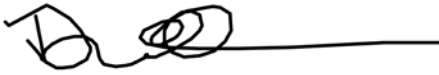
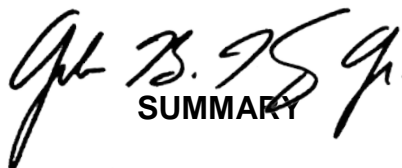




**TO:** The Professional Practice Committee  
**FROM:** Douglas E. Lentivech  
  
**SUBJECT:** Short-Term Clinical Clerkships in New York State

**DATE:** September 4, 2012

**AUTHORIZATION(S):**

  
SUMMARY

**Issue for Discussion**

This item will discuss the standards relating to participation in, and admission to, New York State medical clerkships for time periods of less than twelve weeks.

**Reason(s) for Consideration**

Review of Policy.

**Proposed Handling**

This item will be submitted for discussion at the September 2012 meeting of the Professional Practice Committee.

**Procedural History**

At its meeting in January 2011, the Board of Regents established a plan for the review of the process and standards for approval of international medical schools that placed students in New York State clinical clerkships for periods of greater than twelve weeks (long-term clinical clerkships). That plan included the establishment of the Advisory Committee on Long-Term Clinical Clerkships, and ultimately, the adoption of a set of regulations that would establish the specific criteria for approval of such schools. That Advisory Committee has conducted several meetings and the Board of Regents have adopted regulations in conformance with the recommendations of that committee, strengthening the existing standards and process for granting approval. The scope of authority of the Advisory Committee does not currently include the issue of considering the appropriate standards for admission to clinical clerkships of less than twelve week

duration (short-term clinical clerkships). We now bring that specific discussion to this committee.

### **Background Information**

Students entering NYS from international medical programs who wish to engage in long-term clinical clerkships must be enrolled in a medical school that is approved by the Department. Currently only 14 such schools exist and the approval process that permits a school to place students into long-term clinical clerkships is comprehensive. The approval process is largely similar to that of the accrediting process undertaken for domestic medical schools.

However, students from any foreign medical institution may generally participate in short-term clerkships. The current standard that limits who may participate in short-term clerkships requires that: the student have received an education from a school that is recognized within the jurisdiction where the school is located, the clerkship be undertaken in a hospital that has an ACGME approved residency program, the hospital agrees to the clerkship, the student is currently in good standing in their school and that they have completed infection control coursework required by the NYS Public Health Law.

While the Department is not aware of any patient safety issues relating to the services provided by students in short-term clinical clerkships, we do recognize that these students are in a position to assist in the provision of medical services and their oversight is important. Clearly, engaging in the same level of review for the schools sending students to short-term clerkships as we do for long-term clerkships would offer a more substantial review. However, that solution would virtually be administratively impossible at the present time given the vast number of medical schools worldwide that seek to place students in these short-term clerkships.

The universe of students and schools that may seek to participate in short-term clerkships is much more substantial. The number of students in these short term clerkships in the past four years ranged from a high of 1370 in 2009 to a low of 1025 in 2008. Similarly, the number of schools that sent students into NY on short-term clerkships ranged from a high of 384 to a low of 295. By comparison, the Department has approved 14 long-term clinical clerkship programs in total, dating back to the mid-1980s. At present, the capacity to complete site visits and adequately review a medical school limits the Department, and the International Medical School Advisory Committee, to only doing a few reviews semi-annually.

While a full-scale review of all clerkship candidates is theoretically possible, the Department does not have the resources to review an additional 300 schools on a yearly basis. Nonetheless, there are avenues that can be explored.

Options essentially fall into two categories: student-based qualifications and medical school-based qualifications. With respect to student assessment, the Department could insist that all student clinical clerks demonstrate that they have passed the USMLE Step 1, which is now required of only the approved school candidates. This would ensure a baseline of medical knowledge. However, this would

preclude the participation of students who never intend to seek U.S. licensing and who are simply seeking specialized U.S. clerkships. In some instances, these are excellent students from very good international schools. The Department could also set minimal scholastic achievement standards with respect to students seeking to engage in short-term clinical clerkships, such as minimum academic grade average, class rank or other educational assessment measures. This would offer some assurance of educational achievement, but would not be useful when a student is from a very low performing school.

Alternatively, the Department could focus upon school standards. Such standards could include institutional accreditation, or other methods of assessment. There are elements of consideration in this information as well. Not all regions have accreditation bodies and not all accreditation bodies that do exist operate under standards that are known to the Department or acceptable to the Department. With respect to other academic assurance standards, it is possible to request documentation of any type. However, the challenge is in gaining objective and reliable information that could be useful to the Department, yet which is not overwhelming and burdensome.

There may be a variety of other solutions as well. Nonetheless, we have only begun this discussion. As it is a significant undertaking, both from the aspect of medical education, as well as from the standpoint of Department resources, we would recommend bringing this discussion to the Advisory Committee on Long-Term Clinical Clerkships for their consideration and advice. If this Committee concurs, we would place this issue on the agenda of the Advisory Committee for their October meeting. We would bring back that advice and discussion to this Committee.