

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: April 3, 2017
 ATTENTION: Medical Board of California
 SUBJECT: Recognition of International Medical School
 2nd Faculty of Medicine, Charles University in Prague
 STAFF CONTACT: April Alameda, Staff Services Manager II

REQUESTED ACTION:

After review and discussion, grant recognition to the 2nd Faculty of Medicine Charles University in Prague - English Language Program (ELP), retroactive to the start of the program in 1992, and deem it to be in substantial compliance with the requirements of Business and Professions Code (BPC) sections 2089 (Attachment 2) and 2089.5 (Attachment 3), and Title 16, Division 13, California Code of Regulations (CCR), section 1314.1 (Attachment 4).

BACKGROUND AND ANALYSIS:

The 2nd Faculty of Medicine Charles University in Prague, Czech Republic, was founded in 1952 and the first year of instruction started in 1953 to educate the citizens of the Czech Republic to be physicians and surgeons. The 2nd Faculty of Medicine has taken on the history of Charles University in Prague, which was established in 1348, and continues the nearly fifty-year old tradition of the former Faculty of Pediatrics of the University. The Board currently recognizes Charles University's 1st Faculty of Medicine-English Language Program pursuant to CCR 1314.1(a)(2). The 2nd Faculty of Medicine ELP follows the same curriculum as the 1st Faculty of Medicine.

The 2nd Faculty of Medicine's ELP enrolled its first students in the 1992/1993 academic years. Students graduate with the General Practitioner (M.U.Dr.) degree, which is the equivalent of the M.D. degree in the United States. Geographically, the school is located near the Northeast city limits of Prague in the largest university hospital in the Czech Republic.

The 2nd Faculty of Medicine ELP is a six-year, full-time course of study leading to the M.U.Dr. (M.D.) degree. The first three years of the General Medicine Program focus on theoretical and preclinical disciplines, though the students are exposed to some patients during the first three years of didactic education. The fourth through sixth years focus on clinical disciplines, with the exception of the fourth year, where theoretical course Pharmacology is part of the syllabus. The clinical rotations are completed at the same hospital facilities used by the 1st Faculty of Medicine. Affiliated institutions have affiliation agreements, which contain clauses for cooperation in maintaining accreditation for the 2nd Faculty. The 2nd Faculty of Medicine could lose its accreditation if an affiliated institution is found to be lacking in areas of conduct and quality of education.

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Board staff conducted the initial review of the 2nd Faculty of Medicine’s Self-Assessment Report (SAR). Board staff then requested Board Licensing Consultant, Joseph Silva, M.D., M.A.C.P., review the SAR. Dr. Silva is Dean of California Northstate University College of Medicine, and a UC Davis School of Medicine Dean Emeritus. He is internationally recognized as an expert in medical school education/curriculum, and has visited, and/or provided medical education consultation to approximately 70 international medical schools in his career.

Board staff and Dr. Silva have completed the review of the 2nd Faculty of Medicine’s SAR and all of the documentation submitted by Charles University as requested by Board staff and Dr. Silva. Staff and Dr. Silva have determined the medical school curriculum meets the requirements pursuant to BPC sections 2089 and 2089.5, and CCR section 1314.1.

The following is a list of names the 2nd Faculty of Medicine, Charles University in Prague ELP has been known as:

Currently on the World Directory of Medical Schools by its name in Czech:

- 2. Lékařská Fakulta, Univerzity Karlovy

English Translations:

- 2nd Faculty of Medicine, Charles University in Prague
- Second Faculty of Medicine, Charles University in Prague
- Charles University, 2nd Faculty of Medicine in Prague
- Charles University, 2nd Faculty of Medicine
- Charles University Faculty of Pediatrics

Based upon the recognition of Charles University’s 1st Faculty of Medicine and the length of time that the school has been graduating medical students, Dr. Silva has determined that a site visit is not necessary for the recognition of 2nd Faculty of Medicine ELP.

ATTACHMENTS:

1. Joseph Silva, M.D., M.A.C.P.’s report regarding the 2nd Faculty of Medicine Charles University in Prague’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

April 10, 2017

To: Kimberly Kirchmeyer
Executive Director
Medical Board of California

From: Joseph Silva, M.D., M.A.C.P.
Founding Dean
California Northstate University College of Medicine
9700 West Taron Drive
Elk Grove, CA 95757
Dean Emeritus, University of California Davis School of Medicine
Medical Board of California, Licensing Consultant

Subject: Evaluation of 2nd Faculty of Medicine, Charles University in Prague - English Language Program's Self-Assessment Report; Application for Recognition by the Medical Board of California

BACKGROUND/ANALYSIS

The Medical Board of California (Board) requested a review of the Self-Assessment Report (SAR) and supporting documents provided by the 2nd Faculty of Medicine, Charles University in Prague - English Language Program (2nd Faculty of Medicine-ELP), located in Prague, Czech Republic, to determine if the 2nd Faculty of Medicine-ELP is in substantial compliance with Business and Professions Code (BPC) sections 2089 and 2089.5 and Title 16, California Code of Regulations (CCR) section 1314.1. The following is my critique of the information I was provided including:

1. 2nd Faculty of Medicine-ELP's SAR and supporting documentation.
2. 2nd Faculty of Medicine-ELP's responses to the Board's requests for additional information.

Charles University in the Czech Republic has five Faculty of Medicine campuses: three in Prague, one in Hradec Kralove, and one in Plizen. The Board currently recognizes all five of the Czech Language Programs and the 1st Faculty of Medicine Charles University's English Language Program. This review is limited to the 2nd Faculty of Medicine-ELP.

The 2nd Faculty of Medicine was established with the first year of instruction in 1953. The 2nd Faculty of Medicine-ELP was established in 1992/1993.

The following is a list of names the 2nd Faculty of Medicine, Charles University in Prague has been known as:

Currently on the World Directory of Medical Schools by its name in Czech:

- 2. Lékařská Fakulta, Univerzity Karlovy

English Translations:

- 2nd Faculty of Medicine, Charles University in Prague
- Second Faculty of Medicine, Charles University in Prague

- Charles University, 2nd Faculty of Medicine in Prague
- Charles University, 2nd Faculty of Medicine
- Charles University Faculty of Pediatrics

The 2nd Faculty of Medicine-ELP is owned and operated by the government of the Czech Republic. The English Language Program was started in order to bring students from other parts of the world that are fluent in English to study medicine at one of the largest medical schools in Europe.

Entrance Requirements

The 2nd Faculty of Medicine-ELP requires all applicants to take an entrance examination, either 1) an approved Standardize Admission Test (SAT), which includes these subject examinations: physics, molecular biology, and chemistry; or 2) an entrance examination (written and oral) given by the 2nd Faculty of Medicine.

The U.S. Department of Education requires all U.S. citizens and permanent residents to take the Medical College Admission Test to be eligible for U.S. student loans.

Additional requirements include but are not limited to the following:

- Czech Republic Visa (Non-European Union students).
- All students are required to have health insurance, health examination, and current immunizations.
- Valid passport, valid longer than the intended stay in the Czech Republic.
- Criminal history report from applicant's country.
- Criminal history report from Czech Republic.
- Proof of funds to support self in the Czech Republic for the length of stay.

Medical Curriculum – California Business and Professions Code Section 2089

The curriculum for both the Czech and English language programs are six years long. The first three years are in basic science, and students in the English Language Program are required to learn and be proficient in the Czech language by the end of their third year in order for the students to be able to communicate proficiently with the patients that only understand the Czech language. It should be noted that students are being exposed to patients starting in the first year of medical school, however this exposure to patients is not intended to meet and does not meet the clinical rotation requirements for clinical subjects during the fourth through sixth years of medical school.

Board staff and I have reviewed the basic science courses and these courses are in substantial compliance with BPC section 2089.

In addition, to the basic sciences courses required pursuant to BPC section 2089, the students are also required to take nursing during the first and second years, Czech language classes during the first three years, and must pass the required Czech language proficiency examination at the end of the third year.

Clinical Instruction – Business and Professions Code Section 2089.5

BPC section 2089.5 requires a minimum of 72 weeks of clinical rotations with 40 weeks in the core clinical subjects: surgery (8), internal medicine (8), pediatrics (6), obstetrics and gynecology (6), family medicine (4), psychiatry (4), and four additional weeks in one of the core subjects.

The 2nd Faculty of Medicine-ELP requires a minimum of 32 weeks of clinical rotations during year four, 32 weeks during year five and 28 weeks during year six for a minimum of 92 weeks of clinical rotations to graduate. Some clinical rotations must be completed at the University Hospital Motol and no one clinical rotation requirement may be completed more than 50% outside of the official 2nd Faculty of Medicine-ELP.

Upon my review of the SAR and the additional information provided by the 2nd Faculty of Medicine-ELP, I was able to determine the clinical clerkship rotation requirements substantially meet the requirements under BPC section 2089.5. Clinical rotations begin in the fourth year and continue through the sixth year.

Clinical Instruction Facilities

The students complete the majority of their clinical rotations in three hospitals (University Hospital Motol, Faculty Hospital Na Bulove, and Military University Hospital – Prague) and a few other clinical sites, with the majority of clinical rotations completed at University Hospital Motol. The faculty at the University Hospital Motol are jointly employed by 2nd Faculty of Medicine and must identify both facilities on all of their official correspondence. The Ministry of Health appoints the top officials at the University Hospital Motol and the 2nd Faculty of Medicine.

The University Hospital Motol is the largest teaching hospital in the Czech Republic and is the biggest health care facility in the Czech Republic providing basic, specialized and super-specialized health care and services in medical fields in form of outpatient and in-patient care for children, adults and elderly patients. The hospital is built in two single blocks that are connected together as well as few separate pavilions and has 2,410 beds. The hospital provides outpatient treatment to more than 860,000 people per year and provides in patient care to more than 70,000 people per year.

The University Hospital Motol is a modern hospital with all the necessary facilities, patient population and capacity necessary to teach the medical students from all of the Charles University Faculty of Medicine campuses including the 2nd Faculty of Medicine-ELP.

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

Upon complete review of the 2nd Faculty of Medicine-ELP's SAR and the subsequent additionally requested documentation, I have determined that the 2nd Faculty of Medicine-ELP is in substantial compliance with Title 16, Division 13, of the CCR section 1314.1 based on the following findings:

- The 2nd Faculty of Medicine is owned and operated by the government of the Czech Republic and its primary purpose is educating its own citizens to practice medicine.

- The 2nd Faculty of Medicine-ELP is owned and operated by the government of the Czech Republic and its purpose is to educate non-Czech Republic citizens to practice medicine. All graduates of the 2nd Faculty of Medicine-ELP are eligible to practice medicine in the Czech Republic.
- The 2nd Faculty of Medicine-ELP has a clear mission to educate students in the practice of medicine, research, patient care, and community service.
- The 2nd Faculty of Medicine-ELP education leads to the M.D. degree.
- The 2nd Faculty of Medicine-ELP has a curriculum that provides a foundation in basic and clinical sciences.
- The 2nd Faculty of Medicine-ELP has oversight of clinical rotations as provided by the Czech Republic Ministry of Health and as defined by the Czech Republic Higher Education Act.
- The 2nd Faculty of Medicine-ELP promotes professionalism at all times and requires professionalism of its students at all times.
- The 2nd Faculty of Medicine-ELP has continuing faculty development, which is the same faculty development as the non-English language program.
- The 2nd Faculty of Medicine-ELP has demonstrated that it has the quality and number of faculty necessary to provide high quality medical education to its students.
- The 2nd Faculty of Medicine-ELP has demonstrated it has an admission process and promotion process equivalent to the United States and Canada.
- The 2nd Faculty of Medicine-ELP has the financial resources to accomplish its mission.
- The 2nd Faculty of Medicine-ELP has the necessary modern facilities to provide a quality modern medical education.
- The 2nd Faculty of Medicine-ELP has a record keeping system that meets California's requirements.
- The 2nd Faculty of Medicine-ELP has a system to evaluate the effectiveness of its program with some minor limitation due to Czech Republic laws. For example the 2nd Faculty of Medicine-ELP is not permitted to require all 2nd Faculty of Medicine-ELP students to take United States Medical License Examination (USMLE) examinations as a condition of graduation, since all 2nd Faculty of Medicine-ELP students are required to pass the required Czech Republic examinations in order to graduate.

CONCLUSION

Based upon my review of the 2nd Faculty of Medicine-ELP's SAR and subsequent requested documentation, I have determined the 2nd Faculty of Medicine-ELP is in substantial compliance with BPC sections 2089 and 2089.5, and 16 CCR section 1314.1.

The Board has previously granted recognition to the 1st Faculty of Medicine, Charles University in Prague's English Language Program without a site visit. The 2nd Faculty of Medicine-ELP is also a high quality medical education program that is taught parallel to the Czech language program with the exception that the English language students must learn Czech and become proficient in Czech by the end of the third year.

RECOMMENDATION

I recommend the Board grant recognition to the 2nd Faculty of Medicine-ELP without a site visit retroactive to the inception of the 2nd Faculty of Medicine-ELP in 1992.

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.

(Amended by Stats. 1999, Ch. 403, Sec. 1. Effective January 1, 2000.)

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.

(Amended by Stats. 2014, Ch. 316, Sec. 4. Effective January 1, 2015.)

16 California Code of Regulations, section 1314.1

(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).