HOD ACTION: Recommendations in Council on Medical Education Report 3 adopted and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 03-A-23

Subject: Financial Burdens and Exam Fees for International Medical Graduates (Resolution 305-A-22)

Presented by: John P. Williams, MD, Chair

Referred to: Reference Committee C

At the 2022 Annual Meeting of the American Medical Association (AMA) House of Delegates (HOD), Resolution 305-A-22 was introduced by the Resident and Fellow Section. It asks:

> That our American Medical Association work with all relevant stakeholders to reduce application, exam, licensing fees and related financial burdens for international medical graduates (IMGs) to ensure cost equity with U.S. MD and DO trainees (Directive to Take Action); and be it further
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> That our AMA amend current policy H-255.966, "Abolish Discrimination in Licensure of IMGs," by addition to read as follows:
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> 2. Our AMA will continue to work with the FSMB to encourage parity in licensure requirements, and associated costs, for all physicians, whether U.S. medical school graduates or international medical graduates. (Modify Current HOD Policy)

Testimony on this item noted concern for an unintended consequence that could stimulate debate on the total costs of medical education, of which licensing fees constitute a small portion. The Council on Medical Education offered substitute language for the first resolve, asking the AMA to study the most equitable approach to achieving parity between U.S. MD and DO trainees and international medical graduates with regard to application, exam, and licensing fees and related financial burdens; the Council also suggested that the second resolve not be adopted. The Reference Committee supported study and encouraged the Council to consider the presence and nature of varying application and examination costs for U.S. medical graduate and IMG applicants. The HOD agreed, and this item was referred for study.

This report is a result of that referral. It aims to explain the steps an IMG must take to practice in the U.S. and related financial burdens to obtaining the ability to practice in the U.S., compare these IMG costs to that of non-IMG MD and DO trainees, and offer recommendations to address cost disparities.

BACKGROUND

An international medical graduate (IMG) is defined as a "physician who received a basic medical degree from a medical school located outside the United States and Canada that is not accredited by a U.S. accrediting body, the Liaison Committee on Medical Education, or the American

Osteopathic Association."[1] It is the location/accreditation of the medical school that determines if the graduate is an IMG (as opposed to the citizenship of the physician). Thus, U.S. citizens who graduated from medical schools outside the United States and Canada are considered IMGs, while non-U.S. citizens who graduated from medical schools in the United States and Canada are not considered IMGs.

A recent report from the Council on Medical Education, "Expediting Entry of Qualified IMG Physicians to U.S. Medical Practice" (CME Report 4-J-21) states, "IMGs currently represent a quarter of the physician workforce and physicians-in-training in the United States. They have long been an integral part of the U.S. health care system, contributing substantially to primary care disciplines and providing care to underserved populations, and their foreign language proficiency can be invaluable when communicating with patients from the same country of origin. The diversity of IMGs contributes to the many ethnicities and cultures represented in the health care workforce. This diversity is likely to be a factor enhancing health outcomes, considering the equally diverse nature of the U.S. patient population."[2]

Further, this Council report indicates that compared with U.S. medical school graduates, IMGs provide care to a disproportionate number of socioeconomically disadvantaged patients, and certain states and specialties disproportionately depend on these physicians. These physicians play a critical role in providing health care in areas of the country with higher rates of poverty and chronic disease. Many IMGs have been practicing at institutions that are on the front line of the COVID-19 pandemic. The Health Resources and Services Administration (HRSA) offers a map of Medically Underserved Areas/Populations (MUA/P). The Association of American Medical Colleges (AAMC) State Physician Workforce Data Report provides related information.

While the intent of this report is to address application, exam, and licensing fees and related financial burdens for IMGs as compared to U.S. medical school trainees, it is important to note that U.S. trainees incur costs that IMGs may not. For example, the cost to maintain Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) and Accreditation Council for Graduate Medical Education (ACGME) accreditation may be passed onto U.S. trainees in their medical school tuition. This is a cost not borne by foreign medical schools, although they may also have accreditation costs related to their own countries.

DISCUSSION

The pathway to medical licensure in the U.S. for all trainees involves many steps with specific timelines and deadlines. For IMGs, it is even more complicated. Some IMGs have attended private medical schools outside the U.S., while others have attended public medical schools, resulting in varied costs. Further, there have been problems with credentialing and primary source verification from some countries. The Council on Medical Education has authored a report for the Annual 2023 meeting addressing these challenges for IMGs resulting from international conflict that will provide more detail on these issues.

Before addressing the cost differences between IMGs vs U.S. medical school graduates, it is important to note that costs between MD and DO applicants to GME programs also vary. This problem was recently addressed in an AMA issue brief entitled "Single Pathway to Licensure." In addition, there are further cost differences for IMGs. For example, the United States Medical Licensing Examination® (USMLE®) Steps 1 and 2 cost IMGs $1,000[3] per exam, versus $660[4] for MD students and $715[5] for DO students. IMGs also pay international surcharges related to Steps 1 and 2 as well as application and certification fees from Educational Commission for Foreign

Medical Graduates (ECFMG, a member of Intealth). See Appendix A for a more detailed review of this information.

The Federation of State Medical Boards (FSMB) provides a useful visual aid illuminating the pathway to licensure for U.S. MD and DO students and IMGs; it also includes definitions of the various related organizations, their acronyms, and links to their websites. In addition to these required steps outlined in the FSMB guide, there are many associated costs, including exam preparations and travel. When it comes to licensure, there is cost variance across states, independent of U.S. medical graduate or IMG status. Additionally, there may be different threshold qualifications for IMGs that could have their own costs[6] along with additional steps for IMGs. For example, Michigan requires IMGs seeking licensure by endorsement to have an existing license from another U.S. jurisdiction. North Carolina and New York require IMGs to have a profile set up with the FSMB Federation Credentials Verification Service.[7]

Appendix A has further detail as to the costs of the steps necessary to pursue medical education and training, as well as additional associated costs and how they vary among MD students, DO students, and IMGs. Besides the steps described in this Appendix, non-U.S. citizen IMGs undergo additional hurdles that U.S. citizen MD and DO students do not, such as visa applications for non-citizens and tests of English language proficiency.

Visa process and barriers

Approximately 50 percent of IMGs in GME are U.S. citizens or permanent residents.[8] The remaining IMGs need to obtain a visa to enter the U.S. to train and/or practice medicine. This is also true for the 0.6 percent of students in U.S. medical schools that are non-U.S. citizens.[9] For non-citizen medical school graduates, the following protocols must be accomplished:

- The U.S. employer must obtain foreign labor certification from the U.S. Department of Labor (DOL), prior to filing a petition with U.S. Citizenship and Immigration Services (USCIS).
- The USCIS must approve the petition or application (The required petition or application depends on the visa category applied for).
- The program approval must be entered in the Student and Exchange Visitor Information System (SEVIS) of the U.S. Immigration and Customs Enforcement (ICE).

Foreign physicians can work in the U.S. on four major types of visas: H-1B, J-1, O-1, and TN; the J-1 Exchange Visitor program and the H-1B Temporary Worker classification are the most common. The AMA's IMG toolkit provides additional information to understand the types of visas. Once obtained, all visas need to be renewed for the duration of residency and fellowship training, and each visa type has a different renewal schedule.

In addition to the challenges and costs of the visa application process, there have been recent political changes and public health emergencies that have caused further delays and compounded expenses. For example, on Jan 27, 2017, former President Donald J. Trump signed an executive order, "Protecting the Nation from Foreign Terrorist Entry into the United States," that resulted in travel bans impacting many IMGs and their ability to travel to the U.S. The AMA raised its concerns to the Department of Homeland Security and others, given the detrimental impact on the health care workforce and access to care. During his first day in office, President Biden issued a proclamation on "Ending Discriminatory Bans on Entry to The United States" to revoke his predecessor's Executive Order. Also, the COVID-19 pandemic impacted many IMGs by causing additional delays in travel and the processing of documents that affected their ability to start their residency, continue their training or practice, or transition from training to practice. On January 25,

2021, President Biden issued a proclamation on "the Suspension of Entry as Immigrants and Non-Immigrants of Certain Additional Persons Who Pose a Risk of Transmitting Coronavirus Disease." The Council on Medical Education has been attentive to such issues, with related reports released in 2010 and 2017, "Rationalize Visa and Licensure Process for IMG Residents" (CME 11-A-10) and "Impact of Immigration Barriers on the Nation's Health" (CME 3-I-17).

English language proficiency

Since the removal of the Clinical Skills exam component of the USMLE, IMGs are now required to prove their ability to communicate effectively in English by passing the Occupational English Test (OET). The OET is an English language test designed for health care professionals, owned by Cambridge Assessment English and the Box Hill Institute. OET has been developed to cover 12 different health care professions, including medicine. The test assesses language skills in listening, reading, writing, and speaking, utilizing typical communication scenarios from the health care industry. OET is recognized by health care organizations, hospitals, universities, boards, and councils across the world including the U.S. Passing the OET is a requirement for certification by ECFMG for all IMGs, regardless of country of origin and currently costs $455[10]; see Appendix A.

Key stakeholders

The ECFMG provides IMGs with the process for certification before they enter U.S. GME. This certification is a requirement for IMGs to take Step 3 of USMLE and to obtain an unrestricted license to practice medicine in the U.S. ECFMG programs and web services assist IMGs with the visa process, applying for GME, and verification services to obtain primary-source verification of credentials.

The Federation of State Medical Boards (FSMB) supports the state and territorial medical boards in the U.S. that license, discipline, and regulate physicians and other health care professionals. This includes exam services related to USMLE Step 3 and the Special Purpose Examination (SPEX®), as well as credentialing and licensure services. According to the FSMB, SPEX is an examination of "current knowledge requisite for the general, undifferentiated practice of medicine. State boards may require SPEX for endorsement of licensure, reinstatement of a license, or reactivation of a license after a period of inactivity."[11] The FSMB has developed a useful table of state-by-state information regarding licensure of IMGs, updated in August 2022.

American Medical Association

The AMA advocates at the federal and state levels to inform, guide, and generate support for policies that advance initiatives addressing the concerns most relevant to all physicians. Examples of current initiatives relevant to IMGs include supporting the Conrad 30 waiver program, advocating to Congress about the importance of IMGs in the physician workforce, and vetting legislation and monitoring regulations related to IMGs. At the 2023 AMA Advocacy Agenda webinar in January, hosted by the Board of Trustees, AMA staff leaders spoke to the importance of advancing bills to support IMGs.

The AMA's International Medical Graduates Section (IMGS) advocates for issues that impact IMGs, provides resources and assistance, and gives voice and representation to IMGs in the AMA House of Delegates. Resources for IMGs from the section include toolkits, FAQs, and a listing of observership programs, as well as policy and advocacy opportunities.

In 2022, the Council on Medial Education published an issue brief, "Support for IMGs practicing in the US," which addresses potential alternative pathways for licensure for IMGs from select countries including recognition of residency training outside the United States with completion of

at least one year of graduate medical education in an accredited U.S. program and unfettered travel for IMGs for the duration of their legal stay in the U.S. in order to complete their residency or fellowship training to prevent disruption of patient care.

RELEVANT AMA POLICIES

The AMA has a number of policies that demonstrate strong support for IMGs during and after training, as well as for those who do not match, as provided in Appendix B. For example:

- Policy H-255.988, "AMA Principles on International Medical Graduates," lists the AMA's position on key IMG issues.
- Policy H-255.966, "Abolish Discrimination in Licensure of IMGs," encourages the FSMB and state medical boards to evaluate the progress of programs aimed at reducing barriers to licensure—including successes, failures, and barriers to implementation.
- Policy D-310.977, "National Resident Matching Program Reform," encourages the ECFMG and other interested stakeholders to study the personal and financial consequences of ECFMG-certified U.S. IMGs who do not match.

SUMMARYAND RECOMMENDATIONS

IMGs face costly and time-consuming steps in their pursuit of U.S. medical training, licensure and practice that are not required of their U.S. MD and DO counterparts. These costs can present barriers and delays to their training and practice that impact IMGs, their training programs and employers, and possibly the health of patients who rely on them for care. Key stakeholders, including the AMA, recognize the additional challenges IMGs face and have been engaged in assisting IMGs in meeting these challenges. The AMA continues to be engaged in such efforts.

The Council on Medical Education therefore recommends that the following recommendations be adopted in lieu of Resolution 305-A-22, and the remainder of this report be filed:

1. That our American Medical Association (AMA) encourage key stakeholders, such as the National Board of Medical Examiners, Federation of State Medical Boards, Educational Commission for Foreign Medical Graduates (a member of Intealth), Cambridge Assessment English and Box Hill Institute, and others to (a) study the most equitable approach for achieving parity across U.S. MD and DO trainees and international medical graduates with regard to application, exam, and licensing fees and related financial burdens; and (b) share this information with the medical education and IMG communities. (Directive to Take Action)

2. That our AMA encourage relevant stakeholders to work together to achieve cost equivalency for exams required of all medical students and trainees, including IMGs. (Directive to Take Action)

3. That AMA policy H-255.988, "AMA Principles on International Medical Graduates," be reaffirmed. (Reaffirm HOD Policy)

Fiscal note: $1,000

APPENDIX A

Medical Education steps and associated costs, 2022-2023

Requirement	MD	DO	IMG	Associated costs
Undergraduate program (average 4 years)	Tuition, books, and related fees. Completion of bachelor's degree, inclusive of prerequisite courses.		• Some countries offer undergraduate programs at no cost. • Some countries allow students to go directly to medical school after high school (i.e., no undergraduate).	Expenses related to travel, housing, meals, health care.
Medical College Admissions Test® (MCAT®)	$330 standard fee $135 FAP* fee $120 nonrefundable international fee (for examinees testing outside the U.S., Canada, or U.S. Territories; in addition to the standard fee).		N/A	Expenses related to test preparation tools/courses
Occupational English Test® (OET)	None	None	$455[d]	Expenses related to test preparation, travel, lodging, etc.
Primary medical school application fee	American Medical College Application Service® (AMCAS®): $170 first school and $43 for each additional school. Some schools do not use AMCAS.	American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS): $198 first school and $50 for each additional school.	N/A	Expenses related to application preparation tools, college service fees (e.g., transmit transcript and/or letters of recommendation.
Secondary application fee	Average $50-100 per school		N/A	

Access to database about medical schools	Many applicants purchase a subscription to Medical School Admission Requirements® (MSAR®) database to learn detailed information about allopathic medical schools. $28 for one-year, $36 for 2 years. Free for FAP*.	The free Choose DO Explorer allows applicant to learn detailed information about osteopathic medical schools.	N/A	
Medical school interviews	Costs may vary depending on whether the interview is virtual or in person. If in person, costs include mode of travel, lodging, attire, and meals per interview location. Costs for virtual interviews include the cost of internet access and the use of a computer or other electronic device.			
Medical school (average 4 years)	Tuition, books, and related fees — inclusive of medical school costs to achieve LCME accreditation.	Tuition, books, and related fees — inclusive of medical school costs to achieve COCA accreditation.	Tuition, books, and related fees — may include medical school costs to achieve accreditation.	Expenses related to travel, housing, meals, health care.
USMLE Step 1/ COMLEX-USA Level 1	$660[4]	$715[5]	• $1,000[3]: exam fees for Step 1 and Step 2 for each exam registration. • $195: Step 1 International Test Delivery surcharge. • $220: Step 2 CK International Test Deliver Surcharge. Additional fees for ECFMG exam chart, Clinical Skills Assessment (CSA) history chart.	Expenses related to preparation tools for the United States Medical Licensing Examination (USMLE) or Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA), extension of eligibility period, rescheduling fee, score recheck, transcript, etc.
USMLE Step 2 CK/ COMLEX-USA Level 2-CE	$660[4]	$715[5]		

USMLE Step 3/ COMLEX-USA Level 3	$915	$910	$915 (USMLE Step 3 required for training/practice in US).	
Application for Pathway for ECFMG certification for Match	None	None	$925 Note: Canadian medical school graduates do not need to obtain ECFMG certification since the schools are LCME accredited until June 30, 2025. After such time, graduates will have to be ECFMG certified.	$250 medical school transcript.
ECFMG certification	None	None	$160	$370 annual application fee for J-1 Visa waiver sponsorship for non-U.S. citizens or permanent residents. Additional $220 SEVIS fee, payable to the Department of Homeland Security, is required of initial applicants for J-1 sponsorship.
Application for licensure in state(s) of intended practice	Licensure requirements for domestic and international medical graduates differ between the states.			Expenses related to proof of education, training and licensure exam completion, dues structure, maintenance of licensure, continuing medical education.
Electronic Residency Application Services® (ERAS®)	• $99 (up to 10 programs) • $19 each (11-20) • $23 each (21-30) • $26 each (31 or more)			$165 ERAS token, $80 transcript assessment.

Residency (average 3-7 years)	Varies	Varies Note: All state licensing jurisdictions require a graduate of a foreign medical school to complete at least one year of accredited U.S. or Canadian graduate medical education before licensure.	Expenses related to relocation, travel, housing.
ABMS board certification	Member board certification exam fees vary per board. Some physicians may pursue more than one board.		Expenses related to proof of medical degree from a qualified medical school, completion of 3-5 years of full-time experience in an ACGME-accredited residency program, unrestricted medical license to practice in the U.S. or Canada, continuing board certification and/or recertification.
Fellowship (average 1-3 years)	Varies		Expenses related to relocation, travel, housing.
Credential verification for practice	Many employers require proof of credentials.		

*The AAMC Fee Assistance Program (FAP) assists those who, without financial assistance, would be unable to take the Medical College Admission Test® (MCAT®), apply to medical schools that use the American Medical College Application Service® (AMCAS®), and more. Participation in this program may decrease or eliminate fees above. AACOM has a similar program called Fee Waiver Program.

APPENDIX B

Relevant AMA Policy

H-255.988, AMA Principles on International Medical Graduates
Our AMA supports:
1. Current U.S. visa and immigration requirements applicable to foreign national physicians who are graduates of medical schools other than those in the United States and Canada.
2. Current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE.
3. The AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body.
4. Cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada.
5. Continued cooperation with the ECFMG and other appropriate organizations to disseminate information to prospective and current students in foreign medical schools. An AMA member, who is an IMG, should be appointed regularly as one of the AMA's representatives to the ECFMG Board of Trustees.
6. Working with the Accreditation Council for Graduate Medical Education (ACGME) and the Federation of State Medical Boards (FSMB) to assure that institutions offering accredited residencies, residency program directors, and U.S. licensing authorities do not deviate from established standards when evaluating graduates of foreign medical schools.
7. In cooperation with the ACGME and the FSMB, supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care.
8. The AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs.
9. That special consideration be given to the limited number of IMGs who are refugees from foreign governments that refuse to provide pertinent information usually required to establish eligibility for residency training or licensure.
10. That accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower.
11. That AMA representatives to the ACGME, residency review committees and to the ECFMG should support AMA policy opposing discrimination. Medical school admissions officers and directors of residency programs should select applicants on the basis of merit, without considering status as an IMG or an ethnic name as a negative factor.
12. The requirement that all medical school graduates complete at least one year of graduate medical education in an accredited U.S. program in order to qualify for full and unrestricted licensure. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement: (a) completion of medical school and residency training outside the U.S.; (b) extensive U.S. medical practice; and (c) evidence of good standing within the local medical community.
13. Publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities.
14. The participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. The AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils, the Accreditation Council for Graduate Medical Education and its review committees, the American Board of Medical Specialties and its specialty boards, and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for

outstanding achievements by either individuals or organizations in promoting leadership among IMGs.
15. Support studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members.
16. AMA membership outreach to IMGs, to include a) using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians; b) publicizing its many relevant resources to all physicians, especially to nonmember IMGs; c) identifying and publicizing AMA resources to respond to inquiries from IMGs; and d) expansion of its efforts to prepare and disseminate information about requirements for admission to accredited residency programs, the availability of positions, and the problems of becoming licensed and entering full and unrestricted medical practice in the U.S. that face IMGs. This information should be addressed to college students, high school and college advisors, and students in foreign medical schools.
17. Recognition of the common aims and goals of all physicians, particularly those practicing in the U.S., and support for including all physicians who are permanent residents of the U.S. in the mainstream of American medicine.
18. Its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations.
19. Institutions that sponsor exchange visitor programs in medical education, clinical medicine and public health to tailor programs for the individual visiting scholar that will meet the needs of the scholar, the institution, and the nation to which he will return.
20. Informing foreign national IMGs that the availability of training and practice opportunities in the U.S. is limited by the availability of fiscal and human resources to maintain the quality of medical education and patient care in the U.S., and that those IMGs who plan to return to their country of origin have the opportunity to obtain GME in the United States.
21. U.S. medical schools offering admission with advanced standing, within the capabilities determined by each institution, to international medical students who satisfy the requirements of the institution for matriculation.
22. The Federation of State Medical Boards, its member boards, and the ECFMG in their willingness to adjust their administrative procedures in processing IMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state.
23. Continued efforts to protect the rights and privileges of all physicians duly licensed in the U.S. regardless of ethnic or educational background and opposes any legislative efforts to discriminate against duly licensed physicians on the basis of ethnic or educational background.
24. Continued study of challenges and issues pertinent to IMGs as they affect our country's health care system and our physician workforce.
25. Advocacy to Congress to fund studies through appropriate agencies, such as the Department of Health and Human Services, to examine issues and experiences of IMGs and make recommendations for improvements.

H-255.966, Abolish Discrimination in Licensure of IMGs
1. Our AMA supports the following principles related to medical licensure of international medical graduates (IMGs):
A. State medical boards should ensure uniformity of licensure requirements for IMGs and graduates of U.S. and Canadian medical schools, including eliminating any disparity in the years of graduate medical education (GME) required for licensure and a uniform standard for the allowed number of administrations of licensure examinations.
B. All physicians seeking licensure should be evaluated on the basis of their individual education, training, qualifications, skills, character, ethics, experience and past practice.

C. Discrimination against physicians solely on the basis of national origin and/or the country in which they completed their medical education is inappropriate.
D. U.S. states and territories retain the right and responsibility to determine the qualifications of individuals applying for licensure to practice medicine within their respective jurisdictions.
E. State medical boards should be discouraged from a) using arbitrary and non-criteria-based lists of approved or unapproved foreign medical schools for licensure decisions and b) requiring an interview or oral examination prior to licensure endorsement. More effective methods for evaluating the quality of IMGs' undergraduate medical education should be pursued with the Federation of State Medical Boards (FSMB) and other relevant organizations. When available, the results should be a part of the determination of eligibility for licensure.
2. Our AMA will continue to work with the FSMB to encourage parity in licensure requirements for all physicians, whether U.S. medical school graduates or international medical graduates.
3. Our AMA will continue to work with the Educational Commission for Foreign Medical Graduates and other appropriate organizations in developing effective methods to evaluate the clinical skills of IMGs.
4. Our AMA will work with state medical societies in states with discriminatory licensure requirements between IMGs and graduates of U.S. and Canadian medical schools to advocate for parity in licensure requirements, using the AMA International Medical Graduate Section licensure parity model resolution as a resource.
5. Our AMA will: (a) encourage states to study existing strategies to improve policies and processes to assist IMGs with credentialing and licensure to enable them to care for patients in underserved areas; and (b) encourage the FSMB and state medical boards to evaluate the progress of programs aimed at reducing barriers to licensure--including successes, failures, and barriers to implementation.

D-310.977, National Resident Matching Program Reform
Our AMA:
(1) will work with the National Resident Matching Program (NRMP) to develop and distribute educational programs to better inform applicants about the NRMP matching process, including the existing NRMP waiver and violations review policies;
(2) will actively participate in the evaluation of, and provide timely comments about, all proposals to modify the NRMP Match;
(3) will request that the NRMP explore the possibility of including the Osteopathic Match in the NRMP Match;
(4) will continue to review the NRMP's policies and procedures and make recommendations for improvements as the need arises, to include making the conditions of the Match agreement more transparent while assuring the confidentiality of the match;
(5) will work with the Accreditation Council for Graduate Medical Education (ACGME) and other appropriate agencies to assure that the terms of employment for resident physicians are fair and equitable and reflect the unique and extensive amount of education and experience acquired by physicians;
(6) does not support the current the "All-In" policy for the Main Residency Match to the extent that it eliminates flexibility within the match process;
(7) will work with the NRMP, and other residency match programs, in revising Match policy, including the secondary match or scramble process to create more standardized rules for all candidates including application timelines and requirements;
(8) will work with the NRMP and other external bodies to develop mechanisms that limit disparities within the residency application process and allow both flexibility and standard rules for applicants;
(9) encourages the National Resident Matching Program to study and publish the effects of implementation of the Supplemental Offer and Acceptance Program on the number of residency

spots not filled through the Main Residency Match and include stratified analysis by specialty and other relevant areas;
(10) will work with the NRMP and ACGME to evaluate the challenges in moving from a time-based education framework toward a competency-based system, including: a) analysis of time-based implications of the ACGME milestones for residency programs; b) the impact on the NRMP and entry into residency programs if medical education programs offer variable time lengths based on acquisition of competencies; c) the impact on financial aid for medical students with variable time lengths of medical education programs; d) the implications for interprofessional education and rewarding teamwork; and e) the implications for residents and students who achieve milestones earlier or later than their peers;
(11) will work with the Association of American Medical Colleges (AAMC), American Osteopathic Association (AOA), American Association of Colleges of Osteopathic Medicine (AACOM), and National Resident Matching Program (NRMP) to evaluate the current available data or propose new studies that would help us learn how many students graduating from US medical schools each year do not enter into a US residency program; how many never enter into a US residency program; whether there is disproportionate impact on individuals of minority racial and ethnic groups; and what careers are pursued by those with an MD or DO degree who do not enter residency programs;
(12) will work with the AAMC, AOA, AACOM and appropriate licensing boards to study whether US medical school graduates and international medical graduates who do not enter residency programs may be able to serve unmet national health care needs;
(13) will work with the AAMC, AOA, AACOM and the NRMP to evaluate the feasibility of a national tracking system for US medical students who do not initially match into a categorical residency program;
(14) will discuss with the National Resident Matching Program, Association of American Medical Colleges, American Osteopathic Association, Liaison Committee on Medical Education, Accreditation Council for Graduate Medical Education, and other interested bodies potential pathways for reengagement in medicine following an unsuccessful match and report back on the results of those discussions;
(15) encourages the Association of American Medical Colleges to work with U.S. medical schools to identify best practices, including career counseling, used by medical schools to facilitate successful matches for medical school seniors, and reduce the number who do not match;
(16) supports the movement toward a unified and standardized residency application and match system for all non-military residencies;
(17) encourages the Educational Commission for Foreign Medical Graduates (ECFMG) and other interested stakeholders to study the personal and financial consequences of ECFMG-certified U.S. IMGs who do not match in the National Resident Matching Program and are therefore unable to get a residency or practice medicine;
(18) encourages the AAMC, AACOM, NRMP, and other key stakeholders to jointly create a no-fee, easily accessible clearinghouse of reliable and valid advice and tools for residency program applicants seeking cost-effective methods for applying to and successfully matching into residency; and
(19) will work with appropriate stakeholders to study options for improving transparency in the resident application process.

Additional IMG policies:
H-255.978, Unfair Discrimination Against International Medical Graduates
D-295.988(3a-c), Clinical Skills Assessment During Medical School
D-255.991, Visa Complications for IMGs in GME
D-255.977, Licensure for International Medical Graduates Practicing in U.S. Institutions with Restricted Medical Licenses

D-275.950, Retirement of the National Board of Medical Examiners Step 2 Clinical Skills Exam for US Medical Graduates: Call for Expedited Action by the American Medical Association
H-255.968, Advance Tuition Payment Requirements for International Students Enrolled in US Medical Schools
D-255.985, Conrad 30 - J-1 Visa Waivers
D-295.960, Clinical Skills Training in Medical Schools D-295.960

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