



July 22, 2019

TO: USMLE Parent Organizations

SUBJECT: USMLE Scoring - AAFP Response

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians, residents and medical students across the country, we want to highlight concerns in addition to those expressed during the Invitational Conference on USMLE Scoring (InCUS) process and to propose solutions with a more immediate impact than the proposed InCUS recommendations.

The convening organizations of the (InCUS) have invited interested stakeholder organizations to submit reactions and viewpoints during the public comment period. The AAFP has engaged discussion among and collected input from medical students, residents, family medicine faculty, and family physicians in full-time practice, representing multiple perspectives. Additionally, input was solicited from academic family medicine organizations including the Society of Teachers of Family Medicine (STFM), the Association of Departments of Family Medicine (ADFM), and the Association of Family Medicine Residency Directors (AFMRD).

The AAFP highlights the following concerns:

1. The InCUS recommendations are vague and focused on doing more study of the issue. While we agree more study is necessary, we also advocate for immediate changes.
2. The stress of performing well on USMLE exam comes at a cost of wellness and well-roundedness for students/applicants (for example, lack of opportunity to participate in community service).
3. Medical schools vary in their preparation of students for USMLE exams. Ever-increasing pressure on schools to graduate high-performing students comes at a cost to their curricula and extracurricular offerings and, therefore, to the students' well-roundedness, personal and professional development, and specialty/career exploration.
4. Social determinants that impact student experience with standardized testing and access to test preparation affect student preparedness for exams. These perpetuate inequities and disparities that impact test performance but do not relate to competency or skill a future physician.
5. Comprehensive cost to students of USMLE exams is adding to the student debt issue.

Recommendations from the AAFP:

1. **Change Step 1 to Pass/Fail.** The current overemphasis on USMLE Step 1 is having overwhelming negative impact on students. This should be addressed immediately. A pass/fail score will help provide a more meaningful learning environment, improved

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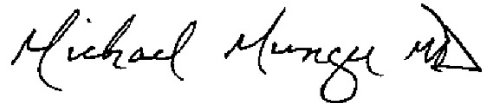
emotional climate, and better student-student interactions, which can lead to better academic performance that includes USMLE tests (see [Cause or effect? The relationship between student perception of the medical school learning environment and academic performance on USMLE Step 1](#)). Additionally it will decrease racial bias for programs that use USMLE Step 1 scores to grant interviews (see [Racial Bias in Using USMLE Step 1 Scores to Grant Internal... : Academic Medicine](#)).

2. **Keep Step 2 score, consider modification of how it is reported.** Step 2 scores should be reported in a format that reliably allows students to differentiate themselves, is part of holistic application review process, and assists residents in predicting specialty Board exam success. To avoid the transfer of the current negative impacts from Step 1 to Step 2, we suggest keeping the current timing of Step 2 late in the recruitment process, minimizing exam performance impact on specialty choice. Further, we recommend increasing the number of Clinical Skills (CS) testing sites and decreasing the costs of the exam to help address the current student debt issue.
3. **Study the correlation between USMLE scores and future performance in residency, specialty Board exams, and clinical practice. Additionally, monitor and rapidly correct situations in which USMLE exams negatively impact medical students, resident career options, holistic admissions, workforce diversity, and professional development.** The AAFP wholeheartedly agrees with acceleration of this research. The results should lead to quick and timely action on an ongoing basis.
4. **Promote a holistic recruitment and candidate review process by programs.** This should be one of the results of a cross-organizational panel as recommended by InCUS. We recognize a need for a global approach to find solutions to improve residency program directors' ability to more holistically evaluate candidates and to improve the value and trust of school-based assessments for residency screening and selection. This should involve multiple organizations (ACGME, ABMS, NBOME, AACOM, AOA, COCA) in addition to the InCUS parent organizations.
5. **Ensure consistent medical school preparation of students for clinical skills and knowledge exams.** The AAFP agrees with the timeline for a cross-organizational panel with a proposal, scope/timelines by end of calendar year 2019. Adding organizations such as LCME, COCA and AACOM may be helpful.

Thank you for this opportunity to provide input. The AAFP would like to be involved in the development of solutions for more effective UME to GME transitions. A holistic approach is needed to change systems to produce consistent education while maintaining learner and teacher wellness, ultimately producing satisfied, high-performing physicians. The AAFP brings perspectives from students, residents, faculty, and practicing physicians in a variety of settings.

We welcome the opportunity to participate in future panels and meetings. Please contact Karen Mitchell MD, Director of Division of Medical Education at kmitchell@aafp.org with any questions or follow up.

Sincerely,



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