

September 25, 2012

David A. Bergeron
Acting Assistant Secretary for Postsecondary Education
Office of Postsecondary Education
U.S. Department of Education
1990 K Street, N.W.
Washington, DC 20006

Dear Mr. Bergeron:

The undersigned associations of schools of health professions write to request your attention concerning the recent regulatory change that prohibits students from receiving Title IV student aid for “any repetition of previously passed coursework that would be taken due to a student’s failure of other coursework.”¹

Health care in America presents a fundamental paradox. The past 50 years have seen an explosion in biomedical knowledge, dramatic innovation in therapies and surgical procedures, and management of conditions that previously were fatal, with ever more exciting clinical capabilities on the horizon. Yet, American health care is falling short on basic dimensions of quality, outcomes, costs, and equity. Available knowledge is too rarely applied to improve the care experience, and information generated by the care experience is too rarely gathered to improve the knowledge available. The traditional systems for transmitting new knowledge—the ways clinicians are educated, deployed, rewarded, and updated—can no longer keep pace with scientific advances. If unaddressed, the current shortfalls in the performance of the nation’s health care system will deepen on both quality and cost dimensions, challenging the well-being of Americans now and potentially far into the future. Health care needs major improvements with respect to its ability to meet patients’ specific needs, to offer choice, to adapt, to become more affordable, to improve—in short, to learn. Americans should be served by a health care system that consistently delivers reliable performance and constantly improves, systematically and seamlessly, with each care experience and transition.²

The above passage provides the public policy context for the U.S. Department of Education to exempt graduate health professions programs from the Title IV repeated coursework restrictions. With this action, the Department can further the academic health community’s commitment to creating a learning health care system. As reflected below, health professions education institutions are creating innovative integrated curricula that can change “the traditional system of transmitting new knowledge.” With the Department’s help, this innovation can infuse across programs to help ensure that health professionals are contributors to a learning health system

¹ Program Integrity Issues; Final Rule, 75 Fed. Reg. 66832, 66868 (Oct. 29, 2010) (amending 34 CFR § 668.2).

² Best Care at a Lower Cost: The Path to a Continuously Learning Health Care in America, Institute of Medicine, 2012. http://www.nap.edu/catalog.php?record_id=13444

“that consistently delivers reliable performance and constantly improves, systematically and seamlessly, with each care experience and transition.”

In graduate health professional programs, a fundamental core of knowledge provides a foundation upon which students learn the skill sets necessary to successfully complete their professional degrees. To ensure that students acquire this fundamental core of knowledge, health professional schools conduct thorough analyses of their programs to determine the appropriate subjects, their placement in the curriculum, and the best approach to teaching this material. These analyses have led to the conclusion in many health profession disciplines that horizontal and vertical integration throughout the various courses in a student’s program is the best approach to delivering the knowledge necessary for completion of the program and success in the field. At many institutions, courses have been restructured to incorporate material from prior courses in an effort to build upon critical themes. Each semester or year builds upon the prior ones, citing examples specific to the material of earlier courses. This method of instruction ensures that the fundamental concepts are reinforced throughout the student’s program of study and has been encouraged by several health professions accrediting bodies.

Because it builds on the foundation set in earlier courses, an integrated curriculum also enables schools to more easily identify a student who is struggling to incorporate core concepts at the next level of the program. In these rare circumstances, the student may need to repeat previous courses to ensure a comprehensive grasp of the core concepts. An integrated curriculum often does not allow for the failed courses to be repeated without the other courses, whether or not the student had previously passed them. While these students would benefit from additional time to succeed in the program, the regulatory change unintentionally prevents them from doing so. The inability to consider previously passed courses in the enrolment determination for Title IV funding poses a severe financial hardship for these students. Unfortunately, many students facing this exceptional circumstance are from socioeconomically disadvantaged backgrounds. Without the availability of Title IV funding, these students are left with few options to continue in the program.

In light of the uniqueness of health professions training, the benefits of integrated curricula, and the student financial hardships imposed by the new regulations, the undersigned associations of schools of health professions request that the Department exempt graduate health professions programs from the Title IV repeated coursework restrictions. We appreciate the Department’s willingness to review this policy and address the unintended consequences that have occurred as a result. Thank you for your consideration.

Sincerely,

American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Association of Colleges of Podiatric Medicine
American Dental Education Association
Association of American Medical Colleges
Association of American Veterinary Medical Colleges
Association of Schools of Allied Health Professions