IMGs-US PHYSICIAN WORKFORCE ISSUES

NYAPATI R.RAO, MD,MS

CHAIRMAN

DEPT OF PSYCHIATRY

NASSAU UNIVERSITY MEDICAL CENTER

PROF OF CLINICAL PSYCHIATRY

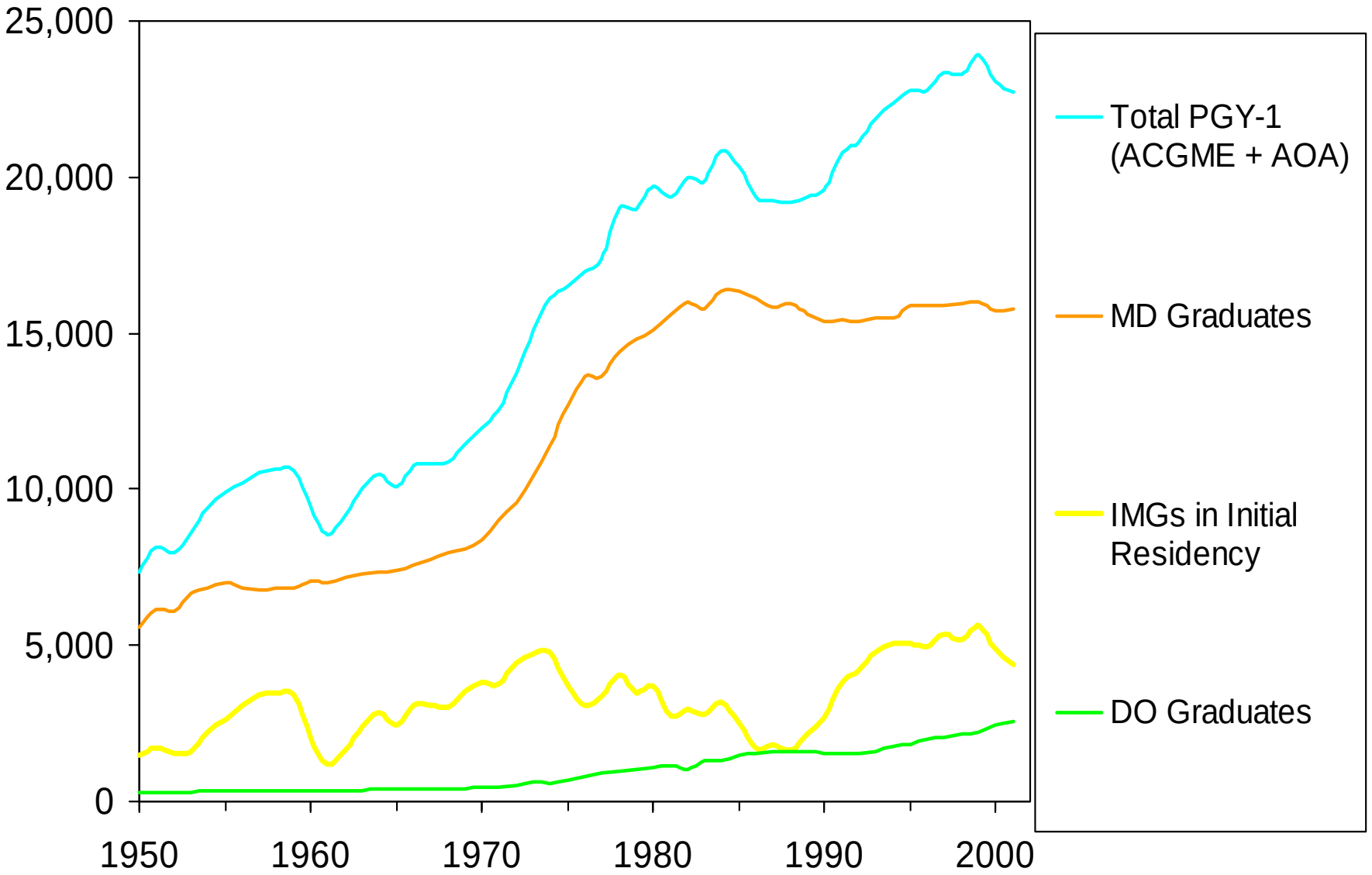
SUNY-DOWNSTATE MEDICAL CENTER

BROOKLYN,NY

Goals of the Presentation

- Growing acceptance of the fact that the US has a physician shortage
- Plans to address it by raising the US medical school admissions by 15-30%
- This act will eliminate IMGs in GME
- IMGs play a critical role in American Medicine through the GAP-Filling Role

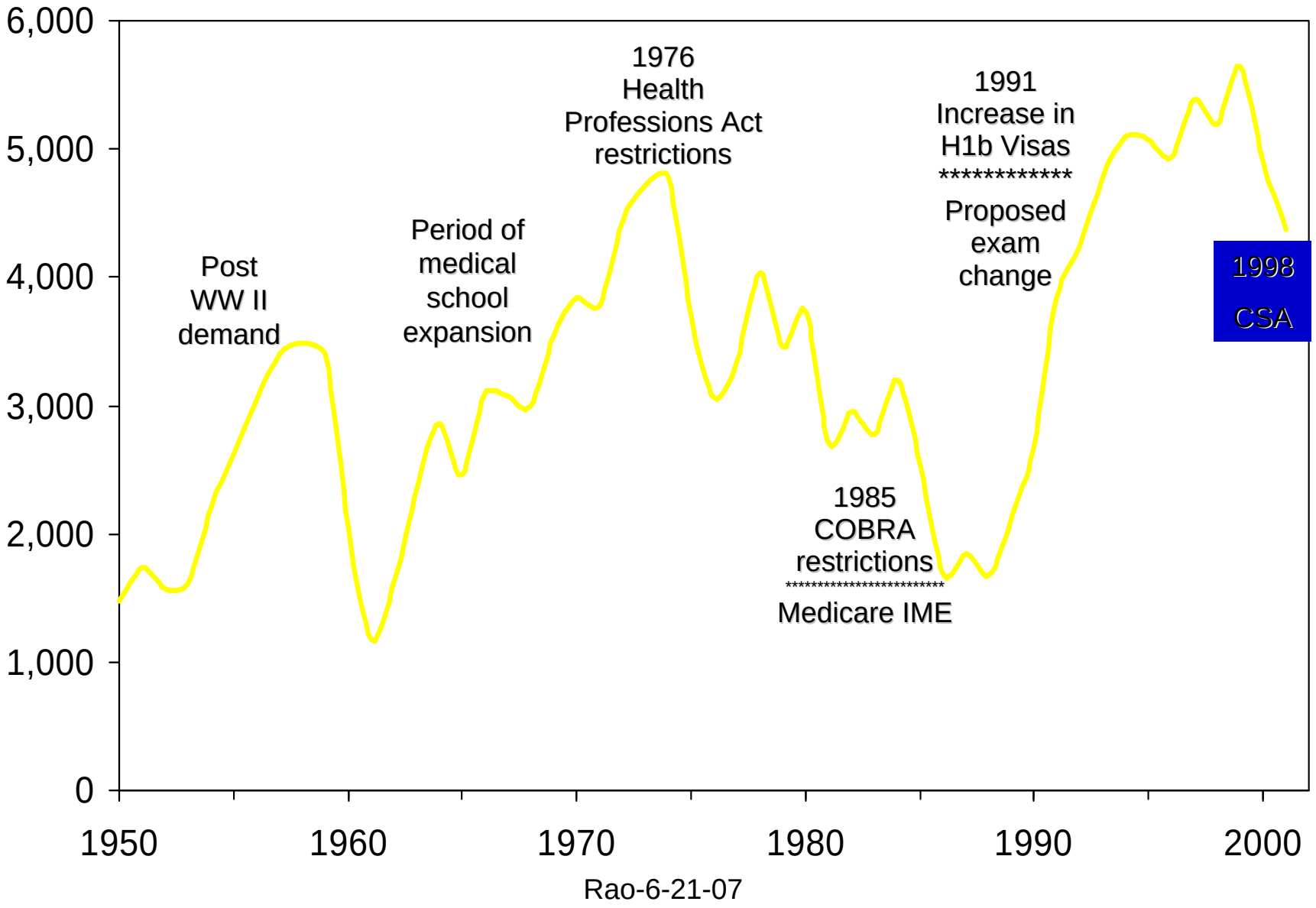
RESIDENTS w/o PRIOR RESIDENCY
1950-2002



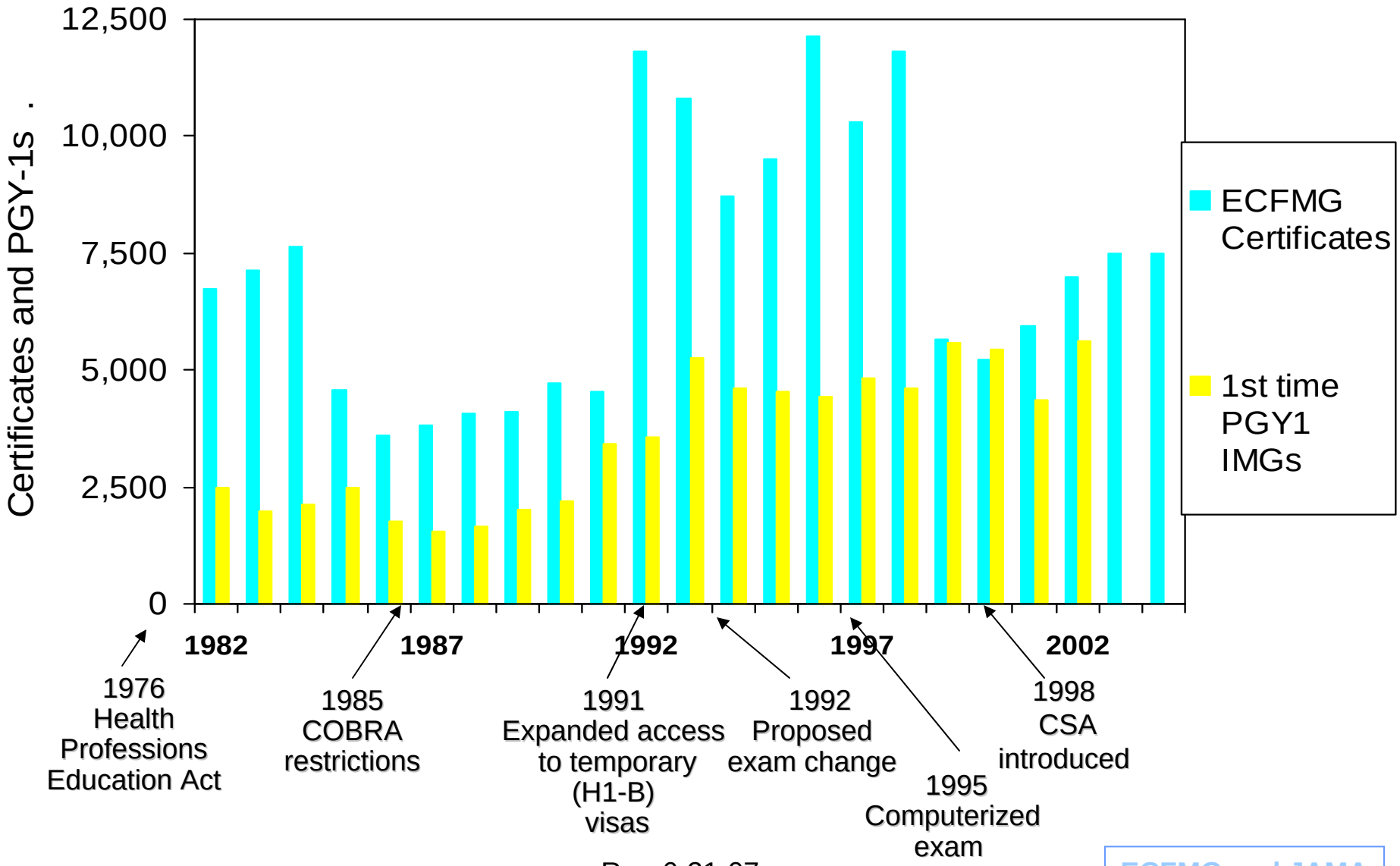
Rao-6-21-07

AMA, AAMC,AOA, AACOM

EVENTS INFLUENCING FIRST TIME IMG RESIDENTS 1950-2002



FIRST TIME IMG PGY-1 RESIDENTS and ECFMG CERTIFICATIONS



Rao-6-21-07

ECFMG and JAMA

Figure 2. Physician supply and demand projections.

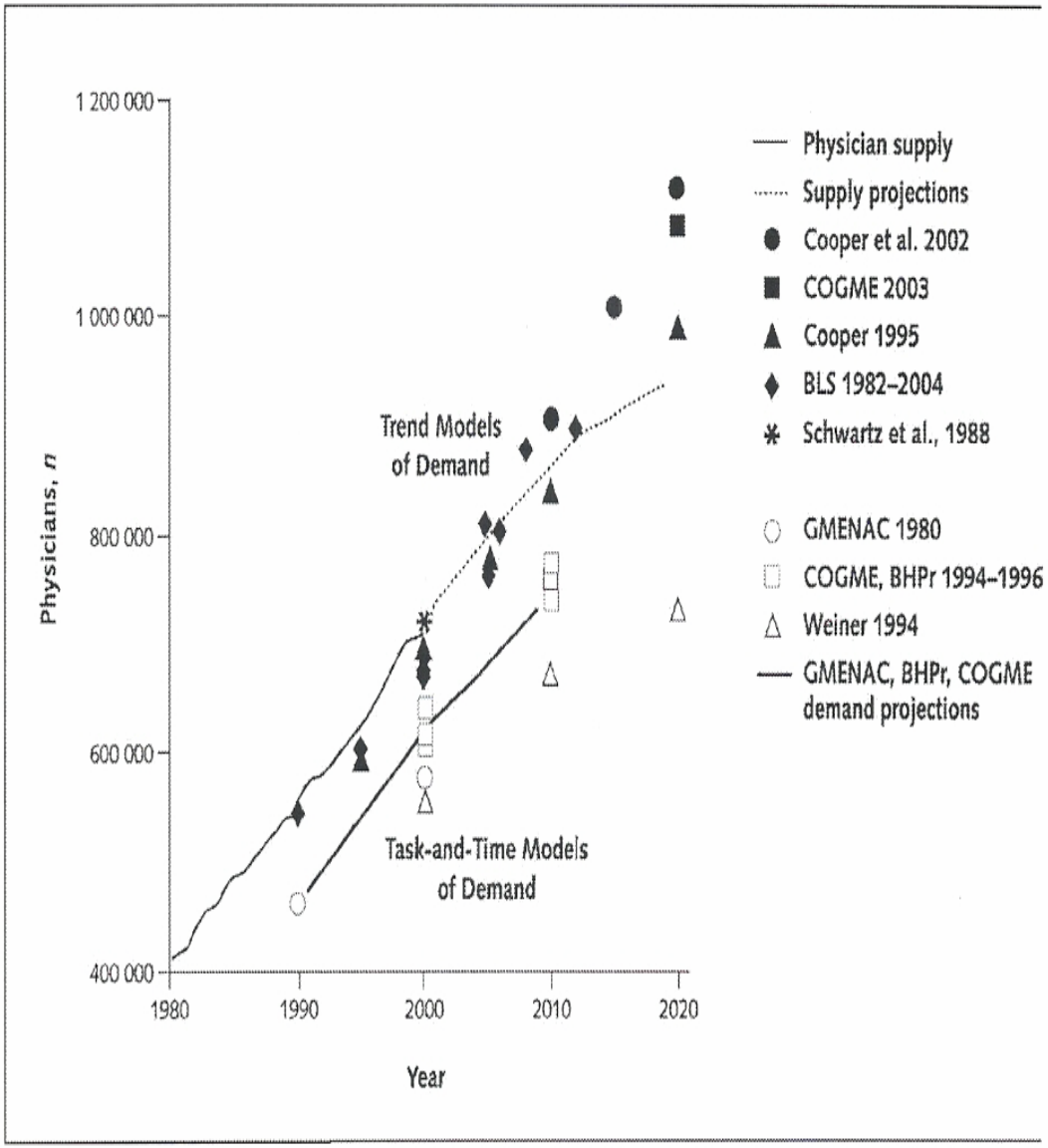


EXHIBIT 2
Trends In U.S. Medical School Graduations, Selected Years 1980–2000

	1980	1985	1990	1995	2000
Allopathic medical school graduates	15,113	16,318	15,398	15,888	15,674
Osteopathic medical school graduates	1,059	1,476	1,529	1,843	2,279
Total U.S. medical school graduates					
Number	16,172	17,794	16,927	17,731	17,953
Per 100,000 population	7.1	7.5	6.8	6.8	6.4

SOURCES: For allopathic medical school graduates, Association of American Medical Colleges, *AAMC Data Book: Statistical Information Related to Medical Schools and Teaching Hospitals, 2001*. For osteopathic graduates, *American Association of Colleges of Osteopathic Medicine 2001 Annual Statistical Report*. For population estimates, see Exhibit 1.

EXHIBIT 5
Trends In The Geographic Distribution Of The Nonfederal Allopathic Physician Supply, Selected Years 1980–2000

	Nonfederal allopathic physicians per 100,000 civilian population				
Census region	**1980**	**1985**	**1990**	**1995**	**2000**
Northeast	242	280	303	349	370
Middle Atlantic	237	276	298	344	362
New England	254	293	320	364	391
North Central	169	192	207	237	255
East North Central	170	195	209	240	259
West North Central	166	186	203	231	246
South	170	194	212	237	252
East South Central	140	162	181	211	229
South Atlantic	194	222	240	265	279
West South Central	153	171	184	207	220
West	219	237	249	257	264
Mountain	179	193	208	224	229
Pacific	235	254	264	270	278

SOURCES: For allopathic physicians, American Medical Association, *Physician Characteristics and Distribution in the U.S., 2002–2003 Edition*, Table 5.18. For civilian population, 1980–1995, U.S. Census Bureau, "Current Population Reports," Series P-25, No. ST-99-2, 1044, 1045, 1106, and 1127. For civilian population, 2000, U.S. Census Bureau Report No. PHC-T-2.

NOTE: Physician supply figures include residents and fellows.

EXHIBIT 1
Trends In U.S. Physician Supply And Projections, Selected Years 1980–2000

	1980	1985	1990	1995	2000
Active allopathic physicians	379,893	438,659	470,688	551,647	642,877
Active osteopathic physicians	17,620	24,014	30,924	35,720	41,121
Residents and fellows	62,042	75,411	92,080	96,352	95,725
Total active physicians	459,555	538,084	593,692	683,719	779,723
GMENAC supply projection	–	535,750	–	642,950	–
U.S. resident population (thousands)	227,016	237,729	249,231	262,571	282,124
Active physicians per 100,000 population	202	226	238	260	276

SOURCES: For allopathic physicians and residents, American Medical Association, *Physician Characteristics and Distribution in the U.S., 2002–2003 Edition*, Table 5.1. For osteopathic physicians, 1980–1995, *American Osteopathic Association Yearbook and Directory of Physicians, 1992*; and *American Association of Colleges of Osteopathic Medicine 1997 Annual Statistical Report*. For osteopathic physicians, 2000, Center for Health Workforce Studies, University at Albany estimate. For population, 1980–1995, U.S. Census Bureau, "Monthly Estimates of the United States Population: April 1, 1980 to July 1, 1999, with Short-Term Projections to November 1, 2000." For population, 2000, U.S. Census Bureau, "Table ST-2001EST-01—Time Series of State Population Estimates: April 1, 2000 to July 1, 2001."

NOTE: GMENAC is Graduate Medical Education National Advisory Committee.

Evidence for Expanding physician supply in the US

- Work effort of physicians:
  - Physicians are older, work fewer hours
  - Earlier retirement
  - More physicians are women who practice 20% to 25% less than men, and choose non-surgical specialties
  - Former projections were based on male physician work habits

Cooper RA. Weighing the Evidence for Expanding Physician Supply Ann Intern Med 2004;141:705-714

Evidence for Expanding physician supply

- Nature of physician work changing:
  - More chronic and complicated clinical care, the number of encounters per physician decreased by 1.2% annually because of greater time spent with each patient

Cooper RA. Weighing the Evidence for Expanding Physician Supply Ann Intern Med 2004;141:705-714

Evidence for Expanding physician supply in the US

- Market Signals: Increasing job-opportunities, higher starting salaries, and generous incentives in all specialties
- Evidence of reduced access to patients
  - 30% of physicians do not accept Medicaid patients
  - Increasing waiting time for patient referrals
  - Greater use of non-physician clinicians

Cooper RA. Weighing the Evidence for Expanding Physician Supply Ann Intern Med 2004;141:705-714

Possible solutions to ameliorate physician shortages

- Expand the numbers of Non-physician clinicians
- Start new medical schools and or expand class size
- Depend on IMGs to offset shortages

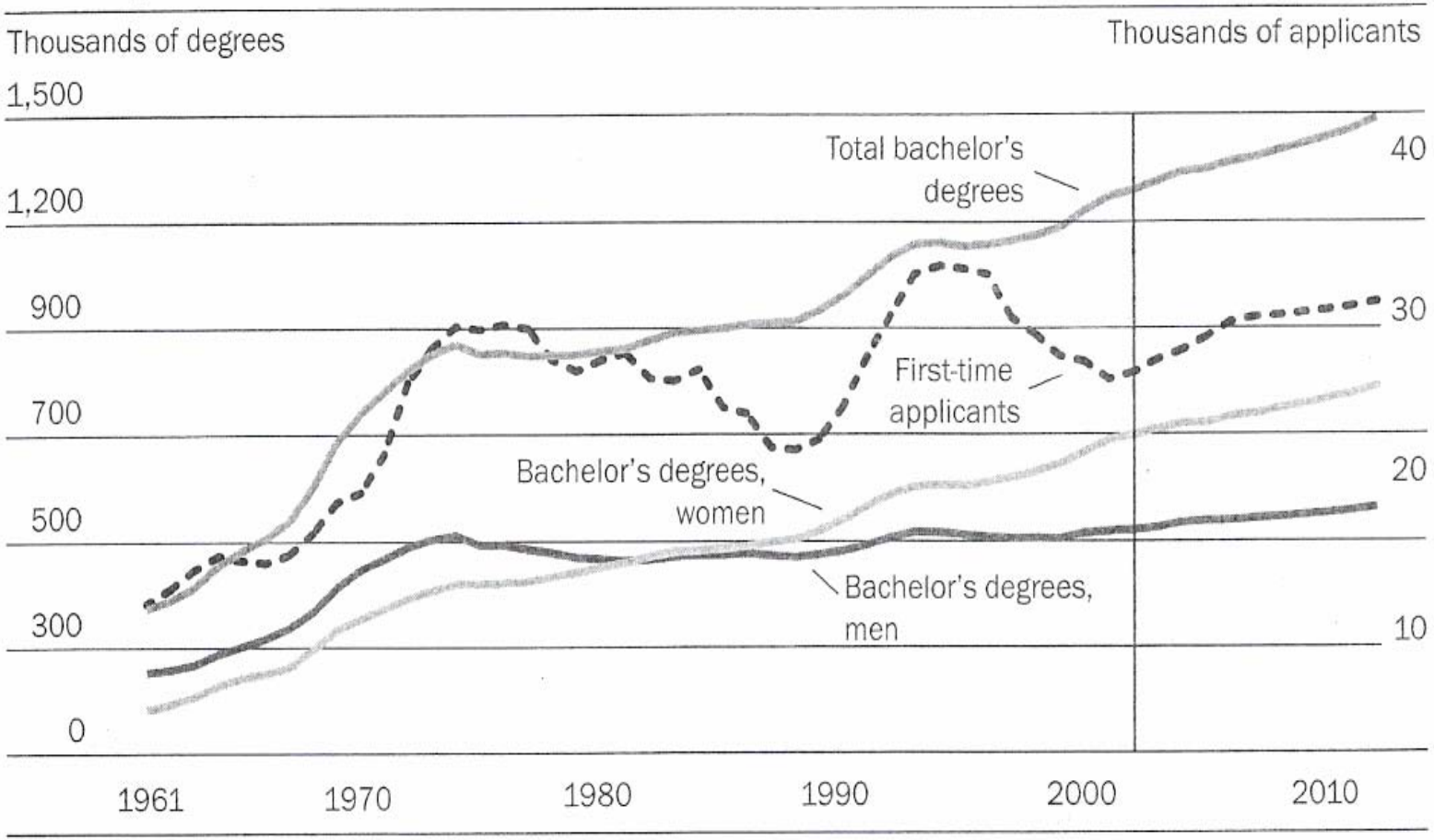
Trends in Non-Physician Clinicians (NPCs)

- NPCs expanding in numbers: By 2015 likely to be 275,000 NPs,PAs and NMWs, and 100,000 in psychology,anesthesia,optometry
- Combined output will be equivalent to65 physicians per 100,000 population
- Their license prerogatives are expanding
- Despite their growth, their contribution will be mainly in primary care and not in subspecialties where the demand is more

Cooper RA,Getzen TE,McKee HJ,Laud P “Economic And Demographic Trends Signal An Impending Physician Shortage” Health Affairs 21, no 1 (2002):140-154

EXHIBIT 2

Bachelor's Degree Recipients And Allopathic Medical School Applicants, 1961–2002 And Projected To 2012



SOURCES: National Center for Education Statistics (NCES) and Association of American Medical Colleges.

NOTES: Projections of the number of bachelor's degrees are the middle series from the NCES. Author's calculations of projected medical school applicants were based on the NCES middle-series projections of male and female bachelor's degree recipients and trends in rates of application to medical school among men and women over the period 1975–2000. Vertical line denotes the beginning of projected trends. Dotted line pertains to the right *y* axis; solid lines pertain to the left *y* axis.

Workforce dilemma

- “ A profession whose jurisdiction is excessive must increase its productivity or expand it numbers”
- “When a powerful profession ignores a potential clientele, paraprofessionals appear to provide the needed services”

Abbott AD. The System of Professions: An essay on the Division of Expert Labor. Chicago: Univ of Chicago Press, 1988

Workforce dilemma

- Physicians ability to increase their productivity is limited by their declining work-effort
- Their ability to grow their numbers is held hostage to the belief that surpluses exist by Organized Medicine

Cooper RA,Getzen TE,McKee HJ,Laud P "Economic And Demographic Trends Signal An Impending Physician Shortage" Health Affairs 21, no 1 (2002):140-154

Physician Workforce

The number of physicians in the US increased about 26 % from1991-2001, twice as much as the population.

- The average number of physicians rose from 214/100,000 in 1991 to 239/100,000 in 2001
- The mix of generalists to specialists 1/3:2/3
- Growth occurred in areas relatively low and high supplies of physicians
- The number of areas with fewer than 100 physicians /100,000 decreased and more areas had at least 300 physicians/100,000.

GAO-04-124 PHYSICIAN WORKFORCE-

COGME 16TH REPORT- SUPPLY OF PHYSICIANS

- Supply is expected to rise from 781,200 FTEs in 2000, to 971,800 in 2020 - a 24% increase.
- The per capita number of physicians is forecast to rise from 283/100,000 in 2000 to 301/100,000 in 2015, then drop to 298/100,000 in 2020.
- The most probable aggregate of supply of physicians is 1.02 million FTEs in 2020.

COGME 16TH REPORT - DEMAND FOR PHYSICIANS

- It is likely that the demand will grow 1.03 million and 1.24 million physicians in 2020 caused by
  - The projected US populated growth of 50 million (18% between 2000 and 2020).
  - The aging of the population with over 65 increasing from 35 million in 2000 to 54 million in 2020.
  - The changing age specific per capita physician utilization rates with those under 45 using fewer services and those over 45 using more services.

COGME 16TH REPORT- THE NEED

- Need projected to grow between 1.09 and 1.17 million physicians in 2020.
- The nation is projected to face a shortage of physicians between 85,000 to 96,000 in 2020.

FACTORS ADDING TO THE SHORTAGE

- Changing life style working fewer hours.
- Continuation of the rate of increase in the use of physicians by over 45.
- Expected increase in the nation’s wealth placing more demand.
- Potential increase in non patient care activities.
- Potential reduction in number of hours worked by physicians over 50 and residents.

FACTORS ADDING TO THE SHORTAGE

- Possible decrease in IMG immigration.
- Decreasing number of patients called boutique medicine.
- Advances in genetic testing resulting in use of more services.
- Medical advances keeping individuals alive longer without curing the illness.

Practice Patterns of IMGs and US Medical Graduate Psychiatrists

- Authors compared IMGs and USMGs in terms of demographic characteristics, practice settings, clinical characteristics, and sources of reimbursement.
- IMGs tend to be older than USMGs, include a higher proportion of women, and are more racially heterogenous.
- IMGs work longer hours, more frequently in the public sector, and treat a higher proportion of patients with psychotic disorders.
- IMGs receive a higher percentage of their income from Medicare/Medicaid

Safety Net function of International Medical Graduates

- Taking infant mortality in Michigan as an example, the authors compared USMGs and IMGs in counties with an infant mortality rate of at least 8.9/1000 live births.
- They found USMGs' tendency located in counties with average to above average infant mortality rate was lower than IMGs.
- Mick SS: The safety-net role of IMGs. Health Aff 1997; 16:141-150

IMGs and the US physician workforce

- The authors propose an analytical framework to consider the replaceent of IMGs.
- Reducing the numbers of IMGs could potentially compromise access to health care in small towns and could promote a fear of foreigners in the US.

- Baer LD: A proposed framework for analyzing the potential replacement of international medical graduates. Health Policy 2003; 9:291-304

IMGs and the US physician workforce

- Employers seem to be more satisfied than physicians with the J-1 visa program, working conditions in physician shortage areas, and reliance on IMGs to buttress a short supply of physicians

- Hagopian A, Matthew J, Thompson EK, et al: Health departments' use of international medical graduates to physician shortage areas. Health Aff 2003; 22:241-249

IMGs and the US physician workforce

- Authors address physician workforce trends, including the appropriate number of physicians required, the roles of IMGs, and primary care vs. specialization.

- Salsberg ES, Forte GJ: Trends in the physician workforce, 1980-2000. Health Aff 2002; 21:165-173

IMGs and the US physician workforce

- **Authors described preferences of resident physicians to locate in underserved areas and to assess their readiness to provide service to low-income populations.**
- **Men and non-citizen IMGs were more likely than others to prefer rural settings.**
- **Women, non-citizen IMGs, and underrepresented minorities were more likely to find inner cities desirable.**

- **Weissman J: Residents' preferences and preparation for caring for underserved populations. J Urban Health 2001; 28:535-549**

IMGs and the US physician workforce

- Authors show IMGs to be more likely than USMGs to be found in medically underserviced/high need areas.
- Not all IMGs were found in new/underserved counties.
- IMGs were more likely than USMGs to be found in states with large numbers of physicians.

- Mick SS, Lee S, Wodchis WP: Variations in geographical distribution of foreign and domestically trained physicians in the United States: “safety nets” or “surplus exacerbation”? Soc Sci Med 2000; 50:185-202

IMGs and the US physician workforce

- IMGs with temporary visas are more likely than other IMGs to practice in areas with a shortage of healthcare professionals.
- Given the higher proportion of such IMGs to specialize or return to their native countries after training, the contribution to primary care in underserved areas is not as dramatic as once thought.

- Salsberg E: The post-training plans of IMGs and US medical graduates in New York State. JAMA 2000; 283:1749-1750

IMGs and the US physician workforce

- Authors compare the rural location of IMGs and USMGs by specialty according to geographical measures of need.
- Proposed limits on IMG entry into residency training may create health care access problems in rural areas.
- Study shows how multifactorial and regionally specific IMGs can become and reaffirms “safety net” role of IMGs.

- Mick SS, Ley SY: Are there need-based geographical differences between international medical graduates and US medical graduates in rural US counties? J Rural Health 1999; 15:26-43

IMGs and the US physician workforce

- An analysis of comparative distribution of post-resident IMGs and USMGs in high and low poverty areas of US cities.
- Results show that a statistically significant disproportion of IMGs relative to poverty was more common in larger cities.

- Mick SS, Lee SY: International and US medical graduates in US cities. J Urban Health 1999; 76:481-496

IMGs and the US physician workforce

- The percentage of IMGs in critical access hospitals is higher in the US than in persistent poverty countries.
- The majority of IMGs were internists and came from India, the Philippines, or Pakistan.
- IMGs play a significant role in staffing CAHs

- Hagopian A, Thompson MJ, Kaltenbach E, et al: The role of international medical graduates in America's small rural critical access hospitals. J Rural Health. 2004; 20:52-58

IMGs and the US physician workforce

- Study examined whether IMGs, in compensating for local physician shortages cause a national oversupply.
- Authors find IMGs make up a greater percentage of physicians in rural areas with physician shortages than in rural areas without physician shortages.

- Baer LD, Ricketts TC, Konrad TR, et al: Do international medical graduates reduce rural physician shortages? Med Care 1998; 36:1534-1544

IMGs and the US physician workforce

- Efforts to restrain physician supply could undo the migration of IMGs to areas that USMGs ignore.
- The author raises issues related to IMGs, their number graduate medical education, reimbursement, and the 110% solution.

- Mick SS: The safety-net role of IMGs. Health Aff 1997; 16:141-150

Number Of Practicing Primary Care Physicians In The United States, 2000

Physician specialty	IMG	US-IMG	FB-IMG
Total physicians	113,720	15,678	91,885
Primary care physicians			
Number	45,043	6,764	34,987
Percent of total	39.60%	43.10%	38.10%
Family practice physicians			
Number	8,786	2,115	6,151
Percent of total	7.70%	13.50%	6.70%
Percent of primary care	19.5	31.3	17.6
General practice physicians			
Number	4,220	449	3,707
Percent of total	3.70%	2.90%	4.00%
Percent of primary care	9.4	6.6	10.6
Internal medicine physicians			
Number	21,204	3,185	16,083
Percent of total	18.60%	20.30%	17.50%
Percent of primary care	47.1	47.1	46
Pediatric medicine physicians			
Number	10,833	1,015	9,046
Percent of total	9.50%	6.50%	9.80%
Percent of primary care	24.1	15	25.9

SOURCES: American Medical Association Physician Masterfile, 2000; and Health Resources and Services Administration Area Resource File, 2000.

NOTES: Nonfederal allopathic and osteopathic physicians who had completed residency training and were involved in direct patient care. USMG is U.S. medical graduate. IMG is international medical graduate. US-iMG is a U.S.-born IMG. FB-IMG is foreign-born IMG. Except for the difference between the percentage of primary care physicians for US-IMGs and FB-IMGs in internal medicine ($p = .09$), all differences between USMGs/IMGs and between US-IMGs/FB-IMGs were statistically significant at $p < .01$.

Physician specialty	USMG	IMG	US-IMG	FB-IMG
Total primary care physicians	140,587	45,043	6,764	34.987
Primary care physicians in RUAs				
Number	3,017	925	99	718
Percent of total primary care	2.1%	2.1%	1.5%	2.1%
Family practice physicians in RUAs				
Number	1.843	202	51	136
Percent of total primary care	1.3%	0.4%	0.8%	0.4%
Percent of primary care in RUA	61.1	21.8	51.5	18.9
General practice physicians in RUAs				
Number	644	131	21	110
Percent of total primary care	0.5%	0.3%	0.3%	0.3%
Percent of primary care in RUA	21.3	14.2	21.2	15.3
internal medicine physicians in RUAs				
Number	383	459	24	361
Percent of total primary care	0.3%	1.0%	0.4%	1.0%
Percent of primary care in RUA	12.7	49.6	24.2	50.3
Pediatric medicine physicians in RUAs				
Number	147	133	3	111
Percent of total primary care	0.1%	0.3%	<0.1%	0.3%
Percent of primary care in RUA	4.9	14.4	3.0	15.5

SOURCES: American Medical Association Physician Masterfile, 2000; and Health Resources and Services Administration Area Resource File, 2000.

NOTES: Nonfederal allopathic and osteopathic physicians who had compieted residency training and were involved in direct patient care. USMG is U.S. medical graduate. IMG is international medical graduate. US-IMG is U.S.-born IMG. FB-IMG is foreign-born iMG. Except for the difference between the percentage of total primary care physicians for USMGs and IMGs in primary care in RUAs (P = .24). the difference between the percentage oftotal primary care physicians for US-IMGs and FB-IMGs in general practice in RUAs (p = .96). and the difference between the percentage of total primary care physicians in RUAs for US-IMGs and FB-IMGs

Number Of J-1. Visa Waivers Recommended By The U.S. Department Of Agriculture (USDA) And The Appalachian Regional Commission (ARC), 1.994-2001.

Year	ARC	USDA
1992	160	_a
1993	263	_a
1994	219	423
1995	153	662
1996	141	700[b]
1997	155	564[0]
1998	100	298
1999	92	237
2000	58	161
2001	66	98[d]
2002	60·	_a

SOURCES: Information on ARC placements provided by Deann Reed, ARC program specialist. Information on USDA placements provided by Linda Seckel, USDA.
NOTE: The USDA and the ARC are both interested government agencies (IGAs) that made J-1 visa waiver recommendations to U.S. immigration officials.
'Not applicable.
[b]Received 900 requests.
'Instituted a limit of two requests per employer.
[d]72 when program ended 11 September 2001, and 26 thereafter .
• No applications were processed from November 2002 through February 2003, while the chairmanship was vacant

J-1. Visa Waiver Physicians Placed Through The Conrad Program, By Specialty, Country Of Origin, And Facility Type, Fiscal Year 2000-2001.

Specialty	Percent	Country of origin	Percent	Type of facility	Percent
Internal medicine	43%	India	25%	Private practice/clinic	45%
Family practice	13	Pakistan	19	FQHC/CHC[b]	18
Psychiatry	11	Philippines	14	Rural hospital	10
Pediatrics	10	Lebanon	5	State facil ity	6
Obstetrics	2	Syria	5	Local heaith department	2
Surgery	2	Colombia	4	Other	13
Other	19	Romania	4		
		United Kingdom	3		
		Other[a]	21		

SOURCE: Authors' analysis of Conrad Program survey responses, 2002.
NOTES: For speciaity, N = 513 physicians in forty states. For country of origin, N = 32 states. For facility type, N = 530 physicians in forty states. Country of origin refers to the countries named by these states as the top five countries where Conrad Program physicians received their medical education.
'Includes nineteen countries.
b Federally qualified health center/community health center

Certified International Medical Graduates (IMGs) Entering Residency Programs, By Entry Year, 1995-2003

		USIMGs		Non-USIMGs	
Entry year	**Total[a]**	**Number**	**Percent**	**Number**	**Percent**
1995	5,410	413	7.6	4,997	92.4
1996	5.379	514	9.6	4.865	90.4
1997	5,414	674	12.5	4,740	87.5
1998	5.371	908	16.9	4,463	83.1
1999	5.905	1,049	17.8	4,856	82.2
2000	6,907	1,415	23.2	4.682	76.8
2001	6.170	1,453	23.6	4,717	76.5
2002	6.208	1.373	22.1	4,835	77.9
2003	6.004	1.150	19.2	4,854	80.8
Total[b]	51.958	8,949	17.2	43.009	82.8

SOURCE: Educational Commission for Foreign Medical Graduates (ECFMG).
NOTE: USIMG is U.S. citizen IMG-someone who was a U.S. citizen when he or she started medical school in another country .
*Total residents. based on Form 246 filings as of August 2004. '1995-2003.

ECFMG Certificates Issued To USIMGs And Non-USIMGs, 1980-2004

		USIMGs		Non-USIMGs	
Year	Total certified	Number	Percent	Number	Percent
1980	5,886	682	11.6	5,202	88,4
1981	7,263	1,177	16.2	6,085	83.8
1982	6,952	1,360	19.6	5,592	80,4
1983	7,363	1,491	20.3	5,870	79.7
1984	7,811	1,574	20.2	6,236	79.9
1985	4,743	1,105	23.3	3,634	76.7
1986	3,885	731	18.8	3,153	81.2
1987	3,938	803	20.4	3,134	79.6
1988	4,200	830	19.8	3,368	80.2
1989	4.337	605	14.0	3,731	86.1
1990	4,982	581	11.7	4,401	88.3
1991	4,946	448	9.1	4,497	90.9
1992	12,246	610	6.6	11,436	93,4
1993	10,857	525	4.8	10,331	95.2
1994	8,707	427	4.9	8,281	95.1
1995	9,525	528	5.5	8,997	94.5
1996	12,128	749	6.2	11,378	93.8
1997	10,297	907	8.8	9,390	91.2
1998	11,815	1.059	9.0	10,756	91.0
1999	5,652	1,234	21.8	4,419	78.2
2000	5,132	1,388	27.0	3,745	73.0
2001	5,934	1,519	25.6	4,410	74.4
2002	5,429"	1,423	26.3	3,989	73.7
2003	9,164	1,573	17.2	7,576	82.8
2004	6,004[b]	1,360	22.6	4,644	77,4
Total[C]	179,209	24,916	13.9	154,259	86.1

ECFMG Certificate Holders Obtaining Residency Positions, By Year Of Certification, 1995-2003

	Certificates Issued			Obtained residency position					
				Total"		USIMGs		Non-USIMGs	
Year of certification	Total	USIMGs	Non-USIMGs	Number	Percent	Number	Percent	Number	Percent
1995	9,525	528	8,997	5,806	61.0	429	81.3	5,377	59.8
1996	12,128	749	11,378	7,135	58.8	607	81.0	6,528	*5704*
1997	10,297	907	9,390	6,136	59.6	771	85.0	5,365	57.1
1998	11,815	1,059	10,756	6,620	56.0	915	*8604*	5,705	53.0
1999	5,652	1,234	4,419	4,066	71.9	1,125	91.2	2,941	66.6
2000	5,132	1,388	3,745	4,164	81.1	1,315	94.7	2,849	76.1
2001	5,934	1,519	4,410	4,901	82.6	1,427	93.9	3,474	78.8
2002	5,429	1,423	3,989	4,137	76.2	1,264	88.8	2,873	72.0
2003	9,164	1,573	7,576	3,191	34.8	958	60.9	2,233	29.5
Total[b]	75,076	10,3800	64,66OC	46,166	61.5	8,811	84.9	37,345	57.8

SOURCE: Educational Commission for Foreign Medical Graduates (ECFMG).

NOTE: USIMG is U.S. citizen international medical graduate-someone who was a U.S. citizen when he or she started medical school in another country .

• Based on Form 246 filings as of August 2004 .

• 1995-2003.

'Total of values is less than 75,076 because citizenship data were missing for thirty-six IMGs.

Specialty Of International Medical Graduates (IMGs), By Entry Year, 1995-2003

Entry year	Internal medicine	Family practice	Pediatrics	Surgery-general	Psychiatry	Total
1995	3,004 (55.5)	342 (6.3)	697 (12.9)	329 (6.1)	423 (7.8)	5,410
1996	2,838 (52.8)	297 (5.5)	*667 (1204)*	341(6.3)	470 (8.7)	5,379
1997	2,753 (50.9)	330(6.1)	599 (11.1)	426 (7.9)	471(8.7)	5,414
1998	2,673 (49.8)	413 (7.7)	455(8.5)	498(9.3)	502(9.3)	5,372
1999	2,872 (48.6)	591(10.0)	448 (7.6)	580(9.8)	504 (8.5)	5,905
2000	2,916 (47.8)	700 (11.5)	509(8.4)	673 (11.0)	493 (8.1)	6,096
2001	3,020 (49.0)	864 (14.0)	489 (7.9)	*642 (IOA)*	452 (7.3)	6,163
2002	2,919 (47.0)	926 (14.9)	613 (9.9)	*646 (IOA)*	384 (6.2)	6,206
2003	3,000 (49.8)	949(15.8)	603(10.0)	484(8.0)	346(5.8)	6,019
Total[a]	25,995 (50.0)	5,412 (10.4)	5,080 (9.8)	4,619 (8.9)	4,045 (7.8)	

SOURCE: Educational Commission for Foreign Medical Graduates (ECFMG).

NOTE: Percentages within each year are shown in parentheses.

.

State Of Program Entered By International Medical Graduates (IMGs), By Residency Entry Year, 1995-2003

	State								
Entry year	NY	PA	IL	CA	NJ	MI	TX	OH	Total
1995	858 (16.0)	255 (4.7)	299 (5.6)	456 (8.5)	258 (4.8)	269 (5.0)	338 (6.3)	232 (4.3)	5,410
1996	926 (17.3)	258 (4.8)	281 (5.3)	457 (8.6)	304 (5.7)	230 (4.3)	288 (5.4)	243 (4.6)	5.379
1997	1,052 (19.5)	256 (4.8)	327 (6.1)	456 (8.5)	295 (5.5)	216 (4.0)	292 (5.4)	235 (4.4)	5,414
1998	1,198 (22.4)	289 (5.4)	295 (5.5)	385 (7.2)	279 (5.2)	276 (5.2)	259 (4.8)	241 (4.5)	5,372
1999	1,409(23.9)	409 (6.9)	379 (6.4)	361 (6.1)	398(6.8)	319 (5.4)	234 (4.0)	297 (5.0)	5,905
2000	1,629 (26.9)	469 (7.7)	455 (7.5)	288 (4.8)	382 (6.3)	337 (5.6)	271 (4.5)	288(4.8)	6,096
2001	1,635 (26.6)	442 (7.2)	434 (7.1)	271 (4.4)	359 (5.8)	402 (6.5)	290 (4.7)	325 (5.3)	6,163
2002	1,673 (27.0)	498 (8.1)	421 (6.8)	318 (5.1)	356 (5.8)	358 (5.8)	251 (4.1)	318 (5.1)	6,206
2003	1,611 (26.8)	441 (7.3)	385 (6.4)	226 (3.8)	340 (5.7)	339 (5.6)	304 (5.1)	332 (5.5)	6,019
Total[a]	11,991 (23.2)	3,317 (6.4)	3,276 (6.3)	3,218 (6.2)	2,917 (5.7)	2,746 (5.3)	2,527 (4.9)	2,511 (4.9)	

SOURCE: Educational Commission for Foreign Medical Graduates (ECFMG).

NOTE: Percentages within each year are shown in parentheses.

, 1995-2003.