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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
10
11 Referred to: Committee on Rules and Order of Business/Reference Committee E
12
13 House Action: **AMEND**
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15
16 Whereas, The United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills
17 (CS) exam was previously administered under a different name by the Education Commission
18 for Foreign Medical Graduates (ECFMG) to assess clinical skills and English language skills of
19 international medical graduates, and
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21 Whereas, in 2004, the Step 2 CS exam was modified and appended on to the existing
22 multiple choice Step 2 exam, better known now as “Step 2 Clinical Knowledge (CK),” and
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24 Whereas, because state laws already specified prior to 2004 that physicians pass “Step
25 2” for licensure, adding “Step 2 CS” as a required part of Step 2 automatically incorporated such
26 exam as a state licensure requirement, and
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28 Whereas, even before the USMLE Step 2 CS exam was officially launched, the American
29 Medical Association (AMA) expressed concerns that the exam would likely not accomplish its
30 goal of increasing patient safety¹, and
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32 Whereas, according to AMA Policy H-275.956, “It is the policy of the AMA to recognize
33 that clinical skills assessment is best performed using a rigorous and consistent examination
34 administered by medical schools,” and
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36 Whereas, over 90 percent of all U.S. and Canadian medical schools currently administer
37 an Objective Structured Clinical Examination (OSCE) or variant on this principle, and 74 percent
38 of all U.S. and Canadian medical schools require a passing score for graduation², and
39

40 Whereas, according to AMA Policy H-295.887, our AMA has encouraged the remaining
41 10 percent of U.S. and Canadian medical schools yet to administer a variant of the OSCE to
42 “implement valid and reliable methods to evaluate medical students' clinical skills” internally,
43 and
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45 Whereas, according to 295.113MSS, our MSS has previously asked the AMA to “strongly
46 urge the LCME and AOA to modify their accreditation standards as soon as possible to require

47 that medical schools administer a rigorous and consistent assessment of clinical skills to all
48 students as a requirement for advancement and graduation,” and

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

55

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

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

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

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

71

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

75

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

79

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

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

87

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

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91 Whereas, MSMS has current policy (Res57-92A) that “opposes requiring individuals to
92 pass a spoken English proficiency test to receive a medical license in Michigan,” and this, as

93 noted earlier, was one of the drivers for creation of the USMLE Step 2 CS exam in the first place,
94 and

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

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

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

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

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

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

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

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

137 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA)
138 ask the AMA to amend D-295.998 by insertion (bold) and deletion (strikethrough) as follows:

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140 **Required Clinical Skills Assessment During Medical School D-295.988**
141 Our AMA will **advocate that** ~~encourage its representatives to~~ the Liaison Committee on Medical
142 Education (LCME) **and the American Osteopathic Association Commission on Osteopathic**
143 **College Accreditation (COCA) to ask the LCME, to 1)** determine and disseminate to medical
144 schools a description of what constitutes appropriate compliance with the accreditation
145 standard that schools should "develop a system of assessment" to assure that students have
146 acquired and can demonstrate core clinical skills, **and 2) require that medical students**
147 **attending LCME-accredited or COCA-accredited institutions pass a school-administered**
148 **clinical skills examination to graduate from medical school.**

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151 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**
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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.