



# EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

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## SUMMARY OF DISCUSSIONS ON J-1 SPONSORSHIP ISSUES

September 16, 2002

### Participants:

Stanley Colvin, JD  
Director, Office of Exchange Coordination  
and Designation  
Bureau of Educational and Cultural Affairs  
US Department of State

Marvin R. Dunn, MD  
Director  
Residency Review Committee (RRC) Activities  
Accreditation Council for Graduate  
Medical Education (ACGME)

Mr. James A. Bentley  
Senior Vice President  
Strategic Policy Planning  
American Hospital Association

Ms. Sunny G. Yoder  
Senior Staff Associate  
Association of American Medical Colleges  
(AAMC)

Stephen H. Miller, MD, MPH  
Executive Vice President  
American Board of Medical Specialties (ABMS)

Busharat Ahmad, MD  
American Medical Association (AMA)

James L. Borland, Jr., MD  
Chair, Council on Medical Education  
American Medical Association (AMA)

K. K. Wallace, Jr., MD  
President-elect  
Council of Medical Specialty Societies (CMSS)

Roger L. Nelson, MD  
Dean, Mayo Graduate School of Medicine

Educational Commission for Foreign  
Medical Graduates (ECFMG)

James A. Hallock, MD  
President and Chief Executive Officer

Stephen S. Seeling, JD  
Vice President for Operations

Ms. Eleanor M. Fitzpatrick  
Manager  
Exchange Visitor Sponsorship Program

The teleconference meeting was called to order by James A. Hallock, MD, Educational Commission for Foreign Medical Graduates (ECFMG), at 3:30 p.m. on Monday, September 16, 2002.

Dr. Hallock thanked all the members for participating in the conference call and gave a brief overview of discussions to date on the J-1 program. He clarified that if no changes were made regarding the J-1 sponsorship requirements, effective July 1, 2003, there would be three distinct sponsorship pathways:

- 1) Sponsorship in a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME).
- 2) Sponsorship in programs within a specialty or sub-specialty where the appropriate Specialty Board of American Board of Medical Specialties (ABMS) offers a Certificate.
- 3) Sponsorship of J-1 physicians in programs within a subspecialty that is recognized by the appropriate ABMS Board, as evidenced by a letter from the CEO of that Board.

Stanley Colvin, JD, United States Department of State, indicated his agreement with Dr. Hallock's summary of these three pathways. A question was raised regarding the third pathway -- recognition by an ABMS Board via a CEO letter -- and Mr. Colvin was asked whether the current law mandates any specific language or particular information that the CEO must present in the recognition letter. Mr. Colvin responded that the law did not have any such specific requirement.

There was discussion regarding the possible role of the Graduate Medical Education Committee (GMEC) of the sponsorship institution in the oversight of non-accredited programs. It was commented that there may be an approach that combined the "ABMS recognition pathway" with GMEC oversight. Considerable discussion on the role of the GMEC followed.

There was total agreement with the requirement that the program's institutional sponsor must be in compliance with ACGME institutional requirements as evidenced by a "Favorable" action on its most recent institutional review. There was also full agreement that all accredited programs within the institution must be in good standing with the ACGME. After further discussion, there was also agreement that, if a program was pursuing the third pathway, i.e., recognition by a Specialty Board evidenced by a CEO letter, there should be the additional requirement that the sponsorship institution's GMEC indicate in writing to ECFMG that it approves of the program.

Therefore, it was agreed that, effective July 1, 2003, there would be three pathways for ECFMG J-1 sponsorship:

- 1) A program accredited by the ACGME
- 2) Programs within a specialty or subspecialty where the appropriate Specialty Board of ABMS offers a Certificate
- 3) Programs within a subspecialty "recognized" by an appropriate Board of ABMS as evidenced by a letter from the CEO of that Board

With respect to the third pathway, it was agreed that the following additional requirements must be met:

- a) The program's institutional sponsor must be in full compliance with ACGME institutional requirements as evidenced by a "Favorable" action on its most recent institutional review.
- b) All accreditable programs within the institution must be in good standing with the ACGME.
- c) The sponsorship institution's GMEC must affirm in writing to ECFMG that it approves of the program after review of program description.
- d) There must be verification that the proposed training program is directly associated with an ACGME-accredited program. This verification must be provided by the program director of the accredited program.
- e) The program director must submit a detailed program description which has been reviewed and approved by the GMEC specifying the educational objectives, the curriculum involved, the nature of supervision, the method of evaluation, and the duration of the program.
- f) The applicant must submit documentation that includes a Statement of Need from the applicant's home country Ministry of Health which confirms the government's need for the specific subspecialty training and confirms the applicant has committed to return home upon completion of training. The applicant physician must also submit a personal statement of educational objectives which documents a definite training program in the United States and indicates its application to the home country.

Sponsorship in Programs Whose Length Exceeds the Accredited Length:

There was also discussion regarding the second issue before the group -- sponsorship of J-1 physicians in clinical programs whose length exceeds the ACGME-accredited length. After review, it was agreed that sponsorship by ECFMG would continue to be limited to the accredited length of the program as indicated in the *AMA: Graduate Medical Education Directory* (green book). It was pointed out by a number of participants that the ongoing review of the number of work hours appropriate for residents may impact on this issue. It was also pointed out that ACGME currently has a mechanism in place for specialties and subspecialties to seek an increase in their accredited length.