

## IMMIGRANT DOCS FOR IMMIGRANT PATIENTS

### An Innovative Bi-National approach to Increase the Number of Hispanic Family Physicians in California

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#### Summary Points April 2010

1. California faces a shortfall of **17,000** physicians by 2015; it has been predicted that US faces of shortfall of up to 150,000 by 2020 including some 40,000 primary care physicians, primarily for adults..
2. With a population of over 14.35 million, **Hispanics** represent **37%** of California's 36.9 million people; however only **4.2%** of the 92,000 practicing physicians in the state are Hispanics. The Institute of Medicine has documented large and significant disparities in health care received by minority populations and noted that a direct link exists between poorer health outcomes and the lack of underrepresented minority physicians. Much of this is directly related to **linguistic and cultural barriers** to care. According to the US Census, there are 6.5 million Californians with limited English proficiency (LEP) which means they cannot speak , write or read English. Of this number 4.45 million (76%) are mono-lingual Spanish speaking.
3. One of every four (**25%**) of the 830,000 practicing physicians in the U.S.(>200,000) is a international medical graduate (**IMG**), defined as a graduate of a medical school outside of the U.S., Canada or Puerto Rico (These schools are all accredited by Liaison Commission for Medical Education) Approximately 24% of the 82,000 physicians in California are IMGs.
4. California has 10 total medical schools—8 allopathic and 2 osteopathic-- of which 5 are University of California schools. The 10 schools graduate approximately 1320 physicians a year of which approximately 110-15 or 8.5-9.0% **are Hispanic**.
5. The U.S. has 25,000 first year Graduate Medical Education (GME) training positions and a total of 102,000 graduate medical education (**GME**) residency positions in teaching hospitals. These are hospital training positions (interns and residents) for graduates of medical schools. They are referred to as 'residency

training programs' and are of 3-7 years in duration. They are necessary to refine, increase and improve clinical skills to qualify for medical licensure and to sit for specialty board certification.

6. Each year there are approximately 19,500 graduates of U.S. medical schools who compete in a national "MATCH" process for one of the 25,000 first year **GME** positions. Because the nation has more GME positions than U.S. medical school graduates approximately 5,500 IMGs or 25 % of the total, enter residency training in the US every year. Last year more than 14,000 IMGs applied for these 5,500 training spots. Up to 98% of the 5,500 international physicians who complete residency training yearly stay on to practice in the US. By practicing in an underserved area for 3 years these IMGs can obtain a waiver for a permanent visa.
7. To be eligible for a GME position in the US, an IMG must pass the same licensing board exams as US Medical school graduates which includes Step 1 of the US Medical Licensing Exam (USMLE) which tests for basic sciences and Step 2 USMLE which includes two distinct tests--Clinical Knowledge and Clinical Skills.
8. Hispanics represent the largest minority population in the US comprising 15.4% of the 304 million Americans (2008) More than 38 million people residing in the US are foreign born; of that number over 51% are Hispanics, with approximately 2/3rds from Mexico. In spite of this **not 1 of the 10 top countries of citizenship** of the more than 200, 000 IMG physicians practicing in this country or of the 26,000 IMGs currently in GME residency training positions in the US is a Latin American country. The top countries of origin include India, Pakistan, Philippines, China and Russia.
9. Mexico graduates approximately **12,000 physicians a year but has only 4,500 GME positions for residency training.** As such, the majority of Mexican medical graduates do not obtain any residency training other than an internship which is part of the 6 year medical school curriculum. This relative shortage of residency training positions is true for most nations with the exception of the US, Canada, England among others. There are approximately 175, 000 MDs in Mexico. Many cannot find work in medicine.
10. **Between 400 and 2,500 unlicensed Hispanic physicians (IMGs) legally reside and work in Southern California.** Since they lack a license they cannot practice here. Many work in a variety of health roles such as ultrasound technician, health educator, interpreter; a few have been re-trained as nurses (RNs).
11. The UCLA Department of Family Medicine developed a program of up to 16-18 months duration to assist promising bilingual unlicensed Hispanic IMGs who legally reside in California to pass steps 1 and 2 of the USMLE and be competitive for 3 year residency training position in one of the 30+ Family Medicine residency training programs in California. **Upon completion of their**

**training they will be required to practice in an underserved community in the state for up to 3 years.** The program includes the Kaplan review course for Step 1 and clinical review on the wards and clinics of UCLA Family Medicine for the two Step 2 USMLE board tests. This is followed by additional time at UCLA on the wards as observers to insure they understand the culture of US medicine. The program averages 50 hours a week over the 16-18 months, thus the reason stipend. Those who are successful will obtain assistance with the application process. for a residency position via the national process know as the “Match” and most importantly will get a letter of endorsement of their clinical skills from UCLA

12. The program was approved by Gerald S. Levey, MD Dean of the David Geffen School of Medicine at UCLA and the University of California VP for Health Affairs in December 2006 with the proviso that no state funding would be available and that private funding would need to be raised by the Dept. of Family Medicine.

## OUTCOMES

13. As of March 2010 the program has placed a total of 19 graduates into Family Medicine residencies; another 11 graduates of the program we be commencing in Family Medicine residency programs in California beginning July 2010. As such we have placed **30** bilingual bicultural Hispanic IMGs in Family Medicine programs, 29 of which are in California.
14. It costs an average US allopathic Medical school at least \$280K and 4 years to produce a medical graduate who is eligible for residency training and licensure. This UCLA Program costs approximately \$53 K per graduate and takes 16-18 months to prepare Physician’s for IMG training. Of this \$53 K approximately ½ is for the stipend, Kaplan tuition and other educational resources and learning materials.
15. Upon completion of residency training the **IMG will be required to spend up to 3 years working in an underserved community in the state.** At present the state has over 225 federally designated health professional shortage areas for primary care. Less than 20% of the entire state population resides in underserved areas; for Hispanics it is 32%. There are over 6500 federally designated Health Professional Shortages Areas (HPSAs) for primary care in the country.
16. We view this as an adjunct to vigorous ‘pipeline’ programs in the state to increase the number of minority students matriculating into medical school. Given the gap between the percent of Hispanics in the state (36%) and the physician workforce (4%), it will take a very long time to address this need. This process is further compounded by the 49% drop out rate of Hispanic high school students.
17. **Other facts:** The UCLA IMG program is the only such program in the U.S. One of every ten people born in Mexico alive today currently lives in the U.S (11 million). Based on that alone 10% of the Mexican born physicians, or approximately 17,000, should be practicing in the US. The actual number is a

small fraction of this. The Ministry of Health of Mexico is aware of this unique UCLA program and endorses it. They believe that they have a sufficient supply of physicians and know that many emigrate to the U.S. They are concerned about the lack of access and care for Mexican immigrants in the U.S. and believe that this program could help address that need. They concur with our belief **that the inclusion of well trained immigrant family physicians in the provision of care to immigrants of the same background will enhance compliance, satisfaction, and access while reducing disparities.**

18. To date more than \$2 million has been raised from private funds. Leading funding sources included The California Endowment, the UniHealth Foundation, the Kaiser Permanente Community Benefit Fund and the Molina Family Foundation.

On October 12, 2007 a delegation of 25 people who were attending the 7<sup>th</sup> annual U.S. - Latin American Bi-national Forum on Health and Migration which was held in Los Angeles came to UCLA to learn of this program. There was very significant interest in the program. One prominent health official from Mexico thought that the Mexican government might be interested in providing some funding. We are not clear how that would work. The world-wide financial crisis put on damper on that for now.

For additional information see web site at;

[http://fm.mednet.ucla.edu/IMG/img\\_program.asp](http://fm.mednet.ucla.edu/IMG/img_program.asp). Or search for “UCLA IMG program”

Thank you

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## United States Medical Licensing Examinations (USMLE):

- **DO NOT** take any of the USMLE's without first achieving at least three minimum scores of 500 on the National Board of Medical Examination (NBME) practice tests. **Residency programs will receive ALL your USMLE attempts and scores.**

NBME link: <http://www.nbme.org/>

## English as Second Language (ESL):

- Regardless of your English language fluency, we recommend that you enroll in an ESL course. If you are in the LA area, we highly recommend the English for Health Professionals' course tailored to IMGs and taught by UCLA faculty member Darren Kelley, MFA.  
Email: [dmkny71@yahoo.com](mailto:dmkny71@yahoo.com)

## Basic Science Preparatory Course:

- If you are in the LA area, we highly recommend our Pre-Program A course taught by Dr. Luis Cazal. This 14-week basic science review prepares you to effectively study for the USMLE Step 1 examination.  
Email: [LYCazal@mednet.ucla.edu](mailto:LYCazal@mednet.ucla.edu)

## Program Core Faculty

### David Wallenstein, MD

Assistant Clinical Professor,  
UCLA Department of Family Medicine

### Ravi Dave, MD

Associate Clinical Professor  
UCLA Department of Medicine

### Dr. Luis Cazal

Basic Sciences

### Darren Kelley, MFA

English for Health Professionals

## Sponsors

The program is funded solely by private sources including the Kaiser Community Benefit Foundation, UniHealth Foundation, Molina Family Foundation, The California Endowment and New America Alliance. No state funds are used.

## For Additional Information About the Program Visit :

<http://fm.mednet.ucla.edu/IMG/about/benefits.asp>

### Mail Application to:

UCLA Family Health Center  
International Medical Graduate Program  
c/o Celina Diaz, MPA  
1920 Colorado Avenue  
Santa Monica, CA 90404  
Phone: 310-319-4709 ext 282  
Fax: 310-453-5676

Email: [ckdiaz@mednet.ucla.edu](mailto:ckdiaz@mednet.ucla.edu)



DAVID GEFFEN  
SCHOOL OF MEDICINE  
AT UCLA



Department of  
Family Medicine

## UCLA International Medical Graduate Program

A Program for International Medical Graduates (IMGs) from Latin America or Spanish-speaking countries who are interested in obtaining residency training in Family Medicine and a medical license to practice in California.

### PROGRAM DIRECTORS

Michelle Anne Bholat, MD, MPH  
Co-Founder  
Executive Director

Associate Professor and Vice-Chair  
UCLA Dept. of Family Medicine

Patrick T. Dowling, MD, MPH  
Co-Founder

Associate Director  
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UCLA Dept. of Family Medicine



## Key Eligibility Criteria

- **Please see Eligibility Criteria At-A Glance:** <http://fm.mednet.ucla.edu/IMG/download/UCLA%20IMGP%20Applicant%20Eligibility%20Grid.xls>
- US Citizenship or Permanent Resident or Refugee Status.  
**The program CANNOT assist you in obtaining the required immigration visa.**
- **F-1 Visa holders MUST possess a Social Security number.** Applications will be reviewed on a case-by-case basis.
- Live in the Los Angeles area if selected as an IMG scholar in Program B or C.
- **Professional FLUENCY** of written and oral English and Spanish languages, bi-cultural competency in U.S. American/ Latin-American cultures.
- Medical school appears on the Medical Board of California website. [http://www.medbd.ca.gov/applicant/schools\\_recognized.html](http://www.medbd.ca.gov/applicant/schools_recognized.html)
- Meet all requirements to obtain the Post-Graduate Training Authorization Letter (PTAL) aka the California Letter . Please refer to the following website [http://www.medbd.ca.gov/applicant/application\\_international.pdf](http://www.medbd.ca.gov/applicant/application_international.pdf)

## Program Rationale

**FACTS:** Only 5.2 % of the physician workforce in California is Hispanic compared to 36% of the state's population. Further, almost 35% of California's 13 million Hispanics reside in medically underserved areas (MUAs) compared to 20% of the total population.

**SOLUTION:** The UCLA Department of Family Medicine has developed an innovative program to address the state's changing demographics and existing shortage of bilingual (English/Spanish) and bicultural physicians.

**HOW:** This UCLA program provides bilingual English/Spanish IMGs, who are committed to the care of our state's underserved populations, with a comprehensive program to pass the USMLE Step 1, USMLE Step 2 CK, USMLE Step 2 CS and compete for a Family Medicine residency training program position in the state. The program provides educational stipends which help offset the cost of participating in this full-time program.

**OBJECTIVE:** The UCLA IMG pre-residency training program goal is to increase the number of bilingual and bicultural Hispanic family physicians practicing in California's underserved communities.

### CURRICULUM:

It is comprised of three programs and is sequential: A- (Basic Science) B-(Clinical Science) and C (Clinical Observership). However, point of entry into either Programs B, or C, is contingent on USMLE and English diagnostic examination scores.

## Application Process

### How to Obtain Application:

Visit the program website at: [http://fm.mednet.ucla.edu/img\\_program.asp](http://fm.mednet.ucla.edu/img_program.asp) to obtain and download an initial application (**you will need your medical school transcripts**).

**IMPORTANT:** Review Eligibility At-A-Glance **before submitting initial application:** <http://fm.mednet.ucla.edu/IMG/download/UCLA%20IMGP%20Applicant%20Eligibility%20Grid.xls>

Initial applications will be reviewed by an advisory committee throughout the year. Applicants will be notified if they are selected to complete a secondary application.

### Participants Responsibility

**Fulfillment of UCLA's IMG Contract and Mission:** Agree to apply only to a California Family Medicine residency training program whether rural or urban. All residents receive a salary.

**Obligation of Service Months:** For IMGs entering Program A and B, the minimum service commitment is 36 months of post-residency employment in a California health care facility and providing services in a designated underserved area. For those IMGs entering Program C, the minimum service commitment is 18-months of post-residency employment in health care facilities serving vulnerable populations. Physicians receive salaries commensurate with other physicians in the health center.