

# **Coalition BRIGHT**

## **(Building Reciprocal Initiatives for Global Health Training)**

**Background:** In high-income countries (HICs) such as the United States, it is a common practice for healthcare training programs to provide opportunities for their faculty and trainees to experience and provide healthcare in low-and middle-income countries (LMICs). These global health opportunities have multiple benefits for US trainees, including cross-cultural experiences, exposure to advanced diseases and disease processes infrequently encountered in high-resource settings, increased cost-consciousness, opportunities to observe different healthcare delivery models, and increased autonomy.

Physicians from the US frequently participate in hands-on clinical care education opportunities in LMIC healthcare institutions; however, reciprocal opportunities for physicians from LMICs do not exist in the US. Instead, academic medical centers have offered “observerships” to international partners, where visiting foreign physicians can watch patient care but cannot touch a patient or participate in clinical care alongside a supervising physician. These traditionally uni-directional partnerships with LMIC medical institutions create an imbalance of opportunity and limit the potential of global health system strengthening and security. Without the opportunity to engage in hands-on clinical care in an HIC such as the US, foreign physicians cannot access and learn the advanced skills, procedures, systems, specialized care, and technology needed in their home countries.

While other barriers to bidirectional clinical medical education exist including challenges obtaining short-term state medical licensure, apprehensions about medical liability and insurance coverage, and reluctance on the part of academic medical center attorneys to step into this uncharted territory to allow such programs, **the lack of an appropriate visa category for foreign physicians is the most significant barrier**. Several states have created short-term medical licenses (limited to no more than 1 year) to facilitate clinical medical education training, but international physicians cannot participate because there is no pathway for them to enter the United States.

**Rationale:** The US, as a global leader in healthcare, peace, and security, is in a strong position to strengthen bidirectional healthcare delivery and education and promote healthcare diplomacy. The proposed solutions will promote equity in medical education, strengthen healthcare delivery worldwide, facilitate partnerships, drive innovation, and promote global health stability. Additionally, supporting bidirectional healthcare delivery and education will allow the US to fulfill its security objectives to bolster interoperability with military partners and allied nations.

**Problem:** Currently, no visa category exists that allows foreign physicians to enter the United States and participate in short-term supervised clinical continuing medical education experiences involving patient contact through established and productive institutional partnerships.

**Mission:**

Work with the U.S. Government to explore various pathways to allow hands-on clinical training for short-term visiting physicians through amending current visa categories.