ECFMG®
Educational Commission for Foreign Medical Graduates
A WORLD LEADER IN PROMOTING QUALITY HEALTH CARE

2015 Annual Report
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Visit www.ecfmg.org/resources/staff-publications.html for ECFMG publications and presentations.
Visit www.csecassessments.org/staff-publications/ for CSEC publications and presentations.

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A MESSAGE FROM THE CHAIR

I am pleased to report on my first year as Chair of ECFMG’s Board of Trustees. After having served with my fellow Board members in recent years, it is a privilege to lead this talented and dedicated group in strategic planning and investments that will ensure the continued success of ECFMG.

During 2015, ECFMG completed a comprehensive review of its existing technologies, and we began to plan for a new technology platform that will better support both existing programs and the initiatives that are to come. After more than a decade of service expansion and corresponding customized software development, it was essential that we evaluate our business processes and ensure that we have a robust, extensible, and integrated technology platform that aligns with our developing lines of business and that harnesses all possible synergies and efficiencies. This endeavor and the substantial investment it represents have the full support of ECFMG’s Board. The project is benefitting from the guidance of a new subcommittee of the Board with expertise in Information Technology.

Our efforts to diversify our programs and to provide additional services to the international medical education and regulatory communities continue to develop. Four medical regulatory authorities have joined the Electronic Portfolio of International Credentials (EPIC™), and this momentum positions ECFMG well to expand EPIC broadly to the international medical regulatory community. For GEMx, a program established to facilitate elective exchanges in international medical education, the Board has authorized an endowment of US$500,000 to support the GEMx Student Exchange Grants. These funds, combined with a significant contribution from GEMx Partner Weill Cornell Medicine—Qatar, will ensure ongoing support for this grants program and the international medical students who benefit directly from it.

Following the announcement in 2015 by Emmanuel Cassimatis, M.D., that he will retire in mid-2016, ECFMG’s Board conducted a search and identified his successor. In the coming year, I look forward to welcoming our new chief executive and contributing to a smooth transition in leadership.

Although Dr. Cassimatis will serve as ECFMG’s President & Chief Executive Officer through mid-2016, I would like to take this opportunity to review some of his many accomplishments—significant and lasting contributions to both ECFMG and those whom we serve. In 2010, he brought forward ECFMG’s bold and forward-thinking initiative to require that, by 2023, physicians pursuing ECFMG Certification graduate from a medical school that has been appropriately accredited. Even now, we are just beginning to realize the benefits of this effort, which is aimed at catalyzing development of a meaningful international system of accreditation for undergraduate medical education. In 2011, Dr. Cassimatis initiated revisions to ECFMG’s mission that reflected an expanded international reach for ECFMG services, and then launched programs such as EPIC and GEMx that can enhance the quality of the world’s physician workforce.

Last year, ECFMG’s Foundation for Advancement of International Medical Education and Research (FAIMER®) celebrated its fifteenth anniversary. For half of FAIMER’s existence, Dr. Cassimatis has served as its Board Chair. The result is that FAIMER has become an expert resource for the world’s health professions educators, a producer of award-winning research, and a builder of high-quality databases for some of the most fundamental and comprehensive data related to international medical education. On behalf of the Boards of ECFMG and FAIMER, I offer deep gratitude to Dr. Cassimatis for his vision, demonstrated leadership, and global perspective over the past seven years.

I look forward to the coming year and more collaboration with my fellow Board members. In closing, I would like to acknowledge another important relationship by offering sincere thanks to Paul H. Rockey, M.D., M.P.H., as he concludes his valuable service to ECFMG’s Board.

Ram R. Krishna, M.D.
Chair, Board of Trustees
Educational Commission for Foreign Medical Graduates
A MESSAGE FROM THE PRESIDENT

In 2015, I announced that at the end of June, 2016, I will retire after serving as President & Chief Executive Officer for seven years. The past year has been one of reflection for me, affording an opportunity to review our recent accomplishments both in terms of their history and of what they might offer to those whom we serve.

As in past years, our many programs operated smoothly. ECFMG certified 10,000 physicians, a number that has remained relatively consistent during my tenure at ECFMG. Volume across our certification-related services was strong and steady. As ECFMG’s 60-year history demonstrates, as long as international physicians seek graduate medical education in the United States, ECFMG Certification will ensure the readiness of these physicians to seek such training; and ECFMG will provide services that support both these physicians and their U.S. training programs.

We saw growth in key areas, including our Electronic Portfolio of International Credentials (EPIC). With the addition of major international medical regulatory clients in 2015, I am proud to note that EPIC is realizing its intended purpose of making ECFMG’s world-class primary-source verification services universally available and raising standards for evaluating physicians around the world. I believe that EPIC will become a significant contributor to protecting the world’s patients.

GEMx, established to facilitate elective exchanges in international medical education, expanded to include other health professions and launched the GEMx Student Exchange Grants. GEMx is a new way to address ECFMG’s traditional goal of promoting excellence in medical education. Taken together, GEMx and EPIC are successful examples of ECFMG’s ability to extend its service and expertise to international communities.

Ms. Lisa Cover, M.H.A., who joined ECFMG as Vice President for Business Development and Operations in February, has initiated a thorough review and transformation of our Operations business units, with keen attention to growth, service, and efficiency. The resulting enhancements in structure and processes will serve ECFMG well in the rapidly globalizing landscape of medical education and regulation.

It has given me great pleasure and satisfaction over the past seven years to serve as Chair of the Board of Directors of ECFMG’s Foundation for Advancement of International Medical Education and Research (FAIMER). Among FAIMER’s many recent contributions to the international medical education and research communities, two stand out as most important for ECFMG. First, the World Directory of Medical Schools, a partnership of FAIMER with the World Federation for Medical Education (WFME), has matured to become the leading information resource on the world’s medical schools. In 2015, ECFMG began to use the World Directory to determine the eligibility of applicants for ECFMG Certification and examination. Second, FAIMER’s enhanced role in administering the Programme for Recognition of Accrediting Agencies of WFME is providing important support for a meaningful international system of accreditation and much-needed harmonization of standards for medical education worldwide.

This sampling of accomplishments illustrates the strengths that will carry ECFMG and FAIMER forward for many years to come—commitment to mission, willingness to transform, and the vision to invest in programs and resources that will serve many well into the future. In closing, I offer sincere thanks to the dedicated staff of ECFMG, FAIMER, and the Clinical Skills Evaluation Collaboration (CSEC); to my many colleagues around the world; and to the Board members who have served ECFMG and FAIMER so well during my tenure. I look forward to following your many future successes.

Emmanuel G. Cassimatis, M.D.
President & Chief Executive Officer
Educational Commission for Foreign Medical Graduates

Chair, Board of Directors
Foundation for Advancement of International Medical Education and Research
Overview

ECFMG is a world leader in promoting quality health care—serving global communities of physicians, members of the medical education and regulatory communities, health care consumers, and those researching issues in medical education and health workforce planning.

One-quarter of the U.S. physician workforce is comprised of international medical graduates, physicians who received their basic medical degree or qualification from medical schools located outside the United States and Canada. Certification by ECFMG (see page 12) is the standard for evaluating the qualifications of these physicians before they enter U.S. graduate medical education (GME), where they provide supervised patient care. ECFMG Certification is also a prerequisite for international medical graduates to take Step 3 of the three-step United States Medical Licensing Examination® (USMLE®) and to obtain an unrestricted license to practice medicine in the United States. ECFMG supports the entry of international medical graduates into U.S. GME through several other programs, including Electronic Residency Application Service (ERAS) Support Services at ECFMG, the Exchange Visitor Sponsorship Program (EVSP), and the ECFMG Certificate Holders Office (ECHO).

Through six decades of certifying international medical graduates, ECFMG has developed unparalleled expertise on the world’s medical schools, the credentials they issue to their graduates, and verifying the authenticity of those credentials. Through ECFMG International Credentials Services (EICS) and the Electronic Portfolio of International Credentials (EPIC®), ECFMG offers its primary-source credentials verification services directly to the world’s physicians and to the entities worldwide that evaluate physicians for education, training, registration/licensure, and employment (see page 29).

Through its GEMx® program, ECFMG is building a global partnership for international educational exchange in medicine and the health professions and facilitating the elective exchange process for institutions and students alike (see page 31). Through the ECFMG Medical School Web Portal (EMSWP), ECFMG provides access to several web-based services for international medical schools, including electronic Credentials Verification and USMLE Performance Data (see page 33). These programs for the international medical education community provide high-quality services for medical schools and their students and graduates, and promote quality in medical education worldwide.

Through the Clinical Skills Evaluation Collaboration (CSEC), ECFMG and the National Board of Medical Examiners® (NBME®) partner to administer the Step 2 Clinical Skills (CS) component of USMLE, a requirement for both international medical graduates and for graduates of U.S. and Canadian medical schools who wish to be licensed in the United States. Through CSEC, ECFMG uses its experience in assessment to ensure that all physicians entering U.S. GME programs can demonstrate the fundamental clinical skills essential to providing safe and effective patient care under supervision. For more information on CSEC, see page 35.

ECFMG’s commitment to promoting excellence in medical education led to the establishment of its nonprofit foundation, the Foundation for Advancement of International Medical Education and Research (FAIMER®). FAIMER has assumed responsibility for, and expanded upon, ECFMG’s programs for international medical educators and ECFMG’s research agenda. FAIMER offers fellowship programs for the world’s health professions educators, provides resources on the world’s medical education systems, and researches issues that affect the quality of health care and the functioning of health care systems. For more information on FAIMER and its activities, see page 38.
ECFMG is a private, nonprofit organization whose members are: American Board of Medical Specialties, American Medical Association, Association of American Medical Colleges, Association for Hospital Medical Education, Federation of State Medical Boards, and National Medical Association.

ECFMG is governed by a Board of Trustees consisting of two nominees from each of its organizational members, up to eight Trustees-at-Large, and ECFMG’s President, who serves as a voting member of the Board.

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VALUES

The values of ECFMG are expressed in its vision statement:

“Improving world health through excellence in medical education in the context of ECFMG’s core values of collaboration, professionalism and accountability.”

MISSION

The charge of ECFMG is expressed in its mission statement:

“The ECFMG promotes quality health care for the public by certifying international medical graduates for entry into U.S. graduate medical education, and by participating in the evaluation and certification of other physicians and health care professionals nationally and internationally. In conjunction with its Foundation for Advancement of International Medical Education and Research (FAIMER), and other partners, it actively seeks opportunities to promote medical education through programmatic and research activities.”

PURPOSES

The purposes (goals) that actuate and accomplish ECFMG’s mission are to:

• certify the readiness of international medical graduates for entry into graduate medical education and health care systems in the United States through an evaluation of their qualifications
• provide complete, timely, and accessible information to international medical graduates regarding entry into graduate medical education in the United States
• assess the readiness of international medical graduates to recognize the diverse social, economic and cultural needs of U.S. patients upon entry into graduate medical education
• identify the needs of international medical graduates to become acculturated into U.S. health care
• verify credentials and provide other services to health care professionals worldwide
• provide international access to testing and evaluation programs
• expand knowledge about international medical education programs and their graduates by gathering data, conducting research, and disseminating the findings
• improve international medical education through consultation and cooperation with medical schools and other institutions relative to program development, standard setting, and evaluation
• improve assessment through collaboration with other entities in the United States and abroad
• improve the quality of health care by providing research and consultation services to institutions that evaluate international medical graduates for entry into their country
• enhance effectiveness by delegating appropriate activities in international medical education to FAIMER
ECFMG Brings EPIC to New International Partners

In 2015, ECFMG welcomed international medical regulatory clients to EPIC™, ECFMG’s new technology platform for the primary-source verification of physician credentials. For the first time, EPIC offers universal access to ECFMG’s world-class, primary-source verification services for the credentials related to a physician’s medical education, training, and registration/licensure. Although primary-source verification is considered a best practice, it is by no means always utilized in credential verification processes. With EPIC, all medical regulatory authorities, and other organizations that evaluate the qualifications of physicians, can incorporate no-cost primary-source verification into their evaluation processes.

In September, the Medical Council of Ireland began using EPIC to assess the medical qualifications of its Category 4 applicants—those who apply for registration from medical schools located outside of the European Union (EU), European Economic Area (EEA), and Switzerland. By joining EPIC, the Medical Council has added primary-source verification to its tools for evaluating the qualifications of its Category 4 applicants and promoting the highest professional standards for physicians practicing in the Republic of Ireland.

In October, the Australian Medical Council (AMC) joined EPIC, requiring its international applicants to use EPIC to have their core medical credentials primary-source verified. Previously, AMC obtained verification of credentials through ECFMG’s International Credentials Services (EICS). By transitioning to EPIC, AMC and its applicants are able to enjoy additional benefits, including the convenience and security of EPIC’s web-based interface, and significant time savings in the primary source verification process for credentials that are verified through ECFMG’s electronic Credentials Verification program.

In late 2015, ECFMG was working with several other organizations to assist them in incorporating EPIC into their physician assessment processes. More information on EPIC is available at www.ecfmgepic.org.

ECFMG Transitions to World Directory of Medical Schools to Determine Applicant Eligibility

On June 30, 2015, ECFMG began to use the World Directory of Medical Schools to determine the eligibility of applicants for ECFMG Certification and the United States Medical Licensing Examination® (USMLE®). Prior to this date, ECFMG used the International Medical Education Directory (IMED) for this purpose.

The World Directory is a joint venture of the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER®). It represents the merger of WFME’s Avicenna Directory and FAIMER’s IMED to produce a single, comprehensive resource on undergraduate medical education worldwide. The World Directory is sponsored by six international organizations, including ECFMG, which support its mission.

The World Directory offers enhanced information such as enrollment and curriculum data for schools that offer multiple medical programs or tracks. In the future, additional features, such as information about program
recognition or accreditation, will be added to meet the needs of medical regulatory authorities (MRAs),
certifying bodies, and researchers. The availability of current, high-quality information on undergraduate
medical education in the form of a centralized resource will advance research on the quality of medical
education and efforts to improve medical education, with the ultimate goal of improving public health. More
information is available at www.wdoms.org.

**Growth and Development Bring New Opportunities for Students of GEMx Partner Schools**

The past year brought continued growth and development for GEMx, with the expansion of its educational exchange
opportunities for undergraduate medical students of GEMx Partner Schools in multiple, exciting new directions. Students of GEMx Partner Schools
are crossing the globe to engage in exchange experiences offered by our committed partner institutions. These
experiences are having a profound impact on their learning and career paths.

The official launch of GEMx at the beginning of 2015 opened the program to medical schools worldwide. In 2015, GEMx also began to establish partnerships with new types of institutions. Through GEMx’s partnership with the Conservation and Ecosystem Health Alliance (CEHA), students of GEMx Partners now have opportunities for short-term research placements, electives, and internships with medical organizations throughout Uganda. During the past year, GEMx partnered with 10 new institutions, bringing total membership in the GEMx global network to 30 partners located in 22 countries.

In mid-2015, ECFMG established the GEMx Student Exchange Grants, offering financial awards of US$1,000 to up to two qualifying students from each GEMx Partner School. ECFMG’s Board of Trustees has authorized the use of US$500,000 of ECFMG’s investment funds, the income from which is designated to support this initiative. Weill Cornell Medicine-Qatar, a GEMx Partner, also contributed substantially to the grants program. ECFMG also announced that GEMx would expand its exchange opportunities beyond medicine to serve other health professions such as nursing, pharmacy, and dentistry, among others, and ECFMG is actively exploring relationships with new institutions in the health professions worldwide. For more information about GEMx, please visit www.gemxelectives.org.
ECFMG Certification

ECFMG’s program of certification assesses whether international medical graduates are ready to enter U.S. graduate medical education (GME) programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). ACGME requires ECFMG Certification for international medical graduates who enter such programs.

ECFMG Certification assures directors of accredited residency and fellowship programs, and the people of the United States, that international medical graduates have met minimum standards of eligibility to enter such programs. ECFMG Certification is one of the eligibility requirements for international medical graduates to take Step 3 of the three-step United States Medical Licensing Examination® (USMLE®) and is a requirement for international medical graduates seeking unrestricted medical licensure.

Currently, applicants for certification must apply for ECFMG Certification, pass the required exams, and satisfy medical education credential requirements. For detailed information on the ECFMG certification process and requirements, please consult the ECFMG Information Booklet, available on the ECFMG website.

The United States Medical Licensing Examination (USMLE)

USMLE Step 1 and Step 2 are the exams currently administered that satisfy examination requirements for ECFMG Certification. Step 2 has two separately administered components, the Clinical Knowledge (CK) component and the Clinical Skills (CS) component.

ECFMG determines eligibility and registers international medical students/graduates for USMLE Step 1 and Step 2. The National Board of Medical Examiners® (NBME®) performs these functions for applicants from U.S. and Canadian medical schools/programs accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA).

During 2015, ECFMG completed 23,730 registrations for Step 1; of these registrations, 41% were for students and 59% were for graduates. For Step 2 CK, ECFMG completed 17,499 registrations; of these registrations, 36% were for students and 64% were for graduates.

Step 1 and Step 2 CK are delivered via computer by Prometric through its network of test centers worldwide. Of the Step 1/Step 2 CK exams administered to international medical students/graduates in 2015, 63% were delivered in test centers located in the United States and Canada.

During 2015, ECFMG completed 15,024 registrations for Step 2 CS; of these registrations, 36% were for students and 64% were for graduates.

The Clinical Skills Evaluation Collaboration (CSEC) operates test centers for administration of Step 2 CS located in Atlanta, Chicago, Houston, Los Angeles, and Philadelphia in the United States.

Examinee performance data for recent administrations of Step 1, Step 2 CK, and Step 2 CS are provided in Exhibits 1 and 2.
Exhibit 1: Examinee Performance for International Medical Students/Graduates Taking USMLE Step 1 and Step 2 (CK and CS)

### USMLE Step 1

<table>
<thead>
<tr>
<th></th>
<th>No. of Administrations</th>
<th>No. Passing</th>
<th>% Passing</th>
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<tr>
<td><strong>Total</strong></td>
<td>17,735</td>
<td>12,687</td>
<td>72</td>
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<td>First Takers</td>
<td>15,015</td>
<td>11,646</td>
<td>78</td>
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<tr>
<td>Repeaters</td>
<td>2,720</td>
<td>1,041</td>
<td>38</td>
</tr>
<tr>
<td><strong>U.S. Citizens</strong></td>
<td>5,092</td>
<td>3,590</td>
<td>71</td>
</tr>
<tr>
<td>First Takers</td>
<td>4,066</td>
<td>3,232</td>
<td>79</td>
</tr>
<tr>
<td>Repeaters</td>
<td>1,026</td>
<td>358</td>
<td>35</td>
</tr>
<tr>
<td><strong>Foreign Citizens</strong></td>
<td>12,643</td>
<td>9,097</td>
<td>72</td>
</tr>
<tr>
<td>First Takers</td>
<td>10,949</td>
<td>8,414</td>
<td>77</td>
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<tr>
<td>Repeaters</td>
<td>1,694</td>
<td>683</td>
<td>40</td>
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</tbody>
</table>

**Step 1:** The data in this exhibit reflect examinee performance for Step 1 administrations from January 1, 2015 through December 31, 2015. Step 1 First Takers are those examinees with no prior Step 1 and no prior NBME Part I examinations.

### USMLE Step 2 CK

<table>
<thead>
<tr>
<th></th>
<th>No. of Administrations</th>
<th>No. Passing</th>
<th>% Passing</th>
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<tr>
<td><strong>Total</strong></td>
<td>14,673</td>
<td>10,336</td>
<td>70</td>
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<tr>
<td>First Takers</td>
<td>12,260</td>
<td>9,221</td>
<td>75</td>
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<tr>
<td>Repeaters</td>
<td>2,413</td>
<td>1,115</td>
<td>46</td>
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<tr>
<td><strong>U.S. Citizens</strong></td>
<td>4,362</td>
<td>3,035</td>
<td>70</td>
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<tr>
<td>First Takers</td>
<td>3,425</td>
<td>2,572</td>
<td>75</td>
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<tr>
<td>Repeaters</td>
<td>937</td>
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<td>49</td>
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<tr>
<td><strong>Foreign Citizens</strong></td>
<td>10,311</td>
<td>7,301</td>
<td>71</td>
</tr>
<tr>
<td>First Takers</td>
<td>8,835</td>
<td>6,649</td>
<td>75</td>
</tr>
<tr>
<td>Repeaters</td>
<td>1,476</td>
<td>652</td>
<td>44</td>
</tr>
</tbody>
</table>

**Step 2 CK:** The data in this exhibit reflect examinee performance for Step 2 CK administrations from July 1, 2014 through June 30, 2015. Step 2 CK First Takers are those examinees with no prior Step 2 CK and no prior NBME Part II examinations.

### USMLE Step 2 CS

<table>
<thead>
<tr>
<th></th>
<th>No. of Administrations</th>
<th>No. Passing</th>
<th>% Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>14,556</td>
<td>11,393</td>
<td>78</td>
</tr>
<tr>
<td>First Takers</td>
<td>11,783</td>
<td>9,433</td>
<td>80</td>
</tr>
<tr>
<td>Repeaters</td>
<td>2,773</td>
<td>1,960</td>
<td>71</td>
</tr>
<tr>
<td><strong>U.S. Citizens</strong></td>
<td>4,234</td>
<td>3,492</td>
<td>82</td>
</tr>
<tr>
<td>First Takers</td>
<td>3,471</td>
<td>2,939</td>
<td>85</td>
</tr>
<tr>
<td>Repeaters</td>
<td>763</td>
<td>553</td>
<td>72</td>
</tr>
<tr>
<td><strong>Foreign Citizens</strong></td>
<td>10,322</td>
<td>7,901</td>
<td>77</td>
</tr>
<tr>
<td>First Takers</td>
<td>8,312</td>
<td>6,494</td>
<td>78</td>
</tr>
<tr>
<td>Repeaters</td>
<td>2,010</td>
<td>1,407</td>
<td>70</td>
</tr>
</tbody>
</table>

**Step 2 CS:** The data in this exhibit reflect examinee performance for Step 2 CS administrations from July 1, 2014 through June 30, 2015. Step 2 CS First Takers are those examinees with no prior Step 2 CS and no prior ECFMG CSA examinations.

Notes for All Exams:
Administrations include those with results of Pass, Fail, Incomplete, Indeterminate, and Withheld.
The data for Repeaters represent examinations given, not number of examinees.
Citizenship is as of the time of entrance into medical school.

Source: ECFMG database. Data current as of February 5, 2016 and include administrations for which results were available as of February 4, 2016.
Exhibit 2: Examinee Performance: USMLE Step 1 and Step 2 (CK and CS) Administered to Students/Graduates of LCME- and AOA-Accredited U.S./Canadian Medical Schools/Programs and to International Medical Students/Graduates

The data in this exhibit reflect examinee performance for Step 1 administrations from January 1, 2015 through December 31, 2015; Step 2 CK administrations from July 1, 2014 through June 30, 2015; and Step 2 CS administrations from July 1, 2014 through June 30, 2015. The data for Repeaters represent examinations given, not number of examinees.

Source: National Board of Medical Examiners. Data current as of February 5, 2016 and include administrations for which results were available as of February 3, 2016.


* CSA score reporting delays in 2002 artificially decreased certification volume in 2002 and increased certification volume in 2003.
** Step 2 CS score reporting delays in 2004 artificially decreased certification volume in 2004 and increased certification volume in 2005.

Of the more than 295,000 international medical students/graduates who initially applied for an examination during the 20-year period from 1991 through 2010, 60.7% have achieved certification. Over this same 20-year time period, 71.8% of initial registrants who were U.S. citizens at the start of medical school achieved certification; 58.9% of initial registrants who were non-U.S. citizens at the start of medical school achieved certification.

For the period 2006–2010, 64.9% of international medical students/graduates who initially applied for an examination achieved certification. For this same five-year period, those who were U.S. citizens at the start of medical school were more likely to achieve certification (74.2%) than non-U.S. citizens (62.4%).

Source: ECFMG database. Data current as of February 17, 2016.

Standard ECFMG Certificate

ECFMG issues the Standard ECFMG Certificate to applicants who meet all of the requirements for certification and clear their financial accounts with ECFMG.

ECFMG issued 10,000 Standard ECFMG Certificates in 2015. Exhibit 3 shows the number of certificates issued annually over the last 25 years.

Certificant Profile

Of the 10,000 Standard ECFMG Certificates issued in 2015, India and Grenada had the largest numbers of recipients based upon country of medical school; 1,093 (10.9%) of the recipients were graduates of Indian medical schools, and 912 (9.1%) received their medical degrees in Grenada.

With respect to citizenship at entrance into medical school, nationals from either India or the United States typically have received the largest number of certificates each year. In 2015, 30.9% of certificates were issued to U.S. citizens, and 11.8% of certificates were issued to Indian citizens.

Exhibit 4 shows the distribution by country of medical school and by country of citizenship for international medical graduates certified by ECFMG in 2015.

The 10,000 international medical graduates certified by ECFMG in 2015 graduated from 1,141 medical schools located in 139 countries or territories. Approximately 61% of these medical schools report that English is one of their languages of instruction.

English was the most common native language reported by international medical graduates certified by ECFMG in 2015 (41.8%). More than 130 other native languages were reported, including Arabic (10.6%), Spanish (7.8%), Urdu (6.4%), and Hindi (2.8%).

Some 55% of international medical graduates certified by ECFMG in 2015 were men and 45% were women. Their average age at the time of certification was 30 years. The average time between when these certificants received their medical degrees and when they were certified by ECFMG was 3.3 years.

U.S. Citizens Pursuing ECFMG Certification

There is much interest in U.S. citizens who receive their medical education abroad. U.S. citizens accounted for 26.2% of the international medical students/graduates registered for examination in 2015. The largest numbers of U.S. citizen registrants were students/graduates of medical schools in Grenada (1,674), Dominica (1,348), Saint Kitts and Nevis (962), Sint Maarten (869), and Antigua and Barbuda (724).

Examination performance data for U.S. citizen international medical students/graduates are provided in Exhibit 1.
In 2015, 3,093 Standard ECFMG Certificates were issued to U.S. citizens. The largest numbers of U.S. citizen certificants were graduates of medical schools in Dominica (697), Grenada (661), Sint Maarten (329), Antigua and Barbuda (184), and Saint Kitts and Nevis (174).

The 3,093 U.S. citizens certified by ECFMG in 2015 graduated from 230 medical schools located in 75 countries or territories. More than 80% of these medical schools report that English is one of their languages of instruction.

English was the most common native language reported by U.S. citizens certified by ECFMG in 2015 (81.9%). More than 50 other native languages were reported, including Spanish (4.8%), Urdu (1.9%), Gujarati (1.2%), and Arabic (1.0%).

Some 57% of the U.S. citizens certified by ECFMG in 2015 were men and 43% were women. Their average age at the time of certification was 29.7 years. The average time between when these certificants received their medical degrees and when they were certified by ECFMG was 0.6 years.

Top Countries of Medical School and Citizenship, 1991–2015

Aggregate data from the last 25 years reveal that the top five countries of medical school for applicants achieving certification have been India, Pakistan, Grenada, Dominica, and Philippines. Exhibit 5 shows the percentage of certificates that were issued to graduates of medical schools in these countries annually from 1991 through 2015.

India, United States, Pakistan, Philippines, and China have been the top five countries of citizenship for applicants achieving certification over the last 25 years. Exhibit 6 shows the percentage of certificates that were issued to citizens of these countries annually from 1991 through 2015.
## Exhibit 4: Standard ECFMG Certificates Issued in 2015: Distribution of Recipients by Country of Medical School and by Country of Citizenship

<table>
<thead>
<tr>
<th>Country</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antigua and Barbuda</td>
<td>233</td>
<td>2.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Australia</td>
<td>91</td>
<td>0.9</td>
<td>40</td>
<td>0.4</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>72</td>
<td>0.7</td>
<td>64</td>
<td>0.6</td>
</tr>
<tr>
<td>Brazil</td>
<td>59</td>
<td>0.6</td>
<td>57</td>
<td>0.6</td>
</tr>
<tr>
<td>Canada</td>
<td>0</td>
<td>0.0</td>
<td>786</td>
<td>7.9</td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>81</td>
<td>0.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>China</td>
<td>212</td>
<td>2.1</td>
<td>190</td>
<td>1.9</td>
</tr>
<tr>
<td>Colombia</td>
<td>80</td>
<td>0.8</td>
<td>80</td>
<td>0.8</td>
</tr>
<tr>
<td>Cuba</td>
<td>79</td>
<td>0.8</td>
<td>58</td>
<td>0.6</td>
</tr>
<tr>
<td>Dominica</td>
<td>874</td>
<td>8.7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>185</td>
<td>1.9</td>
<td>61</td>
<td>0.6</td>
</tr>
<tr>
<td>Ecuador</td>
<td>68</td>
<td>0.7</td>
<td>70</td>
<td>0.7</td>
</tr>
<tr>
<td>Egypt</td>
<td>225</td>
<td>2.3</td>
<td>208</td>
<td>2.1</td>
</tr>
<tr>
<td>Germany</td>
<td>76</td>
<td>0.8</td>
<td>70</td>
<td>0.7</td>
</tr>
<tr>
<td>Grenada</td>
<td>912</td>
<td>9.1</td>
<td>7</td>
<td>0.1</td>
</tr>
<tr>
<td>India</td>
<td>1,093</td>
<td>10.9</td>
<td>1,176</td>
<td>11.8</td>
</tr>
<tr>
<td>Iran</td>
<td>230</td>
<td>2.3</td>
<td>242</td>
<td>2.4</td>
</tr>
<tr>
<td>Iraq</td>
<td>104</td>
<td>1.0</td>
<td>118</td>
<td>1.2</td>
</tr>
<tr>
<td>Ireland</td>
<td>167</td>
<td>1.7</td>
<td>61</td>
<td>0.6</td>
</tr>
<tr>
<td>Israel</td>
<td>205</td>
<td>2.1</td>
<td>123</td>
<td>1.2</td>
</tr>
<tr>
<td>Japan</td>
<td>63</td>
<td>0.6</td>
<td>62</td>
<td>0.6</td>
</tr>
<tr>
<td>Jordan</td>
<td>198</td>
<td>2.0</td>
<td>185</td>
<td>1.9</td>
</tr>
<tr>
<td>Lebanon</td>
<td>148</td>
<td>1.5</td>
<td>127</td>
<td>1.3</td>
</tr>
<tr>
<td>Mexico</td>
<td>201</td>
<td>2.0</td>
<td>90</td>
<td>0.9</td>
</tr>
<tr>
<td>Nepal</td>
<td>97</td>
<td>1.0</td>
<td>103</td>
<td>1.0</td>
</tr>
<tr>
<td>Nigeria</td>
<td>141</td>
<td>1.4</td>
<td>199</td>
<td>2.0</td>
</tr>
<tr>
<td>Pakistan</td>
<td>765</td>
<td>7.7</td>
<td>705</td>
<td>7.1</td>
</tr>
<tr>
<td>Philippines</td>
<td>116</td>
<td>1.2</td>
<td>86</td>
<td>0.9</td>
</tr>
<tr>
<td>Poland</td>
<td>130</td>
<td>1.3</td>
<td>16</td>
<td>0.2</td>
</tr>
<tr>
<td>Russia</td>
<td>87</td>
<td>0.9</td>
<td>63</td>
<td>0.6</td>
</tr>
<tr>
<td>Saba</td>
<td>135</td>
<td>1.4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Saint Kitts and Nevis</td>
<td>339</td>
<td>3.4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Saint Lucia</td>
<td>80</td>
<td>0.8</td>
<td>5</td>
<td>0.1</td>
</tr>
<tr>
<td>Saint Vincent and the Grenadines</td>
<td>57</td>
<td>0.6</td>
<td>5</td>
<td>0.1</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>148</td>
<td>1.5</td>
<td>153</td>
<td>1.5</td>
</tr>
<tr>
<td>Singapore</td>
<td>70</td>
<td>0.7</td>
<td>56</td>
<td>0.6</td>
</tr>
<tr>
<td>Sint Maarten</td>
<td>384</td>
<td>3.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>South Korea</td>
<td>71</td>
<td>0.7</td>
<td>82</td>
<td>0.8</td>
</tr>
<tr>
<td>Sudan</td>
<td>84</td>
<td>0.8</td>
<td>78</td>
<td>0.8</td>
</tr>
<tr>
<td>Syria</td>
<td>116</td>
<td>1.2</td>
<td>133</td>
<td>1.3</td>
</tr>
<tr>
<td>Turkey</td>
<td>90</td>
<td>0.9</td>
<td>81</td>
<td>0.8</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>85</td>
<td>0.9</td>
<td>65</td>
<td>0.7</td>
</tr>
<tr>
<td>United States</td>
<td>0</td>
<td>0.0</td>
<td>3,093</td>
<td>30.9</td>
</tr>
<tr>
<td>Venezuela</td>
<td>93</td>
<td>0.9</td>
<td>93</td>
<td>0.9</td>
</tr>
<tr>
<td>Countries with fewer than 50 recipients</td>
<td>1,256</td>
<td>12.6</td>
<td>1,107</td>
<td>11.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10,000</td>
<td>100</td>
<td>10,000</td>
<td>100</td>
</tr>
</tbody>
</table>

Citizenship is as of the time of entrance into medical school. Percentages may not equal 100% due to rounding.

*Source: ECFMG database. Data current as of January 26, 2016.*
Exhibit 5: Top Countries of Medical School, Certificants 1991–2015

Top five countries based on aggregate data over a 25-year period.


Citizenship is as of the time of entrance into medical school. Top five countries based on aggregate data over a 25-year period.
Electronic Residency Application Service Support Services at ECFMG

The Electronic Residency Application Service (ERAS) is a program of the Association of American Medical Colleges (AAMC) that enables medical students and graduates to apply electronically for first- and second-year (PGY-1 and PGY-2) residency positions in accredited U.S. GME programs. ECFMG serves as the designated Dean’s office for students/graduates of international medical schools who apply to U.S. GME programs that participate in ERAS.

International medical students/graduates begin the ERAS application process by requesting an ERAS Token, a unique identification number, from ECFMG. The Token allows applicants to access AAMC’s MyERAS website, where they can complete their residency applications, select the programs to which they will apply, and assign supporting documents to these programs.

As the designated Dean’s office for international medical students/graduates, ECFMG assists these applicants with the ERAS process and receives supporting documents such as Medical Student Performance Evaluations, medical school transcripts, and letters of recommendation. ECFMG then transmits these documents to each applicant’s ERAS application. ECFMG also transmits to the ERAS application reports of an applicant’s ECFMG certification status and, if requested by the applicant, USMLE transcripts. Once supporting documents have been transmitted to the ERAS application, they can be viewed by the programs to which the applicant has applied.

For the ERAS 2016 season, ECFMG issued more than 21,000 ERAS Tokens to international medical students/graduates. For these applicants, ECFMG had uploaded more than 245,000 supporting documents to their ERAS applications by the end of 2015. Exhibits 7 and 8 show the top states and specialties, respectively, for applications to programs for the ERAS 2016 season.

ERAS Fellowships Documents Office

All graduates of U.S., Canadian, and international medical schools who are in U.S. residency training programs and who plan to apply to subspecialty training programs are directed to the ERAS Fellowships Documents Office (EFDO), which serves as the designated Dean’s office for fellowship applicants. For the ERAS 2015 season, 11,164 fellowship Tokens were issued through EFDO.

Outreach to International Medical Schools

In 2015, ERAS Support Services presented a series of webinars to educate international medical schools on the intricacies and organizations involved in applying to medical residency programs in the United States, and provided answers to ERAS-related questions submitted by medical school staff and faculty.

In addition, ERAS Support Services presented a webinar to EMSWP-participating international medical schools to promote, demonstrate, and continue to grow the EMSWP ERAS program.
### Exhibit 7: ERAS 2016—Top States of Programs for Applications by International Medical Students/Graduates

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>17.0%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>7.9%</td>
</tr>
<tr>
<td>Illinois</td>
<td>6.5%</td>
</tr>
<tr>
<td>Michigan</td>
<td>6.4%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>5.8%</td>
</tr>
<tr>
<td>Florida</td>
<td>5.5%</td>
</tr>
<tr>
<td>Ohio</td>
<td>5.1%</td>
</tr>
<tr>
<td>Texas</td>
<td>5.1%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>3.4%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other</td>
<td>34.7%</td>
</tr>
</tbody>
</table>

Percentages may not equal 100% due to rounding.

### Exhibit 8: ERAS 2016—Top Specialties for Applications by International Medical Students/Graduates

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>43.8%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>23.6%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6.7%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>6.7%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>5.0%</td>
</tr>
<tr>
<td>Neurology</td>
<td>2.3%</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>2.2%</td>
</tr>
<tr>
<td>Anatomic and Clinical Pathology</td>
<td>2.1%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1.5%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Percentages may not equal 100% due to rounding.
Exchange Visitor Sponsorship Program

In 1974, the U.S. Department of State (DOS) designated ECFMG as the sole visa sponsor of J-1 physicians enrolled in U.S. programs of graduate medical education or training. The J-1 visa is a temporary nonimmigrant visa reserved for participants in the Exchange Visitor Program, which facilitates educational and cultural exchange among people of the United States and other nations. The J-1 remains the most common visa offered to foreign national physicians for participation in U.S. GME. The rules of participation in the Exchange Visitor Program are defined in the U.S. Code of Federal Regulations (22 CFR § 62.27).

As a DOS-designated J-1 sponsor, ECFMG’s Exchange Visitor Sponsorship Program (EVSP) is required to maintain specific personal and training data on all J-1 physicians for the duration of their stay in the United States. Annual sponsorship renewal is generally required in conjunction with the GME contract.

The J-1 sponsorship application process requires direct coordination between teaching hospitals, J-1 applicants, and EVSP. Each teaching hospital designates a training program liaison (TPL) to serve as the official representative to communicate with ECFMG on behalf of the J-1 applicants who hold contracts for training at the institution.

During the 2014–2015 academic year, ECFMG’s EVSP sponsored 9,206 J-1 physicians for clinical training in U.S. residency and fellowship programs. The sponsorship of an additional 320 J-1 physicians was extended for the purpose of sitting for American Board of Medical Specialties member specialty board examinations. ECFMG also sponsored 50 physicians in the J-1 “research scholar” category for participation in programs of observation, consultation, teaching, and/or research.

Exhibits 9, 10, and 11 provide a profile of the J-1 Exchange Visitor physicians sponsored by ECFMG for the 2014–2015 academic year.

Information Resource and Outreach

EVSP plays a major role in educating U.S. teaching hospitals, academic medical organizations, and government on the current credential and immigration requirements for foreign national physicians seeking U.S. clinical training positions. Included among these efforts is EVSP’s ongoing training of TPLs. TPLs are required to understand and adhere to all J-1 regulations and EVSP guidelines and procedures. To ensure strict compliance and open communication between ECFMG and TPLs, EVSP offers learning opportunities for TPLs. Additionally, EVSP maintains ongoing communication with J-1 physicians to advise, assist, and educate them on specific issues related to their participation in the Exchange Visitor Program. During 2015, EVSP conducted instructional webinars and workshops for TPLs and J-1 physicians and presented at national GME and immigration meetings.


- J-1 physicians from approximately 130 countries received U.S. training.
- Approximately 61% of J-1 physicians were men; 39% were women.
- J-1 physicians engaged in training in 49 of the 50 United States, as well as in Puerto Rico.
- More than 30% of J-1 physicians were sponsored for internal medicine base residency positions.
India       2,369
Canada      1,855
Pakistan    567
Lebanon     401
Saudi Arabia 309
Jordan      264
Egypt       173
Philippines 168
Syria       165
Peru        164


New York 1,595
Michigan 692
Texas 605
Ohio 569
Massachusetts 521
Illinois 513
Pennsylvania 500
Florida 460
New Jersey 401
Maryland 306

Exhibit 10: States with Highest Numbers of J-1 Physicians, 2014–2015 Academic Year

Internal Medicine 4,441
Pediatrics 1,064
Family Medicine 651
General Surgery 622
Neurology 557
Psychiatry 429
Anatomic and Clinical Pathology 227
Anesthesiology 168
Obstetrics and Gynecology 164
Diagnostic Radiology 146

Exhibit 11: Top Specialty Fields (Specialty and Subspecialty) Pursued by J-1 Physicians, 2014–2015 Academic Year


Non-Standard Training Update

EVSP also sponsors J-1 physicians in non-standard clinical training programs. The term “non-standard training” refers to advanced clinical subspecialty disciplines or training pathways for which neither Accreditation Council for Graduate Medical Education (ACGME) accreditation nor American Board of Medical Specialties (ABMS) member board certification is available. All non-standard disciplines must be endorsed by the appropriate ABMS member board and be approved by the institution’s Graduate Medical Education Committee (GMEC) in order to be considered for J-1 sponsorship by ECFMG.

During 2015, EVSP sponsored 732 J-1 physicians in non-standard programs. Non-standard programs most frequently fall under the specialties of internal medicine, pediatrics, general surgery, and neurology.
ECFMG Certificate Holders Office

The ECFMG Certificate Holders Office (ECHO™) was established as an initiative of ECFMG’s Board of Trustees in 2012. The ECHO program provides support and service to physicians certified by ECFMG and those nearing certification. ECHO helps physicians stay connected to ECFMG and to each other; develops free, web-based resources; and conducts outreach activities.

Through ECHO’s IMG Advisors Network (IAN), qualifying physicians who are pursuing ECFMG Certification and entry into U.S. GME can connect with a volunteer advisor to get first-hand advice on applying to U.S. GME, what to expect as a new resident, and important considerations for living and working in the United States. Volunteer advisors are ECFMG-certified physicians who have entered or completed a U.S. GME program. At the end of 2015, approximately 740 advisors and 3,000 advisees were registered with IAN, and there were more than 250 active advisor-advisee matches.

ECHO develops and publishes free resources that can help international physicians be better prepared when making career plans. Since its launch, the program has produced more than 30 resources on topics such as applying to U.S. residency programs, obtaining a visa to participate in U.S. GME, orienting to U.S. GME and healthcare, the importance of research, appropriate use of social media, and bedside teaching. These resources are developed in conjunction with internal and external experts who can share important experience, knowledge, and insights.

2015 Webinars Bring Expert Perspectives to International Medical Students/Graduates Pursuing U.S. Residencies

ECHO partners with internal and external experts to host webinars for international medical students/graduates pursuing ECFMG Certification and U.S. residency positions. These live events offer a variety of expert perspectives and the opportunity for participants to ask questions, which are answered by invited experts and staff. In 2015, ECHO offered three large-scale webinars. More than 650 individuals registered for each of these free events.

- In July, ECHO collaborated with ERAS Support Services at ECFMG to host two webinars titled “Preparing for the U.S. Residency and Recruitment Process.” Targeted to international medical student/graduate participants in the 2016 Match, these events provided information to help participants make well-informed decisions during the U.S. residency application and recruitment processes.

- In October, international medical students/graduates preparing for residency interviews were offered helpful advice during “Residency Interview Tips, Questions, and Answers!” hosted by ECHO and ERAS Support Services at ECFMG.

- In December, ECHO partnered with the American Medical Association’s International Medical Graduates Section (AMA-IMGS) to host “By the Numbers,” which presented data and trends relating to international medical graduates who pursue ECFMG Certification and enter the U.S. healthcare workforce.

To learn more about ECHO and to access its library of resources, visit www.ecfmg.org/echo/.
*ECHO News*, the program’s free e-newsletter, is an important part of staying connected. Occasional issues highlight new and existing ECHO resources, upcoming events, and other timely information. By the end of 2015, more than 45,000 individuals were receiving this publication.

Outreach is another important component of ECHO’s activities. In 2015, ECHO staff attended a variety of meetings, including meetings of U.S. ethnic physician organizations and other organizations concerned with medical education in the United States. These meetings are important opportunities to raise awareness of the ECHO program and to hear about the needs of ECFMG-certified physicians from the physicians themselves, their mentors, and their medical schools and training programs.
ECFMG is a leader in verifying the authenticity of the credentials issued to the world’s physicians. ECFMG employs primary-source verification—verifying the authenticity of a credential directly with the institution that issued the credential. Primary-source verification is the process used by ECFMG to verify credentials for ECFMG Certification, the standard for international physicians entering the U.S. health care system, and for ECFMG’s international credentials services, which are used by regulatory authorities and other entities around the world. Primary-source verification is a best practice and the best protection against fraudulent credentials.

**Primary-source Verification**

Primary-source verification is a rigorous, multi-step process that ECFMG employs to ensure the integrity and authenticity of a physician’s medical credentials and other qualifications.

When ECFMG receives a credential issued by a licensing authority or postgraduate training institution, it first reviews the credential to determine that it contains the relevant postgraduate or licensing information that ECFMG expects to be contained in such credentials. If the postgraduate or licensing credential passes this preliminary review, ECFMG will then communicate directly with the issuing institution to request verification of the credential’s authenticity.

When ECFMG receives a credential issued by a medical school, it first reviews the credential and compares it to sample primary-source verified documents from its Medical Credentials Reference Library to confirm that it is consistent with the format of credentials issued by the medical school. The library is a one-of-a-kind resource on the world’s medical education credentials, developed over the course of nearly 60 years of certifying international medical graduates. Its holdings include samples of authentic verified credentials, such as medical diplomas and transcripts, as well as official signatures and institutional seals. It also includes lists of the officials authorized by the various medical schools to sign ECFMG verification forms and applications.

If the medical school credential is determined to be consistent with verified samples, ECFMG will communicate directly with the issuing institution to request verification of the credential’s authenticity.

If ECFMG believes it will facilitate the verification process, ECFMG will communicate with an institution in the language of the country in which the institution is located. For the purposes of ECFMG Certification, ECFMG currently verifies documents using 10 languages.

Once ECFMG receives the verification, another review is conducted to confirm that the verification meets ECFMG’s standards. ECFMG only accepts verifications directly from the issuing institution.
ECFMG has 30 years of experience in primary-source verifying physician credentials and offers credential verification services to medical regulatory authorities, medical schools, postgraduate training programs, hospitals, and to individual physicians in the United States and around the world. ECFMG’s services provide verification of credentials related to a physician’s medical education, training, and registration/licensure.

Through the following verification services, ECFMG promotes quality health care and supports authorities and institutions worldwide that protect the public by evaluating the qualifications of physicians. These services also respond to the increasing globalization of medical education and health care by facilitating the evaluation of physicians to who migrate from countries where they received their medical education and training.
ECFMG Certification Verification Service

Through the ECFMG Certification Verification Service (CVS), ECFMG provides confirmation of whether an international physician is certified by ECFMG. CVS serves entities in the United States that rely on ECFMG Certification to evaluate the qualifications of international physicians, including hospitals, credentialing agencies, state medical licensing boards, and accredited programs of graduate medical education. Requests for CVS reports can be made through CVS ON-LINE, available on the ECFMG website.

In 2015, ECFMG’s CVS issued 85,605 reports of confirmation of ECFMG certification status. Exhibit 12 shows the distribution of these reports by type of requesting organization.

Exhibit 12: CVS Reports Issued in 2015, by Type of Requesting Organization

<table>
<thead>
<tr>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentialing Agencies</td>
<td>71,456 83</td>
</tr>
<tr>
<td>State Medical Boards</td>
<td>10,228 12</td>
</tr>
<tr>
<td>Residency and Fellowship Programs</td>
<td>3,921 5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85,605</strong></td>
</tr>
</tbody>
</table>


In 1997, The Joint Commission, the organization that evaluates and accredits U.S. health care organizations and programs, announced that direct verification with ECFMG of a physician’s certification status satisfies The Joint Commission’s requirement for primary-source verification of medical school completion for international medical graduates.
**Collaboration with Federation of State Medical Boards on U.S. Medical Licensure**

ECFMG collaborates with the Federation of State Medical Boards (FSMB) to streamline the credentials verification process for international physicians who apply for medical licensure in the United States. As part of its certification process, ECFMG primary-source verifies the final medical diploma and final medical school transcript of international medical graduates. Since 2004, ECFMG has used a verification process for these medical education credentials that also meets the requirements of the FSMB’s Federation Credentials Verification Service (FCVS), a resource for U.S. state medical boards that also ensures primary-source verification of a physician’s core medical credentials. When international medical graduates whose credentials have been verified using this mutually acceptable process apply to FCVS, ECFMG provides prompt verification of their credentials to FCVS, eliminating the need for FCVS to obtain primary-source verification independently from international medical schools as part of the licensure process. If an applicant’s medical education credentials were not verified using the mutually acceptable process, ECFMG revalidates his or her credentials for FCVS.

In 2015, ECFMG received 4,252 requests from FCVS for verification of medical education credentials. Of these requests, 86% were for credentials that had been previously verified using the mutually acceptable process. For these 3,649 requests, ECFMG was able to provide verification of the credentials to FCVS quickly, expediting the completion of the FCVS records for the physicians represented by these requests.

By late January 2016, ECFMG had verified the credentials of more than 126,000 applicants using a process that meets the requirements both for ECFMG Certification and for U.S. medical licensure.

**Collaboration with National Board of Medical Examiners on Eligibility for IFOM**

ECFMG collaborates with the National Board of Medical Examiners® (NBME®) to verify the eligibility of individual applicants for the NBME’s International Foundations of Medicine (IFOM) examinations. Applicants to both the IFOM Clinical Science Examination (CSE) and the IFOM Basic Science Examination (BSE) are required to have their student/graduate status verified by ECFMG prior to taking these examinations. The IFOM program is part of NBME’s portfolio of assessment instruments, consultation, and services to the international educational community. IFOM CSE measures knowledge of the fundamentals of clinical medicine internationally expected of students who have completed the core requirements of the clinical component of the medical curriculum. IFOM BSE measures basic scientific knowledge that international students are expected to have prior to the start of clinical training. ECFMG verified the eligibility of more than 750 individuals for IFOM in 2015.
Verifying Credentials for International Organizations and Physicians

Since 2000, ECFMG’s International Credentials Services (EICS) has verified the authenticity of credentials for international organizations and authorities responsible for the medical registration, licensing, and assessment of physicians. For these clients, ECFMG obtains primary-source verification of the credentials of applicants who completed their medical education and/or training outside the jurisdiction of the organization or authority. The credentials verified by ECFMG include medical school diplomas and transcripts, certificates of postgraduate training, and medical licenses and certificates of registration.

In 2013, ECFMG launched the Electronic Portfolio of International Credentials (EPIC\textsuperscript{SM}), a new technology platform for the primary-source verification of physician credentials. For both physicians and organizations, EPIC offers ECFMG’s internationally recognized primary-source verification service through a secure, web-based interface that allows electronic transmission of credentials and verification reports.

Like EICS, EPIC serves international organizations responsible for the assessment of physicians. These organizations may include medical regulatory authorities, hospitals, credential verification organizations, and academic institutions. By offering EPIC to these organizations at no cost, ECFMG enables all organizations—regardless of size, resources, or location—to incorporate primary-source verification into their physician evaluation processes. For the first time, EPIC also brings ECFMG’s primary-source credential verification services directly to individual physicians. EPIC allows international physicians to build a digital career portfolio of the credentials related to their medical education, training, and registration/licensure—a portfolio that can grow with their careers.

During the past year, ECFMG began to transition existing clients to EPIC. The Australian Medical Council, an ECFMG credentials client since 2005, began using EPIC in October 2015. The Medical Council of Ireland also joined EPIC in 2015, introducing primary-source verification into its processes for evaluating its physician applicants.

In 2015, ECFMG’s EICS and EPIC provided credential verification services to organizations worldwide, including entities in Australia, Canada, Ireland, Namibia, Norway, South Africa, and the United States. Exhibit 13 shows the number and type of credentials verified for clients in these countries in 2015.

EPIC Fast Facts

In 2015:

- 3,205 EPIC physician accounts were established
- 2,644 credentials were sent to institutions for primary-source verification
- 852 EPIC Reports were sent to entities in 15 countries
Exhibit 13: Credentials Verified through EICS and EPIC in 2015, by Document Type

- Medical School Diploma: 12,350; 42%
- Medical School Transcript: 4,821; 16%
- Postgraduate Medical Education Credential: 9,379; 32%
- Medical Registration/License to Practice Medicine: 3,112; 10%

Percentages may not equal 100% due to rounding.

GEMx—Global Educational Exchange in Medicine and the Health Professions

ECFMG's GEMx program is a global partnership for educational exchange in medicine and the health professions. By expanding educational exchange opportunities and facilitating and simplifying the elective exchange process, GEMx helps address the need for greater health professions training in an increasingly globalized world.

GEMx is available to medical schools and other institutions worldwide that share a commitment to providing students in medicine and the health professions with increased access to exchange opportunities. Institutions that join GEMx—GEMx Partners—have access to a comprehensive, web-based tool that centralizes information and management of all aspects of the student exchange process. GEMx enables Partners to publish detailed information about their institutions and available electives, verify the eligibility of their students who pursue electives, receive and review incoming student applications on-line, and monitor incoming and outgoing student activities. Exhibit 14 shows the locations of GEMx Partners worldwide.

GEMx is open to eligible students of GEMx Partner Schools. For students, GEMx provides a convenient way to search and apply for elective opportunities that fit their career goals and international interests. Students can apply to an unlimited number of available electives using GEMx’s centralized, paperless application system.

The development and ongoing operation of GEMx is guided by an international Advisory Committee of health professions educators and experts on global exchange.

Exhibit 14: Locations of GEMx Partners Worldwide, 2015

Data current as of December 31, 2015.
GEMx Student Exchange Grants

In 2015, the ECFMG Board of Trustees authorized the use of US$500,000 of ECFMG’s investment funds, the income from which is designated to support GEMx exchange students through a new grants program. The GEMx Student Exchange Grants program offers grants of US$1,000 for up to two qualifying students from each GEMx Partner School. Students can use these grants for travel, lodging, and incidental expenses associated with participating in an elective offered through GEMx. ECFMG offers these grants to support students with financial challenges that otherwise would prevent them from participating in a GEMx elective exchange. Weill Cornell Medicine-Qatar, a GEMx Partner, also contributed substantially to the GEMx Student Exchange Grants program.
ECFMG Medical School Web Portal

The ECFMG Medical School Web Portal (EMSWP) provides access to ECFMG’s web-based programs for international medical schools—programs that support the schools as well as their students and graduates. Through EMSWP, schools can access the following programs at no cost:

- Status Verification—to verify the enrollment status of students/graduates who apply to ECFMG for the United States Medical Licensing Examination® (USMLE®)
- Credentials Verification—to verify the authenticity of the medical education credentials of their students/graduates
- Performance Data—to access data on the USMLE performance of their students/graduates
- ERAS—to upload and track receipt of supporting documents on behalf of their students/graduates who participate in ERAS
- GEMx—to complete and maintain their institution profiles and provide information on available elective exchange opportunities

Status Verification

As the registration entity for international medical students/graduates applying for USMLE Step 1, USMLE Step 2 Clinical Knowledge (CK), and USMLE Step 2 Clinical Skills (CS), ECFMG determines their eligibility for examination. As part of this determination, ECFMG requires medical schools to certify that applicants are graduates or currently enrolled students. Through the EMSWP Status Verification program, ECFMG enables authorized medical school officials to electronically verify the status of their students and graduates who apply to ECFMG for USMLE exams.

Credentials Verification

ECFMG’s electronic Credentials Verification enables medical schools to use the Internet to verify the authenticity of the medical education credentials they have issued to their students and graduates. For schools that participate, electronic Credentials Verification offers dramatic time-savings and greater efficiency compared to the traditional paper-based verification process by eliminating transit time and postal delays. Security features ensure that only authorized medical school officials can verify credentials.

During 2015, ECFMG continued its outreach to medical schools worldwide to invite them to take advantage of electronic Credentials Verification. By the end of 2015, there were more than 470 schools participating in Credentials Verification.

Additional information on the benefits of electronic Credentials Verification can be found at: www.ecfmg.org/about/initiatives-electronic-credentials-verification.html.

Provision of USMLE Performance Data on Individual Students/Graduates

Through EMSWP, ECFMG provides eligible schools with data on the performance of their students/graduates who apply to ECFMG for USMLE Step 1, USMLE Step 2 CK, and USMLE Step 2 CS. These data include whether an examinee passed the exam administration and, for Step 1 and Step 2 CK, the examinee’s numerical score on a three-digit scale. Examinees have the option to have their exam results withheld from their medical schools.
Electronic Submission of Electronic Residency Application Service (ERAS) Supporting Documents

Through EMSWP ERAS, international medical schools can upload supporting documents—Medical Student Performance Evaluations, medical school transcripts, and letters of recommendation—directly to ECFMG on behalf of their students and graduates who participate in ERAS (see page 19). The EMSWP ERAS program also enables schools to track receipt of these supporting documents by ECFMG and to verify the ERAS registration activity of their students and graduates.

GEMx—Global Educational Exchange in Medicine and the Health Professions for Partner Institutions

Medical Schools and other institutions that participate in ECFMG’s GEMx program access the GEMx system through EMSWP. The GEMx system provides these partner institutions with a comprehensive, web-based tool that centralizes information and offers paperless management of all aspects of the student exchange process. Partners use the GEMx system to promote their institutions on the GEMx website and provide detailed information about their available electives; verify the eligibility of their students who wish to undertake electives, based on the students’ academic progress; receive and review incoming student applications on-line; and monitor incoming and outgoing student activities.

Provision of Aggregate USMLE Performance Data

Aggregate data are provided annually to eligible medical schools on the performance of their students/graduates who apply to ECFMG for USMLE Step 1, USMLE Step 2 CK, and USMLE Step 2 CS. Schools must meet certain criteria, including completion of a Medical School Profile survey. Through this survey, schools provide information on their student bodies, application requirements, medical curricula, and teaching methods. This information is used by ECFMG’s foundation, the Foundation for Advancement of International Medical Education and Research, in its ongoing efforts to develop data resources and conduct research on undergraduate and postgraduate medical education programs throughout the world.
The Clinical Skills Evaluation Collaboration (CSEC) is a partnership of ECFMG and the National Board of Medical Examiners® (NBME®) formed to develop and administer clinical skills assessments of healthcare professionals. Because they evaluate critical skills not measured by multiple choice questions or computer-based testing, clinical skills assessments are essential to safe and effective patient care. CSEC strives to protect the public by ensuring that healthcare professionals meet standards of competence in communication and interpersonal skills, patient examination, spoken English proficiency, and clinical reasoning.

CSEC is an outstanding resource for members of the world’s academic health professions community. CSEC provides full-service development of standardized patient (SP)-based clinical skills examinations that test all aspects of the clinical encounter. It also provides customized consultation and faculty development services to clients worldwide that have an interest in developing and administering their own clinical skills assessments. In 2015, CSEC provided four customized consultations and conducted six case-development workshops.

CSEC operates six U.S. test centers in Atlanta, Chicago, Houston, Los Angeles, and Philadelphia, where there are two centers. The CSEC centers comprise the largest network of dedicated clinical skills assessment centers in the United States, and one of the largest in the world. These specialized facilities are designed, built, and operated for the express purpose of administering SP-based exams. The CSEC centers are available for customized administration of clients’ clinical skills examination programs.

Since 2004, CSEC has administered the Step 2 Clinical Skills (CS) component of the United States Medical Licensing Examination® (USMLE®). Each year, CSEC administers examinations to approximately 35,000 examinees. Exhibit 15 shows the number of Step 2 CS administrations by CSEC for the 10-year period 2006 to 2015.

To learn more about CSEC, visit www.csecassessments.org.

CSEC by the Numbers

- Total test administrations, 2004–2015: more than 388,000
- Total SP Encounters, 2004–2015: approximately 4,700,000
- Highest number of test administrations in a calendar year: 36,030 (2015)
- Highest number of test administrations, international medical students/graduates, in a calendar year: 17,513 (2008)

Exhibit 15: USMLE Step 2 CS Administrations, 2006–2015

CSEC Operations Oversight Group

The operation of CSEC is guided by its Operations Oversight Group.

**NBME Representatives**
John J. Hinke, Jr., C.P.A.
*Chief Financial Officer*
NBME

Ruth B. Hoppe, M.D., M.A.C.P.
*Professor Emeritus*
Michigan State University College of Human Medicine

N. Stacy Lankford, M.D.
*Director of Medical Education*
Elkhart General Hospital—Beacon Health System

Yasyn Lee, M.D.
Medical Associates Clinic

Donald E. Melnick, M.D.
*President*
NBME

Karen M. Sanders, M.D.
*Professor of Medicine*
Virginia Commonwealth University, School of Medicine

Joseph A. Zenel, Jr., M.D., F.A.A.P.
*Professor of Pediatrics*
*Director, Pediatric Residency*
University of South Dakota, Sanford School of Medicine
Sanford Children’s Specialty Clinic

**ECFMG Representatives**
Karen H. Antman, M.D.
*Provost, Boston University Medical Campus*
*Dean, School of Medicine*
Boston University

Ronald R. Blanck, D.O.
*Chairman and Partner*
Martin, Blanck & Associates

Pamela Blizzard, M.B.A.
*Managing Director*
Research Triangle High School

Emmanuel G. Cassimatis, M.D.
*President and Chief Executive Officer*
ECFMG

Albert G. Deana, C.P.A.
*Partner*
Baker Tilly

Dennis M. Donohue, C.P.A.
*Senior Vice President and Chief Financial Officer*
ECFMG

Ram R. Krishna, M.D.
*Orthopedic Surgeon*

Steven E. Minnick, M.D., M.B.A.
*Director of Medical Education*
St. John Hospital and Medical Center

**CSEC Representative**
Kim Edward LeBlanc, M.D., Ph.D.
*Executive Director*
CSEC

**Federation of State Medical Boards Representatives (non-voting)**
*President and Chief Executive Officer*
FSMB

David A. Johnson, M.A.
*Senior Vice President, Assessment Services*
FSMB

Todd Phillips, M.B.A.
*Chief Financial Officer*
FSMB

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Emmanuel G. Cassimatis, M.D.
Donald E. Melnick, M.D.
Steven E. Minnick, M.D., M.B.A.
Joseph A. Zenel, Jr., M.D., F.A.A.P.
An Organizational Partnership to Promote Excellence in Health Professions Education

Vision

Improved health of communities through the knowledge and skills of health professionals enhanced by FAIMER’s globally recognized leadership in education and research.

Mission

- To educate physicians and other health care professionals in innovative pedagogical and research methods
- To conduct research on the educational experiences and migration patterns of physicians and other health care professionals
- To be the best source of information on the education of physicians and other health care professionals

ECFMG and FAIMER

FAIMER is a nonprofit foundation of ECFMG. Established in 2000, FAIMER has continued ECFMG’s tradition of promoting excellence in medical education through faculty development programs, consultation services, and research on international medical schools and their graduates. FAIMER has institutionalized and expanded these services, creating a variety of accessible resources for individuals and institutions working to improve world health. It also has successfully maximized impact by extending the reach of its educational programs beyond the field of medicine to other health professions.
Educational Programs

FAIMER offers a growing number of educational programs for those who educate physicians and other health care providers. These programs provide health professions educators with opportunities to acquire skills and learn new methodologies in teaching and assessment, develop leadership and management skills, exchange educational expertise, and pursue advanced degrees in health professions education. Participants apply this knowledge to improve teaching and learning at their home institutions.

Research

By exploring issues that affect the quality of health care and the functioning of health care systems, FAIMER’s research program informs health professions education and health workforce policy. The knowledge generated is used by researchers, educators, and policy makers to understand and address some of the challenges, both local and global, of providing quality health care.

Data Resources

There are more than 2,700 medical schools worldwide, varying in both curricula and education methods. Likewise, there is variation in international standards and processes for postgraduate medical education and the accreditation of medical schools. FAIMER builds data resources on international medical education and international physicians. These comparative data inform the work of medical educators, researchers, policy makers, and those responsible for the credentialing and licensing of physicians. FAIMER’s data resources also benefit current and prospective medical students and health care consumers.

Customized Consultation and Instruction

FAIMER provides customized consultation and instruction to educational institutions, professional organizations, and accrediting agencies worldwide. Through consultation, FAIMER staff members provide guidance and resources to help individual institutions meet their unique challenges and achieve identified objectives. Instruction includes lectures and/or workshops conducted by FAIMER staff. These services are available in the following areas:

- **Accreditation**: Design, implementation, and evaluation of quality assurance processes for medical schools.
- **Assessment**: Design, implementation, and periodic evaluation of assessments of knowledge, skills, and competence of students and health professionals.
- **Educational Methods**: Teaching and learning techniques for a variety of settings/situations.
- **Educational Research**: Processes used at each stage of educational research that facilitate both individual and collaborative efforts.
- **Program Evaluation**: Design and testing of innovative program evaluation methods that foster an understanding of the impact of education programs and faculty development and their link to longer-term objectives.

For more information on FAIMER’s customized consultation and instruction services, please visit www.faimer.org/services.html.
In December 2014, members of the FAIMER and ECFMG Boards voted to donate to FAIMER a minimum of $28,000 per year for the purpose of funding a FAIMER Institute Fellow. The Joint Board Project is now an annual campaign, and the first recipient of the Joint Board Scholarship, Nirmala Rege, began her fellowship at the October 2015 FAIMER Institute in Philadelphia.
Cynthia Haines, M.B.A.
Senior Vice President, International Services
Boston Children’s Hospital
Boston, Massachusetts

Ram R. Krishna, M.D.
Orthopedic Surgeon
Yuma, Arizona

Directors-at-Large
Michele Barry, M.D., F.A.C.P.
Professor of Medicine
Senior Associate Dean for Global Health
Director of Global Health Programs in Medicine
Stanford University
Stanford, California

Lynn D. Fleisher, Ph.D., J.D.
Counsel
Sidley Austin, LLP
Chicago, Illinois

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Jason Z. Qu, M.D.
Daniel V. Schidlow, M.D.

FAIMER
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President and Chief Executive Officer
FAIMER
Philadelphia, Pennsylvania

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2015 FAIMER Highlights

CMCL-FAIMER Regional Institute Celebrates 10-year Anniversary

In February 2015, the CMCL-FAIMER Regional Institute welcomed its 10th class of Fellows and celebrated this important milestone at Christian Medical College, Ludhiana (CMCL), in Punjab, India. Many alumni returned to join current Fellows, faculty, and special guests for the anniversary celebrations. On February 8, a day-long program titled “Horizons in Medical Education” was held, featuring ceremonies, presentations, and speeches by distinguished national and international guests.

CMCL-FAIMER, the second of FAIMER’s Regional Institutes to be developed, was launched in 2006 under the direction of Dr. Tejinder Singh, Professor of Pediatrics and Vice Principal at CMCL, and FAIMER Institute 2003 Fellow. Dr. Dinesh Badyal, Professor and Head of the Department of Pharmacology at CMCL, CMCL-FAIMER 2007 Fellow, and FAIMER Institute 2011 Fellow, has since joined Dr. Singh as the program’s Co-Director. A total of 160 health professions educators from six countries have participated in the CMCL-FAIMER program over the past 10 years.

FAIMER President and CEO John Norcini Is Awarded a Gold Medal by the Saudi Commission for Health Specialties and an Honorary Fellowship of the Royal College of General Practitioners

FAIMER President and CEO John Norcini, Ph.D., was honored to receive a gold medal from the Saudi Commission for Health Specialties (SCFHS), in recognition of his services to medical and postgraduate education. The medal was awarded during the 2nd SCFHS International Conference, held April 11–13, 2015, in Riyadh, Saudi Arabia. The SCFHS is the organization responsible for supervising and evaluating training programs, issuing professional classification certificates for health care practitioners, qualifying trainees, and setting controls and standards for the practice and development of health professions in Saudi Arabia. Its aim is to meet international standards by improving professional performance, developing and encouraging skills, and enriching scientific theory and practice in the health professions.

On May 15, 2015, Dr. Norcini received an Honorary Fellowship of the Royal College of General Practitioners (RCGP). The RCGP is the professional membership body and guardian of standards for family doctors in the United Kingdom, which works to promote excellence in primary health care. Fellowship is the highest level of membership granted by the RCGP, and is awarded in recognition of a significant contribution to medicine—particularly general practice/family medicine.

2015 Annual International Conference of The Network: Towards Unity for Health

The 2015 annual international conference of The Network: Towards Unity for Health (TUFH) took place September 12–16, 2015, in Gauteng Province, South Africa. Held jointly with the annual conference of the South African Association for Health Educationalists (SAAHE), the conference theme was “Education for Change.” The program included keynote addresses, didactic sessions, workshops, and poster sessions related to this theme, as well as site visits to local community health care facilities.

A highlight of the conference was the session presenting winners of the third annual Projects That Work competition, sponsored and organized by FAIMER, which showcased five projects that have been successfully addressing missions related to the conference theme for three years or longer. Projects That Work is an annual feature of The Network: TUFH conference recognizing excellent projects that have succeeded beyond initial implementation and have had a significant impact on health, the community, or the school, in order to encourage
the development, implementation, and dissemination of more such projects. An open worldwide call resulted in 30 submissions, from which five were selected by an international panel of 13 reviewers.

The 2015 conference also featured the introduction of a new program highlight. Sponsored by FAIMER and ECFMG’s GEMx program, the Student Projects for Health competition recognized the work of students who have made outstanding contributions to projects that successfully promote community health and well-being. The competition was open to all undergraduate and graduate students enrolled in any course of study who have been participating in such projects. An open worldwide call resulted in 73 submissions, from which 17 students were selected by an international panel of 20 reviewers. The students produced posters describing their work, which they presented during an interactive session of the conference.

New FAIMER Regional Institute to Launch at Southern Medical University, China

In November 2015, representatives of FAIMER and Southern Medical University (SMU) met in Guangzhou, China, to discuss plans for a new Regional Institute at SMU. A Memorandum of Understanding was signed, outlining their plans for academic cooperation and exchange. The SMU-FAIMER Regional Institute will launch in November 2016, under the direction of 2010 FAIMER Institute Fellow Zhimin Jia, Deputy Dean of the School of Pharmaceutical Sciences at SMU. FAIMER Institute Fellows Wei Li (2013), Lin Lv (2015), and Shanchao Zhao (2015) are expected to serve as faculty.

FAIMER Research Scientist Marta van Zanten Coauthors NEJM Perspective on U.S.-Citizen International Medical Graduates

FAIMER Research Scientist Marta van Zanten, Ph.D., and N. Lynn Eckhert, M.D., Dr.P.H., of Partners HealthCare International, coauthored a Perspective piece for the April 30, 2015 issue (Vol. 372, No. 18) of the New England Journal of Medicine (NEJM), titled “U.S.-Citizen International Medical Graduates—A Boon for the Workforce?” Nearly 14% of applicants for residency positions in the United States are U.S.-citizen graduates of international medical schools (USIMGs), who are more likely to enter primary care fields compared to graduates of U.S. medical schools. The large majority of USIMGs graduated from medical schools located in the Caribbean region. In this Perspective, the authors describe data available on these international medical schools, and outline some of the issues related to Caribbean USIMGs and their contribution to the U.S. physician workforce.

FAIMER Director for Research and Data Resources, Danette Waller McKinley, Begins Term as Vice President of AERA Division I, Education in the Professions

At the April 2015 Business Meeting of Division I, Education in the Professions, American Educational Research Association (AERA), Danette Waller McKinley, Ph.D., FAIMER’s Director for Research and Data Resources, began her term as Vice President. The 12 divisions of AERA are organized to represent major scholarly or scientific areas within education research that add to the field and the Association as determined by the AERA Council. Division I focuses on the context and conduct of scientific studies that address education in professional practice disciplines, including medicine, pharmacy, dentistry, and nursing. The Division has a long history with AERA, from its beginning as a special interest group for health professions educators in 1971 to its divisional status approval in 1978. As Vice President, Dr. McKinley will represent the interests of Division I members as she serves as a member of the AERA Council. Her tenure as Vice President over the next three or more years will serve to increase the visibility, both nationally and internationally, of FAIMER and ECFMG in the professional community.
Educational Programs: Creating Opportunities for Health Professions Educators

FAIMER offers a range of educational opportunities for international health professions educators. These programs offer educators the opportunity to remain active in their fields while acquiring critical skills, from international experts and from each other, on a part-time basis. Participants are able to apply these skills to advance health professions education at their institutions and in their regions, with the ultimate goal of improving local health outcomes.

**FAIMER Institute**

The FAIMER Institute is a part-time fellowship program for international health professions faculty who have the potential to play key roles in improving health professions education at their schools and in their regions. The Institute is designed to be a transformational international educational experience. Fellows receive training, tools, and professional support to become agents of change—creators of meaningful and sustainable advances in health professions education aimed at improving the health of their communities. The FAIMER Institute:

- provides training in health professions education methods and research
- develops leadership and management skills
- emphasizes the practical application of knowledge through an individual education innovation project that ensures relevance to the Fellow’s institution or region
- fosters professional support and collaboration with other educators as each Fellow becomes a member of a global health professions education community of practice

Established in 2001, the FAIMER Institute is based in Philadelphia, Pennsylvania, in the United States and is open to health professions educators from all countries. The program consists of two brief residential sessions in Philadelphia, each followed by a one-year distance learning session. During the distance learning sessions, Fellows participate in a series of web-based discussions with other Fellows and Institute faculty and implement an education innovation project at their home institution. Throughout the program, Fellows receive individual coaching and mentoring from international experts on health professions education.

The FAIMER Institute curriculum is currently being aligned with the FAIMER-Keele Distance Learning program (see page 46). In 2015, the curriculum was modified to include completion of the FAIMER-Keele Certificate in Health Professions Education: Accreditation and Assessment.

With the addition of 16 Fellows in the 2015 class, there are now more than 200 FAIMER Institute Fellows representing 37 countries.
Regional Institutes

FAIMER Regional Institutes adapt the curriculum model and content of the FAIMER Institute to the needs of specific regions. Hosted by local medical schools, participants are drawn from health professions education institutions in the region. This regional concentration facilitates the development of a strong local professional community for collaboration and peer support. FAIMER has a particular focus on developing regions in Africa, Asia, and Latin America, and has established Regional Institutes in India, Brazil, Sub-Saharan Africa, and China. More than 900 Fellows representing 28 countries have participated in the Regional Institutes.

<table>
<thead>
<tr>
<th>Regional Institute</th>
<th>Location</th>
<th>Established</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSMC-FAIMER Regional Institute</td>
<td>Mumbai, India</td>
<td>2005</td>
</tr>
<tr>
<td>CMCL-FAIMER Regional Institute</td>
<td>Ludhiana, India</td>
<td>2006</td>
</tr>
<tr>
<td>Brazil-FAIMER Regional Institute</td>
<td>Ceará, Brazil</td>
<td>2007</td>
</tr>
<tr>
<td>PSG-FAIMER Regional Institute</td>
<td>Coimbatore, India</td>
<td>2007</td>
</tr>
<tr>
<td>Sub-Saharan Africa-FAIMER Regional Institute</td>
<td>South Africa</td>
<td>2008</td>
</tr>
<tr>
<td>CMB-CMU-FAIMER Regional Institute</td>
<td>Shenyang, China</td>
<td>2013</td>
</tr>
<tr>
<td>Manipal University-FAIMER International Institute for Leadership in Interprofessional Education</td>
<td>Manipal, India</td>
<td>2015</td>
</tr>
</tbody>
</table>

Education Centers

Institutions with at least four faculty members who have completed a FAIMER Institute or Regional Institute fellowship are eligible to become FAIMER Education Centers. The values, goals, and methods for faculty development at the school must be aligned with those of FAIMER. FAIMER evaluates the school’s faculty development curriculum and workshop design, as well as its methods for evaluating the quality of faculty development workshops and actual evaluation data. Faculty at Education Centers receive ongoing mentoring and consultation from FAIMER staff. This support aims to enhance faculty development within the institution for improved teaching quality, alignment of education and health care practice, and long-term institutional and regional change.

International Fellowship in Medical Education

Graduates of the FAIMER Institute and Regional Institute programs are eligible to progress to the International Fellowship in Medical Education (IFME) program. The IFME program allows selected Fellows to pursue a Master’s in Health Professions Education (M.H.P.E.) or a Ph.D. in health professions education at an approved academic institution. Participants complete this degree through a distance learning program that may be combined with a brief residential component of approximately two to four weeks per year. Five IFME Fellows were selected in 2015. Eighteen IFME Fellows in total were supported by FAIMER in 2015. Current IFME Fellows are pursuing degrees at Maastricht University in the Netherlands, the University of Illinois at Chicago, and Stellenbosch University in South Africa, as well as through the FAIMER-Keele Distance Learning Program.

In addition to the IFME program, FAIMER continued to provide support in 2015 to a Sub-Saharan Africa-FAIMER Regional Institute Fellow pursuing an advanced degree in health professions education at the University of Cape Town in South Africa.
FAIMER Distance Learning

The FAIMER Distance Learning (FAIMER DL) program offers a robust course of study in health professions education with a focus on assessment and accreditation. The FAIMER-Keele Certificate, Diploma, and Master's courses were developed by more than 120 experts in health professions education, and are presented under the leadership of FAIMER faculty members John Norcini and Janet Grant. Dr. Grant is Director of the Centre for Medical Education in Context (CenMEDIC) and Emerita Professor of Education in Medicine at The Open University Centre for Education in Medicine in the United Kingdom. Dr. Norcini, the President of FAIMER, is an international expert in assessment.

Courses are administered by CenMEDIC and follow the strict quality assurance guidelines and policies of Keele University in the United Kingdom. The Certificate and Diploma programs are conducted entirely on-line, while the Master's Degree is a blended learning program that, in addition to on-line course work, includes a brief residential session and a dissertation.

The FAIMER-Keele Distance Learning program enables educators in medicine, nursing, dentistry, and other health professions to acquire the knowledge and skills to advance health professions education at their institutions to the highest international standards. Courses began in April 2013.

Inaugural FAIMER-Keele Master’s Class Completes Residential Session at Keele University

The inaugural class of the FAIMER-Keele Master’s in Health Professions Education Distance Learning program completed their residential session at Keele University in the United Kingdom from August 30 to September 4, 2015. The session was led by Program Directors Dr. Janet Grant and Dr. John Norcini, as well as unit authors Dr. Danette McKinley and Dr. Jack Boulet, both of FAIMER.

The intensive residential session provided an opportunity for students to have face-to-face meetings with the faculty, administrators, and classmates they have been corresponding with since the program’s implementation in April 2013. Members of the Master’s class submitted and defended their dissertation proposals during the weeklong session. With their proposals approved, they will conduct the activities needed to complete their dissertations in early 2016.
Research: Discovering Patterns and Disseminating Knowledge

The provision of high-quality patient care demands sufficient numbers of adequately trained health care professionals, including physicians, nurses, and other allied health professionals. FAIMER staff study many of the complex issues concerning the education of, supply of, and need for physicians and other health care workers around the world. To help inform policy, and with the ultimate aim of improving world health, FAIMER concentrates its research efforts in the following areas:

- characteristics and quality of international medical education programs
- U.S. physician workforce, including the role of international medical graduates (IMGs) in the provision of primary care services
- quality of care provided by international medical graduates

Characteristics and Quality of International Medical Education Programs

The health care workforces of several countries, including the United States, Canada, and Australia, are at least partially dependent upon large numbers of physicians trained in other countries. To better understand how these diversely trained professionals might impact the quality of health care delivery, it is important to gather information on the characteristics of international medical education programs. The collection of information on the characteristics of medical schools also supports the efforts of regulatory and accrediting authorities whose goals are to protect the public by ensuring the quality of individual practitioners and the schools where they are educated. ECFMG’s new certification eligibility policy, to be implemented in 2023, requires that IMGs seeking ECFMG Certification graduate from a medical school that has been appropriately accredited. This has motivated FAIMER to collect information on medical school accreditation practices, how these oversight activities are conducted, and their potential impact on educational quality. FAIMER research staff continues to compile information for FAIMER’s Directory of Organizations that Recognize/Accredit Medical Schools (DORA) that allows for the investigation of the characteristics and qualities of international accreditation practices and their potential role in improving the education process.

There are many research studies that will be helpful in further demarcating the role of accreditation in quality improvement efforts. All of these will, at least to some extent, demand detailed data on the characteristics of international medical education programs, including historical changes in curriculum models, and longitudinal information on how and where internationally trained physicians choose to practice. FAIMER continues to collect data from medical schools throughout the world and to report on the status of physician education internationally. Collaborative research projects with various partners utilizing a variety of new performance measures, including patient outcomes, physician disciplinary actions, and specialty board certification, are now in development.

IMGs and the U.S. Physician Workforce

For the next five to ten years, the United States is projected to have a significant health workforce shortage, particularly among primary care physicians. While enrollment at U.S. allopathic and osteopathic medical schools has been increasing annually at a rate of approximately three percent, the supply of physicians, and demand for physician services, will likely continue to be impacted by a number of factors, including:

- limited increases in the availability of graduate medical education (GME), a requirement for licensure in all states
- a growing and aging patient population that will require more health services
- full implementation of the Patient Protection and Affordable Care Act, which will likely increase both the number of Americans who seek health care services and the frequency of their health care visits
ECFMG data, including initial exam registrations and certification success, has been linked with physician practice data to yield a longitudinal profile of IMGs in the United States. IMGs come from more than 1,400 medical schools in more than 160 countries/territories, and constitute approximately 24% of practicing physicians and residents in the United States. For several specialties, such as psychiatry and internal medicine, IMGs constitute an even greater proportion of active practitioners. Exhibit 16 compares graduates of international medical schools to those who graduated from U.S. and Canadian medical schools. There are some states with much larger numbers of IMGs in practice. The states with the highest proportion of IMGs are New Jersey (40%), New York (38%), and Florida (35%). Licensure policies in each of the states are likely to affect practice patterns, and states with higher populations tend to have more physicians in active practice.

The contribution of IMGs to the U.S. health care system, including practice in the primary care specialties and the provision of care to underserved populations, is well-documented. However, there has been a shift in citizenship of those seeking ECFMG Certification and subsequent entry into U.S. GME programs. While debate

Exhibit 16: Physicians in Active Practice in the United States, 2015

"Active practice" includes hospital-based physicians (including fellows, interns, staff, and residents), and those in office-based practice.

about the ethics surrounding migration of health care workers continues, it is interesting to note shifts in the characteristics of IMGs who have obtained ECFMG Certificates in the last 10 years. Exhibit 17 shows the trends in the top four countries of citizenship of ECFMG certificants, 2006–2015. While the number of Indian citizens has been declining, the number of U.S. and Canadian citizens has been increasing.

With these emerging trends in mind, FAIMER staff has focused research efforts on collecting data to help understand the push and pull factors that influence IMGs’ decisions to seek practice opportunities outside of their countries of undergraduate medical education.

### Quality of Care Provided by IMGs

IMGs must pass the same set of licensure examinations required of U.S. medical students and graduates before obtaining a license in any U.S. jurisdiction. Adequate performance on a subset of these examinations, combined with various other credentialing requirements, allows an IMG to be certified by ECFMG, a necessary requirement for entry into GME programs in the United States. Given the comparable licensing requirements for all physicians, regardless of country of medical school education, one would expect that the quality of care provided by IMGs would be similar to that of U.S. medical graduates.

While measuring quality of care can be a difficult undertaking, and can be confounded by a number of factors, including how and where care is provided, FAIMER staff is in the process of exploring patient outcomes for IMGs and comparing these to those for U.S. graduates. Initial investigations, involving select patient conditions and the specific medical specializations of providers, suggest that patient outcomes are not, at least on average, related to a physician’s country of medical school education.

To better understand the relationships between educational practices, licensing examination performance, specialty board certification, and patient outcomes, additional studies of practicing physicians, both IMGs and U.S. graduates, are being planned and conducted.

Exhibit 17: Top Four Countries of Citizenship, ECFMG Certificants 2006–2015

![Exhibit 17: Top Four Countries of Citizenship, ECFMG Certificants 2006–2015](image)

Citizenship is as of the time of entrance into medical school. Top four countries based on aggregate data over a 10-year period.

*Source: ECFMG database. Data current as of March 2, 2016.*
Data Resources: Informing Research, Policy, and the Public

FAIMER strives to be the single best source of data on international medical schools and their graduates. FAIMER makes both current and historical information available to medical educators, researchers, policy makers, health care consumers, students, and organizations concerned with credentialing and licensure. FAIMER’s data resources are available free of charge on the FAIMER website.

Directory of Organizations that Recognize/Accredit Medical Schools (DORA)

DORA provides information on the organizations that typically are responsible for establishing national standards for medical education and accrediting medical schools in their countries. DORA lists accreditation authorities in more than 100 countries, including details about accreditation processes and links to specific regulatory agencies.

International Opportunities in Medical Education (IOME)

IOME provides information on the types of international health education opportunities available to medical students, residents, and faculty at medical schools around the world. IOME represents the collaborative efforts of FAIMER and the Association of American Medical Colleges.

Master’s Programs and Ph.D. Programs in Health Professions Education

FAIMER provides directories for both Master’s programs and Ph.D. programs in health professions education around the world. Listings include institution and program names, locations, and links to each program’s website.

Postgraduate Medical Education (PME) Project

The PME Project describes postgraduate medical education programs worldwide. It provides information, at the country level, on formal medical education and clinical training beyond the basic medical school curriculum. Country listings typically include the duration of studies, trainee selection processes, specialty curricula and licensing authorities, areas of specialization, and regulations regarding specialty education and licensure/certification. The PME Project was developed in collaboration with the European Medical Association. Program information is being enhanced through FAIMER’s data exchange program (see page 34).

World Directory of Medical Schools

Developed in partnership with the World Federation for Medical Education (WFME), the World Directory of Medical Schools is a searchable database of the world’s medical schools, offering listings for more than 2,800 institutions located in 184 countries and territories. The World Directory includes listings for both operating schools and those that have closed. Medical school listings typically include the school’s current name and university affiliation, previous names and affiliations (where applicable), and contact information. The World Directory also provides information for each medical program offered by the school, including the title of the medical degree awarded, the language of instruction, whether international students are admitted, and the number of graduates. The World Directory is the result of a merger of FAIMER’s International Medical Education Directory (IMED) and WFME’s Avicenna Directory. Sponsors of the World Directory include a number of international medical regulatory agencies who advise the directory’s management with regard to the directory’s mission, the criteria for school inclusion, and ongoing data collection.
Exhibit 18: Operating Medical Schools in South America
