FOREIGN MEDICAL GRADUATES
Position Paper
of the
AMERICAN COLLEGE OF PHYSICIANS

Issues:

1. What changes, if any, are needed in law and governmental policy concerning entry into the United States of foreign medical graduates (FMGs)?

2. Given recent studies of U.S. physician manpower supply, are modifications needed in educational and professional requirements for the licensing of United States citizens who are graduates of foreign medical schools (USFMGs). Also, are changes needed in state and federal laws and policies regarding USFMGs?

ACP Positions:

1. The American College of Physicians supports amending the Immigration and Nationality Act to extend, for as long as needed, the time period currently allowed for foreign medical school graduates to complete a recognized course of their specialty training provided such physicians meet all other qualifications for acceptance.

2. The American College of Physicians supports amending the Immigration and Nationality Act to permit foreign medical school graduates to make one change in their choice of training programs, provided the change occurs within two years of entry into the United States and provided that there is a demand in the country of origin for the skills for which the training is sought.

3. The American College of Physicians is in favor of requiring both FMGs and USFMGs, prior to admission to a U.S. residency training program, to pass either Parts I and II of the National Boards (NBME), the Visa Qualifying Exam (VQE), or an equivalent examination.

4. Recognizing that accredited medical schools in the United States and Canada are currently training a sufficient number of physicians to meet expected requirements and that a national surplus of physician manpower supply is projected by 1990, the American College of Physicians does not encourage American students to seek medical training abroad for the purpose of obtaining a medical degree. The College advocates a phasing-out of the "Fifth Pathway" program, elimination of the practice of allowing U.S. citizens enrolled in foreign medical schools to transfer to U.S. medical schools with advanced standing, and an end to the availability of federal as well as state financial support for U.S. students enrolled in foreign medical schools.

5. The American College of Physicians supports actions that maintain the standards for admission to state medical licensing examinations. The College believes there is a direct correlation between the quality of medical education obtained and the quality of medical services performed.

6. To assure high minimum standards of quality the College urges that USFMGs applying for unrestricted medical licensure should complete at least one year of graduate medical education in a program approved by the Accreditation Committee on Graduate Medical Education and should successfully complete the same rigorous examination required for licensure of U.S. medical school graduates.
Background:

National health manpower policy during the 1960's and early 1970's was based on the assessment that there existed a serious shortage of physicians and other health care providers. Accordingly, federal and state governments adopted programs to stimulate the construction and expansion of health educational and training facilities and to encourage increased enrollments in health professions schools. Foreign trained physicians were also encouraged to enter this country to help meet the demand for medical services and preferential policies were adopted to facilitate their immigration. Alien physicians were also allowed to enter the United States as exchange visitors to obtain graduate medical education.

As a result of these policies, a dramatic influx of foreign trained physicians occurred. The number of FMGs in the United States rose from 31,000 in 1963 (11 percent of all physicians in the country) to 85,620 in 1976 (20 percent). Approximately 2,700 FMGs entered the United States annually from 1966 to 1975 as new immigrants and nearly 4,600 entered annually as exchange visitors. Foreign medical graduates had filled only 10 percent of the U.S. internship and residency positions in 1950-51, but by 1972-73 they occupied 33% of all such filled training slots. The percentage of all new medical licentiates who were FMGs rose steadily from 18.5 percent in 1966 to 46.0 percent in 1972 before declining to 35.0 percent in 1975.

Concerns about these increases in the number of foreign trained physicians and about the quality of care they provided, combined with demands for increased medical career opportunities for women and minorities, and concerns over the moral and diplomatic issue of attracting and retaining physicians from developing nations led Congress to enact legislation restricting further entry of FMGs.

In adopting the Health Professions Educational Assistance Act of 1976 (P.L.94-484) Congress declared:

There is no longer an insufficient number of physicians and surgeons in the United States such that there is no further need for affording preference to alien physicians and surgeons in admission to the United States under the Immigration and Nationality Act.

The 1976 law amended Section 212A of the Immigration and Nationality Act to limit immigration of FMGs, and established the following requirements for alien physicians seeking visas to the United States as exchange visitors in order to obtain graduate medical education:

--A written agreement must be obtained from the institution to provide the graduate medical education or training for which the alien is coming to the U.S.

--The alien must pass Parts I and II of the National Board of Medical Examiners or an equivalent examination (the Visa Qualifying Exam -- VQE).

--The alien must demonstrate competence in oral and written English and ability to adapt to the educational and cultural environment in which the education or training will be received.

--Written assurance must be provided from the government of the home country that there is a need for the skills to be acquired in the United States and that a position fully utilizing the FMG's skills will be available upon his or her return home.
The alien must make a commitment to return to his or her country of citizenship or last residence upon completion of U.S. training.

The period of study in the U.S. must be limited to two years, with an extension of one year possible, only upon the request of the home government.

A blanket waiver of these requirements was granted from January 10, 1977, through July 3, 1977, and provision was made for waiver of the requirements relating to school affiliation and passage of the National Boards, if it could be demonstrated that there would be a "substantial disruption" in the health services provided by the program in which the alien seeks to participate. A case-by-case waiver was made effective January 10, 1978. Authority for such waivers under P.L. 94-484 was scheduled to expire on December 31, 1980, but was extended one year by the 96th Congress.

As the blanket waiver provisions expired and the 1976 restrictions on immigration became fully implemented, unintended adverse effects began to surface. Many foreign medical graduates already enrolled in specialty training programs found that they could not complete requirements to become eligible for specialty board examinations because of their two-year visa limitation. Even with the provision for a one-year extension, board eligibility could not be obtained in those specialties requiring more than three years of residency training.

Under present provisions approximately 150 physicians will be required to leave the United States by July 1, 1981, without having completed their training.

Other graduates of foreign medical schools, deterred by the strict U.S. visa requirements and the time limitations preventing specialty board eligibility, sought postgraduate training elsewhere. The United States' role as the leader in international postgraduate medical education began to be threatened as foreign physicians increasingly turned to other countries, including the Soviet Union, Cuba, and other Communist bloc countries, to obtain medical and surgical specialty training.

Teaching hospitals in metropolitan areas, especially in New York City, which relied to a great extent on foreign trained housestaff for the delivery of medical services, found that this source of physician manpower was becoming increasingly unavailable.

Legislation to further amend the Immigration and Nationality Act to alleviate these problems was considered by Congress in 1979 and 1980.

Acting on the recommendation of its International Medical Activities Committee, the Board of Regents of the American College of Physicians passed the following resolution at its meeting on November 9, 1979:

The Board of Regents supports proposed federal legislation amending Section 212, P.L. 94-484, Immigration and Nationality Act, to extend the time period currently allowed for foreign medical graduates to complete their specialty training for as long as needed, provided the physician meets all other acceptance qualifications.

On March 21, 1980, a letter was sent to Congresswoman Elizabeth Holtzman, Chairwoman of the Subcommittee on Immigration, Refugees and International Law, containing the above resolution and indicating the College's support of an amendment as proposed by the U.S. International Communications Agency.
This amendment and several additional bills were introduced and considered by the 96th Congress. Committee and subcommittee action resulted in passage by the full House of a consolidated bill, the Immigration and Nationality Act Amendments of 1980 (H.R.7273). This bill incorporated provisions to permit FMGs sufficient time to stay in the United States to complete specialty training. It would have allowed aliens one change in their designated program, provided the change occurred within two years after entry to the United States as an exchange visitor or acquisition of exchange visitor status.

The bill would also have extended until December 31, 1982, provisions to permit institutions that are heavily dependent on FMGs to obtain waivers allowing alien physicians to enter the country as "J" nonimmigrant exchange visitors without meeting the strict requirements of the amended Immigration and Nationality Act. These "substantial disruption waivers" were originally established with the 1976 amendments to the Act to provide a transitional period for hospitals that could demonstrate that they would face a "substantial disruption of health services" if the restrictions on entry of FMGs were implemented. The proposed 1980 amendments contained provisions for extension, under special circumstances, and until December 31, 1983, of waivers for substantial disruption and would have allowed licensed alien physicians who had entered the country between 1974 and 1977 to remain, if they had served four years in a health manpower shortage area or in service determined to be in the national interest.

S.2375, the Health Professions Education and Distribution Act of 1980, which passed the Senate, contained provisions that would have allowed foreign medical graduates to stay in the United States for up to seven years or the time typically required to complete a residency training program. This bill would have extended authority for granting substantial disruption waivers until December 31, 1985, and provided for the gradual phase down of the annual number of aliens allowed to enter the U.S.

Another bill (S.2378) would have allowed National Health Service Corps scholarship recipients to fulfill their service obligations while completing their residency training in hospitals that qualified as heavily dependent upon FMGs. This bill, however, died in committee.

Except for a few amendments that were attached to an omnibus research bill (P.L.96-538), the 96th Congress was unable to reconcile differences among the House and Senate bills on health manpower or the amendments affecting foreign medical graduates. One of the amendments that did pass extended the Department of Health and Human Services' authority to grant substantial disruption waivers until December 31, 1981.

Another development affecting FMGs and USFMGs during 1980 was the completion of the final report of the Graduate Medical Education National Advisory Committee (GMENAC). This report projected an aggregate surplus of physicians by 1990 and recommended efforts to curtail the future supply of medical manpower. GMENAC estimated that even with the restrictions of the Immigration and Nationality Act, there would be 4,100 FMGs entering the U.S. annually by 1983. GMENAC recommended tightening of the current restrictions on entry of FMGs. In addition, GMENAC recommended termination of all federal and state assistance programs for U.S. medical students initiating study abroad after the 1980-81 academic year, development of a uniform qualifying exam for FMGs as well as USFMGs seeking entry into graduate medical training programs, and elimination of the "Fifth Pathway" program and other programs allowing U.S. citizens enrolled in foreign medical schools to transfer with advanced standing to U.S. medical schools.
On November 21, 1980, the General Accounting Office (GAO) released a report to the Congress by the Comptroller General that found that the education and training provided by some foreign medical schools in which large numbers of U.S. citizens are enrolled, are not comparable to that offered in U.S. schools.* Most of the foreign medical schools investigated by the GAO lacked clinical training facilities.

Some of the schools have arrangements with U.S. hospitals to provide clinical training. However, the GAO concluded that most such arrangements are not with teaching hospitals affiliated with U.S. medical schools, do not offer clinical training opportunities comparable to those available to U.S. medical students, and provide no assurance that U.S. citizens from such foreign medical schools are properly prepared for clinical training. The GAO noted that these clinical training programs were inadequately monitored by the foreign medical schools, and that they were often separate from the clinical training programs for students in U.S. medical schools. The GAO, therefore, recommended that the Secretary of Health and Human Services take steps to address the practice of USFMGs receiving undergraduate clinical training in U.S. hospitals.

The GAO further recommended that

the Congress direct the Secretary of Health and Human Services to work with State licensing authorities and representatives of the medical profession to develop and implement appropriate mechanisms that would ensure that all students who attend foreign medical schools demonstrate that their medical knowledge and skills are comparable to those of their U.S. trained counterparts before they are allowed to enter the U.S. health care delivery system for either graduate medical education or medical practice.

The GAO offered three possible alternatives for consideration:

1. LCME or some other body could be given responsibility to visit foreign medical schools to determine if the education and training provided are comparable to that at a U.S. medical school.

2. A better examination could be developed to test all medical school graduates, U.S. and foreign trained, before permitting entrance to graduate medical education or receiving medical licensure in the United States.

3. Establish an accrediting body, either by the private sector or by the Department of Health and Human Services, responsible for determining whether students who attended foreign medical schools are properly prepared to receive graduate medical education or licensure in the United States.

The advantages and the problems each of these alternatives would entail were recognized and discussed in the GAO report.

Other recommendations were that the U.S. Department of Education and the Veterans Administration ensure that guaranteed student loans and educational benefits go only to students at foreign medical schools that provide education comparable to that provided in U.S. schools and that the government's interest in outstanding guaranteed student loans for U.S. citizens studying medicine abroad be adequately protected.

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