

Educational Equity: Improving Access to Short-Term Clinical Education for Non-US Physicians

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1:00 pm to 2:00 pm EDT



James Hudspeth, MD, Assistant Professor of Medicine, Boston University School of Medicine, Department of Internal Medicine

Tracy Rabin, MD, SM, Assistant Professor of Medicine, Yale University School of Medicine, Department of Internal Medicine

Virginia Rowthorn, JD, LLM, Executive Director, University of Maryland Baltimore Center for Global Education Initiatives

James Hudspeth, MD



Assistant Professor of Medicine

Department of Internal Medicine

Boston University School of Medicine

Overview of Webinar

- Introduction & terms employed
- Present regulatory & legal barriers to education exchanges
- Examples of regulatory changes supporting exchanges
- Discussion of one example partnership
- Questions and answers

Case Study: Palliative Care in Haiti

- Dr S. is a family medicine physician involved in medical education and clinical practice
- She has a strong interest in palliative care; there are no formal programs available in Haiti
- When US based partners explored options to bring her up to the US for further training, they were told she could not participate in clinical care of patients, and was only eligible to watch clinical care as an observer
- Her US partners are welcome to engage in clinical care (under supervision) at Haitian partner sites

How can we provide non-US physicians with equitable access to valuable educational opportunities?

CUGH Working Group resulting in paper & advocacy

Clinical Exposures in Global Health

- Among US medical personnel we have limited data on the amount of short-term experiences in global health (STEGHs)
 - Medical students, ~30% perform international rotations (AAMC survey)
 - Residents/fellows, paucity of data
 - Practicing physicians, even less information
 - Similarly little data on nurses, physician's assistants, or other healthcare professions
- Even less data about flow of training from global South->North or South->South

Equity in Experiences

- Global North clinicians can frequently practice in low- and middle-income countries with minimal regulatory hurdles (or at times ignoring regulations – see Rowthorn 2019 Not Above the Law)
- Global North countries have created variable degrees of barriers for global South clinicians to practice within them, even in a supervised fashion
 - We will focus on the United States
 - We will focus on physicians
 - We will focus on short-term clinical educational experiences, as there are clear paths for students and for those seeking residency or fellowship
- Observerships: experiences where clinical personnel are allowed to *observe* in clinical contexts

Why Equity?

- Equity in professional health education supports international goals for health
 - Specific need for developing higher level skills for faculty
- Equitable exchanges improve the long-term stability of global health partnerships
- Because disease knows no borders, strong health systems are needed everywhere

What Would Ideal Look Like?

- Safe for patients and the medical system
- Allows non-US clinicians to engage in clinical work for education with appropriate supervision
- Of note, programs like this exist in Canada & UK

Full analysis in our position paper:



Virginia Rowthorn, JD, LLM



Executive Director
University of Maryland Baltimore Center for Global
Education Initiatives

Regulatory/Legal Barriers to Equitable Global Health Educational Exchanges

- Lack of an appropriate US visa category
- State medical board licensing issues
- Professional liability insurance concerns



Visas

- F-1 Student
- J-1 Alien Physician
- J-1 Research Scholar
- B-1 Business
- B-2 Tourism
- H1-B Specialty occupation, sponsored by employer
- H-3 Training or special education visitor

Analysis

- Visa purpose
- Medical purpose
- How visa cannot be used
- Requirements for visa
- Duration of stay in US

Table 1

U.S. Nonimmigrant Visas Used for Medical Education by Foreign Medical Students, Medical Graduates, and Practicing Physicians^{a,34,35}

Visa category	Visa purpose	Medical training/employment use	How visa cannot be used	Required before applying for U.S. visa	Duration of U.S. stay
F-1 Student	Full-time education	Enrolled in U.S. medical school	<ul style="list-style-type: none"> • Residency/fellowship • Physician employment 	<ul style="list-style-type: none"> • Completion of all standard educational prerequisites • Official school acceptance • Pay tuition 	<ul style="list-style-type: none"> • Completion of medical school program (generally 4 years, plus 60 days) • 1 year of F-1 OPT may be possible
J-1 Alien physician	Educational and cultural exchange	GME (clinical residency and fellowship programs offered at ACGME-accredited institutions)	<ul style="list-style-type: none"> • Clinical research outside of an approved GME program • Clinical fellowships/activities offered by non-ACGME institution • Physician employment or moonlighting 	<ul style="list-style-type: none"> • Valid ECFMG certificate (if graduated from international medical school) • Completion of USMLE Steps 1, 2CK, and 2CS or previously approved exams • Statement of need from ministry of health of the country of citizenship and last legal permanent residence • Official GME residency/fellowship contract 	Time typically required to complete the U.S. board certification requirements in the medical specialty as defined by American Board of Medical Specialties (not to exceed 7 years)
J-1 Research scholar	Educational and cultural exchange	Participation in nonclinical programs that involve observation, consultation, teaching, and/or research	<ul style="list-style-type: none"> • GME residency/fellowship • Patient care activities or services • Physician employment or moonlighting 	<ul style="list-style-type: none"> • Graduation from medical school • Offer letter • Certification statement from medical school dean re: incidental or no patient contact 	Up to 5 years
B-1	Business visit	<ul style="list-style-type: none"> • Consultation with business associates • Conference attendance • Interview • Nonclinical observership • Short-term medical clerkship for enrolled medical students 	<ul style="list-style-type: none"> • GME residency/fellowship • Research • Employment • Any activity or service for compensation 	<ul style="list-style-type: none"> • Travel plan/itinerary • Letter from applicant's employer indicating purpose and details of trip or letter of invitation/registration or proof of attending a business, educational, or commercial event 	6 months maximum
B-2	Tourism, vacation	<ul style="list-style-type: none"> • Travel • Visit friends and family • Medical treatment • Fraternal, social, or service activities 	<ul style="list-style-type: none"> • Study or training • Employment • Any activity or service for compensation 	Travel plan/itinerary	6 months maximum
H-1B	Specialty occupation, sponsored by employer	<ul style="list-style-type: none"> • GME clinical residency and fellowship programs • Postdoctoral trainees • Faculty • Employment 	<ul style="list-style-type: none"> • Unpaid training, research or work activity 	<ul style="list-style-type: none"> • Bachelor's degree equivalent or higher as required by the specialty occupation and GME • Valid ECFMG certification • Completion of USMLE Steps 1, 2CK, 2CS, and 3 • Approved state medical license appropriate for the work activity 	<ul style="list-style-type: none"> • Maximum 6 years (with extension possible) • Issued in increments of 3 years or less
H-3	Training or special education visitor	<ul style="list-style-type: none"> • Trainee in fields not available in the home country • Training in the education of children with disabilities 	<ul style="list-style-type: none"> • GME or training specifically disallowed • Physicians not eligible 	U.S. employer or organization sponsor must demonstrate that proposed training is not available in the foreign national's home country and foreign national will not engage in productive employment.	2 years maximum

Potential Visa Categories

- F-1
 - Main mismatch: based on acceptance to, and enrollment in, *medical school*
- J-1 Alien Physician
 - Main mismatch: used for approved *residency and fellowship programs*
- J-1 Research Scholar
 - Main mismatch: For *nonclinical* observation, consultation, teaching or research (incidental patient contact form)

Potential Visa Categories Continued

- B-1 Business visa
 - Main mismatch: for **business** purposes, **medical student electives** in US, **observation** programs
- B-2 Tourism visa
 - Main mismatch: **No study, training**, or compensation allowed
- H1-B
 - Main mismatch: For specific job, **no unpaid training**, work or research
- H3-B
 - Main mismatch: **medical training and physicians specifically disallowed**

Bottom line: no visa category on point for short term clinical training and little appetite for stretching boundaries

Immigration Recommendation

- The Department of State should authorize a new J-1 visa category that allows FMGs to enter the United States for short-term clinical training. Details:
 - Clinical interaction specifically allowed with supervision guidelines in place
 - Applicant's credentials verified
 - Short term training NOT creditable US residency or fellowship program
 - Requirement to return to home country upon completion of training
 - Evidence of licensure or other authorization from state medical board
 - U.S. host institution enters into MOU with the partnering institutions in FMG's home country
 - One year limit

State Medical Board Licensure

- Medical boards in each U.S. state and territory regulate physicians who **practice medicine** within their borders.
- “Practice of medicine” generally means “to engage, with or without compensation, in medical diagnosis, healing, treatment, or surgery.”
- Participants in short term clinical training programs will require authorization by the state medical board.

Concerns with Board Licensure

- Requirements for full medical licensure:
 - graduation from an accredited U.S. medical school or ECFMG-verified credentials
 - completion of the United States Medical Licensing Examination (USMLE) series
 - at least one year of postgraduate training as an intern or first-year resident
 - a background check
 - knowledge of oral and written English.

(generally unrealistic for FMGs participating in short-term clinical visits)

- 15 states allow “temporary” “visiting”, “courtesy,” or “special purpose” licenses.
 - Some specifically for short term training for FMGs, e.g., **Louisiana’s** “Short Term International Medical Graduate Training Permit” and **Ohio’s** “Visiting Clinical Professional Development Certificate”
 - Others allow it by the language in the regulation, e.g. **North Carolina**

State	License type	Notes
California	Special Faculty Permit ³⁴	<ul style="list-style-type: none"> Academic medical center dean must certify that physician has faculty appointment FMG must be “recognized as academically eminent” in their field by Medical Board of California Authorizes FMG to practice only in the sponsoring medical school/affiliated hospitals
	Section 2111 Guest Physician ³⁷	<ul style="list-style-type: none"> Designed for postgraduate study (fellowship) in approved California medical school for FMG with current medical license in other state or country FMG will return to country of origin to provide improved or enhanced medical care For training/fellowship that does not meet postgraduate training requirements needed for medical licensure in California Clinical activity limited by visa type (e.g., if FMG holds a J-1 Research scholar visa, limited to incidental patient contact)
Florida	Temporary Certificate ³⁸	<ul style="list-style-type: none"> Allows training at cancer centers and plastic surgery programs Faculty must be “internationally respected and highly qualified physician”
Louisiana	Short-Term International Medical Graduate (IMG) Training Permit ³⁹	<ul style="list-style-type: none"> State board may issue for the purpose of participating in a short-term (< 90 days) residency or other postgraduate training program Permit holder “shall not assume independent responsibility for patient care”
Massachusetts	Temporary Faculty Appointment ⁴⁰	<ul style="list-style-type: none"> License for temporary faculty appointment (instructor, associate professor, assistant professor or higher) Certified by the dean of a medical school 12 months with renewal up to 3 years allowed Licensee can practice medicine only in designated settings under supervision of a registered physician
	Certificate of Registration for Enrollment in Medical Education Course ⁴⁰	<ul style="list-style-type: none"> Temporary license allows FMGs (and others not licensed in Massachusetts) to attend continuing medical education for up to 3 months Registrant can practice medicine only in designated settings under supervision of a registered physician
Michigan	Clinical Academic Limited License ⁴¹	<ul style="list-style-type: none"> Requires certification of appointment to a Michigan academic institution of a teaching or research appointment Licensee may practice medicine at the academic institution under the supervision of a fully licensed physician
North Carolina	Medical School Faculty License ⁴²	<ul style="list-style-type: none"> Intended to allow North Carolina medical schools to benefit from the expertise, specialized knowledge, or unique skills of physicians who are not otherwise eligible for full licensure in North Carolina 1-year limit
	Special Purpose License ⁴²	<ul style="list-style-type: none"> For physicians who wish to come to North Carolina for a limited time, scope, and purpose, such as to demonstrate or learn a new technique, procedure, or piece of equipment, or to educate physicians or medical students about an emerging disease or public health issue Verification to board needed from a North Carolina facility where procedure will take place, how long the physician will participate, the type of procedure, and the name of the North Carolina physician responsible for overseeing the procedure 1 year
Ohio	Visiting Clinical Professional Development Certificate ⁴³	<ul style="list-style-type: none"> FMG must participate in a clinical professional development program of a medical school in Ohio Must have practiced medicine and surgery for at least 5 years after completing graduate medical education Agrees to return to home country at conclusion of program Must have professional liability insurance May practice medicine and surgery only as part of the clinical professional development program

Ohio: Visiting Clinical Professional Development Certificate

- Training activities must be supervised and can include taking medical histories, conducting physician examinations, performing surgical procedures, administering anesthesia, and doing radiologic studies.
- Not allowed:
 - writing orders or prescribing medicine
 - billing for services
 - taking a position in a residency program or having training count toward U.S. graduate medical education
 - remaining in Ohio to practice medicine after completing the program

North Carolina

21 NCAC 32B .1602 SPECIAL PURPOSE LICENSE

The Special Purpose License is for physicians who wish to come to North Carolina for a limited time, scope and purpose, such as to demonstrate or learn a new technique, procedure or piece of equipment, or to educate physicians or medical students.

§ 90-12.2A. Special purpose license.

(a) The Board may issue a special purpose license to practice medicine to an applicant who:

(1) Holds a full and unrestricted license to practice **in at least one other jurisdiction**; and

(2) Does not have any current or pending disciplinary or other action against him or her by any medical licensing agency in any state **or other jurisdiction**.

Licensing Board Recommendation

States should create a licensure category for short term training programs.

Criteria:

1. Adopt Ohio statute parameters
2. One year license
3. State boards should request:
 1. Written acceptance into a clinical training program
 2. A medical degree from a International Medical Education Directory school
 3. Verified credentials
 4. Evidence of unrestricted medical license in country of residence
 5. No significant criminal record or significant medical-related disciplinary actions

Professional Liability Concerns

- Short term clinical training programs = fear of medical malpractice and who would be responsible if trainee made an error.
- Our research was unable to find any legal case or settlement related to medical malpractice by an FMG in a short-term training program, either clinical or in observation only.
- Professional liability insurance coverage for short-term clinical visitors is readily available on the commercial market.

Bottom line: this is not a problem. No specific recommendation.

Tracy Rabin, MD, SM



Assistant Professor of Medicine
Department of Internal Medicine
Yale University School of Medicine

Equitable Educational Partnerships:

THE MAKERERE UNIVERSITY-YALE UNIVERSITY (MUYU) EXPERIENCE

MUYU Partners

- **Makerere University College of Health Sciences (MakCHS)**
 - Constituent college of Uganda's largest institution of higher education
 - Includes the Schools of Medicine, Public Health, Health Sciences, and Biomedical Sciences
- **Mulago National Referral Hospital**
 - Ministry of Health (MoH) owned/operated tertiary care hospital
 - Teaching hospital affiliated with MakCHS
- **Yale University**
 - Original partners included the Schools of Medicine, Public Health, and the Physician Associate Program
 - Formal inclusion of the School of Nursing in 2019

Historical Perspective: 2002-2005

Clinical Training

- General wards only at Mulago until 2003
- No subspecialty fellowship programs
- ID fellowship pilot in 2004 (partnership with IDSA to bring trainers)

**All specialists were
generalists**

Research Training

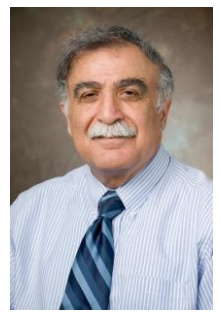
- Makerere has long been a site of major international collaborations
- Main focus on research (primarily HIV & other communicable diseases)

**No collaboration focused
directly on improving
patient care at Mulago
Hospital**

MUYU Collaboration

Vision: To create a mutually beneficial relationship with the ultimate goal of improving the quality of patient care on the wards of Mulago Hospital

Method: Focus on education, with the belief that patient care will improve as human resources are strengthened



MUYU Objectives

To improve care of patients through education, training and applied research:

- Training of doctors for Makerere/Mulago in areas of critical need
- Improving education of trainees in both institutions
- Enhancing selected educational and clinical infrastructure
- Supporting applied research

MUYU Process

- **Selection of Observers:**

- Conversation with Department/Hospital leadership regarding priority areas
- Identification of junior faculty already functioning as specialists
- Matching of specific goals to Yale faculty mentors

- **Logistics:**

- Collaboration provides travel, housing, living stipend
 - Additional: professional meeting, materials/books
- Collaboration arranges observership credentialing, University ID, read-only EMR access, occupational health review
- Observer covers costs of visa (B-1), immunizations, and basic health insurance

MUYU Educational Exchange: 2006-2019

Uganda to U.S.

- **28** Physicians
 - 698 physician-weeks
- **39** Medical Students
 - 156 student-weeks
- **2** Nurse-Educators
- **1** Medical Librarian

Departments

Internal Medicine



Pathology

Pediatric Surgery

Urology

Uganda

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by John De

Yale-Uganda collaboration improving health education, patient care

By Adam Gaber | FEBRUARY 9, 2018



The Uganda Initiative
at the Yale Global Health

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Bonds of MUYU partnership strengthened during Makerere University visit

MARCH 13, 2019



[Pericles Lewis](#), vice president for global strategy and deputy provost for international affairs, visited Makerere University in Kampala, Uganda (MUK) on March 13 to meet with university leaders, alumni, and medical residents. By their accounts, the [Makerere University-Yale University \(MUYU\) collaboration](#), which began nearly two decades ago, has been a resounding success.



Left to right: Prof. William Bazeyo, MUK deputy vice chancellor; Eddie Mandhry, Yale director for Africa; Prof. Charles Ibingira, MUK principal for health sciences; Pericles Lewis; Prof. Harriet Mayanja-Kizza, MUYU co-director at Makerere; and Dr. Tracy Rabin, MUYU co-director at Yale.

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Additional Partnerships:

- Russia: Kazan State Medical University (*1996-2014*)
- Rwanda: University of Rwanda
- Indonesia: Alam Sehat Lestari (ASRI) Clinic
- Liberia: John F. Kennedy Medical Center

Why Advocate for Regulatory/Legal Changes?

Additional thoughts:

- Physician training is universally hands on
- Current status limits the educational goals that can be achieved
 - Technology/equipment
- Morality of global health education partnerships

Questions and Discussion

If you are interested in working to reducing these barriers, please fill out this brief survey:

<https://tinyurl.com/equitableexchange>

We are seeking US programs interested in leading state-level advocacy as the next step

Also, consider joining a CUGH committee or working group at the following website:

