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About USMLE Committees & Task 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 2021. 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. 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 2021, 341 individuals contributed to the USMLE examination program by creating and reviewing test materials. Of these, 50% were women. Minority racial/ethnic groups comprised nearly 19% of members. More than 63% of members held a medical degree; nearly 29% held both a medical degree and an additional advanced degree; 6% held a PhD alone; and nearly 2% of these members held other degrees from various disciplines. Geographically, more than 35% of committee members were from the Southern United States; nearly 25% were from the Central United States; 25% were from the Northeast; and more than 14% were from the West Coast. Nearly 3% of committee members reported to be either current or former members of state licensing boards. Individuals from more than 122 organizations served on a USMLE committee.

1A total of 331 USMLE committee and task force members selected either male or female on our survey; 165 members reported to be female.
Improving Exam Content: Introducing the USMLE® Patient Characteristics Advisory Panel

Several focused efforts are underway to further incorporate DEI to provide shared value and benefits for examinees, medical educators and community members. This includes creating a more structured way to review and respond to inquiries about test questions.

In July, USMLE commenced work with the newly convened Patient Characteristics Advisory Panel to expand the impact of the previous USMLE Management Committee task force. With support from NBME staff, this panel of practicing physicians and USMLE committee members will help ensure exam content, practices and review processes illustrate patient characteristics fairly, accurately and devoid of stereotyping. Their vision: patient characteristics included in USMLE test items both reflect the patient population that examinees care for and adhere to NBME’s updated Item Writing Guide. This guide can help any educator appropriately describe patients to construct quality test questions.

The Advisory Panel members, who were selected with diversity in geography, specialty, gender and race/ethnicity in mind, include:

- Andrea Anderson, MD, The George Washington University School of Medicine and Health Sciences
- Karen J. Brasel, MD, MPH, Oregon Health & Science University School of Medicine
- Thomas M. DeFer, MD, Washington University in St. Louis School of Medicine
- John S. Francis, MD, PhD, Yale School of Medicine
- Reena Karani, MD, MHPE, (Chair), Icahn School of Medicine at Mount Sinai
- Florencia G. Polite, MD, The Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania
- Caren M. Stalburg, MD, MA, University of Michigan Medical School
- Nikki Stewart, MD, MPH, MBA, Howard University College of Medicine
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 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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USMLE Management Committee
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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The USMLE Patient Characteristics Advisory Panel provides guidance for USMLE governance and test development in regard to patient characteristics in exam materials.

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USMLE CCS Committee members develop and review clinical case scenarios and create scoring rubrics for cases that appear on the USMLE Step 3 examination.

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CCS IRC members review cases that count toward the examinee’s score to ensure the clinical currency and accuracy and approve them for continued use on the Step 3 examination. Individuals selected to participate in this activity are seasoned committee members with previous item writing or case authoring experience.

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