

**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®

December 2021

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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.

Since March of 2020, 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 and then the discontinuation of the Step 2 Clinical Skills (CS) examination.

The program has also continued focus on implementation of policy changes announced in February 2020, before the pandemic impacted testing, including reduction in the USMLE attempt limit, which was successfully implemented in July 2021 and a move to pass/fail score reporting for USMLE Step 1, which will be implemented in January 2022.

State medical boards' participation in the USMLE has continued to be strong, from writing and reviewing test items and serving on governing committees, to participating in standard-setting surveys and panels and other advisory panels. Since implementation of the USMLE in 1992, 311 members and staff from state medical boards have participated in the USMLE program in some capacity. These individuals represent 63 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 105,000 Step examinations annually, with more than 3 million total test administrations since 1992. As of 2020, approximately 58% of this nation's 1,018,776 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 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 FSMB, 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 Florida-Medical, Hawaii, Iowa, North Carolina and Wisconsin 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. Current and former members of the Arizona-Medical, District of Columbia, Iowa, Montana, North Carolina and Vermont-Medical boards served on the USMLE Management Committee in 2021.

### *Eligibility*

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).

On January 26, 2021, FSMB and NBME, co-sponsors of the USMLE, released the following announcement regarding the discontinuation of work to relaunch a modified Step 2 Clinical Skills examination (Step 2 CS), which had been suspended in 2020 due to the COVID-10 pandemic.

“Following the May 2020 suspension of Step 2 CS due to the COVID-19 pandemic, we announced our intention to take 12-18 months to bring back a modified Step 2 CS exam that was appreciably better than the prior assessment. After reviewing current and anticipated progress with the exam and in consideration of the rapidly evolving medical education, practice and technology landscapes, we have decided to discontinue Step 2 CS. We have no plans to bring back Step 2 CS, but we intend to take this opportunity to focus on working with our colleagues in medical education and at the state medical boards to determine innovative ways to assess clinical skills.

Independent standardized assessments of medical knowledge and clinical skills are important inputs for state medical licensure decisions. In the absence of Step 2 CS, elements of clinical reasoning and communication will continue to be assessed on other exams (Steps) in the USMLE sequence. Computer-based case simulations in Step 3 and communication content recently bolstered in Step 1 are examples of these efforts that will continue. While not a replacement for Step 2 CS, these formats continue to contribute positively, e.g., measuring critical knowledge of medical communication.

Our change in direction will allow us to take additional time to partner with the medical education and medical board community to better develop innovative ways to assess the breadth of clinical skills in medicine.”

The USMLE eligibility requirements following the Step 2 CS discontinuation are detailed below.

To be eligible for Step 1 and Step 2 CK, 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 Commission on Osteopathic College Accreditation (COCA), OR
- a medical student officially enrolled in, or a graduate of, a medical school that is outside the US and Canada, listed in the *World Directory of Medical Schools* as meeting ECFMG eligibility requirements, and that meets other eligibility criteria of the ECFMG.

Effective April 29, 2021, Step 3 eligibility requirements conform with criteria established before Step 2 CS became part of the USMLE, specifically:

- Passing scores on Step 1 and Step 2 Clinical Knowledge; AND
- An MD degree or DO degree from an LCME- or COCA-accredited U.S. or Canadian medical school, OR the equivalent of the 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 obtain ECFMG Certification; AND
- Meets all other eligibility criteria as listed in the *USMLE Bulletin of Information*.

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 AOA<sup>1</sup>) 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 CK are described in the *ECFMG Information Booklet*.

Once an individual passes a USMLE Step, it may not be retaken, except to comply with a time limit imposed by a U.S. physician licensing authority for completion of all Steps or by another authority recognized by the USMLE program. Individuals who have not yet passed Step 3 and need to retake a previously passed Step 1 or Step 2 CK examination are informed that, if they fail a retake, they will no longer be eligible to take Step 3. To meet the examination requirements for Step 3 eligibility, individuals must have achieved a passing performance on the *most recent administration* of Step 1 and Step 2 CK.

#### *Content and Structure*

The USMLE is composed of three Steps: Step 1, Step 2 CK, and Step 3. Although the USMLE is typically completed over the course of several years in the career of a prospective physician, it constitutes a unitary examination program. Each of the three Steps complements the others; no Step can stand alone in the assessment of readiness for medical licensure nor can other assessments be substituted to replace one of the Steps.

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<sup>1</sup>The ACGME and the AOA transition to a single GME accreditation system concluded on July 1, 2020.

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. It ensures mastery of not only the sciences that provide a foundation for the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning. Step 1 is constructed according to an integrated content outline that organizes basic science material along two dimensions: system and process.

Step 2 CK assesses an examinee’s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision and includes emphasis on health promotion and disease prevention. Step 2 CK ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine under supervision.

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. Step 3 content reflects a data-based model of generalist medical practice in the United States. The test items and cases reflect the clinical situations that a general, as-yet undifferentiated, physician might encounter within the context of a specific setting. It is the final examination in the USMLE sequence leading to a license to practice medicine without supervision. As such, it provides a final assessment of physicians assuming independent responsibility for delivering general medical care.

#### *Test Administration*

Steps 1, 2 CK and 3 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.

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.

Step 1 is a one-day examination. It is divided into seven 60-minute blocks and administered in one 8-hour testing session. The number of questions per block on a given examination form may vary but will not exceed 40. The total number of items on the overall examination form will not exceed 280.

Step 2 CK is a one-day examination. It is divided into eight 60-minute blocks and administered in one 9-hour testing session. The number of questions per block on a given examination will vary but will not exceed 40. The total number of items on the overall examination will not exceed 318.

Step 3 is a two-day examination. The first day of the Step 3 examination is referred to as Foundations of Independent Practice (FIP), and the second day is referred to as Advanced Clinical Medicine (ACM). The first day of testing includes 232 multiple-choice items divided into 6 blocks of 38-39 items; 60 minutes are allotted for completion of each block of test items. There are approximately 7 hours in the test session on the first day. There are approximately 9 hours in the test session on the second day. This day of testing includes multiple-choice questions and computer-based case simulations (CCS). There are 180 multiple-choice items, divided into 6 blocks of 30 items; 45 minutes are allotted for completion of each block of test items. These are followed by 13 CCS cases, each of which is allotted a maximum of 10 or 20 minutes of real time.

All Step exams include an optional survey at the end of the final exam day, which can be completed if time allows.

#### *Test Accommodations*

Reasonable and appropriate accommodations are provided in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities. The purpose of test accommodations is to provide access to the examination program. While presumably the use of accommodations will enable the individual to demonstrate their knowledge or skill, accommodations are not a guarantee of improved performance, test completion, or a particular outcome. Examinees are informed of the availability of test accommodations in the *USMLE Bulletin of Information*, on the USMLE website, and via the individual Step applications.

NBME reviews and makes final decisions regarding appropriate test accommodations for all USMLE Step examinations (1, 2 CK and 3). Requests for test accommodations are reviewed internally by NBME staff trained at the doctoral level in clinical psychology, school psychology, and neuropsychology. Further review of the request and supporting documentation may be provided by NBME consultants with expertise in the respective fields of disability.

Examinees with disabilities may be provided with various types of reasonable accommodations including but not limited to extended test time and extra break time. Additional examples include audio-recorded versions of the computer-based Step

examinations and items with an audio component may include a visual representation of the sound for hearing impaired examinees.

#### *Score Reporting*

When examinees take Step 1, Step 2 CK, or Step 3, the computer records their responses, which are then transmitted to NBME for scoring. 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 170 and 270; most Step 2 CK scores fall between 190 and 270; and most Step 3 scores fall between 180 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: 235 (18); Step 2 CK: 245 (15); and Step 3: 228 (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.

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

Annual performance data for all Step examinations are available on the USMLE website at <https://www.usmle.org/usmle-updates-research>.

Score Interpretation Guidelines are also available at

[https://www.usmle.org/sites/default/files/2021-08/USMLE\\_Step\\_Examination\\_Score\\_Interpretation\\_Guidelines.pdf](https://www.usmle.org/sites/default/files/2021-08/USMLE_Step_Examination_Score_Interpretation_Guidelines.pdf)

#### *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 are posted on 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*

All standardized examinations include some degree of measurement imprecision. Like all high-quality assessments, USMLE utilizes several psychometric measures to monitor and minimize such imprecision. 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, 2 CK and 3.

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, 2 CK 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, 2 CK 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 <https://www.usmle.org/usmle-updates-research>.

## **Program News, 2020-2021**

News items and announcements posted on the USMLE website ([www.usmle.org/announcements/](http://www.usmle.org/announcements/)) from 2020-2021 are provided in **Appendix A**.

## **Step 2 CS Discontinuation**

In mid-March 2020, as a result of the COVID-19 pandemic, USMLE suspended all administration of Step 2 Clinical Skills (CS) until at least June 1. However, the unique human-to-human contact integral to the exam format, and the travel requirement for many examinees, made the exam format fundamentally incompatible with federal, state and local social distancing guidelines. Consequently, subsequent discussions and evaluations led to the decision by FSMB and NBME governing boards in May 2020 to suspend CS for at least 12-18 months while staff investigated alternatives to the current exam structure and format. In September 2020 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 could be provided.

On January 26, 2021, FSMB and NBME, co-sponsors of the USMLE, released the following announcement regarding the discontinuation of work to relaunch a modified Step 2 CS examination:

Following the May 2020 suspension of Step 2 CS due to the COVID-19 pandemic, we announced our intention to take 12-18 months to bring back a modified Step 2 CS exam that was appreciably better than the prior assessment. After reviewing current and anticipated progress with the exam and in consideration of the rapidly evolving medical education, practice and technology landscapes, we have decided to discontinue Step 2 CS. We have no plans to bring back Step 2 CS, but we intend to take this opportunity to focus on working with our colleagues in medical education and at the state medical boards to determine innovative ways to assess clinical skills.

Independent standardized assessments of medical knowledge and clinical skills are important inputs for state medical licensure decisions. In the absence of Step 2 CS, elements of clinical reasoning and communication will continue to be assessed on other exams (Steps) in the USMLE sequence. Computer-based case simulations in Step 3 and communication content recently bolstered in Step 1 are examples of these efforts that will continue. While not a replacement for Step 2 CS, these formats continue to contribute positively, e.g., measuring critical knowledge of medical communication.

Our change in direction will allow us to take additional time to partner with the medical education and medical board community to better develop innovative ways to assess the breadth of clinical skills in medicine.

“The FSMB is committed to supporting state medical boards in their principal mission to protect the public,” said Humayun J. Chaudhry, DO, MACP, President and CEO of the FSMB. “As co-sponsors of the USMLE program, we will continue to seek innovative and sensible ways to assess medical licensing eligibility.”

“NBME’s commitment to performance-based assessment and clinical skills has accelerated. Our newest area of focus around competency-based assessment, and our exploration of novel assessments, will allow us to work with the medical education and regulatory communities to develop assessments of these essential skills and the optimal way to integrate these assessments into the education and licensure space,” said Peter J. Katsfrakis, MD, MBA, President and CEO, NBME.

#### *Impact on USMLE Policies*

The USMLE Composite Committee, the governing body for the USMLE program, met on March 1, 2021 to discuss the impact of the Step 2 CS discontinuation on the following USMLE policies: 1) complete USMLE sequence, 2) reporting of Step 2 CS results on USMLE transcripts, 3) examinees over the attempt limit and 4) Step 3 eligibility criteria. The committee’s decisions on each of these is provided below.

1) Complete USMLE sequence: With the discontinuation of the USMLE Step 2 CS exam, the USMLE Composite Committee approved the following statement defining what now constitutes successful completion of the USMLE:

*“USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.”*

2) Reporting of Step 2 CS results on USMLE transcripts: All Step 2 CS results from exam administrations prior to the suspension and discontinuation of the exam will continue be reported on USMLE transcripts. This is in keeping with USMLE policy since the Step 2 CS exam was implemented in 2004, and with the reporting of Step 2 CS results during the suspension of the exam. To facilitate the interpretation of transcripts with either Step 2 CS fails or no Step 2 CS attempts, the following statement will be included on all transcripts:

*“The USMLE Step 2 CS examination was suspended on March 16, 2020 and formally discontinued on January 26, 2021. Due to the exam’s discontinuation, examinees with a failing Step 2 CS outcome may not have had an opportunity to retest and remediate their performance. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.”*

3) Examinees over the USMLE attempt limit: At the time of the March 2021 Composite Committee meeting, the USMLE attempt limit policy limited all examinees to six (6) attempts, including incomplete attempts, per Step or Step Component. However, in January 2020, prior to discontinuation of Step 2 CS, the decision was made to reduce the attempt limit to four (4) attempts, including incomplete attempts, per Step or Step Component no earlier than January 1, 2021 (*note: this date was subsequently postponed to July 1, 2021, due to the continuing COVID-19 pandemic*).

At the March 2021 meeting, the Composite Committee decided that the four-attempt limit should continue to apply to examinees with four or more failing attempts on Step 2 CS, despite the discontinuation of the exam.

4) Step 3 eligibility criteria: During the suspension of the Step 2 CS, the USMLE Composite Committee approved temporary eligibility criteria to enable individuals without passing outcomes on Step 2 CS and with recent USMLE history (i.e., a take on any USMLE Step on or after January 1, 2015) to apply for and take Step 3. With the discontinuation of Step 2, the Composite Committee decided to remove the temporary Step 3 eligibility criteria, effective July 1, 2021. This means that any individuals who applied for Step 3 on or after July 1, 2021, were required to meet the following criteria:

- Passage of USMLE Step 1 and Step 2 CK
- Have a medical degree (MD, DO, or international MD-equivalent)
- Be ECFMG certified (applies to IMGs only)

#### *Impact on ECFMG Certification*

In February 2021 the Educational Commission for Foreign Medical Graduates announced an expansion of its Pathways that allow qualified International Medical Graduates (IMGs) to meet the requirements for ECFMG Certification. The Pathways allow qualified IMGs to continue to pursue ECFMG Certification and to compete for positions in U.S. Graduate Medical Education.

The Pathways for the 2022 Match included:

1. Already Licensed to Practice Medicine in Another Country
2. Already Passed a Standardized Clinical Skills Exam for Medical Licensure
3. Medical School Accredited by Agency Recognized by World Federation for Medical Education (WFME)
4. Medical School Participates in U.S. Federal Student Loan Program or Is Accredited by an Agency that Has Received a Determination of Comparability by the National Committee on Foreign Medical Education and Accreditation (NCFMEA)
5. Medical School Issues Degree Jointly with a U.S. Medical School Accredited by Liaison Committee on Medical Education (LCME)
6. Evaluation of Clinical Patient Encounters by Licensed Physicians

More information about the Pathways for the 2022 Match is available on the ECFMG website at: <https://www.ecfmg.org/certification-requirements-2022-match/>.

## Policy Updates

### *Attempt Limit Change*

Effective July 1, 2021, the USMLE Attempt Limit was reduced from six (6) to four (4) attempts, including incomplete attempts, per Step. The USMLE Composite Committee, the governing body of USMLE, approved this change to protect the integrity of USMLE and to match the USMLE attempt limits more closely with attempt limits imposed by the majority of state medical boards.

The policy change was effective for USMLE Step applications submitted on or after July 1, 2021. Examinees who have or reach four failed attempts on a Step without passing will be prohibited from taking any future USMLE exams, including any Steps they have not yet started. The policy change applies to all Step exams, including Step 2 CS, even though that exam has been discontinued.

The sole exception to the 4-attempt limit is sponsorship by a state board for one additional attempt at the Step for which the examinee has 4 or more attempts. If this additional attempt is passed, the individual will be able to resume the USMLE sequence. If this additional attempt is not passed, the individual will be locked out of USMLE permanently. Sponsorship by a state board of an individual for the additional attempt requires completion of a brief, one-page form that must be signed by the board's executive director or chair/president. A copy of the form was distributed to all state boards in July 2021 and is available via FSBM or the Office of the USMLE Secretariat.

More information about the attempt limit is available on the USMLE website at: <https://www.usmle.org/common-questions/attempt-limit>

### *Step 1 Transition to Pass/Fail Only Score Reporting*

USMLE Step 1 score reporting will transition from a numeric score and pass/fail outcome to pass/fail only for exams taken on or after January 26, 2022. The USMLE program views the change as an important first step toward facilitating broader, system-wide changes to improve the transition from undergraduate to graduate medical education.

The chart below details what state boards will receive for Step 1 results via official USMLE transcripts once this change is implemented.

<b>Transition begins with Step 1 exams taken on or after January 26, 2022</b>		
	<b>Tests begun on or before January 25, 2022</b>	<b>Tests begun on or after January 26, 2022</b>
<b>Official USMLE Transcripts will contain:</b>	Numeric score <u>and</u> pass/fail outcome	Pass/fail outcome <u>only</u>

## **Strategic Communication Outreach**

Below is a summary of communication work undertaken by the USMLE program in 2021, including directly to and with examinees, medical regulators and medical educators and, indirectly, to the public.

### *Quarterly Electronic Update to State Boards*

In March 2020, FSBM 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. Copies of the 2021 updates are provided as Appendix B.

### *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. Tammy McGee, a public member of the Minnesota Board of Medical Practice, serves as the public representative on the panel.

The panel met virtually on September 9, 2021. During the meeting, the panel discussed and received updates on Step 1 pass/fail score reporting implementation; current work to assess clinical skills within USMLE following discontinuation of Step 2 CS; the Patient Characteristics in USMLE Advisory Panel; the Coalition for Physician Accountability Work on UME/GME Transition, specifically recommendations pertaining to USMLE; the Prometric toolkit for U.S. medical school faculty; and the USMLE website redesign. Topics and questions raised by the panel for discussion included time allocated during the test for pumping for examinees who are breastfeeding; licensure ramifications for physicians who refuse the COVID vaccine, refuse to mask around patients and/or spread false information; what the USMLE is doing to be more inclusive of the international student community in regard to test questions; differences between the test materials and test prep materials developed by USMLE and by external test prep companies; and frustration with the length of the exam.

### *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 each week to each platform. Followers for each platform have grown significantly since they were first implemented.

Posts related to the Step 2 CS discontinuation, the move to pass/fail score reporting for Step 1, and the change to the USMLE attempt limit received the most engagement in 2021.

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

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

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

#### *Examination Security*

In April 2021, a formal tip line/security incident reporting tool – called STOPit – was implemented to detect, report and deter irregular behavior in connection with USMLE. Information about the tool was announced on the USMLE website and was added to examinee scheduling permit emails and end-of-exam materials. The STOPit tool is available for free as an app via the Apple and Google Play app stores. Reports of irregular behavior and other security concerns can also be made online via <https://appweb.stopitsolutions.com/login/usmle-tip>.

#### *USMLE Podcasts*

The program has recorded a number of podcasts in which USMLE program staff discuss a variety of topics, such as the discontinuation of Step 2 CS and a high-quality, collaborative approach to developing the USMLE program. Recent podcasts are available on the USMLE website at: <https://www.usmle.org/usmle-updates-and-research/podcasts>.

#### *USMLE Website*

A new USMLE website was launched in October 2021. The new website features clear pathways to apply for each Step exam and improved search functionality, so users can more easily find the information they are looking for. Whether examinees are preparing for a Step exam or applying to register for the first time, the refreshed site provides needed information and renders well on mobile phones, tablets and other devices. The URL for the website remains the same – <https://www.usmle.org/>.

## **Medical Licensing Authorities and the USMLE**

### ***USMLE Services to State Medical Boards***

In 2020, FSMB registered over 31,000 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 over 108,000 USMLE transcripts, including nearly 33,000 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, 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 FSMB's *Journal of Medical Regulation*, including a December 2020 article on characteristics and outcomes of individuals engaging in USMLE Irregular Behavior between 2006-2015.

The FSMB also regularly hosts web seminars on USMLE-related topics, such as USMLE attempt, time limit, and retake policies; challenges and changes to the Step 2 CS; USMLE scoring (such as the transition to pass/fail reporting for Step 1); and USMLE transcripts and irregular behavior. Copies of these presentations are available upon request from 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, 311 members and staff from state medical boards have participated in the USMLE program in some capacity. These individuals represent 63 medical and osteopathic licensing boards throughout the United States.

Since 2007, FSMB and NBME have hosted an annual USMLE Orientation workshop for current and former members, as well as current staff, 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 ongoing COVID-19 pandemic, the 2021 workshop – the 15<sup>th</sup> such workshop – was held virtually. A total of 55 individuals – including 26 board members and 28 board staff – from 21 boards signed up for the Orientation. To date, 181 individuals from 57 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, serving on the USMLE Management Committee or the USMLE Composite Committee, and serving on item writing and item review committees

for the program. Physician and public members of state medical and osteopathic boards interested in attending this workshop should contact 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. Due to the COVID-19 pandemic, the panel met via webinar in 2021 (February and November). The expectation is for a return to in-person meetings in 2022. During the February 2021 meeting, the panel discussed and provided input on the discontinuation of the Step 2 CS exam, and USMLE policy changes following the Step 2 CS discontinuation, i.e., update to Step 3 eligibility criteria, USMLE transcripts and reporting of CS scores, and the impact of the USMLE attempt limit policy on examinees who had reached the attempt limit on CS. During the November 2021 meeting, the panel received updates on the January 2022 implementation of pass/fail score reporting for USMLE Step 1, future clinical skills assessment, the USMLE Patient Characteristics Advisory Panel, USMLE communications, and the Coalition for Physician Accountability's report and recommendations on the transition from undergraduate medical education (UME) to graduate medical education (GME). The committee also discussed the impact of the July 2021 attempt limit change on state medical boards, including as the resultant increase in exception requests to state boards. Current panel members include staff and board members from the Florida-Medical, Illinois, Maine-Medical, Minnesota, Nevada-Medical, New York-Licensure, Texas, Vermont-Medical and West Virginia-Medical boards.

2021 provided another unique opportunity for state boards to participate, in the form of standard setting surveys and panels, which are distributed and conducted only once every 3-4 years. The USMLE program conducts a review of minimum passing standards for each Step examination approximately every 3-4 years, and a critical part of this process includes convening content-based standard setting panels to review test content and provide feedback about examinee performance. Standard setting surveys were sent out to all state boards in April; the feedback received will play a key role in the deliberations and decisions by the USMLE Management Committee in the coming years as it considers appropriate pass/fail standards for each Step examination (1, 2 CK and 3). State boards were also invited to join standard setting panels that took place in fall 2021. Data from the independent panels are analyzed and provided to the Management Committee as part of the information they consider when determining whether or not the current recommended minimum passing score for a Step examination should be changed.

#### *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). The full recommendations for dual degree individuals are available on the USMLE website at <https://www.usmle.org/common-questions/general>.

Additionally, the USMLE program imposes a limit of no more than four 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 “Policy Updates” section of this report, the USMLE Composite Committee approved a reduction in the number of attempts from 6 to 4, effective 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/>

Specific requirements for taking and retaking USMLE are provided in the Common Questions on the USMLE website at: <https://www.usmle.org/common-questions/general>.

For information on exceptions to USMLE policy, please contact 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/](https://www.usmle.org/performance-data/).

Passing rates and examinee counts for 2019-2020 for each Step are provided in **Appendix C**.

### *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.

### *Publications*

A listing of recent (2018-2019) USMLE-related publications is available as **Appendix D**; a detailed listing of research from 2009-2017 is available on the USMLE website at <https://www.usmle.org/usmle-updates-research>.

Additional research related to assessment and the health professions dating back to 1923 is available on NBME's website at <https://www.nbme.org/medical-education-assessment-research-nbme>.

An article about irregular behavior in connection with the USMLE titled, "Characteristics and Outcomes of Individuals Engaging in USMLE Irregular Behavior, 2006-2015" is available in the *Journal of Medical Regulation (JMR)*. The article reviews data about individuals who engaged in irregular behavior, common sanctions taken against them and their ability to ultimately obtain licensure. The full article is available on the JMR website: <https://doi.org/10.30770/2572-1852-106.4.8>

A podcast with the lead author, Frances Cain, is available at:

<https://www.buzzsprout.com/627913/8016753-the-impact-of-irregular-behavior-by-usmle-examinees>

The September 2021 edition of *Academic Medicine* published a research article examining the relationship between number of attempts at the USMLE and the likelihood of receiving disciplinary actions. The study, a collaborative effort between FSMB and National Board of Medical Examiners (NBME) staff, is part of FSMB's ongoing work to provide research and data on medical licensing examinations, as stated in FSMB Board of Directors' Report on Resolution 19-1: Licensing Exam Research.

The study found, in brief, that physicians who took multiple attempts to pass USMLE Steps 1, 2 Clinical Knowledge (CK) and 3 were associated with higher estimated likelihood of receiving disciplinary actions. We believe this is important research supplying empirical data to support boards' decisions around attempt limits on their licensing examination and is consistent with their public protection mission. This research may be helpful to your board if and as you consider future policies regarding licensing examination attempts for purposes of medical licensure.

The full abstract and access to the article – “Multiple United States Medical Licensing Examination Attempts and the Estimated Risk of Disciplinary Actions Among Graduates of U.S. and Canadian Medical Schools” – are available on the Academic Medicine website at:

[https://journals.lww.com/academicmedicine/Abstract/2021/09000/Multiple\\_United\\_State\\_s\\_Medical\\_Licensing.39.aspx](https://journals.lww.com/academicmedicine/Abstract/2021/09000/Multiple_United_State_s_Medical_Licensing.39.aspx)

## **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 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.

Standards are typically implemented on the first day of the month following the Management Committee's decision. Information regarding the timing of the standard setting process and final decisions are posted on the USMLE website.

## Resources

### Websites

Multiple avenues for obtaining additional information on the USMLE exist:

- USMLE website ([www.usmle.org](http://www.usmle.org)) provides the most current information on the program.
- FSMB website ([www.fsmb.org](http://www.fsmb.org)) contains information specific to USMLE Step 3.
- NBME website ([www.nbme.org](http://www.nbme.org)) contains information specific to registering for USMLE Step 1 and Step 2 CK for students and graduates of U.S. and Canadian medical schools.
- ECFMG website at ([www.ecfmg.org](http://www.ecfmg.org)) provides information on ECFMG certification and registering for USMLE Step 1 and Step 2 CK 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](http://www.usmle.org)).
- NBME *Examiner* – the official newsletter of NBME & provides additional information on USMLE; the current and archived issues can be found under the Publications tab at [www.nbme.org](http://www.nbme.org).
- *Journal of Medical Regulation* (previously the *Journal of Medical Licensure and Discipline*) – published by 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 <https://meridian.allenpress.com/jmr> or upon request from FSMB:
  - “Characteristics and Outcomes of Individuals Engaging in USMLE Irregular Behavior, 2006–2015.” *Journal of Medical Regulation*. Vol. 106, No. 4, 2020.
  - “Implementing Strategic Changes to the USMLE.” *Journal of Medical Regulation*. Vol. 100, No. 3, 2014.
  - “An Assessment of USMLE Examinees Found to Have Engaged in Irregular Behavior, 1992–2006.” *Journal of Medical Regulation*. Vol. 95, No. 4, 2010.
  - “Developing Content for the United States Medical Licensing Examination.” *Journal of Medical Licensure and Discipline*. Vol. 95, No. 2, 2009.
  - “Maintaining the Integrity of the United States Medical Licensing Examination.” *Journal of Medical Licensure and Discipline*. Vol. 92, No. 3, 2006.
  - “The Introduction of Clinical Skills Assessment into the United States Medical Licensing Examination (USMLE): A Description of the USMLE Step 2 Clinical Skills (CS).” *Journal of Medical Licensure and Discipline*. Vol. 91, No. 3, 2005.
  - “The United States Licensing Examination.” *The Journal of Medical Licensure and Discipline*. Vol. 91, No. 1, 2005.

*Key contacts*

The following individuals are key contacts for state medical boards on matters involving the USMLE.

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## **APPENDIX A**

### **USMLE Program News 2020-2021**

#### **USMLE program announces upcoming policy changes (posted February 2020; updated October 2021)**

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 Katsufrakis, 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 below.

### Three Decisions to Result in Future Changes to USMLE

#### 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, ECFMG, 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.

**Step 1 pass/fail score reporting implementation date (posted April 2021)**

United States Medical Licensing Examination® (USMLE®) Step 1 score reporting will transition to pass/fail outcomes only for administrations on or after January 26, 2022.

Outcomes for Step 1 administrations occurring before January 26, 2022 will continue to include a three-digit score and pass/fail. Step 2 Clinical Knowledge and Step 3 examinations will continue to be reported as a three-digit score and pass/fail.

On February 12, 2020, the USMLE Program announced it would change Step 1 score reporting to a pass/fail outcome no earlier than January 1, 2022. In taking this action, the USMLE's co-sponsors—the Federation of State Medical Boards (FSMB) and NBME®—considered the broad range of input received from the Invitational Conference on USMLE Scoring (InCUS), the subsequent InCUS report and its preliminary recommendations, and the extensive feedback and national conversation that preceded and followed the conference.

Additional information regarding the change to reporting Step 1 outcomes as pass/fail can be found here: <https://www.usmle.org/incus/#decision>.

**USMLE Step 1 updates on score reporting and standard setting (posted June 2021)**

Two United States Medical Licensing Examination® (USMLE®) Step 1 changes may coincide in early 2022. First, Step 1 score reporting will transition to pass/fail only for administrations on or after January 26, 2022. Second, as part of best practices for licensing and certification examinations, the USMLE program reviews the minimum passing score of each Step exam every three to four years. The standard review process for the Step 1 minimum passing score is currently underway, which includes substantial input from licensing authorities, medical educators, and subject matter experts. If any change to the minimum passing score is determined appropriate by the USMLE Management Committee, it will become effective for examinees who take Step 1 on or after January 26, 2022. While the timing may overlap, the standard review process is unrelated to the upcoming transition to pass/fail score reporting.

**Pass/Fail Score Reporting:**

The pass/fail reporting change is in alignment with the [Invitational Conference on USMLE Scoring \(InCUS\)](#) recommendations, which were based on a broad range of input from state medical board members, physicians, medical educators and examinees. To support this transition, USMLE Step 1 score reports for administrations on or after January 26, 2022 will be updated in the following ways:

- Passing outcome reports will only display the notification of “Pass.” This change is intended to reduce the overemphasis of USMLE Step 1 scores on secondary uses while retaining the ability to use the exam for its primary purpose of medical licensure eligibility.
- Failing outcome reports will display “Fail” and have 1) a visual illustration showing the distance between the examinee’s overall score and the minimum passing standard and 2) content area feedback that shows whether the examinee scored lower, about the same, or higher than examinees with a low pass (ie, above but near the passing standard) for each content category. This additional information is intended to guide study plans for future exam attempts.

Sample score reports for USMLE Step 1 examinations taken on or after January 26, 2022 are [available here](#). USMLE transcripts will be similarly revised to display only a “Pass” or “Fail” for Step 1 exams taken on or after January 26, 2022. USMLE transcripts for Step 1 exams taken January 25, 2022 or earlier will continue to report a numeric score along with a “Pass” or “Fail” outcome.

#### Minimum Passing Score Review:

The USMLE program reviews the minimum passing score for each Step examination every three to four years with extensive input from faculty and subject matter experts. This ensures that the standard is aligned with the potentially changing expectations within medicine.

Based on its routine schedule, the review of the Step 1 minimum passing score was originally scheduled to occur in December 2020 but was postponed as a result of the COVID-19 pandemic. Instead, the review will occur in December 2021, and any change to the minimum passing score will be made effective with Step 1 administrations beginning on or after January 26, 2022. This review is consistent with USMLE’s standard operating procedures and is not connected to the upcoming transition to pass/fail score reporting. For reference, the last reviews of the minimum passing scores for Steps 1, 2 CK and 3 resulted in changes that ranged between 0 and 2 points.

#### Four types of data are considered:

- Results of content-based standard-setting exercises conducted with three independent groups of physicians;
- Results of surveys of various stakeholders (e.g., samples of examinees, state licensing representatives, medical school faculty) 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.

Changes to the minimum passing score, if any, are determined by the USMLE Management Committee. This committee is comprised of a diverse national group of medical professionals from undergraduate and graduate medical education as well as state medical boards. Two public members and a resident member also serve on the committee.

An additional announcement that reports the outcome of the minimum passing standard review, whether there is a change or not, will be made on December 9, 2021.

#### USMLE policy updates following Step 2 CS discontinuation (posted July 2021)

Step 3 Eligibility Requirements Reinstated; New Information Added to USMLE Transcripts; Attempt Limits Set at Four

The United States Medical Licensing Examination® (USMLE®) Composite Committee, the governing body of USMLE comprised of medical educators, regulators, and members of the public, recently met to determine how the [discontinuation of the Step 2 Clinical Skills examination \(Step 2 CS\)](#) will impact certain USMLE policies. The Composite Committee's role is to ensure that the program fulfills its mission to support medical licensing authorities in the United States by providing them with meaningful information from assessments of physician competencies—including medical knowledge and skills—that are important to the provision of safe and effective patient care. The decisions surrounding these policies reflect that mission.

The policy decisions made regarding Step 3 eligibility requirements, reporting Step 2 CS results, and attempt limits are described below.

#### Step 3 Eligibility Requirements:

During the Step 2 CS suspension, the USMLE program announced [temporary Step 3 eligibility requirements](#). Since the Step 2 CS exam has been discontinued, these temporary requirements are no longer needed.

Step 3 eligibility requirements will conform with criteria established before Step 2 CS became part of the USMLE. The requirements, [which can be found here](#), are:

- Passing scores on Step 1 and Step 2 Clinical Knowledge, and
- An MD degree or DO degree from an LCME- or COCA-accredited U.S. or Canadian medical school, or
- The equivalent of the 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 obtain [ECFMG Certification](#).
- Meets all other eligibility criteria as listed in the *USMLE Bulletin of Information*.

#### Reporting Step 2 CS Results:

As a medical licensing examination, the USMLE program has the responsibility to produce transcripts that report to state medical boards a complete exam history for each examinee. Accordingly, all Step 2 CS results will continue to be reported on the USMLE transcript.

To facilitate the interpretation of transcripts with either Step 2 CS fails or no Step 2 CS attempts, the following statement will be included on all transcripts:

"The USMLE Step 2 CS examination was last administered on March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE

defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.”

**Attempt Limits:**

Beginning with applications submitted on or after July 1, 2021, examinees will be limited to four attempts per Step exam rather than the six allowed under the current policy. This policy decision is designed to protect the integrity of the exam and more closely match the attempt limits imposed by state medical boards for USMLE in the majority of states.

Once the change to the attempt limit policy is effective, examinees who have attempted a USMLE Step four or more times and have not passed will be ineligible for other USMLE Steps.

If you have any questions about these policies, please contact the USMLE program by using the form available [here](#).

**Want to Know More About the Decision to Discontinue Step 2 CS?**

Listen to a New Podcast: In the [March 4, 2021 episode](#) of USMLE® Connection, David Johnson, the Chief Assessment Officer at the Federation of State Medical Boards, and Chris Feddock, Executive Director for the Clinical Skills Evaluation Collaboration, discuss the discontinuation of the Step 2 CS exam, the reasons behind the decision, and next steps.

**New USMLE app for reporting potential exam security violations (posted August 2021)**

USMLE exam security helps promote a testing environment where no examinee has an unfair advantage. It also helps to control increases in exam fees by minimizing the number of items removed from USMLE due to potential exposure. Our security program's goal is to protect the integrity of USMLE, which aims to ensure safe and effective patient care.

To further minimize potential violations, the USMLE program is now offering an app called STOPit, which enables examinees to anonymously report suspected security violations.

You may visit [Apple](#) or [Google Play Store](#) to download the free mobile app. Use access code: USMLE-TIP. A [browser-enabled reporting tool](#) is also available.

The STOPit mobile app allows users to:

- Anonymously report incidents in real time
- Submit documents, photos, and video evidence
- Engage in two-way anonymous communication in follow-up to a report
- Connect with USMLE staff regarding exam security incidents

Please help maintain the integrity of USMLE by downloading the new app. We encourage anyone with knowledge of any activities that may compromise USMLE test items to submit this information through the STOPit app.

If you have questions about the STOPit app, please contact the Office of the USMLE Secretariat at [webmail@nbme.org](mailto:webmail@nbme.org).

## USMLE Step 1 Transition to Pass/Fail Only Score Reporting (posted September 2021)

USMLE Step 1 score reporting will transition from a numeric score and pass/fail outcome to pass/fail only for exams taken on or after January 26, 2022. The USMLE program views this change as an important first step toward facilitating broader, system-wide changes to improve the transition from undergraduate to graduate medical education.

### **Dates for USMLE Step 1 Transition to Pass/Fail Only Transition Begins with Exams Taken on or after January 26, 2022**

To receive a numeric score, examinees must take their exam on or before January 25, 2022\*

<b>Step 1 Exams</b>	<b>Test on or before Jan. 25, 2022</b> (Please schedule your appointment with Prometric well in advance of your desired test date)	<b>Test on or after Jan. 26, 2022</b> (Schedule your exam date for on or after Jan. 26, 2022)
<b>Score Reports</b>	Numeric score <i>and</i> pass/fail outcome	Pass/fail outcome only
<b>Transcripts**</b>	Numeric score <i>and</i> pass/fail outcome	Pass/fail outcome only

\*For multi-day exams, the date of the first day of testing will determine score reporting.

\*\*Includes transcripts produced by NBME, ECFMG, FSMB and through Electronic Residency Application Service® (ERAS®).

View Example January 26, 2022 Score Reports:

- [Step 1 Score Report – Pass Outcome](#) Examinees who pass will not receive content-based feedback.
- [Step 1 Score Report – Fail Outcome](#) Examinees who fail Step 1 will receive information about how far they were from passing, as well as content-based feedback to guide the study plan for their next attempt.

[View common questions](#)

## **APPENDIX B**

### **Quarterly FSMB Updates on USMLE**

- **March 2021**
- **July 2021**
- **September 2021**
- **December 2021 (distributed with this report)**



# Quarterly FSMB Update on USMLE

March 2021, Vol. 2, No. 1



## Discontinuation of USMLE Step 2 Clinical Skills (CS)

### January 2021 Announcement

On January 26, 2021, the Federation of State Medical Boards (FSMB) and NBME, co-sponsors of the United States Medical Licensing Examination® (USMLE®), released the following announcement regarding the discontinuation of work to relaunch a modified Step 2 Clinical Skills examination (Step 2 CS).

Following the May 2020 suspension of Step 2 CS due to the COVID-19 pandemic, we announced our intention to take 12-18 months to bring back a modified Step 2 CS exam that was appreciably better than the prior assessment. After reviewing current and anticipated progress with the exam and in consideration of the rapidly evolving medical education, practice and technology landscapes, we have decided to discontinue Step 2 CS. We have no plans to bring back Step 2 CS, but we intend to take this opportunity to focus on working with our colleagues in medical education and at the state medical boards to determine innovative ways to assess clinical skills.

Independent standardized assessments of medical knowledge and clinical skills are important inputs for state medical licensure decisions. In the absence of Step 2 CS, elements of clinical reasoning and communication will continue to be assessed on other exams (Steps) in the USMLE sequence. Computer-based case simulations in Step 3 and communication content recently bolstered in Step 1 are examples of these efforts that will continue. While not a replacement for Step 2 CS, these formats continue to contribute positively, e.g., measuring critical knowledge of medical communication.

Our change in direction will allow us to take additional time to partner with the medical education and medical board community to better develop innovative ways to assess the breadth of clinical skills in medicine.

"The FSMB is committed to supporting state medical boards in their principal mission to protect the public," said Humayun J. Chaudhry, DO, MACP, President and CEO of the FSMB. "As co-sponsors of the USMLE program, we will continue to seek innovative and sensible ways to assess medical licensing eligibility."

"NBME's commitment to performance-based assessment and clinical skills has accelerated. Our newest area of focus around competency-based assessment, and our exploration of novel assessments, will allow us to work with the medical education and regulatory communities to develop assessments of these essential skills and the optimal way to integrate these assessments into the education and licensure space," said Peter J. Katsfrakis, MD, MBA, President and CEO, NBME.

### ECFMG Certification and Pathways for 2022 Match

Following the announcement to discontinue the USMLE Step 2 CS, in February 2021 the Educational Commission for Foreign Medical Graduates (ECFMG) announced an expansion of its pathways that will allow qualified International Medical Graduates (IMGs) to meet the requirements for ECFMG Certification. The pathways allow qualified IMGs to continue to pursue ECFMG Certification and to compete for positions in U.S. Graduate Medical Education.

#### Pathways for 2022 Match:

1. Already Licensed to Practice Medicine in Another Country
2. Already Passed a Standardized Clinical Skills Exam for Medical Licensure
3. Medical School Accredited by Agency Recognized by World Federation for Medical Education (WFME)
4. Medical School Participates in U.S. Federal Student Loan Program or Is Accredited by an Agency that Has Received a Determination of Comparability by the National Committee on Foreign Medical Education and Accreditation (NCFMEA)
5. Medical School Issues Degree Jointly with a U.S. Medical School Accredited by Liaison Committee on Medical Education (LCME)
6. Evaluation of Clinical Patient Encounters by Licensed Physicians

More information about the Pathways for the 2022 Match is available on the ECFMG website at: <https://www.ecfmg.org/certification-requirements-2022-match/>.

### Seeking State Board Input! USMLE Standard Setting Survey Coming April 6

The USMLE program will be sending out a survey on April 6 to collect feedback about current USMLE pass/fail standards. This feedback is central to the deliberations of the USMLE Management Committee as it considers appropriate pass/fail standards for each Step examination.

The email to participate in the survey will come from the email address: [USMLESurvey@nbme.com](mailto:USMLESurvey@nbme.com) and the signatory will be the new NBME Vice President of USMLE, Michael Jodoin.

## Resources

**Website:** [www.usmle.org](http://www.usmle.org)

**Bulletin of Information:** <https://www.usmle.org/bulletin/>

**FAQs:** <https://www.usmle.org/frequently-asked-questions/>

## Social Media



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[twitter.com/TheUSMLE](https://twitter.com/TheUSMLE)



[linkedin.com/company/usmle](https://linkedin.com/company/usmle)

## USMLE Policy Updates

The USMLE Composite Committee met on March 1, 2021 to discuss the impact of the Step 2 CS discontinuation on several USMLE policies. Below is a summary of the policy decisions made by the committee at the meeting. Additional information about these policy decisions is available on the USMLE website at: <https://www.usmle.org/announcements/?ContentId=311>.

### Complete USMLE Sequence

With the discontinuation of the USMLE Step 2 CS exam, the USMLE Composite Committee approved the following statement defining what now constitutes successful completion of the USMLE:

*"USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3."*

### Reporting of Step 2 CS Results on USMLE Transcripts

All Step 2 CS results from exam administrations prior to the suspension and discontinuation of the exam will continue be reported on USMLE transcripts. This is in keeping with USMLE policy since the CS exam was implemented in 2004, and with the reporting of Step 2 CS results during the suspension of the exam.

To facilitate the interpretation of transcripts with either Step 2 CS fails or no Step 2 CS attempts, the following statement will be included on all transcripts:

*"The USMLE Step 2 CS examination was suspended on March 16, 2020 and formally discontinued on January 26, 2021. Due to the exam's discontinuation, examinees with a failing Step 2 CS outcome may not have had an opportunity to retest and remediate their performance. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3."*

## Hear More about the Discontinuation of USMLE Step 2 Clinical Skills (CS)

The following two recordings feature FSMB and NBME staff discussing the decision to discontinue the USMLE Step 2 CS exam, as well as the implications for state medical and osteopathic boards.

### March 4 USMLE Podcast:

<https://www.usmle.org/video/#podcasts>

### Recording of March 11 FSMB Roundtable Webinar:

(access passcode: 3\$QR86G#)

[https://us02web.zoom.us/rec/share/SLQZUI1hMxEns10fvS-TmuqRip5NOwSOILIA\\_8X7wDx\\_e9LwhKFAfkzcj5yLr5aS.DIC3dq3ucvx44JBZ](https://us02web.zoom.us/rec/share/SLQZUI1hMxEns10fvS-TmuqRip5NOwSOILIA_8X7wDx_e9LwhKFAfkzcj5yLr5aS.DIC3dq3ucvx44JBZ)

## Examinees over the USMLE Attempt Limit

The USMLE attempt limit policy currently limits all examinees to six (6) attempts, including incomplete attempts, per Step or Step Component. As communicated in February 2020, the attempt limit will be reduced to four (4) attempts, including incomplete attempts, per Step or Step Component in July 2021.

When implemented, examinees who have or reach four attempts on a Step will be prohibited from taking any future USMLE exams. Such individuals may obtain sponsorship from a state medical board for one additional attempt. If this additional attempt is passed, the individual will be able to resume the USMLE sequence. If this additional attempt is not passed, the individual will be locked out of USMLE permanently. The Composite Committee decided that the four attempt limit should also apply to examinees with four or more failing attempts on Step 2 CS.

## Step 3 Eligibility Criteria

During the suspension of the Step 2 CS, the USMLE Composite Committee approved temporary eligibility criteria to enable individuals without passing outcomes on Step 2 CS and with recent USMLE history (i.e., a take on any USMLE Step on or after January 1, 2015) to apply for and take Step 3. Now that Step 2 CS has been discontinued, the temporary Step 3 eligibility criteria will be removed, effective July 1, 2021.

This means that any individuals applying for Step 3 on or after July 1, 2021, will be required to meet the following criteria:

- Passage of USMLE Step 1 and Step 2 CK
- Have a medical degree (MD, DO, or international MD-equivalent)
- Be ECFMG certified (applies to IMGs only)

## USMLE Irregular Behavior Outcomes Article in the FSMB Journal of Medical Regulation

The latest edition of FSMB's Journal of Medical Regulation (JMR) includes an article about irregular behavior in connection with the USMLE titled, "Characteristics and Outcomes of Individuals Engaging in USMLE Irregular Behavior, 2006-2015". The article reviews data about individuals who engaged in irregular behavior, common sanctions taken against them and their ability to ultimately obtain licensure.

**The full article is available on the JMR website:**

<https://meridian.allenpress.com/jmr/issue/106/4>

**A podcast with the lead author, Frances Cain, is available at:**

<https://www.buzzsprout.com/627913>

If you receive a USMLE transcript with an irregular behavior annotation and you need or would like more information, you should contact the USMLE Secretariat at [USMLESec@nbme.org](mailto:USMLESec@nbme.org).



# Quarterly FSMB Update on USMLE

July 2021, Vol. 2, No. 2



## USMLE Standard Setting

### Invitation to Join USMLE Standard Setting Panels

Thank you for your participation in the USMLE standard setting survey sent out in April. The feedback received will play a key role in the deliberations and decisions by the USMLE Management Committee in the coming years as it considers appropriate pass/fail standards for each Step examination.

We would like to invite and encourage state board members to join us in the next phase of the standard setting process - standard setting panels. Below is a brief overview of what standard setting is and the process used with the panels. Calls for participants for the panels were sent out the week of July 4, and the panel composition will be completed no later than July 26. Panels will meet in the fall. Data from the three independent panels will be analyzed and provided to the Management Committee in December as part of the information they consider when determining whether or not the current recommended minimum passing score for the Step 1 examination should be changed.

#### What is standard setting?

Standard setting is the process by which a minimum passing score is established for an exam, or the process by which expert judgment (and content expertise) about the construct being measured is mapped onto the test score scale.

#### What happens during the standard setting panels?

Many different procedures exist for gathering evidence from content experts about the appropriate minimum passing score on an examination. For multiple-choice examinations like USMLE, these procedures generally involve having content experts (e.g., physicians) review and make decisions about actual test questions. A common standard setting procedure of this type is the Angoff method. Following a general overview of standard setting on the first day of the meeting, panelists receive detailed training on the Angoff method and then review and discuss several items together. Next, they review a set of items and provide ratings on how a minimally acceptable candidate would perform on the item. The panelists receive feedback about their ratings for the first set of items on the morning of the second meeting day. Panelists then provide ratings for two additional sets of items.

#### How often is the standard reviewed?

As part of best practices for licensing and certification exams, the USMLE program reviews the minimum passing score of each Step every 3-4 years.

## State Board Role in Exception to Attempt Limit Policy

### July 1, 2021 Attempt Limit Change

Effective July 1, 2021, the USMLE Attempt Limit was reduced to four (4) attempts, including incomplete attempts, per Step or Step Component. The USMLE Composite Committee, the governing body of USMLE, approved this change to protect the integrity of USMLE and to more closely match the USMLE attempt limits imposed by the majority of state medical boards.

The policy change is effective for USMLE Step applications submitted on or after July 1, 2021. Examinees who have or reach four failed attempts on a Step without passing will be prohibited from taking any future USMLE exams, including any Steps they have not yet started. The policy change applies to all Step exams, including Step2 Clinical Skills (CS), even though that exam has been discontinued.

The sole exception to the 4-attempt limit is sponsorship by a state board for one additional attempt at the Step for which the examinee has 4 or more attempts. If this additional attempt is passed, the individual will be able to resume the USMLE sequence. If this additional attempt is not passed, the individual will be locked out of USMLE permanently.

Please note: Sponsorship of an individual for the additional attempt requires completion of a brief, one-page form that must be signed by the board's executive director or chair/president. A copy of the form will be distributed to the boards along with this Update.

To learn more about the attempt limit change, please review the FAQs on the USMLE website at:

<https://www.usmle.org/frequently-asked-questions/#attemptLimit>

## Resources

**Website:** [www.usmle.org](http://www.usmle.org)

**Bulletin of Information:** <https://www.usmle.org/bulletin/>

**FAQs:** <https://www.usmle.org/frequently-asked-questions/>

## Social Media



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[twitter.com/TheUSMLE](https://twitter.com/TheUSMLE)



[linkedin.com/company/usmleUSMLE](https://linkedin.com/company/usmleUSMLE)

### USMLE Orientation for State Board Members and Staff

Each year, the USMLE program hosts an orientation for current and former state medical board members, as well as current staff. The orientation provides attendees with a better understanding of the USMLE program and is a no-commitment way for board members and staff to learn about how they might be able to participate in the program, should they wish to do so.

2021 will mark the 15th year that the USMLE program has hosted this orientation. Last year, a record-setting 106 individual members and staff from 30 boards signed up for the virtual orientation. Due to the ongoing COVID pandemic and travel restrictions, this year's orientation will also be held virtually. Please join us on Wednesday, October 20, from 2:00 - 4:00 p.m. (Central) and let's see if we can set a new record!

To date, over 230 individuals from 52 medical and osteopathic boards have participated in an orientation. Fifty-seven (57) past workshop participants (representing 35 boards) from the in-person orientations held through 2019 have subsequently served with the USMLE program. This includes participation on standard-setting and advisory panels, the USMLE Management Committee and item writing committees.

Additional information and reminders will be forthcoming as the meeting nears. If you or anyone at your board would like to attend or are interested in more information before then, please contact either:

- Frances Cain, FSMB Director of Assessment Services, at [fcain@fsmb.org](mailto:fcain@fsmb.org)
- Lauren Stewart, FSMB Coordinator of Assessment Services, at [lstewart@fsmb.org](mailto:lstewart@fsmb.org)

### USMLE Volunteer Spotlight

**Jon V. Thomas, MD, MBA**  
**Former Member, Minnesota Board of Medical Practice**



Dr. Jon Thomas began his volunteer service with the USMLE program in 2012, when he was appointed as a FSMB representative to the USMLE Budget Committee. He has served on a number of other USMLE-related committees since then, including the USMLE Composite Committee and the USMLE Committee for Individualized Review (CIR), which he joined in 2015 and on which he is currently chair. Dr. Thomas served on the Minnesota Board of Medical Practice for 16 years, beginning with his appointment in 2001. (He has the unique honor of being appointed by Independent, Republican and Democratic Governors.) He also served on the FSMB Board of Directors for 6 years, including a term as FSMB Chair in 2013-2014. We asked Dr. Thomas to reflect on his experiences with the USMLE program and how his roles as a state medical board member and a USMLE volunteer complemented each other.

"During my career, few opportunities afforded me more joy and fulfillment than my years of service on the Minnesota Board of Medical Practice and the Federation of State Medical Boards. Following the expiry of my service with the Minnesota Board and FSMB, I have been able to continue protecting the public through my service in support of the USMLE. The knowledge and experience gained from state medical board and FSMB activities provided me with a solid foundation to make a significant contribution to the USMLE program, which has been equally rewarding."

## USMLE Meetings Calendar

### July

- Committee for Individualized Review

### August

- Management Committee

### September

- Committee for Individualized Review
- Medical Student and Resident Advisory Panel

### October

- Composite Committee
- Orientation for State Board Members and Staff

## Fast Facts

- The USMLE is co-sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME).
- Approximately 56% of licensed physicians in the United States have taken all or part of the USMLE sequence. That's 562,539 of the nation's 1,004,788 licensed physicians.
- Over three million Step exams have been administered since the USMLE was implemented in 1992.
- In the last 10 years alone, the FSMB has sent more than 500,000 official USMLE transcripts to the state medical and osteopathic boards.



# Quarterly FSMB Update on USMLE

September 2021, Vol. 2, No. 3



## USMLE-Related Research And Articles

### Research on USMLE Attempts and Disciplinary Actions

The September 2021 edition of Academic Medicine published a research article examining the relationship between number of attempts at the USMLE and the likelihood of receiving disciplinary actions. The study, a collaborative effort between FSMB and National Board of Medical Examiners (NBME) staff, is part of the FSMB's ongoing work to provide research and data on medical licensing examinations, as stated in the FSMB Board of Directors' Report on Resolution 19-1: Licensing Exam Research.

The study found, in brief, that physicians who took multiple attempts to pass USMLE Steps 1, 2 Clinical Knowledge (CK) and 3 were associated with higher estimated likelihood of receiving disciplinary actions. We believe this is important research supplying empirical data to support boards' decisions around attempt limits on their licensing examination and is consistent with their public protection mission.

The full abstract and access to the article – “Multiple United States Medical Licensing Examination Attempts and the Estimated Risk of Disciplinary Actions Among Graduates of U.S. and Canadian Medical Schools” – are available on the Academic Medicine [website](#).

This research may be helpful to your board if and as you consider future policies regarding licensing examination attempts for purposes of medical licensure.

### FSMB and NBME CEOs Commentary on Step 2 CS

In January 2021 the FSMB and NBME, co-sponsors of the USMLE, announced the discontinuation of work to relaunch a modified Step 2 Clinical Skills examination (Step 2 CS). Although there are no plans to bring back a stand alone, full day assessment of clinical skills, FSMB and NBME have taken this opportunity to focus on working with colleagues in medical education and at the state medical boards to better develop innovative ways to assess the breadth of clinical skills in medicine.

The September 2021 issue of Academic Medicine includes

multiple invited commentaries related to USMLE Step 2 CS, including one from FSMB and NBME CEOs, Dr. Humayun Chaudhry and Dr. Peter Katsufrakis, respectively, about the evolution of clinical skills assessment in USMLE and what the future may hold. The full commentary from Drs. Katsufrakis and Chaudhry – “Evolution of Clinical Skills Assessment in the USMLE: Looking to the Future After Step 2 CS Discontinuation” – is available [online](#).

### Coalition for Physician Accountability Report on UME-GME Transition

In August 2021, the Coalition for Physician Accountability's Undergraduate Medical Education to Graduate Medical Education Review Committee (UGRC) released its final report, which provides 34 recommendations for comprehensive improvement of the UME-GME transition.

Recommendation 18 in the report relates to medical licensing examinations and states: “To promote equitable treatment of applicants regardless of licensure examination requirements, comparable exams with different scales (COMLEX-USA and

## INVITATION

### USMLE Orientation for State Board Members & Staff

October 20, 2021 • 2:00 – 4:00 p.m. (Central)

#### Virtual Meeting via Zoom:

<https://us02web.zoom.us/j/89621187190?pwd=WHNWLzIac2ZaUUZBc2JobHVSc2F4Zz09>

**Meeting ID:** 896 2118 7190

**Passcode:** 973768

If interested, please email Lauren Stewart ([lstewart@fsmb.org](mailto:lstewart@fsmb.org)) or Frances Cain ([fcain@fsmb.org](mailto:fcain@fsmb.org)) so that we can email you the calendar invite and meeting link.

## Resources

**Website:** [www.usmle.org](http://www.usmle.org)

**Bulletin of Information:** <https://www.usmle.org/bulletin/>

**FAQs:** <https://www.usmle.org/frequently-asked-questions/>

## Social Media



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During the report comment period, the USMLE program provided input that we appreciate the UGRC for recommending less reliance on USMLE scores for residency selection. However, the USMLE program believes the recommendation is inconsistent with this position, as enabling filtering contributes to the overweighting of licensing exam scores and promotes the unintended impacts of the secondary score use which the Invitational Conference on USMLE Scoring (InCUS) sought to mitigate.

Relevant to state medical boards is Recommendation 34, which states: "There should be a standardized process throughout the United States for initial licensing at entrance to residency to streamline the process of credentialing for both residency training and continuing practice."

Further narrative in the report about this recommendation states, "To benefit the public good, costs to support the U.S. healthcare workforce should be minimized. To this end, all medical students should be able to begin licensure earlier in their educational continuum to better distribute the work burden and costs associated with this predictable process. When learners are applying to programs in many different states, the varied requirements are unnecessarily cumbersome. Especially for states where a training license is required, the time between the Match and the start of the first year of residency is often inadequate for this purpose. This is a potential cost saving measure". (*See page 124 of the report for additional information on Recommendation 34, including how this recommendation might be implemented.*)

State medical boards are encouraged to review the full report, which can be accessed on the [CPA website](#). The

UGRC report is directly accessible [online](#).

The USMLE program will continue to monitor and respond to, as appropriate, ongoing conversations regarding relevant recommendations.

## USMLE Medical Student & Resident Advisory Panel

The USMLE Medical Student and Resident Advisory Panel met virtually in September 2021. The Panel, which provides a consultative role to the USMLE program, is composed of 14 medical students (MD, DO, MD/PhD and IMG) and residents drawn from all regions of the country, as well as a public member (currently Tammy McGee, former member of the Minnesota Board of Medical Practice).

During the meeting, the Panel discussed a variety of topics, including:

- Upcoming Step 1 pass/fail change;
- Discontinuation of Step 2 CS and current clinical skills evaluation work;
- USMLE Patient Characteristics Taskforce work;
- New toolkit about Prometric & USMLE testing for use by medical school faculty and administrators;
- Time allotted to examinees for pumping/breastfeeding during testing;
- Licensure ramifications for physicians who refuse COVID vaccine or mask, or who spread COVID misinformation;
- Differences between the USMLE test platform and study materials from test prep companies; and
- Efforts by the USMLE program to be more inclusive of the international student community when it comes to test questions.

## USMLE MEETINGS CALENDAR

### October

- Composite Committee Meeting
- Orientation for State Board Members and Staff (October 20 -Virtual)

### November

- State Board Advisory Panel to USMLE Meeting

### December

- Management Committee Meeting (Step 1 Minimum Passing Score review)
- Committee for Individualized Review Meeting

## USMLE Website Update

A new, updated USMLE website will be rolled out in early October 2021. The website address will remain the same - [www.usmle.org](http://www.usmle.org) - however, you may need to refresh your browser to view the new site and/or to update any pages you may have saved in your browser.

Please contact Frances Cain at [fcain@fsmb.org](mailto:fcain@fsmb.org) if you experience any issues.

## APPENDIX C

### USMLE Aggregate Performance Data 2019-2020

The data tables below are extracted from the performance data provided on the USMLE website at <http://www.usmle.org/performance-data/>. Performance data for USMLE administrations dating back to 2010 are also available on the website.

Table 1

2020 STEP 1 ADMINISTRATIONS *		
Number Tested and Percent Passing		
	# Tested	% Passing
<b>Examinees from US/Canadian Schools that Grant:</b>		
<b>MD Degree</b>	20,343	97%
1 <sup>st</sup> Takers	19,772	98%
Repeaters**	571	67%
<b>DO Degree</b>	5,274	95%
1 <sup>st</sup> Takers	5,235	96%
Repeaters**	39	74%
Total US/Canadian	25,617	97%
<b>Examinees from Non-US/Canadian Schools</b>		
1 <sup>st</sup> Takers	11,742	87%
Repeaters**	1,375	50%
Total non-US/Canadian	13,117	83%
<b>ALL EXAMINEES</b>	38,734	92

\*Represents data for examinees tested in 2020 whose scores were reported through February 3, 2021.

\*\*Repeaters represents examinations given, not number of examinees.

**Table 2**
**2019-2020 STEP 2 CK ADMINISTRATIONS \***  
**Number Tested and Percent Passing**

	<b># Tested</b>	<b>% Passing</b>
<b>Examinees from US/Canadian Schools that Grant:</b>		
<b>MD Degree</b>		
1 <sup>st</sup> Takers	18,574	98%
Repeaters**	18,138	98%
<b>DO Degree</b>		
1 <sup>st</sup> Takers	436	97%
Repeaters**	3,362	97%
Total US/Canadian	3,341	71%
	21,936	98%
<b>Examinees from Non-US/Canadian Schools</b>		
1 <sup>st</sup> Takers	9,123	90%
Repeaters**	1,172	59%
Total non-US/Canadian	10,295	87%
<b>ALL EXAMINEES</b>	32,231	94

\*Data for Step 2 CK are provided for examinees tested during the period of July 1 to June 30 whose scores were reported through February 3, 2021.

\*\*Repeaters represents examinations given, not number of examinees.

**Table 3**

**2019-2020 STEP 2 CS ADMINISTRATIONS \***  
**Number Tested and Percent Passing**

	<b># Tested</b>	<b>% Passing</b>
<b>Examinees from US/Canadian Schools that Grant:</b>		
<b>MD Degree</b>		
1 <sup>st</sup> Takers	17,174	95%
Repeaters**	16,265	95%
<b>DO Degree</b>		
1 <sup>st</sup> Takers	37	87%
Repeaters**	41	85%
Total US/Canadian	909	88%
	17,211	†
<b>Examinees from Non-US/Canadian Schools</b>		
1 <sup>st</sup> Takers	5,702	75%
Repeaters**	1,737	68%
Total non-US/Canadian	7,439	73%
<b>ALL EXAMINEES</b>	24,650	88

\* Due to the COVID-19 pandemic, all Step 2 CS testing was suspended on March 16, 2020, resulting in a shortened testing window during the 2019-2020 academic year.

\*\* Repeaters represents examinations given, not number of examinees.

†Performance data not reported for categories containing fewer than 5 examinees.

**Table 4**

	<b># Tested</b>	<b>% Passing</b>
<b>2020 STEP 3 ADMINISTRATIONS *</b>		
<b>Number Tested and Percent Passing</b>		
<b>Examinees from US/Canadian Schools that Grant:</b>		
<b>MD Degree</b>		
1 <sup>st</sup> Takers	17,316	97%
Repeaters**	16,944	98%
<b>DO Degree</b>		
1 <sup>st</sup> Takers	11	91%
Repeaters**	11	91%
Total US/Canadian	01	†
	20,624	98%
<b>Examinees from Non-US/Canadian Schools</b>		
1 <sup>st</sup> Takers	9,111	92%
Repeaters**	1,235	64%
Total non-US/Canadian	10,346	89%
<b>ALL EXAMINEES</b>	25,432	94

\*Represents data for examinees tested in 2019 whose scores were reported through February 3, 2021.

\*\*Repeaters represents examinations given, not number of examinees.

†Performance data not reported for categories containing fewer than 5 examinees.

## **APPENDIX D**

### **Program-related Publications by USMLE Staff in 2018-2020**

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