

Letters, 10/17

A clarification on educational equivalency

CAP TODAY provides valuable information that is important to guide the practice for many pathologists. However, an article published in the August 2017 issue, "Laboratory director duties clarified in 2017 checklist" by Anne Ford, has raised serious concerns among many pathologists, particularly members of the Chinese American Pathologists Association (CAPA). Specifically, we disagree with the following statement by Denise Driscoll, CAP director of accreditation and regulatory affairs:

"Sometimes it's hard to tell" the U.S. equivalent of the degree of someone trained overseas, Driscoll says, "particularly with MDs. An MD in China, for example, does not have the same educational requirements as someone does to be a physician in the U.S. Therefore, CMS requires that a formal equivalency be documented, and they give a couple of organizations that are acceptable," namely, the National Association of Credential Evaluation Services and the Association of International Credential Evaluators.

"We mentioned this in the checklist before," she adds, "but people were still missing that this wasn't a general suggestion, but an actual requirement. This is a CMS requirement, and they're very strict on this, and so we're trying to make it more clear what to expect."

We believe that Driscoll's statement is incorrect, confusing, and in contradiction to CMS regulations (j.mp/cms-surveyandcert, last accessed Sept. 7, 2017), which clearly state under the heading "Foreign Trained Personnel" that "Foreign trained physicians (M.D., D.O., DDS) who are licensed to practice in the State in which the laboratory is located do not need to produce educational equivalencies. A valid State license is sufficient proof of academic achievement."

The current CAP director assessment checklist, released in August 2017, lacks clarity in this respect. It states on page 11, fourth paragraph, that *"For laboratories subject to U.S. regulations, credentials for all personnel trained outside of the U.S. must be reviewed to ensure that their training and qualifications are equivalent to CLIA requirements, with records of the review available onsite. The equivalency evaluations should be performed by a nationally recognized organization."*

We believe this checklist needs to be clarified in relation to the CMS regulations stipulated above. This clarification is critical for all foreign medical graduates holding a medical license and practicing in the U.S. A valid medical license signifies its holder's successful completion of medical education verification, the successful passing of all licensing exams, and the successful completion of postgraduate training with board certifications; these requirements are identical for both U.S. and international medical graduates.

Our second concern about Driscoll's statement is that her choice of China as an example of differences in medical education is inappropriate. Such a statement does make many MDs from China who have worked hard to fulfill all the requirements and are licensed and certified to practice medicine in the U.S. feel discriminated against, although it may not have been intentional.

We are practicing medicine at a challenging time. Our profession needs to be united rather than divided. The CAP, as a leading organization of pathologists, has done an outstanding job advocating for excellence in the practice of pathology and laboratory medicine worldwide. As the largest professional organization of Chinese American pathologists and pathologists who cherish Chinese culture with more than 700 registered members across North America, CAPA shares a common goal with CAP: the advancement of our profession to benefit patients, medicine, and science. Let us work together to resolve and clarify the issues we have raised here, to move forward to foster a united and stronger pathology community, and to ensure excellence in the practice of pathology and laboratory medicine.

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CAPA president 2017-2018

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Denise Driscoll, MS, MT(ASCP)SBB, senior director, accreditation and regulatory affairs, CAP Accreditation Programs, replies: I appreciate the concerns shared by the president and executive committee of CAPA. My comments as published in CAP TODAY and quoted in the letter are not incorrect but further clarification can be provided. The CMS does require documentation of foreign equivalency for training completed outside the United States. CMS-approved agencies must be used by the laboratory for that equivalency evaluation. Another route to documenting equivalency is to use a state medical license or state laboratory personnel license (e.g. medical technologist) when such is required by the state. This allowance is made because the state agencies perform the same equivalency evaluation that the federal law requires. Therefore, in such circumstances, the state license for physicians or medical technologists can be used as the documentation that an equivalency evaluation has been performed. Thus the statement in the CMS document, "A valid State license is sufficient proof of academic achievement." In a similar vein, the CMS accepts Department of Health and Human Services-approved boards for doctoral scientists (e.g. ABCC, ABHI, ABMM) as their applicants are also assessed for equivalency prior to acceptance.

I do sincerely apologize for calling out one country in the example in the article. My comment was made merely for illustrative purposes in bringing attention to the federal requirement as it applies to all countries outside of the United States.

The CAP Accreditation Program has updated its frequently asked questions on the CAP website to explain more clearly the documentation options that laboratories have to demonstrate compliance with the requirements—including documentation with a state medical license. The next edition of the CAP Accreditation Program checklist will contain additional clarification.

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