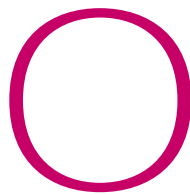


for international medical graduates (IMG)

# Easing the credential burden

FCVS offers a safe harbor for IMGs credentials

By George Van Komen, Federation of State Medical Board past president



One of the most common complaints made by International Medical Graduates (IMGs) is that the

process of getting a state medical license can be burdensome. All applicants — IMGs and U.S. medical graduates alike — must obtain original documentation of their medical education directly from their medical schools. For many, the process of obtaining transcripts and

other documents from foreign medical schools is long and fraught with many cumbersome procedures and delays.

One way IMGs can make the process easier is to use the Federation Credentials Verification Service (FCVS). The FCVS was

established in 1996 to provide a centralized, uniform process for state medical boards as well as private and governmental entities to obtain a verified, primary source record of a physician's core medical credentials. This service is designed to lighten the workload of cre-

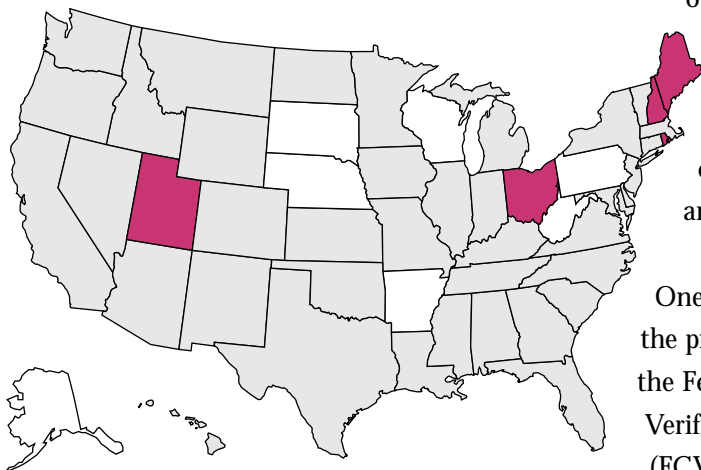
credentialing staff and reduce duplication of effort by gathering, verifying and permanently storing credentials in a centralized repository for physicians.

FCVS obtains primary source verification of medical education, postgraduate training, licensure examination history, board action history and identity. This repository of information allows an individual to establish a confidential, lifetime professional portfolio that can be forwarded at the individual's request to any interested party, including: state medical boards, hospitals, managed care plans and professional societies.

There are more than 27,000 physicians who have had their credentials verified

*continued on page 2*

**Federation Credentials Verification Service Participating State Boards — Physicians**



**State Medical Boards**

- Requiring (ME, NH, RI, OH, UT)
- Accepting

Some states have separate licensing boards which may or may not be represented by the above map. Please see a complete listing under [www.fsnb.org](http://www.fsnb.org).

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# Attend the IMG's 2002 Interim Meeting

**W**e invite all IMGs and physicians interested in IMG issues to

the 2002 Interim Meeting of the AMA- IMG Section. The IMG Section is a wonderful opportunity for members to influence policy related to IMGs, to improve the experience of IMGs in the United States and to begin to become more involved in medicine. You are all encouraged to attend.

At this meeting we expect to discuss immigration issues for physicians, equal opportunity for IMGs and other topics.

## *Meeting schedule:*

**Dec. 6, 5 p.m. - 8:30 p.m.**

**Hilton New Orleans Riverside  
New Orleans**

The meeting is scheduled for Friday evening to minimize conflicts with other AMA caucuses and meetings.

## *Hotel reservations:*

For IMG Section participants, rooms have been reserved at the New Orleans Sheraton and other hotels.

## *Registration/security:*

Because of heightened security, you must obtain your meeting badge before arriving at any AMA meetings. If you are not registered for other AMA meetings, please contact us so we can pre-print a registration badge for you.

## *Resolutions:*

If you have policy resolutions you would like the IMG Section to consider, please e-mail or fax them to the AMA Department of IMG and Senior Physician Services at [ashish\\_bajaj@ama-assn.org](mailto:ashish_bajaj@ama-assn.org) or (312) 464-5845 by Nov. 8; late resolutions may not be accepted. Resolutions follow a simple, standard format.

Resolutions adopted by the Section can be introduced to the AMA House of Delegates to influence AMA policy.

This system can, and does, work — it is by this process that we were able to persuade the AMA to send an IMG to represent the AMA on the Educational Commission for Foreign Medical Graduates (ECGME).

## *Nominations/elections*

At the Interim Meeting, we elect the five members of the Nominating Committee. These individuals approve the slate of candidates for the three open slots on next year's Governing Council. Any members interested in being elected to the Nominating Committee must attend the Interim Meeting. We will solicit candidates for next year's IMG Section Governing Council in early 2003.

Your support and efforts are critical to improving the experience of IMGs. If you have any questions regarding the meeting, please visit our Web site at [www.ama-assn.org/imgs](http://www.ama-assn.org/imgs) or call the AMA Department of IMG and Senior Physician Services at (312) 464-5622.

## *"Credential burden" continued...*

and stored at the Federation. The value of this service to all physicians is a single-source, lifelong databank of primary source verified credentials for medical licensure. The value to IMGs is that their credentials are now housed permanently in the U.S. with a trusted source.

Currently, FCVS is accepted by 53 of the 69 medical licensing boards of the U.S. and its territories. Five of these medical

licensing boards require all physician applicants for licensure to have his/her credentials verified by FCVS in order to obtain a license. The base fee to set up your profile and send it to one recipient is \$250. Additional profiles can be sent for \$50 per recipient.

In April of this year, the Federation of State Medical Boards (FSMB) passed policy through its House of Delegates

encouraging a process to facilitate portability of medical licensure. A component of that policy is the use of FCVS to expedite the process of licensure by endorsement so that once a physician has established a credentials profile, licensure can be swift when applying in another state.

For more information regarding the FCVS, visit [www.fsmb.org](http://www.fsmb.org).

# Equality in examinations

In June at the AMA's Annual Meeting, the House of Delegates adopted a resolution calling for suspension of the implementation of the Clinical Skills Assessment Exam (CSAE) to U.S. medical graduates. The AMA Medical Student Section raised the issue, citing the \$1,000 examination fee to take the exam and the cost and hassle of traveling to one of only five proposed test sites in the country.

On behalf of IMGs who currently have to take the exam, the IMG Section wrote to the AMA asking that USMGs be held to the same examination standards as IMGs. In her letter, IMG Section Chair Geetha Jayaram, MD,

ience of traveling to take the current CSAE. We are likely to support any proposals that will lower the cost of the exam and make it more convenient for IMGs and USMGs" she said.

The AMA has convened a committee to discuss the topic; however, final recommendations have not been issued. The resolution called for the AMA and state medical societies to encourage state medical licensing boards to exclude the CSAE from licensure requirements until conditions are met.

"At the heart of the AMA's opposition is the fact that this test has not yet been proven to be necessary or effective,"

**"We are open to discussing developing other options as long as those options are made available to IMGs and USMGs alike."**

— IMG Section Chair Geetha Jayaram, MD

wrote "there are no standardized criteria or tests used for assessing the clinical skills of U.S. medical students. At present, the CSAE administered by the NBME is the only standardized option. We are open to discussing developing other options as long as those options are made available to IMGs and USMGs alike."

Dr. Jayaram also noted that IMGs empathize with the opinions of the medical students — and that the IMG Section had raised those same points several years ago. "We understand the concerns the medical students have regarding the high cost and inconven-

said a related AMA press release issued in June. "The AMA is asking that the CSAE be subjected to scientific studies, with the results published in peer-reviewed medical journals."

The American Association of Medical Colleges also has issued a resolution asking the U.S. Medical Licensing Exam to locate an external funding source for the exam and to defer implementation of the exam until that time. The IMG Section will continue to comment on the implementation of the CSAE to ensure that USMGs and IMGs are held to the same standards.

## Where IMGs come from

The United States is served by physicians who received medical degrees in 127 different countries. Out of the total population of 874,589 physicians, 198,703 — or 22.72 percent — trained in medical schools outside the U.S. or Canada. The following list shows the 20 countries in which the largest numbers of U.S. physicians trained. This data does not represent citizenship or ethnic origin — it only represents the location of medical schools.

Country of medical education	# of physicians	% of IMG population
India	38,104	19.18%
Philippines	19,051	9.59%
Mexico	11,560	5.82%
Pakistan	8,758	4.41%
Dominican Republic	6,666	3.35%
Italy	4,926	2.48%
South Korea	4,593	2.31%
Former USSR	4,581	2.31%
Spain	4,495	2.26%
Egypt	4,491	2.26%
Germany	4,209	2.12%
China and Hong Kong	4,130	2.08%
UK	4,100	2.06%
Iran	3,893	1.96%
Grenada	3,714	1.87%
Cuba	3,013	1.52%
Syria	2,965	1.49%
Taiwan	2,841	1.43%
Colombia	2,578	1.30%
Ireland	2,568	1.29%

AMA Membership 2002

