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3 Title: Transfer of Jurisdiction over Required Clinical Skills Examinations to
4 LCME-Accredited and COCA-Accredited Medical Schools in Michigan

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6 Introduced by: Nicholas Harrison, Tamara Roumayah, and Andrew Zureick for the
7 Medical Student Section

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9 Original Author: Andrew Zureick

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11 Referred to: Committee on Rules and Order of Business/Reference Committee E

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13 House Action:
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16 Whereas, the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills
17 (CS) exam was previously administered under a different name to assess the English language
18 skills of international medical graduates, and

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20 Whereas, in 2004, the Step 2 CS exam was modified and appended on to the existing
21 multiple choice Step 2 exam, better known now as “Step 2 Clinical Knowledge (CK),” and

22
23 Whereas, because state laws already specified prior to 2004 that physicians pass “Step
24 2” for licensure, adding “Step 2 CS” as a required part of Step 2 automatically incorporated such
25 exam as a state licensure requirement, and

26
27 Whereas, even before the USMLE Step 2 CS exam was officially launched, the American
28 Medical Association (AMA) expressed concerns that the exam would likely not accomplish its
29 goal of increasing patient safety¹, and

30
31 Whereas, according to AMA Policy H-275.956, “It is the policy of the AMA to recognize
32 that clinical skills assessment is best performed using a rigorous and consistent examination
33 administered by medical schools,” and

34
35 Whereas, over 90 percent of all U.S. and Canadian medical schools currently administer
36 an Objective Structured Clinical Examination (OSCE) or variant on this principle, and 74 percent
37 of all U.S. and Canadian medical schools require a passing score for graduation², and

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39 Whereas, according to AMA Policy H-295.887, our AMA has encouraged the remaining
40 10 percent of U.S. and Canadian medical schools yet to administer a variant of the OSCE to
41 “implement valid and reliable methods to evaluate medical students' clinical skills” internally,
42 and

43
44 Whereas, according to 295.113MSS, our MSS has previously asked the AMA to “strongly
45 urge the LCME and AOA to modify their accreditation standards as soon as possible to require
46 that medical schools administer a rigorous and consistent assessment of clinical skills to all
47 students as a requirement for advancement and graduation,” and

48 Whereas, according to AMA Policy D-295.998, our AMA “will encourage its
49 representatives to the Liaison Committee on Medical Education (LCME) to ask the LCME to
50 determine and disseminate to medical schools a description of what constitutes appropriate
51 compliance with the accreditation standard that schools should "develop a system of
52 assessment" to assure that students have acquired and can demonstrate core clinical skills,”
53 and
54

55 Whereas, according to AMA Policy H-275.930, our AMA “opposes clinical skills
56 examinations for the purpose of physician medical relicensure,” and
57

58 Whereas, costs incurred by medical students to complete the USMLE Step 2 CS exam
59 include a registration fee of \$1,275.00 plus all expenses for travel and lodging to visit one of
60 only five cities in which the exam is administered, and
61

62 Whereas, Chicago is the closest Clinical Skills Evaluation Collaboration (CSEC) test center
63 for students in Michigan, but with limited slots that fill up quickly, students often have to travel
64 as far as Los Angeles or Houston to take the exam³, and
65

66 Whereas, costs incurred by osteopathic medical students at the Michigan State
67 University-College of Medicine to complete the COMLEX Level 2-PE (Performance Evaluation)
68 include a registration fee of \$1,290.00 and all expenses for travel and lodging to visit one of the
69 only two cities in which the exam is administered^{4,5}, and
70

71 Whereas, in 2014, 19,801 medical students took the Step 2 CS exam, amounting to over
72 \$25 million in exam fees alone, or over \$36 million when including interest rates on medical
73 student loans^{6,7}, and
74

75 Whereas, graduates of U.S. and Canadian medical schools pass the Step 2 CS exam
76 98 percent of the time on the first attempt, and 91 percent of the time on a second attempt,
77 resulting in an aggregate “double failure” rate of less than 0.2 percent⁷, and
78

79 Whereas, a recent study suggested that the true cost for detecting a single “double
80 failure” exceeds \$1.1 million, which does not include costs of travel, lodging, or preparation
81 materials⁷, and
82

83 Whereas, recent studies found weak correlations between Step 2 CS scores and end-of-
84 year evaluations of internal medicine interns, while clinical skills scores added no additional
85 predictive value beyond the written USMLE exams^{8,9}, and
86

87 Whereas, studies demonstrate clinical skills scores added no additional predictive value
88 beyond the written USMLE exams^{8,9}, and
89

90 Whereas, MSMS has current policy (Res57-92A) that “opposes requiring individuals to
91 pass a spoken English proficiency test to receive a medical license in Michigan,” and this, as
92 noted earlier, was one of the drivers for creation of the USMLE Step 2 CS exam in the first place,
93 and

94 Whereas, the University of Michigan Medical School, Michigan State University College
95 of Human Medicine, Oakland University William Beaumont School of Medicine, and Wayne
96 State University School of Medicine offer a more rigorous form of a standardized clinical skills
97 examination, and all require a passing grade for their internally-administered exam, given at the
98 end of M3 year/beginning of M4 year, as a graduation requirement, with much more strict
99 requirements, much more useful feedback, and a much lower first-time pass rate than the
100 USMLE Step 2 CS exam, and

101
102 Whereas, the clinical skills requirements at the University of Michigan Medical School,
103 Michigan State University College of Human Medicine, Oakland University William Beaumont
104 School of Medicine, and Wayne State University School of Medicine fulfill the guidelines and
105 recommendations outlined by the LCME and AAMC, and

106
107 Whereas, our MSMS and AMA have long lobbied against maintenance of certification
108 (MOC) exams on the grounds that these exams have not been shown to increase patient safety
109 or the quality of physician care, despite forcing all physicians to incur undue extraneous
110 financial burdens, and

111
112 Whereas, the USMLE Step 2 CS Exam and COMLEX Level 2-PE are analogous to MOC in
113 this respect, in that for the reasons above they have not been shown to increase patient safety
114 or the quality of physician care, despite forcing all physicians to incur undue extraneous
115 financial burdens, and

116
117 Whereas, the USMLE Step 2 CS Exam and COMLEX Level 2-PE are ineffective and
118 extraneous financial burdens, and represent unnecessary redundancies to standard medical
119 education in any such case, and

120
121 Whereas, the “End Step 2 CS” petition, which calls for the elimination of Step 2 CS as a
122 graduation and licensure requirement for medical students at LCME-accredited medical
123 schools, has been signed by more than 14,500 medical students, residents, and medical school
124 faculty and administrators since March 1, 2016, and

125
126 Whereas, all allopathic and osteopathic institutions in the U.S. are represented by
127 signees of the “End Step 2 CS” petition; therefore be it

128
129 RESOLVED: That MSMS advocate that the Michigan Board of Medicine eliminate the
130 United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) exam
131 requirement for graduation and licensure for students attending allopathic medical schools in
132 the state of Michigan who have passed a school-administered clinical skills examination; and be
133 it further

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135 RESOLVED: That MSMS advocate that the Michigan Board of Osteopathic Medicine and
136 Surgery eliminate the COMLEX Level 2-PE (Performance Evaluation) requirement for graduation
137 and licensure for students attending osteopathic medical schools in the state of Michigan who
138 have passed a school-administered clinical skills examination; and be it further

139 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA)
140 ask the AMA to work with the Federation of State Medical Boards and state medical licensing
141 boards to advocate for the elimination of the United States Medical Licensing Examination
142 (USMLE) Step 2 Clinical Skills (CS) exam and the COMLEX Level 2-PE (Performance Evaluation) as
143 a requirement for Liaison Committee on Medical Education-accredited and Commission on
144 Osteopathic College Accreditation-accredited medical school graduates who have passed a
145 school-administered, clinical skills examination; and be it further

146
147 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA)
148 ask the AMA to amend D-295.998 by insertion (bold) and deletion (strikethrough) as follows:
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150 **Required Clinical Skills Assessment During Medical School D-295.988**
151 **Our AMA will ~~advocate that encourage its representatives to~~ the Liaison Committee on Medical**
152 **Education (LCME) and the American Osteopathic Association Commission on Osteopathic**
153 **College Accreditation (COCA) ~~to ask the LCME, to 1)~~ determine and disseminate to medical**
154 **schools a description of what constitutes appropriate compliance with the accreditation**
155 **standard that schools should "develop a system of assessment" to assure that students have**
156 **acquired and can demonstrate core clinical skills, and 2) require that medical students**
157 **attending LCME-accredited or COCA-accredited institutions pass a school-administered**
158 **clinical skills examination to graduate from medical school.**

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161 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**

¹ Johnson H, A Critical Review of Standardized Patient Examinations as Part of the USMLE. AMA Journal of Ethics. 2003;5(12). Available at <http://journalofethics.ama-assn.org/2003/12/pfor1-0312.html>. Accessed March 21, 2016.

² 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.

³ USMLE Examination Fees. United States Medical Licensing Examination. <http://www.nbme.org/students/examfees.html>. Accessed March 21, 2016.

⁴ COMLEX-USA Level 2-Performance Evaluation Fees. National Board of Osteopathic Medicine Examiners. <http://www.nbome.org/pe-fees.asp>. Accessed March 22, 2016.

⁵ Information for Candidates. National Board of Osteopathic Medicine Examiners. <http://www.nbome.org/comlex-pe.asp>. Accessed March 22, 2016.

⁶ 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.

⁷ 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.

⁸ 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.

⁹ 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.