HOD Action: Council on Medical Education Report 6 adopted as amended and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 6-A-25

Subject:	Reporting of Total Attempts of USMLE Step 1 and COMLEX-USA Level 1 Examinations (Res 315-A-24)
Presented by:	Krystal Tomei, MD, MPH, Chair
Referred to:	Reference Committee C

INTRODUCTION

At the 2024 Annual Meeting of the American Medical Association (AMA) House of Delegates (HOD), Resolution 315 entitled "Cease Reporting of Total Attempts of USMLE Step 1 and COMLEX-USA Level 1 Examinations," was referred. The resolution asked our AMA to "advocate that NBME and NBOME cease reporting the total number of attempts of the Step 1 and COMLEX-USA Level 1 examinations to residency and fellowship programs and licensure."

Resolution 315 received mixed testimony as well as commentary from the National Board of Osteopathic Medical Examiners (NBOME). Testimony against reporting addressed personal stories related to failing the United States Medical Licensing Examination (USMLE®) Step 1, stressing perceived possible impact on career advancement. On the other hand, testimony in favor of reporting addressed the value of transparency to inform holistic review, enhance precision education, and determine residency program resource needs to support learners in their programs. Also, concerns were raised regarding public safety perceptions and scope of practice when advocating for increased numbers of exam attempts. Further, testimony noted current state laws requiring the reporting of exam attempts for licensure. Given the concerns, the reference committee recommended that Resolution 315 not be adopted; however, the HOD moved to refer the item for study. This report was written in response to that directive.

It should be noted that while the Resolved statement in Resolution 315 addressed both allopathic (USMLE) and osteopathic (COMLEX-USA) medical school exams, the Whereas statements only addressed Step 1.

BACKGROUND

USMLE® Step 1

The USMLE is a joint program of the Federation of State Medical Boards (FSMB) and National Board of Medical Examiners (NBME) and pertains to students enrolled in MD schools. It is comprised of three exams — Step 1, Step 2 Clinical Knowledge (CK), and Step 3. Step 1 is usually taken at the end of the second year of medical school. It assesses whether the examinee "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."[1] The exam is administered by Prometric at its various locations. Beginning in 2022, the results of Step 1 are reported as pass/fail only. Examinees receive a Step 1 Score Report. It does not provide performance feedback; however, examinees who fail will receive information to help assess how close they scored in relation to the passing standard. This report is provided to the examinee; in some circumstances, medical schools may receive scores and pass/fail outcomes for their students. The total number of attempts allowed per Step exam is four.[2]

If an examinee needs to reschedule their exam due to an unforeseen circumstance, they do so through the Prometric website which states, "The fee to reschedule an exam varies by testing organization, as does the amount of time you have to do so without penalty. Please check the procedures specific to the organization whose exam you are taking for rescheduling timeliness and penalties."[3]

It is policy of the USMLE program that a student's complete examination history of all Steps and its components be reported on the USMLE transcript. This includes all passes, failures, and incomplete attempts for each Step and its components.[4] Communication with NBME staff indicated that no exceptions are made to this policy.

USMLE Step 1 examinee performance data since the implementation of pass/fail scoring is provided in the table below:[5]

US/Canadian Schools	**2022 Number Tested**	**2022 Percent Passing**	**2023* Number Tested**	**2023* Percent Passing**
MD Degree	24,317	91%	25,146	90%
1st Takers	22,828	93%	23,100	92%
Repeaters**	1,489	71%	2,046	70%
DO Degree	4,722	89%	4,913	86%
1st Takers	4,659	89%	4,798	87%
Repeaters**	63	67%	115	60%
Total	29,039	91%	30,059	90%
Non-US/Canadian Schools	**2022 Number Tested**	**2022 Percent Passing**	**2023* Number Tested**	**2023* Percent Passing**
1st Takers	22,030	74%	22,611	72%
Repeaters**	2,926	45%	3,530	47%
Total	24,956	71%	26,141	68%

Table reprinted with permission from NBME, 2025.
* Represents data for examinees tested in 2023 and reported through March 13, 2024.
** "Repeaters" represents examinations given, not number of examinees.

COMLEX-USA® Level 1

The Comprehensive Osteopathic Medical Licensure Exam (COMLEX-USA®) is offered by the National Board of Osteopathic Medical Examiners (NBOME) and pertains to students enrolled in DO schools. It is also comprised of three exams — Level 1, Level 2 Cognitive Evaluation (CE), and Level 3. Level 1 is taken after the end of the second year of medical school prior to the clerkship training. The exam assesses "competency in the areas of knowledge related to practicing medicine. It tests the medical knowledge and clinical skills that are considered essential for an osteopathic physician to practice medicine without supervision."[6] Starting in May 2023, the exam is

offered by Pearson VUE. Level 1 is reported as pass/fail. In addition, examinees receive a "formative performance profile that compares both total examination performance and performance in individual content areas to the performance of other first-time test-takers who passed the examination."[7] It is only provided to the examinee and their school; the NBOME cautions against using the profile for any other purpose and discourages residency programs from requesting it. Like USMLE, the switch to pass/fail was instituted in 2022, and examinees are allowed a total of four attempts per Level exam.

If an examinee needs to reschedule their exam due to an unforeseen circumstance, it is done through their NBOME account. The NBOME website states the examinee has "up to 24 hours before your scheduled exam date to reschedule or cancel your appointment. You may reschedule or cancel your appointment more than 30 days before your scheduled date at no charge. Failure to reschedule or cancel within 24 hours and failure to appear at the testing center will cause your exam to be deemed a 'No Show,' and a fee will be assessed."[8]

The certified COMLEX-USA transcript contains scores and/or pass/fail status for all COMLEX-USA examinations taken and score interpretation annotations/notes and is sent directly to either participating state medical boards or the Federation Credentials Verification Service (FCVS).[9]

COMLEX-USA Level 1 examinee performance data since the implementation of pass/fail scoring is provided in the table below:[10]

Years	First Time Takers	First Time Pass Rate	Repeat Test Takers	Repeat Pass Rate
2023-2024	9,222	93.0%	822	80.8%
2022-2023	8,798	90.6%	861	75.6%

Table reprinted with permission from NBOME, 2025. Data accessed 12/06/24. NBOME website indicates data is updated automatically every 5 minutes.

DISCUSSION

Author's concerns

The resolution raised concerns about Step 1 overall as well as concerns related specifically to the pass/fail scoring system. In general, the author conveyed that Step 1 is an inadequate indicator of future professional competence as a physician. Also, they noted issues regarding stress (i.e., burnout, social isolation, suicidal ideation, substance use) and inequities (i.e., performance disparities related to gender and age).

In addition to the concern about reporting of total number of attempts, on which the Resolved statement is based, the author also noted other concerns about pass/fail. The author cited declining pass rates since the introduction of the new scoring system. The author surmised that examinees experience heightened pressure to pass on the first attempt, and that pass/fail scoring has placed an increased emphasis on Step 2 exam results and extracurricular activities.

Other concerns and considerations

Process assistance: The process of preparing for and taking (and rescheduling/retaking) the Step 1 or Level 1 exam can be daunting. While NBME, NBOME, Prometric, and Pearson VUE all offer a bounty of information on their websites, some students may benefit from more direct assistance.

MD and DO schools may consider if they can better advise and assist student examinees with arranging their Step 1 or Level 1 exam.

Financial assistance: Registering for the exam (and rescheduling, if necessary) can be costly for students. In August 2024, USMLE announced the "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."[11] NBOME states, "If for some reason beyond your control you are unable to get to your COMLEX-USA examination or complete it, you may qualify to have all or part of your rescheduling or cancellation fees waived that would otherwise be incurred. Additionally, we may be able to assist you with other fees you have incurred. For example, you may qualify for assistance if your flight is cancelled on your way to take your COMLEX-USA examination, your examination is cancelled though force majeure, you had a family emergency, or (knock on wood) you are ill on the day of your scheduled administration."[12] While the cost burdens on the examinees is clear, there is also a financial cost incurred to the testing center for arranging exam administration and security when an examinee cancels without sufficient notice, which may raise the overall cost of the exam.

Test accommodations: Both NBME and NBOME state on their websites that they provide reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for examinees who provide the required documentation.[13,14] Thus, it is incumbent on the examinee to read and adhere to the processes and related deadlines. However, further assistance and flexibility may be needed, whether from the organizations themselves or the medical schools, to aid such students and ensure their comprehension and timeliness.

Test offerings: While NBME, NBOME, Prometric, and Pearson VUE all indicate some levels of flexibility in the availability and scheduling of exams, there may be sensitivities around the school curriculum and cycles that can be further considered in order to provide the most optimal scheduling for students. There are anecdotes that students are delaying taking Step 1 or Level 1. Medical schools should advise students and provide them opportunities to take the exam at the most appropriate stage of their medical school curriculum for passing.

Reporting of total attempts

While the Resolved statement of Resolution 315 is focused on ceasing reporting of total number of exam attempts, it is important to fully explore this issue. For the residency application process, students may be reticent to disclose why they rescheduled or retook an exam for fear of judgment and exclusion. These concerns need to be addressed by relevant parties (medical schools and residency programs) to communicate to students that disclosure allows faculty the opportunity to provide support and assistance to improve their success on the numerous future exams students will encounter in their medical education.

As discussed in the reference committee hearing, disclosure of the total number of exam attempts may be an important data point for residency program directors. In the spirit of holistic assessment, knowing if and why a student took Step 1or Level 1 more than once can help to determine the support the applicant needs as a resident. The path to licensure and board certification involves several examinations, and if the applicant has difficulty with passing such exams, faculty need to be aware so problems can be quickly identified and mitigated. Conversely, denying applicant performance information to program directors only masks problems that may lead to failure to complete residency.

The primary purpose of the USMLE is for licensure by state medical boards. State medical licensing boards have their own criteria for the number of attempts per Step or Level exam, which may be in state law. This information is provided by the FSMB and can be found at https://www.fsmb.org/step-3/state-licensure/. Applicants should consider in advance which state(s) they wish to practice in and review this information in preparation for their exams.

Another consideration is public transparency. When it comes to government agencies, including state licensing boards, the public demands transparency including disclosure about licensing decisions. While it is unlikely that individual patients may ask if a physician ever failed a Step or Level exam, advocates and journalists often demand that performance information on license holders should be available to foster public accountability.

The significance of Step 1 passage as it relates to Match rates has been studied. The National Resident Matching Program® (NRMP®) provides data on such correlations. They also offer information from program director surveys; 2024 results indicate that "program director key considerations for interviewing included USMLE Step 1 pass."[15] Additional information is provided on their website. While past studies have indicated that a high Step 1 score is a significant predictor of passing a specialty board exam,[16] it may be too soon to show correlation between today's pass/fail scoring and board passage.

RELEVANT AMA POLICIES

AMA policy H-275.953(2)(c) "The Grading Policy for Medical Licensure Examinations" states that "Scores are reported in pass/fail format for each student to the medical school. The school also receives a frequency distribution of numerical scores for the aggregate of their students." Given that it supports the reporting of each attempt, it thereby implies support in knowing the total number of attempts. Therefore, Resolution 315's desire to cease total reporting may conflict with current policy. However, this policy does support holistic review of applicants; such review may include an understanding of not only the total number of attempts but why. H-275.953(1) states that "selection of residents should be based on a broad variety of evaluative criteria, and to propose that the ACGME General Requirements state clearly that residency program directors must not use NBME or USMLE ranked passing scores as a screening criterion for residency selection." It supports that for holistic review to be truly beneficial to students and programs, program directors should want to understand why a student failed or needed to reschedule licensing exams.

Further, policy D-200.985(9) "Strategies for Enhancing Diversity in the Physician Workforce," asserts that "Our AMA will recommend that medical school admissions committees and residency/ fellowship programs use holistic assessments of applicants that take into account the diversity of preparation and the variety of talents that applicants bring to their education with the goal of improving health care for all communities." It infers the notion that holistic review works better with more data. Such holistic assessment also aligns with the AMA's efforts related to precision education and competency-based medical education, both addressed in its ChangeMedEd initiative.

Additional policies of relevance are located in the AMA Policy Finder and include:

- Clinical Skills Assessment During Medical School D-295.988
- Discouraging the Use of Licensing Exams for Internal Promotion in Medical Schools H-275.958
- Alternatives to the Federation of State Medical Boards Recommendations on Licensure H-275.934

SUMMARY

Resolution 315-A-24 raised important considerations related to the implications of total reporting of exam attempts, whether it be USMLE® Step 1 or COMLEX-USA® Level 1. As discussed, the culture shift toward holistic assessment in residency applications should ease some concerns. Regarding licensure, such disclosure is state-mandated in most cases and would need to be considered further by such relevant parties to determine its pertinence. Medical schools and residency programs can consider how they may play a stronger role in assisting examinees and applicants.

RECOMMENDATIONS

The Council on Medical Education recommends that the following be adopted in lieu of Resolution 315-A-24, and the remainder of the report be filed:

1. Encourage the National Board of Medical Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME) to continue evaluating barriers for students related to testing centers (e.g., rescheduling, cost, etc.). (New HOD Policy)

2. Encourage medical schools to assist examinees in scheduling of USMLE® and COMLEX-USA® exams and consider opportunities for flexibility. (New HOD Policy)

3. Reaffirm policies H-275.953 "The Grading Policy for Medical Licensure Examinations" and D-200.985 "Strategies for Enhancing Diversity in the Physician Workforce." (Reaffirm HOD Policy)

Fiscal note: $1,000

APPENDIX: RELEVANT AMA POLICIES

The Grading Policy for Medical Licensure Examinations H-275.953

1. Our American Medical Association's representatives to the ACGME are instructed to promote the principle that selection of residents should be based on a broad variety of evaluative criteria, and to propose that the ACGME General Requirements state clearly that residency program directors must not use NBME or USMLE ranked passing scores as a screening criterion for residency selection.
2. Our AMA adopts the following policy on NBME or USMLE examination scoring:
   a. Students receive "pass/fail" scores as soon as they are available. (If students fail the examinations, they may request their numerical scores immediately.)
   b. Numerical scores are reported to the state licensing authorities upon request by the applicant for licensure. At this time, the applicant may request a copy of their numerical scores.
   c. Scores are reported in pass/fail format for each student to the medical school. The school also receives a frequency distribution of numerical scores for the aggregate of their students.
3. Our AMA will:
   a. promote equal acceptance of the USMLE and COMLEX at all United States residency programs.
   b. work with appropriate stakeholders including but not limited to the National Board of Medical Examiners, Association of American Medical Colleges, National Board of Osteopathic Medical Examiners, Accreditation Council for Graduate Medical Education and American Osteopathic Association to educate Residency Program Directors on how to interpret and use COMLEX scores.
   c. work with Residency Program Directors to promote higher COMLEX utilization with residency program matches in light of the new single accreditation system.
4. Our AMA will work with appropriate stakeholders to release guidance for residency and fellowship program directors on equitably comparing students who received 3-digit United States Medical Licensing Examination Step 1 or Comprehensive Osteopathic Medical Licensing Examination of the United States Level 1 scores and students who received Pass/Fail scores.

Strategies for Enhancing Diversity in the Physician Workforce D-200.985

1. Our American Medical Association, independently and in collaboration with other groups such as the Association of American Medical Colleges (AAMC), will actively work and advocate for funding at the federal and state levels and in the private sector to support the following:
   a. Pipeline programs to prepare and motivate members of underrepresented groups to enter medical school.
   b. Diversity or minority affairs offices at medical schools.
   c. Financial aid programs for students from groups that are underrepresented in medicine.
   d. Financial support programs to recruit and develop faculty members from underrepresented groups.
2. Our AMA will work to obtain full restoration and protection of federal Title VII funding, and similar state funding programs, for the Centers of Excellence Program, Health Careers Opportunity Program, Area Health Education Centers, and other programs that support physician training, recruitment, and retention in geographically-underserved areas.
3. Our AMA will take a leadership role in efforts to enhance diversity in the physician workforce, including engaging in broad-based efforts that involve partners within and beyond the medical profession and medical education community.
4. Our AMA will encourage the Liaison Committee on Medical Education to assure that medical schools demonstrate compliance with its requirements for a diverse student body and faculty.
5. Our AMA will develop an internal education program for its members on the issues and possibilities involved in creating a diverse physician population.

6. Our AMA will provide on-line educational materials for its membership that address diversity issues in patient care including, but not limited to, culture, religion, race and ethnicity.
7. Our AMA will create and support programs that introduce elementary through high school students, especially those from groups that are underrepresented in medicine (URM), to healthcare careers.
8. Our AMA will create and support pipeline programs and encourage support services for URM college students that will support them as they move through college, medical school and residency programs.
9. Our AMA will recommend that medical school admissions committees and residency/fellowship programs use holistic assessments of applicants that take into account the diversity of preparation and the variety of talents that applicants bring to their education with the goal of improving health care for all communities.
10. Our AMA will advocate for the tracking and reporting to interested stakeholders of demographic information pertaining to URM status collected from Electronic Residency Application Service (ERAS) applications through the National Resident Matching Program (NRMP).
11. Our AMA will continue the research, advocacy, collaborative partnerships and other work that was initiated by the Commission to End Health Care Disparities.
12. Our AMA unequivocally opposes legislation that would dissolve affirmative action or punish institutions for properly employing race-conscious admissions as a measure of affirmative action in order to promote a diverse student population.
13. Our AMA will work with the AAMC and other stakeholders to create a question for the AAMC electronic medical school application to identify previous pipeline program (also known as pathway program) participation and create a plan to analyze the data in order to determine the effectiveness of pipeline programs.

Clinical Skills Assessment During Medical School D-295.988

1. Our American Medical Association 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.
2. Our AMA will work with the Federation of State Medical Boards, National Board of Medical Examiners, state medical societies, state medical boards, and other key stakeholders to pursue the transition from and replacement for the current United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) examination and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 2-Performance Examination (PE) with a requirement to pass a Liaison Committee on Medical Education-accredited or Commission on Osteopathic College Accreditation-accredited medical school-administered, clinical skills examination.
3. Our AMA will work to:
    a. ensure rapid yet carefully considered changes to the current examination process to reduce costs, including travel expenses, as well as time away from educational pursuits, through immediate steps by the Federation of State Medical Boards and National Board of Medical Examiners.
    b. encourage a significant and expeditious increase in the number of available testing sites.
    c. allow international students and graduates to take the same examination at any available testing site.
    d. engage in a transparent evaluation of basing this examination within our nation's medical schools, rather than administered by an external organization.

   e. include active participation by faculty leaders and assessment experts from U.S. medical schools, as they work to develop new and improved methods of assessing medical student competence for advancement into residency.
4. Our AMA is committed to assuring that all medical school graduates entering graduate medical education programs have demonstrated competence in clinical skills.
5. Our AMA will continue to work with appropriate stakeholders to assure the processes for assessing clinical skills are evidence-based and most efficiently use the time and financial resources of those being assessed.
6. Our AMA encourages development of a post-examination feedback system for all USMLE test-takers that would:
   a. Identify areas of satisfactory or better performance.
   b. Identify areas of suboptimal performance.
   c. Give students who fail the exam insight into the areas of unsatisfactory performance on the examination.
7. Our AMA, through the Council on Medical Education, will continue to monitor relevant data and engage with stakeholders as necessary should updates to this policy become necessary.

Discouraging the Use of Licensing Exams for Internal Promotion in Medical Schools H-275.958
It is the policy of the AMA to encourage the discontinuation of the use of the USMLE Step 1 Exam as a requirement for the promotion of medical students to the clinical phase.

Alternatives to the Federation of State Medical Boards Recommendations on Licensure H-275.934
Our American Medical Association adopts the following principles:
1. Ideally, all medical students should successfully complete Steps 1 and 2 of the United States Medical Licensing Examination (USMLE) or Levels 1 and 2 of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX USA) prior to entry into residency training. At a minimum, individuals entering residency training must have successfully completed Step 1 of the USMLE or Level 1 of COMLEX USA. There should be provision made for students who have not completed Step 2 of the USMLE or Level 2 of the COMLEX USA to do so during the first year of residency training.
2. All applicants for full and unrestricted licensure, whether graduates of U.S. medical schools or international medical graduates, must have completed one year of accredited graduate medical education (GME) in the U.S., have passed all state-required licensing examinations (USMLE or COMLEX USA), and must be certified by their residency program director as ready to advance to the next year of GME and to obtain a full and unrestricted license to practice medicine. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement for completing one year of accredited GME in the U.S.: (a) completion of medical school and residency training outside the U.S.; (b) extensive U.S. medical practice; and (c) evidence of good standing within the local medical community.
3. There should be a training permit/educational license for all resident physicians who do not yet have a full and unrestricted license to practice medicine. To be eligible for an initial training permit/educational license, the resident must have completed Step 1 of the USMLE or Level 1 of COMLEX USA.
4. Residency program directors shall report only those actions to state medical licensing boards that are reported for all licensed physicians.
5. Residency program directors should receive training to ensure that they understand the process for taking disciplinary action against resident physicians, and are aware of procedures for dismissal of residents and for due process. This requirement for residency program directors should be enforced through Accreditation Council for Graduate Medical Education accreditation requirements.

6. There should be no reporting of actions against medical students to state medical licensing boards.
7. Medical schools are responsible for identifying and remediating and/or disciplining medical student unprofessional behavior, problems with substance abuse, and other behavioral problems. as well as gaps in student knowledge and skills.
8. The Dean's Letter of Evaluation should be strengthened and standardized, to serve as a better source of information to residency programs about applicants.

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