

CPCA

California Primary
Care Association

Health Care Access for All

TO: Welcome Back Initiative
FR: California Primary Care Association
DATE: May 12, 2005
RE: Reinstating the Fifth Pathway Program in California

EXECUTIVE SUMMARY

This memo addresses the potential for re-establishing the Fifth Pathway Program in California, and to incorporate foreign trained physicians into such a program.

The 5th Pathway was originally intended to assist U.S. citizens who received their medical education internationally to be licensed to practice in the U.S. Given the policy goal to assist U.S. citizens, internationally trained health workers immediately face a statutory barrier to participation in the 5th Pathway. To reestablish and revamp the 5th Pathway in California's medical schools would require a change in law to include foreign trained physicians that are not U.S. citizens. It would also require a source of funding to support the implementation costs of creating the Program.

One potential strategy for reestablishing the 5th Pathway would be a legislative strategy to adopt the statutory changes needed to include non-U.S. citizen, foreign trained physicians in a 5th Pathway coupled with an effort to secure funding to establish the Program from a private foundation.

Another less likely strategy for reestablishing the 5th Pathway would be a State budget and legislative strategy, to obtain short-term funds in the state budget for a pilot project. The pilot would include language to expand the 5th Pathway to non-U.S. citizens. This strategy would be strengthened if a university was interested in housing the pilot.

Given the state's fiscal crisis, reestablishing a revamped 5th Pathway Program would be extremely difficult. When the program existed, it received an annual appropriation from the state general fund. With a budget shortfall of approximately 6 billion dollars, a general fund appropriation for this program does not seem politically feasible.

In order to improve the chances of success for this strategy, even in a good budget environment, Welcome Back should consider criteria for admission supporting the willingness of graduates to serve in underserved areas. This criterion may address many of the issues raised by any opposition and would provide some legislators with a strong reason to support this initiative: the needs of California's underserved populations.

BACKGROUND

Established in 1971, the Fifth Pathway is a way for students who received their medical education abroad to complete their supervised clinical work at a U.S. medical school,

become eligible for entry to U.S. residency training, and ultimately obtain a license to practice in the U.S. These students return to the U.S. to complete a fifth year in a supervised clinical training program, after which they receive a Certificate of Completion, which is accepted in lieu of a diploma in all U.S. licensing jurisdictions. The certificate is the physician's medical credential.

Fifth Pathway programs are run through participating U.S. medical schools. In California, four programs provided the Fifth Pathway program in the 1970s to early 1980s; however, no school currently operates a Fifth Pathway program. California law does still recognize graduates of the 5th Pathway Programs as eligible for licensure upon meeting all of the other licensing requirements contained in California statute. However, there is only one Fifth Pathway program in the U.S. still in operation, in New York's Medical College.

STATUTES, REGULATIONS & INFORMATION RELEVANT TO PROGRAM

- **Business & Professions Code Section 2103:** California law that recognizes graduates of the 5th Pathway Programs as eligible for licensure if they meet all of the other licensing requirements.
- **Business & Professions Code Section 2193.77:** Language that established the 5th Pathway Program in 1972. (Hard copy included in the attachments).
- **Business & Professions Code Sections 1621.1, 1621.2 and 2193.77:** Allocated \$10,000 for each participant at the University of California 5th Pathway Program.
AB 3389 (Rosenthal; Chapter 988) in 1980.
- **An Evaluation of California Fifth Pathway Program:** A report to the Assembly conducted in 1981 by the Office of Statewide Health Planning and Development on the 5th Pathway Program. **ATTACHMENT A**
- **California Code of Regulation Title 16, Section 1324 Program:** Repealed in 1997.
- **Business & Professions Code Section 2104.5:** Created by AB 2872 (Thomson) in 2002 to study methods to reactivate the 5th Pathway Program.
- **Chart of Mexican and Caribbean Graduates by School as of August 3, 2001. ATTACHMENT B**
- **An Unofficial Guide to Fifth Pathway By Alumni Association of Graduates of Autonomous University of Guadalajara. ATTACHMENT C**
- **2004 Report to the Legislature from the Medical Board of California:** Information regarding the feasibility of 5th Pathway Programs addressing physician shortages in certain underserved locations and increasing the number of culturally literate physicians. AB 2872 (Thomson; Chaptered) in 2002. **ATTACHMENT D**

THE FIFTH PATHWAY AND INTERNATIONALLY TRAINED HEALTH WORKERS

The 5th Pathway Program is intended to assist U.S. citizens who have received their medical education internationally to be licensed and to practice in the U.S. Given the policy goal is to assist U.S. citizens, internationally trained health workers (i.e. foreign physicians) immediately face a statutory barrier to participate in the 5th Pathway Program.

- **Cost:** The cost of the last year in New York's 5th Pathway Program is \$22,000. That is in addition to costs incurred for the foreign medical school, as well as housing, transportation, books, and other cost of living expenses.

- **Language:** Participants entering into the 5th Pathway must be fluent in English.
- **US Citizenship Requirements:** One of the requirements for acceptance into the 5th Pathway Program is U.S. citizenship. In prior years, it was recommended to the California Legislature that the California 5th Pathway Programs be limited to California residents.

RE-ESTABLISHING THE FIFTH PATHWAY IN CALIFORNIA

To reestablish and revamp the 5th Pathway Program in California's medical schools would require both a change in law and a source of funding to support the implementation costs of creating the Program. The 5th Pathway Program would need to be changed statutorily to include foreign trained physicians that are not U.S. citizens.

According to the study conducted by the Medical Board, California's 5th Pathway Programs closed largely due to a lack of financial resources. The California programs stated that enrollment into the programs was not adequate to provide a sufficient number of qualified participants for a cost-effective program. Also, funding for the program did not keep pace with its costs.

Additionally, the program's management would be a new cost that should be considered. The California Student Aid Commission originally administered California's 5th Pathway Program, but received no fiscal appropriation for its administration.

Given the state's fiscal crisis, reestablishing California's 5th Pathway Program using state resources would be very challenging. When California schools did offer the program, they received an annual appropriation from the state general fund. Faced with a budget shortfall, an ongoing general fund appropriation for this program does not seem politically feasible.

POTENTIAL STRATEGY

One potential strategy for reestablishing the 5th Pathway Program would be a legislative strategy to adopt the statutory changes needed to include non-U.S. citizen, foreign trained physicians in a 5th Pathway Program coupled with an effort to secure funding to establish the Program from a private foundation.

POLITICAL FEASIBILITY

To begin to reestablish the 5th Pathway Program in California's medical schools a source of funding would need to be identified to support the cost of reestablishing the Program. As mentioned, according to the study conducted by the Medical Board, California's 5th Pathway Programs closed largely due to a lack of financial resources. The California programs stated that enrollment into the programs was not adequate to provide a sufficient number of qualified participants for a cost-effective program.

Since the existing 5th Pathway Program is limited to U.S. citizens, an expansion to include non-U.S. citizen, foreign trained physicians would need to address the issue of low enrollment and long-term program sustainability. In other words, non-U.S. citizen, foreign trained physicians must enroll and pay student fees at a level that allows for the sustainability of the Program. It is highly unlikely that a university, a private foundation, or the State would provide on-going funding to sustain a program that has already failed once due to insufficient financial resources. *The ability to demonstrate that these new 5th Pathway medical students will be able to sustain a program with student fees is a significant hurdle to overcome.*

With the report from the Medical Board and the 5th Pathway Program's history, it is unlikely a university would implement such a revamped 5th Pathway Program without at least short-term outside resources for support. Securing the interest of a private foundation to fund a revamped 5th Pathway Program would be another hurdle that must be addressed in this strategy.

Sponsoring legislation that seeks to create the statutory changes to allow for the inclusion of non-U.S. citizen, foreign trained physicians into a revamped 5th Pathway Program and that is contingent upon securing private foundation funding for the establishment of such a Program could be pursued. If the Welcome Back Program is interested in this option, it should seek to demonstrate that enrollment in this program will be high.

POTENTIAL STRATEGY

Another less likely strategy for reestablishing the 5th Pathway Program would be a State budget and legislative strategy. This effort would seek to obtain short-term funds in the state budget for a pilot project. The pilot would include language that expands the 5th Pathway Program to non-U.S. citizen, foreign trained physicians. This strategy would be strengthened if a university was interested in housing the pilot. For example, perhaps advocacy could target Loma Linda University's program, since it had the lowest cost per trainee of all the Pathway schools.

POLITICAL FEASIBILITY

In reestablishing the 5th Pathway Program, the most important question that will be asked by the Legislature or Administration will be about funding. Where will the funding come from to reestablish and administer the program?

Given the state's fiscal crisis, reestablishing a revamped California 5th Pathway Program would be extremely difficult. When the program existed it received an annual appropriation from the state general fund. With a budget shortfall of approximately 6 billion dollars, a general fund appropriation for this program does not seem politically feasible. This strategy could be feasible in a positive budget environment.

Again, this strategy would need to make clear that State funds would only be used to establish the program and student fees would support the ongoing administration.

In order to improve the chances of success for this strategy even in a good budget environment, the Welcome Back Program should consider having criteria for admission that supports the willingness of graduates to serve in underserved areas. This criterion may address many of the issues raised by any opposition and will provide some legislators with a strong reason to support this initiative. Without this provision, legislators are being asked to support efforts for the Welcome Back constituency to gain the prestigious position of becoming a physician. With this provision, legislators are being asked to support the creation of a pool of physicians willing to address the needs of California's underserved populations.

Again, pursuing this strategy will need to wait for a better budget environment.

Potential Allies: California Medical Association, California Academy of Family Physicians, and the California Psychiatric Association.

Potential Supporters: Medical schools (if funding is provided), and other clinic groups.

Opposition: unknown.