The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

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**Massachusetts Department of Public Health**

**Minutes of the Foreign Trained Medical Professionals Commission**

**Meeting of Friday, December 10th, 2021**

**Virtual Meeting held via WebEx**

**Date of Meeting:**                 **Friday, December 10th, 2021**

**Beginning Time:**                 12:08 PM

**Ending Time:**                      2:03 PM

**Advisory Council Members Present:** The following (13) appointed members of the Foreign Trained Medical Professionals Commission attended on December 10, 2021, establishing the required simple majority quorum (12) pursuant to Massachusetts Open Meeting Law (OML): DPH Bureau of Health Professions Licensure Director James Lavery (Chair), Ms. Lisa Bennington, Ms. Laurie Millman, Dr. Seema Jacob, Dr. Deeb Salem, Dr. Deborah DeMarco, Senator Rebecca Rausch, Dr. Man Wai Ng, Dr. Hafez Alsmaan, Ms. Dipu Patel, Ms. Allison Cohn, Ms. Amy Grunder, Dr. Robert Marlin, Dr. Noemi Custodia-Lora, Representative Marjorie Decker, Mr. Julian Robinson, Dr. Randy Jean, and Dr. Damian Archer, and Dr. Elisa Tristan-Cheever.

**1. Welcome**

Mr. Lavery called the meeting to order at 1:07 PM.

Mr. Lavery introduced himself as the Director of Health Professions Licensure for the Department of Public Health. He will be chairing today’s meeting as the designee of Secretary Sudders.

Mr. Lavery led a round of brief introductions of each present board member starting with Dr. Hafez Alsmaan who was introduced as the newest Commission member.

Mr. Lavery introduced the members of the commission staff. He introduced Ms. Lauren Nelson as the commission members primary point of contact, Ms. Heather Engman as the chief board counsel, and Mr. Timothy St. Laurent, Mr. Ed Taglieri, Ms. Joanna Chow, and Ms. Kelly Poirier as support staff.

**2. Approval of Meeting Minutes from 10.20.21**

Mr. Lavery asked the commission members if anybody had changes or suggestions for 10.20.21 minutes.

\*At 1:20 Ms. Patel joined the meeting and was introduced\*

No member had changes or suggestions for the previous meeting minutes.

Mr. Lavery called for a motion to approve the minutes.

* Dr. Deeb Salem made a motion to approve the minutes.
* Dr. Robert Marlin seconded the motion.
* All in favor: 13; Opposed: 0; Abstentions: 3

**3. Review of the Commission’s Charge, Timeline, and Deliverables**

Mr. Lavery reviewed the charge of the commission, timeline, and deliverables (slides 3-5)

**4. Presentation on Responses and Solutions in Other States**

Mr. Lavery introduced Dr. Jose Ramon Fernandez-Pena to present on policy and program solutions to barriers to practice for foreign-trained medical professionals in Massachusetts   
(slides 6-18).

Ms. Cohn joined Dr. Fernandez-Pena to present on foreign trained nurses in Massachusetts (slides 19-25).

Dr. Fernandez-Pena finished his presentation, speaking about foreign trained dentists in Massachusetts and service-based solutions (slides 26-36).

Dr. Fernandez-Pena opened-up discussion for the Commission members at 2:05 pm.

Dr. Salem asked if international medical graduates would be able to act as Physician Associates while they wait to become fully licensed? He mentioned that states like Washington and Missouri have similar programs in place.

Dr. Fernandez-Pena clarified that Dr. Salem may be referring to programs including Assistant Physicians, which is a new position created for international medical graduates, different from Physician Associates or Physician Assistants.

Dr. Salem added that during his time at Tufts, he noticed that the international medical graduates that were hired also had high accolades due to the competitive nature of foreign trained medical programs. He noted that many hospitals hire more residents than the government will pay for and, due to resident caps, the number of residents allowed at hospitals are limited. He mentioned that there is a critical need for nurses, and that hospitals are finding themselves hiring traveling nurses and therefore losing money.

Mr. Lavery asked about international medical graduates possibly not being able to go back to their profession and at what point this decision is made?

Dr. Fernandez-Pena explained that this path is often one that is made by the international medical graduate when they balance the costs and benefits of pursuing their career. He explained that the options are often laid out for the professionals and it is up to them to decide whether that is a viable path for them. He added that it is common for U.S. programs to deny foreign trained medical professionals who graduated more than 5 years ago.

Dr. DeMarco added that programs do not entertain graduates beyond 5 years out of their program and that the competitiveness of a specialty plays a large role in international medical graduate acceptance.

Dr. Salem agreed that needs are an important influence to consider and that there is a large demand for primary care physicians.

Ms. Grunder suggested two general categories for change. 1. Requirements with boards of licensure and 2. Legislative action.

Ms. Grunder asked Dr. Fernandez-Pena whether there is a grant program that allows physicians to borrow money and pay it back while they practice in an underserved area.

Dr. Fernandez-Pena acknowledged the grant program and added that loan forgiveness programs also exist.

Mr. Lavery noted many policies that can be reviewed – like how many years a person needs to be in residency as an international medical graduate. He reported that licensure boards are continually reviewing regulations and asking whether standards are too high or low and “does this really make sense?”

Dr. Marlin asked Dr. Fernandez-Pena to elaborate on funding models for Welcome Back Centers and models used by Missouri and Minnesota to pay for the programs that they created.

Dr. Fernandez-Pena explained that the Welcome Back Centers started in California and were privately funded. He added that across the country each center is funded independently.

Ms. Cohn confirmed that the Welcome Back Center has been funded by multiple agencies but is now fully funded by the Bunker Hill Community College with no additional funding.

Dr. Fernandez-Pena elaborated on multiple funding paths for various states. He stated his belief that Minnesota is funded by legislature from the state, Washington is also state funded, and he is unclear on Missouri but would be surprised if it was not by local governments.

Ms. Bennington asked if it is possible for there to be a test that is developed for physicians who have been practicing in their home country to try and reduce the number of years required for residency.

Dr. Salem stated that there are residencies outside of the United States that are terrible and so we must be overly cautious. He added that we may be able to certify medical schools and residencies outside of the United States.

Dr. DeMarco added that if your program is certified by the ACGME (the accrediting agency) then you can go right into a fellowship and skip residency.

Dr. Fernandez-Pena stated that California Dental Association decided to eliminate the test for foreign trained dentists. He said that there are large costs for this including financial hardships and brain drain which does not motivate international schools to participate.

Dr. Custodia-Lora suggested that it is important to contextualize ESL and accelerated programs that are aligned with the USMLE. She noted that these are often not funded or very expensive.

Dr. Fernandez-Pena asked Ms. Cohn if the Bunker Hill Community College offers English for health professionals.

Ms. Cohn answered that it does not, partly due to capacity and because it is at such a high academic level – the focus has to be on test preparation for licensure.

Dr. Custodia-Lora added that there is a program for nurses to pass their exam called Prep, for nurses who have English as a second language. She noted that the program is expensive and therefor underutilized.

Mr. Lavery asked Ms. Cohn about barriers of licensure exams like the IELT being focused on reading and writing when international medical graduates often have English as their second language. He asked if tests like this put international medical graduates at a disadvantage.

Ms. Cohn responded that most problems with these types of tests are the result of timing issues like typing and speed. Other problems include content that is unrelated to nursing. She added that the ideal English competency test would be an English in health care test.

Further, Ms. Cohn stated that the Governor emergency order allowed nurses to practice without the English competency. She added that it may be important to review nursing program entrance competency tests.

Mr. Lavery suggested that it might be a good idea to review these tests in all professions.

Dr. Marlin asked Dr. Fernandez-Pena to discuss assessments in Canadian provinces.

Dr. Fernandez-Pena responded that he did not know much about these programs. He elaborated a bit about nursing licensing exams being offered in other languages in Canada and added that it is important to re-examine processes because, if they go on for too long without being checked, they can become obstacles.

Mr. Lavery asked Dr. Fernandez-Pena whether he believed that those who are trying to transfer their profession would be willing to have some concessions about the area or the specialty in which they work to speed up the licensure process.

Dr. Fernandez-Pena stated his unwillingness to answer on behalf of many, but his opinion is that many folks would be open to this pathway. He said it was a good idea to put it out there.

Ms. Bennington stated that speaking and writing a second language are very different and asked if it possible to implement English as a second language to document in their first language and use a translation system to document while only testing on oral English skills.

Further, Ms. Bennington noted her surprise that the government dictates the number of residents a hospital takes.

Dr. Salem noted that the government pays for the residents but there is an outdated formula that will divvy out more money to some hospitals than others. He added that the cap exists because residencies need to be accredited and that cannot happen if there are too many residents without RRC approval.

Dr. Tristan-Cheever agreed that English language is important for health professionals, but everything is always focused on money. Without support or funding, pathways for international medical graduates become nearly impossible.

Dr. DeMarco concurred that your residence cap can be increased through RRC approval.

Mr. Lavery thanked Dr. Fernandez-Pena for his time and resources.

Dr. Fernandez-Pena thanked Ms. Cohn and Dr. Jeff Gross for their assistance.

Mr. Lavery then handed it over to Ms. Nelson to discuss the schedule, timeline, and future steps of the commission.

Ms. Nelson pressed the importance of answering quorum calls.

Mr. Lavery added that the next meeting will be focused on possibilities for change. He asked members to come prepared for the next meeting with ideas for solutions, proposals, and strategies that may be included in the final report.

Ms. Nelson encouraged the members to send in relevant resources for the next meeting.

**7. Closing Remarks/Adjournments**

Mr. Lavery thanked all of the members and asked for any final discussion or questions

Mr. Lavery called for a motion to adjourn.

·         Motion to Adjourn: Dr. Deeb Salem

·         Second: Dr. Robert Marlin

·         All members were in favor and the motion passed.

Meeting adjourned at 2:59 PM