



Agenda Item 13A

## MEMORANDUM

<b>DATE</b>	October 10, 2007
<b>TO</b>	Members, Division of Licensing
<b>FROM</b>	Gary Qualset, Chief Division of Licensing
<b>SUBJECT</b>	<b>Recognition of International Medical School Program, Kigezi International School of Medicine – Cambridge, England</b>

### ISSUE

Should the Division of Licensing (Division) disapprove Kigezi International School of Medicine?

### BACKGROUND

Kigezi International School of Medicine ("Kigezi") was a proprietary for-profit medical school, founded by several American physicians that operated from leased facilities in Cambridge, England between 1996-2004. The four-year curriculum provided basic sciences instruction in Cambridge and clinical rotations in various countries. An optional year of premedical education was available for high school graduates and others who lacked the requisite premedical courses.

Kigezi held a charter to operate from Ugandan authorities, but not British authorities. The school's web site in 1997 described its status in Uganda as a tax-exempt nongovernmental charity organization that was authorized to grant the M.D. degree by the Ministry of Education and Ministry of Health of Uganda. Kigezi did not have a campus in Uganda, and the Cambridge facility was not a branch campus of an existing Ugandan medical school. In accordance with California regulations, Title 16, California Code of Regulations (CCR), Section 1314.1 (a)(2), a medical school must be chartered by the jurisdiction in which it is domiciled in order to be eligible for recognition.

Medical schools in the United Kingdom are accredited by the General Medical Council (GMC). The GMC did not accredit, review, recognize, approve, or regulate Kigezi in any fashion. However, in 2005 after the GMC observed that a growing number of offshore schools were opening campuses in the London area, the GMC disqualified graduates of Kigezi and several other schools from taking the PLAB (Professional and

Linguistic Assessment Board) written licensing exam and obtaining licensure in England.

Kigezi closed abruptly in October 2004 due to a funding crisis. According to the Educational Commission on Foreign Medical Graduates, the Ugandan National Council for Higher Education revoked Kigezi's charter to operate on June 27, 2005.

As a free-standing school, Kigezi's medical school was not part of an existing university in either England or Uganda. No Ugandan or British accrediting body or government ministry retained the school's academic records after the medical school closed. Therefore, no registrar or governmental official is available to authenticate transcripts and diplomas or complete and certify the Board's official forms for former Kigezi students. After the school closed, its academic records were transferred to a private law firm in Cambridge, England as the acting or effective custodian of records. The school's former Registrar still has the school seal in his possession. He signs and seals transcripts for former students. Since he is now a private individual, his certification does not serve as a reliable method for receiving primary source verification of student records.

Title 16, CCR, section 1314.1 indicates that an international medical school's resident course of instruction shall be deemed equivalent to the curriculum and clinical instruction requirements of California Business and Professions Code sections 2089 and 2089.5 if the school offers such coursework and also meets the requirements of either subsection (a)(1) or (a)(2) of section 1314.1. Subsection (a)(1) of Section 1314.1, in part, requires a medical school to be owned and operated by the government of the country where the school is located, and that its primary purpose be educating its own citizens to practice medicine in that country. The Division does not need to formally review these "(a)(1)" medical schools. Subsection (a)(2) of Section 1314.1 requires a medical school to be chartered by the jurisdiction in which it is domiciled, and to meet educational program standards set forth in subsection (b) of Section 1314.1. Copies of Business and Professions Code sections 2089 and 2089.5 and Title 16, CCR, section 1314.1 are attached for your reference.

In order for Kigezi to be recognized or deemed equivalent by the Division, it would have had to apply for recognition and be subject to a site inspection. However, Kigezi would not have satisfied the criteria of either subsection (a)(1) or (a)(2) of Section 1314.1 noted above. Kigezi was not owned and operated by the government of the country in which it was located, and its primary purpose was not to train Ugandan or British citizens to practice medicine in either of those countries. In addition, Kigezi did not satisfy the first criterion in subsection (a)(2) because the school had no charter from England to operate a medical school in England, the jurisdiction where it was domiciled. In order to comply with subsection (a)(2), Kigezi would have had to relocate its campus to Uganda or relocate the school to another country and obtain a charter from that country's government to operate a degree-granting medical school.

California regulations do not provide for recognition of an international medical school to be located outside the country that granted its charter. Therefore, had Kigezi officials applied to the Division for recognition, the Division would not have been able to recognize it and would have had to disapprove the school without a site inspection. Although Kigezi officials contacted staff in 1997, and again in 2000, to obtain the application for recognition, they did not follow through and submit the application. Now that Kigezi is closed, the issue of its non-compliance with subsections (a)(1) or (a)(2) is moot. When the school closed abruptly in 2004, it was out of compliance with either criterion for consideration by the Division.

Kigezi will remain in unrecognized status permanently unless the Division disapproves the school. Subsection (c) of Section 1314.1 authorizes the Division to determine, on its own, whether an institution meets the requirements of subsections (a) or (b). Therefore, the Division has the discretion to disapprove an international medical school without school officials requesting the Division to review the school's educational program.

The Division has a precedent for disapproving an unrecognized, closed offshore school. In July 1998, the Division disapproved the Universidad Federico Henriquez y Carvajal in the Dominican Republic, after learning that the Dominican government had closed the school due to its academic deficiencies.

Section 2102 of the Business and Professions Code allows the Division to disapprove any foreign medical school if the professional instruction is not equivalent to that required in Article 4 of Chapter 5 (commencing with Section 2080). This includes Sections 2089 and 2089.5 previously mentioned. Disapproving a medical school eliminates any ambiguity about a medical school's status. It informs the public that the school's graduates are ineligible for licensure in California, that coursework obtained at the university does not count toward licensure, and additionally helps to dissuade the public from enrolling in unrecognized, potentially substandard medical schools. Disapproving Kigezi will confirm that no coursework completed at Kigezi can be applied toward the requirements to train in or be licensed in California. If Kigezi is not disapproved, the Division would have to continue to expend its resources addressing the question of whether coursework completed in this unrecognized, closed medical school satisfies California's licensing requirements each time that a former Kigezi student applies for licensure in California.

### **RECOMMENDATION**

Staff recommends that the Division of Licensing disapprove Kigezi International School of Medicine pursuant to the authority in Business and Professions Code Section 2102, Article 4 of Chapter 5 of the Code (commencing with Section 2080), and Title 16, CCR, section 1314.1 (c).

If you have any questions about this agenda item, please contact me at (916) 263-2365.

Attachments:

Business and Professions Code Section 2089

Business and Professions Code Section 2089.5

Business and Professions Code Section 2102

Title 16, California Code of Regulations, Section 1314.1

General Medical Council web page regarding Private UK based medical colleges  
([www.gmc-uk.org](http://www.gmc-uk.org))

**Section 2089 – Proof of Completion of Medical Curriculum; Curriculum Requirements**

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.

### **Section 2089.5 – Clinical Instruction; Affiliation Requirements**

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 an approved residency program 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 division a description of the clinical program. The description shall be in sufficient detail to enable the division to determine whether or not the program provides students an adequate medical education. The division shall approve the program if it determines that the program provides an adequate medical education. If the division does not approve the program, it shall

Business and Professions Code  
Division 2 – Healing Arts, Chapter 5 – Medicine  
Article 4 – Requirements for Licensure  
Sections 2089 and 2089.5

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, 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 division, in reviewing the application of a foreign medical graduate, may require the applicant to submit a description of the clinical program, if the division 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 division or its agents necessary to determine whether the clinical program offered is in compliance with this subdivision.

**Section 2102 – Proof of Qualification by Citizen or Person Seeking Naturalization; Examinations**

2102. Any applicant whose professional instruction was acquired in a country other than the United States or Canada shall provide evidence satisfactory to the division of compliance with the following requirements to be issued a physician's and surgeon's certificate:

(a) Completion in a medical school or schools of a resident course of professional instruction equivalent to that required by Section 2089 and issuance to the applicant of a document acceptable to the division that shows final and successful completion of the course. However, nothing in this section shall be construed to require the division to evaluate for equivalency any coursework obtained at a medical school disapproved by the division pursuant to this section.

(b) Certification by the Educational Commission for Foreign Medical Graduates, or its equivalent, as determined by the division. This subdivision shall apply to all applicants who are subject to this section and who have not taken and passed the written examination specified in subdivision (d) prior to June 1, 1986.

(c) Satisfactory completion of the postgraduate training required under Section 2096. An applicant shall be required to have substantially completed the professional instruction required in subdivision (a) and shall be required to make application to the division and have passed steps 1 and 2 of the written examination relating to biomedical and clinical sciences prior to commencing any postgraduate training in this state. In its discretion, the division may authorize an applicant who is deficient in any education or clinical instruction required by Sections 2089 and 2089.5 to make up any deficiencies as a part of his or her postgraduate training program, but that remedial training shall be in addition to the postgraduate training required for licensure.

(d) Pass the written examination as provided under Article 9 (commencing with Section 2170). If an applicant has not satisfactorily completed at least two years of approved postgraduate training, the applicant shall also pass the clinical competency written examination. An applicant shall be required to meet the requirements specified in subdivision (b) prior to being admitted to the written examination required by this subdivision.

Nothing in this section prohibits the division from disapproving any foreign medical school or from denying an application if, in the opinion of the division, the professional instruction provided by the medical school or the instruction received by the applicant is not equivalent to that required in Article 4 (commencing with Section 2080).



TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS  
DIVISION 13. MEDICAL BOARD OF CALIFORNIA  
CHAPTER 1. DIVISION OF LICENSING  
ARTICLE 4. SCHOOLS AND COLLEGES OF MEDICINE

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, the country is a member of the Organization for Economic Cooperation and Development, and 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 and 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 and practice; 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.

(4) 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.

(5) 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.

(6) 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.

(7) Financial Resources.

The institution shall possess sufficient financial resources to accomplish its mission and objectives.

(8) 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.

(9) Quality Assurance System.

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

(10) 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.

(11) Branch Campuses.

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.

(c) The division may, on its own or at the request of an institution, determine whether that institution meets the requirements of subsections (a) and (b). The division 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 division 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 division 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 division'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 division in writing no later than 30 days after making any change in the following:

- (A) Location;
- (B) Mission, purposes or objectives;
- (C) Change of name;
- (D) Any change in curriculum 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.

(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 division 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.

(h) The division may at any time withdraw its determination of equivalence when an institution is no longer in compliance with this section. Prior to withdrawing its determination of equivalence, the division 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 division 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 division shall notify the institution in writing of its decision and the basis for that decision.

(i) The division 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 division 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).

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## Private UK based medical colleges

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The following schools claim that the course of study undertaken substantially or wholly in the UK leads to a Primary Medical Qualification awarded by an overseas University. The GMC does not register graduates who have been awarded primary medical qualifications in such circumstances nor does it give any entitlement to book or sit the PLAB test.

The list below contains institutions that we are currently aware of - it may not be exhaustive. Therefore the GMC accepts no liability for the reliance placed on these institutions or for any action or decision taken.

European College of Medicine, London (ECM)

Grace University School of Medicine, London

London College of Medicine

London School of Medicine

London Medical School

School of Health and Neural Sciences, Nottingham

American International School of Medicine, UK satellite campus

St. Christopher's College of Medicine, Luton

Kigezi International School of Medicine, Cambridge

Medical College London, Montserrat

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