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

Thursday, September 19th, 2019
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
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
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

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<thead>
<tr>
<th>State</th>
<th>License type</th>
<th>Notes</th>
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<tbody>
<tr>
<td>California</td>
<td>Special Faculty Permit</td>
<td>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</td>
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<td>Section 2111 Guest Physician</td>
<td>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)</td>
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<td>Florida</td>
<td>Temporary Certificate</td>
<td>Allows training at cancer centers and plastic surgery programs; faculty must be “internationally respected and highly qualified physician”</td>
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<td>Louisiana</td>
<td>Short-Term International Medical Graduate Training Permit</td>
<td>State board may issue for the purpose of participating in a short-term (&lt; 90 days) residency or other postgraduate training program; permit holder “shall not assume independent responsibility for patient care”</td>
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<tr>
<td>Massachusetts</td>
<td>Temporary Faculty Appointment</td>
<td>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</td>
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<td>Michigan</td>
<td>Clinical Academic Limited License</td>
<td>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</td>
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<tr>
<td>North Carolina</td>
<td>Medical School Faculty License</td>
<td>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</td>
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<td>Ohio</td>
<td>Visiting Clinical Professional Development Certificate</td>
<td>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</td>
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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
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.
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)

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

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| All specialists were generalists | No collaboration focused directly on improving patient care at Mulago Hospital |
**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
Yale-Uganda collaboration improving health education, patient care

By Adam Gaber  |  FEBRUARY 9, 2018

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 Mandry, 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.

The Uganda Initiative at the Yale Global Health Leadership Institute.

https://goo.gl/v7SuFe
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
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: