

RESOLUTION 12.2020-17 (A-21)
DISCONTINUE STATE LICENSURE REQUIREMENT FOR
USMLE STEP 2 CS AND COMLEX LEVEL 2 PE

ISMS Board Action Taken on 01/30/2021

Adopted Resolution 12.2020-17 (A-21), as amended by the Board of Trustees:

~~RESOLVED, that our Illinois State Medical Society support American Medical Association policy regarding clinical examination competency proficiency determination by fully accredited allopathic and osteopathic medical schools within the United States and Canada as satisfactory for clinical competence; and be it further~~

RESOLVED, that our Illinois State Medical Society advocate within Illinois to state medical licensure bodies to remove USMLE Step 2 CS and COMLEX Level 2 PE as a requirement for state medical licensure for graduates of accredited U.S. and Canadian allopathic and osteopathic medical schools, and encourage our professional colleagues in other states to do the same for their state licensure bodies; and be it further

RESOLVED, that this resolution be immediately forwarded to the American Medical Association with these listed asks to be applied at a national level.

Council on Education and Health Workforce Recommendation to
ISMS Board on 01/30/2021

The author of the resolution, Ms. Alexandria Wellman, was available for explanation and comments on the resolution and to address any questions. Ms. Wellman stated that the purpose of the resolution is to ask ISMS to support AMA policy encouraging relevant entities to recognize clinical skills exams administered by medical schools as evidence of clinical competency and eliminate requirements related to successful completion of the USMLE Step 2 Clinical Skills exam and the COMLEX Level 2 Performance Exam. The rationale is that nationally accredited medical schools should be able to assess and vouch for the clinical competency of their graduates, and that the USMLE and COMLEX exams represent an unnecessary cost and burden without providing additional assurance of clinical skills mastery. The author clarified that the resolution focused specifically on U.S. medical graduates.

There was significant discussion about whether exams developed and administered by individual medical schools could offer the same level of assurance of clinical competence as a nationally-administered exam based on national standards. Several members felt that accredited medical schools provide a comprehensive education and

40 training program, and, therefore, a clinical skills assessment provided directly by a
41 medical school should be sufficient evidence of competency. Conversely, other
42 members expressed uncertainty about the wisdom of eliminating a standardized,
43 national exam in the absence of additional information or evidence that individually
44 developed assessments are equally effective. Given that the AMA had already
45 established policy in favor of a transition to medical school-administered clinical skills
46 exams, the Council discussed whether to support AMA policy, rather than adopting
47 language related to advocating with the state licensure board. Ultimately the Council
48 decided against explicitly supporting AMA policy, and agreed to recommend that
49 Resolution 12.2020-17 (A-21) not be adopted.

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51 The Council on Education and Health Workforce recommends that the ISMS Board of
52 Trustees not adopt Resolution 12.2020-17 (A-21).