



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO  
ATTENTION OF

MCHO-CL-Q (40)

SEP 30 1997

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Prime Source Verification of Physician Credentials

1. References:

a. Army Regulation 40-68, Quality Assurance Administration, IO3, June 1995.

b. Joint Commission Perspectives, "Joint Commission issues principles for evaluating credentials services: AMA Physician Masterfile qualifies," January/February 1996 (Enclosure 1).

c. Memorandum, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 25 June 1997, subject: Use of a Standard ECGMG (Educational Committee for Foreign Medical Graduates) Certificate by Accredited Organization for Primary Source Verification of Medical School Graduation (Enclosure 2).

2. Effective immediately the U.S. Army Medical Command will accept use of the American Medical Association (AMA) Physician Masterfile as prime source verification of a physician's U.S. based education and training. The Masterfile contains information on all U.S. Doctors of Medicine and most Doctors of Osteopathy. The Masterfile must show evidence that the information has been verified. If not, the facility or unit must accomplish prime source verification with the issuing agency or institution.

3. Use of the AMA Physician Masterfile will not replace the requirement to perform National Practitioner Data Bank queries, verification of malpractice carrier and claims status, and verification of current licensure status. Additionally, the Masterfile will not provide privileging and performance information on the physician nor information about performance or disciplinary issues during residency training programs. Employers, peers and training programs, as appropriate, must be contacted to verify current competence and ability to perform privileges requested.

4. There is also a change in the requirements for prime source verification of foreign medical school graduation. The JCAHO will now accept the ECFMG certificate as evidence of prime source verification of the foreign medical education. Facilities will still need to have certified true copies of the provider's

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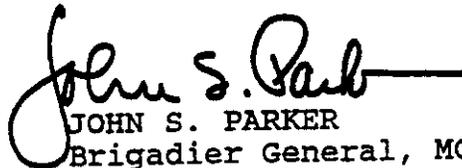
verification of the foreign medical education. Facilities will still need to maintain certified true copies of the provider's diploma in the credentials file. The ECFMG certificate must also be prime source verified.

5. You may contact the AMA at 1-800-665-2882 to obtain information about the AMA Physician Profile service. This service is currently performed for government organizations at no cost.

6. Other questions should be directed to LTC Halopka or MAJ Mulkey, Quality Management Division, Office of the Assistant Chief of Staff for Health Policy and Services, at DSN 471-6195 or Commercial (210) 221-6195.

FOR THE COMMANDER:

2 Encls  
as



JOHN S. PARKER  
Brigadier General, MC  
Deputy Chief of Staff for Operations,  
Health Policy and Services

DISTRIBUTION:

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Commander, 18th Medical Command, APO AP 96205-0054



**Joint Commission**  
on Accreditation of Healthcare Organizations

December 12, 1995

Annette Van Veen Gippe  
Director  
Department of Data Base Products  
American Medical Association  
515 North State Street  
Chicago, Illinois 60610

Dear Ms. Van Veen Gippe:

I am responding to your letter of October 19, 1995 concerning the use of the AMA Physician Masterfile by a health care organization to meet Joint Commission standards requirements.

After review of the material submitted, we have determined that the Physician Masterfile now adequately addresses the Principles for Users of External Agencies for Primary Source Verification of Credentials (Attachment A). Therefore, appropriate use of the Physician Masterfile by an organization would meet the primary source verification requirements set forth in the Medical Staff standards of the Accreditation Manual for Hospitals (AMH) and in the credentialing standards in other Joint Commission accreditation manuals.

Accordingly, the 1996 AMH no longer contains scoring guideline language that identifies the AMA Physician Masterfile as only a secondary source of information related to credentials verification. An article in Joint Commission Perspectives will be used to inform the field that appropriate use of the AMA Physician Masterfile now satisfies the standards requirements related to primary source verification.

Sincerely,

Paul M. Schyve, M.D.  
Senior Vice President

PMS:peg

cc: Al Buck, M.D.  
Richard Croteau, M.D.  
Paul VanOstenberg, D.D.S., M.S.

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## Joint Commission issues principles for evaluating credentials services: AMA Physician Masterfile qualifies

Health care organizations can now use the American Medical Association (AMA) Physician Masterfile to meet the credentialing requirements for primary source verification. The related standards appear in the 1995 *Accreditation Manual for Mental Health, Chemical Dependency, and Mental Retardation/Developmental Disabilities Services*, the 1996 *Accreditation Protocol for Subacute Programs*, the 1996 *Comprehensive Accreditation Manual for Ambulatory Care*, the 1996 *Comprehensive Accreditation Manual for Health Care Networks*, and the 1996 *Comprehensive Accreditation Manual for Hospitals*.

Previously, the scoring guidelines in these accreditation manuals encouraged the use of the Physician Masterfile as a secondary source of information and useful adjunct to primary sources. However, the guidelines stated that the use of the Physician Masterfile "alone does not fully satisfy the intent of the standards" on primary source verification.

The Physician Masterfile, which was established in 1906, collects data on all physicians in the United States who have completed or are completing requirements to practice medicine and on physicians trained in the United States who are temporarily located overseas. The AMA provides computerized printouts of individual physician records from its Physician Masterfile to hospitals, state licensing agencies, and other organizations for the purpose of facilitating the credentials verification process.

Since 1994, the Joint Commission has been engaged in discussions with the AMA to determine how the Physician Masterfile could be enhanced to fully support primary source verification requirements. As part of this process, the Joint Commission developed a set of principles, which appear on this page, to permit individual health care organizations as well as the Joint Commission to evaluate pri-

The AMA subsequently modified its Physician Masterfile to become consistent with these principles. The Joint Commission then determined that appropriate use of the Physician Masterfile by a health care organization would meet the primary source verification requirements articulated in Joint Commission standards.

For more information on primary source verification, please call the Joint Commission's Department of Standards Interpretation Unit at (708) 916-5900. For additional information on the Physician Masterfile, please call the AMA at (800) 665-2882. ■

### Principles for the evaluation of agencies providing centralized credentials services

1. The agency makes known to the user what data and information can be provided by it.
2. The agency provides documentation to the user describing how its data collection, information development, and verification process(es) are performed.
3. The user is provided sufficient, clear information on database functions that include any limitations of information available from the agency (e.g., practitioners not included in the database); the time frame for agency responses to requests for information; and a summary overview of quality control processes relating to data integrity, security, transmission accuracy, and technical specifications.
4. The user and agency agree upon the format for the transmission of credentials information about an individual from the agency.
5. The user can easily discern what information, transmitted by the agency, is from a primary source and what is not.
6. For information transmitted by the agency that can go out of date (e.g., licensure, board certification), the date the information was last updated from the primary source is provided by the agency.
7. The agency certifies that the information transmitted to the user accurately presents the information obtained by it.
8. The user can discern whether the information transmitted by the agency from a primary source is all the primary source information in the agency's possession pertinent to a given item or, if not, where additional information can be obtained.
9. The user can engage the quality control processes of the agency when necessary to resolve concerns about transmission errors, inconsistencies, or other data issues that may be identified from time to time.

### Definitions

**agency** Any entity used by a health care organization to obtain information, including from primary sources, for the purpose of verifying an individual's credentials.

**credentials** Documented evidence of licensure, education, training, experience, or other qualifications.

**primary source** The original source of a specific credential that can verify the accuracy of a qualification reported by an individual health care practitioner. (Examples include medical school, graduate medical education program, and



**MEMORANDUM**

**DATE:** June 25, 1997

**TO:** Distribution

**FROM:** Paul R. VanOstenberg, Director  
Department of Standards

**TOPIC:** Use of a Standard ECFMG (Educational Committee for Foreign Medical Graduates) Certificate by Accredited Organization for Primary Source Verification of Medical School Graduation

Determination

The ECFMG can serve as an equivalent to a foreign medical school in providing "primary source verification" to an accredited organization.

Background

The Comprehensive Accreditation Manual for Hospitals (CAMH) Medical Staff standards and the Human Resource Standards found in the AMAC, AMLTC, MMHCN, AMHC, MHM related to credential verification require, or in some cases imply, that medical school completion be verified from the primary source.

In the case of those applicants to an organization's staff who completed their medical education in a foreign medical school, the interpretation has been that the hospital must verify this information directly with that school or use a CVO to provide such verification.

The ECFMG Certification process assesses the readiness of foreign medical graduates to enter graduate medical education in the United States.

Recent information from the ECFMG indicates that the thorough process used to verify the academic record of an ECFMG Certificate applicant includes primary source verification of medical education.

Use of a Standard ECFMGCertificate by Accredited Organization  
for Primary Source Verification of Medical School Graduation  
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Such verification indicates that the applicant completed medical education to the point of medical licensure in the country of graduation.

The verification process relies upon direct written communication, a signed photograph of the applicant, signatures of appropriate medical school officials, as well as a series of checks and cross checks.

When primary source verification is attempted by an accredited organization the process relies upon examination of the original or copy of a medical school completion certificate and the written inquiry to the foreign medical school.

Accredited organizations report that with great frequency the foreign medical school does not respond or the response is difficult to evaluate in terms of authenticity or actual completion of education to the point of medical licensure.

It appears therefore that a valid Standard ECFMG Certificate can serve as a source of evidence related to medical school completion by foreign graduates that may prove more reliable than the current process used by most organizations to meet the credential verification standards.

This document, with verification from the ECFMG that the identified applicant holds such a certificate would satisfy the requirement for primary source verification of medical school graduation.

**Note:** An article on the ECFMC Certification process is attached.

**Distribution:**

Paul M. Schyve, MD  
Al Buck, MD  
Surveyors/Service Integrators  
Department of Standards  
Department of Education  
Rhonda Bergman  
QHR

**GRADUATES OF FOREIGN MEDICAL SCHOOLS:  
PROGRESSION TO CERTIFICATION BY THE  
EDUCATIONAL COMMISSION FOR FOREIGN  
MEDICAL GRADUATES**

NANCY E. GARY, MD, MAUREEN M. SABO, MARIE L. SHAFRON,  
MICHAEL K. WALD, MIRIAM FRIEDMAN BEN-DAVID, PHD, AND  
WILLIAM C. KELLY

Nancy E. Gary, MD, Maureen M. Sabo, Marie L. Shafron, Michael K. Wald,  
Miriam Friedman Ben-David, PhD, and William C. Kelly

## Graduates of Foreign Medical Schools: Progression to Certification by the Educational Commission for Foreign Medical Graduates

### ABSTRACT

The application process leading to certification by the Educational Commission for Foreign Medical Graduates (ECFMG) was studied using the group of 9,491 graduates of foreign medical schools who initiated their applications in 1988. Using the ECFMG's database, these applicants' countries of citizenship, examination histories, certification status, and exchange visitor status were determined for a period of seven years and nine months, ending in September 1995. Within that time, 45% of these applicants became ECFMG-certified, and 26% of that group entered residency programs accredited by the Accreditation Council for Graduate Medical Education. Of the total number of non-U.S. citizens (2,243) who entered such programs, 61% did so as exchange visitor

physicians. The remainder had other kinds of visa status, such as permanent resident, or had become U.S. citizens. Although U.S. citizens and non-U.S. citizens achieved certification at the same rate (45%), the U.S. citizens had greater success in obtaining positions in graduate medical education (GME). Seventy-four percent of the ECFMG-certified U.S. citizens entered GME, versus 57% of the ECFMG-certified non-U.S. citizens. The status of the 55% of the 9,491 applicants who did not obtain certification is discussed; a portion of this group continues to pursue certification. Details and requirements of the ECFMG certification process are also described. *Acad. Med.* 1997;72:17-22.

Since its establishment in 1956, the Educational Commission for Foreign Medical Graduates (ECFMG) has been recognized for the unique role of its certification program in assessing the readiness of

graduates of foreign medical schools to enter accredited programs of graduate medical education (GME) in the United States.

The ECFMG certification program was developed in the 1950s in response to a greater demand for health care services in the United States that was accompanied by an increase in opportunities for trained medical personnel and a larger reliance on interns and residents to provide medical care. This growth resulted in an increased number of positions in hospital graduate education programs—internships, residencies, and fellowships—that greatly exceeded the number of U.S. medical school graduates.<sup>1</sup> U.S. public policy during this period, exemplified by the Hayes-Fulbright exchange-visitor program, allowed emigration of foreign national physicians to obtain graduate medical education in the United States and resulted in a major migration (both temporary and permanent) of physicians from abroad.<sup>2</sup>

Since the basis of GME is provision of medical care to pa-

*Dr. Gary is president; Ms. Sabo is research associate; Ms. Shafron is vice president for operations; Mr. Wald is manager, information systems; Dr. Ben-David is codirector, Clinical Skills Assessment Program; and Mr. Kelly is manager, Medical Education Credentials Processing; all are at the Educational Commission for Foreign Medical Graduates, Philadelphia, Pennsylvania. Dr. Gary is also professor of medicine and dean emeritus, Uniformed Services University of the Health Sciences F. Edward Hébert (USUHSFEH) School of Medicine, Bethesda, Maryland, and Dr. Ben-David is also associate professor of surgery, Department of Surgery, Allegheny University of the Health Sciences, Philadelphia.*

*Correspondence and requests for reprints should be addressed to Dr. Gary, President, ECFMG, 3624 Market Street, Philadelphia, PA 19104-2685.*

*The opinions and assertions in this article are the authors' alone; they are not official and do not necessarily reflect the views of the USUHSFEH School of Medicine or the Department of Defense.*

tients in a supervised setting, it is important to assure that the quality of the medical education received by graduates of foreign medical schools is satisfactory for such graduates to enter GME in the United States. It is acknowledged that there is no universal system to compare the characteristics and quality of medical education in foreign countries with those of the education provided by U.S. medical schools accredited by the Liaison Committee for Medical Education (LCME). The systems of medical education throughout the world vary from country to country, particularly with respect to duration, curriculum content, standards, quality, and evaluation methods.

Initially, in response to this problem, in 1950, the Council on Medical Education and Hospitals of the American Medical Association (AMA) and the Executive Council of the Association of American Medical Colleges (AAMC) prepared a list of 38 medical schools from six countries that were considered by these bodies to have medical education programs that would justify consideration of their graduates for entry into GME on the same basis as graduates from LCME-accredited medical schools in this country. As more foreign medical schools sought inclusion on the list, problems of comparing medical education in other nations with that in the United States surfaced and the need for evaluation of *individual* candidates became apparent.<sup>2</sup> The ECFMG, through its program of certification, evaluates the readiness of individuals to enter GME, and does not educationally compare foreign medical schools.

What has changed over the last 40 years is the economic landscape and political climate surrounding graduates of foreign medical schools (FMGs). Currently, these graduates figure prominently in debates of medical manpower issues and discussions of GME funding. In a recent study by Mullan et al., the authors refer to FMGs as "international medical graduates" (IMGs) and discuss a number of important issues: (1) Historical trends and immigration data suggest that approximately 70–75% of all IMGs currently in GME will eventually enter practice in the United States; (2) in 1993, almost 60% of the IMGs in GME already enjoyed an immigration status that indicated a high likelihood that they would remain permanently in the United States; and (3) between 1988 and 1993, the total number of IMG resident physicians increased by more than 80%, from 12,433 to 22,706, and the number of IMGs increased from 15.3% to 23.3% of all residents in allopathic programs.<sup>3</sup>

The ECFMG, as appropriate for a certifying organization, is neither an advocate for nor an adversary of FMGs, but rather assesses the qualifications of these individuals to enter residency programs in the United States through its program of certification. The ECFMG assumes a politically neutral stance with respect to the impact of FMGs on the U.S. physician workforce. Nevertheless, the Commission

acknowledges that observation and analysis of its applicant population may have important implications for policymakers. For example, information about a group of applicants as they progress through the examination and medical education requirements of the ECFMG certification program and obtain positions in GME may be useful to researchers and policymakers involved in medical manpower projections.

To make such information available, we created this report, which presents data over time about the examination, certification, and sponsorship status as exchange visitors of a cohort of ECFMG applicants. Also described are processes used in the ECFMG certification program to assess the readiness of FMGs to enter GME programs in the United States.

### THE ECFMG CERTIFICATION PROGRAM

To be eligible for ECFMG certification, applicants must satisfy requirements in three areas: biomedical science knowledge, English-language proficiency, and medical education credentials. Biomedical and clinical science knowledge is currently assessed by performances on Step 1 and Step 2 of the United States Medical Licensing Examination™ (USMLE™). Four examinations—the one-day ECFMG medical science examination; the Visa Qualifying Examination (VQE); Part I and Part II of the three-part certifying examination sequence of the National Board of Medical Examiners (NBME); and the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS)—are no longer administered. But applicants who had passed any of these tests are still accepted for ECFMG certification. Also, applicants are permitted to combine the basic medical science test of one of those examinations with the clinical science test of another examination, provided they pass both components within seven years. The seven-year rule for ECFMG certification also applies to the completion of both Steps of the USMLE. While combinations of components of examination programs are accepted for ECFMG certification, this does not always hold true for purposes of meeting the examination requirements for medical licensure within the United States.

To be eligible to sit for a medical science examination administered by the ECFMG, an applicant must be either a *medical student* officially enrolled in a medical school listed in the current edition of the *World Directory of Medical Schools* published by the World Health Organization (WHO), or must be a *graduate* of a medical school that was listed at the time of graduation. Medical students must have completed at least two years of medical school to be eligible to sit for the basic medical science component (USMLE Step 1) of the examination, and they must be within 12 months of completion of the full academic curriculum in order to sit for the clinical science component (USMLE Step 2).

Applicants to the ECFMG must complete a detailed application that includes a complete academic record and a list of clinical clerkships. The application must be accompanied by a current photograph and must be signed in the presence of a medical school official, who certifies that the application and photograph are those of the applicant. In the case of a medical school graduate, if it is not feasible to have the application signed in the presence of a medical school official, the applicant's signature must be witnessed by a consular official, a first-class magistrate, or a notary public, and an explanation must be provided as to why the application could not be signed in the presence of a medical school official. This occurs most commonly when the graduate is already residing in the United States. The application forms are mailed directly to the ECFMG from the medical school or office where the signature was witnessed.

### Medical Science Examination

The ECFMG administers Step 1 and Step 2 of the USMLE to students and graduates of foreign medical schools for purposes of certification at approximately 80 ECFMG test centers worldwide. On the same dates, the National Board of Medical Examiners (NBME) administers the USMLE to students and graduates of LCME-accredited schools. A score of 176 on the three-digit scale is required to pass the USMLE Step 1, and for Step 2, the passing score is 170. Both of these are equivalent to a score of 75 on the two-digit scale. The percentages of correct items that correspond to these passing scores may vary for individual administrations but generally fall between 55 and 65. The USMLE passing scores are necessary to meet the medical science examination requirement for ECFMG certification. The performance standards for the USMLE are based on achievement of a specified level of proficiency; there is no predetermined percentage of examinees who will pass or fail the examination.

### English-language Examination

Demonstration of competence in the English language is assessed by the ECFMG English Test, which is adapted from the validated Test of English as a Foreign Language (TOEFL) prepared by the Educational Testing Service (ETS). A passing score on this multiple-choice examination—consisting of comprehension of spoken English, English structure, and vocabulary—is a certification requirement. The ECFMG will also accept an overall minimum score of 550 on a single administration of the TOEFL, provided that the applicant has previously taken the ECFMG English Test.

### Medical Education Credentials

The ECFMG policy requires that by graduation an applicant for certification must have had at least four credit years toward completion of the medical curriculum in attendance at a medical school listed at graduation in the *World Directory of Medical Schools*. The Commission also requires FMGs to document completion of all the educational requirements to practice medicine in the countries in which they received their medical educations. A national of a given country also must have an unrestricted license or certificate of registration to practice medicine in the country of medical school graduation.

When a medical school is not listed in the directory, the ECFMG communicates directly with the appropriate government agency in the country responsible for medical education and licensure to gain information about the medical school in question and to confirm that graduates of these schools are eligible upon completion of the requirements for medical licensure in that country. In addition, the ECFMG requires verification that WHO will include the school in its next edition of the directory, and also obtains the date that the first graduating class became or will become eligible for medical licensure.

In addition to requiring that applicants complete medical education to the point of medical licensure, the Commission requires that medical school documents submitted to the ECFMG be verified through direct written communication with appropriate officials of the medical school. Since July 1986, as standard practice to assure authenticity, the ECFMG has made direct written contact with representatives of foreign medical schools to obtain verification of all medical school credentials submitted. Direct verification of the medical school credentials (diploma or other documents that confirm the awarding of the medical degree) involves communication with officials at the medical schools and involves a thorough process of checking and cross-checking. The ECFMG affixes a signed photograph of the applicant to the official document that the ECFMG forwards to the foreign medical school. Also included is a verification form that must be completed by the medical school dean, vice dean, or registrar, attesting that the official document was indeed granted to the individual pictured. The official must sign the verification form, affix the school seal, and return the form directly to the ECFMG.

On rare occasions applicants are unable either to provide the required credentials and/or to have documents verified directly with the medical school. These unusual cases require time-intensive consideration and review by staff and the ECFMG Board of Trustees Committee on Medical Education Credentials. In its review of these cases, the committee considers the documentation received, including evidence of special or extenuating circumstances. After a

thorough study and review of the case, the committee makes a recommendation to the board of trustees, who have final authority to approve any exceptions to the medical education credential policy.

#### Standard ECFMG Certificate and Certificate Revalidation

When the examination and medical credential requirements have been met, the applicant is issued a Standard ECFMG Certificate, which is valid for two years from the date the applicant achieves a passing performance on the ECFMG English Test. If the certificate holder begins a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) within two years of the expiration date, the Standard ECFMG Certificate will be made valid indefinitely upon the ECFMG's receipt of notification from the residency program director. Otherwise, if the certificate holder does not enter a program and two years elapse, the Standard ECFMG Certificate may be revalidated for a subsequent two-year period if the applicant passes another ECFMG English Test or the TOEFL.

#### Exchange Visitor Sponsorship Program (J-1 Visa)

The ECFMG is authorized by the United States Information Agency (USIA) to sponsor foreign national physicians as Exchange Visitors (J-1 Visa) in GME programs affiliated with accredited medical schools in the United States. The length of stay of the exchange visitor is limited to the time typically required to complete such programs. To be eligible for sponsorship, a foreign national must, among other requirements, a) hold a valid Standard ECFMG Certificate and b) have a contract for a position in a postgraduate training program accredited by the ACGME. Once all the required documentation has been processed, the ECFMG sends a Certificate of Eligibility for Exchange Visitor (J-1 Visa) Status to the institution where the foreign national physician will study; the institution forwards this certificate to the physician.

### THE STUDY

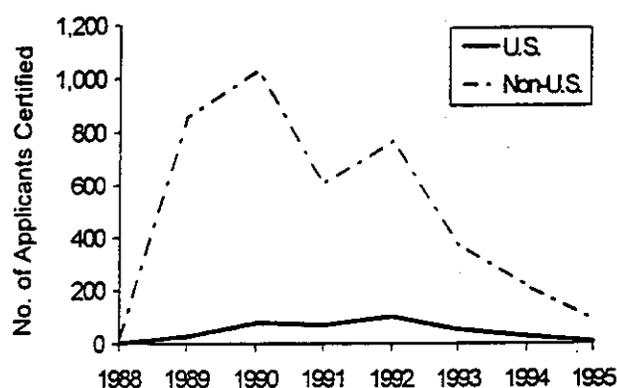
To determine how long it takes ECFMG applicants to accomplish each step necessary to achieve certification, a cohort of such applicants was tracked from the dates of its members' initial applications during the 12 months of 1988 to September 1995. During that period, several examinations of medical science knowledge were administered by the ECFMG: FMGEMS (1988 to July 1993), Parts I and II of the three-part certifying examination sequence of the NBME (September 1989 through April 1992), and the USMLE Steps 1 and 2 (June 1992 to the present).

Utilizing the ECFMG database, citizenship, examination history, certification status, and exchange-visitor status were determined for the 9,491 applicants who initiated their applications to the ECFMG during 1988. This cohort represents all of the new applicants to the ECFMG in that year. For purposes of this study, citizenship is defined as citizenship at time of entry into medical school. Of the total study group, non-U.S. citizens accounted for 8,701 (92%) of the new applicants in 1988. There were 779 applicants (8%) who were U.S. citizens and 11 applicants (less than 1%) for whom citizenship upon entrance to medical school was not recorded.

#### ECFMG Certification

Of the 9,491 applicants, 4,306 (45%) had obtained ECFMG certification by the end of the study period. The numbers of applicants receiving certification, by citizenship and by the number of years in the ECFMG certification process, are shown in Figure 1. Of the 4,306 who became certified, 3,945 (92%) were non-U.S. citizens and 361 (8%) were U.S. citizens. Interestingly, these percentages match the breakdown of U.S. and non-U.S. citizenship of all the applicants who were studied.

Although the percentages (45) of U.S. citizens and non-U.S. citizens who achieved certification were the same, the latter obtained certification somewhat faster than the former. Examining all applicants who eventually were certified, 48% of the U.S. citizens and 63% of the non-U.S. citizens had achieved this outcome at the end of four years. In aggregate, 62% were certified within four years, and 82% within five.



**Figure 1.** Numbers of applicants for ECFMG certification who initiated their applications during 1988 and who received ECFMG certification no later than 1995. The numbers are shown by citizenship and by the number of years in the certification process. Of the 9,491 new applicants in 1988, 4,306 (45%) achieved certification; 3,945 of that group (92%) were non-U.S. citizens and 361 (8%) were U.S. citizens.

### Entry to Graduate Medical Education

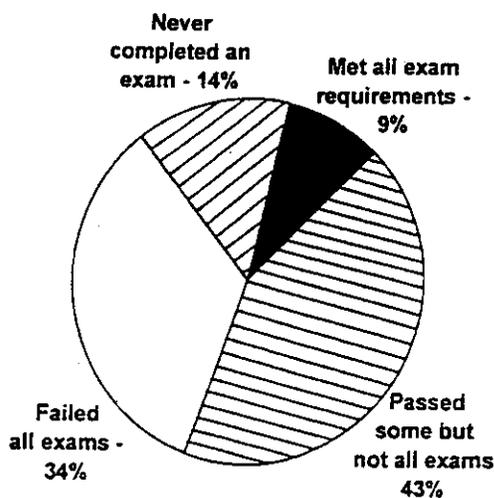
Twenty-six percent of the applicants (2,509 of the 9,491), or 58% of the 4,306 who were certified, provided documentation of having entered an ACGME-accredited program and received permanent revalidation of their ECFMG certification. Seventy-four percent of the certified U.S. citizens and 57% of the certified non-U.S. citizens entered GME. Others may have entered GME programs but had not yet applied for permanent revalidation by September 1995.

### Exchange Visitor Status

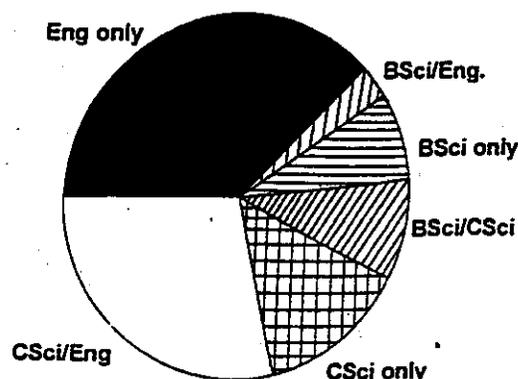
The ECFMG Exchange Visitor program sponsored 61% of the non-U.S. citizens who entered ACGME approved residencies. The remainder had other types of visa status, such as permanent residents or refugees, or became U.S. citizens subsequent to entry into medical school, and therefore would not have needed to obtain an exchange visitor visa.

### Non-certified Cohort Members

The status of the 5,185 applicants who did not obtain ECFMG certification during the study period is shown in Figure 2. Nine percent (466) met all of the examination requirements but not all of the requirements for ECFMG certification; 43% (2,250) had "partial passes," indicating that they passed one or two examination components (basic sciences, clinical sciences, English) but not all three. Those who had partial passes made up 24% of the total study group



**Figure 2.** Examination status of the 5,185 applicants for ECFMG certification who had not achieved certification by 1995. This group of applicants made up 55% of the 9,491 who were new applicants in 1988. (See Figure 3 for information about a subset of this group.)



**Figure 3.** Examination status of the 2,250 applicants for ECFMG certification who had not completed the process by 1995 and who passed one or two examinations but not all three. This group made up 24% of the 9,491 who were new applicants in 1988. BSci/Eng = passed basic sciences and English (67 applicants, or 3% of the 2,250); BSci only = passed basic sciences only (177, 8%); BSci/CSci = passed basic sciences and clinical sciences (194, 9%); CSci only = passed clinical sciences only (307, 14%); CSci/Eng = passed clinical sciences and English (659, 29%); and Eng only = passed English only (846, 38%). (Percentages do not total exactly 100 because of rounding.)

of 9,491. The number who failed every examination taken was 1,737 (34%), and the number who failed to sit for an examination was 732 (14%). If those with "partial passes" do not pass both components of the medical science examination requirement within seven years, the passing score will expire and the entire process will need to be repeated.

Of the 2,250 members of the study population who achieved "partial passes," 3% passed basic sciences and English tests, 8% passed basic sciences only, 9% passed basic sciences and clinical sciences (but not English), 14% passed clinical sciences only, 29% passed clinical sciences and English, and 38% passed English only (Figure 3). Ten percent of the 5,185 non-certified cohort members took one or more of these examinations in 1995, indicating their continued pursuit of ECFMG certification.

### FINAL THOUGHTS

In 1988, 9,491 individuals entered the ECFMG certification process; 4,306 of them had obtained ECFMG certification by the end of September 1995. U.S. citizen and non-U.S. citizen certification rates were identical, with 45% of each group becoming certified, but non-U.S. citizens (63%) obtained certification at a somewhat faster rate than did U.S. citizens (48%) within the first four years of the study period. However, U.S. citizens were more successful at obtaining residency positions. Three hundred sixty-one U.S. citizens obtained certification, and 266, or 74% of these provided evidence of entering ACGME-accredited graduate training

programs, whereas only 57% of the 3,945 certified non-U.S. citizens provided evidence of entering such programs.

It is notable that only 61% of the cohort members who were not U.S. citizens and who provided evidence of having entered ACGME-accredited programs were sponsored by the ECFMG as exchange visitor physicians. The 881 remaining members of this group either have become U.S. citizens and do not need exchange visitor sponsorship or are in ACGME-accredited programs under another visa status such as H1-B or have acquired permanent resident status. The information that the ECFMG maintains about its applicants ends either with their achievement of ECFMG certification or with sponsorship as an exchange visitor physician. Additionally, those applicants requesting permanent revalidation of their Standard ECFMG Certificates must provide documentation regarding their entry into ACGME-accredited programs. Beyond these last points of contact, changes in citizenship or visa status may not be known to the ECFMG.

Direct verification of the applicant's medical school diploma, national license, or certificate of registration, and the applicant's passing of the basic and clinical science examinations and an English test currently constitute that basis for the evaluation of the readiness of FMGs to enter GME in the United States. We believe this has been an effective process. However, the lack of information concerning the teaching of clinical data-gathering skills by foreign medical schools has prompted the ECFMG to introduce, as

of July 1, 1998, a clinical skills assessment, which will come a requirement for certification and replace the need an applicant to provide an unrestricted license or certificate of registration to practice medicine in the country where he or she received the medical diploma. Some form of an objective structured clinical examination is now used in 46% of U.S. medical schools. It is appropriate that the ECFMG should require demonstration of comparable clinical skills by graduates of foreign medical schools who seek postgraduate training in the United States.

The public relies upon the ECFMG to assure that foreign-educated physicians who enter the U.S. health care system have authentic credentials, a baseline of English comprehension, and a level of knowledge in the medical sciences that is comparable to that of graduates of U.S. medical schools. We are committed to fulfilling this trust through maintaining vigilance over every aspect of our certification process.

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#### REFERENCES

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1. Educational Commission for Foreign Medical Graduates. Annual Report, 1994. Philadelphia, PA: ECFMG, 1995.
2. Fenninger LD. Foreign medical graduates in the United States: policies and attitudes. *J Med Pract Mgmt.* 1986;1:275-81.
3. Mullan F, Politzer RM, Davis CH. Medical migration and the physician force. *JAMA.* 1995;273:1521-7.

## Clarification

**Subject:** Use of the Internet to Verify a Professional Credential.

**Manual/Standards:** CAMHC 99 -TX.2.1.1  
CAMH:TOH-MS.5.4.3  
CAMLTC 98-HR.6.1.1  
CAMPCLS 98 -HR.2  
CAMHCN 98-HR.3.8 - 3.12  
CAMAC 98-HR.7.1  
CAMBHC 99-HR.4.1.1 - 4.1.1.4  
CAMPPO 97-HR.3.8 - 3.15  
CAMLTCP 96-HR.2.1  
CAMMBHC 97-HR.5, HR.5.1, HR.5.1.1, HR.5.2

**Issue:** Can a Website be used to verify the professional credentials of an applicant for Medical staff appointment or Clinical Privileges?

**Clarification:** All Manuals:

Yes. The use of a professional organization's website is permitted for Primary Source Verification (PSV) of credentials by a healthcare organization (HCO) or its contracted Credentials Verification Organization (CVO) if

a. The information is obtained directly from the professional organization's website. Use of the website of another recognized professional organization (such as the Administrators in Medicine (AIM) site of the Association of Medical Board Executive Directors) is permitted if it is used as the platform to reach the intended site. The HCO and, when applicable its CVO, must confirm that the website used is the professional organization's official website.

b. The HCO and, when applicable its CVO, should assure itself that the source website, when not located at, and under the direct control of, the professional organization, receives its information directly from the professional organization's data base through encrypted transmission.

**NOTE:** This clarification is subject to revision at any time and may be superseded, revised, or rescinded.

Copies of current Clarifications may be obtained by calling the Department of Standards at 630-792-5900.

When the source website is located at, and is under the control of, the professional organization, the HCO and, when applicable its CVO, should assure itself that if the website does not receive its information from the data base by encrypted transmission, it is protected from alteration by unauthorized individuals.

- c. The information on the website contains all of the information required for the PSV process of the specific credential.
- d. The website should contain sufficient information to properly identify the applicant. For example, name alone might not be sufficient to distinguish the applicant.
- e. The HCO and, when applicable its CVO, should know the currency of information on the website.
- f. Information on the website that is supplemental to the information undergoing PSV, such as a state licensing board's website including information on the individual's specialty, is not to be used as PSV data, although it may be useful in evaluating the overall package of information gathered by the HCO on the practitioner.
- g. Any discrepancy between information provided by the applicant and that on the website should be followed up with the professional organization by correspondence or telephone.
- h. The fact that adverse information is not presented on the website should not deter the HCO from contacting the professional organization by telephone or written correspondence if the other information gathered by the HCO warrants it.
- i. All of the information on source of data must be placed in the individual credentials file.
- j. The identification of the medical staff specialist who made the website contact and gathered the information, along with the date, should be entered onto the website printout or other record of the information. If the HCO uses a CVO that gathers information directly from a professional organization's website, they must ensure that the CVO identifies the employee who made the website contact and gathered the information along with the date of that action. If that information is in turn transmitted electronically to the HCO, the HCO must also identify the medical staff specialist who gathered the information from the CVO, along with the date.
- k. The HCO's use of a CVO that gathers information directly from a professional organization's website is subject to the guidelines for the use of CVOs found in the accreditation manual.

**Survey Process:** Validate through review of individual credentials files.

**NOTE: This clarification is subject to revision at any time and may be superseded, revised, or**

**Copies of current Clarifications may be obtained by calling the Department of Standards at**  
**630-792-5900.**