

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF POSTSECONDARY EDUCATION
NATIONAL COMMITTEE ON FOREIGN MEDICAL
EDUCATION AND ACCREDITATION

REDACTED TRANSCRIPTION

Monday, September 14, 2009

8:15 a.m.

Barnard Auditorium
U.S. Department of Education
L.B.J. Building
400 Maryland Avenue, S.W.
Washington, D.C. 20202

P A R T I C I P A N T S

COMMITTEE MEMBERS PRESENT:

DR. J. LEE DOCKERY, Chair

DR. RAYMOND F. CARON
DR. MARTIN CRANE
DR. JOHN J. JUCAS
MR. PAUL F. LA PORTE
DR. NORMAN I. MALDONADO
DR. DAVID R. MUNOZ
DR. KIRAN H. SHAH
DR. DENNIS K. WENTZ

COMMITTEE MEMBER NOT PRESENT:

DR. JAMES A. HALLOCK

U.S. DEPARTMENT OF EDUCATION STAFF PRESENT:

DR. RACHAEL A. SHULTZ, Acting Executive Director
NCMFEA
DR. NANCY REGAN, Director, Accreditation and
State Liaison
MS. SARAH WANNER, OGC

DR. JENNIFER HONG-SILWANY
MS. JOYCE JONES
MS. MELISSA LEWIS
MR. CHUCK MULA
MR. STEPHEN PORCELLI
MR. JAMES SNEED
MS. CATHY SHEFFIELD
MS. STEPHANIE ROBERTSON
MS. ELIZABETH DAGGETT

C O N T E N T S

	<u>PAGE</u>
EXECUTIVE SESSION	
Welcome	
Dr. Lee Dockery, Chairperson	8
NCFMEA Guidelines Revision	
Guidelines Revision Subcommittee	
Dr. Dennis K. Wentz, Chair	10

PUBLIC SESSION	
Welcome and Introductions	
Dr. J. Lee Dockery, Chairperson	20
Dr. Rachael A. Shultz, Acting Executive Director	29
Overview of Procedures for Review of Countries - Dr. J. Lee Dockery	31
Review of Countries:	
<u>Saba</u>	
Type of Review: Redetermination	33
Committee Readers:	
Mr. Paul F. La Porte	
Dr. Norman I. Maldonado	
Department Staff:	
Mr. James Sneed	
Country Representatives:	
Dr. Tony Peacock	
Dr. Brian Lawlor	
<u>Sweden</u>	
Type of Review: Reappearance for Redetermination	36
Committee Readers:	
Dr. Kiran H. Shah	
Dr. Dennis K. Wentz	

Department Staff:
Mr. Chuck Mula

Country Representative:
Dr. Lennart Stahle

Hungary

Type of Review: Reappearance for
Redetermination 40

Committee Readers:
Dr. Martin Crane
Dr. Kiran H. Shah

Department Staff:
Ms. Melissa Lewis

Country Representatives:

Dr. Klara Matesz
Mr. Balazs Erdei

Costa Rica

Type of Review: Determination 49

Committee Readers:
Dr. Norman I. Maldonado
Dr. David R. Munoz

Department Staff:
Mr. Steve Porcelli

Country Representatives:

Ms. Evelyn Chen Quesada
Ms. Elizabeth Mora Quiroz
Mr. Celin Arce Gomez
Ms. Nancy Castro Hernandez
Mr. Oscar Molina
Dr. Jorge Gutierrez Caliva
Dr. Roulan Jimenez Chavarria
Ms. Laura Dachner

Mexico

Type of Review: Report 59

Committee Readers:
Dr. Norman I. Maldonado
Dr. Dennis K. Wentz

Department Staff:
Mr. Chuck Mula

Country Representatives:

Dr. Beatriz Josefa Valasquez-Castillo
Dr. Irene Durante-Montiel

Poland

Type of Review: Redetermination 64

Committee Readers:
Dr. Raymond F. Caron
Dr. Martin Crane

Department Staff:
Mr. Steve Porcelli

Country Representatives:

Dr. Leszek Paczek
Dr. Roman Danielewicz
Dr. Adam Fronczak
Dr. Marek Konarzewski
Dr. Grazyna Zebrowska

Ireland

Type of Review: Redetermination 72

Committee Readers:
Dr. Raymond F. Caron
Dr. John J. Jucas

Department Staff:
Dr. Jennifer Hong-Silwany

Country Representatives:

Dr. Anne Keane

Dr. William Powderly

Slovak Republic

Type of Review: Report 76

Committee Readers:

Dr. David R. Munoz

Dr. Kiran H. Shah

Department Staff:

Dr. Jennifer Hong-Silwany

Country Representatives:

Dr. Albert Stransky

Dr. Andrej Krajcovic

United Kingdom

Type of Review: Reappearance for
Redetermination 79

Committee Readers:

Dr. John J. Jucas

Mr. Paul F. La Porte

Department Staff:

Ms. Joyce F. Jones

Country Representatives:

Mr. Martin Hart

Dr. Jim McKillop

Australia and New Zealand

Type of Review: Report 87

Committee Readers:

Mr. Paul F. La Porte

Dr. Dennis K. Wentz

Department Staff:

Ms. Joyce F. Jones

TRAINING SESSION: Federation of State
Medical Boards [FSMB]

Dr. Martin Crane, FSMB Board of Directors 96

WRAP-UP

Dr. J. Lee Dockery 145

- - -

P R O C E E D I N G S

CHAIRPERSON DOCKERY: Good morning, everyone. Welcome to the Executive Session of the National Committee on Foreign Medical Education and Accreditation.

Let me recognize Victoria McLaughlin, who is our recorder, who is working under duress this morning because our audiovisual system has failed and is not operative at this time. But she has set up a system to be recording.

I'm saying to you the microphones do not work. Maybe that's why you cannot hear me.

[Laughter.]

CHAIRPERSON DOCKERY: Can you read my lips? The microphones are not working. Mrs. McLaughlin has set up a substitute system with mics on the table for her to be able to record, but it is not interactive. We're unsure as what's wrong with the audiovisual system.

It was working apparently Friday afternoon when everyone was here and tested it. So the cyberspace gremlins have been working over the

weekend, and we're unsure as to when they'll be purged, but the staff is working on it very hard, and we hope it will be corrected by mid-morning.

Let me also recognize and welcome Rachael Shultz, who is the Acting Executive Director for the NCFMEA, who has been very helpful and working under duress with a lot of arrangements that even drift into lack of extension cords for plugging in computers, and also the queen of duct tape, so be sure to express your appreciation to her throughout the morning.

It's a pleasure to welcome Dr. Wentz as Chairman of the Special Committee to talk about the Guidelines revision, and he's been ably assisted by Dr. Maldonado and Jim Hallock, and Jim Hallock is not able to attend today, and also Dr. Maupin's vacancy has not been filled. So we will be without two positions as we deliberate this morning.

So, Dr. Wentz, would you please discuss the revision to the Guidelines? And to remind you, a copy of the revisions are in the back of your folder with the copy of the report.

And before Dr. Wentz makes his remarks, I'd like to give a unanimous approval and commendation for the analysts for their deliberation en group to provide a wonderful set of comments in regard to the revisions that they thought that needed to be made because of their use of having used the Guidelines to determine the recommendations for comparability. So the staff analysts got us to a very good start, and we're very appreciative of your efforts.

Dr. Wentz.

DR. WENTZ: Thank you, Dr. Dockery. I want to say thanks to, number one, the staff and the analysts who provided our first set of review questions and ideas, and then, of course, to Rachael, our chair; Dr. Dockery, who was ex officio at the meetings; and Dr. Maldonado and Dr. Hallock, who participated in the conference calls.

The process was that before we started, we asked for input from the staff to see based on their first-hand knowledge what could be improved, what could be changed, and we got that.

We then reviewed the most recent Liaison Committee for Medical Education document and started the process. And all I have to say is thank heaven for e-mail because it saved the day. We had, I believe, three conference calls, and Dr. Dockery did an incredible read-through at the end to find a couple things that needed tweaking.

The final product is before you. We believe it's more detailed and therefore clearer, but submit the Guidelines to the Committee for their review and comments and, hopefully, approval.

Thank you, Dr. Dockery.

CHAIRPERSON DOCKERY: Thank you.

Dr. Maldonado, do you have any comments you'd like to add?

DR. MALDONADO: No, thank you.

It was a pleasure participating in this process, you know, and I want to congratulate everybody, especially you, for the excellent work you did in fine-tuning, you know, the report.

CHAIRPERSON DOCKERY: Thank you.

Are there any comments or questions from

any of the analysts as you have read the document that has been distributed that represents our final product? Do you have any additional comments or suggestions that you think need to be addressed, because you're the ones that actually use this instrument for your analytical work, which is so helpful to the deliberations of the Committee, and we would value your comment?

Are there any comments from any of the members of the National Committee on Foreign Medical Education and Accreditation?

DR. CARON: Excellent job.

CHAIRPERSON DOCKERY: I think if you review the Guidelines as they have been distributed and revised and compare them to the Liaison Committee on Medical Education, which is really our template in terms of our partner in the accreditation process, I think you'll find that they have been very modernized.

The print is very much improved. The organization of the document, I think, is improved, and I think it represents us very well in terms of

being able to be published and utilized now on the Internet, and a credit to Dr. Shultz, she has already given a copy to the Webmaster, and they will be published--the current copy will be published as revised as soon as you approve.

Dr. Shultz, any comments from you in terms of any of the revisions?

DR. SHULTZ: No, I think it looks great.

CHAIRPERSON DOCKERY: Is there a motion?

DR. SHAH: I do move that we accept this new policy.

CHAIRPERSON DOCKERY: All right. Is there a second?

DR. CRANE: Second.

[Motion made and seconded.]

CHAIRPERSON DOCKERY: Any discussion? All those in favor, please say aye.

[Chorus of ayes.]

CHAIRPERSON DOCKERY: Those opposed?

[No response.]

CHAIRPERSON DOCKERY: Then it's unanimous.

Dr. Wentz, thank you very much.

DR. WENTZ: Thank you.

CHAIRPERSON DOCKERY: Any other comments you'd like to make?

DR. WENTZ: No. I just, again, thank everybody for their help in getting it done, and I think we have a very fine product.

Thank you.

CHAIRPERSON DOCKERY: Thank you.

For your interest, I will pass around a red-line copy that we worked from to get the final revisions, and I will confess that I wanted to do this in advance, but Dr. Wentz was scared. He didn't want to have you see the red copy because he thought you'd pick it apart.

[Laughter.]

CHAIRPERSON DOCKERY: Now that you've approved it, I'm going to pass it around and let you see really what the architectural design has been. So--

DR. WENTZ: The Chairman has the last word; right?

[Laughter.]

CHAIRPERSON DOCKERY: But actually it's a credit to the deliberations of the analysts and to the Subcommittee because it does represent, as you'll see when you see the red-lined copy, it's like a new document, and so I really think it's important for you to recognize the tremendous amount of work that the Committee did on it.

Okay. We're ahead of time.

DR. SHULTZ: Shall we open the doors then and let people start to come in?

CHAIRPERSON DOCKERY: Yes. But before you--just a second. I want to--I don't know if you can hear me, but I am told that we can expect some guests from the General Accounting Office, and I'm also told that they have arrived. So I would like to welcome you on behalf of the Committee and ask you to please stand and introduce yourselves, and let us thank you for coming to observe our activities.

MS. CRADDOCK: Hello. My name is Carla Craddock. I'm with GAO. I'm on the Education, Workforce, and Incoming Security Team, and I'm the

senior analyst on this project. These are my colleagues.

MR. MOREHOUSE: Chris Morehouse, GAO.
Thank you.

MS. GILBERTSON: Lauren Gilbertson.

CHAIRPERSON DOCKERY: Thank you very much for coming. We appreciate it.

Have you seen our report?

MS. CRADDOCK: Yes, we have.

CHAIRPERSON DOCKERY: Any unofficial comments?

MR. CRADDOCK: Not at this time.

CHAIRPERSON DOCKERY: Applause will do.

[Laughter.]

CHAIRPERSON DOCKERY: Applause will do.

MS. CRADDOCK: Oh.

[Laughter.]

MS. CRADDOCK: Thank you very much.

CHAIRPERSON DOCKERY: While we have a little time, let us officially recognize the tremendous amount of work from everyone that went into the report. All of the staff, Melissa Lewis,

who started the whole architectural framework, Dr. Shultz, who completed it, and all the deliberations and the retreat and the variety of work that went into this project. I think at the end we were worn out, but I think we enjoyed it, but I would like to call on Dr. Munoz if he has any comments to make, and to the other members of the Subcommittee, Dr. Maldonado, Dr. Crane and Dr. Hallock, of course, who is not here.

Dr. Munoz.

DR. MUNOZ: Just, again, to echo the appreciation for all the staff and hard work that went into the report. I think that we came away with a solid report. There were relatively few revisions that were added in afterwards. I think everyone got the final copy, in the second to the last tab today, should you have questions about it.

And we will, of course, wait for our colleagues at GAO to review the document, as well as I'm sure some interface that happens with the reports to Congress that are being requested from both organizations.

CHAIRPERSON DOCKERY: Dr. Maldonado, any comments from you?

DR. MALDONADO: Well, it really was a pleasure to work with the Committee. I think that this is going to be a better Committee, you know, after that report because I think those that will follow us, you know, will understand much better what's going on. I think it was a good job. It was really an honor to work in the Committee.

We want to again to thank you for fine-tuning all the little details, you know. You must have taken some courses in English writing and so forth, you know, because you helped it be a much better report.

CHAIRPERSON DOCKERY: Thank you.

DR. MALDONADO: Thank you.

CHAIRPERSON DOCKERY: Dr. Crane.

DR. CRANE: I appreciated working with all of you, especially, Dr. Munoz, and, Dr. Dockery, I think it was a committed and dedicated group that worked overtime as volunteers to improve the system that we have, and it will only make a better

difference, a great difference to health care that citizens in this country will receive.

CHAIRPERSON DOCKERY: I'm now told that the microphones are working so this will be the big test. I wish that Ms. Wanner, our legal counsel, were here to also receive our appreciation and also the members of the Foreign Federal School Aid Team. Barbara Hemelt, Geneva Leon were a tremendous help, and, of course, Ms. Sarah Wanner was a tremendous help in doing all of the suggested and making sure that all of our statements and document was in legal format.

So, hopefully, these remarks will be recorded, and it will be passed on to them for our appreciation.

That will conclude our Executive Session, and we would take a short break to welcome our guests.

[Whereupon, the Executive Session was concluded, and following a short recess, the Open Session commenced.]

CHAIRPERSON DOCKERY: Good morning, everyone. I would welcome each of you to the first general session of the National Committee meeting of the National Committee on Foreign Medical Education and Accreditation, and in the future we'll probably just drift into NCFMEA.

It is a pleasure to have each of you come and to welcome you that have traveled long distances to come and participate in the deliberations. It's very helpful to us, and we appreciate your taking the time to do so.

I'd like to have us get to know each other, and I'll start by introducing myself, but would also ask after the Committee introduces themselves, then the staff introduce themselves, and all of our guests stand and introduce yourself and tell us the organization or the country from which you represent so that we will know what your status is in terms of participating in the deliberations.

So with that said, I will start. I'm Dr. Lee Dockery. I am Chairman of the NCFMEA, and I'm

Professor Emeritus in the University of Florida
College of Medicine and Trustee for the McKnight
Brain Research Foundation.

Dr. Wentz.

DR. WENTZ: Dennis Wentz. I live in
beautiful Beaver Creek, Colorado where the aspen
are just turning yellow, and the green trees, and
the snow is coming, but I'm retired from the
American Medical Association where I was head of
the Division of Continuing Physician Professional
Development, and do an occasion bit of consulting.

Thank you.

DR. MALDONADO: I'm Norman Maldonado, a
former President of the University of Puerto Rico.

DR. MUNOZ: I'm Dr. David Munoz. I'm
Managing Member of Internal Medicine Northwest from
Tacoma, Washington.

DR. SHAH: I'm Dr. Kiran Shah. I'm in
private practice, and also I'm a surveyor for the
Joint Commission.

DR. CARON: I'm Dr. Raymond Caron, a
pediatrician in Orlando, Florida, instructor at

University of Florida and Nova Southeastern University.

DR. CRANE: I'm Dr. Martin Crane. I chair the Board of Directors of the Federation of State Medical Boards of the United States.

DR. JUCAS: I'm Dr. John Jucas. I'm in private practice in dermatology in south Arkansas.

MR. LA PORTE: I'm Paul La Porte. I'm an M.D./Ph.D. student at the University of Chicago.

DR. SHULTZ: Sitting beside me and escorting people in and out of the room today will be Cathy Sheffield, and I'm Rachael Shultz. I'm the Acting NCFMEA Director.

CHAIRPERSON DOCKERY: If we could start with the rest of the staff of the NCFMEA and the analysts that are--.

Welcome, you're just in time to introduce yourself, after which I'll make some remarks about you.

MS. WANNER: Hi. I'm Sally Wanner with the Office of General Counsel at the U.S. Department of Education.

CHAIRPERSON DOCKERY: And as promised, I will make some remarks about her. We couldn't function without Ms. Wanner, and we're really glad that she's on time because we would be in real trouble if we tried to get through the rest of the morning without her services.

And while you were absent, we also thanked you for your help in constructing and the delivery of the Report to Congress. So thank you again and welcome.

MS. WANNER: Well, thank you, and congratulations on the wonderful report.

CHAIRPERSON DOCKERY: Would the analysts and the rest of the staff please introduce themselves, please?

MR. PORCELLI: Steve Porcelli, U.S. Department of Education staff.

DR. REGAN: Nancy Regan, Director of the Accreditation and State Liaison.

MR. SNEED: Jim Sneed, Department of Education staff.

MR. MULA: Chuck Mula, Department staff.

DR. HONG-SILWANY: Jennifer Hong-Silwany,
Department staff.

MS. JONES: Joyce Jones, ASL. Thank you.

MS. LEWIS: Melissa Lewis, Department
staff.

MS. ROBERTSON: Stephanie Robertson,
Department staff.

MS. DAGGETT: Elizabeth Daggett,
Department staff.

CHAIRPERSON DOCKERY: Thank you.

Could our guests now please stand and
state your name clearly and let us know the country
from which you reside?

DR. STAHL: I'm Lennart Stahle from the
National Agency for Higher Education in Sweden.

CHAIRPERSON DOCKERY: Sir?

DR. FRONCZAK: My name is Adam Fronczak.
I am Deputy Minister of Health from Poland.

DR. ROMAN DANIELEWICZ: Roman Danielewicz,
Director of the Department of Science and Higher
Education, Ministry of Health, Poland.

DR. PACZEK: I am Leszek Paczek, President

of Medicine. Actually, I am the Chairman of the Polish Accreditation Committee for Medical Universities.

DR. KONARZEWSKI: Marek Konarzewski, S&T Counselor, Polish Embassy, in D.C.

DR. ZEBROWSKA: Grazyna Zebrowska, Embassy of Poland.

CHAIRPERSON DOCKERY: Yes, please.

MS. CRADDOCK: Carla Craddock, Government Accountability Office.

MR. MOREHOUSE: Chris Morehouse, US GAO.

MS. GILBERTSON: Lauren Gilbertson, GAO as well.

MR. ROSS: Warren Ross, President of the University of Medicine and Health Sciences, St. Kitts.

DR. LAWLOR: Brian Lawlor, Commissioner, Accreditation Commission on Colleges of Medicine representing the Island Territory of Saba.

DR. PEACOCK: Dr. Tony Peacock, Accreditation Commission on Colleges of Medicine, representing the Island Territory of Saba.

MR. ARCE: Celin Arce from the delegation from Costa Rica, a member of the National Council of Private Universities.

DR. GUTIERREZ: Jorge Gutierrez from Costa Rica. I'm the President of Costa Rica Association of Schools of Medicine.

MS. MORA: Elizabeth Mora from the Council of National Higher Private Education from Costa Rica.

MS. CHEN: Evelyn Chen from the National Council Private University from Costa Rica.

DR. KRAJCOVIC: Andrej Krajcovic, Comenius University, the Slovak Republic.

DR. STRANSKY: Albert Stransky, member of the Workgroup for Medical and Pharmaceutical Sciences of the Accreditation Commission of Slovak Republic.

MS. AKINS: Good morning. I'm Karen Akins. I'm the Committee Management Officer for the Department of Education.

MS. DACHNER: Laura Dachner, Deputy Chief of Mission of the Embassy of Costa Rica. I'm with

the delegation.

MS. van ZANTEN: I'm Marta van Zanten and I'm with the Educational Commission for Foreign Medical Graduates and FAIMER.

DR. DURANTE-MONTIEL: My name is Irene Durante. I'm a member of the National Board for Medical Education Accreditation in Mexico.

DR. VALASQUEZ-CASTILLO: Mexico. Dr. Beatriz Valasquez, Vice President, COMAEM.

MS. CAMPOVERDE: I'm Becky Campoverde. I'm Vice President for Government Relations for Kaplan, Inc., and I'm here as an observer.

MR. GLASS: Jonathan Glass with the law firm of Dow Lohnes, here in D.C., also here as an observer.

MR. THORNTON: Jerry Thornton, University of Medicine and Health Sciences, St. Kitts.

MR. PETERSON: Eli Peterson from McIntyre law firm, here in Washington, D.C.

CHAIRPERSON DOCKERY: Thank you. Anyone else? Yes?

AUDIENCE MEMBER: I'm Director of

Regulatory Affairs for College Association, here to observe.

CHAIRPERSON DOCKERY: Thank you. And is there anyone else? Well, thank you, again, to each of you for coming and spending time to participate in our deliberations.

Let me discuss a little bit about the process that the NCFMEA goes through. The NCFMEA, the purpose is to determine the comparability of medical education in foreign countries and determine those accreditation standards of those medical education programs to be comparable to those in the United States.

The purpose of that, of course, is if those countries are determined to have comparable accreditation standards, then those schools can participate through a separate process and creating eligibility for their students to receive the Family Federal Education Loans.

It's very important to understand that we only determine the comparability of countries. We do not accredit medical schools. I repeat, we do

not accredit medical schools. We just determine the comparability of accreditation standards of a country to accredit those medical schools in those countries.

With those remarks, I would welcome Dr. Shultz to make any comments and remarks about our procedures this morning.

DR. SHULTZ: Good morning. I'd just like to welcome everyone here today. I'd like to welcome the Committee members and thank them for all of their hard work in getting ready for this morning's meeting.

I'd also like to welcome our guests from other countries who have taken the time to come and appear before the Committee today.

On a personal note, I am the Acting NCFMEA Director. The Director is Melissa Lewis, who is at the back of the room. We have been cross-training for the last six months, so we've traded jobs temporarily, and I'll be sitting in her chair today and she'll be sitting in mine.

I'd like to thank her for her help and her

pointers during the last six months. I'd like to thank the Committee for its patience during the last six months, and I would especially like to thank Dr. Dockery for his guidance in the last six months. I don't think I would have made it through without it.

Some of you have worked with our Records Manager in the past, Robin Greathouse, who retired a few months ago. I would like to thank Cathy Sheffield here beside me for picking up with some of her duties while we search for a replacement. Cathy will be scribing the motions today and reading them back for the Committee vote.

As far as the building logistics are concerned, you've already had a chance to explore, I think, while we were having our closed session, but in case you haven't, the rest rooms are at the rear of the building on the other side of this foyer hall. The ladies' rooms are on this side and the men's rooms are on this side.

When we have breaks, the Department has a cafeteria that's in the far back corner back here

so if you would like coffee or other beverages please feel free to visit the cafeteria.

Please turn off your cell phones, and a reminder to the Committee members to please push the button on your mic when you talk and then turn it off when you are finished.

So, thank you. We're happy to have you here, and I'll turn it back over to Dr. Dockery.

CHAIRPERSON DOCKERY: Thank you, Dr. Shultz.

What she didn't say is--she did allude to the fact that our records manager is no longer here, and do you know who does the work when there is a vacancy that's not filled? Dr. Shultz. So we also want to thank her very much for her diligence in trying to get the materials together and also you'll notice that we have had an enhancement in our deliberations. We no longer have all of this volume of paperwork that represents all the trees that we've killed from all the photocopying.

So we are proud to be coming into the electronic age, albeit slowly, but we are proud to

be making some progress.

I would like to discuss a little bit about the procedures this morning. We will take each country in rotation. The analyst that has reviewed the application by the respective country will approach the podium and the representatives from that country that is under discussion are invited to approach the podium with the analyst.

The analyst will make a presentation and will respond to preliminary questions in Open Session. Afterwards, we will go into Executive Session where the deliberations will continue, and the reason for the Executive Session is that these are confidential discussions, and they remain confidential until the Secretary notifies the country of the actions that are taken.

So naturally we do not want to have any information that is distributed prior to any official notification that goes to the country.

We apologize for the inconvenience of each of you having to leave the room for the Executive Session, but I know you respect the process, and

you would want the same treatment when your country is discussed. So with that, I would ask if there are any questions about the procedures?

And if not, we will start with our first country which will be Saba. If I could ask Mr. Sneed to approach the podium, and the representatives from Saba, Dr. Peacock and Dr. Lawlor. Good morning, nice to see you again.

Mr. Sneed.

SABA

MR. SNEED: Good morning, Mr. Chairman, Committee members and guests. I am presenting the staff analysis of a redetermination petition submitted by the Accreditation Commission on Colleges of Medicine, the ACCM, on behalf of the government of Saba and the country's only medical school, Saba University School of Medicine.

Hereafter, I will refer to the agency as Saba. You will find the materials related to this report under Tab G.

In March of 2003, the NCFMEA first determined that the standards and procedures used

by Saba were comparable to the standards of accreditation applied to M.D. programs in the United States.

In September 2004, this Committee accepted the report pertaining to its accreditation activities involving Saba University School of Medicine.

To stay apprised of Saba's accreditation activities involving its medical school, this Committee reviewed and accepted another report at the September 2007 meeting.

During that review, Saba indicated that its institution's ownership would be changing, and as a result, this Committee requested Saba to provide another report concerning the change of ownership at the September 2008 meeting, which this Committee accepted.

Saba now comes before you today for a redetermination of comparability. Based on a review of the redetermination petition submitted by the Accreditation Commission on Colleges of Medicine, on behalf of the government of Saba, the

Department staff concludes that Saba's standards and procedures for evaluating medical schools remain comparable to those used in the United States.

There have not been any other known Title IV funds disbursed to this country to date. There are representatives here present today to receive your questions. This concludes my report.

Thank you.

CHAIRPERSON DOCKERY: Thank you, Mr. Sneed.

It's a pleasure to welcome you, Dr. Peacock and Dr. Lawlor again. Are there questions from members of the Committee for Mr. Sneed or any of the representatives from Saba?

If not, may I ask that we go into Executive Session to discuss the application by Saba? Will all of our guests please depart until we consider our next country?

[Executive Session begins:]

[Executive Session concludes.]

- - -

SWEDEN

CHAIRPERSON DOCKERY: Next we'll discuss Sweden, and we'll ask Mr. Mula to come forward, and when Professor Stahle arrives, he can join you at the table.

Our next application will be from Sweden, and we welcome Mr. Mula to make the presentation from the staff analysts, and we welcome Professor Stahle from Sweden.

MR. MULA: Good morning, Mr. Chairman and members of the Committee.

I will be presenting a brief summary of the report submitted by the Swedish National Agency for Higher Education, here and after referred to as the agency. The materials can be found at Tab I.

The most recent data available, which is dated 2007 and 2008, tells us there are approximately 26 students in the country receiving \$366,750 in Federal student aid monies.

You first determined comparability of the country's quality assurance system in September 2000, and in September 2008 the country submitted

its application for redetermination. It did not provide the agency's reports on its accreditation activities from 2004 through 2006, as you requested in the 2004 meeting, nor was there an English version of its 2007 Comprehensive Review of the country's medical schools that it referred to in its application.

Therefore, you deferred recommendation of comparability and requested that the country provide current documentation verifying its evaluation process in English to review at this meeting.

In response to the Committee's request, the country provided a very comprehensive report containing current information regarding its quality assurance system for evaluating medical schools.

The country provided an English translation of the information detailing the agency's 2007 review of its medical schools, which included a self-study, a site evaluation team report, along with a summary report detailing its

accrediting activities from 2004 through 2006.

It also submitted its plans for evaluating its medical schools through 2012.

Based on the information provided, it appears that the evaluation system in Sweden remains substantially comparable to the system used in the United States to evaluate medical schools.

The country also reports that one area still remains substantially different. The agency does not consider the performance of students after graduation in its accreditation approval process.

This concludes my presentation. A representative from Sweden is here, and I am available for your questions.

CHAIRPERSON DOCKERY: Thank you very much.

Professor Stahle, any comments you'd like to make?

DR. STAHLER: No, thank you. I think it's a very comprehensive report that you have made of our medical schools in Sweden so I have nothing to add.

CHAIRPERSON DOCKERY: Any preliminary

questions from any members of the Committee before we go into Executive Session?

If we could please ask our guests to depart again--our apologies, but I know you understand--and we'll go into Executive Session.

We're in Executive Session, ma'am. Ma'am.

MR. PORCELLI: She's Department staff.

MR. MULA: Department staff.

CHAIRPERSON DOCKERY: Oh, I'm sorry.

Thank you.

[Executive Session begins:]

[Executive session concludes.]

- - -

CHAIRPERSON DOCKERY: If we could ask our guests to return. And next we will progress with Hungary.

DR. SHULTZ: We're ahead of schedule.

CHAIRPERSON DOCKERY: We're ahead of schedule, but if they're present, we can go ahead and proceed.

Let me remind everyone, the recorder has asked that everyone please sign their name if they

have not done so for the little sheet that's going around. So be sure that you take care of that.

We would welcome the representatives from Hungary to approach the podium, please. We apologize that we're ahead of schedule and we've interrupted your refreshment. So please forgive us.

HUNGARY

CHAIRPERSON DOCKERY: Ms. Lewis, we welcome you to make the presentation on Hungary.

MS. LEWIS: Thank you, Mr. Chair, and good morning to you, the Committee members, and guests.

I will be presenting a brief summary of the additional information Hungary submitted. The associated staff analysis for the country is located behind Tab C.

The Hungarian Accreditation Commission, which I shall refer to as the Commission, is the entity responsible for evaluating medical schools within Hungary.

As background, in March 1997, this Committee initially determined that the

accreditation standards used by the Commission to evaluate medical education programs leading to the medical doctor diploma were comparable to those used in the United States.

In March 2003, the Committee reaffirmed its prior determination and asked that Hungary submit a report on its accreditation activities involving medical schools. The Committee reviewed and accepted the report at the September 2007 meeting.

Most recently, in March 2009, the Committee deferred making a comparability redetermination and requested additional information concerning the following four topics:

Access to health services for foreign medical students who are from outside the European Community;

The humane care of animals used in teaching and research;

Examples of self-studies, particularly Semmelweis University's most recent self-study, and on-site evaluation visit reports, as they relate to

the foreign clinical sites; and

Monitoring of medical schools during the accreditation period.

Hungary complied with the data request in June 2009, and they submitted additional information in August 2009, in response to the draft staff analysis.

Based on a staff analysis of the documents submitted pertaining to the health care services and humane care of animals used in teaching and research, it appears that Hungary remains comparable in both areas. However, two areas of significant difference remain: foreign clinical site visits and the monitoring of medical schools during the accreditation period.

The Commission provided the two self-studies: one, as requested, from Semmelweis University, Faculty of Medicine; and the other from the University of Debrecen, Faculty of Medicine.

The Commission also provided the most recent accreditation report, completed in 2006, for all four Hungarian medical education programs. In

addition, staff obtained the pertinent pages from the Semmelweis University's medical school catalog, which addressed the institution's policies concerning the placement of medical students in foreign clinical sites.

In its submission, the Commission wrote that it, quote, "does not consider it realistic or financially feasible or warranted to conduct on-site visits to foreign clinical sites," unquote, since the Commission considered the monitoring of the sites the individual higher education institution's responsibility.

However, as a result of the NCFMEA's feedback, the Commission created a three-part resolution which:

(1) reminds top officials at Hungarian medical schools that the responsibility of controlling foreign practices or part-time studies of their medical students lies with the Hungarian faculty conferring the medical degree;

(2) Requests that the universities send the relevant rules and regulations concerning

foreign practices or part-time studies to the Commission by the end of 2009; and

(3) Specifies that the medical schools are responsible for organizing local site visits to the foreign training sites.

Although the Commission is moving to gain more control over foreign clinical sites, it appears that the Commission currently does not visit, have affiliation agreements with, or oversee those sites, which conflicts with the Committee's Guidelines.

Also, Department officials have determined that, as a legal matter for Title IV purposes, the Committee's comparability determination regarding a country does not extend to any clinical sites outside the country where the school is located unless the sites are in a country that is currently determined comparable.

Lastly, regarding the monitoring of medical schools. Last spring, the Commission indicated it performed no ongoing monitoring activities during the accreditation, in conflict

with the Committee's Guidelines. Hungary's more recent submission presented no evidence that the Commission conducts any systematic review or monitoring of medical schools during the accreditation period.

The Commission again asserted that monitoring activities should be the primary responsibility of each individual higher education institution, and that any needed actions would be verified during the next accreditation cycle.

In conclusion, Hungary provided the information requested by the Committee. While the country appears substantially comparable in many areas with the United States accreditation system, and it is moving toward becoming more similar, currently considerable differences in the Commission's policies and procedures do not provide the same emphasis as those used in the United States.

Hungarian representatives are present today to answer your questions, and that concludes my remarks.

Thank you.

CHAIRPERSON DOCKERY: Thank you, Ms. Lewis.

And we welcome the Hungarian representatives and ask if there are any preliminary remarks you would like to make in response to the analyst's report before we go into Executive Session?

DR. MATESZ: So my name is Klara Matesz, and I came from the University of Debrecen. I was here in March also. And then our Ministry of Education submitted additional material in August in connection with these kinds of questions.

So one thing was in connection with the mental health surveys, and I think that we have provided--we have provided those acts that are dealing with this kind of matter, and I think that the crucial question is the length of the--yes, length of ongoing accreditation monitoring and the site visits abroad, and the lack of the affiliation agreement between the Hungarian universities and the universities abroad.

And as we also submitted, the Hungarian Accreditation Committee decided to ask the universities to make a plan how they would like to make this kind of accreditation process abroad and a site visit, and because we are a member of the European Union, there is teaching hospitals who are located within the European Committee, are under the Volenacht [ph] process agreement, so we think that a site visit for these ones are not necessary.

However, for those countries who are not a member of the European Union, we think that we have to make a site visit in that case if the students would like to make the core curriculum clinical process.

And only some of the students apply to take their clinical training abroad. So in that case, we have to do the site visit, and my university, the University of Debrecen, has an affiliation agreement with the Wyckoff Medical Center in New York. We have the copy of this affiliation agreement. I don't know whether it was sent or not. Do you have--

MS. LEWIS: It wasn't sent. It was referenced in your submission.

DR. MATESZ: Yeah. And then the Hungarian Accreditation Committee decided to do the same kind of affiliation agreement with those outside training places which are out of the European country, and also our university would like to make another affiliation agreement with hospitals in New York State because our medical education is accredited in New York State, and also we plan to make affiliation agreement in Israel because we have a lot of students from Israel, and we did site visits at the Israel training places.

CHAIRPERSON DOCKERY: Thank you.

Are there members of the Committee that have questions before we go into Executive Session? Then may I ask that our guests depart again and don't go far.

Thank you.

[Executive Session begins:]

[Executive Session concludes.]

- - -

CHAIRPERSON DOCKERY: It's now ten minutes of ten, and we're a little bit ahead of schedule. Could we go ahead and take a 15-minute break? Would that be okay with you and then we can consider Costa Rica when we return and not have to interrupt those proceedings.

Fifteen minutes, now.

[Whereupon, a short recess was taken.]

CHAIRPERSON DOCKERY: While everyone is taking their seats, Ms. McLaughlin, the recorder, has said that the wonderful sheet that is being passed around is important to someone because it's been lost so if you would look in your materials and see if you're keeping the sheet, and if you are, please return it to this nice lady over on the right, and on my left, and she'll be very happy.

If we could next take Costa Rica, and let's invite Mr. Porcelli and the representatives who will be participating in the discussions to also approach the table.

COSTA RICA

CHAIRPERSON DOCKERY: Good morning, Mr.

Porcelli.

MR. PORCELLI: Good morning.

CHAIRPERSON DOCKERY: Are the representatives from Costa Rica here?

DR. CARON: They are outside the door there.

CHAIRPERSON DOCKERY: Thank you.

Let's hold up, Mr. Porcelli. Mr. Porcelli, maybe take the end seat.

We will now discuss the application from Costa Rica and invite Mr. Steve Porcelli to make his comments.

MR. PORCELLI: Good morning. I'm pleased to provide you with a brief summary of the application submitted by Costa Rica pertaining to the activities of its National Council of Private University Education, or CONESUP, and its evaluation of medical schools.

The materials can be found under Tab B.

At your March 1999 meeting, you first determined that the accreditation standards used by CONESUP to evaluate private medical schools were

comparable to those used in the United States.

After numerous contacts with the country, summarized in the background section of the staff report, you were unable to confirm Costa Rica's continued comparability.

As a result, the Secretary of Education wrote to Costa Rica's Minister of Education in September 2008, notifying him of the decision to deny comparability.

There are currently seven private medical schools in Costa Rica approved by CONESUP. However, none of those medical schools are currently participating in the Federal Education Loan Program.

Based on the information provided, it appears that Costa Rica may have an evaluation system for private universities, including private medical schools, that is in several ways comparable to that used to accredit medical schools in the United States.

However, the information provided did not provide a consistently clear picture of CONESUP's

role and process. In addition, no detailed decision-making or site evaluation reports were provided.

While Costa Rica has provided significant information regarding the country's quality assurance system for private university education, you may wish to seek more information on the following matters:

Under the responsible entity, if you make a positive comparability determination with regard to the functions of CONESUP, it must be made clear that the public medical school in Costa Rica is not covered by or included in your decision. Any change to that decision may be made only by you after evaluating a documented request from Costa Rica.

Under the administration sections, the extent of CONESUP's attention to the authority of the chief academic officer, other administrators, and senior faculty is not clear.

In addition, the faculty do not appear to be involved in the hiring, retention, promotion and

discipline of other faculty.

Under the educational program sections, requirements regarding all the basic sciences are not currently included in the CONESUP Guide, and only the most basic expectations regarding laboratory equipment and supplies are noted.

In addition, Department staff could not compare the requirements of the NCFMEA clinical criteria with the related expectations of CONESUP due to insufficient information.

And furthermore, it is unclear how the data concerning student achievement and program effectiveness is gathered by the school and evaluated by CONESUP.

Under the medical students sections, it is unclear what CONESUP itself requires concerning admissions' policies and student records. As a result, it is also unclear how CONESUP evaluates these matters and ensures that a school continues to meet CONESUP expectations.

In addition, it is unclear what CONESUP itself expects regarding the evaluation of student

achievement by the medical schools. As a result, it is unclear how CONESUP evaluates the adequacy of whatever a school chooses to do.

And furthermore, it is unclear if CONESUP requires an institution to offer students confidential health counseling.

Under the educational program resources criteria, it was unclear how CONESUP evaluates the adequacy of faculty and their qualifications at a medical school, and there do not appear to be any CONESUP policies or standards that deal with conflict of interest situations.

Furthermore, the extent of CONESUP's connection to the evaluation of clinical teaching facilities is to verify that the school has an agreement with the Social Security authority since that authority is responsible for the clinical sites.

Under the final section on accreditation procedures, since the sample site report included with the country's response to the draft report does not refer to the full accreditation visit, and

since the evaluation of clinical sites is not under the authority of CONESUP, the frequency of the overall evaluation process itself and its integral components remains unclear.

It is unclear whether CONESUP's professional committee members personally conduct the on-site evaluations or choose the on-site evaluators. Furthermore, it is unclear if the professional committee members make a recommendation for CONESUP's consideration or if they make the actual final decision regarding the school's accreditation.

It is unclear CONESUP considers a school's record of complaints when it is reevaluating a medical school for accreditation.

It is unclear whether CONESUP relies upon qualified medical personnel to make its decisions regarding substantive changes that can significantly affect a school's medical education.

And finally, it is difficult to envision the actual procedures that CONESUP uses on-site for making its accreditation decisions, including how

statistics are evaluated and used, or if poor student performance could impact CONESUP approval.

For example, it is unclear if CONESUP considers any kind of student performance measure that could cause CONESUP to question a school's continued accreditation or approval.

And representatives of Costa Rica are here today to answer questions, and that concludes my remarks.

Thank you.

CHAIRPERSON DOCKERY: Thank you, Mr. Porcelli. The Committee also recognizes the excellent summary of the history of the application process with Costa Rica and thank you very much for that.

Are there any comments from members of the Costa Rican delegation if you would like to make any preliminary remarks before we go into Executive Session?

MS. CHEN: Good morning. My name is Evelyn Chen, and I will try to make myself as clear as I can, and we prepared information in our

country about every issue that you made in the last draft, and we want to, if you have any questions for anyone, we would like to read it and to explain any questions you are going to have.

Okay.

CHAIRPERSON DOCKERY: Are there comments from the Committee before we go into Executive Session?

Thank you.

Could we ask our guests please to leave, and let me also be sure that the representatives from Ireland do not leave and go far away because we will probably take Ireland before lunch.

Thank you.

MS. CHEN: And also we have additional information annex to give you more information about the questions.

CHAIRPERSON DOCKERY: All right. Thank you. Just hold that for a moment, please. Thank you.

[Executive Session begins:]

[Executive Session concludes.]

- - -

CHAIRPERSON DOCKERY: Next we will discuss Ireland and ask Jennifer Hong-Silwany to please come forward.

Dr. Keane, are you from?

DR. KEANE: Ireland. I'm Anne Keane.

CHAIRPERSON DOCKERY: Is there another representative from Ireland?

DR. KEANE: My colleague, Mr. Powderly, isn't here yet. We were to go, I believe, at 12:45.

CHAIRPERSON DOCKERY: Is he expected this afternoon then?

DR. KEANE: Oh, yes, he will be here.

CHAIRPERSON DOCKERY: All right. Then let us delay then, please.

I see the representatives of Mexico are here. Would you like to be heard next? If I could ask Mr. Mula to please come forward.

MEXICO

CHAIRPERSON DOCKERY: We next will take the country of Mexico, and we invite Mr. Mula to make his remarks as the staff analyst. Welcome, Mr. Mula.

MR. MULA: Well, good morning, Mr. Chair, again, and to the Committee. I will be presenting a brief summary of the report submitted by the Mexican Board of the Accreditation of Medical Education, here and after referred to as the agency.

The material can be found at Tab E.

The most recent data available, which is dated 2007 and 2008, tells us that there are approximately 1,088 students in the country, receiving \$42,699,885 in Federal student aid monies.

You redetermined comparability of the agency's quality assurance system at your spring 2004 meeting. As a result of that report, submitted by the country, in January 2007, you requested that the agency provide a report on the

country's accrediting activities from 2007 to 2009, along with clarification on the status of 24 of its unaccredited medical education programs within the country.

In response to your request, the country provided a full report on its accreditation activities through 2009 including the status of its unaccredited programs.

The country also reported that it was in the process of developing new requirements in the area of bioethics, research and the humane treatment of animals during research, and a new model for evaluating compliance with its standards.

The agency did not provide the Department at the time of the report any documentation regarding the new standards or the new evaluation process.

Since the country is scheduled for your review for redetermination of comparability in 2010, the Committee may want to request that the agency provide with it a report on the progress concerning these significant activities along with

its application for redetermination.

This concludes my report, and there are representatives from the country here, and I would be happy to answer any questions you may have.

CHAIRPERSON DOCKERY: Thank you, Mr. Mula.

Are there any preliminary remarks that the representatives from Mexico would like to make before we go into Executive Session?

DR. VALASQUEZ-CASTILLO: Yes. I would like to add some--

CHAIRPERSON DOCKERY: Please state your name?

DR. VALASQUEZ-CASTILLO: Dr. Valasquez, Beatriz Valasquez. I am the Vice President of COMAEM at the present time. So we should like to present some information, additional information, in regard--okay. We'll wait to open our information.

So, as in the addendum, which we have here, we have developed a model to assess the standards for the implementation indicators. This model has seven sections, 60 standards, and 179

indicators used by the programs to be accredited. Each item is subjected to constant normalization and weighted sum of all indicators establishing criteria for accreditation.

This is very important. It varies from zero to one, the evaluation. We have a current status since September 9, the number of schools, the number of schools are accredited and nonaccredited. We should like to present to you-- doesn't work--the new information, but we'll follow as you have there. We follow a new table with new information. We have 51 schools accredited, eight nonaccredited, six have a site visit but they are not accredited because they are developing the program. And four are expired.

43 schools are public and 26 are private. Participate, 27 states of these are public. The four--this is complete information. We have 69 programs. This is the information we are giving the status of September because the last three months, we have been working to complete these site visits.

In addition, last week, we have a workshop with the senior site visitors in order to study--no--to complete information regarding the new format of the evaluation, the evaluation system or process.

It's no changes of the basic standards, only the situation of that standards, and the indicators are perfected and have some value. Each one has a value. Therefore, it gives more security with respect the evaluation we are doing, and it's more clear early for the school why it obtains certain qualification.

The information we have at this moment, if you would like to ask some questions, I am ready to do the answer.

CHAIRPERSON DOCKERY: Thank you very much.

Are there members of the Committee that have questions before we go into Executive Session? Then could we ask our guests to depart again, and to return when we finish Executive Session.

[Executive Session begins:]

[Executive Session concludes.]

- - -

CHAIRPERSON DOCKERY: We next will consider Poland. I saw their representatives here, and they have asked to be heard earlier. So with your permission, we'll consider Poland.

I think I saw the representatives from Poland here earlier, and would like to take them in next if that's okay with Poland and it's okay with Dr. Jennifer Hong-Silwany.

We will next take Poland and invite Mr. Porcelli to make his remarks as the staff analyst and invite the representatives from Poland to also approach the table if they would like.

POLAND

CHAIRPERSON DOCKERY: Mr. Porcelli.

MR. PORCELLI: Good morning. I'm pleased to provide you with a brief summary of the application submitted by Poland pertaining to the activities of its Accreditation Committee for Polish Universities of Medical Sciences, or ACPUMS, and its evaluation of medical schools.

The materials can be found under Tab F.

During your fall 1997 and fall 2003 meetings, you determined that the accreditation standards used by ACPUMS to evaluate medical schools in Poland were comparable to those used in the United States.

The decisions of ACPUMS are submitted to the Polish Ministry of Health and Social Welfare. Currently, there are five schools of medicine in Poland participating in the Federal education loan program.

Based on the information provided, it appears that Poland has an evaluation system that remains substantially comparable to that used to accredit medical schools in the United States.

While Poland has provided significant information regarding the country's quality assurance system for medical education, you may wish to seek more information on the following matters:

Under the responsible entity, the staff report noted that since the interactions between

the Ministry of Science and Higher Education and the Ministry of Health and Social Welfare likely entail overlapping responsibilities, you may wish to inquire further as to how the two distinct ministries cooperate in practice.

Under the administration sections, evidence that the ACPUMS process consistently evaluates the adequacy and efficacy of each medical school's administration should be requested.

In addition, the medical school faculty, the minister concerned with health matters, and ACPUMS appear to have no input regarding the admission process for medical students.

And under the medical students section, it is unclear whether complaint procedures relating to the areas covered by the accreditation standards must be published, and whether contact information is provided for processing complaints that cannot be resolved at the school level.

Under the program resources sections, it is unclear who has responsibility for examining and ensuring that the physical facilities continue to

be adequate throughout the accreditation period.

In addition, it appears that ACPUMS makes no judgment regarding the adequacy and effectiveness of medical school faculty. With regard to faculty conflicts of interest, ACPUMS does not require medical schools to address these matters.

And under the accreditation procedures section, it appears that ACPUMS does not specifically visit previously unexamined core clinical clerkship sites within 12 months of the accreditation review. As well, ACPUMS does not specifically revisit within the current period of accreditation those sites that were visited under a previous cycle.

In addition, ACPUMS does not consider student complaints during the accreditation process.

And furthermore, it remains unclear why ACPUMS' written policies cannot clearly indicate their requirements regarding substantive change notifications.

Representatives of Poland are here today to answer questions, and that concludes my remarks.

Thank you.

CHAIRPERSON DOCKERY: Thank you, Mr. Porcelli.

Are there any preliminary remarks that any of the representatives from Poland would like to make before we go into Executive Session?

DR. DANIELEWICZ: Yes, please, Mr. Chairman. Ladies and gentlemen, is a great honor for us--

CHAIRPERSON DOCKERY: Please state your name, please.

DR. DANIELEWICZ: My name is Roman Danielewicz. I am the Director of the Department of Science and Higher Education in the Ministry of Health.

It's a great honor for us to represent our country in front of this esteemed Committee. Myself, I'm a Assistant Professor of Surgery in Warsaw Medical School, and since 2002, I was appointed as the director of the department I

mentioned before. The department is on behalf of Ministry of Health supervising all Polish medical universities.

Let me briefly reintroduce the rest of the members of our delegation: the chair of the delegation is Deputy Minister, Dr. Adam Fronczak, who is with us today;

Dr. Leszek Paczek, sitting on my right-hand, is the chairman of Accreditation Committee of Polish Universities of Medical Sciences. He is Professor of Internal Medicine, the former rector of the Warsaw Medical University. He was one of the first members of ACPUMS at the time when the accreditation standards for this commission or this committee were established according to the standards of Liaison Committee of Medical Education.

All three of us are medical doctors with academic background and experience in medical education.

The delegation is also strongly supported by the representatives of His Excellency,

Ambassador of Poland, and these are Marek Konarzewski, Minister Counselor for Science and Technology Affairs, also with us today. And Mrs. Grazyna Zebrowska, responsible in Embassy for Scientific and Technological Affairs.

Let me express our gratitude to the Department of Education representatives who have performed detailed analysis of the report and documentation provided by the President of ACPUMS to the Committee, namely to Mrs. Carol Griffiths and Mr. Steve Porcelli, and if you allow me, Mr. Chairman, I will carry on with further remarks during the Executive Session.

Thank you.

CHAIRPERSON DOCKERY: I would ask that we probably take those in Executive Session and thank you for your introductory remarks.

Are there questions from the Committee before we go into Executive Session? Then thank you, and could we ask our guests to--you probably will not need to return because we will adjourn for lunch as soon as we finish with Poland, and just so

that you know, we will take up the Slovak Republic immediately after lunch. If the Slovak Republic representatives agree, then we will start your session at one o'clock. Is that suitable for you?

And then that will follow then with the United Kingdom after the Slovak Republic. Is that-

DR. SHULTZ: Ireland.

CHAIRPERSON DOCKERY: I'm sorry. Ireland. I promised Ireland after lunch. So let me reverse that, and I apologize. We'll take Ireland immediately after lunch. I see that the other Irish representative has arrived.

Thank you.

[Executive Session begins:]

[Executive Session concludes.]

- - -

[Whereupon, at 12:18 p.m., the Committee recessed, to reconvene at 1:15 p.m., this same day.]

A F T E R N O O N S E S S I O N

[1:15 p.m.]

CHAIRPERSON DOCKERY: Let's begin this afternoon's session, and let me welcome you back, and begin with an apology for scaring the representative from Sweden this morning when we decided to take Sweden out of order. So we're back on schedule, and we understand the representatives from Sweden are here--excuse me--from Ireland. I'm doing it again.

And welcome Jennifer Hong-Silwany to approach the podium and representatives from Ireland as well.

Let me also tell everyone that we will go into Executive Sessions, but the last session this afternoon will be a very interesting session presented by Dr. Crane on the Federation of State Medical Boards of America.

And so if all of you want to remain, you would be interested in that presentation, and you're welcome to remain.

Dr. Hong-Silwany.

IRELAND

DR. HONG-SILWANY: Good afternoon, Mr. Chair and Committee members.

I will now summarize the analysis for the Irish Medical Council submitted on behalf of the government of Ireland. The materials are behind Tab D. I will refer to the Accrediting Council as the Council.

In March 1997, your Committee first determined that the standards and processes used by Ireland were comparable to standards of accreditation applied to M.D. programs in the United States. You last reaffirmed your determination of comparability in September 2003.

At the September '04 meeting, you requested that Ireland submit a report on its accreditation activities involving its medical schools.

This report was reviewed and accepted at the March 2008 meeting and referenced the Council's official change of standards in 2005 to the World Federation for Medical Education Global Standards

for Quality Improvement in Medical Education, or the WFME Standards.

The Council is now before this Committee for a redetermination of comparability. Based on information provided by Ireland, Department staff concludes that Ireland's standards and processes for evaluating medical schools are comparable to those used in the United States.

The WFME standards are comprehensive in scope and encompass evaluation of a medical school's mission and objectives, educational program, assessment of students, academic staff and faculty, educational resources, program evaluation, governance and administration, and continuous renewal.

The Council has a thorough monitoring and reevaluation process whereby monitoring visits to a medical school occur typically on an annual basis and more frequently for provisionally accredited programs. Reevaluation visits occur every three years.

Ireland currently has five schools

participating in Title IV, HEA programs.

Representatives from Ireland are here today, and this concludes my presentation. I am available to answer any questions you might have.

CHAIRPERSON DOCKERY: Thank you very much.

I would invite representatives from Ireland to make any comments that are preliminary to the discussion that we will have in Executive Session.

DR. POWDERLY: Thank you very much.

Let me introduce myself. I'm Dr. Bill Powderly. I'm a member of the Council and I'm Chair of the Professional Development Committee, which is the committee within the Council responsible for both medical school education and also graduate medical education.

And my colleague is Dr. Anne Keane, who is the Director of Education for the Medical Council and a member of the staff.

We welcome the opportunity. We have nothing to add to the report at this stage.

CHAIRPERSON DOCKERY: Are there any

comments from members of the Committee before we go into Executive Session? Then could we ask our guests please to depart for a brief Executive Session, and we'll invite you back in again when we discuss our next country.

[Executive Session begins:]

[Executive Session concludes.]

- - -

CHAIRPERSON DOCKERY: Next we will go to the Slovak Republic, and Dr. Jennifer Hong-Silwany, you can stay in place.

SLOVAK REPUBLIC

CHAIRPERSON DOCKERY: We welcome the representatives from the Slovak Republic to come to the table and we'll invite Dr. Jennifer Hong-Silwany to give her report.

DR. HONG-SILWANY: Good afternoon, Mr. Chair and Committee members.

I will now summarize the analysis for the Accreditation Commission submitted on behalf of the government of the Slovak Republic. The materials are behind Tab H. I will refer to the Accrediting

Commission as the Commission.

In September 2007, your Committee first determined that the standards and processes used by the Slovak Republic were comparable to standards of accreditation applied to M.D. programs in the United States.

At that time you also requested that the Commission submit a report on its accrediting activities for your review. The staff analysis before you is based on the Commission's report.

Based on its review of the report submitted by the Commission, Department staff concludes that the Slovak Republic has provided the information requested by your Committee. It appears that there have been no major changes in the standards and processes that were last determined to be comparable in September 2007.

Department staff also concludes that the accreditation activities during the past two years appear to be consistent with the Committee's Guidelines.

The Slovak Republic currently has no

schools participating in Title IV, HEA programs.

Representatives from the Slovak Republic are here today, and this concludes my presentation, and I'm available to answer any questions you might have.

CHAIRPERSON DOCKERY: Thank you.

We welcome the representatives from the Slovak Republic to make any preliminary remarks that you would like to make before we go into Executive Session?

DR. STRANSKY: No, we don't have. Thank you. I just want to thank for preparing preparations of analysis.

CHAIRPERSON DOCKERY: Thank you.

With that, we'll ask the guests, please, to depart, and we'll go into Executive Session again.

[Executive Session begins:]

[Executive session concludes.]

- - -

CHAIRPERSON DOCKERY: We can call the people in, please. Dr. Joyce Jones, we've waited a

long time for you. Would you please come forward please?

MS. JONES: Dr. Dockery, before we begin, may I go up and get the representatives from the UK?

CHAIRPERSON DOCKERY: Cathy has gone to get them.

MS. JONES: Oh, okay. Because they're on this side. Thank you.

CHAIRPERSON DOCKERY: I think Ms. Lewis is doing that. Next we'll be taking the country United Kingdom, and we invite Dr. Joyce Jones to make her presentation about the analyst analysis of the application. Dr. Jones.

UNITED KINGDOM

MS. JONES: Thank you, Dr. Dockery, faculty, and Committee members. I will present a summary of the analysis of the report submitted by the United Kingdom in response to concerns you had when you deferred a redetermination of comparability at your March 2009 meeting.

I will refer to the country as the United

Kingdom or the UK. You may find their documents at Tab J.

Before I begin, I'd like to make a correction on the analysis, at which it was indicated that the initial determination for comparability was in February 1995. That date is actually September 1996.

At your March meeting, at your March 2009 meeting, Department staff reported that the UK outlined a process found in many ways comparable to the evaluation process used to evaluate medical schools in the United States.

However, our review of the standards led us to believe that the responses were too broad and did not provide specific responses consistent to the guidelines outlined in your questionnaire. You requested the United Kingdom to report on areas that you found unclear. The issues and their responses reveal the following:

One, how the country determines if the qualifications of the chief academic officer of the medical school are appropriate.

The GMC, or General Medical Council, reaffirmed that it does not have a mandate requiring the appointment of chief academic officers in their medical schools.

Next you wanted to know whether the faculty is involved in hiring, retention and discipline of faculty members at medical schools?

The GMC reported that it is not involved, but that it defers to the independent university. However, faculty may be involved in curriculum development, but no clear policies were identified.

Third, whether the country ensures that all basic sciences in the guidelines are included in the curriculum?

Its response illustrated that each medical school's basic science curriculum is unique to the particular medical school. It remains uncertain if each of the courses in your guidelines is included in the curriculum for all of the UK medical schools.

Four, whether the country ensures that all students must take all of the clinical clerkships

described in the guidelines?

In their response, the site visit reports show that the clinical courses offered at four different medical schools had some but not all of the subjects outlined in your guidelines.

Five, whether the country requires disciplines that support fundamental clinical subjects such as diagnostic imaging and pathology?

The GMC submitted the revised edition of Tomorrow's Doctors after the Department mailed the final analysis to the country and this Committee. Time limitations prevented a Department staff review prior to the meeting.

Six, how the country ensures that a student is given the opportunity to challenge the accuracy of their student record?

The country gives insight into ways a student may approach faculty or request an amendment, or seek union representation, but it did not address how the UK's Freedom of Information Act applies if the law is to ensure that any data pertaining to an individual is protected and not

released to unauthorized individuals.

Seven, whether the country has written policies that require medical schools to attain substantive change approval regarding offering new courses, major changes in the curriculum, or the assessment of a program?

In its response, the GMC omitted the policy or documentation that would enable staff to review how it collects information regarding governance, quality management, supervisory structures, student support, and affiliation agreements.

An eighth issue was identified in the transcript and in the staff analysis, and it regards infectious disease prevention and management of the agency to which they did not respond.

Concerning the amount of Federal student loan funds awarded to all postsecondary schools in the United Kingdom in the 2007-2008 award year, 842 students received approximately \$21 million.

Department staff found instances where

there were no written standards for some elements of the guidelines or inconsistencies where the curriculum is unique to each medical school. After we mailed the staff analysis to you and the country, the GMC submitted additional information.

Time constraints, of course, prevented us from conducting a review. Therefore, some answers to your questions remain. However, in response to your request that the United Kingdom send a representative to this meeting to clarify any additional questions, two representatives are seated beside me and ready to address any questions that you may have.

In summary, Department staff believes that the medical education program is comparable in some ways to that used in the United States where the graduate outcomes ensure that new doctors have the skills and capabilities and behavior required by the profession in the UK.

This concludes my remarks. I am available to answer any questions. Thank you.

CHAIRPERSON DOCKERY: Thank you, Dr.

Jones.

Would the members or the representatives of the United Kingdom like to make any introductory remarks before we go into Executive Session?

DR. McKILLOP: Yes, I'm happy to do that. My name is Jim McKillop, and I'm Chair of the GMC Undergraduate Board, which is the responsible body in terms of standards for undergraduate basic medical education.

This is my colleague, Mr. Martin Hart, who is from the Education Section of GMC.

We welcome this opportunity to meet the Committee and to respond to any questions or concerns that you will have. Our key guidance for undergraduate or basic medical education is Tomorrow's Doctors, and the most recent version of that was actually only published on the first of September of this year. Previously, it was 2003.

That most recent document I think has been provided to the Committee to allow you to see how our standards have changed, but basically what we do is we cover outcomes in three areas which cover

the doctor as a scholar and scientist, the doctor as a clinical practitioner, and the doctor as a professional.

And we also then set standards for delivery both for medical schools and for clinical facilities associated with those medical schools.

We've also I think submitted to you the Medical Schools' Council Charter, which is a body which is an association of all the 31 medical schools in the UK, and that sets out the responsibilities of students and of medical schools in delivery of medical education.

So that's where we are. I'm happy to answer any comments or questions that you may have.

CHAIRPERSON DOCKERY: Thank you.

Are there any comments or questions from the Committee before we go into Executive Session?

Again, let me ask our guests to depart and we'll invite you back when we hear our next country's presentation.

[Executive Session begins:]

[Executive session concludes.]

- - -

Dr. Jones, you don't to leave. You have the next one, too.

[Laughter.]

CHAIRPERSON DOCKERY: So just stay in place, please, unless there's a reason for you to leave.

MS. JONES: Shall I proceed?

CHAIRPERSON DOCKERY: Yes. We'll wait for the rest of the people to come in though.

AUSTRALIA AND NEW ZEALAND

CHAIRPERSON DOCKERY: We welcome back Dr. Joyce Jones to make the presentation on the Australia and New Zealand, and I don't believe there are any country representatives present.

MS. JONES: No, they are not here.

CHAIRPERSON DOCKERY: Please proceed.

MS. JONES: Thank you.

Good afternoon, again, to Dr. Dockery and to the Committee members. I will present a summary of the analysis of the items your Committee

requested the Australian Medical Council to submit to supplement its application for redetermination on behalf of the countries of Australia and New Zealand.

I will refer to the Australian Medical Council as the AMC or the Council. The Council's materials are behind Tab A.

Also, I'd like to make another correction in the analysis. The initial determination of the Australian Medical Council occurred in fall 2001.

At your September 2007 meeting, this Committee accepted the Australian Medical Council's summary of accrediting activities since 2005, and redetermined the comparability of the Council. However, you expressed concerns about how the AMC monitors the success of their students and how they follow graduate outcomes, particularly the United States' students.

The AMC was asked to report on the following:

The current status of medical schools; the overview of their accrediting activities; any laws

or regulation changes; any standards' changes; processes and procedures; as well as the schedule of the accreditation activities that are upcoming; and also the issue raised with regard to the criteria about monitoring of students' success, meaning the outcome/performance, data collection, and analysis activities.

Currently, the AMC accredits 19 medical schools in Australia and two medical schools in New Zealand.

Since 2007, the AMC has assessed medical schools in both countries as well as the development of medical courses for beginning new programs.

In March 2008, the Council of Australian Government signed an Intergovernmental Agreement related to the accreditation of the health professions including medicine, and this will become effective on July 10--I'm sorry--July 1, 2010.

The agreement created a national registration and accreditation scheme. In 2010,

the Tertiary Education Quality and Standards Agency will evaluate and establish objective and comparative benchmarks of quality and performance for specific academic disciplines, of course, including medicine.

Shortly after the signing of the Intergovernmental Agreement, the AMC submitted an outline of its accrediting procedures and expertise and indicated its desire to contribute to the development of discipline outcome standards for medicine. The AMC received the approval in 2008 to continue to carry out the medical accreditation functions during this transition period.

AMC changed its constitution and gave the Board of Directors responsibility for the management of the AMC day-to-day business activities. The AMC continues to approve accreditation policies and standards.

A Board committee, the Medical School Accreditation Committee, manages and oversees the program of accreditation of medical schools and reports to the AMC Board.

The AMC changed the following standards:
Standard 3.2 now addresses descriptions of the content, extent and sequencing of the curriculum and attitudes expected at each stage of the medical program;

Standard 8.3 provides guidance to medical schools on the different clinical facilities needed to provide a range of clinical experiences in all models of care.

And finally, the AMC deleted Standard 9 and incorporated it into Standard 1, the requirement for an institutional quality improvement process.

In June 2008, the AMC revised Part 3 of its AMC guide, and the result is that it updated the confidentiality and conflict of interest policies; it streamlined the descriptions of the various assessments; and incorporated a new statement explaining the scope of the AMC accreditation.

The AMC provided charts illustrating each category of the upcoming accrediting activities

through December 2009.

Finally, you requested the AMC to report on the following: one, what happens to students after they graduate; and, two, what processes the AMC uses to evaluate student outcomes and whether it uses this data to make a decision.

The AMC reported on how it collects student achievement and graduate outcomes. It monitors programs and the data collected for course development, course content, entrance qualifications, admissions, student backgrounds, et cetera.

It also evaluates the outcomes of courses in terms of postgraduate performance, career choice and career satisfaction.

Additional information in the medical dean's statistical data shows that 93 international students from North America, not only U.S. students, enrolled in accredited medical schools between 2006 and 2009. However, the chart did not indicate how the AMC or the medical schools used the data to determine whether the medical school

met established goals and objectives in relation to the student achievement and learning outcomes.

The AMC reports that it will develop and send graduate questionnaire surveys to participants one, three and five years after completing their basic medical studies, to enable the tracking of the graduates through the prevocational and vocational training.

However, the AMC requires schools to evaluate the outcomes of their course in terms of postgraduate performance.

The AMC reports that it seeks detailed statistics for medical schools on performance, but only nine of the 21 schools in Australia and New Zealand were established in 2000 or later. Therefore, the AMC has limited outcome data. The AMC related that as the new schools produce their first two cohorts of graduates, the schools would have more information.

And finally, the most recent FFEL student loan data for the 2007-2008 award years shows that 941 students in postsecondary schools in Australia

received over \$12.5 million in Federal student loans. No data is shown for New Zealand.

In conclusion, the AMC responded to your requests with the most recent information that it has available. You may want to receive outcome data on student achievement once this information becomes available.

This concludes my report. No representatives are here, and I will answer your questions.

Thank you.

CHAIRPERSON DOCKERY: Thank you, Dr. Jones.

Are there any preliminary questions before we go into Executive Session? Then, again, may I ask our guests to depart and return when we finish, and to invite you back again to hear Dr. Crane's presentation which will follow our deliberations on New Zealand and Australia?

[Executive session begins:]

[Executive Session concludes.]

- - -

CHAIRPERSON DOCKERY: And we can ask our guests to return, and while the guests are returning, Dr. Maldonado has confided in me that he has to leave at three, which is going to be in the middle of Dr. Crane's presentation. So in order for us to express our gratitude to Dr. Maldonado, who is the longest-serving member on this Committee, I would like us to all stand and in unison give him a huge applause.

[Applause.]

DR. MALDONADO: Just to say thank you, and it has been an honor to serve in this Committee. I have learned an awful lot, and I want to thank the Chairman for his excellent work during these last few years, and for the reports, and anyone of you who drops to San Juan, Puerto Rico, please look me up. You have my address, my phone. I'll be so glad to share some moments with you.

Thank you so much.

CHAIRPERSON DOCKERY: Do you pay per diem?

[Laughter.]

DR. MALDONADO: No, but I'll take you to

some places where you can increase your cholesterol levels.

[Laughter.]

CHAIRPERSON DOCKERY: Muchas gracias.

Also before we go to Dr. Crane's presentation, I would ask Ms. Sheffield if she's in the room if she wants to say a few remarks about our travel. Well, I guess we'll have to wait until later.

With that, let me please introduce Dr. Crane, who really needs no introduction because of his distinction and his career having been most recently the Chair of the Massachusetts Board of Medicine and currently the Chair of the Federation of State Medical Boards of the United States.

DR. SHULTZ: May we please take a break while they set up his computer?

CHAIRPERSON DOCKERY: Could I finish the introduction?

DR. SHULTZ: Sure.

[Laughter.]

CHAIRPERSON DOCKERY: And to preface that, also to have you know that we've tried during these

last three years to bring all the people who relate importantly to the NCFMEA to give us some training about the activities of the program, and you recall that we've had presentations from the Educational Commission on Foreign Medical Graduates, Liaison Committee on Medical Education, National Board of Medical Examiners, Liaison Committee on Medical Education, National Residency Matching Program, and then finally today after the break, we'll hear from Dr. Crane.

So let's take a break now and then we'll come back to hear the finale. Could we say a maximum of ten minutes?

[Whereupon, a short recess was taken.]

CHAIRPERSON DOCKERY: I think most everyone is here. I'd like to publicly thank you, Ms. McLaughlin, if you could take your ears off. We want to applaud and thank you for your patience with us today and the way that you've worked with our technology failures and most of all just being pleasant about the whole thing.

So thank you very much.

[Applause.]

CHAIRPERSON DOCKERY: Is Dr. Crane ready?

DR. CRANE: Right behind you.

CHAIRPERSON DOCKERY: Okay.

DR. CRANE: Shall I begin? I guess you can hear me pretty well. We have some microphones here, but I thank you for all staying around.

I kind of stand between you and your planes and leaving, but I think you'll find this very interesting. I'm going to tell you about the Federation of State Medical Boards. I'm going to tell you who we are, what we do, and how we interact with the international medical community also.

One--

CHAIRPERSON DOCKERY: Dr. Crane, we're having trouble hearing,

DR. CRANE: Okay. I can hear myself pretty well up here. Does this work?

CHAIRPERSON DOCKERY: Yes.

DR. CRANE: Okay. Sorry about that.

One great philosopher of the 20th century

said that you can observe a lot just by watching, and I'm not sure if any of you are familiar with Yogi Berra, but in this particular situation, I'd like to make this as interactive as possible, and if you have questions, please just raise your hand, let me recognize you, and let's pay attention to that question as we go along.

The Federation of State Medical Boards is a membership organization. It's quasi-governmental. We don't regulate the practice of medicine. The state medical boards do in the United States--the individual jurisdictions--but we help set policy, provide support and services for state medical boards.

We're a 70-member organization with 50 states. You wonder why are we 70 members. Because we have 50 allopathic or boards that license M.D.s. We have 14 osteopathic boards, boards that license D.O.s. We have the Northern Mariana Islands, the Virgin Islands, we have Puerto Rico involved, and when you add everything up and also understand that New York State has two boards, a conduct board and

a licensing board, we come out with 70 member boards.

We were formed in 1912. It's interesting, but they paid attention to this as a beginning of standardization of the licensing process throughout the country. We will have our centennial obviously in several years. We will make a big thing out of that. And we are located in Dallas-Fort Worth area.

Our mission is the improvement in the quality, safety, and integrity of health care through high standards of licensure and medical practice, and we're very careful about that particular mission. The mission now is undergoing some change to pay attention to the 21st century, and we have a strategic positioning committee that's looking into that and looking at our mission, vision and goals, and see that they're consistent with what's going on in medical regulation, licensure, and physician practice, and we'll pay a little attention to what is new in the 21st century.

This is our organizational chart. Our 70-member boards make up us as a membership organization. We have a House of Delegates. Each member board has a vote in that House of Delegates in making policy, recommending policy. We have a Board of Directors, 15 members. We have a chairman of the Board of Directors. That's myself. Those are elected positions by the membership--an Executive Office and Vice Presidents with respect to services. We have a strict organizational chart.

I'm hoping that everything comes up all at once, but, well, let me start and talk a little about this particular slide. What we do is provide support and services to our medical boards so that they can carry our--our membership medical boards--so they can carry out their primary function, which is licensure, discipline, regulation, and the practice of medicine in the United States.

We--I'm going to see if I can bring everything up at once, and--okay. The USMLE, we'll talk about in a moment.

Federation Credentials Verification Service. We are making this our major effort this year in which we have all significant ways to credential and verify physicians for many different purposes, not only for licensure, but also for other things, hospital affiliations, third-party carrier health affiliations. This will contain as much information on physicians as is necessary to do all those credentialing services.

A Special Purpose Examination that we have had.

The regulation process also has a Physician Databank, an Internet Clearinghouse with respect to prescribing, a Licensure Assessment System.

I think that what you can glean from this slide is that we provide support and services to our member boards, and we are for all intents and purposes a data company. We collect data; we analyze data; we utilize that data for improvement and for policy changes to improve the practice of medicine and the licensure of physicians.

So we are a company, an organization, that lives by the data that we collect and the data that we have. We are interested, very interested, now in public awareness and education. If you walk down the street and ask a patient what a member board does, a state licensing board, they'll have sometimes some difficulty knowing that. If you ask them what the Federation of State Medical Boards do, even our member boards sometimes have difficulty in that, but we are working on a campaign for education and awareness as to what the Federation of State Medical Boards does.

Like FAIMER and the ECFMG, we have a research and education foundation that has become very active lately, and they are using experts to develop certain topics and issues that we think are important to the functioning of medical boards. One that they're working on right now has to do with how do you determine the efficacy of a state medical board.

By what criteria are they effective? Some would say that state medical boards are effective

by the amount of discipline they do. Some would say that it's being more proactive and how much discipline they prevent. I think that we're leaning towards the proactive approach now in health care. What can we do to correct and prevent? I think that's where the efficiency and cost effectiveness of medicine will lie.

We are also policy advocates for our state medical boards. We are now in January going to open up a D.C. office and have a D.C. presence so that we can advocate for the boards and be close to health system reform because we think that we have a lot to contribute in health system reform with respect to quality of care, physician improvement and patient safety.

If there are any questions, I can stop at any time. This is some goals the Board of Directors that we have this year, but I would like-
-I'm going to distill this down into a few very simple points. One, public perception of an unrestricted license connoting that a physician is competent. This is a very significant issue. We

feel that a license should guarantee the public that a physician is competent and a relicensure should continue to guarantee that to the public, that that physician is competent and practices quality medicine within the scope of their daily practice.

Our second bullet refers to the fact that there should be portability of licenses between states, and this should be made easier. Portability of license means better access to care. Portability of license means that emergency care in terms of disaster, emergency preparedness is easier to get. We are very, very interested in that, and we are very, very interested in using our Credential Verification Services to make sure that that occurs in the new health system reform where informational technology and the use of such will have a premium put on it.

We are--go ahead.

MR. LA PORTE: Can you comment? Can you elaborate about if and when you think it will be the case that there will be a universal system such

that any physician from any member state could quite easily get everything transferred over to another state?

DR. CRANE: Yes, to some extent that exists now, whereas, there are arrangements between states, and if you're licensed in one state, it becomes easier to license in another state. But true portability, I think, will take probably the next few years to achieve, and the difficulty with respect to that is that different states, we have many different jurisdictions. We're not centralized.

Different states have different statutes and regulations by which that transfer of information is protected, and so we have to get past and find a way to standardize the way the information is transferred, and sometimes that means changing statutes, and changing statutes means that we open up what we call our medical practice laws. When we open up our medical practice laws, sometimes many different unintended consequences drop into that.

So what we are looking for are ways to improve that transfer of information but still respect the confidentiality issues that occur. This could take several years to achieve true portability, but true portability will be made easier when we have centralized location of physicians' credentials, and that those credentials are agreed upon, and when those credentials are agreed upon, then that will be easier to transfer those things.

States will also have to accept. So we are working now with our membership to achieve that portability, and we also are working with Federal health agencies to achieve that portability.

DR. JUCAS: Recertification is a big issue. Is that something that you're looking at or is that something that you are going to try to make portable also or?

DR. CRANE: Recertification, what you're talking about, is a specialty type of issue. Recertification will be--I'll get onto that a little bit later. It will be an interesting part

of perhaps the process of re-licensure in the future, but we're not talking about recertification now when we talk about portability and the re-licensure process.

We are, as I said, very interested in maintaining the fact that the public has confidence in what state medical boards do. That when we issue a license, when we reissue a license, it is the societal expectation that we are guaranteeing the competency of that physician, that that's what a license does.

We have to do a better job at that by using some tools and resources by which to make sure that the re-licensure of a physician is guaranteeing that quality and competency and is not just an administrative process.

We have recognized that we are a real, as I said, data company, that we aggregate data from many different jurisdictions. We aggregate data from other organizations and that we have to be able to analyze, collect, make available that data, and when we talk about being a leader and valued

strategic partner, we mean to be able to utilize and share the data that we have in a way that improves patient safety and physician practice and health care in general in the United States.

This is an old story: if there's no margin, there's no mission. Anyone in the business world is familiar with that, that in order to provide services, you have to have a revenue stream, and this basically shows where our revenue stream comes from at the Federation of State Medical Boards. We have a data center. We have assessment services. We'll talk about USMLE and where we fit in in that process. We have a post-licensure assessment system, and our Credential Verification Services. That's where our revenue stream, most of our revenue stream, comes from in order to provide the products that we give to our state member boards and to others who are interested in the products that we have.

I'll move on. This is about our database, and this is where we show ourselves as the data company that we really are. Our database is called

Medico now. In a moment, I'll show you where the data comes from, how we interact with our state boards, and with other organizations, but to be relevant in health system reform, health system care now, we have to be a valuable partner. We have to offer something, and our something that we offer is going to be the data services that we have.

We have about, as I say, 1.1 million records in the database. 96 percent of these records are on physicians. The other four percent are on physicians' assistants whom we've just begun to collect the data on.

Board actions date back to the 1960s with 34,000 physicians involved in that. We have files from state medical boards. These files are updated on a regular basis, and I will tell you something about the All Licensed Physicians Project. You all know what happened in Louisiana during Katrina. The Louisiana State Board of Medicine was essentially put out of business. No licensing, no actions, no records.

But they had sent to the Federation of State Medical Boards over the course of time all of their records on a regular basis. So we had their records available for them and available for other states who had to have Louisiana physicians come to them to provide emergency care or to whom Louisiana physicians moved to.

We have examination scores that date back to 1968, USMLE, the FLEX examination, Special Purpose examinations. This All Licensed Physician Project I'm going to talk about in a moment because this is one of the things that we're cooperating with the CDC and the Federal health agencies on.

This shows where the information in the Medico system comes from. One, the All Licensed Physicians Project from state medical boards. That's received on a quarterly or monthly basis from a board action databank, actions taken against physicians.

Why is this important? Well, if you have an action taken against a physician in one state, many of our physicians carry multiple licenses.

The other state would like to know about that.

The other place is the Physicians Credential Verification Service where there's a large--and we'll go over the data that is kept in the Credential Verification Service. Biographies of physicians are kept there, where they were trained, et cetera, the USMLE scores, the many different aspects of a physician's career are in the Verification Service.

A physician applies for that, sends his information there, and it's there once. It's been verified on a primary source basis, their residency programs, and it is collected in that bank, and all I have to do is ask I want it sent to another state, I want it sent to a hospital, I want it sent to a third-party carrier, and that information is not only sent but is credible and doesn't have to be verified by that organization.

USMLE scores, post-licensure assessment scores, American Board of Medical Specialties, same. We transfer information back and forth to the American Board of Medical Specialties. This is

a data sharing arrangement. They will send to us their bios of physicians, their specialty certification. We will send back to them any board action information to them, in other words, disciplinary information, and some of this information, of course, is legacy data, some old data.

The nurse practitioners, the NCCPA are nurse practitioners. This is all stored in a databank in Dallas with a remote backup in another location.

But a large amount of data, as you can see, goes into this system. So when we are asked a question, we probably have the answer.

We have also decided that this is a very important part of our contribution to health care, and we have a project now that is a multimillion dollar project to improve our informational technology systems, the ability to analyze the data, the ability to store the data, and the ability to use the data and share the data.

We have taken this on as a very

significant role of the Federation of State Medical Boards. There is significant aggregate data that we have, and the utilization of this data or any data is important to improvement of health care.

After you utilize the data, you have to follow up on how you utilized it and make improvements.

This is some of the other information we talked about in Medico--physician biographies, as we said; examination histories; their licensure status; residency training; ABMS specialty certification. I think we've talked somewhat about all of this.

This is all done on a primary source verification basis so this is good, warranted information when it comes across to any other organization. There's about 100,000 residency training primary source verifications housed in this system right now. Some residency programs close and they're finished, done. We house the information from those residency programs that have closed. There have been 42 of them in the last

several years.

What about us working with other organizations? We have contractual arrangements to share data with the National Board of Medical Examiners; the Educational Commission for Foreign Medical Graduates; certification information with the National Board of Medical Examiners. It's the USMLE information; we're going to get a little bit more detailed in that in a moment. The American Board of Medical Specialties, as I said, and the Centers for Disease Control.

Let me tell you a little about this project. This is a three-year grant project that we have, and in this particular project, we have contact information for physicians--it's All Licensed Physicians Project, we said--by specialty, by having a valid license and having no board actions. We have a subgroup of physicians. We know the geographic area that those physicians are in, and when an emergency comes, we're able to suggest or can suggest the mobilization of those physicians, clean record, particular certification,

valid license, to be able to help.

We've established what we call a readiness and response task force to be able to provide that emergency medical information to the CDC and any other Federal agency that might need it. We've learned from our Katrina experience.

We've been able to assist and collaborate on some projects. The research that was done for the NCFMEA with respect to U.S. and international medical graduate disciplinary rates, our report to Congress, that was done by one of our vice president, Lisa Robin, and one of her assistants, Aaron Young. I think that provided some useful information to use in that particular report.

We worked with Maxine Papadakis. I think if any of you are familiar with Maxine's work in the New England Journal of Medicine insofar as how behavior in medical school might translate into increased risk of disciplinary actions by state medical boards, and it's not just having the information. It's not just identifying the problem. It's when you've identified the problem,

how do you correct that problem, and how do you prevent it?

And one of the things, of course, Maxine suggests, and her work will get a little bit more detailed, and this is where I want to emphasize the use of information that we have suggests that you identify your problems in medicine early, and if the problems are those that can't be corrected, it's better to suggest other careers.

That occurs in medical school. That occurs in residency training program, and sometimes that may make health care more efficient and more effective, as you go along, if you've been able to cull out problems. That's being proactive. That's using your informational technology to be proactive.

We'll talk about the United States Medical Licensing Examination. The United States Medical Licensing Examination's primary purpose is for licensure. But it has secondary purposes. Secondary purposes are to evaluate students in residency programs and decide how those students

should progress or not. I'm sure Dr. Dockery has used that information, too. We don't say that that's the primary purpose, but there are secondary purposes to it.

The organization of USMLE, we are one of the parents, the Federation. Three members, five members from the Federation, five members from the National Board of Medical Examiners, a composite committee, three from the ECFMG, and one really public member with no connection to the medical field.

The ECFMG, as you all may know, does register international medical graduates for Steps, what we call Step 1 and Step 2--we'll get into that in a moment--of the National Board. They also have and maintain facilities for Clinical Skills Examinations that are given to international medical graduates. We have that Clinical Skills Examination here. But this is just a little about the governance of the United States Medical Licensing Examination.

This is some roles and responsibilities of

those in the United States Medical Licensing Examination. I mention this because this is a very--in addition to being a data company, we are part of an assessment process, assessment service, insofar as the USMLE. These are roles and responsibilities of the National Board of Medical Examiners housed in Philadelphia. They register for Step 1 and Step 2. Step 1, if all of you remember, is usually taken between maybe the first and second year of medical school, and that looks on how you apply basic medical sciences to the practice of medicine.

Step 2, how you apply clinical skills and knowledge to the practice of medical care in an unsupervised situation. Step 2 is divided, just for those who are interested in that, to what we call a CK, a multiple choice part, which is testing clinical skills, and a CS, 2 CS, or Step 2 CS part, clinical skills part, which uses 12 standardized patients that have learned their diseases very well, to assess, one, the clinical skills of a medical student and, two, the communication skills

of a medical student.

This was introduced just recently in 2004 because we felt that, one, physicians who are trained should be good communicators, and this is done in English communication; and two, they should be able to exhibit some good clinical skills, diagnostic, therapeutic, early on in their career.

And this is an eye opener, et cetera. Interestingly enough, one of the things that was pointed out when we were looking at the statistical evidence for beginning Clinical Skills Examination was that contact of students in some medical schools with patients were minimal, less than we expected, and we felt that this was a reason to have a standardized assessment of those clinical skills.

Step 3 is what the Federation of State Medical Board is involved in. This is a graduate-- we were talking before in the United Kingdom about an examination and when that examination would come, at what time in the career. Well, Step 3 is a little of our answer to that particular

examination.

It's taken after your internship year. It is not an examination in order to determine if you get your degree. It's an examination to determine whether you get your license. It's utilized by state medical boards in the licensure process, and it looks at the application of your medical knowledge and biomedical sciences to clinical medicine in an unsupervised type of role.

More emphasis on the therapeutic treatments, case management, continuing care scenarios. We're involved in that particular process insofar as registering and reporting. We also have a Step 3 committee that determines the types of questions that will be on that particular examination, the length of time of the examination, how it's constructed.

I will tell you that at this particular time, and we report the performance to state medical boards, at this particular time, the United States Medical Licensing Examination is undergoing a review to see if it is relevant still to medical

education because, as was mentioned earlier in our meeting, there's more of an integration between the medical sciences, clinical sciences, and the clinical practice of medicine.

So we want the examination to be relevant to those changes, and we're looking for division points now, unsupervised care, supervised care, and how the examination should relate to each of those particular points. But our process in Step 3.

The NBME develops the examination, but we have people who sit on the board and the development committees who also are from state medical boards.

Well, this is sort of getting into what you are doing right here at the NCFMEA where you're relating to the international medical community and international medical education. I'd like to show how the Federation of State Medical Boards of the United States is involved in that particular aspect of things.

This is some of our interaction with the international medical community. We do register,

as I said, for Step 3. We won't pay any more attention to that. We do credential verification on international medical graduates as part of the FCVS and transfer that information back to the ECFMG on foreign medical graduates.

We have begun to partner with the ECFMG, the Educational Council for Foreign Medical Graduates, on an E-Manual of Medical Graduates, and I want to show you a little about that in a moment, what that means; and International Medical Graduation, looking at that and how we evaluate International Medical Education because that's always a quandary of state medical boards.

How do we look here for comparability insofar as accreditation of foreign countries with the United States Medical Liaison Committee?

We look in state medical boards, comparability of medical undergraduate medical education when we think about with U.S. medical and Canadian medical education, when we think about licensure of physicians.

There is a report I'll talk about in a

moment on a special committee we had on the Evaluation of Undergraduate Medical Education internationally, in which they recommended a national information and data clearinghouse on international medical schools.

It's an interesting thing. Remember this is on individual international medical schools, not on countries. That's a Web site in which our policy document, if anyone is particularly interested in that. That Web site is where our policy document. And there is an outline that we had prepared for everyone on this presentation that you could have and look at too.

This shows the USMLE test administrations, and it shows how important the international medical graduate, international medical graduate community is to us.

Of the registering of Step 3 applications per year, 32,000 are registered, 40 percent are foreign medical graduates for the Step 3 process in 2008--40 percent of them were foreign medical graduates.

International medical graduates made up 49 percent of all test takers, almost half, between 1993 and 2002, and 30 percent of all first time test takers between '92 and '96. The little drop, in case somebody wants to ask me about statistics, if you don't, I won't go over it, but you have to-- the little drop that you see here between '99 and 2004, '99, we went from a pencil test to a computer-based test, and whenever you change things, there's a little lag we find in test takers in the international medical community. They kind of wait to see how things go.

The bump-up in tests also. So it's a little artificial. The changes you see here. The bump up was the addition in 2004 of the clinical schools examination. Of course, that led to more examinations.

But I want to point out the point of that particular slide is the significance of international medical graduates coming from foreign medical schools taking the USMLE, especially when you consider Step 3, which is your last step before

licensure by most states.

These are some collaborations that we have with the Educational Council of Foreign Medical Graduates, and I think it shows where we begin to interact even more closely with the international medical community.

The use of FCVS, Credential Verification Service, as a standard for verifying medical degrees for the international medical graduates. That's becoming the standard, and as I said, I think that our project that we have, our initiative at the Federation, will make that a standard perhaps in this whole country, and used for more than one purpose, and when you start to use things and repurpose, you begin to get greater use of it.

Web seminars on topics: the Fifth Pathway; the Caribbean Accreditation Authority for Medicine. We've done that through the Federation with the ECFMG. The International Medical Education, highlighting the education systems in India, Pakistan, the CAAM, other available resources.

One of the things that I'd like to suggest

is that we do a future article in collaboration with the NCFMEA with respect to their role in this, and I think put this to work in our InMed system. I think that would be a good collaborative, another good collaborative venture.

This is the E-Manual, and this is just a page. I want to say that this is not available now. This is a model page of what may be seen in the future of what we call the E-Manual on International Medical Education. It will be a Web-based resource available to state medical boards covering all aspects of international medical graduates and international medical education.

We expect to launch this Web site before the end of 2009. So you'll be able to look at certification, international education, things that you may want to know, et cetera, if you're state medical board--and I'm wrong--this will also be available to the public--this particular Web site.

So state medical boards, the public, the NCFMEA, it will be available to. It will be available to anyone who would like to use it, but

we are going to use our informational technology more and more frequently to communicate and transfer information, maybe the boards, the public or other agency needs. As long as we have the information, we need to share the information.

This is what we call our Clearinghouse. We talked about a clearinghouse for information on foreign medical schools. And we are putting on that, we're initiating this particular site, this site we'll talk about in a moment--again, we'll be password protected. This is for state medical boards and perhaps other governmental agencies. It will show the dates of operation, when they started operation, recognition of these schools by other entities and agencies, and if so, how, and by what means and what criteria.

Some proposed data elements that will be involved will be school-specific aggregate USMLE performance data. That's looking at that outcome analysis when they're in the process of school and after, and also school-specific disciplinary data on graduates.

A few things to say about this. It was impractical at this particular time for us to put information together on all schools, all schools. So the recommended parameters by which we started this were to look at a subset of schools, and I'll give you a few of the names of those schools in a moment.

We looked for the number of school graduates taking Step 3. That's an indicator of how many might be interested in going on to licensure here in the United States. And the presence of a large number of U.S. citizens in attendance in the school, and this is where we can collaborate again with the NCFMEA because you know those people who are getting loans. There are people who are going to school sometimes on their own.

There were 18 such schools. Most of them you already have identified here. The American University of the Caribbean was one of our starter schools. The Dow Medical School in Karachi, Pakistan. Ross University. St. Georges in

Grenada. University of Damascus. There are 18 so far.

This is a--we call this is our mock-up slide. This is not launched at this particular time, but this is going to be secure password protected, but a great deal of information is collected, and we have to collaborate and share information, but we are willing and up to that challenge in order to be able to look along with the ECFMG who we are working with on this project about the individual medical schools so that our state medical boards have a leg up now, insofar as when a graduate of this school comes to them, has there been a more or less standardized way to compare this school with a school in the United States?

Any questions about that? Go ahead.

MR. SIMON: I was wondering--you talked about one of the goals being portability of licensure in the coming year, and you said that it might take a little bit of time.

DR. CRANE: Yeah.

MR. SIMON: And I was wondering who your opposition is and do you know the reason why there is opposition?

DR. CRANE: Well, I'm not going to call it opposition, but I'd call it some bumps, okay, in the road. Okay. There are some bumps in the road. One, that we are a diverse, non-centralized system, and insofar as saying that, individual states and jurisdictions are very protective of their own methods of verification.

And they prefer their own methods. They've been doing that way all the time, and theirs is the best way to be sure and verify. So therefore we have to be able to begin to trust, trust the fact that other states do it just as well, and a centralized verification service, a CVO, okay, like FCVS, will help that process because that trust is developed. I think that's probably one of the biggest.

The other impediment or bump in the road is, as I mentioned to Paul, is that the fact that within the regulations and statutes of states, the

Medical Practice Act, we call it, of a state that gives that particular board the authority to issue a license, there are certain, certain criteria that they must follow. And one, there is in some of those states difficulty in sharing information with another state; and two, the process and criteria needed to license are not always the same.

So that lack of standardization makes the process a little bit more difficult, and I think what we're doing is trying to work with the boards to say there may be, without opening the Medical Practice Act, there may be some ways around that, or else we may have to think about opening the Medical Practice Act up, and helping to do that may be the Federal authorities, and not so far as--we were talking--I was talking to the people from Great Britain about that--and I have to say a word about that--but they may be able to help us to, in a legislative way, to say these are the things, these are the elements that we really need to license. You all do it, but these are the elements that you really need, and if you have these

particular elements, then portability is okay.

The argument sometime is made so if you have that much trouble, why not centralize this whole process and just have it done at the Federal level as a national license? And one of the-- that's not within the mission of our organization, but I will tell you that one of the criteria is a very important one, that in this nation, we like to be able to interact locally, and we'd like to have that ability, whether it be the physician or the patient, to be able to go to somebody, be able to look them in the face and say this is what I'm complaining about, this is what it's all about.

When you start to decentralize, you begin to diffuse, and if you've dealt with somebody on the telephone from a big organization somewhere, that's a little harder. We're not used to that yet, and we're not used to a lot of things that may have to come.

I think that if done right, the individual state jurisdiction way is a very efficient way to do it because otherwise we'll have to create a much

larger bureaucracy, and that's probably just--I'm getting into my opinion now--probably something else that we don't want to do, but I think we have to figure out how to utilize.

It's like repurposing a building. How do you utilize the system we have. So there are some bumps. But we, I think, because there is a purpose and a reason to do this within the new concept the President has for a health system reform, I think there is a will to do that.

And those of us in the leadership of this are pushing this any way, any shape, any form that we can, to make it acceptable to everyone and beneficial to everyone.

Any other questions about that? I don't know. I don't want to take--there's one last thing that I wanted to show you, and I'll be very quick about that. And that's a project that is very near and dear to me, and it's when you issue a license, you should be guaranteeing to the public, at least meeting that societal expectation, that a physician is competent within the scope of their daily

practice.

This, and I won't go any further than this. If there are any other questions I'll take them. This is one of our recent policies that we passed in 2004 that we have and feel a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure.

This is patient safety; this is health care. This is what we contribute to the health care system as state medical boards, as a representative of the Federation of State Medical Boards in all health care forums and debates. This is what we owe to the public as our compact with them. In every Medical Board Medical Practice Act, there are the words that it is for the purpose of public protection, public safety and public welfare, and I think we're very much remembering that when we do that.

That our service is like the Department of Education, the NCFMEA, in, at the bottom line, it's really to the public, one, and their health care, and, two, to support good medical practice and

physician practice improvement.

This is one of our--I was going to go into it in a little more detail, but I don't think that that's necessary now. That's who we are. The Federation of State Medical Boards, a membership organization that's interested in the public's welfare and supporting good physician practice. They're one and the same.

If health care cost is the driver in health system reform, then quality of care, patient safety, and improved physician practice is certainly the destination. And I'm glad to be in the role that I am. You get a chance once in awhile in your life to make the kind of contribution that you want.

I've been delighted to be here. I think there's a lot of interaction that we have at the Federation of State Medical Boards with what the NCFMEA does, and I'd like to see that collaboration take place a little more closely as we go along, and I thank you all for being so patient at the end of the day with me.

Any other questions? Go ahead. Glad to hear from somebody.

MR. SIMON: Thank you.

CHAIRPERSON DOCKERY: Please state your name.

MR. SIMON: My name is Neil Simon.

DR. CRANE: I know him.

MR. SIMON: The question I had was that I note that you indicated that you work closely with the ECFMG, which has one of its main purposes to evaluate whether graduates of international schools are ready to enter residency or fellowships.

DR. CRANE: Right.

MR. SIMON: But yet of the 70 members of the Federation of State Medical Boards, there are a significant number that do not rely on the ECFMG for either temporary licensure or exemptions from licensure for residency and fellowships.

I was wondering is there an issue with regard to the Federation of State Medical Boards' confidence in the ECFMG, and if not, if you know the reason why it's so that so many states will not

follow ECFMG certification, will not use ECFMG certification as the sole criteria for temporary licensure?

DR. CRANE: Well, I'm not sure how many states you might be referring to, but I will say this, as I said earlier to one of your questions, these are individual jurisdictions, held together in a membership organization, following sometimes the same policies and sometimes accepting the same policies.

So they have--some of our state member boards have their own feeling about licensing process, the acceptance of how many years of postgraduate education that you should have for a license. I'll give you an example. We at the Federation believe generally that you should have three years of postgraduate training before you have your license.

Some of our jurisdictions have one or two years. Our policy is to say three. Our relationship with the ECFMG, Jim Hallock, et cetera, has always been a delightful and

collaborative relationship, but I think that in the future, we'll see some leveling of the and balancing of the opinion forged with respect to what type of educational process they will accept insofar as foreign medical graduates, and I think it will be only to the advantage, you know, of health care in this country.

There's no doubt that, as you know, foreign medical graduates make up a significant part of what health care--our health care workforce.

MR. SIMON: And my last question is an easy one.

DR. CRANE: Thank you.

MR. SIMON: Who was the author--I didn't get the name of the author of the article that you had mentioned in the New England Journal of Medicine?

DR. CRANE: Maxine Papadakis. Maxine is up in Boston.

MR. SIMON: Maxine?

DR. CRANE: Yes. Maxine Papadakis, P-A-P-

A-D-A-K-I-S. Papadakis. And she is working now, she's shown a correlation between behavior in medical school and disciplinary actions in front of a board of medicine. She's now working on some studies that look at residency programs, et cetera, that, and I think the concept being the earlier, you know, what happens, I used to have a theory that medicine pushed its problems up the ladder instead of off the ladder. That's just opinion here.

And I think the concept now is that the earlier identification of problems may, one, lead to more improved correction, rehabilitation, and if not, may lead to less aggravation for the particular practitioner or maybe the board of medicine when that particular person gets to, you know, the level of licensure and finds out, you know, we don't want to license you or we are going to suspend your license for some other reason, and you find that maybe in the long run when you look way back, that person shouldn't have been entering into the medical field, you know, to begin with.

And I tell you these can only be beneficial in humane ways to help people in their career selection and also help patients, you know, to have the quality type of care that they deserve and safe care that they deserve.

MR. SIMON: Thank you very much.

DR. CRANE: Thank you.

CHAIRPERSON DOCKERY: Thank you.

Are there other questions for Dr. Crane?

I would like to ask three, Dr. Crane.

DR. CRANE: Oh.

CHAIRPERSON DOCKERY: Do you have any relationship at all with the sharing of data with the National Practitioner Databank?

DR. CRANE: Yes, we do. Yeah, we do.

CHAIRPERSON DOCKERY: That wasn't reflected on the slide. How is that shared back and forth?

DR. CRANE: It's shared on a regular basis, you know, Dr. Dockery, and I don't know why. It should have been reflected on the slide. We originally had data, our databank, our disciplinary

action databank, and that disciplinary action databank sort of evolved into the National Practitioners Databank.

So we do on a regular basis, and I think it's almost nightly, receive information into Medico from the National Practitioners Databank.

CHAIRPERSON DOCKERY: And also I think the members of the Committee can recognize and appreciate the imprint that the Federation has put and helped us with the development of the Report to Congress. So I'd like to again to publicly ask you to thank Lisa Robbin and her colleagues for their help when we were preparing the report.

The second question is how do you relate to the Royal College of Physicians and Surgeons of Canada and Accreditation Council of Canadian Medical Schools?

DR. CRANE: Well, as you know, we have a relationship insofar as the Royal College of Physicians and the licensing bodies in Canada to attend each other's meeting and to have delegates at each other's meetings, and basically on that

basis, and then, of course, U.S. and Canadian, U.S. and Canadian citizens are treated exactly the same with respect to the USMLE, their performance on the USMLE and their acceptance of their training by state medical boards.

CHAIRPERSON DOCKERY: Thank you.

Are there other questions for Dr. Crane?

I believe that's--Dr. Shah.

DR. SHAH: Are the Canadian physicians considered foreign medical graduates?

DR. CRANE: No, they are not. No, the Canadians are not treated, Kiran, as foreign medical graduates. They're treated the same as U.S. medical graduates.

CHAIRPERSON DOCKERY: But the importance of the question is that they maintain that information in that database so that when the state boards start to credential, that information can be obtained from the Federation of State Medical Boards, and it's a Canadian sharing with the Federation which makes that so important.

Thank you very much, Dr. Crane, for that

excellent presentation.

Excuse me. Was there another one?

MR. THORNTON: Yes. You mentioned the CAAM in that question.

CHAIRPERSON DOCKERY: Would you come to the microphone, please, and identify yourself?

MR. THORNTON: Actually, Jerry Thornton. My question was your question. You asked a question, I thought, about the Canadian and the CAAM. Did I misunderstand your question?

CHAIRPERSON DOCKERY: The Canadian Accreditation of Medical Colleges, yes.

MR. THORNTON: Oh, okay. Well, I had just seen the CAAM mentioned several times on the slides, and--

CHAIRPERSON DOCKERY: That's a different acronym.

MR. THORNTON: Oh, okay. So we were never speaking of the Caribbean on any of that?

CHAIRPERSON DOCKERY: No.

MR. THORNTON: Okay.

DR. CRANE: Well, we did have a webinar to

educate our boards on the Caribbean Accreditation Association, and that was an informational session that we put on with respect to them. That's what I was referring to.

MR. THORNTON: Okay. I was under a misunderstanding. Thank you.

DR. CRANE: Okay. The only other thing I'd like to add is that we do want to have the--and at least publicize the NCFMEA's role in this process, and I know that one of our vice presidents is going to get in touch with you all from the NCFMEA, maybe Rachael or Melissa, to discuss doing a webinar or a session, educational session for our member boards.

Thank you all.

CHAIRPERSON DOCKERY: Let us thank Dr. Crane with our applause.

[Applause.]

CHAIRPERSON DOCKERY: Can the Committee reconvene, please? I'd like to call on Cathy Sheffield to give us our semiannual travel instructions.

MS. SHEFFIELD: It's going to be very short and sweet.

CHAIRPERSON DOCKERY: Use the microphone, please.

MS. SHEFFIELD: Okay. I would like all of your travel information to be in to me before the end of September because we need to get it in for the fiscal year 2009. So if you can mail your airline receipts. You shouldn't have any hotel bills. You should all be reimbursed back to your credit cards. Your mileage, your parking, and phone calls or any other expenses you might have during this trip. Also remember to please turn your badges in, and I think that's about it. Anything else?

CHAIRPERSON DOCKERY: Any questions to Cathy about travel? And you're not saying that we should send all receipts except for airline and any incidental expenses.

MS. SHEFFIELD: I need airline receipts, incidental expenses. If I did your air, if I did the flight, I will take care of the airline

receipt.

CHAIRPERSON DOCKERY: Thank you.

MS. SHEFFIELD: It's everybody else that purchased their own airline tickets.

CHAIRPERSON DOCKERY: Thank you.

Dr. Shultz, anything that you would like to mention?

DR. SHULTZ: No.

CHAIRPERSON DOCKERY: Okay. Before we adjourn, I'd like to take just a couple more minutes to individually thank all of our analysts who work so hard to put all of these reports together and, of course, the person that we have not thanked in public except when she arrived this morning, but let's do it again, is Sally Wanner, who has been a very important resource to this meeting, and to all of the other meetings that she's attended, and she's just stayed through all the books--and where is that book that you keep so tattered and torn?

This is a working attorney. I want to tell you. She's really been invaluable and we

appreciate her very much.

MS. WANNER: Thank you.

[Applause.]

CHAIRPERSON DOCKERY: Is there any other thing to come before the Committee? Dr. Caron?

DR. CARON: Lee, you're a scholar and a gentleman, and I'm really honored to have worked with you.

CHAIRPERSON DOCKERY: On that note, let me thank our representatives from the GAO for coming and bearing with us, going in and out of the room, and staying until the end. So thank you very much.

The meeting is adjourned. Thank you.

[Whereupon, at 3:45 p.m., the Committee was adjourned.]