

ASSEMBLY BILL

No. 1533

Introduced by Assembly Member Mitchell

January 23, 2012

An act to add and repeal Section 2066.5 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 1533, as introduced, Mitchell. Medicine: trainees: international medical graduates.

The Medical Practice Act provides for licensing and regulation of physicians and surgeons by the Medical Board of California and imposes various requirements in that regard. Existing law requires an applicant for a license as a physician and surgeon to successfully complete a specified medical curriculum, a clinical instruction program, and a training program. Existing law provides that nothing in the Medical Practice Act shall be construed to prohibit a foreign medical graduate from engaging in the practice of medicine whenever and wherever required as part of a clinical service program, subject to certain conditions.

This bill, until January 1, 2019, would authorize a clinical instruction pilot program for certain bilingual international medical graduates at the Medical School of the University of California at Los Angeles (UCLA) as part of an existing preresidency training program, at the option of UCLA. The bill would provide that nothing in the Medical Practice Act shall be construed to prohibit a foreign medical graduate participating in the pilot program from engaging in the practice of medicine when required as part of the pilot program. The bill would set forth the requirements for international medical graduates to

participate in the pilot program. The bill would require UCLA to provide the board with the names of the participants and other information. The bill would authorize the board to consider participation in the clinical instruction pilot program as remediation for medical education deficiencies in a participant’s subsequent application for licensure as a physician and surgeon. The bill would request UCLA to report to the board and the Legislature after the pilot program has been operative for 5 years. The bill would make related legislative findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
 2 following:
 3 (a) California needs more Spanish-speaking health professionals.
 4 Although Hispanics represent nearly 39 percent of California’s
 5 population, only 5.2 percent of the state’s physician workforce is
 6 Hispanic. According to the 2010 federal census, an estimated 35
 7 percent of California’s almost 15 million Hispanics reside in
 8 medically underserved areas, compared to 20 percent of the total
 9 population.
 10 (b) California needs more primary care doctors. Each year, there
 11 are approximately 19,500 graduates of medical schools in the
 12 United States who compete in the National Residency Match
 13 Program (NRMP) or “Match” process for one of the 25,000
 14 first-year graduate medical education (GME) positions (residency
 15 training positions). The United States has more GME positions
 16 than United States medical school graduates. As a result, an
 17 estimated 5,500 International Medical Graduates (IMGs) or 20
 18 percent of the total, enter United States residency training each
 19 year. According to the NRMP data for 2011, 94.4 percent of family
 20 medicine residency positions were filled. Because not all positions
 21 were filled, this indicates that there is capacity within existing
 22 programs to accept more IMG residents in family medicine,
 23 provided that these individuals are eligible and well prepared.
 24 (c) IMGs legally residing in the United States can be part of the
 25 solution for California’s shortage of Hispanic physicians. Between
 26 400 to 1,000 unlicensed Hispanic IMG physicians legally reside

1 and work in Southern California. Because they do not have a
2 California medical license, they cannot practice medicine in
3 California. Many work in a variety of roles such as ultrasound
4 technicians, health educators, or interpreters, and a few have
5 retrained as nurses.

6 (d) There is an existing California training resource that is
7 underutilized. Since 2006, the David Geffen School of Medicine
8 at the University of California at Los Angeles (UCLA) has operated
9 an innovative and highly successful program to prepare
10 English-Spanish bilingual, bicultural individuals who have
11 graduated from an accredited medical school outside the United
12 States to enter accredited family medicine programs in California.
13 The UCLA program functions as a preresidency training program.
14 However, because these IMG trainees are neither “medical
15 students” enrolled in the school of medicine (because they have
16 already graduated from medical school in their country), nor
17 “medical residents” enrolled in residency training, these individuals
18 are not currently recognized by state law as trainees who are
19 authorized to engage in “hands on” clinical training, at even the
20 level of a medical student, as part of their course of study. The
21 UCLA IMG program accepts a small number of exceptionally
22 promising bilingual unlicensed Hispanic IMGs who legally reside
23 in California to participate in a program lasting from 4 to 21
24 months, with total time for completion determined by UCLA based
25 upon assessment of qualifications of each program participant. To
26 be eligible for licensure in California, graduates of both foreign
27 medical schools as well as United States medical schools must
28 successfully pass Steps 1 and 2 of the United States Medical
29 Licensing Exam (USMLE). Upon receiving a passing score on
30 these exams, medical school graduates are then eligible to compete
31 for a residency position in one of California’s 30-plus family
32 medicine training programs. Once the three-year family medicine
33 residency training program is completed, these licensed family
34 physicians commit to practice in an underserved community in
35 California for up to three years.

36 SEC. 2. Section 2066.5 is added to the Business and Professions
37 Code, to read:

38 2066.5. (a) The pilot program authorized by this section shall
39 be known and may be cited as the University of California at Los

1 Angeles David Geffen School of Medicine’s International Medical
2 Graduate Pilot Program.

3 (b) Nothing in this chapter shall be construed to prohibit a
4 foreign medical graduate from engaging in the practice of medicine
5 when required as part of the pilot program authorized by this
6 section.

7 (c) There is currently a preresidency training program at the
8 University of California, Los Angeles David Geffen School of
9 Medicine, Department of Family Medicine, hereafter referred to
10 as UCLA, for selected international medical graduates (IMGs).
11 Participation in the pilot program authorized by this section shall
12 be at the option of UCLA. This section authorizes those IMGs,
13 through the new pilot program authorized by this section, to
14 receive, through the existing program, hands-on clinical instruction
15 in the courses specified in subdivision (c) of Section 2089.5. The
16 pilot program, as administered by UCLA, shall include all of the
17 following elements:

18 (1) Each pilot program participant shall have done all of the
19 following:

20 (A) Graduated from a medical school recognized by the Medical
21 Board of California at the time of selection.

22 (B) Taken and passed the United States Medical Licensing
23 Examination Steps 1 and 2 (Clinical Knowledge and Clinical
24 Science).

25 (C) Submitted an application and materials to the Educational
26 Commission for Foreign Medical Graduates.

27 (2) A pilot program participant shall receive all clinical
28 instruction at health care facilities operated by the University of
29 California, Los Angeles, or other approved UCLA designated
30 teaching sites, which shall be hospitals or clinics with either a
31 signed formal affiliation agreement with UCLA or a signed letter
32 of agreement.

33 (3) Participation of a trainee in clinical instruction offered by
34 the pilot program shall not generally exceed 16 weeks. However,
35 at the discretion of UCLA, an additional eight weeks of clinical
36 instruction may be granted. In no event shall a participant receive
37 more than 24 weeks of clinical instruction under the pilot program.

38 (4) The clinical instruction shall be supervised by licensed
39 physicians on faculty at UCLA or faculty affiliated with UCLA

1 as specified in an approved affiliation agreement between UCLA
2 and the affiliated entity.

3 (5) The clinical instruction shall be provided pursuant to written
4 affiliation agreements for clinical instruction of trainees established
5 by UCLA.

6 (6) The supervising faculty shall evaluate each participant on a
7 regular basis and shall document the completion of each aspect of
8 the clinical instruction portion of the program for each participant.

9 (d) UCLA shall provide the board with the names of the
10 participants in the pilot program on an annual basis, or more
11 frequently if necessary to maintain accuracy. Upon a reasonable
12 request of the board, UCLA shall provide additional information
13 such as the courses successfully completed by program participants,
14 the dates of instruction, and other relevant information.

15 (e) Nothing in this section shall be construed to alter the
16 requirements for licensure set forth in Sections 2089 and 2089.5.
17 The board may consider participation in the clinical instruction
18 portion of the pilot program as remediation for medical education
19 deficiencies identified in a participant's application for licensure
20 or authorization for post graduate training should such a deficiency
21 apply to that applicant.

22 (f) After the pilot program has been operative for five years,
23 UCLA is requested to prepare a report for the board and the
24 Legislature. Topics to be addressed in the report shall include the
25 number of participants in the pilot program, the number of
26 participants in the pilot program who were issued physician's and
27 surgeon's certificates by the board, and the potential for retention
28 or expansion of the pilot program.

29 (g) This section shall remain in effect only until January 1, 2019,
30 and as of that date is repealed, unless a later enacted statute, that
31 is enacted before January 1, 2019, deletes or extends that date.