Overview of IMGs in the neurology workforce and in GME

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Disclosures

• I have no disclosures.



Why is this topic important?

- International Physicians make up a significant part of our workforce.
- There is a lot of new information (Executive Orders, Proclamations) from the U.S. Government about restricting entry from several countries.
- We need to understand what the actual process is for international physicians to come here to train and work and how these restrictions may or may not affect them.
- We need to be able to understand the needs of our international trainees and colleagues so that we can support them and and provide a welcoming training and working environment.

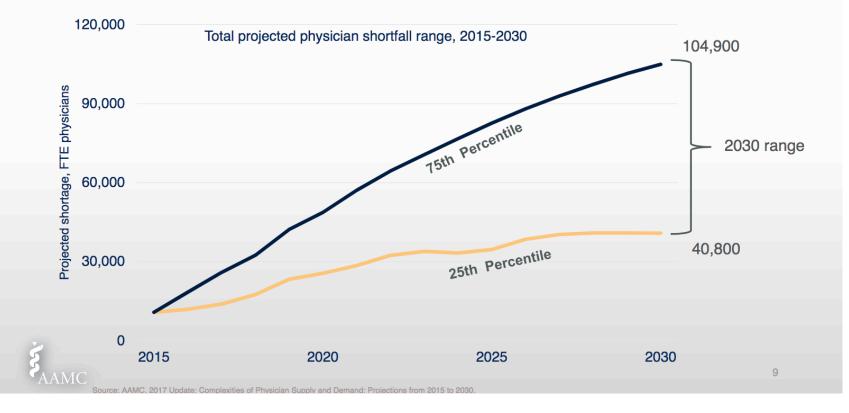
International Medical Graduates

- In this talk I will discuss:
- Physician workforce and projected shortage for all specialties and for neurology.
- Workforce demographics of IMGs.
- The process for International Physicians to train and work in the US.
- Current visa and travel restrictions under our current administration and the effect on IMG recruitment.
- Process for IMGs to remain in the US after training.

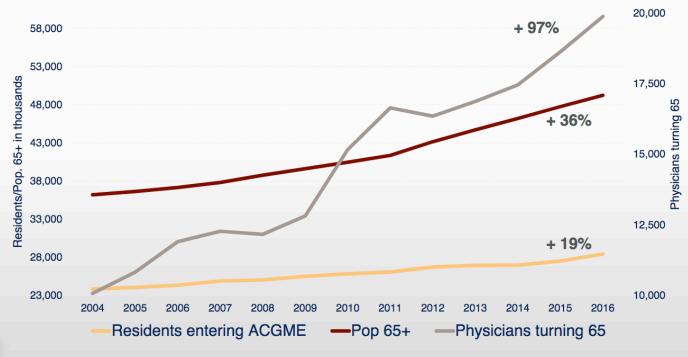
"The diversity of American medicine — and the conversations, ideas and breakthroughs this diversity sparks — may be one reason for our competitiveness as a global leader in biomedical research and innovation."

- Dhruv Khullar, MD

An increasing overall shortage of physicians is projected through 2030

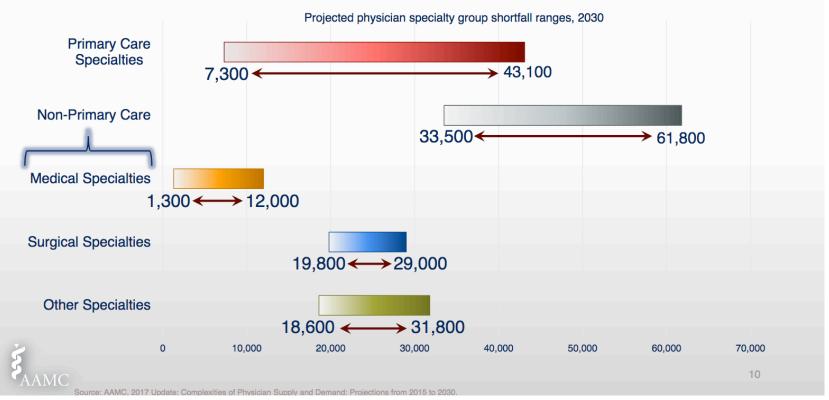


Production of new physicians not keeping up with aging workforce and population



AAMC Source: ACGME, Census, AMA Physician Masterfile; US Census Bureau





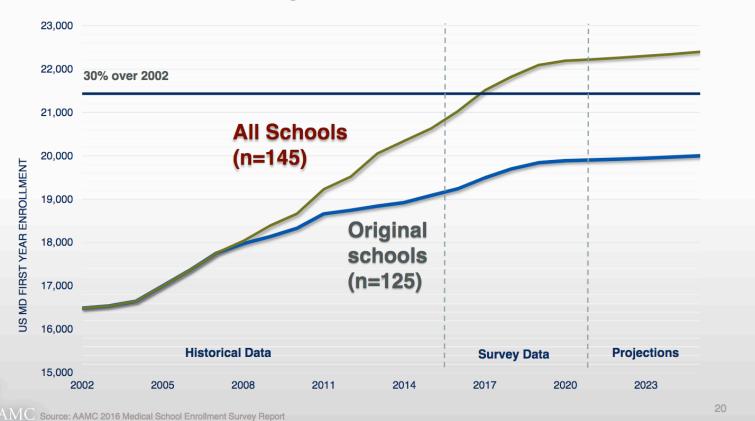
Active Physicians in the Largest Specialties, 2015

Table 1.1 Number of Active Physicians in the Largest Specialties by Major Professional Activity, 2015

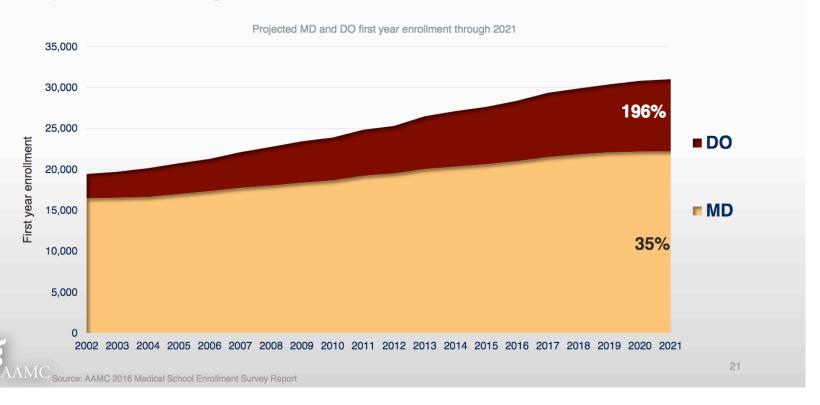


Specialty	Total Active Physicians	Patient Care \$	Teaching \$	Research \$	Other ¹
All specialties	860,939	759,421	12,824	13,123	75,571
Allergy & Immunology	4,630	4,019	61	281	269
Anatomic/Clinical Pathology	13,286	9,688	400	547	2,651
Anesthesiology	41,351	38,749	580	187	1,835
Cardiovascular Disease	22,058	20,275	306	594	883
Child & Adolescent Psychiatry	8,736	7,747	144	114	731
Critical Care Medicine	10,159	8,849	174	111	1,025
Dermatology	11,706	11,062	98	102	444
Emergency Medicine	39,579	36,607	474	99	2,399
Endocrinology, Diabetes & Metabolism	6,968	5,682	158	558	570
Family Medicine/General Practice	111,295	103,235	1,667	257	6,136
Gastroenterology	14,126	13,014	190	293	629
General Surgery	25,254	22,043	268	149	2,794
Geriatric Medicine	5,227	4,422	113	106	586
Hematology & Oncology	14,476	12,234	244	895	1,103
Infectious Disease	8,515	6,548	297	714	956
Internal Medicine	114,089	101,281	1,466	1,537	9,805
Internal Medicine/Pediatrics	4,840	4,371	78	29	362
Interventional Cardiology	3,255	2,967	23	5	260
Neonatal-Perinatal Medicine	5,196	4,406	139	184	467
Nephrology	10,083	8,885	142	331	725
Neurological Surgery	5,346	4,920	52	33	341
Neurology	13,392	11,501	250	648	993

US MD enrollment expected to exceed 30% increase



Overall MD & DO first year enrollment is projected to grow 59% between 2002 and 2021



IMGs comprise a significant part of the nation's physician workforce

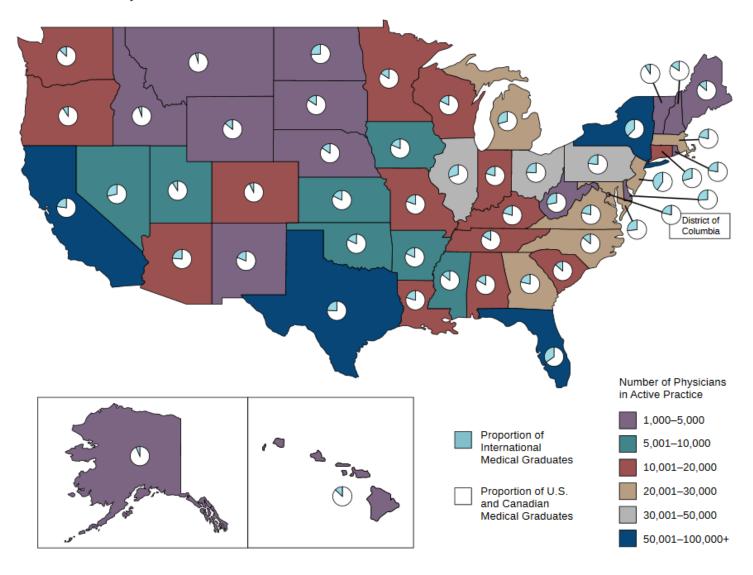
24.5% of 2016 active **physicians** were International Medical Graduates (IMGs).1

24.9% of 2015-2016 active **residents** were International Medical Graduates (IMGs).2

IMGs in the US Workforce

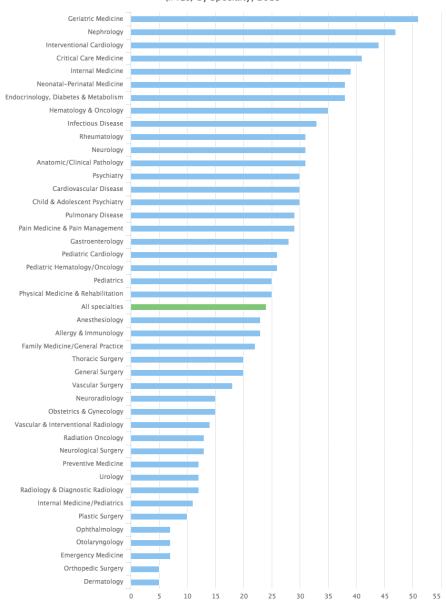
- IMGs contribute approximately 25% of practicing physicians and residents in the US.
- For several specialties (IM, FM, Psychiatry)
 there is a higher proportion of IMGs.
- Some states have a larger proportion of IMGs practicing (see next figure) including NJ, NY, and FL.

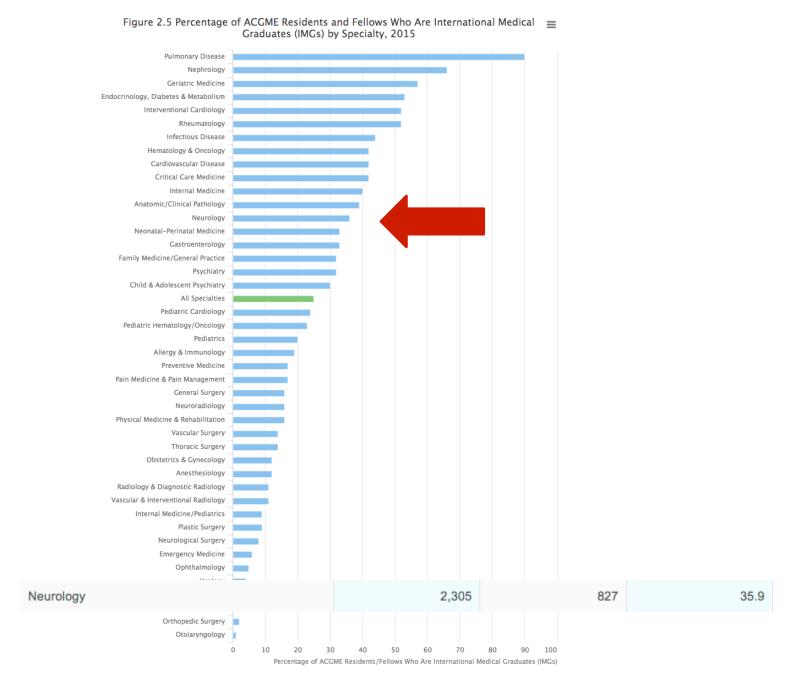
Exhibit 16: Physicians in Active Practice in the United States, 2015



[&]quot;Active practice" includes hospital-based physicians (including fellows, interns, staff, and residents), and those in office-based practice. Sources: American Medical Association Physician Masterfile and ECFMG database. Data current as of December 31, 2015.

Figure 1.7 Percentage of Active Physicians Who Are International Medical Graduates (IMGs) by Specialty, 2015



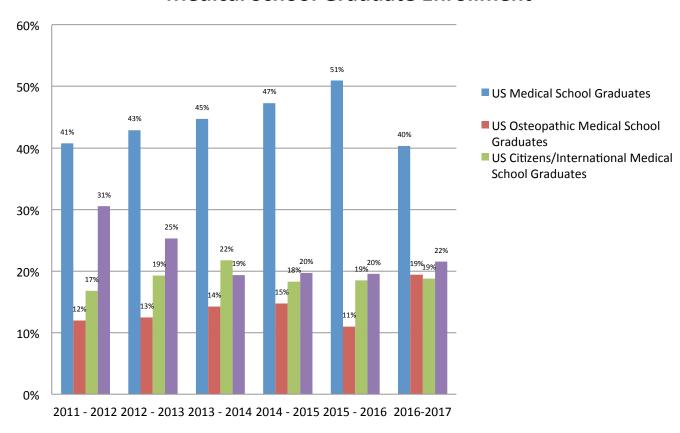


UConn's GME Workforce

- ➤ Overall, The University of Connecticut School of Medicine sponsors 60 programs and 661 residents and fellows including:
 - ☐ 15 ACGME Core Specialties
 - ☐ 2 American Osteopathic Association (AOA) Core Specialties
 - 2 ACGME Preliminary Year programs
 - ☐ 32 ACGME Fellowships
 - ☐ 1 AOA Fellowship
 - ☐ 2 American Board of Obstetrics and Gynecology Fellowships
 - ☐ 6 Non-ACGME Fellowships

UConn's GME Enrollment by Medical School Type

Medical School Graduate Enrollment



Why do International Physicians want to train in the US?

- Many factors/reasons.
- Resource constraints in home country.
- Types of care or training positions may not be available in home country.
- Research/academic opportunities.

NRMP NeurologyMatch Data 2017

Table 1	Match Sum	mary, 2017	7									
Specialty				Unfilled Programs	No. of Applicants*		No. of Matches*		% Filled		Ranked Positions	
		No. of Programs	Positions Offered		U.S. Senior	rs Total	U.S. Senior	rs Total	U.S. Seniors	Total	U.S. Seniors	Total
PGY- 1 Posit	ions											
Neurology		94	492	8	451	1,062	249	479	50.8	97.4	3,010	5,242
Total PGY- 1		4,269	28,849	445	27,048	54,110	17,480	27,688	60.6	96.0	264,383	384,617
PGY- 2 Positi	ons											
Neurology		58	294	7	394	819	185	284	62.9	96.6	2,279	3,359
Total PGY- 2		632	2,677	45	3,501	5,804	1,863	2,606	69.6	97.3	27,073	36,408

For non-U.S. citizen students and graduates of international medical schools ("Non-U.S. IMG"), the top five specialties/specialty tracks were:

- Internal Medicine (categorical) (2,003)
- Family Medicine (337)
- · Pediatrics (categorical) (253)
- Pathology (215)
- · Neurology (categorical, advanced, and physician positions) (191)

NRMP Neurology Match Data 2017

Specialty	Number of Positions	Number Filled	U.S. Senior	U.S. Grad	Osteo	Canadian	5th Pathway	U.S. IMG	Non-U.S. IMG	Number
PGY- 1 Positions							,			
Internal Medicine (Categorical)	7,233	7,101	3,245	131	690	2	0	1,030	2,003	132
Neurology	492	479	249	9	57	0	0	41	123	13
Total PGY-1	28,849	27,688	17,480	677	2,933	7	0	2,777	3,814	1,161
PGY- 2 Positions										
Neurology	294	284	185	4	23	0	0	12	60	10
Total PGY-2	2,677	2,606	1,863	123	278	0	0	139	203	71

Neurology Applicants to ERAS

Neurology

Overview												
		Nun	nber of Applica			Average Number of Applications per APPLICANT						
	ERAS 2013 ERAS 2014 ERAS 2015 ERAS 2016 ERAS 2017						ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017		
Total	2,683	2,494	2,481	2,445	2,612	19.8	23.3	25.3	30.6	28.6		
UMGs	716	733	800	841	866	19.5	20.7	23.2	26.9	27.0		
IMGs	1,967	1,761	1,681	1,604	1,746	20.0	24.4	26.3	32.6	29.4		
	By Medical School Type											
		Nun	nber of Applica	ants		Average Number of Applications per APPLICANT						
	ERAS 2013 ERAS 2014 ERAS 2015 ERAS 2016 ERAS 2017				ERAS 2017	ERAS 2013	ERAS 2014	ERAS 2015	ERAS 2016	ERAS 2017		
U.S. Public School	316	325	390	375	393	20.4	21.8	23.9	28.4	28.2		
U.S. Private School	263	256	241	277	269	19.2	20.5	21.7	24.9	25.1		
	263 135	256 152	241 169	277 188	269 202	19.2 18.2	20.5 18.8	21.7 23.8	24.9 26.8	25.1 27.4		
U.S. Private School							18.8					

- Our program data:
- 2017: 711 applicants, 451 nonUS IMGs
- 2018: 712 applicants, 414 nonUS IMGs.

How did/does this affect the neurology match?

- 2017 Match: AAN PD survey sent out in Spring of 2017 asked whether PDs altered their rank lists to collect data on this. (Data embargoed pending publication).
- ECFMG has data re. the percentage of on time J-1 visas from all countries and from the EO countries.

Summary of EO effects

- Decrease in total number of Physicians from EO countries submitting application for ECFMG certification and submitting new J-1 applications.
- J-1 arrival data did not demonstrate significant increase in total arrival rate or on-time arrival rate as a whole.
- The EO/proclamation only affects new J-1 applications from the EO countries.
- Mild decrease in total number of nonUS IMG applicants but match rate has not changed.
- PD and DIO surveys re. changing ROL due to travel restrictions may be partially attributable to not understanding the restrictions.