

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: (Assigned by HOD)
(A-25)

Introduced by: International Medical Graduates Section

Subject: Selection of IMG Residents Based on Merit

Referred to: Reference Committee (Assigned by HOD)

Whereas, our AMA acknowledges the significant contributions of International Medical Students and Graduates and unequivocally supports their participation in the U.S. residency and fellowship programs; ~~According to 2021 statistics from the Association of American Medical Colleges (AAMC), 1 in 5 actively practicing physicians, totaling over 203,500 physicians, are International medical graduates⁽¹⁾; and~~

Whereas, according to the 2023-2024 GME Data Resource Book from ACGME, of the 133,776 total active residents in specialty programs, 21.7% (29,058) are international medical school graduates (IMGs)⁽²⁾; and

Whereas, according to the AAMC 2024 U.S. Physician Workforce Data Dashboard, of the 1,010,892 active physicians in the country, 24.7% (249,690) were International Medical Graduates⁽³⁾; and

Whereas, our AMA recognizes the vital role of International Medical Graduates (IMGs) in academic and community medicine and supports policies that enhance their integration, career advancement, and access to opportunities in research and leadership; ~~A significant percentage of IMGs help contribute to the U.S. healthcare system, by securing positions in academic and community medical centers, in which they heavily contribute to advancing medical education, research, and patient care as physicians. Furthermore, they help contribute to groundbreaking clinical research, innovation, and scientific discoveries as physician-scientists; and~~

Whereas, our AMA emphasizes that international medical graduates (IMGs) are more likely to practice in lower-income and disadvantaged communities; and

Whereas, our AMA recognizes that more than 20 million people in the United States reside in areas where foreign-trained physicians comprise at least half of the physician workforce. Furthermore, in these rural and underserved areas, at-risk U.S. citizens depend on visa-sponsored physicians to provide essential primary care and specialty health services;⁽⁴⁾ and

Whereas, our AMA advocates and encourages all residency and fellowship programs to select candidates based on merit, including skills, experiences, and overall qualifications, when being considered for their programs. Furthermore, it should also be ensured that the international medical student or graduate status or the use of an ethnic name should not be considered as a negative factor.^(4,5) and

Whereas, our AMA encourages and will collaborate with the Accreditation Council for Graduate Medical Education (ACGME) and the National Residency Matching Program (NRMP) to eliminate questioning and discrimination related to the race, national origin, and religion of the applicant during the residency and fellowship application process⁽⁷⁾; and

Whereas, our AMA strongly opposes the use of any discriminatory filters in the Electronic Residency Application Service (ERAS®) that unfairly screens any potential applicant, including International Medical Graduates⁽⁸⁾; and

Whereas, our AMA urges all graduate medical education programs to utilize a standardized interview format for all applicants, regardless of International medical student or graduate status, to promote equity, fairness, and transparency⁽⁹⁾; and

~~Whereas, our AMA will collaborate with the Educational Commission on Foreign Medical Graduates (ECFMG) to address any delays in the visa processing for International Medical Graduates applying for visas to enter the U.S. for postgraduate medical training or medical practice⁽¹⁰⁾; and~~

~~Whereas, our AMA strongly advocates against any laws or regulations that would unjustly restrict entry or re-entry into the United States for individuals holding valid visas—such as H-1, J-1, student visas, or permanent resident status (green cards)—solely based on their country of origin or religion⁽¹¹⁾; and~~

Whereas, our AMA will continue to work with relevant authorities to support residency program directors to establish the necessary and effective connection with the State Department and the Department of Homeland Security; ~~This will effectively streamline and expedite the necessary procedures for qualified residency or fellowship applicants and, therefore, reduce the uncertainty involved in considering International medical students or graduates for residency positions⁽¹⁰⁾; and~~

Whereas, misinformation about immigration requirements, delayed visa processing times, and increased bureaucratic hurdles can disproportionately impact the recruitment and retention of International Medical Graduates (IMGs) in residency programs, exacerbating workforce shortages and limiting access to care in underserved areas; ~~and therefore be it~~

~~Whereas, our AMA will work with the Federation of State Medical Boards (FSMB) and state medical societies in states with discriminatory licensure requirements to ensure and promote equality in the licensure requirements for all physicians, regardless of whether they are International Medical School Graduates or U.S./Canadian Medical School Graduates⁽¹²⁾; therefore, be it~~

~~RESOLVED, that our AMA continues to work with ECFMG, ACGME, FSMB, NRMP, ERAS, and any other relevant authorities to support the selection of qualified International medical students and graduates into residency and fellowship across the country (Directive to Take Action); and be it~~

RESOLVED, that our American Medical Association (AMA) collaborate with ~~key appropriate stakeholders, including Intealth and the Accreditation Council for Graduate Medical Education (ACGME)~~, to develop and disseminate educational resources for program directors and institutions on immigration policy updates that may impact resident recruitment and training, and actively work to combat disinformation surrounding immigration policies; ~~that could deter or mislead potential International Medical Graduates (IMGs) and residency programs (Directive to Take Action); and be it further~~

~~RESOLVED, that our AMA advocate for unrestricted travel for International medical graduates during their legal stay in the United States to be able to ensure the completion of their residency~~

1 ~~or fellowship training and, thereby, preserving the continuity of patient care and medical~~
2 ~~education. (Directive to Take Action)~~
3

Fiscal Note: (Assigned by HOD)

Received:

REFERENCES

1. <https://policysearch.ama-assn.org/policyfinder/detail/visa?uri=%2FAMADoc%2Fdirectives.xml-D-255.980.xml>
2. <https://www.acgme.org/about/publications-and-resources/graduate-medical-education-data-resource-book/>
3. <https://www.aamc.org/data-reports/report/us-physician-workforce-data-dashboard>
4. <https://policysearch.ama-assn.org/policyfinder/detail/merit?uri=%2FAMADoc%2FHOD.xml-0-1782.xml>
5. <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2022-2-14-AMA-Statement-for-the-Record-re-Immigration.pdf>
6. <https://policysearch.ama-assn.org/policyfinder/detail/%22International%20Medical%20Graduates%22?uri=%2FAMADoc%2FHOD.xml-0-1790.xml>
7. <https://policysearch.ama-assn.org/policyfinder/detail/residency%20discrimination%20?uri=%2FAMADoc%2FHOD.xml-0-2503.xml>
8. <https://policysearch.ama-assn.org/policyfinder/detail/%22International%20Medical%20Graduates%22?uri=%2FAMADoc%2FHOD.xml-H-255.963.xml>
9. <https://policysearch.ama-assn.org/policyfinder/detail/%22Ensuring%20Equity%20in%20Interview%20Processes%20for%20Entry%20to%20Undergraduate%20and%20Graduate%20Medical%20Education%20H-295.844%22?uri=%2FAMADoc%2FHOD.xml-H-295.844.xml>
10. <https://policysearch.ama-assn.org/policyfinder/detail/visa%20?uri=%2FAMADoc%2Fdirectives.xml-0-645.xml>
11. <https://policysearch.ama-assn.org/policyfinder/detail/visa?uri=%2FAMADoc%2Fdirectives.xml-D-255.980.xml>
12. <https://policysearch.ama-assn.org/policyfinder/detail/IMGs?uri=%2FAMADoc%2FHOD.xml-0-1768.xml>

RELEVANT AMA POLICY

Impact of Immigration Barriers on the Nation's Health D-255.980

1. Our American Medical Association recognizes the valuable contributions and affirms our support of international medical students and international medical graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine.
2. Our AMA will oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion.
3. Our AMA will oppose policies that would broadly deny issuance of legal visas to persons based on their country of origin and/or religion.
4. Our AMA will advocate for the immediate reinstatement of premium processing of H-1B visas for physicians and trainees to prevent any negative impact on patient care.

5. Our AMA will advocate for the timely processing of visas for all physicians, including residents, fellows, and physicians in independent practice.
6. Our AMA will work with other stakeholders to study the current impact of immigration reform efforts on residency and fellowship programs, physician supply, and timely access of patients to health care throughout the U.S.

USMLE Scores not Sole Criteria for Residency Selection H-255.980

1. Our AMA (1) urges that the United States Medical Licensing Examination (USMLE) scores not be used as the sole criteria for selecting interns and residents; (2) recommends that residency programs consider all of the candidates' attributes and qualifications during the selection process; and (3) reaffirms policy that residency appointments should be made solely on the basis of the individual applicant's merit and qualifications.

AMA Principles on International Medical Graduates H-255.988

1. Our American Medical Association supports current U.S. visa and immigration requirements applicable to foreign national physicians who are graduates of medical schools other than those in the United States and Canada.
2. Our AMA supports current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE.
3. Our AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body.
4. Our AMA supports cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada.
5. Our AMA supports continued cooperation with the ECFMG and other appropriate organizations to disseminate information to prospective and current students in foreign medical schools. An AMA member, who is an IMG, should be appointed regularly as one of the AMA's representatives to the ECFMG Board of Trustees.
6. Our AMA supports working with the Accreditation Council for Graduate Medical Education (ACGME) and the Federation of State Medical Boards (FSMB) to assure that institutions offering accredited residencies, residency program directors, and U.S. licensing authorities do not deviate from established standards when evaluating graduates of foreign medical schools.
7. In cooperation with the ACGME and the FSMB, our AMA supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care.
8. Our AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs.
9. Our AMA supports that special consideration be given to the limited number of IMGs who are refugees from foreign governments that refuse to provide pertinent information usually required to establish eligibility for residency training or licensure.
10. Our AMA supports that accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower.
11. Our AMA representatives to the ACGME, residency review committees and to the ECFMG should support AMA policy opposing discrimination. Medical school admissions officers and directors of residency programs should select applicants

on the basis of merit, without considering status as an IMG or an ethnic name as a negative factor.

12. Our AMA supports the requirement that all medical school graduates complete at least one year of graduate medical education in an accredited U.S. program in order to qualify for full and unrestricted licensure. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement:
 - a. completion of medical school and residency training outside the U.S.;
 - b. extensive U.S. medical practice; and
 - c. evidence of good standing within the local medical community.
13. Our AMA supports publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities.
14. Our AMA supports the participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. Our AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils, the Accreditation Council for Graduate Medical Education and its review committees, the American Board of Medical Specialties and its specialty boards, and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for outstanding achievements by either individuals or organizations in promoting leadership among IMGs.
15. Our AMA supports studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members.
16. Our AMA membership outreach to IMGs to include
 - a. using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians;
 - b. publicizing its many relevant resources to all physicians, especially to nonmember IMGs;
 - c. identifying and publicizing AMA resources to respond to inquiries from IMGs; and
 - d. expansion of its efforts to prepare and disseminate information about requirements for admission to accredited residency programs, the availability of positions, and the problems of becoming licensed and entering full and unrestricted medical practice in the U.S. that face IMGs. This information should be addressed to college students, high school and college advisors, and students in foreign medical schools.
17. Our AMA supports recognition of the common aims and goals of all physicians, particularly those practicing in the U.S., and support for including all physicians who are permanent residents of the U.S. in the mainstream of American medicine.
18. Our AMA supports its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations.
19. Our AMA supports institutions that sponsor exchange visitor programs in medical education, clinical medicine and public health to tailor programs for the individual visiting scholar that will meet the needs of the scholar, the institution, and the nation to which he will return.
20. Our AMA supports informing foreign national IMGs that the availability of training and practice opportunities in the U.S. is limited by the availability of fiscal and human resources to maintain the quality of medical education and patient care in

the U.S., and that those IMGs who plan to return to their country of origin have the opportunity to obtain GME in the United States.

21. Our AMA supports U.S. medical schools offering admission with advanced standing, within the capabilities determined by each institution, to international medical students who satisfy the requirements of the institution for matriculation.
22. Our AMA supports the Federation of State Medical Boards, its member boards, and the ECFMG in their willingness to adjust their administrative procedures in processing IMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state.
23. Our AMA supports continued efforts to protect the rights and privileges of all physicians duly licensed in the U.S. regardless of ethnic or educational background and opposes any legislative efforts to discriminate against duly licensed physicians on the basis of ethnic or educational background.
24. Our AMA supports continued study of challenges and issues pertinent to IMGs as they affect our country's health care system and our physician workforce.
25. Our AMA supports advocacy to Congress to fund studies through appropriate agencies, such as the Department of Health and Human Services, to examine issues and experiences of IMGs and make recommendations for improvements.

Eliminating Questions Regarding Marital Status, Dependents, Plans for Marriage or Children, Sexual Orientation, Gender Identity, Age, Race, National Origin and Religion During the Residency and Fellowship Application Process H-310.919

1. opposes questioning residency or fellowship applicants regarding marital status, dependents, plans for marriage or children, sexual orientation, gender identity, age, race, national origin, and religion;
2. will work with the Accreditation Council for Graduate Medical Education, the National Residency Matching Program, and other interested parties to eliminate questioning about or discrimination based on marital and dependent status, future plans for marriage or children, sexual orientation, age, race, national origin, and religion during the residency and fellowship application process;
3. will continue to support efforts to enhance racial and ethnic diversity in medicine. Information regarding race and ethnicity may be voluntarily provided by residency and fellowship applicants;
4. encourages the Association of American Medical Colleges (AAMC) and its Electronic Residency Application Service (ERAS) Advisory Committee to develop steps to minimize bias in the ERAS and the residency training selection process; and
5. will advocate that modifications in the ERAS Residency Application to minimize bias consider the effects these changes may have on efforts to increase diversity in residency programs.

Filtering International Medical Graduates During Residency or Fellowship Applications H-255.963

1. Our American Medical Association recognizes the exclusion of certain residency applicants from consideration, such as international medical graduates.

2. Our AMA opposes discriminatory use of filters designed to inequitably screen applicants, including international medical graduates, using the Electronic Residency Application Service® (ERAS®) system.

Ensuring Equity in Interview Processes for Entry to Undergraduate and Graduate Medical Education H-295.844

1. Our American Medical Association will encourage interested parties to study the impact of different interview formats on applicants, programs, and institutions.
2. Our AMA will continue to monitor the impact of different interview formats for medical school and graduate medical education programs and their effect upon equity, access, monetary cost, and time burden along with the potential downstream effects upon on applicants, programs, and institutions.
3. Our AMA recommends that individual medical schools use the same interview format for all applicants to the same class at their institution to promote equity and fairness while allowing for accommodations for individuals with disabilities.
4. Our AMA recommends that individual graduate medical education programs use the same interview format for all applicants to the same program to promote equity and fairness while allowing for accommodations for individuals with disabilities.

Visa Complications for IMGs in GME D-255.991

1. Our American Medical Association will
 - a. work with the ECFMG to minimize delays in the visa process for International Medical Graduates applying for visas to enter the US for postgraduate medical training and/or medical practice.
 - b. promote regular communication between the Department of Homeland Security and AMA IMG representatives to address and discuss existing and evolving issues related to the immigration and registration process required for International Medical Graduates.
 - c. work through the appropriate channels to assist residency program directors, as a group or individually, to establish effective contacts with the State Department and the Department of Homeland Security, in order to prioritize and expedite the necessary procedures for qualified residency applicants to reduce the uncertainty associated with considering a non-citizen or permanent resident IMG for a residency position.
2. Our AMA International Medical Graduates Section will continue to monitor any H-1B visa denials as they relate to IMGs? inability to complete accredited GME programs.
3. Our AMA will study, in collaboration with the Educational Commission on Foreign Medical Graduates and the Accreditation Council for Graduate Medical Education, the frequency of such J-1 Visa reentry denials and its impact on patient care and residency training.
4. Our AMA will, in collaboration with other stakeholders, advocate for unfettered travel for IMGs for the duration of their legal stay in the US in order to complete their residency or fellowship training to prevent disruption of patient care.

Impact of Immigration Barriers on the Nation's Health D-255.980

1. Our American Medical Association recognizes the valuable contributions and affirms our support of international medical students and international medical

graduates and their participation in U.S. medical schools, residency and fellowship training programs and in the practice of medicine.

2. Our AMA will oppose laws and regulations that would broadly deny entry or re-entry to the United States of persons who currently have legal visas, including permanent resident status (green card) and student visas, based on their country of origin and/or religion.
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6. Our AMA will work with other stakeholders to study the current impact of immigration reform efforts on residency and fellowship programs, physician supply, and timely access of patients to health care throughout the U.S.

Abolish Discrimination in Licensure of IMGs H-255.966

Our American Medical Association supports the following principles related to medical licensure of international medical graduates (IMGs):

- a. State medical boards should ensure uniformity of licensure requirements for IMGs and graduates of U.S. and Canadian medical schools, including eliminating any disparity in the years of graduate medical education (GME) required for licensure and a uniform standard for the allowed number of administrations of licensure examinations.
- b. All physicians seeking licensure should be evaluated on the basis of their individual education, training, qualifications, skills, character, ethics, experience and past practice.
- c. Discrimination against physicians solely on the basis of national origin and/or the country in which they completed their medical education is inappropriate.
- d. U.S. states and territories retain the right and responsibility to determine the qualifications of individuals applying for licensure to practice medicine within their respective jurisdictions.
- e. State medical boards should be discouraged from a) using arbitrary and non-criteria-based lists of approved or unapproved foreign medical schools for licensure decisions and b) requiring an interview or oral examination prior to licensure endorsement. More effective methods for evaluating the quality of IMGs' undergraduate medical education should be pursued with the Federation of State Medical Boards (FSMB) and other relevant organizations. When available, the results should be a part of the determination of eligibility for licensure.

Our AMA will continue to work with the FSMB to encourage parity in licensure requirements for all physicians, whether U.S. medical school graduates or international medical graduates.

Our AMA will continue to work with the Educational Commission for Foreign Medical Graduates and other appropriate organizations in developing effective methods to evaluate the clinical skills of IMGs.

Our AMA will work with state medical societies in states with discriminatory licensure requirements between IMGs and graduates of U.S. and Canadian medical schools to advocate

for parity in licensure requirements, using the AMA International Medical Graduate Section licensure parity model resolution as a resource.

Our AMA will:

- a. encourage states to study existing strategies to improve policies and processes to assist IMGs with credentialing and licensure to enable them to care for patients in underserved areas.
- b. encourage the FSMB and state medical boards to evaluate the progress of programs aimed at reducing barriers to licensure--including successes, failures, and barriers to implementation.