

December 1, 2019



SSB 5846:
**INTEGRATION OF INTERNATIONAL
MEDICAL GRADUATES (IMG) INTO
WASHINGTON'S HEALTH CARE SYSTEM**
STRATEGIES AND RECOMMENDATIONS FROM THE 2019 IMG WORKGROUP

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Executive Summary

[Chapter 329, Laws of Washington 2019](#) established the International Medical Graduates (IMG) Workgroup. This workgroup was tasked to develop strategies and recommendations that assist eligible physicians to overcome barriers for IMGs to obtain pre-residency training and residency positions in Washington. The bill instructed the workgroup to return to the legislature with these recommendations by December 1, 2019.

The workgroup identified the need for a program to help support IMGs to meet the requirements to enter the Washington health care delivery system. This includes the ability of the IMG to be assessed, complete required licensing examinations, obtain Educational Commission for Foreign Medical Graduates (ECFMG) certification, and gain the recent clinical experience needed to be considered a competitive residency applicant. Six of the eight recommendations address this support system, and its need for formalization and funding. If that supportive pathway can be established, there is a near-term potential for many IMGs in Washington state to enter residency programs and provide care to Washington citizens. The following are the recommendations from the workgroup:

- 1. IMG Training Assistance Fund created and added to the General Budget.**
- 2. Grant-funded career guidance and support services by approved entities and/or non-profit organizations (i.e. Welcome Back Center) to IMGs seeking to enter the Washington health workforce.**
- 3. Develop a clinical assessment process for demonstrating “residency readiness” for IMGs.**
- 4. Award grants to support Washington IMGs needing additional clinical preparation or experience to demonstrate “residency readiness.”**
- 5. Establish additional license classifications for IMGs (exceptional qualification and clinical experience).**
- 6. No service requirements at this time.**
- 7. IMG dedicated residency spots within Washington state.**
- 8. Creation of an IMG Implementation Group to guide and advise the creation of the IMG assistance system that would result from legislation.**

Background

The Washington Medical Commission (WMC) regulates the licensure of physicians. The commission issues limited licenses and full licenses. People eligible for a limited license include those entering residency-training programs. To receive a full license, an applicant must:

- Have graduated from an accredited or approved medical school;
- Have passed all the steps of the United States Medical License Examination (USMLE) or the Licentiate of the Medical Council of Canada;
- Have completed at least two years of post-graduate training; and
- Be physically and mentally capable of safely carrying on the practice of medicine.

To receive a limited license, applicants must meet the same requirements except they must have passed only USMLE Steps 1 and 2, and are not required to have completed at least two years of post-graduate training.

International medical graduates are people who graduated from a medical school outside the United States or Canada. In addition to the requirements for all applicants, international medical graduate applicants must also:

- Obtain a certification with an indefinite status granted by the ECFMG and;
- Have the ability to read, write, speak, understand, and be understood in the English language.

To obtain certification by the ECFMG, a person must have graduated from an institution registered in the International Medical Education Directory, and must have passed USMLE Step 1, Step 2 Clinical Knowledge, and Step 2 Clinical Skills.

Because of the WMC's high level of involvement with IMGs during their journey to licensure, the legislature named the WMC to staff the International Medical Graduates Workgroup, and to draft the final report.

Overview of challenges for students participating in International Medical Student Programs

The process of applying to graduate medical education (GME) residency programs for international medical graduates is complex. Many IMGs living in Washington state are highly qualified people who have extensive medical training and clinical experience in their home country; however, they are unable to obtain board certification without completing an accredited residency program in the U.S. These graduates are capable of delivering care to underserved and underrepresented communities, which would advance the ability for health systems in Washington to provide equitable care.

Among the complexities are:

- Educational Commission for Foreign Medical Graduates (ECFMG) certification. This can be difficult because of:
 - Providing a copy of medical school diploma to ECFMG;
 - United States Medical Licensing Examination (USMLE) preparation and fees;
 - Maintaining employment during test preparation;
 - Getting transcripts from other countries, sometimes at great personal risk;
- Accreditation Council for Graduate Medical Education (ACGME) requirements for GME residency programs;
- Understanding the National Resident Matching Program (NRMP) requirements for IMGs eligibilities;
- Increasing competition for residency positions in the NRMP Main Residency Match. (The 2019 NRMP match had 38,376 active applicants but only 35,185 positions offered);
- A 2018 NRMP program director survey found that top factors residency program directors cite in NRMP Match participating programs when selecting applicants to interview are as follows:
 - USMLE Step 1;
 - Letters of recommendation;
 - Medical student performance evaluation;
 - USMLE Step 2;
 - Personal statements;
- Maintaining cohesive records when immigrating to the U.S.;
- Costs and underemployment during the pre-residency period;
- Completing all the steps within the allotted period between medical school graduation and residency program eligibility.

In addition to these complexities, IMGs may have additional barriers such as English fluency and lack of clinical experience in the U.S. In 2019 the Washington legislature passed Senate Bill 5846. Its purposes are to aid IMGs with overcoming barriers to licensure, to retain them in the Washington health care system instead of losing them to other states, and to help provide greater access to culturally and linguistically appropriate competent health care.

Recommendations

- Create an IMG Implementation Workgroup to establish assistance for participants during the first four years.

Coordinate with stakeholders and provide guiding recommendations to the legislature.

- IMG Training Assistance Fund added to the General Budget.

This fund would act as the primary source of funding for IMG training and assessment needs. It can be contributed to by donations, grants, or other means. The scope and level of funding the legislature authorizes will determine the size. The Workgroup requests that resources should not be diverted away from the current licensing program. Any disbursements from this account should be used to fund primary care specialties under this program.

- Grant-funded career guidance and support services by approved entities and/or non-profit organizations to IMGs¹ seeking to enter the Washington health workforce.

The workgroup suggests the Welcome Back Center² serve as the primary intake for IMGs to get oriented to the Washington health care system. It is anticipated that other organizations, which can demonstrate the ability to fulfill this career guidance role, may also apply for this grant funding. Support services provided may include navigating ECFMG certification application process and USMLE preparation. Funding for these services may come from grants, donations, IMG Training Assistance Fund, and Welcome Back Center line item in state budget.

¹ Cities, non-profit organizations, and other entities may select and refer candidates to approved organizations as they see fit.

² The Welcome Back center, located at Highline Community College, serves IMGs and other immigrants in navigating the legal requirements for entry into the U.S. workforce for professionals from other countries. For more detailed information, please see the Welcome Back Center presentation linked in appendix 1. While the Welcome Back Center performs this function, it has one case manager for all health professions. We recommend dedicated resources be added for IMG case management.

- Award grants³ to support clinical preparation for Washington IMGs needing additional clinical preparation or experience to qualify for residency.

Grant money could be awarded to the health care facility or program for clinical preparation of the IMGs accepted. This clinical preparation would be tailored to the needs of the individual IMG. The workgroup requests that determination of application, award process, and forecasting grant recipient needs would be left to the proposed IMG Implementation Workgroup.

- Develop Clinical Assessment for IMGs.

By creating a clinical assessment, the WMC could determine the readiness for an IMG to apply and serve in residency programs. An eligible IMG is defined as an ECFMG-certified IMG who has lived in Washington state for at least two years. The workgroup suggests that the IMG Implementation Workgroup define the “clinical readiness” criteria using published benchmarks for medical school graduation or residency admission. The implementation workgroup would also need to recommend criteria identifying responsible and qualified assessors of applicants beyond that of being a clinical preceptor.

- The WMC will establish and develop additional license classifications for IMGs (exceptional qualification and clinical experience license).

The WMC is requesting general rulemaking authority from the Legislature to permit WMC to create two new licensing classifications. These classifications would be granted case-by-case by the WMC licensing panel. Requirements for these classifications would be placed in rule or in WMC policies as needed.

The first classification, the exceptional qualification waiver, would be issued to IMGs who meet or exceed standard licensing requirements. The participating IMG would be sponsored by a Washington health care institution. To qualify, an IMG would have to possess an extensive and accepted body of work related to research, medical excellence, or employment, and have the recommendation of other national or international experts in the same specialty or field.

The second classification would be the clinical experience license. This classification could be used for IMGs on a time-limited basis for gaining clinical experience through an accepted program under the auspices of this process. The programs would sponsor the IMG, and would request WMC to issue the license in a similar application process as the current limited licenses for medical students and other trainees.

³ Grant source would be from the IMG Assistance Training Fund

- The IMG Workgroup recommends primary residency spots in family medicine, internal medicine, pediatrics, and other shortage or unevenly distributed specialties such as obstetrician-gynecologist and psychiatry⁴.

The determination of the number of positions funded and the process of allocating these positions under this grant process has been left for the IMG implementation Workgroup.

- The IMG Workgroup recommends no service requirements at this time.

Primary reasoning for this recommendation is the proposed program's small nature, and extensive costs related to setting up a tracking and enforcement program for service requirements.

⁴ Because of the nature of residency accreditation and resourcing, specific location, recommendations cannot be made at this time.

Appendix 1: Workgroup schedule and qualifications

The International Medical Graduates Workgroup met bi-monthly from July 8, 2019 to September 30, 2019 for a period of 1½ hours, either in person or via video conference. Mandated requirements that the Department of Health and the Office of Financial Management review recommendations before they can be presented to the legislature on December 1, 2019, compressed the meeting timelines.

SSB 5846 required that the following be participants in the International Medical Graduates Workgroup:

- A representative from the Washington Medical Commission;
- A representative from the Department of Health, Health Systems Quality Assurance Division;
- A representative from the University of Washington School of Medicine Graduate Medical Education Program;
- A representative from the Washington State University Elson S. Floyd College of Medicine Graduate Medical Education Program;
- A representative from the Pacific Northwest University of Health Sciences College of Osteopathic Medicine Graduate Medical Education Program;
- A representative from a statewide association representing physicians;
- A representative from the Washington State Family Medicine Residency Network;
- A representative from a primary care health care employer in a rural or underserved area of Washington;
- A representative from a health carrier offering coverage in a rural or underserved area of Washington;
- A licensed physician with experience working with international medical graduates;
- A representative from an organization specializing in refugee advocacy in Washington;
- A representative from an organization serving refugee physicians and IMGs;
- A representative from an organization offering counseling and educational programs to internationally trained health professionals;
- A representative from an organization representing community and migrant health centers and;
- At least two international medical graduates.

Appendix 2: Workgroup Members – Governor Appointed and Staff

| Name | Affiliation |
|--------------------------|---|
| Alden Roberts, MD | Washington Medical Commission |
| Renee Fullerton, MPH | DOH Health Systems Quality Assurance Division |
| Gabrielle Pett, MHA | UW Graduate Medical Education Program |
| Jonathan Espenschied, MD | WSU Graduate Medical Education Program |
| Russell Maier, MD | PNWU Graduate Medical Education Program |
| Jeb Shepard | Washington State Medical Association |
| Judith Pauwels, MD | FM Graduate Medical Education Network |
| Ricardo Jimenez, MD | A primary care health care employer in a rural area |
| Siobhan Brown, MPH | Rural or underserved insurance |
| Martin Brueggemann, MD | MD/DO who works with IMGs |
| Mouammar Abouagila, MBBS | Refugee advocacy organization |
| Mohamed Khalif, MBBS | IMG/Refugee Organization |
| Cheryl Carino-Burr | Highline Community College |
| Mike Maples, MD | Community Health Centers |
| Yulia Sledneva, MD | Washington international medical graduate |
| Hala Yasiri, MBBS | Washington international medical graduate |

Workgroup staff

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|--------------------------|--|
| Micah Matthews, MPA, CPM | Deputy Executive Director, Executive Sponsor |
| Sarah Chenvert, MBA | Performance Manager |
| Rebecca King | Administrative Support |
| Stephanie McManus | PIO/ Legislative Liaison |

REFERENCES

In order to house the professional insight, presentations, documents and discussion from the International Medical Graduates Workgroup, the WMC created a fluid webpage of information for ease of use. References to their work within this report are at: wmc.wa.gov/img-workgroup along with the following:

[Access Issues and barriers graph](#) - Dr. Mohamed Khalif, MBBS

[IMG Program Progress in Minnesota](#) – Sarah Chenvert, MBA, WMC Performance Manager

[Family Medicine Residency Growth in Washington](#) – Jeb Shepard, WSMA

[Service Obligations Brief](#) - Renee Fullerton, MPH, Department of Health

[Puget Sound Welcome Back Center Presentation](#): Pre-residency Support Systems in Washington and Related Needs – Cheryl Carino- Burr, Highline Community College

[GME Matching Processes](#) – Dr. Judith Pauwels, FM Graduate Medical Education Network

[Potential Licensure System Changes for IMG](#) – Stephanie McManus, WMC Legislative Liaison