

MR5

5th Comprehensive Review of the Medical College Admission Test® (MCAT)

The MR5 Committee’s 14 preliminary recommendations for the content and format of the new exam preserve what works best about the current MCAT® exam, eliminate what does not, and enrich the exam by giving attention to concepts that future physicians are likely to need—using a testing format that already has proven to be successful.

Proposed recommendations regarding the content and format of the MCAT® exam:

1. Include four test sections and report four scores:
 - Molecular, Cellular, and Organismal Properties of Living Systems
 - Physical, Chemical, and Biochemical Properties of Living Systems
 - Behavioral and Social Sciences Principles
 - Critical Analysis and Reasoning Skills
2. Test examinees’ knowledge and use of the concepts in biology, chemistry, physics, biochemistry, cellular/molecular biology, research methods, and statistics that medical school faculty, students, and residents rate as most important to entering students’ success.
3. Test examinees’ knowledge and use of the concepts in behavioral and social sciences, research methods, and statistics that provide a solid foundation for medical students’ learning about the behavioral and socio-cultural determinants of health.
4. Test examinees’ ability to analyze and reason through passages in ethics and philosophy, cross-cultural studies, population health, and a wide range of social sciences and humanities disciplines to ensure that students possess the necessary critical thinking skills to be successful in medical school.
5. Eliminate the Writing Sample section.
6. Introduce the new exam in 2015.
7. Report scores on a scale that’s similar to the current 1-15 scale, rather than a pass/fail or other categorical scale.
8. Update the content that the exam tests on a regular schedule to ensure the MCAT® keeps pace with the rapid changes in science.

Resources provided to examinees, pre-health faculty, and medical school admissions committees should:

9. Clearly describe the types of decisions test scores are and are not designed to support in a holistic review of applicants’ qualifications.
10. Help prepare prospective examinees and pre-health faculty for the new exam, with special attention to the educational needs of students at under-resourced institutions.
11. Help medical schools track and conduct research on the value and validity of the new exam for student selection at their schools.
12. Provide low-cost preparation materials; discounts or waivers on testing fees and preparation materials for examinees who qualify for assistance; and—for examinees with disabilities who qualify—scholarships for the costs of evaluations that they need to apply for testing accommodations.

To help medical schools consider data on integrity, service orientation, and other personal characteristics early in student selection, the AAMC should:

13. Vigorously pursue options for gathering data about personal characteristics through a new section of the AMCAS application, which asks applicants to reflect on experiences that demonstrate their personal characteristics, and through standardized letters that ask recommenders to rate and write about behaviors that demonstrate applicants’ personal and academic characteristics.
14. Mount a rigorous program of research on the extent to which applicants’ personal characteristics might be measured along with other new tools on test day, or as part of a separate regional or national event, or locally by admissions committees using nationally developed tools.

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