**International Medical Graduates**

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Introduction

The inclusion of international medical graduates (IMGs) in pediatric residency programs is increasingly vital as they not only contribute to diversity and breadth of experiences, but also play a crucial role in addressing workforce needs. This chapter provides essential guidance on recruiting IMGs, helping them navigate visa processes, supporting their acculturation, and ensuring they thrive in their roles. Addressing these areas is crucial for program directors to foster a more inclusive and effective residency environment while meeting the evolving needs of the medical workforce.

Recruitment

Recruiting holistic framework and core principles can be applied to the IMG candidates as it is to domestic candidates (See Figure 1 and [AAMC Holistic Review Primer for Program Directors](https://www.aamc.org/services/member-capacity-building/holistic-review#program)). As a result, the program will have the opportunity to select candidates who:

1. Align with the goals and mission of the program.

2. Help the program mirror the community it serves.

3. Provide multi-faceted diversity to the system.

A diagram of a model

Description automatically generated

Fig. 1. Model for Holistic GME Selection. “Holistic Principles in Resident Selection: An introduction, AAMC”

*Experiences*

IMG training experiences are diverse, differing from domestic schools in many aspects. Notably the exposure to community service, leadership, and experience with diverse populations may not be as evident in IMG applications. These aspects may be integrated into their school experience/curricula but not as emphasized or highlighted in their CVs. The new ERAS application may help to discern such exposure. Look at the Meaningful Experiences section in ERAS.

Clinical Experiences in Native Country

**Internship and mandatory social/rural service:** In many school systems medical students rotate through an internship year (last year of medical school) in which they develop autonomy by exposure to high patient volumes and practice under indirect supervision. In addition, some systems require the new graduate to complete 6 months to one year of independent practice (rural or social service) to apply for independent licensing. Those IMGs that have completed the above pathway may have practiced autonomously in low resource settings, fostering professionalism, adaptability, and resourcefulness.

**Working practitioner:** Once a license is obtained in their native countries, physicians may enter independent practice. Most likely, they can work as general practitioners for adults, women, and children. As a result, skills such as clinical reasoning, decision-making, communication, and teamwork are further developed. In addition, physicians demonstrate professionalism and the ability to adapt to systems during those years. For example, some IMGs from Caribbean schools are hired to be “house staff” as hospitalists in different services such as NICU, ED, and PICU. Observing descriptors in the ERAS application may indicate clinical load and skills developed during that time.

Clinical Experiences in the U.S.

IMG candidates gain exposure to the U.S. health system during medical school through external rotations during internship year or observerships after graduation. Those observerships are highly diverse; they can be in the outpatient setting in a private office “shadowing a physician” or in an academic institution in the inpatient or outpatient setting. The length of the experience also varies greatly. It is important to look at the description of their roles and workload during the time spent in observerships to assess what they may have learned and experienced. Be aware of state-specific requirements. For example, New York State has the “12-week rule,” which states that applicants cannot train in New York State if their medical school education included more than 12 weeks of clinical rotations outside of the country where their medical school is located, excepting certain schools that have been pre-approved.

Research Experiences

IMG candidates may join the U.S. health system by becoming research coordinators on-site or online in which they manage data, consents, and statistics. During these experiences, they gain firsthand local teamwork experience.

Additional Training

**Residency training in native country:** IMGs may have already completed a residency in their country and/or have worked in specialized fields. Of note, residency training may not be evident in the “education tab” in the ERAS application but could appear in “experiences” or in the CV. Additionally, international subspecialty training varies highly regarding clinical time, accreditation steps, and research requirements.

**MPH or other advance degrees:** IMGs may complete other advance studies such as an MPH in the U.S. to be familiar with and gain exposure to the U.S. healthcare system. They may have exposure to U.S. teamwork and communication styles.

*Attributes*

This area is directly linked to the experiences they may have. Programs should establish priorities they want in their trainees to match with applicants.

*Metrics*

**School performance**: Medical school training varies significantly across the globe, and while many leading international schools are beginning to adopt the U.S. format for Medical Student Performance Evaluation (MSPE) reporting, assessing MSPEs from international institutions can still present challenges. Most international applicants provide a summary of grades obtained by subject during their training with only a portion offering an MSPE-style summary. The variability in the information provided is considerable, with many documents primarily focusing on clinical experiences and grades. To effectively evaluate these reports, it is essential to familiarize oneself with different medical schools from various regions by reviewing their accreditation status, rankings, and feedback from local faculty. Over time, programs build valuable experience in assessing these diverse educational backgrounds.

**USMLE**: Every IMG must obtain an Educational Commissioner for Foreign Medical Graduates (ECFMG) certificate to participate in ERAS. [ECFMG Certification](https://www.ecfmg.org/2024ib/certification.html#:~:text=ECFMG%20Certification%20assures%20directors%20of,eligibility%20to%20enter%20such%20programs) provides assurance to directors of ACGME-accredited residency and fellowship programs, as well as to the American public, that IMGs have met the essential eligibility criteria to participate in these programs. Using USMLE scores is one way to assess medical knowledge in the IMG candidates. IMG candidates may even take the USMLE Step 3 prior applying to residency. This is not a requirement to enter residency, but it is for state licensing.

*Actionable Items Related to Recruitment*

1. Define values and goals of the program when it comes to recruiting IMGs (consider the population your program serves)
2. Develop a rubric for IMGs that aligns with the values of the program. (For example: one may value clinical experiences more than an MPH in the US health system.)
3. Apply holistic review
4. Involve faculty members familiar with different countries as advisors to the PD and coordinators to familiarize with different systems. (Caribbean schools vs Latin-American schools as an example.)
5. Develop a library of schools from prior residents/faculty in the program.
6. Establish observership programs that will allow first-hand experience for the candidate and the program.

Visas

*ECFMG*

The Educational Commission for Foreign Medical Graduates (ECFMG) is authorized by the U.S. Department of State to sponsor foreign national physicians for the J-1 Exchange Visitor visa for participating in U.S. programs of graduate medical education or training. ECFMG is responsible for ensuring that Exchange Visitors and their host institutions meet the federal requirements for participation in the Exchange Visitor Program. This program provides instruction and guidance to teaching hospitals, medical specialty organizations, universities, and international physicians on the credential and immigration requirements for J-1 visa sponsorship. Certification by ECFMG is the standard for evaluating the qualifications of these physicians before they enter U.S. graduate medical education (GME). ECFMG Certification also is a requirement for IMGs to take USMLE Step 3 and to obtain an unrestricted license to practice medicine in the U.S. ECFMG has developed unparalleled expertise on the world’s medical schools, the credentials they issue to their graduates, and the verification of those credentials.

*Visas*

IMGs may apply for different types of visas that allow them to work in the U.S. The application of visas requires expertise and support from institutions to make it feasible. The GME office tracks which visas each institution supports.

The two most common visas offered to IMGs are:

*J-1 Visa*

*A*lso known as the Exchange Visitor Visa or J student visa, this is a non-immigrant visa that allows people outside of the U.S. to participate in work- and study-based exchange programs in the country. J-1 visas can be issued for up to five years, plus 30 days to prepare to leave the U.S. Applicants must meet eligibility criteria and provide the following documents to apply for a J-1 visa:

* Passport valid for at least six months after departure unless there are exemptions
* Photograph
* Non-immigrant visa application form
* Visa fee receipt
* Form DS-2019 (Certificate of Eligibility for Exchange Visitor [J-1] Status)

The application-processing fee for a J-1 visa is $160. Within 30 days of arriving in the U.S., J-1 visa holders must also obtain their own health insurance for themselves and their families as well as a social security number.

Program Coordination

Typically, the Program Coordinator or an institutional GME Coordinator will complete a new academic profile for new IMGs needing a J-1 visa in ECFMG. After completing a profile, each new intern is added by searching their USMLE number. A signed contract must be uploaded. Once ECFMG receives the profile, this will generate an email to all added applicants with instructions of what to upload on their end to receive a J-1 visa. Once the new intern has completed the documentation, ECFMG will mark complete and send the coordinator a DS2019 form. The coordinator will send out this DS2019 form to wherever the new intern is able to receive it. International graduates will not be able to enter the country without this DS2019 form.

H-1B Visa

To be eligible for the H-1B visa, a candidate will need:

* A valid job offer from a U.S. employer for a role that requires specialty knowledge.
* Proof of all USMLE Steps completed and evidence of prior training or equivalent experience in that field.
* The employer must show that there is a lack of qualified U.S. applicants for the role.

The U.S. government has set an annual cap on the number of new H-1B work visas that can be issued each fiscal year. When the demand for H-1B visas exceeds the available slots, a lottery system is used to randomly select petitions for processing. The H-1B cap lottery is a result of the high demand for these visas, and it can be a source of uncertainty for employers and prospective H-1B visa holders. The cost to register for the H-1B lottery is $215.

If the applicant is selected for an H-1B visa, the employer will then have to pay $780 to file Form I-129 (Petition for Nonimmigrant Worker) or $460 (in the case of small employers and nonprofits). Beyond Form I-129, the costs can vary, depending on the size of the company, costs to expedite the application, whether the H-1B applicant is changing employers, and attorney fees. Due to uncertainty and the cost, most programs opt forJ-1 visa support. Candidates prefer H-1B visas and sometimes offer to take care of the cost, which may be deemed questionable practice by institutional legal offices.

Support

The level of support from sponsoring institutions may vary, but these tips can be useful to support IMG residents. Most of the tips below would benefit both U.S. and international graduates though they are particularly important for IMGs.

Free Time for Essential Tasks

* Allocate free time during orientation for residents to complete tasks such as SSN applications, driver's license applications, housing, etc.

Orientation Program

* Consider conducting a simulation/curriculum covering topics that are important to intern function such as communication and teamwork, disclosing medication errors, delivering bad news, and handoff in different settings.

Educational Sessions

* Host sessions focusing on:
  + The role of the resident with medical students
  + Educational expectations (Milestones, EPAs)

Workshops

* Organize 2-4 workshops in the first couple of months to address various topics such as gathering HPI in different clinical settings, HEADSS assessment, how to develop a good assessment and plan, cultural differences in treatment of physicians, cultural differences in trainee agency, etc.
* Address specific deficiencies identified by residents or attendings in the first few weeks.

Support Systems

* Facilitate carpooling for interns who do not have cars in the first few months, usually organized by residents.
* Collect and accommodate food preferences (vegetarian, halal, gluten-free, etc.).
* Provide access to an interfaith chapel for spiritual needs.
* Offer an Employee Assistance Program for mental health support.
* Conduct regular professional and well-being check-ins by program coordinators and/or chief residents.

Mentorship and Support

* Assign a senior ‘buddy’ to each intern during onboarding.
* Assign a mentor when clinical duties begin. Ensure interns/residents meet with mentors at least once per quarter covering:
  + Residents' concerns
  + Conference attendance
  + Evaluations
  + Procedure logs
  + Individualized learning plans
  + Board preparation
  + Scholarly activity
  + Emotional health and well-being
  + Career planning
* Mentors will submit a report for the record.

Acculturation

Acculturation for a new physician in the U.S. involves both professional and social integration. Many of the suggestions listed here apply to all new residents and can be implemented as soon as the Match occurs.

*Professional Integration*

* **Orientation Programs:** Provide comprehensive orientation of programs that cover hospital policies, electronic health record systems, clinical rotations, and local resources (for example, Women, Infant, Children (WIC) Program, social work, specialist services, etc)
* **Mentorship:** Pair residents with experienced mentors who can offer guidance on clinical practices, career development, and navigating the healthcare system. Mentorship by peers (senior residents) and staff such as nurses can also help new residents navigate the system.
* **Cultural Awareness and Competency Training:** Offer training sessions to help new physicians understand the diverse patient population they will be serving. The U.S. Department of Health & Human Services has a free online-accredited program (<https://thinkculturalhealth.hhs.gov/education/physicians>) which can be completed prior to starting internship. In addition, an orientation on the cultural and communication needs of the patient population served by the program would be helpful.

*Social Integration*

Social norms vary across different cultures and societies, and even across different U.S. states. For a new resident, knowing the prevailing social norms and etiquette helps facilitate smooth interactions, build respect, and trust, and prevent misunderstandings in social and professional settings.

Endeavors that may help residents with social integration include:

* **Cultural Exchange Programs and Social Events:** Organize cultural exchange events where residents can share their own culture and learn about American culture from colleagues. In many programs, social gatherings and potlucks commemorate important cultural events (e.g. Thanksgiving, Christmas, Hispanic Heritage Month, etc.). Welcome parties are arranged for interns, residents, and faculty (e.g. beach party, bowling party or miniature golf) to get to know everyone in a safe and fun environment.
* **Community Involvement:** Encourage participation in community events, volunteer opportunities, and local clubs to help new physicians feel connected to the community.
* **Resource Guides:** Navigating everyday life, such as finding housing, banks, childcare and schools, understanding public transportation, discovering local amenities, etc. can be overwhelming. Sharing a list soon after the match and implementing a ‘buddy system’ where new residents are paired with a peer may help incoming IMG residents.
* **Language and Communication Support:** Provide language support services, such as English classes or conversation groups to help non-native speakers improve their language skills.

Resources

1. [Educational Commission for Foreign Medical Graduates (ECFMG)](https://www.ecfmg.org/2024ib/certification.html)
2. [Exchange Visitors (J-1 Visa)](https://studyinthestates.dhs.gov/students/get-started/exchange-visitors)
3. [H-1B Visa](https://www.uscis.gov/working-in-the-united-states/h-1b-specialty-occupations)
4. [A Physician’s Practical Guide to Culturally Competent Care](https://thinkculturalhealth.hhs.gov/education/physicians)
5. <https://www.aamc.org/services/member-capacity-building/holistic-review#program>