

TASK FORCE ON THE SHORTAGE OF RESIDENCY POSITIONS

José David, MD, Chair
Mark Lema, MD, PhD, Vice Chair

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Resolution 2015-115 - *Assure Access to Federally-Funded GME Residency Positions for Graduates of U.S. Medical Schools*, called for the first round of the residency match program to be limited to graduates of LCME or COCA-accredited schools, with subsequent rounds open to graduates of international schools. It was referred by the House of Delegates as too contentious to resolve without further consideration.

MSSNY President Joseph R. Maldonado, Jr., MD, MSc, MBA, DipEBHC, appointed a Task Force on the Shortage of Residency Positions and charged it with studying the many complex components of the issue and recommending solutions MSSNY can advance to address the growing shortage of residency training positions, while minimizing the onerous consequences of a one-sided approach.

Task Force Members

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|------------------------|----------------------------|
| Abhi Amarnani | Cheryl Malone |
| Sana Bloch, MD | Frances McGill, MD |
| Deepak Buch, MD | Adolph Meyer, MD |
| Joshua Cohen, MD, MPH | Michael Reichgott, MD, PhD |
| José David, MD | Sumir Sahgal, MD |
| Lisa Eng, DO | Luke Selby, MD |
| Robert B. Goldberg, DO | Steven Sherman, DO |
| Nameer Haider, MD | Zebulon Taintor, MD |
| Mark Lema, MD, PhD | |

The Issue

Faced with expectations that by 2025 the country will have up to 90,000 fewer physicians than it needs, US and international medical schools have increased enrollments significantly. Yet despite the growing number of graduates needing residency training in order to enter practice, the number of federally funded residency slots has been capped for 17 years.

As a result, increasing numbers of US and international medical graduates will be denied access to residency training positions and will therefore be unable to enter the profession for which they have spent many years and hundreds of thousands of dollars preparing. Some 400 graduates of US medical schools were unmatched in 2015.

Pursue other Sources of Funding for GME in New York State

Through multiple meetings and online exchange of ideas in between, the task force members considered potential solutions to the problem. There was strong agreement that an increase in funded positions is necessary, and is the primary goal of organized medicine and this task force. However, recognizing that attempts to persuade Congress to increase Medicare funding for residency training beyond limits set in the Balanced Budget Act of 1997 have been fruitless, and that the current situation in Congress makes it unlikely that this will change, the task force members agreed that other solutions must be pursued.

Recommendation 1

The Task Force on the Shortage of Residency Positions therefore proposes that MSSNY seek means other than Medicare funding to increase the number of training positions in New York State. MSSNY should take the lead in bringing together the various parties to devise a non-federal approach to funding to meet the medical educational and workforce needs of New York State. This should involve State officials responsible for health and medical education, leaders of academic medical centers, and businesses that are thriving economically and that benefit from the work of the medical profession. Medicare should not bear sole responsibility for GME funding. Strong arguments can be made that health insurers, pharmaceutical companies and device manufacturers should also contribute to the cost of graduate medical education.

Accelerate the Path to Licensure for International Medical Graduates with Practice Experience

The task force members were excited about another idea suggested to reduce pressure on the limited number of funded training positions in New York State. It was noted that many IMG applicants have been licensed and have practiced in their home countries for some time before pursuing a license to practice in the United States. Some of these applicants are very attractive as residency training candidates and may be accepted before new graduates. They are currently required to spend several years unnecessarily repeating their clinical training, while filling spots that are needed by recent graduates to develop clinical skills.

Recommendation 2 –The task force recommends that MSSNY develop a proposal to shorten the track to New York State licensure for qualified and experienced international graduates. With documentation of appropriate education, experience and performance on US medical licensing examinations, such physicians could be approved to practice as generalists in areas of need. Devising a route to specialty board certification and acceptance by insurance panels would, of course, be necessary as well. MSSNY should begin discussions with the State Board for Medicine as soon as possible to advance this concept, which would not only help address healthcare needs in areas of physician shortage and relieve some of the pressure on the matching program, but would bring physicians to practice without the current cost to the system of at least three full years of residency training.

Protect US Citizens and Legal Residents

The central argument in Resolution 2015-115 for giving preference in the matching program to graduates of US medical and osteopathic schools is that residency training is currently funded in large part by taxpayers, and that this public good should not be denied to qualified taxpayers while others reap the benefit.

After weighing the counter arguments very carefully, including respect for the exceptional quality so many international graduates bring to the medical profession in the United States, and the importance of ensuring program directors' freedom to select the best candidates for their institutions, the task force members could not overcome their concern about the implications of denying qualified citizens and legal residents the ability to practice the profession for which they have been encouraged to prepare. Of special concern is the likely impact on career choices of students from diverse ethnic and socioeconomic backgrounds, who may be particularly unwilling to undertake heavy educational debt without an assurance of future career opportunities.

Recommendation 3

The Task Force on the Shortage of Residency Positions recommends that MSSNY ask the AMA to work with the ACGME, AAMC, NRMP, AHA, AOA, COCA, AACOM, and other relevant parties to change the residency match program such that the initial round of the match for taxpayer-supported residency programs will only be available to graduates of LCME- and AOA-accredited medical schools in the US, and to U.S. citizens or residents who are graduates of international medical schools, while subsequent rounds will be available to non-U.S. citizens or residents who are graduates of international medical schools.

The Task Force on the Shortage of Residency Positions recommends that the MSSNY Council adopt the above recommendations 1, 2 and 3 in lieu of Resolution 2015-115.

(FOR COUNCIL APPROVAL)