

**Annual Report on the United States Medical Licensing Examination®
(USMLE®) to Medical Licensing Authorities in the United States**



Prepared by the Federation of State Medical Boards of the United States, Inc.,
and the National Board of Medical Examiners®

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Executive Summary

The *Annual Report on the United States Medical Licensing Examination (USMLE) to Medical Licensing Authorities in the United States* provides state medical boards with an overview of the USMLE, a joint program of the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME). In addition to general information about the examination, the report provides updates on topics of specific interest to the boards, including program news, enhancements to USMLE, performance data, an overview of the standard setting process, and a summary of state medical boards' interactions with the USMLE program. Links to key USMLE resources and articles, and a summary of USMLE-related research and publications are also provided.

Over the past year, the USMLE program has enhanced and increased communication efforts with examinees and other USMLE stakeholders, including state medical boards and the public. These efforts included implementation of a medical student and resident advisory panel and an increased social media presence.

State medical boards' participation in the USMLE continues to be strong. In 2017, a total of 24 members and staff from 20 boards participated in the annual USMLE workshop and on the state board advisory panel to the USMLE. This is representative of the boards' long and storied participation in the USMLE program, from writing test items and serving on examination committees, to sitting on standard-setting panels and other workgroups. Since implementation of the USMLE in 1992, 235 members and staff from state medical boards have participated in the USMLE program in some capacity. These individuals represent 60 different medical and osteopathic licensing boards throughout the United States.

Introduction and Program Overview

The United States Medical Licensing Examination® (USMLE®) is a jointly owned program of the Federation of State Medical Boards of the United States, Inc., (FSMB) and the National Board of Medical Examiners® (NBME®). USMLE is a three-step examination sequence for medical licensure in the United States. The first administrations of the examination took place in 1992. Today, the program administers approximately 145,000 Step examinations annually, with more than 2.7 million total test administrations since 1992. In fact, as of 2017 approximately 52% of the United States' 970,090 actively licensed physicians have taken all or part of the USMLE sequence.

Mission

The USMLE's stated mission is to support US medical licensing authorities through the development, delivery and continual improvement of high quality assessments across the continuum of physicians' preparation for practice. The program's goal is to provide medical licensing authorities with meaningful information from assessments of physician characteristics – including medical knowledge, skills, values, and attitudes – that are important to the provision of safe and effective patient care.

The results of the USMLE are reported to medical licensing authorities for their use in the decision to grant a provisional license to practice in a post-graduate training program and the decision to grant an initial license for the independent practice of medicine. The USMLE is recognized and utilized by all state medical boards for licensing allopathic physicians and graduates of international medical schools. Some licensing authorities also recognize USMLE for licensing osteopathic graduates.

Governance

The FSMB and the NBME co-own the USMLE. However, much of the governance responsibility for the program resides with the USMLE Composite Committee. The committee consists of representatives from the FSMB, the NBME, the Educational Commission for Foreign Medical Graduates (ECFMG) and the public. The Composite Committee is responsible for overseeing and directing USMLE policies. Specific functions of the committee include establishing policies for scoring and standard setting; approving Step examination blueprints and test formats; setting policies for test administration, test security and program research. The membership of the Composite Committee routinely includes current or former members of state medical boards. At this time, current and former members of the Iowa, Minnesota, North Carolina, Vermont-Medical, and Virginia boards serve on the USMLE Composite Committee.

The three USMLE Step examinations are overseen by a Management Committee composed of physicians and scientists from the licensing, practice and medical education communities and members of the public. At this time, current and former members of the Arizona-Medical, Hawaii, Iowa, Minnesota, Montana and North Carolina medical boards serve on the USMLE Management Committee.

Eligibility

USMLE is intended to be taken by students and graduates of medical school programs leading to the M.D., D.O., or equivalent degree. The USMLE requirements are as follows:

To be eligible for Step 1, Step 2 CK, and Step 2 CS, the examinee must be in one of the following categories at the time of application and on test day:

- a medical student officially enrolled in, or a graduate of, a US or Canadian medical school program leading to the MD degree that is accredited by the Liaison Committee on Medical Education (LCME), or
- a medical student officially enrolled in, or a graduate of, a US medical school leading to the DO degree that is accredited by the American Osteopathic Association (AOA), or
- a medical student officially enrolled in, or a graduate of, a medical school outside the United States and Canada listed in the *World Directory of Medical Schools* as meeting ECFMG eligibility requirements; and who meets other ECFMG criteria.

To be eligible for Step 3, prior to submitting an application, the examinee must meet the following eligibility requirements prior to submitting an application:

- obtain the MD degree (or its equivalent) or the DO degree, and
- pass Step 1, Step 2 CK, and Step 2 CS, and
- obtain certification by the ECFMG if the examinee is a graduate of a medical school outside the United States and Canada.

The USMLE program recommends that for Step 3 eligibility, examinees should have at least one postgraduate training (PGT) year in a program of an accredited graduate medical education (e.g., accredited by the ACGME or the AOA) that would qualify for medical licensure in the United States.

A physician who received his or her basic medical degree or qualification from a medical school outside the United States and Canada may be eligible for certification by the ECFMG if the medical school and graduation year are listed in the *World Directory of Medical Schools*. This applies to citizens of the United States who have completed their medical education in schools outside the United States and Canada but not to foreign nationals who have graduated from medical schools in the United States and Canada. Specific eligibility criteria for students and graduates of medical schools outside the United States and Canada to take Step 1 and Step 2 are described in the *ECFMG Information Booklet*.

Once an individual passes a USMLE Step, it may not be retaken. Rare exceptions to this policy can be found at <http://www.usmle.org/bulletin/eligibility/>.

Content

The USMLE is composed of three Steps: Step 1, Step 2, and Step 3. Step 2 has two separately administered components, Clinical Knowledge (CK) and Clinical Skills (CS). Although the USMLE is generally completed over the course of several years in the career of a prospective physician, it constitutes a single examination. Each of the three Steps complements the others; no Step can stand alone in the assessment of readiness for medical licensure.

Content for the USMLE is developed by committees of medical educators and clinicians. Committee members broadly represent the teaching, practice and licensing communities across the United States. At least two of these committees critically appraise each test item or case before it is used as live (i.e., scored) material on the USMLE. These committees may revise or discard materials for any of several reasons, e.g., inadequate clinical relevance, outdated content, failure to meet acceptable statistical performance criteria, etc. For a more detailed explanation of content development, contact FSMB for a copy of the 2009 *Journal of Medical Licensure and Discipline* article, “Developing Test Content for the USMLE”.

Step 1 assesses whether a candidate understands and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease and modes of therapy. Step 2 assesses whether the candidate can apply medical knowledge, skills and understanding of clinical science essential for providing patient care under supervision. This includes an emphasis on health promotion, disease prevention and basic patient-centered skills (e.g., information-gathering, physician examination, communication). Step 3 assesses whether the candidate can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine with emphasis on patient management in ambulatory settings. More detail on content specifications for each USMLE Step is provided at www.usmle.org.

The Step 1 examination has no more than 280 multiple-choice test items, divided into seven 60-minute blocks, administered in a one-day, eight-hour testing session. The Step 2 CK examination has no more than 318 multiple-choice test questions, divided into eight 60-minute blocks, administered in a one-day, nine-hour testing session. The Step 2 CS examination has 12 standardized patient cases, administered in a one-day testing session of approximately eight hours. Examinees have 15 minutes for each patient encounter and 10 minutes to record each patient note. The Step 3 examination has 413 multiple-choice test items, divided into blocks of 30-40 questions, with 45 to 60 minutes to complete each block. In addition, Step 3 includes 13 computer-based case simulations (CCS). Each simulation is allotted either 10 or 20 minutes of testing time. Step 3 is administered over two testing days – seven hours for Day 1 and nine hours for Day 2.

Test Administration

Parts of the USMLE are administered by computer. Prometric provides scheduling and test centers for the computer-based components of the USMLE. Step 1 and Step 2 CK examinations are given around the world at Prometric Test Centers (PTCs). Step 3 is given at PTCs in the United States and its territories only. Step 2 CS is administered at five regional test centers managed by the Clinical Skills Evaluation Collaboration (CSEC). The CSEC centers are in Atlanta, Chicago, Houston, Los Angeles, and Philadelphia (the Philadelphia center has two sites).

All USMLE examinations are proctored and videotaped. Strict guidelines are followed for proper identification of examinees. Efforts are made to reduce the overlap of test content from examinee to examinee and from test day to test day. Any significant breaches in security can result in the cancellation of results, suspension of an individual from USMLE, and/or annotation of score reports and official transcripts.

Test Accommodations

Reasonable and appropriate accommodations are provided in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities. Examinees are informed of the availability of test accommodations in the USMLE Bulletin of Information, which can be found at www.usmle.org. Requests for test accommodations are reviewed by NBME staff trained in clinical and school psychology at the doctoral level. Further review of the request and supporting documentation may be provided by experts in the respective fields of disability with whom NBME consults regarding the presence of a disability and appropriate accommodations. NBME makes decisions regarding appropriate test accommodations for all USMLE Step examinations (1, 2 CK, 2 CS and 3).

Examinees with disabilities may be provided with a variety of accommodations. Efforts are made to match accommodations to the individual's functional limitations. For example, audio-recorded versions of the computer-based Step examinations are available for candidates with visual or visual processing disabilities. Special tactile versions of visual material for a Step examination may be provided for examinees with severely impaired vision. Items with an audio component may include a visual representation of the sound for hearing impaired examinees. A sign language interpreter may be provided for deaf examinees for Step 2 CS.

Score Reporting

When examinees take Step 1, Step 2 CK, or Step 3, the computer records their responses. After the test ends, examinee responses are transmitted to the NBME for scoring. For Step 2 CS, examinees are assessed on their physical examination and communication skills (including spoken English) by the standardized patients, and on their ability to complete an appropriate patient note by physician raters. With the exception of Step 2 CS, which is reported as Pass/Fail, USMLE results are reported on a 3-digit scale. On the 3-digit scale, most Step 1 and Step 3 scores fall between 140 and 260 and most Step 2 CK scores fall between 190 and 270. The means and standard deviations for recent, first-time examinees from accredited medical school programs in the United States and Canada were: Step 1, 229 (20); Step 2 CK, 242 (17); and Step 3, 226 (15). Examinee score reports will include the mean and standard deviation for a recent administration of the examination.

USMLE score reports and transcripts show scores (for Step 1, Step 2 CK, and Step 3) and an indication of whether an examinee passed or failed (for all examinations). If the examinee was found to have engaged in irregular behavior, an annotation to that effect is also provided. The same information is sent to medical licensing authorities upon examinee authorization for their use in making licensure decisions.

Under most circumstances, to receive a score on Step 1, Step 2 CK, and Step 3, an examinee must begin every block of the test. If an examinee does not begin every block and no results are reported, an "incomplete" annotation appears on the USMLE transcript. If an examinee registers for but does not begin an examination, no record of the test will appear on the examinee's transcript.

For Step 2 CS, if an examinee leaves the test early, or for some other reason fails to carry out one or more of the cases, performance may be assessed on those cases completed. If this assessment were to result in a passing outcome no matter how poorly an examinee may have performed on the missed case(s), then a "pass" will be reported. If this assessment were to result in a failing outcome no matter how good an examinee's performance may have been on the missed case(s), then a "fail" will be reported. Otherwise, the attempt may be recorded as an "incomplete."

Some unscored items and cases may also be included in the Step examinations for research purposes.

A Score Interpretation Guide (SIG) and annual performance data for all Step examinations are available in the "Data and Research" section of the USMLE website (<http://www.usmle.org/data-research/>).

Minimum Passing Scores

The USMLE program provides a recommended pass or fail outcome for all Step examinations. Recommended performance standards for the USMLE are based on a specified level of proficiency. As a result, no predetermined percentage of examinees will pass or fail the examination. The recommended

minimum passing level is reviewed periodically and may be adjusted at any time. Notice of such review and any adjustments will be posted at the USMLE website.

A statistical procedure ensures that the performance required to pass each test form is equivalent to that needed to pass other forms; this process also places scores from different forms on a common scale.

For Step 3, performance on the computer-based case simulations affects the Step 3 score and could affect whether examinees pass or fail. The proportional contribution of the score on the case simulations is no greater than the amount of time allowed for the cases.

Current minimum passing scores for each Step are as follows (mean scores are provided in the SIG):

Step 1: 194

Step 2 CK: 209

Step 3: 196

Although 2-digit scores are no longer reported, test results reported as passing on the three-digit scale would represent an exam score of 75 or higher if a two-digit score had been reported.

Score Reliability

Reliability refers to a score's expected consistency. Candidates' test scores are reliable to the extent that an administration of a different random sample of items from the same content domain would result in little or no change in each candidate's rank order among a group of candidates. In general, long examinations of very similar items administered to a diverse group of examinees yield high reliabilities.

One of the ways that reliability is measured is through the standard error of measurement (SEM). The SEM provides a general indication of how much a score might vary across repeated testing using different sets of items covering similar content. As a general rule of thumb, chances are about two out of three that the reported score is within one SEM, plus or minus, of the score that truly reflects the examinee's ability (i.e., of the score that would be obtained if the examination were perfectly reliable). Currently, the SEM is approximately 6 points for Steps 1, 2CK and 3. The Step 2 CS is only reported as a pass or fail, without a reported score.

Score Validity

Score validity refers to the extent to which existing evidence supports the appropriateness of the interpretation of test outcomes. For USMLE, the intended interpretation of passing all examinations is that the individual has the fundamental knowledge and skills required to begin patient care in a safe and effective manner. The best way to support a proposed score interpretation is through accumulation of developmental documentation and research on all components of the test design, delivery, and scoring processes, and through tracking the relationship of examination outcomes with later measures of the individual's ability. The USMLE program has a fairly extensive history of such activity. A list of research citations as well as descriptions of many of the USMLE processes is available on the USMLE website. (<http://www.usmle.org/data-research/>)

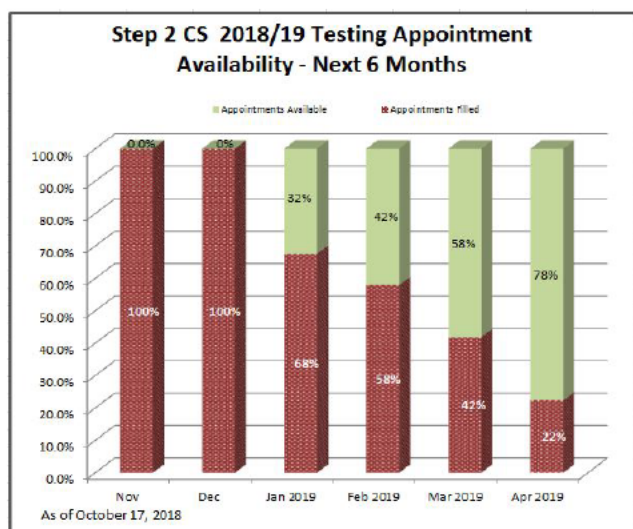
USMLE Program News, 2016-2018

Following are abbreviated versions of news items posted on the USMLE website from 2016-2018. The full announcements are available on the USMLE website at <https://www.usmle.org/announcements/>.

Scheduling Reminder for Step 2 CS (posted October 2018)

Schedules at all test centers fill up quickly. We strongly encourage examinees who plan to test in 2018 to complete scheduling as soon as possible. Based on scheduling trends, if you try to schedule after August 1, you may find that there are no available testing appointments through the end of the year unless there are cancellations.

The graph below is an estimate of test appointment availability as of the date at the bottom of the graph. Please note that the graph does not indicate availability at any one location. Availability at the testing center you choose may differ. Appointment availability changes frequently, so if you are unable to schedule an appointment during a particular time period, please continue to check the Step 2 CS scheduling website. Additional appointments may become available 60 days in advance of a test date.



More information is available in the Applying for the Test and Scheduling Your Test Date section of the Bulletin of Information.

New score report format – USMLE Step 3 examination (posted October 2018)

The USMLE Step 3 examination score report has been redesigned to reflect both advances in the underlying science of assessment and changes to the USMLE program over time. Examinees testing on or after October 1, 2018 will receive score reports in the new format. The redesigned report features a chart showing an examinee's performance compared with recent first-time takers from US and Canadian medical schools, the examinee's performance in individual content areas relative to their overall Step 3 performance, and information about the allocation of items across each content area. You can view the new score report [here](#) [Understanding Your Step 3 Score Report]. Click on the comment boxes for explanatory/informational text. [FAQs](#) about the score report are also available.

The USMLE program solicited feedback on the new design from a number of stakeholders, including

examinees, medical school faculty, and residency program directors. The new examinee score report format will be implemented for Step 1 and Step 2 Clinical Knowledge (CK) examinations in early 2019. A new score report format for the Step 2 Clinical Skills (CS) examination is under development.

Step 1 and Step 2 CK – score delays in 2019 (posted September 2018)

Most Step 1 and Step 2 CK scores are reported within four weeks of testing. However, because of necessary annual modifications to the test item pools, delays occur for examinees who test at certain times of the year. Please be aware that examinees testing during the following dates may experience delays in score reporting:

- Step 1 examinees testing early May through early July 2019 - more specific information will be posted January 2019
- Step 2 CK examinees testing late June through late August 2019 - more specific information will be posted March 2019

Why is this important to know? If you need to receive a score before a certain date, plan to take that exam before the projected score delay windows to avoid missing deadlines.

Step 3 – delay in score reporting in 2019 (posted September 2018)

If you need to receive Step 3 scores before March 27, 2019 it is recommended that you take the exam no later than December 31, 2018. Most Step 3 scores are reported within 4 weeks of testing. However, because of necessary modifications to the test item pool, there will be a delay in reporting for some examinees who test in early 2019. The target date for reporting Step 3 scores for examinees testing in January and February 2019 is Wednesday, March 27, 2019. No USMLE Step 1, Step 2 CK, or Step 3 examinations will be administered January 1-14, 2019.

Is my test center open? (posted September 2018)

Occasionally test centers close due to weather-related events or other emergencies. To check on the status of your test center, go to the [Prometric website](#) (for Step 1, Step 2 CK, and Step 3) or to the [CSEC website](#) (for Step 2 CS).

No change to minimum passing score for Step 2 CK (posted May 2018)

The USMLE Management Committee voted to maintain the currently recommended Step 2 CK minimum passing score at their May 2018 meeting. As explained in a previous posting to the USMLE website, the minimum passing score for each USMLE Step examination is reviewed periodically and may be adjusted at any time. At its meeting, the USMLE Management Committee conducted a review of the Step 2 CK examination minimum passing score. As a result of its review, the USMLE Management Committee voted to maintain the recommended minimum passing score of 209.

New practice questions and helpful information for the Step 2 CK exam available (posted May 2018)

Examinees planning to take the Step 2 Clinical Knowledge (CK) exam are encouraged to review:

Tutorial and Practice Test Items for Multiple-Choice Questions

USMLE Step 2 CK Sample Items booklet (PDF)

USMLE Step 2 CK Content Description and General Information booklet (PDF)

USMLE Score Interpretation Guidelines – updated version available now (posted May 2018)

An updated version of the USMLE Score Interpretation Guidelines (SIG) has been posted to the USMLE website. The means, standard deviations (SDs) and the norm table are updated annually.

Because percentile ranks depend on the cohort of examinees, you should always use the most recent norm table to obtain percentile ranks.

Step 2 CK – Delay in score reporting - UPDATE to previous announcement (posted May 2018)

If you need to receive Step 2 Clinical Knowledge (CK) scores before August 29, 2018, we recommend that you take the exam no later than June 30, 2018. Necessary modifications to the test item pool will result in a delay in reporting for some examinees who test beginning the week of June 30, 2018. The target date for reporting Step 2 CK scores for most examinees testing the week of June 30 through mid-August will be Wednesday, August 29, 2018.

If you test	Your score will be reported
On or before June 30, 2018	Typically 3-4 weeks after your test date
July 1, 2018 through mid-August 2018	The regular reporting schedule will resume August 29, 2018
After mid-August 2018	Typically 3-4 weeks after your test date

Although the transition will occur quickly at many test centers, there may be some locations where the changes take slightly longer to complete. The overall transition period will likely last approximately six weeks. Please note that exams prior to, during, and following the August 29 date will be comparable.

NOTE: When this announcement was originally posted on April 9, 2018, examinees were recommended to take exams on or before June 24 to ensure receiving scores before August 29. This update recommends that examinees take the exam on or before June 30 to ensure receiving a score before August 29.

2019 schedule for reporting Step 2 CS results is available (posted April 2018)

The 2019 schedule lets examinees know when to expect results for a Step 2 Clinical Skills (CS) exam. The schedule is available at <http://www.usmle.org/step-2-cs/#reporting>.

Is my test center open? (posted March 2018)

Occasionally test centers close due to weather-related events or other emergencies. To check on the status of your test center, go to the Prometric website (for Step 1, Step 2 CK, and Step 3) or to the CSEC website (for Step 2 CS).

Requirements for scheduling exams at Prometric centers (posted March 2018)

Beginning April 1, 2018, anyone using an unsupported operating system or browser (Windows XP/Vista, Windows Server 2003, or a browser version below IE 9) will NOT be able to schedule an exam at a Prometric center. This change is due to an enhancement of security protocols to meet new industry compliance regulations.

Review of USMLE Step 2 Clinical Knowledge (CK) minimum passing score (posted February 2018)

The USMLE program recommends a minimum passing level for each Step examination. The USMLE Management Committee is responsible for establishing and monitoring standards, and is asked to complete an in-depth review of standards for each examination every 3 to 4 years.

For the 2018 Step 2 CK review, information from multiple sources will be considered, including:

- Results of content-based standard setting exercises conducted with three independent groups of physicians in 2018;
- Results of surveys of various groups (e.g., state licensing representatives, medical school faculty, samples of examinees) concerning the appropriateness of current pass/fail standards for Step examinations;
- Trends in examinee performance;
- Score precision and its effect on the pass/fail outcome.

The USMLE Management Committee is scheduled to review the minimum passing score for the USMLE Step 2 CK examination at its May 2018 meeting. If the Committee determines that a change is appropriate, the new recommended minimum passing score will become effective for all examinees who take a Step 2 CK examination on or after July 1, 2018. The decision of the Committee will be posted at the USMLE website.

Step 1 – Delay in score reporting (posted January 2018)

Most score reporting of Step 1 results occurs within four weeks of testing. However, because of necessary modifications to the test item pool, there will be a delay in reporting for some examinees who test beginning the week of May 7, 2018. The target date for reporting Step 1 scores for most examinees testing the week of May 7 through early June will be Wednesday, July 11, 2018. For examinees whose circumstances require that they receive Step 1 scores before July 11, 2018, it is recommended that they take Step 1 no later than May 4, 2018. Although the transition will occur quickly at many test centers, there may be some locations where the changes take slightly longer to complete. The overall transition period will likely last approximately 6 weeks. Please note that scores on new and old exam forms will be comparable.

Step 2 CS rescheduling fees (posted January 2018)

The rescheduling fees for the Step 2 Clinical Skills (CS) examination have changed as of January 1, 2018. If you have a scheduled testing appointment and are unable to take the exam on your scheduled test date or at your scheduled center, you may cancel your scheduled testing appointment and reschedule for a different date and/or center, subject to availability. You may cancel and/or reschedule at any time through the end of the day before your scheduled test date. However, no canceling is allowed beginning at 12:00 AM, Eastern Time in the United States, on your scheduled test date. The date that you cancel your testing appointment will determine the amount of your rescheduling fee, as described in the list and table below. All dates and notice periods are calculated using Eastern Time in the United States.

Example: Step 2 CS Rescheduling Fees		
Scheduled Test Date	Cancel Date(s)	Fee
July 15	On or before June 30	No fee
	July 1 – July 12	\$400

	July 13	\$642.50
	July 14	\$1285

If you cancel without rescheduling or miss your scheduled testing appointment, there is no guarantee that testing appointments during your eligibility period will be available when you attempt to reschedule. If you do not reschedule within your eligibility period, you must submit a new application and exam registration fee in order to take the exam.

Change in minimum passing score for Step 1 (posted December 2017)

The recommended Step 1 minimum passing score will change from 192 to 194. This change will affect examinees who take a Step 1 examination that begins on or after January 1, 2018. At its November 2017 meeting, the USMLE Management Committee conducted a review of the Step 1 examination minimum passing score. As a result of its review, the USMLE Management Committee decided to raise the recommended Step 1 minimum passing score from 192 to 194.

Step 2 CS cases – common presenting signs and symptoms (posted September 2017)

A list of common presenting signs and symptoms that Step 2 Clinical Skills (CS) examinees may expect to see during their examination has been posted to the USMLE website. These are examples only, and the list does not represent all possible presenting signs and symptoms that may be encountered.

Change in Performance Standards for Step 2 CS (posted August 2017)

This announcement describes a change in the performance standards for the USMLE Step 2 CS examination that will affect examinees testing on or after September 10, 2017. At its July 2017 meeting, the USMLE Management Committee conducted a review of the recommended minimum passing levels for USMLE Step 2 CS and voted to increase the required minimum passing level for all three Step 2 CS subcomponents: Communication and Interpersonal Skills (CIS), Spoken English Proficiency (SEP), and Integrated Clinical Encounter (ICE). Because numerical scores are not reported for Step 2 CS, the decisions of the Management Committee are reported in terms of potential impact on examinees, using data from recent administrations. If the new minimum passing requirements were applied to the group of first-time examinees who recently tested, the overall passing rate for examinees from US medical schools would be approximately three percent lower and the overall passing rate for examinees from international medical schools would be approximately eight percent lower.

Change to patient note program for the Step 2 CS exam (posted June 2017)

On or after September 10, 2017, patient notes written in the Step 2 CS exam will automatically submit at the end of the 25 minutes allotted for each patient encounter. Each patient encounter includes 15 minutes in the examination room, plus an additional 10 minutes to write the patient note. Examinees who leave the exam room before 15 minutes will continue to have additional time for the patient note. At the end of 25 minutes, the note will automatically submit, and examinees will not be able to continue writing.

Step 2 CS communication skills cases (posted May 2017)

Beginning May 21, 2017, USMLE Step 2 CS examinees may see a case in which the primary task is to assist the standardized patient with making decisions and/or with disease or problem management. For these cases, a physical examination will not be required, and the data interpretation section of the patient note will not need to be completed.

Enhanced security policies at CSEC test centers (posted March 2017)

Enhanced security policies will take effect in all Clinical Skills Evaluation Collaboration (CSEC) test centers beginning April 4, 2017. The enhanced security procedures are being conducted to inspect for electronic devices.

Understanding your USMLE score report (posted March 2017)

A short video designed to help examinees interpret the USMLE score report, and understand decisions and actions that can be taken based on exam performance, is now available at: <http://www.usmle.org/transcripts/>. The video is part of an effort to address frequently asked questions from examinees and others about the USMLE examination process.

USMLE takes action against individuals found to have engaged in Irregular Behavior (posted November 2016)

The USMLE Committee for Individualized Review (CIR) meets periodically throughout the year to review cases involving allegations of irregular behavior by applicants and/or examinees. At its recent meetings, the CIR considered multiple cases involving the following:

- falsifying information, including the creation of falsified score reports
- seeking to obtain unauthorized access to examination materials (including the solicitation of exam content via online web forums)
- communicating about specific test items, cases, and/or answers with other examinees (including the sharing of examination content via online web forums and file sharing websites)
- applying for and/or attempting to take an examination when ineligible
- accessing unauthorized items, equipment, or materials while on an unauthorized break
- making notes on test day on something other than the writing materials provided by test center staff
- failure to follow test center instructions, including typing past the 'End Patient Note' announcement in Step 2 Clinical Skills

Actions taken by the CIR at its recent meetings included:

- annotating individual USMLE records with a finding of irregular behavior
- barring access to USMLE for periods up to 5 years
- reporting the finding of irregular behavior to the disciplinary data bank (Physician Data Center at the Federation of State Medical Boards)
- State medical boards routinely query this data bank as part of their licensing processes
- cancelling the examinee's score because the validity of a passing level score is in question

As evidenced by the sanctions listed above, a finding of irregular behavior carries significant potential impact. USMLE applicants and examinees are reminded to read the *USMLE Bulletin of Information* carefully, follow the rules of conduct during testing, and refrain from any pre- or post-examination conduct deemed to be irregular behavior. Applicants and examinees are also encouraged to watch the USMLE Security Video.

The USMLE is committed to maintaining the integrity of its examination so that state medical boards may continue to rely upon it as an integral part of their decision-making process for licensure. Applicants and examinees are advised to observe all USMLE policies and procedures to avoid the potentially significant implications arising from a finding of irregular behavior. USMLE encourages

you to provide information about cheating and other activity of which you are aware that may compromise the security and integrity of USMLE. Please use the contact form on the USMLE website to report such information.

Enhanced security policies at Prometric test centers (posted October 2016)

Beginning October 15, 2016, Prometric center administrators will conduct inspections of all eyeglasses, jewelry, and other accessories. The purpose of the enhanced security procedures is to inspect for electronic devices.

Images in Step 2 Clinical Skills examination (posted March 2016)

Beginning May 22, 2016, USMLE Step 2 CS examinees may see a case in which the standardized patient provides a digital image (for example, a photograph, x-ray, MRI, or CT) on a tablet computer. Examinees will be able to enlarge the image. Not all examinations will include a case with an image. Examinees will see a maximum of one case with an image per examination.

Important announcement regarding Fifth Pathway certificates and USMLE Step 3 (posted March 2016)

As previously announced, the USMLE will cease acceptance of Fifth Pathway certificates for the purpose of meeting Step 3 eligibility requirements, effective January 1, 2017. Individuals who hold valid Fifth Pathway certificates, and are otherwise eligible, may use their Fifth Pathway certificates to meet Step 3 eligibility requirements, and may apply for Step 3 through December 31, 2016. Individuals holding Fifth Pathway certificates that are not accepted by the USMLE program for purposes of meeting Step 3 eligibility will be required to obtain ECFMG certification in order to be eligible for Step 3.

USMLE Security Video (posted January 2016)

Remember, the stakes on a medical licensing exam are high! Don't do something that might jeopardize your future as a licensed physician. Be sure you understand all the USMLE policies on security and irregular behavior by viewing our new security video, <http://www.usmle.org/security>.

USMLE Strategic Communication Outreach

In 2016-2017, the USMLE program revisited how the USMLE program communicates with its primary stakeholders in the exam – that is, directly to examinees, medical educators and medical regulators and, indirectly, to the public. This review highlighted the need for a more proactive approach to communicating about the USMLE, as well as the need for improved *listening* to stakeholder concerns. Below is a summary of work to date on the main elements and initiatives comprising a new strategic communication outreach for the USMLE.

Examinee Input

The ‘national faculty’ of volunteers working on the USMLE provide the program with direct input from medical educators and regulators. While these are effective in their own right, the current USMLE committee structure does not offer a platform for more direct input and feedback from those most directly impacted by the exam – examinees. As a result, in 2017 the USMLE program established the Medical Student & Resident Advisory Panel to serve in an advisory capacity to the program. The 15-member panel is composed of five U.S. allopathic students, two osteopathic medical students, two students from international medical schools, five residents and one public member. The panel’s charge is three-fold: 1) to assist USMLE staff in working through operational issues directly impacting the examinee experience of the exam, 2) to serve as an additional voice and resource to inform more substantive policy questions from or before the USMLE Management and Composite Committees, and 3) to serve as informal ambassadors of the USMLE program.

The Medical Student & Resident Advisory Panel to USMLE allows FSMB and NBME staff working on USMLE program to:

- *collect feedback* from students and residents on issues and topics specific to the USMLE, especially ongoing and/or planned strategic enhancements or similar processes;
- *test assumptions* about the USMLE with a medical student and resident audience; and
- *gain insight* into the perspective of medical students and residents on USMLE policy issues.

The panel’s first meeting was held in February 2018, at the FSMB offices in Texas. The panel spent a portion of the day taking a deeper dive into the USMLE structure and operations and then engaged in two hands-on exercises. The first allowed them to offer input into what works well and what can be improved with USMLE in the areas of: the application/registration process; test day; USMLE website; fairness and transparency of USMLE; scores (reporting, interpretation, use); exam design; and engagement with stakeholders. The second exercise required individual panel members to address a USMLE issue from the viewpoint of a specific stakeholder, including medical student, resident, GME program director, state medical board member, or member of the public.

The panel met again in August 2018 via conference call/webinar to further discuss the outcomes and next steps for the what works well and what can be improved with USMLE exercise at the February meeting and to discuss additional work projects for the panel. Thus far, working groups have been identified to 1) review the USMLE social media sites, 2) review the USMLE website, and 3) discuss and develop communication strategies and pieces for new medical students and first-time examinees about USMLE.

Social Media

The goal in moving toward greater use of social media is to supplement and strengthen USMLE communication and outreach efforts via the USMLE website; the NBME, FSMB and ECFMG websites; and routine communications with USMLE applicants and examinees. The primary audience for social media outreach is the 100,000+ individual examinees taking the USMLE each year. Important secondary audiences include medical educators at both the undergraduate and graduate levels and members of the state medical board community.

Over the past year, USMLE program staff have developed and/or enhanced USMLE social media platforms on Facebook, Twitter and LinkedIn. A new staff position was also created to maintain the sites and to work collaboratively with staff at all three organizations collaborating on USMLE (FSMB, NBME, ECFMG) to identify, create and maintain content across all social media platforms. Links for the USMLE Facebook, LinkedIn and Twitter pages are.

USMLE Facebook: <https://www.facebook.com/usmle/>

USMLE LinkedIn: <https://www.linkedin.com/company/usmle/>

USMLE Twitter: <https://twitter.com/TheUSMLE>

Video

Targeted use of short videos is another tool for proactive communication to stakeholders. The goal of any USMLE video will be to:

- *inform or explain practical issues or topics* important to the experience of examinees in registering or testing; or
- *communicate the integrity and value* of USMLE as a critical piece of the US medical regulatory landscape; or
- *humanize* the USMLE by showcasing the people and/or groups involved in its construction and governance, e.g., our ‘national faculty.’

Two short videos on examination security and understanding score reports have been developed and posted on the USMLE website:

Security Video: <http://www.usmle.org/security/index.html>

Understand Your Score Report Video: <http://www.usmle.org/transcripts/>

At the urging of the Medical Student & Resident Advisory Panel, the USMLE program has also taken some early steps towards developing a USMLE Orientation video series. The videos will include basic information regarding the purpose of USMLE, the organizations involved in supporting the program, and what students and graduates should expect from their USMLE experience. The videos will range in impact from high-level awareness of the USMLE program and its mission, all the way to specific program details. Each video will share a common objective to de-mystify and humanize the subject matter, and engage, inform, and encourage viewers to understand and learn. The first video is expected to be complete by the end of 2018.

USMLE Communication Outreach to Examinees

In August 2017, the USMLE program distributed a welcome/introduction letter to all matriculating students to LCME-accredited programs. This letter featured personal messages from FSMB and NBME presidents, Drs. Chaudhry and Katsufakis, including their personal medical school background and photo and an email to directly communicate with either CEO.

Review of Communication with Applicants

Routine (often automated) email communications with applicants and examinees are being reviewed to ensure consistency in messaging among the three USMLE registration entities (i.e., FSMB, NBME and ECFMG).

USMLE Website

Work to redesign the USMLE website began in August 2018. Some of the goals of the redesign include personalizing the website experience to each stakeholder's need, increasing engagement, positioning USMLE as relevant to the student audience, aligning the design and tone with the audience, and supporting the USMLE mission. The redesign will also allow the program to move to a website with a user-friendly, mobile-friendly and modern design.

USMLE Enhancements

Design Review of Step 1 and Step 2 Clinical Knowledge Examinations

Similar to the review of the USMLE Step 3 examination that prompted recent changes to the examination, USMLE governance is conducting a review of the Step 1 and Step 2 Clinical Knowledge examinations to determine if these examinations should be redesigned. The USMLE Management Committee is investigating a potential expansion of the competencies important to supervised practice, including but not limited to further development of content related to communication, patient safety, and professionalism. Planned changes will be announced on the USMLE website well in advance of implementation.

Investigating Improvements to Reporting of USMLE Results to Examinees and Medical Schools

The USMLE program continues to investigate ways to improve the reporting of USMLE results to examinees and medical schools. The investigation includes a review of the current reports; surveys to both examinees and schools to determine how examinees and medical schools use and interpret score reports; a review of the informational materials provided to examinees and medical schools; and input from USMLE governance. In 2018, the USMLE Management Committee and the USMLE Composite Committee approved updates to USMLE Steps 1, 2CK and 3 score report design. The updated score report was implemented for Step 3 in October 2018; Step 1 and Step 2 CK score reports will be updated in early 2019. Work is currently underway to update Step 2 CS score reports as well.

Medical Licensing Authorities and the USMLE

USMLE Services to State Medical Boards

In 2016, the FSMB registered approximately 33,000 applicants for the USMLE Step 3. Step 1 and Step 2 registration services are provided by NBME for students and graduates in US medical and osteopathic schools and by ECFMG for students and graduates of international medical schools under eligibility requirements established by the USMLE Composite Committee.

The FSMB also produced and delivered approximately 65,000 USMLE transcripts, including approximately 32,500 transcripts produced as part of the Federation Credentials Verification System profile sent to state medical boards for physicians seeking licensure.

The USMLE makes a wide range of informational materials on the program available to medical licensing authorities. A series of informational articles on USMLE have appeared in the FSMB's *Journal of Medical Regulation*, and the FSMB regularly hosts web seminars on USMLE-related topics. Subjects covered in past webinars include USMLE attempt, time limit, and retake policies; update on content changes to Step 3, including the discontinuance of state board sponsorship for Step 3; challenges to the Step 2 CS; and USMLE transcripts and irregular behavior. Copies of these presentations are available upon request from the FSMB.

State Medical Boards' Participation in USMLE

The FSMB and NBME also hosts an annual USMLE Orientation workshop for members of state medical boards. This free workshop is open to current and former members of state medical boards with an interest in participating in the program. The 2018 workshop took place in November at NBME's offices in Philadelphia. Six members from the Georgia, Idaho, Louisiana, Maine-Medical, Nevada-Medical and Puerto Rico state boards participated. To date, 120 individuals from 50 medical and osteopathic boards have participated. Fifty (50) past workshop participants have served subsequently with the USMLE program. This includes participation on standard-setting and advisory panels, as well as serving on the USMLE Management Committee and item-writing committees for the program. Physician and public members of state medical and osteopathic boards interested in attending this workshop should contact the FSMB for more information.

In 2011, the USMLE established an advisory panel composed of members and senior staff from state medical boards. The State Board Advisory Panel to the USMLE convened again in October 2018. The panel provides the USMLE with firsthand feedback on timely issues and major initiatives from the primary intended user of USMLE scores – state medical boards. Topics addressed by the panel in 2018 included updates to USMLE score reports, an upcoming invitational conference on USMLE scoring, USMLE strategic communication work, USMLE security, exam design, and other updates or issues of interest to state boards and the panel members. The current members of the panel include staff and board members from the California-Medical, District of Columbia, Florida-Medical, Illinois, Missouri, Nevada-Medical, North Carolina, Pennsylvania-Medical, Wisconsin and Wyoming boards.

Groups such as the State Board Advisory Panel to USMLE and outreach efforts such as the annual orientation workshop for medical board members continue the long history of the USMLE program involving the state medical board community directly in the operations of the program. Since its implementation in 1992, 235 members and staff from state medical boards have participated in the USMLE program in some capacity. These individuals represent 60 different medical and osteopathic licensing boards throughout the United States.

USMLE Policies

The USMLE recommends that state medical boards require the dates of passing Step 1, Step 2, and Step 3 to occur within a seven-year period. The program, however, recommends that state medical boards consider additional time for individuals completing a dual degree program (MD/PhD; DO/PhD). Additionally, the USMLE program imposes a limit of no more than six attempts to pass each of the Step or Step Components. Additional attempts are allowed only at the written request of a state medical board.

Most state medical boards utilizing the USMLE impose both time and attempt limits on the USMLE as part of their requirements for obtaining an initial medical license. Currently, 41 out of 53 medical boards impose some limit on the number of attempts at the USMLE; 44 out of 53 medical boards impose a time limitation for the completion of the USMLE sequence. For a complete listing, please visit: <http://www.fsmb.org/step-3/state-specific/>

Specific requirements for taking and retaking USMLE are provided in the FAQs on the USMLE website at: www.usmle.org/frequently-asked-questions/.

For information on exceptions to USMLE policy, please contact the FSMB.

USMLE Data and Research

Aggregate Performance Data

The USMLE program publishes aggregate performance data for all Steps since the program's inception. These data include examinee volume and passing percentages categorized by first-taker and repeater examinees; US/Canadian and international students/graduates; allopathic and osteopathic examinees. These performance data are available at the USMLE website at www.usmle.org/performance-data/.

Passing rates and examinee counts for 2015-2016 are provided for each Step in this report's Appendix.

Research Agenda

Each year, the USMLE Composite Committee reviews and endorses a research agenda for the program. The committee endorsed the following research themes and/or topics for the program for 2018-2019: enhancements to the USMLE; relating scores and pass/fail outcomes to external measures; determining strategies for providing meaningful performance feedback to examinees and stakeholders; and USMLE security procedures.

2017 Publications

Below is a list of program-related publications by USMLE staff in 2017. A more extensive listing (2009-2017) is available on the USMLE website at <http://usmle.org/data-research/>.

Braun H, von Davier M. The use of test scores from large-scale assessment surveys: psychometric and statistical considerations. *Large-scale Assessments in Education*. 2017;5:17. doi:10.1186/s40536-017-0050-x.

Clauser BE, Baldwin P, Margolis MJ, Mee J, Winward M. An experimental study of the internal consistency of judgments made in bookmark standard setting. *Journal of Educational Measurement*. 2017;54(4):481–497.

Cuddy MM, Young A, Gelman A, Swanson DB, Johnson DA, Dillon GF, Clauser BE. Exploring the relationships between USMLE performance and disciplinary action in practice: a validity study of score inferences from a licensure examination. *Academic Medicine*. 2017;92(12):1780–1785.

Haist S, Butler A, Paniagua M. Testing and evaluation: the present and future of the assessment of medical professionals. *Advances in Physiology Education*. 2017;41(1):149–153.

Paniagua M. 100 days of rain: a reflection on the limits of physician resilience. National Academy of Medicine. <https://nam.edu/100-days-of-rain-a-reflection-on-the-limits-of-physician-resilience>. Published January 20, 2017. Accessed November 29, 2017.

Walsh K, Harik P, Mazor K, et al. Measuring harm in health care: optimizing adverse event review. *Medical Care*. 2017;55(4):436–441.

Standard Setting

USMLE General Procedures for Standard Setting

The USMLE system for setting standards is established by the USMLE Composite Committee, which includes representatives of the ECFMG, FSMB, NBME and the public. The system specifies the kinds of data to be gathered and how the data are to be gathered, the frequency of reviewing the standards and adjusting them, and assigns the judgment task to the Management Committee. The Management Committee, jointly appointed by the FSMB and NBME, must use the procedures defined by the Composite Committee, but is free to set the standard and revise the standard as it deems necessary. The decision of the Management Committee is final; no superior governing committee is authorized to alter its decision. The Management Committee includes those with educational, licensing, and clinical practice perspectives, as well as a representative from the public.

Current policy requires that the Management Committee review the effectiveness of Step standards at least annually. A comprehensive review and possible adjustment of the standard must be undertaken approximately every four years. In addition, when there are any major changes to the design or format of the Step examination, the Management Committee is asked to establish new passing requirements for the redesigned components. USMLE believes that there must be an opportunity for review and adjustment of standards in order to reflect the realities of change in the content of medicine, the nature of the test, the characteristics of examinees, and the expectations of stakeholders. Such review of the standard is essential to assure that the judgment inherent in defining the standard reflects current conditions, not those that were pertinent in the past.

Mandated Data Sources Informing the Judgment Process

USMLE policy mandates the use of four categories of data in making judgments about standards. These are:

- Content-referenced judgments of experts. Content experts provide their opinions, based upon review of content and examinee performance, on the appropriate requirements for passing the examination.
- Survey of stakeholders. Expectations of stakeholders for the percent of examinees, to whom the stakeholder is exposed, that should pass the examination.
- Cohort performance trends. Trends in examinee performance over a long period of time and the effect of repeated attempts at the examinations on the failure rate in a defined cohort of examinees.
- Confidence intervals in the region of the cut-score. Estimates of numbers of misclassified examinees based on historical distributions of examinee performance and the measurement error in the scale area under consideration for the cut-score.

Setting the Standard

The Management Committee meets to consider the collected data. As part of this process the committee reviews all of the data collection processes and considers the combined data as part of the decision-making process. Typically, the question posed of the committee is whether the externally collected data, performance trends, and score reliability data suggest that the current standards need to be changed. The committee can allow the standards to remain the same or can vote to make a change. If the latter occurs then the committee identifies the new performance requirements.

USMLE policy requires that standards be implemented on the first day of the month following the decision of the Management Committee. Information regarding the timing of the standard setting process and its outcomes is posted on the USMLE website.

Resources

Websites

Multiple avenues for obtaining additional information on the USMLE exist:

- USMLE website (www.usmle.org) provides the most current information on the program.
- FSMB website (www.fsmb.org) contains information specific to USMLE Step 3.
- NBME website (www.nbme.org) contains information specific to registering for USMLE Steps 1, 2CK and 2CK for students and graduates of U.S. and Canadian medical schools.
- ECFMG website at (www.ecfmg.org) provides information on ECFMG certification and registering for USMLE Steps 1, 2CK and 2CK for students and graduates of international medical schools seeking information.

Written materials

- *USMLE Bulletin of Information* – provides USMLE policies and procedures and can be accessed from the main page of the USMLE website (www.usmle.org).
- *NBME Examiner* – the official newsletter of the NBME & provides additional information on USMLE; the current and archived issues can be found under the Publications tab at www.nbme.org.
- *Journal of Medical Regulation* (previously the *Journal of Medical Licensure and Discipline*) – published by the FSMB, the *Journal* occasionally provides informational articles summarizing major aspects of the USMLE program. Topics covered include Step 2 Clinical Skills, the development of multiple-choice questions for test content, research, and processes for maintaining program security (see citations below). Past issues are available on the JMR website at <http://jmronline.org/> or upon request from the FSMB:
 - “Implementing Strategic Changes to the USMLE.” *Journal of Medical Regulation*. Vol. 100, No. 3, 2014.
 - “An Assessment of USMLE Examinees Found to Have Engaged in Irregular Behavior, 1992-2006.” *Journal of Medical Regulation*. Vol. 95, No. 4, 2010.
 - “Developing Content for the United States Medical Licensing Examination.” *Journal of Medical Licensure and Discipline*. Vol. 95, No. 2, 2009.
 - “Maintaining the Integrity of the United States Medical Licensing Examination.” *Journal of Medical Licensure and Discipline*. Vol. 92, No. 3, 2006.
 - “The Introduction of Clinical Skills Assessment into the United States Medical Licensing Examination (USMLE): A Description of the USMLE Step 2 Clinical Skills (CS).” *Journal of Medical Licensure and Discipline*. Vol. 91, No. 3, 2005.
 - “The United States Licensing Examination.” *The Journal of Medical Licensure and Discipline*. Vol. 91, No. 1, 2005.

Key contacts

The following individuals are key contacts for state medical boards on matters involving the USMLE.

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APPENDIX

The data tables below are extracted from the performance data provided on the USMLE website at <http://www.usmle.org/performance-data/>. Similar data are available for all years of the USMLE program.

Table 1

2017 STEP 1 ADMINISTRATIONS *		
Number Tested and Percent Passing		
	# Tested	# Passing
Examinees from US/Canadian Schools that Grant:		
MD Degree	21,382	94%
1st Takers	20,353	96%
Repeaters**	1,029	67%
DO Degree	3,835	95%
1st Takers	3,786	95%
Repeaters**	49	76%
Total US/Canadian	25,217	94%
Examinees from Non-US/Canadian Schools		
1st Takers	14,900	78%
Repeaters**	2,303	41%
Total non-US/Canadian	17,203	73%

Notes for Table 1

* Represents data for examinees tested in 2016 and reported through January 31, 2018.

** The # tested listed for repeaters represent examinations given, not the number of examinees for the specified time period.

Table 2

2016-2017 STEP 2 CLINICAL KNOWLEDGE (CK) ADMINISTRATIONS * Number Tested and Percent Passing		
	# Tested	# Passing
Examinees from US/Canadian Schools that Grant:		
MD Degree	21,071	95%
1st Takers	20,140	96%
Repeaters**	931	66%
DO Degree	2,581	94%
1st Takers	2,547	95%
Repeaters**	34	68%
Total US/Canadian	23,652	95%
Examinees from Non-US/Canadian Schools		
1st Takers	11,949	81%
Repeaters**	2,342	50%
Total non-US/Canadian	14,291	76%

Notes for Table 2

* Data for Step 2 CK are provided for examinees tested during the period of July 1, 2016 to June 30, 2017.

** The # tested listed for repeaters represent examinations given, not the number of examinees for the specified time period.

Table 3

2016-2017 STEP 2 CLINICAL SKILLS (CS) ADMINISTRATIONS * Number Tested and Percent Passing		
	# Tested	# Passing
Examinees from US/Canadian Schools that Grant:		
MD Degree	21,064	96%
1st Takers	20,285	96%
Repeaters**	779	90%
DO Degree	46	96%
1st Takers	45	96%
Repeaters**	1	§
Total US/Canadian	21,110	96%
Examinees from Non-US/Canadian Schools		
1st Takers	11,790	82%
Repeaters**	1,968	72%
Total non-US/Canadian	13,758	81%

Notes for Table 3

** Data for Step 2 CS are provided for examinees tested during the period of July 1, 2016 to June 30, 2017.

** The # tested listed for repeaters represent examinations given, not the number of examinees for the specified time period.

§ USMLE does not report percent for cohort populations of five or fewer examinations

Table 4

2017 STEP 3 ADMINISTRATIONS * Number Tested and Percent Passing		
	# Tested	# Passing
Examinees from US/Canadian Schools that Grant:		
MD Degree	20,094	97%
1st Takers	19,405	98%
Repeaters**	689	73%
DO Degree	13	100%
1st Takers	13	100%
Repeaters**	0	0
Total US/Canadian	20,107	97%
Examinees from Non-US/Canadian Schools		
1st Takers	8,226	88%
Repeaters**	1,439	60%
Total non-US/Canadian	9,665	84%

Notes for Table 4

* The table represents data for examinees tested in 2017 with scores reported by January 31, 2018.

** The # tested listed for repeaters represent examinations given, not the number of examinees for the specified time period.