



NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 847

OREGON MEDICAL BOARD

FILED: 10/05/2026 1:26 PM

ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Repealing outdated rules on Board Approval of Foreign Medical Schools.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/23/2026 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

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Filed By:

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NEED FOR THE RULE(S):

This rulemaking is needed to repeal OAR chapter 847, division 31, Board Approval of Foreign Medical Schools, which was adopted in 2001. The Oregon Medical Board does not use these rules. Instead, as outlined in OAR 847-020-0130, the Board relies on the Educational Commission for Foreign Medical Graduates' (ECFMG) review of international medical schools.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

ORS 677, https://www.oregonlegislature.gov/bills_laws/ors/ors677.html
OAR 847-020-0130, <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=307557>

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

This rulemaking repeals outdated rules that the Oregon Medical Board does not use. Instead, as outlined in OAR 847-020-0130, the Board relies on the Educational Commission for Foreign Medical Graduates' (ECFMG) review of international medical schools. The repeal does not change how the Board reviews applicants who graduated from an

international medical school. Therefore, the repeal is not expected to affect racial equity in this state. All applicants will continue to be evaluated under the same criteria.

FISCAL AND ECONOMIC IMPACT:

Repealing these rules has no fiscal or economic impact. The repeal does not change how the Oregon Medical Board reviews applicants who graduated from an international medical school.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) Repealing these rules will have no economic impact on state agencies, units of local government, or the public. (2)(a) The rules being repealed apply to applicants for licensure with the Oregon Medical Board. Small businesses are not eligible for a Board license. (b) The rulemaking imposes no additional mandatory reporting, recordkeeping, or other administrative requirements on small businesses. (c) The rulemaking imposes no additional requirements regarding equipment, supplies, labor, or administration.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Members of the Board who were consulted in the development of the rule represent small businesses. The rule was reviewed by the Administrative Affairs Committee of the Board on September 9, 2026 as well as the full Board at its quarterly meeting on October 1, 2026.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The rule was reviewed by the Administrative Affairs Committee of the Board on September 9, 2026 as well as the full Board at its quarterly meeting on October 2, 2026. Board members represent the interests of persons and communities likely to be affected by a proposed rule. Overall, board members are licensees of the Oregon Medical Board or public members who represent Oregon patients.

RULES PROPOSED:

847-031-0010, 847-031-0020, 847-031-0030, 847-031-0040, 847-031-0050

REPEAL: 847-031-0010

RULE SUMMARY: The proposed rulemaking repeals division 31, Board Approval of Foreign Medical Schools, originally adopted in 2001. The Oregon Medical Board does not use these rules; instead, the Board relies on the Educational Commission for Foreign Medical Graduates (ECFMG) review of international schools of medicine as outlined in OAR 847-020-0130.

CHANGES TO RULE:

~~847-031-0010~~

~~Criteria for Approval of Foreign Schools of Medicine~~

~~A foreign school of medicine must meet the following criteria to be approved by the Oregon Medical Board.¶~~

~~(1) Objectives: A foreign school of medicine shall have a program designed to prepare graduates to enter and complete graduate medical education to qualify for licensure, and to provide competent medical care.¶~~

~~(2) Governance: A foreign school of medicine shall be chartered by the jurisdiction in which it operates.¶~~

~~(3) Administration:¶~~

- (a) The administrative officers and members of the foreign school medicine faculty shall be appointed by, or under the authority of, the governing board of the foreign school of medicine or its parent university.¶¶
- (b) The dean of the foreign school of medicine shall be qualified by education and experience to provide leadership in medical education and in the care of patients.¶¶
- (c) The manner in which the foreign school of medicine is organized, including the responsibilities and privileges of administrative officers, faculty, students and committees shall be promulgated in medical school or university bylaws.¶¶
- (d) If components of the program are conducted at sites geographically separated from the main campus, the foreign school of medicine shall be fully responsible for the conduct and quality of the educational program at these sites and for identification of the faculty there.¶¶
- (4) Educational Program for the M.D./D.O. degree:¶¶
 - (a) Duration: The program in the art and science of medicine leading to the M.D./D.O. degree shall include at least 130 weeks of instruction preferably scheduled over a minimum of four calendar years.¶¶
 - (b) Design and Management: The program's faculty shall be responsible for the design, implementation, and evaluation of the curriculum.¶¶
 - (c) Content:¶¶
 - (A) The program's faculty shall be responsible for devising a curriculum that permits the student to learn the fundamental principles of medicine, to acquire skills of critical judgment based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In addition, the curriculum shall be designed so that students acquire an understanding of the scientific concepts underlying medicine.¶¶
 - (B) The curriculum shall include the contemporary content of those expanded disciplines that have been traditionally titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine. Instruction within the basic sciences shall include laboratory or other practical exercises which facilitate ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.¶¶
 - (C) The fundamental clinical subjects which shall be offered in the form of required patient related clerkships are internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. Under these disciplines or independently, students shall receive basic instruction in all organ systems. Instruction and experience in patient care shall be provided in both hospital and ambulatory settings and shall include the important aspects of acute, chronic, preventive and rehabilitative care.¶¶
 - (D) Each required clerkship shall allow the student to undertake a thorough study of a series of selected patients having the major and common types of disease problems represented in the primary and related disciplines of the clerkship.¶¶
 - (E) Supervision shall be provided throughout required clerkships by members of the school's faculty. The required clerkships shall be conducted in a teaching hospital or ambulatory care facility where residents in accredited programs of graduate medical education, under faculty guidance, may participate in teaching the students.¶¶
 - (d) Evaluation of Student Achievement:¶¶
 - (A) A committee of the faculty shall establish principles and methods for the evaluation of student achievement and make decisions regarding promotion and graduation.¶¶
 - (B) The faculty of each discipline shall set the standards of achievement by students in the study of the discipline. Narrative descriptions of student performance and of non-cognitive achievements shall be recorded to supplement grade reports.¶¶
 - (C) The chief academic officer and the directors of all courses and clerkships shall design and implement a system of evaluation of the work of each student during progression through each course or clerkship.¶¶
- (5) Medical Students. Admissions:¶¶
 - (a) The faculty of each foreign school of medicine shall develop criteria and procedures for the selection of students which shall be published and available to potential applicants and to their collegiate advisors.¶¶
 - (b) The selection of students for the study of medicine shall be the responsibility of the foreign school of medicine faculty through a duly constituted committee.¶¶
 - (c) The number of students to be admitted shall be determined by the resources of the school and the number of qualified applicants. The clinical resources include finances, the size of the faculty, the variety of academic fields represented, the library, the number and size of classrooms and student laboratories and the adequacy of their equipment and office and laboratory space for the faculty. There shall be available a spectrum of clinical resources sufficiently under the control of the faculty to ensure breadth and quality of bedside and ambulatory clinical teaching.¶¶
- (6) Resources for the Educational Program:¶¶
 - (a) General Facilities: A foreign school of medicine shall provide buildings and equipment that are quantitatively and qualitatively adequate to provide an environment conducive to teaching and learning. The facilities shall

include faculty offices and research laboratories, student classrooms and laboratories, facilities for individual and group study, offices for administrative and support staff, and a library. Access to an auditorium sufficiently large to accommodate the student body is desirable.¶¶

(b) Faculty:¶¶

(A) Members of the faculty shall have evidence of clinical competence and commitment to teaching. Effective teaching requires understanding of pedagogy, knowledge of the discipline, and construction of a curriculum consistent with learning objectives, subject to internal and external formal evaluation. The Administration and the faculty shall have knowledge of methods for measurement of the student performance in accordance with the stated educational objectives and national norms.¶¶

(B) In each of the major disciplines basic to medicine and in the clinical sciences, a critical mass of faculty members shall be appointed who possess, in addition to a comprehensive knowledge of their major discipline, expertise in one or more subdivisions or specialties within each of their disciplines. In the clinical sciences, the number and kind of specialists appointed shall relate to the amount of patient care activities required to conduct meaningful clinical teaching at the undergraduate level, as well as for graduate and continuing medical education.¶¶

(C) There shall be clear policies for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of members of the faculty. The appointment process shall involve the faculty, the appropriate departmental heads, and the dean. Each appointee shall receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits.¶¶

(c) Library: The foreign school of medicine shall have a well maintained and catalogued library, sufficient in size and breadth to support the educational programs offered by the institution. The library should receive the leading biomedical and clinical periodicals, the current numbers of which should be readily accessible. The library and any other learning resources shall be equipped to allow students to learn methods of retrieving information, as well as the use of self-instruction materials. A professional library staff shall supervise the library and provide instruction in its use.¶¶

(d) Clinical Teaching Facilities:¶¶

(A) The foreign school of medicine shall have adequate resources to provide clinical instruction to its medical students. Resources shall include ambulatory care facilities and hospitals where the full spectrum of medical care is provided and can be demonstrated. Each hospital shall either be accredited or otherwise demonstrate its capability to provide safe and effective care. The number of hospital beds required for education cannot be specified by formula, but the aggregation of clinical resources shall be sufficient to permit students in each of the major clerkships to work up and follow several new patients each week.¶¶

(B) The nature of the relationship of the foreign school of medicine to affiliated hospitals and other clinical resources is extremely important.¶¶

(C) There shall be written affiliation agreements that define the responsibilities of each party. The degree of the school's authority shall reflect the extent that the affiliated clinical facility participates in the educational programs of the school. Most critical are the clinical facilities where required clinical clerkships are conducted. In affiliated institutions, the school's department heads and senior clinical faculty members shall have authority consistent with their responsibility for the instruction of the students.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.110

REPEAL: 847-031-0020

RULE SUMMARY: The proposed rulemaking repeals division 31, Board Approval of Foreign Medical Schools, originally adopted in 2001. The Oregon Medical Board does not use these rules; instead, the Board relies on the Educational Commission for Foreign Medical Graduates (ECFMG) review of international schools of medicine as outlined in OAR 847-020-0130.

CHANGES TO RULE:

~~847-031-0020~~

~~Protocol for Evaluation of Foreign Schools of Medicine~~

~~(1) Any foreign school of medicine desiring to be evaluated by the Oregon Board shall complete the medical evaluation form prepared by the Federation of State Medical Boards. This form may be submitted directly to the Oregon Board through the Federation.¶¶~~

~~(2) Any foreign school of medicine desiring to be evaluated by the Oregon Board shall post a bond of \$20,000 in U.S. Funds with the Oregon Board to cover costs of this evaluation. The Board shall give an accounting of the expenditure of these funds at the conclusion of the evaluation and any excess funds shall be returned to the foreign school of medicine.¶¶~~

~~(3) The completed evaluation form will be reviewed by an evaluation panel appointed by the Board. This panel may consist of a member or members of the Board and as many non-Board members as the Board may deem necessary.¶¶~~

~~(4) As part of the evaluation, the panel may decide an on-site visit is necessary.¶¶~~

~~(5) Sixty days after submitting the initial report, the panel shall submit to the Board its final recommendations and any additional information provided by the school. The Board at its next meeting shall accept, reject or modify the recommendations.~~

~~Statutory/Other Authority: ORS 677.265~~

~~Statutes/Other Implemented: ORS 677.265~~

REPEAL: 847-031-0030

RULE SUMMARY: The proposed rulemaking repeals division 31, Board Approval of Foreign Medical Schools, originally adopted in 2001. The Oregon Medical Board does not use these rules; instead, the Board relies on the Educational Commission for Foreign Medical Graduates (ECFMG) review of international schools of medicine as outlined in OAR 847-020-0130.

CHANGES TO RULE:

~~847-031-0030~~

~~Recertification~~

~~(1) Approval of a foreign school of medicine shall be valid for a maximum period of five years. If for any reason the Board determines that certification should be terminated the Board may, with reasonable cause, terminate approval at any time.~~

~~(2) Provisional approval may be granted for periods of time less than five years.~~

~~Statutory/Other Authority: ORS 183, 677.265~~

~~Statutes/Other Implemented: ORS 677.265~~

REPEAL: 847-031-0040

RULE SUMMARY: The proposed rulemaking repeals division 31, Board Approval of Foreign Medical Schools, originally adopted in 2001. The Oregon Medical Board does not use these rules; instead, the Board relies on the Educational Commission for Foreign Medical Graduates (ECFMG) review of international schools of medicine as outlined in OAR 847-020-0130.

CHANGES TO RULE:

~~847-031-0040~~

~~Approval of Foreign Schools of Medicine by Other States~~

~~The Oregon Medical Board may accept any foreign school of medicine which has been approved by another state using criteria substantially similar to Oregon's.~~

~~Statutory/Other Authority: ORS 183,677.265~~

~~Statutes/Other Implemented: ORS 677.265~~

REPEAL: 847-031-0050

RULE SUMMARY: The proposed rulemaking repels division 31, Board Approval of Foreign Medical Schools, originally adopted in 2001. The Oregon Medical Board does not use these rules; instead, the Board relies on the Educational Commission for Foreign Medical Graduates (ECFMG) review of international schools of medicine as outlined in OAR 847-020-0130.

CHANGES TO RULE:

~~847-031-0050~~

~~Approval of Foreign Schools of Medicine by Foreign Accrediting Agencies~~

~~The Oregon Medical Board may accept as approved, a foreign school of medicine which has been approved by an agency which utilizes criteria and processes similar to the U.S. Liaison Committee on Medical Education.~~

~~Statutory/Other Authority: ORS 183,677.265~~

~~Statutes/Other Implemented: ORS 677.265~~