

International Medical Graduates Work Group: Barriers to Licensure and Opportunities for the Commonwealth



Tuesday, August 6, 2019

10:00 am

**Department of Health Professions
Board Room 4**

**9960 Mayland Drive
Henrico, Virginia 23233**

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International Medical Graduates Work Group: Barriers to Licensure and Opportunities for the Commonwealth

Meeting Agenda

August 6, 2019
10:00 am

Meeting Facilitator: Barbara Allison-Bryan, MD; Chief Deputy Department of Health Professions

- I. Call to order
- II. Welcome, Safety Instructions, and Introduction of Work Group Members
- III. Public Comment
- IV. The Commonwealth Today
 - a) Physician Work Force: Location, Age, Shortage Designations (BAB)
 - b) The IMG Work Force in Virginia (BAB)
 - c) ECFMG Data (BAB)
 - d) Pathways to Licensure (Dr. Harp)
- V. Preparing the Commonwealth for the Future
 - a) Barriers to Licensure (Group)
 - b) Review of the Processes and Progress in other Jurisdictions
 - c) Possibilities for Virginia (VHWDA GME--Keisha, PRA—BAB, others?)
 - d) Possibilities for other Health Professions (Nursing)
- VI. Next Steps
 - a) Items to be included in the report to HWI
 - b) Additional Meeting vs Virtual Follow-up

A box lunch will be available about noon; we will take about a 30-minute break and eat as a group.

Letter from Delegate Orrock



ROBERT D. "BOBBY" ORROCK
POST OFFICE BOX 458
THORNTONS, VIRGINIA 22685
FIFTY-FOURTH DISTRICT

COMMONWEALTH OF VIRGINIA
HOUSE OF DELEGATES
RICHMOND

May 22, 2019



COMMITTEE ASSIGNMENTS:
HEALTH, WELFARE AND
INSTITUTIONS (CHAIRMAN)
FINANCE
AGRICULTURE, CHESAPEAKE AND
NATURAL RESOURCES
RULES

Dr. David Brown, DC
Director, Virginia Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Re: House Joint Resolution 682 - Foreign-trained Physicians

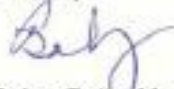
Dear Dr. Brown,

During the 2019 General Assembly Session, the House Committee on Rules considered House Joint Resolution 682 (Tran). The resolution requested that the Department of Health Professions study options for utilizing physicians trained outside the United States to address shortages of physicians in rural and underserved areas of Virginia. The resolution failed to report from the House Committee on Rules. However, Del. Kathy Tran and others continue to be interested in the issues presented by this resolution. Therefore, on behalf of the House Committee on Health, Welfare and Institutions, I am requesting that you convene a work group to study options for utilizing physicians trained outside the U. S. to address shortages of physicians in rural and underserved areas of Virginia. The work group should include representatives of the Department of Health, the Virginia Health Workforce Development Authority, the Medical Society of Virginia, the Virginia Hospital and Healthcare Association, the Virginia Rural Health Association, graduate medical education programs in Virginia, immigrant advocacy groups, and physicians licensed within and outside the U. S..

In conducting its work, the work group should consider barriers to licensure for foreign-trained physicians in Virginia and any potential impacts of such barriers on physician shortages in the Commonwealth, including (i) the number of unlicensed foreign-trained physicians in the Commonwealth and the potential economic impact of licensing such unlicensed foreign-trained physicians on the Commonwealth; (ii) existing initiatives and programs in other states that address barriers to licensure for foreign-trained physicians, including the USMLE; (iii) steps the Commonwealth has already taken to facilitate practice by foreign-trained physicians; (iv) the role of residency programs as barriers to practice for foreign-trained physicians in Virginia; (v) options for addressing language and other barriers to the USMLE and other examinations; and (vi) any existing or potential new programs or policies to facilitate the practice of foreign-trained physicians in rural or underserved areas of the Commonwealth. The work group should also address barriers to practice by foreign-trained nurses and specific issues related to practice by foreign-trained nurses in the Commonwealth as part of the study. I ask that you report your

findings and conclusions to the House Committee on Health, Welfare and Institutions by October 1, 2019.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bobby", written over the printed name.

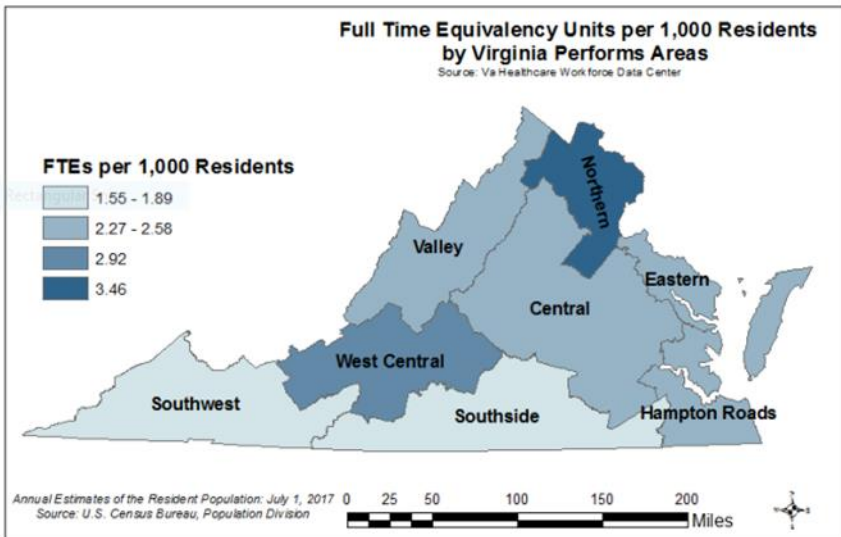
Robert D. "Bobby" Orrock, Sr.
Chairman, HWI

cc: The Honorable Kathy Tran

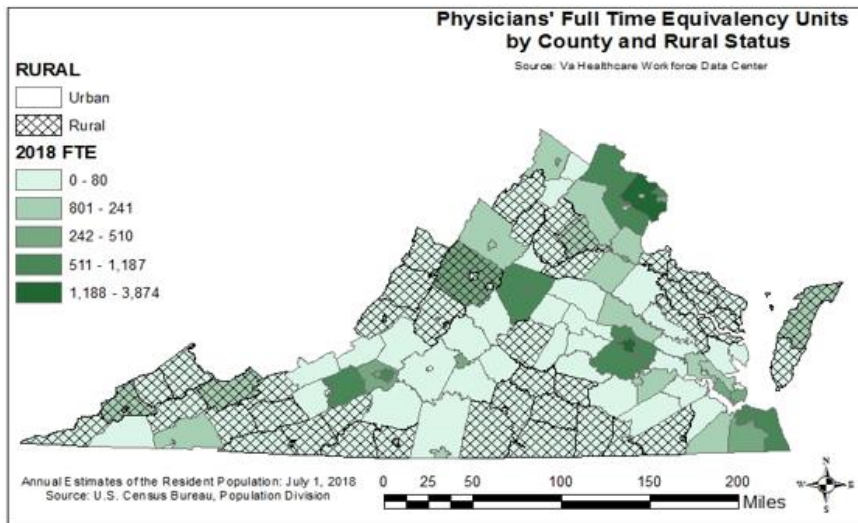
Nearly One-quarter of practicing physicians in Virginia graduated from a medical school outside the US or Canada. In 2018, 22% of the respondents to the HWDC survey indicated that they attended medical school outside the US or Canada.

Commonwealth Demographics

Overall Physician Distribution

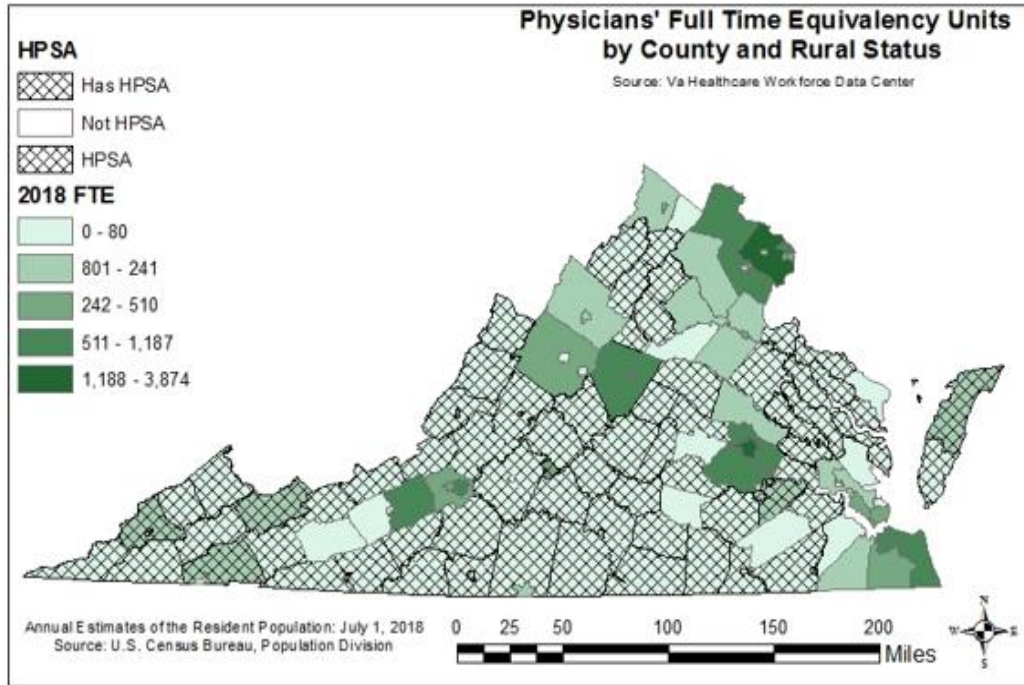


Physician FTE Distribution Rural vs Urban



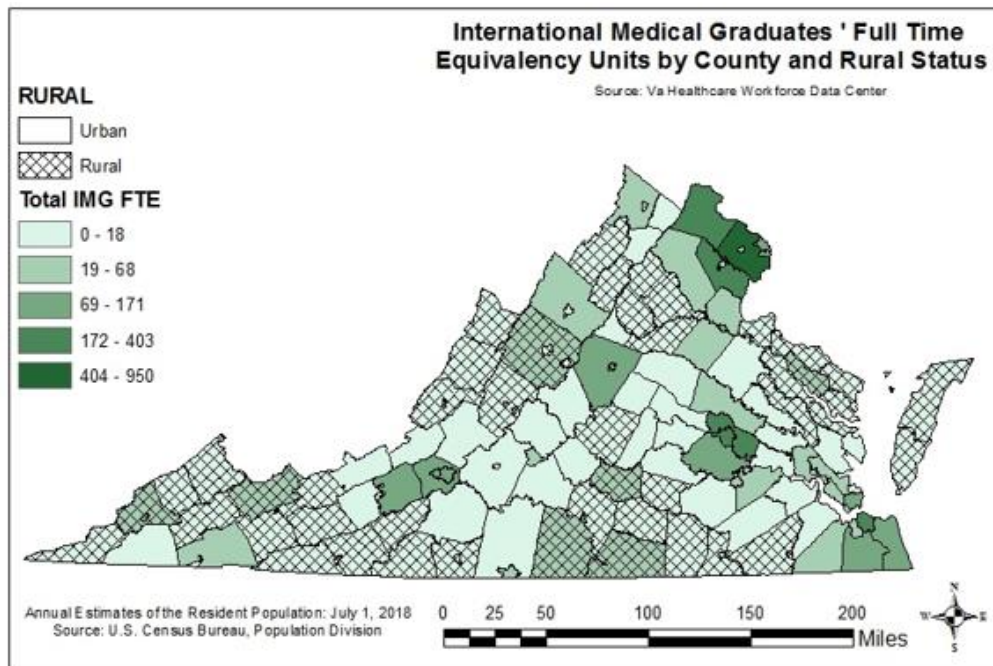
There are about 2.98 physician FTEs/1,000 Virginia residents. Only 3 of the 53 rural counties or cities met this average. Most had fewer than 1.24 FTEs/1000 rural residents.

Physician FTE Distribution by HPSA (Health Professional Shortage Area)



All HPSA counties tended to have lower numbers of physicians and lower physician FTE /1,000 residents than non-HPSAs.

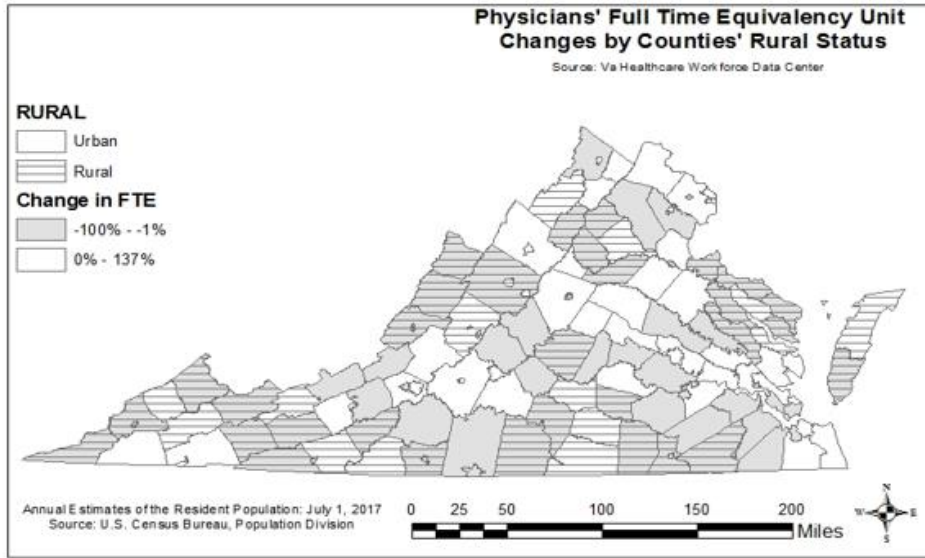
Distribution of International Medical Graduates' FTEs



IMGs provide about 20% of rural and HPSA FTE units. IMGs provide more than 23% of physician FTEs in 29% of rural counties. IMGs provide about 23% of physician FTEs in 25% of

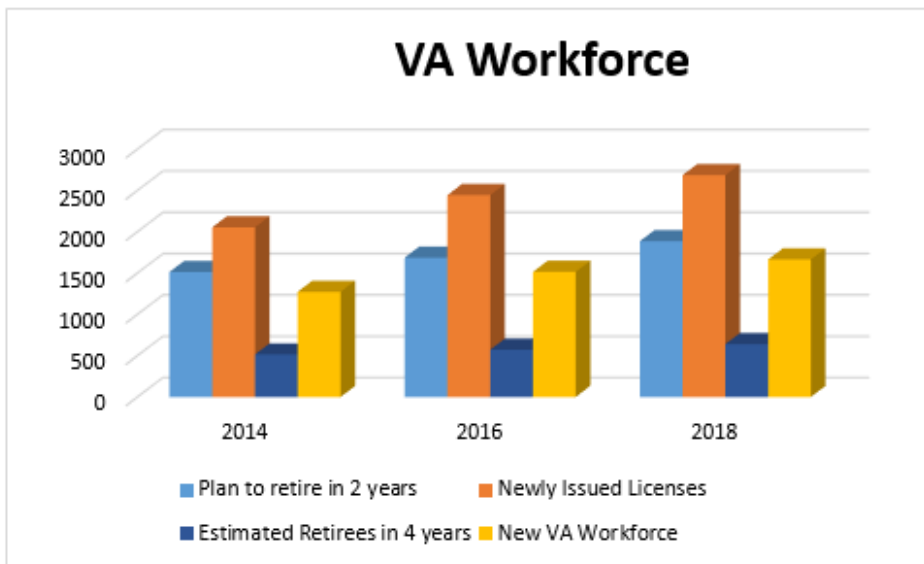
urban counties. Similarly for HPSAs, IMGs provide more than 23% of physicians' FTEs in 33% of HPSA counties. In 17% of non-HPSA counties, they provide the same. It would appear IMGs are slightly more likely to work in rural and HPSA counties.

Change in Physicians' FTE and Rural Status



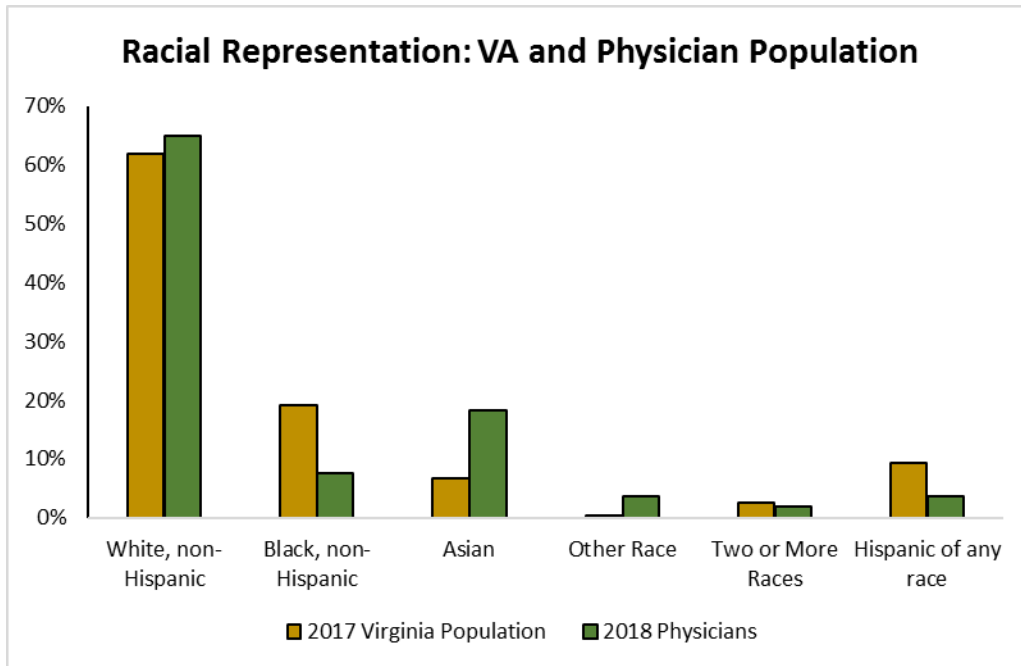
Rural counties/cities are more likely to lose physician FTEs compared to urban ones. In 2018, 66% or 35 of Virginia's 53 rural counties had lower physician FTEs in 2018 compared to 2014. For urban, it was 42%.

Physician Attrition through Retirement



4% of Virginia's physicians plan to retire within two years. Approximately 34% of physicians who planned to retire within 2 years of the 2014 survey were retired in 2018. This bar graph shows the number who planned to retire within 2 years, the number who had retired in 4 years,

the number of licenses issued in those years, and an estimate of new licensees who actually work in Virginia. It appears inflow currently exceeds outflow by retirement.



The diversity index for physicians in VA was 54% in 2018. Virginia’s overall diversity index is 57%.

Characteristics of IMGs Practicing in Virginia (data provided by ECFMG)

The *Non-US* International Medical Graduates currently practicing in Virginia are from over 130 countries. They graduated from over 700 different medical schools. About 40% are in the primary care specialties.

Citizenship at entry to medical school	Frequency	Percent	Cumulative Frequency	Cumulative Percent
INDIA	1200	23.77	1200	23.77
UNITED STATES OF AMERICA	1068	21.16	2268	44.93
PAKISTAN	391	7.75	2659	52.67
PHILIPPINES	275	5.45	2934	58.12
IRAN	163	3.23	3097	61.35
CHINA	116	2.30	3213	63.65
EGYPT	101	2.00	3314	65.65
ETHIOPIA	101	2.00	3415	67.65
NIGERIA	83	1.64	3498	69.29
LEBANON	79	1.56	3577	70.86

Country of Medical School	Frequency	Percent	Cumulative Frequency
INDIA	1205	23.73	1205
PAKISTAN	402	7.91	1607
PHILIPPINES	321	6.32	1928
GRENADA	278	5.47	2206
BARBADOS	224	4.41	2430
IRAN	137	2.70	2567
EGYPT	118	2.32	2685
SINT MAARTEN	113	2.22	2798
CHINA	111	2.19	2909
MEXICO	107	2.11	3016

SPECIALTY DESIGNATION			
Primary self-declared practice specialty	Frequency	Percent	Cumulative Frequency
INTERNAL MEDICINE	1179	23.00	1179
FAMILY MEDICINE	555	10.83	1734
PSYCHIATRY	359	7.00	2093
PEDIATRICS	347	6.77	2440
ANESTHESIOLOGY	186	3.63	2626
OBSTETRICS & GYNECOLOGY	163	3.18	2789
NEPHROLOGY	146	2.85	2935
CARDIOVASCULAR DISEASE	143	2.79	3078
NEUROLOGY	118	2.30	3196
GASTROENTEROLOGY	105	2.05	3301
GENERAL SURGERY	96	1.87	3397

Table of TYPEPRAC by img_code			
TYPEPRAC(PRACTICE_TYPE)	img_code		
Frequency	MD/DO	IMG	Total
Direct Patient Care	15881	4476	20357
Resident	2111	452	2563
Administration	341	32	373
Semi-Retired	255	104	359
Medical Teaching	268	42	310
Medical Research	194	35	229
Non-Patient Care	117	21	138
Unknown	99	30	129
Total	19266	5192	24458

ECFMG Pass Rate Statistics

About 80% of IMG test takers pass Step 1 or Step 2 CK or Step 2CS the first time. 50%+ get a residency slot, which is increasing slowly. Rates of US vs Non-US citizen IMG matches are similar.

	2016	2017	2018
USMLE® Step 1			
IMG Registrations	23,768	23,273	
IMG Pass Rate – First Takers	78%	78%	
USMLE Step 2 Clinical Knowledge (CK)			
IMG Registrations	17,323	16,356	
IMG Pass Rate – First Takers*	80%	80%	
USMLE Step 2 Clinical Skills (CS)			
IMG Registrations	15,558	15,389	
IMG Pass Rate – First Takers*	82%	82%	
ECFMG Certificates Issued	10,362	9,839	
ERAS® Support Services at ECFMG			
Residency Tokens Issued to IMGs	21,822	22,063	21,293**
National Resident Matching Program®			
Total IMG Participants	12,790†	12,355†	12,144†
Number Matched	6,638	6,591	6,862
Percent Matched	52%	53%	57%
Non-US Citizen IMG Participants	7,460	7,284	7,067
Number Matched	3,769	3,814	3,962
Percent Matched	51%	52%	56%
US Citizen IMG Participants	5,323	5,069	5,075
Number Matched	2,869	2,777	2,900
Percent Matched	54%	55%	57%
ECFMG Exchange Visitor Sponsorship			
Physicians Approved for J-1 Visa Sponsorship (2016)	10,316		
Physicians Approved for J-1 Visa Sponsorship (2017)	10,953		

<https://www.ecfm.org/forms/factcard.pdf>

USMLE supplies this data

Step 1

Details on the numbers and overall performance of examinees taking USMLE in the past 2 years are provided below.

Step 1 Administrations

Examinees from US/Canadian Schools	2017		2018*		Examinees from Non-US/Canadian Schools	2017		2018*	
	Number Tested	Percent Passing	Number Tested	Percent Passing		Number Tested	Percent Passing	Number Tested	Percent Passing
MD Degree	21,382	94%	21,611	95%	1st Takers	14,900	78%	14,332	80%
1st Takers	20,353	96%	20,670	96%	Repeaters**	2,303	41%	2,111	44%
Repeaters**	1,029	67%	941	67%	Total	17,203	73%	16,443	75%
DO Degree	3,835	95%	4,136	96%					
1st Takers	3,786	95%	4,092	96%					
Repeaters**	49	76%	44	73%					
Total	25,217	94%	25,747	94%					

* Represents data for examinees tested in 2018 and reported through January 30, 2019.

** 'Repeaters' represents examinations given, not number of examinees.

Step 2 CK

Step 2 CK Administrations

Examinees from US/Canadian Schools	2016 - 2017		2017 - 2018*		Examinees from Non-US/Canadian Schools	2016 - 2017		2017 - 2018*	
	Number Tested	Percent Passing	Number Tested	Percent Passing		Number Tested	Percent Passing	Number Tested	Percent Passing
MD Degree	21,071	95%	22,367	96%	1st Takers	11,949	81%	11,469	83%
1st Takers	20,140	96%	21,531	97%	Repeaters**	2,342	50%	2,144	52%
Repeaters**	931	66%	836	66%	Total	14,291	76%	13,613	78%
DO Degree	2,581	94%	3,076	94%					
1st Takers	2,547	95%	3,038	95%					
Repeaters**	34	68%	38	74%					
Total	23,652	95%	25,443	96%					

* Data for Step 2 CK are provided for examinees tested during the period of July 1 to June 30.

** 'Repeaters' represents examinations given, not number of examinees.

Step 2 CS

Step 2 CS Administrations

Examinees from US/Canadian Schools	2016 - 2017		2017 - 2018*		Examinees from Non-US/Canadian Schools	2016 - 2017		2017 - 2018*	
	Number Tested	Percent Passing	Number Tested	Percent Passing		Number Tested	Percent Passing	Number Tested	Percent Passing
MD Degree	21,064	96%	21,543	94%	1st Takers	11,790	82%	11,223	75%
1st Takers	20,285	96%	20,438	95%	Repeaters**	1,968	72%	2,114	61%
Repeaters**	779	90%	1,105	87%	Total	13,758	81%	13,337	73%
DO Degree	46	96%	64	86%					
1st Takers	45	96%	59	85%					
Repeaters**	1	†	5	100					
Total	21,110	96%	21,607	94%					

* Data for Step CS are provided for examinees tested during the period of July 1 through June 30.

** 'Repeaters' represents examinations given, not number of examinees.

† Performance data not reported for categories containing fewer than 5 examinees.

Number of Immigrant International Graduates in Virginia not in Healthcare

The Office of Newcomer Services (DSS) received information from five service sites in Virginia. These report that 63 medical professionals have arrived in the Commonwealth in the past three years. These may not all be physicians.

For comparison, Minnesota estimated 250-400 unlicensed immigrant physicians in that state in 2015.

Current Pathways to Licensure in Virginia

Path One: One Year of GME

1. Graduate from a medical school outside of US or Canada after at least two years of on-site matriculation.
2. Obtain ECFMG certification.

<https://www.ecfm.org/about/index.html>

The ECFMG is a U.S. nonprofit formed in 1956 to certify foreign-trained physicians as ready to enter American residency or fellowship programs. To be certified, a foreign-

trained physician must (a) obtain “primary source” verification of their diploma and transcripts from their medical school, which must be included in the International Medical Education Directory; and (b) pass two of three “steps” in the United States Medical Licensing Exams (USMLEs). Becoming ECFMG certified takes an average of four years for foreign-trained physicians generally, but can take much longer for immigrant physicians specifically.

3. Take and pass USMLE Step 1 and Step 2 CK and 2CS (included in ECFMG certificate)
4. Complete one year of GME in the US

(**Note:** 12 states require 2 years and 25 states require 3 years of US GME. The VA BOM changed the GME requirement about 3 years ago. It used to be 1 year for US trained docs and 2 years for IMGs. It is now 1 year for both. There is no evidence that IMGs receive more disciplinary actions than US trained licensees do.)

https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/img/licensure-comparison-imgs-usmgs_1.pdf

Path Two: Licensure by Endorsement

1. Licensure by endorsement admits applicants without regard to WHERE they trained if they have been licensed 5 years in another US jurisdiction and are Board Certified.

Path Three: University Limited License

1. An IMG who trained overseas who joins a med school faculty may qualify for a “University Limited License.”

Possible Barriers to Licensure

1. **Growing competition for limited residency spots**
2. **Time since graduation from medical school:** Generally, residency programs consider only those who have recently graduated from medical school (within 3-5 years). Consequently, many of the more qualified immigrant physicians – those who have practiced extensively since medical school do not qualify.
3. **Lack of recognized clinical experience:** Most American residency programs prefer or even require that applicants have clinical experience acquired in the U.S., but such hands-on experience is hard to obtain outside of medical school or residency.
4. **Application complexity and other qualifications for residency:** Foreign- trained physicians may need assistance in English proficiency, exam preparation and navigating the path to licensure. It can be difficult even to process the steps to examination and licensure.
4. **Finances:** Both the USMLE and an unpaid clinical experience are costly. (For reference: Step 1: \$940/2CS: \$940/2CK: \$1580)

Existing Initiatives in Other Jurisdictions

AMA

The AMA advertises the Observership Program through AMOportunities. It states that it is designed to help IMGs secure needed clinical experience in the US. There are 4 program types: four-week rotations, one-two week boot camps, four-week university observerships, and four-week premier hospital core and elective rotations.

Participating IMGs are assigned an AMO coach who helps with travel, to secure visas, with housing and the like.

Participants who complete the observership receive letters of recommendation based on merit from their hosting physician. Impact: according to the website, 2,500 IMGs from 75+ countries have done rotations. The cost is about \$2500 excluding living and travel expenses.

<https://www.ama-assn.org/education/international-medical-education/observership-program-listings-international-medical> and <https://www.amoportunities.org/>

Minnesota

Minnesota was the first state in the nation to implement a comprehensive program to integrate immigrant medical graduates into the physician workforce (2015). One of the chief goals was to increase access to primary care in rural and underserved areas of the state.

The program has had limited reach. There are four IIMG's are now participating in Minnesota residency positions dedicated to IIMGs, there are more applicants in need of services than the program can accommodate. The International Medical Graduate Assistance Program is able to fund 1-2 participants each year.

Minnesota is working with partners in the IIMG community to build and expand the reach of the program, implement fundraising and public/private partnership strategies, supporting new dedicated residencies to encourage rural practice, expanding clinical rotations to include rural clinical opportunities, and exploring changes in health professional licensure and regulation.

Additional information about the program is available on the IMG Assistance Program website (<http://www.health.state.mn.us/divs/orhpc/img/index.html>) and below.

Note: MN requires 2 years of US/Canadian GME for licensure

Progress to Date

The program has developed an initial database of 158 immigrant physicians, 130 of whom are actively pursuing a residency position in order to integrate into the Minnesota health care workforce.

Collaboration to address barriers to residency:

Career Guidance and Support:

MDH entered into grant agreements with two nonprofit agencies to provide career guidance and support for program participants:

WISE/NAAD partnership in St. Paul provided services to 72 IIMGs in 2017

Workforce Development Inc. in Rochester provided services to 58 IIMGs in 2017

These organizations provided services to assist IIMGs with career navigation, exam preparation and residency applications. They also provided support to IIMGs seeking non-physician health care professions.

Recency of graduation barrier: MDH worked with Minnesota residency program directors who reported they would be willing to relax this requirement if the applicant demonstrated they had passed a rigorous clinical assessment and participated in an in-depth clinical experience in the United States. In 2016, MDH awarded grant funding to the University of Minnesota Medical School to develop and implement clinical assessment and clinical preparation and experience components to the program. (The BRIDGE Program) In 2017, 15 eligible immigrant IIMGs were selected to have clinical assessments conducted by the University of Minnesota's Simulation Center. Of the 15, four were selected by the University to participate in the clinical experience component, which began in September 2017.

Dedicated Residency Positions: There were fewer residencies than eligible graduates, even before IIMGs are factored into the equation. To begin to address that barrier in 2016 the IMG Assistance Program funded one dedicated residency in the University of Minnesota Pediatric Residency Program; the University funded another IIMG in the same residency program. In 2017, the IMG Assistance program funded two additional dedicated residencies, one in the University of Minnesota Pediatric Residency Program and one in the Hennepin County Medical Center Internal Medicine Residency Program, which brought the total number of IIMGs in residency programs in Minnesota to four. Each residency is funded for three years.

Study of possible licensure changes:

MDH and stakeholders, in consultation with the Minnesota Board of Medical Practice and others, studied changes in health professional licensure and regulation that would be needed to ensure full integration of immigrant IMGs into the Minnesota health care delivery system. The study resulted in the two options for developing a skilled pathway to licensure. Research continues on the feasibility of these licensure changes.

California

The UCLA IMG Program enrolls foreign-trained physicians who are committed to primary care, especially for underserved communities. Upon entering the program, all IMGs agree to pursue a Family Medicine residence in California and to continue working in a federally designated primary care shortage area in California for at least two years beyond completion of their residencies.

UCLA IMG Program IMGs receive intensive instruction and fully supervised, hands-on clinical training at UCLA and its training center partners. The expectation is that they become equipped for USMLE examinations and more competitive for match placements in Family Medicine residency programs.

Since 2018, 128 bilingual, bicultural physicians have successfully matched into Family Medicine residency programs.

<https://www.uclahealth.org/family-medicine/img-program/about-us>

Note: California requires 2 years of US/Canadian GME for licensure.

Massachusetts

The *Report by The Governor's Advisory Council for Refugees and Immigrants Task Force on Immigrant Healthcare Professionals in Massachusetts* was published in 2014.

Recommendations centered around four areas. A link to the complete report is below.

1. Improve Informational Resources and Stakeholder Awareness Concerning Career Pathways for Foreign-Trained Healthcare Professionals
2. Strengthen and Expand Educational and Workforce Development Systems Serving Immigrant Professionals
3. Work to Address Structural and Financial Barriers to Professional Relicensing Faced by Foreign-Trained Healthcare Professionals
4. Provide for Executive Agency Oversight of Immigrant Integration Policy, Including Career Pathways for Foreign-Trained Professionals, in the Office for Refugees and Immigrants

Since then, the Massachusetts Medical Society has taken the lead. There are no innovative pathways or programs noted in their *Essential Facts for IMGs* publication.

http://miracoalition.org/images/stories/pdf/gac_task_force_report-final-12.18.14.pdf

Note: Massachusetts requires 3 years of US/Canadian GME for licensure.

Tennessee

Now defunct: The International Medical Graduate Institute was an intense 3-day program designed to help prepare international medical graduates for placement into U.S. based, primary care oriented residency programs. Emphasis was placed upon skills assessment with teaching and individual feedback. Cultural issues were addressed. Enrollment was limited to 6 participants per institute.

The ETSU Department of Family Medicine faculty member involvement with IMG Institute participants was extensive. It cost \$2600.

<https://www.etsu.edu/com/familymed/imginstitute/>

Note: Tennessee requires 3 years of US/Canadian GME for licensure.

Canada

The National Assessment Collaboration, a group of national and provincial organizations with a stake in the assessment of international medical graduates, has created a pan-Canadian model with a set of common standards, tools and materials for **Practice-Ready Assessment (PRA)** programs across the country.

To support this ongoing work and ensure sustainability of the program, the NAC began charging a candidate fee of \$1,750 in 2018.

One example, since 2015 in British Columbia, 112 Family Physicians have begun practicing in 44 rural communities.

Eligibility Requirements:

- Successful completion of a medical degree issued by a school listed in the World Directory of Medical Schools (link below)
- Two years of postgraduate training in an international jurisdiction leading to registration or recognition as a general/family physician in that jurisdiction.
- Demonstration of completion of 7 core rotations: A minimum of 4 weeks of postgraduate training in each of: (1) internal/general medicine, (2) general surgery, (3) obstetrics/gynecology, (4) pediatrics, (5) psychiatry and (6) emergency medicine. A minimum of 8 weeks of postgraduate training in family practice (7).
- Evidence of having completed a minimum of 2 years of discipline-specific time in independent practice as a general or family practitioner in that or another jurisdiction.
- Verification of medical degree, passport, medical licenses/registration and postgraduate training letters that confirm completion of the 7 core rotations through physiciansapply.ca
- Currency in practice – section 2-8 of the College of Physicians & Surgeons of British Columbia (CPSBC) bylaws – must show evidence of minimum of 24 weeks (960 hours) of clinical practice as a General/Family Practitioner in the immediately preceding 3 years.
- CV. All activities, professional or otherwise, must be fully explained.
- English language proficiency.
- Successful pass score on the MCCQE (Medical Council of Canada Qualifying Exam) Part 1. Successful pass score on the MCCQE2 or a pass score on the NAC OSCE (National Assessment Collaboration Objective Structured Clinical Exam) of a minimum of 75%

USMLE Language Requirement

TOEFL is NOT mandatory for the USMLE, English proficiency (which is required) is assessed in Step 2CS.

World Directory of Medical Schools

Beginning in 2023, individuals applying for ECFMG Certification must be a student or graduate of a medical school accredited through the World Federation for Medical Education. WFME's primary objective is to enhance the quality of medical education worldwide by promoting the highest scientific and ethical standards in medical education. WFME develops standards in medical education, promotes accreditation of medical schools, and develops databases on medical education. The *World Directory of Medical Schools* is one such database. It was developed and is maintained through a partnership with the Foundation for Advancement of International Medical Education and Research (FAIMER) and is linked below.

<https://www.wdoms.org/>

Existing Programs and Policies that Facilitate Medical Practice in Underserved Areas

- [Student Loan Repayment Program](#): The Student Loan Repayment program requires a community match. The maximum payment is \$100,000 (50% from the community, 50% from the VA-SLP Program). This carries a 2-year commitment to practice in a Health Professional Shortage Area. The third and fourth renewal years may be awarded an additional \$40,000 (50%/50%).
- [Conrad 30](#) Waives the “two-year home country physical presence requirement” for 30 IMGs who train in the US on a J-1 visa. Eligible physicians serve in HPSAs and usually practice primary care.

More information found on the State Office of Rural Health website:

<http://www.vdh.virginia.gov/health-equity/division-of-rural-health/>

Work Group Participants

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Appendix 1`

Medical Licensing Regulations in Virginia

18VAC85-20-122. Educational requirements: graduates and former students of institutions not approved by an accrediting agency recognized by the board.

A. A graduate of an institution not approved by an accrediting agency recognized by the board shall present documentary evidence that he:

1. Was enrolled and physically in attendance at the institution's principal site for a minimum of two consecutive years and fulfilled at least half of the degree requirements while enrolled two consecutive academic years at the institution's principal site.
2. Has fulfilled the applicable requirements of § 54.1-2930 of the Code of Virginia.
3. Has obtained a certificate from the Educational Council of Foreign Medical Graduates (ECFMG), or its equivalent. Proof of licensure by the board of another state or territory of the United States or a province of Canada may be accepted in lieu of ECFMG certification.
4. Has had supervised clinical training as a part of his curriculum in an approved hospital, institution or school of medicine offering an approved residency program in the specialty area for the clinical training received or in a program acceptable to the board and deemed a substantially equivalent experience, if such training was received in the United States.
5. Has completed one year of satisfactory postgraduate training as an intern, resident, or clinical fellow. The one year shall include at least 12 months in one program or institution approved by an accrediting agency recognized by the board for internship or residency training or in a clinical fellowship acceptable to the board in the same or a related field.

The board may substitute continuous full-time practice of five years or more with a limited professorial license in Virginia and one year of postgraduate training in a foreign country in lieu of one year of postgraduate training.

6. Has received a degree from the institution.

18VAC85-20-141. Licensure by endorsement.

To be licensed by endorsement, an applicant shall:

1. Hold at least one current, unrestricted license in a United States jurisdiction or Canada for the five years immediately preceding application to the board;
2. Have been engaged in active practice, defined as an average of 20 hours per week or 640 hours per year, for five years after postgraduate training and immediately preceding application;
3. Verify that all licenses held in another United States jurisdiction or in Canada are in good standing, defined as current and unrestricted or, if lapsed, eligible for renewal or reinstatement;
4. Hold current certification by one of the following:
 - a. American Board of Medical Specialties;
 - b. Bureau of Osteopathic Specialists;
 - c. American Board of Foot and Ankle Surgery;
 - d. Fellowship of Royal College of Physicians of Canada;
 - e. Fellowship of the Royal College of Surgeons of Canada; or
 - f. College of Family Physicians of Canada;
5. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and
6. Have no grounds for denial based on provisions of § 54.1-2915 of the Code of Virginia or regulations of the board.

18VAC85-20-210. Limited licenses to foreign medical graduates.

A. A physician who graduated from an institution not approved by an accrediting agency recognized by the board applying for a limited professorial license or a limited fellow license to practice medicine in an approved medical school or college in Virginia shall:

1. Submit evidence of authorization to practice medicine in a foreign country.

2. Submit evidence of a standard Educational Commission for Foreign Medical Graduates (ECFMG) certificate or its equivalent. Such required evidence may be waived by the Credentials Committee or its designee based on other evidence of medical competency and English proficiency.

3. Submit a recommendation from the dean of an accredited medical school in Virginia that the applicant is a person of professorial or of fellow rank whose knowledge and special training meet the requirements of §54.1-2936 of the Code of Virginia.

B. The limited professorial license or limited fellow license applies only to the practice of medicine in hospitals and outpatient clinics where medical students, interns or residents rotate and patient care is provided by the medical school or college recommending the applicant.

1. The limited professorial license shall be valid for one year and may be renewed annually upon recommendation of the dean of the medical school and upon continued full-time service as a faculty member.

2. The limited fellow license shall be valid for one year and may be renewed not more than twice upon the recommendation of the dean of the medical school and upon continued full-time employment as a fellow.

C. An individual who has practiced with a limited professorial license for five continuous years may have a waiver when applying for a full license to practice medicine in the Commonwealth of Virginia. The limited professorial licensee applying for a full license shall meet the requirements of 18VAC85-20-120 and 18VAC85-20-122.

Appendix 2

Regulations for Foreign-Trained Nurses

18VAC90-19-120. 2.

Licensure by endorsement Applicants whose basic nursing education was received in another country shall meet the requirements of 18VAC90-19-130 for a CGFNS credentials review and examination of English proficiency. However, those requirements may be satisfied if the applicant can provide evidence from another United States jurisdiction of: a. A CGFNS credentials evaluation for educational comparability; and b. Passage of an English language proficiency examination approved by the CGFNS, unless the applicant met the CGFNS criteria for an exemption from the requirement. 3. A graduate of a nursing school in Canada where English was the primary language shall be eligible for licensure by endorsement provided the applicant has passed the Canadian Registered Nurses Examination and holds an unrestricted license in Canada.

18VAC90-19-130. Licensure of applicants from other countries.

A. With the exception of applicants from Canada who are eligible to be licensed by endorsement, applicants whose basic nursing education was received in another country shall be scheduled to take the licensing examination provided they meet the statutory qualifications for

licensure. Verification of qualification shall be based on documents submitted as required in subsection B or C of this section.

B. Such applicants for registered nurse licensure shall:

1. Submit evidence from the CGFNS that the secondary education and nursing education are comparable to those required for registered nurses in the Commonwealth; 10
2. Submit evidence of passage of an English language proficiency examination approved by the CGFNS, unless the applicant meets the CGFNS criteria for an exemption from the requirement; and
3. Submit the required application and fee for licensure by examination.

C. Such applicants for practical nurse licensure shall:

1. Submit evidence from the CGFNS that the secondary education and nursing education are comparable to those required for practical nurses in the Commonwealth;
2. Submit evidence of passage of an English language proficiency examination approved by the CGFNS, unless the applicant meets the CGFNS criteria for an exemption from the requirement; and
3. Submit the required application and fee for licensure by examination.

D. An applicant for licensure as a registered nurse who has met the requirements of subsections A and B of this section may practice for a period not to exceed 90 days from the date of approval of an application submitted to the board when he is working as a nonsupervisory staff nurse in a licensed nursing home or certified nursing facility.

1. Applicants who practice nursing as provided in this subsection shall use the designation "foreign nurse graduate" on nametags or when signing official records.
2. During the 90-day period, the applicant shall take and pass the licensing examination in order to remain eligible to practice nursing in Virginia.
3. Any person practicing nursing under this exemption who fails to pass the licensure examination within the 90-day period may not thereafter practice nursing until he passes the licensing examination.

E. In addition to CGFNS, the board may accept credentials from other recognized agencies that review credentials of foreign-educated nurses if such agencies have been approved by the board.

CGFNS (Commission on Graduates of Foreign Nursing Schools) International is an immigration neutral nonprofit organization that helps foreign educated healthcare professionals live and work in their country of choice by assessing and validating their academic and professional credentials <https://www.cgfns.org/about/>

