

IMG Assistance Workgroup Minutes

July 22, 2019

1. Call to Order

a. Workgroup members in attendance introduced themselves:

- i. Siobhan Brown
- ii. Gabrielle Pett
- iii. Jonathan Espenschied
- iv. Mohamed Khalif
- v. Mouammar Abouagila
- vi. Cheryl Carino-Burr
- vii. Renee Fullerton
- viii. Hala Al-Yasiri
- ix. Ricardo Jimenez
- x. Judy Pauwels
- xi. Russell Maier

b. Staff

- i. Micah Matthews
- ii. Stephanie McManus
- iii. Rebecca King
- iv. Sarah Chenvert

c. Others

- i. Dmitry Khomov

- ii. Marisol Sanchez y Lucero
2. Review Last Meeting Items
- a. Dr. Hala Al-Yasiri presented her graph showing the US residential status of 110 out of 250 IMGs in Washington State.
3. Overview
- a. GME/Match System (Dr. Pauwels)
 - i. Dr. Pauwels presented her report exploring entry into Graduate Medical Education programs. Her report went over national and local factors, ACGME eligibility criteria for residency programs, the “Match” process with NRMP and ERAS, and residency selection policies.
 - 1. Fellowship Programs were not included in this review.
 - ii. Match quotas were discussed. It was found that programs can easily reduce the number of available slots but increasing slots required a waiver and additional paperwork which was found to often be a laborious task.
 - iii. Almost all matches are done via the “Match” system set up by ERAS and NRMP. After “Match Week” was complete it is still possible still possible to have unfilled programs and unmatched applicants. Supplemental Offer and Acceptance Programs, SOAP, through ERAS/NRMP is then

offered in an attempt to fill those spots. Once “Match Week” and SOAP are over applicants can try to match outside the system

- iv. Some of the main challenges faced by these programs is to find applicants who are “residency ready” and screening difficulties faced by programs for the volume of applicants received. Only so many interviews can be scheduled in the amount of time allowed before the matches are made.

b. Funding and Position Allocation in WA (Jeb)

- i. Micah Mathews and Dr. Pauwels presented in place of Jeb Shepard. This report focused on the Washington State Family Medicine Residency Expansion from 2015 to 2023. The number of slots is expected to raise from 285 in 2015 to 507 in 2023. This is thanks to a combination of ESSHB1485, SB6052 and HB2151 providing new funding.
- ii. Information showed where the expansions would take place across the state opening up several new locations including more rural areas for track programs.
- iii. Discussion
 1. Possible concerns and challenges for IMGs was brought up

- a. Some of the top challenges mentioned where the ability to provide patient care at level of a recent graduate and the ability to rapidly come up to speed on electronic records. Directors need to have good assurance that a resident applicant can hit ground running with technology, medical skills, and as speaking English fluently.
2. Would Programs Directors be willing to train an applicant who was 10-15 years out of school if the possessed solid clinical experience?
 - a. While no one was able to respond for Directors, programs are generally not equipped to train up on current tech and skills. They need their applicants to be ready to hit ground running.

c. MN Solutions (Sarah)

- i. Sarah Chenvert reviewed the current Minnesota Model. In 2017 4 IMG dedicated slots were funded. In 2018 the number of slots was increased to 6 with 5 being State funded. The study is ongoing and most current results are not yet available.

4. Discussion

a. WA IMGs into WA GME

i. Does Washington have clinical program to support IMGs via licenses?

The concern being that a medical student can shadow in a clinic but can't touch patients.

1. Several different limited licenses can be available in these situations; Fellowship license, Health license, and teaching license. The programs Director needs to be aware of what's happening and appoint person.
2. Different tracks are also available to residencies. Clinical track or research track. For example, Military applicants have separate track.
3. Minnesota track has a requirement that applicants need to be resident for two years and licensed in the state.

b. IMG GME Allocation in WA

i. Is there a Prospect for IMG's serving in residency in exchange for serving in rural areas?

1. A resident legally cannot be compelled to stay with a clinic or in a geographical area that they did their residency in once completed.

- ii. Do a survey of residency programs (family, pediatrics, etc.) to see if interest exists?
 - 1. Possibility of doing a survey of rural and satellite clinics was brought to the table. Concerns of the language used in a survey were raised as it would need to be precise and relate directly to IMGs. DOH could help facilitate the survey but would require the workgroups assistance. Dr. Al-Yasiri volunteered her group to draft survey as they have a team dedicated to their creation. More reflection on a survey is necessary as it should be a tool that works with the workgroups framework not be a one off.
- iii. Is this a funded position or not? What would this affect if the program would pull from existing slots?
- iv. How MN model came up with program that they have?
 - 1. Relied on a “champion” one person who really pushed to create program.
- v. Factors needed to speak to ACGME?
 - 1. No need to speak to ACGME. Address the clinical assessment and how it can be paid for and incentivized.

5. Other Business

- a. None

6. Agenda and Expectations for August 5 Meeting

- a. Next meeting will have presentation from Cheryl Carino-Burr on Pre-residency Support Systems in WA and Related Needs.

7. Adjourn

- a. The meeting adjourned at 11:35AM

IMG Workgroup Website: <https://wmc.wa.gov/img-workgroup>