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## Research Note

# Increasing access to the profession: Admissions lessons learned from the pandemic

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## ARTICLE INFO

### Keywords:

Admissions  
Multiple mini-interview  
Barriers  
Test-optional

## ABSTRACT

**Introduction:** The disruptions induced by the COVID-19 pandemic have forced quick and significant changes to recruitment and admissions practices in colleges of pharmacy. This process has helped to identify barriers and challenges for prospective students. At the University of North Carolina Eshelman School of Pharmacy, some changes were already under consideration prior to the pandemic, such as moving to test-optional admissions and allowing remote interviews, while new considerations included offering the entire recruitment and admissions process remotely.

**Methods:** In 2020–2021, the decision was made to move to test-optional admissions. A separate decision was made to conduct interviews remotely. Data from the admission cycle were collected from the Pharmacy College Application Service as part of the standard admissions process and exported for analysis. Descriptive statistics (mean  $\pm$  SD) were used.

**Results:** Completed applications increased by 59.1% in 2020–2021 from the previous year. Applications increased by 9.8% from underrepresented students, by 6.2% from those with a bachelor's degree, and by 8.4% by out of state students. Other admissions metrics, such as the mean grade point average (3.50) and mean Pharmacy College Admissions Test composite percentile (88%), did not change.

**Conclusions:** The COVID-19 pandemic experience validated our perspective that we must continue to embrace change and seize opportunities to reduce barriers for prospective students to improve access to the profession. The changes that this pandemic has necessitated may help to close the gaps in accessing health professions education.

## Introduction

As the COVID-19 pandemic has been and continues to be a major disruptor in higher education, institutions have turned to technology in new ways, including rethinking strategies to reduce barriers to admission processes for future learners. The ongoing demographic changes continue to have impact in the recruitment and admission of candidates into institutions of higher education.

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<https://doi.org/10.1016/j.cptl.2022.09.003>

Available online 29 September 2022

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Within pharmacy education, the nationwide decline in applications continues to be a primary reason to explore obstacles to the admissions process.<sup>1</sup> Reducing barriers not only can help colleges of pharmacy (COP) to reach more applicants, but also to promote the goal of a more diverse and qualified potential student population.<sup>2–4</sup>

A written application with a processing fee, the Pharmacy College Admissions Test (PCAT), and an in-person interview are common admissions practices for COP. These strategies are used not only to select applicants, but also to provide applicants an opportunity to determine if a program is a good fit; however, all of these can be potential obstacles to access. Both direct and indirect financial costs exist, from the application and standardized test fees to costs of travel and housing required to visit the college. Further, the time expense is considerable, such as completing the Pharmacy Centralized Application Service (PharmCAS) and supplemental applications, preparing for and taking the PCAT, and making day visits to locations that could be across the country or globe. Opportunity costs should not be overlooked as applicants must forfeit some opportunities (e.g., class attendance, family or group time, working after class hours) to engage in these admission processes. Prioritizing financial aspects of attending a college such as the cost of attendance and financial aid package available, over the match of the college (e.g., focus and values of the program), could be another significant opportunity cost.<sup>5</sup>

At the University of North Carolina (UNC) Eshelman School of Pharmacy (ESOP), the recruitment and admissions committee (RAC) engaged in discussions for the past three years around the merit of test-optional (i.e. test scores may be submitted and reviewed) or test-blind (i.e. test scores are not reviewed if submitted) admissions based on the nationwide debate surrounding the use of standardized tests for student selection in higher education.<sup>6–9</sup> Common arguments in support of standardized tests include the opportunity to sort applicants using normalized data, the ability to predict student performance in didactic coursework early in a curriculum, and the low resources required by institutions as applicants assume the cost of the test. Arguments against the use of standardized tests include testing bias against cultural, ethnic, and socioeconomic groups, costs associated with taking standardized test preparation courses, lack of predictive validity of such tests over time (e.g., less predictive of performance later in a curriculum), and an emphasis on quick thinking as opposed to deep or creative thinking.<sup>10–13</sup> These concerns have prompted numerous colleges, universities, and state university systems to discontinue the use of standardized tests for admissions.<sup>14</sup> Data from the National Association for College Admissions Counseling indicated that programs that became test-optional experienced an increased number of applicants (29% for private institutions and 11% for public institutions) and increased enrollment of underrepresented students (61%), all without lowering the academic quality of the enrolled student body.<sup>15</sup>

## Methods

Over the last three years, the RAC had many conversations about improving access by reducing barriers for applicants to the doctor of pharmacy program. The COVID-19 pandemic accelerated the discussion regarding the use of standardized tests in admissions, and a decision to move to test-optional PCAT was made, immediately reducing one barrier to application and admission.

Prior to COVID-19, the RAC also explored the merits of virtual multiple mini-interviews (MMIs) to increase access for applicants by reducing travel requirements and financial demands. In prior years, a small number of virtual MMIs were conducted due to necessity, such as international applicant interviews and severe weather-related issues. In 2020–2021, a quick pivot was made to conduct all interviews virtually, which created a new challenge with the logistical aspect of conducting interviews and evaluating applicants via Zoom (Zoom Video Communications, Inc.). An unforeseen benefit to the virtual interview format was becoming more student-centric when meeting the students where they were, literally and figuratively.

One of the benefits of our previous in-person interview days was the ability to thoroughly introduce applicants to our program by giving them the opportunity to tour the school, interact with current students, and meet faculty. To replicate this experience virtually, a landing page was created on the ESOP website that included a welcome message, a virtual tour of our buildings, and links to various policies. Faculty were asked to create short videos describing their areas of expertise and opportunities available to students.

Live Zoom sessions were hosted each week leading up to an interview day, providing applicants opportunities to ask questions and hear from individuals at the school. All applicants were connected individually with a current student recruitment ambassador who could answer their questions as needed. On the day of the virtual interview, applicants attended a required live Zoom session focused on student life at the school. Two virtual admitted student days were held in the spring for those admitted into the program. This provided another opportunity for students to engage with the school, learn more about our program, and ensure that the ESOP was the right match for them without the limits of previously mentioned constraints.

Data from the admission cycle were collected in PharmCAS as part of the standard admissions process. Data were exported to Excel, version 16.63.1 (Microsoft, Corp.) to analyze. Descriptive statistics (mean  $\pm$  SD) were used to compare changes between years. This work was submitted to the UNC Office of Human Research Ethics and was determined that institutional review board approval was not required.

## Results

Following these changes, completed applications (both PharmCAS and supplemental applications) increased substantially (59.1% increase in 2020–2021 from the previous year and 1.6% increase in 2021–2022 from the previous year). More than half of the applicants (57.4% in 2020–2021 and 68% in 2021–2022) did not submit a PCAT score. The percentage of underrepresented students that applied and enrolled increased by 9.8% and 2.1%, respectively in 2020–2021 and 1.6% and 6.7%, respectively in 2021–2022. The percentage of students in 2020–2021 who applied and enrolled with a previous baccalaureate degree increased by 6.2% and 10%, respectively. In 2021–2022, these numbers slightly decreased from the previous year to 3.5% (applied) and 5% (enrolled). Students

**Table 1**  
Change in application type between admission cycles.

|                         | 2020–2021 admission cycle | 2021–2022 admission cycle |
|-------------------------|---------------------------|---------------------------|
| Completed applications  | +59.1%                    | +1.6%                     |
| URS background applied  | +9.8%                     | +1.6%                     |
| URS background enrolled | +2.1%                     | +6.7%                     |
| Prior degree applied    | +6.2%                     | –3.5%                     |
| Prior degree enrolled   | +10.0%                    | –5.0%                     |
| Out of state applied    | +8.4%                     | +2.9%                     |
| Out of state enrolled   | +15.1%                    | –3.6%                     |

URS = underrepresented student.

who applied and enrolled from out of state in 2020–2021 increased by 8.4% and 15.1%, respectively. In 2021–2022, the number of students from out of state who applied increased an additional 2.9% from the previous year and the number who enrolled decreased 3.6% from the previous year (Table 1). The most significant changes were seen in 2020–2021, the first year after the barriers were removed, with the 2021–2022 data collected as a starting point for longitudinal analysis. Other outcomes such as the average grade point average (2020–2021 = 3.5, SD = 0.3; 2021–2022 = 3.5, SD = 0.27) and average PCAT composite percentile (2020–2021 = 88%, SD = 11.57; 2021–2022 = 88%, SD = 14.08) did not change.

## Discussion

These trends indicate that the admissions process changes, with the most significant change being the move to test-optional admissions, have potentially resulted in reaching a more diverse applicant pool. This supports previous research that indicates that test-optional admissions policies result in more applicants and are attractive to students with high standardized test scores.<sup>16–18</sup> This change was well-received by the RAC and made some aspects of the process easier, while presenting new challenges. For example, the submitted PCAT scores were considered; however, the RAC had discussions about if and how a low PCAT score should affect an applicant's application. The plan is to remain test-optional for the future and to annually assess the outcomes of this change by reviewing the performance of students in our curriculum, including pharmacy practice experiences, and the impact on the diversity of our applicants. We will also compare the performance of students in our curriculum prior to and after the change to test-optional to see if there are differences, as prior research suggests that test-optional admission policies do not negatively impact academic performance.<sup>13,18</sup>

Transitioning candidates' day and MMIs to online experiences, while maintaining the original purpose of the MMIs (evaluation of specific non-academic constructs), was a challenge. Offering remote MMIs on a much smaller scale to international applicants and with weather concerns had been well established, but not for performing all the MMIs for an entire admissions cycle. With proper planning, the MMI model can be administered remotely without much disruption.<sup>19</sup> Members of the admissions office and the school's information and educational technology team met to discuss the logistics of the remote process, practice remote sessions, and review the MMI prompts. After this positive experience, we are confident that we can continue to measure and evaluate specific non-academic constructs (e.g., empathy, integrity, adaptability, critical thinking) remotely, although this will be further studied.<sup>20</sup> Offering MMIs remotely can significantly increase the ability for applicants to participate in interviews that otherwise would not be obtainable due to travel or financial restraints.

The approach of virtual interviewing was not without challenges, including managing several Zoom connections concurrently, lack of an on-campus experience, and training faculty interviewers for virtual interview sessions. Through a debriefing session with the admissions office and from interviewer feedback, minor issues were discovered after the first session, such as not taking time zone differences into account for applicants who were from other parts of the country and world.

Exploring and evaluating changes to recruitment and admissions processes during a global pandemic is a limitation to this research due to the educational disruptions resulting from the COVID-19 pandemic. Therefore, outcomes resulting after changes were made to the admissions process could have been influenced by trends in college applications during the pandemic.

## Conclusions

The COVID-19 pandemic has reminded us to continuously embrace change and seize opportunities to reduce barriers for a changing demographic of prospective students to expand their access to the profession. This will result in a more diverse student body and ultimately a more diverse workforce. The changes that the COVID-19 pandemic have necessitated may bring us closer to closing the gaps in health professions education access.

## Declaration of Competing Interest

None.

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