

Support for IMGs practicing in the US

Issue:

This issue brief addresses potential alternative pathways for licensure for international medical graduates (IMGs) from select countries which eliminate the requirement that they complete an approved post-graduate training program.

Background:

What is an IMG?

An international medical graduate (IMG) is a physician who received a medical degree outside the United States (U.S.) and Canada from a medical school not accredited by the Liaison Committee on Medical Education, American Osteopathic Association Commission on Osteopathic College Accreditation or the Middle States Commission on Higher Education. The citizenship of the physician does not determine if the graduate is an IMG. U.S. citizens who graduate from medical schools outside the U.S. and Canada are considered IMGs. Non-U.S. citizens who graduate from accredited medical schools in the U.S. and Canada are not IMGs.

IMGS in the workforce

According to the Educational Commission for Foreign Medical Graduates (ECFMG), IMGs comprise one-quarter of the U.S. physician workforce. They have long been an integral part of the U.S. health care system and they make substantial contributions to the primary care workforce. IMGs often practice at institutions that play a critical role in providing health care in communities and to populations that have been historically underserved by the health system, are under-resourced, and experience higher rates of poverty and chronic disease. The diversity of IMGs contributes to the many ethnicities and cultures in the health care workforce. This is likely a factor toward enhancing health outcomes, considering the equally diverse nature of the U.S. patient population. There is a need for an expanded physician workforce in geographic and specialty areas that the country will not meet with U.S. graduates alone.

This workforce issue has been exacerbated by the COVID-19 pandemic which intensified the need for physicians and thereby led to new, but temporary positions for IMGs. For example, the Illinois Department of Financial and Professional Regulation allowed IMGs to apply for a temporary license, authorized until May 31, 2022, or until the Gubernatorial COVID-19 Disaster Proclamation ends, so long as they have successfully completed USMLE Steps 1-3 and are in good standing. Other states have made similar arrangements.

Challenges and concerns

IMGs face many challenges in their efforts to practice medicine in the U.S. The AMA Council on Medical Education recently studied this issue in their report, "Expediting Entry of Qualified IMG Physicians to U.S. Medical Practice," adopted at the June 2021 Special Meeting of the AMA House of Delegates. Non-U.S. citizen IMGs are challenged with entry to this country that allows them to work. Other challenges faced by all IMGs, regardless of citizenship, include attaining required residency training, licensure, board certification and employment. Licensing and certification bodies do have alternative pathways which can aid IMGs. Medical boards issue a variety of licenses other than full, unrestricted licenses including "faculty/educational," "limited/special purpose" and "institutional practice" licenses. The American Board of Medical Specialties (ABMS) acknowledges that there may be acceptable alternative pathways to initial certification for IMG candidates.

Policymakers are considering new ways to retain IMGs and expand the physician workforce. Proposed in January 2022, Arizona (AZ) [Senate Bill 1331](#) calls for the creation of an alternative pathway for licensure for IMGs by eliminating the requirement that they complete an approved post-graduate training program. The bill would allow an IMG to begin practicing immediately under a provisional license which would become permanent after one year of service. This bill only seeks this pathway for IMGs who are residents of and licensed to practice in any of the following countries: Australia, Canada, Hong Kong, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland and the United Kingdom.

The AZ Medical Association and AZ Osteopathic Medical Association oppose SB 1331 given its removal of the GME program requirement. This bill excludes many countries from which there are IMGs seeking opportunities in the U.S. The rationale for this inequity is unclear.

Potential alternative strategies to support IMGs:

- Increase federal support for GME positions to create expanded opportunities in areas of need and improve the diversity of physicians placed in those positions.
- Expand Medicaid as a resource to increase the physician workforce (certified public expenditures).
- Ease immigration requirements for qualified IMGs regardless of country of origin.

Moving forward:

The AMA has many policies which address related issues of concern, including a set of principles on IMGs. Further, it is AMA policy that the medical profession must be integrally involved in any workforce planning efforts sponsored by federal or state governments, or by the private sector.

To mitigate negative impacts on access to care, the 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 ([H-255.988](#))
- collaborates with appropriate stakeholder organizations to advocate for the preservation, stability and expansion of full funding for the direct and indirect costs of GME positions from all existing sources and actively advocates for the stable provision of matching federal funds for GME positions funded using state Medicaid dollars. ([D-305.967](#))
- advocates 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 ([D-255.991](#))

AMA resources:

- [Council on Medical Education](#)
- [Policy Finder](#)
- [IMG Section](#)
- [Health Care Advocacy](#)
- [Center for Health Equity](#)