REQUIRING MEDICAL SCHOOL ACCREDITATION FOR ECFMG CERTIFICATION—MOVING ACCREDITATION FORWARD

In July 2010, the Educational Commission for Foreign Medical Graduates (ECFMG®) determined that, effective in 2023, physicians applying for ECFMG Certification will be required to graduate from a medical school that has been appropriately accredited. To satisfy this requirement, an applicant's medical school must be accredited through a formal process that uses criteria comparable to those established for U.S. medical schools by the Liaison Committee on Medical Education (LCME) or that uses other globally accepted criteria, such as those put forth by the World Federation for Medical Education (WFME).

Unlike in the United States and Canada, where LCME and the Committee on Accreditation of Canadian Medical Schools (CACMS) set standards for, evaluate, and accredit medical schools and programs, there are no universally accepted standards for evaluating undergraduate medical education internationally. An accreditation system comprised of rigorous standards and procedures helps ensure quality medical education, and quality medical education leads to quality health care. After several years of discussions, the ECFMG Board of Trustees has determined that it can enhance its protection of the public by incorporating medical school accreditation using globally accepted criteria into ECFMG's requirements for certification of international medical graduates (IMGs). Recognizing, however, that the efficacy of such a requirement depends on a universally accepted accreditation process, which does not currently exist, this requirement is not scheduled to take effect until 2023.

ECFMG's Board believes that this additional requirement for ECFMG Certification, and the timing of its implementation, will stimulate the development of a meaningful, universally accepted system of accreditation for undergraduate medical education outside the United States and Canada. A viable model for such a system envisions evaluation and "recognition" by an internationally accepted organization, such as WFME, of the various bodies that accredit international medical schools. By accelerating accreditation efforts, this requirement will also generate much-needed data about undergraduate medical education internationally. This action is also consistent with efforts underway by other entities to assess the quality of international medical schools.

Background

For more than 50 years, ECFMG has promoted quality health care for the public by certifying IMGs for entry into U.S. graduate medical education (GME). ECFMG and its organizational members define an IMG as a physician who received his/her basic medical degree or qualification from a medical school located outside the United States and Canada. Through its program of IMG certification, ECFMG assesses whether these physicians are ready to enter U.S. GME; ECFMG Certification is a requirement for IMGs who wish to enter such programs. ECFMG Certification is also one of the eligibility requirements for IMGs to take Step 3 of the United States Medical Licensing Examination® (USMLE®). Finally, medical licensing authorities in the United States require ECFMG Certification, among other requirements, for IMGs to obtain an unrestricted license to practice medicine. In short, the ability to achieve ECFMG Certification is a key determinant of IMGs' readiness to enter the U.S. health care system.

ECFMG Certification is a standardized process that employs strict criteria. Since its establishment in 1956, the program has required that IMGs demonstrate successful performance on a medical science examination and document their medical education credentials, including the final medical diploma. Over the years, there have been regular enhancements to the process, including primary-source verification of the IMG's final medical diploma with the issuing medical school in 1986, the assessment of clinical and communication skills through a new examination in 1998, the addition of the final medical school transcript as a required credential in 2004, and limits on transferred credits that can be used to meet requirements for the final medical degree in 2008. However, in the absence of adequate data on the quality of international medical education and universally accepted standards for evaluating medical schools, ECFMG's certification program has focused almost exclusively on evaluating individual graduates, not their medical schools.

To date, ECFMG's medical education requirements for ECFMG Certification have relied on available resources on international medical schools by using first the *World Directory of Medical Schools*, maintained by the World Health Organization (WHO), and beginning in 2002, the *International Medical Education Directory (IMED)* to determine eligibility for ECFMG Certification. *IMED* is maintained by the Foundation for Advancement of International Medical Education and Research (FAIMER®), a tax-exempt, non-profit foundation that was established to support the charitable, scientific, and educational activities of ECFMG. Both the *World Directory of Medical Schools* and *IMED* require a listed medical school to be recognized by the appropriate authority in the country in which the school is located. Accordingly, ECFMG currently requires that an applicant's medical school be so recognized. However, the meaning of such recognition is quite variable.

Current Status of International Medical School Recognition and Accreditation

While *IMED* lists schools that have been recognized by the appropriate government agency in the countries in which the schools are located, the meaning of this recognition, and the elements it entails, vary widely. In some countries, recognition denotes permission for an educational institution to grant a degree, while a separate regulatory body is responsible for determining the legitimacy of the credential for subsequent licensure or practice. In other countries, the authority to grant an M.D. or other medical degree is linked directly to the eligibility of graduates to practice. The process of recognition in some instances involves a one-time granting of a permit to open the educational institution, and no further follow up or quality review of the school is mandated. In contrast, for some countries, recognition is directly connected to an ongoing process of assessment of the quality and appropriateness of the learning environment and available educational resources, and the educational outcomes of students.

Currently, approximately two-thirds of countries with medical schools have some system of quality review, or accreditation, in place. However, even in countries or regions where accreditation for medical education programs exists, systems vary substantially in process, complexity, transparency, accountability, and consequences of the assessment. Accrediting agencies differ in the specific protocols employed in implementing quality assurance reviews. Although many accrediting agencies utilize common elements in conducting accreditation, employment of all or some of these elements is not universal.

Further, while many countries have mandatory accreditation, in other countries the accreditation of medical education programs is voluntary. In these latter countries, there is often no consequential impact of a school achieving accreditation, either for the school or its students/graduates, other than added prestige. Even where accreditation is required, there is significant variation in the consequences or outcomes of a school achieving (or not achieving) accredited status. Accreditation can impact the school itself or the students/graduates of the school. In many countries, medical schools are required to achieve a positive accreditation status in order to carry out essential components of their mission, such as admitting students, holding classes, and awarding degrees. In other countries, the accreditation process does not impact the school, but does affect opportunities available to students/graduates, such as clinical clerkship positions, postgraduate training, specialization, and licensure.

U.S. Efforts

In the United States, the Department of Education, through the National Committee on Foreign Medical Education and Accreditation (NCFMEA), has developed a process for evaluating other countries' medical school accreditation standards and practices to determine their comparability to U.S. standards and practices. The goal of this process is to determine the eligibility of medical schools in other countries to participate in U.S. Government Federal Family Education Loan programs. Although the NCFMEA process provides valuable information about medical schools in certain countries, its procedures are not sufficient to satisfy the generally accepted requirements for sound accreditation practices; for example, it does not require validating site visits. Additionally, review by NCFMEA is a voluntary process.

In response to concerns about certain international medical schools, some U.S. state legislatures and medical licensing boards have developed lists of acceptable and unacceptable international medical schools for the purpose of determining eligibility for licensure. These state-determined rules are based on a variety of factors, sometimes including an in-person assessment of the quality of schools, criteria regarding the number of years a school has been in existence, or a comparison and evaluation of a prospective licensee's transcripts and documentation of the completed curriculum. For example, the California Medical Board has developed lists of international medical schools that it has deemed acceptable or unacceptable; graduates from unacceptable schools or from schools that are not listed as acceptable are not eligible for licensure in the state. Alaska and Indiana also use California's list in determining school-based requirements for licensure. Alabama, Kansas, and Mississippi have created school-based lists for use in licensure. Other states indicate that they examine the eligibility of IMGs' schools on a case-by-case basis.

The efforts of NCFMEA and various state medical boards serve to highlight the need for accreditation in accordance with globally accepted criteria, but they do not constitute a comprehensive system of international medical school accreditation.

Growth of Medical Schools

At the time of this writing, *IMED* lists 2,188 recognized and operating medical schools in 172 countries/territories. Based on data in *IMED*, 312 medical schools have been recognized by the appropriate agency since 2002. Because most newly-recognized schools are newly-opened schools according to the data in *IMED*, this represents a worldwide growth rate of roughly 14% over the past eight years. While there has been general expansion in the number of new medical schools worldwide, certain regions have had increases well in excess of the global average.

For example, a number of countries in Asia, the Caribbean, the Middle East, and South America have had growth rates of more than 25% since the year 2002:

- Countries in Asia experiencing the greatest increases include Malaysia—46% of currently operating schools have been recognized since 2002; in Pakistan it is 38%, India 31%, and Nepal 27%.
- Geographically, the Caribbean has the highest ratio of medical schools to population in the world, and many of the schools in this region have been recognized in the past eight years. In Saint Lucia, 60% of schools are newly recognized. In Saint Kitts and Nevis, it is 50%, and in the Netherlands Antilles, it is 33%.
- The Middle East has also experienced significant growth. In Saudi Arabia, 47% of the schools were recognized in the past eight years, and in Syria this proportion is 33%.
- Expansion of medical schools has also occurred in South America. Thirty-six percent of schools in Brazil were recognized in 2002 or later.

This rapid expansion in the number of medical schools globally represents a challenge to those who rely on the current diverse systems of recognition and accreditation to evaluate these schools and their students/graduates. It also makes it unlikely that a single entity would have the resources needed to accredit all international medical schools, and to do so in a way that is flexible enough to provide meaningful accreditation processes while allowing appropriate variation to accommodate regional or local circumstances.

Toward a Meaningful System of International Accreditation

A more viable model entails evaluation and "recognition" of the various national and regional bodies that accredit international medical schools. The evaluation and recognition of accrediting bodies by a single international agency using globally accepted criteria would create a meaningful system of international accreditation. To obtain approval, national or regional accrediting bodies would need to document their accreditation processes and demonstrate that these processes ensure a certain level of quality in medical education. Such a demonstration of quality would be manifested by the accrediting bodies' evaluation of individual medical schools within their jurisdiction. Graduates of medical schools accredited by a body that is approved by this international agency would meet ECFMG's new accreditation requirement for ECFMG Certification.

Such a system would greatly accelerate the development of international accreditation. Schools in countries where accreditation is voluntary would be motivated to achieve accreditation, if their graduates are to remain eligible for ECFMG Certification. The bodies that accredit these schools would likewise be motivated to bring their processes into line with globally accepted criteria, if they are to obtain recognition. Some countries currently without formal accreditation processes might develop them. The establishment of a unified accreditation process would create a new standard, which might be pursued by medical schools as a marker of quality and prestige regardless of whether their graduates typically pursue ECFMG Certification.

The foundation of such a system to "recognize the accreditors" is taking shape. During the coming year, 2011, WFME will pilot this model, applying the standards for undergraduate medical education that it has promulgated in recent years. The Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) has agreed to be the first accrediting body reviewed in this pilot process. If CAAM-HP's accreditation standards and processes are approved by WFME, CAAM-HP will be the first accrediting body recognized through this new process.

On Timing

The question of timing is an important one. In determining when to implement its accreditation requirement, ECFMG needed to balance its desire to continue to enhance its protection of the public with the understanding that international medical schools and the bodies that evaluate them need a concrete and realistic mechanism for satisfying this requirement. WFME's standards and practices for undergraduate medical education, as demonstrated by its upcoming pilot with CAAM-HP, may provide this mechanism. If successful, these standards and processes will result in a specific target that accrediting bodies—and the medical schools they accredit—can work toward, and that can be achieved prior to implementation of ECFMG's new requirement in 2023.

On ECFMG's Role

As an international certification body, ECFMG will not itself play a role in the recognition of international accrediting agencies or the accreditation of medical schools. However, a number of resources are already in place to support the development of accreditation internationally. FAIMER, in collaboration with WFME and The Open University Centre for Education in Medicine in the United Kingdom, currently offers distance learning modules in the areas of self-review and accreditation. For educators requiring more intensive learning, tailored consultations may be offered by accreditation experts from FAIMER and other bodies with experience in accreditation, such as LCME. Finally, data resources developed by FAIMER, such as *IMED* and the *Directory of Organizations that Recognize/Accredit Medical Schools (DORA)*, are in place to support accreditation decisions and to capture the wealth of information that will be generated by review of international medical education programs and the processes for evaluating them.

Enhancing Protection of the Public

The quality of a physician's medical education is related directly to the quality of care that the physician provides. In the United States, where one-quarter of physicians are IMGs, enhancing ECFMG Certification with a meaningful accreditation requirement advances ECFMG's core mission of promoting quality health care for the public by evaluating the qualifications of IMGs entering the U.S. health care system. With implementation of this requirement, IMGs, like graduates of U.S. and Canadian medical schools, will be evaluated both on the quality of their medical education and their individual performance. The benefits of such an accreditation system also will extend to patient populations outside of the United States, advancing ECFMG's overall mission of promoting excellence in international medical education.

Additionally, the information on international medical education programs gathered through a unified system of accreditation will allow research into the relationship between medical education and patient outcomes, which is a direct measure of quality and an important mechanism for continued enhancements in medical education. For a recent example, see "Evaluating The Quality Of Care Provided By Graduates Of International Medical Schools" by Norcini et al. (*Health Affairs* 2010; 29:8).

Requiring Medical School Accreditation for ECFMG Certification—Moving Accreditation Forward September 21, 2010

Conclusion

ECFMG's decision to require medical school accreditation as a requirement for ECFMG Certification is a significant step in its continuing efforts to enhance protection of the public. This requirement will catalyze efforts to accredit medical education internationally, encouraging the development of a formal process that utilizes globally accepted criteria. Such a process will have the effect of harmonizing accreditation standards, and creating a meaningful international accreditation system that will improve the quality of medical education and health care worldwide. A system that recognizes the accreditors, who in turn accredit individual medical schools, is a viable model that employs unified standards, while allowing for necessary regional variation. WFME has established standards that could be used for this purpose and, through its upcoming pilot, is establishing the necessary procedures and a working model for accrediting bodies and medical schools that wish to attain a new standard of quality medical education and meet the accreditation requirement for ECFMG Certification.

References

Boulet J, Bede C, McKinley D, Norcini J. An overview of the world's medical schools. Medical Teacher 2007; 29(1):20-26.

Norcini JJ, Boulet JR, Dauphinee WD, Opalek A, Krantz ID, Anderson ST. Evaluating the quality of care provided by graduates of international medical schools. Health Affairs 2010; 29(8):1461-1468.

van Zanten M, Norcini JJ, Boulet JR, Simon F. Overview of accreditation of undergraduate medical education programmes worldwide. Medical Education 2008; 42(9):930-937.

Resources

ECFMG® Certification Fact Sheet, http://www.ecfmg.org/cert/certfact.html

ECFMG® Fact Card, http://www.ecfmg.org/cert/factcard.pdf

FAIMER *International Medical Education Directory (IMED)*, http://www.faimer.org/resources/imed.html

FAIMER *Directory of Organizations that Recognize/Accredit Medical Schools (DORA)*, http://www.faimer.org/resources/dora/index.html