

**REPORT TO THE U.S. CONGRESS
BY
THE NATIONAL COMMITTEE ON
FOREIGN MEDICAL EDUCATION AND ACCREDITATION
RECOMMENDING
INSTITUTIONAL ELIGIBILITY CRITERIA FOR
PARTICIPATION BY CERTAIN FOREIGN MEDICAL SCHOOLS
IN THE FEDERAL FAMILY EDUCATION LOAN PROGRAM**



**U.S. DEPARTMENT OF EDUCATION
NATIONAL COMMITTEE ON
FOREIGN MEDICAL EDUCATION AND ACCREDITATION**

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LIST OF ACRONYMS

AAMC: Association of American Medical Colleges
ACGME: Accreditation Council for Graduate Medical Education
AMA: American Medical Association
AOA: American Osteopathic Association
CACMS: Committee on Accreditation of Canadian Medical Schools
CFR: Code of Federal Regulations
CMS: Centers for Medicare and Medicaid Services
CWS: Center for Workforce Studies of the Association of American Medical Colleges
D.O.: Doctor of Osteopathic Medicine
ECFMG: Educational Commission for Foreign Medical Graduates
FAIMER: Foundation for Advancement of International Medical Education and Research
FFEL Program: Federal Family Education Loan Program
FSMB: Federation of State Medical Boards
GAO: United States Government Accountability Office
GME: Graduate Medical Education
GPA: Grade Point Average
HEA: Higher Education Act
HEOA: Higher Education Opportunity Act
HHS: United States Department of Health and Human Services
IMG: International Medical Graduate
IMGS: International Medical Graduate Section of the American Medical Association
LCME: Liaison Committee on Medical Education
M.D.: Doctor of Medicine
MCAT: Medical College Admission Test
NBME: National Board of Medical Examiners
NCFMEA: National Committee on Foreign Medical Education and Accreditation
NPDB: National Practitioner Data Bank
NRMP: National Resident Matching Program
NSLDS: National Student Loan Data System
OMB: United States Office of Management and Budget
U.S.: United States of America
USMLE: United States Medical Licensing Examination
WHO: World Health Organization

EXECUTIVE SUMMARY

On August 14, 2008, President George W. Bush signed the Higher Education Opportunity Act (HEOA) (P.L. 110-315) into law, amending the Higher Education Act (HEA). Section 102 (a)(2)(B)(iii) of the HEA, as amended by the HEOA, requires the NCFMEA to submit to the U.S. Congress and the Secretary of Education (Secretary) a report making recommendations for institutional eligibility criteria that would permit additional foreign medical schools to participate in the Federal Family Education Loan (FFEL) program.

The foreign medical schools that are subject to the recommendations contained within this report are identified as:

- Having a clinical training program in the United States (U.S.) that was approved by a state or territory of the U.S. prior to January 1, 2008, but excluding any school that has been continuously approved since before January 1, 1992.
- Having American citizens/permanent U.S. residents constitute more than 40 percent of its fulltime enrollment, and/or its graduates from the preceding year.
- Being accredited under NCFMEA-approved standards by an accrediting body in the country in which the school is located.
- Having demonstrated at least a 75 percent passage rate on United States Medical Licensing Examinations (USMLE), both among full time students during the preceding year and graduates during the preceding three years.
- Being legally authorized by the country in which the school is located to provide a postsecondary program of medical education and award a Doctor of Medicine (M.D.) degree, or its equivalent.

In the HEOA, Congress directed the NCFMEA to submit recommendations that include the appropriate level of performance in the following areas:

- Entrance requirements.
- Retention and graduation rates.
- Successful placement of students in U.S. medical residency programs.
- Passage rate of students on the USMLE.
- The extent to which state medical boards (SMBs) have assessed the quality of a school's program of instruction, including through on-site reviews.
- The extent to which graduates of such schools would be unable to practice medicine in one or more states, based on the judgment of an SMB.
- Any areas recommended by the Government Accountability Office (GAO) in their HEOA mandated Report to Congress due February 2010.
- Any additional areas the Secretary may require.

The NCFMEA obtained data gathered from eight of the 28 freestanding foreign medical schools that enroll the most FFEL student borrowers. In addition, it obtained information from a number of U.S. medical organizations, and performed a review of numerous newsletters; reports; journal and magazine articles; books; and statements before Congress, available through the Internet and published reports as background for making its recommendations.

The NCFMEA was constrained by several factors in meeting the August 14, 2009 deadline set by Congress:

- The Paperwork Reduction Act of 1980, (P.L. No. 96-511, 94 Stat. 2812, December 11, 1980). This requires the NCFMEA to obtain internal clearances from the Department and permission from the U.S. Office of Management and Budget (OMB) to send identical surveys to ten or more recipients. The NCFMEA twelve month timeline for completion prohibited such a lengthy clearance process. Therefore, only eight of the foreign medical schools were surveyed for relevant data.
- Lack of available data. The Department does not obtain data concerning foreign medical school graduates practicing in the U.S. The six external organizations surveyed did not possess several items of data requested for this report. Although the NCFMEA concurs it is appropriate to set performance thresholds for foreign medical schools, the NCFMEA was unable to recommend performance levels in several of the areas identified by Congress due to this lack of existing data.
- The Department does not currently certify universities' medical programs separately from their other programs. It was impossible to survey those foreign institutions that include medical programs as components of larger universities because their medical school component data are not disaggregated from other allied health or other program data. Per 2007-2008 Department data, the population of foreign medical schools numbers 88, of which only 28 are freestanding.

In response to the HEOA mandate, the NCFMEA recommends the following:

- Entrance requirements for foreign medical schools include a broad education, including the humanities, social sciences, and computer skills, in addition to biology, general chemistry, organic chemistry and physics.
- Any student seeking funding under the FFEL program must take the Medical College Aptitude Test (MCAT).
- A significant change to the way the USMLE passage rate is determined for the purpose of awarding federal student aid, in order to prevent dilutions of the pass rate ratio resulting from students taking the test multiple times. The Committee notes that many candidates require more than three years to pass the entire examination, making performance tracking more difficult.

Due to insufficient existing data, the NCFMEA is unable to recommend appropriate levels of performance in the following areas:

- Retention and graduation rates.
- Successful placement of international medical graduates (IMGs) in U.S. residency programs.
- Extent to which SMBs have assessed the quality of such school's programs of instruction, through on-site review.
- Extent to which the IMGs would be unable to practice medicine in one or more states.

Although Congress did not request recommendations in any of the following areas, the NCFMEA considered each sufficiently important and respectfully submits, for the Congress and the Secretary's consideration, recommendations in the following areas concerning foreign medical schools. Such schools should be required to:

- Submit MCAT or equivalent examination scores to the Department.
- Provide materials described within the report to ensure that students are making adequate academic progress throughout their medical education, including completing their studies in a time period no longer than 150 percent of the normal program length.
- Publish annually the estimated annual cost of attendance.
- Document the transfer of credits, both for students who transfer in and those who transfer out.
- Publish the primary language of instruction and if not English, any alternative language of instruction.

The NCFMEA recommends the Department begin collecting data to enable future evaluation of these criteria. It also suggests the recommendations contained within the report be applied to all foreign medical schools participating in the FFEL program. The NCFMEA does not believe that two sets of criteria should be applied, given the millions of dollars in federal student loans disbursed annually to foreign medical schools that are already participating in the FFEL program. If performance levels are set to ensure quality, they should apply to all. In addition, because IMGs provide approximately 25 percent of the nation's active practicing physicians, the Committee considers it important to strongly encourage discussion between the Department and HHS officials regarding the need to expand the number of graduate medical education program positions in order to address the shortage of physicians that has been forecast, both in terms of specialty mix and of geographical distribution.

The changes made by the HEOA present an opportune time to implement wide-ranging improvements in the institutional eligibility criteria for foreign medical schools participating in federal student loan programs and to contribute to the larger goal of improving healthcare both in the U.S. and abroad. Thousands of students, who receive millions of FFEL dollars to attend foreign medical schools, count on the Department to ensure certain quality standards for medical education programs are maintained and that the standards used in medical education programs are comparable to those used in the U.S.

INTRODUCTION

The NCFMEA was established in 1992 through amendments reauthorizing the HEA. The NCFMEA is charged with reviewing the standards that foreign countries use to accredit medical schools to determine whether those standards are comparable to the standards used to accredit medical schools in the U.S. If a country is determined to have comparable medical accreditation standards, then accredited medical schools in that country may apply to participate in the FFEL program.¹

The NCFMEA is an operational committee that makes final decisions for the Department on comparability. It typically consists of 11 members, appointed by the Secretary of Education, who are knowledgeable concerning medical education and international educational systems. Foreign countries voluntarily submit applications for a comparability determination review using the NCFMEA *Guidelines for Requesting a Comparability Determination* (Guidelines). The NCFMEA Guidelines are similar to, and based upon, the standards used by the Liaison Committee on Medical Education (LCME) to accredit medical schools in the U.S.

BASIS FOR REPORT

On August 14, 2008, President George W. Bush signed the HEOA into law, amending the HEA. Section 102 (a)(2)(B)(iii) of the HEA as amended requires the NCFMEA to submit to the U.S. Congress and the Secretary a report making recommendations for institutional eligibility criteria that would permit additional foreign medical schools to participate in the FFEL program.

The HEA permits eligible U.S. citizens and permanent residents to borrow funds under the FFEL program to help pay the educational expenses they incur while attending approved institutions located outside the U.S. and its territories. Students who borrow under the FFEL program are obligated to repay their loans at a later date.

In order for a foreign school to receive the necessary approval to participate in the FFEL program, the Department's Foreign Schools Team reviews the school's application for participation in the federal student aid programs and determines whether the school satisfies all applicable federal eligibility requirements. These requirements, which are contained in the regulations set forth in Parts 600, 668, and 682 of Title 34 of the Code of Federal Regulations (CFR), include certain provisions directed specifically and exclusively at foreign medical schools. The regulations currently include requirements that a foreign medical school:

- Hold appropriate legal authorization from the country in which the school is located to provide postsecondary education and to award degrees that are equivalent to degrees awarded in the U.S.

¹ Currently, the only form of federal financial aid available to eligible American students enrolled in foreign medical schools is FFEL program loans. Although the Committee understands that this could change, the term "FFEL program" is used for convenience throughout this report to refer to federal financial aid that eligible American students currently receive or might receive in the future for attendance at foreign medical schools.

- Provide an eligible education program of clinical and classroom instruction of not less than 32 months in length.
- Provide close supervision of the program by members of the school's faculty.
- Provide facilities adequately equipped and staffed to afford students comprehensive clinical and classroom medical instruction.
- Hold approvals from all medical licensing boards and evaluating bodies whose views are considered relevant by the Secretary for all training provided in the U.S.
- Demonstrate financial responsibility and administrative capability to administer the FFEL program.
- Be listed as a medical school in the most current edition of the World Directory of Medical Schools published by the World Health Organization (WHO).
- Have graduated classes during each of the two 12-month periods immediately preceding the date of the school's application for eligibility.
- Employ only faculty members whose academic credentials are the equivalent of credentials required of faculty members in U.S. medical schools.
- Have been approved by a legally authorized accrediting body in the country where the school is located and whose standards of accreditation of medical schools have been examined by the NCFMEA and determined to be comparable to the standards of accreditation applied to medical schools in the U.S.
- For most foreign medical schools currently participating in the FFEL program, 60 percent or more of enrollment must consist of students who are not American citizens or permanent residents of the U.S.
- The ECFMG pass rate requirements, established by the HEA, must be met.²

Foreign schools approved to participate in the FFEL program are responsible for ensuring that students who receive loans under the program meet all federal eligibility requirements. Each participating school must submit an annual audited financial statement and compliance audit and is held liable for any unwarranted or unearned expenditure of program funds.

As of January 6, 2009, 443 foreign schools from 39 countries were eligible to participate in the Department's FFEL program. Foreign schools certified \$668,491,862 in FFEL program funds for 21,852 student borrowers for the 2007-2008 award year (July 1, 2007 through June 30, 2008). Nearly half of this amount, \$315,032,105, was certified by 28 currently participating freestanding foreign medical schools. These loans went to 7,396 borrowers in 12 countries. Three foreign medical schools – Ross University in Dominica, St. George's University, School of Medicine in Grenada, and American University of the Caribbean in St. Maarten, certified \$293,198,009 of the total loan volume for the 28 freestanding foreign medical schools. Thus, for award year 2007-2008, these three schools accounted for 93.1 percent of FFEL program funds disbursed to students enrolled in all foreign medical schools. It is notable that all three of these schools are exempt from the HEA's USMLE passage rate requirements and the limitation on

² Certain foreign medical schools are exempted from the HEA's non-citizenship and pass rate institutional eligibility requirements. They include five foreign medical schools "grandfathered" in under the 1992 HEA amendments: American University of the Caribbean, School of Medicine, in St. Maarten; Our Lady of Fatima University, School of Medicine, in the Philippines; Ross University, School of Medicine, in Dominica; St. George's University, School of Medicine, in Grenada; and Tel Aviv University, Sackler School of Medicine, in Israel. Also exempt are all Canadian medical schools.

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percent of enrollment and graduates from the U.S. It is also notable that the most recently-issued cohort default rates were low for all foreign schools, and that this has generally been the case over time.³

TABLE: 2007-2008 FFEL Distributed to Foreign Schools
 (Data as of January 6, 2009)

	Number of Countries	Number of FFEL eligible foreign schools	July 1, 2007- June 30, 2008 Number of foreign school FFEL borrowers	July 1, 2007- June 30, 2008 FFEL dollars loaned to foreign schools	Percent of total foreign school FFEL	Default rate on FFEL loans (based on 2006 data)
All foreign schools	39	443	21,852	\$668,491,862	100%	1.2%
Freestanding foreign medical schools	12	28	7,396	\$315,032,105	47%	0.97%
Freestanding foreign medical schools with most U.S. enrollment (American University of the Caribbean, St. Maarten; Ross University, Dominica; and St. George's University School of Medicine, Grenada)	3	3	6,309	\$293,198,009	44% (93% of freestanding foreign medical schools)	0.13%

SCHOOLS SUBJECT TO THIS REPORT

Foreign medical schools that are subject to the recommendations contained within this report are identified as:

- Having a clinical training program in the U.S. that was approved by a state or territory of the U.S. prior to January 1, 2008, but excluding any school that has been continuously approved since before January 1, 1992.
- Having American citizens and/or permanent U.S. residents constitute more than 40 percent of their fulltime enrollment and/or their graduates from the preceding year.
- Being accredited under NCFMEA-approved standards by an accrediting body in the country in which the school is located.

³ Loan data obtained from National Student Loan Data System (NSLDS).

- Having demonstrated at least a 75 percent passage rate on USMLE administered examinations, both among fulltime students during the preceding year and graduates during the preceding three years.
- Being legally authorized by the country in which the school is located to provide a postsecondary program of medical education and award an M.D. degree, or its equivalent.

The HEOA mandates the NCFMEA to submit recommended institutional eligibility criteria for federal student loan programs that include the appropriate level of performance in the following areas:

1. Entrance requirements.
2. Retention and graduation rates.
3. Successful placement of students in U.S. medical residency programs.
4. Passage rate of students on the USMLE.
5. The extent to which SMBs have assessed the quality of a school's program of instruction, including through on-site reviews.
6. The extent to which graduates of such schools would be unable to practice medicine in one or more states, based on the judgment of a SMB.
7. Any areas recommended by the GAO.
8. Any additional areas the Secretary may require.

DATA SOURCES

At its fall 2008 meeting, the NCFMEA formed a Report Subcommittee to draft the requested report. To formulate recommendations in the different areas specified within the HEOA, the Subcommittee obtained data from various sources to determine current procedures and practices, as well as predictors of future trends, in order to set thresholds for the statutorily required areas.

A. Target Population

The Subcommittee surveyed eight freestanding foreign medical schools that participate in the FFEL program. The schools were chosen based on their enrollment of the most Americans and/or permanent U.S. residents and disbursement of the most FFEL money to these students (freestanding foreign medical schools account for 47% of total FFEL to foreign school students). The schools surveyed included those with the highest number of FFEL borrowers, both in total numbers and in percentage of enrollment. This approach afforded the NCFMEA the best opportunity to determine what norms prevail among FFEL borrowers who attend foreign medical schools under existing eligibility criteria, and particularly among FFEL borrowers who attend participating foreign medical schools that have a high percentage of FFEL borrowers in their enrollment, like the currently ineligible foreign medical schools the NCFMEA's recommendations are to address. The schools that participated in this survey are:

American University of the Caribbean, St. Maarten
Medical University School of Lublin, Poland

Poznan University of Medical Sciences, Poland
Ross University, School of Medicine, Dominica
Royal College of Surgeons, Ireland
St. George's University, School of Medicine, Grenada
Tel Aviv University, Sackler School of Medicine, Israel
The Medical University of Silesia, Poland

B. Survey

The survey comprised 12 questions. Data was requested for the 2005-2006 through 2007-2008 academic years in 10 areas:

1. Entrance requirements.
2. Average number of years required to graduate compared to the maximum number of years students can be enrolled before they graduate or are dismissed without graduation.
3. The number of students who did not continue their studies due to withdrawal/leaves of absence or dismissal.
4. The reasons for taking leaves of absence or for withdrawing.
5. Total tuition and fees in U.S. dollars.
6. Average total educational loan amount or indebtedness while attending the school and percent of graduates leaving with over \$150,000 in debt.
7. The number of students who took each step of the USMLE.
8. The criteria used to decide when and which students may take each step of the USMLE.
9. The percentage of graduates who secure residency positions in programs accredited by the ACGME.
10. The graduation rate broken down by the percentage of students who typically graduate in the normal time versus 150 percent of the normal time.

C. Limitations

The Subcommittee was constrained from surveying all foreign medical schools for the following reasons:

1. The Paperwork Reduction Act of 1980 (Pub. L. No. 96-511, 94 Stat. 2812, December 11, 1980) requires the NCFMEA to obtain the internal clearances from the Department and permission from OMB to send identical surveys to ten or more recipients. The NCFMEA twelve month timeline for completion prohibited such lengthy clearance process. Within that limitation, Department staff sent inquiries to eight freestanding foreign medical institutions and 13 different organizations or agencies. Five of the medical organizations received unique questions specific to the entity's nature that were not duplicated in inquiries sent to the other eight organizations or in the surveys sent to the eight freestanding foreign medical schools. Only eight of the 28 foreign freestanding medical schools could be surveyed.
2. The Department does not obtain data concerning foreign medical school graduates practicing in the U.S. The six external sources surveyed did not possess several

items of data requested for this report. Although the NCFMEA concurs that it is appropriate to set performance thresholds for foreign medical schools, the NCFMEA was unable to recommend performance levels in several of the areas identified by Congress due to this lack of existing data.

3. The Department does not currently certify universities' medical programs separately from their other programs. At those foreign institutions that include medical programs as components of larger universities, financial aid data collected by the Department for the medical school component is not disaggregated from other allied health or other program data. Per 2007-2008 Department data, the population of foreign medical schools numbers 88, of which only 28 are freestanding. As a result, these institutions were not surveyed. Including financial aid data maintained by the Department regarding such universities would have diluted the results with information unrelated to programs leading to the M.D. degree.
4. While the NCFMEA concurs it is appropriate to set performance thresholds for foreign medical schools, the NCFMEA lacked the data it needed to recommend performance levels in several of the areas specified by Congress. In some instances, changes in the law would be necessary to enable the Department to collect the data needed. In others, foreign medical schools would have to be required to secure signed waivers from students in order to collect and report the needed information.

D. Review of the Literature

In addition, Department staff sent inquiries to a number of medical organizations and researched their Web sites. Those organizations and the information requested, along with other sources of data, include the following:

1. Association of American Medical Colleges (AAMC) –
 - a. Center for Workforce Studies (CWS) – a forecast of physician shortages in U.S. and impact the anticipated decrease in residency positions would have on IMGs.
 - b. AAMC Statement on the Physician Workforce, <http://www.aamc.org/workforce/workforceposition.pdf>.
 - c. Annual Address on the State of the Physician Workforce, PowerPoint Presentation given at the 2008 annual AAMC conference, *The State of the Physician Workforce: With the Medical School Expansion Underway, What's Next?*. <http://www.aamc.org/workforce/annualmeeting08/salsberg2008l.pdf>.
 - d. NRMP – the number of students who applied for the main residency match and who were placed in resident positions by year:
 - i. Advance Data Tables, 2009 Main Residency Match <http://www.nrmp.org/data/advancedatatables2009.pdf>.
 - ii. Results and Data: 2008 Main Residency Match <http://www.nrmp.org/data/resultsanddata2008.pdf>.
 - iii. Table 33, from 2007 Main Residency Match <http://www.aamc.org/data/facts/2007/erasschltype2007bb.htm>.

2. Accreditation Council for Graduate Medical Education (ACGME) – data concerning participation in the graduate medical education programs they accredit, http://www.acgme.org/acWebsite/dataBook/dat_index.asp.
3. American Medical Association (AMA) –
 - a. Clinical clerkship report.
 - b. 2009 statistics.
 - c. International Medical Graduate Section’s International Medical Graduates in the U.S. Workforce Discussion Paper. <http://www.ama-assn.org/ama1/pub/upload/mm/18/img-workforce-paper.pdf>.
<http://www.ama-assn.org/ama1/pub/upload/mm/377/a-08cmerpt12.pdf>.
4. Association of Academic Health Care’s report, “Out of Order, Out of Time, The State of the Nation’s Health Workforce,” http://www.aahcdc.org/policy/AAHC_OutofTime_4WEB.pdf.
5. Educational Commission for Foreign Medical Graduates (ECFMG) – certification and passage rate data on the USMLE; Annual Reports for 2006 and 2007.
6. Federation of State Medical Boards (FSMB) – number of foreign medical school graduates who obtained state licenses and the number of foreign medical school graduates who had an adverse action reported.
7. HHS National Practitioner Data Bank (NPDB) – Inquiry concerning the number of initial and renewal licensure requests denied and the number of adverse actions reported during the last three years for both foreign and U.S. medical students.
8. LCME –
 - a. Summary entrance requirements for U.S. medical students and tuition and fees for first year medical students.
 - b. Medical College Admission Test (MCAT) Scores and Grade Point Averages (GPAs) for Applicants and Matriculants to U.S. Medical Schools, 1997-2008, <http://aamc.org/data/facts/2008/2008mcatgpa.htm>, and
http://services.aamc.org/tsfreports/report_median.cfm?year_of_study=2009.
9. National Board of Medical Examiners (NBME) – passage rates for all students that take the USMLE, for both graduates of U.S./Canadian medical schools and foreign schools, http://www.usmle.org/Scores_Transcripts/performance/2007.html.
10. NSLDS – information concerning borrower and loan characteristics for borrowers attending foreign medical schools.
11. Information received from the California Medical Board, the Florida Department of Health, the New Jersey State Board of Medical Examiners, the New York Department of Education, and the New York State Board for Professional Medical Conduct.
12. Articles related to graduate medical education, as well as foreign medical schools and their graduates, and articles concerning the effects of the debt

burden medical students incur. These articles were published in periodicals that included:

- a. *Academic Medicine*.
- b. *Chronicle of Higher Education*.
- c. *Health Affairs*.
- d. *Journal of the American Medical Association*.
- e. *New England Journal of Medicine*.
- f. *Policy Journal of the Health Sphere*.
- g. *U.S.A Today* (http://www.usatoday.com/news/health/2005-03-02-doctor-shortage_x.htm).
- h. Information from GAO and a number of different medical organizations' Internet Web sites concerning foreign medical school graduates and/or graduate medical education was also reviewed to determine its applicability to the report, including the following:
 - i. American Medical Association's International Medical Graduate Section, (<http://www.ama-assn.org/ama1/pub/upload/mm/18/img-workforce-paper.pdf>).
 - ii. Dartmouth Atlas of Health Care (http://www.dartmouthatlas.org/topics/agenda_for_change.pdf).
 - iii. GAO reports concerning foreign medical schools and the use of J-1 Visa waivers to address physician shortages.
 - iv. HHS' Council on Graduate Medical Education (<http://ftp.hrsa.gov/cogme/19thCOGME.pdf>, <http://www.cogme.gov/16.pdf>).
 - v. Medicare Payment Advisory Commission (http://www.medpac.gov/chapters/Mar09_Ch02A.pdf).

13. Additional information was retrieved from the Department's NSLDS concerning borrower and loan characteristics for FFEL borrowers attending foreign medical schools.

DISCUSSION AND RECOMMENDATIONS

Based upon its review of the relevant information available to the Committee, the NCFMEA submits the following recommendations to the Secretary and Congress as required in the HEOA. While Congress requested the recommendations for the subset of foreign medical schools, the Committee strongly encourages that the recommendations be applied to all foreign medical schools participating in the FFEL program.

Recommendation 1: Entrance Requirements

1(a) Entrance Requirements for a Post-Baccalaureate Medical Program

Discussion: After reviewing the survey results from the foreign medical schools⁴ and the MCAT Scores and GPAs for Applicants and Matriculants to U.S. Medical Schools,

⁴ Refers to the unpublished survey administered for this report in December 2008.

1997-2008,⁵ reported by the LCME, the NCFMEA thought it important that the entrance requirements be comparable to those used for U.S. students. In particular, it believes it is important that the MCAT be administered to all Americans and permanent residents entering foreign medical schools to provide comparative quantitative data about the quality of academic preparation of these students.

Recommendation 1(a): Schools having a post-baccalaureate equivalent medical program must have admission criteria that include the following:

- Students preparing to study medicine should have a broad general education, including the humanities and social sciences.
- Students must have a baccalaureate degree, or at least 90 semester credit hours or the equivalent, in general education that includes, but is not limited to, coursework in the social sciences, history, and languages.
- Students who are U.S. citizens or permanent residents must have taken the MCAT.
- Students preparing to study medicine should have acquired basic computer skills including but not limited to those necessary for successful use of word processing and data query computer programs.
- Students must have taken premedical courses deemed essential preparation for completing the medical school curriculum, including, but not limited to, basic science and mathematics, and which cover areas such as biology, general chemistry, organic chemistry, and physics.

1(b) Entrance Requirements for an Integrated Medical Program

Recommendation 1(b): Schools having an integrated program for a first professional program leading to an M.D. degree, or its equivalent, must have entrance criteria that include the following:

- Students should have a basic general education background, including requisite pre-medical studies, as well as meet the general education requirements described above in 1(a).
- Students who are U.S. citizens or permanent residents must take the MCAT no later than three years after admission to the program.
- Students must present credentials showing completion of secondary education.
- The NCFMEA further recommends that participating institutions not grant credit for life experiences or accept transfer credit for any study in health fields outside of medical school.

⁵ “Table 17: MCAT Scores and GPAs for Applicants and Matriculants to U.S. Medical Schools, 1997-2008. Retrieved from American Association of Medical College’s Web site on December 31, 2008. <http://aamc.org/data/facts/2008/2008mcatgpa.htm>.

Recommendation 2: Retention and Graduation Rates

Discussion: Medical schools are not currently required to submit retention and graduation rate information to the U.S. Department of Education.

Recommendation 2: The NCFMEA recommends that medical schools that participate in the FFEL program, including foreign medical schools, be required to submit annually to the Department aggregate retention, graduation and dismissal rates for all students. This will require changes in the law. After sufficient data have been obtained, the NCFMEA will review the data and recommend an appropriate level of performance for retention and graduation rates for foreign medical schools.

Recommendation 3: Successful Placement of IMGs in U.S. Medical Residency Programs

Discussion:

A. Preliminary Steps IMGs May Use to Obtain a U.S. Residency Position.

Obtaining an ACGME-accredited U.S. medical residency position is a time consuming and expensive process for IMGs because of the travel involved for interviews, if for no other reason. Moreover, statistically speaking, the odds are against an IMG obtaining a U.S. residency position, in view of the stiff competition for a limited number of positions from U.S. allopathic trained graduates. Prior to entering residency training IMGs:

- Must have a current and valid certificate from the ECFMG. The ECFMG certification assures the public that IMGs about to enter U.S. residency positions have met certain minimum standards. Certification by ECFMG documents, among other items, that the IMG has passed all but the last step in the USMLE. The USMLE consists of different steps, which include basic sciences (Step 1), clinical knowledge (Step 2 CK), and clinical skills (Step 2 CS). The final examination in the sequence, USMLE Step 3, is usually taken during or after a residency appointment. Because the examination is also administered to U.S. medical school students and graduates, it allows a standardized, across-the-board comparison between foreign medical students and U.S. medical students.⁶
- Must obtain an appropriate visa to obtain a residency position in the U.S. This process is sponsored by the ECFMG. There are various visa classifications and each one has its own requirements.

Once an IMG obtains an ECFMG certification and a visa sponsored by the ECFMG, he/she may then apply to a residency program. Experiences that may increase the chance of a foreign medical student's successful placement in an ACGME-accredited program include observerships, externships, and mini-residencies conducted in clinical settings.

⁶ Boulet J, Cooper, R, Seeling, S, Norcini, J, and McKinley D. (2009) "U.S. Citizens Who Obtain their Medical Degrees Abroad: An Overview, 1992-2006." *Health Affairs, the Policy Journal of the Health Sphere*. 28(1), 226-233. doi: 10.1377/hlthaff.28.1.226.

The AMA's International Medical Graduate Section (IMGS) strongly recommends that, before applying to residency programs, IMGs participate in observership rotations in clinical settings.⁷ The AMA defines an observership as "a structured opportunity for an IMG to observe clinical practice in a variety of health care settings under the guidance of a physician mentor and to learn about the general structure, characteristics, and financing of health care delivery in the U.S."⁸ In addition, an observership introduces IMGs to U.S. physicians who may possibly be used as future references. The AMA IMGS points out that the IMGs in observerships can be used to help hospitals with data collection on performance improvement and safety projects that can improve the overall quality of hospital care.⁹ Among the current action directives that the AMA House of Delegates has established, Directive D-255983 involves the AMA working with different groups to develop guidelines for observership programs for IMGs who are ECFMG certified. Through the guidelines, the AMA plans to: 1) develop educational objectives and a model curriculum outline, 2) identify materials to address the objectives, and 3) create materials related to legal, organizational, and operational issues related to program implementation.¹⁰

There are also opportunities for residency positions outside the NRMP match. IMGs may ask program directors directly about positions and they can compare the NRMP positions with those listed in the Graduate Medical Education Directory Green Book. The AMA IMGS recommends that even if an IMG intends to obtain a residency position outside the NRMP match, that he/she still apply for the match to increase their chances of obtaining a position.

At ECFMG's 50th Anniversary Conference in 2006, three areas were identified as especially difficult for IMGs: language and other aspects of communication, the culture of medical practice within the United States, and popular culture in the U.S.¹¹ Concerning communication, challenges included English-language idioms, medical slang, norms of non-verbal expression, and regional and ethnic dialects. Concerning the culture of medical practice in the U.S., IMGs need to learn about the physician-patient relationship in the U.S., the importance of multidisciplinary health teams, confidentiality, record documentation, legal issues, and an overview of the healthcare system in the U.S. Popular culture challenges include those related to different regions and survival skills, e.g., obtaining a driver's license, credit cards, and housing, and becoming familiar with current conversational topics. Since the Conference, the ECFMG has begun an acculturation program whose goal is to help IMGs learn about the U.S. medical system and issues in the U.S. healthcare delivery system through a series of video modules on the Internet and a glossary of U.S. medical terms.

⁷ "International Medical Graduates in the U.S. Workforce: A Discussion Paper. December 2008.

<http://www.ama-assn.org/ama1/pub/upload/mm/18/img-workforce-paper.pdf>. Accessed on March 20, 2009.

⁸ "Report of the Council of Medical Education on Observerships for International Medical Graduates" 2008.

<http://www.ama-assn.org/ama1/pub/upload/mm/377/a-08cmerpt12.pdf>. Accessed on March 20, 2009.

⁹ Ibid. "International Medical Graduates in the U.S. Workforce, a Discussion Paper.

¹⁰ "Directives of the AMA House of Delegates." <http://www.ama-assn.org/ad-com/polfind/Directives.pdf>, Accessed March 23, 2009.

¹¹ Gastel, B. "Impact of International Medical Graduates on U.S. and Global Health Care: Summary of the ECFMG 50th Anniversary Invitational Conference." *Academic Medicine*, 81(12) S3-S6, doi:10.1097/01.ACM.0000243340.89496.43.

http://journals.lww.com/academicmedicine/Fulltext/2006/12001/Impact_of_International_Medical_Graduates_on_US_2.aspx. Accessed on March 23, 2009.

B. NRMP and the ACGME

All postgraduate year one residency training positions that participate in the NRMP are accredited by the ACGME. Ophthalmology is the only specialty that handles its own residency matching program outside the NRMP; however, the ophthalmology programs are also accredited by the ACGME. Some residency training positions are filled outside the NRMP by direct contact and application to the program directors of the respective programs. These residency training programs also are accredited by the ACGME.

A review of the data from NRMP's Advance Data Tables for 2009 Main Residency Match disclosed the following statistical information:

- For U.S. IMGs for the years 2005-2009, the total number of active applicants increased from 2,015 in 2005 to 2,969 in 2009, or 47 percent. The number of matched U.S. IMGs increased from 1117 to 1541 for the same period, by 424, or 42 percent. The average U.S. IMG match rate for those years was 51 percent.
- For non-U.S. IMGs for the years 2005-2009, the total number of active applicants increased from 5671 to 7335, or 35 percent. The number of matched non-U.S. IMGs increased from 2970 to 3108, or one percent. The non-U.S. IMG match rate for those years was 46.8 percent.
- For comparative purposes, for the same period, the total U.S. allopathic trained graduates increased from 14,609 to 15,242, or 6.0 percent. The number of matched U.S. allopathic trained graduates increased by 787, from 14,609 to 15,242, or 5.6 percent. The U.S. allopathic trained graduates match rate for those years was 93.6 percent.¹²
- According to the ACGME, internal medicine had the highest number of IMG residents (9,499), followed by family medicine (3,919), pediatrics (1,966), surgery (1,506), and psychiatry (1,468).¹³

Foreign medical schools are not currently required to submit information to the Department regarding successful placement of students in U.S. medical residency programs and in many cases, schools do not request students to sign the release form necessary to obtain data concerning the successful placement of students in U.S. (or other) medical residency programs.

Recommendation 3: The NCFMEA recommends that all foreign medical schools that participate in the FFEL program be required, at the time of matriculation, to secure the written consent of each student who is a U.S. citizen or national, to collect and submit information concerning the student's success in obtaining placement in an ACGME-accredited U.S. medical residency program. Requiring foreign medical schools to obtain this data and furnish it to the Department would require a change in the law. NCFMEA recommends that the schools be required to submit this information to the Department on an annual basis. Then, in the future, the NCFMEA will review the data and use it to recommend an appropriate level of performance for placement of IMGs in the U.S. medical residency programs.

¹² "Advance Data Tables, 2009 Main Residency Match," National Residency Match Program. <http://www.nrmp.org/data/advancedatatables2009.pdf>. Accessed March 22, 2009.

¹³ 2007-2008 Data Resource Book, Accreditation Council for Graduate Medical Education, pages 59-64. Retrieved from <http://www.acgme.org/databook>. Accessed on January 27, 2009.

Recommendation 4: Passage Rate of Students on the USMLE

4(a) Collection of ECFMG Data

Discussion: There are four sections, or steps, in the currently administered sequence of examinations:

- USMLE Step 1, generally taken by students near the end of the second year in a traditional medical school curriculum.
- USMLE Step 2 CK (Clinical Knowledge), generally taken by students in the fourth year of medical school.
- USMLE Step 2 CS (Clinical Skills), also taken in the fourth year.
- USMLE Step 3, taken by graduates of the medical school during post graduate clinical training, most commonly at the end of their first year.

Step 1 is most strongly correlated with learning during the pre-clinical portion of the medical program (roughly the first two years of a four-year program), and Step 2 most strongly correlates with clinical studies. However, given equivalent preparation for Step 2, stronger preparation for Step 1 generally correlates with stronger performance on Step 2, since the student is likely to have better understanding of the process underlying the clinical manifestations of disease processes. While not all students performing well on Step 1 will have the requisite skills to excel in clinical studies, performance generally reflects diligence in study and mastery of the subject matter. This is true of both CK and CS portions of Step 2.

Similarly, strong performance on Steps 1 and 2, will generally (all other factors being equal) correlate with better performance on Step 3. In Step 3, performance will certainly be affected principally by residency training, but it will also reflect the underlying quality of the medical school education.

The Committee and the Department would be well served in collecting the information on each Step, but the passage rates should be calculated separately, in order to assess the sequential performance. For example, if a school with less robust performance on Steps 1 and 2 nevertheless had graduates who performed very well on Step 3, this would reflect a different process than a school whose students performed well on Steps 1 and 2, but poorly on Step 3. In any event, each examination builds upon the skills of the student clinician and reflects on the medical school education.

For any medical school, a passage rate could be calculated for each step of the examination. The numerator is the unique number of its candidates successfully passing the step in a given calendar year (any candidate taking the step more than once is only counted once if the candidate receives a passing score). The denominator is the unique number of candidates from that school taking the step in that year and the passage rate is the percentage thereby derived by dividing the numerator by the denominator.

In contrast, the passage rate methodology currently used by the Department uses a three-year period and counts all successfully passed examinations, i.e., the total number of candidates passing any of the examinations administered divided by the total number of examinations given

in that period. Currently, the passage rate may be diluted by a candidate taking an examination multiple times and by the difficulty tracking a candidate's performance across the three-year period. Moreover, many candidates require more than three years to successfully pass the entire examination sequence. This makes tracking performance even more difficult. In addition, to protect student privacy, the performance scores on the USMLE are released only to the respective student, unless the student grants permission for release of the scores to the institution. As a result, many foreign medical schools have not obtained information from students and graduates regarding their USMLE results, citing privacy laws governing both individuals and institutions.

Recommendation 4(a): The NCFMEA recommends that all foreign medical schools that participate in the FFEL program be required to secure, at matriculation, the written consent of each student to release annually to the Department any current and future scores on all parts of the USMLE examination, together with the dates that the student has taken the specific part, including any failed examinations.

4(b) Modification of ECFMG Pass Rate Calculation for Federal Financial Aid Purposes

Recommendation 4b: The NCFMEA proposes that the Department modify its current approach to calculating the ECFMG pass rate. The Department's regulations should be revised to require that:

Passage rates be calculated separately annually for the USMLE Step 1, the USMLE Step 2-CK (Clinical Knowledge), the USMLE Step 2-CS (Clinical Skills), and the USMLE Step 3.

In addition, the regulations should provide that each student or graduate who repeats a step in a particular year will only be counted once in the denominator for that year for that step, and will count once in the numerator only if he/she passes. He/she will be counted as a 'pass' if one of his or her scores in that year on that step is a pass.

For each student, or graduate, who takes more than one step in a particular year, he or she will be in the separate denominator for each step taken. He/She will be counted in the separate numerator for the particular step only if he/she passes that step in that year.

The school's annual pass rate for each step will be determined by totaling the students and graduates in the denominator of each step, totaling the students and graduates successfully passing in the numerator, and dividing the numerator by the denominator for each calendar year.

4(c) Further Modification of Calculation

Discussion: The USMLE examinations are taken at different stages of the student's progress toward becoming a licensed medical practitioner and reflect the quality of education delivered by related, but different, sequential processes. As such, the Committee feels that separately reporting performance on each step examination will allow the Department to more adequately judge the performance of each school in preparing students for future clinical performance.

Recommendation 4(c): The NCFMEA proposes that separate annual passage rates for the four separate tests of the USMLE be identified and adopted as quality assurance measures in lieu of the currently required combined pass rate. The four passage rates would reflect test results of students taking the USMLE Step 1, Step 2 CK, Step 2 CS and the USMLE Step 3 examinations. Passage rates for each part must be maintained at or above the threshold for a school to maintain its eligibility. Currently, the threshold is a 60% passage rate and will be raised to a 75% passage rate, as outlined.

4(d) Delay Implementation of Higher Pass Rate Threshold Requirement

Discussion: The latest aggregate data published by the NBME for the 2007 calendar year indicates that the passage rate for all first time takers of Step 1 of the USMLE by students from non-U.S./Canadian medical schools was 70 percent.¹⁴ For students from U.S. and Canadian medical schools for the same time period, the passage rate was 94 percent. (The published data do not separate U.S. citizens from foreign nationals who are enrolled in LCME accredited schools.)

The published passage rate for first time takers of Step 2 CK (Clinical Knowledge) of all non-U.S./Canadian medical schools was 79 percent and for students from U.S. and Canadian medical schools the passage rate for first time takers was 94 percent.

The published passage rate for first time takers of Step 2 CS (Clinical Skills) of all non-U.S./Canadian medical schools was 77 percent and for students from U.S. and Canadian schools the passage rate for first time takers was 97 percent.¹⁵

For Step 3, the published passage rate for first time takers of all non-U.S./Canadian medical schools was 79 percent and for students from U.S. and Canadian schools the passage rate for first time takers was 96 percent.¹⁶

Recommendation 4(d): The NCFMEA concurs with the 75 percent passage rate threshold set by Congress in the HEOA. However, it recommends that Congress change the law to delay the implementation of the increased 75 percent threshold until 2014 to allow a stepped approach toward achieving that goal. As currently written, implementation of the raised passage rate in July 2010 could cause a number of currently participating foreign medical schools to lose federal student loan program eligibility, given that the current passage rate among students from foreign medical schools who take Step 1 of the USMLE examination for the first time is 70 percent.¹⁷ The NCFMEA believes that the recommended annual reporting sequence would allow adequate time to evaluate each school's performance and permit it to take timely corrective action, assuming the implementation date is delayed. This approach would give students notice of the

¹⁴ 2007 Published USMLE Performance Data as Published in the 2007 NBME Annual Report, Copyright 2008 by the National Board of Medical Examiners. Retrieved from http://www.U.S.mle.org/Scores_Transcripts/performance/2007.html on March 23, 2009.

¹⁵ 2007 Published USMLE Performance Data as Published in the 2007 NBME Annual Report, Copyright 2008 by the National Board of Medical Examiners. Ibid.

¹⁶ 2007 Published USMLE Performance Data as Published in the 2007 NBME Annual Report, Copyright 2008 by the National Board of Medical Examiners. Ibid.

¹⁷ 2007 Published USMLE Performance Data as Published in the 2007 NBME Annual Report, Copyright 2008 by the National Board of Medical Examiners. Ibid.

new requirement before admission and encourage schools to achieve that benchmark, as well as permitting students and the Department an opportunity to evaluate the school's compliance.

4(e) Partial Termination of the “January 1, 1992” Exemption

Discussion: Approximately a half dozen foreign medical schools that participated in the FFEL program have had their eligibility “grandfathered” in under the HEA of 1992. Under that law, foreign medical schools that have a clinical training program that was approved by a state on or before January 1, 1992 are exempt from the eligibility requirements related to the citizenship of students/graduates, as well as from the requirement concerning the passage rate on USMLE examinations.

In 2008-2009, to date, the foreign schools that benefit from this exemption have received 43.9 percent of the FFEL program funds disbursed to all foreign schools. The taxpayers' investment in the educational programs of these “exempt” schools requires no less than the application of the single measurable quality assurance standard that applies to the remaining non-exempt, foreign medical schools participating in the FFEL program.

Recommendation 4(e): The NCFMEA recommends that Congress change the law to terminate the statutory and regulatory exemption, which has permitted foreign medical schools that have a clinical training program approved in a state on or before January 1, 1992, to be exempt from the 60 percent (and future 75 percent) passage rate requirement on the USMLE examinations.

Recommendation 5: The Extent to Which SMBs Have Assessed the Quality of a School's Program of Instruction, Including Through On-site Reviews

Discussion: Two issues are discussed in this section. The first is whether, and to what extent, pre-clinical and clinical rotations conducted within the U.S. as part of a foreign medical school program are evaluated by U.S.-based entities. New York is a state that conducts such evaluations, with respect to rotations that take place in that state. The second is whether, and to what extent, a SMB formally reviews a foreign medical school's educational process for the purposes of licensure. California is a state that does this. States that assess the quality of medical education in foreign medical schools' clinical training programs in the U.S. appear to do so for different reasons.

New York's approval process deals solely with evaluating the pre-clinical education and clinical education in New York state-affiliated hospitals. These educational programs are made available to foreign medical schools so as to permit students to engage in long term clinical clerkships in New York.¹⁸ This approval process is independent of the licensure decisions made by the New York State Board of Medicine.

For 2009, the AMA reports that twenty states had minimum standards concerning clinical clerkships. A majority of these states require that clerkships for U.S. medical students take place in hospitals associated with LCME-accredited medical schools. Eleven of these 20 states have

¹⁸ 2007 Published USMLE Performance Data as Published in the 2007 NBME Annual Report. Ibid.

additional or more specific requirements for non-LCME-accredited medical schools located in the Caribbean, the majority of whose students complete their clinical clerkships in U.S. hospitals and teaching institutions. Pennsylvania and Puerto Rico do not permit IMGs to participate in clinical clerkships within their borders.¹⁹

The AMA cites Texas' rules as an example of the additional requirements that a state may impose with respect to an IMG clerkship. Texas requires that:

“the clerkship must be performed in a hospital or teaching institution sponsoring or participating in a graduate medical education program (GME) accredited, at the time the application performed the clerkship, by the ACGME, AOA, or the board in the *same subject, (e.g., the exact same specialty or subspecialty)*. Required core (or fundamental) clinical clerkships are: internal medicine, obstetrics-gynecology, pediatrics, psychiatry, family medicine, and surgery.”²⁰

The Medical Board of California is the only licensing board that actively maintains a list of approved schools based upon a formalized review process and conducts actual site visits for a small number of schools.

For 2009, the AMA reports that 19 SMBs use lists of approved/disapproved foreign medical schools for initial licensure decisions. Of these 19 SMBs, several use California's list of schools, and others use the WHO or the International Medical Education Directory. All states require at least one year of graduate medical education in the U.S. for licensure, and 30 states require three years in the U.S. for IMGs.²¹ An FSMB policy statement recommends three years of graduate medical education for U.S. and foreign students for licensure.

To the best of the NCFMEA's knowledge, only the Medical Board of California and the New York Board for Medicine engage in site visits as a part of a review process to determine the quality of a medical education program located outside the U.S. Instead, the vast majority of SMBs rely on other parameters to evaluate the medical education programs in foreign schools, (e.g. ECFMG certification, successful completion of the USMLE sequence of examinations, completion of a post graduate training program accredited by the ACGME) as assurance that the candidates for licensure educated outside the U.S. received the requisite medical education.

Given the limited scope of this assessment activity, approval of foreign medical schools by SMBs does not appear to have value as a performance indicator for foreign medical schools. Accordingly, the NCFMEA does not offer a recommended level of performance in this area.

¹⁹ State Medical Licensure Requirements and Statistics, 2009. Chicago, IL: American Medical Association.

²⁰ State Medical Licensure Requirements and Statistics, 2009. Ibid.

²¹ State Medical Licensure Requirements and Statistics, 2009. Ibid.

Recommendation 6: The Extent to Which Graduates of Such Schools Would be Unable to Practice

Discussion: The NCFMEA has determined that only two states make determinations to prevent graduates of specific foreign medical schools from practicing medicine within the state. Since the vast majority of SMBs do not make such determinations, the NCFMEA does not believe that a performance measure based on such determinations by SMBs would be useful in evaluating the quality of foreign medical education.

The aggregate published information on disciplinary actions taken by SMBs indicates that the incidence of disciplinary actions against graduates of foreign medical schools participating in the FFEL program is no greater than that of the general population of licensed physicians who are graduates of U.S./Canadian medical schools accredited by the LCME. Likewise, information reported to the NPDB does not show a significant difference in the incidence of disciplinary actions between graduates of such foreign medical schools when compared with those against graduates of U.S./Canadian schools accredited by the LCME.

In response to an NCFMEA request, the FSMB aggregated its data to obtain insight for two distinct groups: (1) the IMGs and (2) U.S./Canadian medical school graduates. The NCFMEA's purpose was to determine, for each of the two groups, both the number of graduates currently licensed by SMBs, and the number of graduates against whom disciplinary actions were brought, for each of the years from 1992 to 2007. (Unfortunately, the FSMB is unable to determine whether licensure dates in its database pertain to initial or renewal licenses, because SMBs do not always provide this data.)

Overall, the FSMB found that a small percentage of the physician population is disciplined by SMBs. Among the 292,119 who graduated from medical school between 1992 and 2007, SMBs took disciplinary action against the licenses of only 3,696, or about 1.3 percent.

Also, there is little difference, with regard to disciplinary actions taken, between IMGs and U.S./Canadian graduates. FSMB data indicates:

- A total of 48,554 IMGs from the 1992 to 2007 classes are currently licensed by an SMB.
 - Of the 48,554, SMBs took disciplinary action against the licenses of 518, or 1.1 percent.
- A total of 243,565 U.S./Canadian graduates from the 1992 to 2007 classes are currently licensed by an SMB.
 - Of the 243,565, SMBs took disciplinary action against the licenses of 3,178, or 1.3 percent.

Year-over-year comparisons of the disciplinary data (particularly for the years 1997 through 2007) show only negligible differences between IMGs and U.S./Canadian medical school graduates. Therefore, the NCFMEA does not offer a recommended level of performance in this area.

Recommendation 7: Any Areas Recommended by the GAO

Upon receipt of a report from the GAO containing requests for recommendations, the NCFMEA will respond accordingly.

Recommendation 8: Any Additional Areas the Secretary May Require

The Secretary did not request that any additional areas be reviewed.

Recommendation 9: Additional Recommendations

Discussion: As part of its comprehensive review of foreign medical schools for this report, the NCFMEA thought it important to make recommendations in areas that, although not prescribed by the statute, are believed by the NCFMEA to affect the quality of the education received by U.S. medical students studying at foreign medical institutions participating in the FFEL program and consequently, to affect the makeup and quality of the U.S. physician workforce. These are described in recommendations 9-14.

9(a) MCAT

Recommendation 9a: Participating foreign medical schools should be required to secure the written consent of each student seeking FFEL program funds for release to the Department of Education of any current and future scores on MCAT or potential successors of the examination, together with a statement of the number of times the student took the examination. The consent should be in the form prescribed by the Department based on the requirements of the MCAT and it should be the responsibility of the institution to have the consent forms printed, signed, collected, and filed within the institution's offices. The schools must provide the Department with the information on MCAT scores annually. The NCFMEA will review the data and recommend an appropriate passage rate threshold for foreign medical schools. See MCAT reference under Entrance Requirements, Section 1, of this report for more information.

9(b) Academic Progress

Recommendation 9(b):

1. Foreign medical schools must secure the written consent of each student seeking FFEL program funds for release to the Department, on an annual basis, of the student's academic progress as captured by grades and evaluations.
2. The length of a student's enrollment prior to graduation must not exceed 150 percent of the normal program length. Institutions should provide the Department annually with a summary, on an aggregate basis, of the educational remediation it provides to assist students in making satisfactory academic progress. The remediation should not result in enrollment for longer than 150 percent of the normal program length.

Recommendation 10: Language of Instruction

Recommendation 10: Foreign medical schools participating in the FFEL program must publish the primary language of instruction, and if not English, identify any alternative language of instruction.

Recommendation 11: Increased Number of Graduate Medical Education Training Positions Needed

Discussion: IMGs provide approximately 25 percent of the nation's active practicing physicians,²² and similarly to Canada²³, they fill the gaps in both underserved medical specialties, e.g. primary care, and geographical areas. The AAMC's CWS projects that the increase in U.S. M.D. and Doctor of Osteopathic Medicine (D.O.) graduates is likely to exceed the growth in accredited residency positions. Furthermore, the CWS projects that while there will be more U.S. graduates to consider primary care, fewer U.S. IMGs will be available to fill specialty and geographical shortage areas. In the CWS 2008 report entitled, *The Complexities of Physician Supply and Demand: Projection Through 2025*, the authors cite that "...if the flow of IMGs slows significantly, then any (physician) shortages that develop may be even more severe than those described in this report." The report foresees that without additional capacity for residents, U.S. M.D.s and D.O.s are likely to displace IMGs. Without that additional capacity, physicians per capita in the U.S. will peak about 2015.²⁴ The CWS also anticipates that underserved communities, e.g. rural or inner city communities, and less attractive specialties/positions, e.g., generalists, are likely to experience the shortage first and the most.

In the face of that alarming forecast, the statistics concerning the U.S. IMGs certified by ECFMG are noteworthy. The number of their certifications each year continues to grow. From 1992-2006, the U.S. IMG applications increased 260 percent from 769 to 2,772, or 18 percent of the ECFMG certification applicant total for 2006, which was approximately 15,300. More recently, the U.S. IMGs certified have increased from 1,716 in 1999 to 2,772 in 2006, which represents an increase of 62 percent of U.S. IMGs.²⁵

In addition, the numbers of both U.S. and non-U.S. IMGs seeking medical residency positions is growing. The NRMP's Advance Data Tables for the 2009 Main Residency Match shows that from 2005 to 2009, the number of U.S. IMG active applicants grew from 1,151 in 2005 to 2,969

²² American Medical Association, *Physician Characteristics and Distribution in the U.S.*, 2006 ed. (Chicago: AMA, 2006).

²³ "Impact of International Medical Graduates on U.S. and Global Health Care: Summary of the ECFMG 50 Anniversary Invitational Conference," *Academic Medicine*. 2006. 81(12) S3-S6.
http://journals.lww.com/academicmedicine/Fulltext/2006/12001/Impact_of_International_Medical_Graduates_on_US_2.aspx. doi: 10.1097/01.ACM.0000243340.89496.43

²⁴ Dill, M, Salsberg E. "The Complexities of Physician Supply and Demand: Projections through 2025," <http://www.tht.org/education/resources/AAMC.pdf> Accessed on February 27, 2009.

²⁵ Boulet J, Cooper, R, Seeling, S, Norcini, J, and McKinley D. (2009) "U.S. Citizens Who Obtain their Medical Degrees Abroad: An Overview," 1992-2006. *Health Affairs, the Policy Journal of the Health Sphere*. 28(1), 226-233. doi: 10.1377/hlthaff.28.1.226.

in 2009, or by 954, which is a 47 percent increase. Of those active applicants, those who were “matched,” or were placed into an ACGME-accredited graduate medical education program, increased from 1,117 in 2005 to 1,541 in 2009, or by 424, which is a 42 percent increase. Non-U.S. IMGs active applicants grew from 5,671 to 7,335 for the same years, or by 1664, which is a 29 percent increase.²⁶ IMGs reflect the country’s largest source of medical school graduates to draw from in case the predicted physician shortfall occurs.

Also, once trained, the U.S. IMGs continue to be active, practicing physicians for years after obtaining their licenses. Of the 10,840 U.S. IMGs who received ECFMG certification between 1992 and 2001, 92 percent were found to be active in the 2005 AMA master file. Also, the majority, 70.6 percent, of the 73,074 non-U.S. IMGs who received certification during that period were listed as active. Of the active U.S. IMGs, 60 percent had attended medical schools in Grenada, Dominica, or Netherlands Antilles.²⁷

However, without an increase in availability of accredited residency positions, the increased numbers of IMGs, both U.S. and non-U.S., who are seeking graduate medical education positions are likely to be limited in their ability to practice in the U.S. due to an AAMC-projected increase of 21 percent in U.S. allopathic medical school enrollment. The increase projected in U.S. medical school enrollment has already started.

The projected shortage in graduate medical education positions is attributable as well to the Balanced Budget Act of 1997, which capped the number of federally funded residency positions. The federal funded positions represent most of the country’s residency positions.

Compounding these concerns are regulatory changes promulgated by the HHS Centers for Medicare and Medicaid Services (CMS). These changes, if finalized, will have a severely limiting effect on the number of graduate medical education programs, especially those associated with teaching hospitals that frequently serve as safety-net hospitals for Medicaid and low-income populations. Regulation 2279-P, issued on May 23, 2007, would eliminate Medicaid support for graduate medical education programs that provide training, salary, and fringe benefits to residents, reversing over 40 years of providing Medicaid support to states for graduate medical education.²⁸

In view of the looming shortage of residency positions due to a projected 21 percent increased enrollment at U.S. medical schools by 2012²⁹, the recession’s effect on hospital budgets, the significant growth in the number of IMGs since academic year 2001-2002, and the regulatory changes to the federal funding mechanism for residency positions,³⁰ the NCFMEA recommends the following:

²⁶ Table 4: Applicants in the Matching Program, 2005-2009. National Residency Matching Program. 2009. <http://www.nrmp.org/data/advancedatatables2009.pdf>. Accessed on March 20, 2009.

²⁷ Boulet, Cooper, Seeling, Norcini, McKinley, Ibid.

²⁸ Federal Register, May 23, 2007, Vol. 72, Number 99, Page 28930-28936. These proposed rules would clarify that costs and payments associated with graduate medical education programs are not expenditures for medical assistance that are federally reimbursable under the Medicaid program. From the Federal Register Online via GPO Access. DOCID:fr23my07-29. <http://edocket.access.gpo.gov/2007/07-2576.htm>. Accessed March 20, 2009.

²⁹ Dill, M, Salsberg E. Ibid.

³⁰ Federal Register. Ibid.

Recommendation 11(a): The number of positions in accredited graduate medical education programs should be expanded to accommodate the number of IMGs seeking residency training positions to meet the U.S. health workforce needs in the future, both in specialty mix and geographical distribution³¹, as well as international health workforce needs.

Recommendation 11(b): Representatives of the Department and the HHS, including the appropriate healthcare policy officials, should work together to address the projected shortage of accredited residency positions and develop policies designed to mitigate or prevent the upcoming shortage in residency positions. Increasing the availability of residencies will allow qualified IMGs to enter the U.S. health workforce after completing training and licensure requirements for practice. Department and HHS officials are strongly encouraged to actively engage in discussions with health care providers, states, and Congress to continue funding support for physician training.

Recommendation 12: Educational Sites

Discussion: In the application of the *Guidelines for Requesting a Comparability Determination* of accreditation standards of medical schools in a foreign country, the NCFMEA believes each medical school in the comparable country must be responsible for the entire educational program leading to the award of the M.D. or equivalent degree. The accreditation process of the school located in the comparable country must be for the entire educational program and not individual parts. In order to maintain the quality and consistent standard of accreditation by the comparable country, the preclinical educational component may not be taken outside the comparable country or in a school within the comparable country which has not been accredited by the comparable country. The clinical education components of curriculum typically occur in the last two years of the medical education requirements for the award of the M.D. or equivalent degree. To assure the clinical education component is adequate for the size and scope of the educational program, all clinical sites must be individually reviewed and approved by the accreditor of the comparable country and must be located in any country which has been determined to be comparable or in the U.S. Clinical clerkships must be located in institutions which have committed to providing quality supervised instruction, stability of the program and the necessary resources for the clinical component of the curriculum through formal affiliation agreements which must be reviewed by the accreditor of the comparable country.

³¹ According to the GAO Report-97-26, requesting waivers for physicians with J-1 visas is becoming a major means of providing physicians for underserved areas. In 1994 and 1995, the number of waivers processed for these physicians equaled about one-third of the total identified need for physicians in the country. According to the GAO Report-07-52, the use of J-1 visa waivers remains a major means of placing thousands of physicians in underserved areas of the United States, supplying even more physicians to these areas than National Health Service Corp programs. In 2005, approximately half of the waiver requests were for primary care physicians and about half of the waiver requests were for physicians to practice in U.S. rural areas.

12(a) Location of Educational Programs for Foreign Medical Schools (Pre-clinical and Clinical Sites)

Recommendation 12(a): In order to be eligible to participate in the Department’s FFEL program, a foreign medical school’s clinical sites must be located in countries that have been determined by the NCFMEA to have medical accrediting standards that are comparable to the medical accrediting standards of the U.S. If the clinical program is located in the country in which the foreign medical school is located, the medical accreditor for that country must have conducted an onsite visit and approved the clinical program. If the clinical program is located in the United States or in a comparable third country, the required medical accreditor must have conducted an onsite visit and approved the clinical training program. Such educational programs must be offered in conjunction with the educational programs offered to students enrolled in medical schools located in the U.S. or the approved foreign country. Institutions must disclose to the Department all the approved educational sites, including clinical sites that are used for clinical clerkships and other rotations in their countries, the United States, and in other countries at the time of FFEL program certification or recertification. No part of the preclinical educational program may be taken outside the comparable country in which the medical school is located. Schools must inform their respective accrediting entity of any changes in the approved educational programs, including clinical sites, within one year of the change.

12(b) Formal Agreements and Adequate Resources

Recommendation 12(b): The institutions must provide copies of the formal affiliation agreements with hospitals or clinics providing the approved clinical clerkships to the Department’s Federal Student Aid office at the time of certification and recertification for eligibility for participation in the FFEL program. The agreements must state how the site will maintain the school’s standards, appoint faculty to the medical school staff, design the curriculum, supervise students, provide liability insurance, and evaluate student performance. Schools must inform their respective accrediting entity of any changes in the overseeing bodies and in the formal agreements within one year of the change.

Recommendation 13: Transferred Credit

Recommendation 13: The NCFMEA recommends that participating institutions carefully document the transfer of credits, both for students who transfer in and those who transfer out.

Recommendation 14: Requirements for the U.S. Department of Education

14(a) Separate Certification for Foreign Medical Schools

Discussion: Separate certification of foreign medical schools will enable the Department to collect much-needed information concerning the number of borrowers and loan amounts for students attending foreign medical schools. Oversight of foreign medical schools would be strengthened by shorter participation terms in the FFEL program, resulting in more frequent review of institutional eligibility and program compliance.

Recommendation 14(a): The Department must separately certify each foreign medical school participating in the federal student loan program, regardless of whether the school is freestanding or a part of a larger university, and must further define whether the program offered is an integrated first professional degree program or a post-baccalaureate/equivalent program.

14(b) Length of Department's Certification of Medical Schools

Recommendation 14(b): The Department must certify each participating foreign medical school for a period of not more than three years to ensure that the foreign medical school's institutional eligibility and program compliance are reviewed at least every three years through the Department's eligibility recertification process. Due to a consistent performance gap found in ECFMG-administered examinations between IMGs and U.S. medical school graduates,³² the millions of dollars in student loans going to foreign medical school students, and concern over foreign medical schools' management of clinical sites, the NCFMEA deems this recommendation for a shorter certification term appropriate.³³ The recertification of a foreign medical school should, ideally, occur one year prior to the NCFMEA's scheduled comparability review of the medical education accrediting standards in the country in which the institution is located. It is recommended that the Department's Foreign Schools Team and the NCFMEA align their schedules, to the extent practicable, to achieve this result.

14(c) Creation of Foreign Medical School Database

Recommendation 14(c): The law should be changed to permit the Department to create a database, not later than three years from the date of this report, to collect the required reported data and analyze the collected information for the NCFMEA's use to determine appropriate quality assurance standards for programs leading to an M.D. degree, or its equivalent, for purposes of determining foreign medical schools' institutional eligibility to participate in federal student aid programs.

14(d) Cost of Attendance at Foreign Medical Schools

Discussion: The AAMC states, based on its 2008-2009 Tuition and Student Fee Reports, that on average, the figures published for medical school tuition, fees and health insurance for first-year students attending private medical schools during 2008-2009 is \$42,530.³⁴ Tuition is one source of the increasing debt, but there are others, such as student loan interest that has accrued or capitalized; undergraduate education debt; and, for non-traditional students, family members to support.³⁵

The AAMC also reports in its 2008 Graduation Questionnaire, Student Survey on Priorities in Medical Education, All Schools Summary Report, that approximately 50 percent of the 11,525

³² Boulet J, Cooper R, Seeling S, Norcini J, McKinley D. (2009) "U.S. Citizens Who Obtain Their Medical Degrees Abroad: An Overview, 1992-2006." *Health Affairs*, 28: no 1: 226-233.

³³ Federal regulations currently provide that the Department may certify foreign institutions to participate in the FFEL program for a period of time ranging from one to six years.

³⁴ American Association of Medical Colleges, (2008) 2008-2009 Annual Student Tuition and Fees Report, Private Schools, http://services.aamc.org/tsfreports/report.cfm?select_control=PUB&year_of_study=2009. Accessed March 6, 2009.

³⁵ Medical Student Debt. American Medical Association's Medical Student Section Task Force on Medical Education Debt. <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/medical-student-section/advocacy-policy/medical-student-debt.shtml>. Accessed March 23, 2009.

respondents in 2008 considered educational debt as an influence in their specialty choice. This contrasts with 81.9 percent of the same respondents who said salary expectations influenced their specialty choice. These responses show that students are more heavily influenced by their future earning potential, than by their past debt, in choosing a medical specialty. The same survey shows that from 2004-2008 the number of American allopathic medical students who graduated with debt remained steady at about 87 percent. The debt reported consisted of undergraduate/pre-medical debts, medical school debts, and non-educational debts, e.g., credit card debt or car loans. For medical students graduating in 2008, 25.3 percent reported that they graduated owing \$200,000 or more. Those who graduated while in debt reported an average debt of \$158,161.³⁶

The average debt figure should be compared with the responses received in the small survey of foreign freestanding medical schools the NCFMEA conducted in preparing this report. The freestanding foreign medical schools that responded estimated that for the 2005-2006 through 2007-2008 academic years, their graduates had an average educational indebtedness (total educational loan amount) of \$234,299.³⁷

The Department's NSLDS reported that for the 28 stand-alone foreign medical schools that participated in the FFEL program, the average disbursed amount per borrower per award year (July 1-June 30) for three for-profit schools from 2006 through 2008 increased 129 percent, with St. George's University, School of Medicine leading the way with a 160 percent increase. In contrast, during the same period, the average disbursed amount per borrower per award year for private universities generally increased 74 percent and for public universities, increased 36 percent. These increases coincide with the extension of the PLUS loan program to graduate students. The PLUS program now allows a student enrolled in a graduate or professional program to borrow up to the amount of the cost of attendance minus the student's estimated financial assistance, without any annual or aggregate loan limits.

The broad effects of incurring such debt include decreasing the diversity of the physician workforce by discouraging low income or minority students from applying to medical schools, or by influencing their specialty choice. It may also increase the number of physicians who must work second jobs after hours, thus increasing fatigue and possibly contributing to increased physician errors.

Recommendation 14(d):

1. In consideration of the dramatic increases in cost of attendance at foreign for-profit medical schools, the NCFMEA recommends that Congress adopt cost consumer protection requirements for foreign for-profit medical schools, such as the HEOA's "College Affordability Lists" requirements that apply to domestic institutions. Specifically, the Department should annually publish a list describing: a) the tuition and fees of each foreign for-profit medical school that participates in the FFEL program and

³⁶ Department of Medical Education, Association of American Medical Colleges. Graduate Questionnaire, Student Survey on Priorities in Medical Education, All Schools Summary Report. http://www.aamc.org/data/gq/allschoolsreports/2008_ss.pdf. Accessed on March 22, 2009.

³⁷ Refers to the unpublished survey administered for this report in December 2008.

b) the percentage increase in the school's tuition and fees over the three most recent academic years.

The foreign for-profit medical schools should be required to submit annual reports to the Secretary identifying the major areas involving the greatest cost increases, explaining the increases, and describing the steps the institution will take to reduce costs in those areas. Each annual report should describe progress achieved in the steps taken to reduce costs that were reported in the prior year. If cost increases are not in the exclusive control of the institution, the institution should be required to identify the entity responsible for determining the cost increases, and provide any other relevant information.³⁸

2. Foreign medical schools must disclose the amount of endowments, foundation funds, scholarships, grants, work study jobs, and other financial aid that reduce the actual cost of the published tuition and associated fees.³⁹
3. The Committee is aware of the seriously escalating cost of medical education and the indebtedness currently experienced by all students. Therefore, the NCFMEA recommends that each foreign medical school be required to survey U.S. citizens and nationals at the time of graduation concerning their total level of indebtedness, including undergraduate educational debt, medical school debt, and credit card debt, and to disclose the average level of total indebtedness of the graduates to prospective students. The Committee also recommends that foreign medical schools provide and document that they have provided debt counseling to admitted students prior to matriculation, including:
a) the expected costs of attendance for the full length of the educational program, b) the average indebtedness incurred by students of that institution for the full length of the educational program, and c) debt management skills.

³⁸ Institutions participating in the FFEL program are required to make readily available upon request the cost of attending the institution under 34 CFR 668.43.

³⁹ Institutions participating in the FFEL program are required to publish and make readily available descriptions of the federal, state, local, private and institutional student financial assistance programs available to students who enroll at that institution.

Appendix 1: Survey Instrument

**U.S. Department of Education
Office of Postsecondary Education**

**NATIONAL COMMITTEE ON FOREIGN
MEDICAL
EDUCATION AND ACCREDITATION**



**Questionnaire for the Report
Required by the Higher Education Opportunity Act
for the United States Congress and Secretary of
Education**

December 2008

BACKGROUND

The United States (U.S.) Congress recently passed the Higher Education Opportunity Act, which reauthorized the National Committee on Foreign Medical Education and Accreditation's (NCFMEA) ongoing activities and required the NCFMEA to provide Congress with a report that recommends performance-based eligibility criteria for participation by certain foreign medical schools in the Federal Family Educational Loan Program.

The foreign medical schools in question are those that meet neither the 60 percent (60%) non-citizenship requirement, nor the approved clinical-training-in-the-United States-since-January 1, 1992 requirement, but do have a clinical training program that was approved by a state prior to January 1, 2008. Effective July 1, 2010, the legislation states that a 75 percent (75%) pass rate on the examinations administered by the Educational Commission for Foreign Medical Graduates shall be a minimum eligibility requirement for this group of foreign medical schools, just as it will be for all other participating foreign medical schools.

INSTRUCTIONS

Please complete the brief questionnaire below for the programs of study leading to a Doctor of Medicine (M.D.) degree, or its equivalent, at your institution. (For a list of degrees deemed equivalent to the M.D., by the Educational Commission for Foreign Medical Graduates, refer to <http://www.ecfmq.org/creds/refgde.html>.) *Restrict your answers only to those programs leading to an M.D. degree, or its equivalent.* Return the completed information by **Friday, December 19, 2008**, to the NCFMEA's Executive Director, Melissa Lewis, via e-mail (Melissa.lewis@ed.gov) or fax [(202) 219-7008].

If you have questions about the report or survey, please notify Ms. Lewis via e-mail or phone [(202) 219-7009]. If your institution offers more than one program of study leading to an M.D. degree, or its equivalent, aggregate the information to cover all such programs.

GLOSSARY

Entrance Requirements: The admission requirements for entrance to the institution's programs of study leading to a M.D. degree, or its equivalent.

Grade Point Average (GPA): In some countries, grades are calculated into a numeric grade point average (GPA), which is used as a measure to assess and compare students. An overall or cumulative GPA is the mean GPA from all terms.

Graduation Rate: The percentage of entering students who complete and graduate from the programs of study leading to an M.D. degree, or its equivalent. For the purposes of this report, an overall graduation rate counts students as graduates if this is their first time in medical school, they study full time, and they complete their program

within 150 percent (150%) of its normal time. For example, for a four-year program, entering students who complete the program within six years count as graduates; for a six-year program, entering students who complete the program within nine years count as graduates; and for an eight-year program, entering students who complete the program within twelve years count as graduates.

Retention Rate: The percentage of students who are enrolled in programs leading to the M.D. degree, or its equivalent, at a foreign medical school, who continue their studies the following year.

QUESTIONS

- 1) For the last three academic years (2005-06, 2006-07, 2007-08), please provide the institution's entrance requirements for the first-year students admitted.

Entrance Requirements	2005-06	2006-07	2007-08
Admission Interview			
Pre-medical coursework			
A minimum overall GPA or score			
A minimum GPA by subject area (for example, science)			
A particular kind of work experience (for example, volunteer, medically-related, research)			
A minimum score on the Medical College Admission Test (MCAT) or other equivalent			
Criminal background check			
Any other entrance requirements (Please specify below.)			

- 2) What is the normal number of years required to graduate from the institution's programs of study leading to an M.D. degree, or its equivalent, e.g., four, six or eight years?
- 3) What is the maximum number of years the institution's students can be enrolled before they must graduate or be dismissed without graduation?

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4) For the last three academic years (2005-06, 2006-07 and 2007-08), provide, by year, the total number of students enrolled and the number of students who did not continue their studies, either because they withdrew/took a leave of absence or were dismissed from the medical school.

		2005-06	2006-07	2007-08
# Enrolled	1 st Year			
	2 nd Year			
	3 rd Year			
	4 th Year			
	5 th Year			
	6 th Year			
	7 th Year			
	8 th Year			
# Dismissed	1 st Year			
	2 nd Year			
	3 rd Year			
	4 th Year			
	5 th Year			
	6 th Year			
	7 th Year			
	8 th Year			
# Withdrew/ Took leave of absence	1 st Year			
	2 nd Year			
	3 rd Year			
	4 th Year			
	5 th Year			
	6 th Year			
	7 th Year			
	8 th Year			

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For those students who withdrew or took a leave of absence during the last three academic years, what was their primary reason for not continuing in those programs?

Number of Students Who:	Academic Years			Total
	2005-06	2006-07	2007-08	
Transferred to another medical school				
Withdrew due to health reasons				
Withdrew due to financial reasons				
Moved to a decelerated curriculum				
Took a leave of absence due to academic problems				
Took a leave of absence for academic enrichment (including research or joint degree programs)				
Took a leave of absence for personal reasons				
Other (Please provide brief explanation.)				

5) For the last three academic years, provide the total tuition and fees, in U.S. dollars, for entering students enrolled in programs leading to an M.D. degree, or its equivalent.

	2005-06	2006-07	2007-08
Total tuition and fees in U.S. dollars (\$)			

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- 6) For the last three academic years, provide the average educational indebtedness (total educational loan amount) of the institution's graduates, and the percentage of graduates with indebtedness in excess of \$150,000 U.S. dollars for the last three graduating classes.

	2005-06	2006-07	2007-08
Average debt in U.S. dollars (\$)			
% Graduates >\$150,000 debt			

- 7) What number of students, broken down by first time test takers and repeat test takers, took each step of the United States Medical Licensing Examination (USMLE) during the past three academic years?

		2005-06	2006-07	2007-08
USMLE, Step 1	1 st Time Testers			
	Repeat Testers			
USMLE, Step 2	1 st Time Testers			
	Repeat Testers			
USMLE, Step 3	1 st Time Testers			
	Repeat Testers			

- 8) What criteria do you use to decide when and which students may take each step of the USMLE?

USMLE, Step 1	When	
	Which Students	
USMLE, Step 2	When	
	Which Students	

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USMLE, Step 3	When	
	Which Students	

- 9) For the last three academic years (2005-06, 2006-07 and 2007-08), what percentage of the institution's graduates were able to secure residency training positions, in graduate medical educational programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)?

Secure ACGME accredited residency training	2005-06 %	2006-07 %	2007-08 %

11a) Depending if the institution has a four, six, or eight-year program, provide the graduation rate for the students enrolled for each of the entering classes shown below. (If you do not have data for those three entering classes, please provide the graduate rate information you have collected, by academic year.)

Graduation rate for 4 Year Program	2000-01 %	2001-02 %	2002-03 %

Graduation rate for 6 Year Program	1998-99 %	1999-00 %	2000-01 %

Graduation rate for 8 Year Program	1996-97 %	1997-98 %	1998-99 %

- 11b) Using the same three entering classes, estimate the percentage of students that typically graduate in the normal time (100% in the table below), and the percentage of an entering class that graduates in 150 percent (150% in the table below) of the normal time. [For example, for a four-year program, entering students who complete the program within six years are counted as graduating in 150 percent (150%) of the normal time; for a six-year program, entering students who complete the program within nine years are counted as graduating in 150 percent (150%) of the normal time; for an eight-year program, entering students who complete the program within twelve years are counted as graduating in 150 percent (150%) of the normal time.]

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		2000-01 %	2001-02 %	2002-03 %
4 Year Program	100% of the normal time			
	150% of the normal time			

		1998-99 %	1999-00 %	2000-01 %
6 Year Program	100% of the normal time			
	150% of the normal time			

		1996-97 %	1997-98 %	1998-99 %
8 Year Program	100% of the normal time			
	150% of the normal time			

Appendix 2: NCFMEA Guidelines

U.S. Department of Education
Office of Postsecondary Education

**National Committee on Foreign Medical Education and
Accreditation**

**GUIDELINES
For
REQUESTING A COMPARABILITY DETERMINATION**

Revised September 2007

OVERVIEW and PURPOSE:

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) is charged with determining whether the standards of accreditation used by a foreign country to accredit medical schools offering programs leading to the Medical Doctorate degree (M.D.), or equivalent degree, are comparable to standards of accreditation applied to M.D. programs in the United States. In making this determination, the Committee uses the following **Guidelines** that it has determined provide an appropriate framework for the thorough evaluation of medical schools offering programs leading to the M.D. (or equivalent) degree. In general, these **Guidelines** are similar to, and based upon, the standards used by the American Medical Association's Liaison Committee on Medical Education (LCME) to accredit medical schools in the United States.

The NCFMEA wishes to make it clear, however, that these are **Guidelines** and that a foreign country's standards and evaluation processes can differ substantially from these **Guidelines** and the LCME standards and still be determined to be comparable to the standards used in the United States, provided the foreign country can demonstrate that its standards and processes are effective alternatives to those used in the United States.

It is recognized that circumstances within a country may appropriately result in diverse institutional missions and educational objectives. However, those circumstances can never justify the accreditation of a substandard program of medical education leading to the M.D. degree. The NCFMEA expects the accreditation decisions to be consistent and in compliance with the country's accreditation standards and evaluation processes.

The NCFMEA has encountered significant variability in the structure used by each country in administering its accreditation process. In some countries, the entity

charged with the determination that a medical school has met the necessary standards to be formally accredited is a governmental entity, in others it is a professional entity and in still others it is an external body composed of international experts, which has contracted to perform this function. Generally, in most countries, the ability to operate as a medical school or College where students matriculate and emerge with a degree equivalent to an M.D. degree is under the jurisdiction of governmental entity such as the Ministry or Department of Education. This entity generally holds the power to both open and close the medical school. In some countries, there may be more than one governmental body involved such as the Ministry of Education and the Ministry of Health. It is important for the NCFMEA to clearly understand how your country administers the operation of your medical schools.

The NCFMEA is concerned with the processes, which a country uses to accredit its medical schools. These processes most certainly require the existence of standards whose validation is determined by the processes of inspection and auditing used in a global evaluation. It includes the review of certifications and licensure. It is more, however, than the recognition of a medical school by a government. It is the further determination that the evaluated medical school meets comparable required standards to those used by the LCME to determine that United States medical schools are accredited.

GENERAL INSTRUCTIONS for Completing the Application:

- The application is arranged in three parts. Part 1 requests information about the structure of the system that your country has to authorize the establishment of medical schools and subsequent oversight of the quality of the medical education program. Part 2 requests information about the standards and requirements your country uses to evaluate the quality of medical education leading to the M.D. degree. Part 3 requests specific information regarding the evaluation process and application of your quality standards including the qualifications of evaluators, quality controls against conflict of interest, monitoring and verification of compliance with your standards. Please complete **all** sections of the application with a narrative response.
- Please provide documents to verify each response and to demonstrate application of the process or procedure as appropriate. Appropriate suggested documents may include: copies of relevant laws, regulations, standards or other authoritative documents, samples of site visit team reports, accreditation standards, accreditation processes and procedures documents, site visitor guidance, decision meeting minutes, training materials, etc.
- Before completing each section, first read carefully the **standard** (indicated below in BOLD print) and answer each question that follows in the context of the **Guidelines** and the definitions and concepts provided below:

Standards: uniform performance specifications established by authority, custom, or general consent, and used as a model or example to be followed to ensure operational capacity within the medical school's processes. Standards provide measures of performance and reflect carefully thought-out methods of performing tasks, which may then be inspected and/or audited.

Inspection: the act or process of a strict and/or close examination on-site in order to determine the state of operational integrity; often limited to specific aspects such as compliance with building and safety codes, it may also be used to ascertain the existence of required conditions.

Auditing: the act or process of a strict and/or close examination in order to determine that the processes so being examined are in fact genuine and operating as specified and result in the desired outcomes. It generally requires a step-by-step review of the processes under examination.

Evaluation: the act or result of judging, appraising and/or rating the operational characteristics, capacities and performance of a medical school, which generally results from the inspections and/or auditing of a whole group of operational requirements and provides a de-facto statement about the relative merit of medical school's processes. The significance of evaluations for purposes of comparability depends on the standards being applied. Sometimes such evaluations only state that a medical school has met the minimal requirements, but does not further rate the performance, a so-called "pass/fail." In other circumstances the evaluation may produce a gradation such as unsatisfactory, satisfactory, and exemplary.

Certification: the act of attesting and/or guaranteeing of the genuineness of a specific operational capacity, generally the result of several inspections and/or audits used in an evaluation.

Licensure: the granting of licenses and/or permits in accordance with established standards to allow legal operation of a medical school within a country, often a permit, license or charter. Although licensure formally documents compliance with the legal requirements applied by the licensing authority, those requirements may be minimal thresholds only and may have little bearing on comparability determinations.

Recognition: the action of formal acknowledgment of the de facto existence of a medical school, which implies the existence of minimal standards of operation and governance from the perspective of a country's government, but which in no way attests to the accreditation of such an institutions compliance with higher, if voluntary standards, such as the LCME's. Hence the formal recognition of a medical school by a government is only that it is empowered to commence and/or continue operations and as such does not meet the needs of the NCFMEA to determine comparable accreditation.

Accreditation: the act or process of confirming compliance with developed standards in order to attest that a designated level of operational capacity exists within a medical school educational facilities and processes so as to assure its ongoing ability to function and to provide for the future competence of its students.

- Please provide English translations of all documents.

PART 1:

Suggested Documentation to support and verify responses to Part 1:

Please provide a copy of the law(s), regulation (s), or other document(s) that authorize the entities to accredit/approve medical schools.

Entity Responsible for the Accreditation/Approval of Medical Schools

There should be a clearly designated body responsible for evaluating the quality of medical education in your country, and that body should have clear authority to accredit/approve/deny the operation of medical schools in your country that offer educational programs leading to the M.D. (or equivalent) degree.

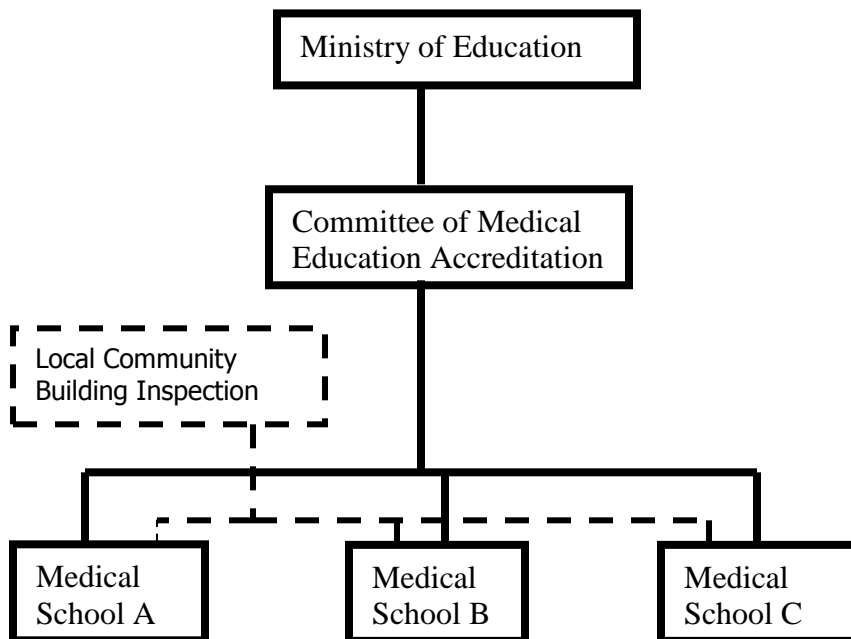
- (1) In your country, is there one or more governmental entities, whose consent must be obtained in order for the medical school to commence operations? If so, what is the name of each entity and to whom does each report?
- (2) Does this entity regulate the medical school's certification and/or licensure? If not who does?
- (3) In your country is there one or more governmental entities that have the authority to force the closure of a medical school or to take away its right to operate? If so, what is the name of each entity and to whom does each report?

(Please note that we have found examples where an entity that grants the licensure to commence operations lacks authority to force closure.)

- (4) In your country, is there one or more organizations which conduct an in depth on-site inspection and/or audit of each medical school in order to confirm compliance with the minimum allowable standards for its operation? If so, what is the name of each entity and to whom does each report?
- (5) In your country, is there one or more organizations which conduct an in depth evaluation of each medical school in order to confirm compliance with a defined set of standards for operation above and beyond the minimum allowable standards and if so, what is the name of the each entity and to whom does each report?

FOR EXAMPLE:

Here is a common arrangement. This country has three medical schools, A, B and C. Each operates under the rules and regulations of the Ministry of Education. The Ministry of Education has created a Committee of Medical Education, which has the responsibility of performing the accreditation. There is also a Local Community Building Inspection Authority, which conducts on-site inspection of the medical schools' buildings for compliance with building, fire and safety codes and other structural requirements. The local community building inspection authority issues certificates of compliance. The Committee of Medical Education may consider such certificates in its evaluation, but its accreditation process must hold the medical schools to a higher level of performance and be much more comprehensive to be found comparable.



PART 2:

Suggested documentation to support and verify responses to Part 2:

Please provide a copy of the specific laws, regulations, standards or requirements your country applies in its evaluation of the medical school program leading to the M.D. (or equivalent) degree. Please include specific requirements for each component of the program (mission, governance, administration, basic sciences, clinical sciences, students, faculty, resources, etc.).

Accreditation/Approval Standards

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following areas:

Section 1: Mission and Objectives

(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.

(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.

- (1) Does the entity responsible for evaluating the quality of medical education in your country require its medical schools to have an educational mission that serves the public interest? If your answer is yes, please explain how the public is served.
- (2) What are your country's requirements related to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care?

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Section 2: Governance

(a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.

(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the school’s administration. This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

- (1) Does the entity responsible for evaluating the quality of medical education in your country require medical schools to be legally authorized or licensed to provide a program of medical education? If yes, what are the requirements for medical schools to be legally authorized or licensed to provide a program of medical education in your country?
- (2) In your country, are the administrators of medical schools held accountable for the operation and success of the school and its programs to an authority external and independent of the medical school? If yes, what is name of that authority and its relationship to the school and/or to the government?

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Section 3.1: Administration

(a) The administration of the medical school must be effective and appropriate in light of the school’s mission and objectives.

(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and the other administrative functions that the medical school performs.

(ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are

necessary to fulfill the responsibilities of the chief academic officer's office.

(iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.

- (1) What are your country's requirements regarding how medical schools are to be administered?
- (2) What are the criteria used to determine that the chief medical officer of the medical school has sufficient access to the resources and authority of the university president or other university officials to effectively administer the medical educational program?
- (3) What are the criteria for determining that the medical school department heads and senior clinical faculty members have sufficient access to the resources and authority needed to effectively instruct students?

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Section 3.2: Administration

(b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.

- (1) What are the qualifications your country requires for the person who holds the position of chief academic official of a medical school?

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Section 3.3: Administration

(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to—

- (i) Admissions,**
- (ii) Hiring, retention, promotion, and discipline of faculty; and**
- (iii) All phases of the curriculum, including the clinical education portion;**

- (1) In what way do faculty members of medical schools participate in decisions related to admissions; the hiring, retention, promotion, and discipline of faculty; and curriculum?

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Section 3.4: Administration

(d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that—

(i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and

(ii) There is consistency in student evaluations at all sites.

- (1) Do any of your medical schools offer all or part of the medical education program at geographically separated locations? If yes, what are the requirements you apply to the evaluation of the medical school to ensure that the quality of education at geographically-separated sites are comparable to the main campus and that students are evaluated in a comparable manner at all sites?

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Section 4.1: Educational Program

(a) Duration: The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

- (1) What is the program length (expressed in terms of weeks and calendar years) requirement for the program of medical education leading to the M.D. degree (or equivalent)? Alternatively, if your country is a member of the European Community (EC) and, therefore, subscribes to the EC requirement of 5500 hours for the medical program, please provide documentation that your country is a member of the EC.

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Section 4.2: Educational Program

(b) Curricular Content: The medical school’s curriculum must provide students with general professional education, i.e. the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including—

(A) Contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and

(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

- (1) What are your requirements related to the basic sciences component of a medical program leading to the M.D. degree? What subjects does your country require a medical school to include in the basic sciences? Please provide as an attachment.
- (2) What requirements does your country have for the laboratory portion of the basic sciences curriculum?

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Section 4.3: Educational Program

(ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.

Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

Note 3: The medical school’s program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.

Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of selected patients having the major and common types of disease problems represented in the clerkship.

- (1) What are your country's requirements related to the clinical sciences component of a medical program leading to the M.D. (or equivalent) degree? What subjects does your country require a medical school to include in the clinical sciences?

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Section 4.4: Educational Program

(iii) Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology.

- (1) What is the extent and nature of the educational experience provided within the M.D. degree program for disciplines that support the clinical subjects?

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Section 4.5: Educational Program

(iv) Ethical, behavioral, and socioeconomic subjects pertinent to medicine.

- (1) What are your country's requirements related to the inclusion of ethical, behavioral, and socioeconomic subjects in a medical program leading to the M.D. (or equivalent) degree?

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Section 4.6: Educational Program

(v) Communications skills integral to the education and effective function of physicians, including communication with patients, families, colleagues, and other health professionals.

- (1) Does your country have requirements related to the inclusion of communications skills in a medical program leading to the M.D. (or equivalent) degree? If yes, what are they?

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Section 4.7: Educational Program

(c) Design, Implementation, and Evaluation

(i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.

(ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.

- (1) What are your requirements related to the design, implementation, and evaluation of a medical school's curriculum?
- (2) Does your country require each medical school to have its own system for evaluating the effectiveness of its curriculum and making changes to the curriculum as a result of its evaluation? If yes, what is the role of the school faculty in the curriculum evaluation process?

- (3) Alternatively, does your country mandate the evaluation of the curriculum all medical schools are required to have to be provided by some centralized authority or body? If so, what is the name and authority of that body? Please describe the curriculum evaluation process.

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Section 5.1: Medical Students

(a) Admissions, Recruiting, and Publications

(i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.

(ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).

(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.

- (1) What are the requirements for admission to medical school? Are these national admission standards or are they established by the individual medical school?
- (2) What are your requirements or standards for advertising and other publications used by the medical school to promote its educational program?
- (3) Do students have access to their academic records? What laws (if any) govern student access to records and the confidentiality of student records?

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Section 5.2: Medical Students

(a) Evaluation of Student Achievement

(i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.

(ii) The medical school's evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.

(iii) The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.

- (1) Does your country set national requirements by which medical schools are to evaluate student achievement? If yes, what are requirements for evaluating student achievement?
- (2) In the alternative, are medical schools free to establish their own methods of evaluating student achievement? If yes, how does your country determine if the requirements are adequate?

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Section 5.3: Medical Students

(c) Student Services

Students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

- (1) What are your requirements for the provision of student services by medical schools?

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Section 5.4: Medical Students

(d) Student Complaints

The medical school must have written policies for addressing student complaints related to the areas covered by the agency’s accreditation standards and processes. The student consumer information provided by the medical school to students must include the school’s policies for addressing student complaints as well as the name and contact information for the accrediting/approval entity to which students can submit complaints not resolved at the institutional level.

- (1) What are your country’s standards or procedures regarding how medical schools must address student complaints?

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Section 6.1: Resources for the Educational Program

(a) Finances:

The medical school must have adequate financial resources for the size and scope of its educational program.

(b) Facilities:

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

- (1) How are your medical schools financed? If your country permits privately owned medical schools, what standards does your country have regarding their finances?

- (2) What are your country's requirements related to the type and quality of facilities a medical school must have?

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Section 6.2: Resources for the Educational Program

(c) Faculty:

(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

(ii) The medical school should have policies that deal with circumstances in which the personal/private interests of its faculty or staff may conflict with their official responsibilities.

- (1) What are your country's requirements related to the size of the faculty a medical school is required to have?
- (2) What are your country's requirements regarding the qualifications for appointment to the faculty?
- (3) How do you guard against faculty conflict of interest between personal and professional interests?

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Section 6.3: Resources for the Educational Program

(d) Library

The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.

(e) Clinical Teaching Facilities

The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

- (1) Does your country establish national standards related to the quality of a medical school's library? If yes, what are they?
- (2) Do you require affiliation agreements between medical schools and clinical teaching sites? What is required in the affiliation agreement and who approves the agreement?
- (3) Who is responsible for ensuring the quality of the clinical teaching sites? What are the quality standards by which they are evaluated?

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PART 3:

Suggested documentation to support and verify responses to Part 3:

Please provide a copy of the specific laws, regulations, standards or requirements governing the accreditation/approval processes and procedures used in your country in the evaluation of the medical school program leading to the M.D. (or equivalent) degree. Please include specific documents that verify the requirements for each component of the evaluation process (site visit process, evaluation process, monitoring, re-evaluation, substantive change processes, integrity, controls against conflict of interest, etc.)

Accreditation/Approval Processes and Procedures:

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for granting accreditation/approval to medical schools that are comparable to the following:

1. Site Visit

The accreditation/approval process includes a thorough comprehensive on-site review of the school to include all of the training sites (if any), during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation and approval standards. This review includes, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students.

The accreditation/approval process must include an on-site review of all core clinical clerkship sites.

(a) At sites that have never been visited by an accreditor (whose standards have been determined to be comparable), the accreditor must conduct an on-site review within 12 months of the accreditation review of the school.

(b) At sites that have been reviewed previously and approved by an accreditor whose standards are comparable, the accreditor must conduct an on-site review at least once during the accredited period.

(c) At new sites (sites opened during the accredited period and that have never been visited previously), the accreditor must conduct an on-site review within 12 months of the placement of students at those sites.

NOTE: If an accrediting body is accrediting multiple schools that use a common core clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the accrediting body, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accredited period.

- (1) Does the entity that is responsible for accrediting/approving medical schools in your country conduct a site visit to a medical school prior to granting it accreditation/approval? If yes, does the site visit include a review of the school's admissions process, its curriculum, its faculty, the achievement of its students and graduates, the facilities, and the academic support services available to students? Please provide documentation of the application of the site evaluation process such as handbooks and guides provided to site evaluators.
- (2) Do the site visits encompass the main campus of the medical school, any branch campus or campuses, and any other additional location or locations operated by the

medical school as well as all core clinical clerkship sites affiliated with the medical school? Please provide documentation of how you conduct the evaluation.

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2. Qualifications of Evaluators, Decision-makers, Policy-makers

The accreditation/approval process must use competent and knowledgeable individuals, who are qualified by experience and training in the basic or clinical sciences, for on-site evaluations of medical schools, policy-making, and decision-making.

- (1) What are your requirements regarding the qualification and training of the individuals who participate in on-site evaluations of medical schools, the individuals who establish the accreditation/approval standards for medical schools, and the individuals who decide whether a specific medical school should be accredited/ approved? Please provide samples of training materials.

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3. Re-evaluation and Monitoring

The accreditation/approval process must demonstrate the regular re-evaluation of medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

The accreditation/approval process must demonstrate that the accrediting/approval entity reviews complaints it receives from students and, as appropriate, investigates and takes follow-up action. The complaint review process must demonstrate that it ensures the timely, fair, and equitable handling of all complaints related to the standards and procedures for accreditation/approval. The procedures also must demonstrate that follow-up action, including enforcement action, is appropriate based on the results of the investigation. In addition, the accreditation/approval entity must consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation.

- (1) How frequently do accredited/approved medical schools undergo periodic reevaluation to determine if they are still in compliance with the standards for accreditation/approval?

- (2) What is your process for monitoring accredited medical school during the accreditation/recognition period to verify their continued compliance with the standards? If you require a report from the medical school, what information is requested? Please provide a sample of any report you require.
- (3) Do you investigate complaints from students against medical schools? If yes, how are students made aware of this?
- (4) Do you have a written procedure for investigating student complaints pertaining to medical schools? If yes, what is the procedure?
- (5) What type complaints has the agency received during the past year, and what were the results of the investigation of those complaints?
- (6) Please describe how the record of student complaints received by the agency is used in the agency's reevaluation or ongoing monitoring of medical schools.

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4. Substantive Change

The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.

- (1) If a medical school wants to make a substantive change to its educational program or some other aspect of the medical school, what are your country's requirements and procedures requiring notification of the change to the appropriate entity and review by the entity?

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5. Conflicts of Interest, Inconsistent Application of Standards

The accreditation/approval process must include effective controls against conflicts of interest by those involved in the accreditation evaluation and decision process and controls against the inconsistent application of the accreditation/approval standards.

- (1) What are your country's policies regarding bias or conflict of interest by persons involved in the accreditation evaluation and decision-making process? How does your country ensure that those involved in the accreditation/ approval decision for a specific medical school do not have a conflict of interest that might prevent them from making an objective decision?
- (2) How does your country ensure that your standards for the accreditation/approval of medical schools are applied consistently to all schools that seek that accreditation/approval?

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6. Accrediting/Approval Decisions

While there may be diverse institutional missions and educational objectives, this should not result in accreditation of a substandard program of medical education leading to the M.D. degree. Decisions must be based on compliance with the accreditation standards and based, in part, on an evaluation of the performance of students after graduation from the medical school.

- (1) What procedures do you use to ensure that accreditation/approval decisions are based on your accreditation/approval standards?
- (2) What information on the performance of a medical school's graduates do you use in reaching your decision on whether or not to grant that school accreditation/approval?
- (3) Does your country establish student performance outcome measure benchmarks or requirements for schools, such as acceptable numbers of graduates from the school passing a licensing examination, to determine whether to grant accreditation /approval to that school? If so, what are they? Please describe your collection and use of the data?

GLOSSARY

Accreditation: The act or process of confirming compliance with developed standards in order to attest that a designated level of operational capacity exists within a medical school's educational facilities and processes so as to assure its ongoing ability to function and to provide for the future competence of its students.

Accreditation Council for Graduate Medical Education (ACGME): The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-M.D. medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

Allopathic: Pertaining to conventional medical treatment of disease symptoms that uses substances or techniques to oppose or suppress the symptoms.

Association of American Medical Colleges (AAMC): Founded in 1876, the AAMC is a not-for-profit organization serves and leads the academic medicine community to improve the health of all through the representation of:

- All 130 accredited US and 17 accredited Canadian medical schools
- Nearly 400 major teaching hospitals and health systems, including 68 Department of Veterans Affairs medical centers in the United States
- Nearly 90 academic and scientific societies

American Osteopathic Association (AOA): The AOA is a member association representing more than 64,000 osteopathic physicians (D.O.s). The AOA serves as the primary certifying body for D.O.s, and is the accrediting agency for all osteopathic medical colleges and health care facilities.

Audit: The act or process of a strict and/or close examination in order to determine that the processes so being examined are in fact genuine and operating as specified and result in the desired outcomes. It generally requires a step-by-step review of the processes under examination.

Canadian Medical Schools: For the purpose of this report, Canadian medical schools are not considered foreign because they are jointly accredited by the LCME and the Committee on the Accreditation of Canadian Medical Schools (CACMS).

Center for Medicare and Medicaid Services (CMS): Component of the Department of Health and Human Services, which administers Medicare, Medicaid, and the State Children's Health Insurance Program.

Certification of Foreign Schools: The result of an application process, whereby the Department makes a determination that an educational institution meets the Department's eligibility standards and is therefore approved to participate in the Department's federal student aid programs.

Clinical Clerkships: A required period of medical education in which students practice medicine under the supervision of a medical specialist at a teaching hospital or medical school. The clerkships occur after the basic science curriculum. Clerkships in internal medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry and family medicine are required to obtain the Doctor of Medicine degree. The intent of the clinical clerkship is to teach the medical student the fundamentals of clinical examination, evaluation, and care provision, and to enable the student to select the course of further study. During the clinical clerkship, the medical student will interact with real patients much as a physician does, but their evaluation and recommendations will be reviewed and approved by more senior physicians.

Committee on the Accreditation of Canadian Medical Schools (CACMS): The Committee on the Accreditation of Canadian Medical Schools (CACMS), working with the Liaison Committee on Medical Education (LCME) in the United States, ensures that Canadian medical faculties' M.D. programs meet the quality expected when producing tomorrow's doctors. Medical schools demonstrating compliance are afforded accreditation, a necessary condition for a program's graduates to be licensed as physicians.

Department: The United States Department of Education

Doctor of Medicine (M.D.): A doctoral degree for physicians (medical doctors). The degree is granted from allopathic medical schools.

Doctor of Osteopathic Medicine (D.O.): A doctoral degree for physicians (medical doctors). The degree is offered by osteopathic schools of medicine. They are similar to M.D.s, except they are also trained in osteopathic manipulative medicine techniques.

Educational Commission for Foreign Medical Graduates (ECFMG): A private not-for-profit corporation which assesses the readiness of international medical graduates to enter residency or fellowship programs in the United States that are accredited by the ACGME through its program of certification.

Entrance Requirements: The admission requirements for entrance to a program of study leading to a M.D. degree, or its equivalent.

Evaluation: The act or result of judging, appraising and/or rating the operational characteristics, capacities and performance of a medical school, which generally results from the inspections and/or auditing of a whole group of operational requirements and provides a de-facto statement about the relative merit of a medical school's processes. The significance of evaluations for purposes of comparability depends on the standards being applied. Sometimes such evaluations only state that a medical school has met the minimal requirements, but does not further rate the performance, a so-called "pass/fail." In other circumstances the evaluation may produce a gradation such as unsatisfactory, satisfactory, and exemplary.

Federal Family Education Loan Program (FFEL program): A federal student loan program established by the *Higher Education Act of 1965*, permits eligible U.S. students to borrow federal student financial aid to help pay their education expenses while attending approved institutions

in the United States accredited by the LCME and U.S. students who are attending approved institutions in foreign countries in which the accreditation standards have been determined by the NCFMEA to be comparable to those accreditation standards used by the United States.

Federation of State Medical Boards (FSMB): A national non-profit organization representing the 70 medical boards of the United States and its territories. The FSMB's mission is to continuously improve the quality, safety and integrity of health care through developing and promoting high standards for physician licensure and practice.

Foreign Medical School or Foreign Graduate Medical School: Federal regulations define a foreign graduate medical school as a foreign institution that qualifies to be listed in, and is listed as a medical school, in the most current edition of the World Directory of Medical Schools published by the World Health Organization (34 Code of Federal Regulations 600.52). For the purpose of this report, that includes any foreign medical school that is not accredited by the LCME.

Foundation for Advancement of International Medical Education and Research (FAIMER): FAIMER was established in 2000 by the Educational Commission for Foreign Medical Graduates (ECFMG). In partnership with ECFMG, FAIMER promotes excellence in international health professions education through programmatic and research activities.

Grade Point Average (GPA): A metric of academic performance.

Graduate Medical Education (GME): For the purpose of this report, and generally through the U.S. medical community, graduate medical education is synonymous with a medical residency position in an ACGME-accredited program.

Graduation Rate: The percentage of entering students who complete and ultimately graduate from the program of study leading to an M.D. degree or its equivalent. For purposes of this report, an overall graduation rate counts students as graduates if this is their first time in medical school, they study full time and they complete their program within 150% of its normal time, e.g., for a four-year program, entering students who complete the program within six years are counted as graduates or for a six year program, entering students who complete the program within nine years.

Inspection: The act or process of a strict and/or close examination on-site in order to determine the state of operational integrity; often limited to specific aspects such as compliance with building and safety codes, it may also be used to ascertain the existence of required conditions.

International Medical Education Directory (IMED): A directory is published as a joint collaboration by the ECFMG and the FAIMER. And provides information about international medical schools that are recognized by the appropriate government agency in the countries where the medical schools are located. The agency responsible for this recognition in most countries is the Ministry of Health. Medical schools that are recognized by the appropriate agencies in their respective countries are listed in the International Medical Education Directory. A listing in IMED does not provide any information regarding the quality of education at a

medical school, nor does it imply any quality assurance by either the ECFMG or the host country.

International Medical School Graduate (IMG): A graduate from an institution outside the U.S. or Canada and not accredited by the Liaison Committee on Medical Education. IMGs may be categorized into two different groups: 1) citizens or permanent residents of the United States (US IMGs) and 2) all others (non-US IMGs). States require that all IMGs undertake residency education in the U.S. before they can obtain a license to practice medicine in the U.S. from a SMB, even if they were fully educated, licensed, and practicing in another country.⁴⁰

Liaison Committee on Medical Education (LCME): The nationally recognized accrediting authority for medical education programs leading to the M.D. degree in U.S. and Canadian medical schools. The LCME is sponsored by the Association of American Medical Colleges and the American Medical Association. The U.S. Department of Education recognizes the LCME for accreditation of programs of medical education leading to the M.D. in the U.S.

Licensure: The granting of licenses and/or permits in accordance with established standards to allow legal operation of a medical school within a country, often a permit, license or charter. Although licensure formally documents compliance with the legal requirements applied by the licensing authority, those requirements may be minimal thresholds only and may have little bearing on comparability determinations.

Medical College Admission Test (MCAT): A standardized examination that consists of three multiple-choice sections and a writing assessment. Its purpose is to test the skills and knowledge that medical educators and physicians have identified as key prerequisites for success in medical school and the practice of medicine. The exam has been part of the medical school admissions process for more than 60 years and today all medical schools in the United States and most in Canada require applicants to submit recent MCAT exam scores. In addition, many other health professions and graduate programs accept MCAT exam scores in lieu of other standardized tests. Considering its widespread acceptance, it is no surprise that more than 70,000 students sit for the exam each year.

National Committee on Foreign Medical Education and Accreditation (NCFMEA): A committee which operates under the United States Department of Education is charged with determining whether the standards of accreditation used by a foreign country to accredit medical schools offering programs leading to the M.D., or equivalent, degree are comparable to standards of accreditation applied to M.D. programs in the United States.

National Resident Matching Program (NRMP): A private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education (GME) in the United States.

National Student Loan Data System (NSLDS): The U.S. Department of Education's central database for student aid. NSLDS receives data from schools, guaranty agencies, the Direct Loan

⁴⁰ ACGME 2008 Data Resource Book, page 58

program, and other Department programs. NSLDS Student Access provides a centralized, integrated view of Title IV loans and grants so that recipients of Title IV aid can access and inquire about their Title IV loans and/or grant data.

Observership: A structured opportunity for an IMG to observe clinical practice in a variety of health care settings under the guidance of a physician mentor and to learn about the general structure, characteristics, and financing of health care delivery in the U.S.

Osteopathic: The use of conventional methods of diagnosis and treatment but with an additional emphasis on the achievement of normal body mechanics and use of manipulative medicine techniques as central to maintaining good health.

Recognition: The action of formal acknowledgment of the de facto existence of a medical school, which implies the existence of minimal standards of operation and governance from the perspective of a country's government, but which in no way attests to the accreditation of such an institutions compliance with higher, if voluntary standards, such as the LCME's. Hence the formal recognition of a medical school by a government is only that it is empowered to commence and/or continue operations and as such does not meet the needs of the NCFMEA to determine comparable accreditation.

Retention Rate: The percentage of students who are enrolled in the M.D., or equivalent, degree at a foreign medical school offering programs leading to the M.D., or equivalent, degree, who continue their studies the following year.

Safety-net hospitals: Hospitals that treat a disproportionate share of uninsured patients and are often the only source of health care for millions of Americans.

Standards: Uniform performance specifications established by authority, custom, or general consent. It is used as a model, or an example, to be followed to ensure operational capacity within the medical school's processes. Standards provide measures of performance and reflect carefully thought-out methods of performing tasks, which may then be inspected and/or audited.

State: A state of the United States of America.

United States Medical Licensing Examination (USMLE): 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.

United States Territory: Any region under the jurisdiction of the government of the United States, including all waters (around islands or continental tracts). Currently, American Samoa, the Commonwealth of Puerto Rico, the District of Columbia, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federal States of Micronesia, and the Republic of Palau are territories of the United States.

World Health Organization (WHO): The directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

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REPORT TO CONGRESS

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