

DHP International Medical Graduates Work Group

Tuesday, August 6, 2019

Perimeter Center, 2nd Floor Conference Center, Henrico, Virginia

Board Room 4 10:00 a.m.

DRAFT MEETING MINUTES

In Attendance:

Meeting Facilitator

Barbara Allison-Bryan, Department of Health Professions

Workgroup Members

Clark Barrineau, Medical Society of Virginia

David Brown, Virginia Department of Health Professions

Kelly Cannon, Virginia Hospital and Health Care Association

Elizabeth Carter, Virginia Department of Health Professions

Diane Farineau, University of Virginia

Jill M. Grumbine, Department of Health

William Harp, Virginia Board of Medicine

Donald Kees, Carilion Clinic

David Klink, Liberty University

Michelle LaRue, CASA

Ahmad Momand

Keisha Smith, Virginia Health Workforce Development Authority

Wendy Welch, Virginia Rural Health Association

Elaine Yeatts, Virginia Dept. of Health Professions

Staff

Amy Davis, Virginia Department of Health Professions

Call to Order and Introductions:

Dr. Allison-Bryan called the meeting to order at 10:05 a.m. She welcomed everyone, provided emergency egress information, and asked the workgroup members to introduce themselves.

Overview and Background:

Dr. Allison-Bryan reviewed the letter dated May 22, 2019 submitted by Delegate Orrock pertaining to HJR 682 (Tran) which requested the Department of Health Professions study

options for utilizing physicians trained outside of the United States to address shortages of physicians in rural and underserved areas of Virginia. The study should consider barriers to licensure of graduates of international medical programs and any potential impacts of such barriers on physician shortages in the Commonwealth.

Public Comment:

Dr. Allison-Bryan called on individuals wishing to provide public comment. One speaker was identified.

Delegate Kathy Tran provided information on HJR 682 considered during the 2019 General Assembly. Her comment included information regarding a member of her family that was licensed outside of the United States that was not able to practice fully in the United States for 15 years and information regarding Ahmad Momand, licensed as an anesthesiologist in Afghanistan who is currently working as a phlebotomist in Virginia. Delegate Tran encouraged the work group to explore pathways that other states are using to enable graduates of international medical programs to contribute to their full potential as a health care provider in Virginia.

Dr. Allison-Bryan expressed appreciation to Delegate Tran on behalf of the work group and requested Delegate Tran submit her comments in writing.

Review of Documents

Dr. Allison-Bryan reviewed the demographics of overall physician distribution indicating full time equivalency (FTE) units per 1,000 residents in Virginia and physician full time equivalency units by county. Three of the 53 rural counties or cities meet the average of 2.98 physician FTEs per 1,000 residents.

Information regarding physician FTE by health professional shortage area reviewed indicating all health professional shortage area counties tend to have lower numbers of physicians and lower physician FTE/1,000 residents than non-health professional shortage areas. Distribution of international medical graduate FTE information was reviewed.

Dr. Allison-Bryan reviewed the information regarding change in physician FTE and rural status stating it is more difficult to retain physicians in rural areas. The physician attrition through retirement information indicates the current inflow currently exceeds outflow by retirement. The diversity index for physicians in Virginia was reviewed, the diversity index for physicians in Virginia was 54% in 2018. Virginia's overall diversity index is 57%.

Statistics were reviewed regarding international medical graduates practicing in Virginia from the 10 countries with the most citizens at entry to medical school and included specialty designation.

Educational Commission for Foreign Medical Graduates (ECFMG) pass rate statistics were reviewed by Dr. Allison-Bryan. It was noted about 80% of international medical graduates test takers pass Step 1 or Step 2 CK or Step 2 CS the first time. Approximately 50% get a residency slot, which is increasing slowly. Rates of US vs non-US citizen international medical graduate matches are similar.

Pathways to Licensure

Dr. William Harp reviewed the current pathways to licensure in Virginia consisting of path one – one year of GME; path two – licensure by endorsement; and path three – university limited licensure.

Barriers to Licensure

Dr. Allison-Bryan asked Ahmed Momand to speak about his experience and challenges regarding licensure and practice in the United States. He stated that he completed 7 years of medical school and 3 years of anesthesiology program to practice as an anesthesiologist in Afghanistan. When he moved to Virginia, none of the education applied to being licensed in Virginia. He estimated that it would take 8 to 10 years to qualify for a Virginia license as an anesthesiologist so he explored licensure as a nurse and met barriers with meeting the education requirements, so he completed a certificate program for phlebotomy and is employed in that role. He stated his ultimate goal is to be licensed as an anesthesiologist, however is exploring options.

Dr. Allison-Bryan reviewed the possible barriers to licensure identified in the document that included growing competition for limited residency spots; time since graduation from medical school, lack of recognized clinical experience; application complexity and other qualifications for residency; the cost of the United States Medical Licensure Exam (USMLE) and possible unpaid clinical experience. It can take an international medical graduate 4 years to prepare for the USMLE.

RECESS: The work group recessed at 11:20 A.M.

RECONVENTION: The work group reconvened at 11:31 A.M.

Dr. Allison-Bryan asked participants for comments on topics that had been addressed today. Work group participants agreed that each barrier identified is being experienced throughout Virginia. Discussion included reason for leaving home country can influence ability to overcome barriers to licensure in Virginia, i.e. urgent situation regarding safety or a planned move from home country.

Review of Processes and Progress in other Jurisdictions Dr. Allison-Bryan reviewed the AMA Observership Program which is designed to help international medical graduates secure

needed clinical experience. Work group participants agreed that it is helpful but not an absolute pathway to licensure as it is only a four-week program.

Minnesota's program to integrate immigrant medical graduates into the physician workforce was reviewed. Comments included it seemed to be a comprehensive program for 4 participants; however 4 licensed physicians in rural or underserved areas would have a large, positive impact.

California's program to enroll foreign trained physicians who are committed to primary care especially for underserved communities. Since 2018, 128 physicians have been successfully matched into family medicine residency programs.

The Report by the Governor's Advisory Council for Refugees and Immigrants Task Force on Immigrant Healthcare Professionals in Massachusetts was published in 2014, and focused on 4 areas of career pathways.

Tennessee had an intense 3-day program designed to help prepare international medical graduates for placement into primary care oriented residency programs. The program is now defunct. Enrollment was limited to 6 participants.

Canada has created Practice-Ready Assessment (PRA) programs. Since 2015 in British Columbia, 112 family physicians have begun practicing in 44 rural communities.

RECESS: The work group recessed for lunch at 12:08 P.M.

RECONVENTION: The work group reconvened at 12:33 P.M.

Observations and Possible Recommendations

- Need to obtain number of IMG and where they are
- Mentorship program to prepare IMG for road ahead and clinical experiences
- Program that honors fully trained IMG
- Offer USMLE in other languages
- Refugees want to work in their field, however time and finances for additional study and clinical experience are barriers especially if they have to work to support self/family
- Develop a guideline for IMG use in several languages
- Are grants available in lieu of a salary to allow IMG to prepare for licensing exam
- Can IMG practice in other professions that require less preparation
- To deal with barriers, need to either lower licensure standards or assist IMG with getting over barriers
- Funding for externships/paid mentorships would increase opportunities

Next Steps

Dr. Allison-Bryan stated she will prepare a draft of recommendations and circulate to work group participants for input.

Closing Comments

Dr. Allison-Bryan thanked the group for their participation.

Adjourn

With no further business to discuss, Dr. Allison-Bryan adjourned the meeting at 1:21 P.M.