

*CanadaQBank*<sup>®</sup>

**How to  
work  
as a  
Physician in**

**Australia | Canada | Saudi Arabia  
United Kingdom | United States**

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# THE JOURNEY TO BECOME A PRACTICING PHYSICIAN

Each year, we receive several messages from medical students and physicians abroad who are interested in practicing medicine in Canada or the United States or one of the countries that we have QBanks for.

For anyone beginning the journey, it can be a challenge and sometimes even discouraging to look at the road ahead and the many tasks that have to be completed for one to be able to make it as a practicing physician in these countries.

We endeavour to create a newsletter where information can be found to assist interested candidates in navigating these difficult decisions so that they will be able to find resources, connections and guidance in their journey as international medical graduates (IMGs).

In this document we will look at 5 countries: Australia, Canada, Saudi Arabia, the United Kingdom and the United States of America.

# Steps to becoming a licensed practicing physician in Australia:

## TWO MAJOR PATHWAYS

Like most western countries, Australia has 2 different systems, one for national medical graduates and another for international medical graduates (IMGs). While the required competency tests are standardized to ensure that all medical practitioners have undergone uniform assessment, the pathways that Australian physicians who went to medical school in Australia go through differ from the pathways for IMGs.

To summarize, those who graduate from Australian medical schools, pass a clinical exam before they start their one year internship. After internship, they can continue into specialty programs.

For IMGs, the agency that handles the applications from initial registration to take the exams is the Australian Medical Council. [www.amc.org.au](http://www.amc.org.au)

When IMGs are signing up, they are given 2 choices: they can choose to enter the Australian healthcare system through what is known as "the standard pathway". This means that they have to start from scratch by taking the Australian medical licensing exams. There are 2 exams: the AMC CAT, which is the Australian Medical Council Computer Adaptive Test and the AMC Clinical exam.

The second option is what is known as the "competent authority pathway". In which physicians who have credentials from other countries that are considered to deliver "competent" medical licenses and/or are equivalent to an Australian medical license, have their credentials assessed and approved to practice in Australia without having to take the Australian exams.

### **The Standard Pathway**

Signing up for the standard pathway is the choice for many IMGs who want to start residency in Australia. They have graduated from different developing or developed non-English speaking countries, they have little to no experience after medical school or they have not done any post-graduate training.

This also includes those who may have done post-graduate training in countries that Australia considers “non-competent”, in other words, the residency programs they have gone through are not considered to have the same high standards like in the Australian healthcare system. Most non-western countries fall in this category.

To sign up, you go to the website of the Australian Medical Council and open an account. You answer the questions about your identity, medical school, experience and address. Then, you must mail the requested documents to the Australian Medical Council for verification. An IELTS (English Test) is usually recommended before starting the process.

They do not put much emphasis on the IELTS requirement at this stage, but it is included in the rules and they may decide to emphasize it on a case by case basis if they feel the candidate does not have the requisite knowledge to pass the medical licensing exams. Once the documents certifying your medical diploma and identity are received by the AMC, it takes several weeks for documents to be verified. They contract the service of the ECFMG (in the United States) for verification just like the Medical Council of Canada (MCC) does.

Clearly for those who have passed their USMLEs (in the United States) and already have an account with the ECFMG, the review is much faster. Once the review of your documents is complete, you will be sent a letter of eligibility by the AMC. The letter certifies that your documents and ID have been reviewed and you are eligible to take the AMC CAT and your AMC number is shown on the letter.

You can then log into your online AMC account, select an exam date, and make payment for the exam. There are many exam centers in various cities around the world. If you clear that AMC CAT, then you can proceed to apply for the AMC Clinical exam. To study for the AMC CAT, you may use the CanadaQBank online test preparation service at [www.CanadaQBank.com](http://www.CanadaQBank.com)

It has the preparation material that would be sufficient to pass the exam. The AMC will also mention the availability of their own resources once they register you for the exam.

The AMC CAT consists of 150 questions, with only 120 questions that will be counted and scored towards your assessment. The remaining 30 questions are included for quality assurance and future test planning.

You should do your best on all questions because you will not know which questions will be counted in your score. The questions/cases cover internal medicine, surgery, pediatrics, ObGyn, psychiatry and Australian public health. Because the AMC CAT is a computer adaptive test, the difficulty level will depend on your performance in the earlier questions you do during the exam. If the exam feels like it is getting tougher and tougher, to the point that you could call it the toughest exam you have ever taken, it may be because you have answered correctly the easiest and intermediate questions and you are only getting more advanced questions as you progress along. This is in case we assume you are well prepared and have studied hard.

The results of the exam are provided within 10 days of the exam and you will need to log on to their website with your AMC number to access your scores. They will also mail a paper transcript to your physical address 4-8 weeks after the online results.

The AMC Clinical exam is offered twice per year, in the spring and the fall. Just like the Canadian MCCQE Part 2. It has 16 cases for which you are given 10 minutes per case. The cases cover the same topics like AMC CAT except that public health is generally not part of the AMC Clinical. This does not mean they can't bring a public health case because in their curriculum this is indicated as one of the subjects you should be competent in.

Two cases are pilot cases and are not scored. This means that they will score 14 of the cases. Doing 10 cases correctly is required to be able to pass. The cases test ability to take a history, do a physical exam, or counsel the patient about management. In cases of management, a patient should be informed about the diagnostic tests that will be required to confirm a diagnosis and the treatment options available.

Patients may ask the physician some pre-determined questions. The way those questions are answered is counted in the scoring and indeed answering those questions wrong could result in a failing score on the station despite having taken the history or performed the physical exam correctly. In many ways, the AMC Clinical is similar to MCCQE Part 2, except in the way the cases are scored and how points are awarded for each case. The AMC will also recommend some resources for this exam.

If both exams (AMC CAT and the AMC Clinical) are passed successfully, the candidate is issued the AMC certificate of completion, similar to the Canadian LMCC. This certificate can be used to register with the Australian Health Practitioner Regulation Agency (AHPRA): [www.ahpra.gov.au/Registration.aspx](http://www.ahpra.gov.au/Registration.aspx)

The AMC certificate of completion can also be used to apply to hospitals directly for positions for internship. This is usually an open door into residency or specialization. While the AMC Certificate is sufficient on paper as it gives you a green light to practice in Australia, hospitals tend to recruit people who have much more than exam scores.

A person who has done residency elsewhere is likely to be given preference. The more recent your medical practice experience is, the higher the chances of getting residency in Australia. This means that for those who are not fleeing some dangerous situations, it may be more beneficial to stay engaged in medical practice in your country of origin while waiting for the AMC certificate rather than immigrate first and then lack employment opportunities after landing.

Australia has 6 states and they all accept the AMC certificate and while each state has their own licensing body, the requirements are uniform, which means that there will not be additional competency requirements in different states. To contact the state medical boards of Australia you can go to: [www.medicalboard.gov.au](http://www.medicalboard.gov.au)

In any case, after AMC, candidates will deal next with the Australian Health Practitioner Regulation Agency (AHPRA). The AHPRA is the agency that registers physicians for initial medical practice while the state board where you practice will enforce the standards.

The AHPRA has an English requirement in addition to the medical competence requirements. Usually, a 7-7.5 score on IELTS academic is the minimum acceptable score to practice in Australia. They require 7.5 on two components of the English exam and 7.0 on two other components. They specify which components they want 7.0 and which ones you must get a 7.5.

### **The Competent Authority Pathway**

In this section we will examine four countries that the AMC considers equivalent to medical credentials in Australia.

The countries that are considered equivalent are Canada, New Zealand, the UK and the USA. There are other developed countries that may be able to come close to those four, but the criteria that is used to deem those other countries “competent” is less straight forward, but may in fact be the same as those who use the standard pathway.

This means that a candidate from Canada, New Zealand, the UK or the USA does not need to take the AMC CAT or AMC Clinical.

The medical licensing exams taken in Canada are considered sufficient to prove readiness to practice in Australia.

For New Zealand, a candidate must have passed the only exam provided there, which is the New Zealand Clinical Exam, which is similar in format to Australian Clinical Exam but more expensive and more difficult. One year of post-graduate training is not required by Australia for those who have New Zealand Clinical Exam passing scores, but it is unlikely anyone can pass the New Zealand Clinical exam without a year of post-graduate training.

New Zealand has IELTS requirements that are higher than those of Australia and it must be cleared before applying for the New Zealand Clinical Skills Exam. In all 4 components a score of 7.5 is required for IELTS academic.

For the UK, a candidate must have passed the PLAB Part 1 and the PLAB Part 2 and have at least one year of post-graduate training.

For the USA, a physician must have cleared the USMLE steps 1, 2 and 3 and also finished at least one year of residency training in the United States. If a candidate has passed USMLE step 3 but has no residency in the USA, that is not considered competency.

### **Specialists from non-competent authorities**

Those who have earned specialist credentials from other countries considered “non-competent authorities” after 3-6 years of post-graduate training in those countries, can be assessed by AMC on a case by case basis.

They will not be able to go through the fast-track route of competent authority pathway, but they can still have their post-graduate training recognized to enter their specialties without repeating all the years of training.

A cardiologist from Ukraine or Sweden, can practice cardiology in Australia, on the condition of clearing the AMC CAT and AMC Clinical, and possibly working at least 1 year as an intern in an Australian hospital, before having the previous years of specialization in a foreign country counted as equivalent to Australian medical specialties.

For those with specialties from non-European countries, there may be requirements to undergo more years of specialized training in Australia before being allowed to practice independently.



# Question Bank for the Australian Medical Council (AMC) Computer Adaptive Test (CAT)

## SUBJECTS

Medicine | Pediatrics | OBGYN |  
Surgery | Psychiatry | Preventive  
Medicine & Community  
Health (PMCH)

**NUMBER OF QUESTIONS**  
**[3360]**



## Features of the QBank of the AMC CAT

- ✓ 3360 of the very best, classic, simulated Multiple Choice Questions
- ✓ Each test prep question covers a different AMC CAT topic from the subject areas tested
- ✓ Answers and detailed explanations for all practice exam questions
- ✓ Take tests in timed, un-timed and tutor modes
- ✓ Generate tests by subject category or any combination of categories
- ✓ Unused, incorrect only, or all question selections
- ✓ Choose how many questions you want to take in each block
- ✓ Mark exam questions and write your own notes during the test
- ✓ Review detailed analysis of AMC CAT tests taken
- ✓ Performance review by subject category
- ✓ Overall cumulative performance
- ✓ Compare your scores with other people
- ✓ Real MCQ interface for true simulation, with normal lab values
- ✓ Revised and expanded with feedback from the most recent exams
- ✓ Continuous updates to the questions and explanations
- ✓ Accessible 24/7 from anywhere
- ✓ Pass the AMC CAT - guaranteed or get 3 months free!

[www.canadaqbank.com/amc-cat.php](http://www.canadaqbank.com/amc-cat.php)

# Steps to becoming a licensed practicing physician in Canada:

## IMGs WHO ARE PERMANENT RESIDENTS OR CITIZENS OF CANADA

The difference between IMGs who are permanent residents or citizens of Canada and those who are not in this category are not many, but it can be a factor. First, by Canadian law, medical residency can be given only to those who are permanent residents or citizens of Canada.

Because in most provinces you have to sign an agreement of return of service after residency. Meaning you have to stay and work in that province in an assigned rural area for 3-5 years after the completion of your residency training.

Therefore it makes sense that foreigners who have no permanent residence are not considered a priority in the Canadian public funding of post-graduate training. This means that only those who are residents or citizens are allowed to participate in the Canadian Resident Matching Service (CaRMS): [www.carms.ca](http://www.carms.ca)

Another difference is that those who are already in Canada can present themselves for interviews, observerships, internships and jobs at short notice and without additional immigration paperwork.

Different provinces have different requirements for residency matching, so it is important to be aware of the requirements in the province where one is applying.

### Residency Programs in Canada by Province

1. Alberta

[www.aimg.ca](http://www.aimg.ca)

2. British Columbia

[www.imgbc.med.ubc.ca](http://www.imgbc.med.ubc.ca)

3. Manitoba

[www.umanitoba.ca/faculties/health\\_sciences/medicine/education/imgp/index.html](http://www.umanitoba.ca/faculties/health_sciences/medicine/education/imgp/index.html)

#### 4. New Brunswick

[www.carms.ca/match/r-1-main-residency-match/eligibility-criteria/nova-scotia-new-brunswick-pei](http://www.carms.ca/match/r-1-main-residency-match/eligibility-criteria/nova-scotia-new-brunswick-pei)

#### 5. Newfoundland

[www.carms.ca/match/r-1-main-residency-match/eligibility-criteria/newfoundland-and-labrador](http://www.carms.ca/match/r-1-main-residency-match/eligibility-criteria/newfoundland-and-labrador)

#### 6. Ontario

[www.health.gov.on.ca/en/pro/programs/hhrsd/physicians/international\\_medical\\_graduates.aspx](http://www.health.gov.on.ca/en/pro/programs/hhrsd/physicians/international_medical_graduates.aspx)

#### 7. Prince Edward Island

[www.princeedwardisland.ca/en/information/health-pei/family-medicine-residency-program](http://www.princeedwardisland.ca/en/information/health-pei/family-medicine-residency-program)

#### 8. Quebec

[www.cmq.org/page/en/formation-postdoctorale.aspx](http://www.cmq.org/page/en/formation-postdoctorale.aspx)

#### 9. Saskatchewan

[www.carms.ca/match/r-1-main-residency-match/eligibility-criteria/saskatchewan](http://www.carms.ca/match/r-1-main-residency-match/eligibility-criteria/saskatchewan)

## IMGs WHO LIVE OUTSIDE OF CANADA

While IMGs who live outside of Canada do not have the same privilege of applying for Canadian residency, there are other ways that they can enter the Canadian healthcare system and practice medicine.

These include provincial programs that have been set up for the intake of qualified IMGs who meet certain eligibility criteria to practice as family physicians or as GPs. Sometimes they are called provisional licenses or limited registration.

The common requirements for most provinces are:

- Being a graduate of a medical school that is considered by the Medical Council of Canada (MCC) to be acceptable. Most of those medical schools can be found in the IMED directory. In any case, your credentials will have to be verified by the MCC.
- Having passed at the very least the MCCQE Part 1. This is the minimum requirement in many cases. Because of competition, the minimum requirement may not be sufficient. If there are many applicants competing for limited positions, obviously those who have much more than the minimum requirement will be preferred.
- Having at least two years of post-graduate training in an eligible specialty in select countries.
- Having practiced a number of acceptable hours within the last 2-3 years. IMGs who live outside of Canada who fulfill these requirements can potentially get approved by provinces to practice medicine in Canada on a provisional license. Usually after 3 years under supervision or with a provisional license, they qualify for the certification exam, which opens the door to full licensure.

Of course, those who are residents or citizens who fulfill these requirements can be approved as well. Which means they have an advantage of “double entry opportunities”—They can either apply for residency through the Canadian Resident Matching Service (CaRMS) or they can apply directly to provinces if they meet the provincial practice eligibility criteria.

The list of the provincial licensing authorities of Canada are here:

[www.fmrac.ca/members](http://www.fmrac.ca/members)

## THE STEPS ALL IMGs SHARE

### Medical Council of Canada Examinations

#### MCCQE Part 1

Regardless of citizenship or immigration status, all IMGs must take the MCCQE Part 1.

1. Prepare for this exam with CanadaQBank: [www.CanadaQBank.com](http://www.CanadaQBank.com)
2. Take the exam with the Medical Council of Canada (MCC): [www.mcc.ca](http://www.mcc.ca) and [www.physiciansapply.ca](http://www.physiciansapply.ca).

Registering for the MCCQE Part 1 starts by creating an account with the Medical Council of Canada at their Physicians Apply website. A set of questions are asked such as the university where the candidate graduated from, date of birth, languages the person speaks, etc. Once the application is complete, an identity form with the picture of the candidate has to be completed and then mailed to the MCC in Ottawa, Ontario.

A notarized copy of the government issued ID such as a passport or driver's license is usually among the documents you will see on the list as required to be mailed to the MCC in Ottawa. The MCC contracts the ECFMG to do identity form verification. During this time, the MCC, using the ECFMG services, examines the documents the candidate has submitted such as a notarized copy of the medical degree. For documents that are not in English, translations with MCC-approved translators is required.

MCC/ECFMG initiates primary source verification after examining the documents the candidate submitted and the identity form from the medical school signed by the dean. The verification tries to ascertain if the submitted documents such as transcripts and degrees are indeed issued by the medical school to the candidate, how many years the candidate attended, the credit hours, etc. Once the verification is complete, MCC contacts the candidate to inform of the successful completion of the eligibility check and then the candidate may proceed with taking the MCC exams.

It is possible that the MCC may allow the candidate to book an exam component while the diploma and identity are still being verified. But if there's any delay in determining the authenticity of the identity or diploma of the candidate, MCC may cancel the planned exam.

The MCCQE Part 1 is currently the first exam in the MCC series and it is a one day exam divided in two sections. It contains the standard multiple choice questions that consist of 4-5 answer options with one being the correct answer. This section is taken in the morning.

Then there is what is known as the Clinical Decision Making (CDM) cases. This is the section of the exam taken in the afternoon and it consists of cases with multiple choice questions with some of them having possibly multiple correct answers.

The passing score as of the end of 2019 is 226. The MCCQE Part I is offered worldwide, with up to 5 sessions in a year:

[www.mcc.ca/media/Information-sheet-IMG-MCCQE-Part-I.pdf](http://www.mcc.ca/media/Information-sheet-IMG-MCCQE-Part-I.pdf)

Since the median score of the MCCQE Part 1 is 250, with a standard deviation of 30, one has to be at least one standard deviation above the mean to be a stand out among the multitude of applicants for post-graduate training.

## **MCCQE Part 2**

Completion of both the MCCQE Part 1 and the MCCQE Part 2 is required to be awarded with the Licentiate of the Medical Council of Canada (LMCC).

This is not a medical license but it is a certificate that is a gateway to many opportunities for physicians who want to practice in Canada.

Not all physicians need to pass the MCCQE Part 2 to be able to practice in Canada because of multiple pathways available in the Canadian healthcare system. This exam is not required to get into residency; however, it is required for those who have finished at least one year of residency before they can start independent practice.

People who have done one year of internship or post-graduate training in another country, are eligible to apply for the MCCQE Part 2, if the MCC deems that their 1 year of post graduate training or internship is equivalent to the Canadian system.

The MCCQE Part 2 is a clinical skills exam. This means that it contains cases that test history taking skills, physical exam techniques and medical decision making in diagnostic orders or medical treatment. Because most cases are on the level of someone who is ready for independent practice, it is a difficult exam. Only 4 attempts are allowed on this exam and the pass score is 138. Anxious IMGs who are trying to get into residency in Canada may take this exam but it is usually not required for residency:

[www.mcc.ca/examinations/mccqe-part-ii](http://www.mcc.ca/examinations/mccqe-part-ii)

## **NAC OSCE**

For IMGs, the National Assessment Collaboration (NAC) Objective Structured Clinical Examination (OSCE) is an exam that should be considered if applying for residency in Canada. It is easier than the MCCQE Part 2 as the QE2 is for those who are ready for independent practice and is management-heavy. While the NAC OSCE is for those who want to undergo post-graduate training and is mostly about taking history, physical exam and medical ethics.

<https://mcc.ca/examinations/nac-overview>

## **Provincial Provisional License Programs/ Limited Registrations/ Alternative training through supervised practice/ Clinical Assistants**

These provisional licenses are usually given to people who completed residency in another country and at least passed their MCCQE Part 1 and practiced medicine within 2-3 years before lodging an application.

### 1. Alberta

[www.cpsa.ca/imgs](http://www.cpsa.ca/imgs)

[www.albertahealthservices.ca/assets/info/hp/phys/if-hp-phys-ca-eligibility-overview.pdf](http://www.albertahealthservices.ca/assets/info/hp/phys/if-hp-phys-ca-eligibility-overview.pdf)

### 2. British Columbia

[www.cpsbc.ca/for-physicians/registration-licensing/applying/imgs/provisional](http://www.cpsbc.ca/for-physicians/registration-licensing/applying/imgs/provisional)

### 3. Manitoba

[www.cpsm.mb.ca/registration/are-you-an-international-medical-graduate](http://www.cpsm.mb.ca/registration/are-you-an-international-medical-graduate)

### 4. New Brunswick

[www.cpsnb.org/en/medical-act-regulations-and-guidelines/regulations/408-regulation-2-registration-and-licensing](http://www.cpsnb.org/en/medical-act-regulations-and-guidelines/regulations/408-regulation-2-registration-and-licensing)

### 5. Newfoundland

[www.practicenl.ca/?/jobs/content/img.asp](http://www.practicenl.ca/?/jobs/content/img.asp)

### 6. Nova Scotia

[www.doctorsns.com/doctors/international-graduates](http://www.doctorsns.com/doctors/international-graduates)

### 7. Ontario

[www.healthforceontario.ca/en/Home/Health\\_Providers/Physicians/Registration\\_Requirements](http://www.healthforceontario.ca/en/Home/Health_Providers/Physicians/Registration_Requirements)

### 8. Prince Edward Island

[www.princeedwardisland.ca/sites/default/files/publications/physician\\_-\\_gp\\_pathway\\_to\\_licensure\\_updated\\_november2017.pdf](http://www.princeedwardisland.ca/sites/default/files/publications/physician_-_gp_pathway_to_licensure_updated_november2017.pdf)

### 9. Quebec

[www.cmq.org/hub/en/permis-restrictif-formation-hors-du-canada-et-des-etats-unis-formation-france.aspx](http://www.cmq.org/hub/en/permis-restrictif-formation-hors-du-canada-et-des-etats-unis-formation-france.aspx)

[www.msss.gouv.qc.ca/professionnels/medecine-au-quebec/diplomes-internationaux/?home](http://www.msss.gouv.qc.ca/professionnels/medecine-au-quebec/diplomes-internationaux/?home)

### 10. Saskatchewan

[www.saskdocs.ca/work/family-physician---imgs](http://www.saskdocs.ca/work/family-physician---imgs)



## Internal Medicine Specialties

Most of the provisional and limited registrations above have been catered for IMGs who would be practicing in the GP/ Family Medicine area. However, there are opportunities for internists and those in various specialties of internal medicine as well. Importantly, they do not need to be Canadian residents or citizens to be considered eligible to apply for recognition in Canada as long as they undergo an assessment and pass an exam.

[www.royalcollege.ca/rcsite/credentials-exams/exam-eligibility/assessment-routes-international-medical-graduates-e](http://www.royalcollege.ca/rcsite/credentials-exams/exam-eligibility/assessment-routes-international-medical-graduates-e)

## College of Physician certifications

Despite the multiple pathways of entry into the Canadian healthcare system, residents and non-residents, IMGs and North-America trained graduates all finally reach the last step before enjoying the unrestricted licensure status by passing the certification exams of the college of physicians.

This means that whether one has gone through the Canadian matching system to get post-graduate training or used the unconventional path of provisional license or supervised training outside of a university training program, ultimately they all have to pass the college of physicians certification exams before they can practice freely.

1. College of Family Medicine : [www.cfpc.ca/FMExam](http://www.cfpc.ca/FMExam)
2. Internal Medicine Specialties :

[www.royalcollege.ca/rcsite/credentials-exams/certification-exams-e](http://www.royalcollege.ca/rcsite/credentials-exams/certification-exams-e)

## Support Groups

Because of an ever changing regulatory landscape, it is important to find out about the changes in the rules of the game as early as possible and one of the ways this is done is by being part of support groups, whether through local activities or online forums. Here are some websites that may be useful.

1. CanadaQBank Facebook Group : [www.facebook.com/groups/CQBgroup](http://www.facebook.com/groups/CQBgroup)
2. Alberta International Medical Graduates : [www.aimga.ca](http://www.aimga.ca)
3. Association of International Medical Graduates of British Columbia : [www.aimdbc.org](http://www.aimdbc.org)
4. Healthcare providers network in Manitoba : [www.mhpnetwork.ca/phys-img-csa.html](http://www.mhpnetwork.ca/phys-img-csa.html)

# Question Bank for the Medical Council of Canada Qualifying Exam (MCCQE) Part 1

A subscription to the 'QBank for the MCCQE Part 1' contains access to both the MCQs and the CDM cases.

## SUBJECTS

Medicine | Pediatrics | OBGYN |  
Surgery | Psychiatry | Preventive  
Medicine & Community  
Health (PMCH)

**NUMBER OF QUESTIONS  
& CASES** [3435]  
[301]



## Features of the MCQ QBank of the MCCQE Part 1

- ✓ 3435 of the best, classic, simulated MCQs for the MCCQE Part 1 examination
- ✓ Each MCQ covers a different topic from the subject areas tested on the MCCQE Part 1
- ✓ Answers and detailed explanations for all questions
- ✓ Mark questions and write your own notes during the test
- ✓ Performance review by subject category
- ✓ Compare your scores with other users
- ✓ Upgraded exam interface for true simulation, with normal lab values
- ✓ Mark exam questions and write your own notes during the test
- ✓ Generate tests by subject, category, Dimensions of Care and Physician Aspects
- ✓ Take tests in timed, un-timed and tutor modes
- ✓ Unused, incorrect only, or all question selections
- ✓ Choose how many questions you want to take in each block
- ✓ Review detailed analysis of MCCQE tests taken
- ✓ Revised and expanded with feedback from the most recent exams
- ✓ Continuous updates to the questions and explanations
- ✓ Accessible 24/7 from anywhere
- ✓ Pass the MCCQE Part 1 - guaranteed or get 3 months free!

## Features of the CDM QBank of the MCCQE Part 1

- ✓ 301 of the best, classic, simulated MCCQE Part 1 CDM cases
- ✓ Each CDM case covers a different topic from the subject areas tested
- ✓ Each question has an average of 2 - 7 correct answer options
- ✓ Take tests in timed, un-timed and tutor modes
- ✓ Unused, incorrect only, or all question selections
- ✓ Mark exam questions and write your own notes during the test
- ✓ Performance review by subject category
- ✓ Compare your scores with other users
- ✓ Revised and expanded with feedback from the most recent exams
- ✓ Accessible 24/7 from anywhere
- ✓ 799 questions for the 301 CDM cases
- ✓ Each CDM case has 2 - 4 questions
- ✓ Answers and detailed explanations for all questions
- ✓ Generate tests by subject category or any combination of categories
- ✓ Choose how many CDM cases you want to take in each block
- ✓ Overall cumulative performance
- ✓ Upgraded CDM interface for true simulation, with normal lab values
- ✓ Continuous updates to the CDM cases and corresponding questions
- ✓ Pass the MCCQE Part 1 - guaranteed or get 3 months free!

[www.canadaqbank.com/mccqe-part1.php](http://www.canadaqbank.com/mccqe-part1.php)

# Question Bank for the Medical Council of Canada Qualifying Exam (MCCQE) Part 2

## SUBJECTS

Medicine | Pediatrics | OBGYN |  
Surgery | Psychiatry | Preventive  
Medicine & Community  
Health (PMCH)

## NUMBER OF CASES

[168]



## Features of the QBank of the MCCQE Part 2

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[www.canadaqbank.com/mccqe-part2.php](http://www.canadaqbank.com/mccqe-part2.php)

# Steps to becoming a licensed practicing physician in Saudi Arabia

## INTERNATIONAL MEDICAL GRADUATES

### Experience Matters

The kingdom of Saudi Arabia is open to IMGs, that is medical graduates who earned their degrees outside of Saudi Arabia, but the positions that they can obtain depend more on whether one has had specialized training or not and where that experience was acquired. If one completed specialized training in Canada or the USA, then that person would be in Tier one, which means that two years of experience after residency would open opportunities for independent practice as an attending physician/consultant. For those from Tier 2 countries such as India or Pakistan, they would need 6-8 years of experience after residency to occupy the same position.

### Cultural Awareness

As candidates prepare themselves to go to Saudi Arabia, they are likely to invest resources in preparation regarding their medical practice readiness such as studying and passing for exams, getting letters of recommendations, etc. But aspects of cultural awareness are just as important as the technical aspects of such plans. It is important that you read as much as possible about the dos and the don'ts of the Saudi Arabian culture. How do you behave when you are invited as a guest to a friend's house? What is the proper way to dress? What are the boundaries between personal life and professional life? What is the role of prayer in the society? What is the proper way to greet people you meet? All of these things are important to be aware of before planning to move to Saudi Arabia.

### Saudi Medical Licensing Exam (SMLE)

The SMLE consists of 300 multiple choice questions, and is 6 hours in length. The exam is prepared by the ministry of education in collaboration with the ministry of health through its Saudi Commission of Health Specialties (SCHS). Signing up for the exam should be done at the SCHS Website: <https://www.scfhs.org.sa/en/Pages/default.aspx>

## Exam Format

Internal Medicine, ObGyn, Pediatrics and Surgery account for 180 of the total 300 questions. The exam consists of both recall questions as well as understanding and applying concepts. This differs from Western exams which are strictly focused on applying concepts. In the SMLE you are likely to encounter anatomy questions in which memorizing parts of the body and their function may be helpful in answering some of the recall questions.

Such a broad category of questions asked and the inclusion of recall questions may explain the reason for the low pass rate of Saudi medical graduates. The pass rate among Saudi Medical Graduates is 72%, which is considered low by Saudi medical graduates themselves and local healthcare experts. The passing score was 150 questions correct and it was increased to 180 questions correct in 2018. While there's no data of the IMGs pass rate, we do know that as of the end of 2019, there are 6,000 IMGs practicing in Saudi Arabia right now.

The difference between Saudi Arabia and some Western countries is that there are two attempts allowed for those who have passed the SMLE with a low score and wish to retake the exam to achieve a higher score in order to boost their chances for residency selection.

IMGs may take the SMLE outside of Saudi Arabia at Prometric centers while Saudi Medical Graduates take it inside Saudi Arabia. Once you sign up for the exam with the SCHC, you will need to contact Prometric in the region you live to schedule an exam:

[www.prometric.com](http://www.prometric.com)

## Residency Training In Saudi Arabia

IMGs can apply for residency training in Saudi Arabia if they have passed the SMLE. The results are valid for a 5-year period for the purpose of residency application. At this time there are 25 specialties offered. To be admitted into residency, there are 3 things that are considered most, SMLE, which is marked at 50% in terms of value. The higher the score, the more beneficial it will be. Medical school GPA accounts for 30%, and then there are academic achievements and research projects which account for another 20%.

Extra-curricular activities such as medical missions, volunteering or medical conference presentations are taken into consideration as well. Other requirements to be aware of before applying for Saudi medical residency include completion of internship, CPR certificate and a letter from your employer.

<https://www.scfhs.org.sa/en/MESPS/TrainingProgs/Pages/default.aspx>

<https://www.scfhs.org.sa/en/examinations/Regulations/General%20Assessment%20Bylaws.pdf>

Healthcare is 80% provided by the government either through the ministry of health or other agencies and 20% by the private sector. There are 540 hospitals and over 3500 primary medical centers around the country. 415 of the total 540 hospitals are government hospitals. Since government and healthcare is centralized in Saudi Arabia, the general medical license obtained after passing SMLE, can be used to apply to healthcare facilities throughout the country without needing to contact provincial authorities one by one.

UK NHS Medical Career Global website

[www.medical.careers.global/jobs-for-doctors-in-saudi-arabia](http://www.medical.careers.global/jobs-for-doctors-in-saudi-arabia)

GulfTalent

[www.gulftalent.com](http://www.gulftalent.com)

NaukriGulf

[www.naukrigulf.com/physician-jobs-in-saudi-arabia](http://www.naukrigulf.com/physician-jobs-in-saudi-arabia)

Doctor KSA

[www.doctorksa.com/jobs/joblist](http://www.doctorksa.com/jobs/joblist)

Shine

[www.shine.com/job-search/doctor-jobs-in-saudi-arabia](http://www.shine.com/job-search/doctor-jobs-in-saudi-arabia)

## **SAUDI ARABIA MEDICAL GRADUATES**

### **SMLE**

Those who graduate from Saudi Arabian medical schools take the same licensing exam (SMLE) as IMGs and they can sit for the exam after a one year internship, which is usually done after graduating from medical school.

Clearing the SMLE opens the door to postgraduate training in the specialty of interest. It also allows graduates to start practice as GPs if this is what they wish to pursue.

# Question Bank for the Saudi Medical Licensing Exam (SMLE)

## SUBJECTS

Anaesthesia/Critical Care  
| Community Medicine |  
Dermatology | Emergency Medicine  
| ENT | Ethics and Research |  
Family Medicine | General Surgery  
| Internal Medicine | Obstetrics &  
Gynaecology | Ophthalmology |  
Pediatrics | Psychiatry

**NUMBER OF QUESTIONS**  
**[4255]**



## Features of the QBank of the SMLE

- ✓ 4255 of the very best, classic, simulated Multiple Choice Questions
- ✓ Answers and detailed explanations for all practice exam questions
- ✓ Generate tests by subject category or any combination of categories
- ✓ Unused, incorrect only, or all question selections
- ✓ Mark questions and write your own notes during the test
- ✓ Performance review by subject category
- ✓ Real MCQ interface for true simulation, with normal lab values
- ✓ Overall cumulative performance
- ✓ Each test prep question covers a different SMLE topic from the subject areas tested
- ✓ Take tests in timed, un-timed and tutor modes
- ✓ Choose how many questions you want to take in each block
- ✓ Review detailed analysis of SMLE tests taken
- ✓ Compare your scores with other users
- ✓ Revised and expanded with feedback from the most recent exams
- ✓ Continuous updates to the questions and explanations
- ✓ Accessible 24/7 from anywhere
- ✓ Pass the SMLE - guaranteed or get 3 months free!

[www.canadaqbank.com/smle.php](http://www.canadaqbank.com/smle.php)

# Steps to becoming a licensed practicing physician in the United Kingdom

## U.K. AND EUROPEAN MEDICAL GRADUATES

All UK medical graduates are required to undertake a two-year Foundation Program as soon as they graduate from medical school. The Foundation Program is somewhat like an extended internship program that they go through as they prepare for specialty training or general practice training. Trainees get to have the opportunity to acquire experience in a series of rotations in a variety of specialties and healthcare settings. As of the end of 2019, it is unclear if the Brexit politics will affect EU doctors who want to practice in the U.K.

If it doesn't affect them, then they would remain under the same rules as UK medical graduates. If it does affect them, they may be considered as IMGs or another new category could be created for them.

## INTERNATIONAL MEDICAL GRADUATES (IMGs)

This includes those who have graduated outside of the U.K. and the European Union (EU).

There are 5 entry pathways for IMGs to enter practice in the U.K. These 5 pathways can be grouped into 2 categories:

### 1. Entering practice through medical licensing exams

There are 2 licensing exam systems in the UK. The PLAB and the MRCP.

#### **PLAB**

- The PLAB Part 1 and the PLAB Part 2.

To be registered to sit for the PLAB one has to file an application with the General Medical Council (GMC): [www.gmc-uk.org](http://www.gmc-uk.org)



The PLAB is the professional and linguistic assessment board. Before a candidate can sign up for this exam, the academic IELTS should be taken. The recommended IELTS score to practice medicine in the UK is 7.5. The PLAB Part 1 can be taken in many cities around the world and does not have to be taken in the U.K. But the PLAB Part 2 must be taken in the U.K.

To register for PLAB Part 1, you need to create an account at the GMC website and answer questions about yourself and medical qualifications. You must provide evidence with a scanned copy of your IELTS and diploma. A much more rigorous registration process with ID check and diploma verification is completed later on after the PLAB Part 2 for formal GMC registration as a physician who is getting started with medical practice in the UK.

The PLAB Part 1 consists of 180 questions taken in 3 hours in a multiple choice question format. The PLAB Part 1 is given four times a year in the UK while internationally it is available twice a year. Depending on which location a person lives, most people recommend taking the PLAB Part 1 outside of the UK if the candidate requires a visa to travel to U.K.

Sample PLAB Part 1 questions can be seen here:

[www.gmc-uk.org/registration-and-licensing/join-the-register/plab/plab-1-guide/sample-questions](http://www.gmc-uk.org/registration-and-licensing/join-the-register/plab/plab-1-guide/sample-questions)

The PLAB Part 2 is a clinical skills exam. In terms of style and difficulty, it is equivalent to the Canadian NAC OSCE or the American USMLE Step 2 CS. It consists of 18 cases that are 8 minutes long. It is considered to be equivalent to the same level of difficulty as the first day of Foundation Year 2. As already explained, the FY is simply an extended internship period that runs 2 years in the U.K. This means that the exam includes management that would be considered fair for someone who is in a bridging program from medical school getting ready for specialized training.

Once the PLAB Part 2 is complete, the candidate can apply for the Internal Medicine training (IMT) Stage 1 program.

This is mandatory training for those who wish to go into sub-specialties later on.

Some people prefer to wait for the results of the PLAB Part 2 to start the GMC registration process while others register after they take the PLAB Part 2 even before results come.

In any case, there will be a 1-2 month waiting period for GMC registration as the processing of applications takes several weeks and the GMC requires an in-person visit for ID check at their office. This is done for all candidates to verify the actual original medical diploma.

The U.K. in-person ID check is different from other countries where a notarized copy of the original may be considered as equivalent to the original. Because booking an appointment for I.D. check may require an extended wait time, many candidates prefer to get the process started as soon as the PLAB Part 2 is completed.

To apply to join the UK Physician register, you can use the link below:

[www.gmc-uk.org/registration-and-licensing/join-the-register](http://www.gmc-uk.org/registration-and-licensing/join-the-register)

You will need to have a GMC online account and apply. You will be given the options to register either as a GP or a specialist. An acceptable internship is usually required.

In addition to the requirement of being registered with the GMC, you will also need to be on the performer's list in the UK country you wish to practice.

1. England: [www.performer.england.nhs.uk](http://www.performer.england.nhs.uk)
2. Wales: [www.primarycareservices.wales.nhs.uk/apply-for-inclusion-in-the-medical-perfo](http://www.primarycareservices.wales.nhs.uk/apply-for-inclusion-in-the-medical-perfo)
3. Northern Ireland: [www.hscbusiness.hscni.net/services/1813.htm](http://www.hscbusiness.hscni.net/services/1813.htm)
4. Scotland: [www.sehd.scot.nhs.uk/pca/PCA2016\(M\)04.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2016(M)04.pdf)

The requirements to be on the UK register are:

- Passport
- Having an acceptable internship
- Academic IELTS with a minimum 7.5
- Medical Diploma
- Providing proof of your professional experience in the last 5 years without leaving any gaps.
- Providing licenses or registrations you hold in other countries.
- Certificate of good standing (CGS) from the professional supervising body of your last practice, only a CGS issued within the last 3 months will be accepted.
- You must declare fitness to practice - this is basically your health status.
- Declare your legal background checks such as arrests or convictions
- Make Payment

You do not need to have the final approval of registration with the GMC to apply for jobs. As soon as your PLAB Part 2 results show that you passed and the application of registration with the GMC has been submitted online, you are eligible to start applying for jobs.

It must be noted that people who finished 3 years of residency abroad may be automatically exempted from PLAB Part 1 and Part 2 and could get a GMC registration. If there's any confusion whether your postgraduate specialty training abroad will allow you to skip the PLAB Part 1 and Part 2, you should contact GMC for clarification.

After passing the PLAB Part 2, a website that can be checked for jobs is the NHS portal: [www.jobs.nhs.uk](http://www.jobs.nhs.uk)

It contains advertisements of all the vacant physician jobs in the U.K.

## **MRCP**

- The second type of exam is the MCRP and is a three step exam. MRCP simply stands for Member of the Royal College of Physicians. This is basically for people who want to undergo specialty training. Details here: [www.mrcpuk.org/mrcpuk-examinations](http://www.mrcpuk.org/mrcpuk-examinations)

If you passed the PLAB you can do GP jobs but you would need to pass the MRCP exam to qualify for specialty training. If one finishes the Internal Medicine training (IMT) Stage 1 training and does not want to go further to become a consultant, then the MRCP is not required.

The MRCPs are somehow considered more advanced than the PLABs and their comparative exams on the west of the Atlantic ocean would be the CDMs in Canada for MCCQE Part 1, MCCQE Part 2, and the USMLE step 3 in the United States.

The third component of the MRCP is also known as the PACES because it is a clinical examination. The U.K. system provides a path for doctors who wish to skip the PLAB to go straight to the MRCP. If a candidate is confident enough to follow this route, then that should be considered a possibility. MRCP can be taken in 34 cities globally for the 2 written tests and 16 cities for the PACES.

Younger doctors who are recent graduates are usually encouraged to go through all the steps one by one starting with the PLAB Part 1, but for those who have the requisite knowledge and experience to jump to the MRCP, they may skip the PLAB as long as they are able to pass all the 3 steps of MRCP. The 3 steps of MRCP count as a whole and anyone who fails to pass one of its steps would still be required to pass PLAB. But if you are successful with the MRCP route, then you can progress to Internal Medicine Stage 2 and Specialty training.

## **2. Entering practice without taking the UK medical licensing exams**

There are 3 possibilities in this category:

- The first is a medical training initiative (MTI). This is really an exchange program for doctors who are in specialty programs in other countries to do a period of their courses in the UK to gain new experiences and then return back to their original countries to complete their specialty training. The GMC interviews the doctors and provides the MTI visa sponsorship:

[www.rcplondon.ac.uk/education-practice/advice/medical-training-initiative](http://www.rcplondon.ac.uk/education-practice/advice/medical-training-initiative)

- The second option of entering UK medical practice without taking exams is having acceptable postgraduate qualification. This means that if someone completed a residency program abroad, it may be considered sufficient in the UK to start practice without having to undergo the PLABs. The qualifications that are accepted tend to be those of country with membership in the commonwealth:

[www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/acceptable-postgraduate-qualifications](http://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/acceptable-postgraduate-qualifications)

- The third option is through a university-sponsored post-graduate training or research project. If you have a relationship with a university or are interested in a university and the department in which you want to do post-graduate training is interested in your application, they may sponsor your GMC registration:

[www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/list-of-approved-sponsoring-bodies](http://www.gmc-uk.org/registration-and-licensing/join-the-register/before-you-apply/list-of-approved-sponsoring-bodies)

## **SUMMARY FOR THE UK:**

### **For IMGs:**

- Must have at least one year of internship completed abroad that is acceptable to the UK General Medical Council (GMC)
- Pass the PLAB Part 1 and the PLAB Part 2
- Obtain a GP training position (3 years) if the IMG wishes to work as a GP in the UK. At the end of the 3 years of GP training those who are going to practice as a GP will also have to pass the MRCGP exam:

<https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview.aspx>

OR

- Obtain an Internal Medicine training (IMT) position (3 years) if the IMG wishes to work as an internal medicine physician in the UK or later pursue specialist training (Cardiology, Nephrology, Pulmonology etc).

OR

- Obtain a Core Surgery Training (CST) position (2 years) if the IMG wishes to work as a surgeon in the UK or later pursue specialist training (Cardiothoracic surgery, Plastic surgery, Vascular surgery etc).

Note:

- For IMGs who wish to specialize in a medical field, they must take the three MRCP exams and then apply for a specialist training program. MRCP 1 is usually taken in the first year of the IMT, MCRP 2 and 3 is usually taken after the second year of IMT.
- For IMGs who wish to specialize in a surgical field, they must take the MRCS exams and then apply for a specialist training program.

### **For UK Medical Graduates:**

- Foundation Years for 2 years

Then

- Internal Medicine Training (IMT) for 3 years

OR

- Core Surgical Training (CST) for 2 years

Then

- If the UK medical graduate wishes to specialize in a medical field, then they must pass the three MCRP exams and apply for specialist training programs.
- If the UK medical graduate wishes to specialize in a surgical field, then they must pass the MCRS exams and apply for specialist training programs.

# Question Bank for the Professional and Linguistics Assessment Board (PLAB) Part 1

## SUBJECTS

Medicine : Emergency Medicine,  
X-RAY & ECG | Haematology |  
Respiratory Medicine | Toxicology |  
Cardiology | Pharmacology |  
Endocrinology | Ophthalmology |  
Nephrology | Ear, Nose and Throat |  
Neurology | Infectious Diseases |  
Genetics | Gastroenterology |  
Rheumatology | Trauma and  
Orthopaedics | Dermatology |  
Anatomy | Oncology Pediatrics |  
Obstetrics and Gynaecology | General  
Surgery | Psychiatry | Epidemiology



## NUMBER OF QUESTIONS [3243]

## Features of the QBank of the PLAB Part 1

- ✓ 3243 of the very best, classic, simulated Multiple Choice Questions
- ✓ Answers and detailed explanations for all questions
- ✓ Generate tests by subject category or any combination of categories
- ✓ Unused, incorrect only, or all question selections
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- ✓ updates to the questions and explanations
- ✓ Accessible 24/7 from anywhere
- ✓ Pass the PLAB Part 1 - guaranteed or get 3 months free!

[www.canadaqbank.com/plab-part1.php](http://www.canadaqbank.com/plab-part1.php)

# Steps to becoming a licensed practicing physician in the United States

## GOING THE ROUTE OF A UNITED STATES MEDICAL GRADUATE

### Taking the MCAT - Medical College Admission Test

Considering the extreme competition involved in gaining acceptance into a residency program for international medical graduates, it is recommended that those who are able to get into medical school in the United States try their best to go through this route first.

This is the only country where the medical school choice will be discussed in this newsletter. The rate of matching into a residency program for graduates from a medical school in the United States is around 95% while for international medical graduates the rate is 50%-60%.

We are aware that there are many people who leave the United States and go to study in the Caribbean or other locations and while this is a viable plan we recommend to Americans to try to gain admission into a U.S. medical school as their first option.

This requires taking the MCAT and getting a high score. The score you obtain can determine which medical school you get into. There are US medical schools that may admit people who do not necessarily have high scores and/or do not have a traditional pre-med major such as biology or chemistry.

We recommend one attempt for this test, even though those who do have two attempts after a low performance can still get into medical school, it is quite difficult to do so.

The average MCAT score for accepted students is between 510-512, which is approx the 80th percentile of all MCAT takers.

Read more details here:

- [www.magoosh.com/mcat/what-is-a-good-mcat-score](http://www.magoosh.com/mcat/what-is-a-good-mcat-score)
- [www.aamc.org/system/files/c/2/462316-mcatguide.pdf](http://www.aamc.org/system/files/c/2/462316-mcatguide.pdf)



### Letters of Recommendation (LORs)

It is a common practice for those who apply to medical school in the US to go through some type of shadowing experience. The clinic or hospital where the shadowing is done doesn't have to be the specialty the candidate wants to study eventually. It just shows medical school admission committees that the candidate is serious about a medical career and has had exposure to the field.

There are also those who get short term employment as assistants to professors, clerical positions in health care facilities, research jobs in laboratories, etc. The common denominator in those who succeed in the medical school application process is that one not only has earned a bachelors degree in science with a GPA > 3.5 and has an MCAT score > 510, but also has letters of recommendation from doctors in healthcare facilities and/or letters of recommendation from research or teaching positions.

## GOING THE ROUTE OF AN INTERNATIONAL MEDICAL GRADUATE

### Taking the medical licensing exams

Despite the difficulties of gaining admission into a residency (post-graduate training) position in the USA, it is still one of the countries in the western world with a high admission rate of IMGs into the healthcare system. Some IMGs have higher chances than others. Location of graduation and years since graduation are some major factors even before taking into consideration the scores of the US Medical Licensing Exams (USMLEs).

It is preferable to aim to being < 3 years since graduation when applying for residency in the USA. This means that the medical licensing exams have to be taken in a timely manner if one is trying them after graduation. It is important to know that one does not need to finish medical school before taking the USMLEs. After the 3rd year, a medical student should start the process of taking and passing the USMLEs.

Information about the USMLE: [www.usmle.org](http://www.usmle.org) and [www.ecfm.org](http://www.ecfm.org)

Registering for the USMLEs starts by creating an account at the ECFMG website. A set of questions are asked such as the university where the candidate graduated from, date of birth, languages the person speaks, etc. Once the application is complete, an identity form with the picture of the candidate has to be completed and then mailed to the medical school where the candidate attends or graduated from. Then the medical school has to send the form to ECFMG.

During this time, ECFMG examines the documents the candidate has submitted such as a notarized copy of the medical degree. For documents that are not in English, translations with ECFMG approved translators are required. ECFMG initiates primary source verification after examining the documents the candidate submitted and the identity form from the medical school signed by the dean.

The verification tries to ascertain if the submitted documents such as transcripts and degrees are indeed issued by the medical school to the candidate, how many years the candidate attended, the credit hours, etc.

Once the verification is complete, ECFMG contacts the candidate to inform of the successful completion of the eligibility check and then the candidate may proceed with taking the USMLEs. It is possible that ECFMG may waive the final determination of primary sourcing to allow the candidate who requests to hurry and take a USMLE component, but ECFMG will usually require that this final determination is reached eventually. No one can be ECFMG certified without completing primary source verification.

The good thing about signing up with ECFMG is that Canada and many other countries around the world use ECFMG verification services and if a candidate who has applied for the USMLEs first wants to apply for Canadian exams, the verification process will be fast because everything is already on record at ECFMG.

It is agreed by most people that the USMLE step 1 is the hardest of all the exams while the USMLE step 2 CK is easier. But since USMLE step 2 CK is easier, the scores people get are much higher, which means in a competitive situation that the residency match is, it is better for IMGs to aim for USMLE step 2 CK scores > 245. For the USMLE step 1 the average score of IMGs who matched into a residency program is 233.

For more information about the residency match in the United States, please visit:

[www.nrmp.org](http://www.nrmp.org)

Besides the USMLE step 1 and USMLE step 2 CK, which are computer tests, there is the USMLE step 2 CS, which is a clinical exam. It is offered in 5 cities in the United States and the application for the test is done through ECFMG website.

### **Step 2 :**

#### **Letters of Recommendation (LORs)**

It is an unwritten rule that no matter how impressive USMLE scores an IMG has, a residency slot cannot be obtained unless one has strong letters of recommendations. The goal is to make the residency program directors feel at ease in offering a position, that you are prepared for hands-on medical practice and have been observed by qualified and licensed physicians as someone who would be trusted in such a position.

Letters of recommendations should be written by a physician who is in the same specialty as the specialty the candidate is interested in applying for. Ideally obtained after completing a clinical rotation during medical school.

### **Step 3 :**

#### **Residency Application**

The application for residency is done through the ERAS which is an extension of the AAMC: <https://students-residents.aamc.org/applying-residency/article/myeras-application-residency-applicants>

It is advised to start early when applying. Usually by July 15 to try to get the token and register as well as get the photos done, letters of recommendations uploaded and verified by ECFMG.

The goal is to make sure the application is ready to be sent before September 15 when the season of applications begins. It is recommended to apply to as many residency programs as possible on the first day of the application season because some programs tend to focus on those who applied earliest as people who are probably more interested in that particular program.

The National Resident Matching Program (NRMP) recommends as many applications as a candidate will be able to afford. The lower the USMLE scores, the higher the number of applications that may be needed to be seen by many programs so that one has a chance to get interviewed at some of them. Ideally 100 applications are considered the average number IMGs apply to.

It is also advised to check the websites of the residency programs one wants to apply to, especially checking the type of candidates who matched there in the previous 3 years. This can give an idea of which programs are worth investing in and which programs that may not be worthwhile. It is important to sign up for both ERAS and NRMP because the NRMP is where the matching takes place.

In the event that a candidate has not received successful interviews or matched at any program, being signed up with NRMP allows a candidate to have access to “left overs” which are usually given as part of the “supplemental offer acceptance program”(SOAP). Some call the 2nd week of March as the “scrambling period” as thousands of residency applicants try to compete for those spots that did not match into a program.

Many people with fair scores who send applications to these programs and who are alert to their phone and e-mails and respond in a timely fashion, get accepted into residency during that week. It tends to require a 100% commitment because such applicants are in a “begging mode” and if one receives a phone call and misses to answer, it may be the only time such a call is made. Most of the positions given in SOAP are filled within 24-48 hours.

**Step 3 :**  
**USMLE Step 3**

The final exam in the US medical licensing exam series is the USMLE step 3 and it does not have to be taken before residency. But depending on how much one is confident about the progress made before the residency application, it may be beneficial as an 'add on' for those who may struggle to get in. Therefore it is recommended that IMGs take and pass the USMLE step 3 before residency.

Especially those IMGs who did not perform well in top percentiles in the previous exams. Applications for this exam are sent to the Federation of State Medical Boards (FSMB). For those who have not matched into a residency program taking and passing the USMLE step 3 can be a way to prove that one is highly knowledgeable when applying for residency again. For information about the USMLE step 3, visit: [www.fsmb.org](http://www.fsmb.org)

**Step 4 :**  
**Medical Practice**

Once one has completed residency, there is the board certification exam that is done for each specialty. Those exams are given by the respective medical speciality board: <https://www.abms.org/member-boards/specialty-subspecialty-certificates>

Each state in the U.S. has their own requirements for practice. Here are the state medical boards that can be contacted for more information about requirements for obtaining a medical license: [www.fsmb.org/contact-a-state-medical-board](http://www.fsmb.org/contact-a-state-medical-board)

# Question Bank for the United States Medical Licensing Exam (USMLE) Step 1

## SUBJECTS

Anatomy | Biochemistry |  
Embryology | Epidemiology and  
Biostatistics | Ethics | Genetics |  
Histology/Molecular Biology |  
Microbiology & Immunology |  
Neuroscience | Pathology &  
Pathophysiology | Pharmacology  
| Physiology | Psychology

**NUMBER OF QUESTIONS**  
**[3017]**



## Features of the QBank of the USMLE Step 1

- ✓ 3017 classic, simulated USMLE Step 1 multiple choice questions (MCQs)
- ✓ Answers and detailed explanations for all questions
- ✓ Generate tests by subject category or any combination of categories
- ✓ Unused, incorrect only, or all question selections
- ✓ Mark questions and write your own notes during the test
- ✓ Performance review by subject category
- ✓ Upgraded MCQ interface for true simulation, with normal lab values
- ✓ Overall cumulative performance
- ✓ Each test prep question covers a different USMLE Step 1 topic from the subject areas tested
- ✓ Take tests in timed, un-timed and tutor modes
- ✓ Choose how many questions you want to take in each block
- ✓ Review detailed analysis of USMLE Step 1 tests taken
- ✓ Compare your scores with other users
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# Question Bank for the United States Medical Licensing Exam (USMLE) Step 2 Clinical Knowledge (CK)

## SUBJECTS

Medicine : Immune System | Blood & Lymphoreticular Systems |

Behavioral Health | Nervous System & Special Senses | Skin & Subcutaneous Tissue | Musculoskeletal System |

Cardiovascular System | Respiratory System | Gastrointestinal System |

Renal & Urinary Systems | Endocrine System Pediatrics

OBGYN

Pregnancy, Childbirth, & the

Puerperium Female Reproductive System & Breast Male Reproductive System

Surgery

Psychiatry

Preventive Medicine & Community Health (PMCH)

Multisystem Processes & Disorders | Biostatistics & Epidemiology/Population Health Interpretation of the Medical Literature



## NUMBER OF QUESTIONS [3989]

## Features of the QBank of the USMLE Step 2 CK

- ✓ 3989 of the very best, classic, simulated Multiple Choice Questions
- ✓ Answers and detailed explanations for all questions
- ✓ Generate tests by subject category or any combination of categories
- ✓ Unused, incorrect only, or all question selections
- ✓ Mark questions and write your own notes during the test
- ✓ Performance review by subject category
- ✓ Upgraded exam interface for true simulation, with normal lab values
- ✓ Overall cumulative performance
- ✓ Each test prep question covers a different USMLE Step 2 CK topic from the subject areas tested
- ✓ Take tests in timed, un-timed and tutor modes
- ✓ Choose how many questions you want to take in each block
- ✓ Review detailed analysis of USMLE Step 2 CK tests taken
- ✓ Compare your scores with other users
- ✓ Revised and expanded with feedback from the most recent exams
- ✓ Continuous updates to the questions and explanations
- ✓ Accessible 24/7 from anywhere
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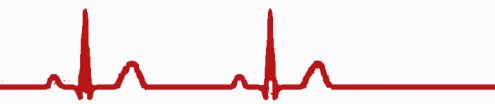
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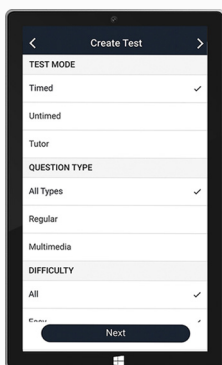
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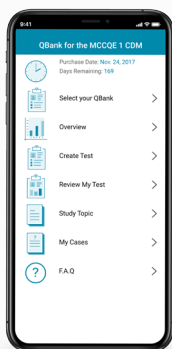
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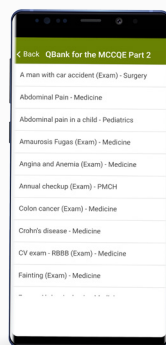
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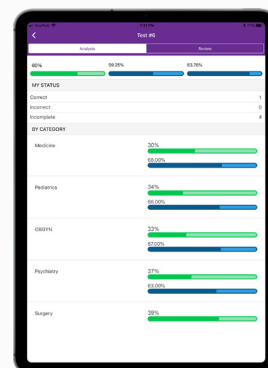
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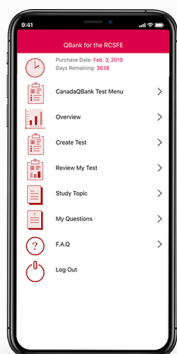
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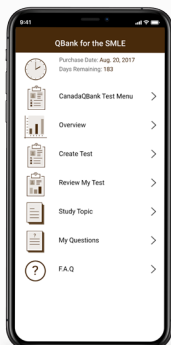
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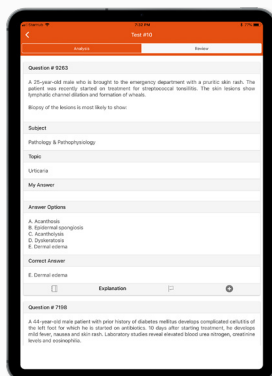
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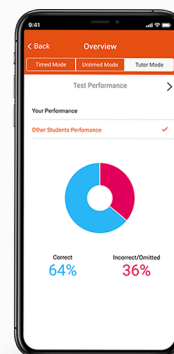
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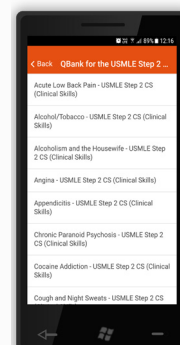
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App for the  
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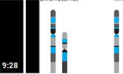




















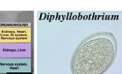


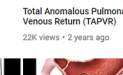
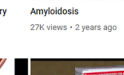
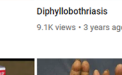
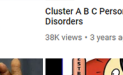
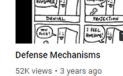
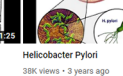
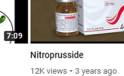

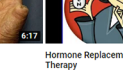
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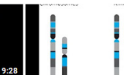










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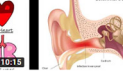






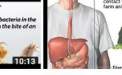






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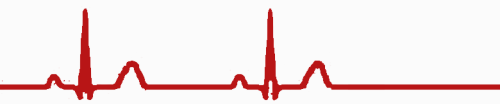
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