



Visit the AMA-IMG Web site at
www.ama-assn.org/go/imgs

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CIGNA owes you!

The AMA urges you to submit claims for recovery as a result of the settlement between CIGNA Healthcare Inc. and the nation's physicians related to past claims processing and payment practices. Your AMA membership can save you time and money in recovering what you are owed. Log on to www.ama-assn.org/go/settlements for additional information.

Interim Meeting details

Mark your calendars for the 2004 AMA-IMG Section Interim Meeting and Caucus, which will take place on Dec. 3-4 at the Hyatt Regency Atlanta. The AMA-IMG Congress will run from 5 p.m. to 8 p.m. on Dec. 3 and the caucus and reception will be held from 6 p.m. to 8 p.m. on Dec. 4.

We anticipate lively sessions surrounding physicians work force planning and the apparent "blacklisting" of graduates of certain medical schools.

Held in conjunction with the AMA Interim Meeting (see box), the AMA-IMG Section Congress meetings provide our members the opportunity to shape AMA policy and gain a broader understanding of the issues that face all IMGs. For example, we successfully pressed to have the AMA support the J-1 visa

waiver program by an IMG on the board of the Educational Commission for Foreign Medical Graduates. Keep in mind the dates for future AMA-IMG Section meetings:

Upcoming Annual Meetings

- ☑ 2005 — June 17-18 in Chicago
- ☑ 2006 — June 16-17 in Chicago

Upcoming Interim Meeting

- ☑ 2005 — Dec. 2-3 in Dallas

The AMA Interim Meeting

Visit www.ama-assn.org/go/interim2004 to get details about the 2004 Interim Meeting of the AMA House of Delegates on Dec. 4-7 in Atlanta, including a tentative meeting schedule, airfare discounts and hotel information.

Parity paramount

Inside...

2 IMGs honored

Two IMGs make their presence known.

2 J-1 victory

U.S. House passes AMA-backed extensions.

2 Governing Council

Meet the new members.

3 Ask the IMG

Licensing and "blacklisting" are growing concerns.

3 By the numbers

Citizenship and Visa status of IMG residents

4 CIGNA owes you!

Have you filed a claim yet?

4 Interim Meeting

Lively sessions are planned for Atlanta.

Message from the chair

The AMA-IMG Section is a thriving young section that has matured under the leadership of pioneers with vision, conviction and commitment. I am privileged and honored to serve as its chair.

This year, we will focus on the physician workforce and IMG parity in licensure and education, while working to strengthen the voice of IMGs in the AMA and organized medicine.

I follow in the footsteps of Dr. Jayasankar, immediate past chair, who did a yeoman's job in these areas. By working with the Educational Commission for Foreign Medical Graduates (ECFMG) and the Federation of State Medical Boards, he led the effort to get these two organizations to collaborate on primary source verification. We hope this will make the licensure process easier for IMGs.

There is much more to be done to achieve parity in licensing between IMGs and U.S. graduates. In many states IMGs are required to complete three years of training before applying for a full license while USMGs can apply after a year in training. This causes undue delays in board certification and starting practice.

We are also concerned with equality in residency selection. One way we are addressing this is by striving to have IMGs represented



New chair
Rajam
Ramamurthy,
MD, a pediatri-
cian from San
Antonio

on the boards of National Resident Matching Program and the Accreditation Council for Graduate Medical Education. AMA-IMG representation on the ECFMG board has been well received, as it helps the board more readily consider the IMG perspective. AMA-IMG representation on these boards would be mutually beneficial.

We will also be addressing the de-selection of some international medical schools by state licensing boards, visa delays (particularly for physicians coming from Middle Eastern countries), barriers residency programs create for IMG applicants, and the IMG perspective on the U.S. physician workforce shortage.

Finally, we are working on bylaws changes that would allow for greater participation by all 36,000 AMA members who are IMGs by automatically making them members of the

continued on page 3

IMGs honored

IMGs are making their presence known throughout the AMA in more ways than one. For example, Krishna K. Sawhney, MD, a general vascular surgeon in Detroit,



Krishna K. Sawhney, MD

was recently named president of the AMA Foundation, the AMA's philanthropic arm, which provides

grants and scholarships for medical students, such as the new 2004 Minority Scholars Award program.

Dr. Sawhney, who completed his doctorate in medicine at Rajendra Medical College in Ranchi, India, and arrived in the United States in 1968, said he was both honored and humbled by this wonderful opportunity to serve within organized medicine.

In the AMA Resident and Fellow Section, emergency room physician Amado Alejandro Báez, MD, of Rochester, Minn., received the 2004 Paul Ambrose Award for Leadership Among Resident Physicians. Dr. Báez has helped to develop emergency/trauma programs in Argentina, the Dominican Republic, Mexico, Puerto Rico and Brazil.

J-1 extension victory

The U.S. House on Oct. 6 passed the AMA-supported Access to Rural Physicians Improvement Act of 2004 (H.R. 4453), extending the deadline for international medical graduates under the J-1 visa program who seek waivers for the requirement to return to their native country for two years.

AMA EVP/CEO Michael D. Maves, MD, voiced the AMA's support for the measure in a letter to House Speaker Dennis Hastert (R-Ill.) the day before the vote.

"H.R. 4453 would help ensure that physicians are placed in appropriate settings to serve patients in underserved areas," stated the letter. Dr. Maves noted in the letter that the AMA supports the U.S. Department of Health and Human Services (HHS) as it seeks waivers for J-1 visa holders, and encourages HHS to expand the J-1 visa waiver program — which, if passed by the Senate, H.R. 4453 would help.

"The AMA appreciates your efforts in advancing this bill," Dr. Maves wrote. "We

stand ready to work with Congress and HHS to monitor and place physicians in the appropriate underserved areas through the J-1 visa waiver program."

"H.R. 4453 would help ensure that physicians are placed in appropriate settings to serve patients in underserved areas."

— AMA EVP/CEO Michael D. Maves, MD, in a letter to Dennis Hastert (R-Ill.)

As many of us know, the purpose of the J-1 visa program is not to foster immigration; it is to provide skills and experience for physicians to use in their home countries. Waiving the two-year requirement in some physicians' cases does not create an enormous influx of IMGs. It simply allows U.S. patients in underserved rural areas access to care that they would not ordinarily have in the current economic climate.

Log on to www.ama-assn.org/ama/pub/category/12882.html for more information about this situation.

New GC members

Your AMA-IMG is pleased to announce the two new members of the 2004-2005 Governing Council (GC).

At-large officer **Nestor Ramirez, MD, MPH**, is a neonatologist in Springfield, Ill. He is a graduate of Pontifical Xaverian University School of Medicine in Bogota, Colombia, and the University of Antioquia National School of Public Health in Antioquia, Columbia. He wants to "bring new ideas and original solutions to the section, enhance physician membership and reinforce vital alliances with national ethnic associations."

Resident member **Zoltan Gombos, MD**, is a pathologist in Secane, Penn. Dr. Gombos is a graduate of Comenius University Medical School in the Slovak Republic. He has served on the IMG Committee of the Massachusetts Medical Society, representing the state at several Annual and Interim Meetings of the AMA. He would like to use his "past experience to continue to represent, promote and improve IMG issues."

Log on to www.ama-assn.org/ama/pub/category/1540.html to e-mail any of the GC members.

Ask the IMG Section

Q. I completed my medical training outside the United States and I wish to practice in the United States. Is my medical school accredited by the AMA? Are graduates of any particular schools unable to practice in the United States?

A. The AMA is only involved in accrediting medical schools in the United States and Canada. We do not accredit, approve or rank medical schools in other parts of the world, nor is there any organization that accredits medical schools throughout the world.

Most physicians who want to practice in the United States must get certified by the Educational Commission for Foreign Medical Graduates (ECFMG). To become ECFMG-certified, your medical school must be listed in the current edition of the ECFMG's International Medical Education Directory. You can visit www.imed.ecfm.org to see the directory online.

Recently, some state medical licensing boards have started "approving" certain medical schools.

If you did not graduate from one of these schools, you may have difficulty obtaining a license in that state. The following states have published these lists on their Web sites:

California: www.medbd.ca.gov/approved_schools.htm; Indiana: www.in.gov/hpb/boards/mlbi/instinfo.html; Texas: www.tsbme.state.tx.us/professionals/docinfo/doclic.htm.

The AMA-IMG Governing Council has been contacted by several IMGs who are ECFMG-certified and have completed residency training at an ACGME-accredited program, but are being denied licenses because of the medical schools they attended. The Governing Council is very concerned about what appears to be arbitrary "blacklisting" of international medical schools, and are considering a number of responses.

At this point, the Governing Council does not know what criteria the states are using to develop these lists, and are very troubled by the move away from the practice of reviewing candidates individually to automatically excluding all graduates of particular schools.

"From the chair" continued...

AMA-IMG Section and by allowing them to vote in section elections without having to attend a meeting.

We all have the opportunity help IMGs who are already practicing medicine in the United States as well as the many talented IMGs who are trying to enter practice but are facing many hurdles in the process. Your participation will strengthen the work of our section. We invite you to attend our meetings and run for the Governing Council. Get involved and make a difference today!

— **Rajam Ramamurthy, MD**
AMA-IMG Section chair
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IMG residents: by the numbers

The chart below depicts the citizenship/Visa status of all residents and IMGs on duty in ACGME-accredited and in Combined Specialty Programs as of Aug 1, 2003.

Citizenship/Visa status	Resident physicians*			
	Total†		IMGS‡	
	No.	%	No.	%
Native U.S. citizen	64,824	64.8	4,201	15.8
Naturalized U.S. citizen	10,161	10.2	2,650	10.0
Permanent resident	9,457	9.5	6,673	25.1
B-1, B-2 temporary visitor	75	0.1	75	0.3
F-1 student	344	0.3	85	0.3
H-1, H-1B, H-2, H-3 temporary worker	2,399	2.4	2,250	8.5
J-1, J-2 exchange visitor	4,326	4.3	4,192	15.8
Refugee/asylee/displaced person	79	0.1	77	0.3
Other	542	0.5	457	1.7
Unknown	7,757	7.8	5,917	22.3
Total	99,964	100.0	26,577	100.0

* Includes residents on duty as of Aug. 1, 2003, reported through the 2003 National GME Census. A total of 260 programs (3.2 percent) did not provide updated information on residents by March 1, 2004. For these nonresponding programs, residents reported in the last received survey were moved into their next year in the program or graduated, and new residents were added from the 2003 National Resident Matching Program when available.

† Medical school type was not indicated for 18 residents (<0.1 percent)

‡ Does not include graduates of Canadian medical schools