

U.S.-Citizen International Medical Graduates — A Boon for the Workforce?

N. Lynn Eckhart, M.D., Dr.P.H., and Marta van Zanten, Ph.D.

A recent report from the Institute of Medicine that called for reform of the financing and governance of U.S. graduate medical education has sparked controversy.¹ Its most contentious aspect is its failure to call for more federal funding and more residency positions. Although the report acknowledges the reliance of the United States on a continuous stream of international medical graduates (IMGs) — who account for 27% of the trainees currently in U.S. residency programs — it includes no substantive discussion of IMGs. This omission appears to derive from ethical concerns about a “brain drain” of physicians from low-income countries. Yet the IMG pool includes a growing proportion of U.S.-citizen graduates of international medical schools, who now represent 38.5% of the IMG applicant pool and 13.7% of overall residency applicants. The number of these graduates achieving certification from the Educational Commission for Foreign Medical Graduates (ECFMG) increased from 527 in 1995 (9% of such certifications) to 2963 in 2013 (30%). More than three quarters of U.S. IMGs certified in 2013 graduated from for-profit, private medical schools located in the Caribbean.

In the face of physician-workforce problems in the United States that are not merely about numbers but also about diversity and geographic distribution — especially of primary care doctors — it's important to recognize that more than half of graduates of Caribbean medical schools opt

to enter primary care practice.² U.S. IMGs had a 53% success rate in the 2014 Residency Match (as compared with 94% for seniors at U.S. allopathic medical schools and 78% for students and graduates of U.S. osteopathic medical schools),³ and their future practice patterns could help alleviate physician shortages. However, little is known about offshore medical programs. The availability of comprehensive data would assist prospective students in evaluating these schools, provide information to residency directors, and increase our understanding of the quality of the education provided at these institutions.

We define offshore medical schools as for-profit institutions listed in the *International Medical Education Directory* located in the Caribbean or Belize educating primarily U.S. and Canadian students intending to return to North America to practice medicine. Data on the educational programs at these schools reveal that they follow a North American-type curriculum. The programs are hybrids: the preclinical program takes place at the offshore sites, whereas the majority of clinical education occurs in the United States. Of the 39 offshore Caribbean medical schools that the directory listed at the end of 2013 as operational, 3 were established in the late 1970s, 25 opened between 1980 and 2009, and an additional 11 opened between 2010 and 2013. Six schools were owned by large corporations — R3 Education, DeVry, and Manipal Education Americas. We

have found, however, that it can be challenging to enumerate offshore medical schools because of changes in school names, relocation of schools, and some out-of-date websites.⁴

These medical schools enroll students three times per year, but we were not able to determine the exact number of students attending them. The number of applications submitted to the ECFMG for certification may help in estimating the size of a school, but it could lead to underestimates, since some graduates may want to practice outside the United States. In 2013, the number of ECFMG certificates earned at individual offshore medical schools ranged widely, from fewer than 10 to almost 1000.⁴ Each year, more U.S. residency positions are filled by graduates of St. George's University School of Medicine (Grenada) or Ross University School of Medicine (Dominica) than by those of any single U.S. medical school.

It is difficult to compare tuition at such schools with that of U.S. schools, since the latter charge similar tuition for each of the 4 years, whereas offshore schools charge different amounts for preclinical, transitional, and clinical semesters. However, we found that the average total cost for 4 years at an offshore medical school was \$97,693 (range, \$54,100 to \$235,216),⁴ as compared with \$198,804 at a private U.S. medical school (range, \$69,992 to \$219,848). Between 1998 and 2008, the Federal Family Education Loan Program pro-

vided \$1.5 billion in guaranteed loans for foreign medical schools, 90% of which went to three offshore medical schools.⁵ The large majority of graduates appear to manage these costs successfully. According to the National Student Loan Data System, in 2011 — the latest year with publicly available data — there were 2539 people repaying their loans for eligible Caribbean schools and 35 people in default, for an overall default rate of 1.4%.

Multiple changes are under way that will fundamentally alter medicine in the United States, including implementation of the Affordable Care Act, the increasing number of medical schools, reform of graduate medical education, and the single accreditation standard for allopathic and osteopathic residency programs. We believe attention should be paid to how these changes will affect the focus and functioning of offshore medical schools whose graduates include U.S. citizens.

Despite a 17.5% increase in enrollment in U.S. medical schools and the 1998 cap on federally funded residency positions, the forecasts that there would soon be no room in U.S. residency programs for IMGs were not accurate: since the number of positions for postgraduate-year-1 residents increased by 26% between 2004 and 2014.³ Nonetheless, the continued growth in U.S. medical school capacity may reduce the size and quality of the applicant pool for offshore medical schools. If such a drop-off does occur, graduation rates, U.S. Medical Licensing Examination pass rates, ECFMG certifications, and graduates' ability to repay loans may all suffer. Furthermore, expansion of U.S. schools may re-

duce the availability of U.S. faculty to either teach at offshore medical schools or accept their students at U.S. clinical sites. Already the competition for clinical sites has become challenging for both U.S. and offshore schools.

In contrast to M.D.-granting programs in the United States, which are accredited by the Liaison Committee on Medical Education, overseas medical schools do not have to be accredited in order to be listed in the *International Medical Education Directory*. Recognizing that ongoing monitoring is essential to ensuring high quality and continued improvements in education, the ECFMG announced that effective in 2023, only graduates of appropriately accredited medical schools will be eligible for certification and subsequent entry into U.S. practice. In a process that is separate from that of the ECFMG, the U.S. Department of Education's National Committee on Foreign Medical Education and Accreditation reviews foreign accreditation standards for comparability with U.S. standards.

We still lack important information about offshore medical schools. Although some of these schools are well resourced, others lack resources that are commonplace in domestic schools, such as highly qualified faculty, exposure to research, robust student advising, and integrated curricula. We need to know more about the clinical experience at different sites, the supervision of students, and the mechanisms for oversight in this hybrid model. We believe it will be necessary to examine the accreditation processes and the level of authority that accrediting organizations have over schools. If offshore

medical schools are to continue to supply a substantial number of U.S. physicians, particularly in primary care, greater accountability is warranted to assure the American public that their physicians are well trained and that federal loan funds are wisely utilized at these institutions.

There are numerous reasons why we should pay attention to offshore medical schools: enrollees deserve the best education possible, and successful graduates will enter U.S. residency programs and become the teachers of U.S. medical students and caregivers for the U.S. population. To ignore the education of U.S. IMGs is to overlook a potential resource for meeting the needs of the population.

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