The International Medical Graduate (IMG) Emergency Medicine Applying Guide

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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 and clerkship directors, 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 diverse wealth of cultural, academic, and medical knowledge 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, after completion of Steps 1 and 2 of the United States Medical Licensing Examination (USMLE), IMGs then undergo a rigorous accreditation process by the Educational Commission for Foreign Medical Graduates (ECFMG) before they can apply for U.S. 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.

Before you choose EM

Before applying, it is important to set realistic expectations. Matching into EM is more difficult for IMG students than for U.S. students. For example, in 2022, there were 2,921 EM PGY-1 positions, which had a 92.5% fill rate with 219 unfilled positions.[1,2] The majority of filled spots were matched to U.S. allopathic seniors and osteopathic applicants. **Only 6.5% of filled EM positions were filled by U.S. citizen IMGs (U.S. IMG) and 1.7% by non-U.S. citizen IMGs (non-U.S. IMG)**.[1]

NOTE: While there was an increase in unfilled EM positions in 2022, match rates in recent years for IMGs have remained similar to prior years. Further root cause analysis is pending for the sudden change in unfilled spots, with advising statements to reflect future trends. We still ***strongly*** encourage IMG students to have a direct and transparent line of communication with advisors for programs that best fit their skill set.

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% said that 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 visas to non-uniformity of medical training.[3] As a result, both U.S. and (especially) non-U.S. 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. Board exam scores are particularly important. Higher scores on the USMLE Step 2 exam were shown to be positively correlated with better outcomes in patients cared for by IMGs.[4] Therefore, this part of the application carries a lot of weight when evaluating the future success of IMGs, especially since Step 1 score reporting was changed to pass/fail in 2022. Any academic difficulty from an IMG student is a **major red flag** and warrants a backup plan. 87.5% of surveyed residency leadership recommended having a backup specialty to which they can apply.[3]

Knowing the data is helpful, but to really know your chances as an applicant you need personalized advising. 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.

Away Rotations & SLOEs

One of your most important goals as an EM applicant is to secure a Standardized Letter of Evaluation (eSLOE). Domestic U.S. medical students typically obtain one of these letters from a rotation at their home institution, and then another from an away rotation at an academic emergency department. For IMGs, their affiliated hospitals likely won't offer a SLOE, so they must seek out multiple away rotations in the U.S. in order to obtain these letters. Emergency medicine program directors rank eSLOEs as the most important factor in their decision to offer an interview. In fact, SLOEs are cited by program directors as a top five factor when assembling their rank lists.[5] In our survey of residency program leadership, 78.9% of respondents stated they would not consider an applicant without a SLOE, and 82.5% stated that they would like to see two or more SLOEs in an application (63% wanted two letters and 19.3% wanted three or more).[3]

One of the biggest challenges that IMGs face is navigating the U.S. healthcare system, to which many domestic medical students gain early exposure while in school. To offset this logistical challenge, IMG students would benefit from taking the time to prepare for their U.S. clerkships by researching how to optimally function as a student in the U.S. healthcare system. It is recommended that you speak with an advisor or an alumnus of your school to learn what resources can best prepare you (guidebooks, podcasts, internet blogs, personal connections, etc.).

Unfortunately, for IMG applicants, it can be difficult to secure EM away rotations that will offer you a SLOE. 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 contact 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 it may be necessary and yield the highest results.

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 by the date residency programs may begin reviewing applications, with a second to follow as soon as possible. You should account for ECFMG processing delays and consider uploading all required documents at least two weeks before the deadline.

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 a SLOE will severely limit your chances of matching and warrants a backup plan.

The Application

The ResidencyCAS application needs to be completed as soon as it 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 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 should have both Step 1 and Step 2 results when submitting their applications to maximize their chances of securing interviews.

Which Programs to 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 residency websites). Applying to programs with no history of matching IMGs is lower yield. Tools like EMRA Match and Residency Explorer™ can help applicants filter programs by their self-reported percentage of current IMG residents.

Rather than applying to every program in the country, IMGs may benefit from focusing on geographical areas that have historically matched higher percentages of their applicant type. Between the years 2012 and 2022, New York, New Jersey, and Connecticut matched the most IMG students per ACGME EM residency program per year.[2] In terms of raw numbers, on average over the past ten years, New York, New Jersey, Michigan, Florida, Ohio, and Pennsylvania have accepted the most IMG students into ACGME EM programs each year.[2]

Expectation Setting

An IMG applicant should anticipate not having a large number of interview offers early in the application season (late October/early November). It is okay to email program coordinators and program directors, but you should be cautious not to cross the line from enthusiastic to overbearing or 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 apply broadly for emergency medicine, but also to other specialties. Do not anticipate being able to “scramble” into EM. Historically, vanishingly few (if any) IMG applicants have matched via the Supplemental Offer and Acceptance Program (SOAP) into EM.

The Interview

Being invited to interview at a program is a big step in the right direction, but you still need to shine in your interview 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 the question, "Why didn't you go to medical school in the U.S.?" 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.[6] Around 11-12 ranked programs brings a U.S. IMG applicant to approximately 95% probability of matching. However, even with 18 ranked programs, a non-U.S. IMG still does not reach a 90% chance of matching.[6] In ordering programs on your list, do not try to outsmart the algorithm – the match is applicant-weighted. You should choose your rank list 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 to be a higher academic risk. 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 IMG applicants do to tip the scale in their favor?**
   - Get an early start on researching the application process.
   - Find a mentor and/or advisor to help guide you through the process.
   - Find out where your senior colleagues and alumni from your school rotated/applied/matched and ask for their advice.
   - Apply to programs that have a history of accepting IMG applicants.
   - Rotate at an academic program and work hard for an outstanding SLOE.
   - Improve the overall strength of your ResidencyCAS application:
     i. Work hard to obtain above-average USMLE scores.
     ii. Find ways to stand out as an applicant.
     iii. Include your unique services, leadership, and research.
     iv. Be sure to mention your particular background. Use your unique personal, clinical, and cultural/social/language experiences to help you stand out. For example, applying to an EM residency program as an IMG is an uphill battle, so demonstrate to the PDs that you are not afraid of a challenge.
     v. Make sure your ResidencyCAS application is free of any spelling, grammar, and punctuation mistakes.
     vi. Make sure you have the right visa for the institution that you are applying to.
     vii. Have an advocate: financial, educational, 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.

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