

Expansion of Medical Schools and the Competition for Clinical Sites

Speaker

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The politics at the end of the last century was that the U.S. had too many physicians. The politics at the beginning of this century is that there are too few. Medical schools are beginning to see a surge in the number of medical students, and this is starting to put new demands on teaching capacity, particularly for clerkships in the traditional teaching hospitals.

The AAMC projects an increase of about 20,000 medical students just among existing allopathic schools in the U.S. That number already is pretty close to AAMC's call for 21,000 more allopathic medical student positions, and it doesn't even include positions at new U.S. allopathic schools that are in the planning stage. (It is difficult to predict numbers of students in many of these projects.) Osteopathic medical schools also have been expanding rapidly. And, if that weren't enough, there is a very substantial increase in the number of medical students at offshore schools. The number of U.S. citizens entering international medical schools, mostly in the Caribbean, dropped in the late 1980s, but it has been rising and it now stands at more than 2,500 students a year. Some offshore schools are taking in as many as 300 to 350 students a year and running multiple classes. Rather than run a single academic year; they matriculate students in July, October, and the spring.

In a survey in the May issue of *Academic Medicine*, internal medicine program directors indicated that the rise in medical school class size will dramatically increase resources needed during clerkships. This is already being felt in the New York City area, which has about eight medical schools that are expanding, one osteopathic school about to open, and one allopathic school in the planning stages. In addition, the area has been a traditional site for clerkships for Caribbean schools.

The Caribbean schools are now in the process of greatly expanding the number of third-year clerkships in the New York area. Last year, New York Health and Hospitals Corp. (HHC), which runs 11 acute care hospitals, signed an exclusive \$10 million contract for clerkships with one of the Caribbean schools, St George's University School of Medicine in Grenada. St. George's is paying HHC about \$400 a week per student for exclusive use of its hospitals for clerkships.

Medical schools based in the New York City area are also growing, and they are having difficulty finding new clerkship slots. For instance, Touro Osteopathic Medical School recently opened a campus in Harlem but was unable even to start negotiations with one of the Health and Hospitals Corp. facilities for clinical placement. SUNY Stony Brook is intending to expand its class size, but has been unable to find clerkship spaces in hospitals either on Long Island or in Manhattan. SUNY Downstate was recently pushed out of a hospital that it had used for many years when the hospital chose to accept offshore students.

Clerkships have become a commodity. Just to meet St. George's payment to Health and Hospitals Corp., it would cost a U.S. medical school about \$20,000 per student, per year. This raises an interesting question: Should hospitals be allowed to "sell" their clerkship slots when they are being subsidized by the government?

This is a quality issue. Students who are coming into clerkships from the offshore schools are potentially less academically able. Students going to U.S. schools had an average MCAT score of 27.4 compared with 19.9 for students going into offshore schools and a science GPA of 3.37 compared with 2.93 for offshore matriculates. In fact, almost half of the offshore matriculates don't even bother to apply to U.S. medical schools. A number of offshore schools seeking U.S. clerkship sites are not meeting some LCME standards, such as central oversight of clinical experiences,

comparable educational experiences, equivalent methods—and the list goes on. One of the major issues is the commingling of U.S. and offshore students. The LCME expects the clerkships to have the school's core curriculum and its faculty, but if students are brought from elsewhere, especially if they have different academic backgrounds, there is a chance of compromised quality.

New York is locked in a rather incredible political battle right now. When New York State officials were contacted about the problem of clerkships going to offshore schools, they said that these students will practice in underserved areas. Looking at the data, however—exit interviews with every resident by the New York Center for Workforce Studies—show that 0 to 4 percent of offshore graduates who trained in the state wanted to work in underserved areas in the state, compared with 17 to 20 percent of U.S. graduates.