***DRAFT 01/14/2021***

**WA State International Medical Graduate**

**Workforce Development Implementation Plan**

1. **Adopt assessment scale/tool.**

* Adopt criteria (see LCME Core Professional Activities).
* Decide whether to define a “passing threshold”:
  + What are the expectations for US (UWSOM) medical school graduates?
  + Do we require a number of instances of “I directed them from time to time” and “I was available just in case”?
  + Consider three categories of achievement based on assessment:
    - Minimum “passing” threshold
    - Remediation threshold
    - Recommendation to refer for career counseling for alternative career pathways.

1. **Define the assessment method and process.**

* Minimum 40 hours of direct observation; could be distributed over as much as 10 weeks (4 hours/week).
  + In general, entrustment decisions should be made after EPAs have been observed in multiple settings with varying context, acuity, and complexity and with varying patient characteristics.  If each student has a supervising physician sponsoring them for the clinical experience, suggest that 1-2(?) additional physicians complete assessments during this time.
* If assessment determines that further training is needed to achieve “passing threshold”, next steps need to be defined.
  + Decision about the goal of this program.  Is the intent to develop a clinical experience program for IMGs to evaluate (“show”) their readiness for residency that will help strengthen their residency applications?   Or, is there also consideration of additional training?
* Who would provide the academic and career counseling (Welcome Back Center)?   Clear need for academic physician involvement in development of oversight structure of counseling program.
* Define what should be included (eg, positions in research at academic institution, other careers in medicine?)

1. **Define grantee application and acceptance process.**

* WA state IMGs, foreign-born:
  + In WA state for at least 2 years, not on visas?
  + Set “cap” on number of years outside of medicine of clinical medicine (medical school, residency, or practice) in country of origin.
* Need to develop the application process for gaining assessment; need to develop criteria.
* Licensing for this assessment: the clinical experience license proposed in HB 1129?

1. **Recruit and train the physician assessors:**

* What body will oversee the recruitment and training of assessors?
* How will we recruit assessors?
* What agreements need to be in place with the hospital to permit clinical experience participants (e.g., license, liability insurance)?
* Need to develop criteria for and an application process for becoming an assessor.
* Need to develop training and “certification” of assessors on use of the AAMC criteria (anticipate a half-day workshop to do this).
* Need to establish payment of assessors for both training and for direct observation of grantees.

1. **Establish oversight of this process and engagement of physicians in guidance roles:**

* Need to develop an Implementation Task Force for the details of this process (recruitment process, who would train the assessors, oversee the entire process, track outcomes, etc.).
  + Should include UWSOM, Elson Floyd WSU SOM, PNWU, and other physicians from across WA.
* Need an Oversight Board to oversee and approve the Task Force recommendations, and assume responsibility for accountability to stakeholders/legislators.
* Need to recruit strong mentorship/advising physician roles for working with grantees and assessors directly
  + Consider combining with Welcome Back?

1. **Define the costs for this program:**

* Recruitment and training of assessors.
* Payment of assessors for actual observation time.
* Payment of implementation task force to hone this process as described.
* ? stipend for grantees for this time.
* ? payment for Oversight Board (anticipate NOT).
* ? payment for physician mentorship roles.
* Administrative overhead.