

SIGN OF TIMES: PART I

ACGME Has Gone Global!

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In the United States, there is frequent debate about the future surplus or deficit of physicians. What is undeniable is that around the world, a desperate need exists for qualified physicians. In 2008, the World Health Organization launched the initiative “Scaling Up, Saving Lives,” calling for a rapid increase in the number and training of health care personnel. One of the strategies to achieve this is to “improve education through quality assurance programs.”¹

Several organizations and countries have responded to this call. Many prestigious American universities have established campuses abroad and are offering medical school and graduate medical education. The University of Pittsburg has been helping train internal medicine physicians in Japan since 2001; Weill-Cornell has a presence in Qatar; Johns Hopkins University has a campus in Kuala-Lumpur, Malaysia; Duke University has been training physicians in Singapore; and the University of California is working on a presence in Abu Dhabi.²

With this growing movement toward globalization of medical education, the Accreditation Council for Graduate Medical Education (ACGME), the private nonprofit organization responsible for accreditation of residency and fellowship programs in the United States, has extended the scope of its mission. In 2009, ACGME International (ACGME-I) was created with the mission to “improve health care by assessing and advancing the quality of resident physicians’ education” in graduate medical programs outside the United States “through accreditation to benefit the public, protect the interests of residents, and improve the quality of teaching,

learning, research and professional practice.”³

Through implementation of this initiative, ACGME has committed its resources to sharing educational methodology developed in the United States in order to ensure the competence of physicians and the quality of postgraduate medical education on a global scale. Despite the complexities of this process, it is based on practices developed over many years and is well structured and organized. According to ACGME-I chief executive officer Thomas Nasca, MD, the “production” of medical students in the United States is increasing whereas the number of positions for graduate training is not growing proportionately.⁴ It is expected that in the near future, the number of positions available to international medical graduates (IMG) in the United States will decrease significantly. ACGME-I can serve as a catalyst for improvements in graduate medical education (GME) in other countries, thereby expanding opportunities for trainees and increasing the retention of trainees in their country of origin.

The intention of ACGME-I is not to force organizations and countries to adopt the same complicated processes that US graduate medical education (GME) programs have to endure. Rather, their goal is to “adapt what they have learned from this process in the US to the local educational environment.” Through this initiative, the hope is to “improve the world’s health through physician education.”³

To be sure, the GME accreditation process as established in the United States is not the only one in the world. Our model has arisen from

the work of a private institution whose stated accountability is not toward its members but toward society. A contrasting model is that of the British Royal College System/Canada Royal College System in which accountability toward its members is paramount. The majority of countries in the world lack any standards for GME. I agree with Dr. Nasca that the experience of ACGME, which accredits more than 9,000 residency and fellowship programs in the United States, has the potential to contribute significant value to international medical education.

There is also an emerging market for clinician-educators who are familiar with the ACGME accreditation process. One example is that of Robert Crone, MD, and his organization Strategy Implemented, Inc., which offers support to countries and institutions to “prepare and respond to the opportunities in evolving quality standards and globalization of healthcare, medical education, and certification and the biomedical research landscape.”⁵

As Dr. Crone explains, the globalization of health care is a current phenomenon. Patients and diseases are crossing borders. Equipment, supplies, medical services, and providers do so as well. As patients throughout the world become better informed and more focused on high-value care, major health care centers are seizing the opportunity to expand on these new international markets. If you are an internist ready to engage and contribute to the international growth of our profession, keep your eyes open to these new trends and opportunities. One might come your way very soon.

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References

1. World Health Organization. Scaling up, saving lives. Available at: http://www.who.int/workforcealliance/documents/Global_Health%20FINAL%20REPORT.pdf?ua=1
2. Crone RK, Samaan JS. The globalization of medical education. *Innovations in Global Medical and Health Education* 2013; 2.
3. ACGME-International. Available at: <https://www.acgme-i.org/web/index.html>
4. Nasca T. Graduate medical education across national boundaries. *Innovations in Global Medical and Health Education* 2013; 7.
5. Strategy Implemented, Inc., 2012. Globalization of health care and medical education. Available at: http://mema.aub.edu.lb/downloads/library/med_education/robertcrone.pdf

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