# Article #1

# Doctors from Abroad: A Cure for the Physician Shortage in America

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[Doctors from Abroad - A Cure for the Physician Shortage in America](https://www.chausa.org/docs/default-source/health-progress/doctors-from-abroad-a-cure-for-the-physician-shortage-in-america.pdf?sfvrsn=2)

It is well-known that the United States is facing a serious shortage of physicians — a situation that will only get worse in the coming years. About one-third of all physicians over age 55 are planning on retiring soon, which also will add to the shortage. Predictions vary, but according to the American Association of Medical Colleges, by 2025 the U.S. will be short about 160,000 physicians.

The U.S. Department of Health and Human Services estimates there were 5,848 "primary medical health professional shortage areas" in the country in 2012 and that "it would take an additional 15,928 physicians to adequately meet the primary care medical needs of people in those areas," according to cardiologist David J. Skorton, MD, president of Cornell University, in a Feb. 20, 2013 blog entry for the *Huffington Post*.

The changing work habits of younger physicians are another factor. On average, new physicians want to work five fewer hours per week — equivalent to losing about 40,000 more doctors. Also, as the number of physicians continues to decrease, the number of patients will continue to increase, with millions of previously uninsured individuals seeking care under the Affordable Care Act and with Baby Boomers retiring in large numbers.

"Currently there are just over 800,000 physicians in the U.S.," said Jim Stone, president of Medicus Firm, a physician recruiting company based in Dallas. "Of these, about 30 percent are foreign-born or foreign-trained. We simply don't have enough physicians — foreign doctors are absolutely essential for delivering care in this country."

Because of this shortage, health care systems across the country rely on foreign medical graduates, commonly called FMGs, to help meet physician hiring needs. The top three areas of practice for FMGs are all in primary care — internal medicine, family medicine and pediatrics — three practice specialties that are in high demand.

"Moreover," said Francine Kyaw, division director for physician recruitment for Catholic Health Initiatives' (CHI) Fargo, N.D. operating division in the upper Midwest, "their immigration status and work visas often require them to fill much-needed physician positions in health professional shortage areas or medically underserved areas. Thus recruiting FMGs also supports CHI's diversity and inclusion efforts."

Even though foreign-born doctors are in such high demand, they must go through arduous U.S. training requirements and a complex and often confusing immigration/visa process. All FMGs must also complete an accredited residency training program in the U.S. or Canada, a process that takes at least three years.

The process for getting accepted as a resident in a teaching hospital can be complicated. The roughly 18,000 American medical school students who graduate each year are the first to be allocated slots in the pool of 25,000 residency positions across the country. After every American medical school graduate secures a residency position, the remaining slots, about 6,000 to 8,000, are opened up to FMGs.

"The competition is so fierce that only the top graduates of foreign medical schools have a chance of getting into a U.S. training program," said Greg Siskind, a physician immigration attorney with Siskind Susser in Memphis, Tenn. "It's really not a surprise, then, that when you look at the faculty of the top academic medical centers in the U.S., the doctors are disproportionately foreign-born."

Article #2

# **Basic Tools: Board Exam Options**

### **The issue of ‘board exams’ can be confusing, so let’s look at some definitions and examples.**

## **Licensure Board Exams**

There is an exam which each physician must pass in order to qualify for a state medical license. Osteopathic medical students/physicians take an exam called **COMLEX** (Comprehensive Osteopathic Medical Licensing Examination), which is administered by the NBOME (National Board of Osteopathic Medical Examiners).

Changes are being made in the structure of the examination sequence. In the future a 2-decision point competency-based assessment sequence will be implemented for the osteopathic medical licensure examinations. A two decision point system does not mean two tests.

* Currently, Part 1 is computer-based and taken while in medical school.
* Part 2 is subdivided into two parts—one being computer-based and the second being a hands-on exam. These also are taken during medical school.
* Part 3 is taken after medical school graduation, during residency.

For more information: [http://www.nbome.org/.](http://www.nbome.org/)

Allopathic students take a similar set of board exams, known as **USMLE** (United States Medical Licensing Exam). The knowledge-based parts are taken via computer on roughly the same schedule as COMLEX. There is also a hands-on portion for Part 2—taken during medical school. For more information: [http://www.usmle.org/.](http://www.usmle.org/)

## **Which Board Exams?**

For licensure, an osteopathic physician must have successfully completed all parts of the COMLEX. Some osteopathic students elect to take the USMLE for post-graduate purposes, as some allopathic residency programs will not accept COMLEX to fulfill the board test requirement for application to the residency. Each residency program determines which board scores to accept as well as acceptable scores.

[COMLEX infomation](http://www.nbome.org/comlex-cbt.asp?m=can)

Go back and check out [Managing the Maze](http://www.aacom.org/docs/default-source/career-planning/managing_the_maze2008.ppt?sfvrsn=2) (ppt) for additional information.

(Note: Before viewing Managing the Maze, you must chose 'read only' on the first screen that appears.)

Article #3

# Two Kinds of Physicians: Allopathic and Osteopathic

![[image]]()

There are two kinds of practicing physicians in the United States: allopathic physicians (MD's) and osteopathic physicians (DO's). Both are fully licensed physicians, trained in diagnosing and treating illnesses and disorders, and in providing preventive care.

Osteopathic medicine began as a nineteenth century health reform movement that emphasized preventive care and allowing the body to heal without overuse of medications. In the post-Civil War period in the United States many popular medicines were being used that were toxic. An MD named A.T. Still was concerned about overuse of these medications, and founded a new school of medicine that emphasized preventive care and the integration of the body's systems.

While many of the osteopathic schools still emphasize these principles in their training, in many respects M.D.’s and D.O.’s practice medicine in identical ways today. Like allopathic physicians, osteopathic physicians prescribe medication, perform surgery, and practice in specialty areas. However, osteopathic physicians are trained in some special areas in which allopathic physicians do not receive training. Students at osteopathic medical colleges receive training in Osteopathic Manipulative Treatment (OMT) that MD's do not receive. OMT involves using the hands to diagnose and treat illness or injury (for more information on OMT please consult [this website](http://www.osteopathic.org/osteopathic-health/treatment/Pages/default.aspx)). Osteopathic medicine also emphasizes the integration of the entire body's systems, and many of the osteopathic schools place special emphasis on preventive medicine. DO's fill critical needs in our healthcare system, particularly as primary care providers in rural and underserved areas.

All premed students should educate themselves about both allopathic and osteopathic medicine. If you become an MD one day you will work alongside DO's in many clinical settings, so you should become informed about their training and practice. We recommend that all premed students arrange opportunities to shadow both allopathic and osteopathic physicians, and decide for themselves about which path towards becoming a licensed physician interests them the most. In fact, many students explore both options by applying to both allopathic and osteopathic medical schools, and we recommend that you consider doing so.

For more information on osteopathic medicine please consult [osteopathic.org](http://www.osteopathic.org/).

**Research Assessment #4**

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Students, By. "Basic Tools: Board Exam Options." *Board Exams*. N.p., n.d. Web. 16 Oct. 2016.

"Indiana University Bloomington." Two Kinds of Physicians. N.p., n.d. Web. 16 Oct. 2016.

**Assessment:**

 In the United States, there are an ample amount of opportunities that are available; however, to be able to find a career in the United States from a foreign country is extremely tough. Competition is the driving force to being able to push oneself and achieve a goal. On the contrary, competition is a negative word as it causing high stress levels and a likelihood that the goal will not be achieved due to the thousands of people wishing the same position.  From the web articles I researched, I had gathered that competition can be from all over the globe relying on a single test through different pathways.

 The first document I researched, “Doctors from Abroad”, explained the likelihood for people from abroad getting a careers in the United States, which is around 6,000 out of 24,000 people. This will solve the issue that there will be a lack of physicians in the future years. Consequently when doctors are not available, more people become sick. I will be one of the doctors, so I want to be able to treat most patients that come my way. However due to the concept of competition, I conclude that there is a drive for people to do well on exams and be accustomed to what a doctor needs to do, especially a cardiologist. I will apply this to my life to be able to be grateful for being a citizen in the United States, due to the fact that I will have a higher chance to secure a position in the field I wish to pursue. I will use this to my advantage to be able to have my own practice and hire foreign doctors and perhaps go to a foreign country when I am established to help the students there.

 From the second article, “Basic Tools: Board Exam Options.”, I learned that there are two different pathways to enter into including osteopathic and allopathic treatments. They each have their own testing procedures; however the competitive test itself is very similar. I did not know about this prior to my research because I was mainly familiar of the USMLE for allopathic students. I will use this information because in my future in medical school and residency because there are many requirements I must adhere to regarding if I can go through both pathways, or just one. This will be a noteworthy question to ask my mentor.

 My last document, “Two Kinds of Physicians” explained the different pathways explained from the previous article due to my curiosity. I gathered that osteopathic doctors, DO’s, are more involved in preventive care and help people of different areas and class. This seems like something I would be interested in because it correlates to my goal of saving people, and to be able to receive more experience, is through traveling to different areas and venturing my skills. I will be asking my mentor about this because I want to have an opinion about the most feasible form of achieving my goal. Also, due to the fact that I may be working with many doctors of different pathways of osteopathic and allopathic (MD’s), I wish to learn more about them.

 Overall, I have a goal set for me which is to help people in need, whether it be those living in another country or even those of different financial need. Through the information I have discovered, I will gain more knowledge from my mentor regarding the topics of osteopathic, allopathic, and doctors abroad. I want to use experiences, such as mentor visits, final project making, and more research assessments to better my chances to become a proficient cardiologist working in the professional world.