Today marks the start of the AMA’s IMG Recognition Week, a time to take special note of the tremendous contributions that international medical graduates (IMGs) make to U.S. medicine, its physician workforce and to patient care.

Here are some key facts that you should know about how IMGs are remaking American health care—as demonstrated by this collection of information obtained from Federation of State Medical Boards, AMA, Educational Commission for Foreign Medical Graduates, and the Association of American Medical Colleges.

25% of licensed U.S. doctors are IMGs. That share has grown by half a percentage point since 2010, but what the figure means in raw terms is even more impressive.

The number of IMGs in practice has grown by nearly 18% since 2010. That figure is bigger than the 15% rise in U.S. medical graduates over that same time period.

The largest number of licensed IMGs have graduated from schools in India (23%)—per the FSMB census—followed by the Caribbean (18%), Pakistan (6%), the Philippines (6%) and Mexico (5%).

More than 45,000 IMGs practice internal medicine making it the most populated specialty among the segment.

By share of the workforce, IMGs have the largest presence in geriatric medicine, where they make up more than half of the active physician population.

The share of female IMGs is on the rise. First-time medical licenses issued to female IMGs rose from 25% to 45% between 1990 and 2014. That only slightly trails the 47% issued to female U.S. medical grads in 2014.
About one in three IMGs calls the sweet, sunny South their practice home. 32% of IMGs work in the South, while 28% work in the Northeast, 20% in the Midwest, 17% in the West, and 3% in territories and military bases.

33% of IMGs work in a hospital setting. That’s the most popular setting for these doctors. Group practice follows at 31%, solo- or two-doctor practice is next at 20%, while the rest work in managed care, academic or unclassified settings.

58% of IMGs were born outside the U.S. This group, dubbed non-U.S. IMGs, also accounts for the same proportion of active IMG applicants in the National Resident Matching Program. The other 42% of IMGs were born in the U.S. but obtained their medical school degrees in another country.

Led by the policy work of the AMA International Medical Graduates Section, the Association strongly advocates on vital issues such as:

- Expansion of the J-1 visa waiver program to more than 30 slots per state.
- Immigration and green-card delays.
- State licensure parity.
- Discrimination.
- Racial and ethnic disparities.
- GME funding for more residency positions.

The AMA has rigorously advocated on behalf of IMGs throughout the public health emergency. For example, in response to the Trump administration’s “Proclamation Suspending Entry of Aliens Who Present a Risk to the U.S. Labor Market Following the Coronavirus Outbreak,” the AMA wrote multiple letters to the administration asking for IMGs to be exempt from this Proclamation.

Additionally, the AMA asked the State Department to issue clarifying guidance pertaining to the proclamation by directing Consular Affairs to advise embassies and consulates that H-1B physicians and their dependent family members’ entry into the U.S. is in the national interest of the country. Partially in response to AMA’s advocacy efforts, State Department issued clarifying guidance that contained some additional exemptions for physicians and their families.

The AMA also highlighted why IMG physicians are vital to U.S. health security.

A COVID-19 FAQ page offers guidance to IMG physicians and details AMA advocacy efforts on behalf of these professionals who are either currently licensed to practice in the U.S. or are seeking such licensure, and to help ensure that visa-related issues do not stop their ability to continue to care for patients during this challenging time.