

307.5
126497

UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C. 20548

FOR RELEASE ON DELIVERY
Expected at 9:30 a.m.
March 25, 1985

STATEMENT OF
MURRAY GRANT, MD, DPH
CHIEF MEDICAL ADVISOR
HUMAN RESOURCES DIVISION

BEFORE THE
COMMITTEE ON LABOR AND HUMAN RESOURCES
SUBCOMMITTEE ON EMPLOYMENT AND PRODUCTIVITY
UNITED STATES SENATE

ON
U.S. CITIZENS STUDYING MEDICINE ABROAD



126497

031541

Mr. Chairman and Members of the Subcommittee:

We are pleased to appear here today to discuss our November 1980 report¹ on U.S. citizens studying medicine abroad. In this report, we expressed concern about the quality of education provided to U.S. citizens by some foreign medical schools. We also pointed out the need for greater assurance 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 they are allowed to enter graduate medical education or receive medical licensure in the United States.

BACKGROUND

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, many U.S. citizens attend foreign medical schools with the goal of ultimately returning to the United States to practice medicine. The exact number of U.S. citizens studying medicine abroad is not known. However, we estimated that the number approximated 10,000 to 11,000 at the time of our review.

¹Policies on U.S. Citizens Studying Medicine Abroad Need Review and Reappraisal (HRD-81-32, Nov. 21, 1980).

In the past, U.S. citizens unable to gain admission to U.S. medical schools generally attended European schools. However, more recently, newly established schools in the Western Hemisphere, particularly in the Caribbean, have attracted increasing numbers of students.

WHAT WE DID

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. During our visits, we met with school administrators and faculty to obtain information on admission standards, curriculum content, and faculty credentials, and we 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 are listed in the attachment to this statement.

During our visits, 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 schools or the students themselves. 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 these states' medical licensing boards to determine whether they were aware of these programs. Additionally, we discussed with New

Jersey officials similar clinical training programs for foreign-trained U.S. citizens conducted in their state.

Before discussing what we found, I want to highlight several items that we should keep in mind. 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.

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, at the time of our visit none of these 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, the inadequacy of the schools' clinical training

represented the most serious shortcoming. When we visited the six foreign schools, none had access to the same range of clinical facilities and numbers and mixes of patients as a U.S. medical school.

Clinical Training in U.S. Hospitals

The type, length, and extent of undergraduate clinical training received by U.S. citizen foreign medical school students at most U.S. hospitals we visited varied greatly and generally was not comparable to that provided to U.S. medical school students. For example, at the time of our review, most of the hospitals we visited were not affiliated with U.S. medical schools, and their training programs were inadequately monitored by the foreign medical schools. Also, these hospitals had little assurance that U.S. citizens from foreign medical schools were adequately and properly prepared for clinical training.

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.

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.

At the time of our review, U.S. citizen foreign medical school graduates had to pass the Educational Commission for Foreign Medical Graduates examination to enter graduate medical education. Less than 50 percent of the U.S. citizens taking this examination each year passed although the pass rate was reported higher for first-time takers than repeaters.

Nevertheless, members of the medical profession had questioned whether this screening examination was adequate to serve the purposes for which it was 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.

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. We reported that state

licensing boards had no way of adequately assessing the education and training provided in foreign medical schools in deciding whether a candidate for licensure had an adequate medical education and was eligible to take the state licensing examination.

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

Foreign medical schools do not receive direct federal financial assistance. U.S. citizens attending these 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 provided financial assistance to several thousand U.S. citizens studying medicine abroad, including hundreds enrolled at four of the six foreign medical schools we visited in 1979.

The Department of Education's records showed that during the 1970's, 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 estimated that the interest subsidies, defaults, and other expenses of the guaranteed loans had cost the federal government about \$12.4 million during this period. We were unable to determine precisely the program's cost because the

Department's accounting system did not provide accurate and complete information on the number or amount of guaranteed student loans and defaults.

- - - -

Mr. Chairman, based on our work, we expressed the belief in our 1980 report that the proliferation of foreign medical schools established to attract U.S. citizens who are unable to gain admission to medical schools in this country was cause for concern.

We recognized that U.S. citizens were free to go abroad to study medicine and that many would continue to do so with the ultimate goal of returning to the United States to practice medicine. Because, at the time, there were no adequate means of evaluating the education and training provided by foreign medical schools, we recommended that more appropriate mechanisms be developed to assure 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 entering the U.S. health care delivery system for either graduate medical education or medical practice.

We also recommended that steps be taken to address the practice whereby U.S. citizen foreign medical school students received part or all of their undergraduate clinical training in U.S. hospitals because no organization had overall responsibility for reviewing and approving such training and there were no

assurances that the students were prepared to undertake such training.

We are not in a position at this time to specifically comment on the actions taken to address all the concerns discussed in our 1980 report. However, we are aware that a few states have taken actions in an effort to assess the quality of training received in some foreign medical schools as well as their undergraduate clinical training in U.S. hospitals. We also are aware of the recent change, which, beginning in July of last year, requires that all foreign-trained medical students seeking to receive graduate medical education or licensure in the United States take a different examination than that required at the time of our review. Preliminary indications are that this new examination addresses some of the concerns we had with the previous examinations.

At the request of the Chairman, Subcommittee on Health and Long Term Care, House Select Committee on Aging, we are conducting a study which will update some of the information in our 1980 report. The study has two major objectives

- to determine whether the problems we identified in our 1980 report are still as serious and
- to identify those issues most in need of further attention.

We are meeting with Federal, State, and private organizations involved in physician examination, credentialing and monitoring to determine their current efforts to deal with the problems we identified in 1980. We expect to complete our study in July 1985.

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

FOREIGN MEDICAL SCHOOLS VISITED BY GAO IN 1979

Caribbean:

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

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

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

Mexico:

Universidad Autonoma De Guadalajara--in Guadalajara, Mexico

Europe:

Universita Degli Studi Di Bologna--in Bologna, Italy

Universite de Bordeaux, II--in Bordeaux, France