Whereas, international students comprise over 10% of US graduate students but only 0.6% of US medical students, indicating that the US recruits globally for academia, research, and other highly educated professions, but not for medicine\textsuperscript{1-3}; and

Whereas, only 35% of medical schools consider international applicants, only 17% of whom are admitted compared to 38% of domestic applicants\textsuperscript{4-7}; and

Whereas, international medical students are ineligible for public loans, may be ineligible for medical school scholarships, require a US cosigner for private loans, and may be required to deposit up to four years of tuition upfront into an escrow account prior to matriculation\textsuperscript{7-10}; and

Whereas, many common national medical student scholarships, including the AMA Physicians of Tomorrow scholarship, the Tylenol Future Care scholarship, and the National Medical Fellowships awards, are restricted to domestic students only\textsuperscript{11-13}; and

Whereas, international medical students offer valuable diversity of thought, cultural perspectives, and unique life experiences that enrich medical schools, complement efforts to improve physician workforce diversity, address physician shortages, and allow the US to attract and retain the best and brightest future doctors from around the world\textsuperscript{9,14}; therefore be it

RESOLVED, that our American Medical Association encourage additional medical schools to consider applications from and to admit international students to their programs alongside domestic students; and be it further

RESOLVED, that our AMA amend policy H-255.968 “Advance Tuition Payment Requirements for International Students Enrolled in US Medical Schools” by addition and deletion to read as follows; and be it further

Advance Tuition Payment Requirements for International Students Enrolled in US Medical Schools H-255.968

Our AMA:

1. supports the autonomy of medical schools to determine optimal tuition requirements for international students;
2. encourages medical schools and undergraduate institutions to fully inform international students interested in medical education in the US of the limited options available to them for tuition assistance;
3. supports the Association of American Medical Colleges (AAMC) in its efforts to increase transparency in the medical school application process
for international students by including school policy on tuition requirements in the Medical School Admission Requirements (MSAR); and

4. supports efforts to re-evaluate and minimize the use of pre-payment requirements specific to international medical students; and

5. encourages medical schools to explore alternative means of prepayment, such as a letter of credit, for four years for covering the costs of medical school.

RESOLVED, that our AMA advocate for increased scholarship and funding opportunities for international students accepted to or currently attending United States medical schools.

Fiscal Note: (Assigned by HOD)

Received: 04/24/2024

REFERENCES


9. Datta J, Miller BM. International students in United States’ medical schools: does the medical community know they exist? Med Educ Online. 2012;17:10.3402/meo.v17i0.15748. doi:10.3402/meo.v17i0.15748


RELEVANT AMA POLICY

D-255.980 Impact of Immigration Barriers on the Nation's Health

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. [Alt. Res. 308, A-17; Modified: CME Rep. 01, A-18; Reaffirmation: A-19; Reaffirmed: CME Rep. 4, A-21; Reaffirmed: Res. 234, A-22; Reaffirmed: Res. 210, A-23]

H-295.888 Progress in Medical Education: the Medical School Admission Process
1. Our AMA encourages: (A) research on ways to reliably evaluate the personal qualities (such as empathy, integrity, commitment to service) of applicants to medical school and support broad dissemination of the results. Medical schools should be encouraged to give significant weight to these qualities in the admissions process; (B) premedical coursework in the humanities, behavioral sciences, and social sciences, as a way to ensure a broadly-educated applicant pool; and (C) dissemination of models that allow medical schools to meet their goals related to diversity in the context of existing legal requirements, for example through outreach to elementary schools, high schools, and colleges.
2. Our AMA: (A) will continue to work with the Association of American Medical Colleges (AAMC) and other relevant organizations to encourage improved assessment of personal qualities in the recruitment process for medical school applicants including types of information to be solicited in applications to medical school; (B) will work with the AAMC and other relevant organizations to explore the range of measures used to assess personal qualities among applicants, including those used by related fields; (C) encourages the development of innovative methodologies to assess personal qualities among medical school applicants; (D) will work with medical schools and other relevant stakeholder groups to review the ways in which medical schools communicate the importance of personal qualities among applicants, including how and when specified personal qualities will be assessed in the admissions process; (E) encourages continued research on the personal qualities most pertinent to success as a medical student and as a physician to assist admissions committees to adequately assess applicants; and (F) encourages continued research on the factors that impact negatively on humanistic and empathetic traits of medical students during medical school. [CME Rep. 8, I-99; Reaffirmed: CME Rep. 2, A-09; Appended: CME Rep. 3, A-11; Reaffirmed: CME Rep. 1, A-21]