VERMONT

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Agency of Human Services

Senator Virginia Lyons
Senate Health and Welfare Committee
115 State Street
Montpelier, VT 05633-5301

Re: Testimony on S.263, An act relating to expanding Vermont's health care workforce through graduates of international medical schools

Dear Senator Lyons:

Thank you for the opportunity to appear before the Senate Health and Welfare Committee on February 29th. As requested, this is to provide the Committee with a written statement on S.263.

Although the Board of Medical Practice had not yet had the opportunity to establish a position on the bill, I shared with you my personal view, which is that I do not support the establishment of a work group because I do not support the concept underlying the bill. I believe it unwise for Vermont to consider licensing physicians who have not completed a residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME). I believe that Vermont's requirements for graduate medical education (GME) should be maintained.

Since appearing before your Committee, the Board of Medical Practice discussed S.463 at length during their March 6, 2024 meeting. Members voted unanimously to oppose the bill. The reasons why the Board and I oppose the concept are the same. An explanation of why the Board and I are alarmed by the concept of licensing physicians who have not completed GME as now required to become licensed in Vermont best begins with an overview what is now required and what GME is.

The qualifications to become licensed in Vermont include a requirement for ACGME-accredited GME. Other terms used for GME include "residency" and "training." The requirement, as provided in Vermont law, is for completion of two years of ACGME-accredited training for graduates of US and Canadian medical schools and three years of ACGME-accredited training for graduates of approved medical schools in all other nations (who are commonly referred to as international medical graduates, or "IMGs"). The Vermont GME requirements vary only slightly from the Federation of State Medical Boards (FSMB) recommendation for GME. FSMB recommends 3 years

of ACGME-accredited training as a requirement for all applicants. [1] Vermont is certainly not an outlier with those requirements; looking at other medical and osteopathic boards, the Vermont requirements would be best characterized on the higher side of the mid-range, but certainly not the most demanding. [2] When discussing the minimum requirements for accredited GME, one must be mindful that the vast majority of US physicians have substantially more than 2 or 3 years of GME.

The ACGME is a not-for-profit organization that sets standards for residency programs that train physicians for practice after graduation from medical school. The Board relies on ACGME accreditation because there is no other organization that offers the expertise, commitment to ensuring program quality, commitment to the safety of patients who are cared for by trainees in GME, and consistent enforcement of training standards.

The Board has examined the GME requirements many times over the years and consistently opted to maintain the requirement for US grads to have at least 2 years and IMGs to have at least 3 years. There is one reason for these requirements – to protect patients. The idea that more training promotes better practice seems self-evident. Research has provided evidence to confirm the relationship between the number of years a physician trains and the likelihood of problems in practice. An examination of twenty years of data from the Louisiana State Board of Medical Examiners showed a clear association between having less than three years of GME and greater likelihood of being disciplined. "Our study indicates that physicians who do not complete a minimum of three years post-graduate training are more likely to be the subject of a disciplinary action, and that these physicians are more likely to be sanctioned for competency/standards-related issues." Training Matters: A Retrospective Study of Physician Disciplinary Actions by the Louisiana State Board of Medical Examiners,1990-2010, Journal of Medical Regulation, Vol 102, No 4, p.7 (2016). The study looked at the offenses underlying discipline and found "these physicians were more likely to be sanctioned for issues pertaining to medical competency or violating standards of practice and for improper prescribing than physicians with more training." Id. at 12. In sum, the data shows that patients are more likely to receive care that does not meet standards of competency when cared for by physicians who have less than three years of residency training. The study does not purport to assess how many patients were harmed by sub-standard care provided by the less-trained physicians, but we do need to keep in mind that the data analyzed in the study reflects medical practice on real patients. Some number of patients sought care from those physicians and received care that did not meet standards. Any harms experienced by those patients were not theoretical, but real.

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[1] FSMB, *Guidelines for the Structure and Function of a State Medical and Osteopathic Board.* This long-standing recommendation was carried forward from earlier editions in the May 2021 update of the Guidelines.

[2] Statistics about GME requirements can be confusing. FSMB collected data from 67 medical, osteopathic, and combined medical & osteopathic boards. For US graduates, 38 require at least one year, 25 require at least 2 years, and the balance 3 years or more. For IMGs counting is more complicated. Many states have varied requirements that depend on other factors, such as whether an applicant holds American Board of Medical Specialties (ABMS) Certification. Looking only at the number of years required, the figures are 46 boards that require 2 or more years and 21 boards that require 3 or more years.

You may be thinking that everything covered to this point makes a compelling argument for requiring Graduate Medical Education, but wondering why the Board does not accept postgraduate training performed in other countries. A primary reason is that there is no system to assess or accredit foreign medical training programs, or to verify documentation of such training. That contrasts with the well-established framework to verify accreditation of foreign medical schools and the validity of the documentation presented by individual applicants. The Educational Commission for Foreign Medical Graduates (ECFMG) was established in the 1950's to facilitate the licensing of foreign-educated physicians seeking to come to the United States to practice. The system works. It enables the transition of large numbers of IMGs to US practice. A recent census of US physicians indicates that there are almost 250,000 IMGs licensed in the US, approximately 23% of all 1,044,113 physicians counted. The number of foreign-trained physicians in the US has been consistently increasing. According to the American Association of Medical Colleges 2023 Report on Residents, as of 2023 there were 35,140 IMGs training in ACGME-accredited programs in the United States. [3]

No medical board has the resources to meaningfully evaluate and monitor foreign residency programs. There is no reported data about the total number of medical training programs in the world, but there are many. To get a sense of how many, consider the data about US medical schools and US GME programs. There are about 200 medical and osteopathic medical schools in the US.[4] In 2023, there were 13,066 GME programs in the US accredited by the ACGME. [5] Obviously, there are many more programs than that in the rest of the world. Just keeping track of the programs that exist would be a monumental task that would require a large staff. Evaluation of the programs would require an enormous staff. The organization that runs ECFMG has a staff of over 300, and they do not do the actual work of accrediting medical schools.[6] Instead, they keep track of and provide recognition of the many international programs that exist that perform the accreditation of medical schools. There is no existing program to evaluate or even track the existence of overseas medical training programs and it is extremely unlikely that a program is going to be created in the near future.

In the absence of a system to evaluate overseas medical training programs, any state that accepts overseas training in lieu of ACGME-accredited training does so on faith. Patients count on the State of Vermont to ensure that the physicians who are licensed to provide medical care have adequate education and training to be able to practice safely and competently.

Even if there were a system to uniformly evaluate foreign medical training programs, there are important reasons why foreign-trained physicians would need to have training in US programs to

[3] https://www.aamc.org/data-reports/students-residents/report/report-residents
[4] https://en.wikipedia.org/wiki/List_of_medical_schools_in_the_United_States
[5] ACGME Data Resource Book, Academic Year 2022-2023, available online at: https://www.acgme.org/globalassets/pfassets/publicationsbooks/2022-2023_acgme_databook_document.pdf
[6] See the website of Inthealth, "Who We Are" at: https://www.intealth.org/careers/ .

prepare them for practice here. The practice of medicine requires much more than understanding the foundational sciences, human anatomy, and other medical school course work. It requires understanding one's patients, both linguistically and culturally. It requires knowing a dizzying array of acronyms and abbreviations. It requires understanding how to support patients who either pay for care or get a payor to cover the cost, by providing documentation to help them to navigate the maze of numerous insurance and payment programs and to obtain prior authorization or utilization review. It requires understanding how to use electronic medical records. It requires understanding how to interact with peers to provide care in the environment of public and private hospitals, payment networks, FQHCs, specialists, outside consultants, stand-alone urgent care centers, and other care options. Practice also requires an understanding of various legal matters that intersect with medical care on a regular basis, such as DNR/COLST documentation, the fine points of Informed Consent, dealing with parental rights of minor patients, death with dignity laws, and many others. Every physician needs to know how to comply with HIPAA and state privacy requirements. For physicians practicing in primary care, it requires an understanding of workers' compensation, ADA, and Social Security, to be able to provide the documentation needed to obtain benefits or accommodations. Importantly, practice also requires knowing the standard of care in the US, which is not always consistent with the standard in other countries. Residency training is when so many aspects of practice such as these are mastered. The framework of ACGME-accredited GME training ensures to the greatest degree possible that participants engage in a rich and varied practice that develops the knowledge gained in medical school and combines that knowledge with all the other things that a physician must master in order to practice successfully. During the discussion of this bill one Board member recalled a speech by a physician at his medical school graduation ceremony during which the speaker said to the graduates something like: "you are now doctors, but you are not ready to practice," and several members expressed agreement with that idea. GME is essential.

Any proposal to create an alternative pathway to licensure for IMGs who do not use the existing pathway would be inherently inferior to what exists. Running an ACGME residency program is expensive and difficult. The system has been developed, and continues to be paid for, because it is essential to training medical graduates to deliver the safe and effective healthcare that patients deserve. Developing and administering systems to deliver comprehensive and effective medical training, and to oversee the delivery of care to patients, takes resources, resources far beyond what Vermont might be able to afford to fund. Any effort to imitate the ACGME training experience will not have an equivalent level of resources, and not be of the same quality.

Creating a two-tier system would also be unfair. It would be unfair to the thousands of IMGs who put in the hard work to become eligible, apply and are accepted, and train in the established system. It would be unfair to the patients being treated by patients in a pseudo residency program and unfair to the patients seen once they became licensed. Many patients do not appreciate the differences even between the different professions of MD, DO, PA, and APRN. Patients would be even less likely to understand what it would mean to accept care from a trainee in some kind of novel program that does not meet ACGME accreditation standards. Patients would also be unlikely to understand what it would mean to accept care from a physician who had not completed an accredited GME program. Finally, it would be unfair to participants in such programs. They would

not be able to obtain specialty board certification. The American Board of Medical Specialties requires three to seven years in an ACGME-accredited program.[7] Also, many medical insurance programs require Board Certification, so even if a program was created, in the end the physicians completing it would encounter barriers to participation in insurance programs. For instance, BlueCross/BlueShield of Vermont requires specialty board certification.[8] It is also unknown if malpractice insurance would be available to a physician who did not complete accredited GME. At a minimum, it is likely that malpractice coverage would be more expensive, as many malpractice insurers offer discounts to specialty board certified physicians.

As noted above, there is already a system in place for graduates of international medical schools to practice in the United States. While it may be challenging to use that system, more than 35,000 IMGs currently in residency training have met that challenge, and almost 250,000 IMGs now in practice met that challenge. IMGs have an available pathway to become licensed that best serves the interests of international medical graduates and patients alike. The responsible choice is to rely on that existing pathway as the pathway to practice in Vermont for IMGs.

Sincerely,

David K. Herlihy

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David K. Herlihy
Executive Director

[7] https://www.abms.org/faq/requirements-for-board-certification/

[8] BlueCross BlueShield of Vermont Practitioner Credentialing Policy, p.6, available online at: https://www.bluecrossvt.org/documents/practitioner-credentialing-policy.