BOARD OF MEDICAL PRACTICE

PROPOSED PERMANENT RULES RELATING TO EMERITUS REGISTRATION:

RULE 5606

STATEMENT OF NEED AND REASONABLENESS

Purpose of Amendments

The proposed rules require: 1) that physicians seeking Emeritus registration be retired from all jurisdictions, and; 2) provide that physicians wishing to return from Emeritus to active status after they have been out of practice for three years must pass the Special Purpose Examination within the last year.

Statutory Authority

Minn. Stat. § 147.01, subd. 1 (Creation; Terms) provides that "the setting of Board fees and other provisions relating to Board operations are as provided in chapter 214."

Minn. Stat. § 147.01, subd. 3 (Board Administration) provides that "the Board shall have the authority to adopt rules as may be necessary to carry out the purposes of this chapter."

Minn. Stat. § 214.12, subd. 1 (Continuing Education) provides that " the health-related licensing Boards may promulgate by rule requirements for renewal of licenses designed to promote the continuing professional competency of licensees. These requirements of continuing professional education or training shall be designed solely to improve skills and shall not exceed an average attendance requirement of 50 clock hours per year. All requirements promulgated by the Boards shall be effective ... [at a date] as the Board may determine."

Minn. Stat. § 214.06, subd. 2 (License Renewal) provides that "notwithstanding any law to the contrary, each health-related licensing Board ... shall promulgate rules providing for the renewal of licenses. The rules shall specify the period of time for which a license is valid, procedures and information required for renewal, and renewal fees to be set pursuant to subdivision 1."

Rule Development Process

The Board began the process of developing the proposed rules by publishing in the December 20, 1993 edition of the State Register notice seeking information or opinions from sources outside the Board in preparing to propose non-controversial amendments. (Appendix A).

The Board developed the proposed amendments on the basis of needs identified by the Board. After compiling a list of suggested changes, the Board surveyed the Minnesota Medical Association (MMA) and other medical related organizations for advice. The Board's Licensure and Public Policy committees held public meetings on September 2, 1993; October 27; 1993; January 6, 1994; and February 23, 1994 to review the proposed rule. Based on comments received and input through the committee meetings, the full Board approved changes to the Emeritus rules on March 12, 1994. (Appendix B).

Pursuant to Minn. Stat. § 14.32, the Board has prepared this Statement of Need and Reasonableness and made it available to the public as of July 11, 1994.

The Board has published the proposed rules and the Notice of Intent to Adopt Rules in the State Register. (Appendix C). The Board will also mail copies of the Notice to persons registered with the Board pursuant to Minn. Stat. § 14.22, as well as others who the Board believes may have an interest in the rules. After approval of the rule change, which is anticipated by October 1994, licensees currently under Emeritus registration would be notified of the rule change and given until December 31, 1994 to apply for reinstatement before the SPEX requirement becomes effective. The Notice will comply with the requirements of Minn. Stat. § 14.22 and Minn. R. § 2010.0300, item E. The rules will become effective five working days after publication of a Notice of Adoption in the State Register pursuant to Minn. Stat. § 14.27.

Discussion of Proposed Amendment

Emeritus registration is an honorary recognition by the Minnesota Board of Medical Practice that is available to physicians completely retiring from practice, who have not been subject to disciplinary action by the Board. Disciplinary action would mean an action resulting in suspension, revocation, qualification, condition or restriction of the physician's license.

While the Emeritus registration rule, Minnesota Rules, Chapter 5605, is targeted at retiring physicians, there is no retirement age qualification required in the rule. Thus, a physician at a relatively young age could apply for Emeritus registration if they are no longer going to practice. The Board has received a request from a physician who is only thirty-four years old.

The Board recognizes that more licensees are applying for Emeritus registration at a younger age for a variety of reasons other than end-of-career retirement. These reasons include becoming disabled, raising a family, or pursuit of administrative careers in medicine. While many may never return to practice, more are likely to reconsider a return to practice as their careers, family circumstances or disability may change.

Currently, a physician may return from Emeritus status by paying back license fees and providing documentation of updated Continuing Medication Education (hereafter CME) coursework. The only method for assessing the competency of physicians who have been out of practice while under Emeritus registration, is the CME coursework. The Board does not believe that this provides sufficient protection of the public with a physician who has been out of practice for over three years.

The Board's Licensure and Public Policy Committees recommended that physicians that are returning from Emeritus registration after three or more years must provide evidence of successful completion of the Special Purpose Examination (SPEX) administered by the Federation of State Medical Boards before being reinstated.

The Special Purpose Examination is used by licensing boards as a means to assess general competency of physicians who have been out of practice for a period of time or whose skills may have not kept pace with current medical knowledge. The exam is designed to provide a current demonstration of medical knowledge, regardless of medical specialty. It is a one day exam that is offered four times a year. The exam consists of 450 multiple-choice questions that focus on clinical knowledge and underlying basic scientific principles.

The Board believes that it is reasonable that any physician, who has not practiced for three years, to be tested on their general competency, before being allowed to return to practice. Changes in medical technology, medications and medical procedures are occurring at such a rapid rate that only active practitioners would be able to keep pace with all the new developments. Continuing Medical Education may provide an overview of new developments, but it would not provide the working knowledge obtained through active practice. Preparation for the SPEX will most likely help a physician, that has been out of practice for three or more years, freshen his or her medical knowledge and skills.

The rule was also changed to clarify that physicians seeking Emeritus registration are not practicing in any jurisdiction. Some physicians, while retired from Minnesota, may choose to actively practice in other states. The rule change makes it clear that the physician is ending their practice in all jurisdictions, not just Minnesota. This will hopefully keep physicians from using Emeritus status to avoid license cancellation for nonrenewal while practicing in other states, which can occur under the present rule.

The proposed changes in the Emeritus Rule will avoid the chance of a physician returning to practice without the requisite knowledge and skills to practice, thus assuring protection of the public, and will also eliminate the current inconsistencies with retired physicians practicing in other states.

Expenditure of Public Money by Local Public Bodies

Minn. Stat. § 14.11, subd. 1 requires that "if the adoption of a rule by an agency will require the expenditure of public money by local public bodies, the appropriate notice of the agency's intent to adopt a rule shall be accompanied by a written statement giving the agency's reasonable estimate of the total cost to all local public bodies." The Board does not anticipate that the proposed amendments will require the expenditure of public money by local public bodies.

Impact on Agricultural Land

Minn. Stat. § 14.11, subd. 2 requires that "if the agency proposing the adoption of the rule determines that the rule may have a direct and substantial adverse impact on agriculture land in the state, the agency shall comply with the requirements of sections 17.80 to 17.84." The Board does not anticipate that the proposed amendments will have any adverse impact on agricultural land in the state.

Small Business Considerations

Minn. Stat. § 14.115, subd. 2 requires that when an agency proposes new or amended rules, it must consider "methods for reducing the impact of the rule on small business", "document how it has considered these methods" and "provide an opportunity for small businesses to participate in the rulemaking process." The Board does not believe that the requirements of section 14.115 apply to the proposed rules, because that section does not apply to "agency rules that do not affect small business directly." The Board's authority relates only to the qualifications of its licensees and registrants to provide services — the Board has no authority over the industry in which they practice. Therefore the rules do not affect small businesses as such, and the Board is exempt from the requirements of section 14.115.

However, should these proposed rules be construed as being subject to Minn. Stat. § 14.115, the Board notes below ho the five suggested methods listed in section 14.155, subdivision 2, for reducing the impact of the rules on small businesses should be applied to

the proposed amendments. The five suggested methods enumerated in subdivision 2 are as follows:

a) the establishment of less stringent compliance or reporting requirements for small business;

b) the establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;

c) the consolidation or simplification for compliance or reporting requirements for small businesses;

d) the establishment of performance standards for small business to replace design or operational standards required in the rule;

e) the exemption of small businesses from any or all requirements of the rule.

The feasibility of implementing each of the five suggested methods and whether implementing any of the five methods would be consistent with the statutory objectives that are the basis for this rulemaking are considered below.

1. It would not be feasible to incorporate any of the five suggested methods into these proposed rules.

Methods (a) to (c) of subdivision 2 related to lessening compliance or reporting requirements for small businesses either by (a) establishing less stringent requirements (b) establishing less stringent schedules or deadlines for compliance with the requirements, or (c) consolidating or simplifying the requirement. Since the Board is not proposing any compliance or reporting requirements for either small or large businesses, it follows that there are no such requirements for the Board to lessen with respect to businesses. If, however, these proposed rules and amendments are viewed as compliance or reporting requirements for businesses, then the Board finds that it should be unworkable to lessen the requirements for those physicians and physical therapists who practice in the solo or clinic setting of fewer than 50 employees, since that would include the vast majority of licensees and registrants. Method (d) suggests replacing design or operational standards with performance standards for small businesses. The Board's rules do not propose design or operational standards for small businesses as a replacement for design or operation standards that do not exist. Finally, method (e) suggests exempting small businesses from any or all requirements of the rules. The application of this provision would exempt most licensees and registrants from the purview of the rules, a result which would be absurd.

2. Reducing the impact of the proposed rules on small businesses would undermine the objectives of the Minnesota Licensing law for physicians and physical therapists.

Pursuant to Minn. Stat. §§147.01 et seq., the Board was designated as the agency for establishing requirements for licensure and for disciplinary action to govern the practices or behavior of all physicians. Pursuant to Minn. Stat. §147.01, subd. 3., the Board is specifically mandated to promulgate rules as may be necessary to carry out the purposes of the Minn. Stat. §§147.01 to 147.33. The Board is also the agency pursuant to Minn. Stat. §148.65 et seq., for establishing requirements for registration of physical therapists and is authorized under Minn. Stat. §148.74 to promulgate rules to carry out the purpose of §§148.65 to 148.78. Given the statutory mandates, it is the Board's duty to establish

licensure and registration qualifications and disciplinary standards which apply to and govern all applicants, licensees and registrants regardless of their practice.

As it has been stated above, it is the Board's position that the proposed rules will not affect small businesses and certainly do not have the potential for imposing a greater impact on physicians and physical therapists in solo or small practice than those practices large enough to remove themselves from the definition of small business. It has also been explained above that the Board considers it infeasible to implement any of the five suggested methods enumerated in subdivision 2 of the small business statute. Nonetheless, to the extent that the proposed rules may affect the business operation of a physician/physical therapist group and to the extent it may be feasible to implement any of the suggested methods for lessening the impact on small businesses, the Board believes it would be unwise and contrary to the purposes to be served by these rules for the board to exempt one group of physicians or physical therapists indeed possibly the vast majority of physicians/physical therapists, from the requirement of these rules. Similarly, the Board believes it would be unwise and contrary to its statutory mandate for the Board to adopt one set of standards for those physicians/physical therapists (which may consist of a non-existent class) who work in a large business setting and adopt another, less stringent set of standards to be applied to those physicians/physical therapists who practice in a solo or small clinic type of setting. It is the Board's view that these rules must apply equally to all physicians and physical therapists or the licensing system will be chaotic.

Licensees, or registrants, regardless of whether they are considered as individuals or small businesses, have had and will continue to have an opportunity to participate in the rulemaking process for the proposed rules and amendments. The Board has used a very open process to draft these rules. The Board has kept the various associations well informed of the proposed rules as they were developed and has also provided notices and articles about the proposed rules in its newsletter issued to all licensees and registrants.

Fees

Minn. Stat. § 16A.128, subd. 1a requires that "fees for accounts for which appropriations are made may not be established or adjusted without the approval of the commissioner of finance." Subdivision 2a requires that "before an agency submits notice to the State Register of intent to adopt rules that establish or adjust fees, the agency must send a copy of the notice and the proposed rules to the chairs of the house ways and means committee and senate finance committee." The Board has determined that the proposed amendment will have no effect on fees.

Expert Witnesses

Minnesota rules, part 1400.0500, subpart 1 requires that if rules are adopted with a public hearing, the statement of need and reasonableness must include "a list of any witnesses to be called by the agency to testify on its behalf." The Board does not anticipate that it will be necessary to have a public hearing on the proposed amendments.

H. Leonard Boche
Executive Director

June 28, 1994

APPENDIX

A. Notice of Solicitation of Outside Opinions and Information (12-8-93)

B. Board Authorizing Resolution of May 14, 1994

C. Notice of Intent to Adopt Rules Without a Public Hearing

D. Copy of Proposed Rule

E. Special Purpose Exam (SPEX) Information

BOARD OF MEDICAL PRACTICE

Notice of Solicitation of Outside Information or Opinions Regarding Minnesota Rules, part 5606 (EMERITUS REGISTRATION)

Notice is hereby given that the Minnesota Board of Medical Practice is seeking information or opinions from sources outside the Board in preparing to propose non-controversial amendments to Minnesota Rules, part 5606, relating to emeritus registration of physicians in Minnesota. The amendment of the rule is authorized by Minnesota Statutes, section 214.06, subd. 2, which permits the Board to promulgate rules as necessary to provide for the renewal of licenses.

All interested persons or groups are requested to participate. Statements of information and comment may be made orally or in writing. Written statements should be addressed to:

H. Leonard Boche, Executive Director
Minnesota Board of Medical Practice
2700 University Avenue West, Suite 106
St. Paul, Minnesota 55114

Oral statements will be received during regular business hours over the telephone at (612)642-0538 (Minnesota Relay Operator (612)297-5353 or (800)627-3529) and in person at the above address.

APPENDIX A

All statements of information and comment will be accepted until further notice is given or the Notice of Hearing or Notice of Intent to Adopt Without a Hearing are published in the State Register. Any written material received by the Minnesota Board of Medical Practice shall become part of the rulemaking record to be submitted to the Attorney General in the event that the rule is adopted.

Dated: 12/8/93

H. Leonard Boche

H. Leonard Boche

Executive Director

CERTIFICATE OF BOARD OF MEDICAL PRACTICE AUTHORIZING RESOLUTION

Emeritus Rules

I, David Kidder, do hereby certify that I am a member and the President of the Minnesota Board of Medical Practice, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the Board, duly and properly called and held on the 14th day of May 1994, that a quorum was present, and that a majority of those present voted for the resolution which has not been rescinded or modified.

> RESOLVED, that H. Leonard Boche, the Executive Director of the Board of Medical Practice is hereby granted the authority and directed to sign the statement of need and reasonableness and sign and give the Notice of the Board's Intent to Adopt a rule governing emeritus registration to all persons who have registered their names with the Board for that purpose and publish the Notice and rule in the State Register, and to perform any necessary acts to initiate the rulemaking comment period.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 14th day of May, 1994.

STATE OF MINNESOTA
BOARD OF MEDICAL PRACTICE

David Kidder, President

Attesting Board Member

APPENDIX B

STATE OF MINNESOTA

BOARD OF MEDICAL PRACTICE

APPENDIX C

In the Matter of Proposed Rule
Amendments of Rules of the
Minnesota Board of Medical Practice
Relating to Emeritus Registration

NOTICE OF INTENT
TO ADOPT A RULE
WITHOUT A
PUBLIC HEARING

The Minnesota Board of Medical Practice (hereinafter "Board") intends to adopt permanent rules without a public hearing following the procedures set forth in the Administrative Procedure Act, Minnesota Statutes, sections 14.22 to 14.28. You have 30 days to submit written comments on the proposed rules.

Comments or questions on the rule and written requests for a public hearing on the rule must be submitted to:

H. Leonard Boche, Executive Director
Minnesota Board of Medical Practice
2700 University Avenue West, Suite 106
St. Paul, MN 55114
(612) 642-0538
FAX (612) 642-0393

The proposed rule is about emeritus registration. The statutory authority to adopt this rule is Minnesota Statutes 147.01, 214.06, and 214.12 (1993). A copy of the proposed rule is published in the State Register and attached to this notice as mailed.

You have until 4:30 p.m., on August 12, 1994 to submit written comment in support of or in opposition to the proposed rule and any part or subpart of the rule. Your comment must be in writing and received by the agency contact person by the due date. Comment is encouraged. Your comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

In addition to submitting comments, you may also request a hearing to be held on the rule. Your request for a public hearing must be in writing and received by the agency contact person by 4:30 p.m., on August 12, 1994. Your written request for a public hearing must include your name and address. You are encouraged to identify the portion of

the proposed rule which caused your request, the reason for the request, and any changes you want made to the proposed rule. If 25 or more persons submit a written request for a hearing, a public hearing will be held unless a sufficient number withdraw their requests in writing. If a public hearing is required, the agency will follow the procedures in *Minnesota Statutes*, sections 14.131 to 14.20.

The proposed rule may be modified as a result of public comment. The modifications must be supported by date and views submitted to the agency and may not result in a substantial change in the proposed rule as attached and printed in the State Register. If the proposed rule affects you in any way, you are encouraged to participate in the rule making process.

A statement of need and reasonableness is now available from the agency contact person identified above. This statement descries the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule.

It is the position of the Board that it is not subject to Minnesota Statute 14.115 regarding small business considerations in rule making. The basis for this position is addressed in the statement of need and reasonableness.

The Minnesota Board of Medical Practice has reviewed the proposed rules, and finds no evidence that the rules would cause the expenditure of public money by any local public body.

The Minnesota Board of Medical Practice has reviewed the proposed rules, and finds that the subject matter of the rules is not related to agriculture land.

After the end of the comment period, the agency may adopt the rule. The rule and supporting documents will then be submitted to the attorney general for review as to legality and form to the extent form relates to legality. You may request to be notified of the date the rule is submitted to the attorney general or be notified of the attorney general's

decision on the rule. If you wish to be so notified, or wish to receive a copy of the adopted rule, submit your request to the agency contact person listed above.

H. Leonard Boche
Executive Director

June 23, 1994

Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Permanent Rules Relating to Emeritus Registration

AGENCY: Board of Medical Practice

MINNESOTA RULES: Chapter 5606

The attached rules are approved for publication in the State Register

Carla M. Riehle
Senior Assistant Revisor

Board of Medical Practice

Proposed Permanent Rules Relating to Emeritus Registration

Rules as Proposed

5606.0200 APPLICATION.

Any physician duly licensed to practice medicine in the state pursuant to Minnesota Statutes, chapter 147, who declares that he or she is retired in all jurisdictions from the active practice of medicine may apply to the board for physician emeritus registration. The physician may do so by indicating on his or her annual registration form or by petitioning the board if he or she is in fact completely retired and has not been the subject of disciplinary action resulting in the suspension, revocation, qualification, condition, or restriction of the physician's license to practice medicine.

5606.0500 CHANGE TO ACTIVE STATUS.

Subpart 1. Within three years. A registrant who desires to change to active status within three years from the date emeritus status was effective may do so by providing the following materials, pending the approval of these materials by the board:

[For text of items A to E, see M.R.]

Subp. 2. After three years. After three years from the date emeritus status was effective a registrant who desires to change to active status may do so, pending approval of the board, by providing the materials listed in subpart 1 and passing the special purpose examination (SPEX) within the year preceding the reapplication for active status.

5606.0600 DOCUMENTATION OF STATUS.

A physician granted emeritus registration shall, upon payment of a fee, receive a document certifying that he or she has been registered as emeritus and has completed his or her active professional career licensed in good standing with the

Approved by Revisor

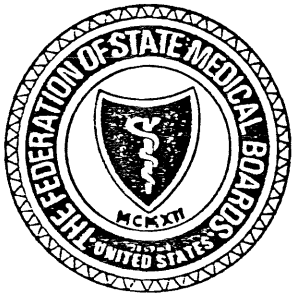
Minnesota Board of Medical Practice. ~~The fee for such a document shall be $5. The document fee shall not be a prerequisite for consideration of an application for emeritus registration.~~

EFFECTIVE DATE. Minnesota Rules, parts 5606.0200, 5606.0500, and 5606.0600 are effective January 1, 1995.

Approved
by Revisor _____

APPENDIX E

FLEX
and
SPEX
Information Bulletin
1993



The Federation of State Medical Boards
of the United States, Inc.
6000 Western Place, Suite 707
Fort Worth, Texas 76107-4618
(817) 735-8445

Examination Dates

Registration deadlines are determined by the individual licensing boards. In general, these deadlines are at least 10 weeks prior to each FLEX administration, 6 weeks prior to each SPEX administration.

FLEX Administration Dates

1993 Component 1 (1½ days)
— June 15 & 16 (Morning)
— December 7 & 8 (Morning)
Component 2 (1½ days)
— June 16 (Afternoon) & 17
— December 8 (Afternoon) & 9

1994 Regular FLEX administrations discontinued. Two special administrations of FLEX Component 1 only will be scheduled. See page 20 for more information. Dates and sites for 1994 special FLEX Component 1 administrations should be announced by late 1993.

SPEX Administration Dates

1993	1994
March 18	March 17
June 17	June 16
September 16	September 15
December 9	December 8

CONTENTS

THE FEDERATION LICENSING EXAMINATION (FLEX) and the SPECIAL PURPOSE EXAMINATION (SPEX)

The Federation of State Medical Boards of the United States, Inc., is a non-profit organization that was founded in 1912. Its membership is comprised of the medical licensing boards of all the states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands, and includes most of the sixteen separate osteopathic licensing boards in the United States.

In the United States and its territories, licensure to practice medicine is a privilege granted only by the individual licensing boards of the various jurisdictions. All jurisdictions require, as part of their licensing process, successful completion of an examination or other certification demonstrating qualification for licensure.

In 1968, as part of its continuing efforts to promote uniform standards for physician licensing, the Federation introduced the ***F***ederation ***L***icensing ***Ex***amination (FLEX). Through its elected Examination Board, the Federation offered FLEX to licensing jurisdictions as a high-quality, nationally standardized examination to replace individual licensing board examinations. Currently, all medical licensing jurisdictions in the U.S. as well as the Canadian province of Saskatchewan use FLEX as their own qualifying examination for physician licensure.

In 1988, the Federation introduced the ***S***pecial ***P***urpose ***Ex***amination (SPEX). SPEX is offered for re-examination of **selected physicians** for whom a licensing board determines the need for a current demonstration of medical knowledge — for example, applicants for licensure by endorsement/reciprocity who are some years beyond initial examination, physicians seeking license reinstatement or reactivation after some period of professional inactivity (due to illness, disciplinary action, etc.). Currently, SPEX is routinely administered by several U.S. licensing jurisdictions and administered as needed by other jurisdictions.

ADMINISTRATIVE INFORMATION

Eligibility

Eligibility requirements for admission to FLEX and SPEX are established by the individual licensing boards pursuant to their statutory and regulatory provisions. Individuals wishing to sit for either examination should contact the licensing board from which they plan to seek license to determine their eligibility according to the requirements of the jurisdiction.

Applications and Fees

Applications for FLEX or SPEX must be obtained from the licensing board for which the examination is to be taken. Applications for the examinations are processed and approved by the individual licensing boards, not the Federation.

Examination fees for FLEX and SPEX are established by the individual licensing boards. Information on fees should be sought from the licensing board for which the examination is to be taken.

Administration Centers and Dates

FLEX and SPEX are administered at test centers established by the individual licensing boards. Information on test center locations should be sought from the licensing board for which the examination is to be taken.

FLEX is administered on the same dates in all jurisdictions. SPEX is administered on the same dates in all jurisdictions. Dates for examination administrations are established by the Examination Board. Dates for examination administrations in the current year are listed on the inside front cover of this *Bulletin.*

FLEX is available to all jurisdictions for administration in June and December of each year, although some jurisdictions may not give the examination twice yearly. SPEX is available to all jurisdictions for administration in March, June, September and December of each year, although some jurisdictions may not give the examination four times yearly. Individuals should contact the licensing board for which the examination is to be taken to confirm the frequency of exam administrations in the jurisdiction.

Administrations may be cancelled or invalidated if satisfactory evidence is received that a break in the security of the examination has

occurred. Such administrations may be rescheduled at such time as the standard testing conditions necessary for meaningful and valid scores can be assured.

Courtesy Candidates

Some licensing boards will allow individuals to sit for FLEX or SPEX in their jurisdiction even though the examination is being taken as part of the licensing process of another jurisdiction. Individuals sitting for an examination in one jurisdiction for purposes of licensure in another jurisdiction are known as courtesy candidates.

Individuals wishing to take FLEX or SPEX as a courtesy candidate must contact the licensing board from which license is being sought. If the boards' regulations permit courtesy candidates arrangements for sitting the examination in another jurisdiction will be made through the licensing board from which license is being sought.

Examinees with Disabilities

Whenever possible and necessary, reasonable accommodations may be made for administration of FLEX or SPEX to examinees with visual or other disabilities. Individuals requiring such accommodations must contact the licensing board for which the examination is to be taken, submitting a request together with such documentation as may be required to substantiate the need. Requests for special accommodations should be submitted as early as possible, certainly by the jurisdiction's deadline for receipt of applications. Personal appearance before the licensing board may be required.

If approved, special arrangements, procedures and fees, if applicable, will be established and communicated to the examinee by the licensing board.

Information on FLEX eligibility requirements, application deadlines, test center locations, etc. in the various U.S. licensing jurisdictions is published in the Federation's *Exchange*, a yearly survey of all U.S. licensing board requirements for FLEX and physician licensure. See the back cover of this *Bulletin* for information on how to obtain this publication.

THE EXAMINATIONS

Purpose

The purpose of the FLEX Program is to provide a high-quality, objective and standardized examination for use by physician licensing boards as their own qualifying assessment for licensure. The purpose of SPEX is to provide a high-quality, objective and standardized cognitive examination to **assist** licensing jurisdictions in **their** assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid, unrestricted license in a United States or Canadian jurisdiction. Such examinations provide uniform and equitable assessments in terms of content, levels of difficulty, and scoring practices, creating a rational basis for interstate endorsement/reciprocity.

Development of the Examinations

Development of examination materials is accomplished through a network of committees of medical experts, appointed by and working in collaboration with the National Board of Medical Examiners (NBME) at the direction of the Federation's Examination Board. Members of the committees are selected for their expertise in their respective fields and are drawn from the academic, practice, and licensing communities. All of the test materials used in FLEX and SPEX are owned and copyrighted by the NBME, and any reproduction or distribution of these test materials without the express written authorization of the NBME is prohibited.

Development and regulation of policies and procedures necessary for implementation of FLEX and SPEX are the responsibility of the Federation through its elected Examination Board. Members of the Examination Board include highly qualified physicians from the academic and practice communities, all of whom have experience as licensing board members.

Description of FLEX

The FLEX Program consists of two complementary component examinations, each 1½ days in length.

Component 1 of the FLEX Program is de-

signed to evaluate measurable aspects of knowledge and understanding of basic and clinical science principles and mechanisms underlying disease and modes of therapy. This component places special emphasis on fundamental knowledge of the diseases and problems frequently encountered in a supervised setting on an inpatient basis, i.e., knowledge required of a physician assuming clinical responsibilities associated with post-graduate training.

Component 1 consists of approximately 580 multiple-choice questions in 4 books (Books A through D). Each book contains between 135 and 175 questions, with administration times ranging between 2 and 2½ hours per book. Examinees sitting for Component 1 will take the first book (Book A) on the morning of the first day in the three-day administration sequence, Books B and C on the afternoon of the first day, and Book D on the morning of the second day.

Recognizing that knowledge and understanding of the basic sciences and fundamental aspects of patient care in a supervised setting are assessed in Component 1, FLEX **Component 2** is designed to assess the additional knowledge and cognitive abilities required of a physician assuming independent responsibility for the general delivery of medical care to patients. This component focuses on a core of critical abilities and knowledge required for diagnosis and management of selected clinical problems most frequently encountered by the physician licensed for the independent, unrestricted practice of medicine.

Component 2 consists of approximately 700 multiple-choice questions, presented in 5 test books. Test Book E consists entirely of *sets* of questions and *case clusters,* totaling approximately 100 questions. Two hours are allowed for this test book. Each of the remaining 4 test books (F, G, H, I) contains 135-175 multiple-choice questions, and examinees are given 2 or 2½ hours to complete them. Examinees complete Books E and F on the afternoon of the second day of the three-day FLEX sequence. The remaining test books (G, H, and I) are completed the following day.

Assuring that the FLEX Program is comprised of questions at an appropriate level of difficulty increases the reliability of the pass/fail decisions based upon the examination. In order to do so, a modest number of questions for use in future examinations are included within each component of the FLEX Program for "field testing." This process allows statistical data to be collected in advance to guide selection of appropriate questions for future examinations. Field test questions are not included in the regular scoring process — i.e., these questions do not "count" toward the calculation of final scores for the examinations. Questions included for field testing purposes are distributed throughout various books of the component examinations, and no distinction is apparent between field test questions and those questions to be used in calculating final scores.

Content of FLEX Components

The content of each component of the FLEX Program is organized around a set of cognitive competencies within a clinical context. Questions included in each component reflect evaluative objectives related to major physician tasks, including history taking, performing a physical examination, using laboratory tests and other diagnostic aids, defining problems to establish a diagnosis, and managing therapy. Basic science questions included in Component 1 reflect all the major basic science disciplines (e.g., anatomy, biochemistry, microbiology, pathology, pharmacology, physiology). All major clinical disciplines are reflected in Components 1 and 2 (e.g., family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine and public health, psychiatry, surgery).

Reflecting the competencies they were designed to assess, the questions comprising Components 1 and 2 are devised to test not only the examinee's knowledge, but discrimination, judgment and reasoning. For example, some questions test the examinee's recognition of the similarities and differences among diseases, drugs, and biochemical, physiologic, behavioral, or pathologic processes. Other questions evaluate the examinee's judgment about cause and effect relationships. In addition to single multiple-choice questions, the components include presentation of laboratory situations or clinical problems in narrative, tabular, graphic and/or pictorial form, followed by a set of 2 or 3 questions designed to determine the examinee's knowledge, interpretation, and comprehension of the situation described. The case clusters included in

Component 2 provide an additional evaluation of the examinee's knowledge and strategies in diagnosis and management by presenting medical problems.

About one-fifth of Component 1 is devoted to assessment of fundamental basic science knowledge and understanding. About two-fifths of Component 1 focuses on the direct application of basic science knowledge to mechanisms of disease, integrating clinical and basic science knowledge of specific clinical problems. The remaining two-fifths of Component 1 emphasizes clinical tasks related to diseases and problems frequently encountered in the delivery of medical care to hospitalized patients.

Samples of the array of evaluative objectives and clinical encounters used to build Component 1 are given in the FLEX workbook entitled, *Guidelines, Strategies, and Sample Items.* See the inside back cover of this *Bulletin* for information on how to obtain the workbook.

Component 2 assesses additional knowledge and cognitive abilities in the context of diseases and problems frequently encountered by the physician licensed for the independent, unrestricted practice of medicine. About one-quarter of Component 2 is devoted to clinical encounters in an in-patient setting. The remaining three-quarters of Component 2 focuses on ambulatory encounters.

Samples of the evaluative objectives and clinical encounters used to build Component 2 are given in the FLEX workbook entitled, *Guidelines, Strategies, and Sample Items.* See the inside back cover of this *Bulletin* for information on how to obtain the workbook.

Description and Content of SPEX

SPEX is a one-day examination consisting of approximately 450 multiple-choice questions in 3 books (Books 1 through 3). Each book contains between 135 and 175 questions, with administration times ranging between 2 and 2½ hours per book.

The questions used in SPEX focus on a core of clinical knowledge and relevant, underlying basic science principles deemed necessary to form a reasonable foundation for the safe and effective practice of medicine. SPEX content is intended to reflect the knowledge and cognitive abilities required of all physicians, regardless of specialty practiced. Because FLEX and SPEX have this principle in common, SPEX content specifications are based, in part, on FLEX content specifications (see above, Content of FLEX Components). The test question pool developed for FLEX is also used to produce SPEX. SPEX questions are specially selected by groups of experts to assess the requisite knowledge base of physicians who are five years or more beyond medical school graduation and are likely to be engaged in the practice of a particular medical specialty. This underlies another basic difference between FLEX and SPEX: currently one-fifth of FLEX Component 1 is devoted to assessment of fundamental basic science knowledge and understanding. This content area is not included in SPEX.

Preparation for the Examinations

As preparation for FLEX or SPEX, a well-planned and comprehensive review is recommended. Up-to-date textbooks, clinical review publications and periodicals are suggested.

Four basic test item types are used for the multiple-choice questions in FLEX Components 1 and 2 and in SPEX. These types are:

- One Best Answer — Single Item
- One Best Answer — Matching Items
- Comparison/Matching Sets
- Multiple True-False Items

FLEX Component 2 also includes the case cluster format. These sets of questions are intended to explore the extent of the examinee's knowledge of clinical situations and to test the ability to bring information from many different clinical and basic science areas to bear upon these situations.

A brief description and sample of each of these test item formats are included on pages 16 to 20 of this *Bulletin.*

The Examination Board also produces a FLEX workbook, entitled *FLEX Guidelines, Strategies and Sample Items,* that may be purchased from the Federation of State Medical Boards. The workbook contains

- a description and sample of the content guidelines on which the component exams are based
- test-taking suggestions and specific

strategies for completing the various types of multiple-choice questions, including case clusters
— practice samples of Component 1 and Component 2 multiple-choice questions and case clusters, including answer keys

Information on how to obtain the FLEX workbook is shown on the inside back cover of this *Bulletin.*

Taking the Examinations

The examinee should try to answer all of the questions. Because there is no penalty for guessing, an examinee stands to gain from attempting to answer every question.

Special answer sheets are provided for each test book. For each question, one and only one choice should be marked; giving more than one response or no response is treated as a wrong answer. Answers marked on the test book pages, which are not properly marked on the answer sheet, cannot be counted for scoring. Markings on the answer sheets that are not clearly entered c adable by the scoring machine cannot be counted for scoring.

Testing Conditions

Although the Federation is not directly responsible for the selection of test centers, certain policies and procedures have been established for administration of the examination by the individual licensing boards. These procedures are established to assure that no examinee or group of examinees receives, inadvertently or otherwise, unfair advantage on the examination. Efforts are made to assure that the examinations are administered under standard conditions and in conformity with the principles on which the exam and its scoring are founded. If, in spite of these efforts, a situation arises in which the integrity of the examination process is jeopardized, the Federation reserves the right to invalidate all or part of an examination. FLEX and SPEX test centers are visited periodically by members of the Federation who observe and evaluate the facilities and operations of the center.

FLEX and SPEX are proctored examinations. Examinees must comply with all directions and/or instructions provided by the proctors. Examinees must not start writing before being told to do so by the proctors and must stop all writing immediately when told to do so by the proctors. Reference materials (i.e., books, notes, papers, or other sources) are not permitted to be consulted. Examinees are not permitted to bring personal belongings into the seating area of the testing room. Calculators and electronic paging devices are prohibited. Watches with computer or memory capability are not needed and are not permitted. Telephone use during a testing session is prohibited. (Exception may be made, at the discretion of the Chief Proctor, only upon prior arrangement in cases of personal emergencies. However, any authorized telephone call initiated or received by an examinee during a testing session will be monitored to assure that information relating to the examination is neither transmitted nor received by the examinee.) The identity of each examinee is verified before he or she is admitted to the examination room. Seats are assigned at random, and, for FLEX, examinees are moved to different seats at least once during the course of the administration.

Another measure taken to achieve standard administration conditions is the construction of FLEX as a multiple-sequence examination. In a multiple-sequence examination, the questions in each test book are the same for all examinees. However, the test books vary in terms of the sequence in which questions are presented. The different forms are distributed in a manner such that copying answers from another examinee is likely to result in a score that is no better than one would obtain by random guessing.

Irregular Behavior/Invalidation

Irregular behavior, i.e., conduct that subverts or attempts to subvert the examination process, may constitute sufficient cause for a licensing board to terminate or invalidate an examinee's examination and/or license application or to take other appropriate action that may, in some instances, include disqualification for licensure.

Irregular behavior that occurs during an examination includes, but is not limited to, consulting notes or other reference materials during the administration, copying answers from another examinee, permitting one's answers to be copied, or in any way providing or receiving unauthorized information about the examination while it is in progress. Such irregular behavior during the ex-

amination may constitute sufficient cause for a licensing board to terminate or invalidate an examinee's participation. Suspected irregular behavior during an examination is normally reported in writing by the Chief Proctor at the testing center in which the conduct was observed. Upon receipt of information suggesting that irregular behavior has occurred, the licensing boards will evaluate the information and may request a statistical analysis of an examinee's scores. Interpretation and use of such information, and any actions taken on the basis of it, are the responsibility of the licensing board. Records of such actions, however, are retained by the Federation and are communicated to other licensing boards as appropriate.

Other behavior that is considered irregular includes, but is not limited to, falsifying information, impersonating another examinee, or receiving unauthorized information about the content of the examination prior to its administration. The unauthorized reproduction, sale or other distribution of examination materials is not only considered irregular behavior, but may also constitute conduct that is the basis for appropriate legal action. Such actions on the part of individuals that infringe on the legal rights of the NBME, from whom the Federation obtains the test materials, extend beyond the scope of the policies or procedures described here. It should be understood that the NBME can and will take appropriate legal action when it is convinced that the legal rights of the National Board of Medical Examiners have been violated through infringement of the NBME copyright, theft of test materials, sale of test materials, etc. The Federation and the NBME are firmly committed to protecting the integrity of the FLEX and SPEX examinations and will take action appropriate for the fulfillment of this commitment.

All possible efforts are made to assure that FLEX and SPEX are administered under standard conditions and in conformity with the principles on which the examinations and their scoring are founded. Notwithstanding these efforts, situations may occur in which the integrity of the examination process is jeopardized. Under such circumstances, the Federation may invalidate all or part of an examination.

Scoring of the Examinations

Following each administration, completed examination materials are returned by the individual licensing boards to a central scoring location. FLEX answer materials from all licensing boards are scored at one time. SPEX answer materials from all licensing boards are scored at one time.

Raw scores (number of questions answered correctly) are determined and then converted to scale scores for reporting purposes. The scaling procedure is a conversion process that yields a single two-digit scale score for each of the two component examinations and a single two-digit scale score for SPEX. The scores are truncated to a whole number (i.e., all decimal places are dropped).

Examinees failing to provide responses on each answer sheet for all sections of a FLEX Component examination and/or SPEX examination will not receive a numeric score. An appropriate indication of the incomplete submission of materials will be reported to the licensing board for which the examination was taken and will be maintained within the examinee's record in the Federation's Examination Data Bank.

Passing requirements on the examinations are established by the individual licensing boards, with recommendations from the Examination Board of the Federation. It is important to remember, however, that scores are calculated in the same manner and at the same time for the entire group of examinees participating in a given FLEX or SPEX administration; scores are **NOT** calculated on an individual state-by-state basis. Accordingly, differences among states in the percentage of examinees who pass the examinations should not be interpreted as meaning that it is easier for an individual to pass the examinations in one state than it is in another.

A score of 75 is the minimum score recommended by the Examination Board for passing SPEX and each component of FLEX. It should be noted that this figure is **NOT** "75%," but a value on a scale that meets the requirements of licensing board statutes and regulations. Generally, fewer than 75% of the questions need to be answered correctly in order to obtain a score of 75.

Reporting of Scores

FLEX scores are reported directly to the individual licensing boards approximately seven to eight weeks following each administration. SPEX scores are reported directly to the individual li-

censing boards approximately four to six weeks following each administration. The licensing boards will then report exam results to their own examinees at some subsequent time. Please note that the individual licensing boards maintain FLEX and SPEX score records for their respective examinees, and scores are reported to examinees only by the licensing board for which the examination is taken. The Federation does not report scores directly to examinees.

The Federation maintains a computerized data bank of all FLEX and SPEX scores to facilitate reciprocity among jurisdictions. The Federation reserves the right to provide certified transcripts of scores to its member licensing boards as it deems appropriate. Also, for a fee, examinees may request that a certified transcript of their FLEX and/or SPEX scores be forwarded to other licensing boards from which they are seeking licensure and/or to other appropriate credentialing agencies or organizations.

Score Rechecks

The scoring and reporting techniques developed by the NBME and approved by the Examination Board use a variety of checks and verification procedures. The Examination Board is confident that the scores reported for each candidate are accurate reflections of the answers marked on the answer sheets turned in by that examinee. If an examinee has serious concern that the scores reported may be in error, the examinee may request a manual rescoring. However, a considerable amount of time is required to rescore the examination by hand and to compare the results with the scores calculated by computer.

Examinees wishing to have a score recheck performed must direct their request to the licensing board for which the examination was taken. If it approves the request, the licensing board will forward the request to the Federation. The Federation assesses a charge for rescoring, payable in advance to the Federation through the licensing board for which the examination was taken.

Re-examination Procedures

Re-examination eligibility and procedures for unsuccessful examinees are established by the individual licensing boards, pursuant to the boards' statutes and regulations. For FLEX, some boards require passage of both components within a single sitting — i.e., if one component is failed, both must be retaken. Other boards have established component sequence requirements — i.e., Component 1 must be passed before a passing score on Component 2 can be accepted. Examinees should consult the licensing board from which license is being sought for that board's re-examination procedures.

NOTE: Passing FLEX scores achieved through separate component administrations may not be acceptable, even for later endorsement/reciprocity, to those licensing boards that require completion of FLEX within a single administration. Retake of both components may be required for fulfillment of these boards' examination requirements for licensure.

NOTE: The Examination Board considers the latest scores achieved by an examinee to be the "official scores" for the respective examination and has made recommendations to this effect to the individual licensing boards. For Examination Board purposes, then, scores achieved through FLEX re-examination replace earlier FLEX scores, and SPEX re-examination scores replace earlier SPEX scores. However, the individual licensing boards are ultimately responsible for determining what scores within an examinee's history meet the board's examination requirements for licensure. Because this is so, certified transcripts of FLEX and/or SPEX scores provided to licensing boards by the Federation currently list all FLEX and/or SPEX scores achieved by a given examinee.

INQUIRIES

The Executive Director of the Federation's Examination Board and the Federation staff in Fort Worth, Texas, are available to answer questions and/or to assist in interpretation of information concerning FLEX and SPEX. Inquiries should be directed to:

Executive Director, Examination Board
Federation of State Medical Boards
6000 Western Place, Suite 707
Fort Worth, TX 76107-4618
(817) 735-8445

MULTIPLE-CHOICE ITEM TYPES USED IN FLEX AND SPEX

One Best Answer — Single Item

This is the traditional, most frequently used multiple-choice format. It consists of a statement or question followed by four or five options. In FLEX and SPEX examinations, the options in this item type are always lettered (i.e., A, B, C, D, E). The examinee is required to select the best answer to the item. Options other than the single best (correct) answer may be partially correct, but there is only one best answer to this item type.

DIRECTIONS (Item 1): Each of the numbered items or incomplete statements in this section is followed by answers or by completions of the statement. Select the *ONE* lettered answer or completion that is *BEST* in each case and fill in the circle containing the corresponding letter on the answer sheet.

Sample Item 1

1. The most effective treatment for tinea capitis caused by *Trichophyton rubrum* is

(A) epilation with radiation
(B) griseofulvin, orally
(C) antifungal ointment, topically
(D) amphotericin B, intravenously
(E) to await spontaneous involution

(answer B)

One Best Answer — Matching Sets

This item type usually consists of a list of entities (e.g., diseases, laboratory data) followed by several phrases or statements. As in the one best answer — single item type, there is one best answer. Options other than the correct answer may be partially correct. Examinees may also encounter pictorial materials (e.g., graphs, labeled photographs) that comprise the list of entities.

DIRECTIONS (Items 2-3): Each group of items in this section consists of lettered headings followed by a set of numbered words or phrases. For each numbered word or phrase, select the *ONE* lettered heading that is most closely associated with it and fill in the circle containing the corresponding letter on the answer sheet. Each lettered heading may be selected once, more than once, or not at all.

(***NOTE:*** Occasionally FLEX and SPEX include sets of matching items that require a one-to-one match, i.e., each lettered heading should be selected only once. Special directions to cover this situation appear within the individual set of items in the test book. Unless you encounter such special instructions, assume that each lettered heading may be selected once, more than once, or not at all.)

Sample Items 2-3

(A) Phenytoin
(B) Phenobarbital
(C) Valproic acid
(D) Diazepam
(E) Acetazolamide

2. Hepatitis is a potentially serious side effect

(answer C)

3. Hypertrophy of the gums is a common adverse effect

(answer A)

Comparison/Matching Sets

This item type consists of two entities (A) and (B), followed by (C) Both and (D) Neither. Examinees are required to decide whether an item is associated with the first entity only, the second entity only, both entities, or neither entity. As in the one best answer — matching type, the list of entities may include diseases, laboratory data, etc.

DIRECTIONS (Items 4-5): Each group of items in this section consists of lettered headings followed by a set of numbered words or phrases. For each numbered word or phrase, fill in the circle on the answer sheet containing

A if the item is associated with (A) *only,*
B if the item is associated with (B) *only,*
C if the item is associated with *both* (A) *and* (B),
D if the item is associated with *neither* (A) *nor* (B).

Sample Items 4-5

(A) L-dopa
(B) Dopamine

(C) Both
(D) Neither

4. Prescribed for the relief of tremor and rigidity

(answer A)

5. Fail(s) to cross the blood-brain barrier

(answer B)

Multiple True-False Questions

This item type consists of a statement or question followed by four numbered options. The examinee is required to determine whether each of the options is correct or incorrect. Responses are recorded according to a pattern of responses (repeated at the top of each page of this item type) that permits five combinations of responses. You must mark only one answer on the answer sheet.

DIRECTIONS (Item 6): For each of the items in this section, ONE or MORE of the numbered options is correct. On the answer sheet fill in the circle containing

A if only *1, 2, and 3* are correct,
B if only *1 and 3* are correct,
C if only *2 and 4* are correct,
D if only *4* is correct,
E if *all* are correct.

FOR EACH ITEM
FILL IN ONLY ONE CIRCLE
ON YOUR ANSWER SHEET

At the top of each subsequent page containing this item type, the following summary will appear:

DIRECTIONS SUMMARIZED				
A	B	C	D	E
1, 2, 3 only	1, 3 only	2, 4 only	4 only	All are correct

Sample Item 6

6. Contraindications to radical mastectomy for carcinoma of the breast include
   (1) hepatic metastases
   (2) "inflammatory" cancer
   (3) edema of the ipsilateral arm
   (4) spread of the tumor to the ipsilateral supraclavicular nodes

(answer E [all are correct])

CASE CLUSTERS USED IN FLEX

The *case cluster* format is used in Book E of FLEX Component 2. Each case cluster opens with a description of a clinical situation. The opening description may include results of physical examination (e.g., patient's vital signs), results of diagnostic studies (e.g., laboratory findings, radiologic findings), or other information relevant to the case.

The opening description is followed by a series of multiple-choice questions of the standard types used in FLEX, presented in a progression reflecting the manner in which issues might arise in the work-up or management of an actual case. Often, the multiple-choice questions are grouped according to the demands of the physician task. For example, questions relating to history-taking may be presented first, followed by a group of questions about the physical examination, which may be followed by another group of questions pertaining to laboratory studies. Additional case information may be provided between each task-related group of questions.

INTRODUCTION OF THE UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE) AND PHASE-OUT OF THE FLEX

The Federation of State Medical Boards and the National Board of Medical Examiners (NBME) are establishing a single, uniform examination for medical licensure in the United States. The United States Medical Licensing Examination (USMLE) will provide a common evaluation system against which to measure knowledge and other cognitive abilities of applicants for medical licensure.

The three-step USMLE will replace the two currently existing examination sequences used in the medical licensing process: the FLEX and the certifying examinations of the NBME (Parts I, II and III). Steps 1 and 2 of the USMLE will also be administered by the Educational Commission for Foreign Medical Graduates (ECFMG) to meet the medical science examination requirements for ECFMG certification. Information on the USMLE may be obtained by contacting:

USMLE Secretariat
3930 Chestnut Street
Philadelphia, PA 19104
(215) 590-9600

The last *regular* administration of both components of FLEX will be in December 1993. In 1994, there will be two special administrations of FLEX Component 1, which will be offered to examinees who have passed FLEX Component 2 but not FLEX Component 1 prior to 1994 and who are approved by one of the individual licensing authorities as eligible to participate in one of these special administrations.

Recognizing that many medical students and physicians may have already successfully completed some part of a licensing examination sequence before implementation of the USMLE, it is expected that certain combinations of examinations, as shown below, may be considered comparable to existing examinations. The USMLE program has recommended to the individual licensing authorities that such combinations be accepted for medical licensure only if completed prior to the year 2000. Information on the acceptability of these combinations for licensure in a particular jurisdiction should be sought from the individual licensing authority in the respective jurisdiction.

E nination Combinations Recommended as Acceptable for Licensure if Completed Prior to the Year 2000

Examination Sequence	Recommended as Acceptable
Part I *plus* Part II *plus* Part III	Part I or Step 1 *plus* Part II or Step 2 *plus* Part III or Step 3
FLEX Component 1 *plus* FLEX Component 2	FLEX Component 1 *plus* Step 3 ***or*** Part I or Step 1 *plus* Part II or Step 2 *plus* FLEX Component 2
Step 1 *plus* Step 2 *plus* Step 3	

OTHER PUBLICATIONS CONCERNING FLEX

FLEX Guidelines, Strategies and Sample Component Examination Items

This FLEX workbook contains

- description and sample of the content guidelines on which the FLEX component exams are based
- test-taking suggestions and specific strategies for completing the various types of multiple-choice questions, including case clusters
- practice samples of Component 1 and Component 2 multiple-choice questions and case clusters, including answer keys

Cost of this workbook is $20, payable by MONEY ORDER made to the Federation of State Medical Boards. (Texas residents add 7.75% for Texas state sales tax. Add $5 for shipment to locations outside the U.S., possessions of the U.S., Canada, and Mexico.)

Send request and payment, ATTENTION: GUIDELINES-5, to the Federation of State Medical Boards at the address shown on the front cover of this *Bulletin*.

OTHER PUBLICATIONS CONCERNING FLEX AND SPEX

(continued)

Federation Exchange

Section 1: FLEX and M.D. Licensing Requirements, a state-by-state survey of requirements for M.D.s.

Section 2: FLEX and D.O. Licensing Requirements, a state-by-state survey of requirements for D.O.s.

Section 3: Physician Licensing Boards and Physician Discipline, a state-by-state survey of licensing board structure, function, and responsibilities.

Cost of the ***Exchange,*** payable by MONEY ORDER made to the Federation of State Medical Boards, is:

$25 Section 1
$25 Section 2
$25 Section 3
$60 the complete Exchange (all 3 sections)

(Texas residents add 7.75% for Texas state sales tax. Add $5 for shipment to locations outside the U.S., possessions of the U.S., Canada, and Mexico.)

Send requests and payment, ATTENTION: EXCHANGE-5, to the Federation of State Medical Boards at the address shown on the front cover of this *Bulletin.*

The individual licensing boards maintained FLEX score records for their respective examinees. Initial notification of scores to examinees came from the individual licensing authorities.

The last regular administration of the FLEX was conducted in December 1993 as the last phase in transition to the new United States Medical Licensing Examination (USMLE), which becomes fully implemented in 1994. The Federation will continue to maintain its database records of all FLEX scores to facilitate endorsement by other jurisdictions. For a fee, FLEX examinees may request that a certified transcript of their FLEX scores be forwarded to other licensing boards from which they are seeking licensure.

For information regarding time limits for acceptance of FLEX for endorsement, individuals must contact the licensing authority from which they are seeking licensure.

Further information on the FLEX or the USMLE may be obtained by contacting the Federation of State Medical Boards of the United States, Inc., 6000 Western Place, Suite 707, Fort Worth, TX 76107, (817) 735-8445.

Special Purpose Examination (SPEX)

Increasingly, physician licensing boards in the United States have been adopting examination requirements for endorsement license applicants who are some years beyond initial examination. Without such requirements for these applicants, licensing boards must rely on examination results that are often outdated, on letters of reference and recommendation that are not always complete or accurate, and on other limited resources.

In late 1985, a request from the California Board of Medical Quality Assurance for assistance in expanding its reexamination process for endorsement applicants underscored the growing need for a special examination. Other jurisdictions expressed interest in an examination for assessment of physicians seeking license reinstatement after a period of professional inactivity (due to illness, disciplinary action, etc.). In response, the Federation of State Medical Boards, through its Examination Board, and working with the NBME, developed the Special Purpose Examination (SPEX).

SPEX is made available to licensing boards for reexamination of specific physicians for whom the board determines the need for a current demonstration of medical knowledge. As defined by the Examination Board, SPEX is a cognitive examination to *assist* licensing jurisdictions in *their* assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction.

A guiding design principle is that SPEX content should reflect the knowledge and cognitive abilities required of all physicians, regardless of specialty practiced. This principle reflects the fact that unrestricted licensure in the United States is for the "practice of medicine," not for the practice of a particular specialty. Because SPEX has this principle in common with the former FLEX, SPEX content specifications sample from the content specifications and test item pool originally developed for the FLEX Components 1 and 2.

SPEX is a one-day examination of approximately 450 multiple-choice questions that focus on a core of clinical knowledge and relevant, underlying basic science principles necessary to form a reasonable foundation for the safe and effective practice of medicine. SPEX questions are specially selected to assess the requisite knowledge base of physicians who are five years or more beyond medical school graduation.

Beginning in spring 1988, SPEX was made available to licensing boards for quarterly administration: March, June, September, and December. SPEX application and administration information may be obtained from the individual licensing boards.

SPEX scores are reported as a scaled score. The scale is set so that a score of 75 is the minimum pass point recommended for use by licensing boards. SPEX scores are initially reported to examinees directly by the licensing board for which SPEX is taken.

The Federation maintains a data bank of all SPEX scores to facilitate interstate endorsement. As it does for FLEX, the Federation will provide certified transcripts of SPEX scores to licensing boards receiving license applications from individuals taking SPEX in other jurisdictions.

Further information on SPEX may be obtained from the Federation of State Medical Boards of the United States, Inc., 6000 Western Place, Suite 707, Fort Worth, TX 76107, (817) 735-8445.