



The International Medical Graduate (IMG) Emergency Medicine Applying Guide

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on behalf of the CORD Advising Students Committee in EM (ASC-EM)



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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 (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 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 Step 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 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.

Before you choose EM

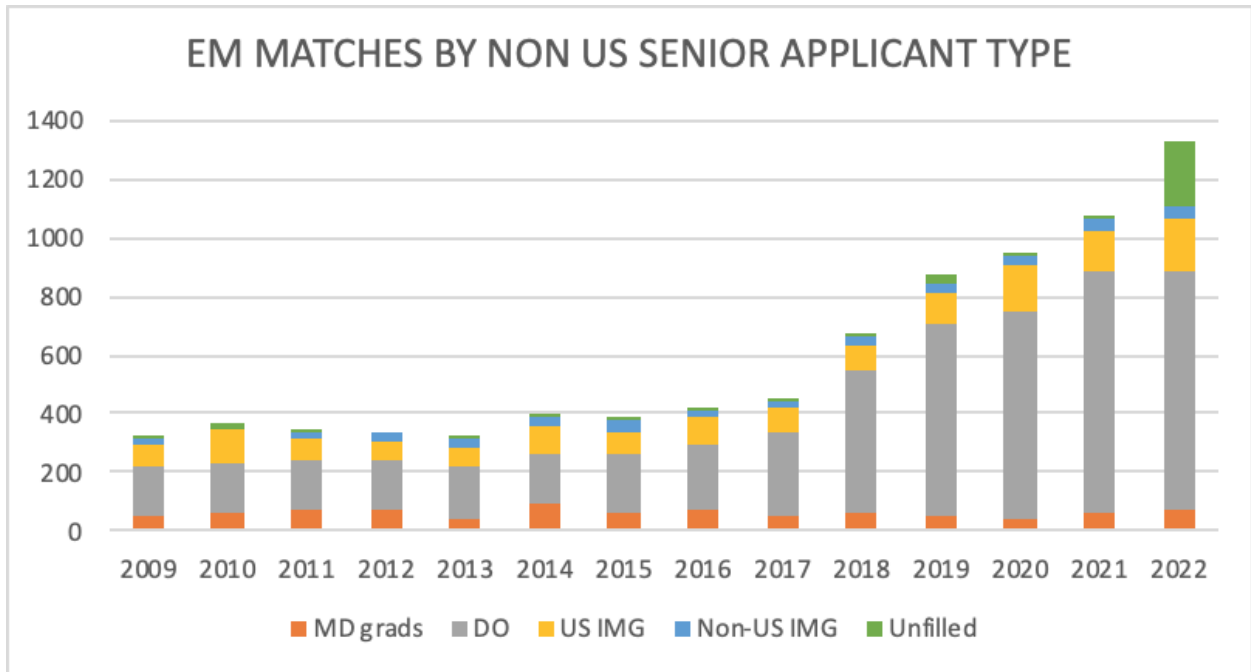
Prior to applying, it is important to set realistic expectations. Matching into EM is more difficult for IMG students than for U.S. students. In 2022 there were 2,921 EM PGY-1 positions which had a 92.5% fill rate with 219 unfilled positions (Table 1).^{1,2} The majority of filled spots were matched to US 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; Table 1 and Figure 1).**¹

NOTE: While there was an increase in unfilled EM positions in 2022, match rates for IMGs remained similar. 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 fits their skillset.

Table 1 - Annual Emergency Medicine Match rates from 2009 to 2022. Data collected from NRMP 2009-2022.²

Annual EM Residency Matches	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
MD seniors	1146	1182	1268	1335	1428	1388	1438	1486	1601	1606	1617	1713	1765	1593
MD grads	57	66	70	68	44	90	60	73	50	66	54	43	62	75
DO	163	169	177	171	178	177	203	224	283	484	648	709	821	812
US IMG	70	109	71	69	58	87	75	87	86	80	112	155	143	176
Non-US IMG	23	4	16	25	33	30	36	23	20	29	27	30	35	45
Unfilled	13	16	5	0	3	14	8	1	6	13	30	13	14	219

Figure 1 - Emergency Medicine match rates by non-US senior application between 2009 and 2022. Data collected from NRMP 2009-2022.²



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 IMG's for their residency program. Reasons for not considering IMGs at their institution ranged from enough US student availability to difficulties with visa to non uniformity of medical training.³ As a result, both US and (especially) 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. 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 back-up 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 that 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 (SLOE). 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. EM program directors rank letters of recommendation as the most important factor in their decision to offer an interview. In fact, letters of recommendation are cited by program directors as a top 5 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 2 or more SLOEs in an application (63% wanted 2 letters and 19.3% wanted 3 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 logistic 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 alumni 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. ***Due to the COVID-19 pandemic, most academic centers were allowing visiting students on a limited basis, making away rotations even harder to obtain. Additionally, there may be travel restrictions from certain countries limiting US rotations for IMG students. The future of these practices remains uncertain, but is expected to improve.***

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 IMG's 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 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 IMG's, 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 1-2 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 back-up plan.

The Application

The Electronic Residency Application Service (ERAS) application needs to be completed 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 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 the residencies websites). Applying to programs with no history of matching IMG's is lower yield. Tools like [EMRA Match and Residency Explorer™](#) can help applicants filter programs by their self-reported percentage of current IMG residents.

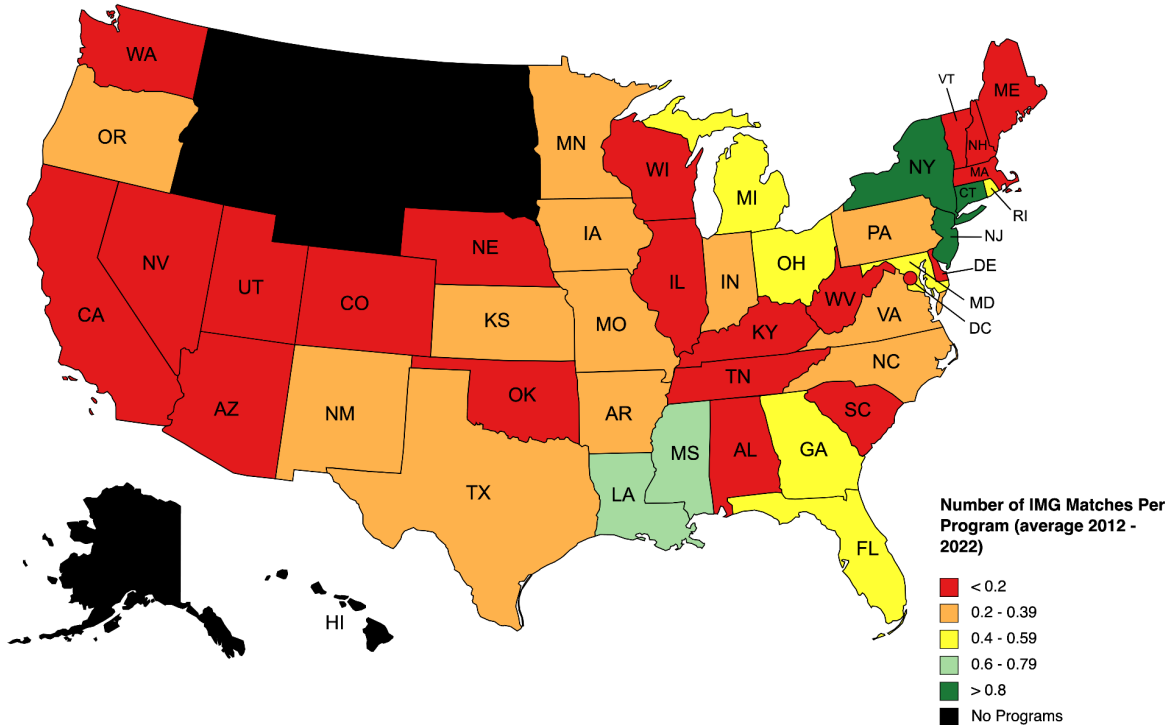
Rather than applying to every program in the country, international medical graduates may benefit from focusing on geographical areas which have historically matched higher percentages of their applicant type. Between the years 2012 and 2022, New York, New Jersey, and Connecticut matched the most IMG students per ACGME EM residency program per year (Figure 2).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 (Table 2).²

Table 2. Number of United States International Medical Graduates Per Accreditation Council for Graduate Medical Education (ACGME)-Accredited Emergency Medicine Residency Program Per Year By State in 2022.²

		Total Number of IMG Residents Matched Into EM ACGME Programs Per Year											
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
US States (by alphabet)	Number of EM ACGME Programs (as of 2022)												Average Number of IMG Residents Matched Into EM ACGME Programs (2012-2022)
Alabama	2	0	0	0	0	0	0	0	1	0	0	0	0.09
Arizona	5	0	2	1	0	0	0	0	1	4	0	0	0.73
Arkansas	2	1	1	0	0	0	0	2	1	1	0	0	0.55
California	24	1	1	1	1	2	2	2	7	10	10	14	4.64
Colorado	1	0	0	0	0	0	1	0	0	0	0	0	0.09
Connecticut	2	0	2	2	0	2	0	3	3	4	4	3	2.09
Delaware	2	0	0	0	0	0	0	0	0	0	0	0	0.00
District of Columbia	2	0	0	0	0	0	0	0	0	1	0	0	0.09
Florida	22	0	3	3	2	7	7	5	19	18	19	17	9.09
Georgia	5	0	1	2	2	1	1	0	1	6	0	9	2.09
Illinois	11	1	0	2	1	1	2	1	1	1	5	4	1.73
Indiana	1	1	0	0	0	1	1	0	0	0	0	1	0.36
Iowa	1	0	0	0	0	0	0	0	0	1	1	2	0.36
Kansas	1	0	0	0	0	0	0	0	0	1	0	2	0.27
Kentucky	2	0	0	0	0	0	0	0	2	1	0	1	0.36
Louisiana	4	4	3	4	5	3	2	0	4	4	1	3	3.00
Maine	1	0	0	0	0	0	0	0	0	0	0	0	0.00
Maryland	2	0	0	1	1	1	0	3	0	0	1	2	0.82

Massachusetts	5	2	0	1	2	1	0	0	1	0	1	1	0.82
Michigan	26	17	7	10	12	11	10	11	13	19	20	20	13.64
Minnesota	3	0	1	0	0	0	0	1	0	3	2	2	0.82
Mississippi	3	1	1	3	2	0	2	2	0	2	4	6	2.09
Missouri	5	0	0	3	2	0	0	1	0	5	2	4	1.55
Nebraska	1	0	0	0	0	0	0	0	0	0	1	0	0.09
Nevada	3	0	0	0	0	0	0	0	0	1	0	1	0.18
New Hampshire	1	0	0	0	0	0	0	0	0	0	0	0	0.00
New Jersey	12	5	6	11	9	13	10	8	11	9	17	25	11.27
New Mexico	1	0	1	1	0	0	0	0	0	1	1	0	0.36
New York	31	18	10	22	14	27	23	21	27	44	49	47	27.45
North Carolina	7	0	1	1	0	1	3	3	1	4	7	6	2.45
Ohio	17	10	8	6	5	9	4	1	3	7	10	13	6.91
Oklahoma	5	0	0	0	0	0	0	0	0	0	0	1	0.09
Oregon	1	0	0	0	0	1	0	0	0	2	0	0	0.27
Pennsylvania	24	3	5	7	5	2	4	3	6	11	9	15	6.36
Puerto Rico	2	1	3	3	3	2	10	3	4	9	1	3	3.82
Rhode Island	2	0	0	0	0	0	1	1	0	7	0	3	1.09
South Carolina	5	0	0	0	0	0	0	0	0	0	0	3	0.27
Tennessee	5	0	0	0	4	0	0	1	0	0	0	0	0.45
Texas	14	4	1	2	2	2	3	8	5	7	8	8	4.55
Utah	1	0	0	0	0	0	0	0	0	0	0	0	0.00
Vermont	1	0	0	0	0	0	0	0	0	0	0	0	0.00
Virginia	6	0	0	1	3	0	0	0	1	2	4	3	1.27
Washington	1	0	0	0	0	0	0	0	0	0	0	0	0.00
West Virginia	2	0	0	0	0	0	0	0	0	0	0	0	0.00
Wisconsin	2	0	0	0	0	0	0	0	0	0	0	1	0.09

Figure 2. Average Number of Matched International Medical Graduates Per Accreditation Council for Graduate Medical Education-Accredited Emergency Medicine Residency Program Per Year By State From 2012 to 2022.²



Created with mapchart.net

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 call program coordinators and to email program directors. 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) 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 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 typo 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 (although not exclusively) 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 ERAS 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 ERAS 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.

Additional information on IMGs in emergency medicine:

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