The body of working physicians in the United States is composed of doctors who come from all over the world and train all over the world. About a quarter of physicians practicing in the U.S. graduated from international medical schools, according to 2015 data from the Association of American Medical Colleges.

Despite their critical role within our country’s health system, international medical graduates (IMGs) seeking to practice here are less likely to find a placement in the Main Residency Match than applicants who are matriculating from U.S. medical schools. In 2018, for instance, 94 percent of U.S. allopathic senior medical students matched, compared with about 60 percent of IMGs.

The hurdles to matching as an IMG are numerous but these four tips can help you can help you successfully leap from an international medical school to a U.S. residency program.

### Apply early

Medical students can start applying to programs accredited by Accreditation Council for Graduate Medical Education (ACGME) in mid-September through the Electronic Residency Application Service (ERAS). It’s best to have your applications completed in advance of the beginning of application season, so you can submit them all on or near the first possible date.

According to the National Resident Matching Program (NRMP), most interview invitations are extended by the end of October—in 2017, 65 percent of invitations had been extended by that point in time. Getting your applications in as early as possible gives you the best chance to secure interviews.

### Find IMG-friendly programs

It’s wise to identify and apply to programs that have a track record of accepting IMGs. FREIDA, the
AMA’s comprehensive residency and fellowship database, offers information on more than 11,000 ACGME-accredited residency programs. The database allows users to sort programs by 30-plus categories, including the percentage of IMG residents among a body of trainees.

If you’re deciding among a few specialties, you might also consider identifying the more popular options among IMGs. The past two years, according to NRMP data, the five specialties in which IMGs made up the largest percent of residents placed were pathology, internal medicine, neurology, family medicine and general surgery.

In-person interactions matter

Interviewing with a program is your best chance to become more than a test score and name on a CV. A survey of residency program directors conducted by the NRMP found that the most significant factor that they considered when ranking applicants was interactions with faculty during their interview and visits.

What’s the best way to approach your interview? One veteran of the process believes it is simple: Be yourself.

“Once you have the interview, it’s more about you and not your application,” said Tani Malhotra, MD. “Just remember that. Let people see you for who you are. I had one interview where I spoke about an escape room for most of the time. I later heard back that I interviewed very well. You can’t fake it. Just be yourself and let people know who you are. It’s kind of like a first date.”

Don’t let a bad result derail your plans

Few people are as familiar with the complexities of going through the Match as Dr. Malhotra, a clinical fellow in maternal fetal medicine at MetroHealth in Cleveland.

As a graduate of a Caribbean medical school, she applied to 137 programs during the 2013 Match. She landed seven interview invitations and did not receive an offer. Following that development, she bided her time, did an externship and waited for the chance to reapply.

The following year, after diligent networking, it worked out. She matched in a preliminary position and subsequently transferred into the ob-gyn program at York Hospital in Central Pennsylvania where she completed her residency training.

If you don’t match, the Supplemental Offer and Acceptance Program (SOAP) is a vehicle through which eligible unmatched applicants in the Main Residency Match apply for and are offered positions.
that were not filled when the matching algorithm was initially processed.

Dr. Malhotra also gives this advice: “Do things that keep you clinically relevant. This could be research in your desired field, giving you points for demonstrating commitment to the specialty. This could be doing additional unpaid clerkships at hospitals you may want to try and Match at in the future. Use these as month-long interviews. Or get a job at clinics that require an MA or scribes. Anything that keeps your medical knowledge current.”