



**Association of
American Medical Colleges**
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org

January 11, 2019

Diane Auer Jones
Principal Deputy Under Secretary
Office of Postsecondary Education
U.S. Department of Education
LBJ Building, 400 Maryland Avenue, S.W.
Washington, DC 20202

Re: Consideration of Medical Education as Standard Term

Dear Ms. Auer Jones,

The Association of American Medical Colleges (AAMC) writes to address the common challenge of fitting a rigorous academic medicine curriculum into Department of Education academic year parameters, and the impact on medical students who receive federal financial aid.

The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 152 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences. The AAMC also jointly sponsors the Liaison Committee on Medical Education (LCME), the recognized accrediting body for programs leading to the M.D. degree in the United States.

Following the AAMC's 2018 Health Professions Financial Aid Administrators Conference, a task force of medical school financial aid officers convened to consider the Department's academic year definitions. As a result of those deliberations, **we urge the Department to clarify that medical education programs may be considered standard term for financial aid purposes, regardless of whether their academic calendar would otherwise be considered nonstandard or nonterm.** We would be happy to discuss our findings in a meeting at your convenience.

Attributes of Medical Education

Medical education programs are required to meet rigorous academic standards for accreditation that necessitate well beyond the 30 minimum weeks of instructional time for an academic year under 34 C.F.R. § 668.3. For example, accreditors require at least 130 weeks of instruction for

medical programs, which averages 32.5 weeks per year for a four-year program.¹ Programs are also required to develop and implement effective policies and procedures regarding the amount of time spent in clinical and educational activities during clerkships.²

Indeed, the Department has already recognized the unique challenges posed by clinical work in medical education by creating an exception to allow certain clinical work to be considered a standard term. As a result of the timing of clinical opportunities and the independent study necessary for required U.S. medical licensing examinations, many programs require second or third year students to be in school 11 or 12 months, in contrast to first and fourth year students whose academic year is frequently 9 or 10 months. This difference in academic year lengths would require most medical schools to process financial aid at the 50% point of credits and weeks (BBAY 3) under a nonstandard not substantially equal in length or nonterm calendar.

With academic years in excess of 40 weeks for many medical education programs, the unfortunate result is that students may begin classes or clinical work or be billed before they have achieved 50% of credits and weeks for their next disbursement—a situation that places undue stress on students.

Proposed Clarification to the Federal Student Aid (FSA) Handbook

We urge the Department to clarify the FSA Handbook to state that medical education programs are permitted to process financial aid on a standard term calendar even if their actual academic calendars could be considered nonstandard or nonterm. Treating the entire program as a standard term is consistent with the existing exception for clinical work, which creates terms of not substantially equal length.

As such, we propose inserting the following sentence into the FSA Handbook, Volume 3 Calculating Awards & Packaging, Chapter 1 Academic Calendar, Payment Periods and Disbursements, at the end of the “Standard terms: semesters, trimesters, and quarters” section (page 3-7 in 2018-2019):

In addition, allopathic and osteopathic medical programs may be considered standard term for financial aid purposes, regardless of whether their academic calendar would otherwise be considered nonstandard or nonterm.

In practice, for example, if a semester school wanted to consider August through December as Fall (4.5 months) and January through June as Spring (6 months) due to clinical work or independent study necessary for required U.S. medical licensing examinations, we would ask that these could be considered standard terms for federal financial aid purposes despite a difference of more than 2 weeks. If the next year at the same school consisted of July through

¹ LCME Functions and Structure of a Medical School, Standards for Accreditation of Medical Education Programs Leading to the MD Degree, Standard 6.8 (March 2018), <http://lcme.org/publications>; Commission on Osteopathic College Accreditation (COCA), Accreditation Standards and Procedures, Standard 6.1.1 (August 2016), <https://osteopathic.org/accreditation/standards>

² LCME, Standard 8.8; COCA, Standard 6.9.

December as Fall (6 months) and January through May as Spring (5 months), we would request confirmation that the school could still disburse as standard terms.

This clarification would allow medical students to access their Direct Unsubsidized and Direct PLUS Loans on an enrollment period basis, rather than waiting for the 50% point of credits and weeks. Existing eligibility criteria, including Satisfactory Academic Progress (SAP), would ensure eligibility for subsequent disbursements. Moreover, the cost of attendance provides an adequate check on overawards because the cost of attendance for each term would be based on the length of that particular term. Students who need to repeat coursework would also be able to access their loan eligibility.³

First and foremost, medical schools want to ensure student success throughout the entire curriculum, including clinical rotations and licensing examinations, but they often struggle to balance meeting accreditation requirements while disbursing federal financial aid to students under current FSA guidelines. We believe that the proposed clarification would achieve an appropriate balance and look forward to working with you on this matter.

If you have any questions or to schedule a follow up meeting, please contact Matthew Shick, mshick@aamc.org or 202-862-6116.

Sincerely,



Karen Fisher, JD
AAMC Chief Public Policy Officer

³ See 34 C.F.R. § 668.2(b); Program Integrity Issues Final Rules, Federal Register, 66869 (Oct. 29, 2010) (nonterm provisions do not allow students to be paid for repeat coursework)