



Physicians Caring for Texans

July 31, 2020

Michael Barone, MD
National Board of Medical Examiners

David Johnson
Federation of State Medical Boards

Christopher A. Feddock, MD
Clinical Skills Evaluation Collaboration

Dear Dr. Barone, Mr. Johnson, and Dr. Feddock,

We are writing in response to an invitation for input on the USMLE Step 2 CS exam and how clinical skills should be assessed for licensure in the future. TMA appreciates the opportunity to offer recommendations.

Based on feedback from our Council on Medical Education, we recommend the assessment of clinical skills for U.S. medical students be performed by individual medical schools and that the USMLE Step 2 CS exam not be reinstated for U.S. students. Our recommendation is based on various factors as well as the following TMA policy which has been in place since 2003:

TMA Policy: 200.038 Clinical Skills Assessment

Given the importance of assessing clinical competency, TMA joins the AMA in strongly urging the LCME and AOA to modify and enforce uniform accreditation standards as soon as possible to require that all medical schools rigorously and consistently assess clinical skills of all students as a requirement for advancement and graduation.

It is the policy of TMA to (1) support continued efforts to develop and validate methods for assessment of clinical skills; (2) support the AMA's participation in the development and testing of methods for clinical skills assessment; and (3) oppose the use of these methods in evaluation for licensure of graduates of LCME- and AOA-accredited medical schools, believing that clinical skills assessment is best performed using a rigorous and consistent examination administered by the medical school (CME Rep. 3-A-03; reaffirmed CME Rep. 1-A-13).

In formulating our recommendation for discontinuance of the CS exam, the following factors were influential to our decision:

- Limited benefits.
Given the delay in obtaining test scores and the limited feedback on testing performance provided to test takers, the benefits are limited for students and medical schools.
- Burden on students.
The CS exam places considerable burden on medical students due to the expense and the mental stress. At \$1,300, the CS is double the cost of Steps 1 and 2-CK. For a majority of Texas students, there is the additional burden of travel time and expenses. With the awareness that CS exam performance is disclosed to state medical boards and is a requirement for licensure, the exam results in undue stress and anxiety for many students.
- Exceptionally high passage rate of 97-98%.
Medical schools have several validated processes to serve as the gatekeeper of the community in regard to a student's clinical performance. The current CS exam does not substantially provide additional measures for Texas medical schools to screen out those individuals who do not have the required medical acumen.

We are all in agreement that medical school graduates must have demonstrated competence in clinical skills. Our council believes assessments of this competency should be conducted by individual U.S. medical schools. There is also an interest in looking at the use of CS assessments by residency program directors. The council is encouraged that your leadership is assessing the clinical skills examination and hopefully will arrive at the conclusion that this exam is not needed. We hope our comments are helpful and thank you for this opportunity.

Sincerely,



Diana Fite, MD, President
Texas Medical Association



Charles Cowles, MD, MBA, Chair
Council on Medical Education
Texas Medical Association