

AMERICAN MEDICAL ASSOCIATION
MEDICAL STUDENT SECTION

Resolution 01
(A-16)

Introduced by: Region 1, Region 2, Region 4, Region 5, Region 6, Region 7

Subject: Transfer of Jurisdiction over Required Clinical Skills Examinations to LCME-Accredited and COCA-Accredited Medical Schools

Referred to: MSS Reference Committee
(Samia Osman, Chair)

1 Whereas, The USMLE Step 2 Clinical Skills (CS) exam was previously administered under a
2 different name to assess English language skills of international medical graduates; and
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4 Whereas, In 2004, the Step 2 CS exam was modified and appended on to the existing multiple
5 choice Step 2 exam, better known now as "Step 2 Clinical Knowledge (CK)"; and
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7 Whereas, Because states' laws already specified prior to 2004 that physicians pass "Step 2" for
8 licensure, adding "Step 2 CS" as a required part of Step 2 automatically incorporated such exam
9 as a state licensure requirement; and
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11 Whereas, According to H-275.956, "It is the policy of the AMA to recognize that clinical skills
12 assessment is best performed using a rigorous and consistent examination administered by
13 medical schools,"; and
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15 Whereas, Over 90% of all U.S. and Canadian medical schools currently administer an Objective
16 Structured Clinical Examination (OSCE) or variant on this principle, and 74% of all U.S. and
17 Canadian medical schools require a passing score for graduation;¹ and
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19 Whereas, According to H-295.887, our AMA has encouraged the remaining 10% of U.S. and
20 Canadian medical schools yet to administer a variant of the OSCE to "implement valid and
21 reliable methods to evaluate medical students' clinical skills" internally; and
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23 Whereas, According to 295.113MSS, our MSS has previously asked the AMA to "strongly urge
24 the LCME and AOA to modify their accreditation standards as soon as possible to require that
25 medical schools administer a rigorous and consistent assessment of clinical skills to all students
26 as a requirement for advancement and graduation"; and
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28 Whereas, According to D-295.998, our AMA "will encourage its representatives to the Liaison
29 Committee on Medical Education (LCME) to ask the LCME to determine and disseminate to
30 medical schools a description of what constitutes appropriate compliance with the accreditation
31 standard that schools should "develop a system of assessment" to assure that students have
32 acquired and can demonstrate core clinical skills"; and
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34 Whereas, According to H-275.930, our AMA "opposes clinical skills examinations for the
35 purpose of physician medical relicensure"; and
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37 Whereas, Costs incurred by medical students to complete the USMLE Step 2 CS exam include
38 a registration fee of \$1,275 and all expenses for travel/lodging to visit one of the only five cities
39 in which the exam is administered²;

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41 Whereas, Costs incurred by osteopathic medical students to complete the COMLEX Level 2-PE
42 include a registration fee of \$1,290 and all expenses for travel/lodging to visit one of the only
43 two cities in which the exam is administered;^{3,4}

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45 Whereas, In 2014, 19,801 medical students took the Step 2 CS exam, amounting to over \$25
46 million in exam fees alone, or up to \$36.2 million when including interest rates on medical
47 student loans;^{5,6} and

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49 Whereas, A recent study suggested that the true cost for detecting a single “double failure,” a
50 student who failed the Step 2 CS 2-3 times and failed to graduate from medical school, may be
51 as high as \$1.1M, which does not include the cost of travel, lodging, or preparation materials;⁶
52 and

53
54 Whereas, Recent studies found weak correlations between Step 2 CS scores and end-of-year
55 evaluations of internal medicine interns’ communications skills, without controlling for other
56 effects such as school-required clinical skills;^{7,8} and

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58 Whereas, Internal validity and external validity of these studies are compromised, and
59 correlation does not imply causality; and

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61 Whereas, Studies demonstrate clinical skills scores added no additional predictive value beyond
62 the written USMLE exams;^{7,8} and

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64 Whereas, The USMLE Step 2 CS exam and the COMLEX Level 2-PE exam are extraneous
65 financial burdens and unnecessary redundancies for students; therefore be it

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67 RESOLVED, That our AMA work with the Federation of State Medical Boards (FSMB) and state
68 medical boards to advocate for elimination of the USMLE Step 2 CS and the COMLEX Level 2-
69 PE as a requirement for LCME-accredited and COCA-accredited medical school graduates who
70 have passed a school-administered, clinical skills examination; and be it further

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72 RESOLVED, That our MSS ask the AMA to amend D-295.998 by insertion and deletion as
73 follows:

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75 Required Clinical Skills Assessment During Medical School D-295.998

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77 Our AMA will encourage its representatives to the Liaison Committee on Medical Education
78 (LCME) to ask the LCME to 1) determine and disseminate to medical schools a description of
79 what constitutes appropriate compliance with the accreditation standard that schools should
80 "develop a system of assessment" to assure that students have acquired and can demonstrate
81 core clinical skills, and 2) require that medical students attending LCME-accredited or COCA-
82 accredited institutions pass a school-administered clinical skills examination to graduate from
83 medical school.

Fiscal note:

Date received:

References:

1. Number of Medical Schools Requiring Final SP/OSCE Examinations. Association of American Medical Colleges. <https://www.aamc.org/initiatives/cir/406426/9.html>. Accessed March 21, 2016
2. USMLE Examination Fees. United States Medical Licensing Examination. <http://www.nbme.org/students/examfees.html>. Accessed March 21, 2016.
3. COMLEX-USA Level 2-Performance Evaluation Fees. National Board of Osteopathic Medicine Examiners. <http://www.nbome.org/pe-fees.asp>. Accessed March 22, 2016.
4. Information for Candidates. National Board of Osteopathic Medicine Examiners. <http://www.nbome.org/comlex-pe.asp>. Accessed March 22, 2016.
5. USMLE Performance Data: 2014 Step 2 CS. United States Medical Licensing Examination. http://www.usmle.org/performance-data/default.aspx#2014_step-2-cs. Accessed March 21, 2016.
6. Lehman EP, Guercio JR. The Step 2 Clinical Skills exam--a poor value proposition. *N Engl J Med*. 2013;368(10):889-891. doi:10.1056/NEJMp1213760.
7. Winward ML, Lipner RS, Johnston MM, Cuddy MM, Clauser BE. The relationship between communication scores from the USMLE Step 2 Clinical Skills examination and communication ratings for first-year internal medicine residents. *Acad Med*. 2013;88(5):693-698. doi:10.1097/ACM.0b013e31828b2df1.
8. Cuddy MM, Winward ML, Johnston MM, Lipner RS, Clauser BE. Evaluating Validity Evidence for USMLE Step 2 Clinical Skills Data Gathering and Data Interpretation Scores: Does Performance Predict History-Taking and Physical Examination Ratings for First-Year Internal Medicine Residents? *Acad Med*. 2016;91(1):133-139. doi:10.1097/ACM.0000000000000908.

RELEVANT AMA AND AMA-MSS POLICY:

Clinical Skills Assessment During Medical School D-295.998 - Our AMA will encourage its representatives to the Liaison Committee on Medical Education (LCME) to ask the LCME to determine and disseminate to medical schools a description of what constitutes appropriate compliance with the accreditation standard that schools should "develop a system of assessment" to assure that students have acquired and can demonstrate core clinical skills.

Clinical Skills Assessment During Medical School H-295.887 - Our AMA encourages medical schools that do not already do so to implement valid and reliable methods to evaluate medical students' clinical skills.

Recommendations for Future Directions for Medical Education H-295.995 – (27). The AMA recommends to state licensing authorities that they require individual applicants, to be eligible to be licensed to practice medicine, to possess the degree of Doctor of Medicine or its equivalent from a school or program that meets the standards of the LCME or accredited by the American Osteopathic Association, or to demonstrate as individuals, comparable academic and personal achievements. All applicants for full and unrestricted licensure should provide evidence of the