REPORT OF THE COUNCIL ON MEDICAL EDUCATION

The following report was presented by Richard J.D. Pan, MD, Chair:

1. REPORT ON THE FIFTH PATHWAY

HOUSE ACTION: FILED

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

BACKGROUND

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

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

The Fifth Pathway was directed at U.S. citizens who had completed their college education in the U.S., had studied medicine at a medical school outside of the U.S., Puerto Rico, and Canada; and had completed all the formal requirements of the foreign medical school except for internship and/or community service. Such students could substitute an academic year of supervised clinical education at an LCME-accredited medical school for the foreign internship. Entry into a Fifth Pathway program was further based on passing a screening examination, such as Part I of the National Board of Medical Examiners (NBME), the Educational Commission for Foreign Medical Graduates (ECFMG) examination, or the Federation Licensing Examination (FLEX). Students who successfully completed a Fifth Pathway program were eligible to enter the first year of an AMA-approved graduate medical education program. During this period, the AMA was responsible for accreditation of residency training programs, so it could set such eligibility criteria. Fifth Pathway graduates later became eligible to enter graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) if they met the requirements specified in the Fifth Pathway Statement.

The Fifth Pathway program does not result in the awarding of an MD degree. Rather, it allows eligible students from foreign medical schools to enter graduate medical education programs accredited by the ACGME and to seek state licensure. All 50 states recognize graduates of this pathway as eligible for licensure. Only Guam and the U.S. Virgin Islands do not accept these graduates.
At the time of the inauguration of the Fifth Pathway, the Council on Medical Education agreed to monitor the program carefully and to make periodic reports to the House of Delegates at appropriate intervals. The most recent report was presented at the Interim Meeting in 2001.

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

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

DISCUSSION

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

The decline in the interest in the Fifth Pathway program was related to the development of other options for U.S. citizens choosing to study medicine outside of the U.S. and Canada. A number of medical schools opened in the Caribbean that granted the MD degree after four years of study. Students could then seek certification by the Educational Commission for Foreign Medical Graduates (ECFMG), which would confer eligibility to apply for ACGME-accredited graduate medical education. For ECFMG certification, individuals must pass Steps 1, 2-CK, and 2-CS of the United States Medical Licensing Examination (USMLE) before they can enter the National Resident Matching Program (NRMP). Completion of the credentials verification process for the ECFMG provides additional oversight of international medical graduates. Individuals must have graduated from a foreign medical school that is listed in the International Medical Education Directory and provide a diploma and transcript from that school that is primary source verified by the medical school. In the case of Fifth Pathway graduates, the verification of medical education and examination requirements for applicants is at the discretion of the individual program. Programs are required to report entrants and graduates to the American Medical Association, but there is no mechanism at the AMA to assure the validity of individual student credentials.

There is a great deal of uncertainty regarding the eligibility requirements for Fifth Pathway programs among program directors and various licensing jurisdictions. In addition, follow-up by Fifth Pathway programs to identify individuals who have participated in Fifth Pathway programs but who did not meet Fifth Pathway eligibility requirements is inconsistent. Examples of ineligible individuals include students from countries where the MD degree is awarded after four years, who are eligible for ECFMG certification but not for the Fifth Pathway. As a result, a small number of international medical graduates who were not eligible for Fifth Pathway programs have completed the year of supervised clinical education and entered into ACGME-accredited graduate medical education and been granted unrestricted licenses to practice medicine. Neither the Council on Medical Education nor the AMA is in a position to undertake responsibility to ensure that only eligible individuals are allowed to enter graduate medical education through the Fifth Pathway.

In addition, recent correspondence from the NBME and the Federation of State Medical Boards (FSMB) identified a number of problems with the Fifth Pathway programs as currently implemented and urged the AMA to discontinue the program. These were the specific problems identified:

- The eligibility criteria are vague and probably not possible to enforce.
- The program lacks supervision or quality control of the admission process.
- The educational program is not accountable to any external entity.
- There are no clearly defined standards for successful completion of the programs.
- There is no consistent primary source verification of the educational credentials for Fifth Pathway participants.
After consideration of various options, review of the above correspondence and thorough discussion, the AMA Council on Medical Education voted unanimously that as of July 1, 2009, the Council will no longer support the Fifth Pathway as a mechanism for eligibility to enter the first year of ACGME-accredited graduate medical education. Graduates of all foreign medical schools must seek certification by the ECFMG. The AMA will continue to maintain records of former graduates of Fifth Pathway programs, but will cease to add records of individuals completing a year of supervised clinical education at an LCME-accredited medical school in the U.S. after July 1, 2009.

This decision provides adequate notice to U.S. students enrolled in foreign medical schools who would consider applying for a position in a Fifth Pathway program to modify their plans for entry into ACGME-accredited residency training. Attendance at a foreign medical school in a country that requires a fifth year of internship/community service before awarding the medical degree did not guarantee acceptance into a Fifth Pathway program. Those individuals who did not gain admission were required to complete the fifth year and then seek certification by the ECFMG. Discontinuing the Fifth Pathway program would require that all students complete the fifth year and be awarded the MD degree or transfer to a medical school that awards the MD degree after four years of training. This more common pathway does not add any additional time to training for these individuals and affords the opportunity for the verification of the credentials of these graduates by the ECFMG prior to their beginning graduate medical education in the U.S. Once the AMA eliminates the Fifth Pathway program on June 30, 2009, it is likely that the ACGME will modify its Institutional Requirements to eliminate the provision that “graduates of medical schools outside of the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school” are eligible for appointment to ACGME-accredited programs. The eligibility criteria will likely remain in force if the Fifth Pathway program was completed prior to July 1, 2009.

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

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

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