Division of Health Policy, Office of Rural Health & Primary Care
PO Box 64882
St. Paul, MN 55164-0882
651-201-3838
www.health.state.mn.us

Task Force on Foreign-Trained Physicians

Minnesota Department of Health

Report to the Minnesota Legislature 2015

January 2015

Executive Summary

Background

Pursuant to 2014 Minnesota Session Laws, Chapter 228, Article 5, Section 12, in July 2014 the commissioner of health convened an advisory task force to develop strategies to integrate refugee, asylee and other immigrant physicians into the Minnesota health care delivery system.

The challenge of integrating foreign-trained physicians is complex and long-standing. In Minnesota, the issue has recently gained urgency as policy makers seek to address several major issues facing the state:

- Shortages in the supply of physicians.
- An aging and diversifying population.
- Persistent health disparities.
- Rising health care costs.

Integrating more immigrant physicians into Minnesota's health workforce could help address each of these issues.

Findings

The Task Force completed the following tasks assigned by the Legislature:

1. **Comparison of the licensed physician workforce to the population overall**.
   - The licensed physician workforce is older than Minnesota's population.
   - The physician workforce does not mirror the state's racial and ethnic composition.
   - Licensed foreign-trained physicians represent 16 percent of the physician workforce, but most of Minnesota's largest immigrant and refugee communities are underrepresented.

2. **Identification of immigrant physicians seeking to enter the health workforce**.
   - Minnesota is currently home to an estimated 250-400 unlicensed immigrant physicians.
   - In a survey of the state's immigrant physicians, 87 percent of respondents were interested in entering medical practice or other health careers in Minnesota.
   - Among the survey respondents, 37 countries were represented and over 30 languages.
   - Just over half of the survey respondents were eligible to apply for medical residency, but only a small minority (17 percent) has been accepted into a residency program.

3. **Identification of barriers to practice**. Immigrant physicians face a range of barriers, with the following most significant:
   - *Growing competition for limited residency spots*: While 95 percent of seniors in U.S. medical schools get into medical residency, most immigrant physicians do not. This competition will get even tougher with the "residency bottleneck": increasing numbers of medical graduates competing for a capped number of residency slots.

- *"Recency" of graduation from medical school*: Most U.S. residency programs consider only those who have recently graduated from medical school (within 3-5 years). Consequently, many of the most highly qualified immigrant physicians – those who have practiced extensively since medical school – are essentially disqualified at this point in the path to licensure.
- *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 nearly impossible to obtain outside of medical school or residency.
- *Complexity and costs of testing and other steps needed to qualify for residency*: Foreign-trained physicians often need assistance in English proficiency, exam preparation and navigating the path to licensure. Assistance programs are crucial, but will continue to have only limited success if other structural barriers go unaddressed.

4. **Exploration of alternative professions**. Most immigrant physicians would prefer to practice as physicians, but 64 percent of respondents to the Task Force survey said they would also be interested in exploring other health professions. The physician assistant profession is likely the best alternative for most considering non-physician occupations. Barriers and costs should be removed or diminished, however, so these physicians can appropriately meet physician assistant education and licensure standards more quickly and cost effectively.

5. **Identification of costs and possible funding sources**. It currently costs $7,500-$15,000 for a foreign-trained physician to get as far as applying to residency programs, and even then, most fail to secure a residency and therefore never become licensed to practice. **The strategies recommended by the Task Force would entail greater initial investments – from $10,000-$60,000 per immigrant physician depending on his/her skills and readiness for residency – but are expected to bring significantly more physicians into the workforce and therefore a greater return on investment.**

Possible funding sources include (1) new State funding; (2) private funding and (3) philanthropic support.

Recommendations

The Task Force recommends the following strategies, which it concludes will produce a larger and more diverse primary care workforce capable of reducing both health disparities and health costs in Minnesota:

- Create a **statewide council** on immigrant physician integration.
- Provide **gateway and foundational support** to immigrant physicians.
- Develop a standardized and rigorous **assessment process** to evaluate the readiness of immigrant physicians.
- Create a **Minnesota certificate of clinical readiness**.
- Develop a **clinical preparation program** for those needing it.
- Create **dedicated Minnesota primary care residency positions** for immigrant physicians willing to serve in rural or underserved areas of the state.

- Encourage or require Minnesota medical residency programs to revise their graduation **"recency" guidelines** to take into account other measures of readiness.
- Develop a structured **apprenticeship program** for highly experienced immigrant physicians willing to serve in rural or underserved areas.
- Develop **new licensing options** for immigrant physicians.
- Explore and facilitate more streamlined pathways for **non-physician professions**, including the physician assistant role.