

Graduate medical education across national boundaries

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ABSTRACT

The Accreditation Council for Graduate Medical Education (ACGME) is a professional organization that accredits over 9,300 graduate medical education (residency and fellowship) programs in the United States. It receives no funds from any other corporate entity; it is funded solely through its accreditation services. After receipt of numerous requests to accredit programs outside the United States, ACGME created the Accreditation Council for Graduate Medical Education – International (ACGME-I) to work with educational programs and institutions in other countries. ACGME-I accreditation incorporates many of the structural elements of ACGME accreditation, while being mindful of local customs, societal issues, and history in which the international program resides. It does not intend to place a United States model in other countries, but rather to adapt what we have learned to the local educational environment. The ACGME believes that its work, along with that of others, can help improve world health through physician education.

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INTRODUCTION

The Accreditation Council for Graduate Medical Education (ACGME) is a private, not for profit professional organization responsible for the accreditation of about 9,300 graduate medical education (residency and fellowship) programs. Residency education is the period of clinical education in a medical specialty that follows graduation from medical school, and prepares physicians for the independent practice of medicine. The ACGME's volume of accredited programs makes it one of the largest private accrediting agencies in the United States, if not the world.

Stakeholders of the ACGME's accreditation process are the patients we serve, residency programs, their sponsoring institutions, residents, medical students, the specialty boards of the American Board of Medical Specialties (ABMS), payers, the government and the general public. Accreditation offers these stakeholders assurance that a given residency program and its sponsoring institutions meet an accepted set of high educational standards. The ACGME accredits residency programs in 145 specialty and subspecialty areas of medicine, including all programs leading to primary Board certification by the 24 member boards of the American Board of Medical Specialties.

The ACGME receives no funds from any corporate entity other than accreditation fees related to ACGME accreditation services. Its journal, the Journal of Graduate Medical Education, permits no commercial advertising, and the ACGME Annual Education Conference is entirely self sufficient, without advertising or corporate sponsorship.

SHOULD THE ACGME BE INVOLVED IN INTERNATIONAL PROGRAM ACCREDITATION?

Currently, the number of medical students in American medical schools is increasing, but graduate medical education (GME) positions are not increasing at the same rate. Consequently, there will be fewer opportunities for medical school graduates from other countries to pursue specialty education in the United States, if the majority GME positions are filled by graduates of American medical schools.

The following graph [Figure 1] from a Health Policy Report titled, "The Uncertain Future of Medicare and Graduate Medical Education", shows the impact of increasing domestic production of physicians on the total cohort of individuals seeking residency positions in the United States through 2020.

Another concern that is emerging with the improvement in the quality of education in developing countries, led by the United States government, Non-Governmental Organizations (NGOs), and

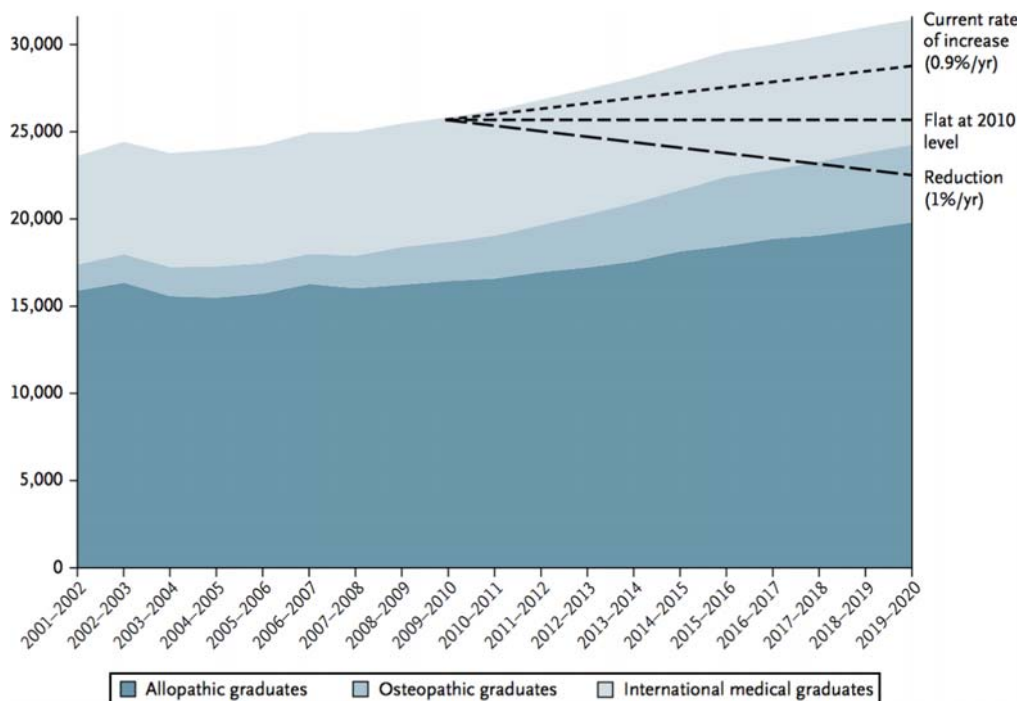


Figure 1. Actual and projected numbers of medical school graduates entering graduate medical education (GME) training positions, as compared with three scenarios of available positions (2001–2020). From Iglehart J, *N Engl J Med* 2011; 365:1340–1345.

Universities, is that graduates of those medical schools will become more attractive to programs outside of their home countries, thus exacerbating the “brain drain” that developing countries currently experience. As the caliber of undergraduate medical education improves, the expectations of their graduates will be raised, and they will seek training commensurate to their medical school experience and will look more intensely at high quality GME opportunities. If we wish to support other countries in keeping their physicians, we must help those countries meet the demands and requirements of superior graduate medical education. One vehicle to accomplish the development of excellence in graduate medical education is through the roadmap provided by accreditation standards. Similarly, recognition of the quality of an educational program through accreditation offers assurances to both the resident, as well as the public, of the quality and value of the education provided.

The staff and board of the ACGME believe that it is our professional responsibility to share our expertise, and that we should acknowledge that serving the public’s health through accreditation is a world-wide responsibility. Because of our work, we have been invited by other countries and governmental entities, such as Abu Dhabi, Oman, Qatar, and the Ministry of Health of Singapore, to develop and implement accreditation requirements in their jurisdictions, that is both reflective of their unique cultures and considerations, as well as of the high standards set by ACGME.

THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION INTERNATIONAL LLC (ACGME-I)

In 2009, we created the Accreditation Council for Graduate Medical Education International LLC (ACGME-I). It is a non-governmental not-for-profit organization responsible for the accreditation of graduate medical education (GME) programs outside the United States. Its accreditation processes and standards are similar, but not identical to those in the United States. Accreditation of residency programs and sponsoring institutions by ACGME-I is a voluntary peer-review process. The goals of the process are to evaluate, improve, and publicly recognize programs and sponsoring institutions in GME that are in substantial compliance with standards of educational quality established by ACGME-I. Accreditation was developed to benefit the public, protect the interests of residents, and improve the quality of teaching, learning, research, and professional practice.

There are three levels of ACGME-I Standards and Accreditation. Institutional Accreditation standards set forth the expectations of organization, policies and procedures, resources and institutional commitment required to offer ACGME-I accredited residency programs. ACGME-I Foundational Accreditation standards set forth the resources, faculty, evaluation, facilities, curricula and competency expectations that all accredited programs must possess. Finally, ACGME-I Advanced Specialty standards articulate the specialty specific content and experience requirements to be recognized as providing accredited specialty or subspecialty training.

We have created educational tools and programs to assist countries, institutions, and their programs in their quest for accreditation. For example, we describe how a site visit can be planned to initiate the process of ACGME-I Institutional Accreditation.

An important aspect of preparing for a site visit is the completion of the application. A well-prepared application describes the institution or program accurately, completely, and truthfully. It should be comprehensive, specific, and concise, and should answer questions completely. An incomplete or inaccurate application can contribute to the ACGME-I Review Committee specifying areas of non-compliance with the standards (known as citations) and a negative accreditation decision as an outcome of the institutional review.

ACGME-I utilizes a qualified site visitor with extensive experience in graduate medical education (GME) to conduct a site visit. The role of the site visitor is to produce a written report that verifies and clarifies the information the institution or program submitted in the Application and attachments. To collect the information for this report, the site visitor interviews the Designated Institutional Official (DIO), Program Directors, Graduate Medical Education Committee (GMEC) members, residents, faculty, and institutional administrative representatives.

We believe that, increasingly, physicians will seek international educational experiences because they see the world as shrinking, and borders as diminishing in importance. Programs around the world must provide accountability and oversight to the residency education programs they offer medical school graduates. American medical graduates who are interested in infectious agents and diseases could benefit immensely from studying at the Centers for Disease Control (CDC) in Singapore, as one example of such cross pollination, because it would give them the opportunity to see and examine

an entirely different portfolio of infectious agents than those commonly found in the United States. Similarly, a cardiology fellow in Abu Dhabi may benefit from experience in the United States, where the prevalence of coronary artery disease related congestive heart failure is greater. If accreditation provides compatible standards for the learning environment across borders, the possibilities of training and research for all medical school graduates are expanded.

Even without increased physician migration, international standardization of specialty competencies will be demanded in the future. In the United States, we produce practicing specialist physicians in GME. Medical school is only the beginning of a physician's learning cycle. Increasingly, around the world people have common expectations for physician performance, which means that physicians require roughly the same competencies born of common requirements.

THE UNITED STATES DOMESTIC ENVIRONMENT 2012 – 2018: ACCREDITATION IN THE CONTINUUM OF MEDICAL EDUCATION

The United States has a model of oversight of the continuum of medical education consistent with what Benjamin Franklin called “the ethic of private entities doing the public good.”

The entities in the United States involved with this continuum, from testing to licensing and certification, are all separate and are not a part of member organizations. All are not-for-profit agencies, with separate governance boards, who are responsible to the public and not to their members.

In our system, the coordination of education program accreditation is overseen first by the regional university accreditation agency for undergraduate premedical education. The student usually earns a Bachelor of Science or a Bachelor of Arts degree. The Liaison Committee on Medical Education (LCME) accredits medical education programs that lead to the Medical Doctor degree in the United States and Canada. The scope of the LCME is “limited to complete and independent medical education programs whose students are geographically located in the United States or Canada for their education and that are operated by universities or medical schools chartered in those two countries. LCME accreditation is a voluntary, peer-review process of quality assurance that determines whether the program meets established standards.” (LCME.org)

The ACGME accredits specialty education in residency programs and subspecialty education in fellowships. It relies on experts in the various medical specialties, with 26 specialty-specific committees, known as Residency Review Committees (RRCs). These RRCs periodically initiate revision of their standards and assure that accredited programs in each specialty and its subspecialties demonstrate compliance with those standards through its peer-review process.

The Accreditation Council for Continuing Medical Education (ACCME) has a mission to identify, develop, and promote “standards for quality continuing medical education (CME) utilized by physicians in their maintenance of competence and incorporation of new knowledge to improve quality medical care for patients and their communities.” (ACCME.org). It is a voluntary, professional oversight system that accomplishes its mission through a peer-review process.

COORDINATION OF INDIVIDUAL PERFORMANCE CERTIFICATION

As with accreditation of institutions in the United States, individual physician performance certification is managed by a number of organizations.

The United States Medical Licensing Examination (USMLE) is a three-step, four element examination for medical licensure in the United States and is sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME). According to USMLE.org, the examination “assesses a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, that are important in health and disease and that constitute the basis of safe and effective patient care. Each of the three Steps of the USMLE complements the others; no Step can stand alone in the assessment of readiness for medical licensure.”

The Educational Commission for Foreign Medical Graduates (ECFMG) plays an important part in this phase of performance certification for International Medical Graduates (IMGs). ECFMG Certification, which includes passing Steps 1, 2-Clinical Knowledge (CK) and 2-Clinical Skills (CS) of the USMLE, is a requirement for IMGs to enter United States residency education programs and also to take Step 3 of the USMLE and to obtain an unrestricted license to practice medicine in the United States.

The member boards of the American Board of Medical Specialties (ABMS) provide the opportunity for individual physicians to achieve board certification and maintenance of certification in both specialties

and subspecialties. While medical specialty certification in the United States is a voluntary process, over 85 percent of practicing physicians are board certified. These practicing physicians believe that board certification demonstrates their commitment to life-long learning and expertise in achieving the best clinical outcomes possible.

The FSMB and NBME are working together on a pilot program to create Maintenance of Licensure (MOL) by which licensed physicians provide, as a condition of license renewal, evidence that they are actively participating in a program of continuous professional development relevant to their areas of practice.

The following graph [Figure 2], derived from D. Kirch, MD, with permission, demonstrates the number of entities involved in the United States' continuum of medical education.

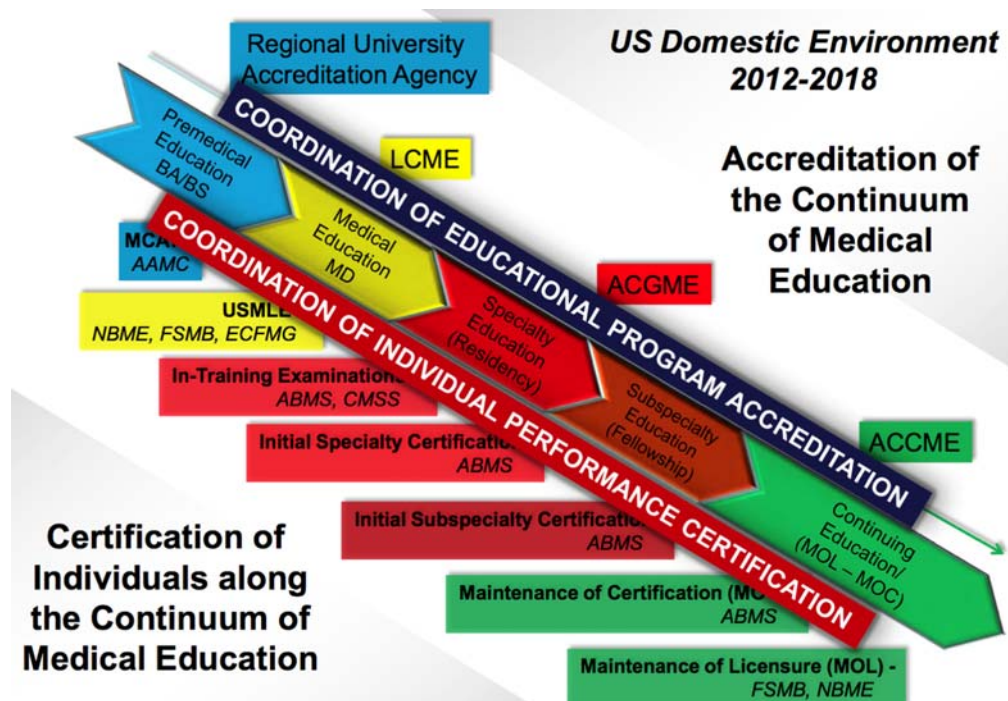


Figure 2. The continuum of medical education in the United States (derived from D. Kirch with permission).

THE GME WORLD IN 2025

There are three major international accreditation and certification systems in the world.

First is the system employed by the British Royal College System, found in Great Britain, Australia and Scotland, and in the Canadian Royal College System. In this system, the organization that offers medical education and licensure, as well as performing board certification, is a member organization. This is unlike the United States system in which all the entities are separate and not a part of any member organization.

The second system, that of the United States, is based on Ben Franklin's ideal of private entities doing the public good. In this system, educational program accreditation is separated from the institutions that provide individual certification, and both those functions are separated from organizations that provide "membership" functions. Most of the "accreditors and certifiers" have added public (non-physician) members to their governing bodies to fully represent the public's/patient's point of view. We believe that this helps fulfill our important social contract with the public, that accreditation is integral to establishing a public trust about the practice of medicine in the United States. The goal of our system calls for every physician to become specialty board certified. Each discipline is considered to be a specialty, and we aim to create a standard of excellence across the entire spectrum of practicing physicians, rather than viewing some specialties as not rising to the level of certification.

The third "system" is the absence of national oversight of graduate medical education programs. Many developing countries are looking outward for medical education accreditation and certification

models, as they seek to be recognized as on a par with other countries. One way to do that is to have their post graduate education and training programs accredited by ACGME-I, especially in those areas in which the United States Agency for International Development (USAID), as well as the Gates Foundation and other domestic and international philanthropic organizations, have invested substantially in local universities and healthcare systems. These countries are now working to create graduate education programs and will want to be recognized for having superior standards.

The World Health Organization and United Nations will drive common core standards through professional accrediting bodies. The ACGME believes that the American model must earn a seat at the table for those discussions with other countries. We want to be a part of improving the health of people around the world.

HOW HAS THE ACGME PREPARED FOR 2025

ACGME-I has established standards for institutional, foundational, and advanced specialty accreditation. Physicians who complete an ACGME-I accredited program have been trained in an educational setting where these standards have been met.

We believe that our philosophy of accreditation is transportable and can be consistently applied across specialties, with core competencies and a phased structure over time that recognizes success and holds their physicians accountable. This kind of process can become a tool for both a country with an established GME system, as well as a developing country, aspiring to enhance its GME programs, helping them establish their own desired levels of expertise and then validating their systems through international accreditation.

Our international accreditation framework will offer education for Program Directors, Faculty, and Administration and will help them evaluate their progress through the conduct of mock site visits. We adjust certain accreditation elements to support local clinical care standards using standards that have minimized United States cultural and delivery system nuances. In this way, we have created a United States style of education framework without requiring incorporation of the entire United States system. The ACGME-I accreditation framework is also compatible with the Royal College individual recognition requirements, as well as with ABMS International efforts.

THREE THOUGHTS IN CONCLUSION

John Kenneth Galbraith, American economist, said that, “faced with the choice between changing one’s mind and proving that there is no need to do so, almost everybody gets busy on the proof.” Though there are likely some in the United States that feel accrediting outside of our country will break down national barriers, or that we have a competitive advantage that we should keep and not share, the ACGME believes that we are professionals with a mission to improve health, and that we have a duty to share our expertise in a way that respects the other countries’ history, culture, and traditions. We cannot reverse globalization. We must recognize that it is important to raise the quality of care rendered across the world, which starts with physician preparation.

Yogi Berra, New York Yankees catcher and philosopher, said, “the future ain’t what it used to be!” He was right. And the future is happening at lightning speed. Our board recognized the need and opportunity to work in the international arena, and when we participate in an international setting, we do not just teach. We also learn. We are bringing back to the United States what many countries are doing well, which benefits our country, our patients, and our physicians. We add value especially if, at the same time, we help create excellent training opportunities in other countries, benefiting their patients and physicians.

Mohandas K. Gandhi said, “You must be the change you wish to see in the world.” We must put our time and energy and experience to work in the world, if we want it to be a better place for all people. If physicians are to receive excellent training that improves healthcare, we will have to move across our own borders, both physically and intellectually, and help them get there, and improve what we do in the United States based on what we learn from others. The simple truth is that we will receive as much or more than we give, and the public good will be served.