HOD ACTION: **Council on Medical Education Report 10 adopted as amended and the remainder of the report filed.**

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 10-A-10

Subject: Supporting the Integrity of the Physician Licensure Process to Assure Patient Safety (Resolution 301, A-09)

Presented by: Susan Rudd Bailey, MD, Chair

Referred to: Reference Committee C (Floyd A. Buras, Jr., MD, Chair)

Resolution 301 (A-09), "Preserving Physician Licensure Integrity and Fostering Competition in its Business Aspects," was introduced by the American Society of Anesthesiologists, the American College of Emergency Physicians, the American Society of Plastic Surgeons, the College of American Pathologists, and the Indiana Delegation and referred to the Board of Trustees. The resolution states:

> That if the National Board of Medical Examiners (NBME) is unwilling to preserve the integrity of the physician licensure process, our American Medical Association and the respective physician member organizations explore other physician licensure testing options to compete with the NBME; and
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> That if the NBME is unwilling to preserve the integrity of the physician licensure process, that our AMA withdraw our representatives to the NBME.

BACKGROUND

A report from the National Board of Medical Examiners (NBME) on the "NBME Development of a Certifying Examination for Doctors of Nursing Practice" noted that in March 2008, the NBME entered into a contractual agreement with the Council for the Advancement of Comprehensive Care (CACC) to license retired United States Medical Licensing Examination (USMLE) questions for use in a certification examination for "qualified graduates" of Doctor of Nursing Practice (DNP) programs.[1] For a number of years, the NBME has licensed retired USMLE examination items for other purposes.

The examination utilized the test blueprint developed for USMLE Step 3. A CACC-appointed expert committee, however, made the final decisions related to the actual test design, which differs from than that of the USMLE Step 3 examination. The DNP examination includes test items that have been retired from use in the Step 3 examination.[1]

Language previously used in communications of both the NBME and the CACC suggesting "equivalency" between the DNP examination and the USMLE raised serious concerns in the physician community. With the significant growth in the number of DNP programs, such a perception of equivalency could lead to public misunderstanding and, in turn, jeopardize patient safety. This report: 1) describes recent actions by the NBME, based on input from the AMA, the Council of Medical Specialty Societies (CMSS), and other physician groups, aimed at mitigating

the areas of concern; and 2) summarizes some issues raised by the resolve that our AMA consider other licensure testing options.

RECENT EVENTS

In 2008-2009, there was considerable communication with the NBME from the AMA, the Council of Medical Specialty Societies (CMSS), the Scope of Practice Partnership, and others. In June 2008, the AMA, American Osteopathic Association, and several national specialty societies informed the NBME that some national nursing organizations were using the NBME's participation in the DNP certification process to claim equivalency between individuals with a DNP degree and primary care physicians. In November 2008, NBME President and CEO Donald Melnick, MD, met with the leadership and full membership of the CMSS. In January 2009, Dr. Melnick addressed attendees at the 2009 AMA State Legislative Strategy Conference, which led the AMA, the CMSS, and others to formally request that the NBME engage in negotiations with the CACC to modify the language describing the examination on the CACC Web site.

Language below in italics reflects initial contractually-agreed language that is not subject to change based on the fact that the contract continues in force. Language in bold reflects modifications made through negotiations conducted by NBME with CACC, based on AMA and CMSS input.

> In 2008, the Council for Advancement of Comprehensive Care (CACC) and the National Board of Medical Examiners agreed to collaborate to develop and administer a Certification Examination for Doctors of Nursing Practice (DNP). The intent of the competency-based DNP Certification Examination is to assess the knowledge and skills necessary to support advanced clinical practice. *The DNP Certification Examination is comparable in content, similar in format and measures the same set of competencies and applies similar performance standards as Step 3 of the United States Medical Licensing Examination (USMLE).* **While the CACC exam is derived from USMLE Step 3, the certification for graduates of DNP programs is customized by CACC content experts. Whereas the Step 3 exam is the final step for licensure for MD candidates, the CACC is used only for certification of graduates of DNP programs. These two exams are separate and distinct. The overlap in content between the two examinations provides evidence of some competencies that are common to nursing and medicine, but each profession--medicine and nursing--had additional and discipline specific requirements for licensure practice**. Successful DNP candidates will be designated as Diplomates in Comprehensive care by the American Board of Comprehensive Care.

The NBME also developed a set of clarifying questions and answers about the DNP certifying examination, including the following as quoted from the NBME Web site:[2]

> Q. How does the DNP certifying exam use items from the USMLE?
> A. Like some of our other assessments, the exam uses items retired from the USMLE. It is similar to using bricks that were once in one structure to build another structure. The two structures are different, with unique designs, and serve different purposes.
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> Q. How does the DNP certifying exam differ from Step 3 of the USMLE?
> A. A committee appointed by the sponsoring CACC made final decisions regarding the actual test design, and the design has different dimensions than Step 3. The CACC exam is shorter, contains a different mix of multiple-choice questions, and does not include any items currently in use for the USMLE.

Q. How do the USMLE and this exam differ overall?
A. The USMLE is an examination sequence that measures the fundamental science, clinical knowledge, and clinical skills that medical doctors need for a broad range of medical practice. The DNP exam tests clinical knowledge necessary for primary care delivered by advanced nursing professionals. It does not test basic science knowledge or clinical skills. Its coverage of patient care content is not the same as USMLE.

A subsequent meeting was held on November 16, 2009 between representatives of the AMA, the CMSS, and the NBME. Several issues were discussed that resulted in the following very positive outcomes:

- The NBME unequivocally stated that there is no equivalency between the three-step USMLE and the one-step DNP examination.

- The NBME indicated a willingness to reach out when it renegotiates its contract with the CACC to ask for input from the AMA, the CMSS, and others about language clarifying the use of USMLE questions.

- The NBME is moving toward modification of the USMLE sequence. This will increase the differences between the USMLE sequence and the DNP examination. Through its participation on the NBME, our AMA has been involved in discussions about and provided feedback on the USMLE changes.

AMA involvement in and ability to provide feedback on such things as the revisions to the USMLE is facilitated by its formal links to the NBME. The AMA appoints two professional members and two resident members to the NBME. The AMA Medical Student Section, Council on Medical Education, and Section on Medical Schools have seats on the NBME Advisory Committee on Medical School programs. These communication channels likely would be lost if the Resolve to withdraw AMA representatives from the NBME were adopted.

ISSUES RELATED TO DEVELOPING A PARALLEL LICENSURE PROCESS

The development of a licensure examination is logistically complex and highly expensive. Such "high stakes" examinations must be both valid and reliable, imposing a number of costly requirements on the examination development process. Our AMA would have to recruit the expertise and partner with a knowledgeable vendor to create a competing examination system.

In addition, all US medical licensing boards for physicians with MD degrees accept the USMLE sequence.[3] It was for this purpose that William Rodman, MD, worked for the foundation of the NBME. In his inaugural address as president of the AMA in 1915, he stated that the nascent NBME would provide an examination whose results would be accepted by all individual state licensure authorities without the need for additional examinations.[4]

AMA policy, adopted at the time that the USMLE sequence was being developed as a single pathway to licensure in the United States, supports the concept of a single examination for licensure with high, criterion-based standards (Policy H-275.962, AMA Policy Database). Creating a competing licensure examination system would be contrary to current policy and also would require changes in licensing laws or regulations in each jurisdiction.

RECOMMENDATIONS

It is critical that any communications by the NBME and nursing groups highlight the differences between the DNP examination and the USMLE sequence. Interactions between the AMA and the NBME about the DNP examination, including steps to assure the accuracy of public portrayals of this examination, have been and should remain ongoing.

The AMA has been involved in discussions with the NBME about other issues, such as the restructuring of the USMLE sequence. It is important that our AMA remain involved with the NBME, so as to be a participant in this process and in other areas of importance to medical students and physicians.

The Council on Medical Education believes that items utilized in the USMLE sequence have been created by physicians and other medical school faculty for the specific and sole purpose of evaluation of physicians and physicians-in-training.

Therefore, the Council on Medical Education recommends that the following be adopted in lieu of Resolution 301 (A-09) and that the remainder of this report be filed:

1. That our American Medical Association (AMA) disapprove of questions developed for the United States Medical Licensing Examination (USMLE) being used for purposes other than the assessment of physicians-in-training and physicians. (New HOD Policy)

2. That our AMA, with the Council of Medical Specialty Societies, and members of the Federation, continue to work with the National Board of Medical Examiners (NBME) to assure that accurate information continues to be presented in communications about the use of USMLE questions in the Doctor of Nursing Practice (DNP) examination. (Directive to Take Action)

3. That our AMA, through its representatives to the NBME, continue to provide feedback as plans for the restructuring of the USMLE are developed and implemented. (Directive to Take Action)

4. That our AMA request the NBME to emphasize in future publications that the DNP certification examination is not for the purposes of licensure of nurses. (Directive to Take Action)

5. That our AMA continue to monitor the use of questions developed for the USMLE by any group for purposes other than the assessment of physicians-in-training and physicians and report back to the House of Delegates by A-12. (Directive to Take Action)

Fiscal Note: Less than $1,500.

REFERENCES

1. NBME development of a Certifying Examination for Doctors of Nursing Practice. Accessed on the web site of the NBME (www.nbme.org)

2. NBME. DNP Certifying Exam- Q&A. Accessed at: www.nbme.org/about/DNP.html.

3. AMA. 2010 State Medical Licensure Requirements and Statistics, 2010.

4. NBME. Annual Report, 2008. Accessed at: www.nbme.org.