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Executive Summary

The *Annual Report on the United States Medical Licensing Examination (USMLE) to Medical Licensing Authorities in the United States* provides state medical boards with an overview of the USMLE, a joint program of the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME). In addition to general information about the examination, the report provides updates on topics of specific interest to the boards, including program news, enhancements to USMLE, performance data, an overview of the standard setting process, and a summary of state medical boards’ interactions with the USMLE program. Links to key USMLE resources and articles, and a summary of USMLE-related research and publications are also provided.

Over the past year, the USMLE program has engaged a broad array of stakeholders in a conversation about USMLE scoring, with a focus on “secondary” uses of USMLE scores and the advantages and disadvantages of numeric score reporting. The program has also continued to enhance communication efforts with examinees and other USMLE stakeholders, including state medical boards and the public.

State medical boards’ participation in the USMLE continues to be strong. In 2019, a total of 20 members and staff from 17 boards participated in the annual USMLE workshop and on the state board advisory panel to the USMLE. This is representative of the boards' long and storied participation in the USMLE program, from writing test items and serving on examination committees, to sitting on standard-setting panels and other workgroups. Since implementation of the USMLE in 1992, 255 members and staff from state medical boards have participated in the USMLE program in some capacity. These individuals represent 61 different medical and osteopathic licensing boards throughout the United States.
Introduction and Program Overview

The United States Medical Licensing Examination® (USMLE®) is a jointly owned program of the Federation of State Medical Boards of the United States, Inc., (FSMB) and the National Board of Medical Examiners® (NBME®). USMLE is a three-step examination sequence for medical licensure in the United States. The first administrations of the examination took place in 1992. Today, the program administers approximately 145,000 Step examinations annually, with more than 3 million total test administrations since 1992. In fact, as of 2018 approximately 54% of the United States’ 985,026 actively licensed physicians have taken all or part of the USMLE sequence.

Mission

The USMLE’s stated mission is to support US medical licensing authorities through the development, delivery and continual improvement of high-quality assessments across the continuum of physicians’ preparation for practice. The program’s goal is to provide medical licensing authorities with meaningful information from assessments of physician characteristics – including medical knowledge, skills, values, and attitudes – that are important to the provision of safe and effective patient care.

The results of the USMLE are reported to medical licensing authorities for their use in the decision to grant a provisional license to practice in a post-graduate training program and the decision to grant an initial license for the independent practice of medicine. The USMLE is recognized and utilized by all state medical boards for licensing allopathic physicians and graduates of international medical schools. Some licensing authorities also recognize USMLE for licensing osteopathic graduates.

Governance

The FSMB and the NBME co-own the USMLE. However, much of the governance responsibility for the program resides with the USMLE Composite Committee. The committee consists of representatives from the FSMB, the NBME, the Educational Commission for Foreign Medical Graduates (ECFMG) and the public. The Composite Committee is responsible for overseeing and directing USMLE policies. Specific functions of the committee include establishing policies for scoring and standard setting; approving Step examination blueprints and test formats; setting policies for test administration, test security and program research. The membership of the Composite Committee routinely includes current or former members of state medical boards. At this time, current and former members of the Iowa, North Carolina, Vermont-Medical, and Virginia boards serve on the USMLE Composite Committee.

The three USMLE Step examinations are overseen by a Management Committee composed of physicians and scientists from the licensing, practice and medical education communities and members of the public. At this time, current and former members of the Arizona-Medical, District of Colombia, Hawaii, Iowa, Minnesota, Montana and Vermont medical boards serve on the USMLE Management Committee.
Eligibility

USMLE is intended to be taken by students and graduates of medical school programs leading to the M.D., D.O., or equivalent degree. The USMLE requirements are as follows:

To be eligible for Step 1, Step 2 CK, and Step 2 CS, the examinee must be in one of the following categories at the time of application and on test day:

- a medical student officially enrolled in, or a graduate of, a US or Canadian medical school program leading to the MD degree that is accredited by the Liaison Committee on Medical Education (LCME), or
- a medical student officially enrolled in, or a graduate of, a US medical school leading to the DO degree that is accredited by the American Osteopathic Association (AOA), or
- a medical student officially enrolled in, or a graduate of, a medical school outside the United States and Canada listed in the World Directory of Medical Schools as meeting ECFMG eligibility requirements; and who meets other ECFMG criteria.

To be eligible for Step 3, prior to submitting an application, the examinee must meet the following eligibility requirements prior to submitting an application:

- obtain the MD degree (or its equivalent) or the DO degree, and
- pass Step 1, Step 2 CK, and Step 2 CS, and
- obtain certification by the ECFMG if the examinee is a graduate of a medical school outside the United States and Canada.

The USMLE program recommends (but does not require) that for Step 3 eligibility, examinees should have at least one postgraduate training (PGT) year in a program of an accredited graduate medical education (e.g., accredited by the ACGME or the AOA\(^1\)) that would qualify for medical licensure in the United States.

A physician who received his or her basic medical degree or qualification from a medical school outside the United States and Canada may be eligible for certification by the ECFMG if the medical school and graduation year are listed in the World Directory of Medical Schools. This applies to citizens of the United States who have completed their medical education in schools outside the United States and Canada but not to foreign nationals who have graduated from medical schools in the United States and Canada. Specific eligibility criteria for students and graduates of medical schools outside the United States and Canada to take Step 1 and Step 2 are described in the ECFMG Information Booklet.

Once an individual passes a USMLE Step, it may not be retaken. Rare exceptions to this policy can be found at http://www.usmle.org/bulletin/eligibility/.

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\(^{1}\) The ACGME and the AOA are transitioning to a single accreditation system whereby ACGME will accredit all residency programs. The AOA will cease GME accreditation on June 30, 2020.
Content
The USMLE is composed of three Steps: Step 1, Step 2, and Step 3. Step 2 has two separately administered components, Clinical Knowledge (CK) and Clinical Skills (CS). Although the USMLE is generally completed over the course of several years in the career of a prospective physician, it constitutes a single examination. Each of the three Steps complements the others; no Step can stand alone in the assessment of readiness for medical licensure.

Content for the USMLE is developed by committees of medical educators and clinicians. Committee members broadly represent the teaching, practice and licensing communities across the United States. At least two of these committees critically appraise each test item or case before it is used as live (i.e., scored) material on the USMLE. These committees may revise or discard materials for any of several reasons, e.g., inadequate clinical relevance, outdated content, failure to meet acceptable statistical performance criteria, etc. For a more detailed explanation of content development, contact FSMB for a copy of the 2009 *Journal of Medical Licensure and Discipline* article, “Developing Test Content for the USMLE”.

Step 1 assesses whether a candidate understands and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease and modes of therapy. Step 2 assesses whether the candidate can apply medical knowledge, skills and understanding of clinical science essential for providing patient care under supervision. This includes an emphasis on health promotion, disease prevention and basic patient-centered skills (e.g., information-gathering, physician examination, communication). Step 3 assesses whether the candidate can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine with emphasis on patient management in ambulatory settings. More detail on content specifications for each USMLE Step is provided at www.usmle.org.

The Step 1 examination has no more than 280 multiple-choice test items, divided into seven 60-minute blocks, administered in a one-day, eight-hour testing session. The Step 2 CK examination has no more than 318 multiple-choice test questions, divided into eight 60-minute blocks, administered in a one-day, nine-hour testing session. The Step 2 CS examination has 12 standardized patient cases, administered in a one-day testing session of approximately eight hours. Examinees have 15 minutes for each patient encounter and 10 minutes to record each patient note. The Step 3 examination is a two-day exam consisting of 412 multiple-choice test items, divided into blocks of 30-39 questions, with 45 to 60 minutes to complete each block. In addition, Step 3 includes 13 computer-based case simulations (CCS). Each simulation is allotted either 10 or 20 minutes of testing time. Step 3 is administered over two testing days – seven hours for Day 1 and nine hours for Day 2.

Test Administration
Steps 1, 2 CK and 3 of the USMLE are administered by computer. Prometric provides scheduling and test centers for these computer-based components of the USMLE. Step
1 and Step 2 CK examinations are given around the world at Prometric Test Centers (PTCs). Step 3 is given at PTCs in the United States and its territories only. Step 2 CS is administered at five regional test centers managed by the Clinical Skills Evaluation Collaboration (CSEC). The CSEC centers are in Atlanta, Chicago, Houston, Los Angeles, and Philadelphia (the Philadelphia center has two sites).

All USMLE examinations are proctored and videotaped. Strict guidelines are followed for proper identification of examinees. Efforts are made to reduce the overlap of test content from examinee to examinee and from test administration to test administration. Any significant breaches in security can result in the cancellation of scores/results, suspension of an individual from USMLE, and/or annotation of score reports and official USMLE transcripts.

**Test Accommodations**
Reasonable and appropriate accommodations are provided in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities. Examinees are informed of the availability of test accommodations in the USMLE Bulletin of Information, which can be found at [www.usmle.org](http://www.usmle.org). Requests for test accommodations are reviewed by NBME staff trained in clinical and school psychology at the doctoral level. Further review of the request and supporting documentation may be provided by experts in the respective fields of disability with whom NBME consults regarding the presence of a disability and appropriate accommodations. NBME makes decisions regarding appropriate test accommodations for all USMLE Step examinations (1, 2 CK, 2 CS and 3).

Examinees with disabilities may be provided with a variety of accommodations. Efforts are made to match accommodations to the individual's functional limitations. For example, audio-recorded versions of the computer-based Step examinations are available for candidates with visual or visual processing disabilities. Special tactile versions of visual material for a Step examination may be provided for examinees with severely impaired vision. Items with an audio component may include a visual representation of the sound for hearing impaired examinees. A sign language interpreter may be provided for deaf examinees for Step 2 CS.

**Score Reporting**
When examinees take Step 1, Step 2 CK, or Step 3, the computer records their responses. After the test ends, examinee responses are transmitted to the NBME for scoring. For Step 2 CS, examinees are assessed on their physical examination and communication skills (including spoken English) by the standardized patients, and on their ability to complete an appropriate patient note by physician raters.

With the exception of Step 2 CS, which is reported as Pass/Fail, USMLE results are reported on a 3-digit scale. On the 3-digit scale, most Step 1 scores fall between 160 and 270; most Step 2 CK scores fall between 190 and 270; and most Step 3 scores fall between 160 and 260. The means and standard deviations for recent, first-time examinees from accredited medical school programs in the United States and Canada
were: Step 1, 230 (19); Step 2 CK, 243 (16); and Step 3, 226 (15). Examinee score reports will include the mean and standard deviation for a recent administration of the examination.

USMLE score reports and transcripts show scores (for Step 1, Step 2 CK, and Step 3) and an indication of whether an examinee passed or failed (for all examinations). If the examinee was found to have engaged in irregular behavior, an annotation to that effect is also provided. Upon examinee authorization, the same information is sent to medical licensing authorities for use in making licensure decisions.

Under most circumstances, to receive a score on Step 1, Step 2 CK, and Step 3, an examinee must begin every block of the test. If an examinee does not begin every block and no results are reported, an "incomplete" annotation appears on the USMLE transcript. If an examinee registers for but does not begin an examination, no record of the test will appear on the examinee's transcript.

For Step 2 CS, if an examinee leaves the test early, or for some other reason fails to carry out one or more of the cases, performance may be assessed on those cases completed. If this assessment were to result in a passing outcome no matter how poorly an examinee may have performed on the missed case(s), then a "pass" will be reported. If this assessment were to result in a failing outcome no matter how good an examinee’s performance may have been on the missed case(s), then a "fail" will be reported. Otherwise, the attempt may be recorded as an "incomplete."

Some unscored items and cases may also be included in the Step examinations for research purposes.

A Score Interpretation Guide (SIG) and annual performance data for all Step examinations are available in the “Data and Research” section of the USMLE website (www.usmle.org/data-research/).

Minimum Passing Scores
The USMLE program provides a recommended pass or fail outcome for all Step examinations. Recommended performance standards for the USMLE are based on a specified level of proficiency. As a result, no predetermined percentage of examinees will pass or fail the examination. The recommended minimum passing level is reviewed periodically and may be adjusted at any time. Notice of such review and any adjustments will be posted at the USMLE website.

A statistical procedure ensures that the performance required to pass each test form is equivalent to that needed to pass other forms; this process also places scores from different forms on a common scale.

Current minimum passing scores for each Step are as follows (mean scores are provided in the Score Interpretation Guide on the USMLE website):
Although 2-digit scores are not reported, test results reported as passing on the three-digit scale would represent an exam score of 75 or higher if a two-digit score had been reported.

**Score Reliability**

Reliability refers to a score’s expected consistency. Candidates’ test scores are reliable to the extent that an administration of a different random sample of items from the same content domain would result in little or no change in each candidate’s rank order among a group of candidates. In general, long examinations of very similar items administered to a diverse group of examinees yield high reliabilities.

One of the ways that reliability is measured is through the standard error of measurement (SEM). The SEM provides a general indication of how much a score might vary across repeated testing using different sets of items covering similar content. As a general rule of thumb, chances are about two out of three that the reported score is within one SEM, plus or minus, of the score that truly reflects the examinee’s ability (i.e., of the score that would be obtained if the examination were perfectly reliable). Currently, the SEM is approximately 6 points for Steps 1, 2CK and 3. The Step 2 CS is only reported as a pass or fail, without a reported score.

The standard error of difference (SED) in scores is an index used to assess whether the difference between two scores is statistically meaningful. If the scores received by two examinees differ by two or more SEDs, it is likely that the examinees are different in their proficiency. Currently, the SED is approximately 8 points for Step 1, 8 points for Step 2CK, and 8 points for Step 3.

The standard error of the estimate (SEE) is an additional index of the amount of uncertainty in the scores used to gauge the likelihood of performing similarly on a repeat attempt. If an examinee tested repeatedly on a different set of items covering the same content, without learning or forgetting, their score would fall within one SEE of their current score two thirds of the time. Currently, the SEE is approximately 8 points for Step 1, Step 2 CK, and Step 3.

**Score Validity**

Score validity refers to the extent to which existing evidence supports the appropriateness of the interpretation of test outcomes. For USMLE, the intended interpretation of passing all examinations is that the individual has the fundamental knowledge and skills required to begin patient care in a safe and effective manner. The best way to support a proposed score interpretation is through accumulation of developmental documentation and research on all components of the test design, delivery, and scoring processes, and through tracking the relationship of examination outcomes with later measures of the individual’s ability. The USMLE program has a fairly extensive history of such activity. A
list of research citations as well as descriptions of many of the USMLE processes is available on the USMLE website at www.usmle.org/data-research/.
USMLE Program News, 2017-2019

Following are abbreviated versions of news items posted on the USMLE website from 2017-2019. The full announcements are available on the USMLE website at www.usmle.org/announcements/.

Possible changes to USMLE scores – continuing the discussion (posted October 2019)
A podcast featuring two members of the Invitational Conference on USMLE Scoring (InCUS) planning committee, Dr. Michael Barone, Vice President of Licensure Programs for NBME, and Dave Johnson, Senior Vice President, Assessment Services for the Federation of State Medical Boards, is now available. They discuss themes from the public comments, upcoming improvements to USMLE, and insight into the vision for the program. You can listen to the podcast here.

Computer-assisted scoring coming to Step 2 CS (posted September 2019)
The USMLE program is committed to applying the best available technology and the most current assessment practices to ensure accuracy and validity for all its examination programs. Beginning October 2019, computer-assisted scoring technology will be used to score patient notes created by examinees for the USMLE Step 2 Clinical Skills (CS) examination.

The use of computer-assisted scoring will not change the cost of the exam, nor the timing with which examinees receive their scores. The computer-assisted scoring program is based on the scoring rubrics developed by experienced physician note raters. For cases in which computer-assisted scoring is used, notes with machine scores below the 50th percentile in performance will also be scored by physician patient note raters. The machine scores and physician scores will then be averaged to produce the examinee’s score on the patient note portion of the Step 2 CS exam.

Much consideration has gone into the implementation of computer-assisted scoring. Most importantly, the crucial role of clinical judgment in the evaluation of Step 2 CS performances will be preserved. Second, the examinee experience will not be adversely affected. The expert judgment of physicians will be used on an ongoing basis for the development of patient note scoring guidelines and in the training of the computer-based scoring system. Click here for FAQs related to computer-assisted scoring. To read more about NBME’s work with natural language processing, see a recent article in Academic Medicine here.

Step 1 and Step 2 CK – score delays in 2020 (posted September 2019)
Most Step 1 and Step 2 Clinical Knowledge (CK) scores are reported within four weeks of testing. However, because of necessary annual modifications to the test item pools, delays occur for examinees who test at certain times of the year. Please be aware that examinees testing during the following dates may experience delays in score reporting:

- Step 1 examinees testing early May through early July 2020 - more specific information will be posted January 2020
• Step 2 CK examinees testing late June through late August 2020 - more specific information will be posted March 2020

Why is this important to know?
If you need to receive a score before a certain date, plan to take that exam before the projected score delay windows to avoid missing deadlines.

**Review of USMLE Step 3 minimum passing performance (posted September 2019)**
The USMLE Management Committee is scheduled to review the minimum passing score for the USMLE Step 3 examination at its meeting on December 4-5, 2019. The Management Committee includes physicians drawn from medical education and licensing as well as members of the public.

The committee establishes and monitors Step 3 performance and completes an in-depth review of the minimum passing standard for each USMLE Step or its component every three to four years. For the 2019 Step 3 review, information from multiple sources will be considered, including:

• Results of content-based standard setting exercises conducted with three independent groups of physicians in 2019;
• Results of surveys of various groups (e.g., state licensing representatives, medical school faculty, samples of examinees) concerning the appropriateness of current pass/fail standards for Step examinations;
• Trends in examinee performance; and
• Measurement precision near the cut score.

If the Committee determines that a change to the minimum passing score is appropriate, the new recommended minimum passing score will become effective for all examinees who take a Step 3 examination on or after January 1, 2020. The decision of the Committee will be posted at the USMLE website.

**Is my test center open? (posted August 2019)**
For updates on the impact of weather or other conditions on USMLE administrations, please go to the Prometric website for Step 1, Step 2 CK, and Step 3 or to the CSEC website for Step 2 CS.

**USMLE scoring: An ongoing conversation (posted May 2019)**
At the March 2019 Invitational Conference on USMLE Scoring (InCUS), stakeholders from organizations within the house of medicine discussed USMLE’s score reporting, both its primary use for licensure as well as secondary uses in undergraduate and graduate medical education. Read the latest update about the InCUS experience and timeline at [www.usmle.org/inCUS/#updates](http://www.usmle.org/inCUS/#updates).

**New videos: “Your USMLE Journey to Medical Licensure in the U.S.” and “Who is USMLE?” (posted April 2019)**
Two new videos about the United States Medical Licensing Examination® (USMLE®) program are now available for students, examinees, medical school faculty, and others.
“Your USMLE Journey to Medical Licensure in the U.S.” looks at what is covered on each Step exam, using colorful scenes and visual elements.

“Who is USMLE?” features program volunteers and committee members who help develop the exams, discussing the perspectives and principles behind work on a licensure examination.

The new videos are a great way to quickly understand the exams that comprise the three Steps of USMLE. In addition, the USMLE website now includes an easy to locate page (www.usmle.org/video/) for quick access to all videos and podcasts supporting program information.

2020 schedule for reporting Step 2 CS results is available (posted April 2019)
The 2020 schedule provides guidelines regarding when a result for a Step 2 Clinical Skills (CS) exam date will be reported. Go to www.usmle.org/step-2-cs/#reporting to view the schedule.

USMLE listens: students and residents offer feedback (March 2019)
To deepen its awareness of student and resident perspectives, USMLE program staff hosted the Medical Student and Resident Advisory Panel in February 2019. The panel, which meets twice a year, is designed to:

- Test assumptions about the USMLE with an examinee audience
- Collect feedback from medical students and residents on issues and topics specific to USMLE
- Gain insight into the perspective of examinees on USMLE policy issues

Prior to their visit, panelists provided input about topics they wanted to discuss during the meeting.

Panelists shared their medical school journey
- Panelists shared their personal journey in medical education and training, as well as insights into how the current USMLE program impacts their journey. They then explored the impact of USMLE scores and test preparation from the perspectives of different stakeholders, including examinees, medical schools, and residency programs. USMLE staff noted that the journeys were quite different, due to differences in school size, name recognition, grading policy, and many other factors.
- Staff asked the panelists what the leaders of the USMLE program should be mindful of as they consider USMLE score reporting within the continuum of medical education. Several themes emerged: the desire for medical students and residents to feel a sense of control over their individual journeys; the need to acknowledge the strong emotions arising from the current discussion of Step score reporting; the need to mitigate unintended consequences arising from any change(s) to USMLE.
Feedback about Step 2 CS score reports
In prior meetings, the panelists provided feedback on the Step 1, 2 CK, and Step 3 score report redesign prototypes. At this meeting, the panel reviewed a prototype design for the new Step 2 CS examinee score reports, and offered feedback. The guiding principles for all the redesigns have been:

- Improve transparency regarding what will be on the exam and the score report
- Increase guidance for failing examinees
- Create more consistency in category labels
- Maximize granularity (while minimizing unintended use)
- Create reports that are interactive

USMLE videos coming soon
At previous meetings, the panel weighed in concerning the types of information medical students and residents need to hear from USMLE. The panel indicated that providing information about the USMLE journey and highlighting that it is a licensing examination would be beneficial to new or first-time examinees. The panel also suggested that information about who works on USMLE (e.g., who writes the actual test items) would also be of interest and help to “humanize” the program with examinees. At this meeting, the panel previewed two videos produced to address their recommendations and indicated that the video format and quality of information shared in each was useful and would help to fill gaps they had experienced in their journey as USMLE examinees. Look for the videos to be available on USMLE.org in coming weeks.

USMLE research; proposed checklists
Students and residents were also briefed about recent USMLE research, as well as proposed checklists for examinees to use to feel ready on exam day or to ensure they’ve completed all the steps for registration.

USMLE staff are grateful for actionable input from the panel. The date for the next in-person meeting of the panel has not yet been set, though it is likely to reconvene by conference call in late spring or early summer.

New score report format – USMLE Step 1 and Step 2 CK examinations (posted January 2019)
A redesigned version of the USMLE Step 3 examination score was implemented for examinees testing on or after October 1, 2018. The new format is now being implemented for the Step 1 and Step 2 CK examinations. Examinees taking Step 1 and Step 2 CK on or after January 15, 2019 will receive the new score report. The redesigned report features a chart showing an examinee’s performance compared with recent first-time takers from US and Canadian medical schools, the examinee’s performance in individual content areas relative to their overall Step examination performance, and information about the allocation of items across each content area. You can view the new score report at www.usmle.org/transcripts/. Click on the comment boxes for explanatory/informational text. FAQs about the score report are also available at www.usmle.org/frequently-asked-questions/#scoreReport.
The USMLE program solicited feedback on the new design from a number of stakeholders, including examinees, medical school faculty, and residency program directors. A new score report format for the Step 2 Clinical Skills (CS) examination is under development.

**Final diagnosis screen removed from Step 3 CCS cases (posted December 2018; updated January 2019)**
Step 3 examinees will no longer be asked to enter information regarding a final diagnosis before ending a computer-based case simulation (CCS) case. Most examinees who test on or after January 1, 2019 will not see the final diagnosis screen at the end of a CCS case. Although the transition will occur quickly at many test centers, there may be some locations where the changes take slightly longer to complete. The overall transition period will likely last approximately 6 weeks.

This change does not affect the scoring of the CCS cases in any way. Final diagnoses have never been used in scoring an examinee performance.

**Scheduling Reminder for Step 2 CS (posted October 2018)**
Schedules at all test centers fill up quickly. We strongly encourage examinees who plan to test in 2018 to complete scheduling as soon as possible. Based on scheduling trends, if you try to schedule after August 1, you may find that there are no available testing appointments through the end of the year unless there are cancellations.

The graph below is an estimate of test appointment availability as of the date at the bottom of the graph. Please note that the graph does not indicate availability at any one location. Availability at the testing center you choose may differ. Appointment availability changes frequently, so if you are unable to schedule an appointment during a particular time period, please continue to check the Step 2 CS scheduling website. Additional appointments may become available 60 days in advance of a test date.

![Graph showing Step 2 CS 2018/19 Testing Appointment Availability - Next 6 Months](image)

**New score report format – USMLE Step 3 examination (posted October 2018)**
The USMLE Step 3 examination score report has been redesigned to reflect both advances in the underlying science of assessment and changes to the USMLE program.
over time. Examinees testing on or after October 1, 2018, will receive score reports in the new format. The redesigned report features a chart showing an examinee’s performance compared with recent first-time takers from US and Canadian medical schools, the examinee’s performance in individual content areas relative to their overall Step 3 performance, and information about the allocation of items across each content area. You can view the new score report at www.usmle.org/transcripts/. Click on the comment boxes for explanatory/informational text. FAQs about the score report are also available at www.usmle.org/frequently-asked-questions/#scoreReport.

The USMLE program solicited feedback on the new design from a number of stakeholders, including examinees, medical school faculty, and residency program directors. The new examinee score report format will be implemented for Step 1 and Step 2 Clinical Knowledge (CK) examinations in early 2019. A new score report format for the Step 2 Clinical Skills (CS) examination is under development.

**Step 1 and Step 2 CK – score delays in 2019 (posted September 2018)**
Most Step 1 and Step 2 CK scores are reported within four weeks of testing. However, because of necessary annual modifications to the test item pools, delays occur for examinees who test at certain times of the year. Please be aware that examinees testing during the following dates may experience delays in score reporting:
- Step 1 examinees testing early May through early July 2019 - more specific information will be posted January 2019
- Step 2 CK examinees testing late June through late August 2019 - more specific information will be posted March 2019

Why is this important to know? If you need to receive a score before a certain date, plan to take that exam before the projected score delay windows to avoid missing deadlines.

**Step 3 – delay in score reporting in 2019 (posted September 2018)**
If you need to receive Step 3 scores before March 27, 2019 it is recommended that you take the exam no later than December 31, 2018. Most Step 3 scores are reported within 4 weeks of testing. However, because of necessary modifications to the test item pool, there will be a delay in reporting for some examinees who test in early 2019. The target date for reporting Step 3 scores for examinees testing in January and February 2019 is Wednesday, March 27, 2019. No USMLE Step 1, Step 2 CK, or Step 3 examinations will be administered January 1-14, 2019.

**No change to minimum passing score for Step 2 CK (posted May 2018)**
The USMLE Management Committee voted to maintain the currently recommended Step 2 CK minimum passing score at their May 2018 meeting. As explained in a previous posting to the USMLE website, the minimum passing score for each USMLE Step examination is reviewed periodically and may be adjusted at any time. At its meeting, the USMLE Management Committee conducted a review of the Step 2 CK examination minimum passing score. As a result of its review, the USMLE Management Committee voted to maintain the recommended minimum passing score of 209.
New practice questions and helpful information for the Step 2 CK exam available (posted May 2018)
Examinees planning to take the Step 2 Clinical Knowledge (CK) exam are encouraged to review:
- Tutorial and Practice Test Items for Multiple-Choice Questions
- USMLE Step 2 CK Sample Items booklet (PDF)
- USMLE Step 2 CK Content Description and General Information booklet (PDF)

USMLE Score Interpretation Guidelines – updated version available now (posted May 2018)
An updated version of the USMLE Score Interpretation Guidelines (SIG) has been posted to the USMLE website. The means, standard deviations (SDs) and the norm table are updated annually. Because percentile ranks depend on the cohort of examinees, you should always use the most recent norm table to obtain percentile ranks.

Step 2 CK – Delay in score reporting - UPDATE to previous announcement (posted May 2018)
If you need to receive Step 2 Clinical Knowledge (CK) scores before August 29, 2018, we recommend that you take the exam no later than June 30, 2018. Necessary modifications to the test item pool will result in a delay in reporting for some examinees who test beginning the week of June 30, 2018. The target date for reporting Step 2 CK scores for most examinees testing the week of June 30 through mid-August will be Wednesday, August 29, 2018.

Although the transition will occur quickly at many test centers, there may be some locations where the changes take slightly longer to complete. The overall transition period will likely last approximately six weeks. Please note that exams prior to, during, and following the August 29 date will be comparable.

NOTE: When this announcement was originally posted on April 9, 2018, examinees were recommended to take exams on or before June 24 to ensure receiving scores before August 29. This update recommends that examinees take the exam on or before June 30 to ensure receiving a score before August 29.

2019 schedule for reporting Step 2 CS results is available (posted April 2018)
The 2019 schedule lets examinees know when to expect results for a Step 2 Clinical Skills (CS) exam. The schedule is available at www.usmle.org/step-2-cs/#reporting.

Requirements for scheduling exams at Prometric centers (posted March 2018)
Beginning April 1, 2018, anyone using an unsupported operating system or browser (Windows XP/Vista, Windows Server 2003, or a browser version below IE 9) will NOT be able to schedule an exam at a Prometric center. This change is due to an enhancement of security protocols to meet new industry compliance regulations.

Review of USMLE Step 2 Clinical Knowledge (CK) minimum passing score (posted February 2018)
The USMLE program recommends a minimum passing level for each Step examination. The USMLE Management Committee is responsible for establishing and monitoring standards, and is asked to complete an in-depth review of standards for each examination every 3 to 4 years.

For the 2018 Step 2 CK review, information from multiple sources will be considered, including:
- Results of content-based standard setting exercises conducted with three independent groups of physicians in 2018;
- Results of surveys of various groups (e.g., state licensing representatives, medical school faculty, samples of examinees) concerning the appropriateness of current pass/fail standards for Step examinations;
- Trends in examinee performance;
- Score precision and its effect on the pass/fail outcome.

The USMLE Management Committee is scheduled to review the minimum passing score for the USMLE Step 2 CK examination at its May 2018 meeting. If the Committee determines that a change is appropriate, the new recommended minimum passing score will become effective for all examinees who take a Step 2 CK examination on or after July 1, 2018. The decision of the Committee will be posted at the USMLE website.

**Step 1 – Delay in score reporting (posted January 2018)**
Most score reporting of Step 1 results occurs within four weeks of testing. However, because of necessary modifications to the test item pool, there will be a delay in reporting for some examinees who test beginning the week of May 7, 2018. The target date for reporting Step 1 scores for most examinees testing the week of May 7 through early June will be Wednesday, July 11, 2018. For examinees whose circumstances require that they receive Step 1 scores before July 11, 2018, it is recommended that they take Step 1 no later than May 4, 2018. Although the transition will occur quickly at many test centers, there may be some locations where the changes take slightly longer to complete. The overall transition period will likely last approximately 6 weeks. Please note that scores on new and old exam forms will be comparable.

**Step 2 CS rescheduling fees (posted January 2018)**
The rescheduling fees for the Step 2 Clinical Skills (CS) examination have changed as of January 1, 2018. If you have a scheduled testing appointment and are unable to take the exam on your scheduled test date or at your scheduled center, you may cancel your scheduled testing appointment and reschedule for a different date and/or center, subject to availability. You may cancel and/or reschedule at any time through the end of the day before your scheduled test date. However, no canceling is allowed beginning at 12:00 AM, Eastern Time in the United States, on your scheduled test date. The date that you cancel your testing appointment will determine the amount of your rescheduling fee, as described in the list and table below. All dates and notice periods are calculated using Eastern Time in the United States.
Example: Step 2 CS Rescheduling Fees

<table>
<thead>
<tr>
<th>Scheduled Test Date</th>
<th>Cancel Date(s)</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 15</td>
<td>On or before June 30</td>
<td>No fee</td>
</tr>
<tr>
<td></td>
<td>July 1 – July 12</td>
<td>$400</td>
</tr>
<tr>
<td></td>
<td>July 13</td>
<td>$642.50</td>
</tr>
<tr>
<td></td>
<td>July 14</td>
<td>$1285</td>
</tr>
</tbody>
</table>

If you cancel without rescheduling or miss your scheduled testing appointment, there is no guarantee that testing appointments during your eligibility period will be available when you attempt to reschedule. If you do not reschedule within your eligibility period, you must submit a new application and exam registration fee in order to take the exam.

*Change in minimum passing score for Step 1 (posted December 2017)*
The recommended Step 1 minimum passing score will change from 192 to 194. This change will affect examinees who take a Step 1 examination that begins on or after January 1, 2018. At its November 2017 meeting, the USMLE Management Committee conducted a review of the Step 1 examination minimum passing score. As a result of its review, the USMLE Management Committee decided to raise the recommended Step 1 minimum passing score from 192 to 194.

*Step 2 CS cases – common presenting signs and symptoms (posted September 2017)*
A list of common presenting signs and symptoms that Step 2 Clinical Skills (CS) examinees may expect to see during their examination has been posted to the USMLE website. These are examples only, and the list does not represent all possible presenting signs and symptoms that may be encountered. See: [www.usmle.org/pdfs/step-2-cs/Common_Presenting_Signs_and_Symptoms.pdf](http://www.usmle.org/pdfs/step-2-cs/Common_Presenting_Signs_and_Symptoms.pdf)

*Change in Performance Standards for Step 2 CS (posted August 2017)*
This announcement describes a change in the performance standards for the USMLE Step 2 CS examination that will affect examinees testing on or after September 10, 2017. At its July 2017 meeting, the USMLE Management Committee conducted a review of the recommended minimum passing levels for USMLE Step 2 CS and voted to increase the required minimum passing level for all three Step 2 CS subcomponents: Communication and Interpersonal Skills (CIS), Spoken English Proficiency (SEP), and Integrated Clinical Encounter (ICE). Because numerical scores are not reported for Step 2 CS, the decisions of the Management Committee are reported in terms of potential impact on examinees, using data from recent administrations. If the new minimum passing requirements were applied to the group of first-time examinees who recently tested, the overall passing rate for examinees from US medical schools would be approximately three percent lower and the overall passing rate for examinees from international medical schools would be approximately eight percent lower.
Change to patient note program for the Step 2 CS exam (posted June 2017)
On or after September 10, 2017, patient notes written in the Step 2 CS exam will automatically submit at the end of the 25 minutes allotted for each patient encounter. Each patient encounter includes 15 minutes in the examination room, plus an additional 10 minutes to write the patient note. Examinees who leave the exam room before 15 minutes will continue to have additional time for the patient note. At the end of 25 minutes, the note will automatically submit, and examinees will not be able to continue writing.

Step 2 CS communication skills cases (posted May 2017)
Beginning May 21, 2017, USMLE Step 2 CS examinees may see a case in which the primary task is to assist the standardized patient with making decisions and/or with disease or problem management. For these cases, a physical examination will not be required, and the data interpretation section of the patient note will not need to be completed.

Enhanced security policies at CSEC test centers (posted March 2017)
Enhanced security policies will take effect in all Clinical Skills Evaluation Collaboration (CSEC) test centers beginning April 4, 2017. The enhanced security procedures are being conducted to inspect for electronic devices.

Understanding your USMLE score report (posted March 2017)
A short video designed to help examinees interpret the USMLE score report, and understand decisions and actions that can be taken based on exam performance, is now available at: www.usmle.org/transcripts/. The video is part of an effort to address frequently asked questions from examinees and others about the USMLE examination process.
USMLE Scoring

The United States Medical Licensing Examination serves as the primary assessment tool to help inform licensing decisions by state medical boards. In addition to state medical boards’ use, others have developed uses of USMLE scores over the past quarter century. Examples include score use for learner assessment and program evaluation within undergraduate medical education (UME) and, over time, the increased use of USMLE scores as a screening tool for selection into graduate medical education (GME). The latter has recently drawn increasing scrutiny and criticism.

Multiple factors are contributing to the reliance on the USMLE score for residency screening and selection, including the increasing UME shift to pass/fail grading systems, and the total number of GME applicants outpacing slots available through the National Resident Matching Program (NRMP). This latter factor closely relates to the current trend of applicants submitting growing numbers of residency applications, per applicant, year after year, and the administrative challenge facing program directors having to sort through what could amount to two orders of magnitude more applications than available program positions. This has led to a current environment characterized by medical students’ efforts to maximize their achievement of USMLE scores (particularly Step 1) at the potential expense of focusing on other educational/curricular offerings within their medical school. There are also growing concerns over the role of high stakes examinations and their effect on student well-being.

In March 2019, the USMLE parent organizations (Federation of State Medical Boards and National Board of Medical Examiners), along with the American Medical Association, Association of American Medical Colleges, and Educational Commission for Foreign Medical Graduates convened a multi-stakeholder Invitational Conference on USMLE Scoring (InCUS) in March 2019 to explore these issues and consider recommendations specific to USMLE score reporting and the broader system of transition from UME to GME. Representatives from a variety of organizations participated in the conference, including stakeholders representing a broad spectrum of medical education (undergraduate and graduate), state medical boards, examinees, the house of medicine, and the public.

A general consensus emerged during the conference: The current UME-GME transition system is flawed and not meeting the needs of various stakeholders; unilateral changes to USMLE alone will not “fix” the overall system; and changes, both systemic and specific to USMLE, must be identified and implemented on a reasonable timeline.

Several guiding principles also emerged. These included seeking changes that will improve examinee and physician well-being; improving the UME-GME transition while limiting negative consequences to any one stakeholder group; allowing time to prepare for, and mitigate, any possible disruptive changes while acting with a sense of urgency; maintaining a licensure system in which both US and international graduates are rigorously assessed; and further promoting holistic review of residency applicants.
The InCUS culminated with a report summarizing the conference proceedings and the following recommendations published in June 2019.

Recommendations specific to USMLE:
  1) Reduce the adverse impact of the current overemphasis on USMLE performance in residency screening and selection through consideration of changes such as pass/fail scoring.
  2) Accelerate research on the correlation of USMLE performance to measures of residency performance and clinical practice.
  3) Minimize racial demographic differences that exist in USMLE performance.

Recommendations to the UME-GME transition system:
  1) Convene a cross-organizational panel to create solutions for the assessment and transition challenges from UME to GME, targeting an approved proposal, including scope/timelines by end of calendar year 2019.

More detailed information about the conference and these recommendations is provided in a summary report of the conference; the report is available at [https://www.usmle.org/pdfs/incus/lnCUS_summary_report.pdf](https://www.usmle.org/pdfs/incus/lnCUS_summary_report.pdf)

Updates about InCUS, including the summary report, links to a post-InCUS webinar and podcasts, relevant literature and articles, and more is available on the USMLE website at [https://www.usmle.org/inCus/#updates](https://www.usmle.org/inCus/#updates).
USMLE Strategic Communication Outreach

In 2016-2017, the USMLE program revisited how the USMLE program communicates with its primary stakeholders in the exam – that is, directly to examinees, medical educators and medical regulators and, indirectly, to the public. This review highlighted the need for a more proactive approach to communicating about the USMLE, as well as the need for improved listening to stakeholder concerns. Below is a summary of recent communication work.

Examinee Input
The USMLE program implemented a Medical Student & Resident Advisory Panel in 2018 to provide a consultative role to the USMLE program. The panel is charged to 1) assist staff in working through operational issues directly impacting the examinee experience of the exam, 2) serve as an additional voice and resource to inform more substantive policy questions from or before the USMLE Management and Composite Committees and (3) serve as informal ambassadors of the USMLE program. The panel consists of 15 members: 14 medical students (MD, DO, MD/PhD and IMG) and residents drawn from all regions of the country, and 1 public member.

In 2019, the panel met in February at NBME offices in Philadelphia. Much of the conversation with the panel centered upon USMLE scores and their secondary uses. Themes emerging from the panel’s discussion include a recommendation to move cautiously on the pass/fail issue and considering use of Step 2 CK as a numeric score is deemed critical as a screening tool for GME interviews. Other topics the panel provided feedback on were a prototype design for the new Step 2 CS score report, USMLE videos then under development, and USMLE research.

A summary of the meeting was posted on the USMLE website in March 2019; this announcement was then shared on USMLE’s Facebook and Twitter sites.

The panel met again via conference call in August 2019 to discuss and provide feedback on the recommendations coming out of the Invitational Conference on USMLE Scoring.

USMLE Orientation Video Series
At the urging of the Medical Student & Resident Advisory Panel at its February 2018 meeting, the USMLE program has taken some early steps towards developing a USMLE Orientation video series. Members of the Panel shared that most of them had never heard of USMLE upon entering medical school and that some of their medical schools did a better job than others at sharing information about the program.

Subsequently, the decision was made to focus on development of two videos – one focused on “who” USMLE is, highlighting the staff and volunteers “behind the exam” and showing volunteers talking about what value they find in their participation in USMLE, and one focused on the student journey to medical licensure and the individual Step exams.
The Medical Student and Resident Advisory Panel reviewed and provided feedback on an early draft of the videos at their February 2019 meeting. Final cuts of both videos are posted on the homepage of the USMLE website (www.usmle.org).

**Social Media**
Over the past year, USMLE program staff have continued enhancements of USMLE social media platforms on Facebook, Twitter and LinkedIn:

USMLE Facebook: https://www.facebook.com/usmle/

USMLE LinkedIn: https://www.linkedin.com/company/usmle/

USMLE Twitter: https://twitter.com/TheUSMLE
USMLE Enhancements

Design Review of Step 1 and Step 2 Clinical Knowledge Examinations
Similar to the review of the USMLE Step 3 examination that prompted recent changes to the examination, USMLE governance is conducting a review of the Step 1 and Step 2 Clinical Knowledge examinations to determine if these examinations should be redesigned. The USMLE Management Committee is investigating a potential expansion of the competencies important to supervised practice, including but not limited to further development of content related to communication, patient safety, and professionalism. Planned changes will be announced on the USMLE website well in advance of implementation.

Improvements to Reporting of USMLE Results to Examinees and Medical Schools
The USMLE program continues to improve the reporting of USMLE results to examinees and medical schools. Recent and ongoing work includes a review of the current reports; surveys to both examinees and schools to determine how examinees and medical schools use and interpret score reports; a review of the informational materials provided to examinees and medical schools; and input from USMLE governance. In 2018, the USMLE Management Committee and the USMLE Composite Committee approved updates to USMLE Steps 1, 2CK and 3 score report design. The updated score report was implemented for Step 3 in October 2018; Step 1 and Step 2 CK score reports were updated in early 2019. Work is currently underway to update Step 2 CS examinee score reports as well as the annual reports to medical schools.
Medical Licensing Authorities and the USMLE

USMLE Services to State Medical Boards
In 2018, the FSMB registered approximately 34,000 applicants for the USMLE Step 3. Step 1 and Step 2 registration services are provided by NBME for students and graduates in US medical and osteopathic schools and by ECFMG for students and graduates of international medical schools under eligibility requirements established by the USMLE Composite Committee.

The FSMB also produced and delivered approximately 89,000 USMLE transcripts, including approximately 35,500 transcripts produced as part of the Federation Credentials Verification System profile sent to state medical boards for physicians seeking licensure.

The USMLE makes a wide range of informational materials on the program available to medical licensing authorities. A series of informational articles on USMLE have appeared in the FSMB’s Journal of Medical Regulation, and the FSMB regularly hosts web seminars on USMLE-related topics. Subjects covered in past webinars include USMLE attempt, time limit, and retake policies; update on content changes to Step 3, including the discontinuance of state board sponsorship for Step 3; challenges to the Step 2 CS; and USMLE transcripts and irregular behavior. Copies of these presentations are available upon request from the FSMB.

State Medical Boards’ Participation in USMLE
The FSMB and NBME also hosts an annual USMLE Orientation workshop for members of state medical boards. This free workshop is open to current and former members of state medical boards with an interest in participating in the program. The 2019 workshop took place in October at NBME’s offices in Philadelphia. Ten physician and public members from the Alabama, Colorado, Maine-Medical, Minnesota, New Hampshire, New York Office of Professional Medical Conduct, Oklahoma-Medical, Vermont-Medical and Wyoming boards participated. To date, 130 individuals from 52 medical and osteopathic boards have participated. Fifty-seven (57) past workshop participants (representing 35 boards) have served subsequently with the USMLE program. This includes participation on standard-setting and advisory panels, as well as serving on the USMLE Management Committee and item-writing committees for the program. Physician and public members of state medical and osteopathic boards interested in attending this workshop should contact the FSMB for more information.

In 2011, the USMLE established an advisory panel composed of members and senior staff from state medical boards. The State Board Advisory Panel to the USMLE convened again in October 2019. The panel provides the USMLE with firsthand feedback on timely issues and major initiatives from the primary intended user of USMLE scores – state medical boards. Topics addressed by the panel in 2019 included upcoming USMLE policy changes, Invitational Conference on USMLE Scoring, communication with state boards, a tour of the Clinical Skills Evaluation Collaboration (CSEC) center to view a live Step 2 CS administration and other updates or issues of interest to state boards and the panel members. The current members of the panel include staff and board members from the

Groups such as the State Board Advisory Panel to USMLE and outreach efforts such as the annual orientation workshop for medical board members continue the long history of the USMLE program involving the state medical board community directly in the operations of the program. Since implementation of the USMLE in 1992, 255 members and staff from state medical boards have participated in the USMLE program in some capacity. These individuals represent 61 different medical and osteopathic licensing boards throughout the United States.

**USMLE Policies**
The USMLE recommends that state medical boards require the dates of passing Step 1, Step 2, and Step 3 to occur within a seven-year period. The program, however, also recommends that state medical boards consider additional time for individuals completing a dual degree program (MD/PhD; DO/PhD).

Additionally, the USMLE program imposes a limit of no more than six attempts to pass each of the Step or Step Components. Additional attempts are allowed only at the written request of a state medical board.

Most state medical boards utilizing the USMLE impose both time and attempt limits on the USMLE as part of their requirements for obtaining an initial medical license. Currently, 42 medical boards impose some limit on the number of attempts at the USMLE; 47 medical boards impose a time limitation for the completion of the USMLE sequence. For a complete listing, please visit:  [http://www.fsmb.org/step-3/state-licensure/](http://www.fsmb.org/step-3/state-licensure/)

Specific requirements for taking and retaking USMLE are provided in the FAQs on the USMLE website at:  [www.usmle.org/frequently-asked-questions/](http://www.usmle.org/frequently-asked-questions/)

For information on exceptions to USMLE policy, please contact the FSMB.
USMLE Data and Research

Aggregate Performance Data
The USMLE program publishes aggregate performance data for all Steps since the program’s inception. These data include examinee volume and passing percentages categorized by first-taker and repeater examinees; US/Canadian and international students/graduates; allopathic and osteopathic examinees. These performance data are available at the USMLE website at www.usmle.org/performance-data/.

Passing rates and examinee counts for 2016-2017 are provided for each Step in this report’s Appendix.

Research Agenda
Each year, the USMLE Composite Committee reviews and endorses a research agenda for the program. The committee endorsed the following research themes and/or topics for the program for 2019-2020: enhancements to the USMLE; relating scores and pass/fail outcomes to external measures; determining strategies for providing meaningful performance feedback to examinees and stakeholders; and USMLE security procedures.

2018 – 2019 Publications
Below is a list of program-related publications by USMLE staff in 2018. A more extensive listing (2009-2018) is available on the USMLE website at http://usmle.org/data-research/.


Standard Setting

USMLE General Procedures for Standard Setting
The USMLE system for setting standards is established by the USMLE Composite Committee, which includes representatives of the ECFMG, FSMB, NBME and the public. The system specifies the kinds of data to be gathered and how the data are to be gathered, the frequency of reviewing the standards and adjusting them, and assigns the judgment task to the Management Committee. The Management Committee, jointly appointed by the FSMB and NBME, must use the procedures defined by the Composite Committee, but is free to set the standard and revise the standard as it deems necessary. The decision of the Management Committee is final; no superior governing committee is authorized to alter its decision. The Management Committee includes those with educational, licensing, and clinical practice perspectives, as well as a representative from the public.

Current policy requires that the Management Committee review the effectiveness of Step standards at least annually. A comprehensive review and possible adjustment of the standard must be undertaken approximately every four years. In addition, when there are any major changes to the design or format of the Step examination, the Management Committee is asked to establish new passing requirements for the redesigned components. USMLE believes that there must be an opportunity for review and adjustment of standards in order to reflect the realities of change in the content of medicine, the nature of the test, the characteristics of examinees, and the expectations of stakeholders. Such review of the standard is essential to assure that the judgment inherent in defining the standard reflects current conditions, not those that were pertinent in the past.

Mandated Data Sources Informing the Judgment Process
USMLE policy mandates the use of four categories of data in making judgments about standards. These are:

- Content-referenced judgments of experts. Content experts provide their opinions, based upon review of content and examinee performance, on the appropriate requirements for passing the examination.
- Survey of stakeholders. Expectations of stakeholders for the percent of examinees, to whom the stakeholder is exposed, that should pass the examination.
- Cohort performance trends. Trends in examinee performance over a long period of time and the effect of repeated attempts at the examinations on the failure rate in a defined cohort of examinees.
- Confidence intervals in the region of the cut-score. Estimates of numbers of misclassified examinees based on historical distributions of examinee performance and the measurement error in the scale area under consideration for the cut-score.
Setting the Standard
The Management Committee meets to consider the collected data. As part of this process the committee reviews all of the data collection processes and considers the combined data as part of the decision-making process. Typically, the question posed of the committee is whether the externally collected data, performance trends, and score reliability data suggest that the current standards need to be changed. The committee can allow the standards to remain the same or can vote to make a change. If the latter occurs then the committee identifies the new performance requirements.

USMLE policy requires that standards be implemented on the first day of the month following the decision of the Management Committee. Information regarding the timing of the standard setting process and its outcomes is posted on the USMLE website.
Resources

Websites
Multiple avenues for obtaining additional information on the USMLE exist:

- USMLE website (www.usmle.org) provides the most current information on the program.
- FSMB website (www.fsmb.org) contains information specific to USMLE Step 3.
- NBME website (www.nbme.org) contains information specific to registering for USMLE Steps 1, 2CK and 2CK for students and graduates of U.S. and Canadian medical schools.
- ECFMG website at (www.ecfmg.org) provides information on ECFMG certification and registering for USMLE Steps 1, 2CK and 2CK for students and graduates of international medical schools seeking information.

Written materials

- USMLE Bulletin of Information – provides USMLE policies and procedures and can be accessed from the main page of the USMLE website (www.usmle.org).
- NBME Examiner – the official newsletter of the NBME & provides additional information on USMLE; the current and archived issues can be found under the Publications tab at www.nbme.org.
- Journal of Medical Regulation (previously the Journal of Medical Licensure and Discipline) – published by the FSMB, the Journal occasionally provides informational articles summarizing major aspects of the USMLE program. Topics covered include Step 2 Clinical Skills, the development of multiple-choice questions for test content, research, and processes for maintaining program security (see citations below). Past issues are available on the JMR website at http://jmrjournal.org/ or upon request from the FSMB:
Key contacts
The following individuals are key contacts for state medical boards on matters involving the USMLE.

David Johnson, MA
Federation of State Medical Boards
Chief Assessment Officer
400 Fuller Wiser Road
Euless, Texas 76039
817-868-4081
djohnson@fsmb.org

Michael Barone, MD
National Board of Medical Examiners
Vice President, Licensure Programs
3750 Market Street
Philadelphia, PA 19104-3190
215-590-9743
mbarone@nbme.org

Amy Buono
Director, Office of the USMLE Secretariat
3750 Market Street
Philadelphia, PA 19104-3190
215-590-9877
abuono@nbme.org
APPENDIX

The data tables below are extracted from the performance data provided on the USMLE website at [http://www.usmle.org/performance-data/](http://www.usmle.org/performance-data/). Similar data are available for all years of the USMLE program.

Table 1

<table>
<thead>
<tr>
<th>2018 STEP 1 ADMINISTRATIONS *</th>
<th>Number Tested and Percent Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Tested</td>
</tr>
<tr>
<td>Examinees from US/Canadian Schools that Grant:</td>
<td></td>
</tr>
<tr>
<td>MD Degree</td>
<td></td>
</tr>
<tr>
<td>1st Takers</td>
<td>21,611</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>20,670</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>941</td>
</tr>
<tr>
<td>DO Degree</td>
<td></td>
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<tr>
<td>1st Takers</td>
<td>4,136</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>4,092</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>44</td>
</tr>
<tr>
<td>Total US/Canadian</td>
<td>25,747</td>
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<tr>
<td>Examinees from Non-US/Canadian Schools</td>
<td></td>
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<tr>
<td>1st Takers</td>
<td>14,332</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>2,111</td>
</tr>
<tr>
<td>Total non-US/Canadian</td>
<td>16,443</td>
</tr>
</tbody>
</table>

Notes for Table 1

* Represents data for examinees tested in 2018 and reported through January 30, 2019.

** The # tested listed for repeaters represent examinations given, not the number of examinees for the specified time period.
### Table 2

#### 2017-2018 STEP 2 CLINICAL KNOWLEDGE (CK) ADMINISTRATIONS *
Number Tested and Percent Passing

<table>
<thead>
<tr>
<th></th>
<th># Tested</th>
<th># Passing</th>
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</thead>
<tbody>
<tr>
<td><strong>Examinees from US/Canadian Schools that Grant:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD Degree</td>
<td>22,367</td>
<td>96%</td>
</tr>
<tr>
<td>1st Takers</td>
<td>21,531</td>
<td>97%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>836</td>
<td>66%</td>
</tr>
<tr>
<td>DO Degree</td>
<td>3,076</td>
<td>94%</td>
</tr>
<tr>
<td>1st Takers</td>
<td>3,038</td>
<td>95%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>38</td>
<td>74%</td>
</tr>
<tr>
<td>Total US/Canadian</td>
<td>25,442</td>
<td>96%</td>
</tr>
<tr>
<td><strong>Examinees from Non-US/Canadian Schools</strong></td>
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<td></td>
</tr>
<tr>
<td>1st Takers</td>
<td>11,469</td>
<td>83%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>2,114</td>
<td>52%</td>
</tr>
<tr>
<td>Total non-US/Canadian</td>
<td>13,613</td>
<td>78%</td>
</tr>
</tbody>
</table>

#### Notes for Table 2
* Data for Step 2 CK are provided for examinees tested during the period of July 1, 2017 to June 30, 2018.
** The # tested listed for repeaters represent examinations given, not the number of examinees for the specified time period.
Table 3

<table>
<thead>
<tr>
<th>2017-2018 STEP 2 CLINICAL SKILLS (CS) ADMINISTRATIONS *</th>
<th>Number Tested and Percent Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examinees from US/Canadian Schools that Grant:</td>
<td># Tested</td>
</tr>
<tr>
<td>MD Degree</td>
<td>21,543</td>
</tr>
<tr>
<td>1st Takers</td>
<td>20,438</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>1,105</td>
</tr>
<tr>
<td>DO Degree</td>
<td>64</td>
</tr>
<tr>
<td>1st Takers</td>
<td>59</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>5</td>
</tr>
<tr>
<td>Total US/Canadian</td>
<td>21,607</td>
</tr>
<tr>
<td>Examinees from Non-US/Canadian Schools</td>
<td></td>
</tr>
<tr>
<td>1st Takers</td>
<td>11,223</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>2,114</td>
</tr>
<tr>
<td>Total non-US/Canadian</td>
<td>13,337</td>
</tr>
</tbody>
</table>

Notes for Table 3
* * Data for Step 2 CS are provided for examinees tested during the period of July 1, 2017 to June 30, 2018.
** The # tested listed for repeaters represent examinations given, not the number of examinees for the specified time period.
§ USMLE does not report percent for cohort populations of five or fewer examinations.
### Table 4

<table>
<thead>
<tr>
<th>2018 STEP 3 ADMINISTRATIONS *</th>
<th>Number Tested and Percent Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Tested</td>
</tr>
<tr>
<td>Examinees from US/Canadian Schools that Grant:</td>
<td></td>
</tr>
<tr>
<td>MD Degree</td>
<td>20,595</td>
</tr>
<tr>
<td>1st Takers</td>
<td>19,948</td>
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<tr>
<td>Repeaters**</td>
<td>647</td>
</tr>
<tr>
<td>DO Degree</td>
<td>23</td>
</tr>
<tr>
<td>1st Takers</td>
<td>23</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>0</td>
</tr>
<tr>
<td>Total US/Canadian</td>
<td>20,618</td>
</tr>
<tr>
<td>Examinees from Non-US/Canadian Schools</td>
<td></td>
</tr>
<tr>
<td>1st Takers</td>
<td>8,913</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>1,419</td>
</tr>
<tr>
<td>Total non-US/Canadian</td>
<td>10,332</td>
</tr>
</tbody>
</table>

**Notes for Table 4**

* The table represents data for examinees tested in 2018 with scores reported by January 30, 2019.

** The # tested listed for repeaters represent examinations given, not the number of examinees for the specified time period.