

Implication of the 2023 Education Commission for Foreign Medical Graduates Policy Changes for Medical Education in Developing Countries

The accreditation of medical education, i.e., the certification of the suitability of medical education programs, and of the competence of medical schools in the delivery of medical education, ensures patient safety and competent practicing doctors. Medical knowledge advances at a very rapid speed. The international medical education systems' changing rate was unable to cope with such rapid advances. Every human is a stakeholder in this issue and prefer to remain healthy and productive, as patients prefer to have a high degree of safety and care by qualified physicians. Naturally, the financiers of health care and insurance companies as well as others are interested in such outcomes. All stakeholders like to see more countries being accountable in having internationally recognized medical schools and graduate safe physicians. Of course, this is an ideal target that will require major resources and international cooperation to achieve some steps. In the United States alone, approximately 25% of the working physicians and residents are international graduates.^[1]

With the increased level of globalization and open healthcare market, many international medical graduates (IMGs) seek specialization training and work opportunities abroad. The United States residency market is a very popular goal for many of them and is known to employ the largest number of emigrating physicians.^[2] Probably, stability, the internationally-recognized accreditation and the opportunities for highly advanced subspecialty training are among the reasons for seeking this market.

The Education Commission for Foreign Medical Graduates (ECFMG) has been the gatekeeper to protect the American public and assure the quality of the international physicians seeking to train and work in the American health sector.^[2] Over time, the ECFMG and the international community felt the gap and recognized the wide variation in the quantity and quality of medical education and its outcome. This stimulated the discussion about streamlining medical education internationally to have similar outcome of competent doctors. In 2010, the ECFMG decided that IMGs have to come from medical schools that are accredited by the World Federation of Medical Education (WFME). The board decided that 2023 is the year of complete implementation of the new policy and new accreditation requirements for medical schools to get their graduates accepted for training in the USA.^[3,4]

For decades, the ECFMG has relied on individual certification as long as the graduate came from a medical school that has

been included in the WHO directory of medical schools. Accreditation of medical education is normally carried out by national governments, or by agencies receiving their authority from national governments in accordance to the standards set by the WFME. That is not any longer adequate after 2023. The medical schools themselves have to be accredited. Of course, there is no single international agency that is capable of accrediting every medical school in the world. The WFME has developed minimal criteria as standard guidelines for an acceptable medical school with acceptable outcome.^[4] The WFME prepared a document with the essential knowledge to graduate a safe physician. The document included nine areas of needed reforms and focus. The following are the areas as posted in the WFME website: mission and outcomes, educational program, assessment of students, students, academic staff/faculty, educational resources, program evaluation, governance and administration, and lastly continuous renewal. Each area has several subheadings to strive for quality. All these areas need a lot of reviewing and quality improvements over a long period of time. All medical schools which seek accreditation will undergo self-assessment, internal and external evaluation, and reforms to comply with the WFME and ECFMG guidelines. The ECFMG has published the phases of implementation plan for the new policy.^[5]

The implementation phases are described in Table 1. This requires that each country has to create or contract with an accreditation body responsible and capable of accrediting such vital educational institutions. Such authoritative body has to meet certain criteria and follow specific procedures and policies to be accredited by the WFME. It is vital to have honest, credible local accreditation bodies to help streamline the entire process to get a reasonable, homogenous outcome

Table 1: The road map and its time scale as set by the Education Commission for Foreign Medical Graduate^[5]

Phase	Years	Tasks
1	2018	ECFMG web resource to help students make better decisions on medical school selection
2	2020	The World Directory of Medical Schools includes accreditation status of medical schools
3	2021	ECFMG physician reports include information on accreditation status of medical schools
4	2023	Eligibility for ECFMG certification is tied to the accreditation status of medical schools

ECFMG: Education Commission for Foreign Medical Graduate

of competent doctors. Tackett has reported that by December 2018, only 14 accrediting bodies have been certified.^[3,6] Many countries remained behind in creating the authoritative body. At this rate, it may result in major delays of accrediting many countries, especially in Africa. So far, Sudan is the only African country that has been accredited as far as I know now. Dauphinee commented on Tackett's article and concerns and proposed three different options that ECFMG may use to assure quality of care.^[7] The delays in the creation of the required accrediting bodies can be attributed to several factors. Many of these countries can be going through hardship, administrative limitations, and even armed conflicts. On the other hand, some governments may not view this accreditation as a matter of national priority. They may even see it as a blessing in disguise, helping them to reduce brain drain by doctors emigrating from home countries.^[8,9]

Developing countries vary widely in the practices of accreditation of all main degrees granted by medical schools. For instance, in the United Arab Emirates (UAE), all UAE medical MBCh programs are currently accredited by the Commission for Academic Accreditation (CAA) under the Ministry of Education.^[10] Indeed, all granted university degrees are meticulously stored in the ministry's database. The authors are aware that CAA is undertaking the necessary steps to meet the 2023 ECFMG requirements for all UAE medical schools. We have been informed that work by the medical schools in Bahrain and Oman is in progress. However, this may not be readily available in many countries in Asia and Africa. For instance, Libya, as an example from Africa, is a country of 6 million people with 15 medical schools, two of which are not functional currently.^[5] In fact, only 11 Libyan medical schools are on the WHO list. Thus, there is one medical school for every 400,000 people. This is at a much higher rate than what has been published.^[11] It is very difficult to gather credible data about the quality of education in all these schools.^[6,12] The medical graduates exceed the capabilities of the local employment market. Over the years, a fair number of them have traveled abroad for advanced training and some remained for practice. There are no clear policies regarding the quality improvements or accountability of graduates' outcome. Considering that 2023 is around the corner and no evidence of major reforms and auditing, it is very concerning that some of these colleges may not meet the needed standard criteria. Until recently, there was no accreditation authority. However, in 2019, the government launched the National Center for Accreditation of Medical Institutions (personal communication). Most of the developing countries are in a similar situation. Add to these challenges, the need to appoint qualified people to fulfill the duty-free of any political or corruption issues. Such individuals can guide medical schools through self-evaluation as well as site visits and accreditation process.

The process of creating accreditation bodies is very slow and full of obstacles. Once that hurdle is overcome, it takes approximately 2 years to complete the accreditation application

with the WFME. The above challenges paint a relatively gloomy and critical situation of medical education in many developing countries.

How the WFME can police such a process will be very challenging.^[3] The training of new accreditation bodies is essential, which should be done through a rigorous curriculum to assure honesty and effectiveness. The new policy will have a major impact on many countries and certainly will be very challenging for the WFME as well as international medical colleges and their graduates.

In conclusion, the year 2023 is around the corner. It is the responsibility of the medical colleges as well as their countries to take the situation seriously and invest in the reforms. Major resources are needed for the completion of the process before 2021 to give time to correct deficiencies and follow-up site visits. The resources are needed now. Meeting the new requirements by 2023 by the colleges worldwide is not only to get the accreditation by the WFME and ECFMG, but it should also be viewed as a golden opportunity to enable them to graduate qualified physicians and to provide quality care for their own citizens.

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