

INTRODUCTION

- While medical education across the United States and other countries shares common objectives, such as producing competent and compassionate physicians, the differences in admission process, duration and cost of training reflect the diverse educational systems and cultural contexts.
- Problems with current medical education?
 - Cost
 - Duration
 - A shortage of physicians, especially in primary care

AIM

- This comparative analysis of medical education in the United States, Europe and East Asia sheds light on the key similarities and differences in their respective systems and examines how the current U.S. medical education model can be improved.

MATERIALS & METHODS

- Compared the duration and cost of physician training in the United States to other developed countries including Germany, Australia, Canada, Japan, and United Kingdom.
- Matriculating Student Questionnaire (MSQ) from AAMC used to look at the age of matriculation, debt, and cost of application.

RESULTS

U.S. and Canada rank 11th and 10th among eleven nations on health system performance measures, which included access to care, care process, administrative efficiency, equity, and health care outcomes.

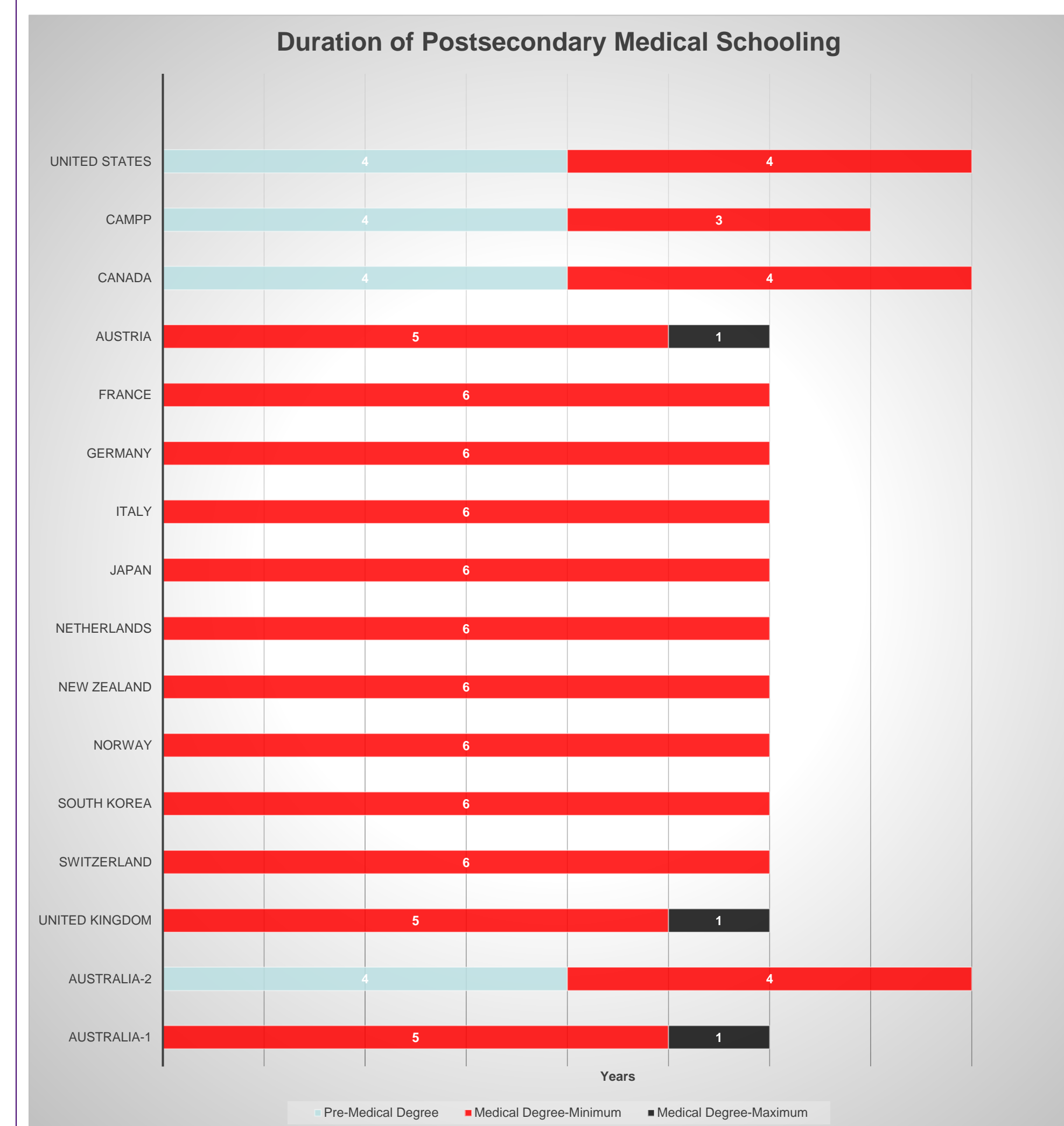


Figure 1. Duration of Postsecondary Medical Schooling in different countries

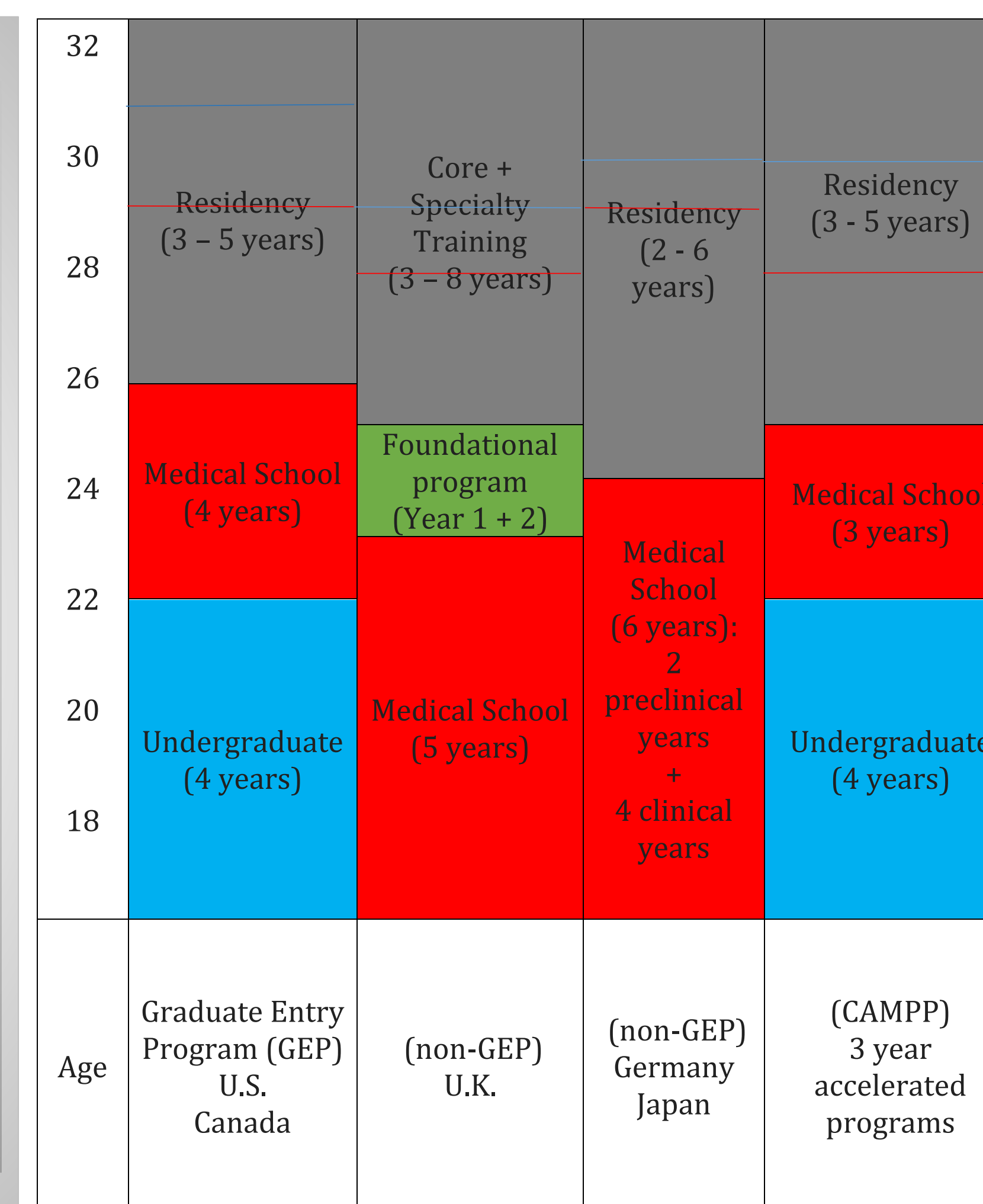


Figure 2. Comparison of different models of education by age
 *Red line indicates Internal Medicine training completion and blue line indicates General Surgery training completion

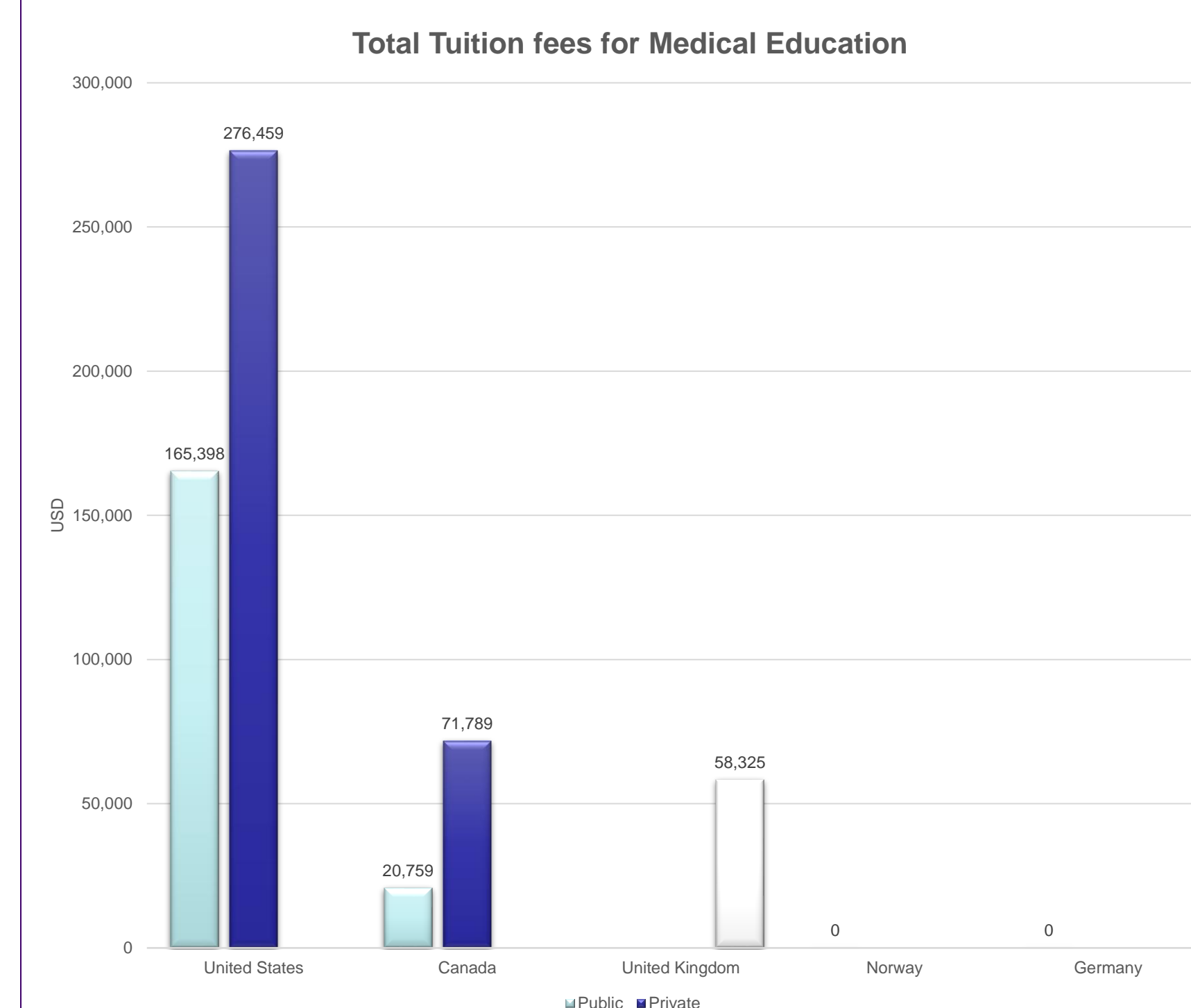


Figure 3. Estimated cost of education after secondary school

Advantages and Disadvantages of Graduate Entry Model

Pros	Cons
More freedom in undergraduate studies → increased diversity	Longer Duration → less physicians produced (especially primary care physicians)
Higher motivation for studying medicine	Higher Cost → majority of graduates are in debt
More time to learn medical knowledge and engage in research	High cost of education and increasing specialization of workforce contributes to high cost of care in the US
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There were no significant differences in AOA selection, quintile performance distribution, or USMLE scores between traditional and accelerated program students.

DISCUSSION

- The current approach is unsustainable
- The countries with shorter duration of physician training has better health system performance than the countries that use GEM.
- In 2023, 31 U.S. medical schools are participating in 3 year accelerated medical education system (CAMPP) that shortens overall training duration by 1 year to make medical education more efficient and affordable.
- Consider experimental models in selected medical schools
 - 6-year-programs after high school
 - Reconsider curricula in view of new methodologies
 - Competency rather than time-based advancement
 - Less focus on memorization, more on logic and use of computer resources
 - Reduction of debt in rural, underserved areas

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