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Title: Competency Examinations for International Medical Graduates
Introduced by: Ved Gossain, MD, for the International Medical Graduates Section
Original Author: Ved Gossain, MD
Referred to: Reference Committee E
House Action: **DISAPPROVE**

Whereas, there is a predicted shortage of physicians in the US, and

Whereas, there are many qualified International Medical Graduates (IMGs) waiting for a residency position, and

Whereas, US medical schools and the Accreditation Council for Graduate Medical Education are moving toward competency- based criteria and not necessarily time-based criteria for graduation, and

Whereas, many overseas residency programs are equally as rigorous as residency programs in the US, and

Whereas, many well trained and experienced IMGs could meet the competency-based criteria required for graduation from the US residency programs, and

Whereas, there is precedent where several physicians who were trained abroad entered medical practice in the US, or even served on US medical school faculties in 1960s and 1970s to alleviate physician shortage¹, without being required to undergo any additional residency training, and

Whereas, in several European countries such as United Kingdom and Ireland² one can undergo strict competency based examinations without a residency to qualify for a medical license; therefore be it

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to work with other stakeholders including the Accreditation Council for Graduate Medical Education and Association of American Medical Colleges to explore the feasibility of instituting a rigorous competency based examination for International Medical Graduates who have successfully completed residency programs in their own countries to qualify for unrestricted medical licenses without being required to complete additional residency training in the US.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant AMA Policy:

AMA Principles on International Medical Graduates H-255.988

Our AMA supports:

- 1. Current U.S. visa and immigration requirements applicable to foreign national physicians who are graduates of medical schools other than those in the United States and Canada.

2. Current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE.
3. The AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body.
4. Cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada.
5. Continued cooperation with the ECFMG and other appropriate organizations to disseminate information to prospective and current students in foreign medical schools. An AMA member, who is an IMG, should be appointed regularly as one of the AMA's representatives to the ECFMG Board of Trustees.
6. The core clinical curriculum of a foreign medical school should be provided by that school; U.S. hospitals should not provide substitute core clinical experience for students attending a foreign medical school.
7. Working with the Accreditation Council for Graduate Medical Education (ACGME) and the Federation of State Medical Boards (FSMB) to assure that institutions offering accredited residencies, residency program directors, and U.S. licensing authorities do not deviate from established standards when evaluating graduates of foreign medical schools.
8. In cooperation with the ACGME and the FSMB, supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care.
9. The AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs.
10. That special consideration be given to the limited number of IMGs who are refugees from foreign governments that refuse to provide pertinent information usually required to establish eligibility for residency training or licensure.
11. That accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower.
12. That AMA representatives to the ACGME, residency review committees and to the ECFMG should support AMA policy opposing discrimination. Medical school admissions officers and directors of residency programs should select applicants on the basis of merit, without considering status as an IMG or an ethnic name as a negative factor.
13. The requirement that all medical school graduates complete at least one year of graduate medical education in an accredited U.S. program in order to qualify for full and unrestricted licensure.
14. Publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities.
15. The participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. The AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for outstanding achievements by either individuals or organizations in promoting leadership among IMGs.
16. Support studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members.
17. AMA membership outreach to IMGs, to include a) using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians; b) publicizing its many relevant resources to all physicians, especially to nonmember IMGs; c) identifying and publicizing AMA resources to respond to inquiries from IMGs; and d) expansion of its efforts to prepare and disseminate information about requirements for admission to accredited residency programs, the availability of positions, and the problems of becoming licensed and entering full and unrestricted medical practice in the U.S. that face IMGs. This information should be addressed to college students, high school and college advisors, and students in foreign medical schools.
18. Recognition of the common aims and goals of all physicians, particularly those practicing in the U.S., and support for including all physicians who are permanent residents of the U.S. in the mainstream of American medicine.
19. Its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations.
20. Institutions that sponsor exchange visitor programs in medical education, clinical medicine and public health to tailor programs for the individual visiting scholar that will meet the needs of the scholar, the institution, and the nation to which he will return.
21. Informing foreign national IMGs that the availability of training and practice opportunities in the U.S. is limited by the availability of fiscal and human resources to maintain the quality of medical education and patient

care in the U.S., and that those IMGs who plan to return to their country of origin have the opportunity to obtain GME in the United States.

22. U.S. medical schools offering admission with advanced standing, within the capabilities determined by each institution, to international medical students who satisfy the requirements of the institution for matriculation.

23. Providing U.S. students who are considering attendance at an international medical school with information enabling them to assess the difficulties and consequences associated with matriculation in a foreign medical school.

24. The Federation of State Medical Boards, its member boards, and the ECFMG in their willingness to adjust their administrative procedures in processing IMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state.

¹ Richard d. Lyons. Foreign doctors stream to farmlands and inner cities. New York Times, August 23, 1983. Accessed at <http://www.nytimes.com/1983/08/23/science/foreign-doctors-stream-to-farmlands-and-inner-cities.html?pagewanted=all> on February 28, 2017.

² MRCPI General Medicine. Accessed at <https://store.rcpi.ie/EForms/configuredHtml/1193/2767/login.html?instancelid=1&hashContent=redirectTo~%40~%26subAction%3DviewMicrosite%26Link%3Dhttps%3A%2F%2Frcpi-microsite.s3.amazonaws.com%2F4bafc3258bc5b21024364e14552476c2116e5ef5%26id%3D452165865%26name%3DMRCPI+General+Medicine#1%40IID%40Home%2FCatalogue%3DredirectTo~%40~%26subAction%3DviewMicrosite%26Link%3Dhttps%3A%2F%2Frcpi-microsite.s3.amazonaws.com%2F4bafc3258bc5b21024364e14552476c2116e5ef5%26id%3D452165865%26name%3DMRCPI%2BGeneral%2BMedicine> on February 28, 2017.