

Integrating Foreign Trained Physicians

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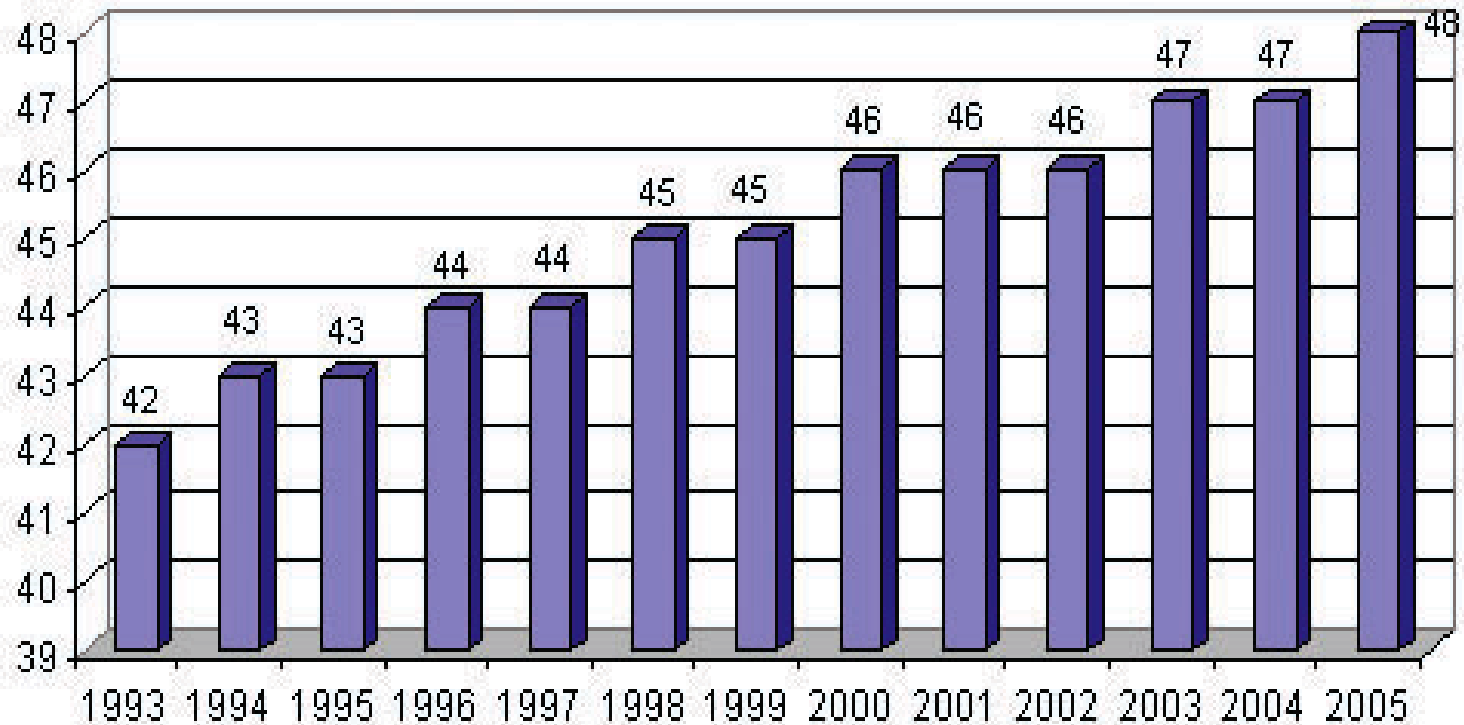
Minnesota's Physician Shortage

Supply and demand challenges in the physician work force unique to Minnesota include:

- 45% of Minnesota physicians are over the age of 50.
- Only 5% of all Minnesota physicians practice in rural counties.
- Rural areas have too few specialists.
- Inadequate physician distribution and supply is becoming a problem in northern and southern Minnesota rural areas.
- The population of Minnesotans over the age of 65 will increase by 58% by 2020.














Physician Shortage

Median age of Minnesota physicians







Source: Minnesota Department of Health, Physician Demographics, 2005

STATE POPULATION BY RACE MINNESOTA: 2010

PERCENT OF POPULATION		CHANGE 2000-2010
 White alone  85.3%		2.8% ↑
 Black or African American alone  5.2%		59.8% ↑
 American Indian and Alaska Native alone  1.1%		10.8% ↑
 Asian alone  4.0%		50.9% ↑
 Native Hawaiian and Other Pacific Islander alone -		8.9% ↑
 Some Other Race alone  1.9%		56.5% ↑
 Two or More Races  2.4%		51.2% ↑

STATE POPULATION BY HISPANIC OR LATINO ORIGIN MINNESOTA: 2010

PERCENT OF POPULATION		CHANGE 2000-2010
 Hispanic or Latino  4.7%		74.5% ↑
 Not Hispanic or Latino  95.3%		5.8% ↑

Solutions to Physician Shortage

- Foreign trained physicians who live in Minnesota
- Educated
- Experienced
- Eager to bond with rural communities

Advantages

- Already integrated in MN as citizens/residents
- No loan forgiveness
- Already contributing to state – tax payers

Benefits of using FTPs

- Decrease physician shortages
- Increase culturally and linguistically appropriate physicians for new communities,
- Promoting primary care and decreasing the healthcare costs by reducing disparities
- ROI (Return on Investment) for FTPs

System Barriers

- U.S. Citizen/Permanent Resident Foreign trained physicians picked last by residency programs
- Insufficient externship positions – U.S. Clinical experience
- Insufficient residency positions
- Five year from graduation rule
- Financial hardship

What can be done?

Collaborative opportunities

- Provide observership/externship experience
- Contractual relationships between FTPs and rural communities while working toward licensure
- Revolving funds set up between public and private partnership to increase Residency slots and Preparation for Residency Program funding & positions
- Advocate at hospital/state levels for increased residency positions for U.S. foreign trained physicians
- AAFACD/WISE could serve as cultural competency liaison between FTPs and Rural communities

Thank You!