The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

250 Washington Street, Boston, MA 02108-4619



MARYLOU SUDDERS

Secretary

MONICA BHAREL, MD, MPH Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

CHARLES D. BAKER

Governor

KARYN E. POLITO

Lieutenant Governor

**Massachusetts Department of Public Health**

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

**Meeting of Monday, September 20, 2021**

**Virtual Meeting held via WebEx**

**Date of Meeting:**                 **Monday, September 20h, 2021**

**Beginning Time:**                 2:12 PM

**Ending Time:**                      4:02 PM

**Advisory Council Members Present:** The following (18) appointed members of the Special Commission on Foreign Trained Medical Professionals attended the meeting on September 20, 2021, establishing the required simple majority quorum (12) pursuant to Massachusetts Open Meeting Law (OML): James Lavery (Chair), DPH Bureau of Health Professions Licensure Director Dr. Seema Jacobs, Dr. Noemi Custodia-Lora, Dr. Robert Marlin, Ms. Allison Cohn, Dr. Elisa Tristan-Cheever, Dr. Man Wai Ng, Ms. Laurie Millman, Dr. Damian Archer, Mr. Randy Jean, Dr. Julian Robinson, Ms. Lisa Bennington, Dr. Deeb Salem, Amy Grunder Esq., Ms. Lori Keough, Ms. Dipu Patel, Representative Jon Santiago, and Senator Rebecca Rausch.

**1. Welcome**

Mr. Lavery called the meeting to order at 2:12 PM.

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

Mr. Lavery thanked the commission members for their attendance and announced that the first portion of the commission meeting would outline the legal and administrative requirements of being a commission member.

Mr. Lavery announced that the meeting was being recorded.

**2. Introductions and Oath**

Mr. Lavery introduced Mr. Robert Jones as an authorized employee with the Executive Office of Health and Human Services to swear in the members of the commission.

Mr. Jones performed the Oath of Office with all present members of the commission.

Mr. Jones congratulated and thanked all present members for their interest in the commission and reminded them to sign and submit a Form O that was to be sent out via email.

After the conclusion of the oath, Mr. Lavery called for the commission members to introduce themselves including their name, the organization they are representing, and any other important details in the order in which they are called upon.

Mr. Lavery introduced himself as the director of the Department of Public Health Board of Health Professions Licensure (BHPL) designated by Secretary Sudders and explained the roles of BHPL.

Representative Jon Santiago introduced himself as the designee from the Speaker of the House, a representative in the legislature, and physician by training.

Dr. Noemi Custodia-Lora introduced herself and announced that she is from Northern Essex Community College and is the Vice Presidents of campus community relations, and touches on her experience with professional immigrants validating their credentials.

Ms. Lisa Bennington introduced herself as a registered nurse working in home care

Director Laurie Millman introduced herself and announced that she is working for Senator Jo Comerford and is the Director for the Center of New Americans.

Mr. Julian Robinson introduced himself as being from the Board of Registration in Medicine, Chief Medical Officer at Newton Wellesley, former Chief of Obstetrics at Brigham and Women’s Hospital, and a foreign medical graduate.

Dr. Seema Jacob introduced herself as a Dentist and from the Board of Registration in Dentistry, and also a foreign trained medical professional.

Ms. Lori Keough introduced herself as a Nurse Practitioner and the Vice Chair of the Board of Registration in Nursing. She touches on her many years of experience in nursing education working with foreign trained positions.

Ms. Dipu Patel introduced herself as the Chair of the Board of Registration for Physicians Assistants.

Mr. Randy Jean introduced himself as a member of the Board of Registration Allied Health Professionals. He is a physical therapist by trade, currently working as an orthopedic clinical specialist at New England Baptist Hospital.

Dr. Deeb Salem introduced himself as former Chairman of the Department of Medicine at Tufts, Professor of Medicine at Tufts School of Medicine, and is currently working with Well Force bringing together academic issues towards other hospitals outside of Tufts Medical Center. He then shared a personal anecdote about his time as a medical student where he witnessed firsthand the troubles that Foreign Trained Medical Professionals face when searching for employment in the U.S.

Dr. Damian Archer introduced himself a family physician and Chief Medical Officer at North Shore Community Health, representing the Massachusetts League of Community Health Centers, Assistant Dean of Multicultural Affairs at Tufts Medical School, and a foreign trained medical professional.

Dr. Man Wai Ng introduced herself as a pediatric dentist at Boston Children’s Hospital where she is Chief of the Department of Dentistry and is representing the Conference of Boston Teaching Hospitals. She touched on her experience with foreign trained medical professionals.

Ms. Ali Cohn introduced herself as an employee at the Boston Welcome Back Center at Bunker Hill Community College.

Ms. Amy Grunder introduced herself as the Director of State Policy and Legislative Affairs at the Massachusetts Immigrant and Refugee Advocacy Coalition. She noted her work with Senator Lewis and Representative Lewis on the legislation that created this commission.

Dr. Robert Marlin introduced himself as representing the Massachusetts Immigrant and Refugee Advocacy Coalition and working as a primary care internist, Chief of Metta Health Center, Associate Chief Medical Officer at the Lowell Community Health Center. He touched on his experience with foreign trained medical professionals.

Dr. Elisa Tristan Cheever introduced herself as a trained pediatric and general surgeon in Brazil. She shared a personal anecdote about the obstacles of obtaining a medical license in the U.S. as a foreign trained medical professional and a woman.

Dr. Alex Sabo quickly and unofficially introduced himself as he waits for pending approval of his appointment.

Mr. Lavery introduced the commission staff that work behind the scenes: Lauren Nelson, Heather Engman, Tim St. Laurent, Joanna Chow, Kelly Poirier, and Ed Taglieri.

Mr. Lavery then asked each commission member to be attentive to any emails received by staff and to help clarify any contact information.

**3. Review of Commission Charge and Deliverable**

Mr. Lavery explained the purpose and charge of the commission and read slides 5-7 on the power point presentation.)

Mr. Lavery then announced that there will be further discussion regarding the meeting schedule near the end of the meeting.

**4. Review of Open Meeting Law/Ethics**

Mr. Lavery introduced Heather Engman to review Open Meeting Law and Conflict of Interest Requirements for commission members

Ms. Heather Engman then read through slides 8-18 on the power point presentation.

Ms. Engman paused for questions following the presentation on Open Meeting Law.

Ms. Grunder posed a question asking for clarification between deliberation and conversation outside of the meetings.

Ms. Engman explained that any conversation with Commission members should happen during the public meetings.

Mr. Lavery then asked if conversations regarding administrative or procedural matters were included in this regulation.

Ms. Engman stated that the best way to get scheduling information or supplies for meetings is through the Commission staff.

Ms. Engman paused for questions after the presentation of Conflict of Interest Law.

Dr. Custodia-Lora asked if she had to repeat the Conflict of Interest Law training if she had already completed it for her work outside of the commission.

Mr. Jones explained that individuals who have already completed this training do not need to do so again.

Mr. Lavery announced that housekeeping matters had concluded.

**5. Discussion of Commission Expectations**

Mr. Lavery announced that it is time for the discussion portion of the meeting. Here, he explained that all of the members on this commission have been appointed based on their expertise in areas relevant to work of the commission and encouraged all members to share their knowledge and expert input.

Mr. Lavery led the following discussion based on the prompt: “In the context of the Commission’s charge, primarily licensing of foreign trained medical professionals with the goal of expanding and improving medical services in rural and underserved areas, are there specific topics that the Commission member want to highlight as important to discuss?” with the follow questions for further discussion:

1. What are you hoping to achieve?
2. Who would you like to hear from?
3. What materials should the Commission review?
4. What information can Members share?

Mr. Lavery announced that the discussion could begin and asked each Commission member to please state their names before posing a question to the group. It was decided that to start, there would be no use of virtual “hand raises”.

Mr. Lavery then explained that because of the structure of the Commission, the members have the ability to guide what is discussed in the meetings.

Mr. Lavery stated that he believed the main topics the Commission would cover would include immigration and licensing.

Ms. Lauren Nelson and Mr. Lavery reminded members to state their name before they add a discussion point.

Dr. Custodia-Lora suggested to consider what strategies and alternatives will be implemented for doctors who are English language learners.

Dr. Salem suggests developing a pathway for Foreign Trained Physicians to be considered for licensure based on their previously obtained credentials.

Mr. Lavery asked whether or not Dr. Salem was referencing previously licensed medical professionals or individuals who are training to become a licensed medical professional.

Dr. Salem explains that he is thinking of setting some general requirements for professionals previous training. Where did they start? Where were they trained?

Dr. Salem explains that he believes that the biggest need here is the rapidly developing shortage of primary care doctors especially in rural areas. He suggests that one pathway for licensure for foreign trained professionals is that they must be interested in becoming a primary care physician.

Dr. Marlin suggests that there needs to a recommendation for changing in license requirements and processes to receive training in the Commonwealth of Massachusetts to help integrate foreign trained medical professionals. He suggests that the Commission may look at it from a training and regulatory perspective.

Dr. Marlin also stated that it is important to overcome the poor perception and tackle the fear of foreign trained physicians by pointing out where there are great foreign trained medical professionals.

Mr. Lavery agreed with Dr. Marlin and added that this was a good point not only for physicians but for all health care professionals.

Ms. Grunder stated that it is important to analyze what the barriers are. She included formal barriers such as a lack of license and structural barriers like reduced availability of residencies and added lack of transparency about the process in general. Ms. Grunder brought up questions regarding website navigation as well. Is there a link for individuals to follow? Is there guidance for foreign trained medical professionals?

Ms. Grunder also notes that we do not have to reinvent the wheel because there are many states who have done work in this area and referenced Minnesota which has state funded residencies and residency preparation programs. Different states have tried different forms of limited licensing. She stated that World Education Services does a lot of work in this area as well as Imprint and it would be important to look at the existing models.

Mr. Lavery recognized that Ms. Grunder and her group were instrumental in getting this legislation passed and agrees that there are many resources that would be helpful to this Commission.

Mr. Lavery asked if it would be possible to set up a “one stop all” funded group that helps foreign trained medical professionals make all of their stops at one place?

Dr. Marlin said that there are existing resources that are helpful to achieving this aim, such as the Boston Welcome Back Center. They are for nurses, but we have never had something like this for other health professionals. Dr. Marlin suggested using this as a model but also creating a “one stop” system on the state’s side where people can get information. Once they understand the requirements – a Welcome Back Center could help them meet these requirements.

Dr. Tristan-Cheever agreed with the previous points made and added that no person wants to leave their country, but they come for many reasons regardless. Massachusetts has been the dream of many foreign trained health professionals but when they come here, they do not feel welcome. Foreign trained medical professionals need to feel like their work is recognized and not belittled. Dr. Tristan-Cheever argued that we need to break down this stigma.

Dr. Tristan-Cheever brings up that in order to become licensed in the U.S. the health professional needs to have been trained at a facility that is part of an accepted list in the U.S. This causes many qualified professionals to be turned away. Dr. Tristan-Cheever argues that Massachusetts needs to have a process that is fair and accessible to everybody. She argues that it is not fair that people with more resources and better English skills have more opportunities than those who do not. She also pushes to create opportunities so that foreign trained medical professionals feel welcomed, validated, motivated, and prepared to practice medicine in Massachusetts.

Ms. Millman expressed that the Boston Welcome Back Center is incredibly helpful but if you’re in the Western part of Massachusetts they are not very accessible. Pushes for more resources for Welcome Back Center. She also pushes for a change in structure for the state of Massachusetts. She argues for creating apprenticeships or trial bases for foreign trained professionals. She also calls attention to the fact that many of these professionals have extensive experience in ways that U.S. trained professionals do not normally have, specifically working as Doctors and Nurses without Borders and working in refugee camps but they are still viewed as “less than”. She argues that this needs to change.

Mr. Lavery agrees and adds that there is not enough continual communication with the Welcome Back Center. Looking forward he says there needs to be a commitment to stronger communication between the Welcome Back Center and respective licensing boards.

Dr. Custodia-Lora states that as well as accessible, the process also needs to be affordable. Currently, foreign trained professionals are taking expensive exams and then not being able to find residencies. She agrees that state funded residencies should be looked-into and that it is important to keep the process transparent and easy to understand.

Mr. Lavery adds that it is very challenging to get clinicals and residencies even when you are a Massachusetts resident and even more challenging when you are foreign trained.

Senator Rebecca Rausch joined the meeting at 3:12. There were technical complications, and she was not able to introduce herself at this time.

Dr. Salem shares an anecdote about successful nurses from Ireland and how foreign trained medical professionals can benefit Massachusetts. He clarified that for physicians that went to medical school in other countries, if the medical school is accredited, they join residencies in Massachusetts. Dr. Salem wants to stress the importance of older foreign physicians who have already completed their residencies. The process for these individuals is far harder than those who complete residencies in Massachusetts. He argues we need to figure out a way for people who are trained to not have to redo their residencies but rather an educational training program. He also argues that the U.S. is running out of residencies which poses an even larger issue for foreign trained professionals because U.S. medical students can barely get one.

Mr. Lavery asked the members if anybody had baseline data.

Dr. Marlin said that the Massachusetts Healthcare Workforce Center might be able to provide this information.

Mr. Lavery wants to turn the focus on how the Commission should proceed to get to the deadlines on time. He then asks if Immigration is the first barrier and if that’s where the Commission should start. Does anybody have any thoughts on immigration before the Commission moves onto licensing?

Dr. Patel states her understanding for the immigration issue and goes on to ask if there is somebody on the Commission who is representing the hospitals for when the Commission talks about training programs? She argues we will need to partner with the hospitals to make this happen because finding sites to train health care providers is difficult and we do not want to impede the existing pipeline for healthcare training.

Mr. Lavery answers that Dr. Sabo represents the Massachusetts Hospitals Association and Dr. Roberson represents the Board of Medicine.

Dr. Roberson states that there are pathways for specialties already to bypass some steps of the processes based on areas of need. He also argues that setting up training is a massive ask and that the focus should remain on the areas of need and set up a system to match with licensing.

Ms. Cohn says she appreciates the importance of the immigration issue but moves the focus to the internationally trained nurses that are working as nursing assistants or certified nurses in other states but due to requirements in place it can take up to a year to transfer to Massachusetts. Credentialing and English proficiency being the largest roadblocks. She wonders if there are better proficiency tests for foreign trained nurses.

Mr. Lavery agreed that work needs to be done here and states that there is likely room within credentialing systems for modification.

Dr. Jacob stated that before the pandemic hit limited licenses were given but foreign trained dentists had a hard time passing the full exam due to English language proficiencies and immigration problems. She argues that this leads to us losing skilled dentists.

Dr. Ng adds that the process to getting limited licensure in dentistry is onerous as well as maintaining this license. She argues that it is important to look at streamlining this process. She brings up that other states have different states have processes where dentists can become fully licensed. Dr. Ng used New York State as an example of a state that allows dentists to obtain licensure without going to a U.S. dental school for 2-3 years.

Mr. Lavery agreed and brought up that some of these topics are statutory and some are regulatory. He states that we will need to decide which barriers are statutory and which are regulatory and what we can do from there. Does the commission need to propose legislation? Then said he thought starting with immigration was a good place but wants to know what the members believe. He asks what the most difficult issues are where there could be effective change made right away. He suggests getting a group consensus on what topic number one should be. He then restates that the goal is to get more doctors and nurses to underserved rural areas.

Dr. Archer says that it is critical to focus on what the outcome of the commission is. If the outcome is to increase capacity to provide equitable care to patients in underserved and rural communities then it needs to be decided where the shortcomings are. If the case is that there are not enough medical services, it needs to be decided how to deliver that in a way that is ethical and culturally appropriate. He also suggests that it is necessary to justify where the evidence is that suggests U.S. trained doctors give a different level of care than a foreign trained physician with equivalent residency experiences. He argues that it is important to ensure that patients in rural or underserved settings do not receive a lower level of care nor suffer from a lack of access to care. He also wanted to reassure that we are not filtering poor care into underserved communities.

Mr. Lavery agreed and stated that the ultimate goal is to match up the needs in a “supply and demand” format. He then asks again if anybody knows of any data that indicates where the needs are in Massachusetts. He asks if it’s possible to use a mechanism to match those needs.

Ms. Grunder adds that she believes this data is something that would be possible to provide. She says there is information from 2014. She also argues that it is abundantly clear that there is a shortage of primary care physicians.

Ms. Grunder also notes the difficulty of getting legislation passed and that changing immigration law may not be the best first step because we already have so many foreign trained professionals in the state who are unemployed or working outside of their field. She also stated that there is research showing that foreign trained clinicians will more likely work in underserved areas because they are more willing to extend their practices because they have less opportunities to work. Physicians of color and minority physicians also disproportionately practice in underserved areas.

Mr. Lavery suggests that maybe immigration should not be the first step because it will take away attention from licensing clinicians and we have less control over it.

Dr. Salem agreed and said that this could turn into a “Brain Draining” issue of taking other countries best physicians by opening up immigration.

Mr. Lavery asked if all members were in agreement to leave immigration off of the table for now?

All members agreed.

Dr. Custodia-Lora had a question about what information members can share and asked if she could share a document about best practices each state is doing about foreign trained medical professionals.

Mr. Lavery told Dr. Custodia-Lora to please share the document with Lauren. He also urged other members to send appropriate data to Lauren.

Mr. Lavery asked if there were any other questions or comments from the members

Dr. Marlin asked if there was a way to have a shared drive rather than sharing documents via email.

Mr. Lavery said that he would check with the legal counsel.

Dr. Marlin suggested that members only have viewing powers for the documents.

Senator Rausch introduced herself as a state senator for Massachusetts and a member of the public health committee. She stated that she is an attorney by training and a former health law scholar. She then experienced technical problems and was cut off.

Mr. Lavery then turned the meeting over to Lauren to talk about scheduling.

**6. Next Steps**

Ms. Nelson proposes that the Commission meets every 3rd Monday of each month.

Ms. Nelson asked if any commission member had conflicts with the proposed dates.

Dr. Patel stated she would not be able to make the December meeting. She then suggested that a doodle poll is made and sent out.

Ms. Nelson confirmed that she will be sending out a doodle poll but first wanted to confirm the proposed dates.

Ms. Nelson stated she wanted to get a framework and then mentioned that there will be issues meeting on the 3rd Monday of the month in January and February due to national holidays. She then asked if everybody could make the proposed March meeting date.

Ms. Nelson said she will be sending a doodle poll with multiple options for meeting days to see which dates are the best for the majority of the group.

**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 in favor: 18; Opposed: 0; Abstentions: 0

Meeting adjourned at 4:02 PM