

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 308
(A-24)

Introduced by: Resident and Fellow Section

Subject: Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being

Referred to: Reference Committee C

1 Whereas, the United States Medical Licensing Examination (USMLE) Step 3 is the final
2 licensure examination in the USMLE series for physician licensure, which is taken during
3 residency training¹; and
4

5 Whereas, Step 3 is a two-day examination, with the first day (“Foundations of Independent
6 Practice,” 7 hours of testing) focused on basic science principles and the second day
7 (“Advanced Clinical Medicine,” 9 hours of testing) focused on application of clinical knowledge;
8 and
9

10 Whereas, the first testing day consists of multiple-choice questions and the second day consists
11 of a combination of multiple-choice questions and computer-based case simulations¹; and
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13 Whereas, the cost of registering to take Step 3 was \$915 in 2023, with an increase to \$925 in
14 2024 and subsequent annual fee increases²; and
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16 Whereas, the Step 3 test preparation question bank costs an individual resident \$429 in 2023,
17 which an increase for each renewal period³; and
18

19 Whereas, given that the computer-based simulation section utilizes software from a company
20 called *Primum*, which differs drastically from the Electronic Medical Record, trainees often
21 purchase CCS Cases to learn the software, which costs at minimum \$70; and
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23 Whereas, therefore, the total cost of Step 3 preparation and examination is at least \$1,400 per
24 trainee, not including two missed days of work; and
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26 Whereas, trainees may have to use their designated days off to prepare for and to sit for the
27 examination, exacerbating moral injury and burnout; and
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29 Whereas, the objective of Step 3 is to test general medicine concepts primarily in an ambulatory
30 setting, which does not accurately reflect the sub-specialization and complexity of modern-day
31 medicine, and, therefore, does not justify a numerical score across disciplines; and
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33 Whereas, Step 3 was designed for examination after successful completion of one’s medical
34 degree, however, USMLE recommends completion of one post-graduate year of training prior to
35 taking the exam⁴; and
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37 Whereas, specialty choice is highly predictive of examination score; trainees in general
38 medicine fields (i.e. family medicine, emergency medicine, internal medicine, medicine-

1 pediatrics, and pediatrics) obtain significantly higher scores on Step 3 compared to more
2 specialized fields, supported by a retrospective study (n=36,805) of U.S. and Canadian medical
3 school graduates who took Step 3 for the first time between 1999 and 2002⁵; and
4

5 Whereas, the National Board of Medical Examiners (NBME) published data from 275,392
6 board-certified physicians who passed Step 3 between 2000 and 2017 indicating that a higher
7 score inversely correlated with likelihood of disciplinary action from the medical board (though
8 limitations included treating all disciplinary actions equally, which does not translate directly to
9 medical and/or surgical skills)⁶; and
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11 Whereas, there are no published data that correlate one's numeric Step 3 score with true
12 clinical skills and beneficial patient outcomes; and
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14 Whereas, preparing for Step 3 on top of clinical duties during residency may detract from on-
15 the-job learning and patient care, especially for trainees who pursue fellowships, as Step 3
16 scores are a component of the application process; and
17

18 Whereas, residency programs do not give residents protected study time for Step 3, thus,
19 residents must prepare for the examination on top of their 60-80+ hour work-weeks; and
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21 Whereas, a one-day, pass/fail examination has the potential to reduce trainee costs, promote
22 trainee well-being, and encourage more learning via patient care in lieu of question banks;
23 therefore be it
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25 RESOLVED, that our American Medical Association supports changing the United States
26 Medical Licensing Examination (USMLE) Step 3 from a numerically-scored examination to a
27 pass/fail examination (New HOD Policy); and be it further
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29 RESOLED, that our AMA supports changing USMLE Step 3 from a two-day examination to a
30 one-day examination (New HOD Policy); and be it further
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32 RESOLVED, that our AMA supports the option to take USMLE Step 3 after passing Step 2-
33 Clinical Knowledge (CK) during medical school (New HOD Policy); and be it further
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35 RESOLVED, that our AMA advocates that residents taking the USMLE Step 3 exam be allowed
36 days off to take the exam without having this time counted for PTO or vacation balance.
37 (Directive to Take Action)

Fiscal Note: Minimal - less than \$1,000

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REFERENCES:

1. Step 3 Exam Content. United States Medical Licensing Exam. Accessed September 23, 2023. <https://www.usmle.org/step-exams/step-3/step-3-exam-content>
2. USMLE Stem 3 Critical Announcements. Federation of State Medical Boards. Accessed September 23, 2023. <https://www.fsmb.org/step-3/step-3-announcements/>
3. USMLE Step 3 QBank Pricing. USMLE Medical. Accessed April 12, 2024. https://medical.uworld.com/usmle/usmle-step-3/?gad_source=1&gclid=CjwKCAjwuJ2xBhA3EiwAMVjkVJXY2_FsIT_cBR1MP5wyz95pIDSA1GN7cC9IUpaNNJJNZvPnhR3RqRoCfJwQAvD_BwE
4. Sawhill AJ, Dillon GF, Ripkey DR, Hawkins RE, Swanson DB. The impact of postgraduate training and timing on USMLE Step 3 performance. *Acad Med.* 2003;78(10 Suppl):S10-S12. doi:10.1097/00001888-200310001-00004
5. "Eligibility." *USMLE*, www.usmle.org/bulletin-information/eligibility. Accessed 24 Sept. 2023.

6. Cuddy MM, Liu C, Ouyang W, Barone MA, Young A, Johnson DA. An Examination of the Associations Among USMLE Step 3 Scores and the Likelihood of Disciplinary Action in Practice. *Acad Med.* 2022;97(10):1504-1510. doi:10.1097/ACM.0000000000004775

RELEVANT AMA POLICY:

Proposed Single Examination for Licensure H-275.962: Our AMA: (1) endorses the concept of a single examination for medical licensure; (2) urges the NBME and the FSMB to place responsibility for developing Steps I and II of the new single examination for licensure with the faculty of U.S. medical schools working through the NBME; (3) continues its vigorous support of the LCME and its accreditation of medical schools and supports monitoring the impact of a single examination on the effectiveness of the LCME; (4) urges the NBME and the FSMB to establish a high standard for passing the examination; (5) strongly recommends and supports actively pursuing efforts to assure that the standard for passing be criterion-based; that is, that passing the examination indicate a degree of knowledge acceptable for practicing medicine; and (6) will work with the appropriate stakeholders to study the advantages, disadvantages, and practicality of combining the USMLE Step 1 and Step 2 CK exams into a single licensure exam measuring both foundational science and clinical knowledge competencies. [CME Rep. B, I-89; Reaffirmed: Sunset Report, A-00; Modified: CME Rep. 2, A-10; Reaffirmed: BOT Rep. 3, I-14; Appended: Res. 309, A-17]

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