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STATEMENT OF

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BEFORE THE

HOUSE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE

SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT

ON

[ U.S. CITIZENS ATTENDING FOREIGN MEDICAL SCHOOLS ]

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Mr. Chairman and Members of the Subcommittee:

We are pleased to appear here today to discuss the results of our congressionally requested study of U.S. citizens attending foreign medical schools.

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## BACKGROUND

There has been a great deal of concern about the recent proliferation of foreign medical schools established to attract U.S. citizens who were unable to gain admission to medical schools in this country. Questions have been raised about the quality of medical education in those foreign medical schools most willing to accept U.S. citizens, and the adequacy and appropriateness of that educational experience as preparation for practicing medicine in the United States.

Despite significant growth in the enrollment capacity of U.S. medical schools, many who apply are not accepted because of the intense competition for a limited number of positions. As a result, substantial numbers of U.S. citizens attend foreign medical schools with the goal of returning to the United States to ultimately practice medicine--even though some estimate there will be a surplus of physicians in this country by 1990. The exact number of U.S. citizens studying medicine abroad is not known. However, we estimate that the number approximates 10-11,000.

## WHAT WE DID

As part of our work, we held discussions with officials at the headquarters offices of the Department of Health and Human Services, the Department of Education, the Department of State, and the Veterans Administration. We also met with

representatives of the various organizations responsible for the education, testing, and licensure of physicians in the United States.

Between July and November 1979 we visited six foreign medical schools in the Caribbean, Mexico, and Europe which had about 5,400 U.S. citizens studying medicine--about half of the total number we estimate were studying medicine abroad. During our visits, we met with school administrators and faculty to obtain information on admission standards, curriculum content, and faculty credentials, and observed facilities and equipment. We also talked with U.S. citizens about their experiences at the schools and their future plans. The schools we visited and their locations follow:

Caribbean:

Universidad Central del Este--located in San Pedro de Macoris, Dominican Republic.

Universidad Nordestana--located in San Francisco de Macoris, Dominican Republic.

St. George's University School of Medicine--located in Grenada, West Indies.

Mexico:

Universidad Autonoma De Guadalajara--located in Guadalajara, Mexico.

Europe:

Universita Degli Studi Di Bologna--located in Bologna, Italy.

Universite de Bordeaux, II--located in Bordeaux,  
France.

The three Caribbean schools had a combined enrollment of about 4,100 medical school students, of whom about 3,100 were U.S. citizens. These schools did not exist 10 years ago, and two of them were established in the past 4 years. The Universidad Autonoma De Guadalajara was founded in 1935 and had about 7,500 medical school students, of whom about 2,100 were U.S. citizens. The European schools we visited had existed for hundreds of years and had relatively few U.S. citizens.

During our visits to these foreign medical schools, we learned that many U.S. citizen foreign medical school students obtained part or all of their undergraduate clinical training in U.S. hospitals under arrangements made by either the foreign medical schools or the students themselves. Therefore, to get a better understanding of this training, we reviewed clinical training programs offered U.S. citizen foreign medical school students at nine hospitals in three States--California, New York, and Florida. We also met with officials of State medical licensing boards in these States to determine whether they were aware of these clinical training programs. Additionally, we discussed with New Jersey officials similar clinical training programs for foreign-trained U.S. citizens conducted in their State.

Throughout our work, our audit staff was assisted by Dr. Murray Grant, our Chief Medical Advisor. Dr. Grant accompanied the staff on visits to the foreign medical schools, host country health and education organizations, U.S. hospitals, State licensing boards, and U.S. medical organizations.

We also attempted to visit the American University of the Caribbean, which was located in Cincinnati, Ohio. We wanted to visit this school because it had the unique distinction of being a "foreign medical school" located in the United States; however, we were refused access. At that time, the school was in litigation with the State of Ohio about its right to operate without certification. Subsequently, the school moved to the Caribbean island of Montserrat.

The Liaison Committee on Medical Education is responsible for evaluating and accrediting U.S. and Canadian medical schools, including their clinical training programs. Because Canadian medical schools are evaluated and accredited by the Liaison Committee and the Association of Canadian Medical Colleges, they are not viewed as "foreign" medical schools for the purposes of our review. However, since the Liaison Committee does not have this responsibility for medical schools located in foreign countries other than Canada, it did not evaluate or accredit any of the schools we visited or the clinical training programs provided in U.S. hospitals for U.S. citizens attending foreign medical schools.

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Before discussing what we found during our study, I want to highlight several items that we should keep in mind as we proceed. First, there are many first rate medical schools in other countries that produce excellent physicians. Second, many distinguished scholars from medical schools around the world are welcomed to this country as teachers and practitioners and make a valuable contribution. And third, even with limitations in a medical school's educational capabilities, some students will do well because of their own ability and willingness to study and learn.

I want to reemphasize that we visited only six foreign medical schools that were selected primarily because large numbers of U.S. citizens either had studied or were studying there. Because it was generally believed that the goal of U.S. citizens attending foreign medical schools was to return to this country to practice medicine, we believed it was necessary to compare the training U.S. citizens received in medical schools abroad to that provided in the United States.

#### WHAT WE FOUND

The foreign medical schools we visited differed considerably, and the merits or problems of each must be viewed separately. [ However, in our opinion, none of these foreign medical schools offered a medical education comparable to that available in the United States because of deficiencies

in admission requirements, facilities and equipment, faculty, curriculum, or clinical training. While it is difficult to generalize about the adequacy of the foreign medical schools in all of these areas, a serious shortcoming at each foreign medical school was the lack of adequate clinical training facilities. In no instances did the foreign schools have access to the same range of clinical facilities and numbers and mix of patients as a U.S. medical school.

A report 1/ provided to the Congress on May 13, 1980, by the Secretary of Health and Human Services identified similar deficiencies in the education of U.S. citizens who attended foreign medical schools and later transferred to U.S. medical schools.

Clinical Training  
in U.S. Hospitals

{ Many U.S. citizen foreign medical school students obtained part or all of their undergraduate clinical training in U.S. hospitals under arrangements made by either the foreign medical school or the student. However, the type, length, and extent of training received at most U.S. hospitals that we visited participating in these arrangements varied greatly and generally was not comparable to that provided to U.S. medical school students. }

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1/"Analysis of the Deficiencies in the Foreign Medical Education of U.S. Foreign Medical Student Transferees."

Moreover, most of the hospitals that we visited were not affiliated with U.S. medical schools and had little assurance that U.S. citizens from foreign medical schools were adequately and properly prepared for clinical training.

As I mentioned earlier, the Liaison Committee on Medical Education accredits U.S. medical schools--including their clinical training programs which are conducted in hospitals approved for teaching purposes. However, no such organization is responsible for overseeing all undergraduate clinical training which U.S. citizen foreign medical school students receive in U.S. hospitals.

[ State medical licensing boards in California, New York, and Florida generally had not approved clinical training programs for foreign medical school students at hospitals in their States, nor were they aware of the extent to which such programs existed in their States. However, the New Jersey licensing board had approved some but not all such programs in their State.

#### Alternative Routes for Entering the American Medical System

U.S. citizens we talked to who were studying at foreign medical schools said their goal was to return to the United States and practice medicine. Four routes are available:

- Transfer with advanced undergraduate standing to U.S. medical schools.

- Participate in the Fifth Pathway Program (1 year of clinical training in the United States under the supervision of a U.S. medical school).
- Enter graduate medical education in the United States.
- Obtain a license to practice medicine from a jurisdiction authorized to license physicians.

Those U.S. citizens at foreign medical schools who are unable to transfer with advanced standing to a U.S. medical school or participate in a Fifth Pathway Program usually enter the American medical system by participating in U.S. graduate medical education since it is also required for licensure in most States. The American Medical Association's Center for Health Services Research reports that about 2,300 U.S. citizen foreign medical school graduates were in U.S. graduate medical education training programs in 1979.

To enter graduate medical education, U.S. citizen foreign medical school graduates must pass the Educational Commission for Foreign Medical Graduates examination. Less than 50 percent of the U.S. citizens taking this examination each year pass, although the pass rate is reportedly higher for first-time takers than repeaters. Nevertheless, members of the medical profession have questioned whether this screening examination is adequate to serve the purpose for which it is being used--that is, as a test of the readiness for graduate medical education and as an adequate safeguard of the health and welfare of patients.

Foreign-trained graduates who are not U.S. citizens and are seeking a visa to come to the United States for graduate medical education now take the Visa Qualifying Examination. Some in the medical profession consider it more comprehensive and difficult to pass than the examination given to U.S. citizen foreign medical school graduates even though they may have attended the same foreign medical school.

Licensure for medical practice is a legal function of the 50 States, Guam, Puerto Rico, the Virgin Islands, and the District of Columbia. Although eligibility requirements differ among and within jurisdictions for U.S. and foreign medical school graduates, all applicants must submit evidence of their undergraduate medical education. However, State licensing boards have no way of adequately assessing the education and training provided in foreign medical schools in deciding whether a candidate for licensure has an adequate medical education and is eligible to take the State licensing examination.

Most jurisdictions require that physicians trained in foreign medical schools obtain graduate medical education in order to be licensed. Specifically, according to information collected by the American Medical Association, 15 States do not require U.S. medical school graduates to obtain graduate medical education to be licensed. However, 12 of these States require graduate medical education for

physicians trained in foreign medical schools. The other three States (Massachusetts, New Mexico, and Texas) do not require graduates of foreign medical schools to obtain graduate medical training to secure licensure.

#### Emerging Developments

During our study, we learned that the National Board of Medical Examiners was working on a new medical examination--the Comprehensive Qualifying Examination. This examination could affect the routes by which graduates of foreign medical schools enter the U.S. medical system.

In 1973, the Committee on Goals and Priorities of the National Board recommended that an examination be developed to evaluate the performance characteristics required to provide patient care in a supervised setting. The committee believed that it should be acknowledged that both U.S. and foreign medical school graduates in graduate medical training and medical practice have the same responsibility for patient care and that identical standards should be applied. However, the committee recognized that all physicians, during the course of graduate medical training, are engaged in providing professional services to the public, and that the responsibility for assuring the public of the physician's competence to provide such services resides with the States. The committee indicated that it was particularly important that the foreign-trained graduate be assessed through a comparable process to U.S.-trained graduates because the foreign medical schools

were not subject to the Liaison Committee on Medical Education's accreditation process which assures quality medical education in U.S. medical schools.

Additionally, the Federation of State Medical Boards is considering a new concept to achieve a uniform assessment procedure for licensure which involves developing two examinations, referred to as FLEX I and FLEX II.

FLEX I would be administered to all U.S and foreign medical school graduates before they begin graduate medical education. Since the National Board of Medical Examiners is presently developing a similar examination, known as the Comprehensive Qualifying Examination, the Federation would adopt this as its FLEX I.

FLEX II would be a clinically oriented examination designed to measure the fitness of an individual to practice medicine independently. FLEX II would be offered to all medical school graduates, U.S.- and foreign-trained. A passing score would be required to obtain a license to practice medicine. It is anticipated that the Federation would recommend that FLEX II be given near the end of the second year of graduate medical education; however, recognizing the rights of States to establish their own requirements, its timing would be at the discretion of the individual State licensing boards.

Federal Financial Assistance  
for U.S. Citizens Studying  
Medicine Abroad

Foreign medical schools do not receive direct Federal financial assistance. However, U.S. citizens attending approved schools are eligible for guaranteed student loans from the Department of Education, and qualified veterans, their spouses, and their dependents may receive Veterans Administration educational benefits. Together, these agencies are providing financial assistance to several thousand U.S. citizens studying medicine abroad, including hundreds enrolled at four of the six foreign medical schools we visited.

Before U.S. citizens can receive guaranteed student loans, the Department of Education is required by law to make a determination that the education and training provided by the foreign medical school is comparable to that available at a U.S. medical school. The Administrator of Veterans Affairs may deny or discontinue educational benefits if such enrollment is determined not to be in the individual's or the Government's best interest.

We have several observations concerning the Department of Education and Veterans Administration policies and procedures for approving foreign medical schools and the management of their programs.

--The Department of Education and the Veterans

Administration determined that foreign medical

schools were comparable to U.S. medical schools almost exclusively on the basis of the foreign schools' listing in the World Health Organization's "World Directory of Medical Schools." This approach only provides recognition of a medical school by the country's government--it does not provide sufficient information to assure that foreign medical schools are comparable to U.S. medical schools.

--Nevertheless, regulations establishing procedures and criteria for making comparability determinations have not been published by either agency even though the programs were enacted years ago. The Department of Education, however, issued proposed rules in April 1979 but has not finalized them.

Over the past 10 years, the Department of Education's records show that it guaranteed about 21,500 loans for over \$45 million, and the Veterans Administration disbursed \$5.6 million to 997 veterans, their spouses, and their dependents to attend foreign medical schools. Based upon Department of Education records, we estimate that the interest subsidies, defaults, and other expenses of the guaranteed loans have cost the Federal Government about \$12.4 million during this period. However, we were unable to determine precisely the program's cost because the Department's accounting system does not provide accurate and complete information on the number or amount of guaranteed student loans and defaults.

## ACTION NEEDED

Mr. Chairman, based on our work, we believe that the recent proliferation of foreign medical schools established to attract U.S. citizens who are unable to gain admission to medical schools in this country is cause for concern.

We recognize that U.S. citizens are free to go abroad to study medicine and that many will continue to do so with the ultimate goal of returning to the United States to practice medicine. [ Because there are no adequate means of evaluating the education and training provided by foreign medical schools, we believe the Congress, the administration, State licensing authorities, and the medical profession need to consider what steps can be taken to better assure that students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to those of their U.S.-trained counterparts before entering the U.S. health care delivery system for either graduate medical education or medical practice.

We also believe that steps should be taken to address the current practice whereby U.S. citizen foreign medical school students receive part or all of their undergraduate clinical training in U.S. hospitals because no organization has overall responsibility for reviewing and approving such training and there are no assurances that the students are adequately and appropriately prepared to undertake such training.

We believe a number of alternatives exist for evaluating the education and training received in foreign medical schools.

Alternative 1

The Liaison Committee on Medical Education or some other body established for this purpose could be given responsibility for visiting foreign medical schools, with the foreign school bearing the cost, to determine if the education and training provided is comparable to that at a U.S. medical school. If so, the foreign medical school would be accredited by the body established for this purpose. Under this alternative, only students from such accredited foreign medical schools would be permitted to receive graduate medical education or medical licensure in the United States. This alternative would discourage U.S. citizens from attending unaccredited foreign medical schools with the intention of returning to the United States to ultimately practice medicine.

Although worldwide accreditation of medical schools is a laudable goal, many problems exist.

--There would be national and international political implications, pressures, and possible legal actions which could result from nonaccreditation of certain schools.

--The large number of foreign medical schools would make it difficult and costly to review schools in a timely manner.

--Many foreign medical schools, including many first rate schools, would undoubtedly not seek accreditation because few of their graduates seek to obtain graduate medical education or licensure in the United States.

When previously asked, the Liaison Committee on Medical Education declined to undertake accreditation of foreign medical schools for purposes of the Guaranteed Student Loan Program.

#### Alternative 2

A second alternative would be to establish a better examination to test students before permitting them to enter graduate medical education or receive medical licensure in the United States. All medical school graduates, U.S.- and foreign-trained, could be required to pass an examination, such as the proposed Comprehensive Qualifying Examination, in order to enter graduate medical education. All medical school graduates could be required to pass an examination, such as the proposed FLEX II, in order to obtain unrestricted licensure.

Passing an examination before participating in U.S. programs of graduate medical education would demonstrate a minimally acceptable standard of competence for assuming patient care responsibilities in a supervised setting. Passing an examination before licensure would demonstrate a minimally acceptable standard of competence for the independent practice of medicine.

This alternative would eliminate the multiple standards that now exist for U.S. medical school graduates, U.S. citizen foreign medical school graduates, and foreign citizen foreign medical school graduates, and would also be relatively easy to establish and relatively inexpensive to implement. However, there are also problems with this alternative, including:

--It is doubtful that any examination could be developed which would provide a completely satisfactory substitute for the rigorous supervised training that medical students in the United States undergo.

--Even if such examinations were developed, it could be many years before they would be uniformly accepted by the numerous independent State licensing jurisdictions.

--Students could probably pass any examination after study and coaching, even without having received "comparable training."

### Alternative 3

A third alternative would be to establish an accrediting body, either by the private sector or by the Department of Health and Human Services, responsible for determining whether students who attend foreign medical schools are properly prepared to receive graduate medical education or licensure in the United States. Applicants would have to have completed their medical education and all of the foreign country's requirements for their medical degree, except for any internship and/or

social service requirements.

This body would be responsible for:

- Establishing uniform standards, including an appropriate screening examination and criteria for evaluating applicants' credentials to determine whether they are adequately prepared to enter U.S. programs of graduate medical education without additional hospital training.
- Determining the length and scope of any additional hospital training needed to prepare each applicant for graduate medical education.
- Designating U.S. hospitals which would be approved for providing supervised hospital training of individuals who attended foreign medical schools and are deemed to need such training.

Under this alternative, individuals who attended foreign medical schools would not be permitted to receive any necessary additional hospital training, enter graduate medical education, or secure licensure unless they demonstrate to this body that they had a thorough understanding of the basic sciences. After the period of additional hospital training specified by the accrediting body, the hospital program director would certify to the accrediting body whether the applicant was properly prepared for graduate medical education. This certification could also be used as one of the licensure

requirements in the States that do not now require graduates of foreign medical schools to have graduate medical education.

Accordingly, under this alternative, no applicant from a foreign medical school would be eligible to receive graduate medical education or licensure in the United States without the approval of this body, and the total cost of any hospital training needed would be borne by the individual. This alternative would also eliminate the need to continue a separate Fifth Pathway Program. This alternative offers the following advantages:

- Applicants from foreign medical schools would be screened before being permitted to enter the U.S. health care delivery system.
- It would provide flexibility to differentiate between those applicants from foreign medical schools who need additional training and those who do not, such as distinguished scholars and visiting professors.
- Applicants from foreign medical schools would receive training only in U.S. programs and facilities approved for such purposes.

This alternative also poses some problems:

- This approach would be relatively expensive, and an applicant might have trouble absorbing the cost.
- Finding enough hospital training facilities might be difficult.

--This approach might be resisted by States that do not now require graduates of foreign medical schools to have some period of graduate medical education to secure licensure.

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We believe that the Congress should direct the Secretary of Health and Human Services to work with State licensing authorities and representatives of the medical profession to develop and implement appropriate mechanisms that would ensure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to those of their U.S.-trained counterparts before they are allowed to enter the U.S. health care delivery system for either graduate medical education or medical practice. The alternatives we have presented as well as those proposed by others should be considered. We also believe that the Secretary should work with the same groups to address the current practice whereby students from foreign medical schools receive part or all of their undergraduate clinical training in U.S. hospitals.

We further believe that the Secretary of Education should issue regulations establishing procedures and criteria for implementing the legislative requirement that the Department ensure that foreign medical schools are comparable to medical schools in the United States before authorizing guaranteed student loans for U.S. citizens attending these schools. The

Administrator of Veterans Affairs should accept those foreign medical schools approved by the Secretary of Education as a basis for authorizing educational benefits to qualified veterans, their spouses, and their dependents.

Finally, we believe that the Secretary of Education should ensure that the Government's interest in outstanding guaranteed student loans at foreign medical schools is adequately protected by properly identifying the status of all U.S. citizens with outstanding loans and initiating repayment where appropriate.

#### Comments of Schools, Federal Agencies, and Others

Summaries of our observations on their medical education and training programs were sent to each of the six foreign medical schools we visited. All schools responded, and their comments have been incorporated as appropriate and recognized in appendixes II through VII of the report. The University of Central del Este was the only school that disagreed with what we had observed at the time of our visit.

The Department of Health and Human Services, the Federation of State Medical Boards, the Association of American Medical Colleges, and the American Hospital Association generally agreed with our findings, conclusions, and recommendations regarding the need to ensure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to their U.S.-trained counterparts

before they are allowed to enter the U.S. health care delivery system.

The American Medical Association agreed with our recommendation concerning clinical training in U.S. hospitals and stated that this is a valid issue for concern. However, the Association does not believe the Federal Government should become involved in accrediting programs or in establishing prerequisites for licensure or graduate medical education in the United States. The Association contends that adequate safeguards already exist and, therefore, further Federal regulation is inappropriate.

We do not agree that adequate safeguards exist. Also, the Department of Health and Human Services, the Federation of State Medical Boards, and other members of the medical profession reached different conclusions than the Association on this issue. Moreover, we did not recommend that the Federal Government assume responsibility for program accreditation or licensure. Our report recognizes that this responsibility rests with State licensing bodies and the medical profession. At the same time, however, we believe the Department of Health and Human Services can and should actively participate in these deliberations because the judgments involved, which affect U.S. citizens as well as foreign nationals, would benefit from public participation, an open deliberative forum,

and a close relationship to the public policy development process to ensure equitable solutions that are sensitive to the needs and rights of all involved parties.

The Coordinating Council on Medical Education and its Liaison Committees on Undergraduate and Graduate Medical Education chose not to comment on our draft report.

The Department of Education agreed with our findings and recommendation regarding the need to issue regulations for assessing comparability to determine eligibility for the Guaranteed Student Loan Program. However, the Department believes there may be ways other than issuing regulations to implement the intent of this recommendation. In view of the importance of this issue and the need for such regulations, we are concerned that the Department has not set forth a specific course of action it intends to take. The Department of Education agreed with our recommendation to protect the Government's interest in outstanding guaranteed student loans for U.S. citizens studying medicine abroad.

The Veterans Administration said it has no objection to our recommendation that it accept foreign medical schools approved by the Secretary of Education as a basis for authorizing educational benefits to qualified veterans, their spouses, and their dependents. It stated, however, that its legislation and attendant regulations would have to be considered when evaluating the adequacy of any new Department of Education standards.

Department of State officials had no disagreement with our draft report.

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Mr. Chairman, this concludes my statement. We will be happy to answer any questions that you or other members of the Subcommittee might have.