

**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.

2. 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?)

3. 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?

4. 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.

5. 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?

6. 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.