



July 21, 2019

Humayun J. Chaudhry, DO, MACP
FSMB President and CEO
Federation of State Medical Boards
400 Fuller Wisser Road
Eules, TX 75039

Peter J. Katsufrakis, MD, MBA
President and CEO
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102

Re: Response to Invitational Conference on USMLE Scoring (InCUS)

Dear Doctors Chaudhry and Katsufrakis,

On behalf of the American College of Physicians (ACP) and the ACP Education Committee, we write to respond to the NBME and FSMB request for input regarding USMLE scoring. ACP agrees that the UME-GME transition and competency verification system must improve to meet the needs of stakeholders. ACP is strongly in favor of convening a cross-organizational panel to create solutions in the UME-GME transition, and urges holistic evaluation and improvements in the interwoven UME-GME-licensure transition processes. We also write to express our concerns with the InCUS recommendation to consider pass/fail USMLE Step 1 scoring. ACP urges holistic review and enactment of improvements prior to considering whether any change is necessary or appropriate for USMLE scoring.

The American College of Physicians (ACP) is the professional home for Internal Medicine, the largest medical-specialty organization, and second-largest physician group in the United States. Our 159,000 members include internists, internal medicine subspecialists, residents, fellows and medical students. ACP's Education Committee comprises 12 members who develop or support educational policy to improve the quality, safety, and value of health care, and to support the professional fulfillment of medical learners. ACP stakeholders affected by potential changes in USMLE Scoring include, but are not limited to: medical students, residency program directors, undergraduate medical educators, and graduate medical educators. In addition, ACP engages in

patient partnership and advocacy, providing a voice for patients, inter-professional healthcare professionals, and other public stakeholders.

ACP Education Committee Responses to InCUS Recommendations:

InCUS Recommendation #1: Reduce the adverse impact of the current overemphasis on USMLE performance in residency screening and selection through consideration of changes such as pass/fail scoring.

ACP strongly opposes any changes to USMLE scoring before a holistic review of the entire UME to GME transition.

ACP is concerned about the well-being of medical students. We must ensure that any change intended to decrease medical student stress does not have the unintended consequence of conversely increasing student stress. The recent changes made by many medical schools to convert the first 2 years of medical school to pass/fail grading has correlated with increased focus by students on the USMLE, with rising descriptions of stress among medical students. If a pass/fail grading system has in fact increased learner stress by reducing objective feedback on progress, and by increasing focus on the USMLE step 1 score, such unintended consequences could be magnified by further shifting focus from the USMLE to an even later feedback metric. We are also concerned that if student grades and USMLE step 1 are both pass/fail for the first 2 years of medical school, leaving all graded assessment to the 3rd and 4th years of medical school, our profession will generate an unintended message that the first 2 years of medical school are not important for a competent healthcare workforce.

ACP Education Committee members were unable to find any evidence that changing Step 1 scoring to pass/fail would reduce overall stress on medical students. Educators from both UME and GME communities voiced concerns about this plan. A common concern is that a shift of objective assessment of medical knowledge will be required onto an alternative metric, thereby merely shifting stress onto a potentially less statistically rigorous and less equitable metric.

InCUS Recommendation #2: Accelerate research on the correlation of USMLE performance to measures of residency performance and clinical practice.

ACP strongly supports acceleration of research.

The USMLE must engage in educational research to ensure that the examinations are appropriately designed to assess competencies relevant to patient care and effective functioning of our healthcare workforce. ACP feels strongly that the medical education system should ensure that the nation has an adequate supply of the types of physicians needed to treat patients, and that they enter the workforce with the knowledge and skills required to provide the highest quality care.

InCUS Recommendation #3: Minimize racial demographic differences that exist in USMLE performance.

ACP strongly supports minimization of racial demographic differences in USMLE performance.

ACP is committed to the support of equity in all processes and systems affecting medical learners and the healthcare workforce. ACP feels strongly that the nation will not be able to expand access, improve health outcomes, and decrease health care expenditures without a diverse and equitably trained national health care workforce.

InCUS Recommendation #4: Convene a cross-organizational panel to create solutions for challenges in the UME-GME transition ...”

ACP strongly supports the recommendation for convening of a cross-organizational panel to create solutions in the UME-GME transition.

The timeline to complete a holistic review by end of calendar year 2019 is ambitious. We urge focusing on the quality of the recommendations over the speed of the process. We urge that the holistic review include increased representatives from the program director community, as ACP has heard from many members of this constituency who have not felt adequately represented by InCUS. We encourage continued representation from medical students. Residents who recently transitioned from UME to GME should also be included, as they are able to share a perspective that medical students cannot.

ACP believes that each medical student should have a clear picture of how their performance will be evaluated during medical school and by residency programs. Because the UME-GME transition is a competitive process, each student must have the opportunity to demonstrate the knowledge, skills, and behaviors that they have worked to develop during medical school. Residency program directors must also receive applications with sufficient data to allow them to select future residents through a holistic review process.

ACP has heard from program directors that much of the current information provided during residency program application (MSPE, chair’s letter, letters of recommendation) is opaque and does not allow for an adequate evaluation of students’ actual medical school performance. An absence of objective grading has exacerbated this problem. This has contributed to reliance on the USMLE to evaluate medical student applicants. The ACP urges cross-organizational solutions to include the AAMC and other UME stakeholder organizations who are responsible for student competency reporting, to improve the quality of data provided in residency applications. For example, the emergency medicine community has successfully implemented a change with their Standardized Letter of Evaluation (SLOE).

ACP also strongly advises that ECFMG be included in cross-organizational solutions, and that no changes be made to USMLE scoring or the UME-GME transition without consideration of how changes would affect international medical graduates (IMGs). IMGs make up 25% of physicians currently in training and practice in the United States. ACP has heard particularly strong concerns about potential USMLE pass-fail scoring from the program directors who match a significant number of IMGs each year. IMG selection into the U.S. healthcare workforce must

continue to rely on USMLE scores unless commensurate changes are made in global student evaluations and reporting mechanisms.

Because assessment drives learning, the convened cross-organizational panel should also carefully consider attributes important in our graduates, and take steps to incorporate relevant, objective, and constructive assessments throughout medical school. The panel should address a standardized method for communicating these assessments in medical student applications for residency. With more objective and reportable assessment points, stress associated with any individual assessment should be diffused, refocusing appropriately to the development of competency domains important in our physician workforce.

In Summary:

ACP welcomes dialogue between all stakeholders to improve UME-GME-licensure transitions. On the important issue of USMLE scoring, ACP urges continued numerical score reports until holistic residency applicant reviews can reliably incorporate a series of valid and objective assessment data points, both for domestic and for international medical graduates. Change is welcomed, but not without consideration of unintended consequences.

On behalf of the ACP Education Committee and ACP Board of Regents,

Sincerely,



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Chair, American College of Physicians Education Committee



John D. Myers, MD, FACP
Vice Chair, American College of Physicians Education Committee



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