

CUDCP

Council of University Directors of Clinical Psychology

Guidance on the Use of the GRE in Admissions for 2020-2021

Developed by: Mark Lumley (Wayne State University), the CUDCP Board, and 80+ DCTs in attendance at the CUDCP GRE Discussion on August 26, 2020.

Goal: Provide recommendations regarding the use of the GRE General and Subject Test (“GRE” or “GRE Tests”) in admissions decisions of doctoral students into Health Service Psychology programs during the 2020-2021 recruitment season.

Guiding Principles:

- Health and safety should be prioritized when making decisions about requiring applicants to complete the GRE Tests for admissions.
- Equity and inclusion should be considered and prioritized when making decisions about requiring applicants to complete the GRE Tests for admissions. The COVID-19 pandemic, civil uprisings, and other local and national events may impact optimal performance on the GRE. These events have an unequal impact across applicants, more significantly impacting applicants from groups that have been historically – and currently – marginalized, oppressed, and under-resourced.
- Clear and consistent communication from doctoral programs to applicants regarding requirements for GRE Tests are critical for applicants to make decisions that require them to consider potential risks to their health and safety.
- Decisions about the use of the GRE Tests for admissions can be focused specifically on the upcoming recruitment year in the context of the COVID-19 pandemic, and do not necessarily require a permanent change to the use of the GRE Tests for admissions.

Considerations:

- The validity, utility, and fairness of the GRE in graduate admissions has been considered, discussed, and debated by doctoral programs in Health Service Psychology and in other disciplines for many years. Doctoral programs may consider overall concerns with the GRE – outside of the context of the pandemic – in making decisions about requiring the GRE during the 2020-2021 recruitment season. A non-exhaustive annotated list of research studies relevant to the GRE is provided at the end of this document to facilitate consideration of the best available evidence on the GRE. The focus of the decision specific to the upcoming recruitment year, however, should be based on the principles outlined above within the context of the COVID-19 pandemic.
- Many testing centers for the GRE Tests were closed during the initial phase of the COVID-19 pandemic. Some testing centers have reopened, and the publisher of the GRE has made a home testing option for the GRE General Test available. The validity, equity, and feasibility of the home testing option for the GRE is unclear.

- The GRE Subject Test does not have a home testing option, and the publisher has cancelled the administrations planned for September and October, 2020. No Subject Test administration is available until April 2021.
- Programs may wish to consider the goal(s) of their admissions process. For example, is the goal(s) of their admissions process to:
 - Identify applicants who are most likely to succeed in the program (Note: important to operationalize “success” for both applicants and faculty)
 - Identify applicants who will be most aligned with their mentors in conducting research in their lab
 - Identify applicants who will be most independent in completing program requirements and research duties, needing the least support to be successful
 - Diversify the program or the field
 - Address inequities in access to doctoral-level education in health service psychology

Recommendations:

- Doctoral programs should select among three options when considering the GRE General Test for admissions in the 2020-2021 recruitment season:
 - Continue to Require the GRE
 - Make the GRE Optional
 - Eliminate the GRE From Decision Making
- Doctoral programs should consider the pros and cons of requiring the GRE General Test for admissions in the 2020-2021 recruitment season:
 - Continue to require the GRE General Test
 - Pros:
 - May be consistent with past practice
 - Provides uniform information on all applicants
 - Increases the amount of data for decision-making
 - May be required for some university or other scholarships
 - Possible racial/ethnic discrepancies in GRE scores may be corrected for using data provided by the publisher, Educational Testing Services
 - Cons:
 - Fewer applicants may apply to the program
 - Applicants are forced to consider taking the GRE despite public health concerns
 - Some applicants may be unable to take the GRE due to personal or public health concerns
 - GRE scores may be impacted by the pandemic, civil uprisings, and other events; however, programs will not be able to determine which applicants’ scores are impacted and which are not

- May increase inequity in graduate admissions given the unequal impact of the pandemic and disparate personal resources
 - Unclear how programs will handle applicant requests to waive the GRE requirement
 - Unclear how programs will address applicants who report that their GRE scores were lowered by testing circumstances or stress
 - Educational Testing Services, the publisher of the GRE, recommends against using the GRE cutoff scores to eliminate applicants from consideration. Specifically, "Using a minimum GRE score as the only criterion for denial or acceptance for admission or a fellowship award is not good practice because it overinflates the role of one measure of an applicant's value over others."
- Make the GRE General Test Optional
 - Pros:
 - Allows flexibility for applicants; does not require taking the GRE (health, costs)
 - Applicants can submit their "best application" (i.e., submit good scores), consistent with other aspects of the application (i.e., best letters, best statement, best experiences)
 - Provides an opportunity for programs to experiment with reviewing applicants without GRE scores
 - Cons:
 - Difficult to evaluate applicants equally given differential information
 - Applicants with GRE scores may be favored over those without scores
 - Impossible to differentiate if the student did not take the GRE or took the GRE and obtained low scores.
 - Students without GRE scores may be disadvantaged in consideration for university scholarships
- Eliminate the GRE General Test and not include it in decision making
 - Pros:
 - All applicants are reviewed based on the same requirement
 - Avoids health and fairness concerns associated with attempting to take the exam during the pandemic
 - Provides an opportunity for programs to experiment with reviewing all applicants without GRE scores
 - Cons:
 - Applicants who have already taken the GRE and want to submit their scores may be disappointed or feel unfairly disadvantaged
 - Programs will need to develop a process for make admissions decisions without the GRE
 - Programs may overweight information that is even more impacted by inequity and exclusivity (e.g., coming from a prestigious undergraduate

institution or having taken graduate courses/obtained a master's degree).

- Students may not qualify for university scholarships
 - It may be difficult to keep applicants from submitting scores (e.g., uploading them to the application portal)
 - It may be difficult to keep admissions committee faculty from seeing GRE scores that are submitted (e.g., an applicant listing their scores on their CV).
- Doctoral programs should consider providing clear and consistent language about requirements related to the GRE for admissions in the 2020-2021 recruitment season, for example:
 - Continue to require the GRE
 - “Our program is **requiring** the GRE General Test for admission to the fall 2021 class.”
 - Make the GRE Optional
 - “Our program has made the GRE General Test **optional** for admission to the fall 2021 class. You may submit scores if you have them, and they will be considered by the admissions committee. Applications without GRE scores will be given equal consideration.”
 - NOTE: If programs are making the GRE “optional”, they should be clear about what is meant by “optional,” both for applicants as well as for faculty evaluating applicants (e.g., if and how GRE scores will be considered in the evaluation of applicants).
 - Eliminate the GRE and not include it in decision making
 - “Our program has **eliminated** the GRE General Test for admission to the fall 2021 class. We will NOT accept or consider GRE scores for applications submitted this fall 2020. Applicants should NOT submit their GRE scores through ETS nor report their scores in the application portal or on their CVs or personal statements.”
 - Programs and universities often have information about application requirements posted or provided in multiple places across their university website, program-specific website, or in other documents. Programs should carefully review all public-facing information to make certain that their message to applicants is consistent.
 - Doctoral programs may consider providing a rationale for their decision; however, a rationale is not necessary.
 - Doctoral programs that make the GRE optional or eliminate the GRE should develop a rubric for evaluating applicants without the GRE. Doctoral programs should consider how all of the items on their rubrics may privilege or disadvantage certain groups of applicants (e.g., opportunities for research experience) and explore ways to mitigate potential inequity.

- CUDCP and perhaps other training councils should consider pooling de-identified data across programs to examine questions related to the GRE and admissions into doctoral programs in clinical psychology.
- Given that the GRE Subject Test is unavailable until 2021, programs should consider not requiring or even making optional the GRE Subject Test in the upcoming recruitment season.

Non-Exhaustive Annotated Bibliography of GRE-Relevant Studies

Kuncel et al (2001): "The results indicated that the GRE and UGPA are generalizably valid predictors of graduate grade point average, 1st-year graduate grade point average, comprehensive examination scores, publication citation counts, and faculty ratings. GRE correlations with degree attainment and research productivity were consistently positive; however, some lower 90% credibility intervals included 0. Subject Tests tended to be better predictors than the Verbal, Quantitative, and Analytical tests." Table 9 of Kuncel et al. (2001) suggests just a slight (albeit not meaningful) superiority of the Subject over the General GRE. Given this, I find it odd that more programs don't require the subject test instead of the general GRE.

Kuncel & Hezlett (2007; 10.1126/science.1136618): Although they don't comment specifically on the GRE, they conclude "Results from a large body of literature indicate that standardized tests are useful predictors of subsequent performance in graduate school, predict more accurately than college GPA, do not demonstrate bias, and are not damaged by test coaching." See Table 1. Although they reference that no bias is present, they don't provide any such analyses, only reporting on prior research (as far as I can tell... would be open to any else's interpretation).

Bridgeman et al (2008; GRE Board Research Report No. GREB 04-03): ETS study that showed "Students in the top quartile were 3 to 5 times as likely to earn 4.0 averages compared to students in the bottom quartile. Even after controlling for undergraduate grade point average quartiles, substantial differences related to GRE quartile remained."

Kuncel et al. (2010;10.1177/0013164409344508): "Across nearly 100 studies and 10,000 students, this study found that GRE scores predict first year grade point average (GPA), graduate GPA, and faculty ratings well for both master's and doctoral students, with differences that ranged from small to zero." Please note that this meta-analysis was only with Verbal and Quantitative and did not include analytic writing. They did not exam differences by demographics, nor even report them.

Schwager et al. (2015; 10.1111/ijsa.12096): "...the Analytical Writing part of the GRE predicts graduate grade point average above and beyond U-GPA. Furthermore, the results suggest that the relationship is independent of students' socioeconomic status as indexed by parental education." Please note that they only examined master's students and did not examine or report on demographics (despite collecting some data).

Liu et al. (2016; 10.1002/ets2.12095): "Our analyses revealed that scores from the GRE revised General Test predicted GGPA and program standing. In particular, these scores showed incremental value beyond undergraduate GPA (UGPA) for predicting GGPA. Furthermore, among enrolled students, those who submitted scores from the GRE revised General Test in application had significantly higher GGPAs than those who did not." This was a study of master's and doctoral students from a University in Singapore.

Hall et al. (2017; 10.1371/journal.pone.0169121): "We conclude that the most commonly used standardized test (the general GRE) is a particularly ineffective predictive tool" when examining research productivity in biomedical PhD programs, instead favoring letters of recommendation.

Moneta-Koehler et al (2017; 10.1371/journal.pone.0166742): "Overall, the GRE did not prove useful in predicting who will graduate with a Ph.D., pass the qualifying exam, have a shorter time to defense, deliver more conference presentations, publish more first author papers, or obtain an individual grant or fellowship. GRE scores were found to be moderate predictors of first semester grades, and weak to moderate predictors of graduate GPA and some elements of a faculty evaluation." This was a study of biomedical PhD students.

Owens et al (2014; 10.1093/oxfordhb/9780199874019.013.018): One big problem with the GRE is that we "only know about the predictive validity of the GRE for students who were admitted into graduate programs". Even within studies of admitted students there are problems, including limited variance in GREs and outcomes, and the utility of the outcomes selected is questionable at best (e.g., professor's ratings of students, restricted doctoral-level GPAs). A recent study of "Elite STEM graduates" found a significant ceiling effect, although differences by gender were still found among this elite group, with higher GRE-Q for men (10.1037/pspp0000239).

Sealy et al. (2019; 10.1371/journal.pone.0201634): This manuscript attempts to address the "admitted only" problem in an interesting way for biomedical sciences: "This study avoids the typical biases of most GRE investigations of performance where primarily high-achievers on the GRE were admitted. GRE scores, while collected at admission, were not used or consulted for admission decisions and comprise the full range of percentiles, from 1% to 91%. We report on the 32 students recruited to the Vanderbilt IMSD from 2007–2011, of which 28 completed the PhD to date. While the data set is not large, the predictive trends between GRE and long-term graduate outcomes (publications, first author publications, time to degree, predoctoral fellowship awards, and faculty evaluations) are remarkably null and there is sufficient precision to rule out even mild relationships between GRE and these outcomes. Career outcomes are encouraging; many students are in postdocs, and the rest are in regular stage-appropriate career environments for such a cohort, including tenure track faculty, biotech and entrepreneurship careers."

An interesting note of caution: Cahn (2015; PMID: 25743401): concluded in a very small interview-based study of health profession programs (OIT, PT, PA, S-L). "While test-optional programs attract students who might otherwise not apply to graduate school, the lack of a GRE requirement does not automatically increase the representation of under-represented minority students in the matriculated class". Of interest, a dissertation examining the use of holistic review, with a rubric, found a change in

the racial/ethnic and age composition of a singular physical therapy program (Hawkins, 2020:
<https://scholarworks.bellarmino.edu/tdc/85>)