

Opinion article

Challenges in acquiring United States Clinical Experience (USCE) by International Medical Graduates (IMGs)

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Abstract

International medical graduates (IMGs) from all other countries play a crucial role in the United States healthcare system. However, the path to becoming a licensed practicing physician in the United States is filled with unique challenges at each stage for the IMGs. Every year, there has been an increasing trend in the number of candidates applying for residency positions through the Electronic Residency Application Service (ERAS). Institutions have begun to adopt a holistic approach to selecting candidates from this large pool of applicants. In addition to the United States Medical Licensing Exam (USMLE) scores, several other aspects of the application have been given importance lately. One such aspect that has gained importance and has become quite challenging for IMGs is the United States Clinical Experience (USCE). This article reviews the various aspects of those challenges and discusses potential USCE opportunities for IMGs.

Keywords: international medical graduates, clinical experience, observerships, externships, clerkships, and residency.

According to statistical information from the Federation of State Medical Boards (FSMB), Education Commission for Foreign Medical Graduates (ECFMG), and American Medical Association (AMA), one-fourth of the licensed physicians in the United States are International Medical Graduates (IMGs) [1,2]. They are also referred to as Foreign Medical Graduates (FMGs), with medical school degrees from outside the United States. It was estimated that the percentage of IMGs practicing in the U.S. had grown considerably by 18% since 2010, compared to the 15% growth in U.S. medical graduates [2].

On the contrary, this format of rotations had its share of flaws, especially in some specialties like Surgery, where the assessment of practical skills is not feasible through telerotations [7]. Furthermore, the individual may not get a recommendation letter or academic credit for the telerotation he/she attended if the faculty member considers there is insufficient interaction to judge the person's character or medical knowledge [8].

Another exciting and meaningful USCE opportunity has become more popular in the last few years for non-US IMGs and U.S. medical graduates that were unmatched in the National Residency Match Program (NRMP). That is the limited permit license to practice medicine under the supervision of a registered physician. This program was first started in Missouri in 2014 to ease physician shortages, especially in rural settings [9]. The individuals with this temporary license were referred to as Assistant Physicians. This program has gradually gained popularity, and neighboring states facing a similar doctor shortage began to adopt the same pathway. In addition to Missouri, ten other states currently offer these licenses to unmatched medical graduates. These states are Arkansas, Arizona, Florida, Illinois, Kansas, Nevada, New Hampshire, New York, Utah, and Washington.

The eligibility criteria for these limited license permits vary in each state. In the state of New York, the eligible candidate should be an IMG holding an ECFMG certificate, have a legal work permit, and practice medicine only in one of the four settings – general hospital, nursing home, state-operated psychiatric facility, or a non-profit organization that provides health care to chronically ill patients [10].

This rising trend of IMGs in the FSMB physician census data over the last decade demonstrates their vital role in the U.S. health workforce. However, the journey to becoming a board-certified U.S. doctor for an IMG is filled with numerous hurdles. Given the constant rise in the total number of applicants yearly [3], recruiting residents has become very competitive. Graduate Medical Education (GME) programs had to incorporate a holistic approach in selecting candidates for the residency position. Though USMLE scores and year of graduation are still the primary deciding factors in offering an interview, other factors such as a strong letter of recommendation, USCE, research experience, publications, and volunteer experience such as community service were also given importance in the last few years. In this article, the challenges specific to obtaining USCE for IMGs were discussed, along with some potential solutions for addressing this challenge.

For a non-US IMG, navigating the U.S. lifestyle, culture, and healthcare system can be intimidating in the early stages. Adapting to cultural differences was reported as the most common challenge among new non-US IMG residents [4]. Similarly, transitioning to the U.S. healthcare system can become turbulent as IMGs encounter different approaches to practicing medicine here. The increased frequency of diagnostic and laboratory testing, practicing patient-centered care, and getting used to the enormous documentation work in electronic health records were some of the troublesome aspects in the beginning. Additionally, understanding the complex role of U.S. health insurance coverage in delivering timely care to patients is another daunting task [5]. These challenges and hurdles could be mitigated by getting exposure to the U.S. healthcare system through USCE before starting residency.

There are several categories of USCE, such as clerkships, sub-internships, externships, and observerships. Of these four, only the first three categories offer hands-on clinical experience. Furthermore, clerkships and sub-internships are offered only to medical students who have not graduated yet. Candidates should have decided on pursuing their post-graduate training in the United States at a much early stage of their medical school so that they have enough time to apply and secure a position as a visiting student for either a clerkship or sub-internship.

Each state has its own set of rules and regulations regarding these licenses. For instance, the state of Washington offers these licenses only to its residents. On the other hand, candidates applying for Florida State permits must complete all three USMLE steps to be eligible. Each state's onboarding rules and regulations are ever-changing, and due diligence is recommended before submitting the applications. These temporary licenses create an excellent opportunity for unmatched IMGs to gain valuable USCE and build a robust clinical profile for the next match season.

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Even after securing a position, the path is not clear until the individual gets all the paperwork and visiting visa permit in time. Recent COVID-related travel restrictions have complicated the process of acquiring a visiting visa. For some countries, the consular offices for visiting visas were shut down for an extended period. Despite the recent easing of the travel restrictions, there has been a massive backlog of visa appointments in the consular offices of many countries.

On the other hand, for individuals who have already graduated from medical school, the USCE is possible only through an externship or observership. In terms of clinical significance, externships seem to have the upper hand compared to observerships due to the hands-on experience opportunity in externships. However, most programs prefer to offer observerships, where the candidates get to observe the physician's work but do not engage in any activities related to patient care. Due to the high demand, these observership opportunities are often offered at exorbitant prices in the range of \$500-4500 for a four-week rotation based on the institution's reputation. For most IMGs from developing countries, that amount is beyond their affordable range. The institutions or organizations that offer free observerships have a long waiting period, with candidates waiting for more than six months. Another less popular but feasible opportunity for candidates with financial constraints is seeking permission to shadow physicians in their private practice and primary care settings. Since 2020, this option has become increasingly difficult to find due to COVID-related restrictions.

Along with telehealth services, the introduction of telerotations during the COVID-19 pandemic has become a feasible solution for many IMGs who could not afford to leave the country for any potential USCE opportunity. The flexibility of exposure to the U.S. healthcare system without having to leave home was a huge blessing for many IMGs. Given the unanimously positive response and widespread popularity, these telerotations are more likely to grow in the future. At the University of Virginia Medical Center, this strategy of tele-education was found to have many benefits in training radiology residents compared to traditional settings [6].

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