Annual Report on the
United States Medical Licensing Examination®
to Medical Licensing Authorities in the United States

Prepared by the Federation of State Medical Boards of the United States and the National Board of Medical Examiners®

November 2020
# Table of Contents

- Executive Summary 4
- Introduction and Program Overview 5
  - Mission
  - Governance
  - Eligibility
  - Content
  - Test administration
  - Test accommodations
  - Score reporting
  - Minimum passing scores
  - Score reliability
  - Score validity
- Program News, 2019-2020 12
- Program Response to the COVID-19 Pandemic 13
  - Step 2 CS
  - Computer-based Steps (Steps 1, 2 CK and 3)
  - USMLE program efforts to address the testing backlog
  - Regional testing
  - Large-scale event-based testing
- Step 2 CS Suspension 15
  - Impact on ECFMG certification
  - Impact on Step 3 eligibility
- Upcoming Policy Changes 17
  - Change to pass/fail reporting for Step 1
  - Change to the USMLE attempt limit policy
  - Exam prerequisite for Step 2 CS
- Strategic Communication Outreach 19
  - Examinee input – USMLE Medical Student and Resident Advisory Panel
  - Examinee input – Conversations with other student organizations
  - USMLE video and podcast series
  - Social media
  - Quarterly electronic update to state boards
- Medical Licensing Authorities and the USMLE 22
  - USMLE services to state medical boards
  - State medical boards’ participation in USMLE
  - USMLE policies
- Data and Research 24
  - Aggregate performance data
  - Research agenda
  - 2019-2020 publications
- Standard Setting 25
  - USMLE general procedures for standard setting
  - Mandated data sources informing the judgment process
Setting the standard

Resources
- Websites
- Written materials
- Key contacts

Appendices
- A: USMLE Program News 2019-2020
- B: USMLE Aggregate Performance Data 2018-2019
- C: Program-related Publications by USMLE Staff in 2019-2020
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.

Since March of this year, the USMLE program's primary focus has been responding to the COVID-19 pandemic. In addition to causing a significant disruption in testing for the computer-based USMLE Step exams (Steps 1, 2 Clinical Knowledge (CK), and 3), the pandemic also led to the suspension of the Step 2 Clinical Skills (CS) examination.

The program has continued focus on implementation of policy changes announced in February 2020, before the pandemic impacted testing, and has also continued to enhance communication efforts with examinees and other USMLE stakeholders, including state medical boards and the public, through increased use of videos and podcasts and weekly announcements about the status of USMLE testing in light of the COVID-19 pandemic.

State medical boards' participation in the USMLE continues to be strong, 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, 258 members and staff from state medical boards have participated in the USMLE program in some capacity. These individuals represent 61 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. As of 2019, approximately 56% of this nation’s 1,004,788 licensed physicians have taken all or part of the USMLE sequence.

Mission
The stated mission of the USMLE 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. Many of the osteopathic licensing boards also recognize USMLE for licensing graduates holding the DO degree.

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. Members from the Hawaii, Iowa, North Carolina, Wisconsin and Vermont-Medical boards currently 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, Iowa, Minnesota and Montana boards serve on the USMLE Management Committee.
Eligibility

Due to the COVID-19 pandemic, the USMLE Step 2 CS examination has been suspended since March 16, 2020 until at least June 1, 2021 and more likely late 2021 or early 2022. More information is provided in the “USMLE Program Response to the COVID-19 Pandemic” section of this report.

USMLE is intended to be taken by students and graduates of medical school programs leading to the MD, DO, or equivalent degree (e.g., MBBS degree held by many IMGs). The USMLE requirements, both before the Step 2 CS suspension and following the Step 2 CS suspension, are detailed below.

Before the Step 2 CS suspension:
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, 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.

Following the Step 2 CS suspension:
Eligibility requirements for Step 1 and Step 2 CK remain the same.

The following temporary Step 3 eligibility requirements, applicable to examinees who have not yet passed Step 2 CS, became effective on September 3, 2020. To be eligible to take Step 3 under these temporary requirements, examinees must:

- have passed Step 1 and Step 2 CK but not passed Step 2 CS; and
- have a medical degree (MD, DO or the equivalent of an MD degree from a medical school outside the U.S. and Canada that is listed in the World Directory of Medical Schools as meeting ECFMG eligibility requirements); and
- be ECFMG certified, if you are an international medical graduate; and
- have taken any USMLE Step or Step Component on or after January 1, 2015; and
- have not failed Step 2 CS six or more times.

Additional USMLE eligibility information:
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 (GME) (e.g., accredited by the ACGME or the AOA1) 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/.

**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). (Due to the COVID-19 pandemic, the CS exam has been suspended since March 16, 2020.) Although the USMLE is typically 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.

1The ACGME and the AOA transition to a single GME accreditation system concluded on July 1, 2020.
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. Prior to its suspension in March 2020, the Step 2 CS examination included 12 standardized patient cases, administered in a one-day testing session of approximately eight hours. Examinees had 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 or 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 real 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 was administered at five regional test centers managed by the Clinical Skills Evaluation Collaboration (CSEC). The CSEC centers were in Atlanta, Chicago, Houston, Los Angeles, and Philadelphia (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 when examinees need to retake a Step. 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. 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 could be provided for deaf Step 2 CS examinees.

Score Reporting
When examinees take Step 1, Step 2 CK, or Step 3, the computer records their responses, which are then transmitted to the NBME for scoring. For Step 2 CS, examinees were 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. Reported scores for Step 1, Step 2 CK and Step 3 range from 1 to 300. 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 are: 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 an examinee is found to have engaged in irregular behavior, an annotation to that effect is provided, as well as a copy of the letter to the examinee regarding the finding of irregular behavior. 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 left the test early, or for some other reason failed to carry out one or more of the cases, performance could 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" would be reported. If this
assessment were to result in a failing outcome no matter how good an examinee’s performance might have been on the missed case(s), then a "fail" would 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):
Step 1: 194
Step 2 CK: 209
Step 3: 198

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 examination is reported as a pass or fail, without a numerical 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 Steps 1, 2CK and 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 Steps 1, 2CK and 3.

Score Validity
Score validity refers to the extent to which existing evidence supports the appropriateness of the interpretation of test outcomes. The public and state medical boards can reliably conclude that an individual who has passed all examinations in the USMLE sequence has demonstrated the fundamental knowledge and skills for safe and effective patient care.

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/.
Program News, 2019-2020

Abbreviated versions of news items posted on the USMLE website from 2019-2020 are provided in Appendix A. The full announcements are available on the USMLE website at www.usmle.org/announcements/.

In March 2020, the USMLE program set up a “Coronavirus Resource Center” on the USMLE website to provide regular (weekly) updates and notices about the program’s response to the COVID-19 pandemic, as well as information for examinees whose examination dates had been suspended or rescheduled. Due to the high volume of these updates, they are not included in Appendix A. However, much of the information shared in these updates (e.g., suspension of Step 2 CS, event testing for Step 1 and Step 2 CK) is provided and discussed elsewhere in this report. The full text of the announcements, as well as related FAQs, can be read at the USMLE Coronavirus Resource Center: https://covid.usmle.org/.
Program Response to the COVID-19 Pandemic

Beginning in mid-March 2020, USMLE test administrations were substantially disrupted by the COVID-19 pandemic. A summary of that impact and the USMLE program’s response to the disruption in USMLE testing is provided below.

Step 2 CS
The unique human-to-human contact integral to the Step 2 Clinical Skills (CS) exam format, in addition to the travel requirement for many, if not most, examinees, made it fundamentally incompatible with federal, state and local social distancing guidelines. As a result, the USMLE program initially announced a temporary shut-down of the exam until June 1, 2020.

However, due to the complexity of technical and psychometric work required to create an exam that would be safe to administer under pandemic conditions, the USMLE program subsequently determined that it would not be possible to administer the exam in 2020. The program also considered examinee and stakeholder concerns about the challenges created by rapid deployment of a new test platform. After careful consideration of all factors, the program decided to suspend Step 2 CS test administrations for the next 12-18 months, until at least June 1, 2021. More detailed information about the Step 2 CS suspension is provided in the “Step 2 CS Suspension” section of this report below.

Computer-based Steps (Steps 1, 2 CK and 3)
USMLE Step 1 and Step 2 CK are administered at Prometric testing centers globally. USMLE Step 3 is also administered via Prometric testing centers but is available only in the United States. As a result of the COVID-19 pandemic, USMLE administrations for computer-based exams at Prometric were suspended from mid-March to April 30, 2020. An estimated 17,000 USMLE examinees were displaced from testing during that period. Testing resumed on a limited basis at Prometric sites on May 1, at which time only “essential” clients (which included USMLE) were allowed to test. Even at that time, however, not all Prometric sites were open on May 1 and those that were open operated at 50% capacity.

Unfortunately, Prometric’s resumption of testing was poorly executed and badly communicated (e.g., USMLE received numerous complaints from examinees about confirmed test dates at closed sites and last-minute cancellations – in some instance, less than four hours’ notice – of confirmed test dates). Testing conditions via Prometric brought significant backlash to USMLE via examinee calls, emails and social media. Examinees understandably made little to no distinction between Prometric and USMLE under these conditions. Ultimately, Prometric’s execution of test resumption was sufficiently problematic that they issued a public letter of apology acknowledging “inadequate” communication with examinees and “unacceptable” test conditions. The letter is available on the USMLE website at: https://www.usmle.org/pdfs/letter_from_prometric.pdf

USMLE Program Efforts to Address the Testing Backlog
During the shut-down of the computer-based Steps and following the announcement of the long-term suspension of Step 2 CS, staff at FSMB, NBME and ECFMG provided eligibility extensions and waived rescheduling fees for impacted examinees. Extensions that were initially provided through the end of the 2020 calendar year were later extended to June 30, 2021. In addition, examinees opting to not test at this time – or, in the case of Step 2 CS, who were unable to test due to suspension of the examination – were provided a full refund of their exam fees.

Other staff efforts focused heavily on building additional testing pathways to supplement the disrupted Prometric pipeline. These culminated in two-specific streams of work: regional testing and large-scale testing events (summarized below). Options for remote online proctoring as an emergency measure to deliver USMLE Steps 1, 2 CK and 3 has also been explored but is not being pursued at this time. However, staff will continue to monitor remote proctoring for possible long-term/future needs.

**Regional Testing**
USMLE set up regional testing at selected medical schools in Arizona, California, Florida, Indiana, Rhode Island and Texas. A medical school in each of these states served as the hub for additional medical schools in the region. A total of 87 schools participated, including 12 osteopathic medical schools. This testing began in late May 2020 and extended through September 2020. Approximately 35% of capacity was utilized in testing 1,500 examinees.

**Large-scale Event-based Testing**
Web-based testing that did not utilize Prometric facilities or equipment was done at a large number of medical and osteopathic schools starting in late July 2020. In preparations for this “event testing,” all LCME- and COCA-accredited medical schools as well as registered USMLE Step 1 and Step 2 CK examinees were surveyed to determine availability and interest in participating. Based on responses, nearly 150 medical schools had the opportunity to participate in hosting proposed USMLE Step 1 and Step 2 CK events. USMLE program staff subsequently reached out to those medical schools with logistical details and to confirm their continued availability and interest in participating in these test administrations events. Event testing administrations were held on the following dates:

- Step 1: July 30th and August 13th
- Step 2 CK: August 27th and September 10th

Similar to regional testing, the full capacity of event testing was neither needed nor utilized. The combination of many students opting to delay testing and the steady reopening of Prometric test centers mitigated the extreme need for testing access that existed in late spring and early summer.
Step 2 CS Suspension

In mid-March 2020, USMLE initially suspended all administration of Step 2 CS until June 1 at the earliest. However, the unique human-to-human contact integral to this exam format, and the travel requirement for many examinees, make the exam format fundamentally incompatible with federal, state and local social distancing guidelines. Consequently, subsequent discussions and evaluations led to the decision by the FSMB and NBME governing boards in May 2020 to suspend CS for at least 12-18 months while staff investigate alternatives to the current exam structure and format. In September, FSMB communicated with all state medical boards, encouraging them to defer or delay making any changes to their licensing requirements until a more detailed update can be provided later this year.

Work on relaunch of a revitalized Step 2 CS is now under way, with staff efforts spanning all three organizations involved with USMLE: ECFMG, FSMB and NBME. A formal plan will be available by the end of 2020 or early 2021.

Impact on ECFMG Certification
The suspension of CS created a gap in the examination requirements for ECFMG certification because a passing score on the Step 2 CS was required. In June 2020, ECFMG released its plan for alternative pathways for assessing clinical skills for certification. The alternatives to CS have been identified as follows:

- Pathway 1: Already Licensed to Practice Medicine in Another Country
- Pathway 2: Already Passed a Standardized Clinical Skills Exam for Medical Licensure
- Pathway 3: Graduated from Medical School Accredited by Agency Recognized by World Federation for Medical Education (WFME)
- Pathway 4: Medical School Participates in U.S. Federal Student Loan Program
- Pathway 5: Medical School Issues Degree Jointly with a U.S. Medical School Accredited by Liaison Committee on Medical Education (LCME)

The ECFMG has identified these alternates as solely for the purpose of the 2020-2021 Match cycle. ECFMG Certificates based on one of these pathways will expire if the applicant does not enter a U.S. graduate medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME) for the 2021-2022 academic year. Once the applicant successfully completes the first year of ACGME-accredited training, the certificate is no longer subject to expiration.

Applicants who are eligible to pursue ECFMG Certification based on one of the pathways include those who:

- Do not have a passing performance on Step 2 CS that is valid for ECFMG Certification.
- Are not barred by ECFMG from pursuing certification.
- Are not barred by USMLE from taking a Step or Step Component from August 1, 2020 to January 31, 2021.
• Have not failed a USMLE Step or Step Component (Step 1, Step 2 CK, or Step 2 CS) two or more times.
• Have taken or been registered for any USMLE Step or Step Component since January 1, 2018.

Impact on Step 3 Eligibility
To be eligible for USMLE Step 3, applicants are required to: have an MD, DO or equivalent degree, be ECFMG certified (for international medical graduates), and have passed Steps 1, 2 CK and 2 CS. Following suspension of the Step 2 CS exam in May 2020, the USMLE Composite Committee, at its July 2020 meeting, adopted modified Step 3 eligibility requirements for the period of the Step 2 CS suspension. These temporary eligibility requirements, applicable to examinees who have not yet passed the Step 2 CS, were implemented within the Step 3 application system in early September 2020.

To be eligible to take Step 3 under these temporary requirements, examinees must:
• have passed Step 1 and Step 2 CK but not passed Step 2 CS
• have a medical degree (MD, DO or the equivalent of an MD degree from a medical school outside the U.S. and Canada that is listed in the World Directory of Medical Schools as meeting ECFMG eligibility requirements)
• be ECFMG certified, if an international medical graduate
• have taken any USMLE Step or Step Component on or after January 1, 2015
• have not failed Step 2 CS six or more times
Upcoming Policy Changes

In February 2020, the FSMB and the NBME, co-sponsors of the USMLE, announced the following upcoming policy changes to the USMLE program -

- Changing Step 1 score reporting from a three-digit numeric score to reporting only pass/fail;
- Reducing the allowable number of attempts on each Step or Step Component from six to four; and
- Requiring all examinees to successfully pass Step 1 as a prerequisite for taking Step 2 Clinical Skills.

Change to Pass/Fail Reporting for Step 1
The USMLE program will change score reporting for Step 1 from a three-digit numeric score to reporting only a pass/fail outcome. This will be implemented no earlier than January 1, 2022.

The FSMB and NBME believe that changing Step 1 score reporting to pass/fail can help reduce some of the current overemphasis on USMLE performance, while also retaining the ability of licensing authorities to use the exam for its primary purpose of licensure eligibility. They also believe that moving to pass/fail reporting of Step 1 while retaining a scored Step 2 CK represents a positive step toward system-wide change, while limiting large-scale disruption to the overall educational and licensing environment. Finally, they view this change as an important first step toward facilitating broader, system-wide changes to improve the transition from undergraduate to graduate medical education.

Change to the USMLE Attempt Limit Policy
Beginning no earlier than July 1, 2021, a USMLE examinee will be ineligible to take a Step or Step Component if the examinee has made four (4) or more prior attempts on that Step or Step Component, including incomplete attempts.

The USMLE Composite Committee approved this change to protect the integrity of the exam and more closely match the attempt limits imposed by state medical boards in the majority of states. As part of its review, the committee reviewed information showing that it is uncommon for individuals with multiple repeated attempts on to complete the examination sequence successfully, gain access to postgraduate training and, ultimately, receive a license to practice medicine in the United States.

In addition to posting announcements on the USMLE website and social media throughout 2020, in September 2020 the USMLE program sent a direct email to examinees who were at 4 or more attempts at a Step to notify them of this change and the implementation date.

Exam Prerequisite for Step 2 CS
The USMLE Composite Committee approved a change to require all examinees to pass Step 1 in order to take Step 2 CS. This change was to be implemented no earlier than March 1, 2021. Given the suspension of the Step 2 CS examination in May 2020 in
response to the COVID-19 pandemic, the USMLE Composite Committee will be
discussing this further.

The USMLE program held a webinar for the state medical and osteopathic boards in
April 2020 to discuss these policy changes and the impact on state boards (e.g., change
to how Step 1 score information is reported on USMLE transcripts).

More details about these changes and a link to a podcast featuring USMLE program
staff discussing these changes is available at:
https://www.usmle.org/announcements/?ContentId=264
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 – USMLE Medical Student and Resident Advisory Panel*

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. Patricia Hunter, a public member of the Vermont Board of Medical Practice, serves as the public representative on the panel.

The panel met in person at FSMB offices in February 2020 and again via Zoom in May and October 2020. The 2020 panel included 2 new resident members, and 5 new student members. Given that half of the panel was new, during the February meeting staff spent time at the beginning of the meeting providing an overview of the USMLE program (e.g., committee structure, governance, operations) and the panel’s work to date. The panel also received an update and provided feedback on three significant upcoming USMLE policy changes (moving Step 1 score to pass/fail, implementation of passage of Step 1 as a pre-requisite for taking Step 2 CS, and decreasing the USMLE attempt limit from 6 to 4 attempts per Step or Step Component); upcoming USMLE enhancements; and USMLE social media.

Panel members also discussed primary and secondary costs associated with USMLE test preparation and the possibility of changes to the Step 2 CS examination in ways that might decrease costs to examinees.

At the May and October Zoom meetings, the Panel received updates on USMLE test recovery efforts and the Clinical Skills revitalization efforts and provided reaction to staff on multiple USMLE issues. The panel continues to be utilized as a sounding board and reaction body for policies, business rules and brainstorming about the USMLE program.

*Examinee Input – Conversations with other Student Organizations*

In May 2020, the USMLE program met with the AAMC Organization of Student Representatives (OSR). The meeting focused on test expansion plans during COVID-19, students’ concerns about exam costs, and considerations regarding medical licensure.
A similar webinar was held in June 2020 with the Student Osteopathic Medical Association (SOMA) Organization to discuss the USMLE program’s response to the COVID-19 pandemic, students’ concerns about exam costs, and considerations regarding medical licensure for both allopathic and osteopathic physicians.

Video recordings of both meetings are available on the USMLE website at: https://www.usmle.org/video/.

**USMLE Video and Podcast Series**

In 2019, the USMLE program kicked off a video series with two videos – one focused on educating stakeholders about “who” USMLE is by 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.

Since then, additional videos have been developed and posted on topics such as “What to expect on examination day (Step 2 CS)”, “Examples of examinee performance on Step 2 CS”, “Inside Step 3 CCS” and “Understanding your USMLE Score Report”, as well as COVID-19 updates.

The program has also recorded and posted a number of podcasts in which USMLE program staff discuss a variety of topics, such as “Pros and Cons of Numeric Scoring Vs. Pass/Fail”, “Updates on InCUS, USMLE Improvements, and Vision”, “Three Decisions to Result in Future Changes to USMLE” and the program’s response to the COVID-19 pandemic and resultant suspension of the Step 2 CS. A podcast update on Step 2 CS is set for recording and release in November 2020.

All of these videos and podcasts are available on the “Videos and Podcasts” section of the USMLE website at: https://www.usmle.org/video/.

This site was created to share additional videos for examinees and other stakeholders, as well as to provide updates about the program’s response to the COVID-19 pandemic.

**Social Media**

USMLE continues to focus on social media to more directly, efficiently and quickly communicate with applicants and examinees. The USMLE program currently uses Facebook, Twitter and LinkedIn and posts several times each week to each platform.

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

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

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

Analyses of social media metrics in light of the COVID-19 pandemic showed significant engagement, especially with posts specific to COVID-19 and its impact on USMLE
testing. Specifically, posts about the closure of the Step 2 CS and Prometric testing centers; the waiver of eligibility extension fees; the extension of eligibility periods through the end of 2020 as a result of test center closures; Step 2 CS refunds; and ECFMG’s announcement concerning alternatives to Step 2 CS for ECFMG certification were the most popular and had the most likes and shares. Posts about the Step 1 pass/fail implementation timeline were also popular.

Quarterly Electronic Update to State Boards
In March 2020, the FSMB launched a quarterly electronic update on USMLE to state medical and osteopathic boards. This has been well-received as a concise update on key USMLE developments, ideal for inclusion in the report of executive directors to their boards.
Medical Licensing Authorities and the USMLE

USMLE Services to State Medical Boards
In 2019, the FSMB registered over 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 nearly 89,500 USMLE transcripts, including more than 38,000 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. In March 2020, the FSMB launched a quarterly electronic update on USMLE to state medical and osteopathic boards. This has been well-received as a concise update on key USMLE developments, ideal for inclusion in the report of executive directors to their boards.

Additionally, 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
State medical board members and staff have a long history of involvement with the USMLE program. Since implementation of the USMLE in 1992, 258 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.

The FSMB and NBME host an annual USMLE Orientation workshop for current and former members of state medical boards with an interest in learning about and/or participating in the program. The workshop normally takes place at NBME’s offices in Philadelphia, but due to the COVID-19 pandemic, the 2020 workshop will be held virtually as a two-part webinar series in late November/early December. 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 to provide the USMLE with firsthand feedback on timely issues and major initiatives from the primary intended user of USMLE scores – state medical boards. The State Board Advisory Panel to the USMLE met twice in 2020 – in June and November; due to the COVID-19 pandemic, both meetings were held virtually. During the meetings, the Panel discussed and provide input on upcoming USMLE policy changes (change in Step 1 score reporting from a numeric score to pass/fail and a change in the USMLE attempt limit from six to four attempts per Step), the USMLE program’s response to the COVID-19 pandemic, the Step 2 CS suspension and revitalization efforts and other issues of interest to state boards and the panel members. Current panel members include staff and board members from the Florida-Medical, Illinois, Maine-Medical, Minnesota, Nevada-Medical, New York-Licensure, North Carolina, Vermont-Medical, West Virginia-Medical and Wisconsin boards.

**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. As noted in the “Upcoming Policy Changes to USMLE” section of this report, the USMLE Composite Committee approved a reduction in the number of attempts from 6 to 4; this change will be implemented no earlier than July 1, 2021.

Most state medical boards 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.
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 2018-2019 are provided for each Step in Appendix B.

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.

2019-2020 Publications
Appendix C provides a list of program-related publications by USMLE staff in 2019-2020. A more extensive listing 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 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. Typically, the question posed of the committee is whether the externally collected data, performance trends, and score reliability data suggest that the current standard for a particular Step exam needs to be changed. The committee can allow the standard 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 expected 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.
- USMLE Coronavirus Resource Center (https://covid.usmle.org/) provides regular updates, notices and FAQs about the program’s response to the COVID-19 pandemic.
- 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://imronline.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

Alex Mechaber, MD, FACP
National Board of Medical Examiners
Assistant Vice President, Licensure
3750 Market Street
Philadelphia, PA 19104-3190
215-590-9858
amechaber@nbme.org

Frances Cain, MPA
Federation of State Medical Boards
Director, Assessment Services
400 Fuller Wiser Road
Euless, Texas 76039
817-868-4022
fcain@fsmb.org

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

USMLE Program News 2019 – 2020

USMLE Coronavirus Resource Center (available beginning March 2020)
In March 2020, the USMLE program set up a “Coronavirus Resource Center” on the USMLE website to provide regular (weekly) updates and notices about the program’s response to the COVID-19 pandemic, including information for examinees whose examination dates were suspended or rescheduled. Due to the high volume of these weekly updates, they are not provided below. The announcements, as well as FAQs, are available on the USMLE Coronavirus Resource Center at: https://covid.usmle.org/

Step 1 and Step 2 CK – score delays in 2021 (posted October 2020)
Most Step 1 and Step 2 Clinical Knowledge (CK) scores are reported within 3-4 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 2021 - more specific information will be posted January 2021
- Step 2 CK examinees testing early July through late August 2021 - more specific information will be posted March 2021

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.

Temporary USMLE® Step 3 Eligibility Requirements Are in Effect (posted September 2020)
Last month, the USMLE program announced temporary USMLE Step 3 eligibility requirements during the suspension of the USMLE Step 2 Clinical Skills (CS) examination. The temporary eligibility requirements below, applicable to examinees who have not yet passed the Step 2 CS, are in effect within the Step 3 registration system starting Sept. 3, 2020 at 1 p.m. U.S. Central Time.
To be eligible to take Step 3 under these temporary requirements, examinees must:
- have passed Step 1 and Step 2 CK but not passed Step 2 CS
- have a medical degree (MD, DO or the equivalent of an MD degree from a medical school outside the U.S. and Canada that is listed in the World Directory of Medical Schools as meeting ECFMG eligibility requirements)
- be ECFMG certified, if you are an international medical graduate
- have taken any USMLE Step or Step Component on or after Jan. 1, 2015
- have not failed Step 2 CS six or more times
For questions regarding these temporary requirements, please contact FSMB at usmle@fsmb.org or (817) 863-4041.
USMLE Timeline for Step 1 Pass/Fail Score Reporting (posted June 2020)

The USMLE’s co-sponsors—the Federation of State Medical Boards (FSMB) and NBME—have recently received requests from examinees and student organizations to accelerate or delay the change to pass/fail score reporting for USMLE Step 1 in light of the uncertainties caused by the COVID-19 pandemic and social movements across the country. Our announcement of the Step 1 score reporting policy change, posted in February 2020, said the change in score reporting would be implemented no earlier than January 2022. After careful consideration of all the recent concerns that have been brought to our attention, we remain committed to the January 2022 timeline and would like to share our rationale below.

Our decision to move to pass/fail score reporting for Step 1 was made after more than a year of thoughtful evaluation, discussion and feedback with numerous stakeholder groups, among them medical students. One of our guiding principles of the policy change was to help reduce the overemphasis on USMLE Step 1 numeric scores (among both examinees and secondary users of exam scores, such as residency program directors), while also retaining the ability of state medical licensing boards to use the exam results for the primary purpose of determining medical licensure eligibility. We intentionally selected an implementation date of January 2022 to provide medical schools with adequate time to adjust their curricula, allow examinees sufficient time to adjust their planning for their USMLE administration, and enable leaders in medical education to develop substantive improvements to the critical transition period from medical school to residency training. The USMLE decision for pass/fail Step 1 score reporting acknowledged the need for more holistic consideration of residency applicants. Yet many agreed that an overly rapid transition to pass/fail could lead to a residency transition system that was more reliant on attributes such as medical school reputation and other subjective factors.

Inequities and bias exist across the continuum of medical education and training, and we are committed to helping improve the way in which medical students and graduates are assessed for the competencies necessary for patient care. We are very pleased that the Coalition for Physician Accountability – which includes the senior leadership of the AACOM, AAMC, ACCME, ACGME, AMA, AOA, CMSS, ECFLG, FSMB, LCME, NBME, NBOME, the Joint Commission, and representatives of the public – has set up a framework for a comprehensive review of the transition from medical school to residency, and is poised to move forward in the months ahead with an effort to provide recommendations to its member organizations and many additional stakeholders.

During the recent months, medical schools and state medical boards have been demonstrating flexibility in their requirements for taking the USMLE. USMLE has expanded testing opportunities and permitted rescheduling of tests when desired or needed and waived rescheduling fees. While this flexibility is welcomed and necessary, we realize that it does not completely eliminate the stress that can be associated with taking standardized exams such as USMLE. However, accelerating the change to pass/fail scoring for Step 1 at this time, before the Coalition advances its work, risks introducing undesirable complexity, uncertainty and potential disruption into the transition
from undergraduate medical education (UME) to graduate medical education (GME) in the coming years. We therefore remain committed to our initial implementation timeframe for USMLE Step 1 pass/fail as no earlier than January 2022. As the organizations that co-sponsor USMLE, we also remain committed to doing our part to constructively influence the development of broad, systematic changes in the UME to GME transition so that the end result is one that is fair for everyone.

**USMLE Suspending Step 2 Clinical Skills Examination (posted May 2020)**

Over the course of the last three months, the USMLE program has considered several options for resuming Step 2 Clinical Skills (CS) testing. This exploration was informed by years of ongoing work charting the future of clinical skills assessment for licensure, including considerations of telehealth (as announced on May 8th). Since the outbreak of the novel Coronavirus pandemic, we have accelerated these efforts. Due to the complexity of technical and psychometric work required, we have determined we will not be able to meet timelines for the immediate release of a revised exam. In making this determination to suspend, we also considered the examinees and stakeholder concerns about the challenges created by rapid deployment of a new test platform. After careful consideration of all factors, we have decided to suspend Step 2 CS test administrations for the next 12-18 months.

We remain committed to the valid, standardized measurement of clinical skills for licensure. We will take this time to determine the optimal approach to do so without compromising the health and safety of examinees and test center staff. While many details surrounding this decision are still being finalized, we felt it was important to share this information with you as soon as we determined our change in direction. We will be providing refunds for all of those who were unable to take Step 2 CS due to the suspension of testing and will work to expedite these refunds. Over the next few weeks, we will be announcing more detailed information on what this decision will mean for examinees, e.g., refunds, progression through education/training and medical licensure.

**USMLE exploring alternate test delivery options (posted April 2020)**

Finding safe solutions to accommodate examinees' testing needs has been our main focus and highest priority over the past few months. Due to increasing uncertainty around having wider availability of in-person testing at Prometric test centers, the USMLE program has identified several alternate test delivery methods for Step 1, Step 2 CK, and Step 3 and has begun aggressively pursuing them. We communicate regularly with Prometric about how the availability and timeliness of USMLE testing contributes to a critical pipeline of much-needed healthcare workers, but we are acutely aware that there are and will continue to be testing capacity limitations for many months. We recognize the resulting burden on examinees and medical schools, which is why we are pursuing several alternative test delivery methods. This work incorporates the suggestions and ideas we have received from medical students, medical school faculty, state medical boards, and our partners.

We are exploring remote proctoring, delivery at alternate sites (including medical schools), and additional solutions to address testing backlog and capacity restraints.
We are committed to completing our analysis of these options and delivering testing solutions by June 30th. Subsequent efforts to scale these solutions to help address the backlog will occur in July. In the meantime, examinees may wish to consult their faculty advisor or student affairs dean for guidance on whether, or when, they should consider testing.

In conjunction with identifying supplemental avenues for testing, we will continue to work with organizations in the medical education and the medical regulatory community to address the disruption in USMLE availability for medical licensure and academic progression. Some solutions may involve temporary changes to policy and/or requirements, e.g., relaxing requirements for promotion, graduation, or licensing decisions.

We recognize the extraordinary and difficult circumstances facing medical students, medical educators, and medical regulators. Finding a safe solution to increase testing is our top priority. We will continue to provide updated communications regularly.

**USMLE program announces upcoming policy changes (posted February 2020)**

Today, the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners® (NBME®), co-sponsors of the United States Medical Licensing Examination® (USMLE®), announced upcoming policy changes to the USMLE program.

- **Changing Step 1 score reporting from a three-digit numeric score to reporting only pass/fail;**
- **Reducing the allowable number of exam attempts on each Step or Step Component from six to four;** and
- **Requiring all examinees to successfully pass Step 1 as a prerequisite for taking Step 2 Clinical Skills**

These new policies will continue to enable the USMLE program to provide high-quality assessments for the primary user of exam results (state medical boards) while also addressing other considerations, such as exam security and unintended consequences of secondary score uses. The secondary uses of Step 1 scores for residency screening, in particular, have been the focus of extensive discussion over the past year at the FSMB and NBME, within the USMLE program, and with multiple stakeholders within the broader medical education and regulatory communities.

“These new policies strengthen the integrity of the USMLE and address concerns about Step 1 scores impacting student well-being and medical education,” said Humayun Chaudhry, DO, MACP, President and CEO of the FSMB. “Although the primary purpose of the exam is to assess the knowledge and skills essential to safe patient care, it is important that we improve the transition from undergraduate to graduate medical education.”

“The USMLE program governance carefully considered input from multiple sources in coming to these decisions. Recognizing the complexity of the environment and the desire
for improvement, continuation of the status quo was not the best way forward,” reported Peter Katsurakis, MD, MBA, President and CEO of NBME. “Both program governance and staff believe these changes represent improvements to the USMLE program and create the environment for improved student experiences in their education and their transition to residency.”

These policy changes are currently planned to be phased in over the next 11-24 months. For specific information on each policy, consult the links above to the detailed statements accompanying each policy change. A podcast supplementing the information contained in this announcement is available at the USMLE Connection Soundcloud page – https://soundcloud.com/user-433574324.

USMLE review focuses on patient individuality (posted November 2019)
Mitigating bias and eliminating unjustified patient stereotypes are important initiatives in teaching, learning and assessment. Concerns about bias have been raised in the academic literature, the media, among students and faculty at schools of medicine, and by patients. The USMLE program remains cognizant of these topics. Characteristics of a patient such as age, sex, gender identity, and occupation are sometimes mentioned within the case vignettes in test items. Some patient characteristics may be important inputs into the diagnostic reasoning process. Others may lead to incorrect conclusions and misdiagnoses. Among the latter are characteristics associated with harmful patient stereotypes.

The USMLE program treats race as a social construct not linked to biology or susceptibility to disease. This is similarly true of ethnicity and “culture” or heritage. Ancestry, if known, may be biologically important, and thus may be relevant to factors relating to health and disease. In addition, when and if these characteristics are to be considered they should be considered on the basis of patient self-report, not the assumption of a health care provider. The USMLE program views patients as individuals, just as medical practice should and does.

Accurate diagnosis is the goal
Test items and cases on USMLE exams are carefully designed to measure accurate diagnosis, not assumptions, bias, or stereotypes. When examinees select the correct diagnosis, they are given credit because they are demonstrating what the examination item is designed to measure.

The USMLE assessments have evolved significantly since their introduction in 1992, thanks to the more than 400 volunteers who contribute to USMLE each year. The individual faculty members and clinicians who write USMLE test items and cases today follow guidelines that encourage thoughtful consideration of patient characteristics, while at the same time striving to promote diversity and present patients that reflect the US population.
Ongoing test item review
The USMLE program is reviewing the entirety of its exam content to eliminate questions and cases that may reflect biases or perpetuate stereotypes. We are committed to this thorough review as part of the shared goal of eliminating the biases in clinical practice and the disparities in healthcare access and health outcomes experienced by vulnerable populations. Given the scope of the USMLE’s item and case pool, this full review is ongoing and will take some time, likely 3 to 4 years.

In the meantime, the end-of-examination survey for each computer-based Step examination seeks examinee feedback on whether any patient or physician portrayals in the test promoted stereotypes in medicine. We will track survey responses to this question as a critical part of our review process. Examinees will also begin to notice that certain characteristics, specifically those that relate to social factors such as race, ethnicity, and heritage, if presented within a test item, will be described as self-reported by the patient. The USMLE program intends to share annual updates on progress.

These are important issues for all of us in healthcare as well as in health professions education and assessment. We look forward to completing this work and to continuing our ongoing collaborations with others in the house of medicine in support of equity and outstanding patient care.

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.

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.

**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/](http://www.usmle.org/video/)) for quick access to all videos and podcasts supporting program information.

**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 examiners, 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.
**APPENDIX B**

**USMLE Aggregate Performance Data 2018-2019**

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>
<thead>
<tr>
<th>Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2019 STEP 1 ADMINISTRATIONS * Number Tested and Percent Passing</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Examinees from US/Canadian Schools that Grant:</strong></td>
</tr>
<tr>
<td>MD Degree</td>
</tr>
<tr>
<td>1st Takers</td>
</tr>
<tr>
<td>Repeaters**</td>
</tr>
<tr>
<td>838</td>
</tr>
<tr>
<td>DO Degree</td>
</tr>
<tr>
<td>1st Takers</td>
</tr>
<tr>
<td>Repeaters**</td>
</tr>
<tr>
<td>43</td>
</tr>
<tr>
<td>Total US/Canadian</td>
</tr>
<tr>
<td><strong>Examinees from Non-US/Canadian Schools</strong></td>
</tr>
<tr>
<td>1st Takers</td>
</tr>
<tr>
<td>Repeaters**</td>
</tr>
<tr>
<td>Total non-US/Canadian</td>
</tr>
<tr>
<td><strong>ALL EXAMINEES</strong></td>
</tr>
</tbody>
</table>

*Represents data for examinees tested in 2019 whose scores were reported through January 29, 2020. **Repeaters represents examinations given, not number of examinees.
### Table 2

<table>
<thead>
<tr>
<th>2018-2019 STEP 2 CK ADMINISTRATIONS *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Tested and Percent Passing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th># Tested</th>
<th>% Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examinees from US/Canadian Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>that Grant:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD Degree</td>
<td>21,721</td>
<td>97%</td>
</tr>
<tr>
<td>1st Takers</td>
<td>2,1093</td>
<td>98%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>628</td>
<td>72%</td>
</tr>
<tr>
<td>DO Degree</td>
<td>3,476</td>
<td>97%</td>
</tr>
<tr>
<td>1st Takers</td>
<td>3,445</td>
<td>97%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>31</td>
<td>74%</td>
</tr>
<tr>
<td>Total US/Canadian</td>
<td>25,197</td>
<td>97%</td>
</tr>
<tr>
<td>Examinees from Non-US/Canadian Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Takers</td>
<td>11,082</td>
<td>87%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>1,859</td>
<td>57%</td>
</tr>
<tr>
<td>Total non-US/Canadian</td>
<td>12,941</td>
<td>82%</td>
</tr>
<tr>
<td>ALL EXAMINEES</td>
<td>38,138</td>
<td>92%</td>
</tr>
</tbody>
</table>

*Data for Step 2 CK are provided for examinees tested during the period of July 1 to June 30 whose scores were reported through January 29, 2020.

**Repeaters represents examinations given, not number of examinees.
### Table 3

#### 2018-2019 STEP 2 CS ADMINISTRATIONS *
Number Tested and Percent Passing

<table>
<thead>
<tr>
<th>Examinees from US/Canadian Schools that Grant:</th>
<th># Tested</th>
<th>% Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD Degree</td>
<td>21,910</td>
<td>95%</td>
</tr>
<tr>
<td>1st Takers</td>
<td>20,740</td>
<td>95%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>1,170</td>
<td>87%</td>
</tr>
<tr>
<td>DO Degree</td>
<td>44</td>
<td>86%</td>
</tr>
<tr>
<td>1st Takers</td>
<td>41</td>
<td>85%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>3</td>
<td>†</td>
</tr>
<tr>
<td>Total US/Canadian</td>
<td>21,954</td>
<td>95%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examinees from Non-US/Canadian Schools</th>
<th># Tested</th>
<th>% Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Takers</td>
<td>10,648</td>
<td>77%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>2,535</td>
<td>66%</td>
</tr>
<tr>
<td>Total non-US/Canadian</td>
<td>13,183</td>
<td>75%</td>
</tr>
</tbody>
</table>

**ALL EXAMINEES**

<table>
<thead>
<tr>
<th># Tested</th>
<th>% Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>35,137</td>
<td>87%</td>
</tr>
</tbody>
</table>

*Data for Step 2 CS are provided for examinees tested during the period of July 1 to June 30 whose scores were reported through January 29, 2020.
** Repeaters represents examinations given, not number of examinees.
† Performance data not reported for categories containing fewer than 5 examinees.
<table>
<thead>
<tr>
<th></th>
<th># Tested</th>
<th>% Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examinees from US/Canadian Schools that Grant:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MD Degree</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Takers</td>
<td>20,023</td>
<td>98%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>588</td>
<td>74%</td>
</tr>
<tr>
<td><strong>DO Degree</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Takers</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>1</td>
<td>†</td>
</tr>
<tr>
<td><strong>Total US/Canadian</strong></td>
<td>20,624</td>
<td>98%</td>
</tr>
<tr>
<td><strong>Examinees from Non-US/Canadian Schools</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Takers</td>
<td>9,111</td>
<td>92%</td>
</tr>
<tr>
<td>Repeaters**</td>
<td>1,235</td>
<td>64%</td>
</tr>
<tr>
<td><strong>Total non-US/Canadian</strong></td>
<td>10,346</td>
<td>89%</td>
</tr>
<tr>
<td><strong>ALL EXAMINEES</strong></td>
<td>30,970</td>
<td>95%</td>
</tr>
</tbody>
</table>

*Represents data for examinees tested in 2019 whose scores were reported through January 29, 2020.
**Repeaters represents examinations given, not number of examinees.
†Performance data not reported for categories containing fewer than 5 examinees.
APPENDIX C

Program-related Publications by USMLE Staff in 2019-2020


Foster L, Cuddy M, Swanson DB, Holtzman KZ, Hammoud M, Wallach P. Medical student use of electronic and paper health records during inpatient clinical clerkships: results of a


