

**Refugee Physicians Advocacy Coalition**

# What You Need to Know

## Virginia's Provisional License Pathway for International Physicians

*Hosted by the Refugee Physicians Advocacy (RPA) Coalition in partnership with VHHA  
November 13, 2024*



# HOW IT ALL BEGAN

## Integrating refugee doctors into host health-care systems

Shahla Namak, Fatin Sahhar, Sarah Kureshi, Fadya El Rayess and Ranit Mishori

**Refugee doctors face a number of barriers to practising medicine, despite the significant contributions that they can make.**

Despite being highly motivated to practise medicine, refugee doctors<sup>1</sup> in the United States (US) and elsewhere often find themselves working in low-skilled jobs while waiting to get into residency programmes.<sup>2</sup> They may face difficulties in communication, providing documentation and verifying previous training. This may represent a missed opportunity not

or refugee backgrounds. This issue is close to our hearts as medical professionals and we would like to explore how we can empower and assist refugee doctors to join the workforce, resuming their professional lives and identities and helping to fill gaps.

**Lessons from other countries**  
Integrating refugee doctors into a host

*Forced Migration Review 58, June 2018, pp. 16-18*

<https://www.fmreview.org/economies/namak-sahhar-kureshi-elrayess-mishori>

Community-Based Learning in Medicine



> J Grad Med Educ. 2019 Aug;11(4 Suppl):22-29. doi: 10.4300/JGME-D-18-01010.

## Supporting the Integration of Refugee and Asylum Seeking Physicians Into the US Health Care System

Sarah Kureshi, Shahla Y Namak, Fatin Sahhar, Ranit Mishori

PMID: 31428256 PMID: PMC6697272 DOI: 10.4300/JGME-D-18-01010

# REFUGEE PHYSICIANS ADVOCACY (RPA) COALITION



**DR. SARAH  
KURESHI**

Georgetown University  
School of Medicine



**KENN  
SPEICHER**

NOVA Friends  
of Refugees



**BRANDI  
KILMER**

Their Story is  
Our Story



**SHERIANNE  
SCHOW**

Their Story is  
Our Story



GEORGETOWN UNIVERSITY  
School of Medicine



Our team comes from a unique background of medical professionals, refugee resettlement, and transition specialists.

# AGENDA

Topic	Timing
<b>Welcome &amp; Introduction</b> - Sharon Alexander, Director Workforce Initiatives, VHHA <ul style="list-style-type: none"><li>• Dr. Sarah Kureshi, <i>RPA Coalition co-founder; Georgetown School of Medicine, Medstar Medical Group</i></li></ul>	12:00 - 12:05
<b>Presenter Introductions and Presentations</b> moderator: Brandi Kilmer, <i>RPA Coalition co-founder</i> <ul style="list-style-type: none"><li>• <b>Provisional License Pathway Explained 12:05 - 12:10</b><ul style="list-style-type: none"><li>○ Delegate Kathy Tran, Mike Zimmer (WES)</li></ul></li><li>• <b>International Physicians Benefits &amp; Opportunities 12:11 - 12:21</b><ul style="list-style-type: none"><li>○ Dr. Hosai Hesham, Dr. Natalie Gospodinoff, Dr. Karen Smith, Jonathan Wolfson (Cicero)</li></ul></li><li>• <b>Lessons from Washington and Other States 12:21 - 12:35</b><ul style="list-style-type: none"><li>○ Dr. Mohamed Khalif (TIMGA)</li></ul></li><li>• <b>Provisional License Readiness Partners 12:35 - 12:41</b><ul style="list-style-type: none"><li>○ Dr. Kacie Saulters, Amy Taloma (VHWDA)</li></ul></li><li>• <b>What Institutions Can Do Now to Prepare 12:41 - 12:55</b><ul style="list-style-type: none"><li>○ Dr. Stephanie Goldberg</li></ul></li></ul>	12:05 - 12:55
<b>Next Steps</b> - Brandi Kilmer, <i>RPA co-founder, Their Story is Our Story</i>	12:55 - 1:00



# VIRGINIA'S PROVISIONAL LICENSE PATHWAY

## ELIGIBILITY REQUIREMENTS

- **Medical Doctorate from a medical school recognized by the WHO**
- **Has practiced medicine for at least 5 years**
- **Has passed USMLE Step 1 & 2**
- **ECFMG certification (may be waived)**

Final Virginia Board of Medicine Rules and Regulations pending

## 2 YR PROVISIONAL LICENSE

(full time assessment & evaluation program of physicians' nonclinical skills and familiarity with standards appropriate for medical practice)

+ USMLE Step 3

## 2 YR RESTRICTED LICENSE

(medically underserved area or health professional shortage area)

= **UNRESTRICTED MEDICAL LICENSE  
IN GENERAL PRACTICE  
OR INTERNAL MEDICINE**

Delegate Kathy Tran, Chief Co-Patron, HB995  
Mike Zimmer, WES





# Benefits of Hiring an International Physician via the Provisional License Pathway

*Dr. Hosai Hesham, AMPAA, Maryland ENT Associates*  
*Dr. Karen Smith, GWSOM, Children's National Hospital*  
*Jonathan Wolfson, Cicero Institute*



# PREVALENCE OF IMGs

UK, Canada, and Australia already take advantage of International Medical Graduates to address physician shortage.

According to August 2024 BMC Med Educ. publication, **in 2018 the UK had around 33% of registered doctors graduated outside the UK. IMGs represent 24% of Canadian physicians and 25% in the United States in 2010 and only 47% of medical practitioners in Australia were born in Australia.**

Employing IMGs comes at tremendous cost savings to the accepting country. **In 2013, Australia had saved approximately US\$1.7 billion in medical education costs through the arrival of foreign-born medical practitioners** over the preceding five years.





# COMPARING U.S. GRADUATES AND IMGs





Journal of Surgical Research

Volume 258, February 2021, Pages 239-245



## International Medical Graduates are Comparable to American Medical Graduates as General Surgery Interns

Aashish Rajesh MBBS<sup>a,1</sup>, Malke Asaad MD<sup>b,1</sup>, Yazan N. AlJamal MBBS<sup>a</sup>,  
Rafael U. Azevedo MD<sup>a</sup>, John M. Stulak MD<sup>a</sup>, Stephanie F. Heller MD<sup>a</sup>, Mariela Rivera MD<sup>a</sup>,  
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Received 1 April 2020, Revised 26 July 2020, Accepted 25 August 2020, Available online 7 October 2020, Version of Record 7 October 2020.

## Postoperative Outcomes Among Patients Undergoing Cancer Surgery

### United States versus International Medical Graduates

Muhammad M. M. Khan, MBBS, Muhammad M. Munir, MD,  
Selamawit Woldeesenbet, PhD, Mujtaba Khalil, MD, Yutaka Endo, MD, PhD,  
Erryk Katayama, BA, Diamantis Tsilimigras, MD, Zayed Rashid, MBBS,  
Abdullah Altaf, MBBS, Mary Dillhoff, MD, Susan Tsai, MD, and  
Timothy M. Pawlik, MD, PhD, MPH, MTS, MBA<sup>1,2,3,4</sup>

**Objective:** We sought to characterize postoperative outcomes among patients who underwent an oncologic operation relative to whether the treating surgeon was an international medical graduate (IMG) versus a United States medical graduate (USMG).

**Background:** IMGs comprise approximately one quarter of the physician workforce in the United States.

**Methods:** The 100% Medicare Standard Analytic Files were utilized to extract data on patients with breast, lung, hepato-pancreato-biliary (HPB), and colorectal cancer who underwent surgical resection between 2014 and 2020. Entropy balancing and multivariable regression analysis were performed to evaluate the association between postoperative outcomes among USMG and IMG surgeons.

**Results:** Among 285,930 beneficiaries, 242,914 (85.0%) and 43,016 (15.0%) underwent surgery by a USMG or IMG surgeon, respectively. Overall, 129,576 (45.3%) individuals were male, and 168,848 (59.1%) patients had a Charlson Comorbidity Index score > 2. Notably, IMG surgeons were more likely to care for racial/ethnic minority patients (14.7% vs 12.5%) and individuals with a high social vulnerability index (33.3% vs 32.1%) (all  $P < 0.001$ ). On multivariable analysis after entropy balancing, patients treated by an IMG surgeon were less likely to experience adverse postoperative outcomes, including 90-day readmission [odds ratio (OR) 0.89, 95% CI: 0.80-0.99] and index complications (OR: 0.84, 95% CI: 0.74-0.95) versus USMG surgeons (all  $P < 0.05$ ). Patients treated by IMG versus USMG surgeons had no difference in likelihood to achieve a textbook outcome (OR: 1.10, 95% CI: 0.99-1.21;  $P = 0.077$ ).

**Conclusions:** Postoperative outcomes among patients treated by IMG surgeons were roughly equivalent to those of USMG

surgeons. In addition, IMG surgeons were more likely to care for patients with multiple comorbidities and individuals from vulnerable communities.

**Keywords:** postoperative outcomes, textbook outcome, USMG, IMG, cancer surgery

(*Ann Surg* 2024;280:514-524)

The composition of the health care workforce in the United States has dramatically changed over the last several decades. In fact, up to one fourth of physicians in the United States are international medical graduates (IMGs) who play a vital role in filling health care workforce gaps.<sup>1</sup> The Bureau of Health Workforce projects that 37 states will face shortages in certain specialties by 2025.<sup>2</sup> The Association of American Medical Colleges forecasts a shortage of physicians, ranging from 17,500 to 48,000 in primary care, 15,800 to 30,200 in surgical specialties, and 3800 to 13,400 in medical specialties by 2034.<sup>3</sup> As a result, in a statement to the US House of Representatives, the American Medical Association commended the invaluable contribution of immigrant physicians and surgeons during the COVID-19 pandemic, identifying these individuals as a potential long-term remedy for workforce shortages.<sup>4,5</sup>

Graduates of international medical schools often have considerable variation in their surgical training pathways. IMGs must be accredited by the Educational Commission for Foreign Medical Graduates after demonstrating competency via board examinations to become eligible for



# COMPARISON continued...

## Quality of care delivered by general internists in US hospitals who graduated from foreign versus US medical schools: observational study

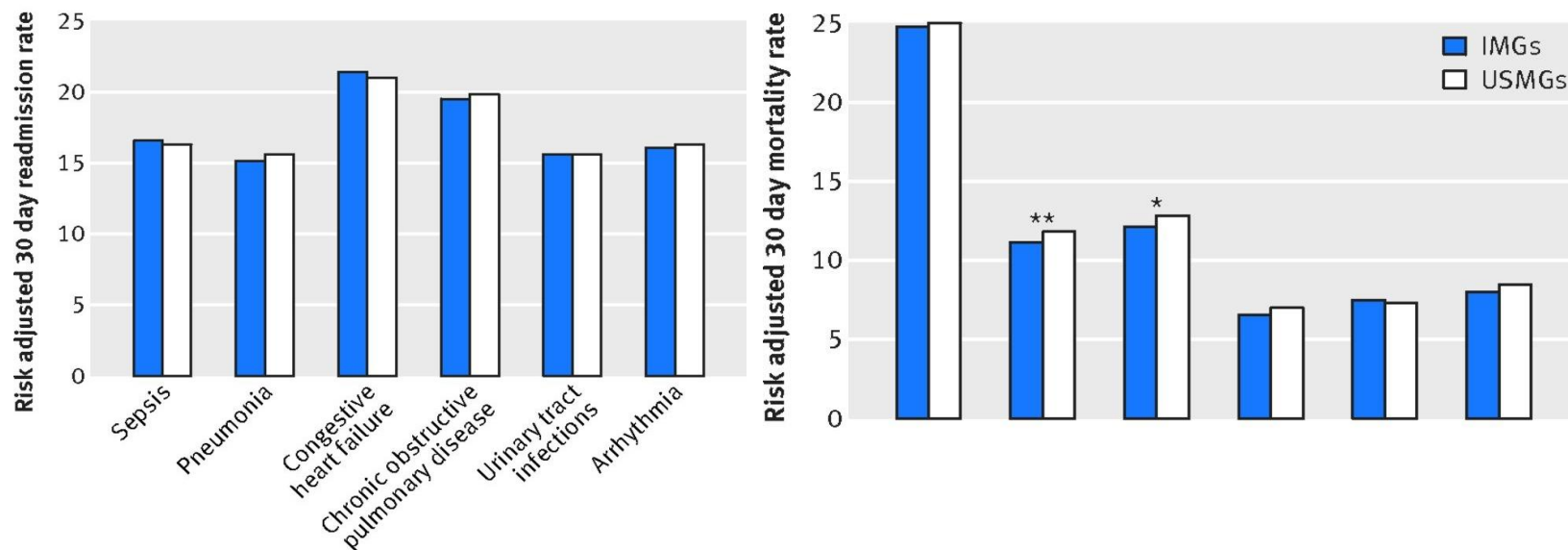


Fig 1 Patient outcomes between international (IMGs) and US medical graduates (USMGs), by primary diagnosis. (Top) Adjusted 30 day mortality. \*P<0.05 significant. \*\*P<0.01 significant. (Bottom) Adjusted 30 day readmission rate. For all conditions P>0.05 for difference. Risk adjusted for patient and physician characteristics and hospital fixed effects. Standard errors were clustered at physician level

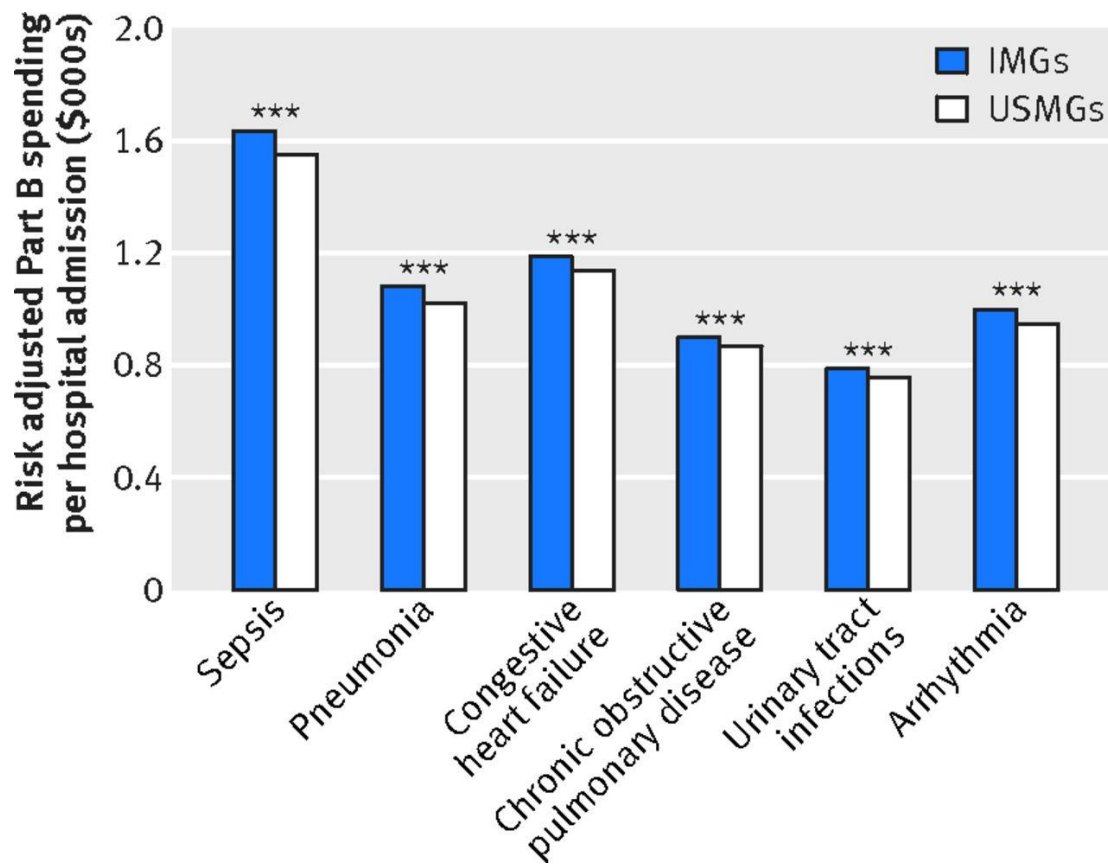
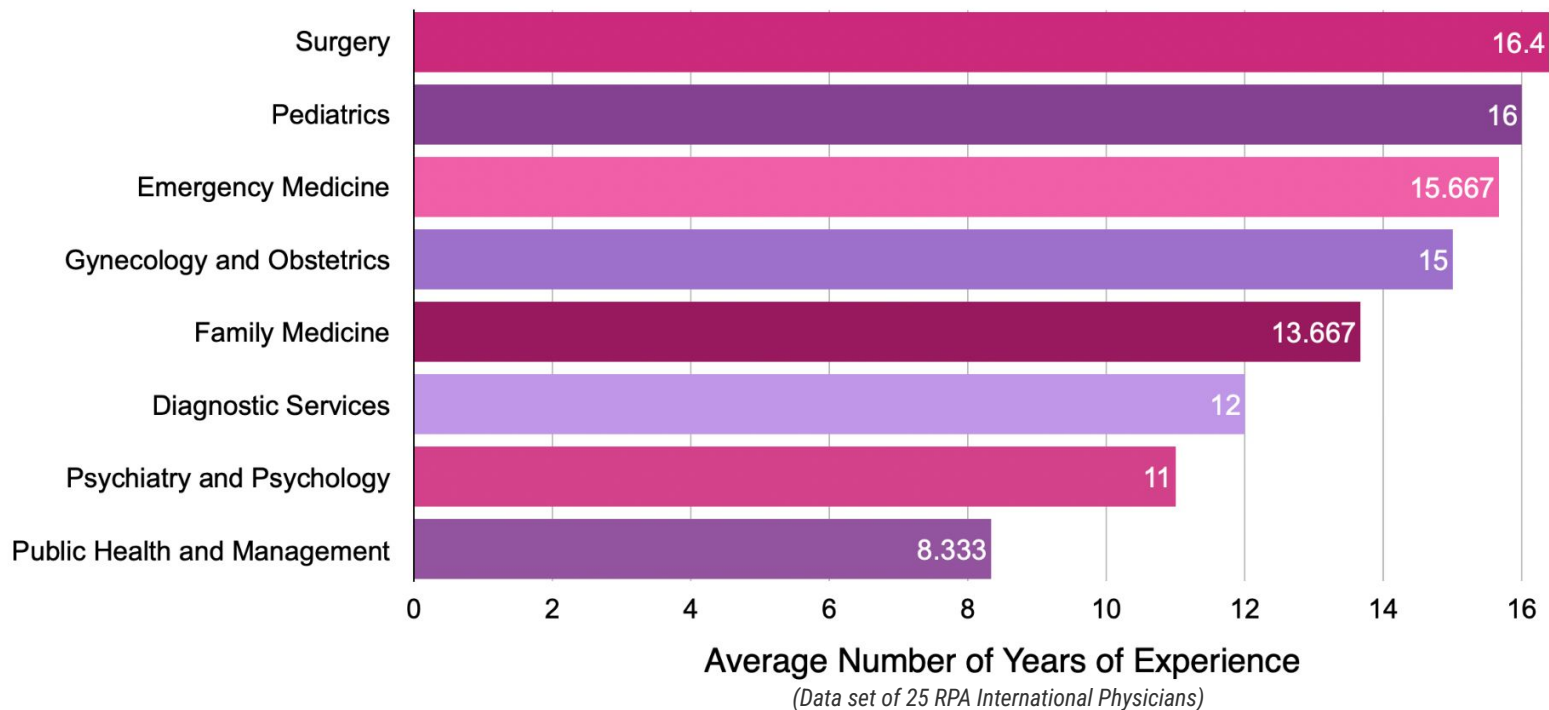


Fig 2 Adjusted total part B costs per hospital admission between international (IMGs) and US medical graduates (USMGs). \*\*\*P<0.001 significant. Risk adjusted for patient and physician characteristics and hospital fixed effects. Standard errors were clustered at physician level (Tsugawa et al. BMJ 2017; 356 doi: <https://doi.org/10.1136/bmj.j273>)

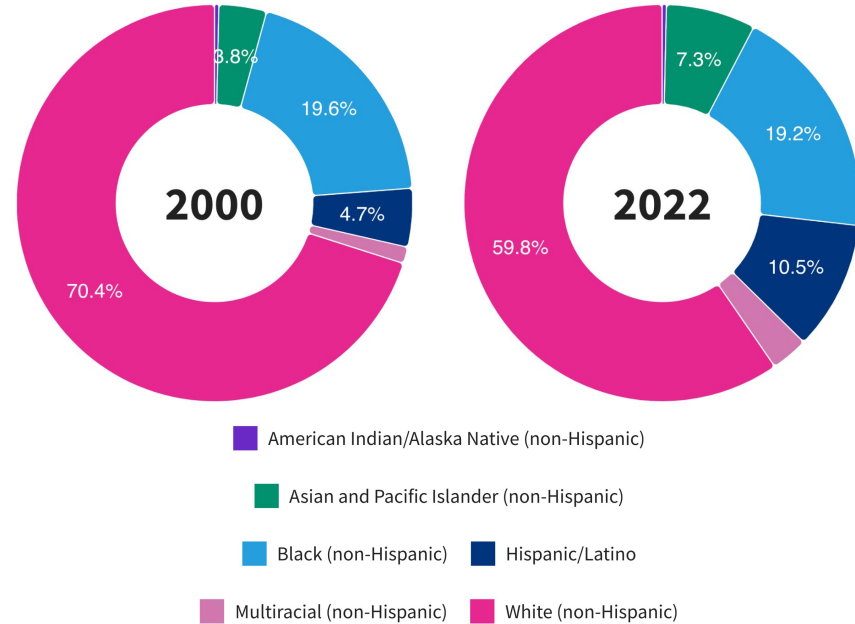
# HIGHLY SKILLED AND EXPERIENCED PHYSICIANS

Over 100 International Physicians in the RPA Coalition Network with 8-16 years of experience



# CULTURALLY DIVERSE AND RESILIENT

- IMGs match to patient population, can relate to underserved populations
- Average number of languages spoken per IMG = 3.6 languages
- Able to overcome barriers and adversity to immigrate to the US
- More likely to work in rural, lower-income, or underserved regions.
- Address the severe physician shortage (~17,000 primary and mental health providers)





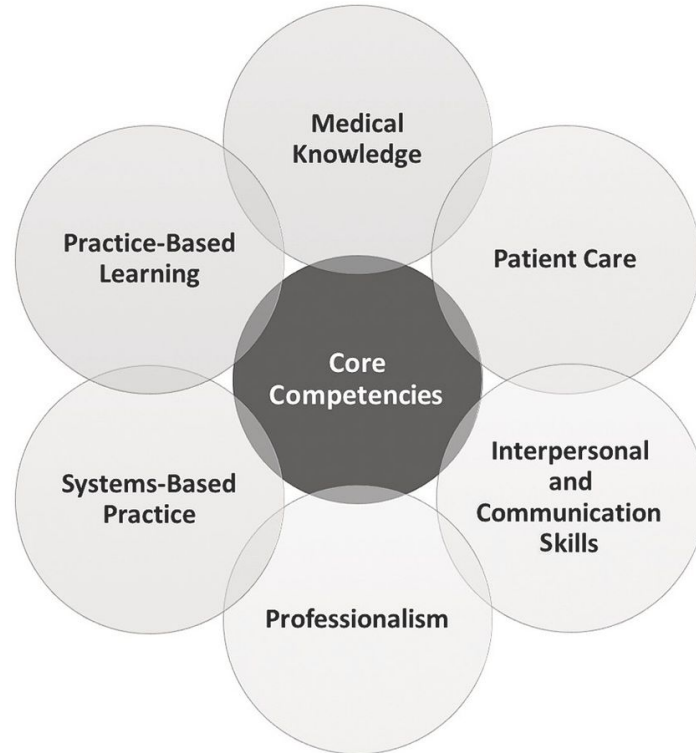
# Provisional License Readiness Partners

*Dr. Kacie Saulters, Internal Medicine Residency Program Director, University of Maryland Capital Region Health, Largo*

*Amy Taloma, PhD, Virginia Health Workforce Development Authority*



# PROVISIONAL LICENSE READINESS



# Capturing Medical Skills

## Support

- ❑ U.S. clinical training
- ❑ Non-clinical training
- ❑ USMLE preparation

## Readiness Models (linked)

- ❑ UCLA IMG Program
- ❑ University of Minnesota  
BRIIDGE Program
- ❑ Spring Institute-Colorado
- ❑ VCU's Pathway to  
Healthcare Workforce  
Program
- ❑ UVA Earn While You Learn







# What Institutions Can Do to Prepare Now

*Dr. Stephanie Goldberg, Mary Washington Medical Group*



# SAVE THE DATE

- **RPA Task Force Roundtable:**

Wednesday, February 12, 2025  
12:00-1:00

- **RPA Webinar Session 2:**

How International Physicians Can Help  
Grow Your Healthcare Workforce Pipeline  
Wednesday, February 26, 2025  
12:00 - 1:00

