Whereas, There is a predicted shortage of 40,800-104,900 physicians in the U.S. by 2025;¹ and

Whereas, There are many qualified International Medical Graduates (IMGs) waiting for a residency position²; and

Whereas, U.S. medical schools and the Accreditation Council of Graduate Medical Education (ACGME) are moving towards competency-based criteria and not necessarily time-based criteria for graduation³; and

Whereas, Many overseas residency programs are equally as rigorous as residency programs in the U.S.; and

Whereas, Many well trained and experienced IMGs could meet the competency-based criteria required for graduation from the residency programs; and

Whereas, There is precedent where several physicians who were trained abroad entered medical practice in the U.S., or even served on U.S. medical school faculties, without being required to undergo any additional residency training; therefore be it

RESOLVED, That our American Medical Association accept it as a policy that International Medical Graduates who have completed residency programs in their own countries, have passed the USMLE I, II, and III should be eligible for a license to practice medicine without additional residency training in the U.S. (Directive to Take Action)

Fiscal Note: Not yet determined

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³ACGME Common Program Requirements for Graduate Medical Education, http://www.acgme.org
RELEVANT AMA POLICY

Competency Based Medical Education Across the Continuum of Education and Practice D-295.317
1. Our AMA Council on Medical Education will continue to study and identify challenges and opportunities and critical stakeholders in achieving a competency-based curriculum across the medical education continuum and other health professions that provides significant value to those participating in these curricula and their patients.
2. Our AMA Council on Medical Education will work to establish a framework of consistent vocabulary and definitions across the continuum of health sciences education that will facilitate competency-based curriculum, andragogy and assessment implementation.
3. Our AMA will continue to explore, with the Accelerating Change in Medical Education initiative and with other stakeholder organizations, the implications of shifting from time-based to competency-based medical education on residents' compensation and lifetime earnings.
Citation: CME Rep. 3, A-14; Appended: CME Rep. 04, A-16;

Mechanisms to Measure Physician Competency H-275.936
Our AMA: (1) continues to work with the American Board of Medical Specialties and other relevant organizations to explore alternative evidence-based methods of determining ongoing clinical competency; (2) reviews and proposes improvements for assuring continued physician competence, including but not limited to performance indicators, board certification and recertification, professional experience, continuing medical education, and teaching experience; and (3) opposes the development and/or use of "Medical Competency Examination" and establishment of oversight boards for current state medical boards as proposed in the fall 1998 Report on Professional Licensure of the Pew Health Professions Commission, as an additional measure of physician competency.

See also:
AMA Principles on International Medical Graduates H-255.988
Recommendations for Future Directions for Medical Education H-295.995