

Foreign Medical Graduates — What Lies Ahead?

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In the December 15, 1985 newsletter of IMA I reviewed the historical evolution of "The Foreign Medical Graduate (FMG) Question." Briefly recapitulating, I reported that:

1. The reasons the FMG's are in the limelight is mostly due to economic/political reasons. While in the 1960's and early 1970's the FMG's received a "red-carpet treatment", in the late 1970's and 1980's the FMG's became the scapegoats for the health care problems in the U.S.A.
2. The FMG's represent about a quarter of all physicians in the U.S.A., approximately 125,000 out of a total of about 500,000 physicians.
3. Several studies have demonstrated that the level of performance of FMG's is more a function of the hospital they train in than the individual characteristics of the physician.^{1,2} My own thoughts are: "If you are in a good hospital, you will do well. If you are in a lousy hospital, you will do poorly."
4. The prevailing myth that FMG's are at an increased risk for lawsuits has not been borne out by data and studies. In fact, a study done in Queens, New York, demonstrated the fact that FMG's are *LESS* likely to be sued.
5. I proposed in 1985 that the solution to this problem was a political one.

Much has transpired since 1985 and more is likely to happen. This communication will serve to summarize these events.

In July 1986 a historic event took place in Washington, D.C. An alliance of various ethnic FMG groups was formed with an aim of publicizing the plight of the FMG's and to educate the congressmen and senators about the discrimination facing the FMG's - discrimination in the areas of licensing, reciprocity, hospital privileges, promotions, jobs, residency training positions, etc., etc. This alliance included:

- 1) Islamic Medical Association of North America.
- 2) American College of International Physicians.
- 3) American Association of Physicians from India.
- 4) Association of Pakistani Physicians.
- 5) Association of Philippine Physicians in America, and
- 6) International Medical Council of Illinois. This

association was named International Association of American Physicians or IAAP.

While the overall policy of IAAP was provided by representatives from each member organization, former Senator Vance Hartke and Mr. Kern were asked to help the IAAP with legislative and administrative actions to prevent the discrimination against FMG's. Briefly, some results of this lobbying effort were:

1. In the 100th Congress (1987-88), FMG's were specifically marked for exclusion from Medicare and Medicaid in legislation by Senators Quayle, Durenberger and Dole. Thanks to the efforts of IAAP and the lobbying of Senator Hartke and K. Smith, this legislation was stopped at the last minute.
2. Congress has directed the General Accounting Office (GAO) to conduct a study of the discrimination against the 120,000 licensed and practicing doctors who are graduates of foreign medical schools. I anticipate the GAO will report in the second half of 1989. This will be a major accomplishment in our efforts to eliminate the discrimination.
3. In 1988, in the House of Representatives, Congressman Jim Bates introduced bill HR 3241 and Congressman Steve Solarz introduced bill HR 3410. Forty members of Congress co-sponsored these two bills and hearings were held on these two bills, which is considered unusual. In the Senate, Senator Daniel Moynihan introduced a companion bill to the Bates' bill. Many congressmen and senators were completely unaware of the discrimination against FMG's. IAAP has provided material to all of them.
4. The Secretary of Health and Human Resources has designated a senior official to act as a liaison with the IAAP.
5. The American Medical Association has been made fully aware of our dissatisfaction with their continued support of discrimination against FMG's.
6. A unified, single examination will be given to the FMG's and American medical graduates. This will greatly help the new graduates to compete for the training positions.
7. Articles by the magazine, *MEDICAL ECONOMICS*, defamed FMG's. A class action

lawsuit for libel and tortious interference with business was filed on behalf of IAAP for \$170,000,000. The article said that the first characteristic for a malpractice lawsuit against a doctor was "a foreign medical graduate."

As I reflect and write this report, it is indeed remarkable to see how much has been accomplished during the last three years. I congratulate all of you on this accomplishment.

Where do we go from here?

In the current 101st session of the Congress (1989-1990), Congressman Jim Bates has reintroduced bill HR 614. This bill would substantially alter state licensing requirements for FMG's and control selection processes for residency training, hospital staff privileges, and membership in organized medicine, among other things. Senator Moynihan has also reintroduced a similar bill in the Senate - S 304. There are 100 senators and 435 members of Congress - a total of 535 individuals that need to be informed. It is easy to see that more help is needed in informing all of the 535 elected representatives about the concerns of the FMG's. Here are some specific suggestions:

1. Please meet with your congressmen and senators to acquaint them with the injustice to foreign medical graduates and get their vital support for co-sponsoring the bills, S 304 and HR 614.
2. Once you have gotten their promise, please write to me immediately so I can meet with the lawmakers and obtain their support.
3. Please write to all your congressmen and senators about discrimination against FMGs and request them to support the bills.
4. Please study your state's licensing and reciprocity

laws; also study the rules for Board examinations in your specialty, with a view to locate discrimination against foreign medical graduates.

5. The annual expenses for the IAAP activities are approximately \$80,000. Your continued financial support is crucial for the ongoing activities.

Some IMA members continue to be skeptical about the discrimination against FMG's. Let me give a few specific examples (there are many more):

1. Seven states already require FMG's to have more training than domestic graduates.
2. The Central Intelligence Agency (CIA) is on record to recruit only those graduates that are graduates of domestic medical schools.
3. The State of Alabama has a rule which makes it impossible for FMG's to obtain a license.
4. Many training programs across the country do not even bother to respond to the inquiries of newly arrived FMG's who are seeking residency positions. Remember how easy it was when you applied for a residency! I even had my air ticket sent to me!

In summary, together we have accomplished a lot in 1988; 1989 and beyond will be even better. Together we shall obtain the ultimate victory and promote a unified, nondiscriminatory medical care system. IMA will work for you. We need your support.

Faroque A. Khan, M.D.
Department of Medicine
Nassau County Medical Center
State University of New York
at Stony Brook, N.Y.
Chairman, IAAP
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