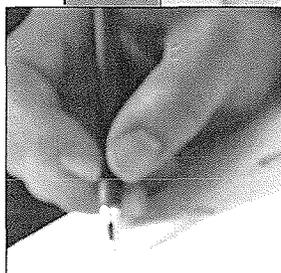
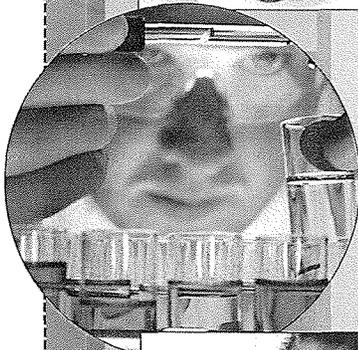
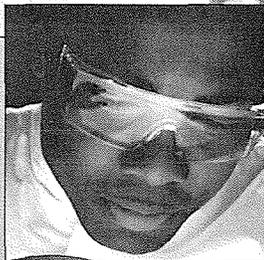


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Encouragement of Licensure in Minnesota of Foreign-Trained Health Care Professionals

— FTHP —

REPORT ON A
PILOT PROJECT

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Report to the Legislature on a Pilot Project to Encourage Licensure in Minnesota of Foreign-Trained Health Care Professionals (FTHP)

Pilot Program Purpose

Minnesota has experienced an extraordinary acceleration in the arrival of refugees and immigrants from Africa, Asia, South America, Eastern Europe and elsewhere. This swift influx of new Americans represents one of the most profound and visible demographic shifts of the past 20 years.

One consequence of this trend is a rapid growth of immigrant populations who – for a variety of cultural, political and historical reasons – may feel confused or threatened in Minnesota’s health care environment. There is a concomitant, and increasingly critical, need for health professionals who understand and speak the languages of these new Americans and can provide culturally sensitive and appropriate care within their new living environments.

Unfortunately, academic, licensing, and employment systems often overwhelm and frustrate health care professionals who received training and licensing in their countries of origin, and who now seek to become licensed in this state. Recognizing the need to help such individuals to navigate through the complicated licensure process, while at the same time providing culturally sensitive staff and improved access to health care, the Minnesota Legislature created a pilot program to encourage licensure of foreign-trained health care professionals.

In 2006, the Minnesota Legislature approved a one-time \$450,000 appropriation from the state’s Workforce Development Fund to fund a pilot project that would encourage the licensure in Minnesota of Foreign-Trained Health Care Professionals (FTHCPs), including physicians, nurses, dentists, pharmacists, veterinarians, and other allied health care professionals (Minnesota Laws 2006, Chapter 282, Article 11, Section 2, Subdivision 12).

The legislation authorized the Commissioner of the Minnesota Department of Employment and Economic Development, in cooperation with Local Workforce Investment Boards, to award grants to health care professionals sufficient to cover the costs of preparing them to take the licensing examinations required to practice their specialties in this state. In making the grants, the Commissioner was expected to consider whether the recipient’s health care training involved a medical specialty in demand in at least one county. The legislation acknowledged that foreign-trained health care professionals provide a natural and largely untapped pool of health care workers throughout the state, especially in rural areas that are not being adequately served. For example, a labor market survey

from the second quarter of 2007 revealed more than 2,500 nursing vacancies statewide with a clear need outside the Twin Cities metropolitan area.

Pilot Program Dates

The program began July 1, 2006 and ended July 31, 2007. Due to the fact that one of the three service providers terminated their involvement in the pilot project, a one-month extension was granted to the two remaining program operators beyond the legislative end date of June 30, 2007 allowing the expenditure of unspent funds.

Pilot Program Deliverers

Initially three pilot program deliverers split the appropriation equally (\$150,000 each). The original pilot program delivers included:

- International Institute of Minnesota, St. Paul
- African and American Friendship Association for Cooperation and Development, St. Paul
- Workforce Development, Inc., Rochester

These three deliverers were chosen because of their experience in working with key constituencies, including the medical community, licensing bodies and communal refugee and immigrant groups. The Ramsey County Workforce Investment Board worked with the International Institute of Minnesota and the African and American Friendship Association for Cooperation and Development. Workforce Development, Inc. was a Workforce Investment Act Workforce Service Area and accordingly worked with its own Workforce Investment Board.

Midway through the pilot year a staffing change at Workforce Development, Inc. caused a shift in that project's focus and resulted in the termination of the organization's participation. The unspent portion of its allocation (\$130,000 of the original \$150,000) was subsequently split between the other two pilot program deliverers. The one month extension in project duration was granted to allow the expenditure of these funds.

Pilot Program Goals

- Meet the licensure needs of FTHCPs;
- Provide guidance to these professionals in preparing to enter the United States health system via a mentorship activity with service learning experience and broader cultural understanding;
- Identify qualified candidates to enroll in the licensure for FTHCPs program;
- Expand access to training/exams/jobs/licensure process;
- Enroll FTHCPs towards advanced licensing in the U.S. medical system;
- Document impact and evaluate outcomes of the program;

- Disseminate program information and data reports;
- Leverage local funds and build measures to sustain the project.

Pilot Program Statistics

The pilot program provided transitional services and resources to participants, enabling them to participate in licensure test preparation. It also offered personal support (i.e., one-on-one counseling and support groups) as participants made their way through the complicated process of becoming health practitioners in Minnesota.

It is difficult to measure a return on investment or a cost/benefit ratio for a project that does not provide direct training but instead creates a supportive environment in which training can take place.

The following data illustrates the types of individuals who inquired/participated in the pilot during the 13 months of operation:

General inquiries about the program from FTHCPs:

- African and American Friendship Association for Cooperation and Development (AAFACD): 97 inquiries
 - 57 Physicians
 - 33 Nurses
 - 3 Pharmacists
 - 2 Physical Therapists
 - 1 Dentist
 - 2 Other
- International Institute of Minnesota (IIM): 147 inquiries
 - 75 Physicians
 - 51 Nurses
 - 7 Pharmacists
 - 1 Physical Therapist
 - 5 Dentists
 - 8 Other

Interviews for the program to ascertain eligibility

- AAFACD: 68
- IIM: 108

Participants' countries of origin

Somalia, Tanzania, Liberia, Sudan, Ethiopia, Benin, Burma (Myanmar), Kenya, Mali, Uzbekistan, Honduras, Cameroon, India, Mexico, Venezuela, Russia, Ukraine, Iran, and Lithuania, Nigeria, Sierra Leone, Lebanon, Vietnam, Romania, Syria, Philippines, Belarus, China, Uganda, Turkey, Bangladesh, Togo, Eritrea, Peru, El Salvador, Nepal, Jordan, Cote D'Ivoire, Columbia, and Chile. Most countries of origin were Liberia and Somalia.

Pilot Program's Training/Examination Preparation

The following data illustrate the number of individuals who were prepared to take licensure preparation, passed the examinations and secured positions. During the program period:

- 99 participants were enrolled at Kaplan for test preparation.
- 12 physicians completed their examinations.
- Nine doctors secured residencies
- Seven doctors and seven nurses were scheduled to sit for their examinations before the end of calendar year 2007.

Pilot Program's English Language Preparation

A number of FTHCPs needed some English language preparation before engaging in licensure preparation. But the vast majority of participants did not need this kind of training because they were fluent in English and came from countries where English was the primary spoken language.

- During the project year, 30 participants completed English for Medical Professionals Studies at the Global Language Institute at the College of St. Scholastica.

Pilot Program's Sustainability

The pilot program is designed to continue beyond the expiration of pilot funding. The following resources will enable the program to continue:

- In June 2006, AAFACD received a grant of \$5,000 from the Headwaters Foundation to develop a Multicultural FTHCP Advocacy Task Force.
- In May 2007, AAFACD received a grant of \$10,000 from the Headwaters Foundation to support the FTHCP Advocacy Project.

- In July 2007, AAFACD received an additional \$35,000 from the Minnesota Department of Employment and Economic Development when Workforce Development, Inc. could not use the funds.
- In October 2007, AAFACD, in collaboration with the Women's Initiative for Self-Empowerment, received a grant of \$168,370 per year for three years from the Ethnic Community Self-Help grant program of the United States Department of Health and Human Services' Office of Refugee Resettlement to support the FTHCP program. AAFACD expects to receive about \$40,000 per year to support the program staff.
- In October 2007, the University of Minnesota's Office of Health Sciences indicated its enthusiasm to work with the International Institute of Minnesota and AAFACD to enhance the program. It has asked the Assistant Vice President for Education in the Health Sciences to begin the coordination process by November 2007.

Pilot Program's Cross-Cultural and Residency Preparation Training

To ensure a successful health care career in Minnesota, FTHCPs must understand how the system works in Minnesota in particular, and in the United States as a whole. Additionally, the state's resident health care community needs to know something about the cultural backgrounds of the FTHCPs. Therefore, as part of this program, AAFACD and the International Institute developed a plan, in collaboration with the Ramsey County Midway WorkForce Center, Imperial Health, and the Center for Cross Cultural Health, to conduct cross-cultural and residency preparation training for FTHCPs. This training was designed to:

- increase cultural competence;
- increase preparedness for residency interviews and placements; and
- increase cultural readiness for medical or nursing practice in the United States medical system.

Barriers Identified in Pilot Program: Physicians

The pilot program identified several barriers that foreign-trained physicians needed to overcome in order to become health care providers in Minnesota.

- There is a lack of financial support for foreign-trained physicians as they prepare for the licensure examinations (as much as \$20,000 to \$30,000) that are intensive and require a great deal of preparation time.
- Foreign-trained physicians often are required to pass English written and spoken examinations, even though many of these individuals went to

school where English was the official language of communication and education. These requirements unnecessarily add time and expense to the licensure process.

- Participants often lack a full understanding of the licensure process, which can induce stress, exacerbate family sacrifice, and create a sense of growing hopelessness as time ticks away with no progress in sight.
- Participants often find it difficult to establish clinical experience within the American health care system, and very difficult to acquire at least three letters of evaluation from American doctors. Without the clinical experience, a foreign-trained physician is likely to experience a delay of at least one year in the licensing process.
- There is a lack of organized clinical experience (externships or internships) that would allow foreign-trained physicians to be more comfortable on the wards when they start practicing.
- There is no organized way of filling family practice residencies, especially in underserved areas of the state.
- There is a lack of a mentoring system enabling health care professionals with experience in the American health care system to help foreign-trained physicians navigate the licensure process.

Lesson Learned in Pilot Program: Physicians

Several lessons for foreign-trained physicians wishing to practice in the United States were learned from operating the pilot program.

- Some foreign-trained physicians need support and encouragement to make progress in preparing for licensure. This may require collaboration with other health care agencies and institutions for auxiliary services.
- These professionals need help in reaching their goals as early as possible. If these individuals work too long in entry level jobs, it is more difficult to make the appropriate transitions.
- There is a need to understand the complexities of diverse cultures and how foreign-trained professionals can work together to achieve goals despite these differences.
- There is a need to educate foreign-trained professionals not to “grasp” at fraudulent web sites, especially offerings from “educational agencies.”

Barriers Identified in Pilot Program: Nurses and Other Medical Professionals

Foreign-trained nurses and other medical professionals also had barriers to overcome in order to practice in Minnesota.

- The credentialing process for nurses via the U. S. Commission on Graduates of Foreign Nurses is long and difficult to understand.
- Nurses arriving from war-torn countries often find it difficult to get transcripts in a timely manner, or even to get a transcript at all.
- Foreign-trained medical professionals often are required to pass English written and spoken examinations, even though many of these individuals went to school where English was the official language of communication and education. These requirements unnecessarily add time and expense to the licensure process.
- There is a lack of needed technical skills including, but not limited to, computer and medical machinery.
- There often is a lack of customized clinical and technical training in the countries of origin, including a practicum in a clinical setting.

Lessons Learned in Pilot Program: Nurses and Other Medical Professionals

The following lessons were learned for nurses and other medical professionals.

- Directing nurses to the licensing process as soon as possible adds to the success rate of passing the requisite tests.
- To get their licenses within a reasonable amount of time, some nurses have applied to Indiana or California to get their credentials accredited and to get permission to sit for their licensure examinations. Once obtaining their Indiana or California licenses, they often apply for their licenses to be transferred to Minnesota to get their licenses in this state. Many of these nurses did not return to Minnesota, representing a loss to the state's medical workforce.

Specific Case Studies Coming from the Pilot Program

A large number of participants were successful health care providers in their countries of origin. When asked about the reasons they came to the United States, the participants gave the following answers:

- Political/economic turmoil in their countries of origin;
- Opportunity to increase one's professional growth; and
- Greater economic opportunity.

The following are some success stories describing FTHCPs who have made the successful transition to practicing medicine in the United States:

- A medical doctor from Burma passed United States Medical Licensing Examination (USMLE) steps 1 and 2 with a scholarship from the International Institute. AAFACD offered her a scholarship to apply for residency positions and attend interviews. The scholarships allowed her to concentrate on her studies without working, thus reducing the time she needed to pass the examinations and to obtain her residency. She obtained her residency in July 2007.
- A medical doctor from Liberia received a scholarship from AAFACD to study for and pay for the USMLE Step 2 examination. The individual passed the examination and is now being supported to pass Step 1. The scholarship enabled the individual to reduce the preparation time to pass the examination.
- A nurse from Cameroon was given a scholarship to study English for Medical Professionals at the Global Language Institute. With assistance from AAFACD, she went through the process of credential evaluation, and now has been granted permission to test by the California Board of Nursing. She has also been given a scholarship to study for her nursing examinations at Kaplan.
- A medical doctor from China received a scholarship from AAFACD allowing her to prepare and sit for the USMLE Step 2 examination. She passed the examination and now is preparing for residency matching and interviews. The scholarship enabled her to concentrate on her studies. AAFACD also enabled her to connect with mentors who helped her prepare her personal statements and for her possible interviews.

Expenditures During the Project Period

- International Institute of Minnesota
Allocation: \$245,000
Expended: \$245,000
- African and American Friendship Association for Cooperation and Development, Inc
Allocation: \$185,000
Expended: \$185,000
- Workforce Development, Inc.
Allocation: \$20,000
Expended: \$20,000