

Title: Examining the WFME Recognition Programme at 10 years

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Funding/Support. None

Abstract

Background: In 2012, the World Federation for Medical Education (WFME) evaluated and formally recognized the first agency as part of its Recognition Programme (RP). The RP was developed to review accrediting authorities in response to a 2010 policy by the Educational Commission for Foreign Medical Graduates (ECFMG) to require international medical graduates (IMGs) seeking to practice in the U.S. to graduate from an appropriately accredited medical school. By the end of 2022, WFME had recognized 33 accrediting bodies and received applications from another 16, which accounted for over three-quarters of the world's medical schools. In 2023, WFME leadership changed hands, and the ECFMG will take its first steps toward implementing its Recognized Accreditation Policy.

Approach: In this article, we look back at the genesis of the RP and describe its first decade as informed by the limited existing peer-reviewed literature and the emerging activities of accrediting agencies that could have significant implications for the quality of medical education internationally.

Conclusions: The rapidly growing influence of WFME on medical education worldwide has largely occurred without significant awareness or scrutiny, and there is a need for the WFME to demonstrate greater transparency, actively engage participation of its stakeholders, and support research and evaluation.

Key Words: Accreditation, WFME, ECFMG, International Medical Graduates

Practice Points

- The World Federation for Medical Education (WFME) started a Recognition Programme (RP) in 2012 to evaluate accreditors of medical schools.
- In the first decade of the RP, WFME-recognized accreditors accounted for most of the world's medical schools.
- While WFME influences most of the world's medical education stakeholders, many remain unfamiliar with WFME policies and procedures and there is little evidence supporting the RP.
- WFME should lead by demonstrating transparency, engaging all stakeholders, and supporting research and evaluation.

Glossary:

Recognition Programme: An initiative run by the World Federation for Medical Education that reviews medical school accrediting bodies to determine if they meet pre-specified criteria intended to indicate high quality accreditation practices.

On May 30, 2012, the World Federation for Medical Education (WFME) announced its recognition of the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) (Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) awarded Recognition Status 2012). CAAM-HP was the first agency reviewed in the WFME's new Recognition Programme (RP). The RP was created after the Educational Commission for Foreign Medical Graduates (ECFMG) announced in 2010 that by 2023, any international medical graduate (IMG) seeking to practice medicine in the U.S. would need to have graduated from an appropriately accredited medical school. This would require an accrediting agency to have "criteria comparable to those established for U.S. medical schools by the Liaison Committee on Medical Education (LCME) or that uses other globally accepted criteria, such as those put forth by the WFME." (ECFMG 2010)

In the WFME RP, accrediting agencies must meet criteria for recognition (WFME Recognition Criteria); those agencies are then responsible for accrediting schools, and graduates from schools accredited by a WFME-recognized agency would be eligible for ECFMG certification. In the RP, WFME is essentially accrediting accreditors, as its "criteria" are akin to standards for accrediting agencies, and its evaluation processes mirror how agencies evaluate schools by requiring a self-study and site visit.

The creation of the WFME RP also happened to align with growing international interest in accreditation. The World Health Organization (WHO) has prioritized accreditation as a key element of health workforce regulation toward achieving Universal Health Care (World Health Organization; WHO 2015). The number of accrediting authorities has been growing (Bedoll et al. 2021), and accreditation has encompassed the vast majority of the world's medical schools (Table).

As of December 2022, WFME had recognized 33 authorities and listed 16 as applying for recognition (WFME 2022). The COVID-19 pandemic caused the ECFMG to delay implementing its policy, but it will begin for IMGs applying to start residency in 2024 (ECFMG Recognized Accreditation Policy 2022). The 10-year anniversary of the first recognized agency, start of implementation of the ECFMG policy, and a change in WFME leadership, make this an important juncture to look back at the RP.

Our intention in this article is to increase awareness of the growing influence of the WFME and its RP on medical education and enable stakeholders to question and evaluate WFME policies and their impacts. Our author group is based in North America and the UK. We have not been directly involved with the RP but have given feedback on WFME standards as invited reviewers and heard directly from medical educators in low and higher resourced settings their thoughts on the WFME RP. While we will describe our concerns, we do not view the WFME RP as intrinsically positive or negative. We will begin by putting the RP into historical context, then draw from the published literature and our observations to examine its intended and unintended consequences on medical education worldwide before considering future implications.

WFME and the origins and intentions of the Recognition Programme

The WFME turned 50 years old in 2022, but it maintained a relatively low profile for most of its first forty years. After a series of World Conferences on Medical Education facilitated by the World Medical Association, the WFME was established in 1972 as an international organizing body for medical education, and entered into formal relationship with the WHO in 1974 (Karle et al. 2012).

Prior to developing the RP, WFME's most notable activities related to its "International Collaborative Programme for the Reorientation of Medical Education," which began in 1984 and focused on achieving international consensus on standards for medical education. The 12 principles articulated in the Declaration of Edinburgh in 1988 (Warren 1988) were the first product of this initiative and were perceived to have had a lasting influence even at the Declaration's 30th anniversary (Eva 2018).

In 1998, WFME announced it would extend its work by developing international standards for medical schools and educational programs (International standards in medical education: assessment and accreditation of medical schools'--educational programmes. A WFME position paper. The Executive Council, The World Federation for Medical Education 1998). Three sets of standards (one each for Basic Medical Education (BME), Postgraduate Medical Education (PGME), and Continuing Professional Development (CPD)) were presented at a World Conference in 2003. There 500 delegates from 88 countries had an "overwhelming interest in and eagerness" for using the standards (van Niekerk et al. 2003). The BME standards have since received the most attention, undergoing revisions in 2012, 2015, and 2020.

One objective in developing BME standards was to "establish a system of national and /or international evaluation and recognition of medical educational institutions and programmes to assure minimum quality standards." (van Niekerk et al. 2003) This sentiment was echoed in subsequent WFME writings (Karle 2006; Karle 2008a; Karle 2008b). While this movement was not without critics (Hodges et al. 2009), there was little at stake, as WFME standards had no mechanism of enforcement.

ECFMG was established in the U.S. in the 1950s to evaluate IMGs before they could start U.S. internships (Hallock and Kostis 2006). However, for reasons that are not well-documented, ECFMG has had a special relationship with WFME. In 2007, ECFMG became the only national (rather than regional or international) entity with a vote on WFME's Executive Council (Karle et al. 2012). ECFMG's foundation, the Foundation for Advancement of International Medical Education and Research (FAIMER), worked with WFME during 2011 to develop and pilot the RP (Two Milestones Reached in 2012 in Development of System for International Accreditation 2013). In April 2014, the LCME, which is sponsored by the Association of American Medical Colleges and the American Medical Association to accredit MD-granting BME programs in the U.S., was the third accrediting body to receive WFME-recognition. No graduate from an LCME-accredited program would be considered an IMG or require ECFMG certification. LCME had also

not pursued an option for review by the Council for Higher Education Accreditation (CHEA) (CHEA- and USDE-Recognized Accrediting Organizations; CHEA About Recognition), an U.S.-based organization formed in 1996 which has a recognition process for U.S. accrediting bodies. While it is unclear why LCME would have chosen to seek review by WFME, the formal recognition of the LCME made it clear that the WFME would become the “single international agency using globally accepted criteria [to] create a meaningful system of international accreditation” referred to in the ECFMG’s original announcement (ECFMG 2010). In sum, while WFME aims “to enhance the quality of medical education worldwide,” entities in the U.S. ultimately gave the WFME a means to exercise power and influence through the RP.

Interestingly, the international accrediting landscape in BME stands in contrast to that for PGME and CPD, where the WFME is not in a leading role. In PGME, national agencies are creating organizations that focus on international activities. For example, in 2009, the U.S.-based Accreditation Council for Graduate Medical Education (ACGME) created ACGME-International, which now accredits programs in 13 countries (ACGME International Where We Are). The Royal College of Physicians and Surgeons of Canada also has an international arm that accredits PGME programs (Royal College International - International Accreditation). In CPD, accrediting bodies are recognizing one another based on substantial equivalency, while also accrediting CPD providers internationally (ACCME International Accreditors). Given the complexity in PGME and CPD accreditation globally, the RP is likely to remain WFME’s most important activity in the years ahead.

What has been published about the Recognition Programme?

While the RP has received applications from accrediting bodies that account for over three-quarters of the world’s medical schools (Table), it has received surprisingly limited scholarly attention. To our knowledge, the first critical look at the ECFMG’s policy decision was not published until 2019, a full seven years after the RP began (Tackett 2019). A 2020 study examining posts to an online discussion forum that is popular among medical school applicants likewise highlighted a lack of awareness of the new ECFMG requirements and the WFME RP (Ahmed Rashid et al. 2021).

There have been reports describing agencies’ experiences with the WFME RP (Atia and Elfard 2022; Gandomkar et al. 2022), but research evaluating the RP has been limited. Two studies have looked across WFME-recognized agencies using ECFMG data and found associations between graduating from a school accredited by a WFME-recognized agency and better performance on United States Medical Licensing Examinations (van Zanten et al. 2022) and higher rates of ECFMG certification (Tackett et al. 2021). A report from Iran’s Secretariat of the Council for Undergraduate Medical Education suggested WFME recognition had a catalytic effect on accreditation activities in medicine and other health sciences in that country (Gandomkar et al. 2022).

Other studies have questioned the implementation of the RP. The discourse related to the RP in published documents has shown tensions in its underlying motivations (Rashid 2022 Apr 2) and suggested that the WFME RP could be viewed as imposing Westernization and oppression on the rest of the world (Rashid and Griffin 2023). Another study suggested that recognized agencies may not be complying with the RP's criterion for making information publicly available (Baniadam et al. 2021). Transparency of schools within the jurisdiction of WFME-recognized agencies has also been found to need improvement (Li et al. 2022; Talaat et al. 2022).

Notably, we have not found any efforts funded or supported by WFME, ECFMG, or WHO to evaluate aspects of the RP. The WFME website indicates that it commissioned "a comprehensive review to take stock of WFME's current operations" in 2020 (World Federation for Medical Education has reviewed its functions and presented the final report to the Executive Committee 2022). This resulted in a report with over 50 recommendations, but these recommendations have not been shared publicly.

Observations that could inform future investigation

The WFME RP has expanded dramatically over its first 10 years to influence most of the world's medical schools and done so with little scrutiny. Here we consider a number of observations that warrant further examination, discussed according to the three benefits of recognition status listed on the WFME website: (1) ECFMG eligibility for medical graduates, (2) learning and driving up standards, and (3) a global mark of recognition (WFME Recognition Programme).

ECFMG eligibility for medical graduates

Most of the largest IMG suppliers to the U.S. have agencies that have been recognized or are applying for recognition, aligning with an intent to ensure ECFMG eligibility for graduates from those areas. U.S. citizens who study abroad comprise the largest proportion of ECFMG certificants (Intealth Top Five Countries of Citizenship of ECFMG Certificants, 1997-2021 2022), and most of them study in Caribbean medical schools. Because CAAM-HP has a large number of IMGs under its purview, it was a rational first choice to undergo recognition. As of December 2022, only 12 of 25 schools evaluated by CAAM-HP had accredited status, indicating that graduates from a significant number of Caribbean schools would no longer have ECFMG eligibility (CAAM-HP Assessed Programmes). After the Caribbean, the four countries that supply the most IMGs to the U.S. are Canada, China, India, and Pakistan (Intealth Top Five Countries of Citizenship of ECFMG Certificants, 1997-2021 2022). Canada, China, and India each have a WFME-recognized agency, and Pakistan has an agency applying.

Most of the 151 authorities in FAIMER's Directory of Organizations that Recognize/Accredit Medical Schools (DORA) (Directory of Organizations that Recognize/Accredit Medical Schools (DORA)) have not applied for WFME recognition, which is understandable when considering a jurisdiction's number of IMGs, available resources, and existing regulatory structures. For example, Bangladesh has 100 medical schools, the most of any area without a recognized agency, but does not send large numbers of IMGs to the U.S. Nigeria sends significant numbers

of IMGs to the U.S. (Duvivier et al. 2017) but like most countries in Sub-Saharan Africa, it has not had an agency apply for WFME-recognition (Table).

Learning and driving up standards

ECFMG eligibility would seem unlikely to explain the approach to the RP for all agencies. Some may be motivated by the potential benefits that come from self-evaluation and external review. For example, Korea and Taiwan send limited numbers of IMGs to the U.S. but have recognized agencies; leaders from those agencies had written about their interest in accreditation as continuous quality improvement before completing WFME recognition (Barzansky et al. 2015). Indonesia and Georgia also send few IMGs to U.S. residencies, but ECFMG authors wrote that they pursued WFME recognition to enforce quality standards (Shiffer et al. 2019).

Global mark of recognition

A “global mark of recognition” is the first benefit of recognition status listed on WFME’s website, but how should this be interpreted? Certainly, all three benefits mentioned by the WFME - ensuring ECFMG eligibility for IMGs, learning and improving through external review, and stating publicly that one is WFME-recognized - are not mutually exclusive. Yet, it seems that some agencies could be motivated by an elevated status or competitive advantage that would come with WFME recognition.

One example where this might apply is the recognition of the American Osteopathic Association Commission on Osteopathic College Accreditation (COCA), the accreditor for DO-granting BME programs in the U.S. Like the LCME, COCA could not be motivated by ECFMG rules, because its graduates would not be IMGs or need ECFMG certification, and COCA had not acted on the option to be reviewed by U.S.-based CHEA (CHEA- and USDE-Recognized Accrediting Organizations). An official press release announced COCA recognition but offered no insight as to why COCA would invest resources in the WFME RP (AOA COCA Awarded WFME Recognition Status Press Release 2022). Perhaps COCA was attempting to demonstrate comparability with the LCME, as there have been tensions between allopathic and osteopathic medicine in the U.S. (Hunt et al. 2010) Maybe COCA’s application for WFME recognition was motivated by the American Osteopathic Association’s seeking to raise the profile of osteopathic medicine internationally (AOA International Advocacy Initiatives). There could be many other explanations, and we would invite COCA or WFME to clarify who would benefit from COCA’s recognition. But in the absence of any useful publicly available information from COCA or WFME, we are left to wonder why a second U.S. accrediting body would go through the RP when ECFMG eligibility could not be a benefit.

Standing out among the competition may be especially important to accrediting bodies that operate in multiple countries or places with multiple agencies. The phenomenon of accreditors crossing borders predated the WFME RP, as the Accreditation Commission on Colleges of Medicine was founded in 1995 in Ireland, but for years had been accrediting programs in select Caribbean countries and Jordan (ACCM 2021 Annual Report 2021). However, other agencies

have been following suit. The Association for Evaluation and Accreditation of Medical Education Programs (TEPDAD) was established in 2010 and recognized in 2013 to operate in Turkey, but TEPDAD has expanded to operate in Palestine, Oman, Qatar, Kuwait, and Lebanon, all areas that have their own national accrediting authority. The Independent Agency for Accreditation and Rating was founded in Kazakhstan in 2011, WFME-recognized in January 2018, and by the end of 2022 operated in 10 other countries. Kazakhstan has just 14 medical schools and contributes negligibly to the U.S. physician workforce, but in October 2022, a second agency in Kazakhstan became WFME-recognized.

These examples are not unique. According to DORA and the WDOMS, as of December 2022, most medical schools (n=1849, 65%) with a WFME-recognized agency were in areas where multiple agencies operated and around 1 in 10 (n=303, 11%) had 2 WFME-recognized agencies to choose from (Directory of Organizations that Recognize/Accredit Medical Schools (DORA); World Directory of Medical Schools Search; WFME 2022).

Who would benefit from accrediting authorities operating outside of their own countries, especially in areas that already have an existing local authority? Such a scenario could burden schools, by demanding time and effort to demonstrate compliance with a variety of requirements. Diverting attention and resources away from educational and clinical activities would be hard to justify without evidence that the cost of accreditation activities would lead to commensurate improvements in learning and practice outcomes.

Global market for accreditation

Of greatest concern is that the increasing activities of accrediting bodies could be creating a global accreditation marketplace. Applying for the WFME's "global mark of recognition" could offer a favorable return on investment for an agency. WFME lists a \$60,000 fee for undergoing recognition in addition to travel expenses of recognition team members and translation costs to present documents in English (WFME Recognition Programme FAQs). Similar fees would presumably be charged when an agency seeks renewal 10 years later. There are no WFME recognition criteria related to the fees that a recognized agency may charge to the schools that it reviews, and these fees are rarely published (Baniadam et al. 2021). Many have raised concerns about medical schools that operate for profit (Shireman 2022); should those schools make money from students seeking to practice in the U.S., their business models would depend on maintaining accreditation. This would give accreditors leverage to set higher fees, with costs eventually passed on to medical students.

In such a marketplace, schools could "shop" for accreditors that offer them the most favorable conditions. The case of St. George's University School of Medicine might illustrate this. St. George's is the only medical school in Grenada, a small independent state in the Caribbean (World Directory of Medical Schools Search). Each year, St. George's graduates over 1,000 medical students, most of whom achieve ECFMG certification. The number of graduates from St. George's is large enough to make Grenada - a country with a population of 125,000 - second

only to India - a country of 1.4 billion people with 550 medical schools - in the number of IMGs that the ECFMG certifies each year.

St. George's was first evaluated by CAAM-HP in 2007 and given a status of "Accredited with Conditions," where it was required to provide updates every 1-2 years. St. George's was ultimately put on probation by CAAM-HP in July 2019 (CAAM-HP St. George's University School of Medicine, Grenada 2021), before voluntarily withdrawing from CAAM-HP membership in January 2021.

Meanwhile, the Grenada Medical and Dental Council (GMDC), was given authority by the Grenadian Parliament to accredit medical schools in March 2019. In June 2022, the GMDC accredited St. George's to a full 8-year term, and by September 2022, the GMDC became WFME-recognized, ensuring that St. George's graduates would remain ECFMG-eligible.

St. George's is the only institution that GMDC currently accredits, and it was given a full term without any public information from GMDC about their findings in accreditation review (GMDC Accredited Institutions). It is hard to understand how a school could go from 10 years of continuous oversight by one agency to an 8-year term by another if WFME recognition indicates that both agencies follow comparable standards and procedures.

While many graduates of St. George's go on to U.S. residencies, its attrition rates are high compared to U.S. medical schools, with estimates of 1 in 5 students dropping out before graduation (Caribbean Medical School Attrition Rates; The top Caribbean medical schools if you want to practice in the United States). Therefore if WFME-recognized agencies do not hold schools to comparable standards, and schools can choose their accreditor, students may bear the cost, paying tuition without receiving a degree.

Future of the WFME Recognition Programme

There are no indications that ECFMG or WFME are planning radical changes in the foreseeable future. In October 2022, ECFMG publicly announced the first step toward implementing its Recognized Accreditation Policy (ECFMG Recognized Accreditation Policy 2022). An IMG's residency application in 2024 will list their medical school's accreditation status, although ECFMG Certification will not be affected. Consistent with the Pathways to certification that were in place in 2022 (Pathways for 2023 Match: Requirements for ECFMG Certification for 2023 Match), ECFMG also formally expanded IMG eligibility to agencies that the U.S. Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA) had determined were comparable to U.S. agencies. All 17 countries reviewed by NCFMEA have an agency that has received or is applying for WFME-recognition except for the United Kingdom's General Medical Council (National Committee on Foreign Medical Education and Accreditation Comparability Decisions). The ECFMG has not given reasons for why it deviated from its original plans to fully implement its policy for 2024, although excluding IMGs from India and Pakistan, two of the largest contributors to the U.S. workforce, might be one factor. The national governments of India and Pakistan recently had

their existing accrediting authorities dissolved and reconstituted (Pandya et al. 2021; Baig et al. 2022); an agency from India was only recognized in September 2023, while an agency from Pakistan is still being reviewed.

The WFME is largely driven by its President who along with several staff are the only full-time workers for WFME. In January 2023, Ricardo León–Bórquez became WFME President. He had been on the WFME Executive Council since 2016 as President of Pan-American Federation of Associations of Medical Schools, and his election likely signaled continuity in the overall direction of the WFME. Geneviève Moineau was also newly elected as Vice-President, from her role as President and Chief Executive Officer of the Association of Faculties of Medicine of Canada.

WFME duty to stakeholders

The WFME states: “We have a duty to our physician workforce who invest their time, to the public institutions who fund or subsidise their training, and to the patients who medical graduates go on to treat, to ensure that the quality of medical education is of the highest quality.” (WFME About) This is a laudable aspiration and one we think appropriate for an international authority like WFME.

However, whether the WFME and its RP are living up to its duties to stakeholders remain unclear. Its 2022 elections of a new President and Vice-President left no public record regarding its candidates, their viewpoints or proposed agendas for the organization, or any information about the campaigning or voting system that was used. The WFME recently changed the status of the Association of Medical Education in Europe from regional member to executive member, which created a voting role for another European association, the Association of Medical Schools in Europe. While the WFME described its decision after this action was taken,(AMSE: NEW REGIONAL MEMBER FOR EUROPE – AMEE: NEWLY AN EXECUTIVE MEMBER OF THE WFME) the change appears to have occurred without any opportunity for stakeholders to voice concerns before the new European member was added.

This lack of transparency and stakeholder participation is also illustrated by the fact that the WFME has not published the report or stated specific changes that it plans to make in response to the external review that it commissioned in 2020 (World Federation for Medical Education has reviewed its functions and presented the final report to the Executive Committee 2022). The RP which the WFME describes as “independent, transparent and rigorous” (WFME Recognition Programme) has also not indicated strengths and weaknesses of any recognized authority.

Importantly, there are incentives to serve stakeholders other than the public. This includes the incentive to serve agencies applying for the RP, which fund increasingly larger proportions of the WFME budget, and the ECFMG, which through its vote on the WFME Executive Council maintains influence over the WFME that is disproportionate to that of other national entities.

Need for transparency, stakeholder participation, and research and innovation

Any initiative with the scope and complexity of WFME's RP will have unintended consequences. We have raised questions and concerns that can potentially be addressed. We suggest that as the WFME continues to evolve its RP, it should at a minimum seek greater transparency to all its stakeholders - including teachers, students, and the general public - and demand the same of the agencies it recognizes. For example, it could publish reports that summarize findings from its recognition review of agencies, which could include how the WFME helped an agency meet its criteria and how the WFME considered the local context when making its determinations. As we noted, WFME could also make available findings from its 2020 external review, including its plans for improvement.

WFME should create more opportunities for participation, conversation, and debate around its policies. The WFME World Conference in 2019 that convened interested individuals from around the world and included presentations of original research was a step in the right direction. Another conference has been announced for May 2025, which may suggest they will become a regular occurrence. WFME can also create an online forum for ongoing dialogue and public comment on its existing activities and new policies it is considering. For example, changes in governing structures, such as Executive Council membership, should clearly demonstrate that broad stakeholder perspectives were considered. Anticipated changes in leadership could foster public discussion around the direction of WFME and may be determined by elections that extend beyond the current 15 voting members.

Accreditation practices notoriously suffer from lack of evidence (Tackett et al. 2019 Jul; Amaral and Norcini 2022 Jul). WFME could lead by supporting evaluation and research activities that help it avoid unintended consequences and improve its processes. For example, it could allocate funding for research, make its data available for analysis, and require scholarly engagement by an accrediting agency as a criterion for recognition. WFME's leverage in accreditation is unparalleled, and it can foster scholarship that elevates the practice of accreditation broadly while also offering a network for collaboration and more rapid dissemination of innovations.

WFME is in a unique position to enhance not only the quality of accrediting practices, but the trust that educators, students, patients, and societies around the world place in medical education. As the WFME enters its 6th decade, we see many opportunities for it to grow from being an organization shrouded in the issues we have raised into a singular world leader for physician education. For this to happen, WFME must strive toward full and open accountability to all stakeholders.

Acknowledgements. None

Funding/Support. None

Disclosures of interest. The authors report no conflict of interest.

Other disclosures

Dr. Whitehead is the BMO Financial Group Chair in Health Professions Education Research, University Health Network.

Ethical approval. Not applicable

Disclaimers. None

Previous presentations. None

Data. All data were from publicly available websites as referenced.

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Table. Number of schools and areas with medical schools by accrediting agency status according to World Bank Income and Region classifications

		Schools			Countries ^d		
		All, n (%) ^a	With agency, n (%) ^b	With WFME agency, n (%) ^b	All, n (%) ^a	With agency, n (%) ^c	With WFME agency, n (%) ^c
World totals		3774 (100%)	3563 (94%)	2865 (76%)	185 (100%)	132 (71%)	81 (44%)
Income level	High	854 (23%)	809 (95%)	668 (78%)	57 (31%)	53 (93%)	37 (65%)
	Upper Middle	1280 (34%)	1261 (99%)	1046 (82%)	48 (26%)	38 (79%)	22 (46%)
	Lower Middle	1360 (36%)	1297 (95%)	1061 (78%)	46 (25%)	29 (63%)	18 (39%)
	Low	262 (7%)	183 (70%)	77 (29%)	28 (15%)	9 (32%)	2 (7%)
	Not classified	18 (0.5%)	13 (72%)	13 (72%)	6 (3%)	2 (33%)	2 (33%)
Region	East Asia and Pacific	582 (15%)	562 (97%)	488 (84%)	23 (12%)	16 (70%)	10 (43%)
	Europe and Central Asia	693 (18%)	646 (93%)	510 (74%)	48 (26%)	43 (90%)	25 (52%)
	Latin America and the Caribbean	867 (23%)	832 (96%)	697 (80%)	37 (20%)	30 (81%)	24 (65%)
	Middle East and North Africa	292 (8%)	279 (96%)	221 (76%)	21 (11%)	19 (90%)	14 (67%)
	North America	213 (6%)	213 (100%)	213 (100%)	2 (1%)	2 (100%)	2 (100%)
	South Asia	836 (22%)	836 (100%)	680 (81%)	7 (4%)	7 (100%)	3 (43%)
	Sub-Saharan Africa	284 (8%)	193 (68%)	54 (19%)	42 (23%)	14 (33%)	2 (5%)
	Not classified	7 (0.2%)	2 (29%)	2 (29%)	5 (3%)	1 (20%)	1 (20%)

Notes. Table combines data collected December 2022 from Foundation for Advancement of International Medical Education and Research's Directory of Organizations that Recognize/Accredit Medical Schools,(Directory of Organizations that Recognize/Accredit Medical Schools (DORA)) WFME Agencies with Recognition Status (updated November 9, 2022)(WFME 2022), and World Directory of Medical Schools.(World Directory of Medical Schools Search) WFME agency refers to areas that have at least 1 agency as recognized or applying for recognition.

WFME = World Federation for Medical Education

^a Percentages are in reference to world totals

^b Percentages are in reference to all schools in the respective category

^c Percentages are in reference to all countries in the respective category

^d Countries are based on classification used in World Directory of Medical Schools.