

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

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

Introduced by: International Medical Graduates Section

Subject: Ensuring Timely J-1 Visa Processing to Protect IMG Participation in  
Residency Programs

Referred to: Reference Committee (Assigned by HOD)

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1 Whereas, Our AMA acknowledges the significant contributions of International Medical Students  
2 and Graduates and unequivocally supports their participation in the U.S. residency and  
3 fellowship programs. According to the 2023-2024 GME Data Resource Book from ACGME, of  
4 the 133,776 total active residents in specialty programs, 21.7% (29,058) are international  
5 medical school graduates (IMGs)<sup>(1)</sup>; and  
6

7 Whereas, according to the AAMC 2024 U.S. Physician Workforce Data Dashboard, of the  
8 1,010,892 active physicians in the country, 24.7% (249,690) were International Medical  
9 Graduates<sup>(2)</sup>; and  
10

11 Whereas, Our AMA recognizes that more than twenty million people in the United States reside  
12 in areas where foreign-trained physicians comprise at least half of the physician workforce.  
13 Furthermore, in these rural and underserved areas, at-risk U.S. citizens depend on visa-  
14 sponsored physicians to provide essential primary care and specialty health services<sup>(3)</sup>; and  
15

16 Whereas, Our AMA advocates for the immediate issuance and the resumption of the J-1 visa  
17 appointment scheduling to prevent further disruption to International Medical Graduates and the  
18 U.S. Healthcare system<sup>(4)</sup>; and  
19

20 Whereas, Our AMA collaborates with Educational Commission on Foreign Medical Graduates to  
21 reduce the J-1 visa delays for IMGs seeking to enter the United States for postgraduate training  
22 and/or medical practice<sup>(5)</sup>; and  
23

24 Whereas, Our AMA encourages the timely visa processing for all physicians, including residents  
25 and fellows<sup>(4)</sup>; and  
26

27 Whereas, Our AMA collaborates with key stakeholder to mitigate delays in visa processing for  
28 International Medical Graduates(IMGs) pursuing Graduate Medical Education training programs  
29 or medical practice in the United States<sup>(5)</sup>; and  
30

31 Whereas, Our AMA will continue to work with relevant authorities to support residency program  
32 directors to establish the necessary and effective connection with the State Department and the  
33 Department of Homeland Security when needed, to streamline and expedite the necessary  
34 procedures for qualified residency or fellowship applicants and, therefore, reduce the  
35 uncertainty involved in considering International graduates for residency positions<sup>(5)</sup>; and  
36

37 Whereas, misinformation about immigration requirements, delayed visa processing times, and  
38 increased bureaucratic hurdles can disproportionately impact the recruitment and retention of

1 International Medical Graduates (IMGs) in residency programs, exacerbating workforce  
2 shortages and limiting access to care in underserved areas; and  
3

4 Whereas, international medical graduates comprise a significant portion of the U.S. residency  
5 workforce and are essential in addressing physician shortages, particularly in underserved  
6 areas; and  
7

8 Whereas, the 2025 suspension of J-1 visa appointments created widespread uncertainty and  
9 nearly prevented many IMGs from beginning training, leading some residency programs to limit  
10 or avoid interviewing IMG applicants; and  
11

12 Whereas, although J-1 appointments have resumed, the lack of consistent guarantees  
13 regarding timely visa processing undermines program directors' confidence in ranking IMGs,  
14 thus threatening their participation in the Match; and  
15

16 Whereas, predictable and timely visa processing is critical to ensuring IMG residents begin  
17 training on July 1, thereby avoiding disruptions in workforce planning and patient care; therefore  
18 be it  
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20 RESOLVED, that our American Medical Association advocate with the U.S. Department of  
21 State, Department of Homeland Security, and other relevant agencies to guarantee timely J-1  
22 visa appointments and processing for all IMGs who have matched into U.S. residency  
23 programs, ensuring arrival and participation by July 1; (Directive to Take Action) and be it  
24

25 RESOLVED, that the American Medical Association (AMA) collaborate with key stakeholders,  
26 including Intealth and the Educational Commission for Foreign Medical Graduates (ECFMG), to  
27 advocate for the timely issuance and scheduling of J-1 visas for eligible IMGs, while addressing  
28 misinformation about immigration policies that may discourage or mislead potential IMGs and  
29 residency programs. (Directive to Take Action); and be it  
30

31 ~~RESOLVED, that our AMA work with the ACGME, NRMP, ECFMG/Intealth, program directors,~~  
32 ~~and Designated Institutional Officers to provide assurances to residency programs that matched~~  
33 ~~IMGs will receive timely visa appointments and begin residency on schedule; (Directive to Take~~  
34 ~~Action) and be it~~  
35

36 RESOLVED, that our AMA work with other stakeholders to improve the process to reduce  
37 delays and ensure fair opportunities for IMGs in order to strengthen the physician workforce  
38 (Directive to Take Action; and be it  
39

40 RESOLVED, that our AMA advocate for contingency protocols at federal agencies to prevent  
41 future visa disruptions from jeopardizing IMG participation in the U.S. residency Match;  
42 (Directive to Take Action) and be it further  
43

44 RESOLVED, that our AMA report back at the 2026 Annual Meeting on actions taken to secure  
45 timely visa processing for IMGs entering U.S. residency programs (Directive to Take Action)  
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Fiscal Note: (Assigned by HOD)

Received:

## REFERENCES

1. <https://www.acgme.org/about/publications-and-resources/graduate-medical-education-data-resource-book/>
2. <https://www.aamc.org/data-reports/report/us-physician-workforce-data-dashboard>
3. <https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2022-2-14-AMA-Statement-for-the-Record-re-Immigration.pdf>
4. <https://policysearch.ama-assn.org/policyfinder/detail/international%20medical%20graduate?uri=%2FAMADoc%2Fdirectives.xml-D-255.969.xml>
5. <https://policysearch.ama-assn.org/policyfinder/detail/visa%20?uri=%2FAMADoc%2Fdirectives.xml-0-645.xml>
6. <https://policysearch.ama-assn.org/policyfinder/detail/international%20medical%20graduates?uri=%2FAMADoc%2Fdirectives.xml-D-255.980.xml>

## RELEVANT AMA POLICY

### 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.

**Urgent Advocacy to Restore J-1 Visa Processing for International Medical Graduate Physicians D-255.969**

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.

**Visa Complications for IMGs in GME D-255.991**

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**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.