



USMLE® 2020 DIRECTORY

COMMITTEES & TASK FORCES

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ABOUT USMLE COMMITTEES & TASKS FORCES

The United States Medical Licensing Examination® (USMLE®) program is both grateful and proud to list the names of the medical educators, academic researchers, practicing clinicians and other professionals who served as committee or task force members in 2020. This past year required new solutions to confront the unique challenges to medical education and the assessment of learners as a result of the COVID-19 pandemic. Included you will find a list of cohorts comprising individuals whose expertise and dedication made it possible for the USMLE program to continue to serve the state and regional medical boards and the medical education community despite the monumental disruption to medical education. These individuals enable the USMLE to achieve its goals of assessing a physician's ability to apply knowledge, concepts, principles and patient-centered skills.

In 2020, 49% of USMLE committee and task force members were women.¹ Minority racial/ethnic groups comprised at least 24% of members. Nearly 62% of members held a medical degree; 30% held both a medical degree and an additional advanced degree; nearly 5.5% held a PhD alone; and 2.5% of these members held other degrees from various disciplines. Geographically, nearly 34% of committee members were from the Southern United States; 25% were from the Central United States; 26% were from the Northeast; and nearly 15% were from the West Coast. Nearly 4% of committee members reported to be either current or former members of state licensing boards. Altogether, more than 398 individuals from more than 145 organizations served on a USMLE committee.

¹A total of 364 USMLE committee and task force members selected either male or female on our survey; 180 members reported to be female.

USMLE® is a joint program of:



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USMLE Committees

USMLE BUDGET COMMITTEE

Financial arrangements for the USMLE program are managed jointly by FSMB and NBME through the USMLE Budget Committee, which consists of representatives appointed by FSMB and NBME. The committee meets annually to review and approve the statements of budgeted revenue and expenses and to review and revise, when needed, fees charged for USMLE examinations and ancillary fees.

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USMLE COMMITTEE FOR INDIVIDUALIZED REVIEW

The USMLE Committee for Individualized Review (CIR) is a standing committee appointed by the USMLE Composite Committee. It exercises the authorities and responsibilities described in the USMLE Policies and Procedures regarding irregular behavior, score validity and anomalous performance.

A majority of the committee's time is spent reviewing cases of possible irregular behavior. Irregular behavior includes any action by applicants, examinees or others that could compromise the validity, integrity or security of the USMLE process. Examples of irregular behavior include, but are not limited to, communicating or attempting to communicate about test items, cases and/or answers; altering or misrepresenting examination scores or outcomes; or possessing unauthorized materials in the secure testing area. The CIR carefully considers all available pertinent information and evidence when rendering a decision. If the committee determines that an individual engaged in irregular behavior, an annotation to that effect will appear on applicable score reports and transcripts for that examinee. Further, the committee has the authority to report their findings to the Federation of State Medical Boards' Physician Data Center and/or other legitimately interested entities as well as bar the individual from future administrations of USMLE.

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USMLE COMPOSITE COMMITTEE

The USMLE Composite Committee was established jointly by the Federation of State Medical Boards and NBME to provide oversight for and direct the operation of the USMLE, including establishing policies and considering their fiscal impact upon the USMLE program. The Composite Committee is also responsible for the areas of responsibility delegated to it, which include, but are not limited to: approval of examination objectives and blueprints; test formats and changes in test length; score reporting policies; test administration policies; and policies for examination security and integrity, irregular behavior, score validity and anomalous performance.

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The USMLE Management Committee, with final approval from the Composite Committee, approves the design of each USMLE examination or its components; monitors and coordinates test development and review committees; oversees standard setting for each exam; advises on test administration and test accommodations issues; reviews and responds to reports from external groups; advises program staff on issues related to new test formats and changes to exams; reviews trends in examinee counts and performance; and monitors/evaluates implications of national trends in medicine and education. Committee members include individuals with experience on state medical boards, medical school faculty and governance leaders from schools across the United States, practicing physicians, residents and public members.

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CLINICAL SKILLS ASSESSMENT ADVISORY GROUP

Participants of the Clinical Skills Assessment Advisory Group discussed milestones and offered counseling on the process of identifying the optimal approach to assessment of clinical skills for licensure. The group comprised subject-matter experts and stakeholders, including individuals from state medical boards, undergraduate and graduate medical education, measurement science, representatives of governance of the USMLE program, and examinees.

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STEP 2 CLINICAL SKILLS TEST DEVELOPMENT TASK FORCE

Following the March 2020 suspension of the Step 2 Clinical Skills exam due to COVID-19, USMLE worked to identify the optimal approach to the assessment of clinical skills to protect the health and safety of examinees and staff. This work required talented individuals who brought thoughtful and varied perspectives to the challenges of relaunching a modified exam.

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