Quality Standards and Challenges in International Medical Education: The roles and contributions of ECFMG and FAIMER

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Presentation Outline

- Quality Standards in Medical Education: Current US Trends
- Challenges Impacting International Medical Education
- ECFMG
- FAIMER
- ECFMG/FAIMER Contributions to Quality Standards in International Medical Education
Difficult to define overall, dangerous to ponder:

“Quality…you know what it is, yet you do not know what it is. But that is self-contradictory. But some things are better than others, that is, they have more quality. But when you try to say what the quality is, apart from the things that have it, it all goes poof!”

Quality

- Easier to define in specific areas, e.g. in health care:
  - Quality is “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”


  - Ideally, education methods and quality assurance standards should be correlated with clinical outcomes

  (e.g., Norcini, J. and colleagues, Evaluating the Quality of Care Provided by Graduates of International Medical Schools, Health Affairs, No. 8 (2010): 1401-1468)
Health Care: Quality Standards

- Awarding of Degrees (by training institution)
- Registration/Licensure (by responsible jurisdiction)
- Accreditation (for institutions/programs)
- Certification (for individuals)
- Scope of Practice (for professions)
- Credentialing and Privileging (for individuals)
CROSSING THE QUALITY CHASM
A New Health System for the 21st Century
Changes in US Approach to Health Care Based on Quality Concerns

- Increasing public concerns about quality and safety
- Public encounters difficulty in assessing competence and judging quality
- Variable patterns of care that are not based on medical science
- Poor quality of interpersonal service
Three Current Trends in the U.S.

- Transition from *Process-based* to *Outcomes-based* Education, Accreditation and Certification *(The ABMS/ACGME Competencies)*
- Duty-hour (“Working Time”) limitations
- Steadily increasing emphasis on documented life-long education and regulation for health care professionals:
  - Maintenance of licensure
  - Maintenance of certification
  - Specialty-specific / evidence-based CME/CPD
The ABMS/ACGME General Competencies

- Patient care
- Medical knowledge
- Practice-based learning & improvement
- Interpersonal & communication skills
- Professionalism
- Systems-based practice
"A document—a license, certification, or registration—that grants official or legal permission to practice in a state or other jurisdiction."

(Institute of Medicine (IOM), Provision of Mental Health Services under TRICARE (PMHSUT), 2010)

**Evolution of Licensure**

- Periodic Re-Licensure originally routine, in the absence of documented malpractice or adverse outcomes
- Proof of CME presently required
- FSMB advocates for maintenance of licensure: (self-assessment, 360 degree evaluation, re-testing)
“Medical specialty certification in the United States is a voluntary process. While medical licensure sets the minimum competency requirements to diagnose and treat patients, it is not specialty specific. Board certification demonstrates a physician’s exceptional expertise in a particular specialty and/or subspecialty of medical practice.”

(From the ABMS Website)

Evolution of Certification

• Originally a once-in-a-lifetime event
• Recertification (e.g. at 10 year intervals) now required by most Boards
• Maintenance of certification (self-assessment, practice-evaluation, re-testing) under active consideration
Credentialed

- “The systematic process of screening and evaluating qualifications and other relevant evidence—such as licensure, education, training, and clinical experience—to ensure that specific requirements are met.”
  (IOM, PMHSUT, 2010)

- “Regular verification of the credentials of health care practitioners and definition of their privileges are required [by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the Bureau of Primary Health Care (BPHC)] for increased patient safety, reduction of medical errors and the provision of high quality health care services.”
  (Wikipedia, The Free Encyclopedia)
Scope of Practice

- For a profession
- Based on educational content of training programs and licensure; and on implied areas of competency
- “The range of activities (the ability to perform diagnoses, deliver treatment, or prescribe medications, for example) or procedures that a medical professional is permitted to perform under the law, their license, a regulation, a provider agreement, or other system of conduct. A scope of practice may be defined on the basis of a professional’s level of education, training, or experience, or on the basis of an assessment of the professional’s demonstrated competencies. It may include a list of circumstances under which the activities or procedures must be performed under some form of supervision.” (IOM, PMHSUT, 2010)
Privileging

“Privileging is the process by which the scope and content of patient-care services are defined for an individual provider. Privileging by a healthcare organization is based on an evaluation of a provider’s credentials and performance in delivering services competently, and it authorizes the provider to perform the duties outlined in his or her professional scope of practice.”

(IOM, PMHSUT, 2010)

- **Categorical** — normally for trainees; or professions with well circumscribed education, training and areas of competency

- **Individual** — normally for professionals with extensive, wide-ranging education and areas of competency
Additional Challenges Impacting on International Medical Education

- Increase in physician mobility
  - Medical school attendance
  - GME
  - Licensure/Registration and practice
- Medical tourism
- Rapid increase in number of medical schools around the world
In 2009 FAIMER’s International Medical Education Directory listed 2,254 medical schools worldwide.
Many countries with medical school growth rates greater than 25% since 2002:

<table>
<thead>
<tr>
<th>Country</th>
<th># old</th>
<th># new</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>11</td>
<td>8</td>
<td>72.7%</td>
</tr>
<tr>
<td>Brazil</td>
<td>104</td>
<td>61</td>
<td>58.7%</td>
</tr>
<tr>
<td>Chile</td>
<td>15</td>
<td>3</td>
<td>27.3%</td>
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<tr>
<td>Ecuador</td>
<td>11</td>
<td>3</td>
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<tr>
<td>India</td>
<td>198</td>
<td>72</td>
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<tr>
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<td>8</td>
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<tr>
<td>Saudi Arabia</td>
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<td>7</td>
<td>77.8%</td>
</tr>
<tr>
<td>South Africa</td>
<td>8</td>
<td>2</td>
<td>25.0%</td>
</tr>
</tbody>
</table>
International Medical Education Standards

- Administered differently in different countries:
  - Voluntary/Mandatory
  - Controlled by the Profession
  - Controlled by the Government (Ministry of Health or Ministry of Education)
  - Some functions controlled by the Government and some by the Profession
Need to ensure harmonization in quality across borders:

- Graduates of Medical Schools around the world vary in their knowledge, skills and overall competence.

- As Medical Schools also vary, the need for international accreditation of the schools is becoming more urgent.
  - Accreditation needs to be local or regional, but must be based on global, universally accepted standards.

- There is additionally an increasing need for internationally recognized credentialing and certification standards.
ECFMG (www.ecfmg.org) is a private, nonprofit, nongovernmental organization that is authorized in federal regulations to serve as the certifying agency for international medical graduates (IMGs) entering the U.S. physician workforce as trainees in postgraduate medical education.
ECFMG Certification

- Assures residency program directors and the US public that the international medical graduate (IMG) has met minimum standards to enter US residency programs.

- Is a prerequisite for all IMGs for:
  - Entry into ACGME-accredited GME
  - Taking USMLE Step 3
  - State licensure
  - J-1 visa sponsorship / ECFMG
Current Requirements for ECFMG Certification

### Examination Requirements

**USMLE – U. S. Medical Licensing Examination:**

- Step 1
- Step 2, Clinical Knowledge (CK)
- Step 2, Clinical Skills (CS) (Administered by the ECFMG in partnership with the NBME to all USMLE applicants, IMGs and USMGs)

### Credential Requirements

- IMED listed medical school
- Minimum four-year curriculum
- Final medical diploma
- Primary-source verified diploma and transcript
• Citizenship is as of time of entrance into medical school.

Note: The availability of exam results for some examinees taking the Step 2 CS during the initial months of test administration was delayed until early 2005. As a result, the number of certificates issued in 2004 is lower than it would have been had this delay had not occurred.
FCVS and ECFMG Agreement for Credentials Verification (USA)

- Agreement signed in 2004 by Federation of State Medical Boards (FSMB) and ECFMG to cooperate in primary-source verification of IMG medical education credentials.

- Combines separate Federation Credentials Verification Service (FCVS) and ECFMG forms and processes into a single mutually acceptable process.
ECFMG International Credentials Services (EICS)

Credentials Primary-Source Verified by EICS in 2010, by Document Type

- Medical School Diploma: 7455 (45%)
- Certificate of Licensure: 2269 (10%)
- Medical School Transcript: 2956 (18%)
- Certificate of Postgraduate Medical Training: 4471 (27%)

Current Clients

- **Australia** – Australian Medical Council
- **Canada** – Medical Council of Canada and Physicians Credentials Registry of Canada
- **Namibia** – Medical and Dental Board of Namibia
- **Norway** – Norwegian Registration Authority for Health Personnel
- **South Africa** – Health Professions Council of South Africa
ECFMG: Program Sponsor for All J-1 Physicians in Clinical Training

- ECFMG sponsored J-1 = “alien physician” category
- Temporary, non-immigrant visa
- Full-time educational training (GME program) --not employment
- Two-year home residency obligation
- Seven-year maximum for progressive training
The Foundation for the Advancement of International Medical Education and Research (FAIMER --www.faimer.org) created in 2000, by the ECFMG (which had a long history of granting activity)

- Non-profit foundation
- Separate but overlapping Directorate (N=15)
- Provided with an endowment and ongoing support
- Given responsibility for ongoing ECFMG fellowship and grant programs
FAIMER Strategic Plan

Improve Health Professions Education

- Faculty Development
- Data Resources
- Research
ECFMG and Accreditation of International Medical Schools

ECFMG Board announced last September an addition (effective in twelve years – 2023) to the list of requirements for certifying an International Medical Graduate (IMG) for entry into US GME: Graduation from an accredited international medical school

“To satisfy this requirement, the physician’s medical school must be accredited through a formal process that uses criteria comparable to those established for U.S. medical schools by the Liaison Committee on Medical Education (LCME) or that uses other globally accepted criteria, such as those put forth by the World Federation for Medical Education (WFME).”
Proposed Global Accreditation Mechanism

- WFME reviews and “recognizes” Regional or National Accrediting Agencies for compliance with its standards
  - First pilot: CAAM, 2011
- Regional or National Agencies accredit individual schools
- Accreditation of an international medical school by an agency recognized by WFME, will meet the new ECFMG requirement for certification
Electronic Repository of International Credentials (EPIC)

- Primary-source verification – a “best practice”-- utilizes ECFMG’s recognized expertise in verifying medical credentials
- Provides physicians with a secure repository of primary-source verified medical credentials
- On-line service with 24/7 access
- Reports of verified medical credentials sent to medical regulatory authorities and other organizations
- Due to launch January, 2012
The AVICENNA Directories
A partnership between WFME and FAIMER to merge the Avicenna and IMED directories is under active and serious consideration.
What Else Can ECFMG And FAIMER Do?

ECFMG and FAIMER are committed to working with partners and colleagues around the world to improve health care by improving medical education—to include helping to develop and implement universally accepted global medical education standards.
Collaboration with Other US and International Regulatory Organizations

- **US**: 
  - AAMC
  - FSMB
  - NBME

- **International**: 
  - WFME
  - PAFAMS/FEPAFEM
  - AMC
  - MCC

- **UK**: GMC?
THANK YOU!

Questions?

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