# Immigrants and the Medical Profession: Good for our Health

## A Research Brief

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## Introduction

International Medical Graduates (IMGs) can be defined as physicians who obtained their medical degree from a country outside the US. Some researchers exclude physicians trained in Canada from this definition, as they are exempt from many of the medical certification procedures that IMGs from other countries are required to undertake (Boulet, Cassimatis, and Opalek 2012). The American Medical Association estimates that IMGs constitute almost 27% of the physician workforce in the US. IMGs form a diverse cohort representing different cultural backgrounds. Table 1 indicates that the majority of IMGs have a non-western cultural background.

**The American Medical Association estimates that IMGs make up almost 27% of the physician workforce in the US.**

**Table 1: Top 20 countries of medical education for IMG physicians**

| Country of Medical Training | Number of IMGs |
|---|---|
| India | 51,330 |
| Philippines | 20,461 |
| Pakistan | 15,104 |
| Mexico | 13,817 |
| Dominican Republic | 8,082 |
| Grenada | 7,599 |
| Dominica | 6,793 |
| USSR | 6,450 |
| China | 5,912 |
| Egypt | 5,447 |
| Iran | 5,088 |
| South Korea | 4,815 |
| Italy | 4,626 |
| Germany | 4,183 |
| Spain | 4,031 |
| Syria | 4,012 |
| United Kingdom | 3,696 |
| Colombia | 3,650 |
| Montserrat | 3,569 |
| Nigeria | 3,489 |
| Other | 254,396 |

*Source: American Medical Association 2013*

IMGs have always been central in any debate surrounding reform in the US healthcare system. Between the years1980-1990, researchers perceived an oversupply of physicians in the US. Consequently, policies aimed at limiting the number of IMGs in US residency programs began to be proposed. However, the discourse changed in 2000, with research indicating a shortage of physicians in the country.

Today, while the role of IMGs is more recognized in the US healthcare system, many challenges remain in an IMG's pursuit to gain recognition within the US healthcare system. To fully appreciate their role, it is important to shed light on the journey of the IMGs as they enter the US from their home countries.

IMGs may enter the US either as fresh graduates or with prior medical practice experience from their home countries. IMGs are required to complete an Accreditation Council for Graduate Medical Education (ACGME) residency training program before being eligible to practice within the US. Eligibility to to the residency program also requires certification by the Educational Commission for Foreign Medical Graduates (ECFMG). This entails taking the U.S. Medical Licensing Examination (USMLE), a Test of English as a Foreign Language (TOEFL), and the ECFMG-administered Clinical Skills Assessment (CSA). Both IMGs and USMGs are required to take this examination and evidence suggests that IMGs perform better than USMGs on the USMLE (American Medical Association 2013). Hence, an IMG is comparable to a USMG in terms of aptitude. IMGs can enter the US on a J-1(temporary visa) which is sponsored by the ECFMG or an H1-B visa (guest-worker visa) which comes with the additional requirement of the USMLE. On a J-1 visa, IMGs are required to go back to their home country for at least two years, whereas the H1-B visa can provide them a pathway towards citizenship.

The journey outlined above is especially difficult for IMGs from low-income countries; it includes expenditure on examination fees (approximately $3000) and travelling. These costs have to be borne entirely by the IMG.

## The Shortage of Physicians

The Affordable Care Act will add 34 million individuals to the health insurance system (US Department of Health and Human Services 2010). An equally fundamental issue is the rapid increase in population. It has been estimated that by 2050, the U.S. population will grow from 310 million to 439 million—an increase of 42% (U.S. Bureau of the Census 2010). As a result of these changes, the American Medical Association (2010) projects that by 2025 the US will face a shortage of more than 90,000 physicians.

## The Trends in US Primary Healthcare

**By 2025, the US will face a shortage of more than 90,000 physicians.**

In much of the literature, primary healthcare has been defined as consisting of the generalists fields of medicine like internal medicine, family practice, obstetrics and gynecology, surgery, pediatrics, and psychiatry (Whitcomb and Miller 1995; Leonard and Ricketts 1998). In the US, the majority of US Medical Graduates (USMGs) are opting to become “specialists”, when the most pressing need in the US is for “generalist” physicians. The National Ambulatory Medical Care Survey reveals that from 2009 to 2010 the visits per physician were 30% higher for generalists than specialists (U.S. Department of Health and Human Services 2012). Generalist physicians are particularly in great demand due to the greying of U.S. population (as estimated by U.S. Census Bureau (2010)). A study conducted by Jack M. Colwill et al. reveals that those above 65 seek care from generalists at twice the rate of those under age 65.

## Tackling the Shortage of Physicians

The impending shortage of physicians as a result of the demographic changes taking place and the increase in insurance coverage through the Affordable Care Act needs to be addressed. Proper planning is critical to the future success of the country’s healthcare system, especially as it takes almost 10 years to train a physician.

In light of the changes, the role of IMGs becomes increasingly important as they can provide a "gap-filling role" to meet the future demand of physicians. Evidence suggests that over the past few years IMGs have tended to adopt generalist fields more so than USMGs (Colwill, Cultice, and Kruse 2008). Table 2 illustrates this trend by detailing the distribution of U.S. Medical Graduates and Immigrant Medical Graduates (J Visa Holders) by specialty. The most striking is the difference in internal medicine. Nearly 46 percent of J Visa holders choose internal medicine compared to 15 percent of U.S. Medical Graduates.

**Table 2: Specialties Pursued by J-1 Physicians and USMGs, 2010-2011 Academic Year**

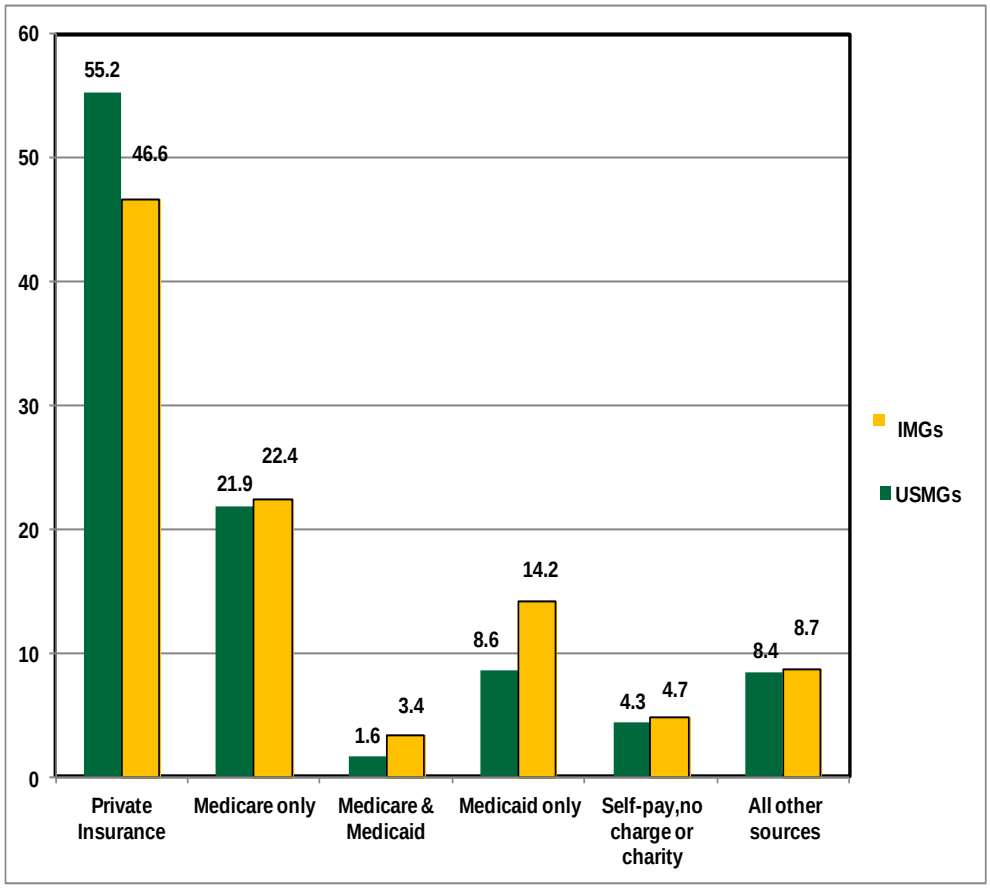
| | J-1 Visa Physicians | US Medical Graduates |
|---|---|---|
| **Internal medicine** | **45.8%** | **15.0%** |
| **Pediatrics** | **11.0%** | **7.4%** |
| **Family medicine** | **7.9%** | **5.8%** |
| **General surgery** | **7.2%** | **8.4%** |
| **Psychiatry** | **5.2%** | **3.8%** |
| **Neurology** | **4.1%** | **1.5%** |
| **Obstetrics and gynecology** | **1.9%** | **5.0%** |
| **Orthopedic surgery** | **1.4%** | **4.5%** |
| **Diagnostic radiology** | **1.4%** | **5.5%** |
| **Anesthesiology** | **1.3%** | **5.9%** |
| **Other specialties/subspecialties** | **12.9%** | **37.2%** |
| **Total** | **100%** | **100%** |

***Source:*** *Educational Commission of Foreign Medical Graduates and American Medical Association*

Furthermore, IMGs perform vital roles within the US healthcare system. They serve Critical Access Hospitals (those with fewer than 15 beds) (Hagopian et al. 2004), patients on Medicare, Medicaid and No-pay patients in a greater proportion than USMGs (Figure 2).

**IMGs address the shortage of primary care physicians more than USMGs.**

**Figure 1: Percentage of office visits to USMGs and IMGS by patients' primary expected sources of payment**




*Differences between U.S. Medical Graduate and International Medical Graduate office visits.*

***Source:*** *CDC/NCHS, National Ambulatory Medical Care Survey, 2005–2006*

IMGs have a strong commitment to work especially in medically underserved areas; these are areas where the physician to population ratio is low. The Department of Health and Human Services has identified these as Health Professional Shortage Areas (HPSAs). Many of the IMGs arrive in the US on a temporary J-1 visa under the Conrad 30 program. Conrad 30 gives IMGs the option of remaining in the U.S. on completion of a residency program if they serve in a Health Professional Shortage Areas (HPSA) for at least 3 years. The U.S. Department of Health & Human Services (N.d.) estimates the need for 7,550 primary care physicians to make up for the shortage in Health Professional Shortage Areas. Conrad 30 reserves 30 slots for International Medical Graduates in primary healthcare Health Professional Shortage Areas in each state. Twenty-eight percent of IMGs who obtain these waivers continue to serve Health Professional Shortage Areas for more than 5 years, compared to the 11 percent of American physicians who continue serving the National Health Service Corps (American Medical Association 2013). IMGs are critical resources for Health Professional Shortage Areas, as these areas have not attracted a sufficient number of USMGs (American Medical Association 2013).

Furthermore, research indicates that IMGs provide primary care in rural areas. One study found that IMGs comprise of a greater proportion of the primary workforce in rural areas with a shortage of physicians (Baer and Ricketts 1998). IMGs were also found to be more likely to serve in rural areas in two Census Divisions (Thompson et al. 2009). This study found that IMG's were present in rural areas in greater numbers than USMGs within 18 states.

Despite evidence from previous research, few Americans recognize the contributions of IMGs, or more broadly all foreign-born physicians, to U.S. healthcare. We as a country should be asking ourselves: What would America have done if these International Medical Graduates never came? It's time we realize that they are the future doctors of America.

## Conclusion

A report submitted to Congress by the U.S. Department of Health and Human Services (2006) stated that the shortage of physicians is exacerbated when physicians face visa restrictions and they are forced to leave the country. In this regard, fixing the broken immigration system to allow more physicians to enter and remain in the country has become essential. By increasing the pool of foreign-born physicians, including IMGs, the overall supply of physicians can be increased. Foreign-born physicians represent the future physician workforce and thus, play a vital role within the US healthcare system.

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