Proposal
Planning process to collaboratively review the transition from UME to GME
Prepared by: Coalition Management Committee[1]

Background

Graduate medical education (GME) allows medical school graduates to pursue specialization in their area of interest, and through residencies and fellowships, prepares them for practice in that specialty area. Because the current number of residency applicants and the number of desired training positions are not evenly matched, the residency match process, which originated in the early 1950s, has become increasingly competitive for US and international applicants. The current system, while functional, has created a variety of unintended consequences, raised questions about how medical students should be compared and selected, and increased concern about over-dependence on the summative scores produced by the COMLEX and USMLE sequence.

The Invitational Conference on USMLE Scoring (InCUS) took place on March 11-12, 2019 in Philadelphia and was jointly sponsored by: American Medical Association (AMA); Association of American Medical Colleges (AAMC); Educational Commission for Foreign Medical Graduates (ECFMG); Federation of State Medical Boards (FSMB); and National Board of Medical Examiners (NBME). The expressed goals of InCUS were to collaboratively review the USMLE program's practice of numeric score reporting within the context of its primary use of licensure and to discuss any secondary uses and the broader regulatory and educational environments in which USMLE exists.

InCUS produced the following preliminary recommendations, drafted by representatives of the five co-convening organizations (the InCUS Planning Group).

1. Reduce the adverse impact of the current overemphasis on USMLE performance in residency screening and selection through consideration of changes such as pass/fail scoring.
2. Accelerate research on the correlation of USMLE performance to measures of residency performance and clinical practice.
3. Minimize racial demographic differences in USMLE performance.
4. Convene a cross-organizational panel to create solutions for challenges in the UME-GME transition.

Regarding the fourth recommendation, the InCUS participants and the American Association of Colleges of Osteopathic Medicine (AACOM) UME-GME Task Force, which conducted a similar discussion, observe that the current UME-GME transition system is flawed and not meeting the needs of various stakeholders and that unilateral change to COMLEX-USA and USMLE alone will not "fix" the overall system. However, the recommendation to convene a cross-organizational panel is not fully within the purview of either the USMLE or COMLEX-USA programs or their parent organizations. InCUS participants also expressed a sense of urgency for movement on this issue, concerned about the possibility that "no one group will take ownership or feel empowered to carry on the broader conversation necessary to bring about appropriate change." Accordingly, the five InCUS co-sponsors submitted a proposal to the Coalition requesting that it quickly and collaboratively address Recommendation 4. The Coalition for Physician Accountability brings together the national organizations responsible for the oversight, education and assessment of medical students and physicians throughout their medical careers. The

[1] The 2019 Management Committee included: Bob Cain, Ronnie Catanese, Peter Katsufrakis, Graham McMahon, Carmen Odom, and Susan Skochelak

membership includes representatives from the American Association of Medical Colleges (AAMC), American Association of Colleges of Osteopathic Medicine (AACOM), American Board of Medical Specialties (ABMS), Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Graduate Medical Education (ACGME), American Medical Association (AMA), American Osteopathic Association (AOA), Council of Medical Specialty Societies (CMSS), Educational Commission for Foreign Medical Graduates (ECFMG), Federation of State Medical Boards (FSMB), Liaison Committee on Medical Education (LCME), National Board of Medical Examiners (NBME), National Board of Osteopathic Medical Examiners (NBOME), and members of the public.

The Coalition membership discussed the proposal on September 16, 2019. In general, the discussion highlighted the complexity of the issues related to numeric score reporting for USMLE and recognized them as a symptom of the larger challenges in the transition from undergraduate medical education (UME) to GME. The discussion at the Coalition meeting echoed themes heard at InCUS. There was also general support for the Coalition to convene a group of its representatives to develop a plan to collaboratively review the transition from UME to GME, consistent with the proposal of the InCUS Planning Group. The proposal for how this review can be accomplished follows:

Why Is There a Need to Review the UME-GME Transition?

The following trends impacting the UME-GME transition significantly simplify a complex system, but they summarize some of the identified issues that have resulted in a system that is not meeting the needs of various stakeholders.

- Competition for residency training is increasing as the total number of GME applicants outpaces the available positions through the National Resident Matching Program.
- Applicants are submitting growing numbers of residency applications, resulting in a significant financial burden on applicants, and program directors are overwhelmed.
- Program directors report that reviewing applications holistically in the absence of discrete measures such as scores creates an unsustainable burden.
- The increasing UME shift to pass/fail grading systems has impacted program directors' ability to have meaningful information about students' performance. This results in COMLEX-USA and USMLE scores being used as a residency screening tool.
- The current UME-GME transition system is also characterized by a trust gap wherein UME feels that transparent reporting may lead to students not matching, and GME lacks trust in assessments provided by UME.

These factors have led to a current environment characterized by medical students' efforts to maximize their COMLEX-USA (particularly Level 1) or USMLE (particularly Step 1) scores at the potential expense of focusing on other educational/curricular offerings and student well-being. Faculty at both DO- and MD- granting schools report that the emphasis on a Step 1 or a Level 1 score has impeded the design and deployment of more creative approaches to medical education.

Planning Committee

The Coalition Management Committee recommends that the Coalition charge a Planning Committee to establish the process to review the UME to GME transition and make recommendations for improvement. As needed and when appropriate, this Planning Committee can consult with the

InCUS Planning Group and the AACOM UME-GME Task Force to advise and provide feedback and/or input into the process in order to facilitate continuity with the group that initiated InCUS.

The Planning Committee will be charged with the following:

- Identify the construct and membership of a UME-GME Review Committee (UGRC) to engage stakeholders in the UME to GME transition in a collaborative, inclusive process that is data-driven, high quality and expeditious.
- Develop a process for selecting UGRC members and select its members, including identification of two co-chairs.
- Identify key questions for consideration by the Committee and the deliverables that are anticipated from this review.
- Determine an appropriate communication plan to update stakeholders on the process and timeline.

The Management Committee recommends the following representatives for the Planning Committee, which should have no more than 14 members:

Organizational

1. AAMC – plays a key role in the UME-GME transition, particularly with ERAS
2. AACOM – to represent the perspective of osteopathic educators
3. NBME – to maintain continuity with the InCUS process and reflect issues facing USMLE
4. NBOME – to reflect the issues facing COMLEX-USA
5. ECFMG – to reflect the IMG perspective
6. OPDA – to reflect the voice of program directors
7. AOGME – to reflect the voice of osteopathic educators and program directors

Individual

8. Three representatives from national student and/or resident organizations to be selected by the Planning Committee.
9. One additional residency program director
10. Two medical education representatives (i.e., Deans of Student Affairs and/or Curriculum)
11. One public member

The Planning Committee may wish to engage additional stakeholders in the UME-GME transition at its discretion. The deliverables from the Planning Committee will be submitted to the Management Committee for discussion and endorsement at the next meeting of the Coalition – April 7, 2020. The Planning Committee will be retired once its recommendations are accepted by the Coalition.

Selection of Planning Committee

The Management Committee will manage a nomination process to select members of the Planning Committee. The **organizational** members (AAMC, AACOM, NBME, NBOME, ECFMG, OPDA, and AOGME) will each appoint one representative to the Planning Committee. The Management Committee will solicit nominations from the Coalition membership for the **individual** members and will develop a slate of candidates from which the Coalition membership will vote to select the representatives. The

Planning Committee will be co-chaired by two members (one organizational, one individual) to be determined by the Management Committee.

UME-GME Review Committee

The UME-GME Review Committee will be responsible for executing on the charge from the Planning Committee and the subsequent deliverables of a review process to identify changes to improve the transition from UME to GME. The final product will result in a set of recommendations to the Coalition. The final recommendations of the UGRC will be submitted to the Coalition for discussion and endorsement at its meeting in April 2021.

Timeline

- The recommended high-level timeline for this work is as follows:
    - Jan-Feb 2020: select Planning Committee
    - March-April 2020: charge completed; committee members selected
    - May-Sept 2020: first of four 1.5-day meetings of the committee
    - Dec 2020: draft recommendations published for public comment
    - March-April 2021: report finalized