

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 315
(A-24)

Introduced by: Maryland

Subject: Cease Reporting of Total Attempts of USMLE STEP1 and COMLEX-USA
Level 1 Examinations

Referred to: Reference Committee C

1 Whereas, in September 2021, the United States Medical Licensing Examination (USMLE) made
2 an official announcement regarding the implementation of a revised assessment format for
3 STEP1, wherein the conventional numeric scoring system and binary pass/fail outcomes would
4 be replaced solely with a pass/fail designation for examinations commencing in January 2022¹;
5 and

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7 Whereas, alongside this transition, the passing threshold for STEP1 was heightened, and the
8 permissible number of attempts was reduced from six to four,¹ with the aim of alleviating the
9 psychological burden commonly associated with the examination process, while concurrently
10 fostering a more comprehensive evaluation of applicants; and

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12 Whereas, the pass rate for all examinees in 2022 declined to 82%, compared to the previous
13 rate of 88% in 2021 prior to the introduction of the new scoring system² and

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15 Whereas, studies have indicated significant performance disparities between men and women
16 taking STEP1, as well as variations based on the age at the time of examination;^{3,4} and

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18 Whereas, the process of preparing for and undertaking the USMLE STEP1 exam has been
19 associated with excessive stress and social isolation⁵; and

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21 Whereas, research has revealed that medical students encounter higher levels of burnout,
22 depressive symptoms, suicidal ideation, and substance use compared to the general
23 population;^{6,7} and

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25 Whereas, the transition to a binary scoring system has led to heightened pressure to pass the
26 exam on the first attempt; and

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28 Whereas, the implementation of the pass/fail scoring system has also led to an increased
29 emphasis on extracurricular activities and the STEP2 exam, a more clinically relevant exam, as
30 the primary means of distinguishing applicants and maintaining competitiveness;⁸ and
31 Whereas, in contrast to the STEP2 exam, STEP1 is considered less clinically relevant and an
32 inadequate indicator of future professional competence as a physician;⁹ and

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34 Whereas, given that STEP1 has moved to pass/fail and is now a mere threshold to be crossed,
35 lacks clinical significance compared to STEP2, and is an inadequate indicator of future
36 professional competence as a physician, it is reasonable to move away from reporting failed
37 attempts or total number of attempts to residency and fellowship programs, as well as licensure
38 authorities; and

1 Whereas, transitioning away from reporting failed attempts on the STEP1 and Level 1
2 examinations would be another potential avenue to better support medical student mental
3 health and wellness and would align with the goal of creating a more comprehensive and
4 balanced evaluation of medical students; and

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6 Whereas, our AMA has ample policy regarding supporting the mental health and wellness of
7 trainees in both the undergraduate and graduate medical education levels (H-345.970); and

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9 Whereas, our AMA has expressed its support for the holistic review of medical school applicants
10 and has encouraged residency directors not to utilize ranked passing scores as a screening
11 criterion (H-275.953); therefore be it

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13 **RESOLVED**, that our AMA advocate that NBME and NBOME cease reporting the total number
14 of attempts of the STEP1 and COMLEX-USA Level 1 examinations to residency and fellowship
15 programs and licensure.

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

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REFERENCES

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2. USMLE. Early Release of USMLE Step 1 2022 Summary Performance. 2023. <https://www.usmle.org/early-release-usmle-step-1-2022-summary-performance>
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RELEVANT AMA POLICY

The Grading Policy for Medical Licensure Examinations H-275.953

1. Our AMA's representatives to the ACGME are instructed to promote the principle that selection of residents should be based on a broad variety of evaluative criteria, and to propose that the ACGME General Requirements state clearly that residency program directors must not use NBME or USMLE ranked passing scores as a screening criterion for residency selection.
2. Our AMA adopts the following policy on NBME or USMLE examination scoring: (a) Students receive "pass/fail" scores as soon as they are available. (If students fail the examinations, they may request their numerical scores immediately.) (b) Numerical scores are reported to the state licensing authorities upon request by the applicant for licensure. At this time, the applicant may request a copy of his or her numerical scores. (c) Scores are reported in pass/fail format for each student to the medical school. The school also receives a frequency distribution of numerical scores for the aggregate of their students.
3. Our AMA will: (a) promote equal acceptance of the USMLE and COMLEX at all United States residency programs; (b) work with appropriate stakeholders including but not limited to the National Board

of Medical Examiners, Association of American Medical Colleges, National Board of Osteopathic Medical Examiners, Accreditation Council for Graduate Medical Education and American Osteopathic Association to educate Residency Program Directors on how to interpret and use COMLEX scores; and (c) work with Residency Program Directors to promote higher COMLEX utilization with residency program matches in light of the new single accreditation system.

4. Our AMA will work with appropriate stakeholders to release guidance for residency and fellowship program directors on equitably comparing students who received 3-digit United States Medical Licensing Examination Step 1 or Comprehensive Osteopathic Medical Licensing Examination of the United States Level 1 scores and students who received Pass/Fail scores.

Improving Mental Health Services for Undergraduate and Graduate Students H-345.970

Our AMA supports: (1) strategies that emphasize de-stigmatization and enable timely and affordable access to mental health services for undergraduate and graduate students, in order to improve the provision of care and increase its use by those in need; (2) colleges and universities in emphasizing to undergraduate and graduate students and parents the importance, availability, and efficacy of mental health resources; and (3) collaborations of university mental health specialists and local public or private practices and/or health centers in order to provide a larger pool of resources, such that any student is able to access care in a timely and affordable manner

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