Accreditation of International Medical Schools

John Norcini, Ph.D.
Overview

• The GME cap and international medical graduates (IMGs) in the US
  – Demographics, specialization, competence, roles, and quality of care
  – Possible influences on the effect of the cap

• Accreditation of medical schools
  – What is happening around the world
  – WFME recognition program for accrediting bodies
  – ECFMG and 2023
IMGs in the US

• Constitute a significant portion of the medical workforce in the US
  – Roughly 22% of the doctors in direct patient care are IMGs
    • 18% non-USIMGs
    • 4% USIMGs
Specialization

- IMGs are 7% (orthopedic surgery) to 31% (IM) of practicing specialists
  - Fewer in the higher paying specialties
- Percent of groups practicing a primary care specialty
  - USIMGs (60%)
  - Non-USIMGs (56%)
  - USMGs (45%)

*Academic Medicine, 2005*
Underserved Areas

Percent Groups by Year of Graduation

USMGs  USIMGs  non-USIMGs

Academic Medicine, 2005
Quality of Care

• No difference in quality of care between IMGs and USMGs
  – In-hospital mortality adjusted for patient, hospital, and doctor characteristics
    • No difference between IMGs and USMGs for surgical procedures (CABG, Valves)
    • No difference between IMGs and USMGs for medical conditions (AMI, CHF)
      – Patient mortality of non-USIMGs < USMGs and USIMGs

*Health Aff (2010), Med Care (2013), Acad Med (2014)*
Contributions of IMGs to the US

• Substantial number of IMG practitioners in the US
  – Fill primary care specialties at a greater rate than USMGs
  – Comparable in terms of competence
  – A greater percentage serve vulnerable patient populations
  – Offer quality of care equivalent to or better than USMGs
GME Positions

Positions and MD/DO Entrants

Source: AAMC, AMA, AACOM, NRMP
US Physician Workforce

• Projections of a shortage of physicians in
  – Many parts of the US
  – Primary care specialties

• Shortage is likely to get worse
  – Aging population
  – More insured Americans
Impact of the Cap on IMGs: Possible Influences

• To the degree that there are physician shortages and maldistribution
  – It will create political pressure
  – Encourage solutions to the financing issues with GME

“Prediction is very difficult, especially if it's about the future.”

Niels Bohr
Impact of the Cap on IMGs: Possible Influences

• GME positions may continue to increase
  – VA funding bill
  – ACGME accreditation of osteopathic programs
  – Alternative funding mechanisms for GME might evolve
    • Some individuals and countries offer funding

“Trying to predict the future is like trying to drive down a country road at night with no lights while looking out the back window.”

Peter Drucker
Impact of the Cap on IMGs: Possible Influences

• Non-USIMGs are competitive
  – Expanded US schools will fill with current USIMGs
    • Routinely outperformed by non-USIMGs
  – Quality of US schools may not matter
    • Ability of admitted students has a greater impact on outcomes than the nature of the educational process

“The future ain't what it used to be.”

Yogi Berra
Accreditation

- Accreditation is a process by which a designated authority reviews and evaluates an educational institution or program against a clearly defined set of standards.
Is it mandatory?

- Varies by country and accrediting body within a country
- Voluntary is not always voluntary
  - LCME accreditation required for
    - Federal grants and loans
    - Admission to
      - Licensing exams
      - Postgraduate training
      - Specialty certification
What are the benefits?

• Provides an opportunity to improve
• When voluntary, it enhances reputation
  – Increased student applications
  – Better retention of current students
  – Ease of student mobility

• When mandatory
  – Required for
    • Continued funding
    • Graduates to be eligible for practice or further training
  – Consequences
    • Time to improve
    • Closure
What is accredited?

• Institution
  – Quality of the institution as a whole (e.g., university)

• Program
  – Quality of the specific program (e.g., medicine or nursing)

• Dual model
  – Both are required
Who accredits?

- 100+ countries have accrediting bodies
  - Governmental entity
    - Often a ministry of health or education
  - Independent agencies
    - Often professional groups
    - Sometimes the independent agency acts on behalf of the government
      - Granted authority to make accrediting decisions
      - Recommend decisions to the government
What is the focus of the standards?

• Three major models
  – Prescriptive model
    • Provides detailed guidance on the requirements for a medical school
  – Process model
    • Provides guidance on the educational process
  – Outcomes model
    • Provides guidance on the competencies expected at
Prescriptive Standards

• Provides detailed guidance on all aspects of the medical school
  – Departments
  – Curriculum
  – Faculty
  – Facilities
  – Supplies

• Ensures compliance but might stifle innovation
Prescriptive Standards

MCI Required Departments for Class Size of 100

• Human anatomy
• Human physiology
• Biochemistry
• Pathology
• Microbiology
• Pharmacology
• Forensic Medicine
• Community Medicine
• Medicine
• Pediatrics

• Psychiatry
• Dermatology
• Respiratory Disease
• Surgery
• Orthopedics
• Radio-Diagnosis
• Radiotherapy
• Oto-Rhinolaryngology
• OB/GYN
• Dentistry
Prescriptive Standards

• Department of Pharmacology staff strength required
  – Professor 1
  – Associate Professor 1
  – Assistant Professors 2
  – Tutors/Demonstrators 2
  – Laboratory Attendants 2
  – Store Keeper cum clerk cum computer operator 1
  – Sweepers 2
Prescriptive Standards

• Accommodations for Pharmacology staff in Medical school of class size 100
  – Professor & Head of the Department- (18 Sq.m)
  – Associate Professor/Reader-One room (15 Sq.m.)
  – Assistant Professor/Lecturers - One room (12 Sq.m.)
  – Tutor/Demonstrators-One room (15 Sq.m.)
  – Department office cum Clerical room - one room (12 Sq.m.)
  – Working accommodation for non-teaching staff (12 sq.m.)
Process Model

• Provides guidance on educational process
  – Dominant model
  – WFME standards
    • Undergraduate, postgraduate, and CME
    • Basic and quality development standards
    • Modified by each country

• Good process does not guarantee good outcomes
Process Model

• WFME standards cover the following areas
  – Fundamental requirements
  – Legal framework
  – Organizational structure
  – Standards and criteria
  – Process of accreditation
  – Main elements
  – Decisions on accreditation
  – Public announcement of decisions
  – Benefits of accreditation

• The main elements are
  – Mission and objectives
  – Educational program
  – Assessment of students
  – Students: Selection, number, etc.
  – Academic staff/faculty
  – Educational resources
  – Program evaluation
  – Governance and administration
  – Continuous renewal
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• **Recruitment and selection**
  – **Basic:** Must have a policy outlining the composition of staff/faculty, specify criteria for scientific, clinical, & educational merit, include monitoring...
  – **Quality:** Must take account of mission...

• **Staff activity and development policy**
  – **Basic:** Policy balances service, teaching & research, addresses faculty expertise, teacher training,...
  – **Quality:** Take account of student-teacher ratio and develop promotion policy...
Process Model

• Process for applying the standards
  – Institution completes a guided self-study
  – External review and site visit by a peer committee
  – Accreditation decision
    • Based on the self-study and visit
    • Disseminated
    • Repeated periodically (e.g., 4-8 years)
Outcomes Model

- Provides guidance on the expected competencies
  - Outcomes movement
- Institute for International Medical Education model (IIME)
- Education is still time-based and assessment is not yet developed well enough
Outcomes Model

- IIME had global minimum essential requirements
  - Professional values, attitudes, behavior, ethics
  - Scientific foundations of medicine
  - Communication skills
  - Clinical skills
  - Population health & health systems
  - Management of information
  - Critical thinking & research

- What is done to judge schools against these standards?
  - Students were assessed using
    - MCQs
    - OSCE
    - Observer ratings
    - Logbook
What are some of the variations?

- An agency accredits in two or more countries
  - CAAM-HP (CARICOM)
  - Australian Medical Council (Australia-NZ)
- Two or more agencies accredit in one country
  - India (MCI and National Assessment and Accreditation Council)
  - US (LCME for allopathic education and AACOM for osteopathic education)
What are some of the variations?

• Standards are not specific to medical education
• Standardized curriculum is used rather than standards
• Accreditation is limited in scope to
  – Publicly or privately funded institution
  – A particular language of instruction
What is the published evidence?

• Little research

• We need studies showing
  – That accreditation improves medical education
  – Which systems of accreditation produce better results
  – The value of specific standards and procedures

"Many a man's reputation would not know his character if they met on the street."

E. Hubbard
Directory of Organizations that Recognize/Accredit (DORA)

• FAIMER created and maintains DORA, a database of ‘accrediting’ authorities
  – It is a listing by country
  – It is continually updated
  – www.faimer.org/dora

• Complementary resource to the World Directory of Medical Schools
Information in DORA

• 170+ countries and territories have operating medical schools
  – 100+ countries included in DORA
  – Some countries have more than one accrediting body

• May not have all organizations that approve medical schools and/or medical education programs
Directory of Organizations that Recognize/Accredit Medical Schools (DORA)

As part of our goal to build information resources on medical education worldwide, FAIMER is developing a directory of international organizations that recognize, authorize, or certify medical schools and/or medical education programs. These organizations are often responsible for the establishment of national standards for medical education and the recognition of medical schools in their countries.

DORA is a developing resource. Although we believe this information to be accurate, it does not encompass all organizations that have responsibilities related to approving medical schools and/or medical education programs. Interested individuals should verify information directly with the appropriate entity. Recognition by an organization listed does not imply that a medical school will be listed in IMED. FAIMER is not an accrediting agency and has no relationship with the organizations listed.

FAIMER welcomes feedback on its information resources. To comment on an entry or to suggest additions to the directory, contact FAIMER at research@faimer.org.

For more information about a country's recognizing/accrediting organization(s), such as duration and levels of accreditation, and evaluation standards and processes, click on that country's name below.

<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>Agency for Accreditation of Higher Education</td>
</tr>
<tr>
<td>Anguilla</td>
<td>Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAMHP)</td>
</tr>
</tbody>
</table>
Albania

Agency for Accreditation of Higher Education

http://www.aaal.edu.al/

Duration and levels of accreditation

4 years

Accreditation standards

Evaluation process

Self-evaluation, external review by Accreditation Council, final review by the Ministry of Education

Outcome/consequences of accreditation

Mandatory

Description of accreditation organization

Government Authority

The Accreditation Agency on Higher Education has as its main task and duty to evaluate quality of higher education at the institution and/or program level.

<< Back to DORA
Information in DORA

• Expanded information
  – Link to standards documents
    • For a few there are also links to reports of individual schools (e.g., Albania, Latvia, UK)
  – Description/link to procedures and documents
    • Most involve self-study, site visits, reports, review, and decision or recommendation
  – Additional information on consequence of accreditation status to
    • Schools: no more students, reduced funding, closure...
    • Students: GME, licensure, recognition of degree...
Accreditation: Summary

- Accreditation systems
  - Over 100 countries report oversight
- The global variation is considerable
  - Duration and levels
  - Standards and availability of standards
  - Evaluation process and availability of description of procedures
  - Outcomes/consequences
  - Governance of accrediting organization
WFME Recognition

• Given international variability, WFME created a recognition program
  – Transparent-rigorous way to ensure high standards
  – Objectives
    • Encourage accreditation where there is none
    • Ensure the integrity of accrediting agencies
    • Improve the quality of accreditation
WFME Recognition

• Program recognizes accrediting agencies
  – WFME will *not* accredit medical schools

• Agencies include
  – Government entities
  – Entities authorized or recognized by the government
  – Entities authorized or recognized by a professional or scientific association
WFME Recognition

• Criteria for recognition
  – Background
    • Scope of authority, acceptance of decisions
  – Standards
    • Existence, type, appropriateness, review process
  – Process and procedures
    • Self-study, site visits, reports, training-qualifications, decisions, appeals, complaints
  – Policies and resources
    • Controls against conflicts, due process, resources, records, dissemination
WFME Recognition

Expression of interest → Application: Documentation against criteria → Site visit team assembled, application reviewed, on-site visit conducted → Report considered by the Recognition Committee (Presidents of WFME Regions) → Report written with recommendation → Results are published
WFME Recognition

• Recognized agencies
  – Caribbean Accreditation Authority (2012)
  – Turkish Accrediting agency (2013)
  – LCME/CACMS (2014)
• Interested agencies
  – 10 agencies covering 20% of medical school graduates

• Operations
  – All materials are available on the web
  – Assembled a group of international advisors
  – Developing operational and business plans
  – Capable of recognizing 8-10 agencies per year
  • Can be scaled if needed
ECFMG and 2023

• Starting in 2023, physicians applying for ECFMG certification will be required to graduate from a medical school that has been appropriately accredited
  – Must be a formal process
  – Must use criteria comparable to WFME, LCME, or similar globally accepted standards
ECFMG and 2023

• ECFMG has directed FAIMER to support accreditation efforts
  – Support the WFME Recognition program
  – Certificate, Diploma, and Master’s degree in conjunction with Keele University and CenMedic
    • Health Professions Education: Accreditation and Assessment
  – Workshops and programs tailored to local needs
    • Medical schools and accrediting agencies
Summary

• There is considerable variability in accreditation
  – WFME has created a program to recognize accrediting agencies
  – ECFMG has a 2023 deadline and it charged FAIMER to support those who need help

• Optimistic that this will improve education and accountability