



October 19, 2021

Michael Aronow, MD  
Jeff DeSantis, DPM  
Steve Ross, MD  
John Steinberg, DPM

Secretariat:  
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Dear Drs. Aronow, DeSantis, Ross, Steinberg:

We write as a follow up to your September 22 conversation with our colleague, Dr. Alex Mechaber. He shared with us his notes from the conversation as well as a copy of the joint task force white paper and talking points to the AMA's resolution. These helped us better understand the background and context of your request.

We have since spoken at length with Dr. Mechaber, reviewed the materials you provided, and conferred with Drs. Humayun "Hank" Chaudhry and Peter Katsufraakis, President and CEO, respectively, of the Federation of State Medical Boards (FSMB) and the NBME – the two organizations that co-sponsor the USMLE program. In considering whether or not Doctors of Podiatric Medicine (D.P.M.) may be eligible to take the USMLE, there were several factors we considered before making our determination.

First and foremost, the USMLE has been designed from the start with items and content appropriate for the licensing model utilized for the general practice of medicine in the United States. Although most physicians today are specialty-board certified in one or more areas of medicine and surgery and/or have a discrete focus for their practice, the medical license issued by all state and territorial medical boards does not impose such limitations on their practice. Because all physicians (M.D. and D.O.) are required to possess knowledge of all aspects of the general practice of medicine to be eligible for a medical license, the content of the USMLE is intentionally expansive in its breadth and coverage of physician knowledge and skills (e.g., pediatrics, obstetrics-gynecology, cardiology, endocrinology, etc.).

Podiatric education and training, while comprehensive for the advancement of quality podiatric care, may be too narrow given the USMLE's focus on the generalized practice of medicine across all medical and surgical specialties. This difference is of critical importance. The *Standards for Educational and Psychological Testing Standard 11.11* states, "If evidence based on test content is a primary source of validity evidence supporting the use of a test for selection into a particular job, a similar inference should be made about the test in a new situation only if the job and situation are substantially the same as the job and situation where the original validity evidence was collected." (p. 181). Licensing examination content, in other words, should align appropriately with the knowledge and skills required of individuals to operate successfully in a given field, subject area or profession.

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Second, we understand you are interested in presenting this matter to the USMLE's Composite Committee, the policy-setting body for the USMLE program. Given that the nature of your request (opening USMLE to DPMs) is not permitted under the contractual agreement between FSMB and NBME establishing USMLE, which limits eligibility to students and graduates of medical school, presenting the request would be ineffective.

While we understand and empathize with the challenges you face in creating transformative change within the podiatry licensure process, we must respectfully decline your request.

Yours very sincerely,



Mike Jodoin  
VP, USMLE  
National Board of Medical Examiners



Dave Johnson  
Chief Assessment Officer  
Federation of State Medical Boards

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