Whereas, IMGs in the past were permitted to work in academic institutions in some states, either for their specific skills or for a need due to scarce interest of American physicians in certain specialties or geographical areas; and

Whereas, These physicians were allowed to work with an institutional or faculty temporary license granted by their local State Medical Board without having completed the USMLE examination, having ECFMG certification and without being American Board certified or eligible in their specialty; and

Whereas, These physicians completed medical school and specialty training abroad were often excellent candidates with strong curricula and their titles were recognized equivalent to the ones received in the U.S. by the receiving academic institution to allow them to work; and

Whereas, In recent years, these physicians faced the problem that many academic and non-academic institutions created rules to have only American Board Certified physicians among their faculty/staff and were unwilling to grant institutional licenses any longer; and

Whereas, This issue creates a dramatic situation for these physicians who have practiced in the U.S. for many years, bringing unique skills and much needed service for the American people and medical system; and

Whereas, In these academic institutions, these physicians have actively trained many medical students and specialists and have started new programs to allow young American physicians to become eligible to work without restrictions while their IMG professors are not; and

Whereas, These IMGs were admitted to work in the U.S. to fill a void and a need which may affect them due to more restrictive changes which are not considering such unique situations. These physicians are faced with losing their jobs without the ability to practice anywhere in the U.S.; therefore be it

RESOLVED, That the American Medical Association work with the Organized and Medical Staff Section and other stakeholders to prevent hospitals from restricting the practice of medicine only to American Board certified physicians (Directive to Take Action); and be it further

RESOLVED, That the AMA work with the Federation of State Medical Boards and other stakeholders to develop a process to grant unrestricted licensure for those who have practiced at least 10 years in U.S. academic institutions under institutional or faculty temporary licensure. (Directive to Take Action)
Fiscal Note: Not yet determined

Received: 05/01/18

RELEVANT AMA POLICY

**Medical Specialty Board Certification Standards H-275.926**

Our AMA:

1. Opposes any action, regardless of intent, that appears likely to confuse the public about the unique credentials of American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to the public good and safety.

2. Continues to work with other medical organizations to educate the profession and the public about the ABMS and AOA-BOS board certification process. It is AMA policy that when the equivalency of board certification must be determined, accepted standards, such as those adopted by state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, be utilized for that determination.

3. Opposes discrimination against physicians based solely on lack of ABMS or equivalent AOA-BOS board certification, or where board certification is one of the criteria considered for purposes of measuring quality of care, determining eligibility to contract with managed care entities, eligibility to receive hospital staff or other clinical privileges, ascertaining competence to practice medicine, or for other purposes. Our AMA also opposes discrimination that may occur against physicians involved in the board certification process, including those who are in a clinical practice period for the specified minimum period of time that must be completed prior to taking the board certifying examination.

4. Advocates for nomenclature to better distinguish those physicians who are in the board certification pathway from those who are not.

5. Encourages member boards of the ABMS to adopt measures aimed at mitigating the financial burden on residents related to specialty board fees and fee procedures, including shorter preregistration periods, lower fees and easier payment terms.

Citation: Res. 318, A-07; Reaffirmation A-11; Modified: CME Rep. 2, I-15

See also: Maintenance of Certification H-275.924