

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

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STATEMENT OF  
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BEFORE THE  
SUBCOMMITTEES ON HEALTH AND LONG-TERM CARE  
AND HOUSING AND CONSUMER INTERESTS  
HOUSE SELECT COMMITTEE ON AGING  
ON  
U.S. CITIZENS STUDYING MEDICINE ABROAD

Messrs. Chairmen and Members of the Subcommittees:

As you requested, we are providing our views on federal, state, and private activities pertaining to U.S. citizens who attend foreign medical schools and return to this country to practice medicine. We have addressed this issue in two reports--the first in 1980 and the second in September 1985 in response to a request from Chairman Pepper.<sup>1</sup> Our statement today summarizes these two reports and provides our views on proposed legislation (H.R. 3485) introduced by Chairman Pepper on October 2, 1985, to address the issues raised in our recent report.

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

Federal, State, and Private Activities Pertaining to U.S. Graduates of Foreign Medical Schools (GAO/HRD-85-112, Sept. 27, 1985).

## 1980 REPORT

In our 1980 report, we noted that despite significant growth in the enrollment capacity of U.S. medical schools, many who applied to these schools were not accepted because of the intense competition for a limited number of positions. As a result, substantial numbers of U.S. citizens attended foreign medical schools with the goal of practicing medicine in the United States. We also pointed out that:

- The exact number of U.S. citizens studying medicine abroad was not known. However, at that time we estimated the number to be about 10,000 to 11,000.
- Much concern existed about the proliferation of foreign medical schools established to attract U.S. citizens who were unable to gain admission to U.S. medical schools and the quality of medical education provided in these schools.
- Because some foreign medical schools did not have access to sufficient clinical training facilities in their own countries, many U.S. students attending medical schools abroad obtained part or all of their undergraduate clinical training in U.S. hospitals through arrangements made either by themselves or by the foreign medical school. Many of the U.S. hospitals in which these students received this training were not teaching hospitals and did not offer clinical training

opportunities comparable to those available to U.S. medical school students.

--State licensing authorities had no way of adequately assessing the education and training provided in foreign medical schools in deciding whether the applicant was eligible to take the state medical licensing examination.

--U.S. citizens who graduated from foreign medical schools and sought graduate medical education in the United States were required to take a different examination than that administered to alien graduates even though both groups of individuals may have attended the same foreign medical school. Some members of the medical profession did not feel that the examination for U.S. foreign medical graduates was adequate to measure their competency to undertake graduate medical training in the United States.

--The Department of Education and the Veterans Administration had provided millions of dollars in financial assistance through guaranteed student loans and educational benefits for several thousand U.S. citizens studying medicine abroad without having adequate criteria to determine if foreign medical schools were comparable to U.S. medical schools, as required by law.

In our 1980 report, we recommended that:

--The Congress direct the Secretary of Health and Human Services to work with state licensing authorities to develop and implement appropriate mechanisms that would ensure that all foreign medical graduates demonstrate that their medical knowledge and skills were comparable to their U.S.-trained counterparts before being allowed to enter the U.S. health care delivery system. To accomplish this objective, we suggested three alternatives: (1) accredit foreign medical schools; (2) establish a better examination to test all medical graduates--U.S.- and foreign-trained; and (3) establish an organization to accredit the readiness of foreign medical graduates to receive licensure or graduate medical education in the United States.

--The Secretary of Health and Human Services address the practice under which foreign medical students received part or all of their undergraduate clinical training in U.S. hospitals.

--The Secretary of Education issue regulations establishing criteria for implementing the legislative requirement that the Department ensure that foreign medical schools were comparable to U.S. medical schools before authorizing guaranteed student loans.

--The Administrator of Veterans Affairs accept foreign medical schools approved by the Secretary of Education before authorizing educational benefits to qualified veterans, their spouses, and their dependents.

#### 1985 REPORT

In our 1985 follow-up review, we (1) examined federal, state, and private organizations' activities that had addressed the concerns raised in our 1980 report and (2) identified issues needing further attention.

We reported that most of our 1980 findings were still applicable to the foreign medical graduate situation today. None of our 1980 recommendations has been implemented, and the issues that these recommendations were intended to address need further attention. In summary, we found that:

--No accurate means has been devised to determine the exact number of Americans studying medicine abroad. However, indications are that the number of U.S. citizens attending foreign medical schools has increased since 1980. An Education official estimated that between 13,000 and 19,000 U.S. citizens are currently enrolled in foreign medical schools, as compared to the 10,000 to 11,000 estimate indicated in the 1980 report. An official of the Educational Commission for Foreign Medical Graduates, the organization responsible for

testing and certifying all foreign medical graduates, stated that the Education official's estimate was reasonable.

- Federal, state, and private organizations continue to be concerned about the adequacy of the training provided in some foreign medical schools as preparation for the practice of medicine in the United States.
- California, Florida, New Jersey, and New York have taken various steps to approve foreign medical schools and/or hospital programs before allowing foreign medical students to participate in undergraduate clinical training in those states.
- State medical licensing boards continue to have difficulty obtaining reliable information about the quality of the education provided to some foreign medical graduates and thus are hampered in making proper licensure decisions.
- California, New Jersey, and New York have conducted site visits to a number of the same foreign medical schools, but have rendered inconsistent decisions concerning approval or disapproval of these schools for the purpose of allowing their students to participate in undergraduate clinical training in these states.

- The Federation of State Medical Boards formed a commission to collect and validate information from foreign medical schools and disseminate this information to state licensing boards in all 50 states, Guam, Puerto Rico, the Virgin Islands, and the District of Columbia.
- A uniform examination has not been developed for graduates of both U.S. and foreign medical schools. However, the Educational Commission for Foreign Medical Graduates developed a single and more rigorous examination to better assess the proficiency of U.S. and alien foreign medical graduates seeking graduate medical education in the United States.
- The American Hospital Association has undertaken a research project to determine the extent to which U.S. hospitals provide undergraduate clinical training to foreign medical students.
- The Department of Education and the Veterans Administration continue to provide millions of dollars in financial assistance to thousands of U.S. citizens studying medicine abroad without having adequate criteria for evaluating foreign medical schools.

Federal, state, and private agencies continue to be concerned about the adequacy and appropriateness of the medical education provided in some foreign medical schools as preparation for practicing medicine in the United States. While

these agencies have taken steps to better control the problems presented by some foreign medical graduates, a more concerted and coordinated approach is needed to deal effectively with the wide variety of issues now being addressed individually by these organizations. To help bring about such an approach, we proposed that the following alternative legislative actions be considered.

ALTERNATIVES FOR ALLEVIATING PROBLEMS  
PRESENTED BY FOREIGN MEDICAL GRADUATES

Alternative 1

Federal legislation could authorize the Secretary of Health and Human Services to accredit foreign medical schools. States could then use the Secretary's accreditation determinations in considering licensure applications from foreign medical school graduates. Private-sector organizations could also use the determinations in considering applications from foreign medical school graduates for graduate medical education in the United States. To help achieve the necessary coordination and cooperation of the private sector, the Secretary should arrange to use the services of a private organization, such as the Liaison Committee on Medical Education (the accrediting body for U.S. medical schools), in developing and implementing the Secretary's program. The Secretary, in turn, should accept the decisions of those foreign accrediting bodies which the Secretary approves. Medical schools that are located in



countries not having an accrediting body acceptable to the Secretary and that would like some of their graduates to be able to practice medicine in the United States, could have the option of

- seeking the establishment of an accrediting body in their country or

- contracting with an already approved accrediting body in the United States or elsewhere to assure that the schools in question are properly accredited.

The advantages of this alternative are that it could

- diminish the current concern over the adequacy and appropriateness of the training provided by foreign medical schools,

- reduce the amount of verification of applicants' credentials required and thus conserve state and private resources now devoted to this effort,

- eliminate the need for the Department of Education and the Veterans Administration to develop criteria for assuring the comparability of education between foreign medical schools and U.S. institutions, and

- discourage U.S. citizens from attending unaccredited foreign medical schools if they plan to practice medicine in the United States.

A principal disadvantage of this alternative is that it would require the Secretary to endorse the accrediting bodies of other countries.

## Alternative 2

Federal legislation could authorize the Secretary of Health and Human Services to review the credentials of foreign medical school graduates. States could then use the results of the Secretary's credentials reviews in considering licensure applications from foreign medical school graduates. Similarly, private organizations could use these results in considering foreign medical school applicants for entry into U.S. graduate medical education programs.

In developing and implementing the program, the Secretary should arrange to use the services of a national private-sector organization, such as the Educational Commission for Foreign Medical Graduates, which currently administers an examination for foreign medical graduates. Such an organization could review and verify the individual's credentials in accordance with standards established by the Secretary in cooperation with the organization. The organization could also make site visits to foreign medical schools, if necessary, to determine the adequacy of their educational programs. The results of the credentials reviews would be transmitted to those medical licensing boards or hospital training directors designated by the applicant, to be used in their decision-making process.

The advantages of this alternative are that it would  
--give state licensing authorities and hospital training  
directors the best information available on which to base  
their decisions for licensure or graduate medical  
education and  
--reduce the volume of work required by the states,  
eliminate duplication of work by different states, and  
eliminate the need for various states to make site visits  
to the same foreign medical schools.

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State licensing boards would, of course, not be prohibited from obtaining additional information under either alternative.

We did not attempt to determine the federal government's costs to implement and carry out the functions under the proposed alternatives. However, we believe that the costs to carry out the functions of alternative 1 should be substantially less than those of alternative 2 and should decrease after the Secretary has initially approved foreign accrediting bodies.

Representatives of federal, state, and private organizations who attended a conference we sponsored on issues relating to U.S. graduates of foreign medical schools agreed that the alternatives would alleviate many of the problems being encountered in the licensing and credentialing of foreign medical school graduates. They generally favored the first

alternative, which deals with the accreditation of foreign medical schools, over the second, which deals with reviews of credentials of individual graduates.

At a second GAO-sponsored conference, representatives of medical schools located in the Caribbean and Mexico and U.S. advocate groups for foreign medical graduates reached no consensus on either alternative. They believed that a requirement for foreign medical school graduates to take the same examination as graduates of U.S. medical schools should reduce existing inequities between foreign medical school graduates and graduates of U.S. schools.

As we finalized our report, we discussed refined versions of both alternatives with representatives of the Department of State, the National Institutes of Health, the Liaison Committee on Medical Education, the Educational Commission for Foreign Medical Graduates, the American Medical Association, and the Federation of State Medical Boards of the United States. They agreed with our alternatives. The Department of Health and Human Services representatives would not render an opinion without seeing the specific wording of the alternatives.

LEGISLATION INTRODUCED  
TO ACCREDIT FOREIGN MEDICAL SCHOOLS

On October 2, 1985, Chairman Pepper introduced legislation (H.R. 3485) which would authorize the Secretary of Health and Human Services to provide for a system of accreditation for

foreign medical schools, as suggested in alternative 1 discussed above. Also under one provision of the proposed legislation, no payments under any federal programs, including Medicare and Medicaid, could be made for services provided, ordered, or supervised by graduates of unaccredited foreign medical schools.

In our opinion, enacting legislation such as this would provide the framework needed to help alleviate the problems associated with graduates of unaccredited foreign medical schools that we identified in our two reviews. We believe, however, that it will be extremely difficult for accreditation procedures for foreign medical schools to be finalized and implemented by May 1, 1987, the implementation date stipulated in the proposed legislation.