

AMERICAN MEDICAL ASSOCIATION INTERNATIONAL MEDICAL GRADUATES SECTION

Resolution: 2  
(I-09)  
REVISED 9-10-09

Introduced by: International Medical Graduates Section

Subject: Retraining Refugee Physicians

Referred to: Reference Committee \_\_\_\_\_  
(\_\_\_\_\_, Chair)

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- 1 Whereas, Increasing numbers of physicians from Iraq and other countries are being forced to  
2 flee their homes as a result of conflict, terrorist attacks, political persecution and genocide; and  
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4 Whereas, These physicians resettle legally in the United States under U.S. government  
5 auspices and are likely to remain permanently in this country; and  
6  
7 Whereas, Refugee physicians often arrive with few resources and receive limited financial and  
8 other assistance from state or Federal governments and voluntary agencies; and  
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10 Whereas, under the Refugee Resettlement Program they are urged to take entry-level jobs in  
11 order to achieve economic self-sufficiency within a short period; and  
12  
13 Whereas, The current economic crisis makes it difficult for refugee physicians to find entry-level  
14 jobs that pay enough to cover their subsistence and support their families; and where employers  
15 prefer to hire a low-skilled applicant instead of a physician for fear that the physician might leave  
16 at the first possible chance; and  
17  
18 Whereas, These physicians must undergo a time-consuming and prohibitively costly process to  
19 obtain medical certification and licensure in the United States at their own expense; and  
20  
21 Whereas, Credentialing, retraining, studying, testing and residency for refugee physicians may  
22 take four years or more and may be difficult to arrange, and requirements differ significantly  
23 from state to state, making it burdensome for refugee physicians to qualify in some states; and  
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25 Whereas, Significant shortages of primary care physicians and general surgeons exist and are  
26 likely to increase in the United States in the coming years and could be addressed by training  
27 and certifying refugee physicians to fill these positions; and  
28  
29 Whereas, A federal program has trained and certified refugee physicians from Southeast Asia to  
30 practice general medicine in underserved geographical areas in the 1970s; and  
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32 Whereas, That program could provide a model for similar initiatives in the future; and  
33  
34 Whereas, Oversight of refugee resettlement is charged to the Office of Refugee Resettlement  
35 (ORR) of the Administration for Children and Families (ACF) of the U.S. Department of Health &  
36 Human Services (DHHS); therefore be it  
37

- 1 RESOLVED, That our American Medical Association lobby the U.S. Department of Health &
- 2 Human Services for the establishment of a Federal program to facilitate the acculturation,
- 3 training, certification, licensure and employment of refugee physicians, especially in
- 4 specializations experiencing shortages and in underserved geographical areas. (Directive to
- 5 Take Action)

***This document does not represent official policy of the American Medical Association (AMA). Refer to AMA PolicyFinder at [www.ama-assn.org/go/policyfinder](http://www.ama-assn.org/go/policyfinder) for official policy of the Association.***

## RELEVANT AMA POLICY:

### H-255.988 Report of the Ad Hoc Committee on Foreign Medical Graduates

(1) The AMA reaffirms its support of current U.S. visa and immigration requirements applicable to foreign national physicians who are graduates of medical schools other than those in the United States and Canada. (2) The AMA continues to support current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE. (3) The AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body. (4) The AMA continues to support cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada. (5) The AMA supports continued cooperation with the ECFMG and other appropriate organizations to disseminate information to prospective and current students in foreign medical schools. (6) The AMA continues to support working with the ECFMG and other appropriate organizations in developing effective methods to evaluate the clinical skills of IMGs. (7) The AMA strongly supports the policy that the core clinical curriculum of a foreign medical school should be provided by that school and that U.S. hospitals should not provide substitute core clinical experience for students attending a foreign medical school. (8) The AMA continues to support working with the Accreditation Council for Graduate Medical Education (ACGME) and the Federation of State Medical Boards (FSMB) to assure that institutions offering accredited residencies, residency program directors, and U.S. licensing authorities do not deviate from established standards when evaluating graduates of foreign medical schools. (9) The AMA, in cooperation with the ACGME and the FSMB, supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care. (10) The AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs. (11) **Special consideration should be given to the limited number of IMGs who are refugees from foreign governments that refuse to provide pertinent information usually required to establish eligibility for residency training or licensure.** (12) The AMA reaffirms its existing policy supporting the use of accreditation standards to enhance the quality of patient care and medical education. Also the AMA opposes the use of such standards for purposes of regulating physician manpower. (13) AMA representatives to the ACGME, residency review committees and to the ECFMG should support AMA policy opposing discrimination. In particular, these AMA representatives should emphasize that AMA policy does not prohibit the appointment of qualified graduates of foreign medical schools to residency training programs. (14) The AMA strongly reaffirms existing policy urging the U. S. licensing authorities to focus on the individual academic and personal achievements when evaluating IMGs for the purposes of licensure. More effective methods for evaluating the quality of the undergraduate medical education of IMGs should be pursued and, when available, the results should be a part of the determination of eligibility for licensure. (15) The AMA reaffirms its support for the requirement that all medical school graduates complete at least one year of graduate medical education in an accredited U.S. program in order to qualify for full and unrestricted licensure. (16) The AMA supports continued monitoring of the effectiveness of the Fifth Pathway program, including to the degree possible any measurable impact of the program on enrollments in Caribbean and Central American medical schools. (17) The AMA reaffirms and supports publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities. (18) The AMA reaffirms its support of the participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. (19) The AMA encourages the constituent medical societies to support qualified IMGs for nominations to AMA committees and councils. (20) The AMA supports studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members. (21) The AMA is committed to using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians. (22) The AMA

supports demonstrating its interests in issues related to IMGs by publicizing its many relevant resources to all physicians, especially to nonmember IMGs. (23) The AMA supports expansion of its efforts to prepare and disseminate information about requirements for admission to accredited residency programs, the availability of positions, and the problems of becoming licensed and entering full and unrestricted medical practice in the U.S. that face IMGs. This information should be addressed to college students, high school and college advisors, and students in foreign medical schools. (24) The AMA continues to recognize the common aims and goals of all physicians, particularly those practicing in the U.S., and supports making every effort to include all physicians who are permanent residents of the U.S. in the mainstream of American medicine. (25) The AMA is committed to identifying and publicizing resources within the AMA that will respond to inquiries from IMGs. (26) The AMA is committed to providing leadership to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations. (27) The AMA urges institutions that sponsor exchange visitor programs in medical education, clinical medicine and public health to tailor programs for the individual visiting scholar that will meet the needs of the scholar, the institution, and the nation to which he will return. (28) The AMA is committed to informing foreign national IMGs that the availability of training and practice opportunities in the U.S. is limited by the availability of fiscal and human resources to maintain the quality of medical education and patient care in the U.S. (BOT Rep. Z, A-86; Reaffirmed: Res. 312, I-93; Modified: CME Rep. 2, A-03)