

# Improving equity in global physician training

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Large numbers of U.S. physicians and medical trainees engage in hands-on clinical experiences abroad where they gain skills working across cultures with limited resources. However, providers from low- and middle-income countries traveling to learn from health care in the United States are rarely afforded the same critical hands-on education.

The flow of learners remains largely unidirectional, with a disproportionate number of U.S. physicians and trainees visiting partner sites abroad. Although there are some successful models for creating short-term experiences for foreign medical graduates at some U.S. medical centers, there are institutional and legal barriers that make it challenging for these learners to engage in meaningful clinical education.

In an article in the journal *Academic Medicine*, researchers from Boston University School of Medicine (BUSM) address this current imbalance in global [health](#) training opportunities, focusing on hosting foreign medical graduates for short-term clinical training experiences in the U.S. They explore regulatory barriers, discuss the applicable laws, and offer recommendations for the revision of visa categories and licensing laws to improve the educational impact and equity of international partnerships that offer U.S.-based learning opportunities for foreign physicians.

"Foreign medical graduates who want advanced, short-term clinical training from U.S. institutions so that they can provide better care in their home countries typically can only access "observership" programs while in the United States, so named because such programs allow nothing beyond observation in clinical settings," said corresponding author James Hudspeth, MD, FACP, assistant professor of medicine at BUSM and a physician in general internal medicine at Boston Medical Center.

Because disease knows no borders, strong health systems are needed everywhere. "Training physicians from both high- and low-resource areas builds local capacity for improving health and [economic stability](#), and this potentially translates to improved worldwide health and [economic security](#)," added Hudspeth who is also director of Global Health Programs for the BU Internal Medicine Residency.

The researchers hope to improve equity in global health partnerships via

increased access to meaningful and productive educational experiences, particularly for foreign medical graduates with commitment to using their new knowledge and training in their home countries. "Bidirectional learning provides mutual gains for U.S. and foreign clinicians, institutions, and patients."

**More information:** James C. Hudspeth et al. Reconfiguring a One-Way Street, *Academic Medicine* (2018). [DOI: 10.1097/ACM.0000000000002511](https://doi.org/10.1097/ACM.0000000000002511)

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