

Postgraduate Medical Training in the United States ; A Status Report on Obstacles

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การที่จะเดินทางไปศึกษา ฝึกอบรมหรือดูงานในสาขาทางแพทย์ในประเทศ
สหรัฐอเมริกาของแพทย์ มักจะมีปัญหาเกี่ยวกับเรื่องการขอวีซ่าอยู่เสมอ ผู้เขียนใน
ฐานะที่เคยให้คำปรึกษาแนะนำเกี่ยวกับปัญหาวีซ่าของแพทย์ผู้ที่จะเดินทางเข้าไปศึกษา
ต่อ ณ ประเทศสหรัฐอเมริกาเสมอ จึงได้รวบรวมปัญหาและข้อแนะนำสำหรับแพทย์
ไทย ผู้ที่เตรียมจะเดินทางไปศึกษา ฝึกอบรม หรือดูงานในประเทศสหรัฐอเมริกาตาม
กฎหมายที่ใช้อยู่ในปัจจุบัน แพทย์ผู้ที่จะไปตั้งถิ่นฐาน ไปศึกษา ฝึกอบรม และดูงาน
ทางคลินิกในประเทศสหรัฐอเมริกาจำเป็นต้องผ่านการทดสอบ VQE (*Visa Qualify-
ing Examination*) เสียก่อนจึงจะขอวีซ่าได้ VQE นี้ยังไม่มีสอบในประเทศไทย

ในกรณีที่แพทย์ผู้ผ่านการฝึกอบรมเฉพาะทางในประเทศไทยได้รับทุนให้ไป
ศึกษาต่อ หรือฝึกอบรมจากรัฐบาลหรือมหาวิทยาลัยของรัฐ และไม่ประสงค์จะรับ
เงินเดือนเป็นค่าตอบแทนจากสถาบันที่จะไปศึกษาต่อในประเทศสหรัฐอเมริกา และไม่
จำเป็นต้องรับผิดชอบดูแลรักษาผู้ป่วย โดยต้องได้รับคำยินยอมจากสถาบันที่จะไป
ฝึกอบรมหรือศึกษาต่อ พร้อมทั้งหนังสือรับรองจากหัวหน้าหน่วยงานที่สังกัดอยู่และ
กระทรวงการต่างประเทศ สามารถที่จะขอวีซ่าแบบชั่วคราว (*J visa*) ได้โดยไม่
จำเป็นต้องผ่านการทดสอบ VQE และจะต้องกลับประเทศไทยทันทีหลังจากการฝึกอบรม
สิ้นสุดลง แพทย์อีกประเภทที่ได้รับการยกเว้นไม่ต้องสอบ VQE คือแพทย์ผู้ที่ได้รับ

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ใบอนุญาตประกอบโรคศิลปถาวรของประเทศสหรัฐอเมริกา ก่อน วันที่ 9 มกราคม พ.ศ. 2521 สามารถที่จะเข้าประเทศสหรัฐอเมริกาได้ด้วยวีซ่าแบบ J หรือ *immigrant* ในปัจจุบันการศึกษาหลังปริญญาสำหรับแพทย์ เพื่อเป็นแพทย์เฉพาะทาง ในประเทศไทยมีการฝึกอบรมได้เป็นอย่างดีและเป็นที่ยอมรับทั่วไป ความต้องการสำหรับประเทศไทยในการศึกษาต่อยังต่างประเทศ สำหรับแพทย์คือการศึกษาต่อเนื่องใน *sub-specialty, technical* และเทคนิคในการวิจัย ดังนั้นแพทย์ที่ผ่านการอบรมในประเทศไทย ควรจะได้พยายามรีบสอบ VQE ภายหลังจากจบการศึกษาใหม่ ๆ เพื่อกันการลี้ภัยวิทยาศาสตร์ การแพทย์พื้นฐาน เพื่อที่จะได้เดินทางไปศึกษาต่อยังประเทศสหรัฐอเมริกาได้สะดวก เมื่อต้องการ

This author is frequently contacted for advice concerning visa problems of Thai physicians who wish to obtain postgraduate training in the United States. New immigration laws, an over-supply of newly graduated doctors in the United States, and some confusion concerning new government regulations seem to have complicated this issue. I have made some efforts to try and understand these problems and would like to share this knowledge.

In years past it was relatively simple for a doctor to immigrate to or obtain an exchange visitor's visa for the United States after he/she passed the ECFMG examination and obtained a training or employment contract from an approved hospital.

A recent congressional law (1) requires that all foreign physicians who wish to have clinical training in the US or to immigrate there, must first pass the Visa Qualifying Examination (VQE) before an American Consular Officer can issue them a "J" visa (training under an inter-

national visitor's program) or Immigrant visa. Their status is furthermore subject to final review by the immigration officer at the point of entry into the U.S. He can refuse them entry if all provisions of the law have not been complied with.

I shall try to define some of the terms frequently used when discussing postgraduate training in the U.S. :

Approved Hospital: A hospital or institution approved for postgraduate training by a Council organized by the American Medical Association and various specialist societies.

Internship: A one year clinical training program usually taken immediately after graduation from medical school, which is required before a license to practice medicine can be granted. An intern is an employee and receives a salary.

Medical License: This is granted by each of the fifty individual states in the U.S. Some are reciprocal by agreement between individual states. Passing

of a licensing examination (National Boards, FLEX, etc.) is required for the first state license. Some states require a license before a doctor can enter residency training. Some states issue special limited or temporary licenses for residents.

Residency Training: This is a period of time (it varies with different specialties) spent in an approved teaching hospital with increasing levels of patient-care responsibility before the doctor becomes eligible to take the respective Specialty Board Examination. Resident training varies from 2 years in Pediatrics, 3 in Internal Medicine, to 4 in General Surgery. A resident physician receives a salary and is a hospital employee.

Fellowship Training: This is similar to resident training, but the term is usually reserved for subspecialty training. Hematology (subspecialty of General Internal Medicine), and Vascular Surgery (subspecialty of General Surgery) are examples. The trainee has increasing levels of clinical responsibility for patients. He is either a hospital or University employee and is paid a salary.

Specialty Board Diploma: This is granted by the various Specialty Boards after a prescribed training program as an intern, resident and/or fellow, and after passing a rather comprehensive written examination.

Postgraduate Medical Degree: Some American medical colleges grant advanced degrees in medical subjects to individuals who have taken extensive postgraduate training, passed an examination and

written a thesis. These can be M.S., Ph.D. or D.Sc. degrees and usually state the medical field in which they have been granted. They used to be given by some universities (Minnesota, Pennsylvania) in Surgery, Obstetrics and other fields at a time when the respective Specialty Boards required American citizenship before a resident could sit for their examination. The universities felt that a qualified foreign doctor, who had completed residency training and an examination, should be able to return home with some form of documentation equivalent to the Specialty Board Diploma. All Specialty Boards have now repealed the citizenship requirement.

FLEX (Federation of Licensing Board Examination): This standardized examination is given by most US States and is recognized by virtually all State Boards of Medical Examiners which grant medical licences. It is similar to the National Board Examination which is taken by all US medical school graduates after completion of their medical education.

Visa Qualifying Examination (VQE): This new examination is an abbreviated National Board Examination given abroad, and is required of all foreign doctors who wish to enter the US for clinical training under an international visitor's program (J-Visa) or as immigrants. It was designed at the request of the American Congress to reduce the flow of foreign doctors into the country. It is given once yearly at various centers abroad, and an *effort will be made to*

have the VQE made available in Bangkok.* The examination consists of one basic science and one clinical knowledge day and is impossible to pass without a good understanding of English.

Applications for admission to this examination should be sent to the *Educational Commission for Foreign Medical Graduates, 3624 Market Street, Philadelphia, PA 19104.*

ECFMG: This is the old, rather easy examination which had to be taken by all foreign medical graduates in years past.** The Council, which administers this examination, also functions as a screening and coordinating body and administers the VQE. It issues the IAP-66 form for the American Consul after a candidate passes the VQE. This form is needed before a visa can be issued.

What then are the pathways which Thai doctors will have to follow in order to continue with additional clinical training in the U.S. :

I. The case of a physician who wishes to immigrate to the US:

He/she should take the VQE examination soon after completing medical school. It gets harder later when he/she has forgotten basic sciences. He/she should write to the *Educational Council for Foreign Medical Graduates, 3624 Market Street, Philadelphia, Pennsylvania, 19104* or *Cable EQ Council, Philadelphia, Pennsylvania, via Telex 710-670-1020.* The American Consul will discuss the other requirements for an immigrant visa with the applicant.

II. The case of a locally trained specialist who wishes to take clinical training (residency or fellowship) in the US :

He/she should follow the same procedure as in I except he/she will be applying for a "J" (non-immigrant) visa.

III. A physician who has completed his specialty training here and is a Thai Government or university official sponsored by the Thai Government, and who will not receive any salary during his training period in the US, and who is going for special, non-patient-care involved training, or as an observer or graduate university student (without patient-care responsibility) :

He/she should obtain a letter of acceptance from the institution where he/she is going. This letter must clearly state that the student is not going to be directly responsible for patient care, and that he/she will not be paid a salary. Letters of sponsorship by his/her dean or director of service and the Thai Foreign Ministry will also be required. The IAP-66 should then be issued by the US training institution and must again state that the doctor will either be a graduate student, observer or trainee without patient-care responsibility and that the training will not count towards American Specialty Board certification. He/she can then apply for a "J" (Non-immigrant) Visa. He/she must also convince the US Consul and the US Immigration Inspector at the point of entry that he/she intends to return to Thailand after completion of the course

* We have been assured that the examination will indeed be given at Bangkok 1984.

** This examination will be abolished after 1983.

and that there is no intent of circumventing the VQE Law.

IV. The only clear exception to the VQE rule is for a physician who was fully and permanently licensed and practicing medicine in an American State on January 9, 1978. Such a doctor may be able to reenter the US on a "J" or Immigrant Visa without first passing the VQE. *Individuals who hold advanced medical degrees from an accredited American Medical College (M.S., Ph.D. D.Sc.) may also be exempt from the VQE requirement since they are "graduates of an American Medical College".*

This entire matter is rather confusing and some legislation may be in preparation to clarify and simplify existing problems (2, 3, 4). In the meantime, it is important for any doctor who is going to the US with intent to enter a training program, to know that the final authority to grant or deny entry does not lie with the American Consul abroad, but with the Immigration Inspector at the point of entry. It is therefore quite possible that a doctor could be denied entry even though he/she has a valid visitor's or business visa if the Immigration Inspector suspects that it is his/her intent to circumvent the VQE.

Postgraduate medical education in the United States for Thai physicians is, however, still possible in spite of all these obstacles. It has become more difficult by an 87 percent increase in the number of American medical college graduates since 1970. (3, 4). These new doctors now compete for training posi-

tions, the number of which has actually decreased (3). Changes have been made in immigration laws which require passing of a difficult examination which is virtually identical to that of the "National Board of Medical Examiners", which all American graduates take at the end of Medical College (1).

Thai medicine has, however, not stood still in the meantime and excellent residency programs in virtually all major medical specialties have been developed in this country. Quality standards in the form of Specialty Board examinations have also been established. The need of Thai medicine in the next decades will be mostly for subspecialty, technical and research training in a few advanced fields and techniques. Therefore, it makes sense to encourage promising future academicians to take the VQE examination in order to simplify their entry into American clinical postgraduate programs in the event they later decide to compete for advanced training in the United States.

The author has been privileged to observe the emergence of Thai Medicine to preeminence in South Asia within a little more than one decade. Bangkok has become the medical referral center for American government employees, most Western diplomatic missions, and international agencies and business personnel from a large region. This region now includes Pakistan, India, Sri Lanka, Burma, Laos, Nepal, Vietnam and Malaysia. The preeminence of Thai medicine is not only due to the many specialists

who have returned here to teach and practice, but also to the free enterprise system in health care which has encouraged private investment in this sector. The high social status of the nurse in Thailand and good nursing training programs have been a tremendous asset as well. Many of the medical returnees have sprouted excellent local postgraduate training programs and have also maintained close personal contacts with their "Alma Maters" abroad, where their students and young staff have found positions for otherwise difficult to obtain sub-specialty training. Such transoceanic personal contacts must be maintained

and widened in the future.

The fact that Thai medical students have, until recently, been brought up on a diet of Anglo-American textbooks and journals has also helped to develop and maintain the international outlook of Thai medicine. The author views with alarm recent efforts to replace internationally recognized textbooks in medical sciences with locally written books in Thai. English skills will have to be maintained and improved among Thai medical students and junior staffs if they are to remain competitive in the increasingly stiff international market for postgraduate training slots.

อ้างอิง

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