

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 1  
(I-25)

Introduced by: International Medical Graduates Section

Subject: Support International Medical Graduates (IMGs) to Reverse Physician Shortage, Reduce Physician Burnout, and Increase Diversity in Healthcare

Referred to: Reference Committee (Assigned by HOD)

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1 Whereas, the United States is facing an imminent physician shortage and escalating rates of  
2 physician burnout. This can significantly impact prompt and equitable healthcare delivery for  
3 patients nationwide as there is a growing demand for medical care; and  
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5 Whereas, a shortage in physicians and specialists can lead to lack of patient appointment  
6 availability, delayed care, increased financial costs, and poorer health outcomes; and  
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8 Whereas, International Medical Graduates (IMGs) play a crucial role in the healthcare system  
9 as they constitute 25% of physicians in the United States. By providing patient care, they can  
10 work to improve access and quality of care especially in rural settings; and  
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12 Whereas, increasing diversity in the physician workforce will greatly benefit patient health  
13 outcomes and reduce health disparities with IMGs serving underserved and vulnerable  
14 communities, as well as economically disadvantaged populations. This can also improve patient  
15 experiences through cultural awareness and addressing language barriers; and  
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17 Whereas, IMGs continue to experience barriers and hurdles, such as limited residency training  
18 slot allocation, travel bans, visa restriction policies, and stress when applying for J-1 visa and  
19 green cards. Therefore, more seats in residency programs and/or loosening residency  
20 requirements by allowing licensed internationally-trained IMGs to practice in the United States  
21 without having to repeat residency can alleviate the physician shortage and burnout, and  
22 increase diversity in healthcare settings; and  
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24 Whereas, increasing residency spots and easing visa restriction policies can allow IMGs to join  
25 the physician workforce and expand diversity in healthcare while alleviating physician shortage  
26 and burnout; and  
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28 Whereas, incorporating IMGs in healthcare and into U.S. residency programs and pathways  
29 across the country, regardless of ethnic background or country of origin, can allow for an  
30 increase in diversity, timely patient care, and equitable healthcare; and  
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32 Whereas, the American Medical Association (AMA) and 11 U.S. states that have passed the  
33 Physician Pathway Act (PPA); and advocacy and urgent action will be necessary to remove the  
34 barriers that IMGs face so they can work towards resolving the physician shortage and burnout,  
35 while simultaneously increasing diversity in healthcare; therefore, be it  
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37 RESOLVED, that AMA work with other organizations to advocate for the elimination of barriers  
38 to IMG residency placement and immigration/visa status, to overcome the physician shortage

and burnout, as well as improve healthcare access and equity for all communities (Directive to Take Action); and be it

RESOLVED, that AMA recognize and promote the benefits of having increased diversity in the physician workforce by supporting policies that expand and ease IMG opportunities, which can result in providing equitable healthcare delivery nationwide. (Directive to Take Action)

References:

1. <https://www.aamc.org/media/75236/download?attachment>
2. <https://sewell.house.gov/cache/files/1/2/127549e0-95e7-4c8e-aa7c-4ea5347b043d/4DB45CB7AA13A5E0BE8FFE2A2000234B26D32909FAD7FE56DF9D7502C2A3D4DD.119th-final-sewell-010-xml.pdf>

## RELEVANT AMA POLICY

### AMA Principles on International Medical Graduates H-255.988

1. Our American Medical Association supports 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. Our AMA supports current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE.  
Our AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body.
3. Our AMA supports cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada.
4. Our AMA supports 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.
5. Our AMA supports 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.  
In cooperation with the ACGME and the FSMB, our AMA supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care.
6. Our AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs.
7. Our AMA supports 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.
8. Our AMA supports that accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower.
9. Our 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.
10. Our AMA supports 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. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement:  
completion of medical school and residency training outside the U.S.;  
extensive U.S. medical practice; and  
evidence of good standing within the local medical community.
11. Our AMA supports publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities
12. Our AMA supports the participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. Our 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, the Accreditation Council for Graduate Medical Education and its review committees, the American Board of Medical Specialties and its

specialty boards, 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.

13. Our AMA supports studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members.
14. Our AMA membership outreach to IMGs to include using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians; publicizing its many relevant resources to all physicians, especially to nonmember IMGs; identifying and publicizing AMA resources to respond to inquiries from IMGs; and 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.
15. Our AMA supports 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.
16. Our AMA supports its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations.
17. Our AMA supports 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.
18. Our AMA supports 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
19. Our AMA supports 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.
20. Our AMA supports 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.
21. Our AMA supports continued efforts to protect the rights and privileges of all physicians duly licensed in the U.S. regardless of ethnic or educational background and opposes any legislative efforts to discriminate against duly licensed physicians on the basis of ethnic or educational background.
22. Our AMA supports continued study of challenges and issues pertinent to IMGs as they affect our country's health care system and our physician workforce.
23. Our AMA supports advocacy to Congress to fund studies through appropriate agencies, such as the Department of Health and Human Services, to examine issues and experiences of IMGs and make recommendations for improvements.

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 Reaffirmation: A-19 Modified: CME Rep. 2, A-21 Modified: CME Rep. 1, A-22 Modified: CCB/CLRPD Rep. 1, A-22 Reaffirmed: CME Rep. 03, A-23

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

1. Our American Medical Association 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-17Modified: CME Rep. 01, A-18Reaffirmation: A-19Reaffirmed: CME Rep. 4, A-21Reaffirmed: Res. 234, A-22Reaffirmed: Res. 210, A-23

#### **J-1 Visas and Waivers D-255.993**

1. Our American **Medical** Association shall encourage HHS and other interested government agencies to continue sponsorship of the J-1 visa waiver program.
2. Our AMA will work with federal agencies to ensure better coordination of federal, state, and local agencies in monitoring the placement and enforcement of physicians' service requirements through the J-1 waiver and Conrad-30 programs.
3. Our AMA will work towards regulation and/or legislation to allow physicians on H-1B waiver visas, who are limited to serving in medically underserved areas, to continue to care for their patients who require hospitalization in the closest appropriate **medical** facility which may not be in the underserved area.
4. Our AMA supports a national data repository of J-1 Visa Waiver statistics so that J-1 Visa Waiver unoffered positions can be transferred to states as needed to treat underserved communities and to monitor the success of this program.

BOT Rep. 11, I-02 Appended: Res. 324, A-11Appended: Res. 904, I-11Reaffirmation A-14 Modified: BOT Rep. 09, A-24