

Working in the US

How can you maximise your chances to work as a non-US graduate?

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The American College of Physicians recently released a paper on the integral role that international medical graduates (IMGs) have in healthcare delivery in the United States and proposed many recommendations to support the ongoing presence of these graduates in the medical workforce.^[1] An IMG is a doctor who graduated from a medical school outside the US or Canada and moves to the US to complete postgraduate training. The paper acknowledges that “IMGs contribute helpful and necessary diversity to the physician workforce.”

Although the number of graduates from US medical schools choosing a career in general internal medicine has steadily declined, IMGs have increasingly filled the gap. Data from the 2008 National Residency Matching Program showed this preponderance of IMGs taking up residency training posts in internal medicine. In 2008, of the 4858 internal medicine residency posts available, only 2660 (55%) were filled by US medical school seniors.^[2] The shortfall is almost entirely filled by IMGs.

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Internal medicine

After residency, the US continues to rely heavily on IMGs in generalist disciplines: 36% of the 55 467 internal medicine and 18% of 21 669 family medicine doctors were classified as international graduates in a 2007 report from the American Medical Association.^[3] Doctors who complete postgraduate (residency) training in internal medicine are known as “internists” in the US. On completion of an accredited three year internal medicine residency, doctors are eligible for the American Board of Internal Medicine and can progress to practising internal medicine at attending level, equivalent to consultant.

General internists may work exclusively as hospital doctors, which includes the relatively new role of “hospitalists”—consultant level doctors in non-teaching posts and who staff inpatient wards without a house officer team. Or they may work exclusively as primary care doctors, or in a post that combines inpatient and outpatient responsibilities. Internal medicine, and to an even greater extent primary care, has a substantial shortage of doctors throughout the US,[4] in part because most internal medicine residents are pursuing careers in subspecialties, such as cardiology and gastroenterology, rather than remaining in general medicine practice. Family medicine is a separate specialty and requires broader postgraduate training in internal medicine, paediatrics, and obstetrics and gynaecology. Family medicine physicians may also have a combination of inpatient and outpatient roles.

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Origins of IMGs

The paper from the American College of Physicians reports that the largest proportion of IMGs in practice in the US come from India (19.9%), with the Philippines (8.7%), Mexico (5.8%), Pakistan (4.8%), and the Dominican Republic (3.3%) also well represented.[3] With the UK system’s narrowing of training routes, the US emphasis on culturing broadly skilled internists—of great value in an ageing and comorbid patient population—may be worth a closer look.

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US residency model

US academic medical centres favour a less hierarchical system than in many other countries, with interns (first year residents) admitting most patients and taking the role of principal medical decision maker in a team led by a more experienced resident. In part this autonomy is made possible by the long working hours permitted in the US. Many US hospitals schedule their residents for close to the 80 hour working week limit (as specified by the American College of Graduate Medical Education).[5] Although some observers criticise the undesirable nature of US working hours,[6] the benefits for training include more encounters with acute patients, better continuity of patient care, and more experience in invasive procedures. Additionally, the US model balances service provision with education. Residency programmes typically schedule 1-2 hours of dedicated teaching a day and give structured opportunities for mentored research. The three year model offers a cohesive postgraduate pathway, with a strong grounding in inpatient and outpatient medicine. For medical students interested in furthering their understanding of US training, an elective in a US medical centre would be valuable experience.

Non-US medical graduates may be dissuaded from pursuing training in the US because of the requirement for completion of the US medical licensing exams (USMLE) steps 1 (clinical knowledge) and 2 (clinical skills). If these exams are taken alongside standard medical school examinations or in conjunction with preparation for membership of the Royal College of Physicians parts I and II, however, the

additional knowledge needed for the USMLE is small. Several websites offer support and practice questions for people preparing independently.

Another obstacle that discourages international doctors is the visa that non-US nationals need. Most IMG residents and fellows enter the country on the J-1 visa programme, sponsored by the Education Commission for Foreign Medical Graduates. To qualify, the IMG must have graduated from a medical school listed in the International Medical Directory[7]; have passed USMLE steps 1 and 2; and hold a valid education certificate from the Education Commission for Foreign Medical Graduates, which is issued when the medical degree and USMLE requirements are satisfied, and an official letter of offer from an accredited programme of graduate medical education. The H-1B visa is more flexible and does not require return to the country of origin but additionally requires the step 3 exam.

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Research different programmes

The process of applying for residency can appear daunting. The first step is to research the programmes available—see the American Medical Association’s Freida website (www.ama-assn.org/go/freida). Consider the strength of the clinical curriculum offered, the extent of mentorship by staff, and the importance of an experience that is oriented more towards academic or more towards community. Many residency programmes in internal medicine offer not only the traditional track, but also a primary care pathway for trainees who want to focus on outpatient medicine.

For exceptional candidates there is sometimes an option to spend only two years as a resident before fast tracking into a subspecialty fellowship, substituting the omitted year for research time. Gauge the strength of your application and relate this to the competitiveness of the programmes that you are considering. Many programmes quote a minimum step 1 USMLE score; the stronger programmes typically quote a threshold of 85. Some programmes may also ask for a minimum period of clinical experience in the US, such as a student elective. Four to eight weeks is enough for most centres.

The online electronic residency application service (www.aamc.org/audienceeras.htm) is the centralised portal for transmission of information from candidates to programme offices. IMGs should strive to include at least one US attending doctor as a reference—your elective is the ideal opportunity to secure this valuable endorsement. Evaluation of medical student performance is not essential for IMGs but will add impact to an application.[8] Research experience is not expected but may improve your application.

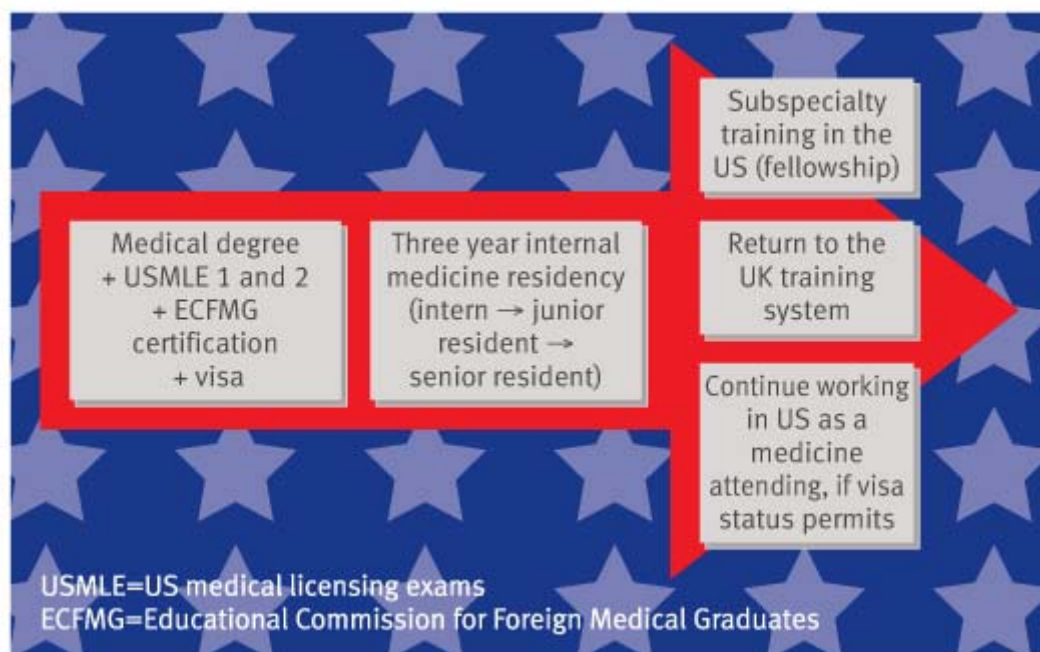
Programme directors will invite attractive candidates for interview. A centralised computer algorithm known as “the match” is administered by the National Resident Matching Program. Interviewees rank programmes in order of preference; programmes rank interviewees; and a list of assignments is released on “match day” in March.

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Career options

On completion of residency training, the career path options are as shown in the figure ¹. The J-1 visa can be reissued for a maximum of seven years, which is adequate for an internal medicine residency and further fellowship training if desired. The expectation is that most graduates choosing to undertake the intensive training of a US residency position will return to their native country to employ their new skills, and for this reason the J-1 requires two years at home. For those who wish to practise as attending doctors in the US, converting the H-1B visa to permanent resident status or working for three years in a region of unmet medical need on a J-1 visa waiver, are the main options.

As regulations currently stand, immigration for internists choosing to stay in the US after residency can be difficult. The implementation of the American College of Physicians' proposals would significantly smooth this transition for IMGs and make absolute sense in helping to reduce the country's shortage of doctors. The huge number of IMG internists already in practice, however, is testament to the fact that many residency graduates do succeed in remaining in the US as attending doctors.



Career options after residency

A final factor in the reluctance of some UK graduates to consider training in the US is the scarcity of UK doctors who have pursued a career path in the US system, and the perception that US training programmes may not be receptive to graduates of foreign medical schools. Despite the large numbers of training posts available, IMGs face tough competition for positions—especially at academic centres of strong repute—and only 42% of the 7335 non-US IMGs who apply to all of the residency specialties in 2008 secured a training place, compared with 94% of US medical school

seniors.^[2] However, armed with an appreciation of the areas of need in the US workforce, an understanding of the application and match process, strong USMLE scores, and an attractive resume, postgraduate medical training in the US offers an attractive opportunity for those considering the challenges and rewards of a career in general internal medicine.

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Resources

- Educational Commission for Foreign Medical Graduates (www.ecfmg.org)—Details about USMLE examinations, eligibility to apply to US residency programmes, and J-1 visa sponsorship
- United States Medical Licensing Examination (www.usmle.org)—Syllabuses and sample questions
- Electronic Residency Application Service (www.aamc.org/audienceeras.htm)—Portal through which most residency programmes receive applications
- American Medical Association's Freida database (www.ama-assn.org/go/freida)—Lists the residency and fellowship programmes available, with contact details and statistics
- National Resident Matching Program (www.nrmp.org)—Matches applicants to positions in most specialties
- US Citizenship and Immigration (www.uscis.gov/portal/site/uscis)—Services, information, and forms
- US Embassy (www.usembassy.org.uk)—Visa application information and scheduling for interviews for UK residents
- Department of Homeland Security (www.dhs.gov)—For immigration bureaus

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Competing interests: The author is a graduate of a British medical school and currently a senior internal medicine resident at Boston University Medical Center, USA, and has written the non-commercial website

<http://vest.amanda.googlepages.com> to offer advice to UK graduates interested in postgraduate medical training in the USA.

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See Rashid A, Twite M, Bhudia S. Training in the United States (*Student BMJ* 2003;11:282-3, <http://archive.student.bmj.com/issues/03/08/careers/282.php>)

References

1. American College of Physicians. *The role of international medical graduates in the US physician workforce*. Philadelphia: American College of Physicians, 2008.

2. National Resident Matching Program. Advance data tables. 2008 main residency match. www.nrmp.org/data/advancedatatables2008.pdf.
3. American Medical Association. *Physicians characteristics and distribution in the US*. Chicago, IL: AMA, 2007.
4. American College of Physicians. The impending collapse of primary care medicine and its implication for the state of the nation's health care: a public policy report of the American College of Physicians. 30 January 2006. www.acponline.org/advocacy/events/state_of_healthcare/statehc06_1.pdf.
5. Ofri D. Residency regulations. Resisting our reflexes. *N Engl J Med* 2004;18:1824-6.
6. Wong G. My surgical elective in the US. *BMJ Careers* 2007;355:175.
7. Foundation for International Medical Education and Research. International medical education directory 2008. www.faimer.org/resources/imed.html.
8. Association of American Medical Colleges. A guide to the preparation of the medical student performance evaluation. 2002. www.aamc.org/students/eras/resources/downloads/mspeguide.pdf.

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