



**Report of the
Foreign Trained Health Professional Licensing Pilot Project
New Mainers Resource Center, Portland Adult Education**



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New Mainers Resource Center – Who We Are

The New Mainers Resource Center (NMRC) is a program within Portland Adult Education serving area immigrants and refugees. Our offerings are designed to help new Mainers overcome barriers in order to enter the US workforce. Services include: career guidance and employment case management, assistance with credential review and licensing requirements, intensive classes focused on job readiness skills, networking groups, workshops, and other offerings.

Pilot Project Purpose

The purpose of this pilot project was to research ways to increase diversity and cultural competence of the health workforce by identifying strategies to reduce the barriers that foreign trained health professionals face in accessing training, licensing, and obtaining employment in the healthcare field at the fullest scope of their experience and training as possible. This report presents the findings and recommendations that are based on that research.

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EXECUTIVE SUMMARY

The purpose of this pilot project was to research ways to increase diversity and cultural competence of the health workforce by identifying strategies to reduce the barriers that foreign trained health professionals face in accessing training, licensing, and obtaining employment in the healthcare field at the fullest scope of their experience and training as possible. The diversity that these professionals bring will allow healthcare programs and systems to provide services in a more culturally competent manner to the population groups that these health care providers come from. These populations generally have more limited access to health care services for a range of reasons, including their minority status and cultural backgrounds.

This work comes at a critical time and is especially true now as Maine's healthcare systems struggle with COVID-19. Disparity in health continues among minority populations. This could not be clearer in the numbers regarding the Corona infection rates compared to the rest of the population of COVID-19 among the minority population in Maine.

Implementation of the recommendations from this research will:

- Help foreign trained healthcare workers work toward reaching their highest potential
- Address the state's goal of a diversified and culturally competent workforce
- Meet the needs of health employers, and address the state's health workforce shortage
- Attract highly skilled healthcare workers to Maine.

Problem Statement

The United States has a decentralized system of regulating professions with no one entity responsible for professional certification of licensed professionals. Licensing and credential evaluation are some of the most challenging aspects of a foreign trained professional's entry into the US workforce. This is particularly true for those health professionals who have come to Maine as refugees or asylum seekers.

One of the most significant factors in Maine is that most of the new Mainer foreign trained professionals served by NMRC came to the US as refugees or asylum seekers. This factor must be taken into consideration as it impacts the options people have available to them. People who come as a result of forced migration have not been planning for careers in the US, and consequently face a different set of issues with licensing. (Walkover, Bell 2020). For this group of immigrants, there is also a need to prioritize meeting the basic needs of their families over the investment of time and money it would take to move ahead with their professional careers. This factor keeps many people stuck in positions far below their previous training and experience. For health professionals, being re-licensed in their profession is almost impossible to achieve. There are also no quick and cost-effective alternative paths that would get someone close to their former career.

Common Themes

- There is a lack of information and in many cases misinformation available to new Mainers about their career options, particularly when it pertains to licensing and health professionals.

- The range of individual factors that must be taken into consideration means that there is not a one size fits all approach and that any programs or services offered need to be tailored to the individual.
- It is important that as Maine considers different options, we assess how those options will work with the populations we are trying to serve.
- Many of the findings and recommendations from this report will also apply to other professions and the challenges new Mainers face generally.
- As Maine moves forward with this work it is critical that the voices and experiences of the new Mainers are informing and guiding the direction of the initiatives that are developed so that the solutions that are being proposed actually solve the problems that people are encountering.
- Poverty, lack of access to financial resources for licensing-related expenses or schooling and working to meet basic needs keep people from moving forward with their careers.
- Many people continue to be challenged by the need for a high level of technical English, verbal fluency, and reading comprehension that demonstrates a competency level high enough to meet entrance requirements for specific health profession educational programs, graduate level programs, professional licensing, working at a professional level and passing timed licensing tests.

Highlights of Recommendations

- Immigrant experience and voices should inform the process around recommended strategies and evaluation of programs and initiatives.
- Public officials and private funders must address the lack of access to financial resources that are needed for any real advancement on a career path, whether through licensing or returning to school.
- Regarding licensing: 1. The Maine Legislature should pass the statutory language and appropriations necessary to implement the recommendations in the *Report of the Commissioner of Professional and Financial Regulation* regarding barriers faced by foreign trained professionals seeking licensure. 2. Other professional boards not under OPOR should do a similar analysis of their procedures.
- Adult education programs are a place for most new Mainers to learn English, prepare and plan for college, gain training, and find their first job. These programs are grossly underfunded and need more support if they are to help new Mainers into a job or on a career path that gets them out of poverty.
- Employers are key partners for new Mainers wishing to move up a career path to their previous professional career. They can work with employees on career plans, provide resources toward licensing or school, open up their businesses for the range of clinical experiences that people need to move forward with licensing or qualify for educational programs, offer internships to new Mainers, and work with their diversity officers or departments on new strategies to hire, support and retrain new Mainer health professionals as they work to regain their careers.
- Higher education and state officials should work on increasing access to financial aid; provide credit or advanced standing, and design programs built around previous degrees and experience.
- See each profession for specific recommendations. For those for whom licensing, or an advanced degree are not viable options, mid-level positions need more of a focus from employers, licensing bodies, and schools. Maine as a state should explore the introduction of a new health profession – Assistant or Associate Physician for foreign trained doctors for whom licensing is not an option.
- Building on the current work and expertise of NMRC/PAE, expanded support and investment in this program provides Maine a more coordinated and better funded health sector workforce program to better serve new Mainer health professionals and employers and will allow the program to work with stakeholders and continue to advocate for change. Expanded programming should include a range of higher level and technical English classes to assist health professionals with career advancement.

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INTRODUCTION

The purpose of this pilot project is to increase the diversity and cultural competence of the health workforce by reducing the barriers that foreign trained health professionals face in accessing training, licensing, and obtaining employment in the healthcare field. By reducing these barriers, this project will advance a strategic priority in the Maine Health Access Foundation (MeHAF) Strategic Framework 2018-2022, Goals, Strategies and Roles:

“Strengthen and expand the number, distribution, capacity and cultural competence of health, mental health, and dental workforce, and promote deployment of community derived workers.”

The diversity that foreign trained health professionals will bring to healthcare programs will allow those programs to provide services in a more culturally competent manner to the population groups that these health care providers come from. These populations generally have more limited access to health care services for a range of reasons, including their minority status and cultural backgrounds.

Establishing quicker and more cost-effective pathways for a return to practice for immigrant healthcare professionals could result in a significant increase in the diversity and cultural competency of the state’s healthcare workforce. Unfortunately, our research has shown significant challenges prohibiting highly skilled healthcare professionals from practicing in Maine. Employers and institutions have been establishing programs to address diversity yet struggle with concrete steps to produce a more diverse workforce at all levels including highly skilled practitioners. With this report, we have identified approaches and solutions to address these challenges. Modifications in state programs, licensing requirements, higher education, and employer practices will put more doctors, nurses, pharmacists, and others working at or close to their former training fulfilling diversity and staffing deficiencies. According to the 2018 MeHAF Strategic Plan, implementation of these approaches would allow greater access to services for the minority population in addition to providing more high-level health care employees in Maine.

BACKGROUND

Southern Maine is home to nearly 20,000 refugees and immigrants, with Portland being a major resettlement city for primary and secondary refugees. In recent years, demographics have shifted, with a majority of new arrivals coming as asylum seekers from central Africa. Portland Adult Education (PAE) taught 2,420 students from 90 countries during the 2018/19 school year. (The number of students dropped to 1,830 in the 2019/2020 school year. A switch to remote learning in March of 2020 and state and city shutdown actions in response to COVID-19 were likely significant factors in the reduction in the number of students.) PAE has been supporting members of Maine’s immigrant communities to find success and build financial stability through workforce development programs designed specifically for new Mainers, for over 12 years.

The New Mainers Resource Center (NMRC) was created by the Maine Legislature in 2013 as a program within PAE to develop and execute a strategy to integrate and better utilize the skills of foreign trained immigrants living in Maine. Serving between 300 - 400 students in each of the last 2 years, the New Mainers Resource Center focuses on skilled immigrants, and developing targeted programming that meets the unique needs of

those with an advanced degree and experience in a professional field. The inclusion of NMRC into PAE also allows for expanded support for workforce initiatives that are integrated throughout PAE's programs.

In addition to its years of experience serving hundreds of new Mainer foreign trained professionals, NMRC has undertaken several projects to meet these needs:

- Developed licensing guides for specific professions, including doctors, nurses, physical therapists, and pharmacist to provide information about the licensing process, as well as alternative careers
- Conducted research and produced a report with findings and recommendations for overcoming barriers to licensing and worked with professional licensing boards
- Served on statewide task forces and participated in training workshops to inform employers and policymakers.

Foreign trained skilled professionals face many barriers including English competency, lack of information about career pathways, transferring foreign credentials, understanding US standards for resumes, interviews, and American workplace culture. Immigration status for asylum seekers can also pose some real challenges. Additionally, people must navigate the complicated vocational licensing and educational systems, which is especially true for health professionals, as well as combat employer misperceptions, discrimination, and loss of networks.

Maine's immigrant population provides a tremendous resource to Maine that could address its needs for a diversified health workforce. Given this pool of experienced professionals, it is worth addressing the different licensing barriers and challenges that people face.

While some progress has been made in identifying barriers and drawing attention to the issues, the next step is to move into action to overcome them. Given Maine's health workforce shortages, we will benefit by taking advantage of the experience that these health professionals bring with them. This work comes at a critical time and is especially true now as Maine's healthcare systems struggle with COVID-19. Disparity in health continues among minority populations. This could not be clearer than in the numbers regarding the Corona infection rates compared to the rest of the population of COVID-19 among the minority population in Maine. Making national news, 2% of black Mainers accounted for almost 25% of the states' Corona cases, a disparity in which cultural competency of providers and access are thought to have played a part (Sacchetti, 2020).

With the scope, depth, and detail of recommendations presented in this report, the groundwork is being laid for the steps that the wide range of stakeholders involved in Maine's healthcare workforce sector can take to move into action to bring about meaningful change. Implementation of these recommendations will:

- Help foreign trained healthcare workers reach their highest potential
- Address the state's goal of a diversified and culturally competent workforce
- Meet the needs of health employers, and address the state's health workforce shortage
- Attract potential skilled healthcare workers to Maine.

PROBLEM STATEMENT

The United States has a decentralized system of regulating professions with no one entity responsible for professional certification of licensed professionals. What this means is that while there is general recognition of the need to address this issue, any changes that can be brought about will most likely be incremental and must be pursued one profession at a time and state by state. Introducing a new type of health professional or alternative paths to licensing in Maine will meet significant challenges, if only due to the decentralized nature

of the system and the number of different stakeholders involved. There will need to be agreement and/or support from health employers, insurers, training programs, licensing boards, various health professions, and their professional associations, those people who would be employed, and the patients and populations who would be served. One recent example of the complexity of this issue was the attempt by several states to relax their licensing for health professionals to better meet the pressing needs of COVID-19 (Peñaloz, 2020). These attempts showed that while the intent may have been present, there was a failure to understand and address the practical applications of the proposed licensing modifications.

Licensing and credential evaluation are some of the most challenging aspects of a foreign trained professional's entry into the US workforce. This is particularly true for those health professionals who have come to Maine as refugees or asylum seekers. While there are programs that are designed for foreign-trained physicians and nurses, they were not created for refugees and asylum seekers. Additionally, the number of factors that each individual pursuing a license must take into consideration also means that there is not an easy answer for how to simplify the licensing and certification process in Maine. These factors include profession, national and state licensing or certification requirements, country of origin, year of graduation, requirement for US work experience and references, ability to obtain educational documents, training experience, educational or professional goals, immigration status, and conditions in home country, financial resources or obligations, and English proficiency, amongst others.

PILOT PROJECT PROCESS

We are fortunate that there is a growing recognition of the contribution that foreign trained health professionals can make toward meeting the state's goal of a diversified and culturally competent workforce. Progress has been made in some areas, such as people being able to get entry level positions in healthcare. In 2019 the Maine Legislature also passed legislation to set up a working group in the Department of Professional and Financial Regulation to look at barriers to credentialing for foreign professionals. But there is still much that we can learn about how best to meet the needs of foreign trained health professionals as they struggle with licensing. So that Maine can be better informed about how best to meet those needs, the focus of this research project was on what it would take to get people to work to the fullest extent possible consistent with their previous training and experience. The areas we identified for research included the following:

1. Removing barriers and expanding access for at least 3 professions - Although licensing issues need to be addressed generally, each profession's licensing process presents its own challenges for new Mainers. The best way to understand a specific profession's process and the issues it presents as well as opportunities for expanding access to the profession is to approach it with or as someone who is going through the process. We developed licensing guides for physical therapists and pharmacists and updated guides for nurses and physicians. We focused on the professions of pharmacists, physicians, and nurses for a more in-depth analysis of the barriers people encountered with licensing.
2. Becoming informed about possibilities for mid-level health professionals - For those individuals for whom licensing in their profession is not an option (at least in the near future), it could mean that they could be stuck in entry level positions that do not use as much of the training and skills that they have to offer. This means that health employers are not fully utilizing the potential abilities of their workers to meet their goals of ensuring equitable access and culturally competent quality health care. Our research looked at what mid-level health professional positions could best utilize the skills and training of foreign trained health professionals, to the fullest extent possible, and that could be employable by Maine health providers. This research involved looking at current practices as well as researching national trends and examples from other states.

3. Removing overall barriers to licensing for foreign trained health professionals – A lot of groundwork has been laid for addressing licensing issues generally. Opportunities now exist for moving forward on the recommendations that have been made in previous work as well as working with changes that could be made by state officials, policymakers, immigrant groups, funders, service providers, individual health professions, employers, workforce, educational programs and other interested stakeholders. Strategies will include: participating in a Working Group established by the Department of Professional and Financial Regulation; continuing to gather information about barriers and getting input from immigrant health professionals; and conducting a survey of national trends and state activities in this area.
4. Continuing to provide advice, case management, and support to foreign trained health professionals – While Maine moves forward at the policy level it is important for NMRC/PAE to continue providing direct services to the foreign trained health professionals in need of assistance. Any career path they choose will take time and resources and it is important for them to be as well informed as possible about their various options so that if there are opportunities they are able to pursue, they are not stuck in a position that is not using their talents and skills. Additionally, it is the experience of these individuals that informs NMRC/PAE about the barriers and the policy changes and advocacy that needs to be done.

FINDINGS AND RECOMMENDATIONS

Summary of Overall Findings

Despite the recent attention to the issue of ‘brain waste’ in Maine and nationally, our research has reaffirmed the fact that the challenges that people face are deep-seated systemic issues that require a concerted and collaborative effort for change at a number of different levels by a wide range of stakeholders. While the focus of this research was on the healthcare workforce sector, many of the challenges health professionals face cut across sectors as well as generations.

One of the most significant factors in Maine is that most of the new Mainer foreign trained professionals served by NMRC came to the US as refugees or asylum seekers. This must be taken into consideration as it impacts the options people have available to them. Immigration status is a factor in eligibility for many programs; people who come as a result of forced migration have not been planning for careers in the US, and consequently face a different set of issues with licensing. (Walkover, Bell 2020a) This particularly impacts asylum seekers until they are granted asylum and permanent status, a process that for some is now stretching 5 – 10 years. For this group of immigrants, there is also a need to prioritize meeting the basic needs of their family over the investment of time and money it would take to move ahead with their professional careers. This factor keeps many people stuck in positions far below their previous training and experience.

Specific to health professionals, being re-licensed in their profession is almost impossible to achieve. There are no quick and cost effective alternative paths that would get someone close to their former career. Generally, educational programs in Maine are not offering meaningful advanced standing or providing flexibility with evaluation of transcripts. English proficiency becomes an issue with entrance exams, applications, and licensing requirements. There is limited or no financial support to assist someone through a licensing process. People that choose to pursue further education need financial support for tuition, especially for those starting their education all over or seeking advanced degrees. The policies for loans and scholarships are mostly prohibitive.

Our experience and feedback from new Mainers have shown that outside of what NMRC attempts to do, there is a lack of information and in many cases misinformation available to new Mainers about their career options, particularly when it pertains to licensing and health professionals. For many, there are difficult decisions to make and they need clear and correct information about all their options, whether pursuing licensing, returning to school, or other career options.

1. What are the requirements, and will I be able to meet them?
2. What will it cost and how will I pay for it?
3. Will I get a job at the end of the training/program?
4. How long will it take?
5. What are some alternative careers/paths that allow me to use my skills? How long do they take and how much do they cost?
6. What other obligations or factors (English level, family, legal, age) do I need to take into consideration as I consider my career options?

Through NMRC's experience working with new Mainer professionals since 2014, we have learned that people need different types of advice and support when they are at different stages along their career path. They have both short and long term goals, with some long term goals that depend on English proficiency and financial stability being many years in the future. While there are common themes or issues that must be addressed, for most people, the range of individual factors that must be taken into consideration means that there is not a one size fits all approach, or that one intervention will meet their needs. This is especially true within professions such as physicians, pharmacists, and nurses, which will require many years to regain professional status. Success in this work is also measured individual by individual and how high are they able to move toward regaining their profession. One student in the UNE PharmD program is a tremendous success even though he has 3 plus years ahead of him at tremendous expense before he will be able to practice again as a pharmacist. We have also learned that students need advocates to not only help them overcome the individual barriers they encounter as they are moving forward with their career plans, but also to bring attention to their challenges through initiatives like this project where NMRC can advocate for changes with the different stakeholders and at the macro level based on the real-life experiences of those individuals we seek to serve.

Maine has been given a wake-up call regarding disparities in healthcare for minority populations with the data we have seen related to the pandemic and its disproportionate impact on people of color. As a state, we must think about concrete strategies to address these disparities. Using Maine's foreign trained health professionals to the fullest extent possible to increase diversity and cultural competence is one strategy to making sure that all Mainers have access to adequate healthcare. It will take commitment to this goal and meaningful action on the part of a wide range of stakeholders. Even before being hit with the pandemic, utilizing Maine's foreign trained health professionals was a promising strategy for addressing the state's health workforce shortage.

We recognize that the number of recommendations and stakeholders involved will make implementation of these recommendations seem a daunting endeavor. However, one advantage is that not any one group or organization has to do everything. If each group of stakeholders, whether an employer, licensing board, school, etc. focuses on the recommendations that apply to them, change can be made. Although more resources being devoted to this issue are required and will certainly make a big difference, many recommendations do not require any financial commitment. It will just require a change in how things are done and/or utilizing the

resources that have already been committed, to include supporting new Mainers as they seek to put their skills and training to use as part of Maine’s workforce. While we have presented good models from other states, it is important that as we consider different options, we assess how they will work in Maine and with the populations we are trying to serve. To the extent we have been able, we have attempted to do that with our recommendations. Some of the recommendations should be seen as starting points for further discussions amongst stakeholders to determine the specific changes or actions that are needed.

RECOMMENDATIONS

The following recommendations are made based on parts of successful models from around the country, existing programs, research, and experience with employers, schools, licensing boards and agencies, and the experience NMRC/PAE has gained from serving hundreds of individuals over the last 7 years. Recommendations listed below either cut across professions, are broken down by stakeholder group, or are summaries of recommendations from other reports that touch on this issue. We also include recommendations for the specific professions that we looked into more deeply, physicians, pharmacists, and nurses, and avenues to become a mid-level practitioner for people who are not able to practice at the level of their previous training. Many of the recommendations may be applicable to not just other health professions but address the challenges that other professions and new Mainers face generally. While the number of recommendations may be overwhelming, they are broken up according to the various stakeholders involved so that each stakeholder group can focus on those that are relevant to them.

Immigrant Voices

As NMRC/PAE moves forward with this work it is critical that the voices and experiences of the new Mainer health professionals being served by this work are informing and guiding the direction of the program so that the solutions that are being proposed actually solve the problems that people are encountering.

1. NMRC/PAE is in a unique position of being able to use the experience of and feedback from its students and the foreign trained health professionals with whom it has worked to inform the changes for which it is advocating.

Next Steps:

- NMRC/PAE will develop and implement a range of strategies for getting input from current, former, and potential students who previously were health professionals on the best ways to serve them as well as their overall needs including getting feedback on the recommendations in this report through surveys, focus groups, etc., as well as getting feedback about the NMRC/PAE services as they are being provided.
 - NMRC/PAE should develop workshops and trainings for students so that they are better informed about their career options and informed consumers about the education and training programs they are pursuing.
2. As a member of the Maine Immigrant Rights Coalition, NMRC/PAE has the opportunity to work with this coalition and its member organizations on workforce issues of importance to the coalition and those organizations.

Next Steps:

- NMRC/PAE should work with MIRC, its policy committee, and member organizations on workforce issues of importance to the coalition.
- NMRC/PAE should present the findings of this report to MIRC and its members for input and feedback and develop strategies on how best to work collaboratively to move forward on the recommendations.

Policy Makers, Federal and State Officials, Licensing Bodies

There are several different public forums, in both the administrative and legislative branches of Maine government that are working on policy issues around workforce, health workforce, immigration, foreign trained professionals, education, etc. including: Governor’s Economic Recovery Committee and its subcommittees, Governor’s Office of Policy Innovation and the Future, State Workforce Board, Local Workforce Boards, Permanent Commission on the Status of Racial Indigenous and Maine Tribal Populations, Maine DHHS Healthcare Workforce Development initiative, Office of Professional and Occupational Regulation and licensing bodies that fall outside of OPOR, Maine Legislature’s Committee on Innovation, Development, Economic Advancement and Business, Maine Legislature’s Committee on Education and Cultural Affairs. Each of these entities should review the recommendations from this report to determine which fall under their purview and take steps to determine how best to move forward on the recommendations.

1. The findings and recommendations from this report should be reviewed by the various state agencies and legislative committees, licensing bodies dealing with workforce, health workforce, health disparities, immigration, foreign trained professionals, education, economic development, etc. for the purpose of deciding on how best to move forward with the recommendations.

Next Steps:

- Policymakers and other public officials will distribute this report, schedule any appropriate hearings or presentations, and deliberations on appropriate next steps.
 - Policymakers and other public officials should address the lack of financial resources and funding issues and recommendations discussed under Financial Support – Public and Private Funders and other challenges new Mainer health professionals face in their efforts to move ahead with their careers and take action through changes in rules, legislation, and appropriations.
2. The Maine Legislature established a working group to look at barriers faced by foreign licensed professionals. That group issued its report to the Legislature on March 3, 2020: *Report of the Commissioner of Professional and Financial Regulation to the Joint Standing Committee of Innovation, Development, Economic Advancement and Business Report of the Commissioner (OPOR, 2020)*. This report contains a number of recommendations addressing some of the barriers that were identified, including some that require statutory change or an appropriation.

Next Steps:

- Appropriate legislative bodies and/or legislators should introduce the statutory language and the necessary appropriation to implement the recommendations from the March 3, 2020

Report of the Commissioner regarding Barriers to Credentialing for Foreign Licensed and Foreign Skilled applicants.

3. Professional licensing boards in Maine should: a). Review the language in their rules to allow for discretion for those with similar training, or training which encompasses the training required for the professions they regulate to qualify to apply for licensure, and b). As with the Maine State Board of Nursing, if an applicant is missing a couple of courses or subject areas, those gaps are pointed out to the applicant so that they know what coursework they need to take qualify for licensure.

Next Steps:

- The Commissioner of Professional and Financial Regulation and the Office of Professional and Occupational Regulation licensing boards and their staff should consider and implement this recommendation as they move forward with implementing the recommendations from the Department of Professional and Financial Regulation's Working Group established by the Maine Legislature to Study Barriers to Credentialing.

4. Licensed Professions Outside of OPOR - There are a number of professions that fall outside of OPOR. These include engineers, doctors, dentists, lawyers, nurses, teachers. The boards or agencies that oversee these professions are encouraged to do an analysis of their licensing procedures and potential barriers faced by foreign trained professionals trying to obtain a Maine license.

Next Steps:

- Those professional licensing boards or bodies that fall outside of OPOR are encouraged to do an analysis of their procedures to identify and address barriers for foreign trained professionals and adopt recommendations from the Commissioner's report and apply it to their procedures.

5. While only as a starting point for required legislation to address the recommendations in this report, the 130th Maine Legislature should re-consider previously introduced legislation, formerly LD 647 - An Act to Attract, Educate and Retain New State Residents To Strengthen the Workforce in the 129th Legislature (ME Legislature, 2019).

Next Steps:

- Funding for the provisions of this or comparable legislation should be included in the state budget.
- Maine Adult Education Association, Maine Business Immigrant Coalition, and the Maine Immigrant Rights Coalition work cooperatively on introduction and passage of this funding.

6. At the congressional level, there have been several attempts to introduce legislation that would help facilitate the entry of foreign-trained health workers into the US healthcare workforce. These include measures such as:

- a. H.R. 5917 introduced in the 115th Congress by Rep. Royball – Allard, the *Professional's Access to Health Workforce Integration Act of 2018*, which awarded grants for career support to provide services to assist unemployed and underemployed skilled immigrants who are internationally educated health professionals.

- b. The *Improving Opportunities for New Americans Act of 2020* announced this past summer by Reps. John Katko and Ben McAdams that will study the issue of brain waste and licensing and credentialing for new Americans.

Next Steps:

- Maine’s congressional delegation and others focused on health workforce policy issues at the federal level should identify and support similar initiatives that will remove barriers and provide the support that foreign-trained health professionals need to pursue their careers in the US.

Financial Support – Public and Private Funders

Because of federal financial aid restrictions, the majority of immigrant healthcare professionals in Maine will not have the ability to apply for financial aid in the form of grants, scholarships, and loans, nor will they have resources of their own. Private loans will also be difficult to obtain and may not be a financially responsible decision for those who are low income and struggling to start their lives over in the US. Asylum seekers, until they receive their work authorization, which now will take more than a year after they have applied for asylum, should be considered eligible for all state workforce training programs. Additionally, even those asylum seekers who have their work authorization, are not eligible for most federal financial aid based scholarships and loans if they already have a degree and until they have permanent status. Obtaining permanent status can now take between 5-10 years or more and lack of access to federal financial aid can impact 2 generations within families. Both the parents and their children will not have access to these resources without changes in immigration policy at the federal level or resources devoted to meet this need at the state level. Another approach that would benefit many health professionals, as well as their employers, are resources to train incumbent workers and access to training resources for these workers that will support them with advancement on their career path. People who are working may not meet income eligibility guidelines for some programs, such as CSSP, or working and taking classes or preparing for exams may be challenging without the support and endorsement of their employer.

Many health professionals have difficult decisions to make requiring clear and correct information about all of their options, whether pursuing licensing or returning to school, and they need advisors and advocates who can provide that information. It is also important that those people who are advising them not be limited in their advising to any one educational or training program so that they may be able to work with the health professional on their full range of options at the different stages of their career paths. Limited resources exist to train and support advisors to foreign trained health professionals.

1. Expand state and public funding resources for health professions including pharmacists, physicians, nurses, and others who do not have access to traditional scholarships, grants, loans, or other forms of financial assistance, who may be pursuing college courses, starting their education all over, pursuing advanced degree programs, or who require financial support for licensing related expenses.

Next Steps:

- State funding programs such as those administered by FAME, Competitive Skills Scholarship Program, Opportunity Tax Credit, Maine Health Professional Loan Program, and other loan forgiveness programs, apprenticeships, and scholarships offered through public colleges and

universities should research and as needed, draft language for potential modifications and work with stakeholders to implement changes through policy, rule change or legislation.

- Maine Department of Labor, the State Workforce Board, and Local Workforce Boards and others who administer such programs, should make provisions, such as changes to rules and providing state resources for those programs restricted by federal law. This would allow asylum seekers who have applied for asylum and are waiting for their work authorizations, to participate in workforce training programs, such as CSSP, Quality Centers, and others, prior to receiving their work permits.
 - Maine Department of Labor, the State Workforce Board, and Local Workforce Boards and others who administer such programs, should make provisions to cover the costs of advisors to foreign trained health professionals who may access publicly funded programs so that they may be able to work with the health professional on their full range of options at the different stages of their career paths.
 - Maine Department of Labor, the State Workforce Board, and Local Workforce Boards, and others who administer such programs should develop resources that would support incumbent workers moving forward with their careers in the healthcare field.
2. All funders, including private funders, community organizations, foundations, scholarships - There is a need for private funding sources, community foundations, scholarships, civic groups, etc. to review the eligibility criteria of their programs so that, if their programs do not include this group of immigrants, including those returning to school, pursuing college courses or advanced degrees or funding for licensing related expenses, changes can be made to expand eligibility requirements.

Next Steps:

- Private funders should review and change their eligibility criteria so that their programs cover foreign trained health professionals who have not had access to traditional scholarships, grants, loans, or other forms of financial assistance, who may be returning to school, pursuing college courses, including advanced degree programs, or who require financial support for licensing related expenses are eligible for support through your program.
- Private funders should make provisions in their grant making to cover the costs of advisors to foreign trained health professionals who may access privately funded programs so that they may be able to work with the health professional on their full range of options at the different stages of their career paths.

Employers

1. Employers can play a significant role in the career advancement of their current employees. By working with their staff to identify who has previous experience as a healthcare professional they can work with those employees to develop a career plan. This plan can include moving up into other job opportunities, planning for future training, moving forward with steps in the licensure process, identifying what potential financial resources and other supports are required for licensure and/or career advancement, providing mentors, etc. Career pathway programs can include both clinical and non-clinical career options.

Next Steps:

- Health employers should consider strategies needed to identify current employees with previous health professional experience and work with them to develop a career plan toward licensure and/or working in a position that allows them to use their previous skills and training.
 - Health employers should explore various financial options to provide employees financial assistance so that they may pursue licensing in their previous profession. Options might include: changes in benefit packages to support part-time workers who need flexible schedules to prepare for exams, licensing application and test fees, stipends for studying, scholarships, working with state labor officials to pursue incumbent worker training funds.
 - See recommendation # 1 under Recommendations for Physicians for specific suggestions for supporting a foreign trained physician pursuing medical licensing.
2. Many prospective health professionals need access to some type of unpaid or clinical experience as part of their application for licensure or for an educational program. NMRC's experience working with new Mainers seeking these types of experiences is that they are not available or very difficult to find as many health employers will only accept individuals if they are affiliated with an educational program. Examples of some types of clinical experiences that are needed include:
- Applicants for a PA program (which is a good option for many foreign trained physicians) are required to have a PA shadowing experience in more than one practice facility and practice area as part of their application
 - Pharmacists need 1,500 hours as a licensed pharmacy intern
 - Foreign trained physicians need observerships or some type of clinical experience to be competitive applicants for medical residency programs

Next Steps:

- Health employers are encouraged to review their policies and practices in this area to make these types of clinical experiences available to new Mainer health professionals who may not be associated with an educational program. NMRC will work with health employers to determine ways in which these types of opportunities might be provided.
3. Internships are an important way for people to enter a job market. Besides gaining experience and a way to prove yourself to an employer, internships provide opportunities to expand your network, build a resume, obtain professional references. New Mainers who are starting their lives all over and who have left all their professional networks and connections behind would benefit significantly from the experience they would gain in an internship. This is particularly true if they are applying for higher-level professional positions. Unfortunately, while many employers offer internship programs, they are primarily designed for college students and not available to new Mainers. If Maine employers are serious about diversifying their workforces, opening up internships to new Mainers, and developing other ways to acquaint new Mainers with US workplaces, such as offering job shadows and informational interviews, are concrete steps that could be taken to bring new Mainers in at professional levels that will allow them to use their skills. For those new Mainers who are not yet eligible to work, nonprofit and public employers could offer unpaid internships.

Next Steps:

- Employers should review their internship program policies and consider ways they can be expanded to include new Mainers.
4. Employing a more diverse workforce which includes health professionals who are members of immigrant communities is one approach for addressing the health disparities that exist in Maine's minority communities and with people of color. As new strategies are considered to facilitate the hiring, retention and promotion of foreign trained health professionals, resources and assistance may be available through employer diversity departments to support those decisions.

Next Steps:

- Health employer HR departments might utilize their organization's diversity officers or departments as a resource to develop new strategies for employing, retaining, and promoting foreign trained health professionals.

Colleges and Universities

Maine's colleges and universities are gatekeepers for Maine's health professions. Additional training or education will very likely be an important part of a foreign trained health professional's career path forward. Whether a short workforce training or certificate program, a few college courses to make up some gaps, an associate or undergraduate degree or, for some, an advanced degree, may all be part of what a foreign trained health professional will need in order to move forward with a career here in the US that is somewhat comparable to their previous profession. The extent to which Maine's higher education systems can facilitate the admission and successful completion of Maine's foreign trained health professionals into courses or programs that meet their specific needs, the closer Maine will be to meeting the goal of increased diversity and cultural competence of its health workforce and addressing the disparity in access to healthcare among minority populations.

Given limited access to financial assistance for education costs and the necessity to work to meet their basic needs and support their families, most educational programs are financially out of reach for new Mainers. However, one way to manage and/or limit the costs and time commitment of any program is to provide as much recognition of and credit toward a US educational program as possible for previous training and degrees. The less money it costs and the less time it takes to complete a program, the greater the likelihood of successful completion of that program. In addition to costs and lack of recognition for previous education, challenges people face that colleges and universities can help address include: English competency, access to college transcripts and diplomas, programs that accommodate family and work obligations, and clear advice about different programs regarding costs, time commitment, completion outcomes, employment options, etc.

1. Colleges and universities should explore a range of strategies to facilitate the admission, retention, and successful completion of programs that meet the needs of new Mainer foreign trained health professionals seeking to work to the fullest extent as possible of their skills and training.

Next Steps:

- Maine's colleges and universities should work with state officials to address the funding issues and recommendations discussed under **Financial Support – Public and Private Funders**.

- Educational programs and department chairs should consider different ways to support and facilitate entry into their programs, providing as much credit for previous training as possible, and work together on a range of issues including:
 - Work with partners to offer bridge English programs to prepare students for entry into programs and support for students while in programs.
 - Provide flexibility in transcript evaluation requirements. Accept all NACES evaluation services, and work with individual students who may not have access to their transcripts on alternative ways to demonstrate competency.
 - Establish and/or expand and standardize the provision of credit for past education and experience of immigrant health professionals.
 - Provide flexible English requirements including expanded proficiency exams, and ongoing support within programs.
 - Rethink how programs are offered to provide for stipends, apprenticeships, or scheduling that allow students to work and meet family obligations.
 - Offer single subject classes to non-matriculated students for filling educational gaps or meeting licensing requirements.
 - Admission committees and faculty receive multicultural training.

NMRC/PAE A Coordinated Healthcare Sector Focused Program

With a focus on removing the barriers faced by foreign trained health professionals pursuing their careers in the US, the goal of NMRC/PAE is to build on its current work, expertise, and role as Maine’s Welcome Back Center and the health professional training and workforce partnerships and initiatives that already exist at Portland Adult Education. Expanded support and investment in this program provides Maine a more coordinated and better funded health sector workforce approach to better serve both new Mainer health professionals and health employers and will allow the program to work with stakeholders and continue to advocate for change. By combining these efforts into a coordinated, sector-focused program, PAE will be better able to achieve its vision of a program that serves any immigrant or refugee who has previously been a health professional, or who wants a career in the healthcare field, regardless of their English level, by providing the guidance, support, training, and opportunities necessary to achieve a position in healthcare that allows them to reach their full potential.

This coordinated sector approach will allow PAE to:

- Help foreign trained healthcare workers reach their highest potential
- Address the state’s goal of a diversified and culturally competent workforce
- Meet the needs of health employers and address the state’s health workforce shortage
- Attract potential skilled healthcare workers to Maine

1. To move forward with this new vision NMRC/PAE will work to expand support and investment to build on its expertise and expand current programming to better coordinate and promote its healthcare sector efforts.

Next Steps:

- NMRC/PAE will continue providing current services in the healthcare sector and work to locate

additional investments and increased resources for advising and related services in order to better serve and meet the needs of foreign trained health professionals.

- NMRC/PAE will work with other adult education programs and service providers who are serving foreign trained health professionals to help them be better informed regarding the challenging career paths faced by the individuals they are serving.
- NMRC/PAE will work to develop employer and educational partnerships that will help facilitate the career advancement of new Mainer health professionals.

2. There is a need for a range of different types of English classes that health professionals need to move forward with their careers. PAE should work to develop and include these classes in its offerings.

Next Steps:

- Explore the development of English classes and support to achieve success on the range of tests that are required to move forward with a health profession, such as ATI TEAS for nursing and allied health, licensing exams for each profession, resources for individual prep classes, TOEFL, iLETS, Duolingo with statewide accessibility. Also funding for materials for classes and individual prep classes.
- Explore the development of a high level, technical health English course, funding for materials for classes, test prep, curriculum development.
- Explore the development of English fluency classes to help improve verbal communication with patients, other providers, etc.

3. NMRC/PAE will need to work externally with various stakeholders on the implementation of the recommendations of this report as well as advocating with those stakeholders to meet the needs of specific individuals as they move forward on their career paths

Next Steps:

- NMRC/PAE will reach out to interested parties on the promotion of this report and discussion of findings and recommendations and advocacy for system change.
- NMRC/PAE will need to build on existing healthcare professional networks with more resources for outreach and maintenance like meetings and regular communications to provide support and accurate information.
- Establish and maintain new working relationships with higher education programs, employers, immigrant groups, licensing boards, and related stakeholders to better serve new Mainer health professionals as they move forward with their careers.

4. Given the complexities of professional licensing at both the system level and for individuals attempting to maneuver through the process, NMRC/PAE staff should continue to work closely with OPOR staff and boards to address any barriers and facilitate licensing for foreign trained health professionals.

Next Steps:

- NMRC staff should:
 - Work with the Commissioner and DPRF and licensing board staff to carry out the recommendations of the report and provide assistance as needed re website re-design and transparency regarding the process for licensing.

- Work with the boards and the Commissioner as individual applicants going through their licensing process may need assistance.
- Continue to draw attention to and advocate for change to address the challenges with licensing and the hurdles faced by foreign trained professionals.
- NMRC staff should work with professions that fall outside of OPOR to look at barriers foreign professionals face with the licensing process.

FINDINGS AND RECOMMENDATIONS REGARDING BARRIERS FOR SPECIFIC PROFESSIONS

PHYSICIANS

In the US, refugee physicians are not working anywhere near their skill level (Batalova & Fix, 2020). NMRC finds the same true for those physicians who have come to Maine as refugees or asylum seekers. It was not part of their career plan to come to the US to practice medicine so they are not prepared for the rigorous licensing process they must successfully maneuver to be licensed as a physician in the US. Many come with years of experience, which should be seen as an advantage, but works as a disadvantage because many residency programs do not accept applications from people who have been out of medical school for more than 5 years. Ironically, despite all they have to offer, their years of experience count against them and make them ineligible to apply to many programs (Nedelman, 2017).

Many of the immigrant physicians with whom we have worked or interviewed for this project have talked about how they must focus on fulfilling the basic needs of their families, (for many there are families back in their home countries who they must also support). This is a major challenge to successfully navigating the licensing process. Their need to work, often at a “survival” job that does not utilize their education and experience, takes away from the time they need to study English and prepare for the licensing tests. Unless someone has had an opportunity to learn English before coming to the US, they will need to spend time learning English before they are able to take the tests and move forward with the licensing process, and this will add to the number of years since they have graduated from medical school.

Test preparation can take 2 or more years of full-time studying and is difficult to do, both in terms of time as well as financial commitment. Most doctors providing information for this project are aware that the experience of those who have been able to complete the USMLE test process, securing residencies is an even greater challenge. They cannot compete with recent US medical school graduates who are applying for the same limited number of residency spots. Since a doctor cannot go into practice without a residency, this serves as a limit on the number of newly trained physicians. Refugee physicians have been out of medical school too long. They also lack US clinical experience or observerships, and the networks and connections to secure a residency.

Recent research conducted at Drexel University, (Bell & Walkover, 2020a-d) looks at non-USIMGs (non-US citizens) who are working toward licensure in the US and suggests that those physicians who come to the US as what they call refugee physicians (includes asylees and asylum-seeking physicians) come with a distinct disadvantage. This research presents some significant findings that are particularly relevant to Maine as refugee physicians make up a substantial number of the foreign-trained physicians seeking US licensure that

come to Maine. If Maine's goal is to help these physicians become licensed in Maine, then the remedies we undertake must be geared toward the specific needs of this population.

Their research finds that: "This population has the potential to provide culturally and linguistically competent care for diverse patient populations in underserved areas, relieving the physician shortage. Compared to other non-USIMGs, the migration experiences of physicians who start the pathway toward US medical licensure after arriving in the US make it less likely they will practice medicine in the US" (Bell & Walkover, 2020b, p.2).

Their work also includes a review of related research about the path's that refugee physicians take to medical practice which includes some common recommendations such as expanding existing educational guidance and support programs including English courses focused on technical language skills (Fernández-Peña et al. 2008; Fernández-Peña 2011; Kamimura et al 2017), providing financial support for the cost of certification and licensing exams (Namak et al. 2018) (Bell & Walkover, 2020c), and support for residency matching programs.

Alternative Licensed Clinical Providers

Physician Assistant programs, although expensive and offering little or no advanced standing, may be a viable option for some, and at least 2 new Mainer foreign doctors who worked with NMRC successfully completed the UNE PA program and were employed as PAs. However, UNE's PA program is only an option for those who have permanent status (so that they can borrow the money necessary to devote full-time to the program). In addition to the expense of the PA program itself, even before someone gets that far, there are also requirements and costs associated with the application process, such as course prerequisites, English proficiency tests, PA job shadow, and clinical experience. Fulfilling these admission requirements could take several years as well as \$3,000 - \$4,000 and could be challenging for those who arrive in the US with a lower English proficiency level or a family to support.

Nursing programs offer the same sorts of challenges as the PA program. Some physicians may decide to pursue nursing, with an initial license as an RN, and for some the eventual goal of becoming nurse practitioners. The experiences we have heard from doctors is a lack of recognized credit or advanced standing from nursing school programs and the costs of returning to school with limited access to financial aid.

Barriers for Physicians

- The conditions under which refugee and asylum seeking doctors come to the US, fleeing political unrest, trauma, war, and other dangerous conditions puts them at a significant disadvantage. Each year that passes since they graduated from medical school that they spend mastering English and working just to support themselves and family moves them further away from being competitive for a residency. Asylum seekers have the added burdens of being unable to work for a period of time after they have applied for asylum, needing to raise funds to cover the legal costs of their asylum applications, and being ineligible for residency programs until they obtain permanent status, which could take 5-10 years.
- Obtaining a competitive score on the USMLE exams requires a high level of English proficiency and

several years of full-time study, which is difficult to do if someone must work to cover living expenses, support family, and cover the costs of taking the USMLE exams. Costs related to being certified to test, obtaining school transcripts and diplomas, test application fees, and test prep materials and courses can range between \$10,000 - \$15,000.

- In order for a doctor to practice in the US, after they complete their education and exams, they must complete a 3-5 year paid residency program. These programs are extremely competitive and have some restrictions about who can apply, like the number of years since medical school, high scores on USMLE exams, and clinical experience in the US. Residency programs are not open to asylum seekers until they have permanent status. For many of the asylum seekers in Maine, the wait for their asylum cases to be processed could be 5 -10 years or more.
- Many applying to residency programs have an advantage if they have completed an observation or obtained some clinical experience. Observerships can be very expensive, competitive, and/or rely on connections.
- Maine has a limited and highly competitive number of residency slots with currently no specific program for foreign trained doctors. There are costs associated with applying for residencies including application fees and travel for interviews. The total costs will depend on residency specialty, number of applications and interviews, and location of residency programs.

Recommendations for Physicians

1. Maine should employ strategies and develop the resources to support those foreign trained doctors, who want to pursue licensure as a physician in the US.

Next Steps:

- Maine should develop financial resources to provide the supports and assistance for USMLE tests and application process, study groups, mentors, stipends, assistance with residency applications, etc.
- Maine health employers with residency programs should work within their organizations to identify current employees who are foreign trained physicians, and who might be interested in pursuing a medical license, and who have the potential of being competitive applicants for residency spots. Once identified, these employers should support and work with those physicians on developing a career path and plan for studying for and taking the USMLEs, providing mentors, clinical opportunities, observerships, stipends to allow time off for studying, scholarships for test prep, and application fees, etc.

2. Foreign trained physicians, regardless of the career path they pursue, need mentors, networks, and career advice on the medical profession and career opportunities in Maine.

Next Steps:

- Maine Medical Association should build on their previous work looking at the challenges faced by foreign trained doctors and consider ways the association can develop programming to support and assist the integration of foreign trained physicians into the medical profession, or other health careers in Maine, that allow them to use the fullest extent of their skills as

possible.

- Health employers should consider and develop different career opportunities for foreign trained physicians.

3. The RN and/or Nurse Practitioner path may be a viable career path for some foreign trained physicians.

Next Steps:

- Nursing programs in Maine should consider the development of a path for physicians and provide advanced standing and credit for prior experience, bridge and direct-entry programs, and support from employers. See Recommendation 1 below for nurses regarding formal agreements with nursing programs.

DEVELOPMENT OF A NEW PROFESSION AND MID-LEVEL HEALTH PROFESSIONAL ROLES

Development of a New Profession - Assistant or Associate Physician

Our national level research has shown that there has been the development of an Assistant or Associate Physician position in several states which could be considered a possible option for Maine. In 2014 Missouri became the first state to pass a law creating the position of Assistant Physician. Since that time similar laws have been considered by 6 other states and passed in 3 states. Although the language varies somewhat by state, according to each state's needs, and is generally not being considered for foreign trained physicians, it could very easily be adapted to include International Medical Graduates. The Association of Medical Doctor Assistant Physicians provides the following definition:

“An assistant physician (in some states called an associate physician) is a new breed of provider. These highly educated doctors were specifically made to tackle the tasks of primary care in medically underserved areas and work with a collaborating physician. They have completed medical school, are nationally ECFMG/ACGME Certified, and are a great asset to any hospital, clinic, or urgent care facility” (Association of Medical Doctors Assistant Physicians, 2020).

Recommendation Regarding Assistant or Associate Physician Position in Maine

1. The position of Assistant or Associate Physician, which has been developed in other states, may provide a good option for foreign trained physicians who are not able to pursue licensing or other options.

Next Steps:

- NMRC should work with interested stakeholders to conduct further research into how this position has worked in other states, including a *Strengths, Weaknesses, Opportunities, and Threats* (SWOT) analysis. Interested stakeholders, including the MMA, employers, Maine Board of Licensure for Medicine, and others should be asked for input and strategies for how best to move forward with exploring the possibility of introducing this new profession in Maine.

Recommendations Regarding Mid-Level Health Professional Roles

1. Employers should be supported in creating hiring opportunities and career pathways for mid to high level non-clinical positions.

Next Steps:

- Employers should explore these options both internally as well as in organized meetings to further explore and discuss this option and identify what assistance they may need to hire people directly into these positions, or to develop career pathways for their current employees.
- NMRC/PAE should develop partnerships with employers around both their hiring and training needs. This would include, amongst other things, developing strategies for diversifying their workforces, such as, internships, job shadows, etc., and career advancement training for incumbent workers.

PHARMACISTS

Foreign-trained pharmacists have an especially difficult situation, in that even if they were to succeed with the licensing process, their degree will most likely become obsolete. Currently, in the U.S., the only pharmacy degree that will be accredited is a doctorate of pharmacy or a PharmD. There are some exceptions to the doctorate requirement, including the licensing of foreign-trained pharmacists, however, employers may only be hiring PharmD pharmacists in the future. One option for foreign-trained pharmacists is to consider going back to school for the PharmD. There are only three Accelerated PharmD programs in the U.S., which would be appropriate for a foreign-trained pharmacist to attend as they do not require starting from scratch. These programs include one at UNE that started in the summer 2020. Working closely with the UNE Pharmacy School leadership and receiving advising and support from NMRC, a new Mainer student was the first student accepted into this program. Even with the support of the program leadership, many challenges exist to acceptance into the program, such as: transcript submission, demonstrating English proficiency, understanding the application process, payment timelines and having the financial resources for the costs of the application process, being able to access the roughly \$126,000 to cover the cost of tuition for the program.

Our experience working with the pharmacists highlights the barriers that are also true for other professions, especially physicians. Unfortunately, for most, for whom the licensure path or returning to school for an advanced degree are not options, they are denied the opportunity to practice at roughly the same level as their previous professions.

Barriers to Licensing

- Immigrant pharmacists seeking to practice in the U.S. will face a big dilemma that they may be able to obtain licensure in Maine, but because they do not have a Doctor of Pharmacy or PharmD, their degree will not be competitive, and they will not find employment. Foreign licensed and educated pharmacists will have degrees that are not competitive even if they are able to complete the 2 – 3 year process to secure licensure, which also has significant costs in terms of application and test fees, prep materials, and time available to study for the pharmacy exams as well as English proficiency tests. The PharmD

degree is what U.S. schools have been offering and while employers may continue employing and hiring pharmacists with bachelor's degrees, it is not preferred and believed that eventually non-PharmD pharmacists will be phased out of licensed positions.

- Foreign pharmacists going through the licensing process who get certified to proceed need to complete a pharmacy internship. This is a licensed, paid, or unpaid 1,500 hour position under the direction of a pharmacist. Most internships are offered in partnership with universities who include them as part of the degree program. Currently, in Maine, the pathway to obtaining an internship for someone who is not affiliated with a pharmacy school, although legally possible, remains unclear.
- Colleges and universities in Maine and around the country usually do not offer advanced standing. There are three advanced track PharmD programs, UNE's in Maine which is still a 3.5-year commitment and very expensive.
- Financial aid and scholarships, which are usually available for undergraduate degrees, are very limited because foreign educated pharmacists would be seeking an advanced degree.
- Loans could be an option for some, but the level of indebtedness upon completion of the program could be in the range of \$120,000. This is a significant amount for someone, who is here as a refugee or asylum seeker, struggling to support themselves and their families and could be more debt than they should responsibly assume. Additionally, for those who are asylum seekers, loans are likely not an option until the person has been granted asylum and obtains permanent status.
- For many new Mainer pharmacists who come to the US as refugees or asylum seekers, neither pursuing licensure as a pharmacist nor returning to school to attend a PharmD program are options. At present, other than working as a Pharmacy Technician, career paths or other career options are not easily identifiable.

Recommendations for Pharmacists

1. UNE should continue to take steps to provide slots in a 3-year Advanced-Standing Track PharmD Program for new Mainer students and offer supports such as access to financial assistance, mentors, advisors, study partners, etc. for students in the program.

Next Steps:

- UNE should take steps to secure tuition and funding, expand flexibility in credentialing requirements, recognize past experience and education to reduce time and cost to assist the admission of new Mainers into the PharmD program.
 - Obtain feedback from 1st student in UNE's Advanced Standing PharmD program on what supports, assistance, etc. is needed and would be helpful throughout the year and program to make sure new Mainer students in the program are successful.
 - UNE should develop supports such as mentors, advisors, study partners, etc. for students in the program to ensure they are successful in the program and work to identify financial support for students.
2. NMRC provides pharmacy internship licensing placement support.
Next Steps:
 - NMRC works with foreign pharmacists pursuing licensing to find and work with employers that would offer pharmacy internships for interns not affiliated with a university program.

- NMRC continues to work with the Board of Pharmacy to clarify the licensing process for pharmacy interns including recognition of work done in other countries that could count toward Maine internship hours.
3. Career path alternatives need to be explored and/or developed for those foreign trained pharmacists for whom obtaining a pharmacist license or attending the PharmD program is not an option.

Next Steps:

- NMRC works with employers to identify non-licensed career paths for pharmacists such as scientist, researcher, industrial pharmacy, etc.
4. Foreign trained pharmacists, regardless of what career path they pursue, need mentors, networks, and professional career advice on the pharmacy profession in Maine.

Next Steps:

- NMRC will reach out to the Maine Pharmacy Association to inform them of the challenges faced by foreign trained pharmacists and encourage the association to develop programming on ways to support and assist the integration of foreign trained pharmacists into the profession in Maine.

NURSES

Obtaining an RN license in Maine presents similar challenges as physicians for foreign-trained nurses wishing to continue their practices in that the existing paths overlook those who are asylum seekers or refugees who did not have the advantage of planning a nursing career in the US before they arrived in Maine. The Maine Board of Nursing does license many nurses who are not US citizens and are educated outside of the US, but who, before coming to the US, are generally working with staffing agencies used by US employers to fill critical shortages and provide for the CGFNS requirements. New Mainer nurses have difficulty with the licensing requirements and find very few programs that offer advanced standing toward a US degree.

Barriers to Licensing

- The first hurdle that many foreign trained nurses face is an evaluation of their degree by CGFNS (Commission on Graduates of Foreign Nursing Schools). Accessing documents from their schools, particularly for those nurses who have fled their countries as refugees and asylum seekers can be almost impossible and can keep them from moving forward with the licensing process.
- Difficulty with English language proficiency tests for licensing, to enter a nursing program, or move forward with nursing classes is a challenge for many.
- If they are unable to pursue licensing as a nurse, many trained nurses with degrees from their home countries have difficulty getting credit for past education and experience when they are applying to a nursing program and must essentially start all over.
- RNs that are able to complete the credential evaluation process and move through the licensing process are often missing credits and subjects necessary for state licensure and are unable to take single-subject classes without fully matriculating into a nursing program.
- Even those new Mainers who are enrolled in RN programs at both the ASN and BSN level may need

additional supports to successfully complete a program, such as mentors, tutors, study groups cohorts, and test prep sessions as they go through a program and ultimately prepare for the NCLEX exam.

- For any timed test, such as the NCLEX nurse licensing test, NCLEX prep courses and other materials would benefit any nurses for whom English is not their first language.
- As with the other professions listed in this report, costs of pursuing licensing or returning to school may be prohibitive and keep some people from moving forward with their careers.
- Many foreign trained nurses are able to become certified and employed as CNAs, a position for which there is a high demand all across the state. For many, however, they are unable to move beyond this position and ahead with careers in nursing or other health professions without support from an employer and a clear career path.

Recommendations for Nurses

1. Nursing programs need to offer substantially more advanced standing, credit for experience, and prior education, as well as be more flexible with transcript evaluation requirements and offering more single subject classes for those foreign trained RNs who may need the courses for licensure.

Next Steps:

- NMRC will reach out to nursing schools and work to identify and/or develop opportunities for single subject courses.
 - NMRC will work with nursing programs to explore creating a program for a more efficient path to gaining RN licensure for foreign trained nurses (and physicians) who choose to practice nursing, including nurse practitioners. Develop formal partnerships and MOAs and agreements with programs on advanced standing and documentation flexibility and granting credit for past education and experience.
2. Provide more English proficiency support including prep for entrance exams into nursing programs, ongoing support once accepted, and for passing the NCLEX once graduated.

Next Steps:

- NMRC will work with SMCC and other interested programs to create customized English classes or support for those students who may need it.
 - NMRC will share this report with state agencies who are addressing the nursing shortage.
3. The Maine Board of Nursing should consider offering alternatives to CGFNS (Commission on Graduates of Foreign Nursing Schools) for evaluation services of foreign degrees. The flexibility of using different evaluation companies could remove the first hurdle that many foreign trained nurses face in obtaining their degrees from their schools and countries. Using a NACES approved evaluation company as an alternative, for example, may allow more nurses to access their transcripts and diplomas. Additionally, many nurses may want to continue with their education, which could require an evaluation of their degree. The CGFNS evaluations cannot be used for this purpose, so the foreign nurse will need to have 2 different evaluations done.

Next Steps:

- NMRC will work with other Welcome Back programs on identifying and articulating the

problems with using CGFNS as the sole evaluation company in a state for nurse licensure. NMRC will discuss this recommendation with the Maine Board of Nursing.

CONCLUSION

Significant challenges facing Maine's healthcare delivery systems are impacted by our healthcare workforce. MeHAF, state agencies, employers, and others have pointed to the need to address cultural competency and diversity within the healthcare workforce in addition to shortages of primary care practitioners and registered nurses – both impacting access to healthcare and health outcomes for the state's population. In examining the barriers to licensing for new Mainer health professionals, it is clear that not only are the barriers so significant that very few doctors, nurses, pharmacists, and others are working at their skill level, but reducing these barriers, could have a significant impact to alleviate these critical workforce issues.

Maine has been given a wake-up call regarding disparities in healthcare for minority populations with the data we have seen related to the pandemic and its disproportionate impact on people of color. As a state, we must think about concrete strategies to address these disparities. Using Maine's foreign trained health professionals to the fullest extent possible to increase diversity and cultural competence is one strategy to making sure that all Mainers have access to healthcare.

REFERENCES

- Association of Medical Doctor Assistant Physicians. (2020). Retrieved October 07, 2020, from <https://assistantphysicianassociation.com/>
- Batalova, J., & Fix, M. (2020). As U.S. Health-care system buckles under pandemic, immigrant & refugee professionals could represent a critical resource. *Migration Policy Institute*.
- Bell, S., E. & Walkover, L. (2020a). *Forced migration of physicians in the 21st century: the case for “refugee physicians.”* Unpublished Manuscript. Department of Sociology, Drexel University, Philadelphia, USA. Presented at the American Sociological Association Annual Conference, August 11.
- Bell, S., E., & Walkover, L. (2020b). Pathways towards medical licensure for international medical graduates living in the US. *2020 North American Refugee Health Conference*, online, September 17-19.
- Bell, S., E., & Walkover, L. (2020c). Pathways towards US medical licensure for refugee physicians [Scholarly project]. Department of Sociology, Drexel University, Philadelphia, USA. Retrieved from <https://orcid.org/0000-0001-6337-8244>.
- Bell, S. E., & Walkover, L. (2020d). *“We are the forcefully displaced physicians”: the meaning of forced migration for physicians in the 21st century.* Unpublished Manuscript. Department of Sociology, Drexel University, Philadelphia, USA.
- Fernández-Peña JR. (2012). Integrating immigrant health professionals into the US health care workforce: a report from the field. *Journal of Immigrant and Minority Health*, 14(3):441–448.
- Fernández-Peña JR., Simas H., Reuckhaus, P. (2008). Meeting the language needs of immigrant health professionals: an innovative approach. *The CATESOL Journal*. 2008;20(1):187-209.
- Kamimura, A., Samhour, MS., Myers, K., Huynh, T., Prudencio, L., Eckhardt, J., et al. (2017). Physician Migration: Experience of International Medical Graduates in the USA. *Journal of International Migration and Integration*. 18(2):463–481.
- Maine Legislature. (2019) An Act to Attract, Educate and Retain New State Residents To Strengthen the Workforce. Legislative Document. Retrieved from: <http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0468&item=1&snum=129>
- Namak, Shahla, Sahhar, F., Kureshi, S., El Rayess, F. Mishori, R. (2018). Integrating refugee doctors into host health-care systems. *Forced Migration Review*. (58):16–18.
- Nedelman, M. (2017). Why refugee doctors become taxi drivers. Retrieved October 07, 2020, from <https://www.cnn.com/2017/08/09/health/refugee-doctors-medical-training/index.html>
- New Mainer Resource Center, N. (2018). *Foreign Trained Professionals: Maine's Hidden Talent Pool* Retrieved <https://nmrcmaine.org/wp-content/uploads/2018/12/NMRC-Maines-Hidden-Talent.pdf>

Peñaloz, M. (2020). How Immigrant Medical Professionals are Helping to Fight the Coronavirus [series episode]. The Coronavirus Crisis. NPR. <https://www.npr.org/2020/04/16/834258639/how-immigrant-medical-professionals-are-helping-to-fight-the-coronavirus>

OPOR. (2020). *Report of the Commissioner of Professional and Financial Regulation* (US, State of Maine, Office of Professional and Financial Regulation). ME: State of Maine.

Sacchetti, M. (2020, July 30). "I'm Scared". *The Washington Post*.
<https://www.washingtonpost.com/nation/2020/07/18/im-scared/?arc404=true>



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