Pharmacy College Admission Test Utilization and Minimum Composite Scores in U.S. Doctor of Pharmacy Program Admissions 2016 to 2018

Mark A. Gales, Pharm.D., BCPS1 and Donald K. Woodward, Pharm.D.2

1 Southwestern Oklahoma State University, College of Pharmacy, Weatherford, OK. 2 Ernest Mario School of Pharmacy, Rutgers, The State University of New Jersey, Piscataway, NJ

Abstract

Objective: To analyze Pharmacy College Admission Test (PCAT) usage and minimum composite score requirements for U.S. Doctor of Pharmacy Programs.

Methods: The PharmCAS website was reviewed for PCAT exam requirements and minimum composite scores considered for all U.S. Doctorate of Pharmacy programs for the 2016 and 2018 admission cycles. Utilization metrics for programs requiring PCAT for both the 2016 and 2018 were evaluated. Results: In 2016, 77% of programs required PCAT versus 71% in 2018. Only 31% of PCAT requiring programs listed a minimum composite (range 20-60). Approximately 1/3 of PCAT requiring institutions provided no response or N/A to the minimum composite field. The remaining programs recommended preferred scores or gave guidance on competitive scores. Public institutions required the PCAT Composite score, with no PCAT sub-score minimums while private institutions include more preference or guidance statements. A total of 10 programs listed PCAT sub-score minimums in both 2016 and 2018. Twenty-four listed PCAT composite: 10 programs stopped requiring the exam, 5 lowered minimum scores, 3 changed to a preference score and 3 programs removed a preference statement and 3 removed a minimum score. Six programs raised requirements; 2 added the exam, 3 added minimum scores, and 1 provided a guidance statement. Public and private institutions made PCAT requirement changes at a similar rate of 21%. Conclusion: Admissions PCAT requirements from 2016 to 2018 varied. Programs making changes were four times more likely to lower requirements (no longer require the exam or lower minimum scores) than raising requirements.

Methods (continued)

Background

• Pharmacy applications decreased by 20% between 2012 and 2016 leading some schools to struggle in meeting class goals.1
• Concerns have been raised about the accelerating expansion of pharmacy education and the number of pharmacy programs has increased the competition for qualified students has increased.2,3
• The recent emphasis on holistic admissions encourages consideration of applicants’ experiences and attributes in addition to the traditional academic metrics.

Objective

To analyze recent trends in Pharmacy College Admission Test (PCAT) usage and minimum composite score requirements for U.S. Doctor of Pharmacy Programs.

Methods

Data were collected from individual PharmCAS program listings in August 2015 and August 2017 reflecting expectations for the 2016 and 2018 admission cycles. Program listings were reviewed for responses to “PCAT required,” under the Test section and “Minimum Composite PCAT score considered” under the Program Statistics and Criteria section.

PCAT required responses were recorded as yes or no. Entries for minimum composite PCAT score considered were collected and categorized by the response provided. Actual composite scores were recorded when listed. Additional responses were categorized by the type of information, which included no minimum, use of raw scores, conditional minimums depending on other admissions criteria, and descriptions of preference or guidance on scores of successful applicants.

Due to small sample size, no formal statistics were conducted. Exclusion criteria for the change analysis included programs not having data for both the baseline 2016 cycle and follow-up assessment 2018 cycle.

Results

PCAT Utilization Rates (%)

<table>
<thead>
<tr>
<th></th>
<th>All Programs</th>
<th>Public</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>77</td>
<td>73</td>
<td>85</td>
</tr>
<tr>
<td>2018</td>
<td>71</td>
<td>64</td>
<td>73</td>
</tr>
</tbody>
</table>

In 2016, 10 programs did not require the PCAT exam in the admission process which rose to 40 programs in 2018. Public institutions more frequently required PCAT exams.

Minimum PCAT Score Considered by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Minimum (n=112)</th>
<th>2016 (n=106)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>17 (33%)</td>
<td>11 (34%)</td>
</tr>
<tr>
<td>2018</td>
<td>10 (33%)</td>
<td>10 (33%)</td>
</tr>
</tbody>
</table>

Even though the majority of Doctor of Pharmacy degree programs required the PCAT exam, only 52% (57/112) in the 2016 admissions cycle and 54.6% (61/116) in the 2018 admissions cycle provided PCAT expectations. Over the 2 admission cycles only one fifth of the schools and colleges of pharmacy (10/61) indicated how PCAT exam scores are utilized.

Programs excluded from the change analysis included 2 new programs and 1 program that had split into two separate programs by the 2018 admission cycle.

Over 87% of the programs requiring the PCAT which responded “no minimum” or had no information listed, remained stable over the 2 evaluated years. 53 and 51 for 2016 and 2018 respectively.

Conclusions and Implications

For the time periods reviewed, a slight decrease in PCAT utilization was observed. Public institutions continue to be more likely to require the PCAT.

Limitations

• Reported PCAT minimums listed in PharmCAS do not provide insight into how the PCAT is weighted in the application evaluation process.
• Changes in reported PCAT minimums may have other explanations including updating PharmCAS profiles to reflect previously established PCAT expectations.
• Data on PCAT sub-score utilization was not evaluated.
• Specific reason for change (holistic movement vs decreasing applications) could not be determined from the data.

The PCAT blueprint changed for the 2016-2017 cycle which occurred after the first data collection time point. The changes included more weighted questions and elimination of the letter grades section.1

PCAT percentile rank score reporting for the 2016-2017 cycle was used instead of scaled scores.

Acknowledgments

We wish to acknowledge Rosemary Esquivel for assistance in initial data collection and Janice L. Goler for assistance in poster and abstract review.

References