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IMG Program Progress in Minnesota

Washington IMG Work Group
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Minnesota Legislature established the **International Medical Graduate Assistance Program** in the 2015 Minnesota Session Laws to address barriers to practice and facilitate pathways to assist immigrant international medical graduates (IIMG) to integrate into state health care delivery system, with the goal of increasing access to primary care in rural and underserved areas.



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IMG Program Progress in Minnesota

7 Components to their program:

1. Roster
2. Collaboration to address barriers to residency
3. Recency of graduation
4. Clinical Assessment
5. Clinical preparation and experience- the BRIIDGE Program
6. Dedicated residency positions
7. Study of possible licensure changes

information in this presentation was pulled from the IMG Assistance Program: Report to the Minnesota Legislature released August 2018



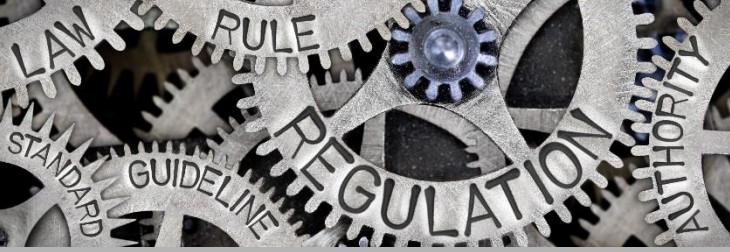
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Program Component #1

Roster

Voluntary roster of
IMGs interested in
entering the
Minnesota health
workforce

- **158 physicians**
- **Majority were trained as PC or GP physicians**
- **130 of these are actively pursuing a residency position**
- **17 obtained residency positions in 2017, but only 4 were in state**



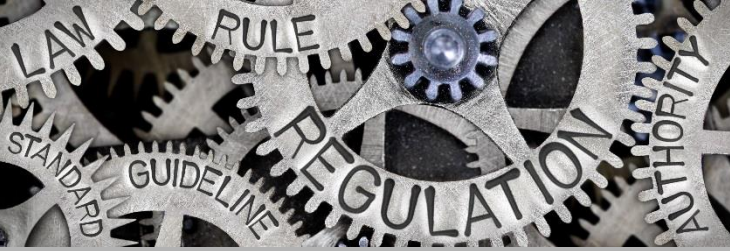
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Program Component #2

Collaboration to address barriers to residency

Grant-funded career
guidance and support
services by various
non-profit
organizations

- Trauma support and coaching
- Information on alternative pathways (working in public health or in the PA profession)
- USMLE exam support
- Technology proficiency support and medical records training
- Medical English proficiency training
- Life coaching
- Support groups that meet weekly
- Accent modification training



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Program Component #3

Recency of graduation

Addressing the requirement that residency applicants be recent graduates that are as up-to-date as possible on medical knowledge, treatment methods and protocols, and technology

- Program directors are willing to relax 5 yr requirement if applicant passes a rigorous clinical assessment and participate in an in-depth U.S. clinical experience
- Program staff and the IMG Advisory Committee are developing the assessment and clinical experience programs using industry standards



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Program Component #4

Clinical Assessment

Assess and certify the clinical readiness of eligible IMGs to serve in residency program

ECFMG certification alone does not give residency program directors enough information about IMG's clinical aptitude

- In 2016, MDH contracted with the University of MN to develop and implement an IMG Assessment that occurs as part of the application and evaluation process for the clinical experience program
- In 2017, 15 IMGs completed the assessment, 4 of which were selected for the clinical experience program



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Program Component #5

Clinical preparation and experience- the BRIIDGE Program

State grant program to support clinical training sites to provide the necessary hands-on experience IMGs need to become certified as ready for residency

- Univ. of MN was awarded a grant to implement in partnership with the MDH the clinical preparation program
- In Sept 2017 four IMGs were accepted for nine month, 40 hour per week clinical experience
- Participants are assigned 1:1 mentors who conduct monthly progress reports and evaluations



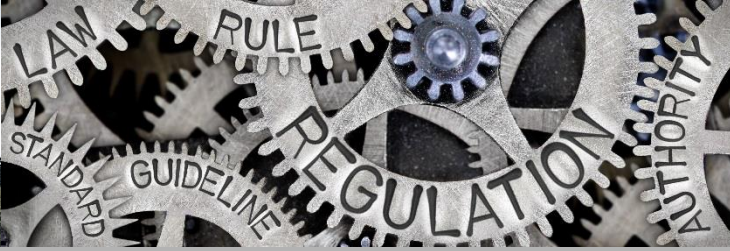
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Program Component #6

Dedicated residency positions

Grants awarded to establish new residency spots dedicated specifically to IMGs. IMG residency account was established to accept funding from public and private organizations to sustain grants

- As of 2017, 4 IMG dedicated resident slots were funded
- As of July 2018, this increased to 6
- 5 of the 6 slots are state-funded

Dedicated-Residency Positions

Name of Program	2016	2017	2018
U of M Pediatric	2*	1	1
HCMC Internal Medicine		1	
Mayo Clinic Pediatric			1

*One IIMG selected during the application process for the dedicated IIMG position was funded by the University of Minnesota.



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Program Component #7

Study of possible licensure changes

Two possible proposals:

1. IMG Primary Care Integration License
2. Amendment to medical practice act to include an exemption for practice in primary care in a rural or underserved area

Concerns:

- Employability- survey of employers is needed to determine if they would hire Non-BC physicians
- Impact on IMLC
- Role confusion between a sponsored/supervised restricted IMG license and a PA



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Conclusion

- Progress is ongoing, evolving and closely monitored
- The program continues to strengthen its foundation by
 - Engaging additional stake holders
 - Working across state agencies
 - Issuing grants; and
 - Developing policies and procedures

****information in this presentation was pulled from the IMG Assistance Program: Report to the Minnesota Legislature released August 2018***

Reports found here:

<https://www.health.state.mn.us/facilities/ruralhealth/img/index.html>



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