AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 308
(A-24)

Introduced by: Resident and Fellow Section

Subject: Transforming the USMLE Step 3 Examination to Alleviate Housestaff Financial Burden, Facilitate High-Quality Patient Care, and Promote Housestaff Well-Being

Referred to: Reference Committee C

Whereas, the United States Medical Licensing Examination (USMLE) Step 3 is the final licensure examination in the USMLE series for physician licensure, which is taken during residency training; and

Whereas, Step 3 is a two-day examination, with the first day ("Foundations of Independent Practice," 7 hours of testing) focused on basic science principles and the second day ("Advanced Clinical Medicine," 9 hours of testing) focused on application of clinical knowledge; and

Whereas, the first testing day consists of multiple-choice questions and the second day consists of a combination of multiple-choice questions and computer-based case simulations; and

Whereas, the cost of registering to take Step 3 was $915 in 2023, with an increase to $925 in 2024 and subsequent annual fee increases; and

Whereas, the Step 3 test preparation question bank costs an individual resident $429 in 2023, which increase for each renewal period; and

Whereas, given that the computer-based simulation section utilizes software from a company called Primum, which differs drastically from the Electronic Medical Record, trainees often purchase CCS Cases to learn the software, which costs at minimum $70; and

Whereas, therefore, the total cost of Step 3 preparation and examination is at least $1,400 per trainee, not including two missed days of work; and

Whereas, trainees may have to use their designated days off to prepare for and to sit for the examination, exacerbating moral injury and burnout; and

Whereas, the objective of Step 3 is to test general medicine concepts primarily in an ambulatory setting, which does not accurately reflect the sub-specialization and complexity of modern-day medicine, and, therefore, does not justify a numerical score across disciplines; and

Whereas, Step 3 was designed for examination after successful completion of one’s medical degree, however, USMLE recommends completion of one post-graduate year of training prior to taking the exam; and

Whereas, specialty choice is highly predictive of examination score; trainees in general medicine fields (i.e. family medicine, emergency medicine, internal medicine, medicine-
pediatrics, and pediatrics) obtain significantly higher scores on Step 3 compared to more specialized fields, supported by a retrospective study (n=36,805) of U.S. and Canadian medical school graduates who took Step 3 for the first time between 1999 and 2002; and

Whereas, the National Board of Medical Examiners (NBME) published data from 275,392 board-certified physicians who passed Step 3 between 2000 and 2017 indicating that a higher score inversely correlated with likelihood of disciplinary action from the medical board (though limitations included treating all disciplinary actions equally, which does not translate directly to medical and/or surgical skills); and

Whereas, there are no published data that correlate one’s numeric Step 3 score with true clinical skills and beneficial patient outcomes; and

Whereas, preparing for Step 3 on top of clinical duties during residency may detract from on-the-job learning and patient care, especially for trainees who pursue fellowships, as Step 3 scores are a component of the application process; and

Whereas, residency programs do not give residents protected study time for Step 3, thus, residents must prepare for the examination on top of their 60-80+ hour work-weeks; and

Whereas, a one-day, pass/fail examination has the potential to reduce trainee costs, promote trainee well-being, and encourage more learning via patient care in lieu of question banks; therefore be it

RESOLVED, that our American Medical Association supports changing the United States Medical Licensing Examination (USMLE) Step 3 from a numerically-scored examination to a pass/fail examination (New HOD Policy); and be it further

RESOLED, that our AMA supports changing USMLE Step 3 from a two-day examination to a one-day examination (New HOD Policy); and be it further

RESOLVED, that our AMA supports the option to take USMLE Step 3 after passing Step 2-Clinical Knowledge (CK) during medical school (New HOD Policy); and be it further

RESOLVED, that our AMA advocates that residents taking the USMLE Step 3 exam be allowed days off to take the exam without having this time counted for PTO or vacation balance. (Directive to Take Action)

Fiscal Note: Minimal - less than $1,000

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REFERENCES:
3. USMLE Step 3 QBank Pricing. USMLE Medical. Accessed April 12, 2024. https://medical.uworld.com/usmle/usmle-step-3/?gad_source=1&gclid=CjwKCAjwuJ2xBhA3EiwAMVjkVJXY2_FsiT_cBR1MP5wyz95pIDSA1GN7c9JUaNNJNZvPnhR3RqRoCjwQAvd_BwE

RELEVANT AMA POLICY:

Proposed Single Examination for Licensure H-275.962: Our AMA: (1) endorses the concept of a single examination for medical licensure; (2) urges the NBME and the FSMB to place responsibility for developing Steps I and II of the new single examination for licensure with the faculty of U.S. medical schools working through the NBME; (3) continues its vigorous support of the LCME and its accreditation of medical schools and supports monitoring the impact of a single examination on the effectiveness of the LCME; (4) urges the NBME and the FSMB to establish a high standard for passing the examination; (5) strongly recommends and supports actively pursuing efforts to assure that the standard for passing be criterion-based; that is, that passing the examination indicate a degree of knowledge acceptable for practicing medicine; and (6) will work with the appropriate stakeholders to study the advantages, disadvantages, and practicality of combining the USMLE Step 1 and Step 2 CK exams into a single licensure exam measuring both foundational science and clinical knowledge competencies. [CME Rep. B, I-89; Reaffirmed: Sunset Report, A-00; Modified: CME Rep. 2, A-10; Reaffirmed: BOT Rep. 3, I-14; Appended: Res. 309, A-17]