Educational Primer #1: International Medical Graduates

This primer is part of the 2024-2025 AMA Organizational Strategic Plan to Advance Health Equity.

This primer was created to center international medical graduates (IMGs) and their expertise, experiences, and priorities.

IMGs are physicians or resident-physicians who have graduated from a medical school outside the U.S. These individuals may be citizens of the U.S. or foreign nationals. In 2020, IMGs comprised 22.9% of the physician workforce, bringing years of training and experience in their countries of origin to the U.S. medical education and health care systems. IMGs contribute disproportionately to primary care and health professional shortage areas while providing equivalent quality of care compared to their U.S.-trained counterparts. IMGs also fulfill specialty care shortages that the U.S. cannot meet on its own: IMGs comprise 50% of active physicians in geriatric medicine and nephrology and 30% of active physicians in infectious disease, internal medicine, and endocrinology.

“We practice in... poor urban and rural places. ...I've seen a lot of doctors who were IMGs working in the border of Texas, working in public hospitals, ...and in reservations. ... I would say don't get discouraged ...all experiences that you bring from your countries are important. ... It's valid and needed. ... immigrants who come to this country, they come with experiences. ... often it's experiences of injustice. ...therefore we are very sensitive to matters of injustice ...when we become part of that workforce here, part of the community here, we're sensitive because we experienced this.”

-Natalia Solenkova, MD, PhD, Immediate Past Chair, AMA IMG Section Governing Council

While IMGs can ease escalating physician shortages and worsening specialty and geographic maldistribution, they face daunting challenges entering and operating within U.S. labor markets. The numerous immigration hurdles during medical education, residency, and job placement create precarious living and working conditions for IMGs and their families. Physicians under the J-1 exchange visitor program (i.e., visa) surveyed by the Educational Commission for Foreign Medical Graduates (ECFMG) in 2019 described how fluctuating immigration laws contribute to a unique set of stressors, including racial discrimination, that impacted their well-being. When IMGs rely on employers for legal residency status, a power differential between employer and employee creates the potential for exploitation; many IMGs report overwork, low pay, poor working conditions, and limited opportunities for promotion. Finding alternate employment is rarely an option because obtaining a new employer-sponsored visa is an uncertain and potentially lengthy process. U.S. Citizenship and Immigration Services (USCIS) median processing times for waivers have increased to 19.3 months in fiscal year (FY) 2024 from a low of 4.8 months in FY2015.

IMGs are channeled towards tenuous employment opportunities, in part through inequitable graduate medical education (GME) admissions processes. Despite IMGs having higher U.S. Medical Licensing Examination (USMLE) scores and equivalent surgical outcomes, a two-tiered educational system systematically disadvantages and segregates medical students based on country of medical education. IMGs have lower residency program match rates (67.6% for U.S. citizen IMG and 59.4% for non-U.S. citizen IMG applicants vs. 93.7% of seniors of U.S. MD medical schools) placing IMGs more often in less prestigious and resourced community hospitals, resulting in lower board passage rates suggesting differing educational quality. A two-tiered educational system is intertwined with a two-tiered health care system, where systematic offering of lower quality residency training opportunities to IMGs could compound the disparities in care for and experience of patients in low-resource practice settings and communities. Pathways to board certification for many specialties remain difficult for those who completed undergraduate medical education at a non-Liaison Committee on Medical Education (LCME) accredited institution. Support services for navigating entry into the U.S., completing medical education, and obtaining job opportunities are rare. Many IMGs report discrimination and mistreatment as they join a health care system that advantages those from developed countries.
While the IMG share of AMA membership has steadily grown over the past two decades, including growth in Council and Section leadership positions over the last decade, representation among delegates and Board Members has remained flat. Only two members of the AMA’s board have identified as IMGs in the last 40 years. Additional strategies are needed to match the contribution IMGs make to the U.S. health care system.  

Recent Developments

The precarity of IMG physicians in the U.S. is highlighted by recent national and international events. The COVID-19 pandemic demonstrated the U.S. health care system’s reliance on IMGs and the impact on IMGs and their families. Of the 132 physician deaths attributed to COVID-19 across the U.S., 59 (45%) were IMGs – a disproportionate toll. Despite their service on the pandemic’s front lines, IMGs’ visas and job placements are vulnerable to COVID-era policy unwinding. Where policies were modified to meet critical workforce needs, important allowances are sunsetting. The Conrad waiver program and the Healthcare Workforce Resilience Act, which would safeguard and expand pathways to practice for IMG physicians, are under debate in Congress. Additionally, the recent conflicts in Israel-Palestine, Sudan, and Ukraine have posed challenges around credential verification for physicians from these areas already working in the U.S.

At the state level, medical boards in 11 states allow IMGs who have completed GME outside the U.S. or Canada to be licensed in the U.S. without completing additional GME if they have met certain criteria. In addition, several states have introduced legislation bypassing ACGME residency requirements and creating a provisional license for IMGs who meet certain requirements. Some of these bills would also create a pathway for IMGs to obtain a full and unrestricted license in the state.

Within the last several years, IMGs have used assemblies and events to create community and build action toward health equity. While the AMA IMG Section is the largest convening entity, recently formed private organizations provide additional networking, peer support, and medical education opportunities. Despite hurdles, IMGs have risen to leadership positions, including George Abraham, MD – recent president of the American College of Physicians.

What We Build On

Our AMA acknowledges IMG physicians’ critical role in the delivery of health care services. We have created tools to support IMGs and advocated for policy change to clear routes to practice. For example, the AMA has been actively advocating for the Conrad 30 program for more than a decade. Additionally, our work includes:

- Winning an extension of the Conrad 30 J-1 visa waiver program through inclusion in the Consolidated Appropriations Act of 2023.
- Advocating for the:
  - Conrad State 30 and Physician Access Reauthorization Act (S. 665/H.R. 4942) (PDF);
  - Doctors in Our Borders Act (H.R. 4875), which would increase the total number of Conrad waivers per state from 30 to 100;
  - Directing Our Country’s Transfer of Residency Slots Act (S. 2719/H.R. 6980) (PDF) which would allow unused slots from the Conrad State 30 and Physician Access Reauthorization Act to be redistributed in the following fiscal year while ensuring that every state is still provided with 30 slots each year; and
  - Healthcare Workforce Resilience Act (S. 3211/H.R. 6205) (PDF) which would recapture 15,000 unused employment-based physician immigrant visas from prior fiscal years.
- Submitting statements for U.S. Senate and House Subcommittee hearings:
  - “Flatlining Care: Why Immigrants Are Crucial to Bolstering Our Health Care Workforce” (PDF); and
  - “Is there a Doctor in the House? The Role of Immigrant Physicians in the U.S. Healthcare System.” (PDF)
- Launching the **IMG Physician Toolkit** with resources regarding mentorship, residency training, visas, licensure, academic opportunities, and financial planning.
AMA Policy

Our AMA work in support of IMGs is grounded in decades of House of Delegates policy (H-255.988) that has been reaffirmed or modified numerous times over the years to meet the needs of IMGs. Policy adopted in 2023 encouraged key stakeholders to study and share the most equitable approach to parity for domestic and international medical graduates on financial burdens including application, exam and licensing fees. It also calls for stakeholders to work together on cost equivalency for required exams (H-255.964). Our AMA’s work on visas is grounded in policies D-255.985 and D-255.991, with recent updates to D-310.977 related to the financial and personal consequences of not matching into a residency program.

Looking Ahead: Proposed Actions

Our AMA recognizes the substantial interpersonal, institutional, and policy changes required to create inclusive educational and employment experiences for IMGs in the U.S. We have increased transparency on IMG representation among AMA leadership. We will support equitable access to career advancement opportunities for IMGs by opposing discriminatory use of filters in GME admissions, improving opportunities for robust mentorship, and including IMG voices in our anti-discrimination work with employees. We propose extending our diversity, inclusion, and belonging efforts to include IMG physicians. Moreover, we will develop educational opportunities for workers across the health care continuum to reduce bias and discrimination against IMGs at both interpersonal (e.g., communication) and institutional and policy levels (e.g., hiring and promotion). This will include focused outreach to specialty societies to support inclusion of IMGs. On the policy front, we will continue to advocate for expansion and permanence of the Conrad 30 program and for smoothing the transition from H1-B visa to green card.

For More Information

- Get the latest IMG news: Sign up
- Explore the IMG Section: Learn more
- Pursue IMG Section leadership opportunities: Apply
- Find resources for IMGs: Learn more
- Learn more about AMA’s immigration advocacy: Here
References


