



June 5, 2019

Dear Colleagues:

As most of you know, in March 2019, NBME convened the Invitational Conference on USMLE Scoring (InCUS) to discuss the complex issue of USMLE scores and their primary and secondary uses within state licensing, as well as undergraduate and graduate medical education. Organizations like ours were not invited to participate in this initial discussion.

NBME recently announced that its proposed changes will be available for comment in June. To be prepared to comment, the Alliance has undertaken two separate but interrelated efforts:

- A response development task force. This small group will be composed primarily of APDIM and CDIM council members and will be responsible for developing the Alliance's consensus statement in response to the proposals suggested by NBME in June.
- A scenario planning work group. This larger group will be composed primarily of APDIM representatives from institutions that would be disproportionately affected by changes to USMLE scoring—community-based institutions and institutions with a high concentration of IMG graduates. This group will examine consequences of a change in USMLE scoring and also offer ideas for alternative approaches should scoring change.

I think most Alliance members would agree that the current system for reviewing applications for residency is deeply flawed. No matter the outcome of the USMLE deliberations, AAIM is committed to improving that system.

Information about this ongoing effort will be available to members through the Alliance website, AAIM Connection, and email communication as well as at upcoming Alliance conferences; I encourage the continuation of positive and professional conversations on the discussion forums as well. If you have ideas or opinions to share with the task forces or the leaders, please contact [educationandresearch@im.org](mailto:educationandresearch@im.org) at your convenience.

Sincerely,

D. Craig Brater, MD  
President and CEO

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*The Alliance empowers academic internal medicine professionals and enhances health care through professional development, research, and advocacy. Through AIM, APDIM, APM, ASP, and CDIM, the Alliance includes more than 11,000 faculty and staff in departments of internal medicine at medical schools and teaching hospitals.*