MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED:	June 20, 2012
ATTENTION:	Licensing Committee
SUBJECT:	Evaluation and Reevaluation of International Medical Schools
STAFF CONTACT:	Curtis J. Worden, Chief of Licensing

BACKGROUND

Section 2084 of the B&P Code authorizes the Board to approve medical schools that comply with the medical education requirements in Sections 2089 and 2089.5 of the Code. Medical schools located in the United States, Canada and Puerto Rico are deemed approved by the Board through their accreditation by the Liaison Committee on Medical Education (LCME), pursuant to Section 1314 of Title 16, California Code of Regulations. All other medical schools are subject to the Board's individual review and approval, and must demonstrate that they offer a resident course of professional instruction that is equivalent, not necessarily identical, to that provided in LCME-accredited medical schools. The law further provides that only students from "approved" medical schools may complete clinical clerkship training in California facilities, and only graduates of "approved" medical schools may qualify for licensure or complete postgraduate training in California.

Prior to 1985, Board staff conducted no reviews of international medical schools. If an applicant graduated from a new medical school that was listed in the World Health Organization's (WHO) "Directory of Medical Schools," staff issued the school a "school code" and processed the application routinely. WHO listing is not required in statute or regulation, it merely lists the names and addresses of medical schools without conducting any quality review of the schools. Therefore, the WHO Directory is not a practical tool for evaluating international medical schools. The Foundation for the Advancement of International Medical Education and Research (FAIMER), established in 2000 by the Educational Commission for Foreign Medical Graduates (ECFMG), also publishes an International Medical Education Directory (IMED) which provides updated information about international medical schools that are recognized by the appropriate government agency in the country where the school is located. However, FAIMER is not an accreditation agency and does not recognize, endorse, or accredit any of the schools listed in the directory. In fact, there are schools on the IMED list that have been disapproved by the Board. Thus, this tool is also impractical for the evaluation of international medical schools. No other international organization exists that evaluates or accredits the world's 2000+ medical schools for compliance with some educational standard.

Almost all international medical schools are founded to train physicians to address the medical needs of their country's population. In the late 1970s, however, entrepreneurs

began to develop for-profit, English-language medical schools in the Caribbean and Dominican Republic aimed at attracting U.S. citizens who were unable to enter U.S. medical schools. Staff issued school codes to these schools as their graduates began to apply in California in the early 1980s.

In the spring of 1983, the U.S. Postal Service uncovered a scandal involving the widespread production of fraudulent medical diplomas and other unethical practices on the part of officials at CETEC and CIFAS Universities in the Dominican Republic and U.S. agents. During the course of the U.S. Postal Service's investigation, other medical schools in the Dominican Republic and Caribbean were implicated. Thousands of individuals - many of them nurses, physician assistants, pharmacists, chiropractors, and podiatrists - bought fraudulent transcripts and diplomas for prices ranging from $8,000 to $50,000. They spent little or no time attending the school listed on their diploma. As a result of the postal investigators' findings, licensing boards across the United States were forced to investigate the backgrounds of thousands of applicants and licensees who had attended the implicated schools. Individuals who were found to have submitted false documentation had their licenses revoked or were dismissed from training programs. Dominican authorities closed two schools, CETEC and CIFAS, and jailed several administrators who were involved in document forgery schemes.

The Division of Licensing realized the need to take proactive steps to protect California's patients from being treated by students and graduates of medical schools that did not meet the minimum requirements of law. The Division's first act was to disapprove the six propriety schools that were either implicated in the scandal or were violating California law. Subsequently, the Division conducted onsite inspections of those medical schools and developed an orderly process for evaluating new proprietary international schools that attract U.S. citizens. Of the 12 schools that the Division reviewed in the Caribbean and Dominican Republic, four were recognized and three were disapproved following a site inspection. In addition, the Division disapproved five schools after they either failed to cooperate in the Division's information-gathering process or were closed by their governments for malfeasance. In each instance where a school challenged its disapproval, the courts affirmed the Division's authority.

A task force was formed in 1983 to sort out the schools, the documents, and the applicants. On the recommendations of the task force, the Division of Licensing adopted a set of guidelines for the licensing program staff to follow in evaluating the medical education of individual applicants who were trained outside the U.S. or Canada. The policy adopted by the Division of Licensing in 1983 also included the concept of remediation, allowing students who were short in training in certain areas the option of taking additional courses and correcting their deficiencies. This permitted eventual licensure of numerous applicants who attended the Caribbean schools. After the guidelines were implemented on an interim basis, the task force conducted a survey of the curricula of all 128 U.S. medical schools. Using the data gathered, the Division and staff developed and adopted regulations formalizing the guidelines with some modifications.

While the late 1980s saw dwindling enrollments and school closures in the Caribbean medical school industry, the 1990s saw an expansion in the development of new proprietary medical schools. All targeted U.S. citizens, and almost all promised clinical clerkship training in the United States.
In addition, a number of existing Eastern European medical schools have opened "English-language programs" that promise to prepare students to pass the USMLE and practice medicine in the United States. The primary countries involved are Hungary, Poland, Czechoslovakia, Slovakia, Russia, Armenia, and, more recently, China. Their approach is that students will receive their basic sciences education in English while simultaneously learning the native language to prepare them to interact with patients during their clinical clerkships. The English-language programs use the existing school's building and other resources, such as bilingual faculty who have the time available to teach additional classes in English. Many of the English-language programs allow students to return to the United States for some or all of their clinical rotations. Minimal oversight of the clinical training received abroad is not uncommon.

The following chart shows the history of international medical schools that the Board has recognized and disapproved.

SCHOOL NAME	DECISION DATE
International Medical Schools Granted Recognition (Site Visit Required)	
St. George's University	September 15, 1989 (provisional status removed; granted full recognition)
Ross University	June 30, 1990 (provisional status removed; granted full recognition)
Instituto Tecnologico de Santo Domingo (INTEC) – Dominican Republic	July 12, 1996
American University of the Caribbean (AUC)	May 8, 1998 (continued recognition)
Saba University (Saba, Netherlands Antilles)	November 5, 2004
American University of Antigua	July 29, 2011
International Medical Schools Granted Recognition (No Site Visit Required)	
ELAM (Cuba) (Program restricted to non-citizens)	July 25, 2008
St. George's - U.K. branch campus (First-year basic sciences only)	July 24, 2009
English Language Programs Granted Recognition (No Site Visit Required)	
Semmelweis University (Hungary)	May 30, 2002
Szeged University (Hungary)	September 22, 2003
Debrecen University (Hungary)	April 28, 2005
Pecs University (Hungary)	May 3, 2005
Jagiellonian University (Poland)	July 27, 2007
Medical University of Lublin (Poland)	July 25, 2008
Medical University of Poznan (Poland)	July 25, 2008
Medical University of Silesia (Poland)	January 28, 2011
Technion-Israel Institute of Technology – TeAMS (Israel)	January 28, 2011
International Medical School Disapproved (Site Visit Required)	
Spartan Health Sciences University (St. Lucia)	June 13, 1985
UTESA University (Dominican Republic)	July 12, 1985; disapproval reaffirmed February 7, 1997
Universidad Eugenio Maria de Hostos (UNIREMHOS) (Dominican Republic) - closed	November 1, 1996
St. Matthew's University (Grand Cayman)	February 18, 2005
International Medical School Disapproved (No Site Visit Required)	

CETEC University (Dominican Republic) - closed	May 19, 1983
CIFAS University (Dominican Republic) - closed	November 16, 1984
World University (Dominican Republic) - closed	December 1, 1989
University of Health Sciences Antigua (St. John's)	July 28, 1995
Universidad Federico Henriquez y Carvajal (Dominican Republic) - closed	July 31, 1998
Kigezi International School of Medicine*(Cambridge, England and Uganda) - closed	November 2, 2007

*The Board disapproved this medical school as an administrative action after the school closed. School officials had not submitted a Self Assessment Report.

The Review Process

As world population expands, many countries have built new medical schools to meet their citizens' expanding health care needs. According to FAIMER, as of March 2012, there are currently 2,246 operating medical schools in 177 countries or territories. Section 1314.1 of the California Code of Regulations, which took effect in 2003, established a standard review process that informed consumers and international medical school administrators of the minimum standards expected of medical schools whose graduates wish to apply for licensure in California. Section 1314.1 essentially divides international medical schools into two specific types: 1) schools that are owned and operated by the government of the country in which the school is domiciled and the primary purpose of the school is to educate its citizens to practice medicine in that country [also known as "(a)(1) schools"] or 2) schools that have a primary purpose of educating non-citizens to practice medicine in other countries ["(a)(2) schools"].

Section 1314.1 exempts "(a)(1)" schools from the requirement for an in-depth individual review. These schools are established for the country's citizens and are not for-profit entities. These schools must respond to questions posed by the Board to verify they are "(a)(1)" schools.

Section 1314.1 "(a)(2)" schools are required to complete the Board's Self-Assessment Report (SAR). This document, originally 95-pages, was replaced in 2004 with the current streamlined SAR. At the same time, a protocol for future site inspections of international medical schools was established. The SAR requires the school to provide information relating to its mission and objectives, organization, curriculum, governance, faculty, admission standards, finances, facilities, and clinical rotations.

TYPE OF MEDICAL SCHOOL	1314.1(a)(1) In-depth Review / Site Visit Not Required	1314.1(a)(2) Self-Assessment Required / Possible Site Visit
Traditional international medical schools opened for citizens of those countries. Most are government owned and operated; some are private, non-profit affiliated with a religious institution or charitable trust. (Majority of world's schools)	✓	
Off-shore school opened by foreign entrepreneurs for foreigners (majority of Caribbean schools)		✓
Off-shore school opened by native private entrepreneurs for foreigners using non-native language (e.g., UNIBE in Dominican Republic)		✓
Off-shore school opened by government for foreigners using native language (e.g., ELAM in Cuba)		✓
For profit school opened within existing traditional school using non-native language (English) - typically in Poland, Hungary, Czech Republic, Russia, China; also UAG in Guadalajara, Mexico 5th Pathway Program.	✓ Native Language Program	✓ English Language Program
Existing traditional school (native language = English) opens separate offshore program for foreigners (University of Queensland: basic sciences in Australia + 2 years of clinical rotations at Oschner in Louisiana)		✓
Existing traditional school opens separate degree program for foreigners (1/3 Philippine schools began MBBS programs for Indian citizens; governed separately; rotating internship in Indian hospitals)		✓

The review process for "(a)(1)" schools is fairly simple. The review is currently triggered by an application received from a graduate of a medical school that has not previously been recognized, though it is common for the school in question to have been previously recognized by the Board, but under a different name or university affiliation. Staff contacts the medical school to request information and supporting documentation to determine if it is eligible for recognition under 1314.1(a)(1). Staff, legal counsel, and the Chief of Licensing review the information from the school and make a determination regarding recognition. If the information provided by the school indicates it does not meet the requirements for recognition as an "(a)(1)" school, then the school is directed to submit the SAR if it wishes to pursue recognition.

A description of the many steps involved in the review of "(a)(2)" schools is included in Appendix 1. While Board analytical staff can review the SARs for completeness and compliance with the regulatory standards, evaluating whether or not the academic programs are sufficient to meet the requirements needs the expertise of someone experienced in medical academics. The success of an adequate evaluation is therefore heavily dependent upon medical consultants experienced in medical education.

Section 1314.1 was amended in 2009 to add greater specificity to the Board's process for reviewing international medical schools. The update, which was based on the hands-on experiences gained by the Board's medical consultants and staff in reviewing international medical schools, brought the Board's standards in line with changes to LCME's new standards.

In 2011, a backlog of international schools needing review developed due to the retirement of the Board's long time international medical school analyst and the Licensing Program's

inability to fill the analyst position or hire any new international medical consultants due to the 15 month long Governor-ordered hiring freeze. In January 2012, a new analyst was hired and began to address the backlog. Since January 2012, 36 "(a)(1)" schools have been added to the Board's list of recognized schools. As of June 18, 2012, there are approximately ninety "(a)(1)" schools requiring recognition and seven pending applications for recognition of "(a)(2)" schools. *All* of the "(a)(1)" schools needing recognition have been contacted by the Board to request information. The burden is now on each school to respond to the Board's request so the recognition process can proceed.

Of the seven "(a)(2)" schools awaiting review, two have been submitted to one of the Board's Licensing Program medical consultants for a detailed evaluation. The remaining five schools are undergoing a preliminary review by staff (conducted in the order received) and will then be forwarded to a consultant for a formal review.

Name of School	Country	Date SAR received	Current Status
Universidad Iberoamericanas (UNIBE)	Dominican Republic	8/22/2008	Consultant Review (additional information requested from school on 3/12/2012)
Medical University of Warsaw, English Language Program	Poland	4/15/2010	Consultant Review (additional information requested from school on 3/12/2012)
Universal College of Medical Sciences, Paklihawa Campus	Nepal	7/15/2011	Staff Review
October 6 University Faculty of Medicine	Egypt	9/26/2011	Staff Review
Queensland University – Australia U.S. Branch Campus	Australia	1/17/2012	Staff Review
Medical University of the Americas	Neves	3/19/2012	Staff Review
Foundation University Medical College	Pakistan	3/19/2012	Staff Review

As part of their review, the medical consultants will recommend whether or not a site visit should be required. The on-site visit allows the Board's inspection team to verify the information that a medical school submits in its SAR and confirm that the school's program is integrated over long distances. Section 2089.5(d)(1) provides that the medical school shall bear the cost of any site inspection that the Board finds necessary to determine compliance.

Schools in the "(a)(2)" category that fail to gain recognition are typically due to major, global deficiencies in their educational program, resources, governance, etc., that cannot be

easily remedied (see site inspection report on St. Matthew's University on the Board's website: http://www.mbc.ca.gov/applicant/site_visits_matthews.pdf). So few of these schools apply for recognition in California that no trends can be discerned.

Reevaluation of International Medical Schools

As early as 2001, the Board began discussion on the reevaluation of previously approved medical schools. The International Medical Education Committee (IMEC), formed in 2005, was charged with developing policies, protocols, fee structure, and a schedule for the reevaluation. CCR Section 1314.1 was amended in 2009 to include language requiring schools that have been recognized under 1314.1(a)(2) to, every seven years, submit documentation sufficient to establish continuing compliance with the standards for recognition under Section 2089 and 2089.5 of the Code. This requirement is consistent with the LCME standards for US medical school reaccreditation. The regulation also allows the Board to require a site visit, if deemed necessary, as part of the reevaluation.

The amendments to section 1314.1 established the ethical standards and cooperation that the Board expects of medical school officials who desire to retain their school's recognized status in California. It added the requirement for recognized schools to notify the Board of any changes in the school's main campus or the addition or termination of any branch campus, specified that the school must notify the Board of certain changes to curriculum or significant increases in enrollment. Further, it lists circumstances under which the Board may determine that a medical school is no longer in compliance: 1)The institution submits false or misleading documentation regarding its compliance; 2)The institution submits fraudulent documentation concerning a former student's medical curriculum; 3)The institution permits students to engage in clinical training in California facilities that are not defined as approved teaching sites in statute or regulation (which constitutes the unlicensed practice of medicine).

To date, no school approved by the Board has gone through any meaningful reassessment to assure that the school continues to meet the standards set in law and regulation. A Special Task Force, which was formed in January of 2011, determined that only one Self-Assessment Report would be used for both the initial and reevaluation of international medical schools. Staff was directed to proceed with updating the current SAR. A reevaluation schedule was initially proposed in January 2011, but was delayed due to the previously mentioned hiring freeze and staffing shortages.

A revised schedule has not been proposed, nor has a formal process for reevaluation been established. Staff will work with a medical consultant to establish specific objectives and appropriate procedures that can be uniformly applied to all of the schools due for reevaluation. Once these objectives and procedures have been approved, a revised reevaluation schedule can be proposed. The schedule will need to recognize and consider the difficulty in obtaining authorization for out-of-country and/or out-of-state travel for site visits.

Attachments

Appendix 1 – Steps in the Board's Review of International Medical Schools.

ATTACHMENT - 1

STEPS IN THE BOARD'S REVIEW OF INTERNATIONAL MEDICAL SCHOOLS
(Schools subject to review pursuant to Title 16, Section 1314.1 (a)(2), CCR)

1. Medical school officials apply for recognition of their school's medical education program by submitting a Self Assessment Report to the Board.

2. Staff reviews the Self Assessment Report for any obvious omissions. Staff secures the services of an expert medical consultant to review the Self Assessment Report. Staff forwards the school's submission to the consultant and notifies the consultant of any omissions noted.

3. The medical consultant reviews the Self Assessment Report and notifies staff of any additional documentation needed from school officials. Staff requests the documentation from school officials without disclosing consultant's identity. After the documentation arrives, staff forwards it to the consultant.

4. If the consultant requires additional documentation, above step is repeated.

5. When the consultant has sufficient information, the consultant prepares a written report to the Board with his/her findings and recommendations.

   The consultant may recommend that: 1) the school appears ready for a site inspection; 2) the school should be granted recognition without a site inspection; or 3) the school should be denied without a site inspection if the school's deficiencies appear to be global.

6. Staff submits the consultant's report to the Board for its consideration at a quarterly public meeting. Staff notifies school officials of the date and place of the public meeting.

7. During the Board meeting, the members may vote to: 1) recognize or disapprove the medical school based on the consultant's recommendation; 2) request additional documentation; or 3) direct staff to arrange a site inspection to the medical school, any branch campuses and a sampling of clinical training sites used in the medical education program. The site inspection team includes a member of the Board.

8. If the Board members authorize a site inspection, staff arranges with medical school officials an agreeable date for the inspection when classes are in session. Staff coordinates travel arrangements for the site inspection team, submits a justification and request for approval of out-of-state/country travel from the Governor's Office, and submits an estimate of the inspection team's anticipated travel expenses to medical school officials. School officials submit the necessary funds in U.S. currency to the Board in advance of the team's departure date.

9. Following the site inspection, the inspection team prepares a report of its findings and recommendations to the Board. School officials receive a copy of the report and have 60 days to report any errors of fact or erroneous findings.

10. The Board members consider the team's report and recommendations during a quarterly public meeting. The Board may vote to: 1) grant recognition to the medical school; or 2) disapprove the medical school. If the Board grants recognition to the school, the Board will determine if the recognition is retroactive to all prior students/graduates or if recognition is retroactive to a specific date.

11. If the Board grants recognition to the school's educational program, the school's students become eligible for clerkship training in California teaching hospitals, and the school's graduates may participate in postgraduate training in California and qualify for licensure in California.

12. To retain the Board's recognition of its educational program, the school is required to notify the Board of any changes to its location, mission, curriculum, etc. Every seven years, the Board may require the school to undergo a reevaluation to determine its continued compliance with California standards.