

INFOGRAPHIC //

Coming to America

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One-fourth of physicians working in the United States hail from abroad. Studies show that these international medical graduates serve as a safety net in underserved areas and fill gaps in primary care. Yet the path to practice in the United States can be long and sometimes can end in disappointment. Here are the extra hurdles an IMG needs to clear, most of which are crucial to maintaining quality of care, but two of which—the limited number of residencies and observerships—could stand to be changed.

U.S. CITIZEN JANE SMITH



1992 Jane Smith finishes high school and enters college to pursue a degree in biology.



2000 She interviews at 10 residency programs and enters the National Resident Matching Program.



1995 In her junior year, she takes the Medical College Admission Test and is accepted to medical school.



2000 Smith earns her doctor of medicine degree.



1998 In the fall of her junior year of medical school, she takes the U.S. Medical Licensing Examination Step 1 exam.



2004 She completes a four-year residency in obstetrics and gynecology at an urban hospital.



2000 In the spring of her senior year, Smith takes the Step 2 Clinical Knowledge and Step 2 Clinical Skills exams.



2004 She joins a private practice in Pittsburgh.

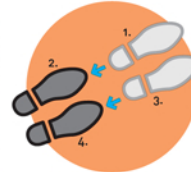
INDIAN CITIZEN SANDEEP PATEL



1992 Sandeep Patel completes secondary school, which included two years of intensive science course work.



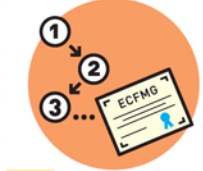
2001 Patel decides to emigrate to the United States.



2002 Though already a dermatologist in India, Patel must apply for a residency position in the United States.



1992 His high final-exam marks qualify him for medical school (no undergraduate education required).



2001 From India, he begins the administrative process required to verify eligibility for U.S. residency programs.



2002 He chooses the less competitive field of primary care for a better shot at acceptance.



1997 A one-year rotating internship is required for a bachelor of medicine, bachelor of surgery degree.



2001 He takes the USMLE Step 1 and Step 2 Clinical Knowledge exams in India. He passes both on his first try.



2002 He applies to more than 25 residency programs (more than twice the number to which U.S. candidates apply).



1998 He spends three more years earning a doctor of medicine degree to specialize in dermatology.



2002 Patel travels to Houston to take the USMLE Step 2 Clinical Skills exam. He passes it.



2003 Patel travels to the United States for a second time to interview as part of the resident matching program.



2003 Patel fails to match. To improve his chances when he reapplies, he enters one of the few U.S. "observership" programs.



2007 To accept the position, he must pass the USMLE Step 3 exam and obtain a state medical license.



2003 He completes a 12-week observership program run by the Oklahoma State Medical Association.



2010 Patel receives permanent resident status in the United States and fulfills his waiver requirement.



2004 He re-enters the matching program and lands a residency position at a teaching hospital in New York.



2010 He decides to continue working in rural Oklahoma, opening his own practice.



2007 Patel completes his residency in primary care.



2007 Patel receives a J-1 waiver from the Oklahoma State Department of Health to practice at an Oklahoma clinic for three years.

✦ Medicare funding caps limit the number of residency spots available to IMGs. Increasing spots by 15% would help meet the rising demand for physicians expected in the next decade, says Jayesh Shah, an advocate for IMG physicians.

✦ IMGs make up more than 30% of the workforce in primary care, where there are huge labor gaps.

✦ About 41% of IMGs match each year, compared with 93% of U.S. medical school seniors. IMGs are at a disadvantage because they lack U.S. clinical experience, recommendation letters from U.S. physicians and personal connections.

§ Creating more observerships or job-shadowing opportunities for IMGs would help provide the clinical experience they need to enter residency programs.

✦ An IMG in a medically underserved area can waive the requirement to return home for two years.