



Livermore Laboratory

Saxon's formula emphasizes a "three tiered" mechanism. A regents' committee dealing with the labs is to be strengthened; a new "office of laboratory policy" is to be created in Saxon's office; and two new advisory committees are to be set up, one to evaluate research efforts at the lab, the other to oversee health and safety matters. Not surprisingly, the critics favored Brown's alternative proposal in which he advocated a much more direct and vigorous UC influence on policy for the labs.

The critics say they are encouraged by Brown's sustained interest in the issue and his expressed intention to seek votes on the board to support his views. The critics see the outlook improving for a shift away from the present majority for the status quo as the number of Brown appointees rises. Four Brown appointees recently joined the board and there are now nine Brown-appointed regents. Seven remain from Ronald Reagan's two terms as governor and two were appointed by the present governor's father, Edmund G. Brown. Jerry Brown will have two more appointments to make in March when the number of appointive regents is increased to 20. Other vacancies could open if some present regents are called to join the Reagan Administration. William French Smith, a leading prospect for Attorney General, is a regent, and

three or four other regents are cited as possible appointees.

Straight arithmetic may be misleading, however. Not all Brown appointees will necessarily vote as assumed. And, of course, Brown's second term as governor ends in 1982, the same year that the UC contract with the labs is up for renewal.

Should N.Y. Accredit Foreign Medical Schools?

How to handle American students who attend foreign medical schools and then seek admission to practice in the United States is a controversial question in American medicine that sometimes spills over into the larger political arena. Lately, the discussion has shifted to the issue of accreditation of foreign medical schools.

The New York State Board of Regents recently proposed that the state accredit certain foreign medical schools. The principal effect would be to enable U.S. students in such schools to return to take clinical training at hospitals with programs approved by the state.

A General Accounting Office report* to Congress, released on 21 November, recommends as one option that a system of national standards be established for foreign medical schools.

The problem of returning medical students is a significant one; an estimated 10,000 to 12,000 Americans are enrolled in medical schools abroad. Their interests are championed by an effective lobby formed mainly of parents and relatives of students.

The climate now is less favorable to the lobby's cause. Forecasts of a prospective surplus of physicians, such as that in a recent report by the federal Graduate Medical Education Advisory Committee (*Science*, 14 November), undercut an argument that was effective for advocates in the past, namely, that it was in the national interest for U.S. students from foreign medical schools to practice here. Questioning of educational quality has grown more frequent as increasing numbers of Americans enrolled in schools in Mexico and the Caribbean.

*"Policies on U.S. Citizens Studying Medicine Abroad Need Review and Reappraisal."

Some of these schools specialize in recruiting American students.

The major criticism of these "off-shore" schools is that they offer only limited clinical training. The New York regents' proposal would make it easier for American students to return to the United States for the required 2 years of clinical training after their first 2 years in foreign medical schools accredited by the state.

Accreditation would be carried out on the basis of questionnaires completed by the schools. Onsite evaluations, an essential part of the accreditation process for U.S. medical schools, would be done only at the request and at the expense of the foreign schools.

Regents staff say that the board's proposal was prompted by concern that present laws and regulations do not adequately cover students from foreign medical schools who come to the United States for undergraduate clinical training. The number of such students is increasing rapidly and the regents' proposal is aimed at ensuring that they receive training under proper supervision.

The regents' proposal is strongly opposed by state and national medical school organizations. Spokesmen for New York schools say that the accreditation methods proposed are inadequate and that a parallel system of medical education would be created that would be out of control. The assembly of the Association of American Medical Colleges in October passed a resolution calling the proposed system "an inducement to many students to seek a less than adequate professional educational experience."

A final decision on the plan by the regents will be made after the state's department of education has formulated regulations and hearings on them are held.

No direct action by Congress on accreditation seems likely since authority on the issue resides, de jure, with state licensing authorities and, to a large extent, de facto, with the medical profession.

The regents' proposal, however, seems to be acting as a catalyst for attention. And, while accreditation is the current focus, the fundamental issue, as the GAO report indicates, is the growing number of medical students using U.S. hospitals for clinical training.

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