THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

TO: The Professional Practice Committee

FROM: Frank Muñoz

SUBJECT: Oversight of International Medical Schools Approved for Long-Term Clinical Clerkship Placements

DATE: December 29, 2010

AUTHORIZATION(S):

Summary

Issue for Discussion

The purpose of this item is continued discussion, with the Professional Practice Committee, of recommendations for the oversight of the didactic and clinical education of international medical schools that seek to place their students in New York State hospitals for long-term clinical clerkships.

Reason(s) for Consideration

Review of Policy.

Proposed Handling

This item is a continuation, at the request of the members of the Professional Practice Committee, of the discussion that began during the November 2010 meeting of the Professional Practice Committee.

Procedural History

During the November and December 2010 meetings of the Professional Practice Committee, Deputy Commissioner Muñoz and Roger M. Oskvig, M.D., Chair of the New York State Board for Medicine, presented a rationale for reviewing and amending the Regents regulations regarding the oversight of international medical schools seeking approval to place students in long-term clinical clerkships in New York State. The presentation before the Professional Practice Committee followed a series of discussions with the Study Group on International Medical Schools which led to the preliminary findings shared with the PPC in November 2010.

Background Information

As requested at the December 2010 meeting, a **glossary of terms** is attached for reference.

Medicine was the first profession regulated by the Regents over 100 years ago. That regulation includes responsibility to ensure the quality of medical education and clinical training, including that of international medical graduates (IMGs) who comprise 36% of NYS licensed physicians. Many IMGs go on to participate in NYS residencies, and many will seek NYS licensure. The public relies on the assurance denoted by the Regents oversight that all students in their clinical clerkships have an appropriate education in order to provide safe and competent medical care.

The Board of Regents has broad authority to regulate medical education and licensure for the practice of medicine. As authorized by section 52.3(b) of the Commissioner's Regulations, medical programs registered by New York State not only meet the educational standards established by the Regents but also by the national accrediting bodies for allopathic and osteopathic medical programs, Liaison Committee for Medical Education (LCME) and Committee on Osteopathic College Accreditation (COCA), respectively. When registering New York State medical programs, the Department relies heavily upon the evaluations of the accrediting bodies. Regents authority extends only to institutions in New York State and, currently, neither LCME or COCA accredit international medical schools.

However, when international medical schools seek to place their students in New York State hospitals to perform long-term clinical clerkships of more than 12 weeks, they must obtain departmental approval in accordance with section 60.2 of the Commissioner's Regulations. Currently, 14 international medical schools have been approved by the State Education Department to place students in long-term clinical clerkships in New York State. Pursuant to the rules of the Commissioner of Health, a student who performs more than 12 weeks of clinical clerkships outside of the country where his or her school is located, may not engage in residency training in New York State unless that school has received State Education Department approval after undergoing a review and site visit.

The regulations setting out the approval process were promulgated in 1981, and have not been amended since 1985. Recently, a variety of factors highlighted the need for a review of the current process:

- There has been a substantial increase not only in the number of international medical schools seeking approval for long-term clerkships but also in the number of students performing clinical clerkships in New York State hospitals from those schools.

- Some domestic medical schools and the Department of Health have expressed concern that as the number of students from international medical schools increases, competition increases for the limited education resources available, including clinical clerkship slots and residency slots. They contend that this continually increasing competition for relatively constant medical education

resources can undermine the high quality of medical education that domestic medical programs have traditionally provided. An article in the December 12, 2010 issue of the Chronicle of Higher Education discusses this concern.

  - In particular, complaints and concerns were raised to SED because of the $100 million contract between an approved dual-campus medical school and NYC Health and Hospitals Corporation and the proliferation of other such contracts with other hospital systems. While some hospitals and systems are benefiting financially from the contracts, the impact on the long-term availability of clerkship slots for the domestic school students is unclear.

- There are a growing number of applications from international schools and growing political pressure to timely review and approve these schools. The Office of the Professions is concerned that under current staffing, workload, and regulatory structure our continued ability to responsibly review and approve these schools and ensure the quality of dual-campus didactic education and clinical practice is threatened.

- Part 52 of the Commissioner's Regulations enumerates the general standards by which an education program should be evaluated. Section 52.4 of the Commissioner's regulations stipulate requirements for admission to professional educational programs in medicine and osteopathy but provide no guidance regarding the content of professional medical education programs. Section 52.3 specifically authorizes the Department, in its discretion, to rely on standards utilized by national accrediting agencies.

  - For most of the newer professions and in many of the other professions, Part 52 stipulates what constitutes an acceptable professional education program for licensure in the profession. In public accountancy, for example, the regulations enumerate specific coursework that must be completed; in midwifery, the regulation enumerates the specific didactic and clinical training required.

  - Without prescribed regulatory requirements in medicine, the Department has had to rely on the general registration requirements in Part 52 of the Commissioner's Regulations as well as the standards of the national accrediting bodies in allopathic and osteopathic medicine on a case-by-case basis. More structure and transparency is needed.

  - Medical programs in the U.S. are evaluated by LCME and COCA utilizing a very specific process with teams of physicians who have broad expertise in medical school evaluation and accreditation. LCME and COCA use national benchmarks to assess the performance of a school – how do its students measure up against the national norms for other LCME and COCA accredited medical schools.

  - While many of the factors discussed during the working group meetings require further research, several observations can be made at this point regarding the performance of U.S. international medical students who attend dual-campus medical schools. As compared to students in domestic medical schools, U.S. international medical students appear to:

- Enter medical school with lower undergraduate grade point averages (GPA).
- Receive lower scores on the Medical College Admissions Test (MCAT).
- Undertake clinical training in affiliated hospitals throughout the U.S. and under non-uniform program structures.
- Not perform as well as international medical graduates (IMG) and domestic medical graduates on the national licensing examination (USMLE) for physicians.

- Under the current approval processes for international medical schools seeking clinical clerkships in excess of 12 weeks, the entire responsibility, burden, and legal exposure is on the understaffed medical board office. This responsibility includes: review of voluminous materials including: the entire curriculum content of the school, course objectives and related outcome measures, school governance materials, faculty resumes, financial resources and the operation of the various committees that serve to carry out the school mission. The board office must also assemble the review team, schedule the site visits, prepare the draft report, final report, and recommendation, and monitor compliance of the approved schools. If remediation steps are identified, resource limitations make it difficult to monitor implementation of those steps. When approved schools submit follow-up compliance reports, validation site visits to the school or the clinical site are often required. However, the work load of the medical board office, which is also the board office for Veterinary Medicine, Medical Physics, Dietetics and Nutrition, and Athletic Trainers, makes such follow-up visits virtually impossible.

- Section 60.2 of the Commissioner's Regulations provides that the Department may make the determination as to whether an international medical school can place its students in New York clerkships for more than 12 weeks. Consequently, the Regents have no direct role in the approval process at the current time. The Executive Secretary of the State Board for Medicine submits a recommendation to the Deputy Commissioner for approval, without further review by the Commissioner or the Regents.

  - The regulations for approving long-term clinical clerkships have not been reviewed in 25 years even though we are in a changing world of heightened complexity with a demand for much stronger medical graduates and a growing number of medical schools and an environment where the medical accrediting bodies are strengthening their standards and reviews. At a time when the Regents are strengthening standards for teacher training, student data, and curriculum, it would seem appropriate to revisit the standards for medical education in New York State.

Possible Next Steps for Regents Consideration:

Given the complexity and impact of new strategies involved in this discussion, the Regents' decisions may range from active monitoring for the near future to addressing the recommendations suggested by the Office of the Professions, with the advice of the State Board for Medicine, or a more aggressive approach. We think that those recommendations will address the structure of the approval process, codify existing administrative interpretations and guidelines, integrate the Regents into the process, and add transparency and consistency that would address the staffing inadequacies caused by severely reduced staffing in the medical board office.

The recommendations are a three-pronged approach to enable the Regents to have all of the relevant issues reviewed objectively, by independent experts:

1) A structure for review and deliberations, by medical program experts appointed by the Regents as a sub-committee of the State board for medicine. This subcommittee will serve not only in a review and approval role, but will also serve the Board of Regents in studying those additional factors that need to be resolved before moving forward with final recommendations.
2) A complete consideration of input from all stakeholders, coordinated by the new subcommittee, who would develop the options on LCME comparable standards for the Regents consideration and decision; and
3) A broad effort to bring clarity and transparency to the process by incorporating existing interpretations into the Commissioner's regulations.

This preliminary recommendation seeks to develop clearly articulated performance standards for those international medical schools that seek approval from NYSED for the placement of students in long-term clinical clerkships in New York. The Regents may accept that the standards should be comparable to those of the LCME and COCA, being mindful of the fundamental differences in mission, design and governance that exist between LCME/COCA accredited schools and the dual-campus medical schools. The standards that are developed would be enumerated in Part 60 of the Commissioner's Regulations and would be specifically applicable only to those international medical schools that seek approval to place students in long-term clinical clerkships of more than 12 weeks.

Such enumeration of the standards for the evaluation of the subject schools would:

- fulfill the Regent's obligation to ensure the quality of all medical education undertaken in New York State;
- ensure sufficient competence of any medical student interacting with patients in clinical clerkships;
- ensure sufficient competence of any medical graduate selected to undertake specialized training in a New York residency program; and
- ensure that all similarly situated dual-campus medical schools are evaluated using a uniform standard and against a norm that reflects the unique nature of those medical education programs.

GLOSSARY OF TERMS AND ACRONYMS

ACGME – *The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-MD medical training programs within the United States. Residency programs leading to board certification in a specialty area of medicine are accredited by ACGME. International graduates must have 3 years of ACGME accredited post graduate training, or the equivalent, in order to be eligible for licensure. "Substantial equivalence" is usually determined in terms of years of PGT. In licensing decisions we utilize a 2:1 formula. Two (2) years of post graduate training that is not ACGME accredited is treated as the substantial equivalent of one (1) year of ACGME accredited training. Stated differently an applicant needs six (6) years of non-ACGME accredited training to be licensed in NYS.*

AOA – *The American Osteopathic Association Commission on Osteopathic College Accreditation (**COCA)** is the only accrediting agency recognized by the United States Department of Education (USDE) for accrediting colleges of osteopathic medicine (COM).*

CAAM-HP – *The Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) is the legally constituted body established in 2003 under the aegis of the Caribbean Community (CARICOM), empowered to determine and prescribe standards and to accredit programs of medical, dental, veterinary and other health professions education on behalf of the contracting parties in CARICOM. The General Medical Council (GMC) of the United Kingdom previously accredited many Caribbean medical programs. The GMC no longer accredits programs outside of the UK. As a result the member countries of CARICOM sought to establish a uniform standard for accreditation of medical programs and created CAAM-HP. Of the schools approved by New York State, only Ross and St. Georges are accredited by CAAMS.*

CARICOM – *In 1972, Commonwealth Caribbean leaders at the Seventh Heads of Government Conference decided to transform the Caribbean Free Trade Association (CARIFTA) into a Common Market and establish the Caribbean Community, of which the Common Market would be an integral part. (See Above)*

DUAL-CAMPUS PROGRAM *– A medical program that is carried out like that of a dual-campus school but where the country where the program is located is capable of providing clinical training facilities.*

DUAL-CAMPUS SCHOOL *– A school that is designed to offer a medical program in two separate campuses (stages). The basic medical sciences are offered in the country where the school is located (Stage 1-Didactic training) and the clinical training (Stage 2-Clinical training) is undertaken outside of the country where the school is located.* ***The country where the school is located does not have the medical resources to provide clinical training for physicians.***

ECFMG – *Educational Commission for Foreign Medical Graduates assesses whether International Medical Graduates (see below) are ready to enter residency or fellowship programs in the United States that are accredited by the ACGME (see above).*

IMG *– International Medical Graduate: A graduate from a non-American or non-Canadian medical school who did not reside in the United States prior to entry into medical school.*

LCME – *The U.S. Department of Education recognizes the Liaison Committee on Medical Education (LCME) for accreditation of programs of medical education leading to the M.D. in the United States. For Canadian medical education programs, the LCME engages in accreditation in collaboration with the Committee on Accreditation of Canadian Medical Schools* ***(CACMS).***

MCAT *– Medical College Admission Test The Medical College Admission Test (MCAT) is a standardized, multiple-choice examination designed to assess the examinee's problem solving, critical thinking, writing skills, and knowledge of science concepts and principles prerequisite to the study of medicine. Scores are reported in Verbal Reasoning, Physical Sciences, Writing Sample, and Biological Sciences. Medical colleges consider MCAT exam scores as part of their admission process.*

PGT – *Post Graduate Training (SEE ACGME). Training that takes place after a medical student has graduated from medical school. More specifically known as "residency." Graduates may also engage in PG Fellowships.*

Fellowships may be ACGME accredited but often are not because of the cost of seeking such accreditation. Fellowship training takes place after completion of residency training. For example a person may complete a residency program in surgery and then perform a fellowship in liver transplant, pediatric surgery etc.

***USIMG** – An international medical graduate who resided or had a legal status in the U.S. prior to entry into an international medical school. Most USIMG attend dual-campus Caribbean medical schools.*

***USMLE –** United States Medical Licensing Exam. USMLE is the examination that is required in order to be licensed in every state in the U.S. and Canada. In the United States and its territories, the individual medical licensing authorities ("state medical boards") of the various jurisdictions grant a license to practice medicine. Each medical licensing authority sets its own rules and regulations and requires passing an examination that demonstrates qualification for licensure. Results of the USMLE are reported to these authorities for use in granting the initial license to practice medicine. The USMLE provides them with a common evaluation system for applicants for initial medical licensure.*

The USMLE is sponsored by the Federation of State Medical Boards of the United States, Inc. (FSMB), and the National Board of Medical Examiners® (NBME®).

The USMLE assesses a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, that are important in health and disease and that constitute the basis of safe and effective patient care. Each of the three Steps of the USMLE complements the others; no Step can stand alone in the assessment of readiness for medical licensure. Because individual medical licensing authorities make decisions regarding use of USMLE results, physicians seeking licensure should contact the jurisdiction where they intend to apply for licensure to obtain complete information. Also, the FSMB can provide general information on medical licensure.