The United States Medical Licensing Examination (USMLE): A Comprehensive Guide for Indian Medical Graduates

Executive Summary

The United States Medical Licensing Examination (USMLE) serves as the primary pathway for international medical graduates (IMGs) seeking to practice medicine in the United States. This report provides a comprehensive overview of the USMLE, encompassing its purpose, structure, application process, associated fees (converted to Indian Rupees), typical timeline for completion, and the various pathways available for IMGs to become eligible. Furthermore, it delves into the potential career opportunities and expected salary ranges for physicians in the USA, alongside a discussion of the typical lifestyle. A comparative analysis of the USMLE with the Australian Medical Council (AMC) exam and the Professional and Linguistic Assessments Board (PLAB) exam offers additional context for IMGs considering different international options. The report also identifies frequently tested topics within each USMLE step, their approximate weightage, and the patterns observed in recent question papers. Finally, it examines the current US administration's policies related to the medical field and speculates on their potential impact on IMGs. This detailed guide aims to equip Indian medical graduates with the necessary information to navigate the complexities of the USMLE and make informed decisions about their professional journey.

Introduction: The USMLE for International Medical Graduates

For international medical graduates aspiring to build a medical career in the United States, the United States Medical Licensing Examination (USMLE) stands as a crucial and often mandatory step.[1] This standardized examination program is essential for obtaining medical licensure in the US and subsequently securing residency positions, which are necessary for independent medical practice. The USMLE is a three-step examination designed to assess a physician's ability to apply medical knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills.[3] Each step of the USMLE focuses on different stages of medical education and practice, creating a comprehensive evaluation of an individual's readiness to practice medicine in the American healthcare system.

For IMGs, eligibility to take the USMLE often requires certification from the Educational Commission for Foreign Medical Graduates (ECFMG).[1] This certification process ensures that international medical graduates meet the necessary standards to enter US graduate medical education programs. Understanding the intricacies of

the USMLE, from its initial steps to its implications for career and lifestyle, is paramount for Indian medical graduates considering this significant undertaking. This report aims to provide a detailed roadmap, addressing the key concerns and questions that IMGs may have about the USMLE.

Understanding the USMLE: Purpose and Structure

The United States Medical Licensing Examination (USMLE) is a standardized, three-part examination program jointly sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME).[1] Its primary purpose is to provide state medical boards across the United States with a common system to evaluate the qualifications of applicants seeking medical licensure.[2] By assessing an examinee's ability to apply medical knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, the USMLE ensures that licensed physicians meet a national standard for safe and competent medical practice.[3] This rigorous evaluation process is designed to support the licensing decisions made by medical boards, emphasizing the importance of a strong scientific foundation for the practice of medicine throughout the examination sequence.[1]

The USMLE is comprised of three distinct steps, each targeting different aspects of medical knowledge and clinical competency. **Step 1** primarily assesses an individual's grasp of foundational medical sciences, typically acquired during the first two years of medical school.[1] This step emphasizes basic sciences such as anatomy, biochemistry, behavioral sciences, microbiology, immunology, pathology, pharmacology, and physiology.[5] Notably, Step 1 transitioned to a pass/fail scoring system, shifting the focus from achieving a high numerical score to demonstrating a solid understanding of these fundamental principles crucial for subsequent clinical learning.[2] **Step 2 Clinical Knowledge (CK)** evaluates the applicant's ability to apply medical knowledge, skills, and understanding of clinical science essential for providing patient care under supervision.[1] This step covers a broad range of clinical sciences, including surgery, internal medicine, pediatrics, and obstetrics and gynecology, with an emphasis on health promotion and disease prevention.[5] **Step 3**, the final examination in the USMLE sequence, assesses the application of medical knowledge and understanding of biomedical and clinical science considered essential for the unsupervised practice of medicine, with a particular focus on patient management in ambulatory settings.[1] This step evaluates a physician's readiness for independent practice by focusing on the diagnosis and treatment of patients in a general medicine context.[5]

For international medical graduates (IMGs), eligibility to undertake the USMLE

requires meeting specific criteria. A primary requirement is graduation from an international medical school that is listed in the World Directory of Medical Schools and meets the eligibility criteria set forth by the ECFMG.[1] Furthermore, IMGs need to obtain an ECFMG Identification Number, which serves as their unique identifier throughout the application and examination process.[12] It is also essential to understand that each step of the USMLE has its own eligibility prerequisites. For instance, successful completion of Step 1 and Step 2 CK is generally required before an IMG can be eligible to take Step 3.[1] These eligibility requirements are critical first steps for IMGs, ensuring that they possess the foundational medical education necessary to proceed with the USMLE and ultimately pursue medical licensure in the United States.

Navigating the USMLE Examination Process

The journey of taking the USMLE involves a series of steps, including understanding the associated financial obligations and the structure and timeline of each examination.

The application fees for each step of the USMLE are a significant consideration for IMGs. For **Step 1**, the registration fee for 2025 is reported as $680 by the NBME for eligibility periods starting from November 1, 2024, through December 31, 2025.[14] However, the ECFMG, which handles applications for IMGs, lists the fee as $1,020, which includes an international test delivery surcharge if testing outside the US and Canada.[12] Other sources provide varying figures for 2024, such as $975 [16] and $1,000.[17] This discrepancy highlights the importance for IMGs to consult the official ECFMG website for the most accurate and up-to-date fee information. For **Step 2 Clinical Knowledge (CK)**, the NBME reports a fee of $680 for the same 2025 eligibility periods [14], while the ECFMG also lists the fee as $1,020 for IMGs, inclusive of the international surcharge.[15] Similar to Step 1, this indicates that IMGs should rely on the ECFMG for their specific fee. The application fee for **Step 3** in 2025 is consistently reported as $935 by the FSMB.[18]

To provide a clearer financial perspective for Indian medical graduates, these fees can be converted into Indian Rupees (INR) using an approximate exchange rate of 1 USD = ₹85.5 INR.[19] Based on this rate, the approximate fees are as follows:

- **Step 1:** ₹57,870 (based on $680), ₹82,875 (based on $975), ₹85,500 (based on $1000), ₹87,210 (based on $1020).
- **Step 2 CK:** ₹57,870 (based on $680), ₹85,500 (based on $1000), ₹87,210 (based on $1020).

- **Step 3:** ₹79,942.5 (based on $935).

It is important to note that these conversions are based on a specific exchange rate and are subject to fluctuation. IMGs should always check the real-time exchange rate when planning their finances.

Beyond the basic application fees, IMGs should also be aware of potential additional costs. These include fees for extending the eligibility period, which typically range from $70 to $100 per exam.[12] Rescheduling fees can also apply if an exam date needs to be changed, with the amount varying depending on the step and the timing of the change, potentially ranging from no fee if done far enough in advance to as much as $279 for changes made very close to the exam date.[12] For Step 1 and Step 2 CK, IMGs testing outside the US and Canada will likely need to pay an international test delivery surcharge, which can range from $180 to $225.[15] Additionally, there is a separate application fee of $160 for ECFMG certification, which is a prerequisite for many IMGs.[12] These additional costs can accumulate and should be factored into the overall financial planning for the USMLE journey.

The **USMLE Step 1** is a one-day, 8-hour examination typically taken at the end of the second year of medical school for US students.[5] For IMGs, it is usually taken after completing their basic science curriculum. The exam is administered at Prometric test centers worldwide and consists of approximately 280 multiple-choice questions divided into seven 60-minute blocks.[1] The content of Step 1 assesses foundational medical sciences, organized into systems (e.g., cardiac, endocrine) and processes (e.g., physiology, pharmacology).[6] Examinees are allotted a minimum of 45 minutes of break time, in addition to an optional 15-minute tutorial.[6]

USMLE Step 2 Clinical Knowledge (CK) is a one-day, 9-hour examination generally taken after completing clinical rotations, typically in the fourth year of medical school for US students.[5] IMGs usually take it after gaining sufficient clinical experience. This exam is also administered at Prometric centers globally and comprises a maximum of 318 multiple-choice questions divided into eight 60-minute blocks.[1] Step 2 CK evaluates knowledge of clinical medicine across various specialties, including internal medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry, and preventive medicine.[1] Similar to Step 1, a minimum of 45 minutes of break time and an optional 15-minute tutorial are provided.[7]

USMLE Step 3 is a two-day examination that can only be taken in the United States.[1] For US graduates, it is typically taken after the first year of residency, while IMGs usually take it after passing Step 1 and Step 2 CK and often after securing a residency

position. Day 1, known as the Foundations of Independent Practice (FIP), is approximately 7 hours long and includes 232 multiple-choice questions divided into six 60-minute blocks.[1] Day 2, called Advanced Clinical Medicine (ACM), is approximately 9 hours long and consists of 180 multiple-choice questions in six 45-minute blocks, along with 13 computer-based case simulations (CCS).[1] Step 3 assesses the application of clinical knowledge for unsupervised practice, with an emphasis on patient management in ambulatory settings, covering areas like general medicine, surgery, pediatrics, and OB/GYN.[1] A minimum of 45 minutes of break time is provided on each day, and the CCS cases have a maximum time limit of 10 or 20 minutes each.[10]

The overall timeline for IMGs to complete all steps of the USMLE can vary considerably, typically taking at least 1 to 3 years after graduating medical school, depending on factors such as individual preparation pace, the structure of their medical school curriculum, and any visa requirements that may need to be addressed.

For international medical graduates, obtaining ECFMG certification is a crucial step, often required before they can enter US residency programs or take the USMLE Step 3.[4] Following the discontinuation of the USMLE Step 2 Clinical Skills (CS) exam, the ECFMG now offers six distinct pathways for IMGs to meet the necessary clinical and communication skills requirements for certification.[4]

Pathway 1 is designed for applicants who have held a license or registration to practice medicine without supervision in any country at any time on or after January 1, 2020.[4] This pathway streamlines the certification process for those who have already achieved independent licensure elsewhere. **Pathway 2** is intended for graduates of medical schools that administer an Objective Structured Clinical Examination (OSCE) as a requirement for licensure.[29] This recognizes institutions that have a robust system for evaluating clinical skills. **Pathway 3** is for graduates of medical schools that are accredited by an agency recognized by the World Federation for Medical Education (WFME).[4] WFME accreditation signifies a globally recognized standard of medical education. **Pathway 4** applies to graduates of medical schools accredited by an agency that has received a Determination of Comparability by the National Committee on Foreign Medical Education and Accreditation (NCFMEA).[4] NCFMEA comparability ensures that the accreditation standards of the international agency are in line with those in the United States. **Pathway 5** is specifically for graduates of joint degree programs offered in collaboration with a US medical school accredited by the Liaison Committee on Medical Education (LCME).[29] This pathway caters to individuals who have participated in formal educational partnerships between US and international institutions. Finally, **Pathway 6** serves as an option for all applicants who do not meet

the eligibility criteria for any of the other five pathways.[4] This pathway requires the applicant to successfully complete six Mini-Clinical Evaluation Exercises (Mini-CEX) conducted by licensed physicians who have been approved by the ECFMG.[4]

In addition to fulfilling the requirements of one of these six pathways, all applicants for ECFMG certification must also pass the USMLE Step 1 and Step 2 CK examinations. Furthermore, they are required to meet the communication skills requirement, which is typically done by passing the Occupational English Test (OET) Medicine.[29] These pathways provide a framework for IMGs from diverse educational and professional backgrounds to demonstrate the necessary clinical and communication skills for ECFMG certification, which is a fundamental step towards pursuing residency and medical licensure in the United States.

Preparing for the USMLE: Content and Question Patterns

Effective preparation for the USMLE requires a thorough understanding of the frequently tested topics, their relative weightage within each exam, and the types of questions that examinees can expect.

For **USMLE Step 1**, several topics are consistently identified as high-yield, meaning they are frequently tested. These include behavioral sciences, biostatistics and epidemiology, neuroscience, anatomy, biochemistry, pharmacology, physiology, pathology, microbiology, immunology, and genetics.[5] Specific high-yield concepts within these subjects encompass areas such as antibiotic therapy, inborn errors of metabolism, diabetes mellitus, cardiovascular physiology, acute coronary syndrome, hypersensitivity reactions, renal physiology, pneumonia, and many others.[34] In terms of subject weightage, pathology typically constitutes the largest portion of the exam (45-55%), followed by physiology (30-40%), pharmacology (10-20%), microbiology (10-20%), and gross anatomy & embryology (10-20%).[35] Other subjects like behavioral sciences, biochemistry & nutrition, immunology, histology & cell biology, and genetics also hold significant weightage.[35] The content is also organized by organ systems, each with a specific weightage range.[35]

Discipline	**Range, %**
Pathology	45-55
Physiology	30-40

Pharmacology	10-20
Microbiology	10–20
Gross Anatomy & Embryology	10-20
Behavioral Sciences	10-15
Biochemistry & Nutrition	5-15
Immunology	5–15
Histology & Cell Biology	5-15
Genetics	5–10

Table 1: USMLE Step 1 Subject Weightage

For **USMLE Step 2 Clinical Knowledge (CK)**, high-yield topics often revolve around clinical scenarios and patient management. These include areas like endocrinology (diabetes, thyroid disorders), hematology/oncology (anemia, common cancers), infectious diseases (HIV, STIs), cardiology (heart failure, arrhythmias), pulmonology (COPD, asthma), gastroenterology (IBD, hepatitis), nephrology (AKI, CKD), surgery (appendicitis, hernias), pediatrics (vaccinations, common childhood illnesses), obstetrics and gynecology (pregnancy management, gynecologic disorders), psychiatry (mood disorders, schizophrenia), neurology (stroke, epilepsy), and preventive medicine/ethics (screening guidelines, health maintenance).[36] In terms of subject weightage, medicine (internal medicine and its subspecialties) constitutes the largest portion (55-65%), followed by surgery (20-30%), pediatrics (17-27%), obstetrics & gynecology (10-20%), and psychiatry (10-15%).[7] Similar to Step 1, the content is also specified by organ systems and physician tasks/competencies, each with assigned weightage.[7]

Discipline	**Range, %**
Medicine	55–65
Surgery	20–30

Pediatrics	17–27
Obstetrics & Gynecology	10–20
Psychiatry	10–15

Table 2: USMLE Step 2 CK Subject Weightage

USMLE Step 3 focuses on patient management for independent practice, emphasizing ambulatory settings. Key content areas include general medicine, surgery, pediatrics, OB/GYN, psychiatry, ethics, preventive medicine, and biostatistics.[1] Day 1 of the exam emphasizes foundational sciences, biostatistics, epidemiology, and social sciences, while Day 2 focuses on diagnosis, health maintenance, therapeutics, and medical decision-making.[10] High-yield topics often involve common conditions encountered in primary care, such as hypertension, diabetes, and common infections.[37] The exam places a strong emphasis on clinical decision-making, patient management, and understanding the medical system.[10] The weightage of topics in the MCQ portion of Step 3 is provided by system:

| System | Range, %* |
| :---------- |...source the interpretation of visual materials like graphics and microscopic images.5 Some questions may also include audio findings.35 Step 2 CK includes single MCQs, sequential item sets where a patient scenario is followed by multiple related questions, and questions based on scientific abstracts, potentially incorporating audio or video elements.5 Step 3 utilizes MCQs on both days. Day 1 may include questions based on scientific abstracts and pharmaceutical advertisements.10 Day 2 features both MCQs and computer-based case simulations (CCS), which require examinees to manage virtual patient cases by making decisions about diagnosis, treatment, and monitoring over simulated time.5
While complete recent question papers are not publicly released, the USMLE program provides sample test questions and interactive testing experiences for each step on its official website.[7] Recent research using artificial intelligence to generate USMLE-style questions suggests a continued emphasis on case-based scenarios that test the application of medical knowledge.[44] Common clinical themes identified in these AI-generated questions include conditions like deep vein thrombosis, myocardial infarction, and thyroid disease.[44] Question formats encountered include standard MCQs, table-based questions, communication-focused questions, follow-up questions, and patient vignettes.[45] Additionally, numerous commercial resources, such as question banks from USMLE-Rx, UWorld, and AMBOSS, are designed to simulate the style and content of the actual USMLE exams, providing valuable practice for

examinees.[32] These resources, along with the official sample materials, offer significant insight into the expected question patterns and content.

Life After the USMLE: Career and Lifestyle in the USA

Successful completion of the USMLE opens a wide array of career opportunities for physicians in the United States. These opportunities span across various medical specialties, including specialized medical practices such as cardiology, neurology, oncology, and pediatrics, as well as primary care roles.[47] Hospitalist positions, where physicians specialize in the care of hospitalized patients, and emergency medicine are also common career paths.[47] For those inclined towards surgical fields, numerous surgical specialties exist, including general surgery, orthopedic surgery, and cardiovascular surgery.[47] Other potential career avenues include anesthesiology, radiology, pathology, and psychiatry.[47] Beyond direct patient care, USMLE-certified physicians can pursue careers in academic medicine, involving teaching medical students and residents and conducting research.[47] Opportunities also exist in medical writing and journalism, medical education administration, public health, and even within the pharmaceutical industry or the business and finance sectors related to healthcare.[47] Notably, the US Navy Medical Corps also offers career opportunities for physicians.[48]

The expected salary range for physicians in the USA is generally high but varies considerably based on the medical specialty, level of experience, geographic location, and the type of practice setting. The average physician salary across all specialties in the US is around $363,000 to $368,000 annually.[51] The highest-paying specialties tend to be in surgical fields and certain subspecialties, such as neurosurgery, thoracic surgery, orthopedic surgery, and plastic surgery, where annual salaries can range from $500,000 to over $700,000.[51] Primary care physicians, including those in family medicine, internal medicine, and pediatrics, typically earn in the range of $270,000 to $300,000 per year.[51] It is important to note that salaries can also differ significantly depending on the state and even the metropolitan area where a physician practices.[51] Furthermore, the practice environment, such as whether it is a private practice, a hospital-employed position, or an academic setting, can also influence salary levels.[51]

Specialty	Average Annual Salary (USD)
Neurosurgery	$760,000 - $790,000
Orthopedic Surgery	$620,000 - $750,000

Cardiology	$525,000 - $580,000
Dermatology	$480,000 - $530,000
Internal Medicine	$280,000 - $330,000
Pediatrics	$250,000 - $260,000

Table 4: Average Physician Salary in USA by Specialty (Selected Examples)

The lifestyle of physicians in the USA can be quite demanding, often involving long work hours. On average, physicians may work around 50 to 60 hours per week, and during residency training, this can extend up to 80 hours or more.[57] Achieving a healthy work-life balance is a significant concern for many physicians, particularly those early in their careers.[58] Strategies that physicians employ to improve work-life balance include setting clear boundaries between work and personal time, practicing effective time management, prioritizing self-care activities, and building strong support networks.[59] The cost of living in the USA varies substantially depending on the geographic location. States like California and Massachusetts are known for their high cost of living, especially in major urban centers, while states such as Texas and North Carolina may offer a more affordable lifestyle, particularly in smaller cities and rural areas.[56] When considering a career in the US, it is crucial for IMGs to research the cost of living in potential residency and practice locations and to evaluate salary expectations in relation to these costs.[56] Despite the demanding nature of the profession, a career as a physician in the USA can also be highly rewarding, offering opportunities for significant professional growth, the chance to work with cutting-edge medical technologies, and the satisfaction of making a meaningful difference in the lives of patients.[48]

Comparison with Other International Medical Licensing Exams

For Indian medical graduates considering practicing medicine internationally, it is helpful to compare the USMLE with other prominent licensing exams, such as the Australian Medical Council (AMC) exam and the Professional and Linguistic Assessments Board (PLAB) exam used in the United Kingdom.

The primary distinction between the **USMLE and the AMC exam** is the country in which the license is intended to be used; the USMLE is for practicing in the United States, while the AMC exam is for Australia.[60] The structure of the exams also differs.

The AMC exam consists of two parts: AMC 1, which is a written multiple-choice question (MCQ) assessment, and AMC 2, which is a clinical skills assessment that can also be fulfilled through workplace-based assessment.[61] In contrast, the USMLE is a three-step examination.[61] A notable advantage of the AMC exam is the flexibility it offers in terms of testing locations and methods. AMC 1 can be taken online via Pearson VUE centers located worldwide, and AMC 2 can even be completed online from the examinee's home, provided they have a high-speed internet connection.[62] USMLE Step 1 and Step 2 can also be taken at Prometric centers globally, but Step 3 must be taken within the United States.[1] Some sources suggest that the AMC exam might be perceived as easier and less competitive compared to the USMLE.[63] Regarding scoring, USMLE Step 1 is now pass/fail, while AMC 1 has a passing score of 250.[1] Another difference lies in the number of attempts allowed; the USMLE limits the number of attempts for each step to four, whereas the AMC exam does not have a set limit on the number of attempts.[61] Ultimately, the choice between the USMLE and the AMC exam hinges on the IMG's desired country of practice. While the AMC might offer more convenience in terms of online testing and potentially a less competitive environment, the USMLE is the necessary credential for those aiming to practice in the USA.

Similarly, the **USMLE and the PLAB exam** serve as gateways to medical practice in different countries, with USMLE for the USA and PLAB for the UK.[64] The PLAB exam also has a two-part structure: PLAB 1 is a written MCQ exam, and PLAB 2 is a practical assessment of clinical skills and communication abilities, often using an Objective Structured Clinical Examination (OSCE) format.[65] The USMLE, again, has three steps.[65] Some argue that the PLAB exam may be comparatively less challenging than the USMLE, as it tends to focus more on practical clinical skills relevant to the UK healthcare system rather than the in-depth basic science knowledge tested in the USMLE.[65] The format of the exams also differs, with the USMLE being computer-based and the PLAB exam being paper-based.[66] In terms of duration and number of questions, PLAB 1 has 180 questions and a duration of 3 hours, while USMLE Step 1 has around 280 questions and lasts for 8 hours.[66] Success in the PLAB test allows international medical graduates to enter the UK's National Health Service (NHS) for training and practice.[65] Interestingly, if an IMG has already passed the USMLE, they may be eligible for registration with the UK's General Medical Council (GMC) without needing to take the PLAB test.[65] The choice between USMLE and PLAB depends on the IMG's career goals and where they plan to practice. While PLAB might be perceived as less academically intensive, it is specifically tailored to the UK healthcare context. The USMLE, on the other hand, has broader global recognition

and is essential for practicing in the United States.

Impact of the Current US Administration on the Medical Field and IMGs

The current US administration, under President Biden, has outlined several key policies and priorities related to the medical field, which could have implications for both the overall healthcare landscape and international medical graduates. A significant focus has been on improving the affordability and accessibility of healthcare for Americans.[69] Initiatives include efforts to lower prescription drug costs by empowering Medicare to negotiate prices, capping out-of-pocket drug expenses for Medicare beneficiaries, and addressing price increases that outpace inflation.[69] The administration has also worked to strengthen the Affordable Care Act (ACA) and Medicaid, aiming to expand insurance coverage and reduce the number of uninsured individuals.[69] Furthermore, there has been an emphasis on tackling crises in mental health and maternal health, as well as investing in public health infrastructure and disease prevention.[70] The administration has also expressed concerns about the consolidation within the hospital industry and has encouraged the review of merger guidelines to ensure that patient care is not negatively impacted.[72]

These policies could lead to several changes and continuities within the medical field. A continued focus on cost containment and value-based care is likely, which might influence reimbursement models and the demand for certain medical services. The ongoing efforts to expand access to health insurance coverage could lead to a larger patient pool and potentially increase the overall demand for physicians across various specialties.[69] Further regulation of prescription drug prices could affect the pharmaceutical industry and potentially influence treatment protocols. The sustained attention to public health crises like the opioid epidemic and mental health could drive increased resources and focus towards these areas.

For international medical graduates, the current administration's stance on immigration and healthcare is a crucial consideration. Notably, the Biden administration has delayed the implementation of some restrictive immigration rules from the previous administration that could have negatively affected IMGs, particularly concerning cap-subject H-1B visas.[73] This suggests a more favorable approach towards IMGs compared to previous policies. There has also been an indication of streamlining the naturalization process, which could benefit IMGs seeking permanent residency.[74] It is widely recognized that IMGs play a vital role in the US healthcare system, often serving in rural and underserved communities.[73] Policies that support their entry and ability to practice are therefore important for maintaining healthcare access in these areas. While the administration's policies have not

specifically aimed at reducing the number of IMG residency positions, the overall competition for these positions remains high due to the increasing number of US medical graduates.[11] However, the administration's focus on addressing healthcare needs in underserved areas might inadvertently create more opportunities for IMGs who are willing to practice in those locations. The delay of the H-1B visa rule, which would have prioritized higher-wage earners, is a significant development as it could have disrupted the immigration processes for many IMGs who often begin their careers in residency programs with more modest salaries.[73] Overall, the current administration's approach appears to be more supportive of immigrants, including IMGs, which could positively influence their journey towards practicing medicine in the USA.

Conclusion

The USMLE represents a significant undertaking for Indian medical graduates aspiring to practice medicine in the United States, yet it remains the most established and widely recognized pathway to achieving this goal. This report has outlined the essential aspects of the USMLE, from its fundamental purpose and structure to the intricate details of the application process, fees, and timelines for each of the three steps. Understanding the available pathways for ECFMG certification is crucial for IMGs, as it forms a prerequisite for residency applications and the Step 3 exam. The potential career opportunities following USMLE certification are diverse and promising, with competitive salary ranges across various medical specialties, although IMGs should be prepared for a demanding lifestyle, particularly during the initial years of training. Comparing the USMLE with other international licensing exams like the AMC and PLAB provides valuable context for those considering alternative destinations. Finally, the policies of the current US administration appear to be more supportive of immigrants in the healthcare sector, which could have a positive impact on IMGs navigating the licensing and residency processes. While the journey through the USMLE is rigorous and requires substantial dedication and preparation, the rewards of practicing medicine in the United States can be significant for those who successfully navigate this pathway. Indian medical graduates are encouraged to thoroughly research each step, plan their preparation strategically, and stay informed about any policy changes that may affect their journey.

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