

David: Alright. Well, here are the items we're gonna cover today and we're gonna talk about the regulations that actually apply specifically to the foreign medical schools and go through the citations that might apply and whatnot and where the eligibility requirements come from.

Well, I always like to talk about money because – whoop – and my slide didn't advance. There we go. In 2011-2012, foreign institutions received a total of \$1 million – excuse me – I always look at those commas in the wrong place - \$1,000,000,086.00 or \$86 million dollars. That's a lot of money, okay? Maybe not where you come from that's a lot of money. Where I come from, that's a lot of money. You know, I mean, and we don't all have those gold reserves or keep that gold bar in the corner of the car. Anybody raise your hand if you got a gold bar in the corner of your car. No? Well, I've got a powerball ticket, so I'm hoping I get to get one of those gold bars, alright?

Audience: *[Inaudible]?*

David: Where do you buy it?

[Laughter]

I actually had my wife buy it back home.

Audience: Oh, okay.

David: So, but I understand – I was watching the news at lunch and it actually is now \$550 million.

Audience: Yeah. Yeah.

David: They upgraded it again. So, I know what everybody will be doing tomorrow. Everybody will be walking around with a frown on their face.

[Laughter]

Because the lottery is a really good way to separate us from our money. A friend of mine actually lives in Las Vegas and she told me it should be renamed the city of lost wages.

Audience: Yeah.

David:

So, anyway, the regulations that apply, you can see, are on this slide and those are the regulations that actually have the eligibility requirements; not so much just the foreign medical, veterinary or nursing institutions, but eligibility in general. And then, we get into the different pieces that specifically talk to that. And I want to point out a couple on this one; that 600.20, that's for all institutions and that defines the institution and what category the institution falls into; 600.21 is keeping that information up to date with the U. S. Department of Education. For instance, if a financial aid administrator or whoever is designated changes, that's where you need to keep that up to date or if the president of your institution changes, you'll need to keep that up to date with us as well. Hopefully, no one ever has to learn about 600.41, which are termination and emergency procedure actions, but it does happen. Those kind of things do occur occasionally, but that's where you would find those regulations. And then, 600.55 is the additional criteria for foreign graduate medical schools. And, as you can see, that's specific. That's very – getting down into a very specific category of institutions. Those other citations were just general in nature. Okay.

And I did put the link on the bottom of the slide, so you don't have to memorize these notations or you don't have to print 'em all out or get – order the books that have everything in it. You can just look online. That's what I tend to do. I tend to look online and use my search engine to find what I need to look at and then, I'll go over my actual book **up** because I'm still old. I still want paper occasionally. It is really sad, though, but if you pull my iPad open, you'll find the handbook. *The Federal Student Aid Handbook* is there, as well as the compilation of regulations. So, I want to apologize to you for that, thinking I'm not at least a little geeky. But, *The Federal Student Aid Handbook* is that thick, so I don't carry it around with me anymore.

So, there was a federal register on November 1, 2010 that changed a few regulations for foreign schools and also for foreign medical schools and nursing schools. And those are amendments to those regulations I just noted on the previous slide – 600.20, 21 and 55. And those went effective July 1 of – or, oh, I – that's a misprint in my slide, isn't it, Mike?

Mike Stein:

Which one? Right there? July 20th?

David:

Yeah.

Mike Stein:

Nope, that's right.

David:

It is. I was – I thought – I was gonna say I thought that was July 20th. I – everything on all calendars in the Department of Education happen on July 1st, not July 20th. That was – I forgot, that was a – that caught me on that one, so. So, anyway, back to other parts.

And one of the biggest changes for the veterinary schools is that it has to be accredited by an organization acceptable to the U. S. Department of Education for evaluating veterinary programs. And then, the last item on that particular piece was related to foreign nursing schools and that's 660.57. It specifically speaks to foreign nursing schools.

Okay. Come on. I'm not having much luck getting my little thing to move here like I want it to. There we go. Alright.

So, now let's talk about medical schools and the general eligibility requirements for medical schools. You can find that in 600.55(a). That's my universal symbol for parenthesis is I bring my hand down like that for those of you who haven't been in any sessions where we talk about this and are you into little As and letters and then numbers and Is and things like that. The regulatory cites can get kind of long. So, I really think – I think I need a sound effect for when I do that so you all know what that is.

But, and, mainly, what it starts out and describes is that your country's medial accreditor must be comparable to the National Committee on Foreign Medical Education and Accreditation, which is a voluntary process – from now I'm gonna call it NCFMEA because that's a mouthful to say that wonderful thing – and that the school must be accredited by the NCFMEA and as an approved accreditor. The program needs to contain both basic science and clinical training that's at least 32 months in length and that institution and that medical program must have graduated two classes in the two most recent 12 month calendar periods.

Continuing on with those general eligibility criteria, and there's quite a few of 'em, are requirements. You have to have adequate facilities; must be adequately staffed with people that are able to teach these programs, to train these programs; will be approved by all of the relevant medical licensing boards in evaluating bodies for whatever programs or specialties may be offered. You can't have more than two electives or more than eight weeks total at a site outside of your country or the U. S. unless it's a location that is accredited by the LCME or the AOA. And you need to appoint

faculty members with credentials that are equivalent to a faculty at a U. S. medical school. Yes?

Audience: Sorry to interrupt, _____.

David: Sure. Sure.

Audience: Just back on the other slide, the NCFMEA, I understand there was supposed to be a meeting in October with NCFMEA about the *[Inaudible]*. Do you know when that might take place?

Mike Stein: I haven't heard if that meeting will be rescheduled or if it's just gonna roll over into the spring meeting.

Audience: Right.

Mike Stein: I asked about two weeks ago and there wasn't any information, so.

Audience: So, at the time, they're just business as usual then?

Mike Stein: Yes.

David: Alright. Alright. Medical schools also – and – oh, I'm sorry.

Audience: Sorry, go ahead.

David: No, that's fine. That's fine.

Audience: The last slide, *[Inaudible]* it is accredited by the NCFMEA. Does that mean, like, a few more weeks?

Mike Stein: Yes, it does.

David: I was gonna say, that's the way I understood it, right?

Mike Stein: Yep.

David: Yeah.

Audience: *[Inaudible]*.

Mike Stein: Right. I'll find the site for you. But, yeah, if it's LCME or AOA, then it should be okay.

David: Yeah.

Audience: Then, it should be okay?

David: Mmmm hmmm.

Audience: Okay.

David: Yeah. I was gonna say, that's how I understood it, too. So, Mike's gonna look it up for us to make sure we've got it right. Thank you, Mike. Well, I'm not doing a very good job of repeating the questions. Sorry.

The question was if it is an LCME or OAO accredited site or location, then is it okay to make it more than weeks? Could it be 16 weeks? And we believe the answer's yes, but Mike's double checking for us. Okay? Thank you.

Mike Stein: Do you want me to read the whole part?

David: If you have it. Okay. Actually, let's – go ahead and just grab their mic or that mic, either one, because we want to make sure it gets captured on the *[Inaudible]*. Okay, watch me drop this while it's quiet.

Mike Stein: Alright. So, the appropriate reg site says that it's a, as part of its clinical training, does not offer more than two elective consisting of no more than eight weeks per student at a site located in a foreign country, other than the country in which the main campus is located or in the U. S. unless that location is included in the accreditation of a medical program accredited by the LCME or the AOA.

David: Thank you, sir. How do you turn that off?

Mike Stein: At the very top by the little *[Inaudible]*.

David: Alright. Wonderful. Okay. So, satisfactory ___ progress is not something that's part of the ___ foreign to medical schools as well. But, there is a component included with medical schools and schools are gonna need to complete that quant – do a quantitative analysis of their academic progress. And they have the maximum timeframe for the student to complete the program. You've already established this, but it's 150 percent of whatever that established timeframe is. So, for instance, a two year program would be – three years would be 150 percent of that two years. So, that comes into it as well and it's just the same way as with other SAP, it's going to be divided into increments, not to exceed the

lesser of one academic year or half the published length of the program. All of the other statuses apply regarding the satisfactory academic progress, like Jamie talked about – warning, probation. And those apply in the same way as she talked about yesterday morning. And we'll include the schedule that you establish at your institution and you need to designate what percentage of work they need to be passing and completing as they continue through the programs through the SAP. And also, has the component where, with a quantitative component and it's called PACE, where they must be proceeding on a pace at which they will complete within 150 percent, okay? So, there is no difference between that and other SAP programs.

And that last item on this slide, you need to have this in your policies and procedures to describe this and how you're gonna do your SAP. I know from working with the foreign schools team, schools are – any new schools are required to submit their SAP policy in advance and procedures to make sure that it does – is in compliance and whatnot. And so, I know that that's the case and whatnot, but we hear this quite a bit, is you have this policy or this procedure in place, but you're not following it, okay? At least I hear that for domestic schools anyway 'cause our auditors, you know, the people that audit you and domestic schools, they're really particular because if you have a policy and you've created something like that, they expect you to follow your own policy and procedure, okay? Isn't – the nerve of them for expecting that, huh? So, anyway. But, you need to include that so that it actually also covers it if you have withdrawals, repetitions, maybe non-credit or remedial coursework you may offer for them to be able to complete a class or to take a class that, perhaps, they didn't get a satisfactory grade on. But, you need to include those items in your progress policies as well.

Your school also need to document any educational remediation classes that were provided to help the students make SAP, okay? So, you need to be able to document that and include that.

And then, your school's gonna need to publish those criteria in any of the languages in which you offer instruction. And you'll need to cover that as well and the other criteria.

Now, admission criteria, the really fun stuff, right? We're getting into fun stuff. No? I don't see anybody excited about this, so I'm, you know? Anyway. The admission criteria, you can see on the regulatory site on the slide, must be offered to a post-baccalaureate or equivalent in a medical program. And the U. S. students were

required to have taken the MCAT to be able to be a part of this. And then – and there’s reported scores, so you’re going to have to have that release, as it talks about in the next piece, the consent form, that they are allowed to release that data from ECFMG to be able to send that into us at the U. S. Department of Education. And all the students need to do this; all of the U. S. students that are there need to do this consent form ‘cause that’s an eligibility criteria . And if you don’t do that, then you’re gonna be out of compliance with that particular piece, okay? So, just, kind of, put that on your list that you need to get that consent form from all of the American students that are there so that you can stay in compliance.

Alright. So, collection and submission of data. This is always so much fun. You get to gather documents, gather proof of things together and then send it to the U. S. Department of Education. Well, in this case, you’re going to be submitting to your accrediting authority by April and then on to the Secretary of Education by April 30th of each year. For those of you who have had experience and exposure to other federal student aid programs, maybe you’ve went to other particular sessions or courses, a lot of our stuff runs September 30, so this is on a different schedule. So, if you hear a General Department of Ed. by the end of whatever year, remember for collection and submission of medical school data, it’s by April 30th of each year. You’ll need to include those MCAT scores of all the U. S. students that were admitted during that preceding calendar year. And then, also with an – accompany with the statement of the number of times each student may have taken the MCAT to be able to pass that.

And, lastly, the percentage of students that are graduated or graduating during the preceding calendar year and you must include at least all of the U. S. graduates, right? And those graduates who obtain placement in an accredited U. S. medical residency program. Again, we’re sticking with that same April 30th, right? All of the student and graduate U. S. MLE scores for each step or test of the U. S. MLE and their attempts from the preceding calendar year, along with the dates they took the test and, even if they failed the test, you need to include that as well. Your school can allow the ECFMG to be able to provide that data directly to the U. S. Department of Education. I had a little talk with Mike before we started the session and the reason it says that, “Report not available yet”, we haven’t set that mechanism up with ECFMG yet, but it is allowed by regulation and we hope that will occur.

Yes? There and then down here.

Audience: The ECFMG's been so, you know, not quick on getting these scores out to schools. So, are we okay to self-report these numbers? It looks like the past year, we got it for May or June.

David: Okay. The question is the ECFMG is not all that quick to get that reports and those information out to you, the schools. So, I'm gonna let Mike take over and grab a mic and answer that one.

Mike Stein: Sure. In talking to schools the last couple of years, I did talk to plenty of people that have problems getting that report from ECFMG. Typically, and according to them, the reports are generally available some time in March or April. I know there are some schools that experience delays. You know, keep in mind that to get the report, you have to have a PII – PIA – performance information agreement – in place with the ECFMG and you have to be current on your annual FAIMER survey. So, with that said, the main component that's important is to provide that individual student performance data. And if you provide that data and it's accurate and it contains all the elements that it's requested, you can calculate the rate from that individual student performance data. And so, when you get the letter, you'll find the attachments that show you the format. You should submit it in and you can self-calculate from that. Does that answer your question?

Audience: It does.

Mike Stein: Okay.

Audience: *[Inaudible]*. You're saying that that's not acceptable at this point in time?

Mike Stein: There's two reports. There's an aggregate performance report.

Audience: Yes.

Mike Stein: That is, pretty much, useless for our purposes because of the logic behind that report. They did create another report called the special aggregate performance report and that report is supposed to conform to our regulations and I'll go over it a little bit later in the presentation. There are some limitations to that report. But, even if you submit that report, you're still required to submit the individual student performance data. So, it's really just a way to provide the pass rates to us without having to calculate yourself. But, you know, you would want to make sure that the numbers

match the individual student performance data that you report, okay?

Audience: I have another question. Like, have we got a timeframe or *[Inaudible]*? How much longer in doing all that?

Mike Stein: So, the question is, is there a timeframe for – and were you asking about the – what the allowance in the regulation about – for ECFMG to submit the data directly to the department? I don't have a timeframe for you. We have not been able to secure that agreement. There's a lot of issues with, like, privacy concerns on ECFMG's side. So, we continue –

Audience: *[Inaudible]*?

Mike Stein: Yeah. No, we continue to ask, but we have not yet secured that information. So, we're exploring several different options to try to relieve that 'cause I know it's a lot of work to track and put that information together. And so, we're trying a number of different avenues, but I don't have a timeframe for you.

David: Alright. Yes?

Audience: How is this data used by the Department of Ed.?

Mike Stein: The EC – well the pass rate data is used 'cause it's an eligibility requirement. So, you know, we want to make sure that you're meeting the 75 percent pass rate threshold. The individual student performance data, we're not doing anything with at this time, other than housing it. But, all of this data is, you know, basically, used to determine, you know, what are the trends or quality of foreign – of international medical graduates. So, Americans, so there was a recent report that was made to Congress that talked about the performance of foreign graduate medical schools on the USMLE. And so, we used their historical data of schools and their rates to make that report to Congress. That was done by our policy folks – and recommendations. I mean, this was all laid in the NCFMEA report to Congress and in the GAO report to Congress from 2010, so. Okay.

David: Thank you very much for your help, Mike.

Mike Stein: Sure.

David: And the last item on this particular slide, the option to collect and submit to the Department of Education is a citizenship rate for the

preceding year; and need to be at least 60 percent of your students who are non-U. S. citizens.

So, let's talk about the basic clinical and science locations just a little bit. And, basically, it is that there's no portion of the foreign medical program that's gonna be offered to the American students, aside from clinical training, can be outside of the country which your main campus is located in, alright? And the clinical training sites may be in the United States and that's something that, from when I visited with Mike and my foreign schools' colleagues here, that you've told us, that they – most of the students want to practice in the U. S., so they want to have their clinical training sites in the U. S.

And then, any eligibility applications that you may have with the Department of Education, and you can see the website there at the very bottom of the slide, you'll need to report those to us on your particular electronic application through that website process so that will be on file with us so we'll know that that's where those students are attaining their clinical locations and their clinical coursework.

So, for those students to be doing their clinical training that's actually in a foreign country other than where your main campus is located or in the U. S., that clinical site's gonna need to be an NCFMEA approved comparable foreign country. The medical school's accreditor would need to have done an onsite evaluation and have met the requirements that are specific to the clinical training site for what they're seeking and it must be offered in conjunction with a medical-educational program that are offered to students who are enrolled in that school in that approved foreign country.

So, if it's in a site other than the country in which your main campus is located or is in the U. S., then they're not required to meet the requirements on that previous slide if – don't you love that if? 'Cause every good rule has an exception. If you haven't figured that out yet, in Title IV financial aid, that's kind of how it works sometimes. Every good rule has an exception. But, the location is included in the accreditation of a medical program and accredited by the LCMA or AOA. It kind of speaks to what the gentleman asked over her earlier; or, if they're not, the student can take no more than two electives and the combined length of those may not be more than eight weeks in length.

So, there are some foreign affiliation agreements that need to be in place and you can see that it's 655(e) within the hospital or clinical location where that clinical rotation's gonna be provided. It needs to be, like I said, formal affiliation agreement, so in writing. It needs to be assigned by all the parties involved and any other arrangements that you may have with that hospital or clinic or any of those places if it's not – the clinical rotations that aren't required or provided. And you can see at the bottom, we also talk about, instead, if it's a location that's not used regularly, you still have to have an agreement with that location as well. But, it was chosen by a student, so the student went out and found this and it meets their requirements and whatnot. But, you still have to have that agreement in place. Okay?

Here are the six items that the agreement needs to include. Oh, I'm sorry.

Audience: Can you say that again? So, [*Crosstalk*] in an agreement?

David: Right.

Audience: Which is an elective for less than eight weeks? So, just to clarify. So, someone is in an elective at a non-U. S. school, non-clinical site or not at the foreign site or school site, do we need an affiliation agreement if it's an elective that they're not taking more than two electives in less eight weeks? I just hear that wrong.

David: So, Mike, I was gonna say, the way I understand it, I can take a crack at it, but it'd probably be easier for you to just go ahead and take the question 'cause I know you're gonna have the actual answer. I can take a guess at the answer.

Mike Stein: Yeah.

David: I don't want to give anybody guesses, though.

Mike Stein: Okay. Yeah, this is –

David: I learned a long time ago, I'm not supposed to make the rules up myself.

Mike Stein: This is a bit of a tricky one. You're ask – I think the question was, do you need an affiliation agreement if it's an elective less than eight weeks? Is that – was that the question – clarification on that?

Audience: Right. Right.

Mike Stein: Okay. Yeah, that exemption or that exception is a – it's a pretty narrow one and it's one that was especially carved out. And it's electives that are not required and it's a site that students choose not to do regularly. So, it's a – it would be – like, an example would be if a student has a real specialty interest and they want to go off, you know, to some random country, say, in Africa, and do a very short term clinical for less than eight weeks, those don't need to have clinical affiliation agreements.

David: Right, because it's outside of what they would normally do an agreement or normally go, right? And that's the key on that piece, right?

Mike Stein: Right.

David: Okay.

Mike Stein: So, but if it's an elective, if it's a required elective, you know, if it's something they – even if it's elective, but it's something they have to do to complete the program, then there needs to be an affiliation agreement.

David: Okay. Well, anyway, I kind of gave you a glimpse of this slide, a teaser, trailer, if you will, of what needed to be included in this. But, if, when you're creating that agreement, it needs to include maintenance of the school standards, appointment of faculty to the medical school staff, designation of the curriculum or design of the curriculum, supervision of students, evaluation of student performance and provision of the liability insurance. To include all of those things, that agreement needs to include all of those items.

And more clinical training requirements. Anybody like me continuing to say the word more?

[Laughter]

'Cause we add more on each time. Well, these have been in regulation. They're out there. They just, you know, have existed. But, your institution's required to notify it's accrediting body within one year if there's a material change in any one of these items – educational programs, including your clinicals; the oversight body, you get a new accreditor, a new oversight body; and the formal affiliation agreement with any hospitals or clinics you have. Now, that's where you have to notify the accrediting

body, okay? Which, notifying the accrediting body takes care of our accrediting requirements that we, at the Department of Education, may have 'cause that's part of the regulation that you need to keep your accreditor informed and notified when something changes.

So, Mr. Mike, if you would like to take us through some medical school items.

Mike Stein: Sure.

[Whispering]

Mike Stein: What's the proof of that?

David: Not nearly enough.

Mike Stein: Yeah.

Alright. Good afternoon, everybody. My name is Mike Stein. Just for those of you who may not know me, I work with the Foreign School's Participation Division up in headquarters in Washington, DC. I recognize some of you. I know I've talked to some of you on the phone or exchanged emails. Just a quick poll, how many – are there any schools here who are brand new? Medical schools that are – have just been recently certified or are undergoing initial certification or just thinking about undergoing initial certification? Raise your hand. One, two – well, that's it. Everyone else are currently participating or undergoing recertification programs, most of you? Okay. Alright.

Well, I'm gonna spend just a few minutes today talking about the USMLE pass rate threshold, the individual student performance data reporting requirements, the citizenship reporting requirements, as well as some application procedures. So, if you're currently participating medical school, you have – I think you should be well aware of all this information. You may have had this exact same presentation last year at the conference. So, I'm gonna try to tailor this more towards some lessons learned, best practices when it comes to submitting your pass rate information, your student performance, your citizenship data and your – every year, as required by the regulation, rather than going through everything verbatim. So, we've been through three reporting cycles now, so, hopefully, everybody is well familiar with the process.

But, before we jump into that, I wanted to make sure that everyone was aware of two new reporting requirements that were outlined in a recent dear colleague letter published on November 7, 2012; a dear colleague letter, GEN 1220. By a show of hands, how many people are – have read this or have it on their list of things to do?

[Laughter]

A few more. Okay. I'll just briefly go over this. Again, it does outline two new reporting requirements. This, just to give you a bit of a background, this also came out of the GAO, which is the Government Accountability Office. It's the investigative and auditing, kind of, arm of Congress. And they, sort of, review the department's oversight of foreign medical schools and made several recommendations in 2010 and this is – these were part of the recommendations. So, we're gonna be newly implementing this for the 2013 reporting, which is on April 30th of 2013 for the calendar year 2012.

And the two new reporting requirements are the on time completion rate for U. S. students and the median and mean debt levels. So, I'll go into a little bit more detail on what that means. The on time completion rate would be for all U. S. students who completed the program during the preceding year for which you're reporting the data. So, for April 30, 2013, which is our next reporting date, it will be for any student who completed the program for calendar year 2012.

[Alarm]

And – do we all need to get under the desk or – ? Okay.

[Laughter]

[Inaudible]

Mike: Just – I know. I thought it was a fire alarm. Okay.

David: A fire alarm is not flashing.

Mike: Yeah, okay. Yes?

Audience: Mike, in terms of completion data, is that the data that we *[Inaudible]*?

Mike: The – no. Well, the – it’s not captured in the ECAR. The on time completion data is – on time is defined as those students who completed all of their requirements for the degree and the preceding year – so, in this case, we’re gonna be talking about 2012 – who completed it in the timeframe that’s outlined in the website or catalog.

Audience: *[Inaudible]?*

Mike: Yeah, it’s not just the number of graduates. It’s the number of U. S. students who, basically, graduated on time, who completed their degree requirements on time.

David: Which is not –

Mike: So, I’m so happy I get to share this news with you.

[Laughter]

David: It’s not 150 percent. It’s 100 percent, right?

Mike: Yep, 100 percent, on time. It’s not the 150 percent, the SAP policy. So, that’s the first new reporting requirement and the other reporting requirement is actually broken up into four elements. It’s the median and means, so the average and the midpoint debt level for all students who completed their program in the previous year. So, again, for 2013 reporting, it’ll be for 2012. You’ll wanna report the average Title IV loan debt and the midpoint Title IV loan debt, so those students who took out FFEL or William D. Ford at any point to – while they were enrolled in your medical program at your institution, you’ll want to calculate the average and the midpoint Title IV loan debt and report that. But, wait, there’s more.

You’ll also need to report the median and mean for the private educational loan debt and if you’re wondering what that is, that is defined by the truth in lending regulations and it includes a lot of things. But, it’s, basically, any private loan that is given for – expressly for educational expenses. So, these might include private lenders, banks, credit unions, those types of loans. And, yet, there’s more.

You will need to report the median and mean loan debt for institutional loans, educational loans. And so, these would be any loans that are not a Title IV or private educational loan, that might be an arrangement that you made with the student that ends up

being an obligation for the student to repay to the institution after they complete the program.

And then, you'll need to report the median and mean loan debt for all of those sources combined.

And so, this is all laid out, again, in GEN 1220 and I imagine that when we send the reminder letter, which we've sent in recent years for the USMLE, reminding you about the USMLE reporting requirements, we'll have a new section outlining these again. And in the GEN 1220, we did create a draft, basically, a draft attachment showing you all the different elements. You know, I don't know if it'll appear exactly like that when we send the reminder letter or different, but it gives you an idea of what will need to be reported.

Audience: [Inaudible].

Mike: Oh, sorry. And I'll get you current and then –

Audience: Okay.

Mike: Yes?

Audience: [Inaudible].

Mike: Yeah, and those details, I'm sure, will be hashed out when we send out the reminder letter. But, you know, hopefully, the student is reporting that when – if they're applying for student aid because that figure is in there, costs, you know, what they actually qualify for. So, I'm sure there will be many nuances to be worked through. But, for right now, you know, it's good to have a heads up so you can start working on collecting that information and gathering whatever questions you might have so you can pose them 'cause I imagine this is something that, you know, if you start trying to work on and on April 1st, it might be difficult to get all that information in time for the April 30th deadline, so.

Any other questions about the new reporting requirements? Oh, you had a question back here?

Audience: The same.

Mike: Same question? Okay.

Audience: And will this requirement apply to those whose applications are pending or just those who have been approved by April 30th?

Mike: Just – if it's your – are you an initial – is it, like, an initial application, you mean? Yeah, it's only for those that are currently participating in the program. So, I'm not aware if you will have to, as part of your initial application, if you'll have to report similar information as part of that. But, it's definitely for those who are in the program. Alright?

So, then, moving on to the USMLE pass rate percent – question back here?

Audience: When you're asking for the Title IV debt, [*Inaudible*]?

Mike: Correct. Only for the medical program, right; not debt they took out at another school; not debt that they took out at another program at your school; just the medical – just debt they took out to complete the medical program. Okay? Alright.

David: Mike, what was the number on that letter so they can write that down?

Mike: That, again, would be GEN 1220. And you can find that on the IFAP website in the dear colleague section. Alright.

So, moving on to the USMLE pass rate percentage, I'm sure everyone knows by now that that rate was increased from 60 percent to 75 percent as a result of the Higher Education Opportunity Act in 2008. That's the Act that increased it from 60 to 75 percent and that was effective as of July 1, 2010. And how that rate is calculated and the reporting requirements are all laid out in the regulations at 655(f). But, basically, every school needs to show that they have an annual 75 percent pass rate for students and graduates who, as first time test takers, took any step of the U. S. SIMILE, meaning step one or step two CS or step two CK – we don't track step three at this time – of the medical exams administered by the ECFMG in the preceding calendar year. So, it is an eligibility requirement. There have been some longstanding exemptions in the regs that are still in place, so if you have a state approved clinical training program, as of January 1, 1992 and continue to operate in at least one state that approves the program, then you're exempt from the pass rate threshold as are Canadian schools. However, both of those exceptions, you still need to submit the individual student performance data, which as David

mentioned earlier is the student identifier, the dates the tests were taken and the test scores, including any failed scores.

And so, I'd like to take that opportunity to go off track a bit and just mention that some of the things that we've seen in recent years when school's have submitted their individual performance data. We've seen submissions all across the board. I know the letter is a six page letter. It's quite long. It has a lot of information in it, but there's also some attachments that usually come with the letter that provide templates or samples of how you might want to submit that data and I just would encourage everybody to be sure that you look closely at that and make sure that however you provide the data, whether it's exactly in a table that looks just like this or your own homegrown Excel spreadsheet or Word document, that it somehow contains all of this data. And the reasons for that are a couple. In the absence of ECFMG just sharing that data with us, you know, we rely on the schools to calculate their own rates. But, even though the pass rate threshold is just for first time test takers. The individual student performance data requires you to submit data on all students who took any of those steps in the preceding year. And so, when we're reviewing that data, if we don't have items like the attempt number or the graduation year, then it's hard for us to know who to exclude from the calculation if we have to double check that or if we have to make any revisions or calculate it ourselves. So, again, just be sure that you look at that closely and make sure that you do provide all of that data.

Yes?

Audience: I've just got a question [*Inaudible*].

Mike: Okay.

Audience: [*Inaudible*]? We don't get an attempt number. We just have the students' details appear so you can see if there's a _____.

Mike: Right.

Audience: So, obviously, if you just type [*Inaudible*] you've just gained access to the portal, you don't know if that name's ever been there in [*Inaudible*] really difficult for us to obtain.

Mike: Okay.

Audience: Do you have any suggestions? Would you keep insisting that it's there? You know, I can just assume that unless I've seen a name, every attempt is a best attempt.

Mike: Right.

Audience: And the other one, year of graduation. I don't know if this affects everyone else. Our record system changed in 1991, so what I saw in place is that [*Inaudible*] on the machines before 1991 [*Inaudible*] and is there anything I can do about that? And I must be the only one who had a record system that changed over.

Mike: Okay. Yeah, I'm not aware of that, I mean, the particular issue that happened with your school. So, I don't know that I realize that the ECFMG database didn't have the attempt number. Going forward, hopefully, it's easier. You know, we can ask the students, but, otherwise, as you're historically building these records, you know, it should be easier to go back and check, you know, cross-reference from previous years.

Audience: It's fine if they're a student. You've got control of them, but if you take these, at any point in your life, that, you know, if somebody's left a university, they probably have _____ schools 'cause once you're a graduate, you're a graduate, you know? We, especially, it's [*Inaudible*] to built that, but once you've gone, you've gone and [*Inaudible*]. But, you know, trying to find somebody 10 years later to ask them what attempt was this and stuff, it's just really a strain on resources for us.

Mike: Alright. And it is. And you've mentioned, it isn't dissimilar to what some schools, especially _____ school, face with cohort default rates 'cause somebody could graduate or leave or withdraw from your school and still impact your default rate 5, 10 years later, you know, if they've just been going from school to school to school to school. But, that, you know, original school and all the other schools subsequent to that would still be impacted by that student's default rate. So, you know, I've looked at a lot of the data and I have seen that, where students, you know, look like they may have graduated. I've seen students that graduated in the '80's and were taking the USMLE for the first time. And after, you know, the first question is question is what are they doing?

[*Laughter*]

What's going on or what happened? But, you know, at the end of the day, those instances were fairly rare. I think it was usually –

Audience: It would be okay. I mean, we do get information that the student considers themselves a student of the university or they're a graduate. We don't have to report on student _____.

Mike: Right.

Audience: That's fine because then, there, you can contact them. It's the fact that we have to report on graduates that makes it rather difficult.

Mike: Okay. So, I don't have any good answers for you today. I think what I can do is take this back to the office and maybe we can address those particular items and maybe even put it in the letter this year to explain, "If you have trouble finding the attempt number of the graduate number, you know, here are some options." But, that's all I could promise at this time.

Audience: And, personally, the graduate [*Inaudible*] graduate for the last three years.

Mike: Correct.

Audience: And just having to worry about those who graduated [*Crosstalk*]?

Mike: Uh-huh.

Audience: And what's the student identifier that you _____ to here?

Mike: So, in the – well, there's two. There's the ECFMG number, which we usually ask for on the attachment. I know nobody can see it, but I'm holding this up, the attachment that goes out with the letter. And then, we also ask for a student identifier. It can be the student's name. Some schools have concerns with PII, which we applaud. And so, we also allow schools to, basically, assign a number to a student and then, as long as you keep a key on your campus of what number's associated with that student's name, then that's okay too.

Audience: Right.

Mike: Okay? Alright.

So, how is the pass rate percentage calculated? Well, this is just a brief, very simple example and, you know, we're gonna use the 2011 calendar year reporting period. And, basically, you're just taking – and this is just for one of the steps – you would just be

taking the number of students and graduates, so those who are currently enrolled in your institution or graduates, which we'll define in a second, from the denominator who passed step one divided by all students and graduates who took step one for the first time during calendar year 2011. And that's just expressed as a percentage.

We've been throwing around some acronyms. You're probably all familiar with these by now, but just as reminder, the USMLE is the United States Medical Licensing Examination, which is administered by the ECFMG or the Educational Commission for Foreign Medical Graduates. And when we're talking about the USMLE for the Department's purposes, we're talking about step one, step two CK and that's a typo. It should say step two, CS, not step three.

David: I'll get that fixed and get it posted after the presentation.

Mike: Okay. Thank you, David. Alright.

So, going to a little bit more detail, we've already described that the numerator is any of those students are graduates from the denominator who achieved a passing score on that step test. And the denominator, again, is really any student who is currently enrolled at your institution, who takes that – any step or test for the first time in the preceding year or any person who was a graduate. And graduate, as just pointed out, is defined in the regulations as a student who graduated from the medical school during the year that they took the exam or the preceding the year, the reporting year or in the preceding two years. So, it's a period of three years.

And just looking at a couple of examples 'cause there are some nuances when you actually start to break down the calculation. Again, the way the reg reads is that it needs to be a disaggregated pass rate, so it's for each step and test. And this is an example where a school has a decent number of test takers for each step and on each step test, you can see that the rate is over 75 percent. So, 80, 75 and 85 percent. So, that's a passing score on each step test. And so, this case, this institution would meet the pass rate threshold for that year and would be good for one more year.

And, again, if any one of those step tests fall below the 75 percent threshold, in this case, you can see that the school's step two CK pass rate was 67 percent. That would result in a fail for that year and that medical school or medical program would then fail to meet one of the eligibility requirements for that year.

So, what about if you have a small number of USMLE test takers? The examples that we looked were a decent sample size – 10, 20, 30. We see, sometimes, upwards of 50 or 70 test takers. But, you can imagine, if you have a small number of test takers, it doesn't take much to get you below that 75 percent threshold. Maybe one or two students can fail and ruin the party for everybody. So, there was a provision put in the regulations to account for that. If you have any – if you have less than eight test takers on any one of the step or test, then what we do is we combine all three step tests and give you an aggregate score for that year. If combining all step tests results in – still results in less than eight test takers, then you're actually given a no score for that year. You continue to meet the eligibility requirement and we roll that over to the next reporting year and we take the data from that reporting year and add it to the denominator. If it's more than eight, then you get an aggregate score. If it's still less than eight, then you get another no score and roll it over to the subsequent year until we have at least eight step test takers.

So, just to show you an example, in this case, we see that step one had less than eight; step two – both step twos had significantly more than eight students. And so, we would actually combine that denominator together to 37, add up the numerator and get a combined rate of 72.9 percent, which is below the 75 percent rate threshold and would result in a fail for that year.

And this is an example of the – if a school had less than eight step test takers and combining the denominator still resulted in less than eight, you would get a no score in this case and we would roll it over to the next year. The reason I put these asterisks here, and this goes back to the ECFMG special report and one of the reasons why it's so important to submit the individual student performance data, if you have more than eight – or, sorry, if you have more than five step test takers, the ECFMG report should be pretty accurate 'cause, again, the logic follows our regulations. And it should provide us with an accurate view of your USMLE pass rate.

However, if there's less than five students, because of privacy concerns, the ECFMG will not report the numerator for those step tests. They'll just show us an asterisk and so, we can't do anything with that asterisk. And if all we had was the ECFMG report, we would have to treat those asterisks as a fail. You know, even if, you know, in this case, if all three students passed on step one, both students passed on step two, both students passed on step two CS, because we don't know that, we would be required to count

'em as fails. And so, that's why the ECFMG report can be useful, but not in all instances and why we absolutely need to have that individual student performance data. And it used to be eight. They used to give us an asterisk at eight and they agreed to change that to five, but they have their own procedures and privacy concerns.

So, in addition to the USMLE pass rate threshold and the individual student performance data requirements, I also want to remind you that you're required to submit your citizenship data. That's also explained in a reminder letter that we send out every year a few months before the deadline to report the data. And we want to make sure that you are reporting the citizenship data for your currently enrolled students and your students that graduated in the preceding year. And just to remind you that at least 60 percent of those students need to be non-U. S. citizens. They do not – they must not meet the U. S. citizenship or residency requirements for federal student aid. And you do get an exemption if you've had a state approved clinical program as of January 1, 2008 and continued to operate a program in at least one state. So, somewhat similar to the pass rate threshold, except it's January 1, 2008 rather than 1992.

Alright. So, the regulations that were published on November 1, 2010 and generally effective in July, 2011, also made some changes to the application procedures for medical schools. And what we're finding is, is that it's lengthening the review time for schools that are undergoing – medical schools that are undergoing recertification 'cause there's some more and different data that needs to be reported to us on the E-app or outside of the E-app is not – doesn't – you currently can't report all the information the information the regs now you require you to report in the E-app, so we have to ask for things via email or on a Word document or in question 69. But, I just wanted to point a few of these out to you.

Previously, we used to just ask you for U. S. clinical sites and there's currently a place in the E-app to do that. But, as David mentioned during his part of the presentation, we now require that you list locations for all of your school's sites, again, except for those sites that are not regularly used, but chosen by students, taking no more than two electives at the site for no more than a total of eight weeks. And, previously, we used to not ask you for clinical affiliation agreements for non-U. S. medical sites. Well, we're now asking for clinical affiliation agreements in English for all clinical sites, even if they're in your home country. Previously, we used to not do that. And so, that can be a quite lengthy process,

especially if any of those affiliation agreements have to be translated.

And, again, the way that we're asking for some of this information is, sometimes, we're asking for it in 69; sometimes, we just ask it to be submitted as part of the supporting documentation that you send in with the recertification application.

We also need proof of a current medical accreditation documents from a NCFMEA comparable accreditor, so please be sure that you include that with your recertification application or an initial application.

And if you have any clinical sites located in a foreign country, other than the country in which your main campus is located or in the U. S., we also want to see the most recent on site evaluation by your medical accreditor. Also, for initials and recertifications or reapplications, you need to report whether you have only post-baccalaureate equivalent programs or other types of programs leading to a degree as a doctor or both. And, again, I don't believe that's part of the E-app, so that's something that we'll ask for outside of the E-app. And then, just remember, if you have a post-baccalaureate or an equivalent medical program, as David mentioned, you need to be sure that you're collecting those MCAT scores and then reporting those to your accreditor every year on April 30th. We're not currently asking for those ourselves and there isn't an MCAT score threshold for admission that goes in the regs, but it should be part of your admission criteria that you're collecting those, requiring that they have taken the MCAT and collecting those scores.

Alright. Just a reminder that if you have – if you add any locations or clinical sites that are part of your core or required clinical locations, that those are not going to be Title IV eligible until you report those to us and have them approved, unless they're accredited by the LCME or the AOA.

And then, you're also required to notify us within 10 days of adding a location, offering clinical locations that are not required, again, except LCMA or AOA accredited clinical programs or programs not used regularly and for less than eight weeks, okay?

That is all I had for the – that completes the medical school. David was gonna pick it back up and go to the veterinarian and nursing regulations.

David:

And thank you, Mike. Here you go, sir. Alright. And as Mike mentioned, I'm gonna, kind of, close us out with veterinarian and nursing schools and cover those last few pieces we have here. So, as you can see from this slide, 605.5(6)(a), speaks specifically to the criteria that are required. If you're gonna offer a program of veterinary medicine and classroom instruction, it needs to be closely supervised by members of the school's faculty; provided in facilities that are adequately staffed and have the appropriate resources; and also, approved by all of the veterinarian licensing boards that may apply or may be deemed relevant by the United States by the Department of Education.

Now, this last item is effective July 1 of 2015 and that's where our foreign veterinary school must be accredited or provisionally accredited by an organization acceptable to the United States Department of Education. At this point, we would suspect it would be the American Veterinary and Medical Association or a similar accreditor. And that's – we're still working those kind of things out, so I would say keep your eyes peeled to IFAP, the foreign schools page, to look for those kind of items.

Next, is the continue with eligibility criteria. Is it – whoops – here we go. You've graduated at least two classes during the previous 2 12 month periods and that your school employs faculty members whose credentials are equivalent of faculty members teaching at U. S. veterinary medical schools. Alright?

Now, looking at this particular slide, it speaks out to how this continues to explain that there can be no portion of the non-clinical training offered outside of the country where your main campus is at and students at the for profit schools – for profit veterinary medical schools – must complete clinical training in the United States. And then, the students that are at – in public or private, non-profit school, needs to complete their training in your country or where your school's main campus is located in the United States; or if it's outside of the United States or your home country, then the site needs to be accredited by the AVMA or the incidence – and, yeah – excuse me, the individual student can take no more than two electives at that location with a total of eight weeks.

Now, nursing schools. Let's talk about those and, kind of, close those out. I mentioned to my sister-in-law, who is a registered nurse, that I was going to be presenting on this and she's like, "Really? Well, how's it different from our program?" I said, "Well, I don't know that much about your program, so I've just learned it for this particular thing." So, she wants to sit down and

chat sometime and talk about the differences. I said, “Well, I suspect the medical training is very similar; it’s the financial aid part that I’m talking about that’s different.”

So, we did have some new regulations that came up regarding nursing schools and July 1, 2012 is when those went into effect and those – that dates all the way back from the higher education amendments – program amendments from August 13th of 2008. So, those have been in the works for awhile and whatnot. And then, for all other foreign nursing schools, people that were already participating from August 13, 2008 and July 1st is when it went into effect of 2011 for all the other foreign nursing schools. So, let’s talk about what some of those items are.

One of the things that it speaks to specifically is that your institution must offer an equivalent to a U. S. accredited degree at the associate’s level, the collegiate level or a diploma school of nursing level. If you’re – and you need to have an agreement with a U. S. hospital or a U. S. accredited nursing school to require completion of that clinical training in the United States. So, there has to be an affiliation agreement type thing. Now, this is different from the affiliation agreement for the medical school students. It’d have to be specific to the nursing school students and the students that are graduating and receive both a degree from the U. S. nursing school and your home institution. So, that puts quite a limit on things.

And then, and this is the last item is the one that I think is probably the most different that when I visit with my sister-in-law, I’ll explain this, is that if a U. S. nursing student defaults on their student loans, your institution reimburses the United States Department of Education for that and, if it includes any collection costs.

Now, we talked about the USMLE a lot and ECFMG and I have to say, you know, and when I talked about Mike about this and I asked him to, kind of, fill me in on some of these things and whatnot, I learned a whole new set of acronyms getting ready for this presentation ‘cause there were different bodies and all. Here’s one more – the National Council of Licensure Examination for RNs. You have to have a pass rate of at least 75 percent on that exam for your U. S. students or – excuse me – for either your exam results for U. S. students and graduates or that report showing the percentage of students who passed the NCLEXRN in the preceding year, okay? And NCSB, as you can see, there is the National Council of State Boards.

Are there any for profit nursing schools – med vet nursing schools here? No. So, I will cover this slide very quickly for benefit of the recording for people who may not have been able to join us for this. And a for profit foreign medical veterinary or nursing school, which you can see on the slide, is 600.54(f). No portion of that eligible medical or veterinary program offered, maybe, what would be considered an undergrad level. So, graduate level only for those particular institutions that have – that are for profit.

And then, the last item on this slide is Title IV program eligibility. It doesn't extend to any joint degree program for those foreign for profit institutions. So, it doesn't apply – doesn't include that piece in how that would be set up, okay?

And, like I said, that closes out this particular presentation.

Yes, sir? Harrison?

Audience: How many foreign nursing schools are currently eligible to participate?

David: I'm gonna have to defer to Mike on that one because I'm not familiar with the numbers that are included.

Mike: I believe – don't quote on – the question was, how many foreign nursing schools are currently eligible? And that's a good question. I think there's just one. We – last, or this most recent year, basically, the general rule of thumb is, unless you've heard from us in the past year to tell you that you're – you applied for and we were – told you that your nursing program is eligible just in this past year, then, you know, you should assume that it's ineligible. We recently sent out PPA addendums to all schools. We first set out a letter asking if – we're writing of the new regs – asking 'em to tell us if you want your nursing program eligible and to apply for it. And for those who didn't, which was everybody, then we set out a PPA addendum excluding the nursing program from eligibility. And I haven't been so heavily involved in that, so I don't know all of the tracking details, but I think we've, pretty much, wrapped that up.

Audience: Is that for profit, sir? [*Inaudible*].

Mike: I believe it's for profit.

David:

Okay. Well, thank you, Mike, and I thank you all for your time and attention during this session. If you have any additional questions, Mike and I are available until the end of the session, which I think we have just a tad bit of time here. But, if you have any other questions and you don't want to stick around here 'cause you can't wait to get out and get your nice beverage that they'll be providing like they did yesterday, the infused water or the regular water, you know, feel free to go ahead and do that, if you'd like. Mike and I are available. And, also, the ask a fed room, Mike and one of the other foreign schools team members, either Joe Smith or **Marcia Fadu**, have been available to answer any of your ask a fed type questions. Any questions that, maybe, pertain specifically to your institution are available there. And then, as in _____ Hill 21 and 22, if you have – how many people have visited that room? Okay. So, people have found it. Wonderful. Yesterday morning when I was working the ask a fed desk, we were concerned no one could find us.

Audience:

It wasn't easy.

David:

It wasn't easy. No, it's not easy. I actually asked 'em why we couldn't have a table or bench outside as nice as it was yesterday 'cause I think that would – we could have got a lot better crowd if we'd have done that. But, if you're going out here and go down these escalators, just across from – almost across from this room and down a little bit and go past registration, there's a set of escalators that go up. And if you go up those escalators, you don't have an option, but you have to turn left and go somewhere. You have to go all the way down that hall and, kind of, hang a little left and we're on the right hand side. But, thinking that hallway's, kind of, like a big circle is where the meeting rooms are at. They're actually not meeting rooms, they're just resource rooms. So, please come down and visit the resource rooms. COD's there. NSLDS is there. All the other components of IFAP is there. So, come on down and check that out if you have a moment. Thank you very much. *[Applause]*

Oh –