The high quality of the United States Medical Licensing Examination® (USMLE®) is in large part due to the enormous effort of hundreds of volunteers who serve on USMLE committees. In addition to participation in test material development activities, medical school faculty members and practicing physicians serve on committees charged with item review, content-based standard setting activities, test blueprint construction, form review, overall examination design and policy, and resolution of issues associated with examination security. Select committees developing test materials for the USMLE also provide guidance for staff in the development of the National Board of Medical Examiners® (NBME®) subject examinations. The work of our test committee members in meeting the extraordinary standards of the national licensure examination program exemplifies the medical profession’s tradition of public service.
# Table of Contents

**About the Examination Committees** ........................................................................................................3  
Composite Committee ........................................................................................................................................4  
Management Committee .................................................................................................................................5  
Budget Committee ............................................................................................................................................6  
Committee for Individualized Review ................................................................................................................6  

**USMLE Test Material Development Committees (TMDC)** .......................................................................7  
Acute Care ......................................................................................................................................................7  
Ambulatory Care ...........................................................................................................................................7  
Behavioral Health .........................................................................................................................................8  
Biostatistics and Epidemiology .......................................................................................................................8  
Children’s Health ........................................................................................................................................9  
Chronic Care ...............................................................................................................................................9  
Gross Anatomy and Embryology ..................................................................................................................10  
Introduction to Clinical Medicine, Physical Diagnosis, and Communication ............................................10  
Microbiology and Immunology .....................................................................................................................11  
Neurology/Neuroscience ...............................................................................................................................11  
Pathology and Genetics ...............................................................................................................................12  
Patient Safety ..............................................................................................................................................12  
Pharmaceutical Advertisements .....................................................................................................................13  
Pharmacology and Biochemistry ................................................................................................................13  
Physiology and Cell Biology ........................................................................................................................14  
Scientific Abstracts .......................................................................................................................................14  
Women’s Health ..........................................................................................................................................15  
Step 2 Clinical Skills (CS) ............................................................................................................................16  

Computer-based Case Simulations Committee (CCS) ...............................................................................17  

Communications Task Force ..........................................................................................................................19  

**Interdisciplinary Review Committees** ......................................................................................................19  
Cross-step Interdisciplinary Review Committee ..........................................................................................19  
Evidence-based Medicine Interdisciplinary Review Committee .............................................................19  
USMLE Step 1 Interdisciplinary Review Committee .....................................................................................20  
USMLE Step 2 Clinical Knowledge Interdisciplinary Review Committee ................................................21  
USMLE Step 2 Clinical Skills Interdisciplinary Review Committee ..........................................................22  
USMLE Step 3 CCS Interdisciplinary Review Committee ..........................................................................22  
USMLE Step 3 Interdisciplinary Review Committee ...................................................................................23  

*(continued)*
USMLE Step 1 Standard Setting ................................................................. 24

USMLE Step 2 CS Standard Setting ............................................................ 25

Forms Review .......................................................................................... 26
USMLE Step 1 Forms Review ................................................................. 26
USMLE Step 2 Forms Review ................................................................. 26
USMLE Step 3 Forms Review ................................................................. 27

Clinical Neurology/Psychiatry Task Force .............................................. 27

Family Medicine Task Force ................................................................. 28

Histology Item Harvesting ....................................................................... 28

Internal Medicine Task Force ................................................................. 29

Surgery Item Writing Review Group ....................................................... 29

International Foundations of Medicine Committee (IFOM) .................. 30

IFOM Basic Science Task Force ............................................................ 30

Professional Examination of Health Coaches (China) Form Review Task Force ......................................................... 31

Health and Wellness Coaches Task Force ............................................. 31

Health and Wellness Coaches Item Writers ........................................ 32

Pediatric Milestones Assessment Collaboration (PMAC) Content Development Committee ... 32
USMLE and NBME Examination Committees

The USMLE program devotes considerable effort to ensuring that test committee members adequately represent the content areas required for medical practice as well as the realities of clinical practice. As a result, USMLE test committee members constitute a “national faculty” of medicine drawn from medical schools and clinical practice settings across the United States. In 2017, 46% of committee members were women. Minority racial/ethnic groups made up 21% of members. Sixty-three percent held a medical degree, 30% both a medical degree and another advanced degree, and 6% a PhD degree alone. A small number held degrees in nursing or other related fields. In terms of geographic distribution, 37% were from the South, 24% from the Midwest, 24% from the Northeast, and 15% from the West. Four percent of our committee members were either current or former members of state licensing boards. Over the last ten years, virtually all Liaison Committee on Medical Education (LCME)-accredited medical schools in the United States have been represented on committees supporting USMLE.

The National Board of Medical Examiners, and the profession and public served by the USMLE, are indebted to these volunteers who contribute their expertise and energy to the creation of a national licensing examination system that is without equal.

USMLE TEST COMMITTEE MEMBERS PRACTICE AND TEACH IN EVERY REGION OF THE UNITED STATES.

In 2017, committee members came from almost every state.

KEY: In the map above, the number of committee members residing in each state is indicated by color gradation (no shading represents no committee members; darkest shading represents the largest number of committee members). Included in this count are members of the USMLE Management Committee, USMLE test material development committees and task forces, and USMLE interdisciplinary review committees.
“At NBME, I always learn both content and communication techniques that impact my clinical practice and teaching. Time spent at NBME is always excellent and challenging. I always feel my clinical reasoning skills improve during these meetings. This is such a great group to work with - collaborative and challenging at the same time.”

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“As a physician, we tend to start to practice medicine a certain way; working with colleagues from across the country at NBME, it was great to see how different geographic regions approached problems from a different perspective.”

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continued on page 18
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“NBME trainings are worthwhile. It's a reasoned discussion amongst seasoned clinical educators in a variety of fields, from across the country.”

Eliza M. Sutton, MD
University of Washington School of Medicine

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“The training I receive at NBME is outstanding. It encouraged me to critically analyze not just the latest research but revisit older studies.”

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“Tired always find writing questions for EBM abstract challenging and learn about the content (medical knowledge) and item writing. It is a good process, even if it is hard.”

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