MID-TERM
EXTERNAL EVALUATION
OF
TECHNOLOGY DEVELOPMENT AND TRANSFER IN HEALTH PROJECT
COMPONENT FOR CLINICAL TRAINING
(Interamerican College of Physicians and Surgeons)

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1. Purpose of Activity Evaluated

AID-LAC Regional Health Technology and Transfer activities have been designed to address: (1) the problems arising from the expenditure of the limited national funds available in the Region for predominantly high-cost urban, hospital-based curative services and (2) the need to make major shifts toward the investment of some of those funds in far less costly preventive services on a nation-wide scale. In part, deficiencies in medical education contribute significantly to these problems since the medical community responsible for implementing primary health care is often unfamiliar with those low cost prevention technologies.

The problems being addressed in this project have been identified in the LAC Regional Project Paper, Health Technology and Transfer (1985), as follows:

"Medical curricula in LAC countries do not, in many cases, include - either as core content or electives - principles of public health and community medicine, new cost-effective screening and diagnostic techniques, new information on the safety and efficacy of pharmaceuticals, new forms of health services organization, etc. Those LAC physicians who are trained in the U.S. often attempt to transfer costly technologies (i.e. CAT scanners) to their home countries which may not be relevant to country needs and/or sustainable with country resources. While U.S. based undergraduate, graduate and postgraduate medical training is still highly desirable, it is becoming increasingly difficult for non-U.S. citizens to have access to these programs, particularly at the postgraduate level. Language requirements have become more difficult. The credibility of non-U.S. undergraduate medical education had recently come into question, particularly for LAC students, due to the proliferation of "off-shore" medical schools in LAC countries. U.S. residencies and internships are diminishing in number and are most competitive due to the increasing number of students from the U.S. and elsewhere.

"Deficiencies in medical education have been addressed in part through short term, in country training funded under bilateral projects. Postgraduate medical education is also being supported under the LAC Training Initiatives Project. Training requests for medical education are numerous at Missions, and often - perhaps more often than in other sectors - politically motivated."

As an approach to the technical solution of some of these problems, the LAC Regional Bureau, following extensive negotiations, signed a cooperative agreement with the Interamerican College of Physicians and Surgeons (ICPS) in August 1985 authorizing ICPS to utilize $1.37 million for this project.
over a period of 4 years ending January 31, 1990. Its stated objectives are:

1.1 **General Objectives:**

To assist LAC Missions in meeting existing priority needs:

1.11 to improve LAC medical education;

1.12 to focus on skills-development in U.S. by means of short-term Spanish language medical training as an alternative to expensive, long-term academic participant training; and

1.13 to respond to Mission requests for short-term technical assistance.

1.2 **Specific Objectives:**

1.21 Establish a pilot preceptorship program for the placement of LAC primary care physicians with Spanish speaking U.S. physicians;

1.22 Provide short-term technical assistance in continuing medical education to LAC training institutions;

1.23 Assist LAC/Missions with the selection of participant trainees and the matching of participants with appropriate training institutions for short or long-term academic training programs in the U.S.

This evaluation at mid-project, was undertaken at the request of the Bureau for Latin America and the Caribbean along with similar evaluations of two parallel Technical Development and Transfer in Health projects financed by the Bureau: one in health management, being conducted with the Association of University Programs in Health Administration (AUPHA), and the other being conducted with the State University of New York at Stony Brook (SUNY) in health care financing. The SUNY project is being supported by a contract whereas the AUPHA and this project have been underwritten through cooperative agreements.

Central American Regional funds were to be utilized in support of project activity in five countries: Belize, Costa Rica, El Salvador, Guatemala and Honduras; LAC Regional funds were to be employed to cover costs for the balance of the project, ending December 31, 1987 a total of $950,000 has been obligated and $881,148 has been expended.
2. **Methodology of Evaluation**

The extensive documentation available in the office files of LAC/DR/HN was systematically reviewed. These documents included:

- **AID HEALTH STRATEGY,** prepared by the Sector Council for Health (May 1984);
- **APRETÓN DE MANOS CURATIVAS,** Building An Interamerican Community of Physicians, A Concept Paper Prepared for LAC Health and Nutrition Sector/AID by the American College of Physicians and Surgeons (September 1984);
- **LAC REGIONAL PROJECT PAPER: HEALTH TECHNOLOGY AND TRANSFER,** (March 1985);
- **The Cooperative Agreement between AID and ICPS:** No. LAC-0632-A-00-5094-00 (August 20, 1985 with two subsequent fiscal amendments);
- **MEMORANDUM OF UNDERSTANDING FOR COOPERATION BETWEEN THE PAN AMERICAN HEALTH ORGANIZATION AND THE INTERAMERICAN COLLEGE OF PHYSICIANS AND SURGEONS,** (November 1985);
- **A Letter of Support from J.H. Kelso, Acting Administrator, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services,** addressed to Rene Rodriguez, M.D., President, ICPS, (January 1986);
- **The Interamerican College of Physicians and Surgeons Project Implementation Plan** (Undated); and the ICPS Annual Work Plan, 1985-1986 (Undated). Available budget documents and the **Price-Waterhouse Review of Project Finances** (January 1986) were also reviewed. Each of the nine quarterly project reports submitted by ICPS (covering activities from November 1985 through December 31, 1987) were examined in detail as were the copies of relevant cable traffic in the files and of the occasional correspondence between staff and ICPS officers and project staff.

Multiple personal interviews were held at the ICPS Washington offices with Dr. Rene Rodriguez, President of ICPS and with Mr. Luis Patino, currently ICPS Project Director; phone conversations were conducted with two additional ICPS officers intimately associated with the project as members of the ICPS Project Advisory Council and as preceptors of the visitor physician trainees. Three additional principal preceptors of the trainees were also consulted by phone.

Personal interviews were held with Jose-Roberto Ferriera, M.D., Program Coordinator, Health Manpower, Pan American Health Organization (PAHO, the World Health Organization Regional Office for the Americas), and Ms. Marcelle Toney, Fellowship Officer, PAHO; and with Samuel P. Asper, M.D., President and Chief Operations Officer, Ms. Wendy W. Steele, Staff Associate and Ms. Sally Oesterling, Staff Assistant, Educational Commission for Foreign Medical Graduates (ECFMG). Ms. Magdalena Miranda, Chief of the Multidisciplinary Resources Development Branch, Division of Medicine, Bureau of Health Manpower, Health Resources and Services Administration of the Public Health Service, who has served as U.S. Dept. of Health and Human Services liaison with the project was consulted by phone as were Ms. Margaret Wilson and Ms. Mary Hitt of the U.S. Information Agency (USIA) who
process applications submitted by foreign national physicians
seeking exchange visitor (J-1) visas permitting either short or
long term training in the U.S.

Ms. Blanche Shanks and Mr. Mark Herrenbruch of the
Immigration and Naturalization Service (INS) provided data on the
recent flow of immigrant and non-immigrant physicians to the
United States and Dr. John Loft and Ms. Gene Roback of the
American Medical Association (AMA) supplied data on the number of
physicians in the United States who received their medical
degrees from Latin American medical schools.

During the course of this evaluation Ms. Julie Klement,
A.I.D. Project Officer for this project in LAC/HN, was
interviewed and phone conversations were held with Mission Health
Officers serving in Ecuador, Costa Rica, El Salvador, Honduras
and Mexico. These five countries were the countries of origin of
16 of the 22 physician trainees brought by the project to the
U.S. either in 1986 or 1987. Responses from the Missions to the
cable sent by Ms. Klement on February 2, 1988 requesting
evaluative comments on this and the two other Regional Health
Technology Development and Transfer projects were also reviewed.
None of the trainees were in this country at the time of this
evaluation, thereby preventing direct assessment of on-site
training content or procedures, nor were any trainees available
during this evaluation for post-training phone interview.

A listing of the individuals interviewed or consulted in the
course of this evaluation is provided in attachment 1.

3. Findings

3.1 Project Development and Accomplishments

Taking into account that ICPS had no experience with A.I.D.
prior to the initiation of the present cooperative agreement, it
has succeeded over the past eighteen or twenty months, after a
period of six or more months of serious management problems, in
establishing a functioning operational office in Washington, D.C.
(ICPS base operations are conducted in a New York City
headquarters office). An experienced bilingual staff (Mr. Luis
Patino, Project Director, Ms. Vicki Nelson, Administrative
Assistant, and a secretary) function in the Washington office
under the direction of Dr. Rene Rodriguez, President of ICPS.
Dr. Rodriguez has daily phone contact with the Washington office
and spends at least one day each week in Washington. The
original project director, Dr. Gil Gutierrez, who had acquired
extensive experience in international education and who made
substantial contributions to the conceptualization of the project
and to the formulation of the original project proposal, withdrew
from the project in mid-1986 and was replaced by Mr. Patino.
Early in the project Dr. Rodriguez assembled an Exchange Visitor Advisory Council made up of key members of the Interamerican College of Physicians and Surgeons who are on call and who have also provided the nucleus of the group of training preceptors. Lists of the members of the Advisory Council and of the principal preceptors utilized to date for the training of the visiting physicians - drawn from a substantially longer list of Spanish speaking physicians and other health professionals who have volunteered to serve in such a capacity - are included in attachments 2 and 3. Their professional identifications are also provided.

To date, 22 trainees have been brought by the project to the U.S., 10 in 1986 and 12 in 1987. Nine others are expected in 1988. A decision on the number of trainees to come in 1989 has not yet been reached although the original cooperative agreement proposed that 40 trainees be included in this activity during the four years covered by that agreement. All of the trainees who have completed their training experience in this country are listed by name in Attachment 4 along with their country of origin, age, medical specialty and position at time of selection, their training sites, the names of the main preceptors who supervised their activities in this country and the dates and duration of their training experience. Attachment 5 lists the medical specialty training requested by candidates and their LAC countries of origin.

Each of the 22 trainees had institutional or program responsibilities in health care programs in their countries of origin at the time of their selection, then took a leave of absence during the training interval and returned to the same or a more responsible post on completion of training. Only one of the trainees had reasonable fluency with the English language and that individual also had taken and passed the ECFMG examination, qualifications which were helpful but not requisite to the training experience provided.

Nominations for training have been made by the Health Officers of A.I.D. Missions following cable advice from LAC/DR/HN that ICPS short-term training positions were available. The actual origins of nominations have not been clearly identified but in one country an independent business man who knew of the ICPS program posted notices on the bulletin boards of multiple hospitals, resulting in applications being filed at the USAID Mission by individual staff physicians of those hospitals. In another country, a long article describing the ICPS program appeared on the front page of a major newspaper in that country as the program was getting under way. This publicity resulted in a deluge of inquiries at the Mission from physicians seeking scholarships for specialty training - preferably long-term graduate training in U.S. hospitals. Only one trainee from that country with qualifications and interests relevant to the
Mission's ongoing programs has been referred to ICPS, yet LAC physicians continue to inquire at the Mission about long-term scholarship training in the U.S. under ICPS sponsorship.

Selection preference was and continues to be assigned to the five lesser developed countries in Central America: Belize, Costa Rica, El Salvador, Guatemala and Honduras. At the beginning of the project the criteria given to the Missions for the selection of nominees were somewhat ambiguous in that they specified only that these physicians were to be engaged in primary care practices. However, primary care was loosely defined to include multiple specialties which might or might not be employed in a primary care setting such as pediatrics, obstetrics and gynecology, family practice, emergency medical services, ophthalmology, rehabilitation medicine, hospital administration and public health. Candidates were to be advised that neither English language capability nor ECFMG certification were required, that training would be limited to one to six months, and that "both clinical and non-clinical skills" were to be incorporated without direct responsibility for patient care.

More recently, as will be considered below, somewhat more explicit criteria for the nomination and selection of candidates have been formulated by ICPS, in consultation with LAC/DR/HN, and made available to Mission Health Overseas. These now state that candidates for training must have at least 3-4 years of medical practice experience following graduation from medical school and be employed in positions of leadership in health care programs being conducted under governmental or university sponsorship. The specialty designations have not been changed nor has adequate information been gathered in order to determine whether the nominee has been engaged in clearly identified primary care programs rather than tertiary care, in-patient hospital practice. Nominees are to be advised that the training to be provided will be limited to one to six months duration and as already noted that trainees will not be permitted to engage in hands-on direct patient care activities while in the U.S. As traineeship funds are limited to the defraying of travel expenses and per diems (according to U.S. Government set rates for per diem), preference will be given to employed physicians whose salaries will continue during their traineeships and who will return to their institutions of employment on the completion of training.

It has been left to the discretion of the Mission Health Officer whether or how best to utilize these training opportunities in achieving the primary and long-term health goals of the Mission. The final selection of trainees has been made by ICPS in consultation with the sponsoring A.I.D. Mission and LAC/DR/HN based on ICPS success in matching reported qualifications and interests of individual candidates with the interests and availability of volunteer preceptors.
Each group of selected trainees, 10 in 1986 and 12 in 1987, have been brought to Washington for a week of intensive orientation sessions that include lectures, seminars, and site visits. Conferences have also been arranged with ICPS staff and selected officers of the college as well as with a small group of the preceptors who would later supervise and monitor their training activities. As may be noted in Attachment 4, the overall period of training ranged from two to six months, averaging about four months.

There has been considerable variation in the amount of time spent in a given training site, ranging from a week or less to four or more months. This has also involved a substantial amount of candidate travel within in the U.S. The limited information available suggests that the trainees have been drawn, by and large, from lower-level to mid-level administrative posts either in governmental or university health care programs and that their preceptors have focussed the training experience more on health care program management procedures than on the "clinical" aspects of individual patient care.

At the conclusion of training each visitor has been asked to give a verbal and written assessment of his training experience and these have, in general, been favorable. The preceptors, who have been consulted by phone, have been favorably impressed by the qualifications and enthusiasm of the trainees who have been assigned to them and are highly supportive of the traineeship program. They are in favor of its continuation and possible expansion although, as will be considered below, each had specific suggestions for its modification and improvement.

With the exception of one trainee, all have returned to their countries of origin and have continued working in their original positions or have been advanced to posts with greater responsibility. The one exception is a physician who was engaged in the management of a family medicine training program at a university in his own country and who made so favorable an impression on those who supervised part of his training in the U.S., that he was invited to remain beyond the planned six months of training sponsored by ICPS. Although the extended training may lead to a Masters degree in Public Health which could ultimately prove useful upon return of the trainee, ICPS failed to appreciate that such long term training cannot be approved except by the sponsoring A.I.D. Mission. Without such approval, the trainee is at risk of being considered an illegal resident. ICPS was advised by LAC/DR/HN that it cannot approve extensions beyond the terms of the contract agreement without Mission approval, which should - if there is merit - be sought by ICPS.

In the cooperative agreement it was stated that project activities should be heavily concentrated to serve the needs of five Central American countries, with perhaps 60 percent of
effort directed toward those countries. Twelve of the 22
trainees have come from those five countries - none from Belize,
2 from Costa Rica, 6 from El Salvador, 2 from Guatemala and 2
Honduras. Of the 87.5 months of training provided during the
initial two years of the project, 56 trainee months (64 percent
of the total) were for candidates coming from those five
countries.

The third component of the program provided by the
cooperative agreement, identified as Phase II by ICPS, concerns
the provision of technical assistance by Spanish speaking U.S.
physicians participating in short-term continuing medical
education programs in LAC countries. Although recognized as
potentially the most cost effective means for the transfer of
U.S. health technology as well as the goodwill of the U.S.
medical community, on-site consultations, seminars or other
educational activities within LAC countries have not yet been
systematically planned or implemented.

In January 1987, a four member team was invited by the
government of El Salvador, through the AID Mission, to prepare a
comprehensive assessment of the needs of the Center for Locomotor
Devices of the Salvadoran Rehabilitation Institute. ICPS
facilitated these consultations and paid for the travel and the
per diem of two of the team members (with a nominal honorarium
paid to one); the Veterans Administration underwrote the costs of
the other two. The success of this one technical assistance
activity is indicated by the invitation to two of the team
members to return at a later date to help with the implementation
of their recommendations. In early February 1988, a two member
team with expertise in pediatrics and child nutrition provided
lectures, seminars and demonstrations during a one week period in
El Salvador.

Such recent technical assistance activity is of interest in
that it stimulates further demand: for example, one of the 1986
trainees who had a particularly stimulating experience in this
country, on his return to his home country, promoted among his
peers a demand for this type of continuing education mission.
ICPS, learning of this request through the AID Mission, welcomed
the opportunity to arrange for two of the preceptors with whom
that trainee had worked to respond to that request. One or more
similar "feed-back" type of technical assistance projects are in
the process of development.

3.2 Financial and Budgetary Status

As noted earlier, $1.37 million has been obligated through
the ICPS Cooperative Agreement to underwrite the costs of this
project for the 4 plus years ending in January 1990. As of
January 1, 1988, actual expenditures have amounted to
approximately $881,000, leaving a balance of $489,000 to cover
expenses over the two remaining years covered by the existing agreement, unless additional monies are provided from some $265,000 held in reserve for contingency and evaluation.

The nine quarterly reports thus far submitted to AID/DR/HN provide summarizations of expenditures made by ICPS during those intervals. The approved project budget of $1,370,000 as originally planned within the Project Paper is considered adequate to achieve project purposes. Under the concept of the Cooperative Agreement, it is expected that the contractor would have considerable flexibility - subject to approval of the AID Project Officer - in project implementation. Under these terms, ICPS has proposed a higher rate of expenditures during the first two years for categories of participant training and US preceptor participation. The project objectives in these categories could have been achieved at a lower level, as for example, by arranging for shorter participant training duration in the U.S., and by decreasing the degree of travel by participants and their preceptors.

While the intent of these training activities is well within the Cooperative Agreement, the magnitude of expenditures by mid-term ($881,148) denotes misunderstanding on the part of ICPS as to the availability of total project funding. As early as August 1986, the ICPS President, Dr. Rene Rodriguez asked LAC/DR/HN for clarification on project totals. The A.I.D. Project Officer replied clearly that the project budget was $1,370,000 although the "total budget" was $1,635,000. In the reply, it was noted further that $1,370,000 plus the $265,000 for contingency and evaluation "will be made available at a later date subject to the availability of funds". In spite of repeated verbal clarification on these points by LAC/DR/HN, ICPS has interpreted that the total budget would ultimately be made available for program purposes. Consequently, the mid-year expenditure level reflects an expectation of project expenditure at the $400,000 per year level.

A summary analysis of expenditures to date by individual budgetary categories and an ICPS proposed budget for the use of $100,000 during 1988 are appended in Attachment 7a. A separate analysis (Attachment 7b) indicates that of total expenditures to date, approximately 1% of the total ($7,892) has been spent for technical assistance activities. The balance, $873,000, was accounted for by costs of providing training. As there have been 22 trainees to date, the average cost per trainee has been approximately $40,000 and since the average period of training has covered four months, the average cost per trainee-month amounts to about $10,000. During the initial year when ten trainees were in this country and start-up costs covered some 14 months, the average trainee cost per month was higher ($12,343) than during 1986 when 12 trainees were provided for ($8,107).
ICPS staff has expressed concern that the remaining unexpended balance of funds ($489,000) will not permit the planned level of operations in 1988 and 1989 unless additional unobligated balances are made available. However, as of the date of this evaluation, no plan of activities (as opposed to budget) had been submitted to LAC/DR/HN. Nine trainees are planned for 1988 as are augmented technical assistance activities and staff visits to each of the AID Missions. ICPS has suggested that the number of trainees and/or the duration of training could be reduced as a means of freeing up some of the traineeship funds for technical assistance purposes.

4. **Evaluative Observations and Conclusions**

4.1 **Appropriateness of Project Designs**

Careful examination of project documents and supplementary information derived from interviews with multiple knowledgeable individuals permits a number of important inferences. It is evident that this project arose out of the genuine desire of established, successful and energetic Spanish speaking physicians within the U.S. to make their professional knowledge and skills available to their fellow physicians working under far less favorable conditions in LAC countries. With the growing number of physicians in the U.S. who have obtained their basic medical education in Latin American medical schools (reported by the American Medical Association to number 25,877 as of January 1, 1986), this selected group of physicians offers a unique resource that should be utilized in extending U.S. health care assistance to that region of the world. Many of these physicians have achieved eminent positions in universities, hospitals, health care programs and in governmental agencies. The use of such resources by AID through ICPS mechanisms is sound and has provided an opportunity to launch a promising pilot project.

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1. The Project Paper states in error that ICPS embraces a membership of 24,000 Spanish speaking physicians. Its dues paying members are estimated to number between 2,000 and 3,000. The circulation of Interamericano Medico published by ICPS is approximately 24,000. Complementary copies are mailed monthly to physicians listed as graduates of medical schools in Latin American countries in the Physician Masterfile, a current roster maintained by the American Medical Association. Also, contrary to a statement found in project documents ICPS is not affiliated either with the American College of Physicians or the American College of Surgeons. There is no American College of Physicians and Surgeons. No evidence was found that these erroneous statements originated with the ICPS.
In addition, the concept of providing short-term training in the United States for visiting physicians in their native language (Spanish) is an appealing one to those visitors, especially when that training does not involve ECFMG certification, a basic requisite for appointment to formal graduate training programs involving direct patient care activities as in hospital residencies. Moreover, this program offered the services of volunteer preceptors at essentially no additional direct financial cost to A.I.D.

As noted above, the original Project Paper design assigned the initial priority of ICPS to technical assistance to USAID Missions in the selection and placement of candidates. This presumed that Health Officers in the Missions would require substantial professional assistance to effectively carry out such a task. Second priority was assigned to the provision of technical assistance in the form of continuing medical educational activities in LAC countries to be provided by Spanish speaking U.S. physicians. "Finally," employing the wording in the Project Paper, "resources will be provided for a limited number of candidates to participate in a short term (1-6 month) preceptorship program".

Early in the course of this project, these clearly stated and important priorities were reversed. It has not been possible to determine, during the course of this evaluation, how or why the order of importance of the three components of this project were altered to place the least emphasis on the critical task of technical assistance in candidate selection for the Missions. Such efforts might have provided a better understanding on the part of ICPS of the types of training needed in the host countries, similar understanding at the Mission of the kinds of training ICPS might be able to arrange and a better procedure for the selection of candidates, including an agreement on sound criteria for training selection.

It is also evident now to ICPS staff, some of the Mission Health Officers, and some of the Preceptors who have been consulted that the original order of priorities as stated in the Project Paper was conceptually a sound one. Corrective measures even at mid-project would be beneficial especially with reference to maximizing the impact of ICPS resources on country Mission programs in such areas as child survival, nutrition, maternal and child health, and primary health care, including family planning services, for families residing in rural communities and in impoverished urban slum areas.

4.2 Attainment of Purposes and Objectives

A comprehensive yet direct evaluative statement on this issue does not seem feasible without separately addressing its general aims and objectives and the specific project objectives.
4.21 General Objectives

As stated in the cooperative agreement, the general objectives of the project are to improve medical education in LAC countries, particularly with reference to low cost primary health care technology; provide a significant alternative to longer term clinical or academic training of LAC physicians within the U.S.; and to increase the number and competence of trainers engaged in continuing medical education in LAC countries.

In view of the design constraints on numbers and types of trainees, even the most optimistic forecast of the accomplishments of this project as planned could not be expected to make major gains toward these tremendously important objectives. Moreover, neither A.I.D.'s own efforts nor ICPS activities have thus far involved the extensive medical education system in LAC countries, let alone have an impact on its educational programs. ICPS does employ an innovative approach to an alternative to longer term training in the U.S. Yet ten or so trainees per year cannot be viewed as a significant contribution in this area. Also, ICPS has made only a rudimentary start in augmenting either the number or competence of trainers engaged in continuing medical education in LAC countries.

It is not unreasonable to anticipate that a continuation of this project beyond its presently defined pilot project phase could, with appropriate modification of its specific objectives and project design, add substantially to its initial meager promise. During the consideration and the negotiation of this cooperative agreement, the LAC Bureau may not have been fully aware of the extensive array of other agencies and programs already operative in these same areas. For example, an incomplete listing of such agencies includes the Pan American Federation of Associations of Medical Schools (PAFAMS), The Pan American Health Organization (PAHO), the Educational Commission for Foreign Medical Graduates (ECFMG), the Kellogg and Rockefeller Foundations, and Project HOPE.

None of the activities of these agencies duplicates the ICPS project. However, cognizance of the expertise and experience available through those agencies might well have aided A.I.D. in the development of a somewhat different approach to the resolution of its own needs as well as the acceptance of a plan of truly cooperative efforts in arriving at common objectives. Even closer coordination with other U.S. government foreign assistance programs might well be indicated, as, for example, the activities of USIA, especially the new mid-career health training component of the Hubert H. Humphrey fellowship program established in cooperation with the Institute for International Education and with one or more of USAID's own LAC health
programs, e.g. Child Survival and family planning programs which also send personnel, including physicians, to the U.S. for both short and long term training.

If the ICPS program concept is to be continued or extended, or should alternative approaches toward the same objectives be contemplated, it is not too early to explore closer integration of LAC Bureau efforts with those of the several agencies referred to above. Although an ICPS-PAHO cooperative agreement exists, ICPS has not yet taken advantage of an opportunity to inform LAC/DR/HN of the identity or responsibilities of LAC physicians who have received either long or short term PAHO training fellowships in the U.S. (numbering more than 100 per year). In turn, the fellowship program staff at PAHO has not been cognizant of the training opportunities and preceptorial support that have been assembled by ICPS.

At the present time, key professional associations within the U.S., including the American Medical Association and the Association of American Medical Colleges, have agreed to sponsor a new program: the International Medical Scholars Program (IMSP). This program will emphasize short term (specialized as opposed to specialty) training in the U.S. of physicians who are committed to return to training positions in their own countries (see attachment 8). In all probability, this endeavor will be directed by the ECFMG, which has extensive experience in the management of short term physician training of foreign national physicians in the U.S. within its SOAST (Selected Opportunities in Advanced Specialized Training) Program. This program has functioned in close cooperation with USIA.

None of these above mentioned programs obviates the need for A.I.D. involvement in the achievement of the sound and timely overall objectives set forth in the ICPS cooperative agreement. On the contrary, LAC Bureau programs and resources should aid and encourage these and other training programs to provide more appropriate and sharper focus on the basic and continuing needs of LAC physicians who are or should be engaged in the primary health care programs being fostered by AID. Similarly, the resources assembled and crystallized by ICPS should be made known to these complementary training programs in order to be utilized more effectively by them.

4.22 Specific Objectives

As listed in the cooperative agreement -- in contrast to the guidelines proposed in the Project Paper -- the three specific objectives of the ICPS activity are:

- to establish a pilot preceptorship program for placement of LAC medical students and junior physicians with U.S. physicians;
to provide short-term technical assistance to LAC training and educational institutions; and

- to assist LAC Missions with selection of participant trainees and in matching participants with appropriate training institutions.

The first objective, to place and train 10 trainees per year "for 1-6 months each" has been achieved. At mid-term, 22 trainees have been placed and trained. At the average cost of $40,000 per trainee, for an average of four months training, it is unlikely that the total target of 40 trainees can be met during the next two years without the addition of contingency funds beyond the program budget of $1,370,000. Alternatively, the original target could be met by modifying the traineeship strategy as recommended by this evaluation, i.e., selecting trainees who serve in key educational or training positions and who, after a period of U.S. training for approximately one month, would return to their own countries to convey learned technologies on a wide scale to the physician community. By reducing the duration of training and travel in the U.S., it may be possible to budget not only for the project target of 40 trainees but also for strengthening the second and third components which have not received adequate emphasis.

ICPS staff, members of its Advisory Council, and those preceptors consulted are enthusiastic about the U.S. training component of this project in part because such training allows both technical and social interchange between LAC physicians and the U.S. Hispanic physician community. ICPS emphasizes the goodwill generated by this activity among LAC physicians who, according to ICPS, are often subject to anti-U.S. pressures. Reports obtained from trainees who have returned to their own country and from USAID Mission Health Officers who have successfully nominated candidates to receive Project training have been favorable.

Among LAC Mission responses to an evaluation cable and to phone interviews, the most favorable responses came from four Missions (Costa Rica, Guatemala, El Salvador, and Mexico) which have sponsored 14 of the 22 participants. Among the 9 Missions which sponsored candidates, 6 Missions responded positively. Three Missions made no comment on the training. Among Missions responding to a LAC/DR/HN cable requesting Mission preferences for future areas of field technical support (beyond 1989), 8 out of 16 Missions placed clinical training between 9th and 14th priority out of a total of 14 possible priorities. The other 8 Missions did not state a priority preference for clinical training.

If, as planned by ICPS staff, greater attention is given immediately to the two less well advanced components of the
project—consultative assistance to LAC Mission staff in the nomination and selection of suitable candidates for out-of-country training and technical assistance to LAC countries in the development of indigenous training programs in primary health care technologies—the specific aims of the cooperative agreement could be advanced in the context of a four-year pilot program.

4.3 Management and Logistic Procedures and Processes

A significant problem area has become evident during the course of these evaluation procedures, namely the processes of communication between the ICPS and USAID Mission Health Officers. On the one hand, ICPS considers that the Missions are not fully aware of the nature of the training opportunities available to them or how best to utilize ICPS and its network of training resources. On the other hand, several of the Mission Health Officers consulted reflect either inadequate information or misinformation regarding the ICPS program and how it might be helpful to them.

This situation has arisen despite the stated priority that the ICPS program "will be utilized to provide assistance to the Missions with regard to the selection and placement of clinical training candidates in short and/or long term academic training programs in the U.S." (see p. 33 of Project Paper, Health Technology and Transfer, 1985). Where USAID Missions have successfully nominated trainees to participate in the ICPS program, the feedback from those Missions has, in general, been highly supportive of the Project. Four Mission Health Officers, in Costa Rica, El Salvador, Guatemala and Mexico, accounting for 14 of the 22 trainees, have urged in their cabled responses to the LAC request for evaluative information that the traineeship program be continued and expanded.

Most of the other Mission Health Officers have voiced either indifference or negative opinions of the ICPS project. Based on phone interviews held during the evaluation procedures with Mission Health Officers, it is evident that there are serious problems which create barriers to or delay successful implementation of the project plan and achievement of even the limited specific objectives set forth in the cooperative agreement. Such problems include the limited exposure of Mission personnel in the area of medical education, frequent turnover of Mission health staff, their preoccupation with more pressing day-to-day duties, and little continuing, effective communication between the ICPS and the Missions. The latter is largely the result of inadequate ICPS initiative to engage in dialogue with LAC Missions. Reflecting these barriers, the "Matrix of Field Needs for Technical Support", developed from responses to an LAC/DR/HN cable (State 386504), places "Clinical Training" at the bottom of 14 intervention areas ranked by the Missions (see Attachment 6).
4.4 Budget and Financial Review

The funds already obligated ($1.37 million) were, to all appearances, adequate to fulfill the stated objectives of the cooperative agreement. As noted earlier, the assignment of some additional unobligated funds may be necessary to carry out to the optimum extent each of the three stated specific objectives.

However, the reported cost, which is in the range of approximately $10,000 per trainee per month, seems beyond the upper limits of reasonable expenditure for such purposes even in a pilot undertaking. Those costs do not include either the trainees usual salary or the institutional costs at the training sites and of the volunteer services of the preceptors supervising the trainees while they have been in the U.S. PAHO reports that its short term training fellowships involve expenditures averaging in the range of $3,500 to $4,000 per month for training in the U.S. Those costs do not include the administrative costs of conducting PAHO fellowship activities but they do include tuition and related costs at the training institutions.

A very large fraction of funds available through the ICPS cooperative agreement is used for program management, including headquarters staff salaries and benefits, equipment and supplies, and overhead. Were such charges a less prominent component of the costs of the training activity, the per month trainee expenditures would be greatly reduced to the range of $4,000 to $4,500 per month, a figure reasonably comparable to PAHO fellowship expenditures.

However, under the present terms of the cooperative agreement, these charges have been and will continue to be prorated to the per month costs of traineeships. This prorated amount could be reduced by increasing the number of trainees brought to this country and shortening their stay. ICPS staff and the project preceptors have voiced enthusiasm for an expansion of training activities within the U.S. involving additional numbers of trainees. However, at this stage of the four-year project, it does not seem appropriate to add further emphasis to the traineeship component of the project, particularly at a time when the fullest extent of resources should be applied to the even higher priority components of the project, namely, technical assistance to the AID Missions and to in-country continuing education programs in primary care that could be made available in the AID countries. Some additional savings could be accomplished by reducing the amount of trainee travel within the U.S. Some of this travel has been undertaken to give the trainees a better comprehension of the U.S. as a country. However, the financial saving would be a by-product of what many preceptors recommend, namely, a more concentrated period of training in one or at most two sites.
The only other assignable costs of the project are the expenditures of less than $3,000 charged to technical assistance activities. The terms of the original implementation plan accompanying the cooperative agreement called for "a minimum of 12 person months of technical assistance by Spanish speaking, ICPS member physicians who will participate in short-term continuing medical education programs in LAC countries - as determined in conjunction with USAID Missions and LAC/DR/HN". At mid-project, at most only two person-months of such technical assistance has thus far been provided. Also, that technical assistance has been in the area of program analysis and planning rather than in the area of continuing education. As noted above, this meagre emphasis throughout the first two years of the project on critically important technical assistance components should be corrected during the concluding two years of the pilot project.

5.0 Recommendations

5.1 The program activities of the concluding two years of the present cooperative agreement should be substantially modified.

Program activities in 1988 and 1989 should follow the order of priorities set forth in the LAC Project Paper, namely to provide: 1) technical assistance to Missions with regard to the selection and placement of physicians engaged in primary care programs of direct concern to the Missions in short and/or long term academic training programs in the U.S. (with other training programs available in the U.S. as well as with ICPS preceptors); 2) technical assistance by Spanish speaking U.S. physicians, especially qualified to train trainers, who are to participate in short-term continuing medical education programs in LAC countries; and 3) short-term preceptorial training in the U.S., of a type to be specified below, for a limited number of trainees (10 to 12 per year) also more clearly specified below.

5.2 ICPS should be reminded of the specific provision in the Cooperative Agreement (Attachment I - Schedule, Para. F2a) which states "ICPS will submit an annual workplan, for LAC/DR/HN approval, which includes output targets, financial management information and proposed activities." With a modified program, as recommended, an approval work plan will be critical to the management of remaining project budget funds available to the program.

5.3 No less than $50,000 of the funds available to ICPS for the years 1988 and 1989 should be earmarked as a line item budget provision to be employed in technical assistance to the Missions.
This technical assistance should focus on: 1) improved selection of candidates for out-of-country training; and 2) training and continuing education programs in LAC countries with the aim of extending new technologies and strategies for priority primary care programs.

On the first point (selection of candidates), ICPS should propose a procedure which, with the concurrence of LAC/DR/HN and selected LAC Missions, seeks joint participation of the national ministry of health and the principal medical education institutions to identify appropriate candidates according to the criteria in para 5.3 (Criteria for Selection of Trainees). ICPS should encourage the ministry of health to invite the guidance of the local office of PAHO. Similarly, the participating medical educational institutions should be encouraged to seek the advice of the Pan American Federation of Medical Schools (PAFAMS) which has been established to provide regional guidance on such issues. Candidates emerging from this consultative process may then be recommended to the appropriate LAC Mission for endorsement.

On the second point (continuing medical education in primary health care technologies), a similar process of workshop or seminar identification should be established by ICPS in consultation with the ministry of health and medical training institutions. These national institutions, in turn, should be encouraged to call on the professional guidance, as needed, of regional organizations such as PAHO and PAFAMS.

Funds available under the recommended $50,000 for 1988 should be used not only for direct ICPS staff participation, if necessary, but for travel and honoraria for invited LAC national or regional lecturers, U.S.-based Hispanic physicians, or staff members of PAHO or PAFAMS.

5.4 The criteria for selection of trainees for short-term training in the U.S. should be more carefully defined and substantially revised.

These criteria should focus on the needs of A.I.D. sponsored primary care programs for physicians: 1) capable of managing programs providing basic preventive services and b) prepared to train other physicians and health workers in how best to provide high-priority preventive services.

Criteria for training should eliminate the concept of "clinical" training (i.e. the knowledge and skills involved in the hands on care of the individual patient). The training to be provided should embrace specialized skills but should focus on the delivery of new technologies and
strategies which can be usefully applied to primary health care on large scale. Thus, the criteria for selection should focus on physicians engaged in medical education training program management with the intent to improve the level of knowledge and skill development either lacking or, at best, inadequately covered in medical school curricula in Latin America and in the U.S. The selection of key educators and trainers is based on the assumption that they will return to their own countries to widely and repeatedly share their knowledge.

5.5 ICPS should establish a continuing consultative mechanism with the existing array of training and educational resources now available on education of physicians for primary health care in the LAC Region. These institutions include PAHO, PAFAMS, the Kellogg Foundation, and the U.S.-based Educational Council for Foreign Medical Graduates (ECFMG). Serving as a catalyst, the ICPS effort stands to gain from the ongoing experience of other long-standing institutions in the area of physician training.
Attachments

1. List of individuals interviewed or consulted during the course of this evaluation.

2. List of members of ICPS Project Advisory Council.

3. List of principal training preceptors used in 1986 and 1987 training activities. (A full listing of Spanish speaking individuals - physicians and other health professionals - have volunteered to serve in such a capacity includes over one hundred names.

4. ICPS Trainees, 1986 and 1987, and associated data.

5. Training in Primary Care Medical Specialty (as defined by cooperative agreement) requested by trainees correlated with countries of origin.


8. The International Medical Scholars Program (Editorial appearing in the February 1988 issue of the Journal of Medical Education)
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*Ms. Sue Gibson, USAID/El Salvador
Mr. Tom Park, GDO, USAID/Honduras
Mr. Bob Haliday, Health Officer, USAID/Honduras
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*Hugo Muriel, M.D., Member of ICPS Exchange Visitor Physician Advisory Council and Trainee Preceptor (Faculty Member, University of Illinois School of Public Health and Former Commissioner of Health, Chicago)
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*Dr. August Sicard, Trainee Preceptor, (Medical Psychotherapist, Lutheran General Hospital, San Antonio, Texas)
*Ms. Paula Winkler, Trainee Preceptor, (Vice President, Providence Memorial Hospital, El Paso, Texas)

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Immigration and Naturalization Service, U.S. Dept. of Justice
*Ms. Blanch Shanks, Statistics Division
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Helped with all except Bernal and Baez, Juarez and Herrera

Participated in Orientation for Elias, Funes, Melchor and Sanchez

All except Bernal, Baez and Rincon

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| 1  | COSTA RICA    | ILEANA VARGAS, MD           | 27  | FAMILY MEDICINE                      | BAYLOR COLLEGE/Houston  
PROVIDENCE MEMORIAL HOSPITAL/El Paso  
EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER/Los Angeles  
UNIVERSITY OF PUERTO RICO MEDICAL SCHOOL | HOUSTON       | DR. CARLOS VALLBONA  
PAULA WINKLER  
DR. HERMAN RISEMBERG  
DR. ADRIAN ORTEGA  
JESUS RODRIGUEZ | 6/28/87  
12/18/87 | 6                     |
| 2  | COSTA RICA    | WESLEY VARGAS, MD           | 30  | FAMILY MEDICINE                      | EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER/Los Angeles  
PROVIDENCE MEMORIAL HOSPITAL/El Paso  
UNIVERSITY OF OHIO UNIVERSITY HOSPITALS CLINIC | LOS ANGELES   | DR. ADRIAN ORTEGA  
PAULA WINKLER  
DR. LAURENCE GABEL | 6/28/87  
12/28/87 | 6                     |
| 3  | EL SALVADOR  | CARLOS ALVARENGA, MD        | 44  | PEDIATRICS/NEONATOLOGY               | ALBANY MEDICAL CENTER/Albany  
NORTH SHORE UNIV. HOSP/NORTH ASHEVILLE  
NORWEGIAN-AMERICAN HOSP/IllINOIS CHILDREN'S HOSP/Miami | ALBANY        | DR. HERMAN RISEMBERG  
DR. FINA LIPSHITZ  
DR. HUGO MURIEL  
DR. RAMON RODRIGUEZ | 6/21/86  
12/21/86 | 6                     |
| 4  | EL SALVADOR  | JOSE ELIAS, MD              | 38  | HEALTH CARE ADMINISTRATION/NEONATOLOGY | ALBANY MEDICAL CENTER/Albany  
PROVIDENCE MEMORIAL HOSP/El Paso  
EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER/Los Angeles  
MEDICAL SUPERVISOR, EASTERN HEALTH REGION OF THE MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE (MOH) | ALBANY        | DR. HERMAN RISEMBERG  
PAULA WINKLER  
JESUS RODRIGUEZ  
DR. ADRIAN ORTEGA | 10/10/87  
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| 5  | EL SALVADOR  | RICARDO FUNES, MD           | 39  | HEALTH CARE ADMINISTRATION           | ILLINOIS MASONIC/IllINOIS LODGE  
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PAULA WINKLER  
JESUS RODRIGUEZ  
DR. ADRIAN ORTEGA | 10/10/87  
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| 6  | EL SALVADOR  | FRANCISCO MELCHOR, MD       | 34  | TRAUMATOLOGY                         | PROVIDENCE MEMORIAL/El Paso  
WASHINGTON HOSPITAL CENTER/D.C. UNIV. MD SHOCK-TRAUMA CENTER/Baltimore | El Paso       | PAULA WINKLER  
DR. MARIO GOLOCHOWSKY  
DR. AURELIO RODRIGUEZ | 10/10/87  
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San Juan, PR

**Mary Bank**

Dr. Richard Kotomori

Dr. Augusto Ortiz

**Paula Winkler**

**Edward Royal Comprehensive Health Center/CA**

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**Dr. Adrian Ortega**

Dr. Augustin Sicard

Dr. Jesus Rodriguez

Dr. Hugo Muriel

Dr. Adrian Ortega

Dr. Augustin Sicard

Dr. Jesus Rodriguez

Dr. Hugo Muriel

Dr. Adrian Ortega

Dr. Augustin Sicard

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* DR VARGAS WILL BE SPENDING ONE ADDITIONAL YR IN THE US TO GET HIS MASTER'S DEGREE (NOT FUNDED BY OUR PROJECT) THE UNIV. OF OHIO MANDATED HIS TRAINING WITH OUR PROJECT AS PART OF HIS DEGREE

AVERAGE AGE OF TRAINEE IS 36.5
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* All data based on LAC Mission responses to LAC/DR/HN cable (State 386504) that described the Regional Health Technical Services Support project concept

** Average Rank Score: Total of Mission rankings for each activity divided by number of countries that ranked the individual activity

*** Ranking: Rank of average scores for each activity. The highest ranking (1) represents the lowest average rank score, since a Mission ranking of 1 was highest priority

X = Preference Areas (not ranked) by Mexico and Jamaica
**Matrix of Field Needs for Technical Support:**

**Priority Services Required, Expected Participation and Buy-In:**

**Country Rankings (1=highest Priority, 14=Lowest)**

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<td>Project Implementation</td>
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<td>4</td>
<td>3.5</td>
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<td>1.4</td>
<td>1.3</td>
<td>3.3</td>
<td>2.5</td>
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<td>4.1</td>
<td>1.4</td>
<td>2.2</td>
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<td>2.5</td>
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<td>4</td>
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<tr>
<td>Training</td>
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<td>2</td>
<td>6.2</td>
<td>3</td>
<td>2</td>
<td>5.3</td>
<td>4.7</td>
<td>7</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Information Exchange</td>
<td>4</td>
<td>6</td>
<td>7.3</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>7</td>
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</tr>
</tbody>
</table>

**Participation**

(y=yes will participate)

(n=no will not participate)

14/16 Missions will participate

**Expected Buy-In**

($3 Million over 4 yrs)

1.2 2.0 1.5 .4 1.075 LAC TOTAL 5.3

* All data based on LAC Mission responses to LAC/DR/IN cable (State 386504) that described the Regional Health Technical Services Support project concept.

** Average Rank Score:** Total of Mission rankings for each activity divided by number of countries that ranked the individual activity.

*** Ranking:** Rank of average scores for each activity. The highest ranking (1) represents the lowest average rank score, since a Mission ranking of 1 was highest priority.

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3. ADDITIONAL AREAS FOR INTERVENTION AND SUPPORT SERVICES
REQUESTED BY MISSIONS

In response to a LAC/DR/HN cable (State 386504) that queried Missions on 14 areas of need for regional technical support, some Missions suggested additional technical support needs they had in their country-specific programs. These suggestions, listed by category and Missions that identified them, were as follows:

Health Communications, education, or social marketing (Ecuador, Bolivia, Peru, Guatemala, Belize, Haiti, Dominican Republic)

Community Development (Bolivia, Guatemala, Belize, El Salvador)

Neonatal mortality (Ecuador)

Birth spacing (Bolivia)

Occupational safety and environmental health (RDO/C)

Water and sanitation, epidemiological surveillance, goiter, tuberculosis, dental health (Peru)

Dengue (El Salvador)

Interregional cooperation (Colombia)
**INTERAMERICAN COLLEGE OF PHYSICIANS AND SURGEONS**
"APRETON DE AGUAMOS CURATIVAS"

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDS SPENT</td>
<td>$100,000 TO BE USED</td>
<td>TOTAL A + B</td>
</tr>
</tbody>
</table>

### A. Salaries/Benefits

1. Salaries
   - $303,320.72
2. Benefits
   - $49,564.68

### B. Consultants

- $27,705.89
- $784.36
- $28,490.25

### C. Participants (Phase I)

1. Per Diam US
   - $197,734.55
2. Travel US
   - $32,088.36
3. Per Diam LA
4. Travel LA
   - $118,368.29
5. Health/Accident Coverage
   - $3,349.62
6. ICPS Membership
   - $2,234.02
7. Book Allowance
   - $2,751.11

### D. Preceptors/Staff (Phase I)

1. Per Diam US
   - $27,604.92
2. Travel US
   - $48,811.76
3. Per Diam LA
4. Travel LA
   - $4,676.69

### E. Preceptors (Phase II)

1. Per Diam LA
   - $4,587.66
2. Travel LA
   - $3,077.86
3. Consultants
   - $1,015.59

### F. Training Books/Material/Conferences

- $7,128.60
- $261.45
- $7,390.05

### G. Orientation and Debriefing

- $2,772.51
- $522.91
- $3,295.42

### H. Information Dissemination

- $13,661.49
- $1,307.71
- $14,969.20

### I. Telephone/Telex

- $25,292.36
- $1,699.89
- $26,992.25

### J. Equipment/Supplies

- $46,107.15
- $1,553.87
- $47,661.02

### K. Overhead

- $118,328.68
- $12,566.42
- $130,895.10

**TOTAL EXPENSES**

- $950,000.00
- $100,000.00
- $1,050,000.00
### TRAINING COSTS

#### I. FIRST YEAR
10 TRAINEES/NO TECHNICAL ASSISTANCE

**SEPT. 1985 - DEC. 1986**

- 10 TRAINEES @ 3.98 MO.
- COST PER MONTH PER TRAINEE

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 TRAINEES</td>
<td>491,266.86</td>
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<tr>
<td>COST PER MONTH PER TRAINEE</td>
<td>12,343.39</td>
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#### II. SECOND YEAR
12 TRAINEES/2 TECHNICAL

**JAN - DEC 1987**

- MINUS TECHNICAL ASSISTANCE
- 12 TRAINEES @ 3.98 MO.
- COST PER MONTH PER TRAINEE

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>12 TRAINEES</td>
<td>395,083.7</td>
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<tr>
<td>COST PER MONTH PER TRAINEE</td>
<td>8,107.03</td>
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</table>

#### III. AVERAGE COST

**TOTAL SPENT TO DATE**

- TECHNICAL ASSISTANCE (PHASE II)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL SPENT TO DATE</td>
<td>881,148.41</td>
</tr>
<tr>
<td>MINUS TECHNICAL</td>
<td>7892.11</td>
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<tr>
<td>ASSISTANCE (PHASE II)</td>
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<tr>
<td>DIVIDED BY 22 TRAINEES</td>
<td>39,993.47</td>
</tr>
<tr>
<td>DIVIDED BY AVERAGE 3.98 MO PER TRAINEE</td>
<td>9,973.23</td>
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<tr>
<td>AVERAGE COST PER MONTH PER TRAINEE</td>
<td>9,973.23</td>
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</tbody>
</table>

* Does not include salaries, benefits, telephone, equipment supplies, overhead
## Funding Structure

### I. Amount Authorized
- **Funds spent to date**: $881,148.41
- **Remaining authorized funds**: $68,851.59
- **Additional funds**: $100,000.00
- **Remaining**: $168,851.59

### II. Amount Authorized Pending Audit
- **Funds spent to date**: $881,148.41
- **Remaining available funds**: $488,851.59

### III. Total Budgeted (4 Years)
- **Estimated cost of evaluation**: $50,000.00
- **Monies authorized as of 2/10/88**: $1,585,000.00
- **Contingency funds available**: $215,000.00
- **Contingency funds requested for 1988**: $112,055.00
- **Contingency funds remaining for 1989**: $102,945.00

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*Note: The text contains a table with various financial figures and calculations related to the Inter-American College of Physicians and Surgeons, specifically focusing on the funding structure for the Physicians Exchange Program.*
EDITORIAL

International Medical Scholars Program

The International Medical Scholars Program (IMSP), which is just getting under way, is the first nationally coordinated effort to provide planned educational opportunities in the United States for physicians from other countries. The program has been in the planning stage for over two years. It is sponsored by the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies. The Educational Commission for Foreign Medical Graduates (ECFMG) will serve as the secretariat, providing staff support to the program's 15-member board of directors.

The purpose of the IMSP (as stated in the bylaws) is to promote educational opportunities in the United States for foreign physicians to prepare them for positions of leadership in medicine in their home countries. The function of the program will be to place foreign physicians who are sponsored by an agency in their country in educational programs suited to their needs as defined by them and their sponsors. This is quite different from the function of the ECFMG certification program, which only certifies a candidate has acceptable credentials and is deemed eligible to enter an accredited residency program in the United States.

The sponsors of the IMSP also intend that the program will raise funds for both operations and for the support of IMSP scholars. The ECFMG has already committed $100,000, and continuing support in the range of $20,000 per year is expected from each of the five sponsors. Funding will also be sought from multiple sources, including foundations, the government, and international corporations. The amount and the sources of funding will be critical if the program is to achieve its purpose. Simply placing foreign physicians in unfilled residency positions will not accomplish the program goals or fulfill the obligations of this country to provide medical education resources to the rest of the world.

The major challenge to the program's newly appointed board is to identify and nurture the development of educational opportunities for physicians who will provide health care to the general citizenry of third-world countries. Most of these countries need improved services in public health and primary care rather than high-technology medicine. Physicians from developed countries who are seeking special training in advanced high-technology areas will also be served by the program, but there must be a balanced opportunity for the education of physicians across the full spectrum of medicine and public health.

In the 1960s and early 1970s, the United States was criticized for recruiting foreign physicians to meet its manpower needs. More recently, we have been accused of throwing up barriers to entry into graduate medical education and preventing foreign physicians from immigrating. The IMSP provides an opportunity to establish a positive role for the United States in international medical education. Imaginative leadership and multilateral support will be needed if its purpose is to be achieved.

August G. Swanson, M.D., vice president for academic affairs, Association of American Medical Colleges, Washington, D.C.