



Navin C. Shah, MD, MS, FACS, FICS, FACIP

As a leader on IMG issues Dr. Shah shares his personal story and insights below:

How did you come to practice medicine in the U.S.? Briefly tell us your history of how and why you came to the U.S.

I came to the United States to advance my knowledge and skills in surgery and specialize in urology. America was and is the mecca of medicine and surgery. The urology training and practice was the best in the world and I wanted to be a part of it. Airfare payment and a secured residency position prior to coming to the United States was a big plus and attraction in regards to making my decision to come to the United States. The United States also provided better professional and economic opportunities and benefits for me.

I was an assistant professor of general surgery at the B.J. Medical College in Pune, India. I wanted to specialize in urology but India did not have urology training or a specialty in urology. I applied for training in both England and the United States. A training program in Akron, Ohio at St. Thomas Hospital offered me a first year surgical residency position. I was told that I had a good chance of obtaining a urology training position after completing my first year of residency because I held a Masters in Surgery and had already published a number of papers, one of which was accepted for publication in the Archives of Surgery. After my first year of residency in Akron, Ohio I was accepted into the urology program at the Washington Hospital Center in Washington, D.C. The program was headed by Debney Jarman, M.D., the president of The American Board of Urology. I completed my training and successfully passed the American Board of Urology boards. I then started my practice in the Washington, DC metro area where I live today. I am also a book reviewer for the Journal of the American Medical Association in the area of urology.

What advice would you give to an IMG coming to the U.S. today?

The present system of pre-residency examination and obtaining a residency position is much better now than when I came to the United States in 1971. For decades there was a two tier system of evaluating IMGs and U.S. medical graduates in the pre-residency examinations and in securing a residency position. Now the whole process is by and large equal for IMGs and U.S. medical graduates. IMGs should concentrate on the examinations by taking classes and seeking guidance on the process as the U.S. system varies from the systems in many other countries that judge medical knowledge as well as the physician's expertise in the English language. I think IMGs should apply to as many programs as possible because the competition is tough, not only with U.S. medical graduates, but also with other IMGs as there are a limited number of openings.

Many IMGs have also found it advantageous to work in well-known research institutions prior to applying for a residency position because that experience and interest in research is taken into consideration when applying for a residency position. The bottom line for IMGs successful acceptance lies in their scores in all of the examinations and fluency in the English language. In the United States, hard work, sincerity, dedication and expertise in the subject usually assures success.

Why did you decide to be involved in organized medicine?

I became involved in organized medicine and a leader amongst IMG physicians during my fight for equal treatment for IMG physicians wishing to practice in the United States. I believed that IMGs physicians, such as myself, should be held to the same professional and licensing requirements that applied to U.S. medical school graduates. The results of IMGs' collective efforts to organize and influence policy led to the passage of anti-discrimination legislation—1992 Health Professions Reauthorization Act. This successful struggle glorifies IMGs' persistence and the U.S. system. More information on this process and the voice of IMGs within the U.S. medical system is available in a recently published book entitled, *Fight for Equality: International Medical Graduates in the United States* by Shawn McMahon.

You have been involved a number of health projects in both the U.S. and India. Briefly describe some of these projects.

Since 1985 I have initiated programs in India that provide continuing medical education to physicians in India along with supplying medical equipment to hospitals. This is a joint program of the government of India and the American Association of Physicians of Indian Origin (AAPI). In 2008, the Medical College of India (MCI) approved my two-year postgraduate Infectious Disease specialty courses and training for India. India has 50 million infectious disease patients and forty-eight percent of the deaths in India are due to infectious disease. This postgraduate training will improve infectious disease care and will decrease morbidity and mortality.

I have also worked on developing emergency medical services and a trauma center in Mumbai by joining the expertise and services of four medical college hospitals, ten private hospitals, twelve government and municipal hospitals, children's hospital, burn center, and a rehabilitation center. Through these efforts we have established a dedicated phone number and have about forty ambulances in service. I have also obtained three scholarships to train three Mumbai surgeons in a United States trauma center. This program has support of the American College of Surgeons for emergency medical services training and education and cooperation from the United States Consul General in Mumbai.

Another project I have worked on is promoting Ayurveda education in United States medical schools. In 2007, Professor Palep from India conducted courses and lectures in a number of U.S. medical schools.

Currently, I am working on a exchange program, American Professional Exchange Association, for U.S. physicians interested in visiting developing countries to help improve their medical education and health care. I hope to start this program with six countries- Egypt, India, Nigeria, Philippines, South Africa and Turkey. U.S. physicians will visit one of these countries and will

be hosted by similar specialist. In turn, the U.S. physician will provide mutual reciprocal hosting in the U.S.

Lastly, I am working to get hospitals accredited in India as they are in the United States. I strongly believe we must have a U.S. style (with needed modifications) accreditation system in order to provide quality care to patients in India.

What advice would you offer to those IMGs interested in participating in health projects?

My experiences working on projects in India has taught me that even if one has a project that is badly needed, securing the approval for the project can take an extraordinary amount of time. It can seem like there are unending obstacles. One has to have patience, tolerance and commitment to achieve project goals. Pre-planning and doing detailed homework on the project can shorten some of the delays. Also, because officials tend to change positions, keeping up with who is in charge can be difficult.

Finally, a generous spirit of giving to your countrymen and humility in your endeavors helps. Also, after a project is initiated further follow up and updates are vital for its continued success and growth. All such activities, in my case, involved a lot of planning, time, communication, trips to India and use of my personal finances. For me, the last 25 years I have spent on my projects has been very satisfying and the projects have lifted my spirits.

Who encouraged you to be involved in organized medicine and why?

I came to the United States for professional improvement and to better my economic future. I joined mainstream medicine to be a part of this great medical environment. I never planned on being an IMG leader. It was the overt and covert discrimination suffered by IMGs that led me to the AMA and to the U.S. congressional system. I am glad I became involved in organized medicine and have stayed involved at the county, state and national level. I believe one has to be a part of it in order to redress. My guidance was truth and persistence in my endeavors. During my struggles to obtain justice and equality my main guiding lights were lobbyist Senator Hartke and Mr. Kern Smith.

Organizational Involvement:

Dr. Shah is the co-founder, former president and trustee of the American Association of Physicians of Indian Origin. He has held numerous offices within The Maryland State Medical Society (Med Chi) including: trustee, delegate to the AMA House of Delegates, and president of the IMG section. He has held additional leadership positions with the Doctors Community Hospital, Prince George's County Medical Society, Leland Memorial Hospital, International Association of American Physicians, American College of International Physicians, and the Association of Indian Urologists of North America.

Education and medical practice:

Dr. Shah received his medical degree and master of surgery degree from the University of Poona. He completed his residency in general surgery from Sassoon General Hospital and B.J. Medical College. In the United States, he completed his residency in urology at Washington Hospital Center in Washington, DC. He is a diplomat of the American Board of Urology, and of the American Board of Quality Assurance and Utilization Review of Physicians. He is a fellow

of the American College of Surgeons, American College of International Physicians and the International College of Surgeons. Since 1975, he has been a practicing urologist in the Washington, DC metro area.

Questions or comments on this profile and any of the projects mentioned can be sent to img@ama-assn.org