HOD ACTION: Council on Medical Education Report 9 adopted as amended, and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 9-A-17

Subject: Feasibility and Appropriateness of Transferring Jurisdiction over Required Clinical Skills Examinations to LCME-Accredited and COCA-Accredited Medical Schools

Presented by: Patricia Turner, MD, Chair

Referred to: Reference Committee C (Kenneth M. Certa, MD, Chair)

Policy D-295.988 (2,3), "Clinical Skills Assessment During Medical School," directs our American Medical Association (AMA) to "work with the Federation of State Medical Boards, National Board of Medical Examiners (NBME), state medical societies, state medical boards, and other key stakeholders to pursue the transition from and replacement for the current United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) examination and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 2-Performance Examination (PE) with a requirement to pass a Liaison Committee on Medical Education-accredited or Commission on Osteopathic College Accreditation-accredited medical school-administered, clinical skills examination."

In addition, this policy directs our AMA to "work to: (a) ensure rapid yet carefully considered changes to the current examination process to reduce costs, including travel expenses, as well as time away from educational pursuits, through immediate steps by the Federation of State Medical Boards and National Board of Medical Examiners; (b) encourage a significant and expeditious increase in the number of available testing sites; (c) allow international students and graduates to take the same examination at any available testing site; (d) engage in a transparent evaluation of basing this examination within our nation's medical schools, rather than administered by an external organization; and (e) include active participation by faculty leaders and assessment experts from U.S. medical schools, as they work to develop new and improved methods of assessing medical student competence for advancement into residency."

These directives were adopted at the 2016 Annual Meeting of the AMA House of Delegates. Testimony at A-16 before Reference Committee C reflected medical students' concerns over the significant costs and burden of the current examination; the lack of meaningful feedback provided for learning and improvement; and questions regarding the predictive ability of the exam for success or enhanced patient safety in clinical practice. In addition, it was argued that the responsibility for clinical skills testing could and should be maintained by medical schools, with elimination of the USMLE Step 2 CS examination from the requirements for certification by the NBME and subsequent state medical licensure. Testimony in opposition focused on the importance of physician self-regulation and maintenance of the public trust, medical school resources and costs to support the examination, and the reliability of a school-based clinical skills examination.

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BACKGROUND

In 2004, the NBME implemented the USMLE Step 2 examination, which "assesses the ability of examinees 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 ensures that due attention is devoted to the principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and effective practice of medicine."[1]

Medical students typically take USMLE Step 2 CS during the final year of medical school. The USMLE website indicates the examination fee is $1,280 for applications received after January 1, 2017. The examination is currently administered at six test centers (Atlanta, Chicago, Houston, Los Angeles, and two centers in Philadelphia).[2] The NBME estimates that 70 percent to 75 percent of test takers will reside within a four-hour drive of at least one USMLE Step 2 CS testing center.[3] For many students, total test costs will also include air and/or ground travel costs and overnight accommodations.[3]

The table below shows that the USMLE Step 2 CS examination was administered 20,668 times to U.S. medical school students or graduates between July 1, 2015 and June 30, 2016, with a pass rate of 97 percent, and 14,351 times to international medical graduates (IMGs), with a pass rate of 81 percent.[4]

Step 2 CS Administrations, 2015-2016

Examinees from US/Canadian Schools:

	Number Tested	Percent Passing
MD Degree	20,622	97 percent
1st Takers	19,906	97 percent
Repeaters*	716	85 percent
DO Degree	46	91 percent
1st Takers	46	91 percent
Repeaters*	0	N/A
Total	20,668	97 percent

Examinees from Non-US/Canadian Schools:

	Number Tested	Percent Passing
1st Takers	12,051	82 percent
Repeaters*	2,300	71 percent
Total	14,351	81 percent

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

While the total costs for the development and staffing of additional centers have not been published, the known costs and cost centers include structure acquisition (variable, based on location); initial costs for retrofitting an existing structure (estimated at $4 million); and recurrent costs (case development costs for 200+ cases, 200 hours of training for 500 standardized patients for each case, and 100 or more physician raters rating a total of 4,000 encounters/month). These costs are in addition to central costs including scheduling, verification, staffing (both on-site and central staff at NBME headquarters), quality assurance, security measures, etc.[3] It should be noted

1 as well that, based on the data table shown above, administration of the examination to IMGs
2 would comprise an additional examinee load of more than 14,000 individuals.
3
4 The USMLE Management Committee is currently in the planning stages for improvements to the
5 USMLE Step 2 CS process, including a universal list of chief complaints, score interpretation
6 videos, and options for more meaningful performance reporting to examinees.
7
8 Proponents of the current system state the need for: 1) a standardized exam to assess the clinical
9 skills of graduates; 2) a valid and reliable single standard for assessment (due to the poor
10 correlation between school-based and USMLE clinical skills examinations and potential conflicts
11 of interest for medical schools); and 3) a single pathway for licensure across the states.
12
13 Opponents of the current USMLE Step 2 CS structure note concerns regarding the cost of the
14 examination, lack of meaningful scoring feedback to test takers, perceived subjectivity and
15 variability among testers and test centers, and the limited number and geographically disparate
16 locations of testing sites, and point to the low failure rate as an indicator that the exam is not cost-
17 effective in discerning competency.
18
19 AMA WORK IN ADDRESSING THE NEW POLICY
20
21 In response to the newly adopted policy, members of the AMA's Academic Physicians Section,
22 Council on Medical Education and AMA staff have gathered information to explore the viability of
23 transferring jurisdiction of clinical skills testing from the NBME to medical schools.
24
25 Discussions with the Liaison Committee on Medical Education (LCME)[5] and Commission on
26 Osteopathic College Accreditation (COCA) revealed that neither organization believes that it is
27 appropriate to assume this role. Both organizations have the responsibility of accrediting
28 educational programs, rather than developing or administering certification examinations or
29 certifying individuals enrolled in LCME- or COCA-accredited programs. Neither the LCME[5] nor
30 COCA (personal verbal communication from COCA secretary, Alissa Craft, November 2016) has
31 the resources or expertise that would be needed to develop, administer, oversee, and certify a
32 school-based examination.
33
34 State medical boards believe that a school-based examination would not be an acceptable
35 alternative, according to a Federation of State Medical Boards' membership survey.[3] More than 70
36 percent of those surveyed indicated that the USMLE should continue Step 2 CS and explore how
37 the exam could be of further value to state medical boards. In addition to the concerns about the
38 reliability of a school-based exam, the FSMB relies on a single-tiered system and common standard
39 for all potential licensees—from U.S. or foreign medical schools alike. The FSMB House of
40 Delegates passed resolutions in 1989, 1999, and 2012 affirming or reaffirming its commitment to a
41 single pathway to licensure for all licensees.[6] Furthermore, the state medical boards require
42 "equivalent" assessment for licensure (same case pool, test standards, scoring mechanisms,
43 minimal passing standard). Less stringent criteria would result in "comparable" assessment, which
44 in addition to being unacceptable to the state medical boards, would likely subject the boards to
45 legal challenges and an increased level of risk, due to state medical boards' primary purpose of
46 public protection.[3]
47
48 Discussions with medical school leaders have yielded divergent opinions. While there is uniform
49 concern regarding the cost of the examination to students, some leaders feel it is important that
50 there be an external, impartial validation of the clinical skills competence of their graduates and
51 their curriculum, and acknowledge the value of Step 2 CS in protection of the public. Some leaders

expressed concern about the availability of resources and total costs for delivering a standardized exam, noting that the costs would be passed on to students through increases in tuition and fees. Some leaders also acknowledge the difficulty that faculty may encounter in failing their students—a perspective described in the medical literature.[7-9] Others believe that their respective institutions have the requisite resources to develop and administer a standardized clinical skills examination in partnership with the NBME. At the time of this report, the Council on Medical Education is collecting additional information on this topic, including feedback from the AAMC Council of Deans.

SUMMARY AND RECOMMENDATIONS

At present, the proposal to transition jurisdiction of USMLE Step 2 CS to a medical school-based examination faces considerable and perhaps insurmountable challenges. Accrediting agencies are not organized or recognized for certification of examinations to test the competency of individuals enrolled in accredited programs. The FSMB and its member state medical boards do not support school-based examinations as an acceptable substitute for a national examination to assess clinical skills competency. Medical school support for the proposal to transfer jurisdiction has been mixed, and the absence of a national consensus favoring a medical school assessment model threatens the feasibility of such an approach. Data are being collected with regard to the resources that would be needed by medical schools to administer equivalent school-based clinical skills assessments as part of NBME certification, and how those resources might impact student tuition and fees. Further information is needed regarding the operational costs associated with a USMLE Step 2 CS test center and the costs to examinees if additional test centers were to be added.

The Council on Medical Education therefore recommends that the following recommendations be adopted and the remainder of the report be filed.

1. Our AMA is committed to assuring that all medical school graduates entering graduate medical education programs have demonstrated competence in clinical skills. (New HOD Policy)

2. Our AMA will continue to work with appropriate stakeholders to assure the processes for assessing clinical skills are evidence-based and most efficiently use the time and financial resources of those being assessed. (New HOD Policy)

3. That our AMA encourage development of a post-examination feedback system for all USMLE test-takers that would: (a) identify areas of satisfactory or better performance; (b) identify areas of suboptimal performance; and (c) give students who fail the exam insight into the areas of unsatisfactory performance on the examination. (New HOD Policy)

4. That our AMA, through the Council on Medical Education, continue to monitor relevant data and engage with stakeholders as necessary should updates to this policy become necessary. (New HOD Policy)

Fiscal note: $1,000.

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