

## 52 N.J.R. 1336(a)

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### RULE ADOPTIONS

#### Reporter

52 N.J.R. 1336(a)

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#### Agency

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LAW AND PUBLIC SAFETY > DIVISION OF CONSUMER AFFAIRS > STATE BOARD OF MEDICAL EXAMINERS

#### Administrative Code Citation

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Adopted Amendments: N.J.A.C. 13:35-1.5, 3.11, and 3.11A

#### Text

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**Registration and Permit Requirements for Graduate Medical Education Programs in Medicine or Podiatry**

Proposed: November 4, 2019, at 51 N.J.R. 1597(a).

Adopted: February 12, 2020, by the State Board of Medical Examiners, Scott E. Metzger, M.D., President.

Filed: June 11, 2020, as R.2020 d.068, **with non-substantial changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 45:9-1 et seq.

Effective Date: July 6, 2020.

Expiration Date: April 3, 2025.

**Summary** of Public Comments and Agency Responses:

The official comment period ended January 3, 2020. The State Board of Medical Examiners (Board) received comments from Lawrence Downs, Esq., Chief Executive Officer, Medical Society of New Jersey.

1. COMMENT: The commenter expresses support for expanding training opportunities in New Jersey to more students, but indicates some concerns with the notice of proposal. Specifically, the commenter contends that the Jobs Impact statement in the notice of proposal was inaccurate. The Jobs Impact statement in the notice of proposal reads as follows:

The proposed amendments will potentially increase the number of jobs in New Jersey by lifting barriers that precluded some graduates of international medical schools from participating in residency programs in New Jersey, increasing the likelihood of their remaining in New Jersey to establish medical practices, thus, providing greater opportunities for other individuals who will work in those practices.

The commenter questions several of the Board's findings. First, the commenter contends that there are more applicants for residency programs than there are available positions in New Jersey, and that increasing the number of eligible individuals for such programs will, therefore, exacerbate the shortage. Second, the commenter is unaware of any data that indicates that foreign medical graduates are more likely to stay in New Jersey than domestic graduates. Third, the commenter questions whether even those foreign medical graduates who stay in New Jersey will open their own practices, stating that today medical students "are much more likely to become employed (for a variety of reasons including sizeable student loan debt) than to become practice owners and job creators." For that reason, the commenter contends that the Board has "overstated" the likelihood that the amended rules will provide greater opportunities for other individuals who will work in practices opened by graduates of foreign medical graduates.

RESPONSE: The Board does not dispute that there are more applicants for residency programs than there are available positions in New Jersey; however, it is also true that filling residency positions is dependent on the qualifications of those applying for positions. The Board has information that there are residency positions that go unfilled because there are not enough qualified applicants. Expanding opportunities for foreign medical graduates has the potential to increase the number of residency positions in New Jersey that are actually filled every year.

Although the Board does not have data indicating that foreign medical graduates are more likely to stay in New Jersey than domestic

graduates, there is, nevertheless, reason to believe that the proposed rule will result in more physicians remaining in New Jersey after their residency training programs. As the Board stated in the Social Impact statement in the notice of proposal, the amendments will permit graduates of international medical schools, many of whom may be residents of this State, to compete for residency training programs in New Jersey. It is likely that State residents would remain in the State after the end of their residencies. Also, those who complete residency training are more likely to settle in the state where the training occurred.

The Board does not agree with the commenter that those who complete residency programs are more likely to become employed and, therefore, not to be job creators. Even if physicians who recently finish residencies do not immediately open their own practices, their work as physicians will create the need for support staff, which would lead to the creation of jobs, and they may subsequently open their own practices.

2. COMMENT: The commenter proposes that the Board may wish to consider proposing some additional screening for registration applicants whose school is listed in either the World Directory of Medical Schools (WDMS) published by the World Health Organization, or in the International Medical Education Directory (IMED) published by the Educational Commission for Foreign Medical Graduates (ECFMG), but neither are accredited by the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), or an entity recognized by the World Federation of Medical Education (WFME) as having accreditation standards comparable to the LCME or the AOA, nor authorized to confer a medical degree in a country that has an accrediting process recognized by the National Committee on Foreign Medical Education and Accreditation (NCFMEA) to be a reliable process for the evaluation of medical education leading to an M.D. or D.O. degree and having accreditation standards comparable to the LCME or the AOA. The commenter notes that listing the WDMS or IMED does not establish that such a school has met accreditation standards and proposes that additional screening on graduates of such programs seeking residency training in New Jersey would enhance consumer safety. The commenter points out that, by 2023, ECFMG will require international schools to meet accreditation standards comparable to those of the Liaison Committee on [page=1337] Medical Education (LCME) and the Commission on Osteopathic College Accreditation.

RESPONSE: The commenter addresses an aspect of N.J.A.C. 13:35-1.5(c)1 that the Board's notice of proposal leaves unchanged, and suggests that the Board should propose new restrictions on certain foreign medical graduates from securing residencies in New Jersey. The eligibility

standards for graduates of schools that are listed in the WDMS or the IMED, but that have not satisfied certain other criteria for accreditation or authorization, have remained unchanged since 1999. Specifically, in order to be deemed eligible to participate in a residency training program, graduates of these schools are required to have completed all didactic training in the jurisdiction where their school is authorized to confer a medical degree, in addition to satisfying any other requirements. Although the relevant eligibility requirements have been in place for two decades, the commenter does not identify any instances of consumer harm caused by such graduates that additional screening requirements likely would have prevented. Accordingly, the Board declines to propose additional screening requirements for such graduates at this time.

**Summary** of Agency Initiated Changes:

The proposed amendments at N.J.A.C. 13:35-1.5(c)lii contained a grammatical error. The phrase: "an entity recognized by the World Federation of Medical Education (WFME), having accreditation standards ..." should have read "an entity recognized by the World Federation of Medical Education (WFME) as having accreditation standards ..." The Board has changed N.J.A.C. 13:35-1.5(c)lii upon adoption to correct this error.

**Federal Standards Statement**

A Federal standards analysis is not required because the adopted amendments are governed by N.J.S.A. 45:9-1 et seq., and no Federal laws or standards are applicable to the adopted amendments.

**Full text** of the adoption follows (addition to the proposal indicated in boldface with asterisks **\*thus\***; deletion from the proposal indicated in brackets with asterisks \*[thus]\*):

SUBCHAPTER 1. MEDICAL SCHOOLS, COLLEGES, EXTERNSHIPS, AND CLERKSHIPS

13:35-1.5 Registration and permit requirements for graduate medical education programs in medicine or podiatry

(a)-(b) (No change.)

(c) A registration applicant shall certify that he or she:

1. Has attained the preliminary educational prerequisites for licensure, including:

i. (No change.)

ii. With respect to medical residents, graduation from a medical school that, during each year of attendance, was accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA); was accredited by an entity recognized by the World Federation of Medical Education (WFME)\*[,]\* \* **as**\* having accreditation standards comparable to the LCME or the AOA; or was authorized to confer a medical degree in a country that has an accrediting process recognized by the National Committee on Foreign Medical Education and Accreditation (NCFMEA) to be a reliable process for the evaluation of medical education leading to an M.D. or D.O. degree and having accreditation standards comparable to the LCME or the AOA. A registration applicant who cannot demonstrate graduation from a medical school meeting such standards, but whose school is listed in either the World Directory of Medical Schools published by the World Health Organization or the International Medical Education Directory (IMED) published by the Educational Commission for Foreign Medical Graduates (ECFMG), shall be deemed eligible to participate in a residency training program only if all of the graduate's didactic training was completed in the jurisdiction where the school is authorized to confer a medical degree. If the applicant has attended more than one medical school, he or she shall certify that each school attended was accredited through a process identified above or listed in either the World Directory of Medical Schools published by the World Health Organization or the International Medical Education Directory (IMED), published by the Educational Commission for Foreign Medical Graduates (ECFMG) during the same time he or she was matriculated.

iii.-v. (No change.)

2.-5. (No change.)

(d)-(z) (No change.)

### SUBCHAPTER 3. LICENSING EXAMINATIONS AND ENDORSEMENTS, LIMITED EXEMPTIONS FROM LICENSURE REQUIREMENTS; POST-GRADUATE TRAINING

13:35-3.11 Standards for licensure of physicians graduated from medical schools not approved by Board-recognized accrediting processes

(a) To be eligible for a New Jersey license by examination, an applicant who has graduated from an international medical school that is not accredited by an entity recognized by the World Federation of Medical Education (WFME), having accreditation standards comparable to the LCME or the AOA; or authorized to confer a medical degree in a country that has an accrediting process recognized by the National Committee on Foreign Medical Education and Accreditation (NCFMEA) to be a reliable process for the evaluation of medical education leading to

an M.D. or D.O. degree and having accreditation standards comparable to the LCME or the AOA, shall demonstrate:

1. That the medical school was listed in either the World Directory of Medical Schools, published by the World Health Organization or the International Medical Education Directory (IMED), published by the Educational Commission for Foreign Medical Graduates (ECFMG), during the entire period that the applicant was in attendance;

2. Successful completion of the full medical school curriculum, including:

i. Didactic or basic science training obtained in the country in which the medical school is located and authorized to confer a degree required to practice medicine in that country; and

ii. Clinical training obtained in the country in which the medical school is located or, if in the United States, at a hospital with residency programs approved by the Accreditation Council on Graduate Medical Education (ACGME) or the AOA in that specialty field of the clinical training;

3. Certification issued by the Educational Commission for Foreign Medical Graduates (ECFMG) following the attainment of a passing score on an acceptable examination and a verification of his or her credentials; and

4. Attainment of a passing score on an examination approved by the Board.

(b) To be eligible for a New Jersey license by endorsement, in addition to satisfying the requirements in (a) above, an applicant shall demonstrate licensure in another state that is active and in good standing for a minimum of two years.

(c) An applicant, who has graduated from a medical school on or after July 1, 1916 and before July 1, 1985, and has received a medical degree from a medical school that was not eligible for, and not accredited by, the LCME or the AOA during the applicant's attendance, shall demonstrate to the Board, through submission of documentation, that after receiving a medical degree the applicant has successfully completed at least one year of post-graduate training in a program accredited by the ACGME, the AOA, or any other equivalent group or agency that the Board, upon review, has determined has comparable standards.

(d) An applicant, who has graduated from a medical school on or after July 1, 1985 and before July 1, 2003, and has received a medical degree from a medical school that was not eligible for, and not accredited by,

the LCME or the AOA during the applicant's attendance, shall demonstrate to the Board, through the submission of documentation, that, after receiving a medical degree, the applicant has successfully completed a three-year post-graduate training program accredited by the ACGME, the AOA, or any other equivalent group or agency that the Board, upon review, has determined has comparable standards.

(e) An applicant, who has graduated from a medical school on or after July 1, 2003, and has received a medical degree from a medical school that was not accredited by the LCME or the AOA or an accrediting body recognized by the WFME having accreditation standards comparable to [page=1338] the LCME or the AOA or authorized to confer a medical degree in a country that has an accrediting process recognized by the NCFMEA as a reliable authority for the accreditation of medical education leading to an M.D. or D.O. degree and having accreditation standards comparable to the LCME or the AOA, during the period of attendance, shall demonstrate to the Board, through the submission of documentation, that after receiving a medical degree, the applicant has completed, and received academic credit for, at least two years for post-graduate training in a program accredited by the ACGME, the AOA, or any other equivalent group or agency which the Board, upon review, has determined has comparable standards, and has a signed contract for a third year of post-graduate training in a program accredited by the ACGME, the AOA, or any other equivalent group or agency that the Board, upon review has determined has comparable standards. At least two of the three years of post-graduate training shall be:

1.-2. (No change.)

13:35-3.11A Standards for licensure of physicians graduated from medical schools approved by recognized accrediting agencies

(a) (No change.)

(b) An applicant, who has graduated from a medical school on or after July 1, 2003, and has received a medical degree from a medical school approved by the LCME or AOA or with respect to medical residents, graduation from a medical school that, during each year of attendance, was either accredited by the LCME, the AOA, or an accrediting body recognized by the WFME having accreditation standards comparable to the LCME or the AOA, or authorized to confer a medical degree in a country that has an accrediting process recognized by the NCFMEA as a reliable authority for the accreditation of medical education leading to an M.D. or D.O. degree and having accreditation standards comparable to the LCME or the AOA shall demonstrate to the Board, through the submission of documentation, that after receiving a medical degree, the applicant has completed and received academic credit for at least two years for

post-graduate training in a program accredited by the ACGME, the AOA, or any other equivalent group or agency, that the Board, upon review, has determined has comparable standards, and has a signed contract for a third year of post-graduate training in a program accredited by the ACGME, the AOA, or any other equivalent group or agency that the Board, upon review, has determined has comparable standards. At least two of the three years of post-graduate training shall be:

1.-2. (No change.)

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