Outside Europe

Sorry, John—try again next year

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Summary

The new legislation affecting foreign medical graduates has placed several obstacles in the path of potential visitors and immigrants to the United States. Now that there is no longer a shortage of doctors in the USA the need for these new laws is clear, but their implementation has been hasty and has allowed no time for planned transition. If further modifications are made, which may well happen, every effort should be made to disseminate information about new requirements as widely and rapidly as possible.

Introduction

Spending a period of training in the USA may benefit the aspiring specialist, but there are several obstacles in the way of prospective visitors. Although the information in a recent article in the *BMJ*¹ on visa requirements for doctors wanting to work in the USA is essentially accurate, it needs amplification. Recent amendments to the Immigration and Nationality Act* have appreciably changed the position for foreign doctors who want to enter the US as temporary visitors or permanent immigrants. Precise information may be difficult to obtain quickly from US embassies and consular offices, and attempts to unravel the complexities of the legislation may cause unnecessary anxiety and frustration. It therefore seems appropriate to outline the background to the changes and describe the present (June 1978) visa requirements for those wanting to visit the USA.

Objectives of the legislation

The main objects of the amendments to existing legislation are to end the USA's liberal admission policy towards alien foreign medical graduates seeking permanent immigration and to restore the exchange visitor (J visa) programme to its original purpose of providing non-immigrant alien medical graduates with a limited period of training which would benefit the individual's home country. The laws are expected to reshape the flow and type of foreign doctors entering the USA, reinforcing a policy of self-sufficiency and setting a higher minimum standard of competence. Alien medical graduates no longer receive preferential admission to the USA because of a shortage of doctors, and the latest provisions also protect the future of specialist training programmes and career structure.

*Title VI of PL 94-484, the Health Professions Educational Assistance Act 1976 (signed into law 12 October 1976) and further modified by PL 95-83 (signed into law 1 August 1977).

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Types of visa

Alien medical graduates may enter the USA as exchange visitors, distinguished visitors, or permanent immigrants.

EXCHANGE VISITORS

J visas are issued to exchange visitors—people who visit the USA on a temporary basis for study, training, teaching, or research. Applicants should have been definitely accepted for graduate medical education or training in programmes offered by medical schools and their affiliated teaching hospitals; they must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG), and they have to have passed the Visa Qualifying Examination (VQE). The visa is issued for two years, with a possibility of extension for a further year, after which the holder must return to his country of origin. Because of this three-year limit, many foreign medical graduates will be excluded from programmes leading to specialist certification unless they have already had some relevant graduate training.

Alien doctors may also enter as exchange visitors to teach or conduct research (including incidental patient care), provided teaching and research activities predominate and their clinical work is under the direct supervision of a licensed medical faculty member. These individuals do not need to pass the VQE.

DISTINGUISHED VISITORS

H visas for distinguished visitors may be obtained on behalf of alien medical graduates of national or international renown in the field of medicine by institutions in America for teaching and research at such institutions. Patient care incidental to research and teaching is allowed. These visas allow temporary residence without restriction and the VQE is not required.

PERMANENT IMMIGRANT VISAS

Applicants must have a job offer, and employers must document efforts to recruit US doctors to that post. They must pass the VQE, and, except for graduates of US and Canadian medical schools, refugees, and specified relatives of US citizens or permanent resident aliens, all applicants must also show competence in oral and written English. Holders of J visas cannot become permanent immigrants without returning to their country of origin for two years.

Visa qualifying examination

The visa qualifying examination is held annually under the joint sponsorship of the National Board of Medical Examiners (NBME) and the Educational Commission for Foreign Medical Graduates (ECFMG) and is considered equivalent to parts I and II of the National Boards of Examination. Neither ECFMG examinations nor Federation Licensing examinations (FLEX) are equivalent for the purposes of the law. Altogether 4608 candidates entered the first VQE in September 1977, and 25% passed. The next VQE will be held on 6 and 7 September 1978 at selected centres throughout the

world. An English language examination must have been passed at the time of application.

English language test

At present candidates must have passed the English language part of an ECFMG examination, taken since January 1977, or the Test of English as a Foreign Language (TOEFL) before they can enter the VQE. These regulations apply even if English is the mother tongue. The TOEFL is held frequently (September, November, February, and May) in many centres throughout the world and information may be obtained by writing to the Educational Testing Service, Princeton, New Jersey, 08540, USA.

ECFMG certification

Foreign medical graduates need ECFMG certification before they can take part in accredited graduate medical education in the United States, and before they can take the licensing examinations of most states. The ECFMG has agreed that passing the VQE will satisfy the medical examination requirement for its certification. To obtain ECFMG certification the foreign medical graduate must also furnish proof that he has successfully completed the full medical curriculum at a prescribed medical school and has obtained an unrestricted licence or certificate of registration to practise medicine in the country in which he received his medical education. Thus, ECFMG certification requires credentials beyond those required for VQE; the ECFMG will, however, continue to administer its own examination each year in January and July for doctors who may be exempt from the requirements of the new immigration laws.

Medical licence

Alien medical graduates accepted into graduate training programmes may practise clinically on an institutional licence. But a person occupying a faculty position (instructor, assistant professor) will need his own licence, which has to be obtained from the state in which he is practising. This requires considerable paperwork and necessitates taking the FLEX in that state.

Advice to potential travellers

Prospective travellers should plan well in advance of their proposed trip, as it may take many months to complete the new requirements and collect the necessary documents. They should obtain a clear statement of their position and proposed activities from their employer. It is worth while enlisting the help of somebody conversant with the intricacies of the new legislation at an early stage. Many institutes in the US employ administrative staff who are experts on international relations and immigration, and their advice is invaluable. US embassy and the ECFMG should be contacted for the most up-to-date information on entry requirements.

Reference

- ¹ Young, A E, *British Medical Journal*, 1977, **2**, 1642.

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Contemporary Themes

Delivery of wheelchairs to disabled children

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Summary and conclusions

In a follow-up study from a children's wheelchair clinic the delivery times for 120 wheelchairs ordered during 1973-7 were analysed. Delivery delays were considerable: only 22 of the 120 chairs were delivered within one month and 69 within three months, while 21 took over six months to arrive. Factors such as the type of chair ordered, the need for modifications, and the centre handling the transaction did not influence delivery time. Administrative delays may be an important contributory factor.

Introduction

In 1972 we reported our first year's experiences of a children's wheelchair clinic.¹ The clinic has continued, and subsequent experience confirms all that we reported earlier. A wheelchair is an important part of the life of a disabled child. It should be prescribed carefully and supplied with appropriate accessories and modifications. It should also be supplied promptly so that it can be used before the child grows or some change in his disorder alters his requirements. During 1971 chairs were not delivered promptly, only a quarter being provided within three months. During 1977 more than half of the chairs were delivered within three months. As there is still room for improvement in delivering wheelchairs to disabled children, we examined factors influencing delays in deliveries to our clinic during 1973-7.

Methods

A record is kept of every wheelchair transaction. The delivery time is the interval between dispatch of the completed prescription and arrival of the chair. We did not include commercial and privately purchased chairs in the analysis or simple baby buggies and major

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