AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 225
(A-19)

Introduced by: Resident and Fellow Section

Subject: DACA in GME

Referred to: Reference Committee B
(Charles Rothberg, MD, Chair)

Whereas, There is an anticipated shortage of over 100,000 doctors by the year 2030, especially in primary care; and

Whereas, A recent study in the Journal of Graduate Medical education found that "there are simply not enough US-trained physicians to fill all the available residency and fellowship positions" in primary care specialties[6]; and

Whereas, A 2018 study by the American Medical Association on non-US IMGs found that 64% are working in primary care, and 66% of non-US IMGs that matched in 2018 did so in primary care fields; and

Whereas, In 2014-2015, there were 1,879 physicians from Muslim-majority countries including many on the travel ban list, practicing on a J-1 visa, a visa obtained during residency training that upon completion of training, requires holders to find "J-1 waiver" jobs which recruit physicians into underserved areas[3];" and

Whereas, A New York Times article described "changes in visa policies prevent foreign graduate (IMG) doctors from practicing and increase medical provider shortages especially in rural communities[2];" and

Whereas, 2018 saw the lowest number of non-US IMG applicants since 2005[16]; and

Whereas, an open-letter by ACGME described the "profound moral distress [a travel ban] has provoked within the health care community[1];" and

Whereas, ECFMG Statement to Supreme Court (2018) "In the United States, where one-quarter of our physicians have received their medical degree outside the United States and Canada, the ability to provide accessible, high-quality health care depends on our ability to continue to attract highly qualified physicians from around the world. Anything that disrupts the flow of these talented and qualified professionals into the United States will have a negative and potentially long-term impact on patient care. We urge immigration policymakers to consider the many contributions that foreign national physicians make to our healthcare system and our economy, and to ensure that United States remains an attractive option for the best and brightest minds from around the world" [4]; and

Whereas, New data shows that in 2017, U.S. Citizenship and Immigration Services denied more H-1B petitions, preventing more foreign nationals from working in America,[12] and there is concern that these rejections will affect medical residents in training in the U.S[13]; and

Whereas, Multiple US medical organizations including the Accreditation Council for Graduate Medical Education (ACGME), the Association of American Medical Colleges, Alliance for Academic Internal Medicine, American Academy of Family Medicine, American Academy of Pediatrics, and the American College of Physicians have expressed concern over executive orders limiting immigration and their impact on graduate medical education[1, 6-11]; therefore be it

RESOLVED, That American Medical Association Policy D-255.991, "Visa Complications for IMGs in GME," be reaffirmed (Reaffirm HOD Policy); and be it further

RESOLVED, That AMA Policy D-350.986, "Evaluation of DACA-Eligible Medical Students, Residents and Physicians in Addressing Physician Shortages," be reaffirmed. (Reaffirm HOD Policy)

Fiscal Note: Not yet determined

Received: 05/01/19

References:
1 Accreditation Council for Graduate Medical Education. Nasca immigration letter. February 2, 2017. https://www.acgme.org/Portals/0/PDFs/Nasca-Community/Nasca-Letter-Immigration-2-2-17.pdf. Accessed August 19/2018.
2 Rural Areas Brace for a Shortage of Doctors Due to Visa Policy. March 18,2017. https://www.nytimes.com/2017/03/18/us/doctor-shortage-visa-policy.html
3 Masri, A and Senussi, M. Trump's Executive Order on Immigration — Detrimental Effects on Medical Training and Health Care. New England Journal of Medicine. 2017(376):e39. Accessed August 21, 2018.
4 ECFMG Statement on Supreme Court Decision to Uphold Visa Restrictions in Presidential Proclamation. June 26, 2018; https://www.ecfmg.org/news/2018/06/26/ecfmg-statement-on-supreme-court-decision-to-uphold-v isa-restrictions-in-presidential-proclamation/
5 Poll-Hunter, Norma I. et al. Values Guide Us in Times of Uncertainty: DACA and Graduate Medical Education. Academic Medicine Nov 2017.
6 Reem A. Mustafa, Fadi Bdair, M. Hassan Murad, and David Wooldridge (2017) Immigration, Graduate Medical Education, and Ethical Dilemmas. Journal of Graduate Medical Education: June 2017, Vol. 9, No. 3, pp. 280-282.
7 Association of American Medical Colleges. AAMC statement on President Trump's executive order on immigration. January 30, 2017. https://news.aamc.org/press-releases/article/executive-order-immigration-013017. Accessed April 24, 2017. [Google Scholar]
8 Alliance for Academic Internal Medicine. AAIM statement on the executive order on immigration. February 2, 2017. http://www.im.org/p/cm/ld/fid=1653. Accessed August 24, 2018.
9 American Academy of Family Physicians. ABFM statement regarding executive order travel ban. February 2, 2017. https://www.theabfm.org/about/travelban2017.pdf. Accessed August 24, 2018
10 Stein F. AAP statement on revised immigrant and refugee travel ban executive order. American Academy of Pediatrics. March 6, 2017. https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Statement-on-Revised-Im migrant-and-Refugee-Travel-Ban-Executive-Order.aspx. Accessed August 24, 2018
11 Damle NS. American College of Physicians issues comprehensive statement on US immigration policy. January 31, 2017. https://www.acponline.org/acp-newsroom/acp-comprehensive-statement-us-immigration-policy. August 24, 2018
12 Anderson S. New evidence USCIS policies increased denials of H-1B visas." https://www.forbes.com/sites/stuartanderson/2018/07/25/new-evidence-uscis-policies-increased- denials-of-h-1b-visas/#24c56ac85a9f. September 2, 2018
13 Ducharme J. Trump's immigration policies are making it harder for foreign doctors to work in the U.S. - and that could hurt patients. http://time.com/5299488/international-medical-graduates/. September 2, 2018
14 http://www.nrmp.org/wp-content/uploads/2018/06/Charting-Outcomes-in-the-Match-2018-IMGs.pdf
15 (https://news.aamc.org/press-releases/article/workforce_report_shortage_04112018/)
16 http://www.nrmp.org/wp-content/uploads/2018/04/Main-Match-Result-and-Data-2 018.pdf

RELEVANT AMA POLICY

AMA Principles on International Medical Graduates H-255.988
Our AMA supports:
1. 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. 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. Cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada.
5. Continued cooperation with the ECFMG and other appropriate organizations to disseminate information to prospective and current students in foreign medical schools. An AMA member, who is an IMG, should be appointed regularly as one of the AMA's representatives to the ECFMG Board of Trustees.
6. 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.
7. 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.
8. The AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs.
9. That special consideration 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.
10. That accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower.
11. That AMA representatives to the ACGME, residency review committees and to the ECFMG should support AMA policy opposing discrimination. Medical school admissions officers and directors of residency programs should select applicants on the basis of merit, without considering status as an IMG or an ethnic name as a negative factor.
12. 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.
13. Publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities.
14. The participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. The AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for outstanding achievements by either individuals or organizations in promoting leadership among IMGs.
15. Support studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members.
16. AMA membership outreach to IMGs, to include a) using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians; b) publicizing its many relevant resources to all physicians, especially to nonmember IMGs; c) identifying and publicizing AMA resources to respond to inquiries from IMGs; and d) 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.
17. Recognition of the common aims and goals of all physicians, particularly those practicing in the U.S., and support for including all physicians who are permanent residents of the U.S. in the mainstream of American medicine.
18. Its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations.
19. 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.
20. 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., and that those IMGs who plan to return to their country of origin have the opportunity to obtain GME in the United States.

21. U.S. medical schools offering admission with advanced standing, within the capabilities determined by each institution, to international medical students who satisfy the requirements of the institution for matriculation.
22. The Federation of State Medical Boards, its member boards, and the ECFMG in their willingness to adjust their administrative procedures in processing IMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state.
Citation: BOT Rep. Z, A-86; Reaffirmed: Res. 312, I-93; Modified: CME Rep. 2, A-03; Reaffirmation I-11; Reaffirmed: CME Rep. 1, I-13; Modified: BOT Rep. 25, A-15; Modified: CME Rep. 01, A-16; Appended: Res. 304, A-17; Modified: CME Rep. 01, I-17

Evaluation of DACA-Eligible Medical Students, Residents and Physicians in Addressing Physician Shortages D-350.986
1. Our American Medical Association will study the issue of Deferred Action for Childhood Arrivals-eligible medical students, residents, and physicians and consider the opportunities for their participation in the physician profession and report its findings to the House of Delegates.
2. Our AMA will issue a statement in support of current US healthcare professionals, including those currently training as medical students or residents and fellows, who are Deferred Action for Childhood Arrivals recipients.
Citation: Res. 305, A-15; Appended: Late Res. 1001, I-16

Strategies for Enhancing Diversity in the Physician Workforce D-200.985
1. Our AMA, independently and in collaboration with other groups such as the Association of American Medical Colleges (AAMC), will actively work and advocate for funding at the federal and state levels and in the private sector to support the following: a. Pipeline programs to prepare and motivate members of underrepresented groups to enter medical school; b. Diversity or minority affairs offices at medical schools; c. Financial aid programs for students from groups that are underrepresented in medicine; and d. Financial support programs to recruit and develop faculty members from underrepresented groups.
2. Our AMA will work to obtain full restoration and protection of federal Title VII funding, and similar state funding programs, for the Centers of Excellence Program, Health Careers Opportunity Program, Area Health Education Centers, and other programs that support physician training, recruitment, and retention in geographically-underserved areas.
3. Our AMA will take a leadership role in efforts to enhance diversity in the physician workforce, including engaging in broad-based efforts that involve partners within and beyond the medical profession and medical education community.
4. Our AMA will encourage the Liaison Committee on Medical Education to assure that medical schools demonstrate compliance with its requirements for a diverse student body and faculty.
5. Our AMA will develop an internal education program for its members on the issues and possibilities involved in creating a diverse physician population.
6. Our AMA will provide on-line educational materials for its membership that address diversity issues in patient care including, but not limited to, culture, religion, race and ethnicity.
7. Our AMA will create and support programs that introduce elementary through high school students, especially those from groups that are underrepresented in medicine (URM), to healthcare careers.
8. Our AMA will create and support pipeline programs and encourage support services for URM college students that will support them as they move through college, medical school and residency programs.
9. Our AMA will recommend that medical school admissions committees use holistic assessments of admission applicants that take into account the diversity of preparation and the variety of talents that applicants bring to their education.
10. Our AMA will advocate for the tracking and reporting to interested stakeholders of demographic information pertaining to URM status collected from Electronic Residency

Application Service (ERAS) applications through the National Resident Matching Program (NRMP).
11. Our AMA will continue the research, advocacy, collaborative partnerships and other work that was initiated by the Commission to End Health Care Disparities.
12. Our AMA opposes legislation that would undermine institutions' ability to properly employ affirmative action to promote a diverse student population.
Citation: CME Rep. 1, I-06; Reaffirmation I-10; Reaffirmation A-13; Modified: CCB/CLRPD Rep. 2, A-14; Reaffirmation: A-16; Appended: Res. 313, A-17; Appended: Res. 314, A-17; Modified: CME Rep. 01, A-18; Appended: Res. 207, I-18

Impact of Immigration Barriers on the Nation's Health D-255.980
1. Our AMA recognizes the valuable contributions and affirms our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine.
2. Our AMA will oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion.
3. Our AMA will oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion.
4. Our AMA will advocate for the immediate reinstatement of premium processing of H-1B visas for physicians and trainees to prevent any negative impact on patient care.
5. Our AMA will advocate for the timely processing of visas for all physicians, including residents, fellows, and physicians in independent practice.
6. Our AMA will work with other stakeholders to study the current impact of immigration reform efforts on residency and fellowship programs, physician supply, and timely access of patients to health care throughout the U.S.
Citation: Alt. Res. 308, A-17; Modified: CME Rep. 01, A-18

Visa Complications for IMGs in GME D-255.991
1. Our AMA will: (A) work with the ECFMG to minimize delays in the visa process for International Medical Graduates applying for visas to enter the US for postgraduate medical training and/or medical practice; (B) promote regular communication between the Department of Homeland Security and AMA IMG representatives to address and discuss existing and evolving issues related to the immigration and registration process required for International Medical Graduates; and (C) work through the appropriate channels to assist residency program directors, as a group or individually, to establish effective contacts with the State Department and the Department of Homeland Security, in order to prioritize and expedite the necessary procedures for qualified residency applicants to reduce the uncertainty associated with considering a non-citizen or permanent resident IMG for a residency position.
2. Our AMA International Medical Graduates Section will continue to monitor any H-1B visa denials as they relate to IMGs? inability to complete accredited GME programs.
3. Our AMA will study, in collaboration with the Educational Commission on Foreign Medical Graduates and the Accreditation Council for Graduate Medical Education, the frequency of such J-1 Visa reentry denials and its impact on patient care and residency training.
4. Our AMA will, in collaboration with other stakeholders, advocate for unfettered travel for IMGs for the duration of their legal stay in the US in order to complete their residency or fellowship training to prevent disruption of patient care.
Citation: (Res. 844, I-03; Reaffirmation A-09; Reaffirmation I-10; Appended: CME Rep. 10, A-11; Appended: Res. 323, A-12