## The Current American Medical Licensing System & PhA-eAML Proposals (Part 2 of 2: The Proposals)(R)(C) K1-12 educational system in immigrating visa MDs entering US as A DEMOCRACY PROMOTING OPERATION! foreign countries independent candidates, become greencards ANTI-Trust. ANTI-MONOPOLY! Anti-Hierarchical and citizens, working by themselves on USMLEs and credentialing their medical very hard entrance exams **INDEPENDENCE and FREEDOM of choices!** school work from their training countries with ECFMG or FCVS, obtained ECFMG REDUCTION of bureaucracy! ENERGY SAVING! certificates (so called US-FMDs), practically medical schools in ECO-FRIENDLY! Techno-Science applying! ready to work as mid-level PhA- Physician foreign countries 6-7 year Associates! IMPROVE MD shortages & healthcare disparity! MD training programs RICH multi-cultural-language resources of MDs **RESTORATION** equal employment & civil rights! Foreign-FIXING illogical points: e.g. bottleneck gate, rule trained International/ PhA-eAML of all-or-none, illegal immigration trend of MD Foreign outidor S 1MD domain foreign MDs as outsourcing jobs right at home! Graduates = selective advanced techno-science use of the science use of the scienc IMDs / FMD In rna-eaml in a combined training for Physician **TEMPORARILY** closed corridor 2 for IMGs of anv & CME if Terminal A all non-immigrant visa MDs primary **MEDICAL** entering US (J1/H1 mainly) care LICENSE legally If there's ever been a need to restrain the number of MDs, it practice independently Obsolete All-or-None rule! (currently 800K licensed MD should be done at medical school entrance exams, not once Invent alternative routes! practicing all over 50 states) students have gone through too many high energy-consumed Anti monopoly & prerogative! works & heavy loans to achieve MD graduation! Bottleneck & All-or-None are gravely wrong mistakes! USFMD mistreatment is notoriously pathetic diplomacies for both domestic and Fellowships if foreign affairs as the failed and unattended immigration law! specialized or hospitalists K1-12 USA system then CMEs for specialties **Traditional** Domestic-Medical BA/BS any major plus premed trained prerequisites as minimal requirements Residency MD 100% US-FMDs with ECFMG certificates domain and 100% AMDs can practice their civil MCAT (MD/DO) rights: freedom of personal choices of medical career development. The new operation can supply at least a few hundred extra mid-level PhAs and MDs annually for year 1-3: must pass USMLE step 1/COMPLEX1 corridor 3 each state health care system. IMPORTANT NOTE **AMDs** need to understand (MDs/DOs) part 1 to be able to year 4-6 must pass USMLE comprehend part 2 step 2 CK- CS/COMPLEX 2 **KATHERINE THUY MILLER, JULY 2015**