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)

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

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

At Reference Committee C, there was considerable testimony and it was noted that the United States Medical Licensing Examination (USMLE) governance is an oversight body composed of physicians and public members charged with protecting the public. In addition, it was noted that the good dialogue and communication our AMA has developed with these organizations should not be compromised and detract from the AMA’s Initiative to Transform Medical Education (ITME).

There was some sentiment to develop a report that defines the current process of oversight and to explore other organizations’ exclusive power to create, validate, and administer licensure exams.

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

Background

The individual state medical licensing authorities (“state medical boards”) of the various jurisdictions grant a license to practice medicine, and each medical licensing authority sets its own rules and regulations, based on state laws. Each requires passing an exam that demonstrates the physician meets the qualifications for licensure. The USMLE program was designed to provide the state licensing authorities with a common evaluation system for medical licensure applicants. All graduates of accredited allopathic medical schools in the U.S. and abroad are required to pass the USMLE. Although graduates of a U.S. medical school program leading to the DO degree that is accredited by the American Osteopathic Association (AOA) are eligible to take USMLE, they are required to take Comprehensive Osteopathic Medical Licensing Examination (COMLEX). All state licensing authorities in the United States currently utilize the USMLE program to assess a physician’s ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills that are important in health and disease and that constitute the basis of safe and effective patient care. The USMLE is cosponsored by the National Board of Medical Examiners (NBME) and the Federation of State Medical Boards (FSMB).
The NBME is an independent, not-for-profit organization established in 1915. The voting
membership of the NBME is comprised of a large number of constituencies, with accountability
and expertise in the health professions and medical education and evaluation. The current
membership includes:

**NBME Test Committee Representatives:**
- 21 academic physicians (basic science and clinical faculty) representing medical schools
  throughout the U.S.

**National Professional Organizations**
- 4 representatives from the AMA (2 residents nominated by the Resident and Fellow
  Section; and 2 representatives nominated by the Council on Medical Education and
  appointed by the AMA Board of Trustees)
- 1 student representing the Student National Medical Association
- 1 student representing the American Medical Student Association
- 5 physicians (4 MDs and 1 DO) representing the FSMB
- 2 physicians (MDs) representing the American Board of Medical Specialties
- 2 representatives (1 MD and 1 JD) from the Association of American Medical Colleges
- 2 physicians (MDs) representing the Council of Medical Specialty Societies
- 5 physicians (MDs) representing the U.S. Veterans Affairs, the U.S. Public Health
  Services, the U.S. Army, the U.S. Navy, and the U.S. Air Force

**Public Members-at-large Representing Various Interests**
- 14 physicians (13 MDs and 1 DO)
- 1 professor of social medicine and 1 professor of biochemistry and molecular biology
  (PhDs)
- 1 professor of family medicine (EDD)
- 2 attorneys (JDs)
- 1 business person

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

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

The FSMB’s membership is comprised of the licensing jurisdictions of the United States, the
District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern
Mariana Islands and 14 state boards of osteopathic medicine. Members of these boards are fellows
of the FSMB and many of them have been prominent in the affairs of numerous other major
medical organizations. The Canadian provincial medical licensing authorities hold affiliate
membership in the FSMB. Individuals, physicians and non-physicians who are interested in
licensing issues may become courtesy members through application to the FSMB.
The FSMB maintains valuable and constructive relationships with a variety of professional, licensing, and certifying organizations, including the AMA, the Association of American Medical Colleges, the AOA, other national medical groups, national organizations of licensing and certifying agencies in health-related fields and medical licensing authorities in several foreign countries. The FSMB is a parent organization of the Accreditation Council for Continuing Medical Education, and the Educational Commission for Foreign Medical Graduates (ECFMG), and a member organization of the NBME.

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

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

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

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

**The USMLE Program**

The three-step USMLE program, introduced in the early 1990s, replaced what had been multiple examination pathways for licensure, such as the NBME certifying examinations and the Federation Licensing Examination (FLEX). The AMA endorsed the concept of a single exam for medical licensure at its 2000 Annual Meeting. The AMA also urged the NBME and the FSMB to place responsibility for developing Steps I and II of the new single exam for licensure with the faculty of U.S. medical schools working through the NBME (H-275.962, “Proposed Single Examination for Licensure”).
Over time, USMLE has undergone a number of changes, including the movement from a twice-yearly paper and pencil test administration to year-round computer based test delivery and the introduction of an assessment of clinical skills. In addition, throughout the history of USMLE, content outlines and test content of each Step examination have continuously changed, to keep pace with the evolution of medical practice and education. Use of computer-based case simulations in Step 3 of the USMLE represents the culmination of approximately 30 years of research in this area. Research on the use of standardized patients resulted in implementation of Step 2 clinical skills assessment as a component of the USMLE.

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

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

A Review of Other Organizations That Provide Oversite and Administration of Health-Care Provider Licensing Examinations

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

Nursing Licensure Examinations

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership is comprised of the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories. The NCSBN develops two licensure examinations, the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and the National Council Licensure Examination for Practical Nurses (NCLEX-PN) that are used by state and territorial boards of nursing to determine if a nurse is qualified to practice his or her nursing career in the United States prior to granting a license.
The NCLEX Examination Committee provides general oversight of the NCLEX examination process, including item development, examination security, psychometrics, examination administration, and quality assurance to ensure consistency with the Member Boards' need for examinations. Other duties include the selection of appropriate item development panels, test service evaluation, oversight of test service transitions and preparation of written information about the exams for Member Boards and other interested parties. The committee also regularly evaluates the licensure exams by means of item analysis, and test and candidate statistics.

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

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

**Pharmacist Licensure Examinations**

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

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

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

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

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

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

Clinical Social Worker Licensure Examination

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

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

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

Summary

State and territorial licensing boards govern the licensure process for physicians and other health care providers. Although each medical licensing authority sets its own rules and regulations regarding its requirements for state licensure, in most instances each authority works together with organizations that have expertise in the development and administration of licensure examinations. Ultimately, their goal is to measure a candidate’s ability to apply knowledge and competence and to measure whether a candidate has acquired patient-focused skills deemed important for promoting health, fighting disease, and constituting safe and effective patient care.
The USMLE program has been established for more than 15 years, and is accepted by all medical licensing jurisdictions. In addition, the program supports, through its leadership, the development, delivery, and continual improvement of assessments across the continuum of physicians' preparation for practice. Changes to the USMLE would impact the medical practice acts authorized by each of the 70 licensing jurisdictions.

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

RECOMMENDATIONS

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


2. That our AMA continue to work with the National Board of Medical Examiners to ensure that the AMA is given appropriate advance notice of any major potential changes in the examination system in support of Policy H-295.893, “Voting Rights for AMA-MSS NBME Representatives.” (Directive to Take Action)

3. That our AMA continue to collaborate with the organizations who create, validate, monitor, and administer the United States Medical Licensing Examination. (Directive to Take Action)

4. That our AMA continue to promote and disseminate the rules governing USMLE in its publications. (Directive to Take Action)

5. That our AMA continue its dialog with and be supportive of the process of the Committee to Evaluate the USMLE Program (CEUP). (Directive to Take Action)
6. That our AMA work with American Osteopathic Association and National board of Osteopathic Medical Examiners to stay apprised of any major potential changes in the Comprehensive Osteopathic Medical Licensing Examination (COMLEX).

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

Fiscal Note: Less than $500