

MEDICAL BOARD STAFF REPORT

DATE REPORT July 5, 2018
 ISSUED: ATTENTION: Members, Medical Board of California
 SUBJECT: Recognition of St. George's University of London, International MBBS Program
 STAFF CONTACT: April Alameda, Chief of Licensing

REQUESTED ACTION:

After review and discussion, grant recognition to the St. George's University of London (SGUL), International MBBS Program; deem it to be in substantial compliance with the requirements of California Business and Professions Code (BPC) sections 2089 and 2089.5, and Title 16, Division 13, California Code of Regulations (CCR), section 1314.1; and grant recognition to SGUL students who matriculate on or after August 2015.

BACKGROUND AND ANALYSIS:

The St. George's University of London (SGUL) was founded in 1834 and the first year of instruction for the International MBBS Program started in 2012 to educate the citizens of the world to be physicians and surgeons. This program is part of SGUL's effort to promote international medical school programs. The SGUL's International MBBS Program is part of the University of London, St. George's Hospital Medical School that and is recognized by the Board.

The primary location for SGUL's academic activities is shared with St. George's NHS Trust. SGUL has a long-standing commitment in providing a physical environment that supports a high quality student experience. SGUL has implemented a "40 million pound renovation program" to upgrade all aspects of its research, teaching, support and social space. Facilities include a simulation center that trains over 2,500 students/year.

There is a sufficient description of the credentials of the faculty to indicate that they are appropriately qualified to teach their specific curricular content. Faculty undertake mandatory peer observation of teaching every three years and are reviewed annually through the Personnel Review Process.

This program is based at the St. George's Hospital Medical School campus in London for the first two to four years, depending on the entry level, and incorporates clinical placements outside the United Kingdom (UK) in the final two years. This program is accredited by the UK General Medical Council and graduates are eligible to be awarded the MBBS from St. George's Hospital Medical School.

Medical students are required to complete 86 weeks of clinical coursework and complete the required core clinical rotations required in BPC 2089.5. SGUL has a contract with Marshall University/Joan C. Edwards School of Medicine in Huntington, West Virginia and the Jefferson University/Sidney Kimmel Medical College in

Philadelphia, Pennsylvania for delivery of the Penultimate (3rd year) and Final (4th year) year clinical placements for the students in the International MBBS. The hospitals are accredited by the Joint Commission and both facilities have Liaison Committee for Medical Education and Accreditation Council for Graduate Medical Education approved programs. These facilities are sufficiently large to accommodate trainees from SGLU.

Board staff conducted the initial review of SGUL's Self-Assessment Report (SAR) then requested Board Licensing Medical Consultant, Jim Nuovo, M.D., to review the SAR, including all of the additional materials that were requested to be provided for further clarification. Based on Dr. Nuovo's review, he has determined the medical school curriculum meets the requirements of BPC sections 2089, 2089.5, and 16 CCR section 1314.1. Additionally, Dr. Nuovo has determined that a site visit is not necessary for the recognition of SGUL given the Board's current recognition of University of London, St. George's Hospital Medical School and SGUL's ability to demonstrate compliance with the requirements of BPC sections 2089, 2089.5, and 16 CCR section 1314.1.

RECOMMENDATION:

Grant recognition of St. George's University of London, International MBBS Program retroactive to August 2015 without a site visit.

ATTACHMENTS:

1. Jim Nuovo, M.D.'s Report regarding St. George's University of London, International MBBS Program's Self-Assessment Report
2. California Business and Professions Code section 2089
3. California Business and Professions Code section 2089.5
4. California Code of Regulations, Title 16, Division 13, section 1314.1

May 4, 2018

To: Mark Seidl

International Medical School Liaison

Medical Board of California

2005 Evergreen Street; Suite 1200

Sacramento, CA 95815

From: Jim Nuovo, MD

Professor/Department of Family & Community Medicine

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Re: Evaluation of St. George's Hospital Medical School/University of London Request for Recognition/International MBBS at St. George's Hospital Medical School

Background

The Medical Board of California (Board) requested a review of the materials provided by St. George's Hospital Medical School/University of London. These were submitted in pursuit of a request for the recognition of the following programs:

1. International MBBS at St. George's Hospital Medical School.
2. St. George's Hospital Medical School MBBS offered at the University of Nicosia Medical School.

The evaluation of the St. George's Hospital Medical School MBBS offered at the University of Nicosia Medical School will be presented in a separate memo.

Recognition of these programs would enable their students and graduates to participate in clinical clerkships, to enter graduate medical education programs in California and to become eligible for licensure to practice medicine in California.

This report is based on my review of the documents provided to the Board in their Self-Assessment Report.

The goal of this review was to determine if the medical education received in these two programs meets the requirements of current California statutes and regulations for recognition by the Medical Board of California.

Recommendations

The documents that have been provided are sufficient and indicate that the International MBBS at St. George's Hospital Medical School is in substantial compliance with the requirements of Business and Professions Code Sections 2089 and 2089.5 and the California Code of Regulations, Title 16, Division 13, Section 1314.1.

Based on the initial Self-Study Document provided, there was evidence that the Program was in compliance with all of the aforementioned statutes and regulations, except for the following:

Business and Professions Code Section 2089.5 e(8): "The hospital shall ensure a minimum daily census adequate to meet the instructional needs of the number of students enrolled in each course area of clinical instruction, but not less than 15 patients in each course area of clinical instruction."

California Code of Regulations 1314.1 (3): "The structure and content of the educational program shall provide an adequate foundation in the basic and clinical sciences and shall enable students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care. The objectives of the educational program shall state, in outcome-based terms, what students are expected to learn. When an institution provides clinical clerkships at multiple teaching sites, the institution shall demonstrate comparability of educational experiences for all students across instructional sites."

California Code of Regulations 1314.1 (4): "The institution shall have a system with central oversight to assure that the faculty define the types of patients and clinical conditions that students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of student responsibility. The system shall ensure that the faculty monitor and verify student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met."

A subsequent conference call was held with the School and additional information provided. This information clarified the current required clinical rotations that are used to satisfy these above-cited requirements. In the initial Self-Study Documents, the clinical training was completed at Swedish Covenant Hospital in Chicago. Based on the information provided about this facility, it was unclear how the Program could meet the above-cited requirements. However, the Program subsequently terminated their relationship with Swedish Covenant Hospital and now has the students performing all of their clinical training at the Marshall University/Joan C. Edwards School of Medicine in Huntington, West Virginia and the Jefferson University/Sidney Kimmel Medical College in Philadelphia, Pennsylvania. The School provided all of the necessary content to determine if it is in compliance with all of the necessary statutes and regulations. In my opinion, the additional information demonstrates substantial compliance with the requirements of Business and Professions Code Sections 2089 and 2089.5 and the California Code of Regulations, Title 16, Division 13, Section 1314.1.

I recommend consideration for recognition, retroactive to the initiation of the clinical rotation requirements at these two clinical training sites.

Review

St. George's Hospital Medical School/University of London

This program is part of the University of London and is currently recognized by the Board.

International MBBS at St. George's Hospital Medical School

This program is based at the St. George's Hospital Medical School campus in London for the first two to four years (depending on the entry level) and incorporates clinical placements outside the UK in the final two years. This program is accredited by the UK General Medical Council and graduates are eligible to be awarded the MBBS from St. George's Hospital Medical School.

Business and Professions Code Sections 2089

International MBBS at St. George's Hospital Medical School

Section 2089 requires the medical curriculum to extend over four years or 32 months of actual instruction. This program is divided into a "Graduate Entry Stream," a 4-year program and a "School Leaver Stream," a 6-year program. The first entry class for both pathways was in Academic Year 2012. The projected class size for the Graduate Entry Stream is 55; the projected class size for the School Leaver Stream is 25. The Graduate Entry Stream curriculum includes two years of basic sciences at St. George's in London. The first year has 39 weeks and the second year has 45 weeks of instruction. The 3rd year, called the "P (Penultimate) Year" and the 4th year, called the "F (Final) Year" includes clinical placements in the United States. The P Year has 46 weeks and the Y Year has 40 weeks of instruction. The School Leavers Stream includes 4 years of basic sciences. In this track the basic sciences are followed by the same P and F years.

In the P year, clinical rotations include: Pediatrics, Obstetrics and Gynecology, Psychiatry and a Community Health Services experience in these fields.

In the Y year, there is a five week experience in General Practice two weeks in Public Health.

The facility described as the site of clinical training for hospital and ambulatory-based training is now based at the Marshall University/Joan C. Edwards School of Medicine in Huntington, West Virginia and the Jefferson University/Sidney Kimmel Medical College in Philadelphia, Pennsylvania.

The total number of hours of all courses required to complete the MBBS degree program is 5,550. This complies with the 4,000 hour minimum requirement in Section 2089.

The School has an expected attendance of 100% for all curricular elements of the program. There is a formal process to monitor attendance; predominantly using attendance forms. Students must account for all absences and there is a process to address those who are not in compliance.

The School's curriculum includes all of the courses listed in Section 2089(b). The information provided in the Self-Assessment Report indicates that the goals, objectives and course content meet the educational requirements.

Students are provided the specific learning objectives for all components of the curriculum in the Clinical Sciences and Transitional Years. These learning objectives are reviewed each year and adapted based on feedback from the faculty and students. Each objective relates either to the content of the Case Based Learning or Problem Based Learning case or the associated teaching that takes place.

The School meets the medical curriculum requirement for instruction in pain management and end-of-life care as listed in Section 2089(c).

Business and Professions Code 2089.5

International MBBS at St. George's Hospital Medical School

The documents provided by the School indicate that the instruction in the clinical courses meets or exceeds the minimum requirements in Section 2089.5, with the exception of e(8); as described above. Section 2089.5 requires a minimum of 72 weeks of clinical coursework. The School requires 86 weeks of clinical coursework.

Students complete the core clinical rotations required in Section 2089.5 (Medicine, Cardiology, Surgery, Pediatrics, Psychiatry, Obstetrics & Gynecology, Neurology, Musculoskeletal and Family Medicine). As described above, these are performed at the Marshall University/Joan C. Edwards School of Medicine in Huntington, West Virginia and the Jefferson University/Sidney Kimmel Medical College in Philadelphia, Pennsylvania. The School states that there is an Associate Clinical Dean based at the site who works under the authority of the Higher Education Academic Director, based at SGUL.

The information provided by the School indicates that they are in compliance with item (d); specifically, that the sites provided for these core clinical rotations are performed in hospitals that meet one of the stated requirements.

The School indicates that there is a head of the department of all required courses. For the preclinical sciences, the instructors have full-time faculty appointments and appropriate credentials. For the clinical training, the faculty have appropriate credentials for the training of students.

California Code of Regulations, Title 16, Division 13, Section 1314.1

BACKGROUND OF THE SCHOOL

The two programs under consideration in this application are part of the effort of St. George's Hospital Medical School/University of London's plan developed in 2011. These programs have been developed by SGUL and supported by INTO/SGUL, a long-term joint venture formed to support international growth. SGUL's partner is INTO University Partnerships, a privately owned company. The School states

that “all academic matters remain (SGULs) responsibility,” they “utilize IUP’s network of regional recruitment staff to promote our international medical programmes.”

International MBBS at St. George’s Hospital Medical School

Organization and Governance:

The School has a Dean of Education; Dr. Andy Kent, MBBS, MD, FRCPsych. Dr. Kent is the institutional lead for education strategy, governance and quality assurance. Dr. Kent is responsible for ensuring that new developments in education at SGUL satisfy the requirements of the UK regulators.

The School also has a Dean of Faculty of Health and Social Care Sciences; Professor Fiona Ross. Professor Ross is the Executive Dean of the Faculty of Health and Social Sciences, a joint venture between Kingston University and SGUL.

The School also has a Dean of Research and Enterprise; Professor Adrian Clark and a Dean of Staff and Students; Professor Pat Hughes.

As described on Page 47 of the self-study document: “The MBBS curriculum is subject to periodic review every five years. The course team produces a self-evaluation document and supporting evidence to demonstrate changes and challenges of the course in the five year period. The course team also details proposed changes to be made to the programme and state the strategic aims of the course. An external panel is convened to review the documentation and meet with the course team. The external panel may provide a list of essential recommendations for the course team to address. The external panel also has the power to continue validation or suspend the course.”

The overall responsibility for course management is held by the Course Director, Professor David Oliveira who reports to the Undergraduate Medicine and Bioscience Education Committee, which in turn reports to the senate, which has overall academic responsibility of SGUL.

Facilities:

The primary location for SGUL’s academic activities is a site that SGUL shares with St. George’s NHS Trust. SGUL has a long-standing commitment in providing a physical environment that supports a high quality student experience. SGUL has implemented a “40 million pound renovation program” to upgrade all aspects of its research, teaching, support and social space. Facilities include a simulation center that trains over 2,500 students/year. There is a description of the dissection facilities, laboratory space, learning support resources, library and computing services and the Student Centre.

Faculty:

Faculty are formally reviewed regularly through the annual Personal Review process. All Heads of Department are reviewed by the Principal of the Medical School. There is a sufficient description of the credentials of the faculty to indicate that they are appropriately qualified to teach their specific

curricular content. Faculty undertake mandatory peer observation of teaching every three years and are reviewed annually through the Personnel Review Process.

Standards Governing Admission:

The Self-Study Report includes discussion of the standards governing admission. There is a description of the admissions criteria. The admissions standards are governed by the Medical Admissions Decisions Group which comprises Admissions Tutors, Student Recruitment Officers, Widening Participation Officers, Student Services Directors, Admissions Manager, Admissions Officers, the Higher Education Academic Director and Head of International Development. The group is responsible for all recruitment strategies. The group conducts regular reviews; every 2 months.

Criminal Background Checks:

Criminal background checks are performed prior to admission to the program. This includes a history of criminal conviction, history of disciplinary action in undergraduate education, physical or mental disabilities.

Promotion Standards:

There are promotion standards for SGUL; progression is based on successful completion of in-course and end of year examinations. Performance assessment documents are produced by the MBBS Assessments Committee and are made available to all students and staff via the SGUL Intranet. Student progress assessment is performed three times a year for each cohort. Students who have either failed an assessment or have been flagged by faculty are asked to attend a discussion with their year lead, course director and Doctor as professional domain lead. There is a standardized process for dealing with corrective actions to include discussion on suspension and termination.

Transfers from other medical schools:

The School does not accept students who wish to transfer from another institution except from IMU Malaysia and University Brunei Darussalem. Only clinical transfer students from Brunei and Malaysia are accepted to joint the Transitional Year our home MBBS course. Financial Resources: The medical school is a publically funded organization and is organized through a comprehensive committee structure.

Retention of Student Transcripts:

An electronic copy of the students records are retained indefinitely.

Students are able to receive a certificate of completion without passing either Step 1 or Step 2 of the USMLE examination. It is mandatory for those who wish to complete their clinical practice years and progress to residency in the US to pass Step 1.

US Clerkships in the P and F years will be overseen by a local Associate Clinical Dean who will report to the SGUL Higher Education Academic Director. The HEAD will in turn report directly to the Dean of Education and the MBBS Course Committee, Faculty Affairs Committee and Admissions Committee.

SGUL has a contract with Marshall University/Joan C. Edwards School of Medicine in Huntington, West Virginia and the Jefferson University/Sidney Kimmel Medical College in Philadelphia, Pennsylvania for delivery of the P and F year clinical placements for the students on the International MBBS. The hospitals are accredited by the Joint Commission and both facilities have LCME and ACGME approved programs. These facilities are sufficiently large to accommodate trainees from SGLU.

In summary, I recommend recognition of this Program retroactive to the initiation of clinical training at the Marshall University/Joan C. Edwards School of Medicine in Huntington, West Virginia and the Jefferson University/Sidney Kimmel Medical College in Philadelphia, Pennsylvania.

This ends my report.

BUSINESS AND PROFESSIONS CODE

Section 2089

(a) Each applicant for a physician's and surgeon's certificate shall show by official transcript or other official evidence satisfactory to the Division of Licensing that he or she has successfully completed a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction, in a medical school or schools located in the United States or Canada approved by the division, or in a medical school or schools located outside the United States or Canada which otherwise meets the requirements of this section. The total number of hours of all courses shall consist of a minimum of 4,000 hours. At least 80 percent of actual attendance shall be required. If an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received prior to the granting of the degree.

(b) The curriculum for all applicants shall provide for adequate instruction in the following subjects:

Alcoholism and other chemical substance dependency, detection and treatment.

Anatomy, including embryology, histology, and neuroanatomy.

Anesthesia.

Biochemistry.

Child abuse detection and treatment.

Dermatology.

Geriatric medicine.

Human sexuality.

Medicine, including pediatrics.

Neurology.

Obstetrics and gynecology.

Ophthalmology.

Otolaryngology.

Pain management and end-of-life care.

Pathology, bacteriology, and immunology.

Pharmacology.

Physical medicine.

Physiology.

Preventive medicine, including nutrition.

Psychiatry.

Radiology, including radiation safety.

Spousal or partner abuse detection and treatment.

Surgery, including orthopedic surgery.

Therapeutics.

Tropical medicine.

Urology.

(c) The requirement that an applicant successfully complete a medical curriculum that provides instruction in pain management and end-of-life care shall only apply to a person entering medical school on or after June 1, 2000.

(d) This section shall remain in effect only until January 1, 2020, and as of that date is repealed.

(Amended by Stats. 2017, Ch. 775, Sec. 41. (SB 798) Effective January 1, 2018. Repealed as of January 1, 2020, by its own provisions.)

BUSINESS AND PROFESSIONS CODE

Section 2089.5

(a) Clinical instruction in the subjects listed in subdivision (b) of Section 2089 shall meet the requirements of this section and shall be considered adequate if the requirements of subdivision (a) of Section 2089 and the requirements of this section are satisfied.

(b) Instruction in the clinical courses shall total a minimum of 72 weeks in length.

(c) Instruction in the core clinical courses of surgery, medicine, family medicine, pediatrics, obstetrics and gynecology, and psychiatry shall total a minimum of 40 weeks in length with a minimum of eight weeks instruction in surgery, eight weeks in medicine, six weeks in pediatrics, six weeks in obstetrics and gynecology, a minimum of four weeks in family medicine, and four weeks in psychiatry.

(d) Of the instruction required by subdivision (b), including all of the instruction required by subdivision (c), 54 weeks shall be performed in a hospital that sponsors the instruction and shall meet one of the following:

(1) Is a formal part of the medical school or school of osteopathic medicine.

(2) Has a residency program, approved by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), in family practice or in the clinical area of the instruction for which credit is being sought.

(3) Is formally affiliated with an approved medical school or school of osteopathic medicine located in the United States or Canada. If the affiliation is limited in nature, credit shall be given only in the subject areas covered by the affiliation agreement.

(4) Is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada.

(e) If the institution, specified in subdivision (d), is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada, it shall meet the following:

(1) The formal affiliation shall be documented by a written contract detailing the relationship between the medical school, or a school of osteopathic medicine, and hospital and the responsibilities of each.

(2) The school and hospital shall provide to the board a description of the clinical program. The description shall be in sufficient detail to enable the board to determine whether or not the program provides students an adequate medical education. The board shall approve the program if it determines that the program provides an adequate medical education. If the board does not approve the program, it shall provide its reasons for disapproval to the school and hospital in writing specifying its findings about each aspect of the program that it considers to be deficient and the changes required to obtain approval.

(3) The hospital, if located in the United States, shall be accredited by the Joint Commission on Accreditation of Hospitals, or the American Osteopathic Association's Healthcare Facilities Accreditation Program, and if located in another country, shall be accredited in accordance with the law of that country.

(4) The clinical instruction shall be supervised by a full-time director of medical education, and the head of the department for each core clinical course shall hold a full-time faculty appointment of the medical school or school of osteopathic medicine and

shall be board certified or eligible, or have an equivalent credential in that specialty area appropriate to the country in which the hospital is located.

(5) The clinical instruction shall be conducted pursuant to a written program of instruction provided by the school.

(6) The school shall supervise the implementation of the program on a regular basis, documenting the level and extent of its supervision.

(7) The hospital-based faculty shall evaluate each student on a regular basis and shall document the completion of each aspect of the program for each student.

(8) The hospital shall ensure a minimum daily census adequate to meet the instructional needs of the number of students enrolled in each course area of clinical instruction, but not less than 15 patients in each course area of clinical instruction.

(9) The board, in reviewing the application of a foreign medical graduate, may require the applicant to submit a description of the clinical program, if the board has not previously approved the program, and may require the applicant to submit documentation to demonstrate that the applicant's clinical training met the requirements of this subdivision.

(10) The medical school or school of osteopathic medicine shall bear the reasonable cost of any site inspection by the board or its agents necessary to determine whether the clinical program offered is in compliance with this subdivision.

(f) This section shall remain in effect only until January 1, 2020, and as of that date is repealed.

(Amended by Stats. 2017, Ch. 775, Sec. 42. (SB 798) Effective January 1, 2018.

Repealed as of January 1, 2020, by its own provisions.)

Title 16, California Code of Regulations

Section 1314.1. International Medical Schools.

(a) For purposes of Article 5 of Chapter 5 of Division 2 of the code (commencing with Section 2100), a medical school's resident course of instruction that leads to an M.D. degree shall be deemed equivalent to that required by Sections 2089 and 2089.5 of the code if the medical school offers the curriculum and clinical instruction described in those sections and meets one of the following:

- (1) The medical school is owned and operated by the government of the country in which it is located or by a bona fide nonprofit institution registered with or otherwise approved by the country in which it is domiciled, the medical school is a component of a university offering other graduate and professional degree programs that contribute to the academic environment of the medical school, and the medical school's primary purpose is educating its own citizens to practice medicine in that country; or
- (2) the medical school is chartered by the jurisdiction in which it is domiciled, the primary purpose of the medical school program is to educate non-citizens to practice medicine in other countries, and the medical school meets the standards set forth in subsection (b) below.

(b)(1) Mission and Objectives.

The institution shall have a clearly stated written purpose or mission statement and objectives that include:

- (A) The institution's broad expectations concerning the education students will receive;
- (B) The role of research as an integral component of its mission, including the importance, nature, objectives, processes and evaluation of research in medical education including its application to patient care; and
- (C) Teaching, patient care, and service to the community.

The institution shall have institutional objectives that are consistent with preparing graduates to provide competent medical care.

(2) Organization.

The institution shall be organized as a definable academic unit responsible for a resident educational program that leads to the M.D. degree. The manner in which the institution is organized shall be set forth in writing.

(3) Curriculum.

The structure and content of the educational program shall provide an adequate foundation in the basic and clinical sciences and shall enable students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care. The objectives of the educational program shall state, in outcome-based terms, what students are expected to learn. When an institution provides clinical clerkships at multiple teaching sites, the institution shall demonstrate comparability of educational experiences for all students across instructional sites.

(4) Clinical Oversight

The institution shall have a system with central oversight to assure that the faculty define the types of patients and clinical conditions that students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of

student responsibility. The system shall ensure that the faculty monitor and verify student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met.

(5) Professionalism

The learning environment shall promote the development of appropriate professional attributes in medical students. The institution shall define the professional attributes it expects students to develop in the context of the institution's mission and of promoting the safe practice of medicine.

(6) Governance.

The administrative and governance system shall allow the institution to accomplish its objectives (i.e. its statements of the items of knowledge, skills, behavior and attitude that students are expected to learn). An institution's governance shall give faculty a formal role in the institution's decision-making process. A student enrolled in the program shall not serve as an instructor, administrator, officer or director of the school.

(7) Faculty.

The faculty shall be qualified and sufficient in number to achieve the objectives of the institution. A "qualified" faculty member is a person who possesses either a credential generally recognized in the field of instruction or a degree, professional license, or credential at least equivalent to the level of instruction being taught or evaluated. The institution shall have a formal ongoing faculty development process that will enable it to fulfill its mission and objectives.

(8) Admission and promotion standards.

The institution shall have and adhere to standards governing admission requirements and student selection and promotion that are consistent with the institution's mission and objectives. The institution shall document that its admitted students generally meet entrance requirements equivalent to those utilized by U.S. and Canadian medical schools, including an appropriate background check of all applicants admitted to the institution.

(9) Financial Resources.

The institution shall possess sufficient financial resources to accomplish its mission and objectives. Pressure for institutional self-financing must not compromise the educational mission of the institution nor cause it to enroll more students than its total resources can accommodate.

(10) Facilities.

The institution shall have, or have access to, facilities, laboratories, equipment and library resources that are sufficient to support the educational programs offered by the institution and to enable it to fulfill its mission and objectives. If an institution utilizes affiliated institutions to provide clinical instruction, the institution shall be fully responsible for the conduct and quality of the educational program at those affiliated institutions.

(11) Quality Assurance System.

If the institution provides patient care, it shall have a formal system of quality assurance for its patient care program.

(12) Records.

The institution shall maintain and make available for inspection any records that relate to the institution's compliance with this section for at least five years, except, however, that student transcripts shall be retained indefinitely.

(13) Branch Campuses.

(A) An institution with more than one campus shall have written policies and procedures governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the other locations. These policies shall be consistent with the institution's mission and objectives. The institution shall be fully responsible for the conduct and quality of the educational program at these sites. If an institution operates a branch campus located within the United States or Canada, instruction received at that branch campus shall be deemed to be instruction received and evaluated at that institution. For purposes of this section, the term "branch campus" means a site other than the main location of the institution but does not include any hospital at which only clinical instruction is provided.

(B) For purposes of this section, an institution shall disclose any affiliation or other relationship that it has with another institution in which either institution agrees to grant a doctor of medicine degree or its equivalent to students of the other institution who complete coursework at the affiliated institution.

(14) Evaluation of Program Effectiveness

An institution shall collect and use a variety of outcome data to demonstrate the extent to which it is meeting its educational program objectives. For purposes of this subsection, "outcome data" means specific and measurable outcome-based performance measures of knowledge, skills, attitudes, and values (for example, measures of academic progress, program completion rates, performance of graduates in residency training and on licensing and certification examinations).

(c) The board may, on its own or at the request of an institution, determine whether that institution meets the requirements of subsections (a) and (b). The board shall have the sole discretion to determine whether a site visit is necessary in order to verify the accuracy and completeness of the data provided and to conduct an in-depth review of the program to determine whether the institution is in compliance with this regulation.

(d) An institution's failure to provide requested data regarding its educational program or to cooperate with a site team shall be grounds for disapproval of its educational program.

(e) If the board determines that a site visit is necessary, it shall appoint a site inspection team to conduct a comprehensive, qualitative onsite inspection and review of all aspects of the institution's operations to determine whether the institution complies with the requirements of subsections (a) and (b).

The fee for a site visit is all reasonable costs incurred by the board staff and the site team, payable in estimated form in advance of the site visit. If the cost of the site visit exceeds the amount previously paid, the board shall bill the institution for the remaining amount and shall not take action to determine the institution's equivalency until such time as the full amount has been paid. If the amount paid exceeds the actual costs incurred, the board shall remit the difference to the institution within 60 days.

The site team shall prepare and submit to the board a report that includes

- (1) Its findings regarding the institution's compliance with the requirements of the law and this regulation;
 - (2) Its assessment of the quality of the institution as a whole and the quality of the institution's educational program, including any deficiencies; and
 - (3) Its recommendation whether or not the institution's resident course of instruction leading to an M.D. degree should be deemed equivalent to that required by Sections 2089 and 2089.5 of the code, including a recommendation regarding the correction of any deficiencies identified in the report. A copy of the report shall be provided to the institution, which shall have 60 days following the date of the report in which to respond to board staff as to any errors of fact or erroneous findings.
- (f) If an institution wishes to retain the board's determination that its resident course of instruction leading to an M.D. degree is equivalent to that required by Sections 2089 and 2089.5 of the code, or if it is currently being evaluated for such equivalency, it shall do the following:
- (1) It shall notify the board in writing no later than 30 days after making any change in the following:
 - (A) Location including addition or termination of any branch campus;
 - (B) Mission, purposes or objectives;
 - (C) Change of name;
 - (D) Any major change in curriculum, including but not limited to, a change that would affect its focus, design, requirements for completion, or mode of delivery, or other circumstance that would affect the institution's compliance with subsections (a) and (b).
 - (E) Shift or change in control. A "shift or change in control" means any change in the power or authority to manage, direct or influence the conduct, policies, and affairs of the institution from one person or group of people to another person or group of people, but does not include the replacement of an individual administrator with another natural person if the owner does not transfer any interest in, or relinquish any control of, the institution to that person.
 - (F) An increase in its entering enrollment above 10% of the current enrollment or 15 students in one year, whichever is less, or 20% or more in three years.
 - (2) Every seven years, it shall submit documentation sufficient to establish that it remains in compliance with the requirements of this section and of Sections 2089 and 2089.5 of the code.
- (g) The documentation submitted pursuant to subsection (f)(2) shall be reviewed by the board or its designee to determine whether the institution remains in compliance with the requirements of these regulations and of Sections 2089 and 2089.5 of the code. The board may require a site visit as part of this review. It may also require a site visit at any other time during the seven-year period if it becomes aware of circumstances that warrant a site visit, including any change described in subsection (f).
- (h) The board may at any time withdraw its determination of equivalence when any of the following occur:
- (1) An institution is no longer in compliance with this section;
 - (2) The institution submits false or misleading information or documentation regarding its compliance with this section;
 - (3) Institution officials submit fraudulent documentation concerning a former student's medical curriculum; or

(4) The institution permits students to engage in clinical training in California facilities that do not satisfy the requirements of section 2089.5(c) and (d) of the code and, where applicable, section 1327 of Title 16 of the California Code of Regulations.

Prior to withdrawing its determination of equivalence, the board shall send the institution a written notice of its intent to withdraw its determination of equivalence, identifying those deficiencies upon which it is proposing to base the withdrawal and giving the institution 120 days from the date of the notice within which to respond to the notice. The board shall have the sole discretion to determine whether a site visit is necessary in order to ascertain the institution's compliance with this section. The board shall notify the institution in writing of its decision and the basis for that decision.

(i) The board may evaluate any institution described in subsection (a)(1) to determine its continued compliance with Sections 2089 and 2089.5 of the code if, in its sole discretion, the board has reason to believe that the institution may no longer be in compliance.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2018, 2089, 2089.5, 2102 and 2103, Business and Professions Code.

HISTORY

1. New section filed 11-13-2003; operative 12-13-2003 (Register 2003, No. 46).
2. Amendment filed 12-9-2009; operative 1-8-2010 (Register 2009, No. 50).