When starting to practice medicine in the U.S., international medical graduates face the same issues and challenges as their peers but also have to consider changes in culture, starting over and other issues.

**Professionalism in the practice of medicine**

Medical graduates need to consider a number of key ethical concepts when approaching their practice:

- **The Hippocratic Oath** – An oath of ethics taken by physicians. The Hippocratic Oath has been eclipsed as a document of professional ethics by more extensive, regularly updated ethical codes issued by national medical associations, such as the AMA Code of Medical Ethics (first adopted in 1847).
- **Honor and integrity** – The highest standard of behavior and refusal to violate one’s own personal and professional code. Striving to be fair, truthful and meet commitments. Recognition of conflicts of interest and avoiding relationships that allow personal gain to supersede the best interest of patients.
- **Respect** – Respect for patients, families, nurses, medical students and colleagues is the essence of humanism.

Additionally, professionalism in practice means a physician should:

- Appreciate the importance of effective communication to both patients and physicians.
- Understand the importance of patient and physician factors and how these affect the treatment of a disease.
- Describe the role physicians can play in fostering community health.
- Appreciate that the practice of medicine is a lifelong learning process, with ongoing refinement of skill in procedures and patient communication.
- Learn about the experience of illness and medical treatment from the viewpoint of patients and their families, patient must be understood in the context of their lives.
- Develop an understanding of the psychological issues involved in being diagnosed with a
chronic illness.

Starting over

While many foreign physicians will have years of experience diagnosing, treating patients and administering medicine, practicing medicine in the U.S. essentially requires many to reenroll academically, especially when curriculum differs from overseas qualifications.

IMGs whose medical education is deemed insufficient in areas such as anatomy, biochemistry, physiology, molecular biology or research writing are bound to feel as if they have to start all over again in the U.S. Many become disillusioned and end up taking other jobs totally unrelated to the medical field. This is when the movie trope of highly skilled professionals driving cabs in the U.S. becomes an unfortunate reality.

However, experts expect a shortage of both primary-care doctors and specialists to continue in the coming years. By 2025, the American Association of Medical Colleges projects primary care shortfalls ranging from 12,500 to 31,100 doctors, and shortages of non-primary care doctors between 28,200 and 63,700.

Foreign-trained doctors are critical to addressing these shortages, accounting for important shares of primary-care physicians in the United States. Nearly a third (31.8%) of all physicians specializing in family medicine, internal medicine and pediatrics—three specialties associated with primary health care—are foreign-trained.

These estimated just over 128,000 foreign-trained physicians are among the primary-care doctors recognized by fellow health care professionals as “the first line of defense in the health care system.” As a result, primary-care physicians deliver most of the country’s preventive and routine services, such as checkups, initial acute-care and initial diagnoses guiding patients to the appropriate level of care.

Burn out

Talk about physician burnout and job dissatisfaction is everywhere right now. If you are a doctor, you cannot escape the news. Recently, organizations in Massachusetts (a mecca of health care and hospitals) declared physician burnout a “major public health crisis.” This may sound dramatic. On the surface, physicians are reasonably well paid, still enjoy a good degree of autonomy (certainly compared with many other professions in 2019) and have a job market where many specialties can pick and choose. What’s gone wrong?
The problem lies in the nature of the job itself and how a model of physician employees in a corporate environment has replaced the traditional, autonomous small practice model—within a sea of regulatory burdens and administration. Not to mention how health care information technology and the need to spend large chunks of the day on a computer, instead of with patients, has taken doctors so far away from why they went into medicine in the first place. This has happened relatively quickly in just over a decade.

**Pros of practicing medicine in the U.S.**

- Earn a good living
- High levels of job satisfaction
- High levels of job security
- Requires a lot of teamwork
- Live anywhere in the country
- Get to choose the direction of your career
- Option of retiring early

**Cons of practicing medicine in the U.S.**

- Long training to become qualified for IMGs
- Long and unpredictable hours
- Higher levels of job-related stress
- Medical lawsuits to worry about

**The Educational Commission for Foreign Medical Graduates Certification**

Through its certification program, the Educational Commission for Foreign Medical Graduates (ECFMG) evaluates the readiness of international medical graduates to enter residency or fellowship programs in the U.S. that are accredited by the Accreditation Council for Graduate Medical Education. State licensure requirements are designed to provide that IMGs meet the same requirements to obtain a medical license as graduates of accredited U.S. and Canadian medical schools.
Learn more about the AMA member group International Medical Graduates Section and get involved in policy decision-making for issues affecting IMG physicians.