Three Decisions to Result in Future Changes to USMLE

Katie: Hello and welcome to USMLE Connection, a podcast designed to keep you in the know about all things USMLE. We're back today with David Johnson, who's the Chief Assessment Officer at Federation of State Medical Boards, and Michael Barone, the Vice President for Licensure at NBME. In today's podcast, they will share an announcement about three recent decisions that will result in changes to USMLE. My name is Katie. Let's begin.

Dave and Mike, thanks for talking with us today.

David Johnson: Well, thanks for having us, Katie.

Michael Barone: It's nice to be here, Katie.

Katie: So let's dive right in. What are the future changes?

David Johnson: Well, Katie, there are three policy changes being introduced by USMLE, and I'll tick off all three. First, USMLE is reducing the attempt limits from six to four attempts per Step or Step component. Second, USMLE is requiring individuals to pass Step 1 as an eligibility requirement for taking Step 2 CS. And third, USMLE is changing the Step 1 score reporting from a three-digit numeric score to reporting solely a pass/fail outcome.

Katie: Wow, these are significant changes. When will they take effect?

Michael Barone: Well, Katie, we plan to implement the policies that Dave mentioned over the next 11 to 24 months. For the attempt limit policy, we're looking at implementing that no earlier than January of 2021 for the prerequisite for Step 2 CS policy. We'll implement that no earlier than March of 2021. And then for the policy that relates to Step 1 score reporting, that will be implemented no earlier than January of 2022.

Katie: So it will be a bit of time before these changes are in place. How did the USMLE program arrive at these decisions?

David Johnson: Well, Katie, these policy changes derived from some fairly extensive discussions within the USMLE composite committee, within FSMB and NBME governing boards, and in the case of eliminating the Step 1 numeric score, that decision was informed by extensive input from outside of the program. That includes the feedback and commentary before, during, and after the Invitational Conference on USMLE Scoring in March of last year, InCUS, that also included national

survey work and presentations at various national meetings. Katie, I should say, just to remind a few listeners that when we referenced InCUS, that invitational conference was cosponsored FSMB, NBME, the AMA, AAMC, and the ECFMG. It featured about 45 attendees from medical education, regulation, recent examinees, and members of the public who gave us a lot of feedback in a day and a half on USMLE and its role within this educational and regulatory environment.

Katie: Great, Dave, it sounds like a lot of information and feedback was considered when making these decisions. Let's take these policies one at a time. What is the rationale for introducing an exam prerequisite for Step 2 CS?

Michael Barone: Well, Katie, first I would like to point out that currently the vast majority of examinees, both U.S. and international candidates, routinely take and pass Step 1 before taking the clinical skills exam. So this policy change will impact relatively few examinees. Second, from an exam integrity standpoint, it's quite reasonable for us to expect some demonstration of success within the USMLE program before providing access to the more in-depth, case-based content included in Step 2 CS. And actually, it's probably not in the examinee's best interest to pay for the Step 2 CS exam and potentially travel to one of the test centers without having some evidence of success within the USMLE program sequence. And this approach isn't new. Other programs around the world and around the country have a prerequisite policy in place in which examinees first have to pass a knowledge-based exam before they're given access to a performance-based exam.

Katie: I'd imagine the second policy change, reducing the number of attempts from six to four, would also contribute to test security, and ultimately the validity of the USMLE score and pass/fail result. Can you also explain some of the other benefits to this policy change?

David Johnson: Oh, absolutely. There were several factors that were taken into consideration, Katie. Test security is always important and in this case the attempt limit will contribute to test security by limiting exposure of examination content. In fact, analysis conducted within the USMLE program shows that it's very uncommon, actually, for individuals with multiple repeated attempts on a USMLE examination to then complete the entire exam sequence successfully, to then gain access to residency training, and ultimately receive a license to practice medicine in the U.S.
And one other thing I would note, Katie, is that by bringing the USMLE attempt limit to four, that mirrors the standard more

commonly imposed by so many of the state medical boards here in the United States.

Katie: Okay. So what I'm hearing is that this decision makes sense for a number of reasons. I suspect many listeners are tuning in to hear about the policy change to report Step 1 as pass/fail. Why make Step 1 pass/fail?

Michael Barone: First of all, Katie, this was a very important and very challenging decision for the USMLE program, and honestly, one that couldn't have been made without InCUS participants, USMLE governance committee members, many of our other committee members, and advisory group committee members that provide input to the USMLE program. And certainly there was the critical input of the USMLE parent boards. Our goals were to do something that would maintain USMLE's importance and relevance to state medical boards but also spark systemic change and try to improve the overall educational and transition-to-residency experiences of medical students. And in doing so we looked at a number of scoring options, but we ultimately came to this one of changing Step 1 to pass/fail scoring, but maintaining a numeric score for Step 2 CK. We made this decision for a couple of reasons. First of all, it doesn't change the way state medical boards would use information from USMLE and second of all, it seemed like the best decision, balancing all the critically important input we heard from the multiple stakeholders starting at InCUS and over the ensuing months.

Katie: That clarification was helpful, Mike. Are you concerned that this policy change simply shifts some of the concerns around Step 1 score use to Step 2 CK?

David Johnson: That's a great question, Katie. It's fair to say that an underlying assumption by FSMB and NBME governance in removing the Step 1 numeric score was that those residency programs that cannot do without some type of objective metric, either because of limited resources or choose not to because of their view of the importance of a relevant standardized test, those programs will likely turn to Step 2 CK. And I think most people would agree that if there is to be a uniform metric applied at the discretion of the program, it's more appropriate to use the clinically-oriented Step 2 CK. And in fact, I would just add that the current literature suggests there is more validity for Step 2 CK for predicting some of the measures of physician performance compared to Step 1 at this time.

Katie: Okay, great. So I'm wondering, does USMLE plan on making the other step exams pass/fail?

Michael Barone: Well, Katie, it's important to point out that Step 2 CS is already reported as pass/fail and we don't plan to change that. But with regards to the other Steps, we're currently not entertaining a pass/fail result for Step 2 CK and Step 3. It's certainly hard to predict the future, but right now those discussions aren't underway or planned for those changes. However, we anticipate that such a question may actually come up in the work that's being undertaken by the organizations that comprise the Coalition for Physician Accountability. And for our listeners who may not be aware of that organization, the Coalition is a group comprising leaders from national organizations who are responsible for the oversight, education, and assessment of medical students and physicians throughout their careers. The subsequent work that's just being undertaken by the Coalition focuses on a systems-wide fix to the medical-school-to-residency transition, one that was highlighted at InCUS as being so flawed. And we anticipate that some of the questions coming up within that work could be, "Well, what is the role of standardized tests in the transition? And in fact, what is the role of other competency assessments that currently have less standardization than USMLE has, and as a result, less reliability?" We're really anticipating that the Coalition's work could help us sift through some of these questions.

Katie: It sounds like there are larger systemic issues to consider within academic medicine. How will this change impact this environment?

David Johnson: Katie, one message that we heard distinctly was that USMLE is just one piece of a large and complex environment for medical education and regulation and we see these changes as an important step to facilitating broader discussions of the possible system-wide changes to improve the transition from undergraduate to graduate medical education, as Mike alluded to just a moment ago.

Katie: The changes announced today will impact examinees. How will USMLE help students during this transition?

Michael Barone: Katie, I'd like to think we've already started that. And in announcing these policy changes, we've been very clear about implementation timelines, and we thought very carefully about balancing a sufficiently long runway or period of adaptation to these changes, and not making it excessively long to implement these policy changes. One of our guiding principles was balancing, doing something for examinees and doing something for the system, but

also limiting unnecessary or very rapid disruption to the system. What our commitment is now is that we're going to continue to provide relevant information on a timely basis through outlets like this podcast and our website, immediately as it becomes available.

Katie: Okay, and when can we hear more?

David Johnson: Well, Katie, we know these policy changes will require some additional updates, and USMLE is committed to providing more information, particularly as the operational details for implementing these policies begin to solidify in the coming months. And so we would encourage listeners to keep following USMLE social media, keep checking the USMLE website, as those are the best resources for the definitive information on the examination program itself.

Katie: Dave and Mike, thanks so much for coming on USMLE Connection to share this important news with our listeners.

David Johnson: Thank you for having us.

Michael Barone: Thanks again, Katie.