

# REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 1 - I-07

Subject: Report on the Fifth Pathway

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1 This informational report reviews the history of the creation of the Fifth Pathway by the American  
2 Medical Association Council on Medical Education as an alternative mechanism for the admission  
3 of foreign medical students into graduate medical education in the United States and describes the  
4 rationale for the elimination of the program as of June 30, 2009.

## 5 6 Background

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8 During the 1960s the number of applicants to U.S. medical schools increased 73%, from 14,397 for  
9 the entering class in 1960 to 24,987 for the entering class of 1970. During the same period, the  
10 number of first-year places increased only 38%, from 8,069 in 1960 to 11,169 in 1970. As a result,  
11 many U.S. citizens chose to study medicine outside the United States. In the mid-1970s, it was  
12 estimated that between 4,000 and 6,000 U.S. citizens were studying medicine in other countries,  
13 with the majority of them in Mexico. There were at that time fewer alternatives for U.S. medical  
14 students, because most medical schools in the Caribbean had not yet been founded.

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16 Medical students who had completed the four years of medical training in Mexico were required to  
17 do a fifth year of internship/community service before the medical degree was awarded and were  
18 therefore not eligible for certification by the Educational Council for Foreign Medical Graduates  
19 (precursor to the Educational Commission for Foreign Medical Graduates) until completing the  
20 fifth year. These students and their supporters were looking for a new pathway to return to the U.S.  
21 that would allow them to avoid Mexico's fifth-year requirement. The initial action by the Council  
22 on Medical Education to establish the Fifth Pathway was reported to the AMA House of Delegates  
23 at its Annual Meeting in June 1971 and followed up with an informational report at the subsequent  
24 meeting in November 28-December 1, 1971. The policy was announced in a memorandum dated  
25 July 7, 1971, which was sent from the Council on Medical Education to all hospitals with approved  
26 graduate training programs, program directors of approved graduate training programs, deans of  
27 medical schools, state boards of medical examiners, medical specialty boards, residency review  
28 committees, and state medical societies. Additional copies of the memorandum were distributed  
29 upon request to large numbers of individuals and organizations. The guidelines for the conduct of  
30 the Fifth Pathway and the eligibility requirements are recorded in "The Fifth Pathway Statement."  
31 The statement has been revised by the Council on Medical Education seven times to adjust for  
32 changes in screening examinations, accreditation bodies, and directories of foreign medical  
33 schools.

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35 The Fifth Pathway was directed at U.S. citizens who had completed their college education in the  
36 U.S., had studied medicine at a medical school outside of the U.S., Puerto Rico, and Canada; and  
37 had completed all the formal requirements of the foreign medical school except for internship  
38 and/or community service. Such students could substitute an academic year of supervised clinical  
39 education at an LCME-accredited medical school for the foreign internship. Entry into a Fifth

1 Pathway program was further based on passing a screening examination, such as Part I of the  
2 National Board of Medical Examiners (NBME), the Educational Commission for Foreign Medical  
3 Graduates (ECFMG) examination, or the Federation Licensing Examination (FLEX). Students  
4 who successfully completed a Fifth Pathway program were eligible to enter the first year of an  
5 AMA-approved graduate medical education program. During this period, the AMA was  
6 responsible for accreditation of residency training programs, so it could set such eligibility criteria.  
7 Fifth Pathway graduates later became eligible to enter graduate medical education programs  
8 accredited by the Accreditation Council for Graduate Medical Education (ACGME) if they met the  
9 requirements specified in the Fifth Pathway Statement.

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11 The Fifth Pathway program does not result in the awarding of an MD degree. Rather, it allows  
12 eligible students from foreign medical schools to enter graduate medical education programs  
13 accredited by the ACGME and to seek state licensure. All 50 states recognize graduates of this  
14 pathway as eligible for licensure. Only Guam and the U.S. Virgin Islands do not accept these  
15 graduates.

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17 At the time of the inauguration of the Fifth Pathway, the Council on Medical Education agreed to  
18 monitor the program carefully and to make periodic reports to the House of Delegates at  
19 appropriate intervals. The most recent report was presented at the Interim Meeting in 2001.

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21 Currently, the Fifth Pathway Statement does not include any mechanism for oversight of individual  
22 programs offered by LCME-accredited medical schools nor does it provide for the evaluation of  
23 the quality or content of programs. The AMA has maintained the records of all of the entrants and  
24 graduates of the programs. More than 7,500 individuals have completed the Fifth Pathway in the  
25 35 years since the program began.

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27 Through the AMA MasterFile, data have been collected which demonstrate that Fifth Pathway  
28 graduates are primarily based in large states such as California and New York and are in office-  
29 based practice. Thirty percent of the graduates selected primary care specialties, such as internal  
30 medicine, pediatrics, and family medicine though approximately 46% of the internists and 11% of  
31 the pediatricians sub-specialized. Fifty-four percent are board certified by American Board of  
32 Medical Specialties (ABMS) member boards. Disciplinary actions are at approximately the same  
33 rate as for the general population of physicians.

### 34 35 Discussion

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37 Since its inception, 75 LCME-accredited medical schools have offered Fifth Pathway programs.  
38 The maximum number of graduates was 558 in 1979-1980. The number of Fifth Pathway  
39 programs dwindled during the latter part of the 1980s and 1990s so that only four programs were  
40 sponsored in 1991-1992. At the present time there are only three active programs with  
41 approximately 100 graduates per year.

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43 The decline in the interest in the Fifth Pathway program was related to the development of other  
44 options for U.S. citizens choosing to study medicine outside of the U.S. and Canada. A number of  
45 medical schools opened in the Caribbean that granted the MD degree after four years of study.  
46 Students could then seek certification by the Educational Commission for Foreign Medical  
47 Graduates (ECFMG), which would confer eligibility to apply for ACGME-accredited graduate  
48 medical education. For ECFMG certification, individuals must pass Steps 1, 2-CK, and 2-CS of  
49 the United States Medical Licensing Examination (USMLE) before they can enter the National

1 Resident Matching Program (NRMP). Completion of the credentials verification process for the  
2 ECFMG provides additional oversight of international medical graduates. Individuals must have  
3 graduated from a foreign medical school that is listed in the International Medical Education  
4 Directory and provide a diploma and transcript from that school that is primary source verified by  
5 the medical school. In the case of Fifth Pathway graduates, the verification of medical education  
6 and examination requirements for applicants is at the discretion of the individual program.  
7 Programs are required to report entrants and graduates to the American Medical Association, but  
8 there is no mechanism at the AMA to assure the validity of individual student credentials.  
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10 There is a great deal of uncertainty regarding the eligibility requirements for Fifth Pathway  
11 programs among program directors and various licensing jurisdictions. In addition, follow-up by  
12 Fifth Pathway programs to identify individuals who have participated in Fifth Pathway programs  
13 but who did not meet Fifth Pathway eligibility requirements is inconsistent. Examples of ineligible  
14 individuals include students from countries where the MD degree is awarded after four years, who  
15 are eligible for ECFMG certification but not for the Fifth Pathway. As a result, a small number of  
16 international medical graduates who were not eligible for Fifth Pathway programs have completed  
17 the year of supervised clinical education and entered into ACGME-accredited graduate medical  
18 education and been granted unrestricted licenses to practice medicine. Neither the Council on  
19 Medical Education nor the AMA is in a position to undertake responsibility to ensure that only  
20 eligible individuals are allowed to enter graduate medical education through the Fifth Pathway.  
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22 In addition, recent correspondence from the NBME and the Federation of State Medical Boards  
23 (FSMB) identified a number of problems with the Fifth Pathway programs as currently  
24 implemented and urged the AMA to discontinue the program. These were the specific problems  
25 identified:  
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- 27 • The eligibility criteria are vague and probably not possible to enforce.
- 28 • The program lacks supervision or quality control of the admission process.
- 29 • The educational program is not accountable to any external entity.
- 30 • There are no clearly defined standards for successful completion of the programs.
- 31 • There is no consistent primary source verification of the educational credentials for Fifth  
32 Pathway participants.

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34 After consideration of various options, review of the above correspondence and thorough  
35 discussion, the AMA Council on Medical Education voted unanimously that as of July 1, 2009, the  
36 Council will no longer support the Fifth Pathway as a mechanism for eligibility to enter the first  
37 year of ACGME-accredited graduate medical education. Graduates of all foreign medical schools  
38 must seek certification by the ECFMG. The AMA will continue to maintain records of former  
39 graduates of Fifth Pathway programs, but will cease to add records of individuals completing a  
40 year of supervised clinical education at an LCME-accredited medical school in the U.S. after  
41 July 1, 2009.  
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43 This decision provides adequate notice to U.S. students enrolled in foreign medical schools who  
44 would consider applying for a position in a Fifth Pathway program to modify their plans for entry  
45 into ACGME-accredited residency training. Attendance at a foreign medical school in a country  
46 that requires a fifth year of internship/community service before awarding the medical degree did  
47 not guarantee acceptance into a Fifth Pathway program. Those individuals who did not gain  
48 admission were required to complete the fifth year and then seek certification by the ECFMG.

1 Discontinuing the Fifth Pathway program would require that all students complete the fifth year  
2 and be awarded the MD degree or transfer to a medical school that awards the MD degree after  
3 four years of training. This more common pathway does not add any additional time to training for  
4 these individuals and affords the opportunity for the verification of the credentials of these  
5 graduates by the ECFMG prior to their beginning graduate medical education in the U.S. Once the  
6 AMA eliminates the Fifth Pathway program on June 30, 2009, it is likely that the ACGME will  
7 modify its Institutional Requirements to eliminate the provision that “graduates of medical schools  
8 outside of the United States who have completed a Fifth Pathway program provided by an LCME-  
9 accredited medical school” are eligible for appointment to ACGME-accredited programs. The  
10 eligibility criteria will likely remain in force if the Fifth Pathway program was completed prior to  
11 July 1, 2009.

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13 The Council on Medical Education has corresponded with the ACGME regarding the AMA’s  
14 option of eliminating the Fifth Pathway program and a presentation was made to the Institutional  
15 Review Committee of the ACGME. The timing of the action by the Council will provide the  
16 ACGME with the necessary time to make a change and to provide appropriate notice to residency  
17 program directors and to designated institutional officials.

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19 Once this eligibility for entry into ACGME-accredited programs is eliminated, the eligibility for  
20 licensure becomes moot. All physicians must complete at least one year of ACGME-accredited  
21 residency training to be eligible for licensure. By agreeing to maintain the records of all physicians  
22 who have completed a Fifth Pathway program through June 30, 2009, the AMA has assured that  
23 individuals who have completed bona fide Fifth Pathway programs will continue to be eligible for  
24 licensure and credentialing. However, primary verification of Fifth Pathway credentials will  
25 remain the responsibility of the individual programs. Thus, this plan will not require any changes  
26 in regulations or statutes related to licensure.

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28 The consequences of this action on the three remaining Fifth Pathway programs must also be  
29 considered. Each program director has been notified of the Council’s decision. While the number  
30 of individuals seeking a year of supervised clinical education will most certainly decrease, the  
31 programs can still be offered to graduates of foreign medical schools who wish to enhance their  
32 medical education and potentially improve their standing as a candidate for a residency training  
33 position through ECFMG certification.