

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 12.2019-19
(A-20)**

Introduced by: Kamal Kishore, MD, ISMS Member

Subject: Reciprocity for International Medical Graduates

Referred to: Council on Education & Health Workforce

1 Whereas, there is a shortage of medical providers all over Illinois; and

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3 Whereas, this shortage is particularly marked in downstate Illinois communities;
4 and

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6 Whereas, most rural health care facilities are struggling to fill physician
7 positions; and

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9 Whereas, International Medical Graduates (IMGs) represent a potential source of
10 physicians to ameliorate this shortage; and

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12 Whereas, obtaining IL license to practice medicine currently requires details of
13 clinical rotations directly from an applicant’s medical school; and

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15 Whereas, such requirement is particularly burdensome for IMGs due to multiple
16 factors, including but not limited to 1. Poor record keeping in their medical schools; 2.
17 Medical schools shutting down; 3. Medical school being located in conflicted zones etc.;
18 and

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20 Whereas, details of such clinical rotation have no bearing on the competence of
21 a candidate; and

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23 Whereas, such competence can be verified by other sources such as board
24 certification and maintenance of certification (MOC) in a candidate’s specialty;
25 therefore, be it

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27 RESOLVED, that ISMS should lobby to initiate reciprocity for IMGs holding a
28 valid license in another state who are board certified and have met requirements for
29 MOC in their specialties.

Fiscal Note:

N/A

Existing ISMS policy related to this issue:

ISMS supports the concept of a single pathway examination for both U.S. and international medical graduates. The Society recognizes the right and responsibility of states and territories to determine the qualifications of individuals applying for licensure to practice medicine within their respective jurisdictions. (HOD 1989; Last BOT Review 2011)

Any United States or alien graduate of a foreign health professional education program must, as a requirement for entry into graduate education and/or practice in the United States, demonstrate entry-level competence equivalent to that required of graduates of United States' programs. Agencies recognized to license or certify health professionals in the United States should have mechanisms to evaluate the entry-level competence of graduates of foreign health professional programs. The level of competence and the means used to assess it should be the same or equivalent to those required of graduates of U.S. accredited programs. (2) All health care facilities, including governmental facilities, should adhere to the same or equivalent licensing and credentialing requirements in their employment practices. (HOD 2003; Last BOT Review 2013)