



ADVISING STUDENTS COMMITTEE in EM

Advising Students Committee in EM (ASC-EM)

# International Medicine Graduate (IMG) Emergency Medicine Applying Guide



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Xiao C. Zhang, MD, MS; Zach Jarou, MD; Adam Kellogg, MD; Lucienne Lutfy-Clayton, MD; Mary Ann Edens, MD, FACEP; Adam Kenney, MD; Dimitry Danovich, MD; Alexis Pelletier-Bui, MD; Caitlin Schrepel, MD; and Emily Hillman, MD on behalf of the CORD Advising Students Committee in EM (ASC-EM)

This applying guide is for international medical graduates applying to ACGME-accredited emergency medicine programs. Recommendations are based on objective data from the National Residency Match Program (NRMP) and subjective recommendations, collected from EM residency program leadership (program directors (PDs), assistant/associate program directors (APDs)) and clerkship directors (CDs), on how to maximize your chances of successfully matching in an EM program.

## General Overview

International medical graduates (IMGs) comprise physicians who have completed their training at a medical school outside of the U.S., regardless of U.S. citizenship. As an IMG applicant you can offer a wealth of cultural, academic, and medical knowledge diversity to a domestic residency program, but you face fundamental challenges during the application process. Historically, the number of available emergency medicine (EM) residency positions has exceeded the number of U.S. allopathic senior applicants (*U.S. seniors: medical students in their final year of medical school in the United States*), allowing IMGs and other non-traditional applicants to fill in these gaps. Unlike U.S. medical students, IMGs must first complete Step 1 and 2 of the United States Medical Licensing Examination (USMLE) and then undergo a rigorous accreditation process by the Educational Commission for Foreign Medical Graduates (ECFMG) before they can apply for US residencies; only about half of the ECFMG applicants are certified.

Applying for EM residency as an IMG is tough, and the odds are stacked against you. Much of the standard application advice does not apply to your situation. In order to successfully match, you need to be aware of application hurdles and how to optimize your EM application.

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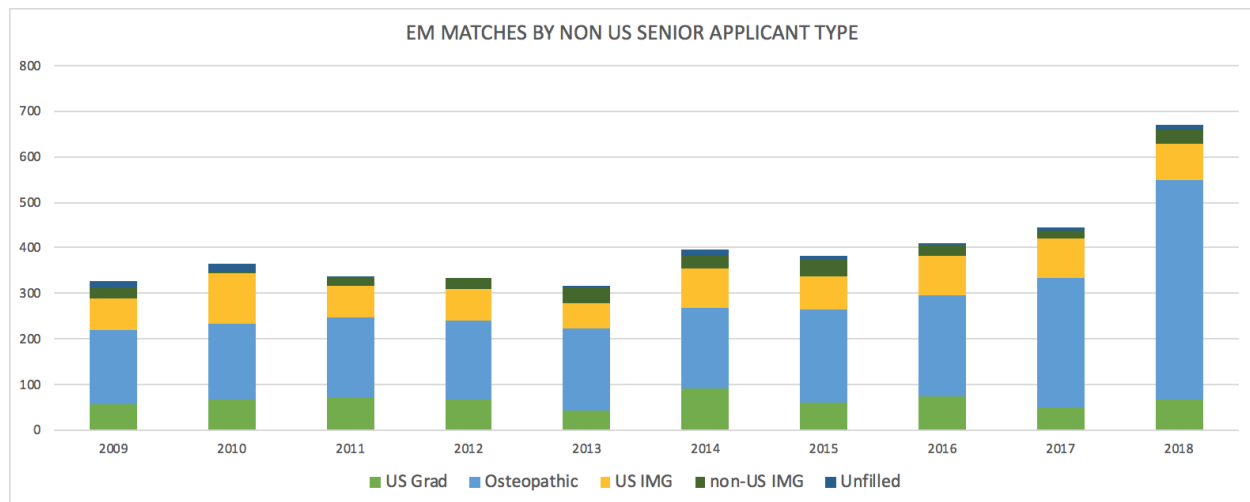
## Before You Choose EM

Prior to applying, it is important to set realistic expectations. Matching into EM is more difficult for IMG students than for U.S. students. In 2018 there were 2,278 EM PGY-1 positions with 2,901 total applicants; EM had a 99.4 percent fill rate with only 13 unfilled positions (Table 1).<sup>1,2</sup> Approximately 70.9 percent of filled spots were matched to US allopathic seniors, and 21 percent were filled by osteopathic applicants. This adds up to some sobering news for the international applicant. Only 3.5 percent of filled EM positions were filled by U.S. citizen IMGs (U.S. IMG) and 1.3 percent by non-U.S. citizen IMGs (non-U.S. IMG; Table 1 and Figure 1).<sup>1</sup>

Table 1 - Annual Emergency Medicine Match rates from 2009 to 2018. Data collected from NRMP 2009-2018<sup>2</sup>

Annual EM Residency Matches	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
US seniors	1,146	1,182	1,268	1,335	1,428	1,388	1,438	1,486	1,601	1,606
US grads	57	66	70	68	44	90	60	73	50	66
Osteopathic	163	169	177	171	178	177	203	224	283	484
US IMG	70	109	71	69	58	87	75	87	86	80
Non-US IMG	23	4	16	25	33	30	36	23	20	29
Unfilled	13	16	5	0	3	14	8	1	6	13

Figure 1 - Emergency Medicine match rates by non-US senior application between 2009 and 2018. Data collected from NRMP 2009-2018<sup>2</sup>



In general, IMG applicants may be considered higher academic risks and held at a higher level of scrutiny; program directors may wonder why U.S. IMGs did not obtain a medical school position in the United States. For both U.S. and non-U.S. IMGs, it is challenging for EM program directors to be familiar with the myriad of international schools. In a survey of EM residency leadership (PDs, APDs, CDs; n=104) only 57.6 percent said they would consider IMGs for their residency program. Reasons for not considering IMGs at their institution ranged from enough U.S. student availability to

difficulties with visa to non-uniformity of medical training<sup>3</sup>. As a result, non-US IMG students need to demonstrate objective mastery of the medical arts via top grades, strong letters of recommendation, above average USMLE scores and a robust CV. Any academic difficulty from a U.S. graduate student at a foreign medical school is a major red flag and warrants a backup plan (87.5 percent of surveyed residency leadership recommended having a backup specialty to which they can apply<sup>3</sup>).

Knowing the data is helpful, but you need personalized advising to really know your chances as an applicant. If your school does not have connections to advisors who are knowledgeable about the EM application process, the best option is to request an advising session with the program director or clerkship director at your first EM rotation. Most will be happy to meet and answer questions about the application process.

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## Away Rotations & SLOEs

One of your most important goals as an EM applicant is to secure a Standardized Letter of Evaluation (SLOE) during an away rotation in an academic emergency department. EM program directors rank letters of recommendation as the most important factor in their decision to offer an interview. Furthermore, letters of recommendation are cited by program directors as a top five factor when assembling their rank lists.<sup>4</sup> In our survey of residency program leadership, 78.9 percent of respondents stated they would not consider an applicant without a SLOE, and 82.5 percent stated that they would like to see two or more SLOEs in an application (63 percent wanted two letters, and 19.3 percent wanted three or more).<sup>3</sup>

Unfortunately for IMG applicants, it can be difficult to secure the EM rotations that provide the kind of letters you need. Many programs reserve the coveted slots (July, August and September) for students from their affiliated medical school. Hospitals or universities may also bar international rotators entirely, or only allow them from schools where they have a pre-existing relationship.

To find viable rotation options, first look at where students from your school have rotated in the past. The second place to look is at the match list for foreign schools – see where IMGs have matched and contact those departments about a rotation. The last, and unfortunately the most common way, is to call the departments where you are interested in rotating (and potentially applying to) to see if you can secure a rotation. This is time consuming and frustrating but may be necessary.

Rotations at non-academic emergency departments may be easier to obtain, and they may be willing to write a letter of recommendation. Keep in mind, however, these letters will not carry sufficient weight to get interviews. All applicants, not just IMGs, need at least one (and preferably two) SLOEs from emergency departments with residency programs. At least one SLOE should be available when ERAS opens on Sept. 15, with a second to follow as soon as possible. The SLOE is far more useful to program directors than a non-SLOE letter of recommendation because it forces the writer to compare and contrast the applicant with their peers. Not having an SLOE will severely limit your chances of matching and warrants a backup plan.

## The Application

The Electronic Residency Application Service (ERAS) application needs to be complete as soon as ERAS opens to residency programs. You will not receive interview offers until you have at least one SLOE uploaded. IMG applicants should also take USMLE Step 2 CK early enough to have scores back by mid-September. While U.S. medical students may be able to delay Step 2 and still secure interviews, IMGs really need to have both Step 1 and Step 2 scores to maximize their chances of securing interviews.

## What Programs Should You Apply To?

Choose to apply to programs that have matched IMGs over the past few years (do this by looking at the match lists published by the schools and at the residency's websites). Applying to programs with no history of matching IMGs is lower yield. Tools like EMRA Match can help applicants filter programs by their self-reported percentage of current IMG residents.

Rather than applying to every program in the country, U.S. international medical graduates may benefit from focusing on geographical areas that have historically matched higher percentages of their applicant type. From 2012-18, Louisiana, Michigan, Mississippi, and New Jersey matched the most U.S. IMG students per ACGME residency program per year (Figure 2).<sup>2</sup> In terms of raw numbers, on average over the past five years, New York, Michigan, New Jersey, Ohio, and Pennsylvania have accepted the most U.S. IMG students into ACGME programs each year (Table 2).<sup>2</sup>



Figure 2. Average Number of Matched United States International Medical Graduates Per Accreditation Council for Graduate Medical Education-Accredited Residency Program Per Year By State From 2012 to 2016<sup>2</sup>

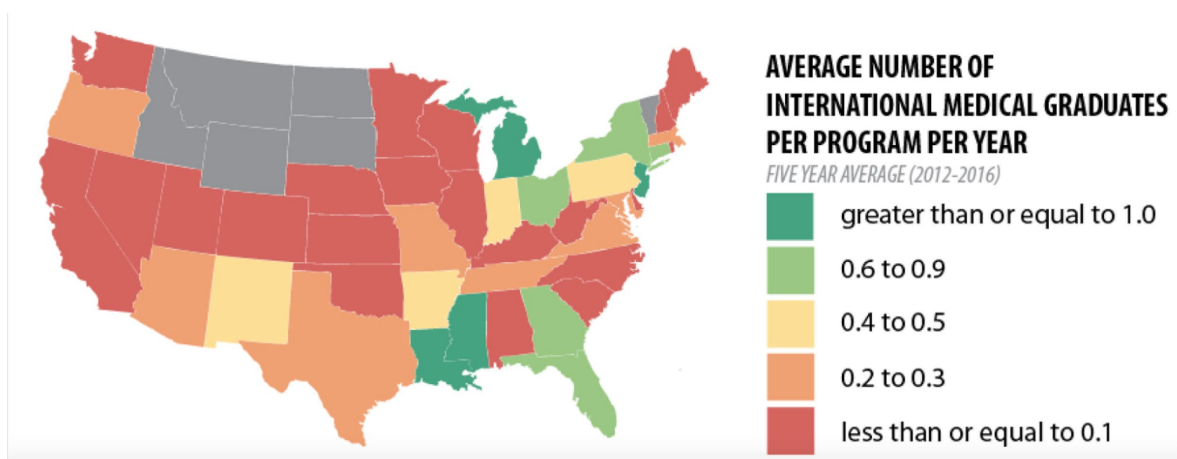


Table 2. Number of United States International Medical Graduates Per Accreditation Council for Graduate Medical Education (ACGME)-Accredited Residency Program Per Year By State in 2016<sup>2</sup>

State	2012	2013	2014	2015	2016	Average Number of U.S. IMG Residents Matched into ACGME Programs	Number of ACGME Programs (as of 2015)
New York	18	10	22	14	27	18.2	21
Michigan	17	7	10	12	11	11.4	11
New Jersey	5	6	11	9	13	8.8	7
Ohio	10	8	6	5	9	7.6	9
Pennsylvania	3	5	7	5	2	4.4	12
Louisiana	4	3	4	5	3	3.8	3
Florida	0	3	3	2	7	3	5
Puerto Rico	1	3	3	3	2	2.4	2
Texas	4	1	2	2	2	2.2	9
Mississippi	1	1	3	2	0	1.4	1

## Expectation Setting

An IMG applicant should anticipate not having a large number of interview offers early in the applications season (late October/early November). It is okay to call program coordinators and to email program directors. You should be cautious not to cross the line from enthusiastic to overbearing/demanding. Be prepared to do interviews later in the cycle (January), and be ready to go on short notice. Though they are scheduled in a rush, last-minute interviews carry just as much weight.

The realistic IMG applicant will both apply broadly for emergency medicine but also apply for other specialties as well. Do not anticipate being able to scramble into EM. Vanishingly few (if any) applicants have matched via the Supplemental Offer and Acceptance Program (SOAP) into EM.

## The Interview

Obtaining an interview is a big step in the right direction. You still need to really shine in front of a program in order to match. If you have a unique background, use it to your advantage and highlight your qualities and experiences that make you ideal to train. Most importantly, be prepared to address your IMG status. Expect questions about why you didn't go to medical school in the U.S. and have a good, honest answer.

## The Rank List

IMG applicants with a longer contiguous rank list (the number of programs ranked in the first-choice specialty before a program in another specialty appears on the applicant rank order list) have a better chance of matching into EM residency than applicants with shorter contiguous rank lists. The more interviews you do (and the more programs you rank), the more likely you are to match.

Matched U.S. IMG and non-U.S. IMG applicants had a mean number of contiguous ranks (number of ranked EM programs) of 6.7 and 4.1 respectively, as opposed to the non-matched U.S. IMG and Non-U.S. IMG applicants with mean rank lists of 2.2 and 1.8 respectively.<sup>5</sup> Around 11-12 ranked programs brings a U.S. IMG applicant to approximately 95 percent probability of matching. However, even with 18 ranked programs, a non-U.S. IMG still does not reach a 90 percent chance of matching.<sup>5</sup> In ordering programs on your list, do not try to outsmart the algorithm: the match is applicant-weighted. You should rank just like everyone else, based on where you want to go.

## Key Points

1. Why are IMG applicants at a disadvantage?

EM program directors are not likely to be familiar with the myriad of international medical schools and therefore consider IMG applicants higher academic risks. As a result, IMG students need to demonstrate objective mastery of the medical arts via top grades, strong letters of recommendation (at least one SLOE), above average USMLE scores, and a robust CV.

2. Are there financial implications to hiring an IMG resident?

Unfortunately, yes. Some medical institutions only sponsor certain types of visas, and for others, the department is responsible for funding. It is difficult for a PD to justify spending money to match an IMG applicant when they can match an equally qualified U.S. graduate for free.

3. What is one major pitfall for IMG applicants?

Spelling and grammatical errors. PDs are bombarded with thousands of applications from highly qualified applicants during the interview season. Any simple grammatical mistakes or typos on your application may reflect (possibly inaccurately) your level of English proficiency and lead to rejection.

- Advice: Have someone read your application, and then have someone read it again.

4. HIGH YIELD! What can an IMG applicants do to tip the scale to their favor?

- Find a mentor and advisor to guide you through this challenging, but exciting process.
- Do some research first.
- Find out where your senior colleagues applied/rotated/matched, and ask for their advice.
- Apply (although not exclusively) to programs that have a history of accepting IMG applicants.
- Rotate at an academic program and get an outstanding SLOE.
- Speak/write proper English, and make sure your ERAS application is flawless.
- Have an overall strong ERAS application:
  - i. Appear special.
  - ii. Include your unique services, leadership, and research.
  - iii. Don't forget to mention your particular background. After all, you are going against major odds by applying to an EM residency program as an IMG, so demonstrate to the PDs that you are not afraid of a challenge.



- iv. Make sure you have the right visa for the institution to which you are applying.
- v. Have an advocate: financial, educational, or emotional (or all three).

5. What is our biggest piece of advice to an IMG applicant?

Before you apply to any EM programs, make sure you are the best possible candidate, having crossed all of your T's and dotted your I's before clicking the submit button.

## References

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