



CAREER ISSUES

Retraining and Relicensing Immigrant Physicians: The Israeli Approach

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The Problem

In many places, immigration has created the need for updating and relicensing physicians. Finding the best ways to pursue these tasks has been a challenge. Methods vary in different countries. The UK requires a training period and local licensure examinations. In the USA a two-step written examination, identical to that taken by local graduates, plus a standardized patient examination, are required. As reported in UK and Australia, rare and sporadic efforts have been made to help immigrant physicians (Ben-David *et al.*, 1999; Eastwood *et al.*, 1999; Webster & Rawlinson, 1991).

Aim

The aim of this paper is to offer for possible adaptation to other settings the approaches towards the retraining and relicensing of immigrant physicians used in Israel.

Current Problems with Immigrant Physicians in Israel

Since being created, the State of Israel has committed itself to absorb every Jew who wishes to immigrate, regardless of the state's occupational needs at the time. The 1988–1998 wave of immigration, mainly from the

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former Soviet Union, added 15% to the state's total population but doubled the country's already saturated physician population (Bernstein & Shual, 1995). The immigrant physicians' lack of knowledge of Hebrew and their medical orientation and education, which differed from the Western orientation of Israeli medicine, were challenged (Romem & Benor, 1993). The approach adopted by the Ministry of Health and the Israeli Medical Association sought to tackle two competing needs: maintaining local medical standards and facilitating the immigrants' integration into the Israeli system.

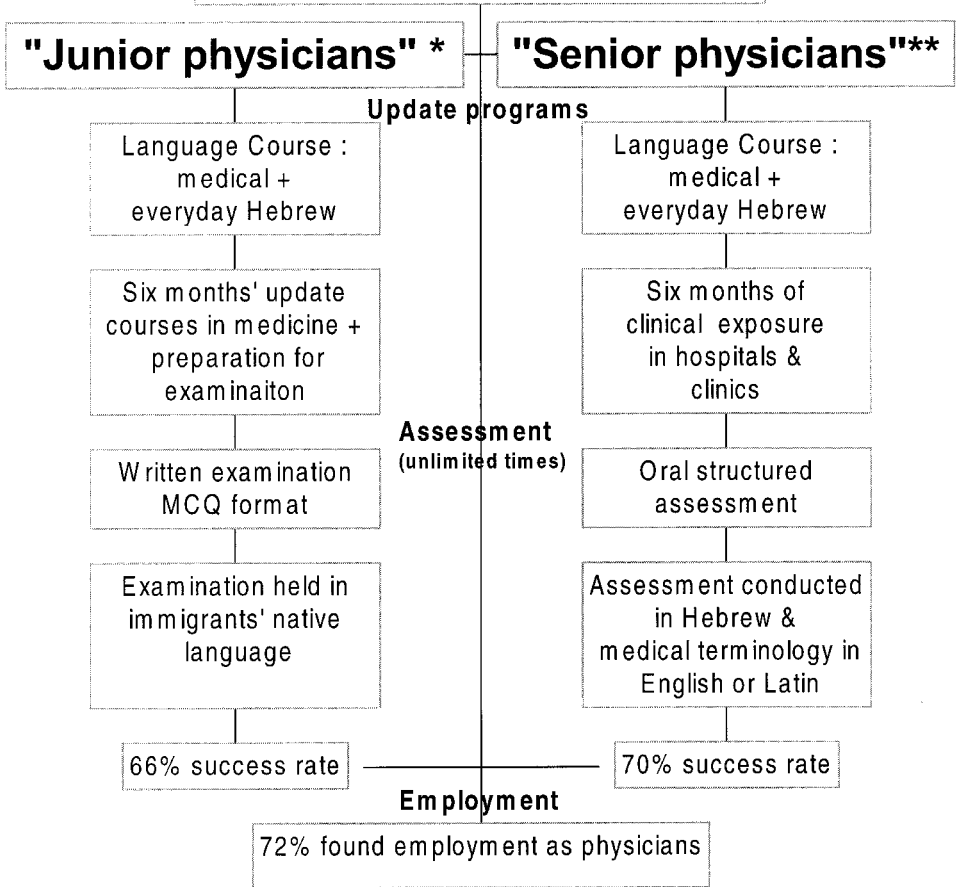
Differential Approach: Retraining and Relicensing

The current approach is twofold (Figure 1). First is a stage of retraining and preparation, including everyday and medical Hebrew language courses, for all immigrant physicians. Different medical updating programs, sponsored by the government, are offered for "junior physicians" (14 years or less experience) and "senior physicians" (15 years and more experience). Second is a designated licensing procedure, also done differently, according to years of practice.

"*Junior physicians*" undergo 6 months' preparation for examination with updating courses held in academic-affiliated hospitals or clinics. The written licensure multiple-choice examination is based on Israeli medical school curriculum requirements. The questions test knowledge and understanding of daily clinical problems in five areas: internal medicine, pediatrics, psychiatry, surgery and obstetrics/gynecology. Emphasis is placed on problems in primary care and internal medicine. The examination is held twice a year, and candidates may take it an unlimited number of times. To neutralize the effect of lack of knowledge of the vernacular, the test is administered in the candidate's native language (the vast majority are tested in Russian; occasionally, very few candidates ask to be tested in English, French, etc.). To encourage participation in the preparatory course, the final licensure score is derived from both the preparatory course grade (30%) and the examination result (70%).

"*Senior physicians*" undergo a 6-month period of clinical exposure under supervision in a local hospital or community clinic. This is followed by a structured oral assessment of their clinical abilities by a licensure committee, the objective being to ensure the fitness of the candidate to practice medicine. The focus is on diagnosis of patients and management of common clinical cases in areas of emergency and primary care, surgery, pediatrics, gerontology, and not necessarily in the field in which they had practiced. Communication between the assessors and the candidate takes place in Hebrew, with the use of Latin or English medical terms. Unsuccessful candidates can either try again 6 months later or take the written examination.

The Approaches



* Junior Physicians - 14 years or less experience as physicians.
 ** Senior Physicians - 15 years and more experience as physicians.

Figure 1. The approaches.

Assessing the Approach

“Junior Physicians”

The majority of the eligible immigrants take the examination. Most (75%) of the candidates tested had participated in the preparatory course. There is a significant difference in the results achieved by those who participated in the preparatory course (52% pass rate) and those who did not (23% pass rate). Overall, from 1988 until 1991, 66% of the “junior physicians” passed the examination, most of them after a number of attempts over a few years (Shenkar, 1993).

It appears that successful performance in the examination is associated with candidates' relatively young age group (31–35) and moderate years of work experience (11–15 years). The performance of those with either less or more experience is inferior to those with moderate experience.¹

“Senior Physicians”

Over the years 1995–1997, 69.5% who had undergone clinical exposure under supervision and attended the assessment passed. However, approximately 30% of the eligible candidates refused to attend. None of the failures chose to take the written examination instead, as this is generally known to be more difficult. The median period that elapsed from application to getting a license was 16 months. Variables contributing to passing were middle age (preferable: 41–50), moderate years of experience prior to immigration (preferable: up to 25 years), area of specialty (preferable: internal medicine), and the type of hospital where the clinical supervision took place (preferable: community clinics and small hospitals). Reporting no personal problems in the supervision period and having a better proficiency in the Hebrew language also raised success rates (Notzer *et al.*, 1995). It seems that those highly motivated to be absorbed are relatively young/middle-aged physicians who learn the language quickly and get a license and job position in a short time.

Female physicians constitute about 60% of the candidates but no gender differences were found in the process of re-entering the profession. There might be some bias in favor of those whose specialty was general and internal medicine as the oral and written examinations concentrate on these areas. The quality of the retraining program for “seniors” could also have some influence on the result, but these aspects were not studied.²

Employment and Advancement

The majority (72%) of the relicensed immigrants who have been studied (until 1997) eventually found employment as physicians.³ However, their medical status and employment conditions (salary, tenure, etc.) were low compared to that of the Israeli graduates. Many of those who did not succeed found work in mental and geriatric institutions as non-professional employees.

Discussion

When a national consensus exists it appears that tailoring differential tracks allows the immigrant physicians to regain their professional status without compromising health care. With relatively little financing and in a fairly short period of time, Israel has gained a large number of trained physicians who are particularly suited to serve the immigrant population. However, the approaches used have not proved to be optimal as they create inequities in the medical profession in regard to status and remuneration. Furthermore, some trained

immigrants remained without relicensing and were then employed in other areas. This issue should be re-examined in a few years to determine whether the inequalities have diminished or been obliterated.

We conclude that integrating immigrant physicians into the local medical system can be mutually beneficial as each medical system has advantages and both the new physicians and the local system can learn from each other.

Notes

1. Nirel, N., Shemesh, A. & Book, S. (1994). Immigrant physicians from the Former Soviet Union: demographic characteristics and length of medical licensing process. Jerusalem: JDC – Brookdale Institute of Gerontology and Human Development (Hebrew).
2. Notzer, N. & Zibziner, M. (1997) Assessment results of immigrant physicians. Internal report to the Ministry of Health, Israel (Hebrew).
3. Nirel, N. & Naveh G. (1998). The employment of immigrant physicians in Israel: is it stable? Selected characteristics of the employment of immigrant physicians from the former Soviet Union. Jerusalem: JDC – Brookdale Institute of Gerontology and Human Development (Hebrew).

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