admissions Initiative: A Pathway to Competency-Based Admissions

Context
Medical Schools are dedicated to achieving a system of medical education that, through continual renewal and innovation, prepares physicians and scientists to meet the nation’s evolving health needs. Currently, this dedication is evidenced in part by the transition medical schools are increasingly making to Competency-Based Medical Education (CBME).

As the gateway to medical school, admissions processes and practices must evolve as well. A complete transition to Competency Based Admissions (CBA) is the long-term goal. But short-term and mid-range challenges need to be addressed more quickly, and these challenges can be met in a manner that complements and supports the transition to CBA.

Current Challenges
Increasingly, medical schools are committed to implementing holistic admissions. This commitment aligns well with CBA and CBME, as competencies integrate the knowledge, skills, values, and attitudes that medical schools seek to find in applicant prior experiences and attributes. While many of these experiences and attributes upon which holistic admissions is based can often be found within the AMCAS application, it is challenging to review all of this information, with limited resources, in advance of inviting applicants to interview. To meet this challenge, medical schools have asked the AAMC to develop better tools and data about applicants that can be used more efficiently and earlier in the application process.

Potential applicants face a challenge as well: how to prepare for admissions processes and requirements that are in a period of transition, as well as for a revised MCAT. We have heard concern that students are unclear about the best way to prepare for medical school. For example, MCAT\textsuperscript{2015} will test concepts in biochemistry (and other areas) that medical school faculty rated as important for success in medical school, but defers to students—often under the advisement of their pre-health advisor—in regard to how to master those concepts. As such, whether or not a medical school requires the historically-standard four-course chemistry sequence in advance of biochemistry will dictate how applicants attain this content knowledge (and how undergraduate schools provide exposure to those concepts).

The AAMC Admissions Initiative is designed to help meet these challenges at each stage of this transition.
Short Term Opportunities
In the short term, the AAMC will 1) recommend that medical schools reassess their prerequisite course requirements, 2) help provide future applicants with clarity about these transitions in medical school admissions, and 3) create the foundation for CBA by working with medical schools to define a core set of entry-level competencies.

1. Reassessment of Medical School Prerequisite Course Requirements
   While recognizing the different needs of medical schools, the AAMC recommends that medical schools reassess their current prerequisite course requirements with a focus on creating the least restrictive pathway for applicants. The AAMC believes we should promote the least-restrictive path to medical school in order to increase the likelihood that students can come from a variety of disciplines, majors and backgrounds.

2. Providing Clarity for Future Applicants
   As medical schools reassess their prerequisite course requirements, the AAMC will reach out to future applicants and their advisors with up to date information, and ask that medical school representatives and pre-health advisors reach out to their local communities to ensure that future applicants have up to date information.

3. Defining a Core Set of Entry-Level Competencies
   The AAMC is working both internally and with the GSA Committee on Admissions (COA) to develop a core set of entry-level competencies—observable abilities related to a specific activity that integrates knowledge, skills, values, and attitudes—that all entering medical students will need to demonstrate in order to succeed in medical school. The core set of interpersonal and intrapersonal competencies identified in the sidebar has already been endorsed by the COA.

   In addition, the AAMC will be working with medical schools to establish and refine additional competencies, those traditionally thought of as “academic”, many of which map to the competencies identified in Scientific Foundations for Future Physicians, a report of the AAMC-HHMI Committee, as well as to Behavioral and Social Sciences Foundations for Future Physicians, an AAMC report, and MCAT2015.

   **Interpersonal Competencies**
   - Service orientation
   - Social and interpersonal skills
   - Cultural competence
   - Team work
   - Oral communication

   **Intrapersonal Competencies**
   - Integrity and Ethics
   - Reliability and dependability
   - Resilience and adaptability
   - Capacity for improvement

Mid-Term Opportunity: Measuring Intrapersonal and Interpersonal Competencies
As highlighted above, medical schools face a significant challenge in trying to efficiently learn more about applicants during the screening process that precedes inviting applicants to interview. Our goal, over the next few years, is to investigate, test and deploy a measurement instrument (or instruments) that will provide medical schools with better and timely information about the intrapersonal and interpersonal competencies identified above.

Long Term Solutions: Transition to CBA
We do not yet know what a complete transition to CBA will look like, but we know our goal: to help enable medical schools identify those applicants who are best prepared and predisposed to succeed in the healthcare system of the future.