

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 1
(I-24)

Introduced by: International Medical Graduates Section

Subject: Alternative Pathways for International Medical Graduates

Referred to: Reference Committee

- 1 Whereas, the AMA opposes efforts to employ graduates of foreign medical schools who have not
2 met existing state criteria for full licensure (H-255.970); and
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4 Whereas, the AMA supports the requirement that all medical school graduates complete at least
5 one year of graduate medical education in an accredited U.S. program in order to qualify for full
6 and unrestricted licensure (H-255.988); and
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8 Whereas, the AMA encourages State Medical Boards to allow an alternate set of criteria for
9 granting licensure in lieu of this requirement (completion of medical school and residency training
10 outside the U.S.; extensive U.S. medical practice; and evidence of good standing within the local
11 medical community) (H-255.988); and
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13 Whereas, there are multiple states in the U.S. that have passed legislation allowing alternate
14 medical licensure pathways for International Medical Graduates; and
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16 Whereas, legislation changes in medical licensure pathways for IMGs differ between states; and
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18 Whereas, there are no recommendations for State Medical Boards regarding the implementation
19 of such alternative licensure pathways for IMGs; and
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21 Whereas, a new “Advisory Commission on Alternate Licensing Models” was established by
22 FSMB, ECFMG and ACGME with the participation of the AMA to provide guidance to the states
23 seeking to improve access to care by streamlining the licensure of IMGs; therefore, be it
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25 RESOLVED, that our AMA provides an informational report about the ongoing work around
26 alternate licensing pathways and currently introduced laws and regulations being introduced
27 around the country and their status during the A-25 meeting; and be it
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29 RESOLVED, that, following the conclusion of the work of the Advisory Commission on Alternate
30 Licensing Models, our AMA develop educational resources related to alternate licensing models
31 for the AMA HOD and other interested stakeholders, and be it
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33 RESOLVED, that our AMA widely distribute the Commission’s report and relevant educational
34 content to all AMA members and other interested stakeholders, and be it further
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36 RESOLVED, that, following the conclusion of the work of the Advisory Commission on Alternate
37 Licensing Models, our AMA study our existing policy pertaining to state licensure processes,
38 including alternate licensing pathways, and recommend updates to such policies, as appropriate,
39 to help inform advocacy efforts by state medical societies.
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Fiscal Note:

RELEVANT AMA POLICY

D-255.977 - Licensure for International Medical Graduates Practicing in U.S. Institutions with Restricted Medical Licenses

Our AMA will advocate that qualified international medical graduates have a pathway for licensure by encouraging state medical licensing boards and the member boards of the American Board of Medical Specialties to develop criteria that allow: (1) completion of medical school and residency training outside the U.S.; (2) extensive U.S. medical practice; and (3) evidence of good standing within the local medical community to serve as a substitute for U.S. graduate medical education requirement for physicians seeking full unrestricted licensure and board certification. (CME Rep. 2, A-21)

H-255.970 - Employment of Non-Certified IMGs

1. Our American Medical Association will oppose efforts to employ graduates of foreign medical schools who are neither certified by the ECFMG (a member of InTealth) nor have met state criteria for full licensure.
2. Our AMA encourages states that have difficulty recruiting doctors to underserved areas to explore the expanded use of incentive programs such as the National Health Service Corps or J-1 or other visa waiver programs. (Res. 309, A-03Reaffirmed: CME Rep. 2, A-13Modified: CME Rep. 01, A-23)

H-255.988 AMA Principles on International Medical Graduates

1. Our American Medical Association supports 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. Our AMA supports current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE.
3. Our AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body.
4. Our AMA supports cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada.
5. Our AMA supports 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. Our AMA supports 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.
7. In cooperation with the ACGME and the FSMB, our AMA supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care.
8. Our AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs.
9. Our AMA supports 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.
10. Our AMA supports that accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower.
11. Our 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.

12. Our AMA supports 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. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement:
 - a. completion of medical school and residency training outside the U.S.;
 - b. extensive U.S. medical practice; and
 - c. evidence of good standing within the local medical community.
13. Our AMA supports publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities.
14. Our AMA supports the participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. Our 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, the Accreditation Council for Graduate Medical Education and its review committees, the American Board of Medical Specialties and its specialty boards, 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.
15. Our AMA supports studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members.
16. Our 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.
17. Our AMA supports 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.
18. Our AMA supports its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations.
19. Our AMA supports 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.
20. Our AMA supports 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.
21. Our AMA supports 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.
22. Our AMA supports 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.
23. Our AMA supports continued efforts to protect the rights and privileges of all physicians duly licensed in the U.S. 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.
24. Our AMA supports continued study of challenges and issues pertinent to IMGs as they affect our country's health care system and our physician workforce.
25. Our AMA supports advocacy to Congress to fund studies through appropriate agencies, such as the Department of Health and Human Services, to examine issues and experiences of IMGs and make recommendations for improvements. (BOT Rep. Z, A-86; Reaffirmed: Res. 312, I-93; Modified: CME Rep. 2, A-03; Reaffirmation I-11; Reaffirmed: CME Rep. 1, I-13)