Resources to Help Regulators Understand Medical Schools

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Overview

- Current resources
- Needs of regulators
- Challenges to creating and maintaining international resources
- Strategies for the future
- Summary

Current Resources

- **International**
  - WHO, IIME, IMED
    - None independently grant international recognition for the medical schools
- **Regional**
  - LCME and MCI as examples
    - Both list accredited or recommended programs
- **Special Purpose**
  - FAIMER-AAMC study

International: WHO Directory

- **Criteria for inclusion**
  - ☐ Governmental recognition by the member states of the UN
- **Contents**
  - ☐ Name, address, year instruction started, language of instruction, duration of curriculum, entrance examination requirement, foreign students eligibility
- **Data sources**
  - ☐ Surveys sent to ministerial authorities and medical schools
- **Date of publication**
  - ☐ Year 2000 with website updates through 2004
  - ☐ Currently being redone

International: IIME Directory

- **Criteria for inclusion**
  - All medical schools
- **Contents**
  - Name, address, telephone/fax number, website
  - Other data collected but not displayed
- **Data sources**
  - Survey, consultation with regional experts, internet research, contact with the individual schools themselves...
- **Date of publication (www.iime.org)**
  - Survey in 2000, last updated July 2006

New Zealand

University of Auckland, Faculty of Medicine and Health Sciences
http://www.som.auckland.ac.nz/
Private Bag 92 019, Auckland
Tel: +64 9 3737 521, Fax: +64 9 3737 482

University of Otago, Faculty of Medicine
http://healthsci.otago.ac.nz/division/medicine/
Medical Faculty Office PO Box 913, Dunedin, PO Box 913, Dunedin
Tel: +64 3 479 7454, Fax: +64 3 479 5459

*denotes schools that have confirmed contact information by completing
and returning our survey of medical schools, located here.*

RETURN TO OCEANIA AND THE PACIFIC

RETURN TO MAIN DATABASE

New Zealand: at a glance

Population
3,993,817
(July 2004 est.)

Capital
Wellington

Medical Schools
2

Last Updated
October 2004

International: IMED

- **Criteria for inclusion**
  - □ Governmental recognition in the country where the school is located
- **Contents**
  - □ Name, address, telephone/fax numbers, email address, website, degree title, graduation years, language of instruction, duration of curriculum, entrance examination requirement, foreign student eligibility...
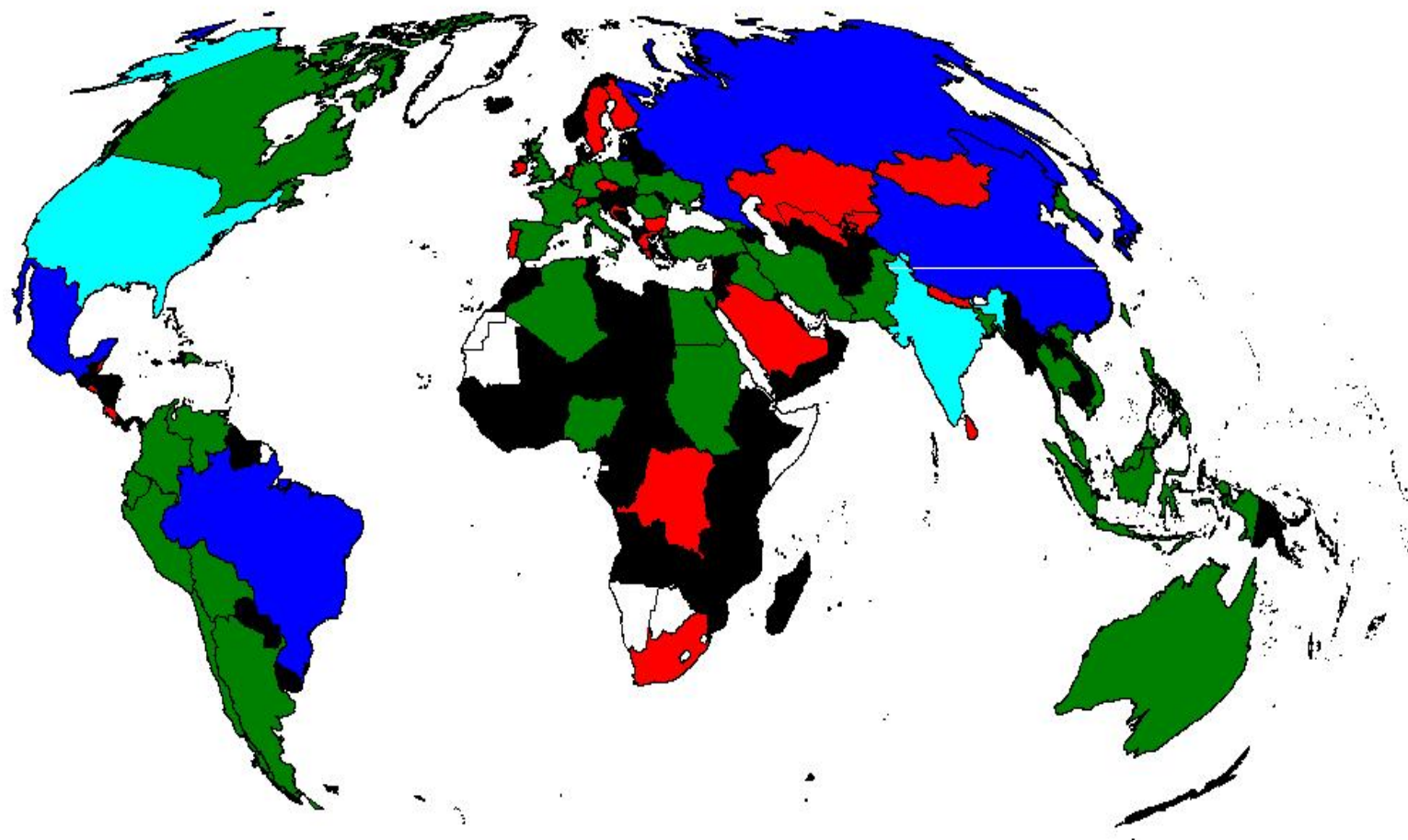- **Data sources**
  - □ Surveys, routine ECFMG business, consultation with regional experts, contact with individual schools...
- **Date of publication (www.faimer.org)**
  - □ Updated daily

Number of Operating Medical Schools

- ■ 1—4
- ■ 5—9
- ■ 10—49
- ■ 50—149
- ■ > = 150

Source: IMED

Regional: Liaison Committee on Medical Education (LCME)

- **Criteria for inclusion**
  - ☐ All US and Canadian allopathic medical schools who have met accreditation standards
- **Contents**
  - ☐ Standards that are promulgated
  - ☐ Name of the school
  - ☐ Other data collected but not available
- **Data sources**
  - ☐ Annual surveys, self-study, and site visits
- **Date of publication (www.lcme.org)**
  - ☐ Updated regularly

Regional: Medical Council of India (MCI)

- Criteria for inclusion
  - All Indian medical school programs, leading to the MBBS, that have been evaluated by MCI
- Contents
  - Standards that are promulgated
  - Name, address, telephone/fax number, website, management, year of inception, annual intake, status
  - Other data collected but not available
- Data sources
  - Surveys and site visits
- Date of publication (www.mciindia.org)
  - Updated regularly

Back •   •   Search   Favorites   •   •

Address   http://www.mciindia.org/apps/search/show_colleges.asp   Go   Links   »

Google   dical council of india   Go   •   •   Bookmarks ▾   31 blocked   Check ▾   AutoLink ▾   AutoFill   Send to ▾   medical   council   of   india   Settings ▾

Medical Council of India

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Number of Results Found: 262 - Searched for [Course is -MBBS-, Recog. Status: ALL   ]   Go Back

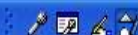| State	Name and Address of Medical College / Medical Institution	Management	Year of Inception of College	Annual Intake (Seats) (Information as Per Institution / MCI / Govt. of India	Staus of MCI Recognition
Andhra Pradesh	Alluri Sitaram Raju Academy of Medical Sciences	Society	2000	100	Permitted u/s 10(A) for 2006-07
Andhra Pradesh	Andhra Medical College	Govt.	1923	150	Recognized
Andhra Pradesh	Bhaskar Medical College,Yenkapally	Society	2005	100	Permitted u/s 10(A) for 2006-07
Andhra Pradesh	Christian Medical College,Dichpally	Trust	2003	0	Not Recommended for 2006-07
Andhra Pradesh	Deccan College of Medical Sciences	Trust	1985	150	Recognized
Andhra Pradesh	Gandhi Medical College, Hyderabad	Govt.	1954	150	Recognized
Andhra Pradesh	Government Medical College, Anantapur	Govt.	2000	100	Permitted u/s 10(A) for 2006-07
Andhra Pradesh	GSL Medical College, Rajahmundry	Society	2002	100	Permitted u/s 10(A) for 2006-07
Andhra Pradesh	Guntur Medical College	Govt.	1946	125	Recognized
Andhra Pradesh	Kakatiya Medical College	Govt.	1959	150	Recognized
Andhra Pradesh	Kamineni Institute of Medical Sciences	Society	1999	150	Recognized (Seat increased from 100 to 150 u/s 10 (A))
Andhra Pradesh	Katuri Medical College,Guntur	Trust	2002	100	Permitted u/s 10(A) for 2006-07
Andhra Pradesh	Konaseema Institute of Medical Sciences & Research Foundation,Amalapuram	Society	2005	100	Permitted u/s 10(A) for 2006-07
Andhra Pradesh	Kurnool Medical College	Govt.	1957	150	Recognized
Andhra Pradesh	Maharajah's Institute of Medical Sciences,Vizianagaram	Trust	2002	100	Permitted u/s 10(A) for 2006-07
Andhra Pradesh	Mamata Medical College	Society	1998	150	Recognized (seat increased for 100-150 u/s 10(A))

Internet

start | Search Colleges Teac... | IAMRA06 | Microsoft PowerPoint ...   9:21 PM

Special Purpose: FAIMER-AAMC Study

- Focus on the educational experiences at medical schools producing the most USIMGs
  - IMED, websites, transcripts/E-survey of graduates
- Compared to US medical graduates
  - Same preclinical courses with substantial differences in required special topics
  - Same core clerkships but differences in other required clerkships

Required Special Topics

- **Clinical Epidemiology**
  - ☐ 71% vs 98%
- **Biomedical Ethics**
  - ☐ 68% vs. 99%
- **Communication Skills**
  - ☐ 55% vs. 100%
- **Substance Abuse**
  - ☐ 39% vs. 100%

- **Cultural Competence**
  - ☐ 31% vs. 96%
- **Health Economics**
  - ☐ 22% vs. 81%
- **Research Methods**
  - ☐ 28% vs. 84%

Clinical Clerkships

- Virtually all (99%+) respondents report required clerkships
  - ☐ Internal medicine
  - ☐ OB/GYN
  - ☐ Pediatrics
  - ☐ Psychiatry
  - ☐ Surgery

- Other required clerkships
  - ☐ Emergency medicine
    - 22% vs. 36%
  - ☐ Family medicine
    - 67% vs. 91%
  - ☐ Geriatrics
    - 4% vs. 16%
  - ☐ Neurology
    - 26% vs. 87%
  - ☐ Radiology
    - 10% vs. 27%

Needs of Regulators

- **Data supporting policy creation/implementation**
  - ☐ Descriptive information
    - Name, address, website, degree, language of instruction, duration of the curriculum...
  - ☐ Quality indicators
    - Outcomes
      - ☐ Government recognition, accreditation, licensure, test scores...
    - Process measures
      - ☐ Qualifications of the faculty, admissions process, governance, courses, clerkship experiences...

Needs of Regulators

- **Ideal international databases**
  - ☐ Database of medical schools
    - Descriptive information (name, contact info...)
    - Process measures
      - ☐ Mapped to international standards (WFME)
    - Outcome measures: Local accreditation
  - ☐ Database of accrediting bodies
    - Standards used in the country or region and the process of accreditation

Needs of Regulators

- Limitations of the current resources
  - International
    - Few quality indicators
    - Some data are unverified
  - Regional and special purpose
    - Decisions, not the underlying data, often presented
    - Regions are missing
    - Limited comparability across regions

"This foreign policy stuff is a little frustrating."

George W. Bush

# Challenges

- **Educational practices are not universal**
  - ☐ Medical education varies within and across countries
- **Criteria**
  - ☐ Standards vary across countries
- **Language**
  - ☐ Barrier to data collection and interpretation

Challenges

- **Potential for corruption**
  - ☐ Influences data quality
- **Stakes**
  - ☐ Higher stakes or public disclosure of the data reduces accuracy and compliance
- **Compliance**
  - ☐ Asking for voluntary participation is insufficient

Challenges: Keeping Data Current

N=259

Medical Schools Started in 1995 or Later   ■ 1—2   ■ 3—5
■ 6—10   ■ > 10
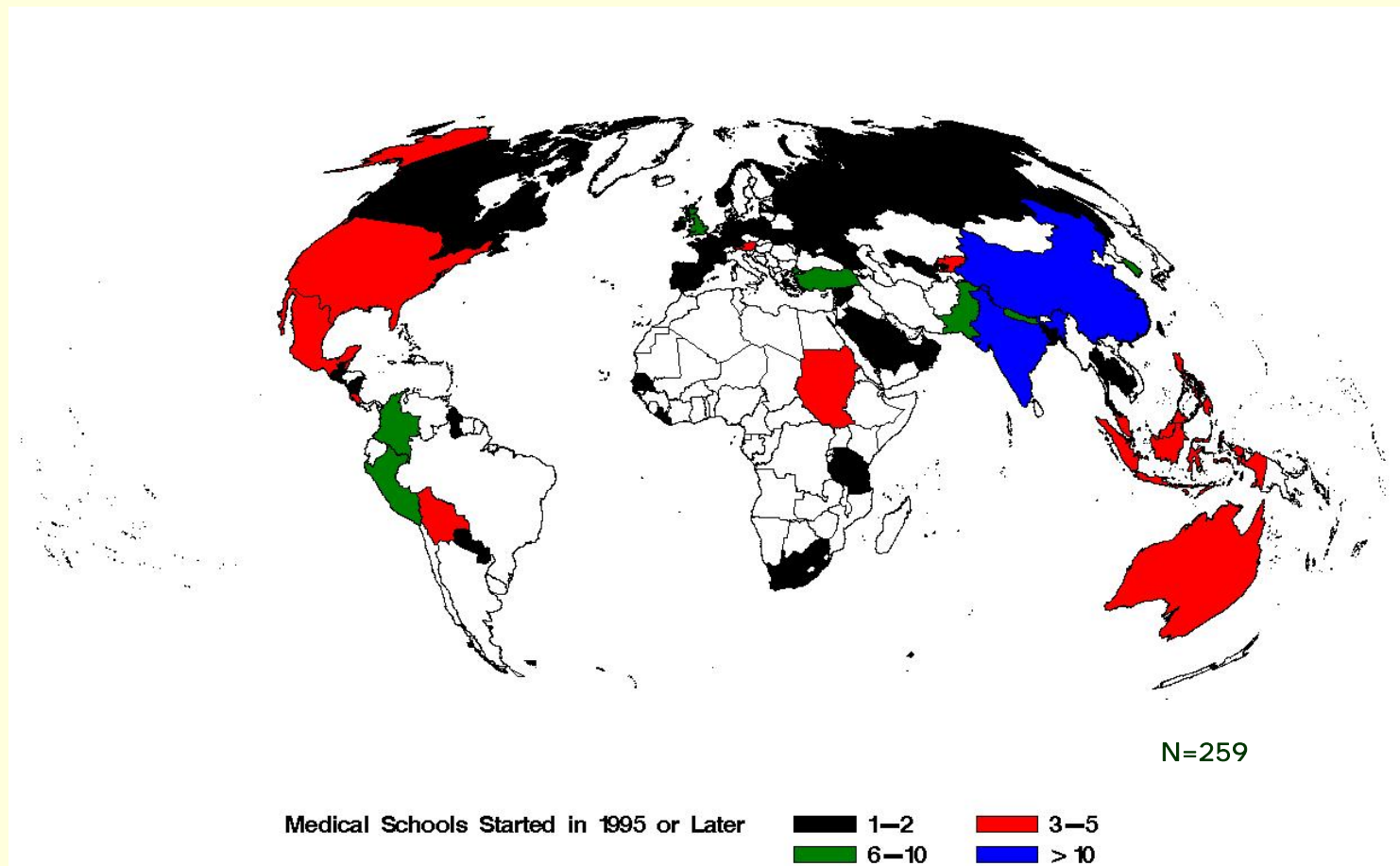
Source: IMED

Strategies for the Future

- Collaboration
  - WHO and WFME are working together on a new online Health Professions Education Institution database
    - Identifying a database administrator
    - FAIMER will collaborate with the resulting entity to produce a Directory of medical schools

"Copy from one, it's plagiarism; copy from two, it's research."

Wilson Mizner

Strategies for the Future

- **Develop alternate sources of information**
  - ☐ Medical schools and ministries have been the primary source of information
  - ☐ Students are an untapped resource for certain aspects of the educational experience (e.g., curriculum, assessment)
    - There is not a need for many students per school
    - Verification may be necessary in some instances
    - International Federation of Medical Student Association

Strategies for the Future

- ■ Research
  - ☐ Many of the indicators of medical school quality are based on the judgments of educators
    - ■ Conduct research to identify the indicators that make a difference to student outcomes

"When working toward the solution to a problem, it always helps if you know the answer."

Arthur Bloch

Strategies for the Future

- **Technology**
  - ☐ Use technology to improve the collection, storage, and retrieval of data
    - Do away with paper
      - ☐ Use data collection strategies that rely on the internet
      - ☐ Publish the results online

"Any sufficiently advanced technology is indistinguishable from magic."

Arthur Clarke

Summary

- **Current resources**
  - □ Several resources available but all have limitations
- **Needs of regulators**
  - □ Two databases would serve the needs for descriptive and indicator information
- **Challenges**
- **Strategies for the future**
  - □ Collaboration, alternate data sources, research, technology