

HOD ACTION: Council on Medical Education Report 10 adopted as amended with the addition of a sixth recommendation and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 10-A-08

Subject: Independent Regulation of Physician Licensing Exams

Presented by: Richard J.D. Pan, MD, MPH, Chair

Referred to: Reference Committee C
(David M. Lichtman, MD, Chair)

1 Resolution 301 (A-07) submitted by the Resident and Fellow Section and adopted as amended,
2 asked that our American Medical Association (AMA):

3
4 Study potential mechanisms of independent oversight regulation of the creation,
5 implementation and regulation of physician licensing exams, with report back at the 2008
6 Annual Meeting.

7
8 At Reference Committee C, there was considerable testimony and it was noted that the United
9 States Medical Licensing Examination (USMLE) governance is an oversight body composed of
10 physicians and public members charged with protecting the public. In addition, it was noted that
11 the good dialogue and communication our AMA has developed with these organizations should not
12 be compromised and detract from the AMA's Initiative to Transform Medical Education (ITME).
13 There was some sentiment to develop a report that defines the current process of oversight and to
14 explore other organizations' exclusive power to create, validate, and administer licensure exams.
15

16 In response to this directive and as charged by the reference committee, this report will describe the
17 membership of the organizations that sponsor and govern the USMLE. In addition, information
18 about the structure and composition of the organizations and their committees which provide
19 oversight for the licensure exams administered to nurses, pharmacists, dentists, and clinical social
20 workers will be presented.

21
22 **Background**

23
24 The individual state medical licensing authorities ("state medical boards") of the various
25 jurisdictions grant a license to practice medicine, and each medical licensing authority sets its own
26 rules and regulations, based on state laws. Each requires passing an exam that demonstrates the
27 physician meets the qualifications for licensure. The USMLE program was designed to provide the
28 state licensing authorities with a common evaluation system for medical licensure applicants. All
29 graduates of accredited allopathic medical schools in the U.S. and abroad are required to pass the
30 USMLE. Although graduates of a U.S. medical school program leading to the DO degree that is
31 accredited by the American Osteopathic Association (AOA) are eligible to take USMLE, they are
32 required to take Comprehensive Osteopathic Medical Licensing Examination (COMLEX). All state
33 licensing authorities in the United States currently utilize the USMLE program to assess a
34 physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental
35 patient-centered skills that are important in health and disease and that constitute the basis of safe
36 and effective patient care. The USMLE is cosponsored by the National Board of Medical
37 Examiners (NBME) and the Federation of State Medical Boards (FSMB).

1 The NBME is an independent, not-for-profit organization established in 1915. The voting
2 membership of the NBME is comprised of a large number of constituencies, with accountability
3 and expertise in the health professions and medical education and evaluation. The current
4 membership includes:

5
6 **NBME Test Committee Representatives:**

- 7 • 21 academic physicians (basic science and clinical faculty) representing medical schools
8 throughout the U.S.

9
10 **National Professional Organizations**

- 11 • 4 representatives from the AMA (2 residents nominated by the Resident and Fellow
12 Section; and 2 representatives nominated by the Council on Medical Education and
13 appointed by the AMA Board of Trustees)
- 14 • 1 student representing the Student National Medical Association
- 15 • 1 student representing the American Medical Student Association
- 16 • 5 physicians (4 MDs and 1 DO) representing the FSMB
- 17 • 2 physicians (MDs) representing the American Board of Medical Specialties
- 18 • 2 representatives (1 MD and 1 JD) from the Association of American Medical Colleges
- 19 • 2 physicians (MDs) representing the Council of Medical Specialty Societies
- 20 • 5 physicians (MDs) representing the U.S. Veterans Affairs, the U.S. Public Health
21 Services, the U.S. Army, the U.S. Navy, and the U.S. Air Force

22
23 **Public Members-at-large Representing Various Interests**

- 24 • 14 physicians (13 MDs and 1 DO)
- 25 • 1 professor of social medicine and 1 professor of biochemistry and molecular biology
26 (PhDs)
- 27 • 1 professor of family medicine (EDD)
- 28 • 2 attorneys (JDs)
- 29 • 1 business person

30
31 The NBME Executive Board consists of elected officers of the NBME (chair, vice chair, and
32 treasurer), president, past chair, and five additional Executive Board members elected by the
33 NBME.

34
35 The FSMB, founded in 1912, is a national non-profit organization representing the 70 licensing
36 jurisdictions in the United States and its territories. Through policy development and various
37 initiatives, the FSMB works closely with licensing jurisdictions to improve the quality, safety, and
38 integrity of U.S. health care by promoting high standards for physician licensure and practice.

39
40 The FSMB's membership is comprised of the licensing jurisdictions of the United States, the
41 District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern
42 Mariana Islands and 14 state boards of osteopathic medicine. Members of these boards are fellows
43 of the FSMB and many of them have been prominent in the affairs of numerous other major
44 medical organizations. The Canadian provincial medical licensing authorities hold affiliate
45 membership in the FSMB. Individuals, physicians and non-physicians who are interested in
46 licensing issues may become courtesy members through application to the FSMB.

1 The FSMB maintains valuable and constructive relationships with a variety of professional,
2 licensing, and certifying organizations, including the AMA, the Association of American Medical
3 Colleges, the AOA, other national medical groups, national organizations of licensing and
4 certifying agencies in health-related fields and medical licensing authorities in several foreign
5 countries. The FSMB is a parent organization of the Accreditation Council for Continuing Medical
6 Education, and the Educational Commission for Foreign Medical Graduates (ECFMG), and a
7 member organization of the NBME.

8
9 A Composite Committee, appointed by the NBME and FSMB, governs the USMLE and
10 establishes rules for the USMLE program. The Composite Committee is responsible for providing
11 oversight for the USMLE program and the areas of responsibility delegated to it include the
12 following: approval of examination blueprints, test formats, minor changes in test length; scoring
13 and standard setting system policies regarding score reporting; test administration policies and
14 frequency and schedules of test administration; rules regarding sequencing of Steps 1 and 2;
15 policies for examination security, irregular behavior, and indeterminate scores; and approval of a
16 research agenda.

17
18 The Composite Committee must consult with and obtain the approval of the NBME and FSMB
19 boards about the following: extraordinary changes in the examination program, such as new
20 testing formats or major changes in test length; application of sanctions to test administration
21 entities in response to conduct which threatens program integrity; changes in Composite
22 Committee rules of operation; and approval of testing sites outside the United States and Canada.

23
24 The Composite Committee has five FSMB representatives plus one alternate representative
25 appointed by FSMB, five NBME representatives plus one alternate representative appointed by
26 NBME, three representatives plus one alternate representative nominated by the ECFMG and
27 appointed jointly by FSMB and NBME, and one public member appointed jointly by FSMB and
28 NBME. Alternate members are given the privilege to vote if a regular voting member of the
29 respective organization is not present, and always have the privilege to engage in Composite
30 Committee debates and discussions.

31
32 Regular members of the Composite Committee are appointed for three-year terms and can serve
33 two consecutive full three-year terms. At the request of the respective organization, this term
34 limitation may be waived for ECFMG, FSMB, and NBME Chief Executive Officers. Expiration of
35 terms for regular members occurs in March or April of each year. Rules concerning terms of
36 service for alternate members are unique to each organization, and service as an alternate member
37 is not counted against service as a regular member.

38 39 **The USMLE Program**

40
41 The three-step USMLE program, introduced in the early 1990s, replaced what had been multiple
42 examination pathways for licensure, such as the NBME certifying examinations and the Federation
43 Licensing Examination (FLEX). The AMA endorsed the concept of a single exam for medical
44 licensure at its 2000 Annual Meeting. The AMA also urged the NBME and the FSMB to place
45 responsibility for developing Steps I and II of the new single exam for licensure with the faculty of
46 U.S. medical schools working through the NBME (H-275.962, "Proposed Single Examination for
47 Licensure").

1 Over time, USMLE has undergone a number of changes, including the movement from a twice-
2 yearly paper and pencil test administration to year-round computer based test delivery and the
3 introduction of an assessment of clinical skills. In addition, throughout the history of USMLE,
4 content outlines and test content of each Step examination have continuously changed, to keep pace
5 with the evolution of medical practice and education. Use of computer-based case simulations in
6 Step 3 of the USMLE represents the culmination of approximately 30 years of research in this area.
7 Research on the use of standardized patients resulted in implementation of Step 2 clinical skills
8 assessment as a component of the USMLE.
9

10 The Comprehensive Review of USMLE (CRU) was initiated in 2006. The CRU process was
11 conceived by the USMLE Composite Committee, which appointed a seven-member Planning Task
12 Force, consisting of a representative from each of the three Step Committees; one representative
13 from the Composite Committee; and a Board member from each of the organizations that govern
14 USMLE (NBME, FSMB, and ECFMG). The Task Force helped to shape and guide the process for
15 the review, including identification of key stakeholders, development of a series of surveys and
16 focus group sessions intended to solicit stakeholder opinions about the effectiveness and utility of
17 the current program, and the formation of a working group, the Committee to Evaluate the USMLE
18 Program (CEUP). CEUP includes members who bring the perspective of students, residents,
19 fellows, deans and associate deans, basic science and clinical faculty, international medical
20 graduates, licensing jurisdictions, practicing physicians, and the public to this process. A current
21 member of the AMA Medical Student Section Governing Council is a member of CEUP. The
22 AMA has provided input to the CRU process including sharing the results to date of ITME.
23

24 As part of this review, CEUP will consider the changes that have occurred in the academic,
25 regulatory, and practice environment since the original design of USMLE, and determine if these
26 changes signal a need to consider modifications to the current examination system. The primary
27 focus will be on identifying changes or developmental efforts that the committee believes should
28 be initiated in the next 3 to 5 years. However, the committee will also be asked to consider the
29 current and longer term direction of health care and of physician regulation, and to identify the
30 implications for the USMLE program of the future. CEUP is scheduled to deliver its findings and
31 recommendations to FSMB and NBME governance in 2008.
32

33 **A Review of Other Organizations That Provide Oversight and Administration of Health-Care** 34 **Provider Licensing Examinations**

35
36 To ensure public safety, state licensing authorities are also responsible for the licensing of other
37 health care providers. Information about the structure and composition of the organizations and
38 their committees who provide oversight for the licensure exams administered to nurses,
39 pharmacists, dentists, and clinical social workers is presented below.
40

41 **Nursing Licensure Examinations**

42
43 The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization
44 whose membership is comprised of the boards of nursing in the 50 states, the District of Columbia,
45 and four U.S. territories. The NCSBN develops two licensure examinations, the National Council
46 Licensure Examination for Registered Nurses (NCLEX-RN) and the National Council Licensure
47 Examination for Practical Nurses (NCLEX-PN) that are used by state and territorial boards of
48 nursing to determine if a nurse is qualified to practice his or her nursing career in the United States
49 prior to granting a license.

1 The NCLEX Examination Committee provides general oversight of the NCLEX examination
2 process, including item development, examination security, psychometrics, examination
3 administration, and quality assurance to ensure consistency with the Member Boards' need for
4 examinations. Other duties include the selection of appropriate item development panels, test
5 service evaluation, oversight of test service transitions and preparation of written information about
6 the exams for Member Boards and other interested parties. The committee also regularly evaluates
7 the licensure exams by means of item analysis, and test and candidate statistics.

8
9 The NCLEX Examination Committee is comprised of at least nine members. One of the committee
10 members must be a licensed practical/vocational nurse or a board or staff member of an LPN/VN
11 board of nursing. There are no public members on the Committee. The Committee chair must
12 serve as a member of the committee prior to being appointed as chair. The purpose of the NCLEX
13 Examination Committee is to develop the licensure examinations and evaluate procedures needed
14 to produce and deliver the licensure examinations. Toward this end, it recommends test plans to the
15 NCLEX Delegate Assembly and suggests enhancements, based on research that is important to the
16 development of licensure examinations.

17
18 The Item Review Subcommittee evaluates all RN and PN pretest questions and all operational
19 items. It evaluates actual candidate examinations in relation to a variety of criteria, and provides
20 written reports to the Examination Committee. Additional subcommittees may be appointed to
21 assist the Examination Committee in fulfillment of its responsibilities. NCLEX Examination staff
22 contributes to the development and administration of the NCLEX examination by providing
23 psychometric, nursing, and operational expertise and coordinates functions among the committees,
24 Boards of Nursing, and test service.

25 26 **Pharmacist Licensure Examinations**

27
28 A license to practice pharmacy is required in all states, the District of Columbia, and all U.S.
29 territories. As a requirement for licensure, all states require the prospective pharmacist to pass the
30 North American Pharmacist Licensure Exam™ (NAPLEX®), which tests pharmacy skills and
31 knowledge, and 44 states and the District of Columbia require the Multistate Pharmacy
32 Jurisprudence Exam® (MPJE®), which tests pharmacy law. Both the NAPLEX and the MPJE are
33 used by the boards of pharmacy as part of their assessment of competence to practice pharmacy.

34
35 NAPLEX is a computer-adaptive, competency-based exam that assesses the candidate's ability to
36 apply knowledge gained in pharmacy school to real-life practice situations. The MPJE is a
37 computer-adaptive assessment that tailors each exam to address the pharmacy law and regulations
38 of the state in which the candidate is seeking licensure.

39
40 Both exams are developed and administered by the National Association of Boards of Pharmacy
41 (NABP). Pharmacists in the states that do not require the MPJE must pass a state-specific exam
42 that is similar to the MPJE. In addition to the NAPLEX and MPJE, some states require additional
43 exams unique to their state.

44
45 NABP's Advisory Committee on Examinations (ACE) has general oversight of the NAPLEX and
46 MPJE Examination Committees. ACE consists of seven individuals with academic and
47 pharmaceutical backgrounds. There are no public members on the ACE Committee. The ACE
48 Committee reports to the NABP Executive Board (the Chair, President, President-elect, Treasurer
49 and pharmacists representing 8 districts).

1 **Dental Licensure Examination**

2
3 There is no uniform pathway for the licensure of dental applicants. The State Boards of Dentistry
4 administer dental licensure under laws adopted by state legislatures. Specific dental licensure
5 requirements vary among jurisdictions, but all jurisdictions have three basic requirements: an
6 educational requirement, a written examination requirement, and a clinical examination
7 requirement. The Joint Commission on National Dental Examinations is the regulatory agency
8 responsible for the development and administration of the National Board of Dental Examinations
9 required by all state licensing jurisdictions to test a candidate's knowledge of dentistry. This 15-
10 member Commission includes 14 representatives from dental schools, dental practice, state dental
11 examining boards, dental hygiene, dental students, and one member from the public.

12
13 Some states require a clinical dental examination that is developed and administered by the state.
14 State clinical exams are not transferable to another state. There are also regional clinical licensure
15 exams, such as the exam administered by North East Regional Board (NERB). The NERB is
16 accepted by 16 participating state boards in lieu of its own individually administered clinical exam.

17
18 **Clinical Social Worker Licensure Examination**

19
20 The Association for Social Work Boards (ASWB) regulates clinical social work and is responsible
21 for developing and maintaining the clinical social work licensing examination used in the United
22 States. The ASWB is comprised of social work regulatory bodies in 58 jurisdictions. These
23 member boards govern the association through the ASWB Delegate Assembly, made up of
24 representatives from each member jurisdiction. The ASWB exams are valid in all states except
25 California. California requires candidates to take its own state written and oral exams.

26
27 The ASWB Examination Committee has oversight of the ASWB examination. The committee is
28 made up of 17 members all of whom are social workers. One of the members is a liaison from the
29 ASWB Board of Directors. The liaison, also a social worker, acts as a subject matter expert. In
30 addition to the Examination Committee, subject matter experts within ASWB may be called on to
31 review certain test items. Editors review all of the test items before the items are sent to ACT, the
32 testing contractor. ACT also has oversight of the test in that pretest items deemed inappropriate by
33 an ACT psychometrician are returned to the ASWB Examination Committee.

34
35 The computer-based exam is designed to measure performance and assess practice skills. In 2004,
36 the ASWB made changes to the content of the exam, including placing a greater emphasis on
37 ethics, direct practice, diversity and multi-cultural practice, drug and alcohol treatment, and the
38 interface between social work and law.

39
40 **Summary**

41
42 State and territorial licensing boards govern the licensure process for physicians and other health
43 care providers. Although each medical licensing authority sets its own rules and regulations
44 regarding its requirements for state licensure, in most instances each authority works together with
45 organizations that have expertise in the development and administration of licensure examinations.
46 Ultimately, their goal is to measure a candidate's ability to apply knowledge and competence and
47 to measure whether a candidate has acquired patient-focused skills deemed important for
48 promoting health, fighting disease, and constituting safe and effective patient care.

1 The USMLE program has been established for more than 15 years, and is accepted by all medical
2 licensing jurisdictions. In addition, the program supports, through its leadership, the development,
3 delivery, and continual improvement of assessments across the continuum of physicians'
4 preparation for practice. Changes to the USMLE would impact the medical practice acts
5 authorized by each of the 70 licensing jurisdictions.

6
7 Oversight of the USMLE Program involves more than 80 members who represent medical
8 students, residents and fellows, practicing physicians, the licensing jurisdictions, medical school
9 deans and faculty, national professional organizations, the U.S. government services, individuals in
10 business, and the general public. This is the most diverse and comprehensive structure compared
11 to structures of other similar licensure examination committees with oversight responsibilities. For
12 example, although all licensing jurisdictions require nursing candidates to pass the NCLEX, the
13 oversight committee for the nursing licensure examinations (NCLEX Examination Committee) has
14 only 9 members. All committee members must be nurses. The oversight committee for the two
15 pharmaceutical licensure examinations (Advisory Committee on Examinations) has only 7
16 members. All committee members must be pharmacists. The oversight committee for the clinical
17 social worker licensure examination (Association for Social Work Boards) has 17 members, all of
18 whom are social workers. The 15-member Joint Commission on National Dental Examinations has
19 a more diverse composition, and includes dental students and a public member. Although all
20 licensing jurisdictions require dental candidates to pass the National Board Dental Examination,
21 candidates are also required to pass a clinical exam developed and administered by the state or
22 region. Although all licensing jurisdictions require pharmaceutical candidates to pass the
23 NAPLEX, only 44 states and the District of Columbia accept the MPJE; states that do not require
24 the MPJE administer a state-specific exam that is similar to the MPJE. The ASWB clinical social
25 worker examination is accepted in all licensing jurisdictions except California; California requires
26 candidates to take its own state written and oral exams.

27 28 RECOMMENDATIONS

29
30 The Council on Medical Education therefore recommends that the following be adopted, and that
31 the remainder of the report be filed.

- 32
33 1. That our American Medical Association reaffirm Policy H-295.893 "Voting Rights for AMA-
34 MSS NBME Representatives." (Reaffirm HOD Policy)
- 35
36 2. That our AMA continue to work with the National Board of Medical Examiners to ensure that
37 the AMA is given appropriate advance notice of any major potential changes in the
38 examination system in support of Policy H-295.893, "Voting Rights for AMA-MSS NBME
39 Representatives." (Directive to Take Action)
- 40
41 3. That our AMA continue to collaborate with the organizations who create, validate, monitor,
42 and administer the United States Medical Licensing Examination. (Directive to Take Action)
- 43
44 4. That our AMA continue to promote and disseminate the rules governing USMLE in its
45 publications. (Directive to Take Action)
- 46
47 5. That our AMA continue its dialog with and be supportive of the process of the Committee to
48 Evaluate the USMLE Program (CEUP). (Directive to Take Action)

- 1 6. That our AMA work with American Osteopathic Association and National board of
- 2 Osteopathic Medical Examiners to stay apprised of any major potential changes in the
- 3 Comprehensive Osteopathic Medical Licensing Examination (COMLEX).

Complete references for this report are available from the Medical Education Group.

Fiscal Note: Less than \$500