

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: October 7, 2014
ATTENTION: Members, Medical Board of California
SUBJECT: Federation of State Medical Boards Summary
STAFF CONTACT: Kimberly Kirchmeyer, Executive Director

REQUESTED ACTION:

This report is intended to provide the Members with an update on the Federation of State Medical Boards (FSMB). No action is needed at this time.

FSMB Update:

The Medical Board of California (Board) staff continue to participate in webinars held by the FSMB and communicate on common issues. Board staff recently attended a webinar on the Interstate Compact and will be attending a webinar on the Federation Credentials Verification Service 2020 project, Uniform Application for Physician State Licensure, and an overview of the new enhancements to the Physician Data Center user interface.

The Board has been notified by the FSMB of changes to the United States Medical Licensing Examination (USMLE). On page BRD 9-2 and BRD 9-3 is a document indicating these changes. The biggest change is that Step 3 will now be able to be taken on two consecutive days or non-consecutive days. The two exam days are named Step 3 Foundations of Independent Practice and Step 3 Advanced Clinical Medicine. Fortunately, the Board was aware of these changes and made appropriate changes to the law to allow for this separation (this was an issue in the Sunset Review Report and was changed in the Board's Sunset Review Bill – Senate Bill 304).

Interstate Medical Licensure Compact:

As stated at the last meeting, it was reported that one of the most significant projects for the FSMB is the interstate compact. On September 3, 2014, the FSMB distributed the final version of the Interstate Medical Licensure Compact (Compact) (see BRD 9-4 to BRD 9-28 for a copy of the document). Information obtained by the Board indicates that the Compact must be adopted by the Legislature in its entirety. It cannot be changed or it would not meet the requirements of an across the states compact.

The important points of the Compact are that it still recognizes the right of states to regulate the practice of medicine, it allows the exchange of physician practice and disciplinary information between states, it preserves the vital funding of state-based licensure and regulation, and it allows an expedited licensure process for physicians who want to be licensed in more than one state. All of these are important points for the Board and other boards in the United States.

Board staff do have some minor concerns with the Compact, including the fact that an individual is not required to be fingerprinted in California and thus the Board would not have the benefit of subsequent arrest reports should the individual practice in California and get arrested.

The next step in the process is for legislation to be sought. The Board has been notified that approximately eight state boards have approved the Compact and approximately 15 states are looking to introduce legislation in 2015. At the January 2015 Board Meeting, staff will present a thorough review and analysis of the Compact and the options for the Board related to the Compact.



Changes to USMLE® 2014 – 2015

As medicine and medical education have changed over the years, so have USMLE examinations evolved since they were first administered in 1992. This is a brief summary of planned changes for the next few years.

USMLE STEP 3	
What WILL change?	What WILL NOT change?
<p>Beginning November 3, 2014, examinees will:</p> <ul style="list-style-type: none"> • Be able to take the exam on two consecutive or non-consecutive days; • NOT need to apply for Step 3 under the eligibility requirements of a specific medical licensing authority; • See increased numbers of items that assess an expanded range of competency-based content, including foundational science essential for effective healthcare; biostatistics, epidemiology, and population health; literature interpretation; medical ethics; and patient safety. <p>The two exam days will be named Step 3 Foundations of Independent Practice (FIP) and Step 3 Advanced Clinical Medicine (ACM).</p>	<p>The Step 3 exam will continue to:</p> <ul style="list-style-type: none"> • Focus on knowledge and application of the biomedical and clinical sciences necessary for independent patient care; • Include multiple-choice questions and computer-based case simulations; • Be administered over two days, for a total time comparable to current testing time; • Result in a single score (with graphical performance profile information) and a single pass/fail outcome after completion of both examination days. • Be administered at Prometric test centers throughout the United States.

Important to Note
<ul style="list-style-type: none"> • Applications for the current Step 3 examination will not be accepted after 5:00 p.m. (U.S. Central Time) on July 18, 2014. • Applications for the restructured Step 3 examination will be accepted starting on August 4, 2014. • No Step 3 examinations will be administered during most or all of October 2014. • Administration of the restructured Step 3 exam will begin on November 3, 2014. • There will be a score delay following introduction of the restructured Step 3 examination on November 3, 2014. The duration of the score delay will be determined by examinee volume during the early months of exam administration. Based on historic trends, we estimate that scores for Step 3 exams taken on or after November 3, 2014 will be released in April 2015. • Test date availability will be influenced by conditions at each Prometric test center; advance planning will enhance scheduling options.

USMLE STEP 2 Clinical Knowledge (CK)	
What WILL change?	What WILL NOT change?
In 2014 and 2015 , examinees will see an increased focus on quality improvement principles; safety science; epidemiology, biostatistics, and population health; professionalism; and interpersonal and communications skills. These may be tested using item formats currently under development. If new item types are introduced into the examination, sample materials will be available on the USMLE website for examinees to review well in advance.	Step 2 CK will continue to focus on patient care and diagnosis. The format will continue to be a computer-administered examination, using multiple-choice questions.

USMLE STEP 2 Clinical Skills (CS)	
What WILL change?	What WILL NOT change?
Further enhancements to the assessment of communications skills are being piloted. If the pilots are successful, these enhancements to Step 2 CS will be introduced into the exam no earlier than 2015 , and will be announced well in advance.	Step 2 CS will continue to focus on examinees' ability to gather information from patients, perform physical examinations, and communicate their findings to patients and colleagues. The examination will continue to use standardized patients to simulate patient encounters.

USMLE STEP 1	
What WILL change?	What WILL NOT change?
In 2014 and 2015 , examinees will see an increased focus on quality improvement principles and safety science.	Step 1 will continue to focus on traditional content areas in the basic sciences within a clinical context. The format will continue to be a computer-administered examination, using multiple-choice questions.

Important Note: Dates are subject to change. This fact sheet will be updated as new information becomes available. Please check the USMLE website (www.usmle.org) frequently.

More Information: Additional information, including a timeline of key dates for changes to Step 3, is available on the USMLE website at www.usmle.org/cru/. To receive updates as they become available, subscribe to the USMLE Announcements RSS feed at <http://www.usmle.org/announcements/>.

Questions: Contact the USMLE Program at <http://www.usmle.org/contact/>.