

REFUGEEWORKS GUIDE

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OPPORTUNITIES FOR REFUGEE PHYSICIANS AND NURSES

By Linda Rabben

INTRODUCTION

Tens of thousands of refugees, asylees, Cuban/Haitian entrants and victims of human trafficking resettle in the United States every year. In FY 2008 alone, 60,279 refugees were resettled by 10 national voluntary agencies. All make lives for themselves in cities, towns and suburbs across the country, and all strive for the same things: freedom and opportunity. Many of these newcomers bring a few reminders of home, their families if they are lucky, and their past experience. This experience is vast and varied. Now more than ever, most resettlement agencies are greeting individuals at the airport who are physicians, lawyers, teachers, professional interpreters, engineers, and so on.

In a recent survey conducted by RefugeeWorks, at least 74 percent of resettlement agencies around the country had one or more physicians in their caseload. About 25 clients per agency are seeking recertification in their previous occupation. These people represent an enormous amount of human capital. However, the issue for many of these new Americans is that they do not know how to navigate the employment and advancement systems in place in their particular profession. How does a teacher from Nepal obtain a job in education? How does a doctor from Iraq get into the medical field?

To answer these questions and others, RefugeeWorks has created a series of in-depth guides that can be used to help newcomers regain their professional career. The first of the series focused on engineering, the second on teaching. This guide is about the medical and nursing professions: the structure and future of these professions, the skills, credentials and training needed to enter these lines of work—and most important, how to find employment as a physician or nurse.

If you are someone who is working in the field of refugee resettlement, we urge you to use this research to help your clients navigate what can sometimes be a perplexing road to regaining entry into a particular profession. If you are a new American seeking to use your skills in your chosen occupation, we hope this guide will make your journey a littler easier.

Jonathan Lucus
National Coordinator, RefugeeWorks

1. A REFUGEE PHYSICIAN AND NURSE IN THE UNITED STATES

Omar, 32, is a surgeon. Because he worked for a U.S. company in Iraq he received written death threats and a bullet in the mail in 2004. The same day he and his wife fled to Jordan, where they were not allowed to work legally. It took more than three years for the UNHCR to arrange for them to come to the United States as refugees. Meanwhile they had a daughter who is now three years old.

Omar's English is excellent because he lived in the UK as a child, while his father was studying there. His brother lives in the UK, but Omar decided not to move there because it is so expensive. After arrival in the United States both Omar and his wife, Noor, 30, an obstetrician-gynecologist, started looking for work but could find nothing. Noor stopped searching for jobs to care for their daughter and her mother, who is with them. When he applies for jobs Omar is told there are no vacancies or he cannot be considered because he has no U.S. work experience. He knows that financial and psychological support is crucial to ensure that he can prepare to practice medicine in the United States. He plans to continue studying six to eight hours per day for qualifying exams once he gets paid work.

Angela was a registered nurse for almost 20 years in a South American university hospital, where she won awards for excellence. But in 2006 she had to flee civil conflict in her country and come to the United States. While awaiting a decision on her asylum petition she studied English and worked as a babysitter, then as a library assistant. After receiving asylum in 2008 she decided to try to requalify as an RN. With advice and help from the Welcome Back Initiative in San Francisco she took a course to be a certified nursing assistant (CNA); then she applied for evaluation of her home-country credentials so she could become a licensed vocational nurse (LVN). Now she is preparing to take the TOEFL and NCLEX-RN exams while working part-time as a home caregiver

and volunteering at a hospital. She studies for the exams six to eight hours per day and is especially keen on learning critical-thinking skills, which were not stressed in her home country.

Volunteering in the hospital’s emergency and recovery rooms two days a week is a good experience, she says, because it gives her opportunities to help patients, meet colleagues, develop her skills and speak English. At age 47 Angela is so determined to reclaim her professional identity as a nurse that she turns down social invitations from friends because they insist on speaking Spanish. She hopes to take the qualifying exams later this year.

2. THE MEDICAL AND NURSING PROFESSIONS

Physicians and nurses care for patients in a variety of settings—private offices or group practices, healthcare maintenance organizations (HMOs), hospitals and clinics. Physicians diagnose illness, prescribe medications and administer treatment. In the USA two types of physicians are in practice: medical doctors (MDs) and osteopaths (DOs). According to the U.S. Bureau of Labor Statistics (BLS), MDs work in a large variety of specialties, including anesthesiology, family medicine, pediatrics, psychiatry and surgery, while osteopaths “place special emphasis on the body’s musculoskeletal system, preventive medicine and holistic care.”¹ More than one-third of physicians worked 60 hours or more per week in 2006. Earnings are high, ranging from \$137,000 for family practitioners to \$322,000 for experienced anesthesiologists. Self-employed physicians earn more than salaried doctors, but they must pay for their own medical insurance and retirement.

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One-hundred-forty-six medical schools operate in the United States—126 train MDs and 20 train

DOs. Most medical school programs are on the postgraduate level and last four years. A few medical schools offer combined undergraduate and graduate-level programs lasting six years. More than 80 percent of MDs graduate from medical school with debts of hundreds of thousands of dollars.

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Nurses treat patients, educate patients and the public, and provide advice and support to patients and their families. They record histories and symptoms, help perform diagnostic tests, analyze test results, operate machines, administer treatment and medications and help with follow-up and rehabilitation. In most states nurse practitioners prescribe medications. Some nurses run health screening or immunization clinics, blood drives and health seminars. Like physicians, they may specialize in a variety of areas, including critical care, occupational health, radiology and ambulatory care. They work in healthcare facilities, offices, schools and other venues. More than 20 percent of nurses worked part-time in 2006, and 7 percent had more than one job. Nursing programs are expensive, but because of the perceived shortage of nurses, many schools offer scholarships and other forms of financial assistance to encourage enrollment.

Nurses may seek an RN, LVN or LPN (licensed practical nurse) qualification. An RN requires more training and has more responsibilities than an LVN or LPN. Many nurses earn bachelor’s degrees. In 2006 there were 709 college programs offering BSN (bachelor of science in nursing) degrees; 629 programs offered RN-to-BSN training. Eight-hundred-fifty community college programs offered the ADN (associate degree in nursing). Seventy programs in hospitals granted nursing diplomas after three years of study. In 2006, 342 programs offered MSN (master of science in nursing) and PhD degrees at university nursing schools. There were 197 accelerated BSN programs, lasting 12 to 18 months. (For detailed information about the great variety of

nursing educational programs and their advantages and disadvantages, see BLS, *Occupational Outlook Handbook*.)

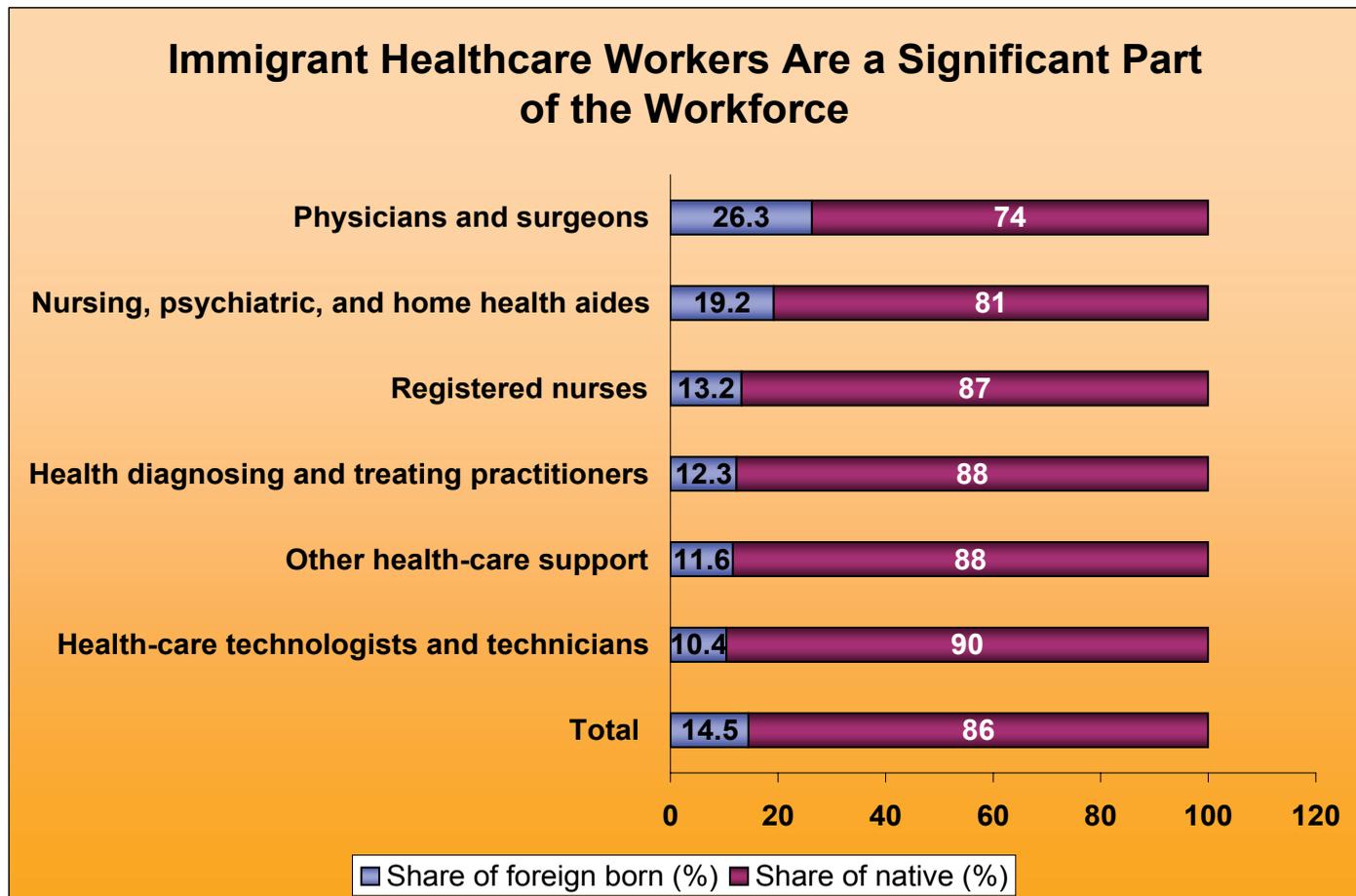
Twenty-four medical and 18 osteopathic specialty boards provide certification to those who serve one- or two-year residencies in those specialties and then pass certain tests and peer evaluations. Professional medical and nursing societies and associations provide a variety of services and credentials to members. Only about 30 percent of physicians are members of the American Medical Association, although many join professional specialty societies. Some 180,000 RNs (out of 2.5 million) are members of the American Nurses Association.

3. WORKFORCE COMPOSITION

In 2006 some 633,000 physicians and surgeons were employed in the United States. Forty percent worked in primary care and 60 percent were in

specialties. About half of salaried physicians worked in offices, 18 percent in hospitals. Others were employed by federal, state and local governments, public and private colleges, universities and professional schools, and outpatient care centers. According to the American Medical Association, New England and Mid-Atlantic states have the highest ratio of physicians to population; South Central and Mountain states have the lowest. DOs are more likely to practice in small cities, towns and rural areas, while MDs tend to work in urban areas, near hospitals and educational centers.

Registered nurses comprise the largest healthcare occupation; in 2006 they held 2.5 million jobs, 59 percent of which were in hospitals. Eight percent of nurses worked in medical offices, 5 percent for home healthcare services, 5 percent in nursing care facilities, 4 percent for employment services and 3 percent in outpatient care centers. Twenty-one percent worked



Source: Migration Policy Institute, 2007, <http://tinyurl.com/2tlbox>

in government agencies, social assistance agencies and educational services. (Because some nurses hold more than one job, these figures add up to more than 100 percent.)

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Both the medical and the nursing professions are experiencing shortages as baby boomers age and retire. A 2008 study by the Maryland Department of Health and Mental Hygiene found that 9.9 percent of physicians in the state are over 65, and 33.4 percent are over 55. Twenty-five percent of surgeons are 60 or older. Shortages of primary care physicians and general surgeons are especially notable, perhaps because they work long hours and earn less than specialists. According to Nurses International, in 2010 about 40 percent of all working RNs will be over 50. Most of the 100,000 nurses recently hired to address shortages around the country are also over 50. Qualified applicants are turned away from nursing schools because of a shortage of faculty.

4. THE FUTURE OF THE MEDICAL AND NURSING PROFESSIONS

According to the BLS, “Employment of physicians and surgeons is expected to grow faster than the average for all occupations. Job opportunities should be very good, especially for physicians and surgeons willing to practice in specialties—including family practice, internal medicine and OB/GYN—or in rural and low-income areas where there is a perceived shortage of medical practitioners.” Employment of physicians is expected to grow by 14 percent, to 723,000, by 2016; but increasing reliance on other healthcare professionals, such as physician assistants, nurse practitioners and optometrists, may affect the demand for physicians.

Medical schools are likely to expand programs and hospitals may increase the number of residencies in coming years, but lengthy training means that the

increase in physicians will be gradual. Experienced doctors may work more, delay retirement, increase their productivity and use additional support staff. New physicians are less likely to practice solo and more likely to work in group practices, clinics and health networks.

The BLS reported that “employment of registered nurses is expected to grow 23 percent from 2006 to 2016, much faster than the average for all occupations.” However, fastest employment growth for nurses will take place not in hospitals but in physicians’ offices (39 percent), home healthcare services (39 percent) and outpatient care centers (34 percent). Nurses with advanced degrees and training are likely to have greater opportunities, more responsibilities and more rewarding jobs as nurse practitioners, clinical nurse specialists, nurse anesthetists and nurse-midwives.

5. SKILLS, TRAINING, CREDENTIALS

The BLS sums up the skills of physicians well: They “must have a desire to serve patients, be self-motivated, and be able to survive the pressures and long hours of medical education and practice. Physicians also must have a good bedside manner, emotional stability and the ability to make decisions in emergencies. [They] must be willing to study through their career to keep up with medical advances.”

Nurses, the BLS says, “should be caring, sympathetic, responsible and detail oriented. They must be able to direct or supervise others, correctly assess patients’ conditions and determine when consultation is required. They need emotional stability to cope with human suffering, emergencies and other stresses.”

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In the United States it customarily takes eight years beyond high school to earn a medical degree—four years at a college or university and four years of medical school. After graduation MDs spend three to eight years gaining clinical experience in internships and residencies. Residency is paid, on-the-job training under supervision, usually in a teaching hospital. In most states foreign medical graduates (FMGs) must serve a residency to obtain licensure. DOs serve a 12-month internship after graduation and then a two- to six-year residency. For board certification in their specialty MDs must pass an examination in the specialty or practice for one to two years after the residency.

A lack of residency placements for FMGs may be the greatest obstacle to their licensure in the United States. Other barriers include:

- the difficulty and expense of presenting required diplomas and transcripts for evaluation;
- the expense of qualifying exams;
- limited English proficiency;
- unfamiliarity with American medical culture;
- the difficulty of studying for exams, especially if the FMG is working at full- or part-time subsistence jobs;
- the expense of preparatory materials and courses at Kaplan and other online institutions.

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The U.S. Office of Refugee Resettlement funds the Individual Development Account program, through which nonprofit organizations in 18 states accept applications from refugee physicians and nurses who need financial assistance to pay certification, evaluation and examination fees. Costs for physicians to register with the ECFMG and take all of the USMLEs ranged from \$3,325 to \$3,475 in 2009. Fees for nurses to take the CGFNS and NCLEX-RN examinations totaled \$618 in 2009. IDA grants provide a maximum of \$2,000 per individual or \$4,000 per household.

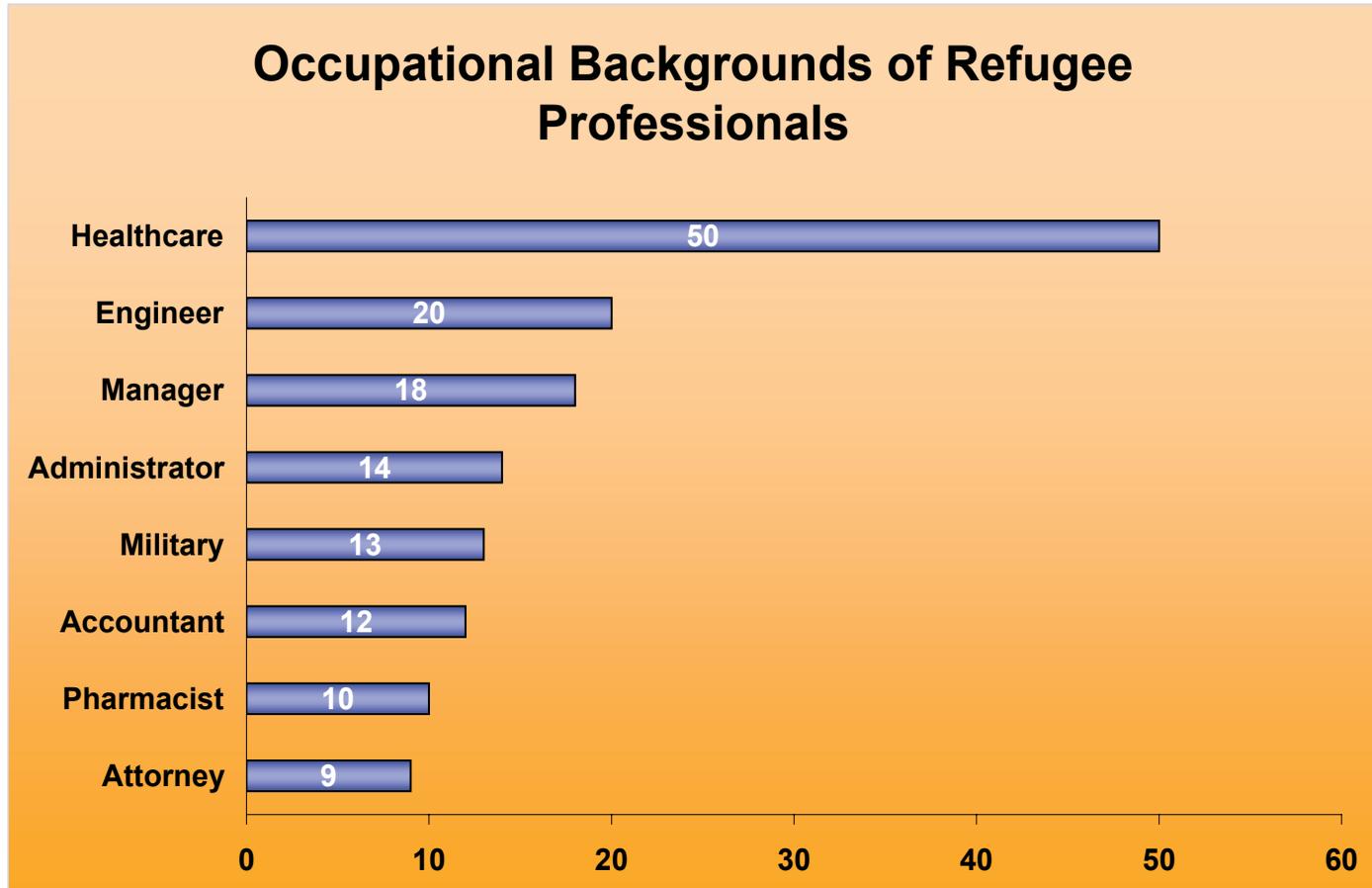
Federal funding is available through medical and nursing schools for special scholarship and research programs benefiting minority students and students “from disadvantaged backgrounds.” Sources include the Health Careers Opportunity Program, Centers of Excellence in Minority Health Profession Education, Minority Access to Research Careers, the Minority Biomedical Research Support Program and the National Institutes of Health Summer Internship and Clinical Electives Programs. Permanent resident status is required for students to be eligible for these programs.

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Some RNs start as LPNs, LVNs or nursing aides and then enter a diploma program. ADN programs for nurses last two to three years; BSN programs last four years. Accelerated MSN programs last 12 to 18 months, and regular MSN programs last two years. Some MSN programs also require one to two years’ clinical experience in hospitals, nursing care facilities, public health departments, home health agencies or ambulatory clinics. The length of nursing PhD programs varies.

All 50 states and the District of Columbia require physicians and nurses to be licensed. State medical and nursing boards confer licenses and determine requirements for licensure, which vary from state to state. In most states physicians and nurses must graduate from an accredited program, pass one or more qualifying examinations and have clinical experience in the United States to obtain a license. An internationally eminent physician may be able to bypass some licensure requirements and obtain a provisional license in some states.

According to the BLS, FMGs “generally can qualify for licensure after passing an exam and completing a U.S. residency.” In addition FMGs usually must obtain Educational Commission on Foreign Medical Graduates (ECFMG) certification, which includes evaluation of home-country credentials. About half of



Source: RefugeeWorks Employment Survey, 2009

FMGs who apply for certification finish the process; the ECFMG receives 40,000 applications per year. FMGs must register with ECFMG to apply for the U.S. Medical Licensing Examination (USMLE) and to enter a residency program recognized by the Accreditation Council for Graduate Medical Education (ACGME). Only students who attended medical schools listed in the *International Medical Education Directory* are eligible to apply for ECFMG certification. FMGs who graduated from a medical school during a year when it was not accredited may not obtain ECFMG certification. For more information visit www.ecfm.org.

Three USMLE exams must be taken within a set number of years. Step 1 covers medical sciences; Step 2, clinical sciences; Step 3, care delivery. If the applicant fails any step, he or she must pay to take it again. Further information is available at www.usmle.org.

FMGs apply for residencies the same way other medical graduates do: through the Electronic Residency Application Service (ERAS). ERAS receives applications, letters of recommendation, Medical Student Performance Evaluations, transcripts and other supporting materials and forwards them to residency program directors. Each residency application costs \$25 to submit, but FMGs generally apply to and visit many programs. As a result, residency application fees and travel expenses can cost thousands of dollars.

Very few programs exist to retrain FMGs to practice medicine in the United States. UCLA's International Medical Graduate Program provides pre-residency training for native Spanish-speakers to become board-certified California physicians. The program gives educational stipends to help offset the costs of full-time study. For detailed information about this unique program, IMGs

should consult its Web site, http://fm.mednet.ucla.edu/IMG/img_program.asp.

Special retraining programs for foreign nursing graduates (FNGs) are available at community colleges and universities around the country. Some are free, and others offer reduced tuition fees. For example, Welcome Back Centers, which offer vocational English, cultural orientation and exam-preparation courses, job placement and other services, are operating in California, Massachusetts, Maryland, Rhode Island, Texas and Washington state. The one-year Workforce Improvement with Immigrant Nurses (WIIN) program in Oregon offers refresher courses in nursing and other subjects. The Service Employees International Union operates a program that assists foreign-born RNs and MDs to obtain BSN degrees in New York City. In Minnesota the Integrating Foreign Trained Healthcare Professionals for Self-Sufficiency (IFTHPSS) program is sponsored by the African and American Friendship Association for Cooperation and Development (AAFACD) and the Women's Initiative for Self-Empowerment (WISE). It provides professional language training as well as mentors and scholarships to help physicians and nurses study for national examinations. Other foreign-trained nurse and allied health professional training programs exist at community colleges in Florida and Pennsylvania. Some are open to FMGs who cannot afford the time and expense to obtain medical licensure.

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Because many openings are available for certified physician assistants, physical and occupational therapists, radiologic technologists, hospital case managers and administrators, speech and language pathologists and other healthcare professionals, refugee physicians and nurses could consider training for careers in these allied fields. For example, physician assistant programs last two years or more at schools of allied health, medical schools,

community colleges or hospitals. Graduates must pass the Physician Assistant National Certifying Examination to be licensed by their state. They practice medicine under the supervision of physicians and surgeons, providing diagnostic, therapeutic and preventive services. Job openings in the field are expected to grow 39 percent by 2018. Employment prospects for the other professions listed above are also very good.

After graduating from an accredited program and passing the National Council Licensure Examination (NCLEX-RN), nurses may apply for a state license. The BLS reports, "Foreign-born nurses must obtain state licensure in order to practice in the United States. Each state has its own requirements for licensure." FNGs may also have to take the Commission on Graduates of Foreign Nursing Schools (CGFNS) Qualifying Examination and some version of the Test of English as a Foreign Language (TOEFL) to gain licensure. The CGFNS has established an independent Professional Nurse Standards Committee to evaluate refugee and asylee nurses' qualifications on a case-by-case basis. In some instances this committee may waive presentation of original documents that are unobtainable from home-country institutions, accepting personal copies of transcripts and diplomas. The Educational Commission for Foreign Medical Graduates (ECFMG) has a similar procedure to evaluate refugee physicians' credentials.

Nurses may be licensed in more than one state. In 2006, 20 states were members of the Nurse Licensure Compact Agreement, which set up reciprocal licensing arrangements. "All states require periodic renewal of licenses, which may require continuing education," according to the BLS. Additional certification, as well as an MSN degree, is often required for the four advanced nursing specialties (nurse practitioner, clinical nurse specialist, nurse anesthetist and nurse-midwife).

Fact sheets on recertification and licensure of foreign-trained MDs and RNs are available from the Office of Refugee Resettlement at www.acf.hhs.gov/programs/orr/resources. Summaries of medical licensure

requirements may be found on the Federation of State Medical Boards' Web site at fsmb.org/usmle_eliinitial.html. More detailed information is available on the Web sites of state medical boards. Requirements for RNs and LPNs are on the Web sites of state nursing boards and the National Council of State Boards of Nursing.

6. HOW TO FIND A MEDICAL OR NURSING POSITION

- **Networking.** Potential healthcare employers may be inaccessible or constrained by strict qualification criteria. As a result networking is essential for successful job hunting in the medical and nursing fields. Job seekers must “sell” their qualifications, experience and talents, not only to human resource personnel but also to intermediaries and mentors who can advise and inform them about job opportunities. Initiative, persistence and skillful self-presentation are important qualities for job seekers in all professions.

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- **Self-Presentation.** American cultural norms for self-presentation may be very different from those in the refugee’s home country. Mock interviews and exercises in meeting and greeting should be helpful to the refugee job seeker. Mentors can also give good counsel and feedback.
- **Résumés/CVs.** Résumés should be tailored to demonstrate specific accomplishments in the field as well as certificates and degrees. The job seeker should be prepared to present a résumé at job fairs and networking events and to consult it during telephone screening interviews.
- **Training.** Obtaining certification and licensure can be time-consuming, complicated and expensive. In the meantime refugee physicians and nurses may want to take courses in a new area, such as primary care, or enroll in a retraining program at a university or community college. No matter

what experience a physician or nurse may already have, professional education is a good long-term investment and provides an opportunity to update knowledge and improve vocational language skills.

- **University Employment.** An administrative or support position at a university may include free courses, since many offer tuition benefits to employees. University employment also provides opportunities to interact with potential colleagues, mentors and employers. Physicians and nurses who come to the United States with an interest in research may want to investigate pre- or post-doctoral fellowships at universities and research institutes. These positions are temporary and pay less than work for a private employer, but they do provide a living wage, opportunities to do advanced research and relevant professional experience. Openings for medical interpreters of Arabic, French, Spanish and many other languages may also be available at hospitals, clinics and other institutions.
- **Growth Areas.** Certain medical specialties are experiencing shortages in the United States. According to many sources, primary care, general surgery and geriatrics are in high demand. There is also a significant shortage of nurses in many specialties and geographic areas. Medical and nursing professionals should consider taking specialized courses, internships and residencies that would help qualify them for positions in areas where shortages are prevalent.

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Because many training programs do not accept applicants without permanent U.S. residence, it may be advisable for FMGs and FNGs to devote their first year or two in the United States to studying for and passing qualifying exams while working at subsistence jobs and learning vocational English. Some FMGs have found temporary jobs as security guards or parking lot attendants. In these positions they can study for exams during slack times at work. Kaplan

and other preparatory courses are expensive, so job developers might encourage refugee physicians and nurses to share textbooks and study in groups for the exams. They can also help refugee health professionals to make long-term plans to achieve their goals.

Career laddering is a feasible way for refugee physicians or nurses to progress toward professional recertification. A position as a medical interpreter or volunteer at a medical facility can give them the opportunity to work in a professional environment, interact with potential employers, colleagues and mentors, attend lectures and learn American medical culture. Most of these positions are part-time, freelance or on-call.

Some refugee physicians and nurses may be willing to train and work as certified nursing assistants, medical interpreters, laboratory technicians or medical assistants to gain entry and experience in the U.S. healthcare field. It is important for job developers to help them advance beyond these jobs, so that their valuable skills and advanced training will not be wasted.

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Several training programs (mentioned above under Skills, Training, Credentials) provide services, including job placement assistance, to facilitate refugee physicians' and nurses' integration into the U.S. health professions. The Welcome Back Initiative offers information about recertification and many other resources on its Web site, www.e-welcomeback.org, which also contains links to Welcome Back Centers around the country. Upwardly Global, which describes itself as "a nonprofit organization that helps highly-skilled immigrants, refugees and asylees reclaim their careers here in the United States and helps American employers discover and understand this hidden talent pool," assists refugee and immigrant jobseekers, including health professionals, in New York, Chicago and San Francisco. In addition

to offering the IFTHPSS Program, AAFACD/WISE in Minnesota advocates for changes in the recertification process.

The federally funded National Health Service Corps consists of 4,000 clinicians who provide primary care to about 4 million people in underserved or poor areas.² Applicants must be "fully trained and licensed, U.S. citizens or nationals" to qualify for the NHSC's loan repayment and scholarship programs, which are geared to graduates of U.S. professional schools. However, refugee physicians and nurse practitioners may apply on their own for paid "volunteer" jobs listed on the NHSC Web site.

In early 2009 the U.S. Defense Department (DoD) announced a pilot program to recruit 1,000 refugee physicians, nurses and interpreters for three years' military service. Applicants must have resided in the United States for two years. If accepted, they are on a fast track to U.S. citizenship. The program announcement stated, "Applicants must meet all qualification criteria required for their medical specialty, and the criteria for foreign-trained DoD medical personnel recruited under other authorities." It was not clear how these requirements would apply to foreign health professionals who previously worked overseas for the U.S. government. Interested health professionals should contact the Defense Department for more information.

Initiatives in other countries to help refugee physicians and nurses could serve as models for refugees and U.S. service providers. For example, a two-year retraining program for refugee physicians existed at the University of Manitoba, Canada, Medical School in the mid-1980s.³ After satisfactory completion of fourth-year courses, a clerkship and a national qualifying exam, the physicians served a paid internship at a teaching hospital. They were then considered qualified to practice medicine in Manitoba. In four years six out of 18 physicians enrolled had graduated and were practicing or in graduate training; three were completing their internship; four were in the first year of the program; three were awaiting clerkships and only

two had failed. (Similar fast-track programs trained Vietnamese refugee physicians in the United States after the Vietnam War.)⁴

Also in Canada, in 2008 the Alberta provincial government “established a health-care centre to help foreign health-care professionals with accreditation and licensing” and set up a \$1 million fund to facilitate their recertification, according to Hall in the *Edmonton Journal*.

In Britain the General Medical Council waives or reduces qualifying examination fees for refugee physicians. The UK Health Department’s Refugee Health Professional Steering Group provided £4 million over four years “to support refugee health professionals in their efforts to seek employment in the National Health Service,” according to Butler and Eversley. The Refugee Doctors Programme Evaluation Network, the British Medical Association and the British Refugee Council have created databases of refugee and asylum-seeker physicians. The Royal College of Physicians has published reports about and handbooks for refugee doctors, and the British Medical Association offers a package of free benefits to them. Several nonprofit organizations, including the British Refugee Council, the Employability Forum and Refugees into Jobs, offer services to refugee health professionals. The British Medical Association publishes *Refugee Doctor News*, which describes local and regional groups, courses and initiatives for refugee physicians. Refugees, professional associations and refugee agencies could start similar projects in the USA to help refugee physicians and nurses keep in touch with colleagues, groups and opportunities.

7. NOTES

- 1 Unless otherwise indicated, all statistics in this guide are from U.S. Bureau of Labor Statistics, *Occupational Outlook Handbook, 2008-09 or 2010-2011*.
- 2 See www.nhsc.hrsa.gov.
- 3 See Klass 1988 for details of the University of Manitoba program.
- 4 See “Refugee Medics,” *Time* (1975). Very little information has been published about these programs. For reports from the 1970s by participating medical schools, consult the online

catalogs of the U.S. Department of Commerce, National Technical Information Service, www.ntis.gov.

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9. LINKS

African and American Friendship Association for Cooperation and Development. www.aafacd-inc.org

American Academy of Nurse Practitioners. www.aanp.org

American Academy of Physician Assistants Information Center. www.napa.org

American Association of Colleges of Osteopathic Medicine. www.aacom.org

American College of Physicians. www.acponline.org

American Medical Association. www.ama-assn.org

American Nurses Association. http://nursingworld.org

American Society of Registered Nurses. www.asrn.org

Commission on Graduates of Foreign Nursing Schools. www.cgfns.org

Council on Graduate Medical Education. www.cogme.gov

Educational Commission for Foreign Medical Graduates. www.ecfmg.org

Electronic Residency Application Service. www.aamc.org/audienceceras.htm

Federation of State Medical Boards. www.fsmb.org

Foundation for Advancement of International Medical Education and Research. www.faimer.org

National Council of State Boards of Nursing. www.ncsbn.org

National Health Service Corps. http://nhsc.hrsa.gov

United States Medical Licensing Examination. www.usmle.org

Welcome Back Initiative. www.welcomebackinitiative.org

Women's Initiative for Self-Empowerment. http://womenofwise.web.officelive.com/default.aspx

10. ACKNOWLEDGMENTS

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