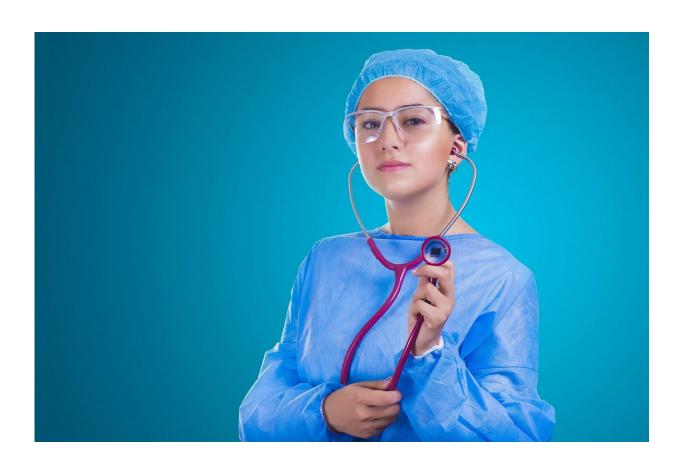


## Opening the door wider to international medical graduates

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A new Tennessee law set to go into effect in July 2024 aims to ease the U.S. physician shortage by creating a provisional pathway for International medical graduates. While the law has the potential to ease



the physician shortage in underserved areas, potential gaps may lessen its impact. A new Perspective, <u>published</u> in the November 18 issue of the *New England Journal of Medicine*, examines this new law and suggests several changes to ensure that the legislation delivers on improving both access to high-quality care in professional shortage areas and worker protections.

The Perspective, "Opening the Door Wider to International Medical Graduates—The Significance of a New Tennessee Law," was led by researchers at the Harvard Pilgrim Health Care Institute.

Physician shortages pose a daunting challenge to the U.S. health care system. While international medical graduates (IMGs), who account for 1 in 4 physicians in the U.S., play a critical role in boosting the flagging U.S. <u>physician</u> supply, they face substantial barriers to licensing compared to domestic graduates.

"International medical graduates fill vital roles in safety-net systems and underserved communities," says Hao Yu, Harvard Medical School associate professor of population medicine at the Harvard Pilgrim Health Care Institute, and senior author of this Perspective. "However, the barriers to licensing are significant as compared to U.S. or Canadian medical graduates, which has led to a substantial underutilization of IMGs."

The authors describe Tennessee's Senate Bill (SB) 1451, passed in April 2023, which aims to mitigate the state's physician shortage by reducing barriers to practice for IMGs. The law makes Tennessee the first state to allow IMGs who are licensed in another country to practice in the U.S. without having to complete a U.S.-based residency training program. While this provisional pathway to licensure breaks from existing policies—a potential breakthrough in attracting more IMGs to the U.S.—the authors caution that careful implementation of the law is



necessary to achieve maximum impact.

"We found that the new law reduces barriers to licensing for IMGs and may attract more IMGs to the U.S. However, policymakers should take care to address existing gaps: ensuring that IMGs work in physician shortage areas; improving unmet clinical needs; holding IMGs to high quality of care; and providing adequate labor protections," says Dr. Yu.

"As other states and Congress consider modeling laws after SB1451, it is even more important that this law levels the field for domestic and international medical graduates, without compromising access to or quality of care in shortage areas."

**More information:** Tarun Ramesh et al, Opening the Door Wider to International Medical Graduates—The Significance of a New Tennessee Law, *New England Journal of Medicine* (2023). DOI: 10.1056/NEJMp2310001

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