



**2024**

# **Annual Report on the United States Medical Licensing Examination<sup>®</sup> (USMLE)**

Prepared for Medical Licensing Authorities in the United States by the Federation of State Medical Boards of the United States and the National Board of Medical Examiners<sup>®</sup>

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# Executive Summary

The United States Medical Licensing Examination® (USMLE®) is a three-step examination sequence for medical licensure in the United States. The USMLE is composed of three complementary Steps: Step 1, Step 2 Clinical Knowledge (CK) and Step 3. The program administers approximately 100,000 Step examinations annually, with more than 3 million total tests administered since implementation in 1992.

Medical licensing authorities and their representatives continue to be key stakeholders and contributors to the USMLE program. In 2024, 44 individuals from 26 state medical and osteopathic boards across the United States participated in USMLE in some capacity. Since implementation of the USMLE in 1992, 360 members and staff from 65 state medical and osteopathic boards have participated in the USMLE program in some capacity.

As of 2023, approximately 63% of the 1,062,460 physicians licensed in the United States have taken all or part of the USMLE sequence; 58% have taken all Steps (1, 2 and 3). This represents a 2% increase in both measures since 2022.

The *Annual Report on the United States Medical Licensing Examination (USMLE)* provides state medical boards with an overview of the USMLE, a jointly owned 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 and a summary of state medical boards' interactions with the USMLE program. State medical boards participate in USMLE in a variety of capacities, including writing and reviewing test items; serving on governing committees; and participating in standard-setting surveys and on advisory panels. Links to key USMLE resources, articles, research and publications are also provided.

# Introduction and Program Overview

The United States Medical Licensing Examination® (USMLE®) was the result of “A Proposal for a Single Examination for Medical Licensure” presented by a Task Force to Study Pathways to Licensure in 1989. 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®), the USMLE instituted a single examination for use by all physicians seeking licensure in the United States.

Before USMLE, multiple examinations (the NBME Parts examination and the Federation Licensing Examination [FLEX]) offered paths to medical licensure. It was desirable to create one examination system accepted in every state, to ensure that all licensed allopathic physicians (MDs) had passed the same assessment standards – no matter in which school or which country they had trained.

Today, all state medical boards utilize a national examination – USMLE for allopathic physicians, COMLEX-USA for osteopathic physicians. Predecessor licensing examinations –FLEX and the NBME Parts – were gradually phased out and replaced with the USMLE in 1992-1994.

The USMLE is a unified examination program for initial medical licensure comprised of three complementary Steps: Step 1, Step 2 Clinical Knowledge (CK) and Step 3. The USMLE Step 2 Clinical Skills, or Step 2 CS, was implemented in 2004 and officially discontinued in January 2021.

Although the USMLE is typically completed over the course of several years in the career of a prospective physician, it constitutes a unitary examination program. Each of the three Steps complements the others; no Step can stand alone in the assessment of readiness for medical licensure, nor can other assessments be substituted to replace one of the Steps.

The USMLE program administers approximately 130,000 Step examinations annually, with more than three million test administrations since implementation of USMLE began in 1992.

As of 2023, approximately 63% of the 1,062,460 physicians licensed in the United States have taken all or part of the USMLE sequence; 58% have taken all Steps (1, 2 and 3). This represents a 2% increase in both measures since 2022.

Breakdown of this data by medical degree and medical education show:

- 67% of licensed MDs have taken part or all of the USMLE; 64% have taken all three Steps.
- 37% of licensed DOs have taken part or all of the USMLE; 1% have taken all three Steps.
- 61% of licensed domestic medical graduates (i.e., graduates of medical schools accredited by the Liaison Committee on Medical Education or LCME) have taken part or all of the USMLE; 54% have taken all three Steps.
- 73% of licensed international medical graduates (i.e., graduates of non-LCME accredited medical schools) have taken part or all of the USMLE; 71% have taken all three Steps.

# Mission

The USMLE supports U.S. medical licensing authorities through its leadership in the development, delivery and continual improvement of high-quality assessments across the continuum of physicians' preparation for practice.

The program's goals are:

- To provide to licensing authorities 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.
- To engage medical educators and their institutions, licensing authority members, and practicing clinicians in the design and development of these assessments.
- To assure fairness and equity to physicians through the highest professional testing standards.
- To continue to develop and improve assessments for licensure with the intent of assessing physicians more accurately and comprehensively.

The results of the USMLE are reported to medical licensing authorities for 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. Many of the osteopathic licensing boards also recognize USMLE for licensing graduates holding the D.O. degree.

# Governance

The USMLE is owned by FSMB and NBME. However, USMLE is governed by the USMLE Composite Committee, which consists of representatives from FSMB, NBME, the Educational Commission for Foreign Medical Graduates (ECFMG™) – a Division of Intelekt, and the public. The Composite Committee is responsible for the overall direction of the program, identifying and approving procedures for scoring and determining the pass/fail standard, and all significant policies and procedures. The membership of the Composite Committee routinely includes current or former members of state medical boards. **Members from the Florida-Medical, Hawaii, Missouri, Montana and North Carolina boards served on the USMLE Composite Committee in 2024.**

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. **Current and former members of the District of Columbia, Iowa, Missouri, North Carolina and Vermont-Medical boards served on the USMLE Management Committee in 2024.**

# Medical Licensing Authorities and the USMLE

## USMLE Services to State Medical Boards

In 2023, FSMB registered over 38,000 applicants for the USMLE Step 3, the final examination in the USMLE sequence. Step 1 and Step 2 registration services are provided by NBME for students and graduates of U.S. and Canadian medical and osteopathic schools and by ECFMG for students and graduates of international medical schools.

FSMB also produced and delivered over 108,000 USMLE transcripts in 2023, including nearly 52,000 transcripts produced as part of the Federation Credentials Verification System (FCVS) profile sent to state medical boards for physicians seeking licensure.

The USMLE makes a wide range of informational materials about the program available to medical licensing authorities. FSMB provides a quarterly electronic update on USMLE to all state medical boards, and research and informational articles on USMLE have appeared in FSMB's *Journal of Medical Regulation* (<https://meridian.allenpress.com/jmr>).

FSMB also hosts web seminars on USMLE-related topics, such as USMLE attempt, time limit, and retake policies; USMLE scoring (such as the transition to pass/fail reporting for Step 1); and USMLE transcripts and irregular behavior. Copies of these presentations are available upon request from FSMB.

## State Medical Boards' Participation in USMLE

State medical board members and staff have a long history of involvement with the USMLE program. Since implementation of the USMLE in 1992, 360 members and staff from state medical boards have participated in the USMLE program in some capacity. These individuals represent 65 different medical and osteopathic licensing boards throughout the United States. In 2024, 44 individuals from 26 state medical and osteopathic boards across the United States participated in USMLE in some capacity.

### Annual USMLE Orientation for State Board Members and Staff

Since 2007, FSMB and NBME have hosted an annual USMLE Orientation workshop for state board members and staff with an interest in learning about and/or participating in the program. The 2024 workshop was held October 2 at FSMB offices in Euless, Texas. **A total of 21 individuals from 12 different boards – Alabama-Commission, Hawaii, Illinois, Maine-Medical, Indiana, Minnesota, Mississippi, New Hampshire, New Jersey, Texas, Washington-Medical and Washington-Osteopathic – attended the Orientation.**

To date, 229 individuals from 61 medical and osteopathic boards have participated in an orientation workshop. Sixty-six (66) past participants (representing 35 boards) have served subsequently with the USMLE program. This includes participation on standard setting panels and advisory panels, as well as

serving on the USMLE Management Committee, the USMLE Composite Committee, and/or item writing and item review committees. Physician and public members of state medical and osteopathic boards interested in attending this workshop should contact FSMB for more information.

## State Board Advisory Panel to the USMLE

In 2011, the USMLE program established the State Board Advisory Panel to the USMLE to bring together board members and staff from state medical and osteopathic boards for in-depth discussions between the primary intended users of USMLE scores - state medical boards - and USMLE program staff. For more than a decade this panel has convened annually as a reactor panel and sounding board offering feedback, advice and input from the medical licensing community on all aspects of the USMLE program.

The State Board Advisory Panel to the USMLE met in person on November 13, 2024, at FSMB offices in Euless, Texas. During the meeting, the panel discussed recent and ongoing USMLE program updates and work and provided updates about issues occurring in their states. Specific topics discussed included examination security; impact of the USMLE attempt limit change; impact of moving Step 1 to pass/fail outcome reporting; impact of the discontinuation of Step 2 Clinical Skills (CS); program updates (research, performance data, new item formats); ECFMG Certification expiration and USMLE eligibility requirements; and impact of the impending 2025 change in accreditation of Canadian medical schools on USMLE eligibility requirements.

**Current panel members include staff and board members from the Alabama-Medical Licensure Commission, Idaho, Illinois, Michigan-Medical, New York-Licensure, Pennsylvania-Medical, Texas, Vermont-Medical and West Virginia-Medical boards.**

## USMLE Policy Exceptions Allowed at the Request of a State Medical Board

There are two USMLE eligibility policies that a state medical board may request an exception to on behalf of an individual examinee - 1) the 4-attempt limit and 2) retake of a previously passed Step. How and why a state medical board may want or need to sponsor an individual for either is detailed below.

### USMLE Attempt Limit

The USMLE program imposes a limit of no more than four attempts to pass each of Step. Examinees who have attempted any USMLE Step four or more times (including the discontinued USMLE Step 2 Clinical Skills, or Step 2 CS) and have not passed are ineligible to apply for any USMLE Steps.

The only exception to this policy identified by the USMLE Composite Committee (the governing body of the USMLE program) involves state medical boards. The policy includes a provision to allow examinees who have four or more attempts at a Step to have a single additional attempt if requested by a state medical board that is fully informed of the individual's prior examination history.

This policy exception recognizes that USMLE is intended to support state medical boards' licensing decisions. Therefore, the program will accept a request from a medical licensing authority to allow one



additional attempt for an individual who would be eligible to become licensed in that jurisdiction if they passed that Step after more than four attempts and go on to meet all other licensure requirements. As part of this process, the examinee must request that FSMB send an official USMLE transcript to the medical board.

Examinees are required to pass the state board sponsored attempt at the exam to maintain eligibility to continue with the USMLE exam sequence (i.e., to apply for and take additional Steps).

An official petition form - Petition for Exception to USMLE 4-Attempt Limit Policy - for use by state medical boards to request an exception to the USMLE attempt limit policy was provided to all state medical boards via email. If you need the form resent to your board, please contact FSMB staff (see Contacts toward the end of this report) or email the Office of the USMLE Secretariat ([usmlesec@nbme.org](mailto:usmlesec@nbme.org)).

## Retaking a Previously Passed Step

Once an individual passes a USMLE Step, it may not be retaken, except to comply with a time limit imposed by a state medical board for completion of all Steps for licensure purposes or by another authority recognized by the USMLE program. The physician may apply to retake the necessary Step only after the applicable time limit has expired. Individuals who have not yet passed Step 3 and need to retake a previously passed Step 1 or Step 2 CK examination are informed that, if they fail a retake, they will no longer be eligible to take Step 3.

Both the physician (examinee) and the sponsoring state medical board must fill out a form in order for a retake to be considered and granted by the USMLE program. The sponsorship form that state medical boards must complete - the USMLE Retake Sponsorship Form - was distributed to all state medical boards via email. If you need the form resent to your board, please contact FSMB staff (see Contacts toward the end of this report) or email the Office of the USMLE Secretariat ([usmlesec@nbme.org](mailto:usmlesec@nbme.org)).

A new sponsorship form is required for each retake and must be emailed directly from the medical board to the physician's USMLE registration entity.

# USMLE and Medical Licensure Requirements

## USMLE Recommended Time Limit for Completing USMLE

The USMLE recommends that state medical boards require the dates of passing Step 1, Step 2 CK, and Step 3 to occur within a seven-year period. However, the program recognizes that the recommended seven-year time limit may pose problems for medical licensure for some candidates with a combined degree (i.e., MD/PhD, DO/PhD). For this reason, the USMLE program recommends to licensing jurisdictions that they consider allowing exceptions to the seven-year limit for MD/PhD candidates who meet the following requirements:

1. The candidate has obtained both degrees from an institution or program accredited by the LCME and a regional university accrediting body.
2. 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.

3. 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 FSMB.

These recommendations are provided on the USMLE website at: <https://www.usmle.org/common-questions/general>.

## State Medical Boards' Time and Attempt Limits for Completing USMLE

Most state medical boards impose both time and attempt limits on the USMLE as part of their requirements for obtaining an initial medical license. Currently, 42 state boards impose some limit on the number of attempts at the USMLE, while 47 state boards impose a time limitation for the completion of the USMLE sequence.

A snapshot of the individual state medical boards' time and attempt limits are available on the FSMB website at: <http://www.fsmb.org/step-3/state-licensure/>. Board staff are encouraged to review this information and to provide updates to FSMB staff as needed.

Data about each board's composition, governance structure, funding basis, and other procedural and operational details are also available on the FSMB website at: <https://www.fsmb.org/u.s.-medical-regulatory-trends-and-actions/state-medical-board-data/>

# Strategic Communication and Outreach

Below is a summary of communication work undertaken by the USMLE program in 2024, for examinees, medical regulators, medical educators and the public.

## Medical Licensing Authorities

### Quarterly FSMB Update on USMLE

Since March 2020, FSMB has emailed a Quarterly FSMB Update on USMLE<sup>®</sup> to all state medical and osteopathic boards' executive directors. The update covers key USMLE developments, policies and meetings, and highlights state board representatives that participate in the USMLE program. Copies of the 2024 updates are provided as **Appendix A**.

## Examinees

### USMLE Medical Student and Resident Advisory Panel

The USMLE program implemented a Medical Student & Resident Advisory Panel in 2018 to provide a consultative role to the USMLE program. The panel is charged to 1) assist staff in working through operational issues directly impacting the examinee experience of the exam, 2) serve as an additional voice and resource to inform more substantive policy questions from or before the USMLE Management and Composite Committees and (3) serve as informal ambassadors of the USMLE program. The panel consists of 15 members: 14 medical students and residents (MD, DO, MD/PhD and IMG) drawn from all regions of the country, and 1 public member.

**A public member from the Minnesota board serves as the public representative on the panel.**

### Social Media

USMLE also uses Facebook, LinkedIn, and X (formerly known as Twitter) to more directly, efficiently and quickly communicate with applicants and examinees.

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

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

USMLE X: <https://x.com/TheUSMLE>

## General

### Program News

The USMLE website ([www.usmle.org](http://www.usmle.org)) serves as the official communication channel for the USMLE program, providing regular updates and news to examinees and other interested parties. News items

and announcements posted on the USMLE website ([www.usmle.org/announcements/](http://www.usmle.org/announcements/)) from 2023-2024 are provided in **Appendix B**.

# Eligibility for the USMLE Steps

## Eligibility Requirements

USMLE is intended to be taken by students and graduates of medical school programs leading to the MD, DO, or equivalent degree (e.g., MBBS degree held by many IMGs).

To be eligible for Step 1 and Step 2 CK, 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 U.S. 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 U.S. medical school leading to the DO degree that is accredited by the Commission on Osteopathic College Accreditation (COCA), **OR**
- a medical student officially enrolled in, or a graduate of, a medical school that is outside the U.S. and Canada, listed in the World Directory of Medical Schools as meeting ECFMG eligibility requirements, and that meets other eligibility criteria of the ECFMG.

Step 3 applicants must meet the following eligibility requirements:

- Passing scores on Step 1 and Step 2 Clinical Knowledge; **AND**
- An MD degree or DO degree from an LCME- or COCA-accredited U.S. or Canadian medical school, **OR** the equivalent of the MD degree from a medical school outside the U.S. and Canada that is listed in the World Directory of Medical Schools as meeting ECFMG eligibility requirements, and obtain ECFMG Certification which is valid and unexpired at the time of application and testing; **AND**
- All other eligibility criteria as listed in the USMLE *Bulletin of Information*.

The USMLE program recommends (but does not require) that, for Step 3 eligibility, applicants should have completed, or be near completion of, at least one postgraduate training (PGT) year in an accredited U.S. graduate medical education (GME) program that meets state board licensing requirements.

## Impact of Change to Accreditation Body for Medical Schools in Canada Effective in July 2025

Currently, medical education programs in Canada leading to the MD degree are accredited by both the Liaison Committee on Medical Education and the Committee on Accreditation of Canadian Medical Schools (CACMS). Effective July 1, 2025, CACMS will become the sole accrediting body for medical education programs in Canada.

Accreditation by LCME establishes eligibility to take the USMLE and to enter U.S. residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). In the absence of

LCME accreditation for Canadian medical education programs, Canadian medical school graduates will establish their eligibility for USMLE and ACGME-accredited residency programs through ECFMG Certification.

This means that individuals who graduate from Canadian medical schools on or after July 1, 2025 will be considered international medical graduates for the purpose of entry into graduate medical education programs in the United States, and, in order for these graduates to enter ACGME-accredited residency programs, the ACGME will require that they either obtain ECFMG Certification or hold a full and unrestricted license to practice medicine in the U.S. licensing jurisdiction in which the ACGME-accredited program is located.

ECFMG Certification is the standard for evaluating the qualifications of IMGs entering the U.S. health care system and includes requirements for medical schools, examination requirements (which include USMLE Step 1 and Step 2 CK among other requirements), and verification of medical education credentials directly with the issuing institution.

Individuals who will graduate from Canadian medical schools on or after July 1, 2025, will be able to apply for ECFMG Certification beginning in late spring 2025, prior to the start of the 2026 residency application cycle in the United States.

Individuals who will graduate from medical schools in Canada on or after July 1, 2025, and who plan to pursue U.S. GME should monitor the ECFMG and USMLE websites for detailed information on applying for ECFMG Certification and USMLE.

## Eligibility Policies

In addition to the requirements outlined above, all USMLE examinees must meet the following USMLE eligibility policies.

### Sequencing of Steps

Step 1 and Step 2 CK can be taken in any sequence. Step 3 can be taken only after passing Step 1 and Step 2 CK.

### Retakes

Examinees may not take the same Step more than three times within a 12-month period. A fourth attempt on any Step must be at least 12 months after the first attempt at that Step and at least six months after the most recent attempt at that Step. This includes incomplete attempts.

### Attempt Limit

The total number of attempts allowed per Step is four (4). Examinees who have attempted any USMLE Step four or more times and have not passed are ineligible to apply for any USMLE Steps. Attempts at the formerly administered Step 2 CS count toward the limit. All attempts at a Step are counted toward the limit, regardless of when the examinations were taken. The only exception to this policy identified by the USMLE Composite Committee (the governing body of the USMLE program) involves state medical boards. The policy includes a provision to allow examinees who have four or more attempts at a Step to have a single additional attempt if requested by a state medical board that is fully informed

of the individual's prior examination history. Examinees are required to pass the state board sponsored attempt at the exam to maintain eligibility to continue with the USMLE exam sequence.

### Retaking a Previously Passed Step

Once an individual passes a USMLE Step, it may not be retaken, except to comply with a time limit imposed by a U.S. physician licensing authority for completion of all Steps or by another authority recognized by the USMLE program. Individuals who have not yet passed Step 3 and need to retake a previously passed Step 1 or Step 2 CK examination are informed that, if they fail a retake, they will no longer be eligible to take Step 3. To meet the examination requirements for Step 3 eligibility, individuals must have achieved a passing performance on the most recent administration of Step 1 and Step 2 CK.

### Physicians Who are Already Licensed in the United States

Individuals who have already been granted a physician license by a US medical licensing authority based on other licensure examinations, including but not limited to the Federation Licensing Examination (FLEX), Medical Council of Canada Qualifying Examination (MCCQE), NBME certifying examinations (NBME Parts), National Board of Osteopathic Medical Examiners (NBOME) Parts or Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA), or by exception, may not be eligible to take the USMLE.

# Content and Administration

## Content Development

Content for the USMLE is prepared by examination committees broadly representing the medical profession. Members of USMLE test committees include biomedical scientists, educators, and clinicians from every region of the United States. Virtually all LCME-accredited medical schools in the United States have been represented on USMLE test committees. USMLE test committee members represent a “national faculty of medicine” drawn from medical schools, state medical boards, and clinical practice settings across the United States. A directory of USMLE test committees and task forces is available at: <https://www.usmle.org/about-usmle>.

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”. State board members and staff are also invited to attend an annual USMLE Orientation session to learn more about how USMLE is developed.

## Step Content and Structure

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. It ensures mastery of not only the sciences that provide a foundation for the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning. Step 1 is constructed according to an integrated content outline that organizes basic science material along two dimensions: system and process.

Step 2 CK assesses an examinee’s ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision and includes emphasis on health promotion and disease prevention. Step 2 CK ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine under supervision.

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. Step 3 content reflects a data-based model of generalist medical practice in the United States. The test items and cases reflect the clinical situations that a general, as-yet undifferentiated, physician might encounter within the context of a specific setting. It is the final examination in the USMLE sequence leading to a license to practice medicine without supervision. As



such, it provides a final assessment of physicians assuming independent responsibility for delivering general medical care.

**Table 1** details the structure and exam day(s) for each USMLE Step.

Table 1: Exam Structure by Step

Exam	Number of Exam Days	Item Format	Total Testing Time	Testing Blocks	Maximum Number of Total Items
Step 1	1	Multiple-choice questions (MCQs)	8 hours	Seven 60-minute blocks	280
Step 2 CK	1	MCQs, including patient scenario format and abstract format	9 hours	Eight 60-minute blocks	318
Step 3	2	Day One: MCQs, including patient scenario format, abstract format, and pharmaceutical advertisement (drug ad) format	Day One: 7 hours	Day One: Six 60-min. blocks	Day One: MCQs: 232
	Day One: Foundations of Independent Practice (FIP)				
	Day Two: Advanced Clinical Medicine (ACM)	Day Two: MCQs & Computer-based Case Simulations (CCS)	Day Two: 9 hours	Day Two: MCQs: Six 45-min. blocks CCS: Max. 10 or 20 min. of real time (each)	Day Two: MCQs: 180 CCS: 13

## Test Administration

Steps 1, 2 CK and 3 are administered by computer at Prometric Test Centers (PTCs). Step 1 and Step 2 CK are given at PTCs around the world. Step 3 is only given at PTCs in the United States and its territories.

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 administration to test administration when examinees need to retake a Step.

Any significant breaches in security can result in the cancellation of scores/results, suspension of an individual from USMLE, and/or annotation of score reports and official USMLE transcripts.

All Step exams include an optional survey at the end of the final exam day, which can be completed if time allows.

## Test Accommodations

Reasonable and appropriate accommodations are provided in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities. The purpose of test accommodations is to provide access to the examination program. While presumably the use of accommodations will enable the individual to better demonstrate his/her knowledge or skill, accommodations are not a guarantee of improved performance, test completion, or a particular outcome. Examinees are informed of the availability of test accommodations via the USMLE *Bulletin of Information*, the USMLE website, and the individual Step applications.

The ADA defines disability as a physical or mental impairment that substantially limits one or more major life activities as compared to most people in the general population. Examples of major life activities include, but are not limited to, walking, seeing, hearing, and learning. Determination of whether an individual is substantially limited in functioning as compared to most people is based on an individualized assessment of the current impact of the identified impairment.

Requests for test accommodations are reviewed by NBME staff trained in clinical and school psychology at the doctoral level or by medical professionals, depending on the basis of the request. Further review of the request and supporting documentation may be provided by external 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 Steps.

Examinees with disabilities may be provided with a variety of accommodations, including but not limited to assistance with keyboard tasks, audio rendition, extended testing time and additional break time. 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.

# Scores

## Minimum Passing Scores

The USMLE Management Committee establishes a recommended passing standard for all Step examinations (an overview of the standard setting process USMLE uses is provided in the Psychometrics section of this report). 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.

In alignment with best practices for licensing and certification exams, a comprehensive review and analysis of the passing standard for each Step exam typically occurs every three to four years but can occur at any time. Periodic review ensures that the passing score is consistent with expectations of the level of content mastery of the knowledge and skills needed to support effective medical practice and licensure. Notice of such review and any adjustments are posted on the USMLE website. More information about the passing score process is provided in the “Standard Setting” section of this report.

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 (the three-digit score scale).

Although 2-digit scores are not reported, test results reported as passing would represent an exam score of 75 or higher if a two-digit score were reported.

Current minimum passing scores for each Step are provided in **Table 2** below.

## Score Reporting

When examinees take Step 1, Step 2 CK, or Step 3, the computer records their responses, which are then transmitted to NBME for scoring.

Results for Step 1 taken on or after January 26, 2022, are reported as pass/fail only. Results for Step 1 exams taken prior to January 26, 2022, and for all Step 2 CK and Step 3 exams, are reported on a 3-digit scale; reported scores range from 1 to 300.

**Table 2** presents performance data for first-time examinees from LCME-accredited medical schools in the United States and Canada who tested in the 2023 calendar year for Step 1 and Step 3, and the 2022-2023 academic year for Step 2 CK. Additional performance data is provided in **Appendix C**.

Table 2. USMLE 2023 Calendar Year Performance for First-Time Examinees from LCME-accredited Medical Schools

Exam	Most Scores Fall Between	Minimum Passing Score	Mean and (Standard Deviation)	Pass Rate
Step 1*	N/A <i>(reported as pass/fail only)</i>	194: For exams taken on or before January 25, 2022 196: For exams taken on or after January 26, 2022	Reported as pass/fail only	92%
Step 2 CK	200-275	209: For exams taken on or before June 30, 2022 214: For exams taken on or after July 1, 2022  (to be reviewed in March 2025)	248 (15)	98%
Step 3	185 - 260	198: For exams taken on or before December 31, 2023 200: For exams taken on or after January 1, 2024	227 (15)	97%

\*Because of the transition to reporting only a pass/fail outcome, future reviews of the Step 1 passing standard will not be reported in terms of a three-digit score.

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 may appear 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.

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

Annual performance data for all Step examinations, as well as Score Interpretation Guidelines, are available on the USMLE website at <https://www.usmle.org/usmle-updates-research>.

### Important Notes about the Step 1 Summary Performance

Results indicate a higher fail rate on the Step 1 exam for examinees after the pass/fail transition. It is important to note that factors not present in previous years introduce complexities when comparing this examinee group to previous years. These differences should be considered when interpreting reported data. The factors include:

- Increased passing standard for Step 1
  - The Step 1 pass/fail transition beginning on January 26, 2022, coincided with an increase in the exam’s minimum passing standard from 194 to 196. The increase in passing standard accounts for some increases observed in the fail rates.
- Shift in examinee scheduling patterns and volumes
  - The USMLE program has observed shifts in the timing of when examinees tested, particularly around the pass/fail transition date. These changes in test timing patterns suggest that those who tested during this period may not be representative of the typical group that tested during these times in the past. We have also seen changes in the composition of the examinee group. Overall, the volume of Step 1 test takers has increased over time, with a considerable increase in international medical graduates and Osteopathic graduates relative to previous years. These differences complicate comparisons to past performance data.

Conversely, the following factors did not change and should also be considered when interpreting the data:

- Consistency in the construction of USMLE Step examinations
  - Within each Step examination, USMLE creates various forms that are similar in difficulty and content. Each USMLE Step examination includes multiple forms that are similar in difficulty and content for the respective Step. Scores on individual examination forms are made comparable through equating, a psychometric process that adjusts scores based on the difficulty of the questions. This process ensures examinees who take different forms are held to the same passing standard.
- No significant changes to exam specifications for Step 1
  - All USMLE examinations are constructed from an integrated content outline, which organizes content according to general principles and individual organ systems. While not all topics listed in the content outline are included in each Step exam, overall content coverage is comparable among the various examination forms that different examinees of each Step will take. Although [foundational science content was recategorized into existing content areas](#), the test specifications used to construct USMLE Step 1 examinations have not changed substantively since the exam transitioned to pass/fail reporting.
- Consistent style and difficulty for Step 1 exam questions
  - No changes were made to the style and targeted difficulty of the Step 1 exam. USMLE collaborates with a network of medical school faculty and clinicians that come from a variety of educational backgrounds and specialties and throughout the United States to create test items, or questions and cases, that make up the USMLE Step exams. Each year, this network draws on their own experience and expertise to develop high-quality test items with NBME staff that address the topics and challenges that they encounter in their own classrooms and practice based on years of lessons and learned best practices. Participating physicians maintained the standard USMLE item writing approach for the Step 1 exam.

# Score Reports and Transcripts

USMLE score reports and transcripts show scores (for Step 1 exams taken prior to January 26, 2022; Step 2 CK; and Step 3) and an indication of whether an examinee passed or failed (for all examinations, including the previously administered Step 2 CS).

If an examinee is found to have engaged in irregular behavior, an annotation to that effect is recorded on the score report or transcript, as well as a copy of the letter to the examinee regarding the finding of irregular behavior. Upon examinee authorization for release of an official USMLE transcript, the same information (i.e., annotation on the transcript, determination letter regarding a finding of irregular behavior, and a report from the FSMB Physician Data Center if applicable) is sent to all transcript recipients, including to medical licensing authorities, for use in making licensure decisions.

Official USMLE transcripts are only provided to individual state medical boards from the FSMB and only upon request of the physician (examinee).

Official USMLE transcripts include the following information/fields:

- All USMLE Steps taken by the physician/examinee, including:
  - Test date
  - Indication of whether an examinee passed or failed (for all examinations, including the previously administered Step 2 CS).
  - Score (only applies to Step 1 exams taken prior to January 26, 2022; Step 2 CK; and Step 3)
  - Minimum passing score in effect on the test date (only applies to Step 1 exams taken prior to January 26, 2022; Step 2 CK; and Step 3)
- Comments
  - If an examinee is found to have engaged in irregular behavior, an annotation to that effect is recorded under Comments on the transcript. A short description of the irregular behavior is included (e.g., security violation) as part of the comment. Additionally, a copy of the determination letter to the examinee regarding the finding of irregular behavior is provided with the transcript. If the irregular behavior finding was reported to the FSMB Physician Data Center (PDC), a report from the FSMB Physician Data Center is also provided.
- Notes
  - All transcripts include a Note regarding the results of the search of the FSMB's Physician Data Center at the time the transcript was requested. If the search reveals that information has been reported to the PDC, the note will state that information was found and a report from the PDC will be provided with the transcript. If no information has been reported to the PDC, the Note will state no reported information has been found for the examinee.
  - Irregular Behavior annotations may also appear under Notes - either alone or in conjunction with an Irregular Behavior annotation under Comments as described above. A short description of the irregular behavior is included (e.g., security violation) as part of the note. Additionally, a copy of the determination letter to the examinee regarding the finding of irregular behavior is provided with the transcript. If the irregular behavior

finding was reported to the FSMB Physician Data Center (PDC), a report from the FSMB Physician Data Center is also provided.

# Psychometrics

## Score Reliability and Precision

All standardized examinations include some degree of measurement imprecision. Like all high-quality assessments, USMLE utilizes several psychometric measures to monitor and minimize such imprecision. 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 metrics of precision that indicate how scores may fluctuate. The standard error of measurement (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 Step 2 CK and 5 points for Step 3.

The standard error of difference (SED) in scores is an index used to assess whether the difference between two scores is statistically meaningful. If the scores received by two examinees differ by two or more SEDs, it is likely that the examinees are different in their proficiency. Currently, the SED is approximately 8 points for Step 2 CK and 7 points for Step 3.

The standard error of the estimate (SEE) is an additional index of the amount of uncertainty in the scores used to gauge the likelihood of performing similarly on a repeat attempt. If an examinee tested repeatedly on a different set of items covering the same content, without learning or forgetting, their score would fall within one SEE of their current score two-thirds of the time. Currently, the SEE is approximately 8 points for Step 2 CK and 7 points for Step 3.

## Decision Consistency

Decision consistency reflects the probability an examinee would be classified in the same category (e.g., pass or fail) on a repeat administration without change in their underlying knowledge. In the context of USMLE, the index quantifies how consistently the respective Step examination categorizes examinees as passing or failing. The index ranges from 0 to 1, where higher values indicate the assessment yields more stable classifications. Decision consistency is generally higher with longer exams – because of the increased reliability – and when most students score far from the passing standard. The most recent decision consistency value is .95 for Step 1, .97 for Step 2 CK, and .97 for Step 3. The high values indicate examinees would almost assuredly receive the same outcome if taking an administration of a different random sample of items from the same content domain without a change in content knowledge.

See **Table 3** for decision consistency, SEM, SED and SEE information for all Steps.



Table 3. Current USMLE Score Precision and Decision Consistency

Exam	Standard error of measurement (SEM)	Standard error of difference (SED)	Standard error of the estimate (SEE)	Decision Consistency
Step 1	Not reported	Not reported	Not reported	.95
Step 2 CK	6 points	8 points	8 points	.97
Step 3	5 points	7 points	7 points	.97

## Score Validity

Score validity refers to the extent to which existing evidence supports the appropriateness of the interpretation of test outcomes. The public and state medical boards can reliably conclude that an individual who has passed all examinations in the USMLE sequence has demonstrated the fundamental knowledge and skills for safe and effective patient care.

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 searchable list of NBME and USMLE research published after 2017 can be found at:

<https://www.nbme.org/research-library>.

A list of research citations for studies published from 2009 to 2017, as well as descriptions of many of the USMLE processes, is available on the USMLE website at:

<https://www.usmle.org/usmle-updates-research>.

A recent USMLE-related article published in [Academic Medicine - The Associations Between United States Medical Licensing Examination Performance and Outcomes of Patient Care](#) - co-authored by USMLE Vice President Dr. Alex Mechaber shows higher performance on the USMLE exam series was associated with lower in-hospital mortality and shorter length of stay for patients in the Pennsylvania hospital system. In demonstrating higher USMLE performance correlates with improved patient outcomes, this article study further strengthens the evidence that USMLE assesses competencies essential to safe and effective patient care.

## 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 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.
- Score precision 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. Typically, the question posed of the committee is whether the externally collected data, performance trends, and score reliability data suggest that the current standard for a particular Step exam needs to be changed. The committee can allow the standard to remain the same or can vote to make a change. If the latter occurs, the committee identifies the new performance requirements.

Information regarding the timing of the standard setting process and final decisions is posted on the USMLE website.

# Data and Research

## Aggregate Performance Data

The USMLE program publishes aggregate performance data for all Steps on the USMLE website at [www.usmle.org/performance-data](http://www.usmle.org/performance-data).

These data include examinee volume and passing percentages categorized by:

- first-taker and repeater examinees,
- U.S./Canadian and international students/graduates, and
- allopathic and osteopathic examinees.

Passing rates and examinee counts for 2022-2023 for each Step are provided in **Appendix C**.

## Research Agenda

Each year, the USMLE program coordinates an operational research agenda to strengthen the evidence supporting USMLE as a tool for medical licensure and guide future program enhancements. Key themes for the 2023 research agenda included:

- Enhancing USMLE security procedures;
- Exploring the association of scores and pass/fail outcomes with patient outcomes;
- Investigating the pass/fail transition's effect on examinee performance, preparation, and scheduling behaviors;
- Understanding how artificial intelligence can be leveraged to improve USMLE through automated scoring of complex item types and item development support; and
- Developing and researching innovative items to enhance clinical skills coverage.

## Publications

A listing of recent (2022-2024) USMLE-related publications is available as **Appendix D**.

A list of research citations for studies published from 2009 to 2017, as well as descriptions of many of the USMLE processes, is available on the USMLE website at:

<https://www.usmle.org/usmle-updates-research>.

A searchable list of NBME and USMLE research published after 2017 can be found at:

<https://www.nbme.org/research-library>.

# Resources

## Websites

- USMLE website ([www.usmle.org](http://www.usmle.org)) provides the most current information on the program.
- FSMB website ([www.fsmb.org](http://www.fsmb.org)) contains information specific to USMLE Step 3.
- NBME website ([www.nbme.org](http://www.nbme.org)) contains information specific to registering for USMLE Step 1 and Step 2 CK for students and graduates of U.S. and Canadian medical schools.
- ECFMG website ([www.ecfmg.org](http://www.ecfmg.org)) provides information on ECFMG certification and registering for USMLE Step 1 and Step 2 CK 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](http://www.usmle.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 <https://meridian.allenpress.com/jmr> or upon request from the FSMB:
  - “Characteristics and Outcomes of Individuals Engaging in USMLE Irregular Behavior, 2006–2015.” *Journal of Medical Regulation*. Vol. 106, No. 4, 2020.
  - “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.

### FSMB

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# APPENDIX A

## 2024 Quarterly FSMB Updates on USMLE

## USMLE Score Invalidation

The USMLE program regularly monitors and analyzes examinees' test performances for unusual score patterns or variations, and other information that could raise questions about the validity of an examinee's results. As part of an ongoing investigation, the USMLE program has identified a pattern of anomalous exam performance associated with Nepal, which challenges the validity of test results for a group of examinees. Highly irregular patterns can be indicative of prior unauthorized access to secure exam content. Examinees with results in question are being notified by the USMLE Secretariat's Office that their previous Step score(s) have been invalidated and that they will be required to take a validation exam(s). The USMLE program is working to notify examinees who need to schedule validation exam(s) and to support state medical boards and other score users and stakeholders impacted by the validation exam requirements.

If you or your board have any questions or need additional information, please contact David Johnson, FSMB's Chief Assessment Officer, at [djohnson@fsmb.org](mailto:djohnson@fsmb.org).

## USMLE Standard Setting

The USMLE program is inviting state medical boards to participate in a USMLE standard setting survey. An email was recently sent out to all state board executive directors and chairs/presidents about the survey. Individuals who are interested in participating should complete and submit the survey within the next month.

## Change in Step 3 Passing Standard

The USMLE Management Committee met on December 12-13, 2023, and conducted a review of the passing standard – used to determine a Pass or Fail outcome – for USMLE Step 3. As part of the USMLE program's operational procedures and in alignment with best practices for licensing and certification exams, a comprehensive review and analysis of the passing standard for each Step exam typically occurs every three to four years. This ensures that the passing standard is consistent with expectations of the level of content mastery of the knowledge and skills needed to support effective medical practice and licensure.

For the Step 3 review, information from multiple sources was considered, including:

- Recommendations from independent groups of physicians unaffiliated with the USMLE participating in content-based standard-setting panels in September and October 2023;
- Results of surveys of various groups (e.g., state medical board representatives, residency program directors, medical school faculty, examinees) concerning the appropriateness of current passing standards for the Step 3 examination;
- Data on trends in examinee performance; and
- Score precision and its effect on the pass/fail outcome.

The Committee decided that a two-point increase in the passing standard will apply to Step 3 examinees testing on or after January 1, 2024. On the three-digit score scale, the passing standard changed from 198 to 200.

### 2024 USMLE Meetings Calendar

Budget Committee - April 24

Committee for Individualized Review - May 7-8

Composite Committee - June 7-9

### Resources

[USMLE.org](https://www.usmle.org)

Bulletin of Information

FAQs

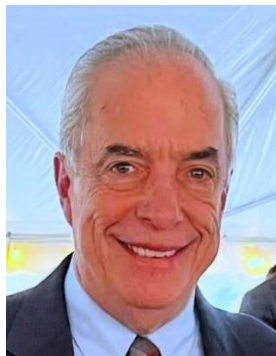
### Contact

Frances Cain

Director of Assessment Services

[fcain@fsmb.org](mailto:fcain@fsmb.org), (817) 868-4022

## USMLE Volunteer Spotlight



**Gerard (Gerry)  
Dillon, PhD  
Public Member  
Pennsylvania State  
Board of Medicine**

I have been a public member of the Pennsylvania State Board of Medicine for four years. Being a member of a state board has allowed me the opportunity to work with FSMB in several ways. I have represented my board as a delegate to FSMB's annual meeting, am on the Editorial Board for the Journal of Medical Regulation and am currently on the FSMB Ethics and Professionalism Committee.

Prior to joining the board of medicine, I worked at NBME for more than forty years, spending nearly all that time helping to develop examinations to be used in the medical licensing process. I was witness to the hard work and dedication of members of the national faculty of content experts (many of whom were and are members of state medical boards) who develop test materials, set testing standards and provide direction for the USMLE program. I was also witness to the excellence of the testing professionals who strove to make the examinations as reliable and valid as possible. The stated goal was always to provide the best possible assessment tool for the state medical boards to use in the licensing process.

My opportunity to be a USMLE volunteer started with my appointment to the State Board Advisory Panel to the USMLE program. The panel is made up of approximately 10 individuals who are members of state boards from around the country. The panel meets annually and has an opportunity to interact with USMLE program members (including ECFMG, FSMB and NBME staff). USMLE uses the panel as a sounding board for the direction that the program takes in terms of policies, test design, standard setting, score reporting and other issues. The USMLE staff also seeks input from the member states about the pressing issues they encounter locally and how those might impact or be impacted by the examination system. It is also a wonderful opportunity to "compare notes" with colleagues from sister boards on the issues that impact all regulators. This dialogue between and among examination developers and users is enormously important, and I consider myself fortunate to be a part of it.

Finally, one of the many things I have become aware of since becoming a member of a state medical board is how trusting we are of all the excellent partner organizations that contribute to the regulatory process in this country. The USMLE program and its parents, FSMB and NBME, are among some of the most important of these organizations. It is an honor to be a small contributor to this process, and I would encourage my state board colleagues to consider how they might become part of this program.

## USMLE Orientation for State Board Members and Staff

Since 2007, FSMB and NBME have hosted an annual USMLE Orientation workshop for state board members and staff with an interest in learning about and/or participating in the program. To date, 209 individuals from 60 medical and osteopathic boards have participated in an orientation workshop. Sixty-five past participants (representing 35 boards) have served subsequently with the USMLE program. This includes participation on standard setting panels and advisory panels, as well as serving on the USMLE Management Committee, the USMLE Composite Committee and/or item writing and item review committees.

If you or any of your board members or staff are interested in attending the Orientation, please contact Frances Cain, FSMB's Director of Assessment Services, at [fcain@fsmb.org](mailto:fcain@fsmb.org).



## USMLE Composite Committee Update



At the June 2024 USMLE Composite Committee meeting, the committee elected Cheryl Walker-McGill, MD, MBA, (North Carolina) as Chair for a two-year term. Congratulations, **Dr. Walker-McGill!**

The committee met over two days and discussed a revision to the committee's rules of operation, appeals stemming from decisions of the Committee for Individualized Review, appointment of new members, organizational updates, an update on USMLE Management Committee activities, discussions of form design and exam security and a review of plans for an ongoing transformation of the USMLE exam.

Other members of the committee include representatives of FSMB who serve or have served on state medical boards - FSMB Past Chair Jeffrey Carter, MD, (Missouri); FSMB Past Chair Sarvam TerKonda, MD, (Florida-Medical); Kristin Spanjian, MD, (Montana); and Danny Takanishi, Jr., MD, (Hawaii).

## 2023 USMLE Aggregate Performance Data

[2023 performance data](#) are now available for all USMLE Steps. These data include examinee volume and passing percentages categorized by:

- first-taker and repeater examinees
- U.S./Canadian and international students/graduates
- allopathic and osteopathic examinees

Performance data for USMLE administrations dating back to 2013, as well as [Score Interpretation Guidelines](#), are also available on the USMLE website.

## Score Reporting Timeline

The USMLE program will no longer implement dedicated score delay periods for the Step examinations. Most exam scores will continue to be reported within four weeks after an examinee completes their test. However, in rare cases, various factors may delay score reporting. Examinees are advised to allow at least eight weeks to receive their score reports.

## USMLE Content Outline Updated

To help ensure the relevancy of content on the USMLE, the USMLE program has released an updated [content outline](#). In this update, topics in the previous "General Principles of Foundational Science" category, which focused on foundational science content, have been redistributed into respective organ system categories or included in a new category titled "Human Development."

[Learn more about the update with this infographic.](#)

### What's the purpose of this update?

The USMLE is created to be clinically relevant by a diverse national faculty of medicine drawn from medical schools, state licensing boards and clinical practice settings from every region of the United States. As practice guidelines evolve or are introduced, the content on the USMLE is reviewed and modified by these experts as needed. All USMLE examinations are constructed from two classification schemes: (1) an integrated content outline, which organizes content according to individual organ systems and (2) a physician tasks and competencies outline. To ensure that foundational science principles are tested in a clinically relevant manner, this latest modification to the content

outline aims to better incorporate these topics into individual organ systems without changing the proportion of foundational science covered within the exams.

### What's the impact of this change?

Foundational science knowledge is a critical building block for future physicians to develop clinical skills and reasoning. The foundational science topics included in the updated content outline are not being removed, just recategorized. Additionally, the weighting or proportion of foundational science content included in the Step exams will not change.

### How will this influence examinee preparation for Step exams?

Examinees preparing for Step exams should use the updated content outline available on USMLE.org. The content outline provides a common organization of content across all three Step examinations. However, no single examination includes questions on all listed topics.

## Follow USMLE on social media

We encourage state board staff to follow USMLE on social media for timely USMLE news and updates!



### 2024 USMLE Meetings Calendar

Patient Characteristics Advisory Panel - May 22

Management Committee - June 4, August 5-7

Composite Committee - June 7-9

Committee for Individualized Review - July 16-17

#### Contact

Frances Cain, MPA  
Director, Assessment Services  
[Fcain@fsmb.org](mailto:Fcain@fsmb.org)

#### Resources

[USMLE.org](https://www.usmle.org)  
Bulletin of Information  
FAQs

## USMLE Orientation for State Board Members and Staff



*Pictured (L-R): Erica Lamy, Freda Pace, Tiffany Seamon, Camille Lindsay, Dr. Kenneth Cleveland, Rebecca Robbins, Christopher Palazola*

On October 2, 2024, the FSMB and NBME hosted 21 members and staff from 12 state medical boards at FSMB's offices in Eules, Texas, and virtually for the 18th annual USMLE Orientation for State Board Members and Staff.

The orientation, first held in 2007, provides members and staff from state medical and osteopathic boards with an opportunity to learn about the USMLE program and engage directly with program staff. The goals of the workshop remain: (1) to inform and educate the medical board/regulatory community on the USMLE program, including new developments and key issues; (2) to create and facilitate relationships with USMLE program staff to ensure that state boards have an immediate resource for any USMLE-related questions; and (3) to share opportunities for state board members and staff to participate directly with the USMLE program.

This year's meeting included a brief history of medical licensing examinations, which spotlighted two key principles upholding the value of the medical licensing examination: (1) acting as an independent audit of the medical education/training system and (2) providing a common national standard for the assessment of physicians for purposes of initial medical licensure. The meeting also provided an overview of the USMLE program, research, examination security and how state board members and staff can participate.

Attendees (in-person and virtual) included:

- Rebecca Robbins, Alabama (Commission)
- Tiffany Seamon, Alabama (Commission)
- Randy Ho, Hawaii
- Camile Lindsay, Illinois
- Lynne Weinstein, Maine-Medical
- Valerie Hunt, Maine-Medical
- Rebecca Mueller, MD, Indiana
- Kiko Dixon, Indiana
- Elizabeth Huntley, JD, CMBE, Minnesota
- Kita Nelson, Minnesota
- Kenneth Cleveland, MD, Mississippi
- Erica Lamy, New Hampshire
- Antonia Winstead, New Jersey
- Lawrence Muka, New Jersey
- Christopher Palazola, Texas
- Mandy Moreno, Texas
- Abigail Revuelta, Texas
- Becky McElhiney, Washington-Osteopathic
- Danielle Dooley, Washington-Osteopathic
- Freda Pace, Washington-Medical
- Kyle Karinen, Washington-Medical

Since the creation of USMLE in 1992, more than 209 individuals from 60 medical and osteopathic boards have participated in the USMLE orientation. Sixty-five past participants (representing 35 boards) have served subsequently with the USMLE program. This includes participation on standard setting panels and advisory panels, as well as serving on the USMLE Management Committee, the USMLE Composite Committee, and/or item writing and item review committees.

The USMLE program sincerely thanks all current and past state board volunteers for their participation, which is integral to the success of the program!

Physicians and public members of state medical and osteopathic boards interested in attending the next orientation should contact Frances Cain, MPA, Director of Assessment Services at FSMB, at [fcain@fsmb.org](mailto:fcain@fsmb.org).

## USMLE Committee Member Social Media Campaign

The USMLE program is launching a social media campaign to feature USMLE committee members. These posts will help to humanize the program by showcasing the many medical educators and regulators who contribute behind the scenes to the success of the USMLE program. Participating is as easy as sharing a headshot and completing a quick questionnaire. The Marketing & Communications team will use these materials to create social media posts. If you're a USMLE committee member, or served previously in this capacity, and are interested in participating in this campaign, please contact Alyssa Yeroshefsky, Communications Manager of the USMLE Program, at [ayeroshefsky@fsmb.org](mailto:ayeroshefsky@fsmb.org).

## Anomalous Performance on USMLE Step Examinations

The USMLE program is committed to protecting the integrity of the exam sequence and continues to evaluate and enhance exam security policies and initiatives. Routine analyses are performed as part of the scoring process to detect unusual examinee response behavior. As part of an ongoing investigation, the USMLE program recently took action to invalidate exam scores based on a pattern of anomalous performance detected that indicates prior knowledge of secure examination content. Invalidated scores appear on transcripts as "Score Not Available".

The USMLE program also revised policies applicable to performance data for failing outcomes that raise concerns about an examinee's readiness or motivation to pass the exam. Examinees who meet such criteria may be contacted by the USMLE program and required to allow a twelve (12) month period to pass before attempting USMLE again. The mandatory twelve (12) month bar on access to the exam cannot be appealed and is intended to encourage adequate study time and to pace exam content exposure for individuals who are not performing at a level predictive of passing on the next attempt without additional preparation.

Should an examinee reach out to your board about appealing any USMLE decision, please feel free to contact Frances Cain, MPA, Director of Assessment Services at FSMB, at [fcain@fsmb.org](mailto:fcain@fsmb.org) to gain clarification.

## ECFMG Update Regarding Change to Accreditation Body for Medical Schools in Canada Effective in 2025

According to a recent update from the Educational Commission for Foreign Medical Graduates (ECFMG), a member of Intealth™, individuals who graduate from Canadian medical schools on or after July 1, 2025, will be considered international medical graduates for the purpose of entry into GME programs in the United States. In order for these graduates to enter ACGME-accredited residency programs, the ACGME will require that they either obtain ECFMG Certification or hold a full and unrestricted license to practice medicine in the U.S. licensing jurisdiction in which the ACGME-accredited program is located.

More detailed information is available in this [ECFMG update](#).

### 2024 USMLE Meetings Calendar

- Composite Committee - October 21
- State Board Advisory Panel - November 13
- Patient Characteristics Advisory Panel - November 22
- Management Committee - December 3-4
- Committee for Individualized Review - December 3-4

### Follow USMLE on Social Media

We encourage state board staff to follow USMLE on social media for timely USMLE news and updates!



[Facebook](#)



[LinkedIn](#)



[X](#)

#### Contact

Frances Cain, MPA  
Director, Assessment Services  
[fcain@fsmb.org](mailto:fcain@fsmb.org)

#### Resources

[USMLE.org](#)  
[Bulletin of Information](#)  
[FAQs](#)

## Reflecting on 2024

As December draws to a close, we want to express our appreciation to the many volunteers from the medical licensing community who devoted their time and effort to support the USMLE program this past year. In particular, we would like to thank those who served on the USMLE Composite and Management Committees in 2024: Andrea Anderson, MD (DC); Jeffrey Carter, MD (MO); Sarvam TerKonda, MD (FL); Danny Takanishi, MD (HI); Nicole Gilg, MD (IA); Jade James-Halbert, MD (MO); Kristin Spanjian, MD (MT); Bryant Murphy, MD (NC); Cheryl Walker-McGill, MD (NC); and Patricia Hunter (VT). We thank these individuals and the many additional volunteers from the state board community who served on other USMLE committees and panels. Their contributions and perspectives are invaluable.

The USMLE program benefited immensely this year from the input of key stakeholders such as our State Board Advisory Panel and Medical Student & Resident Advisory Panel. The same can be said for the participants at our annual USMLE workshop for state medical board members and staff. Their insight and thoughtful input on program activities will continue to help shape our efforts going forward.

We enjoyed the opportunity to inform and update many of you on the USMLE this past summer through the program created and conducted jointly by FSMB and Administrators in Medicine (AIM) for licensing specialists. We are already looking forward to working with the next cohort of licensing specialists registered for the 2025 session.

This year included unique challenges to USMLE governance and staff charged with protecting the security of the USMLE. The enhancements and changes already implemented have further safeguarded the integrity of the USMLE, helping to inform your licensing decisions.

Looking ahead, we remain committed to strengthening USMLE's ability to assess key physician competencies valued by the licensing community. Accordingly, we will keep you apprised of ongoing pilot work on testing formats that can further enhance USMLE assessment of key competencies, e.g., clinical reasoning and communication. At the same time, we will continue exploring new and enhanced ways to keep you informed on USMLE activities.

Finally, we wish all the staff and members at the state medical and osteopathic boards a happy and healthy holiday season.



David Johnson  
FSMB Chief Assessment Officer



Alex Mechaber, MD  
NBME Vice President of USMLE

## USMLE State Board Advisory Panel



The USMLE State Board Advisory Panel met at FSMB's Texas offices on November 13, 2024. The panel brings together board members and staff from state medical and osteopathic boards for in-depth discussions between the licensing community and USMLE program staff. For more than a decade this panel has convened annually as a reactor panel and sounding board offering feedback, advice and input from the medical licensing community on all aspects of the USMLE program.

Current members include the following board staff and members (pictured left to right in the photo above):

- Mustafa Hamed, MD, Michigan-Medical
- Gerard Dillon, PhD, Pennsylvania-Medical
- Maria Laporta, MD, Illinois
- Shami Goyal, MD, Illinois
- Rebecca Robbins, Alabama (Licensure Commission)
- David Herlihy, Esq, Vermont-Medical
- Stephen Boese, New York (Licensure)
- Guillermo Guzman, MD, Idaho
- Stephen Brint Carlton, JD, Texas (not pictured; participated virtually)
- Mark Spangler, MA, CMBE, West Virginia-Medical (not pictured; participated virtually)

Topics discussed during the meeting included examination security; impact of recent USMLE changes, specifically, the attempt limit change, Step 1 pass/fail outcome reporting and discontinuation of Step 2 Clinical Skills (CS); program updates (research, performance data, new item formats); ECFMG Certification expiration and USMLE eligibility requirements; and impact of the impending 2025 change in accreditation of Canadian medical schools on USMLE eligibility requirements.

## Annual USMLE Report

The 2024 *Annual Report on the United States Medical Licensing Examination* is now available and has been provided along with this newsletter. The report is distributed via email to all state medical boards and provides a timely snapshot into major developments within USMLE, as well as foundational information explaining the program.

As of 2023, approximately 63% of the 1,062,460 physicians licensed in the U.S. have taken all or part of the USMLE sequence; 58% have taken all Steps (1, 2 and 3). This represents a 2% increase in both measures since 2022. *(Note: Physicians with a partial USMLE sequence include those who took a combination of USMLE and either the previously administered NBME Parts examination or the FLEX examination.)*

Medical licensing authorities and their representatives continue to be key stakeholders and contributors to the USMLE program. In 2024, 44 individuals from 26 state medical and osteopathic boards across the U.S. participated in USMLE in some capacity. Since implementation of the USMLE in 1992, 360 members and staff from state medical boards have participated in the USMLE program in some capacity. These individuals represent 65 different medical and osteopathic licensing boards throughout the country. More detailed information about state boards' involvement with USMLE is provided in the "State Medical Boards Participation in USMLE" section of the report.

**State board members and staff who are interested in learning more about USMLE or serving on a USMLE committee, panel or task force can contact Frances Cain, [fcain@fsmb.org](mailto:fcain@fsmb.org), for information about participating in the annual USMLE Orientation.**

### USMLE Meetings Calendar

Management Committee  
December 3-4, 2024

Committee for Individualized Review  
December 3-4, 2024

Composite Committee  
February 11, 2025

Committee for Individualized Review  
March 5-6, 2025

### Resources

USMLE.org  
Bulletin of Information  
FAQs

### Social Media



### Contact

Frances Cain  
Director of Assessment Services  
[fcain@fsmb.org](mailto:fcain@fsmb.org)  
(817) 868-4402



# APPENDIX B

## USMLE Program News 2023 – 2024

Below are excerpts from key USMLE announcements in 2023 - 2024. The full archive of announcements is available on the USMLE website at <https://www.usmle.org/announcements>

### **Early Release of USMLE Step 1 2022 Summary Performance (posted February 2023)**

In response to requests from LCME schools following the recent policy transition of Step 1 to pass/fail reporting only, USMLE has released Step 1 summary performance data to provide score users with important outcome data earlier than scheduled. The data provides information regarding the performance of all examinees and examinees from LCME-accredited schools.

More information is available at:

<https://www.usmle.org/early-release-usmle-step-1-2022-summary-performance>

### **USMLE Program Discusses ChatGPT (posted February 2023)**

With the advent of ChatGPT, a large language model developed by OpenAI, there have been growing conversations about the advancements of artificial intelligence (AI) programs and their intersectionality with medicine and medical education. Several studies have been conducted on the use of AI to answer multiple-choice test questions on medical knowledge. Some conversations about these studies seem to suggest that AI tools are correctly answering USMLE test questions and we wanted to provide some additional context.

A review of the MedQA-USMLE database revealed that the study used test preparation materials from a third party unaffiliated with USMLE. Another study examined the results of ChatGPT using practice questions available at USMLE.org. It's not surprising that ChatGPT was successful in answering these questions, as the input material is largely representative of medical knowledge available from online sources.

However, it's important to note that the practice questions used by ChatGPT are not representative of the entire depth and breadth of USMLE exam content as experienced by examinees. For example, certain question types were not included in the studies, such as those using pictures, heart sounds, and computer-based clinical skill simulations. This means that other critical test constructs are not being represented in their entirety in the studies.

Although there is insufficient evidence to support the current claims that AI can pass the USMLE Step exams, we would not be surprised to see AI models improve their performance dramatically as the technology evolves. If utilized correctly, these tools can have a positive impact on how assessments are built and how students learn.

The USMLE co-sponsors (NBME and Federation of State Medical Boards) recognize the importance of these studies and their findings. In the future, we would be very interested in examining the questions that ChatGPT answered incorrectly and the implications of these results. As the technology advances, we will continue to look for ways to enhance the assessment of skills and behavior so that we may evolve in tandem with medical education and potential changes to the practice of medicine. While we are optimistic, we remain mindful of the risks that large language models bring in terms of potential for misinformation and perpetuating harmful biases.

### **2022 USMLE Performance Data Available Now (posted March 2023)**

The USMLE program has released the 2022 examinee performance data for each of its three Step exams. The performance tables show the passing rates for each Step by various examinee groups and are available at: <https://www.usmle.org/performance-data>.

### **USMLE Brand Refresh (posted April 2023)**



USMLE has refreshed its branding with a new, modernized look and feel that better reflects its relevance to the practice of medicine today.

The new logo features three distinct segments that represent the Step exams that medical school students and graduates take on their journey to medical licensure. It also references a common symbol for health care and medicine – the cross – which represents protection and help at hand.

### **New Study: USMLE Performance Tied to Better Patient Outcomes (posted November 2023)**

A recent article published in *Academic Medicine* explores the correlation between examinee performance on the United States Medical Licensing Examination® (USMLE®) and improved patient outcomes. This new research provides additional support for the validity and importance of USMLE's role in the medical licensure process and the connection between examinee performance and providing safe and effective health care for patients.

The authors conducted a retrospective analysis of nearly 200,000 hospitalizations (with five common inpatient diagnoses) in Pennsylvania over a three-year period with more than 1,750 family physicians and general internists, connecting their USMLE scores with outcomes of in-hospital mortality and

length of stay. Results showed that better physician USMLE performance across the series of exams was associated with lower mortality and shorter length of stay.

Prior studies have documented the link between performance on licensing exams and the number of test attempts with other markers of physician competence – demonstrating associations between USMLE and specialty board exam performance, clinical performance evaluations, and ensuing disciplinary actions by state medical boards. In showing higher USMLE performance connects with improved patient outcomes, this study strengthens the evidence that USMLE assesses competencies essential to patient care.

“The USMLE is designed to ensure that licensed physicians have the necessary knowledge and skills to provide safe and effective patient care,” said Alex Mechaber, MD, Vice President, USMLE, NBME. “This latest research further demonstrates the positive correlations between USMLE scores and improved patient outcomes of care,”

For further information about the important and continuing role of independent standardized assessments for medical regulation and the conclusions about trainee/physician performance, read the full paper [“The Associations Between United States Medical Licensing Examination Performance and Outcomes of Patient Care”](#) in *Academic Medicine*.

### **Change to Step 3 Passing Standard Begins January 1, 2024 (posted December 2023)**

At its December 2023 meeting, the USMLE Management Committee, representing a national group of physicians in licensure, medical education, and current practice, and two public members, conducted a review of the USMLE Step 3 passing standard. It was decided that a two-point increase in the passing standard – used to determine a Pass or Fail outcome – will apply to Step 3 examinees testing on or after January 1, 2024. **On the three-digit score scale, the passing standard will change from 198 to 200.**

As part of the USMLE program’s operational procedures and in alignment with best practices for licensing and certification exams, a scheduled comprehensive review and analysis of the passing standard for each Step exam typically occurs every three to four years. This ensures that the passing score reflects current expectations concerning knowledge and skills needed to support effective medical practice and patient care.

The Management Committee determined this adjustment to the passing standard through the careful and thorough consideration of information from multiple sources, including:

- Recommendations from independent groups of physicians unaffiliated with the USMLE who participated in content-based standard-setting panels in September and October 2023;
- Results of surveys of various groups (e.g., residency program directors, medical school faculty, state licensing representatives, examinees) concerning the appropriateness of the current passing standard for the Step 3 examination;
- Data on trends in examinee performance; and
- Score precision and its effect on the pass/fail outcome.

The USMLE program provides advanced notice of [Step exam passing standard reviews](#) and any adjustments on the USMLE website. Details about the review process also appear in the USMLE *Bulletin of Information*.

### **The USMLE program updates content outlines for all Step exams (posted January 2024)**

To help ensure the relevancy of content on the United States Medical Licensing Examination® (USMLE®), the USMLE program has released an updated [content outline for its assessments](#). In this update, topics in the previous “General Principles of Foundational Science” category, which focused on foundational science content, have been redistributed into respective organ system categories or included in a new category titled "Human Development." [Learn more about the update with our infographic](#).

#### *What’s the purpose of this update?*

The USMLE is created to be clinically relevant by a diverse national faculty of medicine drawn from medical schools, state licensing boards and clinical practice settings from every region of the United States. As practice guidelines evolve or are introduced, the content on the USMLE is reviewed and modified by these experts as needed.

All USMLE examinations are constructed from two classification schemes: (1) an integrated content outline, which organizes content according to individual organ systems, and (2) a physician tasks and competencies outline. To ensure that foundational science principles are tested in a clinically relevant manner, this latest modification to the content outline aims to better incorporate these topics into individual organ systems without changing the proportion of foundational science covered within the exams.

#### *What’s the impact of this change?*

Foundational science knowledge is a critical building block for future physicians to develop clinical skills and reasoning.

The foundational science topics included in the updated content outline are not being removed, just recategorized. Additionally, the weighting or proportion of foundational science content included in the Step exams will not change.

#### *How will this influence examinee preparation for Step exams?*

Examinees preparing for Step exams should use the updated content outline available on USMLE.org. The content outline provides a common organization of content across all three Step examinations. However, no single examination includes questions on all listed topics.

Examinees should continue to study Foundational Science content while preparing for the Step examinations.

When preparing for a Step examination, use the links below for details on which parts of the content outline are emphasized and specific weighting for topics for each Step.

[Review Step 1 Exam Specifications](#)

[Review Step 2 CK Exam Specifications](#)

[Review Step 3 Exam Specifications](#)

### **USMLE Program Statement on Notification of Invalidated Exam Scores (posted January 2024)**

For more than 30 years, the United States Medical Licensing Examination (USMLE) has helped to ensure that physicians licensed to practice medicine in the United States have the knowledge and clinical skills necessary to care for patients safely and effectively. Consequently, ensuring the integrity and validity of the USMLE is paramount. Examinees who take the USMLE agree to uphold the integrity of the testing process, and security measures are in place to detect exam practices or performances that may raise questions of score validity.

The USMLE program regularly monitors and analyzes examinees' test performances for unusual score patterns or variations, and other information that could raise questions about the validity of an examinee's results. As part of an ongoing investigation, the USMLE program has identified a pattern of anomalous exam performance associated with Nepal, which challenges the validity of test results for a group of examinees. Highly irregular patterns can be indicative of prior unauthorized access to secure exam content. Examinees with results in question are being notified by the USMLE Secretariat's Office that their previous Step scores have been invalidated and that they will be required to take a validation exam(s). The USMLE program is working to notify examinees who need to schedule validation exam(s) and to support score users and other stakeholders impacted by the validation exam requirements.

### **USMLE score reporting timeline update (posted March 2024)**

The USMLE program will no longer implement dedicated score delay periods for the Step examinations. Most exam scores will continue to be reported within four weeks after an examinee completes their test. However, in rare cases, various factors may delay score reporting. When selecting your test date and inquiring about results, you should allow at least eight weeks to receive notification that your score report is available.

### **Important Update: Change in Process for Requesting USMLE Transcripts (posted August 2024)**

Effective August 21, 2024, the processing of all United States Medical Licensing Examination® (USMLE®) transcript requests from international medical students and graduates (IMGs) will transition from ECFMG®, a division of Intealth™, to the Federation of State Medical Boards (FSMB), a co-sponsor of the USMLE program. ECFMG will process complete transcript requests received through August 20, 2024. IMGs who wish to request USMLE transcripts after this date must submit their requests and payment to FSMB following the instructions on [FSMB's website](#).

This change does not affect transcripts requested and sent via ERAS. IMGs participating in ERAS 2025 should continue to follow instructions from ERAS for sending their USMLE transcripts to U.S. training programs.

This change streamlines the transcript request process by centralizing all transcript requests (except for ERAS transcripts) with FSMB, which already processes transcript requests from U.S. and Canadian

medical school students and graduates and from certain IMGs (for example, IMGs who want to send a transcript to a U.S. state medical licensing authority).

For more information, please refer to the Important Dates or common questions below.

Important Dates:

August 20, 2024: Deadline for receipt of IMG transcript requests by ECFMG.

August 21, 2024: FSMB begins processing transcript requests for IMGs.

FAQs:

- What's the deadline for an IMG to request a transcript from ECFMG?
  - To help ensure that ECFMG can process your transcript request, the request form and payment must be received by ECFMG no later than August 20, 2024 (U.S. Eastern Time).
- What's the first date to submit a transcript request to FSMB?
  - FSMB will begin accepting transcript requests on August 21, 2024. Please visit [FSMB's website](#) and follow the instructions to submit your request and payment.
- I'm an IMG participating in ERAS 2025. Does this change affect electronic transcripts sent to programs via ERAS?
  - No. Electronic transcripts sent to programs for ERAS 2025 are not affected by this change.
- I just submitted a transcript request to ECFMG. Will my transcript be sent? Or do I need to submit a new request?
  - If ECFMG receives your completed transcript request and payment on or before August 20, 2024, your request will be processed, and your transcript will be sent. Please allow several business days for ECFMG to process your request.
  - If your request is received by ECFMG after August 20, 2024, it will not be processed, and you will need to submit a new request and payment to FSMB. To request a refund of transcript fees sent to ECFMG, please contact [finance@ecfm.org](mailto:finance@ecfm.org).
- How can international medical schools make an institutional request for transcripts for their students and graduates after this change?
  - Institutional requests for transcripts will no longer be offered after August 20, 2024. However, medical students and graduates can still request and pay for their transcripts to be sent directly to their medical school.
- I'm an IMG and will need to request a transcript in September. Where can I find more info on how to do that?
  - To request a transcript after August 20, please visit [FSMB's website](#) and follow the instructions to submit your request and payment.
- What is the reason for this change?
  - Currently, multiple organizations receive and process paper transcripts for the USMLE program. This change streamlines the transcript request process by centralizing all transcript requests, except for residency application transcripts (including ERAS), with USMLE co-sponsor FSMB. This change will also allow recipients to receive transcripts more quickly because transcripts will now be delivered electronically via email instead of by mail in paper format.
- Will transcripts still be delivered by mail in paper format?
  - No, after August 20, all transcripts will be delivered electronically via email.

### **USMLE Fee Assistance Program to Help Learners with Financial Need (posted August 2024)**

The United States Medical Licensing Examination® (USMLE®) co-sponsor, NBME, is introducing a new fee assistance program for students with demonstrated financial need who meet the required criteria to use towards the registration cost of the USMLE Step exams. This program will provide aid to approximately 1,300 medical students to cover their fees for USMLE Step 1 or Step 2 Clinical Knowledge (CK) examinations.

Applications for the fee assistance program are open until October 16, 2024. Examinees can learn more at [NBME.org](https://www.nbme.org).

### **Scheduled Review of USMLE Step 1 Passing Standard (posted October 2024)**

The [USMLE Management Committee](#) is scheduled to conduct a review of the passing standard for USMLE Step 1 at its December 2024 meeting.

As part of the USMLE program's operational procedures and in alignment with best practices for licensing and certification exams, a comprehensive review and analysis of the passing standard for each Step exam typically occurs every three to four years. This process ensures that the passing standard aligns with the expected level of content mastery needed to support effective medical practice and licensure.

For the 2024 Step 1 review, information from multiple sources will be considered, including:

- Recommendations from independent groups of physicians and educators unaffiliated with the USMLE participating in content-based standard-setting panels in September and October 2024;
- Survey results of various groups (e.g., state licensing representatives, residency program directors, medical school faculty, examinees) concerning the appropriateness of the current passing standard for the Step 1 examination;
- Data on trends in examinee performance; and
- Score precision and its effect on the pass/fail outcome.

The USMLE program provides advanced notice of Step exam reviews and any adjustments on the USMLE website. The review process also appears in the USMLE *Bulletin of Information*.

If the Committee determines that a change to the passing standard is appropriate, the new recommended passing standard will become effective for all examinees who take the Step 1 examination on or after January 1, 2025. As more information becomes available, updates and the final decision will appear on the USMLE website.

### **Expiration of ECFMG Certificates and Impact on USMLE Eligibility (posted October 2024)**

The USMLE program requires unexpired ECFMG Certification to be eligible for USMLE Step 3. If you have an ECFMG Certificate that is subject to expiration and wish to take Step 3, you must meet the following eligibility requirements:

- Passing scores on Step 1 and Step 2 CK, AND

- An MD degree or the DO degree from an LCME- or COCA-accredited US or Canadian medical school, OR the equivalent of the MD degree from a medical school outside the US and Canada that is listed in the World Directory of Medical Schools as meeting ECFMG eligibility requirements and AND **obtain ECFMG Certification which is valid and unexpired at the time of application and testing,**
- Meet all other eligibility criteria as listed in the USMLE [Bulletin of Information](#).

If you have questions about your eligibility to take Step 3, please contact the FSMB at +1 (817) 868-4041 or [usmle@fsmb.org](mailto:usmle@fsmb.org).

If you have any questions regarding the status of your ECFMG Certification, please contact ECFMG at +1 (215) 386-5900 or [info@ecfm.org](mailto:info@ecfm.org).

#### Policy re non-expired ECFMG Certificates and Step 3 eligibility FAQs

1. Am I eligible to apply for and take USMLE Step 3 if my ECFMG Certificate has expired?  
No, applicants must have a valid and unexpired ECFMG Certificate at the time of application and on the testing dates for USMLE Step 3.
2. Can I select an eligibility period that includes dates beyond the date my ECFMG Certificate expires?  
No, applicants must have a valid and unexpired ECFMG Certificate at the time of application and on the testing dates for USMLE Step 3. Therefore, examinees must select an eligibility period with an end date before the expiration date of their ECFMG Certificate.
3. Can I extend my eligibility period beyond the date my ECFMG Certificate expires?  
No, applicants must have a valid and unexpired ECFMG Certificate at the time of application and on the testing dates for USMLE Step 3. Therefore, examinees cannot extend their eligibility period beyond the expiration date of their ECFMG Certificate.
4. I have questions about my ECFMG Certificate expiration and/or renewal process. Who should I contact?  
Please contact ECFMG at [info@ecfm.org](mailto:info@ecfm.org) with any questions about ECFMG Certification.

#### **Change in Provision of USMLE Service Functions**

The co-sponsors of the United States Medical Licensing Examination® (USMLE®), the Federation of State Medical Boards (FSMB) and NBME, are developing plans to centralize all USMLE service functions. As part of these plans, USMLE services currently provided to international medical students and graduates (IMGs) by ECFMG®, a division of Intealth™, will transition to the USMLE co-sponsors.

This change will consolidate all USMLE examinee services, including exam registration, score report delivery, and USMLE customer service, with the USMLE co-sponsors. The goal of this change is to streamline the examinee journey and to create a more consistent and efficient examinee experience.



The transition of USMLE services is expected to take place no earlier than mid-2025. Until then, ECFMG will continue to provide USMLE services to IMGs.

Please note that this change does not affect the requirements for ECFMG Certification. After the transition of services takes effect, ECFMG will continue to determine whether IMGs are eligible for ECFMG Certification, and eligibility for Certification will continue to be a core requirement for IMGs to take USMLE. ECFMG will share information on Certification eligibility with the USMLE co-sponsors for the purposes of registration. Step 1 and Step 2 Clinical Knowledge (CK) will continue to be required by ECFMG to meet the medical science examination requirement for Certification.

The USMLE program will release additional information, including more details on the timing of this transition and other related developments, in the first quarter of 2025. Please continue to monitor [USMLE.org](https://www.usmle.org) for program updates.

# APPENDIX C

## USMLE Aggregate Performance Data 2022-2023

The data tables below are extracted from the performance data provided on the USMLE website at <https://www.usmle.org/performance-data>. Performance data for USMLE administrations dating back to 2012 are also available on the website.

Table 1.C

<b>2023 STEP 1 ADMINISTRATIONS *</b> <b>Number Tested and Percent Passing</b>		
	<b># Tested</b>	<b>% Passing</b>
Examinees from US/Canadian Schools that Grant:		
<i>MD Degree</i>	25,146	90%
1 <sup>st</sup> Takers	23,100	92%
Repeaters**	2,046	70%
<i>DO Degree</i>	4,913	86%
1 <sup>st</sup> Takers	4,798	87%
Repeaters**	115	60%
Total US/Canadian	30,059	90%
Examinees from Non-US/Canadian Schools		
1 <sup>st</sup> Takers	22,611	72%
Repeaters**	3,530	47%
Total non-US/Canadian	26,141	68%

\*Represents data for examinees that tested in 2023 whose scores were reported through February 21, 2024.

\*\*Repeaters represents examinations given, not number of examinees.

Table 2.C

<b>2022-2023 STEP 2 CK ADMINISTRATIONS *</b>		
<b>Number Tested and Percent Passing</b>		
	<b># Tested</b>	<b>% Passing</b>
Examinees from US/Canadian Schools that Grant:		
<i>MD Degree</i>	23,500	98%
1 <sup>st</sup> Takers	23,018	98%
Repeaters**	482	71%
<i>DO Degree</i>	4,712	96%
1 <sup>st</sup> Takers	4,666	96%
Repeaters**	46	61%
<b>Total US/Canadian</b>	<b>28,212</b>	<b>97%</b>
Examinees from Non-US/Canadian Schools		
1 <sup>st</sup> Takers	14,395	88%
Repeaters**	1,411	60%
<b>Total non-US/Canadian</b>	<b>15,806</b>	<b>86%</b>

\*Data for Step 2 CK are provided for examinees that tested during the period of July 1, 2022, to June 30, 2023 whose scores were reported through November 8, 2023.

\*\*Repeaters represents examinations given, not number of examinees.

Table 3.C

<b>2023 STEP 3 ADMINISTRATIONS *</b> <b>Number Tested and Percent Passing</b>		
	<b># Tested</b>	<b>% Passing</b>
Examinees from US/Canadian Schools that Grant:		
<i>MD Degree</i>	22,405	97%
1 <sup>st</sup> Takers	21,703	97%
Repeaters**	702	77%
<i>DO Degree</i>	104	95%
1 <sup>st</sup> Takers	100	95%
Repeaters**	4	†
Total US/Canadian	22,509	97%
Examinees from Non-US/Canadian Schools		
1 <sup>st</sup> Takers	11,500	92%
Repeaters**	1,264	64%
Total non-US/Canadian	12,764	89%

\*Represents data for examinees that tested in 2023 whose scores were reported through March 13, 2024.

\*\*Repeaters represents examinations given, not number of examinees.

†Performance data not reported for categories containing fewer than 5 examinees.

# APPENDIX D

## Program-related Publications by USMLE Staff in 2022-2024

Andriole DA, Grbic D, Jurich DP, Mechaber AJ, Roskovensky L, Young GH. US Medical School Graduates' Placement in Graduate Medical Education: A National Study. *Acad Med*. 2023;10.1097.

Baldwin P, Clauser BE. Historical perspectives on score comparability issues raised by innovations in testing. *J Educ Meas*. 2022;59(2):140-160.

Baldwin P, Mee J, Yaneva V, et al. A Natural-Language-Processing-Based Procedure for Generating Distractors for Multiple-Choice Questions. *Eval Health Prof*. Dec 2022;45(4):327-340. doi:10.1177/01632787211046981

Barone MA, Bienstock JL, Lovell E, et al. How the Quadruple Aim Widens the Lens on the Transition to Residency. *J Grad Med Educ*. 2022;14(6):634-638.

Clauser BE, Yaneva V, Baldwin P, An Ha L, Mee J. Automated Scoring of Short-Answer Questions: A Progress Report. *Appl Meas Educ*. 2024;37(3):209-224.

Cuddy, M. M., Liu, C., Ouyang, W., Barone, M. A., Young, A., & Johnson, D. A. An Examination of the Associations Among USMLE Step 3 Scores and Likelihood of Disciplinary Action in Practice. *Academic Medicine*. *Acad Med*. Oct 2022;97(10):1504-1510. doi: 10.1097/ACM.0000000000004775

Fan F, O'Donnell F, Morrison C, Durand L, Barone M. Revisiting the Utility of the National Board of Medical Examiners Comprehensive Basic Science Self-Assessment to Gauge Readiness for USMLE Step 1. *Med Sci Educ*. 2024:1-7.

Gierl M, Swygert K, Matovinovic D, Kulesher A, Lai H. Three Sources of Validation Evidence Needed to Evaluate the Quality of Generated Test Items for Medical Licensure. *Teach Learn Med*. Jan-Mar 2024;36(1):72-82. doi:10.1080/10401334.2022.2119569

Harik P, Mee J, Runyon C, Clauser BE. Assessment of clinical skills: a case study in constructing an NLP-based scoring system for patient notes. *Advancing Natural Language Processing in Educational Assessment*. Routledge; 2023:58-73.

Hauer KE, Williams PM, Byerley JS, Swails JL, Barone MA. Blue Skies With Clouds: Envisioning the Future Ideal State and Identifying Ongoing Tensions in the UME-GME Transition. *Acad Med*. Feb 1 2023;98(2):162-170. doi:10.1097/ACM.0000000000004920

Jurich DP, Liu C, Clauser A. To the Editor: Limitations and alternative solutions to a USMLE COMLEX-USA concordance. *Journal of Graduate Medical Education*. 2022;353-354.

Mee J, Pandian R, Wolczynski J, et al. An experimental comparison of multiple-choice and short-answer questions on a high-stakes test for medical students. *Adv Health Sci Educ Theory Pract*. Jul 2024;29(3):783-801. doi:10.1007/s10459-023-10266-3

Norcini J, Grabovsky I, Barone MA, Anderson MB, Pandian RS, Mechaber AJ. The associations between United States medical licensing examination performance and outcomes of patient care. *Acad Med*. 2024;99(3):325-330.

Rashid H, Runyon C, Burk-Rafel J, et al. Medical Student Well-Being While Studying for the USMLE Step 1: The Impact of a Goal Score. *Acad Med*. 2022;97(11S):S176.

Rubright JD, Jodoin M, Woodward S, Barone MA. Differential Item Functioning Analysis of United States Medical Licensing Examination Step 1 Items. *Acad Med*. May 1 2022;97(5):718-722. doi:10.1097/ACM.0000000000004567

Rubright JD, Ong TQ, Jodoin MG, Johnson DA, Barone MA. Revisiting Retake Policy: Analyzing the Success Rates of Examinees With Multiple Attempts on the United States Medical Licensing Examination. *Acad Med*. Aug 1 2022;97(8):1219-1225. doi:10.1097/ACM.0000000000004713

Runyon CR, Harik P, Barone MA. "Cephalgia" or "migraine"? Solving the headache of assessing clinical reasoning using natural language processing. *Diagnosis (Berl)*. Feb 1 2023;10(1):54-60. doi:10.1515/dx-2022-0047

Swails JL, Angus S, Barone MA, et al. The undergraduate to graduate medical education transition as a systems problem: a root cause analysis. *Acad Med*. 2023;98(2):180-187

Yaneva V, Baldwin P, Jurich DP, Swygert K, Clauser BE. Examining ChatGPT Performance on USMLE Sample Items and Implications for Assessment. *Acad Med*. Feb 1 2024;99(2):192-197. doi:10.1097/ACM.0000000000005549

Yaneva V, Baldwin P, Runyon C. Extracting Linguistic Signal From Item Text and Its Application to Modeling Item Characteristics. *Advancing Natural Language Processing in Educational Assessment*. Routledge; 2023:167-182.

Yaneva V, Clauser BE, Morales A, Paniagua M. Assessing the validity of test scores using response process data from an eye-tracking study: a new approach. *Adv Health Sci Educ Theory Pract*. Dec 2022;27(5):1401-1422. doi:10.1007/s10459-022-10107-9

Yaneva, V., Mee, J., Ha, L. A., Harik, P., Jodoin, M., & Mechaber, A. (2022, July). The USMLE® Step 2 clinical skills patient note corpus. Association for Computational Linguistics.

Yaneva V, North K, Baldwin P, et al. Findings from the first shared task on automated prediction of difficulty and response time for multiple-choice questions. In: *Proceedings of the 19th Workshop on Innovative Use of NLP for Building Educational Applications*. Association for Computational Linguistics; 2024:470-482.

Yaneva V, Suen KY, Mee J, Quranda M, Harik P. Automated scoring of clinical patient notes: findings from the Kaggle competition and their translation into practice. In: *Proceedings of the 19th Workshop on Innovative Use of NLP for Building Educational Applications*; 2024:87-98.

