

AMAvoice

for the International Medical Graduates (IMG)

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Tracking key issues

A summary of IMG topics addressed at Annual Meeting

At its Annual Meeting in June, the AMA-IMG Section addressed several important issues.

Credentials verification

During the meeting, the AMA-IMG Section met with representatives of the Federation of State Medical Boards (FSMB) and the Educational Commission for Foreign Medical Graduates (ECFMG) to discuss ways to streamline the credentials verification process.

IMGs are particularly affected by credentials verification because obtaining copies of diplomas, transcripts and other documents from medical schools outside of the United States can be challenging. Many hospitals, managed care organizations, licensing boards and other institutions require that these documents come directly from a medical school, even though almost all IMGs have had their credentials thoroughly evaluated by the ECFMG.

This problem has been alleviated somewhat, as many of these institutions will accept documentation from the Federation Credentials Verification Service (FCVS), which is run by



Our kind of town
The AMA's Annual Meetings are held every June in Chicago.

the FSMB. However, the FCVS still requires physicians to provide documents directly from their medical schools because the FCVS requires more records than the ECFMG keeps.

AMA-IMG representatives met with both groups and learned that they are interested in working together to make their documentation requirements match to eliminate any duplication. It was stressed to them that the AMA-IMG Section is monitoring this area and is available to help in any way.

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Election update

In the 2003 election for the AMA-IMG Section Governing Council, Flint, Mich., pulmonologist **Venkat Rao, MD**, and North Miami Beach, Fla., family physician **Bernd Wollschlaeger, MD**, were elected as new members. **Rajam Ramamurthy, MD**, a neo-natologist from San Antonio, Texas, and **Marie-Claude Rigaud, MD**, a psychiatrist from Aurora, Ill., were re-elected to two-year terms.

They will join **Subramanyan Jayasankar, MD**, an orthopedic surgeon from Weston, Mass.; **Shailendra Vaidya, MD**, an internist from Bryn Mawr, Penn.; and **Atul Kumar, MD**, a gastroenterologist from Decatur, Ga., to form the 2003-2004 AMA-IMG Section Governing Council.

For next year's elections, the AMA-IMG Section will choose a nominating committee at its Interim Meeting on Dec. 5 in Honolulu. (See page 4.) The nominating committee will solicit nominations and candidates in early 2004.

All AMA-IMG members are encouraged to run for a position on the Governing Council. If you are an AMA member, you are eligible to run for office in addition to voting on the proceedings. Visit www.ama-assn.org/ama/pub/category/1570.html to learn more about election procedures for the nominating committee.

CSAE status check

The AMA-IMG Section has been actively involved in the debate on the planned implementation of the Clinical Skills Assessment Exam (CSAE) to U.S. medical graduates in 2004. The CSAE is administered by presenting examinees with several "standardized" patients. Examinees are subsequently tested on communication skills and their ability to take medical histories and evaluate patients.

The CSAE is currently given to international medical graduates during the Educational Commission for Foreign Medical Graduates certification process. The AMA-IMG Section believes that U.S. and international medical school graduates must be subject to the same criteria.

The AMA Medical School Section (MSS) has actively lobbied the AMA to prevent or delay implementation of the CSAE to U.S. medical graduates, questioning the

validity and cost of the exam. The AMA-MSS has been successful at getting the AMA to take a strong stance against implementing the exam for U.S. graduates. However, the National Board of Medical Examiners will implement the exam for U.S. medical students beginning in 2004.

The AMA-IMG Section is working with medical education leaders to ensure parity in examination and licensure criteria. The AMA-IMG Section is also working with AMA-MSS leaders to ensure that AMA policy on these issues is consistent and beneficial to all future physicians and patients. The discussions have been productive — the AMA-IMG is optimistic that a consensus on these issues will be reached.

Visit www.ama-assn.org/ama/pub/category/7571.html to review AMA-MSS actions on the CSAE, including background information, policies and advocacy efforts.

Critical crossroads

The AMA continues to work on legislative issues of critical importance to physicians — particularly medical liability reform and Medicare issues. Your input can make a difference in Congress.

Medical liability reform

In July, the U.S. Senate rejected the Patients First Act of 2003, medical liability reform proposed to the 108th Congress. This legislation would have enacted meaningful reforms, including a cap on non-economic damages. We must continue to emphasize the importance of meaningful liability reform to our elected officials.

Contact your senators today and urge them to pass meaningful reforms. Visit <http://capwiz.com/ama/issues/votes/?votenum=264&chamber=S&congress=1081> to see how your senators voted in July.

Medicare

At press time, a House-Senate committee was reconciling differences between the two Medicare reform bills passed in June. The AMA is working hard for you to keep the House physician payment provision intact. Call your senators and representatives and urge them to:

- **Support** the House-passed provision on the physician payment update to provide for two years of positive payment updates rather than two years of cuts.
- **Oppose** the House-passed provision that would mandate that physicians begin electronic prescribing by 2006. Mandating a complex system such as this with very little time to implement it constitutes an unfunded mandate that could have adverse consequences on care for patients.

Affirmative action

In June, the U.S. Supreme Court upheld the affirmative action admissions program used by the University of Michigan's law school. While not upholding the undergraduate admissions program, the court ruled that the government does have a compelling interest in promoting diversity in education. Viewed as a victory by most diversity advocates, the ruling leaves the door open for considering race as a factor in admissions. It is one piece in the ongoing effort to eliminate inequities in education and develop a cadre of underrepresented minority future physicians.

Although the percentages of minorities who apply and are actually accepted into medical schools in the U.S. remains fairly consistent with white applicants, there is a disparity in the number of minority applicants, minority enrollment and the total number of minorities accepted into medical school.

Students in U.S. medical schools by race/ethnicity in 2001:

Race/ethnicity	White	African-American	Native American	Asian/Pacific Islander	Hispanic	Foreign (unknown)	Total
# enrolled in medical schools (%)	41,854 (63.2%)	4,779 (7.2%)	516 (0.8%)	13,204 (19.9%)	4,220 (6.4%)	N/A	66,253
# of applicants	21,412	2,887	253	6,768	2,180	1,000	34,859
# of acceptances	11,062	1,230	129	3,461	1,076	230	17,456
% of applicants	61.4%	8.3%	0.7%	19.4%	6.3%	2.9%	99%
Acceptance rates	51.7%	42.6%	51%	51.1%	49.3%	23%	50.1%

Data: *Minority Students in Medical Education: Facts and Figures XII (Association of American Medical Colleges)*

Many medically underserved communities have high concentrations of minorities. Research has shown that minority physicians are more likely to work in these areas, so increasing minority physicians in the workforce is one possible way to improve the health care needs of the underprivileged. Historically, IMGs have also played a key role in providing medical care in underserved areas.

The AMA supports medical school efforts to recruit minority students and faculty. In 1998, the AMA Council on Graduate Medical Education stated, "Minorities remain 'critically underrepresented' in medical schools. Efforts to dismantle affirmative action have aggravated the problem."

Not all physicians agree that affirmative action is best way to increase minorities in medicine. However, the minority and ethnic patient population is projected to grow to more than 50 percent of the U.S. population by 2050. The medical community will have to continue to develop ways to address the needs of these patients.

Physicians in the United States by race/ethnicity in 2001:

Race/ethnicity	White	Black	Alaska Hispanic	Asian	American Indian/ Native	Other	Unknown	Total
# physicians	435,236	20,738	28,626	73,849	504	20,208	256,995	836,156
% total	52.0%	2.4%	3.4%	9.4%	.06%	2.4%	30.7%	100%
% excluding "unknown"	75.1%	3.5%	4.9%	12.7%	.08%	3.4%	N/A	100%

Data: *Physician Characteristics and Distribution in the U.S. 2003-2004 (AMA Press)*

"Key issues" continued...

Physician workforce

At the urging of the AMA-IMG Section, the AMA has begun to re-examine its policies and assumptions about the future of the physician workforce. Currently, these policies are based on the premise that the United States has a physician surplus. That prediction is now widely challenged, as many areas continue to be medically underserved.

At the June meeting, the AMA Council on Medical Education held an open forum to hear physicians' opinions on physician workforce planning. Although the council has not yet issued its recommendations on new workforce policies, several conclusions were made.

- Making accurate predictions of the physician workforce that will be needed in the future is nearly impossible.
- Many AMA policies are based on predictions that are now considered inaccurate.
- AMA policy on workforce is sometimes inconsistent.

Earlier this year, the AMA-IMG Section, through the AMA, sent comments to the World Medical Association opposing its draft document calling for restrictions on physician migration. It also called for nations to compensate other nations for physicians who migrate. The AMA-IMG Section strongly disagreed with many of the assumptions behind the document's recommendations.

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Upcoming events

AMA's National Advocacy Conference (NAC)

March 29-31, 2004,
Washington, D.C.
Leadership training programs are being developed for AMA-IMG members.

The AMA-IMG Governing Council Meeting

Look for details in future newsletters, or go to www.ama-assn.org/go/imgs to view the information electronically. The AMA-IMG Governing Council will meet immediately before the NAC.

IMG Interim Meeting

We invite physicians interested in international medical graduate issues to the 2003 Interim Meeting of the AMA-IMG Section.

Hilton Hawaiian Village
Honolulu
Friday, Dec. 5 — 5-8 p.m.
Saturday, Dec. 6 — 6-8 p.m.

Resolutions

If you have resolutions for the AMA-IMG Section to consider, please send them by Nov. 6 to the AMA Department of IMG and Senior Physician Services via e-mail to ashish_bajaj@ama-assn.org or via fax to 312-464-5845. Late resolutions will not be accepted. Resolutions follow a simple, standard format, with which our staff is happy to assist.

Nominations/elections

The five members of the AMA-IMG Nominating Committee will be elected at the Interim Meeting. These individuals approve the slate of candidates for the open slots on next year's AMA-IMG Governing Council. Candidates for next year's council will be sought in early 2004.

Your support and efforts are critical to improving the experience of the AMA-IMG section. If you have any questions regarding the meeting, call 312-464-5622.

Visit www.ama-assn.org/ama/pub/category/11023.html for additional Interim Meeting information, including an online version of the Speakers Letter (coming in November), a tentative meeting schedule, reports and resolutions, and hotel and airline reservations.