HOD ACTION: Council on Medical Education Report 3 adopted as amended, and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 3-I-19

Subject: Standardization of Medical Licensing Time Limits Across States (Resolution 305-A-18)

Presented by: Jacqueline A. Bello, MD, Chair

Referred to: Reference Committee C (, MD, Chair)

INTRODUCTION

Resolution 305-A-18, introduced by the American Medical Association Medical Student Section (AMA-MSS), asked that our AMA:

> Amend Policy H-275.978, "Medical Licensure," by addition to read as follows
>
> The AMA… (23) urges the state medical and osteopathic licensing boards which maintain a time limit on complete licensing examination sequences to adopt a time limit of no less than 10 years for completion of a licensing examination sequence for either USMLE or COMLEX.

Testimony before Reference Committee C at the 2018 Annual Meeting was in favor of referring this complex item for further study. Some states have no time limit for completion of the licensing examination sequence; some set a time limit of seven years; and some cap eligibility at 10 years (to accommodate the longer timeline for dual-degree individuals, e.g., those seeking to hold MD and PhD credentials). Testimony was heard concerning the perception that physicians who have academic troubles will take longer to complete the sequence, such that the time limit becomes a mechanism through which to ensure patient safety by eliminating these individuals from the practice of medicine. This belief, however, does not take into account the legitimate health or personal issues that may affect a given physician's ability to complete all exams within a prescribed timeframe, or the challenges faced by those pursuing dual degrees. Testimony in favor of a time limit was that this would ensure that examinees are being assessed based on their current medical knowledge. Accordingly, the AMA House of Delegates referred this item, to ensure a comprehensive, holistic review and study of all the relevant factors and consideration of potential unintended consequences, with the involvement of all relevant stakeholders, such as the Federation of State Medical Boards (FSMB) and the 70 state medical and osteopathic regulatory boards it represents.

BACKGROUND

State medical boards are entrusted to protect the public from unprofessional, unlawful or incompetent physician behavior. To ensure that physicians practicing in a state or jurisdiction are minimally competent to provide patient care, physicians under the board's purview are required to complete either the United States Medical Licensing Examination (USMLE), for allopathic medical school graduates, or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), if a graduate of an osteopathic medical college. Passage of the USMLE or the COMLEX-

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USA is necessary to be eligible for a full and unrestricted license to practice medicine. Both the USMLE and COMLEX-USA are composed of a series of exams. Most students studying medicine in the U.S. take the first three exams while in medical school; the final exam is typically taken while the physician is in residency training.

Current U.S. Licensing Completion Requirements

States may have different requirements as to the number of attempts to pass the exams, as well as different limits that cap the length of time for completion. Furthermore, many states allow for more time if the physician is pursuing a dual-degree (e.g., MD-PhD), and may also waive the time limit in the event of extenuating circumstances. Although many states have similar requirements, there is no universal standard, and there is great variability between MD and DO boards within states (for USMLE and COMLEX-USA, respectively) and between states. Table 1 presents data from the FSMB on the 66 licensing boards in the states, District of Columbia, and Puerto Rico. Some states' responses regarding extenuating circumstances are omitted due to lack of clarity.[1]

Table 1.
U.S. medical boards' USMLE or COMLEX-USA completion time limits

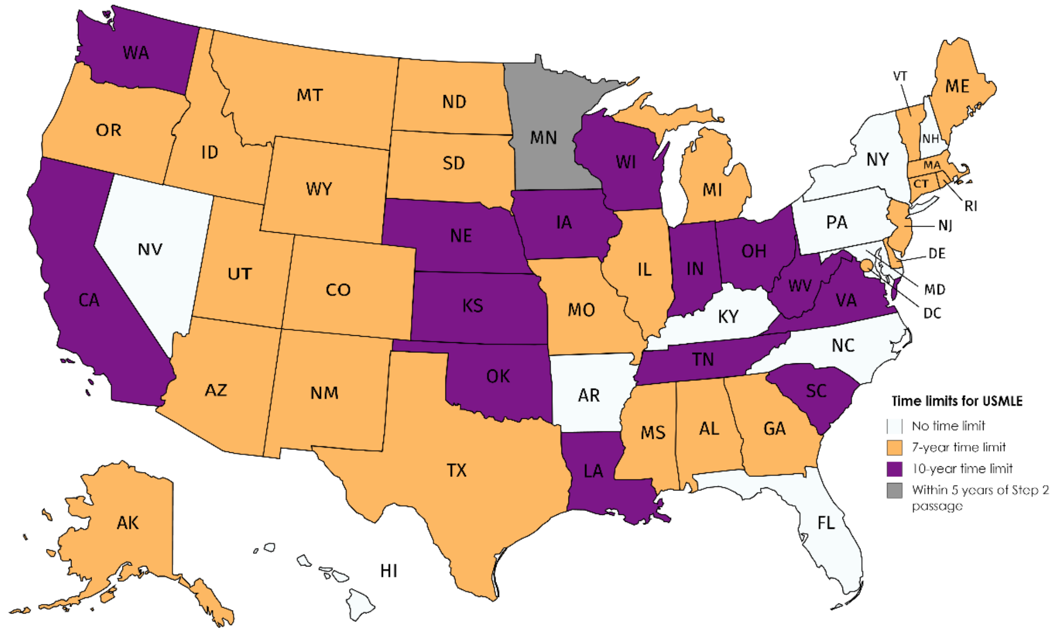
	No limit	7 years	8 years	9 years	10 years	12 years
USMLE	10	28			13	
COMLEX-USA	22	14			8	
MD/DO-PhD/dual degree	4		1	1	14	1

Although 23 of reporting boards with a time limit for completion will waive the limit depending on extenuating circumstances, 12 will not; these 12 have the time limits as shown in Table 2.

Table 2.
USMLE or COMLEX-USA completion and dual-degree time limits of U.S. medical boards that do not waive time limits

Number of boards	USMLE/COMLEX-USA limit	Dual-degree limit
6	7 years	—
2	10 years	—
1	7 years	8 years
1	7 years	10 years
1	10 years	10 years
1	10 years	12 years

The two maps present time limits for USMLE and COMLEX-USA completion. Although some contiguous states have identical requirements, many do not. For example, four of the five states bordering New York—which has no time limit for completion of USMLE—require completion within seven years.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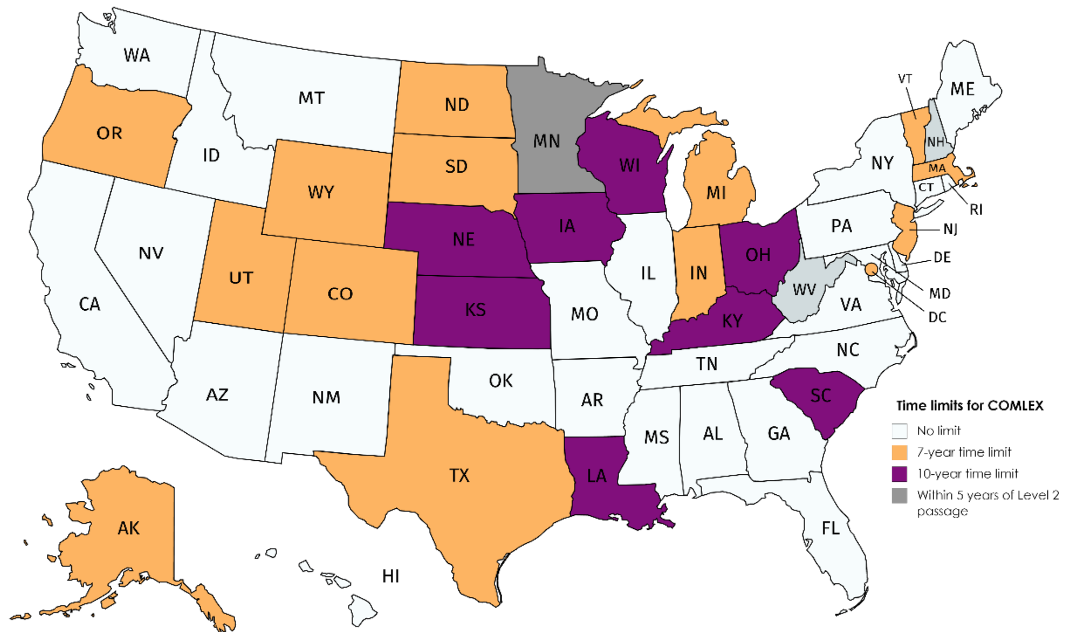
Time limits for USMLE
No time limit
7-year time limit
10-year time limit
Within 5 years of Step 2 passage
Created with mapchart.net ©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Time limits for COMLEX
No limit
7-year time limit
10-year time limit
Within 5 years of Level 2 passage
Created with mapchart.net ©

Data from the National Board of Medical Examiners (NBME), the organization that administers the USMLE, suggests that most physicians pass the three steps of the USMLE within seven years of starting the process (91 percent); 99 percent complete the USMLE within 10 years. These data are for U.S. medical school graduates of schools accredited by the Liaison Committee on Medical Education (LCME) and do not include graduates of foreign medical schools or graduates of osteopathic medical schools.[2] Similarly, the National Board of Osteopathic Medical Examiners (NBOME), which administers the COMLEX-USA, has found the average time from the initial attempt of the Level 1 examination to completion of COMLEX-USA with passage of Level 3 to be 2.81 years. In addition, less than 0.2% of candidates who passed Level 3 between 2015 and 2019 took longer than seven years.[3]

In a study examining the performance of over 40,000 Step 3 examinees, Feinberg et al. reported that 55 percent of examinees took the Step 3 exam within six to 18 months of starting residency, 93 percent tested within 36 months of training, and 99 percent had tested within 60 months of starting training.[4]

Patient Safety and Workforce Issues

The purpose of passing the USMLE and the COMLEX-USA is to ensure the public that a physician has met a standard of medical knowledge and clinical skills to provide safe and effective patient care. There have been studies examining the association between USMLE performance and 1) demographic characteristics of physicians[5] and 2) academic performance, remediation, and referral to a competency committee while in medical school,[6,7] among other studies. Much is unknown, however, about USMLE/COMLEX-USA performance and state medical licensure. In a study that found an association between physicians' unprofessional behavior noted during medical school and subsequent disciplinary actions by state medical licensing boards, there was no statistical association with Step 1 score and subsequent disciplinary action.[8] A study by Cuddy et al. that included Step 1, Step 2 CK scores, and state medical licensure data on over 164,000 physicians found that higher Step 2 CK scores were associated with a decreased chance of disciplinary action.[9]

Actions taken by state medical licensure boards are, by default, taken against physicians who have completed the medical licensure process. As Cuddy et al. point out: "Physicians who fail the USMLE are unable to obtain a license to practice medicine in the United States, thus precluding the possibility of establishing whether or not physicians who have met USMLE standards provide better patient care than those who have failed to meet these standards."[9] It is not known if physicians who do not become licensed as a result of not completing the licensure process within the time required, or ever, would pose a risk to patient safety—linkages have been made between poor performance on exams and academic performance in medical school and state disciplinary actions. It can be assumed that *failing* the exams is an indicator of compromised physician competency.

Physician-scientists, or physicians who pursue PhDs as well as clinical training, are an important workforce in biomedical research; however, they likely take longer to become licensed, an accommodation recognized by 21 state licensing boards. Typically, around 550 physicians graduate each year with an MD-PhD, taking approximately eight years to receive both degrees.[10]

When considering time-limit exceptions for completing the USMLE sequence in the case of dual-degree physicians, the NBME recommends state licensing boards waive the time limit for candidates meeting the following requirements:

- The candidate has obtained both degrees from an institution or program accredited by the LCME and a regional university accrediting body.

- The PhD should reflect an area of study which ensures the candidate a continuous involvement with medicine and/or issues related, or applicable to, medicine.

- A candidate seeking an exception to the seven-year rule should be required to present a verifiable and rational explanation for the fact that he or she was unable to meet the seven-year limit. These explanations will vary, and each licensing jurisdiction will need to decide on its own which explanation justifies an exception. Students who pursue both degrees should understand that while many states' regulations provide specific exceptions to the seven-year rule for dual-degree candidates, others do not. Students pursuing a dual degree are advised to check the state-specific requirements for licensure listed by the FSMB.[11]

The NBME has had discussions with its Advisory Committee for Medical School Programs concerning dual-degree candidates and their potential need for more time to complete the licensure sequence than some states may permit. Within those discussions, however, the committee was not able to identify a qualified dual-degree candidate who was denied state licensure based on exceeding a state time-limited rule for passing USMLE.[2]

What is not known is how many physicians are delayed in completing the USMLE or COMLEX-USA sequence due to life circumstances, including taking a leave of absence to care for a family member or for other personal situations. Physicians who do not become licensed can pursue careers in health-related fields but will not be able to practice medicine. At a time when physician workforce shortages are predicted, lack of state licensure resulting solely from circumstances that did not permit a physician to complete the USMLE or COMLEX-USA sequence within a given time limit seems improvident.

Advantages to Nationwide Uniformity

Medical licensing boards vary greatly in their regulations concerning the number of times physicians can take the different Step or Level exams, the length of time to complete the sequence for single- or dual-degree physicians, and whether exceptions can be made for qualifying extenuating circumstances. States that are contiguous can have very different requirements. Yet, once a physician is licensed in one jurisdiction, and is in good standing, another licensing board is not likely to weigh the length of time the physician required to complete the exam sequence in the initial location against the physician if he or she is seeking a license to practice in a new state. Without data suggesting qualitative differences in the competency of physicians who become licensed in seven versus 10 years, or even longer, there may be few valid arguments for time limits except as an external source for motivation to complete the task—although the ability to independently practice medicine should be the most compelling motivation.

RELEVANT AMA POLICY

The appendix shows relevant AMA policy, including H-275.955, "Physician Licensure Legislation" and D-275.994, "Facilitating Credentialing for State Licensure."

SUMMARY AND RECOMMENDATIONS

There is geographic mobility among physicians, particularly soon after completing residency or in pursuing a fellowship, and crossing state lines is likely. Ensuring uniformity in the time requirement in which to become fully licensed would remove one regulatory burden for young physicians when mapping out their career and future practice location. Furthermore, an acknowledgement of, and accommodation for, the many life events that can affect the ability to study for and take the required

exams may potentially allow for greater diversity among the physician workforce. Lastly, providing the extra time that dual-degree physicians need in order to complete both degrees and become fully licensed will ensure that this vital workforce is fully integrated into both research and clinical realms.

The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 305-A-18 and the remainder of this report be filed:

1. That our American Medical Association (AMA) urge the state medical and osteopathic boards that maintain a time limit for completing licensing examination sequences for either USMLE or COMLEX to adopt a time limit of no less than 10 years for completion of the licensing exams. (New HOD Policy)

2. That our AMA urge that state medical and osteopathic licensing boards with time limits for completing the licensing examination sequence provide for exceptions that may involve personal health/family circumstances. (New HOD Policy)

Fiscal note: $1,000.

APPENDIX: RELEVANT AMA POLICY

H-275.955, "Physician Licensure Legislation"

Our AMA reaffirms earlier policy urging licensing jurisdictions to adopt laws and rules facilitating the movement of physicians between states, to move toward uniformity in requirements for the endorsement of licenses to practice medicine, and to base endorsement of medical licenses on an assessment of competence rather than on passing a written examination of cognitive knowledge.

D-275.994, "Facilitating Credentialing for State Licensure"

Our AMA: (1) encourages the Federation of State Medical Boards to urge its Portability Committee to complete its work on developing mechanisms for greater reciprocity between state licensing jurisdictions as soon as possible; (2) will work with the Federation of State Medical Boards (FSMB) and the Association of State Medical Board Executive Directors to encourage the increased standardization of credentials requirements for licensure, and to increase the number of reciprocal relationships among all licensing jurisdictions; (3) encourages the Federation of State Medical Boards and its licensing jurisdictions to widely disseminate information about the Federation's Credentials Verification Service, especially when physicians apply for a new medical license; and (4) supports the FSMB Interstate Compact for Medical Licensure and will work with interested medical associations, the FSMB and other interested stakeholders to ensure expeditious adoption by the states of the Interstate Compact for Medical Licensure and creation of the Interstate Medical Licensure Compact Commission.

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