



March 9, 2012

Mr. Harold Hahn, Chair
Strategic Planning and Policy Committee
Texas Higher Education Coordinating Board
P. O. Box 12788
Austin, Texas 78711-2788

Dear Chairman Hahn:

As chair of the TMA Council on Medical Education, I am writing to express our concerns about a proposal pending before your committee. The American University of the Caribbean proposes to offer clerkships to students at medical schools and hospitals under signed affiliation agreements and is seeking approval of a Certificate of Authority to offer courses leading to a medical degree in Texas. Our council has grave concerns about the potential damaging effects of a proposal that has the risk of displacing Texas medical students from the already-limited clinical training capacity in our state. Our educational institutions already have commitments to Texas students to provide reasonable access to training opportunities. Diminishing our own students access to clinical training in the state would negatively affect the quality and affordability of education for Texas medical students, resident physicians, and other health professionals—all who need and deserve first priority to clinical training in the state.

Economic Impact

As you know, the state's support for educating medical students, resident physicians, and other health professionals was severely reduced in the current budget. At the same time, in response to increasing physician demand, Texas medical schools plan an increase of 30-percent in enrollments by 2015. This will result in an estimated total of 3,300 third- and fourth-year medical students each year—the highest numbers ever for our state. There is also the strong potential for a new four-year medical school in south Texas. This vigorous growth in enrollments clearly dictates a need for more hospital clinical training space for our own students in the very near future.

Adding foreign medical students simultaneously with the large Texas enrollment growth will exacerbate the shortage of clinical training space. This could result in an expensive bidding war as is occurring in northeastern states (see attached Resolution 11, American Medical Association Medical Student Section, November 2011) that could force increases in medical school tuition (and related student debt), displacement of our own medical students, and threaten the accreditation status of our own schools.

Benefit to the State

Recognizing that the state has only limited training capacity and the potential financial impact on Texas medical schools and students, thoughtful consideration must be given to the potential benefit to the state. Texas ranks second in the nation, behind only California, in the retention of our medical school graduates in the state, at 59-percentⁱ.

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In contrast, it is not known how many students enrolled in the American University of the Caribbean, or other foreign medical schools, would even have an interest in practicing in Texas. Substituting foreign students for Texas medical students would not benefit the state's escalating physician workforce needs. It makes little sense for the state to invest at least \$170,000 a year for each Texas medical student yet not provide for their reasonable access to core clinical clerkships in the state.

Further, as reported by the AMA Medical Student Section, "U.S. medical school accreditation standards require both a broad and significant portfolio of undergraduate experiences as well as a rigorous and specifically defined standard of preclinical education in the first two years of medical school before admitted, visiting, or transfer American medical students are allowed to participate in third year clerkships, yet for-profit offshore medical schools do not provide any standardized or equivalent system of evaluation before they participate in third year clerkships in American hospitals."

Availability of Clinical Faculty and Student Supervision Rules

Given the increases in our own medical school enrollment, it is unclear whether there are sufficient numbers of qualified clinical faculty to oversee the training of our own medical students as well as foreign medical students. The Texas Medical Board has regulations that delineate specific requirements for physicians eligible to supervise medical studentsⁱⁱ. The board's rules also must be considered to ensure that any medical student who completes clerkships in Texas would ultimately be eligible for medical licensure in the state.

Our council believes it is in the best interest of the state, for quality, education, workforce, as well as economic considerations to ensure that Texas medical school students are provided first access to core clinical clerkships in the state. We appreciate the opportunity to provide comments on an issue that is of great concern to our council. Should you have any questions, please direct them to Marcia Collins at TMA at (512) 370-1375 or marcia.collins@texmed.org. We urge your committee to give favorable consideration to these concerns.

Sincerely,

C. Jumper, MD

Cynthia A. Jumper, MD, Chair
Council on Medical Education

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Attachment

ⁱ 2011 State Physician Workforce Data Book, Association of American Medical Colleges, 2011

ⁱⁱ Texas Medical Board Program Rules, §162.1. Supervision of Medical Students.

(a) In order to supervise a medical student who is enrolled at a Texas medical school as a full-time student or visiting student the physician must have an active and unrestricted Texas license.

(b) In order to supervise a medical student who does not meet the criteria in subsection (a) of this section the physician must:

(1) have an active and unrestricted Texas license;

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- (2) hold a faculty position in the graduate medical education program in the same specialty in which the student will receive undergraduate medical education;
 - (3) supervise the student during the educational period; and
 - (4) supervise the student's medical education in either a Texas hospital or teaching institution, which sponsors or participates in a program of graduate medical education accredited by the Accrediting Council for Graduate Medical Education, the American Osteopathic Association, or the Texas Medical Board in the same subject as the medical or osteopathic medical education in which the hospital or teaching institution has an agreement with the applicant's school.
- (c) If the physician is not licensed in Texas as required in subsection (a) or (b) of this section, the physician must be employed by the federal government and maintain an active and unrestricted license.
- (d) Physician applicants who receive medical education in the United States in settings that do not comply with statutory requirements set forth in Texas Occupations Code §155.003(b) - (c) may be ineligible for licensure.