



## International Medical Graduates in Nephrology: Roles, Rules, and Future Risks

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International medical graduates (IMGs) have become an increasingly essential part of many residency and fellowship programs in the United States. IMGs, who may be of either US or non-US citizenship, contribute significantly to the physician workforce across this country, particularly in underserved areas, as well as in their home countries on their return after training. Approximately 65% of nephrology fellows are IMGs, with most of these being non-US citizens. Non-US IMG applications for nephrology fellowship have been declining, exacerbating an ongoing shortage of nephrology trainees. IMGs face visa status restrictions and immigration policy concerns, limitations on federally funded research support, and difficulty finding desirable jobs in both private practices and academia after fellowship. We review training, examination, and licensure requirements, as well as visa status rules for IMGs. We also discuss the potential negative impact of recent immigration policies limiting the entry of non-US IMGs on the medical community in general and in nephrology in particular.

Complete author and article information provided before references.

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### Introduction

International medical graduates (IMGs) are physicians who, regardless of their citizenship, received their medical degrees from a medical school outside of the United States and Canada. Many come to the United States, often with postgraduate clinical training in their home country or elsewhere, for residency and fellowship training. IMGs without US citizenship (non-US IMG) have become an integral part of many residency and fellowship programs in the United States. They also contribute significantly to the US health care system as practicing physicians in virtually every state, constituting approximately a quarter of practicing physicians in the United States. As such, recent discussions of immigration restrictions and revisions to the H-1B visa program (which allows immigrants to work for a specific employer in the United States) have the potential to greatly affect graduate medical education (GME), trainees and the hospitals that train them, and patient care.<sup>1</sup> Given the important role of non-US IMGs in nephrology, this Policy Forum Perspective reviews training, licensure, and visa issues relevant to these individuals and those involved in their training.

### IMGs in US Nephrology Fellowship Programs

IMGs account for ~65% of all nephrology fellows in the United States (Fig 1) and by extension make up a substantial fraction of practicing nephrologists in this country. In 2017, only 22.5% of first-year nephrology fellowship positions

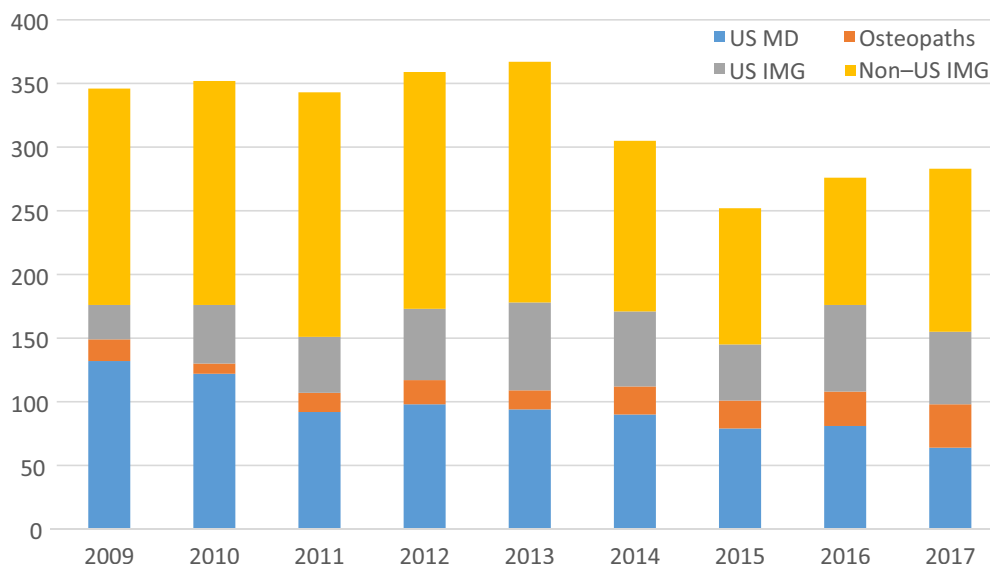
were filled by graduates of US allopathic medical schools, with 20% of positions filled by US citizens who trained at international medical schools (US IMGs) and 45% filled by non-US IMGs.<sup>2</sup> The number of non-US IMGs has declined substantially from a high of 192 in 2011 to 100 in 2016, with a small increase noted for the 2017 academic year. The number of US IMGs entering nephrology training has remained relatively steady, with 44 to 69 such applicants per year during the last 5 years.<sup>3,4</sup> In a 2015 American Society of Nephrology (ASN) survey of nephrology fellows, India was reported as the home country for the largest number of non-US IMGs, followed by Pakistan, China, and Jordan, with smaller numbers from approximately 40 other countries.<sup>5</sup> Approximately 40% of practicing nephrologists in the United States are IMGs.<sup>3</sup>

Among respondents to this ASN survey, 15.6% reported holding an H-1B (temporary worker) visa and 18.7% reported holding a J-1 (exchange visitor) visa. Although pass rates for the American Board of Internal Medicine (ABIM) initial certification examination in nephrology are typically similar for US medical graduates (USMGs) and IMGs, finding a satisfactory position following fellowship graduation poses a particular challenge for non-US IMGs. In the 2015 ASN survey, 72.5% of IMGs report difficulty finding a satisfactory job after graduation compared to 43.4% of USMGs. IMGs also reported applying for more positions than USMGs and were more likely than USMGs to report that there were “no jobs” or “very few jobs” both locally and nationally.<sup>5</sup> Particular problems for IMGs are lack of job opportunities

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*Policy Forum highlights aspects of nephrology relating to payment and social policy, legislation, regulation, demographics, politics, and ethics, contextualizing these issues as they relate to the lives and practices of members of the kidney community, including providers, payers, and patients.*



**Figure 1.** Number of nephrology fellows who were graduates of US allopathic or osteopathic medical schools and international medical schools (US and non-US international medical graduates [IMGs]). Data from American Society of Nephrology survey.<sup>3</sup>

that meet visa requirements and lack of jobs in locations they regard as desirable. IMGs are more likely than USMGs to work in inner-city and rural locations, as well as in Health Profession Shortage Areas (HPSAs).<sup>6-11</sup> Another problem facing IMGs holding visas is that they are not eligible to receive National Institutes of Health (NIH)-funded training (T-32) grant awards, excluding them from many research opportunities and some fellowship programs.<sup>12</sup>

### Requirements for GME by IMGs in the United States

All IMGs wishing to enter Accreditation Council for Graduate Medical Education (ACGME)-accredited residency or fellowship programs in the United States first need to be certified by the Educational Commission for Foreign Medical Graduates (ECFMG; [Box 1](#)). To obtain ECFMG certification, an applicant's medical education credentials (which include the final medical diploma, the final medical school transcript, and transcripts to document transferred credit, if applicable) need to be verified by the ECFMG. ECFMG certification assures residency program directors and their institutions that the IMG has met minimum standards to enter US residency programs. In addition, applicants must pass the first 2 steps of the US Medical Licensing Examinations (USMLE), a clinical knowledge component that is divided into 2 parts (step 1 and step 2 clinical knowledge) and a clinical skills component. Only after obtaining ECFMG certification can an applicant apply to residency programs using the Electronic Residency Application Service (ERAS) established by the Association of American Medical Colleges (AAMC). This process typically takes about 3 years, and only ~60% of those who take a USMLE examination actually complete the certification process.<sup>1</sup> Even after ECFMG certification, only about one-half of IMGs participating in the

National Residency Matching Program (NRMP) match into postgraduate year (PGY)-1 positions.<sup>13</sup>

To obtain a state medical training license, the applicant must also pass the third part of the USMLE (step 3) after becoming ECFMG certified. The ECFMG does not control requirements for medical licensure, which vary from state to state. In most states, a minimum of 3 years of GME are required to obtain an unrestricted medical license. There are also additional requirements unique to each state that the applicant must fulfill.<sup>14</sup> Non-US IMGs who completed residency training in their home country, including those trained at ACGME-International (ACGME-I) hospitals, may enter fellowships in ACGME-accredited US training programs after obtaining ECFMG certification. However, they are not eligible, without US residency training in an ACGME-accredited program, to become ABIM-certified in internal

### Box 1. ECFMG Certification and Medical Licensure Requirements for IMGs

#### Requirements for ECFMG certification

- Verification by ECFMG of applicant's medical school credentials
- Applicant must pass the first 2 parts of the USMLE (step 1 clinical knowledge, step 2 clinical knowledge, and clinical skills)

#### Requirements for medical licensure

- Applicant must first become ECFMG certified
- Applicant must pass the third part of the USMLE (step 3)
- A minimum of 3 years' graduate medical education are required in most states to obtain an unrestricted medical license
- Satisfy any additional state-specific requirements

Abbreviations: ECFMG, Educational Commission for Foreign Medical Graduates; IMG, international medical graduate; USMLE, US Medical Licensing Examination.

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