

Educational Primer #1: International Medical Graduates

This primer is part of the [2024-2025 AMA Organizational Strategic Plan to Advance Health Equity](#).

This primer was created to center international medical graduates (IMGs) and their expertise, experiences, and priorities.

IMGs are physicians or resident-physicians who have graduated from a medical school outside the U.S. These individuals may be citizens of the U.S. or foreign nationals.¹ In 2020, IMGs comprised 22.9% of the physician workforce, bringing years of training and experience in their countries of origin to the U.S. medical education and health care systems.^{2,3} IMGs contribute disproportionately to primary care and health professional shortage areas while providing equivalent quality of care compared to their U.S.-trained counterparts.^{4,5} IMGs also fulfill specialty care shortages that the U.S. cannot meet on its own: IMGs comprise 50% of active physicians in geriatric medicine and nephrology and 30% of active physicians in infectious disease, internal medicine, and endocrinology.⁶

“We practice in... poor urban and rural places. ...I’ve seen a lot of doctors who were IMGs working in the border of Texas, working in public hospitals, ...and in reservations. ... I would say don’t get discouraged ...all experiences that you bring from your countries are important. ... It’s valid and needed. ... immigrants who come to this country, they come with experiences. ... often it’s experiences of injustice. ...therefore we are very sensitive to matters of injustice ...when we become part of that workforce here, part of the community here, we’re sensitive because we experienced this.”

-Natalia Solenkova, MD, PhD, Immediate Past Chair, AMA IMG Section Governing Council

While IMGs can ease escalating physician shortages and worsening specialty and geographic maldistribution, they face daunting challenges entering and operating within U.S. labor markets. The numerous immigration hurdles during medical education, residency, and job placement create precarious living and working conditions for IMGs and their families. Physicians under the J-1 exchange visitor program (i.e., visa) surveyed by the Educational Commission for Foreign Medical Graduates (ECFMG) in 2019 described how fluctuating immigration laws contribute to a unique set of stressors, including racial discrimination, that impacted their well-being.⁷⁻⁹ When IMGs rely on employers for legal residency status, a power differential between employer and employee creates the potential for exploitation; many IMGs report overwork, low pay, poor working conditions, and limited opportunities for promotion.¹⁰⁻¹² Finding alternate employment is rarely an option because obtaining a new employer-sponsored visa is an uncertain and potentially lengthy process. U.S. Citizenship and Immigration Services (USCIS) median processing times for waivers have increased to 19.3 months in fiscal year (FY) 2024 from a low of 4.8 months in FY2015.¹³

IMGs are channeled towards tenuous employment opportunities, in part through inequitable graduate medical education (GME) admissions processes. Despite IMGs having higher U.S. Medical Licensing Examination (USMLE) scores⁹ and equivalent surgical outcomes,¹⁴ a two-tiered educational system systematically disadvantages and segregates medical students based on country of medical education. IMGs have lower residency program match rates (67.6% for U.S. citizen IMG and 59.4% for non-U.S. citizen IMG applicants vs. 93.7% of seniors of U.S. MD medical schools)¹⁵ placing IMGs more often in less prestigious and resourced community hospitals, resulting in lower board passage rates suggesting differing educational quality.¹⁶ A two-tiered educational system is intertwined with a two-tiered health care system, where systematic offering of lower quality residency training opportunities to IMGs could compound the disparities in care for and experience of patients in low-resource practice settings and communities. Pathways to board certification for many specialties remain difficult for those who completed undergraduate medical education at a non-Liaison Committee on Medical Education (LCME) accredited institution.¹⁷ Support services for navigating entry into the U.S., completing medical education, and obtaining job opportunities are rare.^{18,19} Many IMGs report discrimination and mistreatment as they join a health care system that advantages those from developed countries.²⁰⁻²⁴



While the IMG share of AMA membership has steadily grown over the past two decades, including growth in Council and Section leadership positions over the last decade, representation among delegates and Board Members has remained flat. Only two members of the AMA's board have identified as IMGs in the last 40 years. Additional strategies are needed to match the contribution IMGs make to the U.S. health care system.²⁵

Recent Developments

The precarity of IMG physicians in the U.S. is highlighted by recent national and international events. The COVID-19 pandemic demonstrated the U.S. health care system's reliance on IMGs and the impact on IMGs and their families. Of the 132 physician deaths attributed to COVID-19 across the U.S., 59 (45%) were IMGs – a disproportionate toll.²⁶ Despite their service on the pandemic's front lines, IMGs' visas and job placements are vulnerable to COVID-era policy unwinding.^{27,28} Where policies were modified to meet critical workforce needs, important allowances are sunseting.^{18,29} The Conrad 30 waiver program and the Healthcare Workforce Resilience Act, which would safeguard and expand pathways to practice for IMG physicians, are under debate in Congress. Additionally, the recent conflicts in Israel-Palestine, Sudan, and Ukraine have posed challenges around credential verification for physicians from these areas already working in the U.S.

At the state level, medical boards in 11 states allow IMGs who have completed GME outside the U.S. or Canada to be licensed in the U.S. without completing additional GME if they have met certain criteria.³⁰ In addition, several states have introduced legislation bypassing ACGME residency requirements and creating a provisional license for IMGs who meet certain requirements. Some of these bills would also create a pathway for IMGs to obtain a full and unrestricted license in the state.³¹

Within the last several years, IMGs have used assemblies and events to create community and build action toward health equity. While the AMA IMG Section is the largest convening entity, recently formed private organizations provide additional networking, peer support, and medical education opportunities.^{32,33} Despite hurdles, IMGs have risen to leadership positions, including George Abraham, MD – recent president of the American College of Physicians.

What We Build On

Our AMA acknowledges IMG physicians' critical role in the delivery of health care services. We have created tools to support IMGs and advocated for policy change to clear routes to practice.³⁴ For example, the AMA has been actively advocating for the Conrad 30 program for more than a decade. Additionally, our work includes:

- Winning an extension of the Conrad 30 J-1 visa waiver program through inclusion in the Consolidated Appropriations Act of 2023.
- Advocating for the:
 - Conrad State 30 and Physician Access Reauthorization Act (S. 665/H.R. 4942) ([PDF](#));
 - Doctors in Our Borders Act (H.R. 4875), which would increase the total number of Conrad waivers per state from 30 to 100;
 - Directing Our Country's Transfer of Residency Slots Act (S. 2719/H.R. 6980) ([PDF](#)) which would allow unused slots from the Conrad State 30 and Physician Access Reauthorization Act to be redistributed in the following fiscal year while ensuring that every state is still provided with 30 slots each year; and
 - Healthcare Workforce Resilience Act (S. 3211/H.R. 6205) ([PDF](#)) which would recapture 15,000 unused employment-based physician immigrant visas from prior fiscal years.
- Submitting statements for U.S. Senate and House Subcommittee hearings:
 - "Flatlining Care: Why Immigrants Are Crucial to Bolstering Our Health Care Workforce" ([PDF](#)); and
 - "Is there a Doctor in the House? The Role of Immigrant Physicians in the U.S. Healthcare System." ([PDF](#))
- Launching the [IMG Physician Toolkit](#) with resources regarding mentorship, residency training, visas, licensure, academic opportunities, and financial planning.

AMA Policy

Our AMA work in support of IMGs is grounded in decades of House of Delegates policy ([H-255.988](#)) that has been reaffirmed or modified numerous times over the years to meet the needs of IMGs. Policy adopted in 2023 encouraged key stakeholders to study and share the most equitable approach to parity for domestic and international medical graduates on financial burdens including application, exam and licensing fees. It also calls for stakeholders to work together on cost equivalency for required exams ([H-255.964](#)). Our AMA's work on visas is grounded in policies [D-255.985](#) and [D-255.991](#), with recent updates to [D-310.977](#) related to the financial and personal consequences of not matching into a residency program.

Looking Ahead: Proposed Actions

Our AMA recognizes the substantial interpersonal, institutional, and policy changes required to create inclusive educational and employment experiences for IMGs in the U.S. We have increased transparency on IMG representation among AMA leadership. We will support equitable access to career advancement opportunities for IMGs by opposing discriminatory use of filters in GME admissions, improving opportunities for robust mentorship, and including IMG voices in our anti-discrimination work with employees. We propose extending our diversity, inclusion, and belonging efforts to include IMG physicians. Moreover, we will develop educational opportunities for workers across the health care continuum to reduce bias and discrimination against IMGs at both interpersonal (e.g., communication) and institutional and policy levels (e.g., hiring and promotion). This will include focused outreach to specialty societies to support inclusion of IMGs. On the policy front, we will continue to advocate for expansion and permanence of the Conrad 30 program and for smoothing the transition from H1-B visa to green card.

For More Information

- Get the latest IMG news: [Sign up](#)
- Explore the IMG Section: [Learn more](#)
- Pursue IMG Section leadership opportunities: [Apply](#)
- Find resources for IMGs: [Learn more](#)
- Learn more about AMA's immigration advocacy: [Here](#)



References

1. About Us. ECFMG. Accessed October 23, 2023. <https://www.ecfm.org/about/>
2. Young A, Chaudhry HJ, Pei X, Arnhart K, Dugan M, Simons KB. FSMB Census of Licensed Physicians in the United States, 2020. Published online 2021.
3. David YN, Issaka RB. Advancing diversity: the role of international medical graduates. *Lancet Gastroenterol Hepatol*. 2021;6(12):980-981. doi:10.1016/S2468-1253(21)00376-9
4. Zaidi Z, Dewan M, Norcini J. International Medical Graduates: Promoting Equity and Belonging. *Acad Med J Assoc Am Med Coll*. 2020;95(12S Addressing Harmful Bias and Eliminating Discrimination in Health Professions Learning Environments):S82-S87. doi:10.1097/ACM.0000000000003694
5. Norcini JJ, Boulet JR, Dauphinee WD, Opalek A, Krantz ID, Anderson ST. Evaluating the quality of care provided by graduates of international medical schools. *Health Aff Proj Hope*. 2010;29(8):1461-1468. doi:10.1377/hlthaff.2009.0222
6. Association of American Medicine Colleges. Active Physicians Who Are International Medical Graduates (IMGs) by Specialty, 2017. AAMC. Accessed November 29, 2023. <https://www.aamc.org/data-reports/workforce/data/active-physicians-who-are-international-medical-graduates-imgs-specialty-2017>
7. The American Board of Medical Specialties, The Accreditation Council for Graduate Medical Education, The American Hospital Association, The Association of American Medical Colleges, The National Resident Matching Program. DHS Docket No. ICEB-2019-0006 – Proposed Rule Establishing a Fixed Time Period of Admission and an Extension of Stay Procedure for Nonimmigrant Academic Students, Exchange Visitors, and Representatives of Foreign Information Media. Published online 2020. <https://searchf.ama-assn.org/letter/documentDownload?url=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-10-26-Duration-of-Status-Comment-Letter-FINAL.pdf>
8. Symes HA, Boulet J, Yaghmour NA, Wallowicz T, McKinley DW. International Medical Graduate Resident Wellness: Examining Qualitative Data From J-1 Visa Physician Recipients. *Acad Med J Assoc Am Med Coll*. 2022;97(3):420-425. doi:10.1097/ACM.0000000000004406
9. Zepeda CM, Aguirre FOA, Landa EML, et al. Challenges for International Medical Graduates in the US Graduate Medical Education and Health Care System Environment: A Narrative Review. *Cureus*. 2022;14(7). doi:10.7759/cureus.27351
10. Al Ashry HS, Kaul V, Richards JB. The Implications of the Current Visa System for Foreign Medical Graduates During and After Graduate Medical Education Training. *J Gen Intern Med*. 2019;34(7):1337-1341. doi:10.1007/s11606-019-05027-1
11. Allen M. Complaints lead doctors to dead ends. Las Vegas Sun. Published December 23, 2007. Accessed January 16, 2024. <https://lasvegassun.com/news/2007/dec/23/complaints-lead-doctors-dead-ends/>
12. J-1 doctors, employers are under scrutiny - Las Vegas Sun News. Accessed January 16, 2024. <https://lasvegassun.com/news/2009/jan/25/j-1-doctors-employers-are-under-scrutiny/>
13. USCIS. Historical National Median Processing Time (in Months) for All USCIS Offices for Select Forms By Fiscal Year. Accessed February 20, 2024. <https://egov.uscis.gov/processing-times/>
14. Tsugawa Y, Dimick JB, Jena AB, et al. Comparison of Patient Outcomes of Surgeons Who Are US Versus International Medical Graduates. *Ann Surg*. 2021;274(6):e1047-e1055. doi:10.1097/SLA.0000000000003736
15. National Resident Matching Program. *National Resident Matching Program, Results and Data: 2023 Main Residency Match*; 2023. <https://www.nrmp.org/wp-content/uploads/2023/05/2023-Main-Match-Results-and-Data-Book-FINAL.pdf>
16. Jenkins TM, Franklyn G, Klugman J, Reddy ST. Separate but Equal? The Sorting of USMDs and Non-USMDs in Internal Medicine Residency Programs. *J Gen Intern Med*. 2020;35(5):1458-1464. doi:10.1007/s11606-019-05573-8
17. Federation of State Medical Boards. *Requirements for Licensure of U.S. Medical/Osteopathic School Graduates*. Accessed October 24, 2023. <https://www.fsmb.org/siteassets/advocacy/regulatory/licensure/requirements-for-licensure-of-u.s.-medical-osteopathic-school-graduates.pdf>
18. Andrews JS, Ryan AL, Elliott VS, Brotherton SE. Easing the Entry of Qualified International Medical Graduates to U.S. Medical Practice. *Acad Med*. 10.1097/ACM.0000000000005310. doi:10.1097/ACM.0000000000005310

19. Patterson D, Keppel G, Skillman S. Conrad 30 Waivers for Physicians on J-1 Visas: *State Policies, Practices, and Perspectives*. WWAMI Rural Health Research Center, University of Washington; 2016. Accessed October 24, 2023. https://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/03/RHRC_FR157_Patterson.pdf
20. Schut RA. Disaggregating inequalities in the career outcomes of international medical graduates in the United States. *Sociol Health Illn*. 2022;44(3):535-565. doi:10.1111/1467-9566.13433
21. Jenkins TM. *Doctors' Orders: The Making of Status Hierarchies in an Elite Profession*. Columbia University Press; 2020:352 Pages.
22. Desbiens NA, Vidaillet HJ. Discrimination against international medical graduates in the United States residency program selection process. *BMC Med Educ*. 2010;10:5. doi:10.1186/1472-6920-10-5
23. Healey SJR, Fakes K, Nair BR. Inequitable treatment as perceived by international medical graduates (IMGs): a scoping review. *BMJ Open*. 2023;13(7):e071992. doi:10.1136/bmjopen-2023-071992
24. Chen PGC, Nunez-Smith M, Bernheim SM, Berg D, Gozu A, Curry LA. Professional Experiences of International Medical Graduates Practicing Primary Care in the United States. *J Gen Intern Med*. 2010;25(9):947-953. doi:10.1007/s11606-010-1401-2
25. American Medical Association. *Demographic Characteristics of the House of Delegates and AMA Leadership*. American Medical Association; 2023. Accessed October 16, 2023. <https://www.ama-assn.org/system/files/a23-clrpd01.pdf>
26. Dinakarparandian D, Sullivan KJ, Thadaney-Israni S, Norcini J, Verghese A. International Medical Graduate Physician Deaths From COVID-19 in the United States. *JAMA Netw Open*. 2021;4(6):e2113418. doi:10.1001/jamanetworkopen.2021.13418
27. COVID-19 Executive Orders | Office of the Professions. Accessed October 24, 2023. <https://www.op.nysed.gov/about/covid-19/executive-orders>
28. COVID-19 Temporary Emergency Foreign Physician Licensure Program. Accessed October 24, 2023. <https://www.njconsumeraffairs.gov/COVID19/Pages/Temporary-Emergency-Foreign-Physician-Licensure-Program.aspx>
29. Advocacy in action: Clearing IMGs' route to practice. American Medical Association. Published June 7, 2023. Accessed October 24, 2023. <https://www.ama-assn.org/education/international-medical-education/advocacy-action-clearing-imgs-route-practice>
30. Federation of State Medical Boards. International Medical Graduates, GME Requirements: Board-by-Board Overview. Accessed February 27, 2024. <https://www.fsmb.org/siteassets/advocacy/policies/img-gme-requirements-key-issue-chart.pdf>
31. Commission Regarding Foreign-trained Physicians Living in Maine. Accessed February 29, 2024. <https://legislature.maine.gov/doc/10403>
32. The IMG Event.com. Accessed October 24, 2023. <https://www.theimgevent.com/>
33. Project IMG. Accessed October 24, 2023. <https://projectimg.com>
34. H-255.966 Abolish Discrimination in Licensure of IMGs | AMA. Accessed March 10, 2024. <https://policysearch.ama-assn.org/policyfinder/detail/disparities?uri=%2FAMADoc%2FHOD.xml-0-1768.xml>