Med students squeezed amid wider competition for rotation space

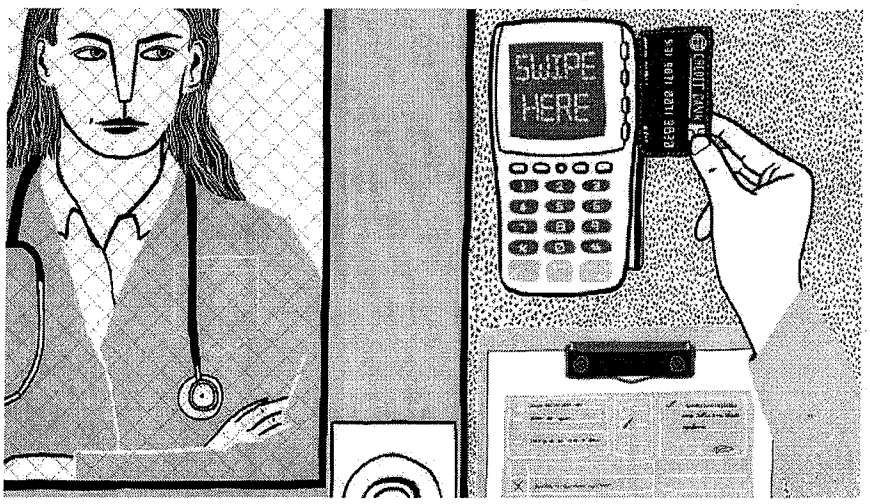

Illustration by Alexandra Citrin (POLITICO New York)

By DAN GOLDBERG 5:28 a.m. | Sep. 29, 2015 1

Earlier this year, Gov. Andrew Cuomo announced that the Sophie Davis School of Biomedical Education would expand into the CUNY School of Medicine and become New York's newest four-year medical program. It will affiliate with St. Barnabas Health Center in the Bronx, a teaching hospital in one of the poorest and sickest counties in the United States.

St. Barnabas is an excellent place for medical school students to observe doctors in action, and offers students a chance to interact with patients who are in poorer health, face greater health challenges because of income, race and environment, and who are more likely to require regular care that the average New Yorker.

One reason Sophie Davis administrators sought the relationship with St. Barnabas is that it was becoming harder for the school to secure clinical rotation spots for its students.

Most medical schools have two years of classroom education followed by two years of clinical rotation in a hospital where students trail doctors and observe procedures. But competition from foreign medical schools, which often pay hospitals in New York and around the country for rotation spots in their hospitals, has been a challenge for New York medical schools for years.

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Though international medical school deans say there are enough rotation spots — also known as clinical clerkships — for everyone, the

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concern among U.S. medical school deans is growing.

The Association of American Medical Colleges published a survey showing the number of schools reporting problems because of competition from offshore medical schools doubled between 2009 and 2013.

New York State has thousands of international students training at its hospitals.

In 2008, the city's Health and Hospitals Corporation signed a ten-year contract worth up to $100 million from St. George's University in Grenada. The deal gave St. George exclusive rights among international schools to HHC facilities, though about half of HHC's clinical clerkship spots remain for U.S. students. So far, the perennially cash-strapped HHC has received $37 million from St. George's. (The HHC board member who proposed the contract, Dr. Daniel Ricciardi, was also on St. George's faculty. He resigned from HHC after the deal became public.)

The same year, American University of the Caribbean (AUC) on St. Maarten reached a 10-year, $19 million deal with Nassau University Medical Center.

Ross University has agreements with ten teaching hospitals in New York, including St. John's in Far Rockaway, New York Methodist in Brooklyn and Jamaica Hospital.

In total, the New York State Education Department has approved 14 international medical schools, of which seven are located in the Caribbean.

Caribbean schools look to the U.S. because they don't have the quantity or quality of hospitals that a state like New York or California has. The agreements also serve as a recruiting tool, enticing U.S. students who believe they need only spend two years abroad before they can train in the same hospitals where they might become residents.

"The students being trained in New York are being booted from where they had always gone," said Barbara Ellman, associate director for policy for the Medical Society of the State of New York. "The deans are getting calls from the hospitals telling them they can no longer send them there."

The problem of finding clinical rotation spots had become so severe that state officials felt Sophie Davis either needed to find a hospital partner or shut down its program.

And while Sophie Davis is now secure, many other medical schools in New York face a similar challenge, they say.

"I have MDs spending enormous amounts of time trying to find hospitals that will let students do rotations," said Dr. Edward Halperin, chancellor and CEO of New York Medical College. "I thought the problems I'd be facing at this stage of my career would be how we use computers in the classroom, and instead I'm spending time worried I can't get enough clinical spots."

Some medical schools share a governance structure with a hospital (Icahn School of Medicine and Mount Sinai; NYU, Columbia and New York-Presbyterian) and that allows

them a preferred place to send students during their third and fourth years of medical school.

But many medical schools do not have their own hospital and are completely reliant on affiliation agreements with hospitals for rotation spots. That makes the competition all the more fierce.

Einstein used to send students to Bronx-Lebanon hospital until an offshore medical school bought their slots.

"The result was, we had to go hunting for an alternative option," said Dr. Michael Reichgott, the former senior associate dean for Graduate Medical Affairs at Einstein.

Competition doesn't only come from overseas. New York schools do this to one another as well. When Mount Sinai purchased Continuum, Columbia students were told they could no longer have clinical rotation spots at St. Luke's Hospital.

It isn't just about inconvenience or competition, Reichgott said. One large concern the New York deans have is that the quality of education at offshore schools is not on par with what local schools provide. Specifically, they worry that the clinical rotations are not supervised with the same rigor.

"There's no curriculum," he said. "No relationship between the [hospital] faculty and the school. Does anyone take attendance? Does anyone know if [the students] are present?"

New York State's Department of Education, which oversees medical education, is currently engaged in a review of all international medical schools that have been approved or are seeking approval to send students to New York State to complete long-term clinical clerkships.

The review began in 2014, Reichgott said. There is no timetable set for its completion, and its findings have not been made public.

That's left both the New York medical schools and the international schools in limbo.

Neal Simon, the president of the American University of Antigua (AUA), said he had an agreement with a hospital in Westchester County, but the New York education department told him that he was not allowed to send his students there. He was told there was a moratorium.

Charles Modica, chancellor of St. George's University in Grenada, said he was told by the state education department that his school was not allowed to expand its footprint in New York, meaning no new contracts could be signed with teaching hospitals.

"We are operating as if there is a moratorium," he said.

The Association of Medical Schools New York, which represents 16 medical schools, believes that existing clerkships may be renewed in New York but that foreign medical schools may not expand, though they are not aware of any regulation to that effect.

The state's education department did not respond to requests for clarification.

Despite, or perhaps because of, the opacity of the current rules, the local medical schools and Caribbean schools are each lobbying the state, making their case for why New York does or does not need more foreign medical students.

The New York school officials argue that paying for clerkships offers foreign schools a competitive advantage. They say that it keeps their students out, and allows for a lower quality student, who was likely rejected by U.S. schools, to attend.

There is also a fear, which the international schools believe is unfounded, that New York's teaching hospitals will begin to demand cash payments from local schools as well, something New York deans say they cannot afford.

"To match them we'd have to raise our tuition significantly," said Robert Goldberg, executive dean of the Touro College of Osteopathic Medicine. "$20,400 per student in their clinical years."

The Caribbean schools counter that there is plenty of room for their students and that no U.S. student is pushed out because of them, that their cash helps pay for clerkships that benefit everyone, and that their students are more likely to enter primary care and work in lower-income neighborhoods.

"We're not taking any spots from their programs," Modica said. "In any case where they want spots, the hospital would ask our school to cut down on our students and allow a greater number of U.S. students."

Further, the international deans argue, they are supplying a physician pipeline at a time when most experts agree the nation, which has an aging population, is expecting a doctor shortage.

"The international medical school agreement with St. George's complements the valued relationships we have with U.S. based medical schools and supports the public healthcare system's mission in a number of ways," said Ana Marengo, a spokeswoman for HHC. "HHC values the diversity of our workforce and St. George's is a good pipeline of qualified physicians of diverse backgrounds, cultures, languages, who are also more likely to practice at HHC."

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ew York is one of several states where foreign medical schools are looking to send their students. California, Nevada, Florida and New Jersey have all seen a growing influx as well, and medical school deans across the country have voiced their concerns and lobbied their legislators with various levels of success.

The state of Texas recently passed a law prohibiting its state board of education from issuing certificates of authority to foreign schools offering professional degrees, ending any chance for overseas students to head to Texas for their clinical rotations.

Texas legislators said the foreign medical schools had an unfair advantage when competing with some of the state's public universities.

"[As] has been experienced in New York and New Jersey, these foreign, for-profit institutions charge a large amount of tuition and can afford to reimburse hospitals at a greater amount than state schools," the authors of the Texas legislation wrote. "As a result, when clinical rotation slots are in demand, hospitals contract with partners that offer the greatest reimbursement."

The issue has gained attention from federal lawmakers as well.

The bipartisan pairs of U.S. Senators Dick Durbin of Illinois and Bill Cassidy of Louisiana and Representatives Elijah Cummings of Maryland and Michael Burgess of Texas have introduced The Foreign Medical School Accountability Fairness Act, which requires at least 60 percent of the enrollment to be non-U.S. citizens or permanent residents, and 75 percent of students to pass the U.S. Medical Licensing Exam if the schools accept students loans backed by U.S. taxpayers.

The idea behind that legislation is to limit the ability of for-profit schools to capitalize on desperate students who have no hope of becoming residents but still take out hundreds of thousands of dollars in loans to finance their dreams.

Many schools do prey on students like that, Modica acknowledged, but there are Caribbean schools that have high standards as well.

He says the fact that roughly half of international medical school students are not accepted to a U.S. residency program, compared with only 6 percent of U.S. medical students who fail to match, merely highlights the need for more residency slots. It's a point that has also been argued by the Association of American Medical Colleges and the American Academy of Family Physicians.

Most students who attend a Caribbean school failed to enroll in a U.S. school either because their college grades were subpar, their MCAT score was lacking or because they decided to become doctors later than the average student.

Both are imperfect indicators of candidates' potential, Modica says, pointing to the growth of allopathic and osteopathic schools that are filling their classrooms with many of the students that are turned down by MD programs.

"The arguments of those who maybe in organized medicine that the quality is not of the level it should be could easily be used against some of the U.S. based schools and, therefore, should be viewed as to what it really is — and that is nonsense," he said. "We believe of the 20,000 students unable to obtain admission, that three-quarters of them are easily qualified."

Halperin and Goldberg also make a moral argument.

"Medical education is a privilege, not a business," Halperin said. "What do I say to [hospital] administrators? You should be ashamed of yourself. You shouldn't be able to sleep at night."

It isn't so simple. Hospitals, particularly community hospitals, public hospitals and hospitals in poorer neighborhoods are strapped for cash. Margins are as tight as they've ever been, and a few million dollars can go a long way.

That's one reason states across the nation are reluctant to curtail the practice. Instead, there are efforts to standardize the curriculum so that state education departments and U.S. hospitals can say, with some degree of certainty, what kind of student they are receiving.

The New York education department's efforts may not be public but they are rigorous, international deans say.

The Educational Commission for Foreign Medical Graduates (ECFMG) announced that beginning in 2023, physicians applying for ECFMG Certification, a prerequisite to entering the U.S. health care system, will be required to graduate from a medical school

that has been accredited using criteria comparable to those established for U.S. medical schools by the LCME.

That should help allay concerns over quality but it will do little to address the fear over competition, which is only likely to become more intense. Already, more than one quarter of physicians in the United States trained at a medical school outside the country and that number is expected to grow.

And both the New York schools and the Caribbean schools are looking to expand their class size even as hospitals in New York and across the country close, consolidate and see declining inpatient rates, which only serves to exacerbate the problem of finding clinical clerkship spots.

At the same time, there has been a large increase in the number of students attending allopathic schools across the country, which have grown by about 30 percent over the last decade. Those students need clerkship spots as well.

Between 2006 and 2014, 17 new U.S. medical schools opened up, and enrollment at the nation's medical schools reached an all-time high last fall, with 20,343 students entering medical school in 2014. And there are now 66 medical schools in the Caribbean, up from 54 in 2007.

Something has got to give, Halperin believes.

"The gravy train is going to end I think eventually," he said. "This is not sustainable."

This article appears in the new issue of POLITICO New York magazine.

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