AAMC

Medical College Admission Test

The New Score Scales for the 2015 MCAT® Exam:

An Overview of What Admissions Officers Need to Know

A Better Test for Tomorrow's Doctors

Inside:

- **An in-depth look at the new score scales**
- **Guidance in making the transition to the new score scales**
- **Helpful considerations in using MCAT2015 scores**

MCAT® is a program of the
Association of American Medical Colleges

www.aamc.org/mcat2015/admins

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For more information about the MCAT2015 exam, please see the MCAT2015 website: www.aamc.org/mcat2015/admins

Overview

In spring 2015, the AAMC will introduce a new version of the Medical College Admission Test® (MCAT®) that will assess test takers' knowledge and problem-solving skills in the natural, behavioral, and social sciences. You and your admissions committee will need resources and tools to familiarize yourselves with the new exam and attach meaning to the new scores (i.e., determine the range of scores for applicants that are likely to mean success in your program). This guide is one such resource.

This guide provides information about the MCAT exam that will launch in spring 2015. It describes the knowledge and skills tested on the new MCAT exam, the scales on which scores will be reported, and provides suggestions for making the transition to the new score scales.

In this guide, we refer to the exam that will be administered for the last time in January 2015 as the "current exam," and the test that will be introduced in spring 2015 as the "new exam."

This guide includes the following:

- A description of the new MCAT exam and the knowledge and skills tested in each of the four test sections (page 1)
- A reminder of best practices for conducting holistic reviews of medical school applicants (page 4)
- A detailed description of the scales on which the new MCAT scores will be reported (page 6)
- The benefits of the new exam (page 12)
- Strategies for managing the challenges of score comparisons (page 14)
- Information about the tools and resources that will help scores from the new exam gain meaning over time (page 16)

If you have questions about the new exam, please do not hesitate to contact us.

You can reach us by phone at 202-828-0899, or email mcat2015@aamc.org. We will be happy to provide additional information about the exam content, the new score scale, tools for admissions committee members, and whatever test results and validity data that are available.

AAMC

The New MCAT® Exam

The new MCAT exam is a better test for tomorrow's doctors. The blueprints for the new exam shift the focus from testing what applicants know to testing how well they use what they know.

There is no question that America's health care system is changing and that future physicians will need more and better tools to manage the delivery system and meet the needs of the nation's growing, changing, and aging population. Medical schools are changing their curricula to meet these challenges by targeting the competencies that tomorrow's physicians will need.

A new MCAT exam will be launched in 2015 to match the adoption of competency-based curricula in medical schools. The blueprints for the new exam shift the focus from testing what applicants know to testing how well they use what they know. The new exam will ask test takers to apply what they have learned.

The new MCAT exam is designed to help medical school admissions committees identify applicants who are academically prepared for these changing curricula.

The new exam will ask test takers to show that they can think and learn like scientists. Medical schools recognize that it is becoming increasingly difficult for physicians to memorize and retain all of the information they need to make informed clinical decisions. Future physicians will need to know where to find credible information and how to translate new discoveries into high-quality care. To help with these changes, the new exam will place greater emphasis on scientific reasoning and analysis skills.

The new exam also will include a section that underscores the roles that behavioral and sociocultural factors play in health and illness. Substantial scientific evidence demonstrates the importance of social and behavioral determinants of health. Medical school faculty are giving more attention to the ways in which behavior interacts with biological factors to influence health outcomes and the ways in which social inequities influence patients' health. The new exam will test concepts that lay the foundation for learning in medical school about the human and social aspects of medicine.

The blueprints for the new exam are evidence-based.

The quantitative and qualitative research that supports the definition and development of the new MCAT exam is strong. Blueprint development for the new exam began in 2008 when a broad-based committee of deans, faculty, admissions officers, premedical advisors, baccalaureate faculty, students, residents, and psychometric experts reviewed the current exam and made plans to design the new test. The committee solicited input at more than 90 outreach events and surveyed more than 2,700 stakeholders for input on the future exam. The committee's efforts also were informed by two expert-panel reports on competency-based medical education—the *Scientific Foundations for Future Physicians* (released in 2009) and the *Behavioral and Social Sciences Foundations for Future Physicians* (released in 2011). The committee's consensus was that the new version of the exam should test the academic competencies outlined in the reports and ask applicants to apply their knowledge of the natural, social, and behavioral sciences to solve scientific problems.

The committee's research suggested that two of the four sections of the new exam should test academic competencies in the natural sciences, with one section testing the **Chemical and Physical Foundations of Biological Systems** and the other testing the **Biological and Biochemical Foundations of Living Systems**. Organized around the competencies in the reports and testing concepts that survey respondents rated as most important to entering students' success, the blueprints for these sections ask test takers to bring together what they know about biology, general and organic chemistry, physics, and biochemistry to solve problems about biological and other living systems. These sections will test the extent to which applicants think like scientists by reasoning about research designs and results, interpreting data and drawing conclusions, and considering ethical issues in research.

A third test section, **Critical Analysis and Reasoning Skills**, will test reasoning and analysis skills using passages from population health, studies of diverse cultures, ethics and philosophy, and other humanities and social sciences disciplines. The most current science on cognitive processing will be used to test applicants' ability to comprehend and analyze what they read, draw inferences from text, and apply arguments and ideas to new situations. Reading broadly in preparation for medical school will help test takers familiarize themselves with the issues and arguments these disciplines raise.

The fourth section, **Psychological, Social, and Biological Foundations of Behavior**, will be formatted like the two natural sciences sections and test the ways that psychological, sociocultural, and biological factors influence people's perceptions and reactions to the world, behavior and behavior change, individuals' opinions of themselves and others, cultural and social differences that influence overall health, and the relationships between social stratification, access to resources, and well-being.

The blueprints for the new exam are organized around the academic competencies that are considered necessary foundations for academic success in medical school.

Applicants will take the four new test sections in the following order:

- Chemical and Physical Foundations of Biological Systems
- Critical Analysis and Reasoning Skills
- Biological and Biochemical Foundations of Living Systems
- Psychological, Social, and Biological Foundations of Behavior

Details on the blueprints for the exam, along with sample questions, will appear in a companion to this guide titled ***Testing Academic Competencies with the 2015 MCAT Exam.***

Because the current and new MCAT exams differ, scores from the new exam will be reported on a different score scale than scores from the current exam.

The knowledge and skills that test takers need to demonstrate on the current and new exams differ, and test takers will prepare differently as a result. Test takers who sit for the current MCAT exam study introductory biology, chemistry, and physics before testing, and they practice their verbal reasoning skills. Test takers who sit for the new exam will study the same introductory science concepts, but they also will study concepts taught in first-semester biochemistry, psychology, and sociology courses. They will practice the analysis and reasoning skills that scientists use to bring together information from multiple disciplines, and they will practice using the research methods and statistical tools that natural and social scientists use to do their work. The current exam measures some but not all of the academic competencies the new exam will test.

Because the new test targets different knowledge and skills than the current exam and applicants will prepare differently, the information that new scores will provide about applicants' academic preparation will be different than the information provided by current scores. Scores from the new exam will be reported on a different score scale than scores from the current exam. New exam scores will not be reported on the 1–15 and 3–45 scales with which you are familiar.

Because the two exams measure different things, there are not meaningful ways to translate scores from the new exam to the current score scale (or translate scores from the current exam to the new score scale).

The rest of this guide describes the score scales for the new exam and the tools that will be available to help you think about the academic preparation of applicants submitting scores from the new exam alongside applicants submitting scores from the current exam.

Best Practices in Admissions

Holistic review practices can help you transition from the current MCAT® exam to the new exam.

Holistic review practices provide a firm foundation for selecting applicants with the academic and personal competencies that future physicians will need. Your institutional mission, goals, and priorities provide a framework for evaluating the academic, experiential, and personal attributes of your applicants. They lay the foundation for admitting a class of capable, caring students who bring diverse experiences, interests, and talents to your institution.

Applicants provide admissions committees with information about their experiences, attributes, and academic backgrounds through their applications, personal statements, and interviews. Letter writers also provide rich information about applicants' academic and personal competencies. Holistic review practices help admissions committees determine the fit between their institutional goals and their applicants' characteristics, and provide a good foundation for transitioning to the new exam.

Here are some best practices:

- As is done for the current MCAT exam, you should triangulate score information from the new MCAT exam with information about applicants' course completion, grades, grade trends, institutional selectivity, research experience, and other academic indicators. You should look for consistencies and inconsistencies in the stories these data tell.
- Data about applicants' experiences also are important. These include data about work, community service, and leadership experience, as well as experience in health care settings and with underserved populations. Also important is information about applicants' backgrounds, such as educational disadvantages, family obligations, and cultural barriers.
- Data about applicants' demographic and personal attributes also are key. For some schools, U.S. citizenship, state residency, or rural or urban backgrounds are important. Likewise, applicants' socio-economic status, race/ethnicity, first-generation college status, and language may be important. Information about integrity, cultural competence, service orientation, and other personal attributes are available through applicants' personal statements, letters of evaluation and, for those who interview, their interview assessments.

Data about applicants' academic, experiential, and personal attributes can help admissions committees construct a class that meets the academic, clinical, service, and research missions of their medical schools.

Like current exam scores, scores from the new MCAT exam should not be overvalued in admissions decision making.

Like current exam scores, scores from the new MCAT exam will provide a common metric for evaluating the academic preparation of applicants who have different course-taking histories and come from institutions with different curricula and grading standards. But they should not be overvalued in admissions decision making.

Here are some of the reasons why:

- Scores from the new exam will measure only a subset of what is needed for medical school. The MCAT exam cannot feasibly measure every academic competency that medical students need, and it may not cover everything needed to succeed at your institution. Missing from the exam, for example, are measures of important skills like synthesis skills and writing skills that are so important for medical students to succeed.
- Like the current MCAT exam, scores from the new exam will not be perfectly precise. The new exam will not measure test takers' achievement with perfect accuracy—test takers' scores can be dampened by factors like fatigue, test anxiety, and less than optimal test room conditions; or they can be boosted by recent exposure to some of the tested topics. Because MCAT scores are not perfectly precise, it is important not to over-interpret small differences in test scores.

Scores from the new exam should not outweigh other application data in deciding which applicants will get secondary invitations, interview invitations, or acceptances.

The New Score Scales

Scores from the new exam will not be reported on the 1–15 and 3–45 scales with which you are familiar.

The new MCAT exam will test different things than the current exam and applicants will prepare for it differently. Consequently, scores from the new exam will be reported on a different scale than scores from the current exam.

Here is how the new exam will be scored:

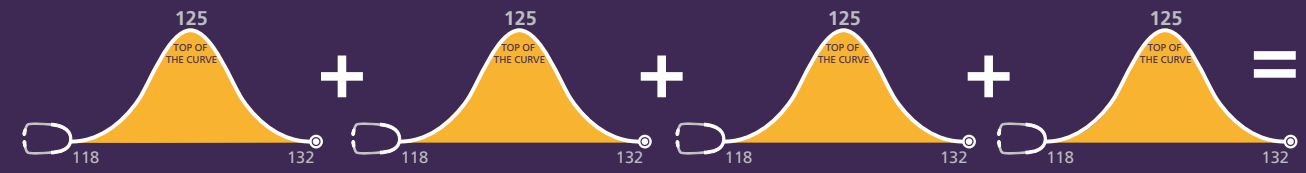
- Similar to scores from the current exam, scores on the new exam will have the same meaning regardless of the time of year that applicants test or who shows up for the exam.
- Scores for the four sections will sum to the total score.
- Total scores for the new exam will be centered at 500. Total scores will range from 472 to 528.
- Individual section scores will be centered at 125. Section scores will range from 118 to 132.
- The new MCAT score scales emphasize the center of the scales, rather than the top third. If history is a guide, students with scores in the center of the scales are likely to succeed in medical school. They are likely to graduate in four or five years and pass their licensure exams on the first try. Importantly, focusing attention on the center of the scales, rather than the top third, is consistent with holistic review practices. The new score scale is designed to draw attention to applicants who might otherwise be overlooked.
- Predictive validity data for the current and previous versions of the MCAT exam show that most medical students who enter with scores in the center of the MCAT score scales graduate in five years without academic delays and pass their USMLE Step exams on the first try. The data in Table A1 of the Appendix illustrate this finding. They show that 80 percent of the students who entered medical school with total scores between 24 and 26 graduated within four years, and 91 percent graduated within five years. The Appendix shows similar success rates on USMLE Step exams. They also show that few of these students leave medical school for academic reasons.

This new score scale draws your attention to the center of the scale and to a group of applicants, at the "top of the curve" on the new exam, who have the potential for success.

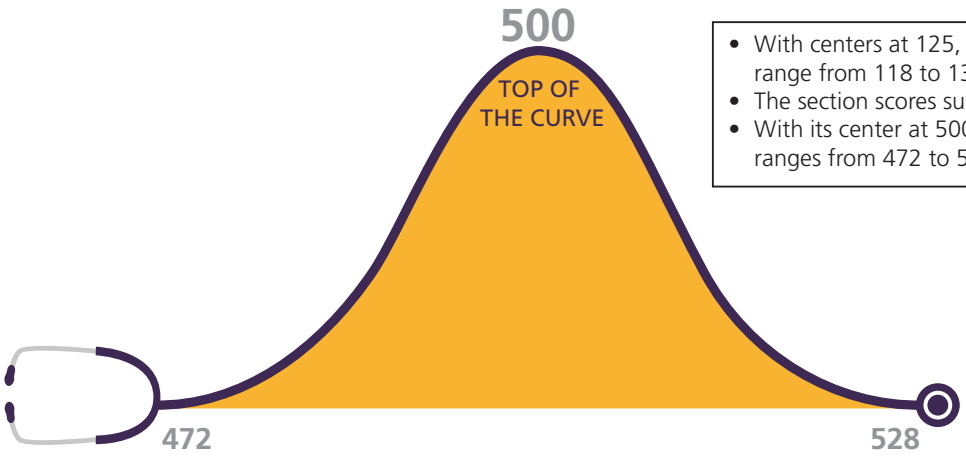
Taken together, these data on graduation rates, USMLE Step exam pass rates, and withdrawal or dismissal from medical school for academic reasons show that applicants with a wide range of MCAT scores and UGPAs can succeed in medical school. These data suggest the facility with which admissions committee members identify students with the potential to succeed by combining information about candidates' qualifications from applications, transcripts, letters, and interviews with information about medical schools' curricula, support services, and graduation requirements. These results also are an important testament to the academic and other support that faculty provide to students to help them succeed in medical school.

The figure on the next page shows the score scales for the total and sections of the new MCAT exam as well as the "top of the curve" on the new exam.

MCAT2015 has four test sections:



MCAT2015 Total Score



- With centers at 125, section scores range from 118 to 132.
- The section scores sum to the total score.
- With its center at 500, the total score ranges from 472 to 528.

There are three other important things about the new score scales:

- The MCAT exam has a long history of predicting a wide range of student outcomes in medical school, including students' grades in all four years of medical school and scores on medical school and USMLE exams. Therefore, if they operate like scores on the current exam, scores on the new exam will continue to predict different kinds of student outcomes in medical school, including grades in classes and scores on medical school and licensure exams. That is, examinees who score higher on the new MCAT exam are likely to receive better grades and obtain higher scores on various exams, including licensure exams.
- Second, each of the four sections of the new exam will include more questions than appear in the sections of the current exam. These additional questions make section scores on the new exam more accurate than section scores on the current exam. This means that you can use new section scores to think about applicants' strengths and weaknesses in relationship to the requirements of medical school curricula.
- Third, in setting the score scales for the new exam, one goal is to re-center the distributions and spread out scores across the entire range of possible scores. Average scores for most of the current test sections have drifted up over time. The new score scales will re-center the distributions and correct the "bunching" at the upper ends of the scales. This means that the distributions of test takers' scores will look more like normal distributions.

Percentile ranks will help give meaning to the new scores.

Because the score scales for the new MCAT exam are different from the current scales, you are being asked to "start over" in attaching meaning to the scores and developing conventions for selecting students. Faculty will not yet know what scores mean at their schools. They will not know what to expect from students who enter at different score levels and which scores will and will not be associated with success.

For applicants with scores from the new exam, you will have percentile ranks that show how your applicants compare to others who tested on the new exam. These percentile ranks will help you compare applicants who took the new exam. The percentiles ranks will help give meaning to the new MCAT scores. They will show how well applicants "stack up" in relation to test takers who also prepared for and took the new exam.

Here is why percentile ranks are helpful:

- Percentile ranks show the percentage of test takers who received the same or lower score. They show how individual test takers compare to the population of test takers who prepare for and take the new exam. Scores with higher percentile ranks represent higher levels of competency on the exam.
- In the *hypothetical* percentile rank table on the following page, a total score of 500 on the new MCAT exam is associated with a percentile rank of 50. This means that applicants who report a score of 500 performed better than or equal to 50 percent of other test takers.

The first percentile rank tables for the new exam will be *estimated* from the scores of test takers who sit for the first few test administrations.

Because the 2016 application cycle will open before the 2015 testing year is done, we will use data from the first few administrations of the new exam to create the percentile rank tables that your admissions committee can use for 2016 selection. We recognize that the first test takers on the new exam may be different from test takers who sit for the exam later in the year. It is possible that early test takers will be higher scoring than those who test later. We also recognize that 2015 may be an unusual testing year. Some test takers may decide to wait until 2016 to sit for the new MCAT exam.

We can estimate the new percentile rank tables for a typical year using the data from the first few administrations of the new MCAT exam because history tells us that MCAT scores vary in predictable ways for test takers from different undergraduate institutions, years in college, gender, racial/ethnic groups, and other demographic characteristics. We will use historic data to estimate what the distribution of scores will look like in a typical testing year given the characteristics and scores of early test takers.[1]

When the testing year is done, we will update the percentile rank tables for the new MCAT total and section scores using the scores of all test takers who took the new exam in 2015. These percentile rank tables will be available for the 2017 application cycle. As the new exam matures, more and more data will be used to populate the percentile rank tables for the new test.

1 We have modeled these estimation routines using past data to verify that we can generate reasonable results.

Here is what a hypothetical percentile rank table might look like for the total score on the new MCAT exam:

Total Score on New MCAT Exam	Percent of Test Takers Scoring at or Below Scaled Scores
528	99
527	99
526	99
525	98
524	98
523	98
522	97
521	97
520	97
519	96
518	96
517	95
516	95
515	94
514	94
513	93
512	[illegible]
511	91
510	[illegible]
509	[illegible]
508	83
507	80
506	76
505	73
504	68
503	64
502	59
501	55
500	50

Total Score on New MCAT Exam	Percent of Test Takers Scoring at or Below Scaled Scores
499	45
498	41
497	36
496	32
495	27
[illegible]	24
[illegible]93	20
[illegible]	17
[illegible]91	14
490	11
489	9
488	7
487	7
486	6
485	6
484	5
483	5
482	4
481	4
480	3
479	3
478	3
477	2
476	2
475	2
474	1
473	1
472	1

Hypothetical

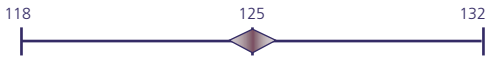
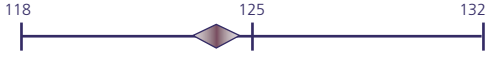
Score reports for the new exam will report applicants' total and section scores, the percentile ranks associated with them, and information about the accuracy of applicants' scores.

The new score report will provide a great deal of information:

- Percentile ranks will be reported for the total and section scores so you can see how applicants compare to others who took the new exam.
- Confidence bands will be reported to show the accuracy of applicants' total and section scores. As we have already said, like scores from the current exam, scores from the new exam will not be perfectly precise. Confidence bands show the ranges that are likely to include the test taker's scores on another MCAT attempt at about the same time. The upper and lower bounds of the confidence bands will mark the ranges in which the test taker's "true scores" likely lie. Confidence bands help signal the inaccuracy of test scores and discourage distinctions between applicants with similar scores.
- Score profiles that show applicants' strengths and weaknesses on the new exam also will be provided. Even though the new section scores have some imprecision, they are accurate enough to provide information about applicants' strengths and weaknesses across the four sections.

We envision a score report that will bring together MCAT scores, percentile ranks, confidence bands, and score profiles in a way that highlights applicants' strengths and weaknesses:[2]

MCAT Score Report Exam taken on 05/30/2015

Section	Score	Confidence Band[1]	Percentile Rank of Score[2]	Score Profile[3]
Chemical and Physical Foundations of Biological Systems	125	124 – 126	50%	
Critical Analysis and Reasoning Skills	127	126 – 128	75%	
Biological and Biochemical Foundations of Living Systems	130	129 – 131	97%	
Psychological, Social, and Biological Foundations of Behavior	124	123 – 125	45%	
MCAT Total Score	**506**	**504 – 508**	**76%**	

Notes:

[1]Test scores, like other measurements, are not perfectly precise. The confidence bands around test scores mark the ranges in which the test taker's true scores likely lie. The diamond shapes and shading indicate that the test taker's true score is more likely to be in the center of the confidence bands than at the ends.

[2]The percentile ranks of scores are the percentages of test takers who received the same score or lower scores.

[3]For the four sections, the score profile shows a test taker's strengths and weaknesses.

2 The prototype score report in this document is an idealized version that presents MCAT data (scores, percentile ranks, and confidence bands) both numerically and graphically. Score reports for your institution's applicants will vary in appearance depending on how your institution receives and stores application data, including MCAT scores.

- As shown in the new prototype score report, the first data column shows the applicant's scores. In this example, the applicant's total and three of the four section scores are at or higher than the center of each score scale. The applicant's total score is 506, which is greater than the midpoint of the scale (500). The applicant's section scores range from 124 (Psychological, Social, and Biological Foundations of Behavior) to 130 (Biological and Biochemical Foundations of Living Systems).
- The second data column in the score report provides the confidence bands associated with the reported scores. The confidence bands are represented numerically, giving the scores at the lower and upper bounds of the confidence bands. The diamond shape in between the upper and lower bounds is meant to show that the best estimate of this score is in the center of the diamond, where the diamond is tallest and the shading is the darkest. For the total score of 506, the confidence band ranges from 504 to 508. The applicant's true score is likely to fall within this range of scores.
- The third data column gives the percentile ranks associated with the total and section scores. The total score of 506, for instance, has a percentile rank of 76. This means that this applicant's total score is the same or higher than 76 percent of test takers taking the new MCAT exam.
- The last data column in the report gives the applicant's score profile. For the four individual test sections, it shows which scores are higher and where the applicant's strengths and weaknesses are likely to lie.

The Benefits of the New Exam

The new exam will provide better information than the current exam.

- As we already mentioned, the blueprints for the new exam reflect the requirements of current curricula. The quantitative and qualitative research that supports the definition and development of the new MCAT exam is strong. The new exam will test concepts that medical school faculty, residents, and medical students recently rated as most important to medical students' success.
- Each of the sections of the new exam includes more questions than the current exam sections. Scores from the new sections will provide better information about applicants' strengths and weaknesses than current exam scores.
- As we just described, the score reports for the new exam will provide percentile ranks that order test takers in relation to others taking the new exam, confidence bands that describe the accuracy of scores, and score profiles that highlight applicants' strengths and weaknesses.
- Additionally, the score scales give special attention to scores in the center of the scales. This makes sense because history shows that the vast majority of students who enter medical school with scores in the center of the current scales graduate on time and pass their USMLE Step exams on the first attempt.[3] The data show that students with a wide range of MCAT scores and UGPAs have succeeded in medical school, demonstrating admissions committees' skill in combining information about applicants' qualifications from applications, transcripts, letters, and interviews with information about medical schools' curricula, support services, and graduation requirements to accept students likely to succeed. Importantly, emphasizing the center of the scale, rather than the top third, is consistent with holistic review practices.

3 The tables in the Appendix present detail about these trends.

- Also consistent with efforts to admit students with diverse experiences, interests, and talents is the fact that the new exam balances testing in the natural sciences with testing in the behavioral and social sciences and critical analysis and reasoning. Among other things, the Psychological, Social, and Biological Foundations of Behavior section will test the relationships between social stratification, access to resources, and well-being, along with the cultural and social differences that influence well-being.
- Finally, as described previously, data show that past versions of the MCAT exam predict medical student performance well. The current MCAT exam and prior versions do a good job of predicting students' grades in all four years of medical school and on the various USMLE Step exams, as well as predicting students' academic distinction, academic difficulty, and the number of years students spend in medical school. The strong evidence base for the new MCAT exam means it is likely that scores from the new exam will do the same good job of predicting medical students' academic success as the prior versions.

If history is a guide, the new MCAT exam will predict students' academic performance in medical school.

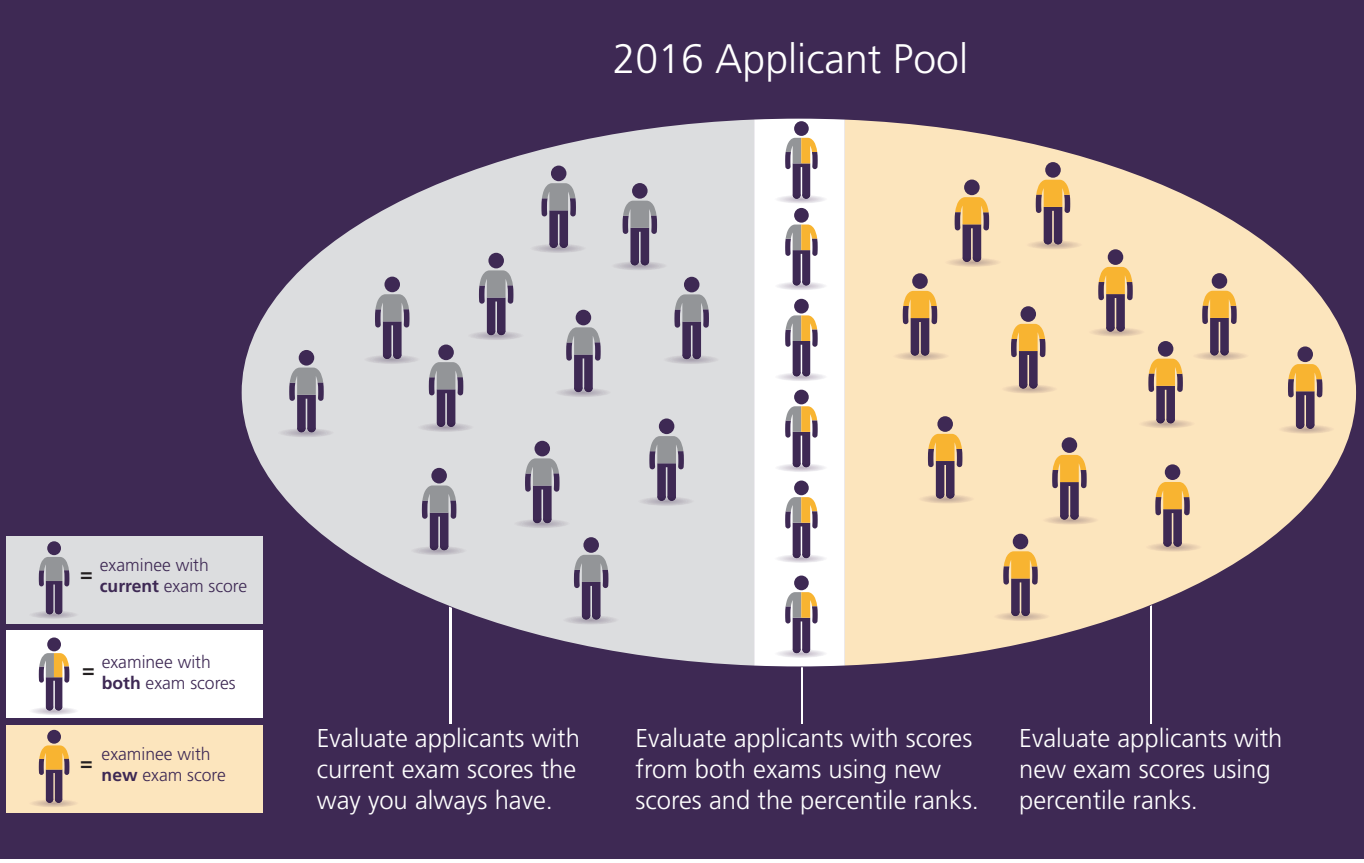
The Challenges of Score Comparisons

The benefits we just described make it difficult to evaluate applications reporting scores on the new exam alongside applications reporting current scores.

Because the current exam measures some but not all of the academic competencies that the new exam will measure, scores from the current and new exams have different meaning. Thus, direct comparisons of MCAT scores for applicants who take different versions of the exam will be impossible. The 2015 exam measures new academic competencies, and we expect that test takers will prepare differently as a result. The addition of new academic competencies and corresponding changes in applicants' preparation strategies make score comparisons on the old and new exams impossible.

In the 2016 application cycle, we expect about half of the applicants will submit scores from the current exam, and about half will report scores from the new exam. Some will report scores from both. Your applicants took the MCAT exam when they were best prepared—so for some, that meant taking the current exam and for others it meant taking the new exam.

The figure on the next page shows how to think about applicants submitting scores from the new exam alongside applicants submitting scores from the current exam.



- For applicants with scores from the current exam, you already know what the scores mean. You know which scores predict different levels of success in your program. So you can think about these applicants in relation to each other.
- Because scores from the current and new exams have different meaning, you cannot directly compare applicants with current MCAT scores to applicants with scores from the new exam.
- For applicants with scores from the new exam, percentile ranks will show how these applicants compare to others taking the new exam. Consider applicants' percentile ranks in combination with information about their course completion, grades, grade trends, institutional selectivity, research experience, and other academic indicators. Look for consistencies and inconsistencies in the stories these data tell.
- If an applicant with new scores seems otherwise comparable to an applicant with current scores, think about the importance to success in your curriculum of competence in biochemistry, psychology, sociology, and scientific problem-solving skills to decide how much weight to give the new scores in selection.
- For applicants with scores from both exams, you are encouraged to use the new scores. It is likely that these applicants were dissatisfied with their old scores and hoped to improve their applications by taking the new test. If the different sets of scores are very discrepant, the differences may be explained by information about the courses and other preparation completed between the two versions of the test.
- Again, because individual section scores on the new exam will be more accurate than section scores on the current exam, section scores from the new exam can be used to consider applicants' strengths and weaknesses.

New Tools and Information

The new MCAT scores will take on meaning over time.

- Score reports for the new exam will bring together information about applicants' scores, percentile ranks, and score profiles. The percentile rank tables will be updated on an annual basis.
- We expect about half of the applicants to the 2016 entering class to submit scores from the new exam. This proportion will grow in 2017 and continue to grow in 2018 and 2019. The AAMC will report scores from the current MCAT exam through the 2019 application cycle.
- As you gain experience with the scores from the new exam, they will take on meaning in combination with other information about your applicants' academic backgrounds and, importantly, in relation to student performance in your medical school.
- When national acceptance data for 2016 applicants are available, the AAMC will compile them to show how admissions committees worked with MCAT scores, undergraduate grade point averages, and other application data, to help you construct classes that meet your school's criteria.
- Seventeen medical schools are participating in a validity research project that will examine and document the value of the new MCAT exam. They will collect validity data for 2016 entrants as soon as they are available. Admissions officers from participating schools will examine the relationships between MCAT scores and grades in medical school, USMLE Step exam scores, time to graduation, and graduation rates. Validity data will be reported on a regular basis beginning with 2016 entrants.

When your 2016 class matriculates:

- Keep track of the MCAT scores and other application data of students who have difficulty in your program.
- Use this information to develop conventions for using the new exam scores in admissions decision making.
- Use this information to help you construct a class that meets the academic, clinical, service, and research missions of your medical school.

Appendix

Relationships between undergraduate GPAs, MCAT scores, and medical student outcomes including time to graduation, withdrawal/ dismissal for academic reasons, and passing the USMLE Step exams.

The value of undergraduate GPAs (UGPAs) and MCAT scores in predicting students' performance in medical school has been well established.[4, 5, 6, 7, 8] Studies show that undergraduate grades and MCAT scores predict students' grades in medical school, academic difficulty or distinction, time to graduation, scores on USMLE Step exams, and unimpeded progress toward graduation.[9]

The tables in this Appendix show the relationships between UGPAs, MCAT total scores, and several of these outcomes for students who started medical school in 2006, 2007, and 2008. They show the rates at which medical students who entered with different combinations of UGPAs and MCAT total scores: (1) graduated in four years, (2) graduated in five years, (3) withdrew or were dismissed for academic reasons, (4) passed the USMLE Step 1, Step 2-CK, and Step 2-CS exams on their first attempt, and (5) eventually passed the Step exams.

4 Donnon T, Paolucci EO, and Violato C. The predictive validity of the MCAT for medical school performance and medical board licensing examinations: a meta-analysis of the published research. *Academic Medicine*. 2007;82(1):100-106.

5 Dunleavy DM, Kroopnick MH, Dowd KW, Searcy CA, and 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. *Academic Medicine.* 2013;88(5):666-671.

6 Julian ER. Validity of the medical college admission test for predicting medical school performance. *Academic Medicine.* 2005;80(10):910-917.

7 Koenig JA and Wiley A. Medical School Admission Testing. In Dillon RF (Ed.). *Handbook of Testing.* Westport, CT: Greenwood Press; 1997.

8 Kuncel NR and Hezlett SA. Standardized tests predict graduate students' success. *Science*. 2007;315:1080-1081.

9 The median corrected validity coefficient for predicting first-year medical school grades from UGPAs and MCAT total scores was .75, .71 for predicting second-year grades (Koenig & Wiley, 1997), and .54 for predicting third-year grades (Julian, 2005). The median corrected validity coefficient was .64 for predicting USMLE Step 1 scores from UGPAs and MCAT total scores, .54 for Step 2 Clinical Knowledge scores, and .55 for Step 3 scores (Kroopnick, Dunleavy, Dowd, Searcy, & Zhao, 2013).

Table A1. Percentage of 2006-2008 Students Who Graduated from Medical School in Four Years, by MCAT Total Score and Undergraduate GPA Range

	MCAT Total										
GPA Total	**5-14**	**15-17**	**18-20**	**21-23**	**24-26**	**27-29**	**30-32**	**33-35**	**36-38**	**39-45**	**All**
3.80-4.00	--	**58%** 7/12	**67%** 63/94	**80%** 278/347	**87%** 1,171/1,347	**90%** 3,133/3,478	**91%** 4,110/4,539	**89%** 3,054/3,433	**86%** 1,622/1,881	**85%** 564/660	**89%** 14,004/15,794
3.60-3.79	--	**54%** 7/13	**67%** 90/134	**76%** 316/414	**82%** 1,094/1,334	**88%** 3,036/3,449	**89%** 3,820/4,310	**88%** 2,383/2,717	**86%** 982/1,144	**89%** 236/266	**87%** 11,965/13,786
3.40-3.59	--	**43%** 6/14	**73%** 85/117	**69%** 244/352	**79%** 834/1,062	**86%** 2,053/2,398	**88%** 2,666/3,029	**89%** 1,464/1,650	**85%** 510/599	**87%** 118/136	**85%** 7,982/9,363
3.20-3.39	--	**44%** 8/18	**60%** 61/101	**66%** 201/304	**76%** 449/593	**84%** 1,007/1,193	**88%** 1,204/1,373	**86%** 657/763	**88%** 242/276	**86%** 43/50	**83%** 3,873/4,675
3.00-3.19	--	**42%** 8/19	**41%** 25/61	**63%** 110/174	**72%** 229/320	**84%** 426/509	**85%** 455/537	**89%** 247/279	**88%** 90/102	**81%** 13/16	**79%** 1,604/2,019
2.80-2.99	--	--	**36%** 9/25	**62%** 64/104	**63%** 109/172	**79%** 150/191	**84%** 115/137	**80%** 67/84	**82%** 18/22	**100%** 12/12	**72%** 547/755
2.60-2.79		--	**42%** 8/19	**49%** 21/43	**60%** 34/57	**80%** 59/74	**78%** 38/49	**80%** 20/25	--		**67%** 185/277
2.40-2.59		--	--	**50%** 5/10	**60%** 12/20	**70%** 14/20	**84%** 21/25	**100%** 10/10	--		**74%** 68/92
2.20-2.39		--	--	--	--	--	--				**39%** 7/18
2.00-2.19		--		--	--	--	--	--			--
1.47-1.99		--			--		--				--
All	**33%** 7/21	**46%** 42/92	**62%** 343/556	**71%** 1,240/1,755	**80%** 3,935/4,910	**87%** 9,881/11,317	**89%** 12,434/14,006	**88%** 7,904/8,963	**86%** 3,470/4,032	**86%** 986/1,140	**86%** 40,242/46,792

Notes:
1. Blue shading = graduation rates of 90-100%; Green shading = graduation rates of 80-89%; Orange shading = graduation rates of 70-79%.
2. Dashes = cells with fewer than ten observations; blank cells = cells with zero observations.
3. Students enrolled in joint programs (e.g., MD-PhD), participating in special research/non-research studies, or deceased are not included in this table.
4. For students who took the MCAT exam multiple times, the most recent MCAT total score at the time of matriculation was used in this analysis.

Table A2. Percentage of 2006-2008 Students Who Graduated from Medical School in Five Years, by MCAT Total Score and Undergraduate GPA Range

	MCAT Total										
GPA Total	**5-14**	**15-17**	**18-20**	**21-23**	**24-26**	**27-29**	**30-32**	**33-35**	**36-38**	**39-45**	**All**
3.80-4.00	--	**92%** 11/12	**83%** 78/94	**90%** 312/347	**94%** 1,264/1,347	**96%** 3,324/3,478	**97%** 4,396/4,539	**97%** 3,320/3,433	**96%** 1,812/1,881	**95%** 626/660	**96%** 15,146/15,794
3.60-3.79	--	**54%** 7/13	**81%** 108/134	**88%** 366/414	**93%** 1,240/1,334	**95%** 3,268/3,449	**96%** 4,135/4,310	**96%** 2,610/2,717	**95%** 1,092/1,144	**95%** 254/266	**95%** 13,081/13,786
3.40-3.59	--	**57%** 8/14	**83%** 97/117	**83%** 293/352	**90%** 953/1,062	**94%** 2,264/2,398	**96%** 2,897/3,029	**96%** 1,583/1,650	**96%** 574/599	**95%** 129/136	**94%** 8,802/9,363
3.20-3.39	--	**72%** 13/18	**82%** 83/101	**81%** 247/304	**88%** 522/593	**93%** 1,114/1,193	**95%** 1,307/1,373	**96%** 729/763	**95%** 263/276	**94%** 47/50	**93%** 4,327/4,675
3.00-3.19	--	**68%** 13/19	**61%** 37/61	**80%** 140/174	**87%** 277/320	**93%** 472/509	**94%** 503/537	**95%** 264/279	**93%** 95/102	**88%** 14/16	**90%** 1,816/2,019
2.80-2.99	--	--	**60%** 15/25	**79%** 82/104	**84%** 144/172	**88%** 169/191	**94%** 129/137	**89%** 75/84	**95%** 21/22	**100%** 12/12	**86%** 652/755
2.60-2.79		--	**53%** 10/19	**74%** 32/43	**74%** 42/57	**84%** 62/74	**86%** 42/49	**96%** 24/25	--		**79%** 218/277
2.40-2.59		--	--	**80%** 8/10	**75%** 15/20	**85%** 17/20	**92%** 23/25	**100%** 10/10	--		**87%** 80/92
2.20-2.39		--	--	--	--	--	--				**56%** 10/18
2.00-2.19		--		--	--	--	--	--			--
1.47-1.99		--			--		--				--
All	**52%** 11/21	**67%** 62/92	**78%** 431/556	**85%** 1,483/1,755	**91%** 4,462/4,910	**94%** 10,694/11,317	**96%** 13,437/14,006	**96%** 8,617/8,963	**96%** 3,863/4,032	**95%** 1,082/1,140	**94%** 44,142/46,792

Notes:
1. Blue shading = graduation rates of 90-100%; Green shading = graduation rates of 80-89%; Orange shading = graduation rates of 70-79%.
2. Dashes = cells with fewer than ten observations; blank cells = cells with zero observations.
3. Students enrolled in joint programs (e.g., MD-PhD), participating in special research/non-research studies, or deceased are not included in this table.
4. For students who took the MCAT exam multiple times, the most recent MCAT total score at the time of matriculation was used in this analysis.

Table A3. Percentage of 2006-2008 Students Who Withdrew or Were Dismissed from Medical School for Academic Reasons, by MCAT Total Score and Undergraduate GPA Range

	MCAT Total										
GPA Total	**5-14**	**15-17**	**18-20**	**21-23**	**24-26**	**27-29**	**30-32**	**33-35**	**36-38**	**39-45**	**All**
3.80-4.00	--	**8.3%** 1/12	**2.1%** 2/96	**2.8%** 10/362	**1.7%** 24/1,392	**0.8%** 28/3,656	**0.6%** 30/4,957	**0.4%** 15/4,014	**0.2%** 5/2,354	**0.1%** 1/901	**0.7%** 116/17,747
3.60-3.79	--	**13.3%** 2/15	**5.9%** 8/136	**2.1%** 9/427	**2.3%** 32/1,370	**1.9%** 68/3,603	**0.9%** 41/4,642	**0.8%** 25/3,121	**0.4%** 5/1,412	**0.3%** 1/354	**1.3%** 192/15,085
3.40-3.59	--	**7.1%** 1/14	**4.1%** 5/122	**5.7%** 21/369	**4.1%** 45/1,100	**1.5%** 38/2,524	**1.0%** 34/3,283	**0.9%** 17/1,889	**0.8%** 6/728	**1.2%** 2/169	**1.7%** 169/10,204
3.20-3.39	--	**5.6%** 1/18	**4.6%** 5/108	**7.6%** 24/316	**4.7%** 29/623	**1.5%** 19/1,255	**1.4%** 21/1,472	**1.6%** 13/835	**0.3%** 1/310	**1.8%** 1/57	**2.3%** 115/4,998
3.00-3.19	--	**10.5%** 2/19	**11.3%** 7/62	**7.7%** 14/181	**4.4%** 15/338	**2.6%** 14/537	**1.6%** 9/566	**0.3%** 1/306	**1.7%** 2/117	**5.9%** 1/17	**3.0%** 65/2,146
2.80-2.99	--	--	**10.3%** 3/29	**4.6%** 5/108	**8.3%** 15/180	**4.0%** 8/200	**0%** 0/148	**1.1%** 1/92	**0%** 0/25	**0%** 0/12	**4.5%** 36/802
2.60-2.79		--	**10.0%** 2/20	**6.5%** 3/46	**11.7%** 7/60	**9.2%** 7/76	**1.8%** 1/55	**3.7%** 1/27	--		**8.4%** 25/296
2.40-2.59		--	--	**0%** 0/11	**20.0%** 4/20	**4.8%** 1/21	**3.7%** 1/27	**0%** 0/11	--		**6.1%** 6/98
2.20-2.39		--	--	--	--	--	--				**26.3%** 5/19
2.00-2.19		--		--	--	--	--	--			--
1.47-1.99		--			--		--				--
All	**13.6%** 3/22	**13.8%** 13/94	**5.9%** 34/578	**4.8%** 88/1,828	**3.4%** 171/5,088	**1.5%** 184/11,877	**0.9%** 138/15,157	**0.7%** 73/10,297	**0.4%** 21/4,958	**0.4%** 6/1,510	**1.4%** 731/51,409

Notes:

1. Blue shading = withdrawal/dismissal rates of 0-10%; Green shading = withdrawal/dismissal rates of 10.1-20%; Orange shading = withdrawal/dismissal rates of 20.1-30%.

2. Dashes = cells with fewer than ten observations; blank cells = cells with zero observations.

3. For students who took the MCAT exam multiple times, the most recent MCAT total score at the time of matriculation was used in this analysis.

Table A4. Percentage of 2006-2008 Students Passing the Step 1 Exam on the First Attempt, by MCAT Total Score and Undergraduate GPA Range

	MCAT Total										
GPA Total	**5-14**	**15-17**	**18-20**	**21-23**	**24-26**	**27-29**	**30-32**	**33-35**	**36-38**	**39-45**	**All**
3.80-4.00	--	**64%** 7/11	**79%** 73/92	**83%** 285/342	**90%** 1,226/1,355	**96%** 3,440/3,581	**98%** 4,769/4,868	**99%** 3,895/3,953	**99%** 2,313/2,326	**100%** 887/890	**97%** 16,897/17,421
3.60-3.79	--	**50%** 7/14	**68%** 85/125	**80%** 333/416	**89%** 1,172/1,318	**93%** 3,287/3,518	**96%** 4,384/4,560	**97%** 2,992/3,069	**99%** 1,376/1,389	**99%** 349/352	**95%** 13,985/14,764
3.40-3.59	--	**36%** 4/11	**66%** 77/116	**77%** 265/343	**83%** 868/1,048	**92%** 2,270/2,463	**96%** 3,093/3,222	**98%** 1,813/1,853	**98%** 700/715	**100%** 169/169	**93%** 9,263/9,946
3.20-3.39	--	**53%** 9/17	**58%** 60/104	**75%** 219/291	**81%** 480/591	**90%** 1,106/1,226	**94%** 1,358/1,446	**97%** 794/821	**98%** 301/308	**94%** 51/54	**90%** 4,379/4,862
3.00-3.19	--	**44%** 8/18	**49%** 26/53	**68%** 115/169	**80%** 253/316	**86%** 447/520	**92%** 506/551	**96%** 290/301	**97%** 112/116	**93%** 14/15	**86%** 1,772/2,062
2.80-2.99	--	--	**50%** 13/26	**62%** 61/98	**78%** 135/172	**85%** 161/189	**93%** 136/146	**92%** 83/90	**96%** 24/25	**92%** 11/12	**82%** 628/764
2.60-2.79		--	**35%** 6/17	**61%** 25/41	**73%** 41/56	**86%** 60/70	**92%** 49/53	**100%** 26/26	--		**79%** 215/273
2.40-2.59		--	--	**55%** 6/11	**72%** 13/18	**95%** 19/20	**96%** 24/25	**100%** 11/11	--		**85%** 79/93
2.20-2.39		--		--	--	--	--				**50%** 8/16
2.00-2.19		--		--	--	--	--	--			--
1.47-1.99		--			--		--				--
All	**40%** 8/20	**51%** 43/84	**64%** 341/536	**76%** 1,312/1,718	**86%** 4,191/4,879	**93%** 10,793/11,591	**96%** 14,324/14,878	**98%** 9,906/10,126	**99%** 4,837/4,890	**99%** 1,481/1,492	**94%** 47,236/50,214

Notes:
1. Blue shading = passing rates of 90-100%; Green shading = passing rates of 80-89%; Orange shading = passing rates of 70-79%.
2. Dashes = cells with fewer than ten observations; blank cells = cells with zero observations.
3. For students who took the MCAT exam multiple times, the most recent MCAT total score at the time of matriculation was used in this analysis.

Table A5. Percentage of 2006-2008 Students Eventually Passing the Step 1 Exam, by MCAT Total Score and Undergraduate GPA Range

	MCAT Total										
GPA Total	**5-14**	**15-17**	**18-20**	**21-23**	**24-26**	**27-29**	**30-32**	**33-35**	**36-38**	**39-45**	**All**
3.80-4.00	--	**100%** 11/11	**97%** 89/92	**97%** 333/342	**99%** 1,338/1,355	**99%** 3,562/3,581	**100%** 4,857/4,868	**100%** 3,942/3,953	**100%** 2,320/2,326	**100%** 889/890	**100%** 17,344/17,421
3.60-3.79	--	**93%** 13/14	**97%** 121/125	**98%** 407/416	**99%** 1,306/1,318	**99%** 3,488/3,518	**99%** 4,532/4,560	**100%** 3,058/3,069	**100%** 1,385/1,389	**100%** 351/352	**99%** 14,663/14,764
3.40-3.59	--	**100%** 11/11	**97%** 113/116	**97%** 334/343	**98%** 1,022/1,048	**99%** 2,444/2,463	**99%** 3,200/3,222	**100%** 1,849/1,853	**100%** 712/715	**100%** 169/169	**99%** 9,859/9,946
3.20-3.39	--	**100%** 17/17	**94%** 98/104	**97%** 282/291	**98%** 579/591	**99%** 1,210/1,226	**99%** 1,437/1,446	**99%** 814/821	**100%** 307/308	**100%** 54/54	**99%** 4,801/4,862
3.00-3.19	--	**94%** 17/18	**87%** 46/53	**95%** 161/169	**98%** 310/316	**99%** 514/520	**99%** 546/551	**100%** 301/301	**99%** 115/116	**100%** 15/15	**98%** 2,028/2,062
2.80-2.99	--	--	**81%** 21/26	**96%** 94/98	**97%** 166/172	**98%** 185/189	**100%** 146/146	**100%** 90/90	**100%** 25/25	**100%** 12/12	**97%** 744/764
2.60-2.79		--	**82%** 14/17	**100%** 41/41	**91%** 51/56	**96%** 67/70	**96%** 51/53	**100%** 26/26	--		**95%** 259/273
2.40-2.59		--	--	**82%** 9/11	**100%** 18/18	**100%** 20/20	**100%** 25/25	**100%** 11/11	--		**98%** 91/93
2.20-2.39		--		--	--	--	--				**88%** 14/16
2.00-2.19		--		--	--	--	--	--			--
1.47-1.99		--			--		--				--
All	**80%** 16/20	**95%** 80/84	**94%** 505/536	**97%** 1,667/1,718	**98%** 4,795/4,879	**99%** 11,494/11,591	**99%** 14,800/14,878	**100%** 10,093/10,126	**100%** 4,875/4,890	**100%** 1,490/1,492	**99%** 49,815/50,214

Notes:
1. Blue shading = passing rates of 90-100%; Green shading = passing rates of 80-89%; Orange shading = passing rates of 70-79%.
2. Dashes = cells with fewer than ten observations; blank cells = cells with zero observations.
3. For students who took the MCAT exam multiple times, the most recent MCAT total score at the time of matriculation was used in this analysis.

Table A6. Percentage of 2006-2008 Students Passing the Step 2 CK Exam on the First Attempt, by MCAT Total Score and Undergraduate GPA Range

	MCAT Total										
GPA Total	**5-14**	**15-17**	**18-20**	**21-23**	**24-26**	**27-29**	**30-32**	**33-35**	**36-38**	**39-45**	**All**
3.80-4.00	--	**100%** 11/11	**90%** 76/84	**97%** 315/324	**98%** 1,289/1,311	**99%** 3,432/3,481	**99%** 4,618/4,647	**100%** 3,619/3,623	**100%** 2,037/2,043	**100%** 722/722	**99%** 16,122/16,249
3.60-3.79	--	**90%** 9/10	**93%** 106/114	**95%** 366/384	**97%** 1,238/1,282	**98%** 3,328/3,398	**99%** 4,292/4,350	**99%** 2,827/2,852	**99%** 1,248/1,255	**100%** 289/289	**98%** 13,705/13,936
3.40-3.59	--	**90%** 9/10	**84%** 91/108	**95%** 304/320	**95%** 951/998	**98%** 2,327/2,376	**99%** 3,043/3,083	**99%** 1,723/1,741	**99%** 638/645	**99%** 147/148	**98%** 9,236/9,433
3.20-3.39	--	**93%** 14/15	**89%** 81/91	**89%** 242/272	**94%** 513/547	**97%** 1,134/1,168	**98%** 1,366/1,393	**98%** 763/775	**99%** 278/282	**98%** 50/51	**97%** 4,443/4,596
3.00-3.19	--	**87%** 13/15	**83%** 35/42	**90%** 135/150	**93%** 276/296	**93%** 464/498	**96%** 510/530	**96%** 275/285	**98%** 104/106	**100%** 14/14	**94%** 1,827/1,938
2.80-2.99		--	**88%** 15/17	**89%** 77/87	**91%** 141/155	**93%** 169/181	**95%** 132/139	**95%** 78/82	**96%** 24/25	**100%** 12/12	**93%** 652/703
2.60-2.79		--	**82%** 9/11	**87%** 33/38	**95%** 42/44	**94%** 62/66	**96%** 44/46	**92%** 23/25	--		**92%** 219/237
2.40-2.59		--	--	--	**94%** 15/16	**95%** 18/19	**100%** 23/23	**100%** 11/11	--		**97%** 83/86
2.20-2.39		--		--	--	--	--				**85%** 11/13
2.00-2.19				--	--	--	--	--			--
1.47-1.99		--			--		--				--
All	**85%** 11/13	**90%** 65/72	**88%** 415/470	**93%** 1,485/1,589	**96%** 4,469/4,654	**98%** 10,937/11,191	**99%** 14,034/14,217	**99%** 9,320/9,396	**99%** 4,337/4,365	**100%** 1,234/1,236	**98%** 46,307/47,203

Notes:
1. Blue shading = passing rates of 90-100%; Green shading = passing rates of 80-89%; Orange shading = passing rates of 70-79%.
2. Dashes = cells with fewer than ten observations; blank cells = cells with zero observations.
3. For students who took the MCAT exam multiple times, the most recent MCAT total score at the time of matriculation was used in this analysis.

Table A7. Percentage of 2006-2008 Students Eventually Passing the Step 2 CK Exam, by MCAT Total Score and Undergraduate GPA Range

	MCAT Total										
GPA Total	**5-14**	**15-17**	**18-20**	**21-23**	**24-26**	**27-29**	**30-32**	**33-35**	**36-38**	**39-45**	**All**
3.80-4.00	--	**100%** 11/11	**98%** 82/84	**99%** 322/324	**100%** 1,307/1,311	**100%** 3,472/3,481	**100%** 4,641/4,647	**100%** 3,622/3,623	**100%** 2,040/2,043	**100%** 722/722	**100%** 16,222/16,249
3.60-3.79	--	**90%** 9/10	**98%** 112/114	**99%** 379/384	**100%** 1,277/1,282	**100%** 3,391/3,398	**100%** 4,344/4,350	**100%** 2,848/2,852	**100%** 1,254/1,255	**100%** 289/289	**100%** 13,905/13,936
3.40-3.59	--	**100%** 10/10	**94%** 102/108	**99%** 318/320	**98%** 983/998	**100%** 2,371/2,376	**100%** 3,070/3,083	**100%** 1,738/1,741	**100%** 643/645	**100%** 148/148	**100%** 9,387/9,433
3.20-3.39	--	**93%** 14/15	**99%** 90/91	**99%** 268/272	**99%** 540/547	**100%** 1,165/1,168	**100%** 1,388/1,393	**99%** 770/775	**100%** 281/282	**100%** 51/51	**99%** 4,569/4,596
3.00-3.19	--	**100%** 15/15	**100%** 42/42	**99%** 149/150	**99%** 294/296	**99%** 495/498	**99%** 525/530	**100%** 285/285	**99%** 105/106	**100%** 14/14	**99%** 1,925/1,938
2.80-2.99		--	**100%** 17/17	**97%** 84/87	**98%** 152/155	**98%** 178/181	**99%** 138/139	**100%** 82/82	**96%** 24/25	**100%** 12/12	**98%** 692/703
2.60-2.79		--	**91%** 10/11	**100%** 38/38	**100%** 44/44	**100%** 66/66	**100%** 46/46	**100%** 25/25	--		**99%** 235/237
2.40-2.59		--	--	--	**94%** 15/16	**95%** 18/19	**100%** 23/23	**100%** 11/11	--		**98%** 84/86
2.20-2.39		--		--	--	--	--				**100%** 13/13
2.00-2.19				--	--	--	--	--			--
1.47-1.99		--			--		--				--
All	**92%** 12/13	**96%** 69/72	**97%** 458/470	**99%** 1,572/1,589	**99%** 4,617/4,654	**100%** 11,160/11,191	**100%** 14,181/14,217	**100%** 9,383/9,396	**100%** 4,355/4,365	**100%** 1,236/1,236	**100%** 47,043/47,203

Notes:
1. Blue shading = passing rates of 90-100%; Green shading = passing rates of 80-89%; Orange shading = passing rates of 70-79%.
2. Dashes = cells with fewer than ten observations; blank cells = cells with zero observations.
3. For students who took the MCAT exam multiple times, the most recent MCAT total score at the time of matriculation was used in this analysis.

Table A8. Percentage of 2006-2008 Students Passing the Step 2 CS Exam on the First Attempt, by MCAT Total Score and Undergraduate GPA Range

	MCAT Total										
GPA Total	**5-14**	**15-17**	**18-20**	**21-23**	**24-26**	**27-29**	**30-32**	**33-35**	**36-38**	**39-45**	**All**
3.80-4.00	--	**90%** 9/10	**94%** 72/77	**99%** 316/320	**98%** 1,279/1,303	**99%** 3,389/3,437	**99%** 4,545/4,595	**99%** 3,551/3,595	**99%** 2,010/2,024	**99%** 715/721	**99%** 15,889/16,085
3.60-3.79	--	--	**93%** 100/108	**95%** 353/371	**98%** 1,242/1,261	**98%** 3,280/3,361	**98%** 4,223/4,311	**99%** 2,788/2,830	**99%** 1,226/1,236	**99%** 284/286	**98%** 13,506/13,774
3.40-3.59	--	--	**91%** 94/103	**93%** 287/307	**96%** 940/975	**98%** 2,290/2,342	**97%** 2,958/3,036	**98%** 1,681/1,718	**99%** 623/632	**97%** 143/147	**97%** 9,027/9,273
3.20-3.39	--	**77%** 10/13	**90%** 75/83	**94%** 239/254	**94%** 503/533	**97%** 1,111/1,149	**98%** 1,337/1,364	**96%** 737/771	**97%** 272/280	**100%** 51/51	**96%** 4,337/4,500
3.00-3.19	--	**80%** 12/15	**87%** 34/39	**90%** 133/148	**98%** 284/291	**95%** 461/486	**96%** 504/525	**99%** 277/281	**95%** 98/103	**92%** 12/13	**95%** 1,817/1,903
2.80-2.99		--	**87%** 13/15	**91%** 75/82	**92%** 139/151	**95%** 168/176	**90%** 119/132	**94%** 73/78	**96%** 23/24	**100%** 12/12	**93%** 625/675
2.60-2.79		--	**73%** 8/11	**86%** 31/36	**93%** 38/41	**98%** 64/65	**96%** 44/46	**100%** 24/24	--		**93%** 215/230
2.40-2.59		--	--	--	**87%** 13/15	**100%** 18/18	**96%** 22/23	**100%** 10/10	--		**93%** 76/82
2.20-2.39		--		--	--	--	--				**75%** 9/12
2.00-2.19				--	--	--	--	--			--
1.47-1.99		--			--		--				--
All	**100%** 12/12	**82%** 55/67	**90%** 397/439	**94%** 1,444/1,530	**97%** 4,442/4,575	**98%** 10,785/11,038	**98%** 13,757/14,038	**98%** 9,143/9,309	**99%** 4,260/4,308	**99%** 1,217/1,230	**98%** 45,512/46,546

Notes:
1. Blue shading = passing rates of 90-100%; Green shading = passing rates of 80-89%; Orange shading = passing rates of 70-79%.
2. Dashes = cells with fewer than ten observations; blank cells = cells with zero observations.
3. For students who took the MCAT exam multiple times, the most recent MCAT total score at the time of matriculation was used in this analysis.

Table A9. Percentage of 2006-2008 Students Eventually Passing the Step 2 CS Exam, by MCAT Total Score and Undergraduate GPA Range

	MCAT Total										
GPA Total	**5-14**	**15-17**	**18-20**	**21-23**	**24-26**	**27-29**	**30-32**	**33-35**	**36-38**	**39-45**	**All**
3.80-4.00	--	**90%** 9/10	**99%** 76/77	**99%** 318/320	**99%** 1,292/1,303	**99%** 3,419/3,437	**99%** 4,572/4,595	**100%** 3,579/3,595	**100%** 2,017/2,024	**100%** 718/721	**99%** 16,003/16,085
3.60-3.79	--	--	**99%** 107/108	**97%** 360/371	**99%** 1,254/1,261	**99%** 3,329/3,361	**99%** 4,283/4,311	**99%** 2,815/2,830	**100%** 1,232/1,236	**100%** 286/286	**99%** 13,676/13,774
3.40-3.59	--	--	**98%** 101/103	**96%** 296/307	**99%** 961/975	**99%** 2,330/2,342	**99%** 3,006/3,036	**99%** 1,708/1,718	**99%** 626/632	**98%** 144/147	**99%** 9,184/9,273
3.20-3.39	--	**85%** 11/13	**96%** 80/83	**97%** 247/254	**99%** 526/533	**99%** 1,137/1,149	**99%** 1,357/1,364	**98%** 758/771	**99%** 278/280	**100%** 51/51	**99%** 4,447/4,500
3.00-3.19	--	**87%** 13/15	**97%** 38/39	**96%** 142/148	**99%** 288/291	**98%** 477/486	**99%** 519/525	**100%** 280/281	**97%** 100/103	**100%** 13/13	**98%** 1,872/1,903
2.80-2.99		--	**93%** 14/15	**98%** 80/82	**97%** 147/151	**97%** 171/176	**96%** 127/132	**100%** 78/78	**96%** 23/24	**100%** 12/12	**97%** 657/675
2.60-2.79		--	**82%** 9/11	**94%** 34/36	**98%** 40/41	**98%** 64/65	**100%** 46/46	**100%** 24/24	--		**97%** 224/230
2.40-2.59		--	--	--	**100%** 15/15	**100%** 18/18	**100%** 23/23	**100%** 10/10	--		**99%** 81/82
2.20-2.39		--		--	--	--	--				**92%** 11/12
2.00-2.19				--	--	--	--	--			--
1.47-1.99		--			--		--				--
All	**100%** 12/12	**91%** 61/67	**97%** 428/439	**97%** 1,488/1,530	**99%** 4,528/4,575	**99%** 10,949/11,038	**99%** 13,939/14,038	**99%** 9,254/9,309	**99%** 4,284/4,308	**100%** 1,224/1,230	**99%** 46,167/46,546

Notes:
1. Blue shading = passing rates of 90-100%; Green shading = passing rates of 80-89%; Orange shading = passing rates of 70-79%.
2. Dashes = cells with fewer than ten observations; blank cells = cells with zero observations.
3. For students who took the MCAT exam multiple times, the most recent MCAT total score at the time of matriculation was used in this analysis.

Association of
American Medical Colleges
655 K Street, N.W., Suite 100, Washington, D.C. 20001-2399
T 202 828 0400 **F** 202 828 1125
www.aamc.org