NBME®

2025/2026 ANNUAL TRANSPARENCY REPORT

A SNAPSHOT INTO THE INNER WORKINGS OF MEETING NBME'S MISSION TO ADVANCE ASSESSMENT OF HEALTH CARE PROFESSIONALS TO ACHIEVE OPTIMAL CARE FOR ALL

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2025 AAMC Annual Meeting

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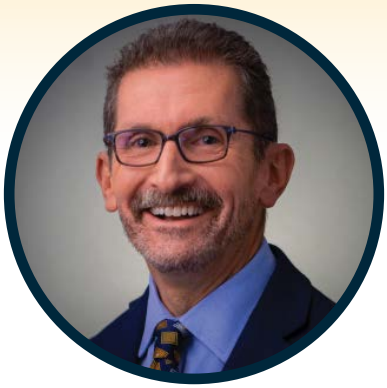


Peter J. Katsufrakis, MD
NBME President and CEO

At NBME, transparency is a responsibility, especially when the decisions we make involve tradeoffs, uncertainty or risk. This Transparency Report reflects a deliberate choice to make more of our decision-making visible at a time when expectations, scrutiny and complexity continue to increase.

This responsibility is especially evident in our work with emerging technologies, including advancements in artificial intelligence (AI) capabilities. We believe AI has the potential to support our mission of achieving optimal care for all, but only when introduced responsibly and with sustained human judgment and oversight. In practice, this has meant deliberately establishing governance and guardrails before implementing and scaling new capabilities that affect how assessments are developed, delivered or used. Choices like these involve tradeoffs, and managing the tensions that tradeoffs create is part of our responsibility.

Transparency also requires acknowledging that not every challenge has a clear or immediate solution. Across our work, we revisit decisions over time and remain accountable for adjusting course when evidence or circumstances change.

To that end, none of our work happens in isolation. Our decisions are shaped and reviewed through numerous accountability measures, including our board of directors, advisory council, test development committees, and collaborators across education, training, and practice communities. This structure is especially important for programs such as the United States Medical Licensing Examination® (USMLE®), where responsibilities are shared with FSMB and decisions carry enduring consequences for individuals, institutions and the public.

This report also comes at a point of transition for NBME, including for me personally. I am retiring at the end of November 2026, and this provides an occasion to highlight an important principle: transparency is not tied to any one individual. It is a discipline that we must continue to practice as expectations, technologies and leadership evolve.

Taken together, the pages that follow bring visibility to different aspects of our work. We view transparency not as a finished state, but as an ongoing practice that requires judgment about what to share, when and why. We remain committed to continuing that practice with consistency, accountability and a clear focus on the communities we serve.

Peter J. Katsufrakis, MD
NBME President and CEO

2026 NBME Annual Meeting

USMLE UPDATES

As a co-sponsor of the USMLE along with Federation of State Medical Boards (FSMB), NBME plays a central role in the design, development and ongoing evaluation of the examination. In our role supporting the integrity and relevance of the exam, NBME teams began the USMLE practice analysis work in Q4 2025 to ensure alignment with contemporary physician practice. Additionally, NBME remains focused on improving the examinee experience, including streamlining the accommodations application process through integration with the MyUSMLE℠ portal.

USMLE Practice Analysis on Schedule for Completion in 2026

Physician practice is evolving in meaningful ways, including advances in diagnostic technologies, increased use of AI in clinical workflows, shifts in team-based and outpatient care delivery settings, and greater emphasis on patient-centered communication, systems thinking and health equity. While the scope of professional practice included in USMLE has been updated incrementally over time, a more systematic, empirical review was needed to ensure the exam remains current, defensible and aligned with contemporary entry-level physician practice.

The USMLE practice analysis work began in Q4 2025 and is organized into three phases:

PHASE 1

Subject matter expert review of the current scope of professional practice included in USMLE to evaluate its relevance and alignment with evolving clinical practice.

PHASE 2

Development and administration of a survey for a representative sample of practicing physicians to understand activities performed in practice.

PHASE 3

Analysis of survey results could result in review by governance and very initial dissemination of results beginning as early as Q4 2026.

To date, Phase 1 has been completed with a group of subject matter experts, including USMLE committee members, representing a diverse range of practice specialties and settings as well as levels of experience. Phase 2 is currently underway with expected completion in Q3 2026.

“Practice analyses are typically conducted every 5-10 years, and given the pace of change across the profession, we determined this was the right time for a comprehensive review,” said **Alex J. Mechaber, MD, MBA**, NBME Vice President for USMLE. “The analysis is designed to capture how physician practice is evolving today examining the activities physicians perform, along with their frequency, criticality and importance for safe, effective care to help ensure the relevance of the USMLE.”

Any potential changes to the USMLE blueprints would occur after completion of the study and after careful governance review, stakeholder communication and appropriate psychometric work. Because these results will not be available until Q3 2026, no immediate changes to the USMLE blueprints are expected in 2026. Results will be interpreted and prioritized in collaboration with USMLE governance. Any recommended changes will be communicated to stakeholders with appropriate advance notice.

Streamlining the USMLE accommodations portal through MyUSMLE integration

In June 2026, a new, integrated application experience for examinees seeking accommodations for USMLE Step exams was introduced within the MyUSMLE portal. This integration has two main benefits:

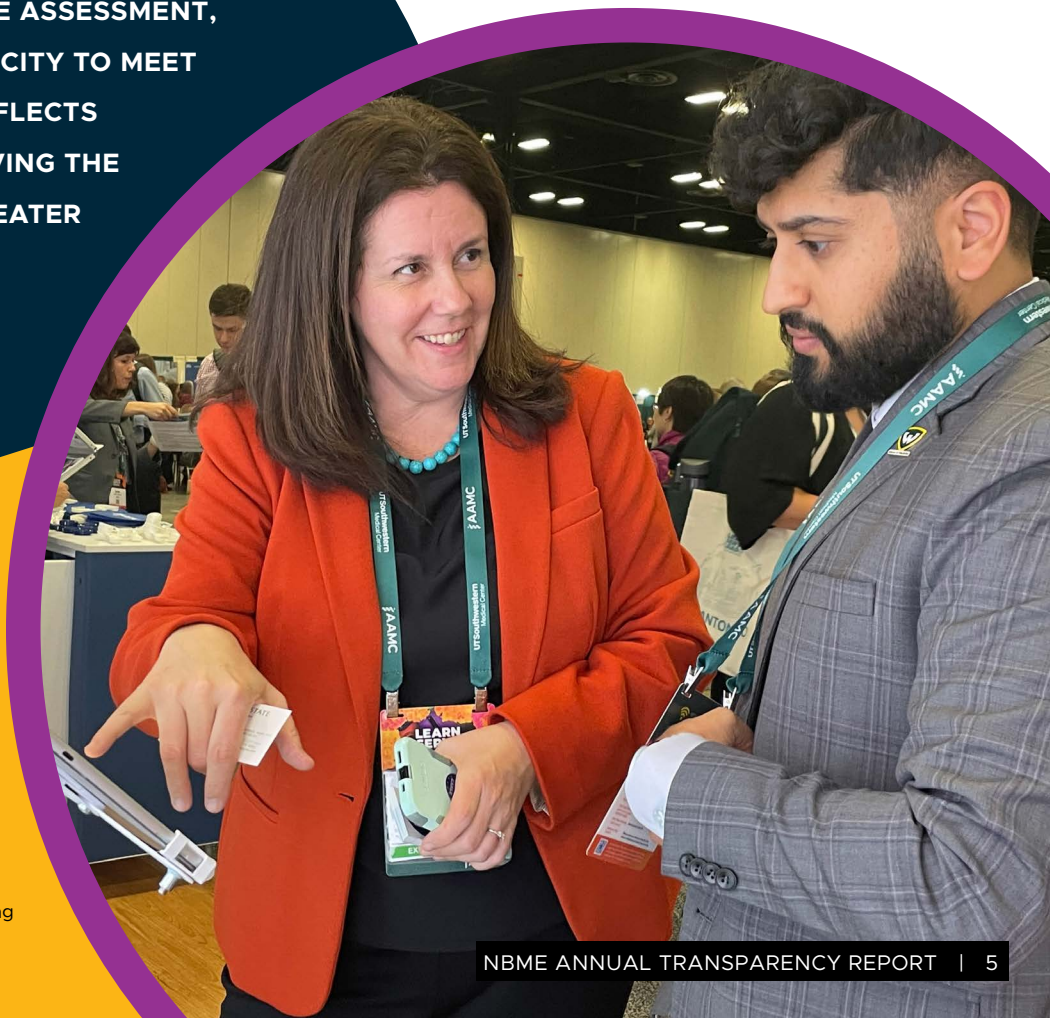
- Providing a single, centralized location for examinees to submit applications and supporting materials, while allowing them to track their submission, status and application history in real time.
- Streamlining administrative steps for NBME's Disability Services team so they can dedicate more of their time to reviewing requests.

"We needed to evolve our system into something more scalable, standardized and technology-enabled to continue to deliver well-supported determinations aligned with the Americans with Disabilities Act (ADA)," said **Erin Convery**, NBME Senior Director, Disability Services. "As demand and complexity grew, we also knew we needed a solution that could grow with us, strengthening our ability to operate at scale, while maintaining fairness, clarity and efficacy throughout the process."

This enhancement comes after the Disability Services team received more than **6,000 accommodation requests in 2025**, which was the highest volume to date.

THIS ENHANCEMENT SUPPORTS DISABILITY SERVICES' MISSION TO ADVANCE EQUITABLE AND ACCESSIBLE ASSESSMENT, WHILE REINFORCING ITS CAPACITY TO MEET GROWING DEMAND. IT ALSO REFLECTS A CONTINUED FOCUS ON IMPROVING THE EXAMINEE EXPERIENCE, WITH GREATER TRANSPARENCY AND EFFICIENCY THROUGHOUT THE PROCESS.

6,000 ACCOMMODATION REQUESTS IN 2025



2025 AAMC Annual Meeting

SNAPSHOT:

MORE THAN
6.4 MILLION
ONE-ON-ONE ENGAGEMENTS LED BY THE MARKETING & STRATEGIC COMMUNICATIONS DEPARTMENT IN 2025

Not long ago, NBME maintained a relatively low public profile despite the important work taking place within 3750 Market Street. The organization's name was not added to the building until 2021, and the Marketing & Strategic Communications department was established in 2017.

Today, things are different.

As NBME's first Transparency Report, these figures play a critical role in demonstrating how we engage with our customers to build trust. Every interaction with an examinee or educator reinforces our brand and deepens our connection to those we serve. By clearly communicating how decisions at NBME are made, we strengthen relationships with our stakeholders and extend our influence. Listening and responding through these engagements enables us to better fulfill our mission and foster stronger, more connected communities.

Website Visitation

NBME.ORG
2,400,000 USERS
of whom, **634,200** were new users

MYNBME.ORG EXAMINEE PORTAL LOGINS
199,016 USERS
of whom, **129,128** were new users

MYNBME.ORG SERVICES PORTAL LOGINS
9,771 USERS
of whom, **1,820** were new users

SOCIAL MEDIA IMPRESSIONS
516,745
of whom, **10,555** were new followers

LAUNCHED INSTAGRAM IN JANUARY 2026

IN TOTAL, THAT IS
6,471,386
UNIQUE ONE-ON-ONE ENGAGEMENTS!

EARNED MEDIA
(PRESS MENTIONS)
2,330,143

TOTAL OF 437 UNIQUE MENTIONS

MARKET RESEARCH
132,173 UNIQUE CUSTOMER FEEDBACK RESPONSES VIA THE CUSTOMER EXPERIENCE METRIC PROGRAM.

MARKETO & CONSTANT CONTACT EMAILS
883,537 MARKETING AND OPERATIONAL EMAILS DELIVERED IN 2025.

WITH AN OPEN RATE OF 47.9%. AND 59,050 NEW SUBSCRIBERS.

RESPONSIBLE USE OF AI IN ASSESSMENT:

TECHNOLOGY ASSISTS, HUMANS DECIDE

The use of natural language processing (NLP) and artificial intelligence (AI) technologies to transform assessment has incredible potential for the future of medical education, and it also provides new challenges for assessment researchers to consider.

For example, AI-assisted scoring of text from open-ended responses and essays can improve reliability and consistency of scores while saving time for human graders. The technology also enables the use of innovative assessment types to assess skills such as communications or clinical reasoning. But without well-trained, continually improved grading systems, it leaves vulnerabilities for errors or "gamifying strategies" for examinees to exploit.

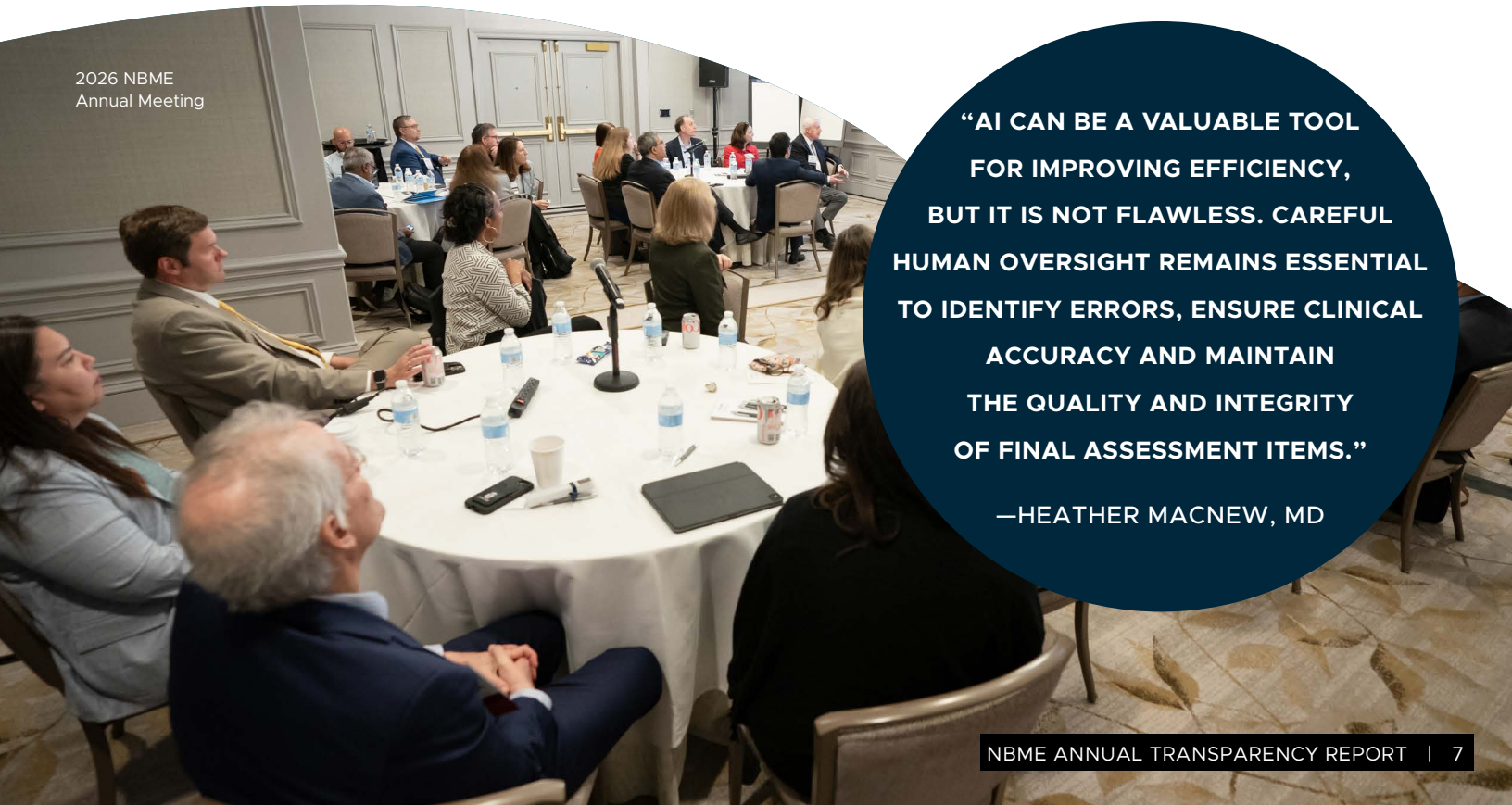
"AI has tremendous potential to advance assessment, but in high stakes testing, potential alone is not enough," said **Victoria Yaneva, PhD**, NBME Director, Data Science. "That's why it's important to fortify AI systems through rigorous research, validation and ongoing monitoring before they're operational. These technological innovations should strengthen rather than threaten exam integrity."

NBME assessments range in design from supporting the growth of physicians to providing information for decisions such as licensure or credentialing of health care professionals.

"At the center of NBME's mission is developing competent, effective, compassionate physicians and health care professionals so they can provide patients the care they deserve," said **Christoper Feddock, MD, MBA**, NBME Vice President, Educational Strategy. "Our work naturally raises important considerations on how to integrate AI and human expertise to assess important skills and provide meaningful feedback to learners and educators."

Accountability remains with humans, not systems

As AI and NLP continue to advance, assessment and health care organizations alike are grappling with the level of autonomy to provide these technologies when embedded into workflows. Determining that autonomy means balancing the gains of these technologies with the risks they introduce, and that responsibility remains with humans.



2026 NBME Annual Meeting

"AI CAN BE A VALUABLE TOOL FOR IMPROVING EFFICIENCY, BUT IT IS NOT FLAWLESS. CAREFUL HUMAN OVERSIGHT REMAINS ESSENTIAL TO IDENTIFY ERRORS, ENSURE CLINICAL ACCURACY AND MAINTAIN THE QUALITY AND INTEGRITY OF FINAL ASSESSMENT ITEMS."

—HEATHER MACNEW, MD

"Both AI and humans have the potential to introduce errors or biases into work. But unlike humans, AI cannot be held accountable because it lacks agency and intent," Yaneva said.

That lack of accountability is why human oversight remains central to ensuring an organization's use of AI systems is transparent, explainable and trustworthy. **Kimberly Swygert, PhD**, NBME Director of Test Development Innovations, co-chairs a subcommittee for the Association of Test Publishers (ATP) that provides guidance to the industry on responsible, ethical AI usage. Swygert brings the guidance and learnings from her work with ATP back to NBME.

"Transparency matters because AI-supported decisions don't exist in a vacuum," Swygert said. "They affect real people and real outcomes. When organizations are clear about how AI is used, where human judgment comes into play, and who is ultimately accountable, stakeholders can better understand and trust the decisions being made."

Human judgment and creativity drive innovation

AI technologies can accelerate work or unlock new insights or capabilities, but human expertise and judgment are needed to drive innovation in assessment and education. For example, conversational AI can engage medical learners with interactive dialogue through simulated patients or scenarios and provide more feedback opportunities outside of clinical settings.

"When learners engage in realistic conversations rather than scripted responses, we gain insight into how they think and communicate," said **Andrew Emerson, PhD**, NBME NLP Scientist. "Conversational AI makes that possible at scale, but it's human judgment that ensures those interactions translate into meaningful assessment and learning."

Additionally, creating high-quality content for exams is complex and resource intensive, requiring deep subject matter knowledge, editorial judgment and careful alignment with assessment standards. NBME research into AI-assisted approaches for content development explores generating starter drafts of questions, or test items, that serve as starting points for expert item writers. These experts are physicians and health professionals who participate on Test Development Committees. This approach is intended to make the process more efficient, while ensuring that each item is authored and thoroughly vetted by trained experts before undergoing other standard quality assurance processes.

Even with starter drafts, trained item writers are needed to refine and improve content to ensure its relevance and quality. **Heather MacNew, MD**, co-chair for the USMLE Acute Care Committee, said many of the AI-generated starter questions reviewed by her committee have helped speed the initial drafting process.

"That gives item writers more time to focus on the higher-level work—improving the clinical reasoning, strengthening the distractors and ensuring the questions truly assess what students need to know."

However, she finds that content areas requiring multiple layers of decision-making from examinees are easier to write from scratch.

"AI can be a valuable tool for improving efficiency, but it is not flawless. Careful human oversight remains essential to identify errors, ensure clinical accuracy and maintain the quality and integrity of final assessment items."

Ultimately, the combination of human creativity and thoughtfully applied technology remains critical for advancing assessment and medical education. By bringing together research, clinical expertise and responsible AI innovation, NBME is building assessment solutions that can help meet the growing complexity of medical education through a collaborative, evidence-based approach.

2026 NCME Annual Meeting

ASSESSMENT'S ROLE TO SUPPORT NUTRITION IN MEDICAL EDUCATION

In June 2026, in recognition of the important role nutrition plays in the health and well-being of our population, the USMLE program announced the implementation of two nutrition-related enhancements that highlight the importance of nutrition to health and chronic illness prevention. These updates included:

- Content measuring knowledge and application of nutrition science was enhanced across all three Step exams.
- Performance feedback on the nutrition content area is now included in USMLE score reports for both examinees and medical schools.

Read on to discover how, at moments like these, our mission and values guide us.

WE SEE OUR ROLE AS ENSURING ALIGNMENT BETWEEN OUR ASSESSMENTS AND THE COMMUNITY'S CONSENSUS ON THE MOST IMPORTANT COMPETENCIES FOR PHYSICIANS TO GROW.

Assessment is a powerful tool to support the development of future and practicing physicians. It shapes medical education by measuring competency, signaling to students, faculty and institutions what physician readiness requires. It also fosters student learning by providing feedback and insights into performance. In any role assessment plays, it's ultimately driven and determined by the profession or community it serves—clinicians, educators and institutions—who together define what competency means and what patient care demands.

This dynamic is especially evident in ongoing conversations about nutrition in medical education today. The 2024 consensus statement Proposed Nutrition Competencies for Medical Students and Physician Trainees, published in the *Journal of the American Medical Association* (*JAMA*), identifies dietary patterns as a leading influence on disease risk. The statement demonstrated a meaningful moment of professional alignment to translate a broad public health concern into a defined set of evidence-based competencies.

We see our role as ensuring alignment between our assessments and the community's consensus on the most important competencies for physicians to grow. Examples of this include the shift toward clinical reasoning, the integration of social determinants of health, and the incorporation of communication and professionalism as assessed competencies. Additionally, in the summer of 2025, the U.S. Department of Health and Human Services (HHS) convened several national organizations, including NBME, to discuss nutrition education and assessment during physician training and practice.

The evolution and development of our assessments is made possible by the medical educators, physicians and specialists who are embedded in every stage of work, such as serving on advisory committees, participating in research, defining exam outlines, developing individual test questions, and reviewing and validating content over time.

Our processes and feedback loops are continuous and collaborative. This helps ensure that as the dialogue around nutrition and other important competencies in medical education continue to evolve, so too will our assessments, guided by the communities served.

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The NBME Board of Directors oversees all activities of the organization, directing the policies and business of NBME.

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NBME COMMITTEES

NBME Committees bring together more than 250 carefully selected medical educators, academic researchers, health care leaders, and other professionals whose expertise helps develop NBME assessments.

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TMDC members write and review a subset of the items from which the NBME Subject Examinations are composed. They also provide input to the exams' content outlines, ensuring continued alignment between Subject Examinations and core course and/or clerkship curricula.

MSS CLINICAL NEUROLOGY

MSS EMERGENCY MEDICINE ADVANCED CLINICAL EXAM

MSS FAMILY MEDICINE

MSS INTERNATIONAL FOUNDATIONS OF MEDICINE® (IFOM®)

MSS INTERNAL MEDICINE

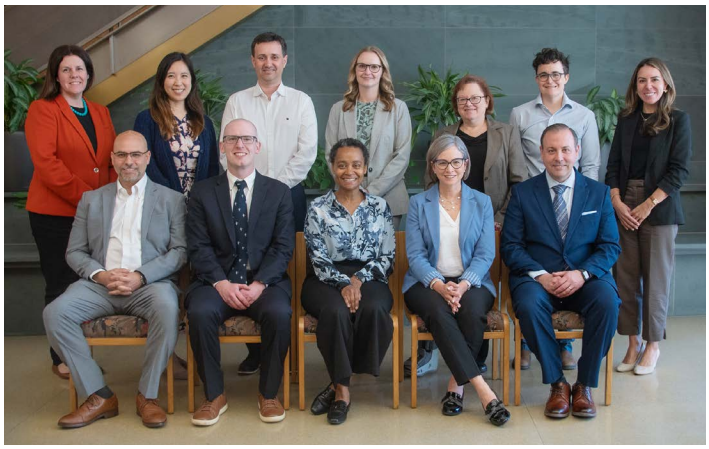
MSS OBSTETRICS AND GYNECOLOGY

MSS PEDIATRICS

MSS PSYCHIATRY

MSS SURGERY

MSS SHARP TASK FORCE



Current SEEF Committee Members

NBME Contributors

	All Volunteers	USMLE	NBME
Unique Volunteers	635	409	265
Unique Appointments/ Opportunities	980	575	405
Committees & Working Groups	67	38	29

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