



## ABIM IMG Pilot Program:

Pathway for ABIM Certification for IMG who trained in IM outside of the U.S.

## APCCMPD Comments

January 31, 2024

### **Would your organization support creating a Special Consideration pilot program for exceptionally qualified IMGs?**

Yes

No

### **What downstream effects would you anticipate?**

The Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD) consists of program leaders from Critical Care Medicine (CCM), Pulmonary Medicine, and Pulmonary and Critical Care Medicine (PCCM), representing 97% of the Accreditation Council for Graduate Medical Education (ACGME) accredited fellowships in these subspecialties. The APCCMPD appreciates the opportunity to respond to this survey. The APCCMPD provides this response based on our member's feedback.

Based on a survey of 26% of the APCCMPD membership, 23% of the respondents indicated they already offer positions to exceptionally qualified International Medical Graduates (IMGs) trained in Internal Medicine (IM) outside of the United States (U.S.). 26% noted they would not support creating the pilot program, 10% did not know, and 64% of respondents noted they would support the pilot program. The APCCMPD membership articulated a number of benefits and unintended consequences of the pilot program, including increased applicants, training and workforce impacts, challenges in assessing baseline competency, increased diversity, and impacts on research.

The APCCMPD feels the pilot program will increase the number of applications to pulmonary, CCM, and PCCM fellowships, which historically have more applicants than there are fellowship positions. The APCCMPD recognizes that this could reduce opportunities for U.S. graduates and increase competition for limited fellowship positions. The APCCMPD recognizes that the pilot program has the potential to increase subspecialty physicians in underserved areas; however, without requirements to practice in rural and underserved areas, it is likely that most will seek positions in urban areas. The APCCMPD also notes that the pilot program has the potential to reduce the number of applications from IMGs who completed IM residency outside the U.S. to IM residency programs, which could ultimately lead to a reduction in the number of internal medicine physicians in the workforce.

The APCCMPD also recognizes the importance of allowing qualified physicians to achieve board certification without repeating residency if they have received adequate training elsewhere. This approach is complicated by the lack of international standards for physicians' training in IM. IM training and qualifications vary widely across the international community. There is currently no clear way for IM Subspecialty programs to assess the competency and skills of the IMG applicant who completed IM residency outside the U.S. APCCMPD members expressed that the ACGME's definition of "exceptionally qualified" is vague and lacks sufficient specification for them to feel comfortable with the assessment.

Furthermore, APCCMPD also emphasizes the value of providing an opportunity for IMGs who completed IM residency outside the U.S. to culturally adapt to the U.S. medical system through an IM residency in the U.S. Several members have raised concerns regarding the readiness of IMGs who completed their Internal Medicine residency outside the United States to successfully progress through a demanding and rigorous fellowship training program.

While the pilot program could attract more trainees dedicated to research careers post-fellowship, APCCMPD members have raised the concern that many fellowship programs that train physician-scientists might face limitations on visa sponsorship and that federal research funding is not available for IMGs who do not have permanent residency status or citizenship.

Some APCCMPD members felt the pilot program could allow fellowship programs to gain more experience and encourage collaboration with international programs and hospitals for improved integration. This said disparities could arise based on the availability of resources among different countries or locations.

### **What impacts might there be on patient care? To the physician workforce?**

The APCCMPD anticipates that the pilot program will lead to a rise in applications for pulmonary, critical care medicine (CCM), and pulmonary and critical care medicine (PCCM) fellowships, which historically have more applicants than available positions. Recognizing this trend, the APCCMPD acknowledges the potential consequences, including decreased opportunities for U.S. graduates and heightened competition for limited fellowship positions.

The APCCMPD recognizes that the pilot program has the potential to increase subspecialty physicians in underserved areas; however, without requirements to practice in rural and underserved areas, it is likely that most will seek positions in urban areas.

Additionally, the APCCMPD highlights the possibility of a reduced application pool from IMGs who completed IM residency outside the U.S. for IM residency programs. Such a shift could ultimately lead to a decline in the overall number of internal medicine physicians in the workforce.

### **What additional questions do you think this pilot might be able to address?**

The APCCMPD feels that the pilot program could offer fellowship programs a chance to develop clearer guidance on how to evaluate the prior training and competency of IMGs who completed IM residency outside the U.S. Additionally, there is a call for more specific criteria regarding the ACGME definition of "exceptionally qualified."

Further, the pilot program could address whether there is value in providing the opportunity for the IMGs, who completed IM residency outside the U.S., to acclimate to the U.S. healthcare system before pursuing subspecialty fellowship training.

The pilot program could also gather data on how IMGs who completed IM residency outside the U.S., impact the physician workforce and patient care, particularly if the pilot program successfully augments physician shortages in some subspecialties and areas with unmet needs.