IMMIGRANT PHYSICIANS

A NEW WAY UP

Program funds residency slots for international medical graduates.

For the better part of a decade, Minnesota has searched for ways to use the knowledge and skills of physicians who have immigrated to the United States. Although they may have years of experience, they often can’t practice in this country. In order to be licensed, they must pass the U.S. Medical Licensing Examination and complete a residency, among other requirements. Many find they are unable to compete with recent graduates for a limited number of residency slots.

“We have a need for doctors and a population that needs hands-on experience to learn the health care system in this state,” says Michael Pitt, MD, an associate program director of the University of Minnesota’s pediatrics residency and director of global health education for the department of pediatrics. The Minnesota Department of Health estimates between 250 and 400 unlicensed immigrant and refugee physicians reside in the state.

A number of efforts have focused on helping these physicians prepare for residency. A recent one, the University of Minnesota department of family medicine and community health’s Preparation for Residency Program, closed in 2012 even though five of the six physicians who completed the seven-month program were accepted to residency programs.

Fresh approach

In 2015, the Legislature established the International Medical Graduate Assistance Program, which not only prepares physicians for residency but also provides funds for new residency slots. Residency positions are generally supported through the federal Medicare program. “This is another bucket of money to fund a resident,” says Pitt, who last year got support for an additional pediatric residency position. “And these are residency slots that didn’t exist without the state’s funding.”

The positions are available to immigrant or refugee physicians who have resided in Minnesota for at least two years and are certified by the Educational Commission on Foreign Medical Graduates. Those who are accepted and complete a residency are required to work in an underserved part of the state for five years and pay back approximately 10 percent of their salary each year during that period. That money will be used to sustain the grant program.

Two physicians who practiced in Sudan before coming to the United States are in their first year of a pediatrics residency with the University of Minnesota as a result of the new program.

Pitt, who has applied for funding of an additional slot, believes helping immigrants into practice will also help the state address health disparities. According to the Minnesota Department of Health, persons from minority and immigrant communities make up 19 percent of the state’s population. Only 13 percent of the primary care workforce is from these communities. “It is well-studied that one of the best ways to address health disparities is to have patients see doctors who have had similar life experiences,” he says.

“We have such a strong east African population, and I have already seen the beneficial connections and relationships with patients that these two residents—both Muslim women from east Africa—are able to forge with these patients.” — KIM KISER