HOD ACTION: Council on Medical Education Report 11 adopted as amended and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 11-A-10

Subject: Rationalize Visa and Licensure Process for IMG Residents (Resolutions 305 and 319, A-09)

Presented by: Susan Rudd Bailey, MD, Chair

Referred to: Reference Committee C (Floyd A. Buras, Jr., MD, Chair)

At the 2009 Annual Meeting of the American Medical Association (AMA) House of Delegates (HOD), two resolutions related to international medical graduates (IMGs) were brought before the House. Both of these were subsequently referred to the Board of Trustees and assigned to the Council on Medical Education for further study and a report.

1) Resolution 305, "Rationalize Visa and Licensure Process for International Medical Graduate Residents," introduced by the Michigan Delegation, asked the AMA to work to ensure the granting of J-1 and H-1 visas for International Medical Graduates for the length of their residency training.

2) Resolution 319, "Denial of Medical Licensure to Qualified International Medical Graduates," introduced by the AMA IMG Section, asked the AMA to reaffirm existing policy to oppose any state medical board's decision to deny a medical license to an IMG based on his or her medical school; collaborate with the Federation of State Medical Boards to encourage state medical boards to have their own standards of licensure and not accept another state's decision to deny licensure; and assist state medical associations in seeking legislative remedies to address denial of licensure based on arbitrary criteria, such as graduating from a foreign medical school.

DISCUSSION

Visa concerns for IMGs

Resolution 305 was intended to address the issues that can arise when the length of residency/fellowship training exceeds the terms of a non-immigrant visa. The two most commonly used temporary, nonimmigrant classifications by IMGs are the J-1 Exchange Visitor program and the H-1B Temporary Worker classification. Both these classifications, however, limit a physician's duration of residence in the United States and impose strict limitations on the types of employment aurhorized, although they do have the advantage of being relatively quick to obtain.

Most IMGs in graduate medical education (GME) programs arrive under the J-1 Exchange Visitor Program, although the H-1B Temporary Worker category is becoming increasingly utilized. Data collected via the AMA's National GME Census show an increase in IMGs in residency programs under H status from 1,474 in 2001 to 4,777 in 2008. Meanwhile, IMGs under J status declined over the same period from 5,473 to 4,152.[1]

The primary disadvantage of the H-1 is that its length is six years, versus seven for the J-1. This can become an issue for IMGs who undertake prolonged graduate medical education specialty and subspecialty training or extend their training for research or chief residency. Nonetheless, this becomes an issue only for a relatively low percentage of IMGs.

Licensure concerns for IMGs

Resolution 319 stems from an incident in which a US citizen IMG was told by a state licensing board that his application for an unrestricted medical license would be denied because he had attended a medical school on the board's "unapproved" list of schools. That state's medical practice law states that the medical board can deny an application for unrestricted medical licensure if the medical school of the applicant is not "equivalent" in quality to a medical school in that state. In the absence of any international medical school accreditation body or agreed-upon standards for foreign medical schools, the board's policy and action was considered by the physician as an act of discrimination against an IMG solely due to the location of his medical school. He felt that the decision for medical licensure should be based on his individual qualifications (USMLE test scores, specialty board scores, residency program performance, letters of recommendation, etc.) and not where he graduated from medical school. He subsequently applied for and was granted an unrestricted medical license in another state; his family, however, resides in the state where he initially applied for an unrestricted medical license. Because of this personal hardship, the physician authored this resolution to highlight the discriminatory aspect of this state licensing board's policy (a policy shared by a number of licensing boards in the US).

Data from the 2010 edition of the AMA's *State Medical Licensure Requirements and Statistics* show that 22 boards maintain and/or use a list of approved/unapproved foreign medical schools for initial licensure decisions. In addition, about half of the boards require IMG candidates for endorsement of licensure to have graduated from a state-approved foreign medical school.

Several boards refer to the list of recognized and disapproved schools maintained by the California board on its Web site. The 10 schools currently on the disapproved California list are:

1. CETEC University, Santo Domingo (closed)
2. CIFAS University, Santo Domingo (closed)
3. UTESA University, Santo Domingo
4. World University, Santo Domingo (closed)
5. Spartan Health Sciences University, St. Lucia
6. University of Health Sciences Antigua, St. John's
7. Universidad Eugenio Maria de Hostos (UNIREMHOS), Dominican Republic
8. Universidad Federico Henriquez y Carvajal, Dom. Rep.
9. St. Matthew's University, Grand Cayman
10. Kigezi International School of Medicine, Cambridge, England and Uganda

Other boards have specific rules and/or lists of approved/unapproved schools that are used in making licensure decisions for IMGs:

- Idaho—No list of approved foreign medical schools is maintained, but for IMGs applying for licensure, such schools must have been in existence for at least 15 years from the date of application for Idaho licensure.

- Kansas—Licensure applicants must have graduated from a school approved by the Board. If the school has not been approved by the Board, an applicant may still be eligible for a

license if the school has not been disapproved and has been in operation (date instruction started) for not less than 15 years.

- Nevada—A formal list of approved/unapproved medical schools is not maintained, but the board does have an internal list of questionable medical schools.

- New Jersey—An individual's educational experience must meet certain eligibility requirements.

Although the AMA has no authority or jurisdiction over state medical boards, the Association can continue to work with the Federation of State Medical Boards (FSMB) to encourage state licensing boards to eliminate use of approved/unapproved medical school lists and to harmonize and make transparent the licensure process for all applicants. The only true remedy lies in state legislative action to amend a state's medical practice act. Opening the medical practice act, however, can be problematic, because the entire act would then be subject to the amendment process, raising issues such as scope of practice, which could be negatively affected.

The following AMA policies illustrate the Association's position on unapproved medical schools and other discriminatory practices as they relate to licensure decisions affecting IMGs:

- H-255.983, "Graduates of Non-United States Medical Schools"—The AMA continues to support the policy that all physicians and medical students should be evaluated for purposes of entry into graduate medical education programs, licensure, and hospital medical staff privileges on the basis of their individual qualifications, skills, and character (AMA Policy Database).

- H-255.987, "Foreign Medical Graduates"—Our AMA supports continued efforts to protect the rights and privileges of all physicians duly licensed in the US regardless of ethnic or educational background and opposes any legislative efforts to discriminate against duly licensed physicians on the basis of ethnic or educational background.

- H-275.928, "Arbitrary Exclusion of International Medical Schools Which Impacts Physician Licensure"—Our AMA opposes the practice by state medical boards of creating arbitrary and non criterion-based lists of approved or unapproved international medical schools.

- H-255.982, "Equality in Licensure and Reciprocity"—Our AMA (1) reaffirms its policy that it is inappropriate to discriminate against any physician because of national origin or geographical location of medical education; (2) continues to recognize the right and responsibility of states and territories to determine the qualifications of individuals applying for licensure to practice medicine within their respective jurisdiction; and (3) supports the development and distribution of model legislation to encourage states to amend their Medical Practice Acts to provide that graduates of foreign medical schools shall meet the same requirements for licensure by endorsement as graduates of accredited US and Canadian schools.

- H-275.955, "Physician Licensure Legislation"—Our AMA (1) reaffirms its policies opposing discrimination against physicians on the basis of being a graduate of a foreign medical school and supports state and territory responsibility for admitting physicians to practice; and (2) reaffirms earlier policy urging licensing jurisdictions to adopt laws and

rules facilitating the movement of physicians between states, to move toward uniformity in requirements for the endorsement of licenses to practice medicine, and to base endorsement of medical licenses on an assessment of competence rather than on passing a written examination of cognitive knowledge.

RECOMMENDATIONS

The concerns expressed in Resolution 305 are legitimate, but only a relatively low percentage of IMGs who cannot complete their training in six years under the H-1B visa are affected. Additionally, visa requirements are complex and very difficult to change.

As for Resolution 319, the AMA does not have the jurisdiction nor the authority over state medical boards and their decisions, but our policies should carry influence in ensuring fair and equitable licensure decisions for IMGs as well as US medical school graduates.

The Council on Medical Education, therefore, recommends that the following be adopted in lieu of Resolutions 305 and 319 (A-09) and that the remainder of this report be filed.

1. That our American Medical Association (AMA) continue to monitor issues for IMGs in the US under H status visas who are not able to complete their residency/fellowship training within the H-1's six-year time limit and report back to the House of Delegates no later than A-12. (Directive to Take Action)

2. That our AMA reaffirm Policies H-255.983, H-255.987, H-275.928, H-255.982, and H-275.955, which oppose discrimination against IMGs. (Reaffirm HOD Policy)

Fiscal Note: $500 for staff time.

Complete references for this report are available from the Medical Education Group.

[1] *JAMA* medical education issues, September 4, 2002 and September 23/30, 2009.