

AMERICAN
PSYCHIATRIC
ASSOCIATION



International Medical Graduate Report

International Medical Graduate Work Group

AUGUST 2023

Report of the International Medical Graduate (IMG) Work Group

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Requested Actions for Consideration by the Joint Reference Committee

ACTION 1:

Will the JRC vote to approve the expansion of the medical student membership category to read as follows?

An individual who has graduated from medical school and has not matched into a psychiatry residency program will be eligible for membership in APA as a medical student member for a period of time not to exceed December 31 of the calendar year that is three (3) years after their graduation from medical school. An attestation is required from all such members.

ACTION 2:

Will the JRC vote to approve the recommendations of the IMG Work Group, with the goal of establishing a specific work plan detailing the actions that are accepted and implementable ([Appendix A](#))?

ACTION 3:

Will the JRC vote to approve the assigning of ownership to the APA Administration for implementation and management of:

- the IMG Work Group value of investment recommendations?
- the IMG Resource Guide?



Executive Summary

INTRODUCTION

International Medical Graduates (IMGs) are an integral part of the American Psychiatric Association (APA), representing approximately 30% of APA membership. Between 2020 and 2022, APA witnessed a net reduction of approximately 500 (-1%) IMG members. Membership in a professional organization is driven by the value associated with membership, the perception of which varies not only from member to member but also among the different member groups.

The APA Joint Reference Committee formed the International Medical Graduate Work Group at its November 2021 meeting and charged it with **developing a plan of action to address the unique needs of APA's IMG members, members of international origin, and members who continue to identify strongly with their country of origin.**

KEY FINDINGS

- APA has an opportunity to better engage IMG members in general, with the prospect of increasing membership by focusing on medical students, members-in-training (resident-fellow members), and early career psychiatrists.
- APA IMG members present unique membership needs.
- Demonstrating the value of membership to all members is important but is possibly more nuanced with regard to IMGs.
- Current and potential IMG members identified the following areas as important factors in assessing the benefit and value of APA membership:
 - » Costly dues, particularly in addition to the burden of other expenses unique to IMGs (e.g., visas)
 - » Assistance with navigating the residency application process
 - » Support for professional growth and development

- » Opportunities for leadership
 - » Opportunities for peer and vertical mentorship
 - » Leveraging APA's influence on IMG advocacy and support efforts on matters of importance to IMGs
 - » Up-to-date resources that support the specific needs of IMGs (e.g., navigating the immigration process)
- IMG members differ on what they value depending on their stage of professional development.
 - Non-U.S. citizens who are early career IMG members value specific assistance with immigration/visa issues, support around the residency application process, and advocacy.

INSIGHTS

- APA should strive to increase the value of and communication around APA membership for IMGs in a more targeted way.
- APA can enhance value for IMG members by supporting areas such as the residency application process, immigration and visa issues, professional growth and development (including leadership opportunities), mentoring, and advocacy.
- APA should address bias and discrimination towards IMGs as being a priori inferior to U.S. Medical Graduates (USIMGs) merely due to their country of birth or medical school country.
- Resources for IMG members (e.g., information on immigration and visa requirements, opportunities for observerships) provide great value for IMG members and should be updated on a regular basis.
- APA should consider membership expansion for medical school graduates who do not match into psychiatry residency programs.
- APA will codify the importance of this work by establishing a specific time-based work plan for the individual recommendations identified in [Appendix A](#).

CONCLUSION

APA can and should express its long-overdue recognition of the unique needs of and challenges faced by International Medical Graduates, who represent a large and important group of APA members. The organization can enhance the perceived value of APA membership for IMGs by making targeted changes that will address these needs.

Introduction to the IMG Work Group

The APA Joint Reference Committee formed the International Medical Graduate Work Group at its November 2021 meeting. Inspired by the work of the Council on International Psychiatry and Global Health, the JRC voted to create the IMG Work Group in order to develop a plan of action that would address the unique needs of the organization's IMG members, members of international origin, and members who continue to identify strongly with their countries of origin.

The Membership Committee was assigned responsibility for the Work Group, and it was recommended that it include representation and input from the Council on International Psychiatry and Global Health, the Council on Medical Education and Lifelong Learning, the Council on Communications, the IMG Caucus, and the Resident-Fellow Member (RFM) Caucus. Additionally, the work group was asked to get input from district branches and identity-specific organizations (e.g., the Indo-American Psychiatric Association).

WORK GROUP MEMBERSHIP

Work Group members are all IMGs or USIMGs and represent resident-fellows (RFMs), early career psychiatrists (ECPs) and general or life members in nearly equal numbers.

Daniel Castellanos, MD, co-chair

Raman Marwaha, MD, co-chair

Anum Baig, MD, MBA

Tanuja Gandhi, MD

Dhruv Gupta, MD, MS

Joseph Immanuel, MD

Manal Khan, MD

Narpinder Malhi, MD

Zeeshan Mansuri, MD, MPH

Muhammad Zeshan, MD

APA ADMINISTRATION

Lisa Diener (Managing Director, Membership)

Vishal Madaan, MD (Chief of Education and Deputy Medical Director)

Ashish Srivastava (Deputy Director, Data Operations)

Charge of the IMG Work Group

Focusing on organized psychiatry, psychiatrists, psychiatric trainees, psychiatric patients, and others who serve psychiatric patients, the IMG Work Group was initially developed as a cross-organizational, one-year (with possibility of extension) ad hoc work group. At its November 2021 meeting, the JRC charged the work group with to develop a plan of action that would address the unique needs of the organization's IMG members, members of international origin, and members who continue to identify strongly with their countries of origin. The work group considered the following, with attention focusing on IMGs residing in the U.S., and primarily those of non-U.S. origin:

- Codify the definition of "International Medical Graduate."
- Ascertain and validate IMG market size.
- Develop a demographic profile of IMG members today and historically.
- Conduct a needs assessment for IMG members.
- Identify a compelling IMG value proposition.
- Evaluate the opportunity for medical school graduates who do not yet match into a psychiatry residency to remain or become members of APA.
- Address the role played by district branches given that the experience of IMGs may vary greatly based on geography.
- Evaluate current communications to IMGs, especially through the IMG Caucus and other relevant caucuses.
- Develop a communication strategy that will appeal to and support IMGs at all levels.

DELIVERABLE:

The IMG Work Group will develop a summary report along with a plan to address IMG needs, to be presented at the June 2023 JRC meeting.



Background and Methodology

The members of the IMG Work Group met as a full group twenty-one (21) times in person and/or virtually, with subgroups meeting more frequently. In the initial meetings, the group developed a proposed framework for the path forward, including the work group’s goals, deliverables, timetable, and responsibilities. More specifically, the IMG Work Group began by codifying the definition of an IMG and asking the “big three” questions:

1. What are our goals (i.e., what do we want to achieve)?
2. What do we need to meet those objectives?
3. How will we measure effectiveness?

After extensive discussion with stakeholders, a review of existing information, and discussions among work group members, the IMG Work Group decided to focus on two primary goals:

- 1. Develop recommendations and resources that will support the value on investment (VOI) of APA membership for IMGs.** This work is intended to help APA increase membership and decrease attrition of IMGs by targeting IMGs whose country of origin is outside the U.S.
- 2. Develop a more detailed, up-to-date resource guide intended to support IMGs with their needs at different phases of their professional development.**

Two subgroups of the IMG Work Group were formed to address each of the tasks described above.

IMG DEFINITION

Upon the recommendation of the IMG Work Group, the Membership Committee, JRC and Board of Trustees approved the following definition of “International Medical Graduate”:

A term used to describe those who have completed their undergraduate medical education in schools outside the U.S. IMGs can also be U.S. citizens or permanent residents who graduated from medical schools outside of the U.S. and are sometimes referred to as USIMGs.

IMG DEMOGRAPHIC CHARACTERISTICS

[Recently published data](#) reports the IMG psychiatric workforce to be approximately 29% compared to 23% of other medical specialties. In some states, such as New Jersey and Florida, more than 40% of active psychiatrists are IMGs. There has been a decline in recent years of non-U.S. citizen IMGs matching into psychiatric residency positions.

Demographic characteristics for IMG psychiatrists based on 2022 APA membership data, as shown on the following page, indicates IMG membership has remained fairly consistent over the previous few years, at approximately 30%. That percentage has declined slightly (-1%) since 2020, along with a slight decline of IMGs with U.S. mailing address (-3%). APA should continue to monitor this for additional attrition and plan for future interventions.

A more complete look at APA’s demographic characteristics can be found in [Appendix B](#).

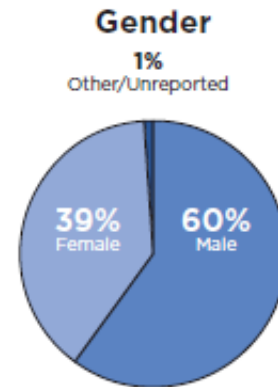
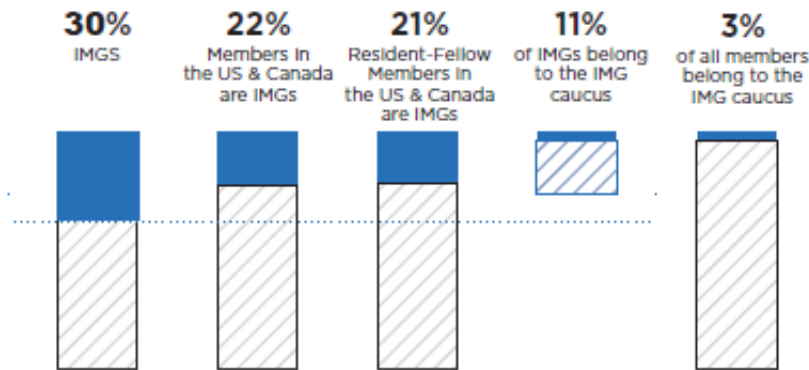
QUALITATIVE RESEARCH

In attempting to understand why and how APA membership could be valuable to IMGs, IMG Work Group members brought their extensive experiences and background to the table. The work group also consulted with a number of additional sources, including other APA affinity groups (e.g., Hispanic Caucus, IMG Caucus) and professional psychiatric associations (e.g., Indo-American Psychiatric Association, Pakistani-American Psychiatric Association of North America, American Society of Hispanic Psychiatry). The group obtained further insight by attending various events, including:

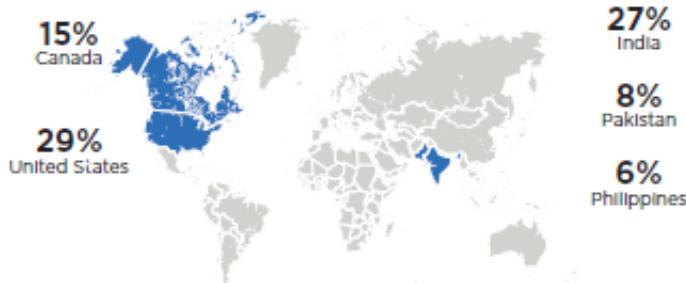
- Ad hoc discussions with district branch representatives
- IMG Work Group Listening session at APA IMG Caucus at the 2022 APA Annual Meetings (See [Appendix C](#))
- “Supporting IMG Session” (moderated by APA CEO Saul Levin, MD) at the 2022 APA Annual Meeting (See [Appendix D](#))
- “IMG Listening Session – IMG Trends, Trials and Tribulations” (moderated by IMG Work Group) at the 2023 APA Annual Meeting (See [Appendix E](#))
- “IMG Work Group Session – Supporting IMGs in their Careers” (moderated by Saul Levin, MD) at the 2023 APA Annual Meeting (See [Appendix F](#))

The work group also reviewed and considered information and perspectives from other professional organizations during meetings with APA leadership, discussions with the Council on International Psychiatry and Global Health, and ad hoc member-to-member sessions.

IMG Membership Characteristics



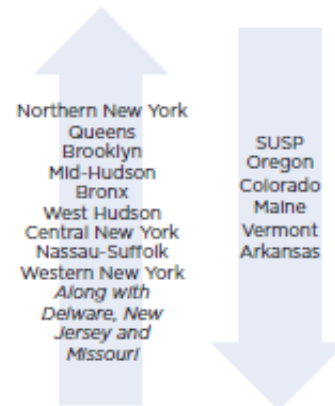
IMGs' residing in the United States Birth Countries (Top 5)



District Branches

Nine of the top twelve DB's with highest percentage of IMGs (40%-70%) are in New York state

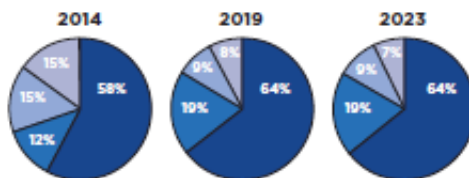
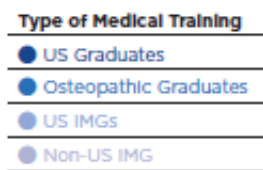
District Branches with the lowest percentage of IMGs to total membership



IMGs' residing in the United States Medical School Country (Top 5)



PGY1 Categorical Psychiatry Matches by Applicant Type



Source: NRMP



Source: American Psychiatric Association Membership Database, August 2022

IMG MARKET RESEARCH OVERVIEW

Together, the efforts described above led the IMG Work Group to develop a quantitative survey that would ascertain the unique membership needs of active, expired, and potential IMG members. (See [Appendix G](#))

The online survey was fielded from December 17 through December 28, 2022. Emails with the unique survey link were sent to 8,244 IMGs currently residing in the United States (including individuals with active and expired memberships), 821 (10%) of whom responded. Of those, 22.5% were resident-fellow members (RFMs); 15.7% were early career psychiatrists (ECPs); 37.8% were general members; and 24.0% were life, retired, and inactive members; 94% of respondents were active members. Multiple market research methodologies were used to analyze the data.

The intent and scope of the survey was to collect information on IMG members and identify how APA can better serve them. It was intended to be largely directional given time constraints, the limited budget (including lack of respondent incentives), and timing of fielding. Still, the survey response rate was higher than for the general membership survey (6%) conducted previously. Although the survey did include nonmembers and expired members, their response rates were so low that it was not possible to analyze comparisons between members and nonmembers.

The survey sought to achieve the following:

1. Reveal which key benefits of membership both satisfy and provide value to IMG members, and which benefits are crucial to member engagement, acquisition, and renewal.
2. Examine the barriers IMG members face at different points in their career, in order to begin developing more relevant support for them.
3. Identify member priorities (i.e., areas where APA can help most) that should both bolster existing membership benefits and provide direction for the development of new and innovative offerings.

IMG MARKET RESEARCH SURVEY HIGHLIGHTS

- In terms of overall satisfaction, 58% of respondents are satisfied or completely satisfied with their membership.
 - » Life and retired members are more satisfied than APA members with shorter tenures.
 - » Two key drivers of satisfaction—continuing education and the APA Annual Meeting—are notable strengths of membership.
- Members are very satisfied with continuing medical education (CME) activities and the Annual Meeting.
 - » Life members and long-tenured members appreciate the professional recognition that comes with APA membership.
 - » RFMs benefit from the networking opportunities associated with APA membership.
 - » Other significant satisfaction drivers are rated lower by IMGs, including the monetary value of membership (i.e., value proposition) and advocacy in areas of importance to them.

Opportunities

When satisfaction is compared with member value ratings, several opportunities emerge overall and within segmented IMG audiences.

- The top areas in which IMGs overall requested support include IMG-focused leadership opportunities (53%), advocacy for immigration issues (42%), and assistance with the residency application process (39%).
 - » IMGs would like APA to focus more on advocacy issues, both in general (related, for example, to the scope of practice) and specific to them (such as immigration), which they indicate are very important but currently rate low in satisfaction.
 - » IMGs would appreciate additional support from APA with the residency process, including assistance with identifying externship and observership opportunities (57%), handling visas and other immigration issues (31%), and completing residency applications (30%).

- Coded verbatim responses revealed that IMGs overall would like more support around inclusive residency programs, reducing stigma or bias toward IMGs overall and specifically in residency programs, mentoring with other successful IMGs, and visa and state licensure applications.
 - » Some members would like more focus on mentorship and peer support versus networking and leadership opportunities.
- RFMs seek greater focus on peer support, career opportunities, advocacy, leadership, and opportunities. Likewise, members with fewer than 10 years of APA tenure would also like more career opportunity resources and networking.

Barriers

- Barriers to membership renewal for those with active or expired memberships include the high cost of dues, particularly for retired members (who would like “cheap dues”) (41%); the lack of a clear value proposition (24%); APA’s politics (12%); undervalued content at the Annual Meeting (12%); and reluctance to be affiliated with a district branch (5%).
- The cost of dues coupled with the lack of a clear value proposition is the greatest barrier, which means defining the value proposition more clearly and/or targeting unique value propositions for different audiences, which could result in greater acceptance of dues at the current rates.
- The greatest barriers to membership during training include finding practice locations and slots; financial constraints; administrative challenges; navigating the health care system; professional burnout; imposter phenomenon; stigma and discrimination issues; and cultural obstacles.
- For the approximately 60% of respondents who had participated in externships or observerships, the greatest barriers to membership include finding a practice location (71%), financial concerns (71%), administrative issues (68%), and competition for slots (60%).
- For those responding about their residency experience specifically, the greatest barriers to membership include difficulty navigating the health care system (49%); professional burnout (48%); imposter phenomenon (46%); and stigma and discrimination toward IMGs, as well as language and cultural barriers (40%).

The survey instrument and complete results can be found in [Appendix G](#) of this report. (The survey focused on APA membership and did not ask any questions about district branch experiences, due to the anticipated low number of responses per district branch.)

Based on the survey results, reports of member experiences, and the integration of all available information, the IMG Work Group proceeded to:

- Develop recommendations for engagement and membership growth focusing on IMGs.
- Develop an IMG Resource Guide.
- Identify recommendations for a membership option for IMGs (expanded to include non-IMGs) who have completed medical school but are not yet in a psychiatry residency, to encourage affiliation with APA and interaction with their potential future peers and colleagues.

ANOTHER IDENTIFIED NEED: MEMBERSHIP EXPANSION FOR MEDICAL SCHOOL GRADUATES WHO DO NOT MATCH INTO A PSYCHIATRY RESIDENCY

For a variety of reasons—including the increasing popularity of psychiatry as a field of study—many medical school graduates around the world pursuing a career in psychiatry do not initially match into a psychiatry residency. These graduates have expressed a desire to join or maintain their membership with APA, with most requests coming from individuals outside the United States and Canada. The Operations Manual currently does not permit membership for individuals in this situation. As a result, the IMG Work Group is recommending a pilot program to accommodate these individuals (globally) without creating a new membership category, as follows:

***Action:** An individual who has graduated from medical school and has not matched into a psychiatry residency program will be eligible for membership in APA as a medical student member or international medical student member for a period of time not to exceed December 31 of the calendar year that is three (3) years after their graduation from medical school. An attestation is required from all such members.*

USING VALUE ON INVESTMENT TO FRAME THE VALUE PROPOSITION

Much of the IMG Work Group discussion has centered on the value of membership in APA and the ROI for IMG members. The value proposition in this context might highlight the additional revenue members are getting in return for their membership dues. Much of the survey feedback suggests that IMG members often wonder, “Are my membership dues worth it?” instead of simply asking, “Can I afford this?” But rather than defining the benefits of APA membership using ROI, APA should explore and use the concept of value on investment (VOI). The VOI concept may help align APA’s strategic and operational initiatives with the expectations of its IMG members.

VOI represents much more than money and may help define the multiple benefits proposed in this report by the IMG Work Group, most of which extend far beyond the transactional payment of dues. Much of this work is already happening within APA but operationalizing it systematically—by determining which strategic initiatives to prioritize and defining which actions can improve value (“value levers”)—can accelerate progress in achieving these goals. In short, VOI helps IMGs see how membership delivers value in the following areas:

- **Education:** APA offers state-of-the-art educational content.
- **Information:** APA provides timely, relevant information for members to use in their professional and/or personal lives.
- **Advocacy:** On behalf of IMG members, APA takes a stand on issues and ensures that their voice is included before decisions are made.
- **Impact:** APA initiatives create impacts that benefit members, the mental health community, and the patients they serve.
- **Influence:** As the world’s largest psychiatric organization, APA is seen as one of the most influential organizations in the field, proactively monitoring issues and taking action where needed.
- **Interaction:** Through networking and mentorship, APA provides opportunities for members to interact, make connections, share information, engage in mentorship, and feel a sense of belonging.

SUBGROUP WORK

Subgroups were formed to perform the detailed work assigned to the goals stated in the “Background and Methodology” section of this report:

- ***Develop recommendations and resources that will support the VOI of APA membership (originally stated as ROI) for IMGs.***
- ***Develop a more detailed, up-to-date resource guide intended to support IMGs with their needs at different phases of their professional development.***

The following sections provide detailed findings and recommendations from each of these two subgroups.



Detailed Findings and Recommendations: Value on Investment for IMG Members and IMG Resource Guide

As noted above, the main themes identified in the survey responses include the importance of demonstrating the value of membership to APA's current and potential IMG members, providing support for professional growth, assisting with navigating the immigration process, and leveraging APA's influence on advocacy efforts to support IMGs. This section addresses the findings related to these themes and others in the context of the two goals the subgroups were tasked with addressing and offers recommendations in relation to each.

IMG SUBGROUP #1: VALUE OF INVESTMENT FOR IMG MEMBERS

The goal of the first subgroup was to address the following goal to develop a more precise and compelling value proposition for IMGs: ***Develop recommendations and resources that will support the VOI of APA membership for IMGs.***

1. Addressing Concerns about Membership Dues

Of the 821 survey responses, only 58% reported being *satisfied* or *completely satisfied* with their APA membership. The cost of membership dues was reported as the greatest barrier to membership satisfaction. After residency, a general APA member's annual dues range from \$153 (year 1) to \$610 (years 7+), in addition to district branch and, if applicable, state association dues. Because IMG members usually sustain additional necessary expenses to support their employment in the United States (immigration-related expenses, international travel to visit family, etc.), however, high membership dues can be a financial stressor. Keeping in mind the unique needs of this subgroup when determining annual membership dues is crucial to the APA goal of increasing membership.

RECOMMENDATION FOR APA:

Offer discounted dues (e.g., percentage reduction, optional district branch dues) for IMG members. Furthermore, because IMG members are likely to have memberships in both APA and subspecialty organizations, additional financial burden is created, so APA should consider the viability of offering joint subsidized memberships with subspecialty organizations.

A. Increasing the Value of Membership

The survey results repeatedly indicated that the value of APA membership for IMG members is directly related to their unique needs. For instance, medical students, RFMs, and ECPs hope to gain direct benefits from their APA membership in terms of career advancement. Members who responded to the survey wondered whether the dues are “worth it” in relation to what members derive from belonging to APA. The IMG Work Group members understand that creating—and improving—the value proposition associated with membership is a complicated and nuanced process, particularly because the real and perceived value of membership can vary based on individuals' unique needs, including their stage of professional and career development.

The subsequent sections offer several recommendations intended to increase the value of membership.

2. Support around Immigration-Related Matters

As highlighted in the survey results, advocacy and support around immigration-related matters is a critically important area of need that increases the value of membership for IMGs. Apart from the general challenges related to acculturation and professional growth within the U.S. health care system, IMG physicians face immense complexities in navigating the U.S. immigration system. Although the need for immigration support can vary depending on individuals' requirements, IMG members as a whole clearly need resources related to the constantly changing immigration landscape. APA's website has provided basic information on immigration and visa issues, but IMG members, especially those seeking training or employment opportunities, would greatly benefit from a detailed road map and concrete guidance on how to navigate the immigration and visa process.

RECOMMENDATIONS FOR APA:

1. Offer IMG members the opportunity to consult with an immigration expert, with no cost to the member.
2. Offer an immigration forum at the Annual Meeting in addition to one or more webinars that provide education on basic immigration-related issues and guidance for IMGs seeking further support.
3. Develop a peer network of psychiatrists who are familiar and experienced with the immigration system, to provide mentorship and support to other IMG members.

A. Support around the Residency Application Process

IMGs provide unique clinical perspectives and substantially contribute to the diversity of the U.S. health care workforce. However, navigating the U.S. residency application process can be challenging for IMGs who are unfamiliar with the system.

International medical schools vary with respect to their medical school admissions process, support with applying to residency positions in the United States, and access to a network of alumni who are familiar with the U.S. health care system. In addition, an IMG may not be familiar with specific programs or their ability to support visa applications and thus may struggle with finding relevant information, accessing opportunities to get clinical experience, highlighting relevant experience critical to the selection process, and navigating the application and interview process. Of note, despite a growing focus on increasing diversity and inclusiveness among graduate medical education (GME) leaders, that focus often excludes IMGs.

RECOMMENDATIONS FOR APA:

1. Develop a comprehensive resource document that details opportunities for clinical experience (including electives, observerships, and externships) and provides guidance on the residency application process.
2. Create a welcoming environment for IMGs from a diversity, equity, inclusion, belonging, and accessibility (DEIBA) perspective, starting with inclusion of IMGs in various groups within APA and its initiatives.
3. Explore innovative pathways to residency training through unique training opportunities such as unfilled subspecialty fellowship positions, including non-ACGME (Accreditation Council for Graduate Medical Education)-accredited fellowship programs.
4. Create a clinical experience module or webinar to help IMG medical students, residency applicants, and trainees gain familiarity with the U.S. health care system and psychiatry in particular.
5. Partner with allied organizations, including the American Association of Directors of Psychiatry Residency Training (AADPRT) and the American Association of Chairs of Departments of Psychiatry (AACDP), to create educational sessions for residency programs that will foster understanding of the unique needs of IMG applicants, the visa application system, and the stigma around hiring an IMG applicant.
6. Partner with other allied organizations, such as the Indo-American Psychiatric Association (IAPA) and the Pakistani-American Psychiatric Association of North America (PAPANA), to optimize resources related to mentorship and other activities of value to IMGs.
7. Formalize as a member benefit, residency application instruction and coaching for IMGs.

B. Professional Growth and Development

The survey indicated that IMGs want support with professional growth and development, which can take a variety of forms, as discussed below.

RECOMMENDATIONS FOR APA:

1. Create a dedicated program track at the Annual Meeting focused on IMG-related issues (as at the 2023 Annual Meeting), as well as a list of IMG-related events at the APA Annual Meeting that is shared with the IMG Caucus and the general membership.
2. Offer dedicated networking events for IMGs during the Annual Meeting, with a focus on topics such as finding the right mentor, pursuing leadership and administrative roles, building a research career, successfully publishing in journals, and obtaining support on immigration-related matters. Member feedback emphasized the need to communicate and coordinate these events more effectively among geographically dispersed venues.
3. Offer dedicated opportunities such as minority fellowships to IMG members, who contribute to the diversity of both the health care workforce and APA. Such mentorship opportunities are critical for IMGs, especially because IMGs under non-immigrant visas don't qualify for several existing APA fellowships.
4. Hold well-publicized IMG Caucus meeting(s), during the Annual Meeting, that are scheduled at a time different from other caucus meetings, to minimize competing interests.

C. Leadership Opportunities

APA offers many awards and leadership opportunities for trainees and psychiatrists. Whether IMG members qualify for and have been recognized in these different APA award categories is unclear. Further, given the diversity within the IMG population itself, creating avenues for advancement and recognition of the work of different IMG subgroups is essential.

Of note, the George Tarjan Award is the only award focused on IMG leadership, growth, and recognition. As defined, the George Tarjan Award “recognizes a physician who has made significant contributions to the enhancement of the integration of IMGs into American psychiatry,” which usually indicates someone who is midcareer or has made significant career advancements.

Thus, both limited opportunities for recognition and limited diversity in recognition of IMG members by subgroup and stage of career development should be addressed.

RECOMMENDATIONS FOR APA:

1. Examine IMG members' access to APA's leadership and recognition opportunities, by examining the data on how many IMGs have received APA awards, have been appointed to various internal entities (councils and committees), and have served in leadership positions within the organization.
2. Create opportunities for recognition through fellowships or awards for IMGs earlier in their careers—a focus that aligns with the larger goal of increasing recruitment, engagement, and retention in the organization.
3. Offer opportunities for involvement and recognition of early- and midcareer IMGs, who can serve as a critical resource in terms of mentorship, guidance, and support for other members.

D. Mentorship Opportunities

Opportunities for mentorship are another area of value from the perspective of IMG members. Although IMGs can access informal need-based mentorship, these opportunities can be inconsistent and limited. IMG members can derive value from membership through vertical and peer mentoring. Formal mentorship programs offer the opportunity for professional and personal growth through peer support, guidance, and learning from experienced IMG mentors who may have been through similar life and career challenges. Mentors can provide a safe space for mentees to explore challenges related to professional burnout, imposter phenomenon, and experiences of bias during training or in their work environment—all of which can affect an IMG psychiatrist's career advancement.

RECOMMENDATION FOR APA:

Create a mentorship program for IMG trainees and members, with opportunities for individual, group, and peer mentorship across the lifespan of the membership.

E. Advocacy

IMGs face unique challenges related to immigration, ranging from securing visa sponsorship for training and employment to securing J-1 waiver positions for employment and eventually securing green card sponsorships toward supporting job stability. Immigration-related uncertainties and the complicated nature of the process are a source of significant financial and emotional stress and burnout for IMGs. Further, many IMG psychiatrists work in underserved areas treating underserved populations. While addressing the critical need for services in workforce shortage areas, they simultaneously face uncertainty and challenges around their own J-1 waiver process. Concerted efforts should emphasize merit-based decision making, regardless of where an individual was born, immigration status or country where they graduated from medical school. Through focused and continued advocacy on immigration-related matters, APA can better support its IMG members.

RECOMMENDATIONS FOR APA:

1. Continue to make IMG-focused issues a priority in advocacy efforts at the national and state levels, given the considerable professional and personal challenges IMG members face.
2. Address bias and discrimination towards IMGs as being a priori inferior to USIMGs due to their country of birth or medical school country.
3. Explore how to get IMGs more involved in the APA Political Action Committee (APAPAC).
4. As noted earlier, host an immigration forum at the Annual Meeting, as well as one or more webinars to provide education on basic immigration-related issues and guidance for IMGs seeking further support.

IMG SUBGROUP #2: IMG RESOURCE GUIDE

The second subgroup utilized the results of the market research report, along with qualitative feedback and personal experiences, to develop a comprehensive IMG Resource Guide to address a variety of needs specific to IMGs throughout the phases of their career.

The IMG Resource Guide is intended as an iterative resource that should be reviewed and updated annually by subject matter experts and the APA administration. Additional topics may be added on an ad hoc basis.



IMG Resource Guide

IMG Resource Guide

The opinions and recommendations in this guide are those of the authors only. APA does not endorse any product or organization mentioned herein. References to laws and regulations are from the perspective of non-lawyers and are not intended to offer legal advice. For all immigration, contract, and licensing issues, please consult an attorney.

This guide reflects information current as of October 2023. For the latest updates, please refer to our [online version](#).

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Background

International Medical Graduates (IMGs) are defined as individuals who have completed their medical schooling outside the United States. IMGs are a heterogeneous group and can be further categorized as U.S. IMGs or non-U.S. IMGs, depending on their nationality status. Recently published data (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9053123/>) indicates IMGs make up 29% of the U.S. psychiatric workforce compared with 23% in other specialties, and 21% of psychiatry residents are IMGs. Unique career challenges for IMGs include obtaining and retaining visas, limited job opportunities, dealing with imposter syndrome and discrimination, and a lack of mentorship. APA formed a work group to develop a plan of action to address the unique needs of IMG members, members of international origin and members who continue to identify strongly with their country of origin.

A needs assessment, including a survey completed by approximately 800 IMGs, revealed the importance of developing a resource guide that would support IMGs throughout their career—before, during and after residency. Choosing from a wealth of resources, the work group identified key points and tips that it then included in this IMG Resource Guide.



Resources for Pre-Residency IMGs

While psychiatry residency positions in the National Resident Matching Program® (NRMP®) have increased yearly for the past decade, IMGs matching into residency positions have decreased from 25% to 15%. IMGs face various challenges in obtaining a residency position.

NRMP data shows that IMGs who match have more contiguous ranks, have achieved higher United States Medical Licensing Examination® (USMLE®) scores, have more research experience, and have authored more publications and/or presentations. Because getting U.S. clinical experience strengthens IMG applications, this resource guide provides a comprehensive list of observerships, clerkships and research experience for the benefit of IMGs. This list is obtained from information in the public domain as of the date of this writing, and APA does not endorse any of the entities or experiences listed.

IMG residency applicants will also benefit from reading “A Roadmap to Residency” (<https://www.psychiatry.org/getmedia/b7007db1-b815-45fa-93bd-1f1eaf3dff99/APA-Roadmap-to-Psychiatric-Residency.pdf>), which offers information about application timelines, letters of recommendation, personal statements, interview recommendations and advice for International Medical Graduates.

Observerships in Psychiatry for U.S. Clinical Experience

As of October 2023. Visit the [online guide](#) for the most current Observership information

	Overview	Duration	Cost	Contact Information
BronxCare Health System Psychiatry Observership Programs: Bronx, New York	The Observership Program offers an orientation to the BronxCare Health System with a clinical focus, including in research and education, in several areas: Adult Inpatient, Addiction Psychiatry, Consultation Liaison (Psychosomatic Medicine), Child & Adolescent Inpatient, Primary Care.	Minimum eight weeks, maximum 12 weeks; minimum three days per week, 9 a.m. to 5 p.m.	Accepted applicant pays	https://www.psych.bronxcare.us/residency-medication-education/observership/ Noemi Edwards (nedwards@bronxcare.org)
Brookdale Psychiatry Externship Training: Brooklyn, New York	Externs will obtain experience in several core clinical areas: Adult Inpatient, Comprehensive Psychiatric Emergency Program, Geriatric, Consult & Liaison Service. Externs will attend core lectures, grand rounds, journal clubs and case conferences.	12 months minimum (full-time)	Free (U.S. citizenship or green card required)	https://www.uslegalforms.com/form-library/117010-brookdale-hospital-psychiatry-externship-training-application-form-2020 Joseph Milius, Program Administrator (psychiatryexternship@bhmcny.org)
Columbia University Department of Psychiatry: Manhattan, New York	Clinical observership (shadowing) positions provide the opportunity for international medical students or graduates of training programs in medical specialties to experience the U.S. psychiatric medical system. The application process can take up to three months, with applications accepted on a rolling basis. Due to the program's popular	Four weeks, each fall; beginning on Mondays, the observer spends one week each on four clinical services (usually an inpatient unit, an outpatient unit, the psychiatric emergency room and a psychiatry specialty service)	Accepted applicant pays	https://rfmhhelp.nyspi.org/educationportal Margaret Hamilton, MD (mis3@cumc.columbia.edu) Karen Cruz (karen.cruz@nyspi.columbia.edu ; phone 646-774-7505, fax 646-774-6398)
Geriatric Psychiatry-Outpatient Clinic Observership: Manhattan, New York	Opportunity to rotate under the direct supervision of Dr. Barry Reisberg, geriatric psychiatrist and professor emeritus at New York University.	Weekdays 5-11 p.m., weekends 11 a.m.-5 p.m. (flexible hours, but must complete at least 10 patient visits)	Free	Barry Reisberg (barry.reisberg@nyulangone.org)

	Overview	Duration	Cost	Contact Information
Griffin Memorial Hospital: Norman, Oklahoma	The program familiarizes IMG applicants with the U.S. mental health system. February-October: Rotation available for seven adult inpatient and outpatient sites. November-January: For second-look observers only, by invitation (based on an evaluation of participants' initial rotation with the program; only two spots available. A formal application should be submitted to the program coordinator 10 weeks in advance of the requested date. Standardized applications, such as an ERAS (preferred) or the common application, are acceptable. Offers will be made after applicants have been determined to meet the eligibility criteria and following at least two virtual interviews.	One month	Accepted applicant pays	https://oklahoma.gov/odmhsas/trainings/griffin-memorial-psychiatry-residency-program.html
Larkin Sub-internship Program: Miami, Florida	Larkin's postgraduate sub-internship program is for IMGs.	Unknown	Unknown	https://www.graduatemedicaleducation.org/postgraduate-sub-internship-program/contact-us/ https://www.graduatemedicaleducation.org/postgraduate-sub-internship-program/requirements/
Maimonides Health: Brooklyn, New York	Accepted candidates to this observership at Maimonides Psychiatry Residency must complete a medical clearance with U.S. lab tests. A preliminary in-person interview and orientation will take place with the volunteer department after a candidate has been accepted. One observer is accepted per month, so plan to apply early.	Four-week rotation	Unknown	Anetta Raysin, DO, Program Director (araysin@maimonidesmed.org) Apiyo Osanya, Residency Coordinator (psychresidency@maimonidesmed.org)
MetroHealth Psychiatry Observership Program: Cleveland, Ohio	This observership, sponsored by the Case Western MetroHealth Psychiatry Residency Program, enables participants to shadow outpatient adult and child cases.	Four weeks	Free	https://www.uslegalforms.com/form-library/432240-the-metrohealth-system-observership-without-patient-care-metrohealth Adilen Nieves, Psychiatry Residency Coordinator (anieves@metrohealth.org) R. Mehta, MD, Assistant Program Director (rmehta@metrohealth.org)
Observership in Neuropsychiatry: Chicago, Illinois Neuro-psychiatry: Chicago, Illinois	This observership is affiliated with Rush Copley Medical Center.	Four to eight weeks in psychiatry, neurology and research	Unknown	Alan Hirsch, MD (dr.hirsch@sbcglobal.net)

	Overview	Duration	Cost	Contact Information
Saint Elizabeths Hospital Psychiatry Training Program: Washington, DC	Saint Elizabeths Hospital accepts candidates into psychiatry and neurology externship programs to gain clinical experience and training on a volunteer basis. The hospital provides liability coverage for work performed under the supervision of an attending psychiatrist on an inpatient unit. Externs also participate in clinical interviewing, history gathering, assessments and treatment planning.	Four months (April-July, August-November and December-March)	Free	https://www.sehpsychiatry.org/externships/ Psychiatry Externship Program Saint Elizabeth's Hospital 2nd Floor, Room 238 1100 Alabama Ave, SE Washington, DC 20032
SUNY Upstate: Syracuse, New York	Observerships are available to qualified candidates.	Four weeks	Accepted applicant pays	https://www.upstate.edu/psych/education/med-student-ed/clerkship.php Lubov Leontieva, MD (leontiel@upstate.edu) Email to ask questions or to check your application status four weeks post-submission.
William J. Harrington Medical Training Programs for Latin America, the Caribbean, and Global Observership: Virtual	This is a virtual observership program for inpatient psychiatry. Applications for the June and November sessions must be received by January 31; selection results will be available on March 15. Applications for the December and May sessions must be received by July 31; selection results will be available on September 15.	Four-week virtual clinical rotations	Unknown	IMI-HarringtonTrainingPrograms@miami.edu https://med.miami.edu/centers-and-institutes/international-medicine-institute/education-and-training/virtual-observership

Research Experiences in Psychiatry

	Overview	Duration	Cost	Contact Information
Columbia University Department of Psychiatry: Manhattan, New York	The Department of Psychiatry at the New York State Psychiatric Institute and Columbia University Medical Center provides research to IMGs.	Usually starts in the fall for observers who commit to six to 12 months (either full- or half-time) and who have skills/interests that may be of use to a research team; attempts will be made to match to an appropriate site	Paid by applicant	https://rfmhhelp.nyspi.org/EducationPortal Margaret Hamilton, MD (mis3@cumc.columbia.edu) Karen Cruz (karen.cruz@nyspi.columbia.edu); phone 646-774-7505, fax 646-774-6398)
International Psychiatry Scholars Collaboration Affiliated with TTUHSC Permian Basin: Odessa, Texas (Remote)	This is a remote research opportunity under the supervision of mentors from Texas Tech University, Boston Children's Hospital and Harvard Medical School. There is a weekly journal club each Saturday at 7 p.m. ET, with attendance mandatory at least three times/month. Presentation of a paper on a topic of interest is required during at least one journal club meeting. Supervisors are Shailesh Jain, MD, MPH, ABDA (Program Director and Chair), and Zeeshan Mansuri, MD, MPH.	One year	Free	Zeeshan Mansuri, MD, MPH (zeeshanmansuri@gmail.com)
Larkin Research Group: Remote	Team 11 creates opportunities to conduct research projects at the local and international levels. Specific specialty groups exist for each area of interest. Collaborative Institutional Training Initiative (CITI) certification is required before starting any project.	Unknown	Free	Telegram channel: "Larkin's Team 11"
Maimonides Health: Brooklyn, New York	For details, please apply directly via email. Accepted candidates must complete a medical clearance with U.S. lab tests. A preliminary in-person interview and orientation will take place with the volunteer department after a candidate has been accepted.	Unknown	Unknown	Anetta Raysin, DO, Program Director (araysin@maimonidesmed.org) Apiyo Osanya, Residency Coordinator (psychresidency@maimonidesmed.org)
Manhattan Psychiatric Center: Manhattan, New York	This volunteer clinical research opportunity offers both clinical trials in the outpatient clinic and original studies in the inpatient state psychiatric facility.	Minimum six months (full-time) to be considered as a candidate for a letter of recommendation	Free	Jean-Pierre Lindenmayer, MD (jean-pierre.lindenmayer@nki.rfmh.org) Theresa Abad (theresa.abad@nki.rfmh.org)

Nontraditional Pathways

Nontraditional pathways also exist for residency program applicants. One example is the completion of fellowship training before residency training. With this option for exceptionally qualified IMGs, individuals who have completed a three-year psychiatry residency in their home country and are Educational Commission for Foreign Medical Graduates (ECFMG) certified can potentially start a Child and Adolescent Psychiatry Fellowship, a Consultation-Liaison (C/L) Psychiatry Fellowship, or an Addiction Psychiatry Fellowship before general psychiatry residency training. Individuals must still complete the rest of the Accreditation Council for Graduate Medical Education (ACGME) psychiatry residency training requirements to be board eligible.

Psychiatry residency training programs are not required to accept individuals through this nontraditional pathway. Availability of this option is determined by each residency program and may not be explicitly advertised. An exceptionally qualified IMG may be eligible for acceptance in a fellowship program by meeting certain ACGME criteria, as described below.

The Review Committee for Psychiatry will allow the following exception to the fellowship eligibility requirements:

An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and review and approval of the applicant's exceptional qualifications by the GMEC; and verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification.

Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation.

Background and Intent: An exceptionally qualified international graduate applicant has (1) completed a residency program in the core specialty outside the continental United States that was not accredited by the ACGME,

AOA, ACGME-I, RCPSC or CFPC, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following: (a) participation in additional clinical or research training in the specialty or subspecialty; (b) demonstrated scholarship in the specialty or subspecialty; and/or (c) demonstrated leadership during or after residency. Applicants being considered for these positions must be informed of the fact that their training may not lead to certification by ABMS member boards or AOA certifying boards.

In recognition of the diversity of medical education and training around the world, this early evaluation of clinical competence required for these applicants ensures they can provide quality and safe patient care. Any gaps in competence should be addressed as per policies for fellows already established by the program in partnership with the Sponsoring Institution.

From ACGME website (page 16): https://www.acgme.org/globalassets/pfassets/programrequirements/405_childadolescentpsychiatry_2022_tcc.pdf

Changes to State Laws: Opportunities to Enhance Clinical Experience

As of October 2023. Visit the [online guide](#) for the most current Observership information

In April 2023 the governor of Tennessee signed a bill allowing IMGs provisional licensure to practice medicine in the state. The law provides that the Board of Medical Examiners is required to grant a provisional license to practice medicine in Tennessee to an IMG who qualifies pursuant to certain specified provisions. The law (effective July 1, 2024) states:

If an applicant is a licensed physician outside the U.S. or Canada who has completed a residency program or otherwise practiced as a medical professional performing the duties of a physician for at least three of the last five years outside of the United States, then the application must include the following:

- (1) A certificate from a medical school whose curriculum is judged to be acceptable by the board.*
- (2) A nonrefundable application fee as set by the board and by an examination fee.*
- (3) Sufficient evidence of good standing with the medical licensing or regulatory institution of the applicant's licensing country.*
- (4) Sufficient evidence of either the completion of a residency or substantially similar post-graduate medical training or practice as a medical professional performing the duties of a physician for at least five years.*
- (5) Sufficient evidence of good moral character.*
- (6) Evidence of being a citizen of the United States or Canada, or legally entitled to live or work in the United States.*

(7) Evidence of basic fluency in the English language.

(8) Sufficient evidence that the applicant is an international medical graduate and has an offer for employment as a physician at a health care provider that operates in Tennessee and has a residency program accredited by the Accreditation Council for Graduate Medical Education in place.

From <https://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=SB1451&ga=113>

Resources for IMGs in Training

VISA/IMMIGRATION

Non-U.S. IMGs (or anyone who is not a U.S. citizen/green card holder) need a visa to start a residency. The two common types of visas that allow IMGs to start a residency are J-1 and H-1B. Among the various visa types, the J-1 visa is the most common. It is sponsored by ECFMG (and not the residency program itself). Detailed information on visas can be found at the AMA (<https://www.ama-assn.org/education/international-medical-education/international-medical-graduates-img-toolkit-types-visas>) and APA (<https://www.psychiatry.org/psychiatrists/international/international-trainees/international-medical-graduates-guide-to-u-s-resid/immigration>) websites.

The lists below highlight the salient features of each type of visa and the Employment Authorization Document (EAD).

J-1 Visa (ECFMG sponsored)

- Both the applicant and the program must coordinate with ECFMG to process this visa.
- The J-1 visa is offered for one year and is renewed every year.
- Renewal can be completed online while the individual remains in the United States (no need to return to the home country or repeat the visa interview).
- Every program has a designated training program liaison (TPL) in its GME office, who works with the trainee to secure all requirements and coordinate with the ECFMG.
- There is a two-year home country physical presence requirement after residency completion, but many physicians can obtain a waiver of this requirement and continue to work in the United States.
- Moonlighting is not allowed under the J-1 visa.
- If a J-1 physician brings a dependent, the dependent will be sponsored on a J-2 visa.

H-1B Visa

- The H-1B visa is sponsored by the employer (e.g., residency training program, hospital, university).
- This visa requires the applicant to pass the USMLE Step 3 exam prior to visa sponsorship.
- It has no two-year home country physical presence requirement.
- Moonlighting is allowed with an H-1B visa.
- The proportion of residency programs sponsoring H-1B visas for training has gradually decreased, especially in recent years. The immigration requirements are multistep, costly (for the employer) and often complicated with bureaucratic immigration nuances.
- If an H-1B physician brings a dependent, the dependent will be sponsored on an “H-4” dependent visa.

Employment Authorization Document

- An EAD is not a visa.
- EAD holders can convert to a J-1 or H-1B visas (if the program sponsors them) and hence become primary visa holders, not dependents.
- An EAD card is issued to J-2 and H-4 dependent visa holders, who are then authorized to work in the United States.
- An EAD is not automatically issued to dependents. One usually applies for it through United States Citizenship and Immigration Services (USCIS), which (in some cases) can take more than six months.
- Upon obtaining the card, EAD holders do not require visa sponsorship to work.
- Moonlighting is allowed with an EAD.
- The ability to work is dependent on the spouse's visa. If the spouse's visa gets terminated, so does the dependent.
- EAD holders can convert to a J-1 or H-1B visa (if the program sponsors them) and hence become primary visa holders, not dependents.

The following sections discuss the J-1 and H-1B visa applications and other requirements and provide additional tips.

J-1 Visa Process

To apply for a J-1 visa, an IMG must meet the following criteria:

- Pass USMLE Step 1 and Step 2 Clinical Knowledge (or equivalent).
- Have a valid ECFMG certificate.
- Have a contract or official letter of offer for a position in a GME or training program with a medical school.
- Provide a statement of need (SON) from the ministry of health (MOH) of the applicant's country of last legal permanent residence, regardless of country of citizenship.

Find application instructions and a documentation checklist for initial J-1 visa sponsorship at <https://www.ecfm.org/evsp/initial-accredited.pdf>.

Tips for Applying for a J-1 Visa

- Make sure your passport is valid for the duration of your requested visa. If it won't be or you don't have a passport, renew your passport or apply for one ASAP. Refer to <https://travel.state.gov/content/travel/en/us-visas/study/exchange.html> for more country-specific details.
- Make it a priority to complete your visa sponsorship paperwork and other requirements sent by the program. Every day counts!
- Use the priority/express mail option wherever possible.
- Do not assume anything while filling out forms and documents — when in doubt, ask senior staff, coordinators, your TPL and ECFMG support for help or clarification.
- Obtaining a Statement of Need (SON document from the Ministry of Health (MOH) is the most time-consuming step in the process. Start that process ASAP by downloading the application form from your home country's MOH website and familiarize yourself with the instructions for applying. (Be sure you're using the most updated application form; double-check by calling or emailing the MOH.)
- You can submit the application for a SON as soon as you have your offer letter or contract. (SON guides from some countries such as India may mention a DS-2019 form as a required document for application; this applies only for those who already have a J-1 visa and not for first-time J-1 applicants.)
- After you complete all documentation and the MOH submits your SON to ECFMG will start reviewing your application and issue your DS-2019 form.
- ECFMG mails the DS-2019 form to your program's TPL, who will mail it to your home address abroad.
- The DS-2019 form, along with your passport and other supporting documents, is required before you can apply for a visa interview.
- Remember that you will not be able to enter the United States more than 30 days before the program start date noted on your DS-2019 form (usually the first day of orientation). Book your flights accordingly.
- Ensure that you pay all fees, including Student and Exchange Visitor Information System (SEVIS) fees, before the visa interview.

- As soon as you enter the United States, make sure you contact/meet with your TPL to activate your SEVIS record. This is a VERY important step to avoid delays in obtaining your Social Security number (SSN). (See the “Validation of Initial Arrival” and “Obtaining a Social Security Number” sections in this guide for more specific details about the SSN.)

Dependents

ECFMG is authorized to sponsor spouses and/or unmarried minor children under the age of 21 for J-2 status. The visa application procedure for J-2 dependents at U.S. consulates is the same as for J-1 visa applicants. Once sponsorship is approved by ECFMG, the spouse and/or children are each issued their own Form DS-2019.

J-2 dependents must:

- Maintain a valid passport.
- Secure and maintain required health and accident insurance.
- Notify ECFMG of plans to permanently depart the United States prior to the J-1 spouse/parent (or of plans to change U.S. visa status).
- Live with the J-1 physician (at the same U.S. residential address).
- Adhere to all U.S. laws.

J-2 Work Authorization

J-2 dependent spouses and, in some cases, minor children under age 21 are eligible to apply for employment authorization from USCIS (US Citizenship and Immigration Services). However, the income derived from the spouse’s employment cannot be used to support the J-1 physician and/or the family. Your spouse will be required to submit an estimate of the family’s monthly budget and proof of adequate financial resources with the application for employment authorization.

Visa Interview Tips

The J-1 visa is an exchange visitor visa. Be prepared to provide USCIS with the following information if requested:

- Proof of a permanent residence abroad (i.e., in your home country) that you have no intention of abandoning.

- Proof of strong economic, social and family ties to your home country.
- The usefulness of your experience in the United States to your home country.

Applying for a Change in Visa Classification from Within the United States

If you are in the United States under a visa status other than J-1, you may be eligible to process Form DS-2019 by filing an [Application to Extend/Change Nonimmigrant Status \(Form I-539\)](https://www.uscis.gov/i-539) <https://www.uscis.gov/i-539> with a USCIS regional service center <https://www.uscis.gov/about-us/find-a-uscis-office>.

It is important to verify USCIS’s current filing requirements and processing times, which may be several weeks to months. During this time, you must maintain your current visa status. Physicians are not permitted to train until USCIS has approved the change of status. Approved applications result in the Department of Homeland Security (DHS)/USCIS issuing a Notice of Action (Form I-797), which will include a new Form I-94 granting status change to J-1 Duration of Status (D/S). Change-of-status applicants are strongly advised not to depart the United States while awaiting a decision on a change-of-status application, to avoid potential problems with their SEVIS records. Once USCIS approves a change-of-status application and confers J-1 status, travel outside the United States is not required. However, any subsequent travel outside the United States will require you to secure a J-1 stamp on your passport.

To make a change in J-1 visa category, use the following link: <https://www.ecfm.org/evsp/evspcocmemo.pdf>.

Arrival in the United States:

Form I-94

Unless you are a citizen of Canada, you cannot enter the United States as an exchange visitor unless you have a J-1 visa stamp on your passport. You can enter the United States no more than 30 days before the beginning of your program, as shown by the date on your Form DS-2019. You cannot participate in a training program during the 30-day “grace period” before your program commences.

Upon arrival in the United States, present your passport, visa and Form DS-2019 to a U.S. Customs and Border

Protection (CBP) immigration officer, who will inspect your documents. Present your passport, visa, and Form DS-2019 to the immigration officer. If all your documentation is found to be in order, you will be admitted to the United States on J-1 status. You will be issued Form I-94, Arrival/Departure Record. Form I-94 documents the date/place of admission to the United States and your status. Because you are entering as a J-1 physician, your Form I-94 should be notated with your J-1-Duration of Status (D/S). If you are issued Form I-94 indicating a status other than J-1 D/S or notating a specific end date, it is important that you contact ECFMG immediately.

You may not always receive a physical I-94 form and will have to download it from this website post-arrival: <https://i94.cbp.dhs.gov/i94/#/home>.

Validation of Initial Arrival

Upon arrival to the United States, you must report to your training program as soon as possible and present the ECFMG-recognized training program liaison with evidence of your J-1 visa status, as follows:

- Copy of the passport page with the J-1 visa stamp issued by a U.S. consulate (Canadian citizens are not required to have a visa stamp)
- Copy of Form I-94 (or Form I-797) reflecting your J-1 D/S status

If you are an ECFMG-sponsored J-1 physician, your TPL must complete a [Validation of Initial Arrival in J-1 Status form](#) for SEVIS reporting and upload it with the required supporting documentation to your ECFMG sponsorship application record. Upon receiving the documentation, ECFMG will validate your arrival to the United States in SEVIS. Once validation is completed in SEVIS, your program start date cannot be amended.

SEVIS validation is required to apply for a U.S. Social Security number; J-1 physicians must wait 11 business days after being validated in SEVIS before applying for an SSN. Validation status can be confirmed in OASIS - Online Applicant Status and Information System (OASIS), ECFMG's web-based information service for ECFMG applicants. See "[Obtaining a Social Security Number](#)" below.

REFERENCES:

<https://www.ecfm.org/evsp/applying-pre-arrival.html>

<https://www.ama-assn.org/education/international-medical-education/international-medical-graduates-img-toolkit-types-visas>

FORMS AND MEMOS FOR J-1 VISA PHYSICIANS:

<https://www.ecfm.org/evsp/resources.html>

J-1 VISA FEES:

<https://www.ecfm.org/evsp/applying-fees.html>

SEVIS WEBSITE:

<https://www.fmjfee.com/i901fee/index.html>

H-1B Visa Process

Process for Applicants

- Applicants must have a job offer. (In GME, the NRMP match suffices.)
- The application is filed via an immigration attorney through USCIS.
- A Labor Condition Application (Form ETA-9035) is filed with the U.S. Department of Labor.
- The employer must be able to show that the non-immigrant/applicant is fully qualified to fulfill their job duties through their education and previous work experience.
- Once approved, applicants can file for an H-4 visa for their spouse or children. The institution can require the employee to assume filing fees for dependents.

Institution Responsibilities

- The sponsoring institution must pay the cost of processing the H-1B visa application.
 - » The basic USCIS filing fee is approximately \$460 (basic fee for a company with 25 or fewer employees), approximately \$500 (including fraud detection) or approximately \$1,500 for companies with more than 25 employees. If a company has more than 50 employees and over half are sponsored on an H-1B visa, there is an additional fee of approximately \$4,000 (Public Law § 114-113).
 - » Premium processing of Form I-907 (<https://www.uscis.gov/i-907>) comes with an additional fee, approximately \$2,500, it is a service that offers 15 calendar day processing time.
- The employer must identify the position, job duties, educational background and level of skill required for the position and require the submission of a CV without date gaps.
- The company must create a job posting to notify all affected workers of its intent to petition for an H-1B worker (to prove a lack of qualified U.S. applicants for the job).

H-1B VISA RESOURCES AND INFORMATION

IMG TOOLKIT: TYPES OF VISAS & FAQs:

<https://www.ama-assn.org/education/international-medical-education/international-medical-graduates-img-toolkit-types-visas>

UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES:

<https://www.uscis.gov/working-in-the-united-states/h-1b-specialty-occupations>

UNITED STATES DEPARTMENT OF LABOR:

<https://www.dol.gov/agencies/whd/immigration/h1b>

AMERICAN MEDICAL ASSOCIATION: IMMIGRATION INFORMATION FOR INTERNATIONAL MEDICAL GRADUATES:

<https://www.ama-assn.org/member-groups-sections/international-medical-graduates>

OPPORTUNITIES (FELLOWSHIPS, AWARDS, ETC.) WITHIN APA AND OTHER PSYCHIATRIC ORGANIZATIONS

IMG psychiatry residents can benefit from mentorship, leadership and advocacy opportunities at APA and other organizations, such as those listed below.

APA Fellowships/APAF

Several APA fellowships provide professional development and networking opportunities for residents to develop into leaders in the field of organized psychiatry. These fellowships are not ACGME-accredited or clinical in nature – other than the Community Diversity Fellowship, which provides an experiential component (which might include clinical experience). Rather, APA fellowships offer excellent opportunities for current U.S./Canadian psychiatry residents with at least one year of training remaining to gain leadership, research, mentorship and networking experience. Fellows learn about APA governance and structure by directly participating in their APA fellowship and contributing to APA meetings, publications and entities (councils and committees). Furthermore, fellows can get involved in their local APA district branch for more experience. Learn more about the nine different APA fellowships here: <https://www.psychiatry.org/residents-medical-students/residents/fellowships/available-apa-apaf-fellowships>.

APA Awards

IMGs may qualify for many APA awards for contributions they have made to psychiatry – in leadership, research, human rights, advancement for women, medical education, teaching and more. Some awards require applications while others require nominations. Not all awards require current APA membership. Learn about the current award opportunities that APA offers here: <https://www.psychiatry.org/Membership/Awards-Leadership-Opportunities/Awards>.

APA Divisions

A multitude of opportunities await for IMGs to participate in APA through its various divisions, by getting involved with APA leadership and advocacy at the state and national levels. Follow the links below to learn more about each division.

Councils and Committees: <https://www.psychiatry.org/about-apa/Meet-Our-Organization/Councils>

Caucuses: <https://www.psychiatry.org/membership/get-involved/join-a-caucus>

District Branches and State Associations: <https://www.psychiatry.org/about-apa/Meet-Our-Organization/district-branches>

Other Organizations: Awards and Opportunities

IMGs may be eligible to apply for other awards and opportunities from organizations outside of APA; the links below offer more information. Please note that this is not a comprehensive list. IMGs may be eligible for additional awards offered by the organizations mentioned and by others not listed here.

- American Academy of Child and Adolescent Psychiatry (AACAP): https://www.aacap.org/AACAP/Awards/Resident_and_ECP_Awards/Awards_RECPE_Home.aspx
- American Association of Directors of Psychiatry Residency Training (AADPRT) Nyapati Rao and Francis Lu IMG fellowship <https://www.aadprt.org/annual-meeting/awards-fellowships/award-detail?awardsid=81>
- American College of Psychiatrists (ACP) <https://www.acpsych.org/awards/other-psychiatric-awards>
- American Medical Association (AMA)
 - » AMA awards <https://www.ama-assn.org/about/awards/american-medical-association-ama-awards-program-criteria>
 - » AMA research symposium <https://www.ama-assn.org/about/events/ama-research-symposium>
 - » 2023 IMG Annual Meeting <https://www.ama-assn.org/member-groups-sections/international-medical-graduates/2023-imgs-annual-meeting-agenda-resources>
- Association for Academic Psychiatry (AAP)
 - » Resident Psychiatric Educator Award <https://www.academicpsychiatry.org/resident-psychiatric-educator-award/>
 - » Medical Student Essay Award <https://www.academicpsychiatry.org/medical-student-essay-award/>

- Group for the Advancement of Psychiatry (GAP)
<https://www.ourgap.org/gap-fellowship> (GAP fellowship for U.S. and Canadian residents and fellows)
- World Psychiatric Association (WPA) Fellowship/travel award for trainees and medical students to attend the WPA World Congress of Psychiatry <https://www.wpanet.org/post/wpa-offer-trainee-psychiatrists-medical-students-travel-award-to-attend-23rd-world-congress>

ADDRESSING CULTURAL FACTORS, LANGUAGE AND COMMUNICATION

IMGs come to the U.S. from diverse international backgrounds. They can have different value systems and customs, and English may not be their primary language. Furthermore, communication norms may vary based on societal norms. APA's "[A Resident's Guide to Surviving Psychiatric Training](#)," chapter 31: International Medical Graduates in Residency.

Toastmasters (<https://www.toastmasters.org/>) is a member organization that IMGs can join to practice the English language, public speaking and leadership skills, and to meet new people while adjusting to life in the United States.

IMPOSTOR PHENOMENON

Dr. Pauline Clance first described “impostor phenomenon” as an experience whereby individuals feel that they do not deserve their successes, despite objective evidence to the contrary. These individuals believe they will eventually be exposed as an impostor, not worthy of their status or achievements. IMG residents and psychiatrists can experience this phenomenon as a negative impact on their mental health. If you believe you are experiencing impostor syndrome, here are some helpful resources:

Kwan, V. 2015. “Asian Americans and the Impostor Phenomenon” (master’s thesis).

Metz, C.J., Ballard, E. and Metz, M.J. 2020. “The Stress of Success: An Online Module to Help First-Year Dental Students Cope with the Impostor Phenomenon.” *Journal of Dental Education*, 84(9), pp. 1016-1024.

Seritan, A.L. and Mehta, M.M. 2016. “Thorny Laurels: The Impostor Phenomenon in Academic Psychiatry.” *Academic Psychiatry*, 40, pp. 418-421.

Thomas, M., and Bigatti, S. 2020. “Perfectionism, Impostor Phenomenon, and Mental Health in Medicine: A Literature Review.” *International Journal of Medical Education*, 11, p. 201.

PSYCHOTHERAPY RESOURCES

Psychotherapy is essential to residency training. Many IMGs do not have previous exposure to psychotherapy, and many community programs in which IMGs complete their training offer limited training opportunities in therapy. Following is a list of resources for IMG residents to gain more knowledge and experience in the basics of psychotherapy and use it as a guide to enhance comfort, knowledge and skills related to psychotherapy.

Beitman, B., and Yue, D. "Learning Psychotherapy" (New York: W.W. Norton & Co., 1999).

Hill, C. "Helping Skills: Exploration, Insight, and Action, 4th Edition" (Washington DC, Clara E. Hill

Bender, S., and Messner, E. "Becoming a Therapist: What Do I Say, and Why?" (New York: Guilford Press, 2022).

TIPS FOR NAVIGATING LIFE IN THE UNITED STATES

IMGs (especially non-U.S. IMGs), when starting their residency in the United States, face many challenges as they start settling into not only a new city but also a new residency program. In addition to the typical frustrations of being an intern in a new work environment, obstacles can appear as IMGs attempt to figure out basic things like where to stay; how to obtain a Social Security Number (SSN), driver's license, credit card or bank account; and so forth.

Below is a survival guide of tips and advice for IMGs entering their residency in the United States. These are tips and recommendations only; for legal advice on immigration, contract and licensing issues (and others), please consult an attorney. The information provided is subject to change.

Obtaining a Social Security Number

- A Social Security number (SSN) is a unique identifier issued by the U.S. Social Security Administration. You need an SSN to work, and it's used to determine your eligibility for Social Security benefits and certain government services.
 - » Your SSN is considered sensitive personal information and should be protected from unauthorized access or disclosure.
 - » For J-1 visa holders, refer to: <https://www.ecfm.org/evsp/arrival.pdf>.
 - » SEVIS validation is required to apply for a U.S. SSN.
 - » A J1-physician must wait 11 business days after being validated in SEVIS before applying for an SSN.
 - » Validation status can be confirmed in OASIS (Online Applicant Status and Information System) Validated records are marked "active."
 - » On the SSN application, for the question about "citizenship," J-1 physicians should select "other."
- You must physically visit one of the many Social Security offices with the required documents to apply for an SSN.
- A quick reference for some of the documents you may need as a non-U.S. citizen is at <https://www.ssa.gov/pubs/EN-05-10096.pdf>.
- You will receive your SSN about two weeks after applying, by mail to your US home address.
- After obtaining your SSN, make sure to supply it to the medical licensing board.

- Also inform your program coordinator and human resources (HR) department, as medical insurance and benefits (and possibly your work salary) may begin only after you provide an SSN.

Opening a Bank Account

- Try to open a bank account as soon as you arrive, as having one will be essential to your life in the United States.
- Certain banks in the U.S. (e.g., Bank of America, PNC Bank) allow you to open an account without an SSN. You simply need your ID and visa. You will have to visit the bank physically, however, rather than open an account online.
- Some important resources can be accessed here:
 - » <https://www.pnc.com/en/personal-banking/banking/international-students.html#:~:text=If%20you%20do%20not%20have.a%20photocopy%20of%20your%20passport.>
 - » <https://www.pnc.com/content/dam/pnc-com/pdf/personal/StudentBanking/UNIV-International-Student-Flyer.pdf>
- Because you are in a residency program, you may qualify for a student account.
- Most people choose a checking account, which should allow you to obtain a debit card and a few blank checks immediately upon opening the account.
- Some banks require that you maintain a minimum balance to avoid a monthly maintenance fee. Banks also have additional requirements, such as enrolling in paperless services, to waive this monthly fee.

Credit Scores and Credit Cards

- A credit score (or FICO® score) is a numerical representation of an individual's creditworthiness based on that person's credit history.
- The higher the score, the better the individual's creditworthiness, and thus the more likely they are to be approved for loans, credit cards and other forms of credit. Base FICO scores range from 300 to 850; between 670 and 739 is generally considered a good score.
- Unfortunately, as an IMG moving to the United States, you will not have a credit history here. Hence you'll have NO credit score.
- To get started, you can apply for a "secured" credit card, which requires a deposit but not a credit score.
- Secured credit cards function a lot like traditional credit cards. The primary difference is that with a secured card, you pay a cash deposit upfront to guarantee your credit line. For example, if you pay a \$500 deposit, your credit line on this card will be \$500.
- Using this card will allow you to begin building your credit score.
- This card will be automatically converted to a regular credit card in about a year if you use it appropriately. At that time, your initial deposit will be returned to you.

Consider the following tips for building your credit:

- Sign up for autopay by linking various bills to your checking account.
- Pay the statement balance in full every month.
- Utilize less than 30% of your credit limit. If you exceed that amount, pay it off immediately to keep it under 30%, as this utilization ratio will significantly affect your credit score. For example, if your credit limit is \$1,000, utilize no more than \$300 on the credit card. If you have an expense that exceeds \$300, pay it off the same day (or the next day) to avoid a report of high usage to the major U.S. credit bureaus.
- Avoid opening multiple credit cards or lines at the same time.
- Applying for a new credit card or asking for a credit limit increase will negatively affect your credit score (although usually temporarily), even if your request is approved. Ensure at least six months have passed before applying for a new card/credit line.

- The following factors go into calculating your credit score:
 - » Payment history
 - » Credit utilization
 - » Length of credit history
 - » Credit mix
 - » New credit
 - » Credit inquiries
- American Express may issue you a U.S. credit card without a credit history if you have had a credit card with American Express from your home country.
- Websites like <https://www.novacredit.com/> can help with opening a U.S. credit card by using your credit history in your home country. Although this service is limited to certain countries, you may receive, for example, an offer to take out a car loan based on your previous credit history.

Following is a list of advantages of using a credit card (not a debit card) in the United States:

- Using a credit card will help you build your credit score in the U.S., which will be required in the future if you wish to buy a car or house.
- Many credit cards offer cashback and rewards. Because the interest rates on checking and savings accounts at traditional banks are typically very low, the best way to make your money work for you in the long term is by using credit cards for all purchases if possible (and then paying off your balance immediately).
- Credit cards may offer travel and purchase protection and extended warranties.
- Credit cards offer better fraud protection, so they're safer to use and carry around than a debit card.

Driver's Licenses and Vehicles

- Check your local state laws to determine whether you can drive on an International Driving Permit (IDP), or a foreign driving license will suffice. Obtaining an IDP from your home country is recommended before arriving in the United States.
- If you are not familiar with driving, try learning to drive in your home country first. After beginning residency, your busy schedule may not leave you enough time to practice driving in the U.S. Also, driving schools can get quite expensive in the U.S.

- Many YouTube videos have excellent driving tutorials that can help you learn the rules and regulations about driving in the U.S. before you arrive. Resources may also be found through the link to your state from the U.S. Department of Motor Vehicles at <https://www.dmvusa.com/>.
- To obtain a U.S. driver's license, check your state website and follow the steps outlined there.
- Usually, you will need to obtain a learner's permit before you can obtain a driver's license. To take this first step, you will need your SSN along with the documents you're required to submit at your local Department of Motor Vehicles (DMV); you will also need to pass a knowledge test (multiple-choice questions). Once you pass the test and obtain your learner's permit, you are then eligible to book a road test for a full driving license.
- Your local DMV can also issue a state photo ID, which is helpful if you are not looking to drive but still want to avoid carrying your passport everywhere. The DMV website should include instructions about this application, which will require you to submit similar documents as for a driver's license.
- Check your local state laws regarding expiration dates for your driver's license. Usually, for J-1 visa holders, your driver's license is valid only until your visa expires. Thus, your license is valid only for one year and will require renewal every year. So, whenever you receive your new DS-2019 each year, make sure to also renew your driver's license. No knowledge test or road test will be required; just submit the required documents to the DMV for renewal.

Buying or Leasing a Car

- Check first with your residency seniors. Someone may want to sell you their used car.
 - In the U.S., car dealers have leasing options if you prefer not to buy. Some programs and universities have arrangements with car dealers to pre-approve you for car leases or loans. Check with your program coordinator and/or HR representative.
- Popular car insurance providers in the United States include:
 - » Allstate
 - » American Family Insurance
 - » Farmers Insurance
 - » GEICO
 - » Liberty Mutual
 - » Nationwide
 - » Progressive
 - » State Farm
 - » Travelers
 - » USAA (for military personnel and their families)

Winter Driving Tips

The following tips for driving in snow and other types of wintry weather come from <https://www.nhtsa.gov/winter-driving-safety#tips-for-traveling-safely>.

- Carry a winter emergency travel kit.
- Listen to weather and travel advisories.
- Adjust your plans if possible so you don't have to travel in bad weather.
- Keep your gas tank at least half full.
- Slow down and increase the distance between you and the vehicle ahead.
- Avoid sudden stops and starts.
- Beware of roads that may look wet but are frozen (often referred to as "black ice").
- Use extra caution on bridges and ramps, where ice often forms without warning.
- Do not use cruise control while driving on snow-covered roads.
- Turn on your headlights when your wipers are on, particularly if your state requires this by law.
- Use your low beams in particularly bad weather, especially in cases of heavy or blowing snow.
- Remove ice and snow from windows, mirrors and all vehicle lights—before you drive and as often as needed.

- Remove snow and ice from the hood and roof of your vehicle. Some state laws say you can be ticketed (or receive an even more severe penalty) if snow or ice from your vehicle strikes a vehicle or person and causes injury or death.
- Do not park or abandon your vehicle on a snow emergency route.
- Do not pass or get between trucks that are plowing in a plow line (i.e., several trucks plowing side by side).
- If you become stranded, staying with your vehicle until help arrives is usually the best option. Run the engine every hour or so, but make sure the tailpipe is clear and keep the downwind window cracked open to avoid inhaling noxious fumes.

Accommodations

- Start researching and looking for housing as soon as possible after your match result.
- If possible, sign a lease online before arriving in the United States. Finding housing after arriving in the U.S. may be difficult, as housing options often are limited — and your busy residency schedule may not leave much time for a proper search.
- If you are already in the U.S., recognize that many property managers will not show the actual apartment until you sign a lease to move in. Instead, they may show a specific demo to potential renters like you — or even just the photos online.
- Talk to your residency seniors. Where do they live? Their answers likely will point you toward the best options. Plus, their recommendation to their property manager will make it easier for you to obtain approval for your housing application.
- Check some of the popular apartment search websites, such as [Apartments.com](#), [Rent.com](#), Trulia and Apartment Finder.
- Rental property managers may not approve an application if your monthly income is less than three times the proposed rent. Also, some properties may deny an applicant with a poor credit score (or none at all).
- You may need a “guarantor” — usually a family member or friend who agrees to take financial responsibility for the rent and other charges if the tenant is unable to pay. Guarantors typically must provide proof of their income and creditworthiness and must sign a legal agreement with the landlord.

- As soon as you move in, take adequate photos and videos of your apartment. Your landlord will provide an inspection checklist; identify and document all damages (even if minor) and save a copy of the checklist for yourself as well. Taking this proactive step upfront can help you avoid unexpected damages charges that your landlord may try to impose when you move out.

Renters Insurance

In the United States, most apartments will require you to show proof of renters insurance on the day you move in. Some apartments may offer their own policy but may not provide the best coverage. You could purchase your own insurance policy as well, before arriving in the U.S. Following is a list of the most popular options:

- Allstate
- Farmers Insurance
- GEICO
- Lemonade
- Liberty Mutual
- Nationwide
- Progressive
- State Farm
- Travelers
- USAA (only available to military members and their families)

Cellphones and Network Providers

- Most international cellphones should work in the U.S.
- Ensure you unlock your phone from your local network provider before coming to the U.S.
- Consider purchasing and activating an international roaming plan from your home country initially, before arriving in the U.S.
- After landing in the U.S., turn on roaming in your phone settings.

The most common network providers in the U.S. are:

- Verizon Wireless
- AT&T
- T-Mobile
- U.S. Cellular

Mobile virtual network operators (MVNOs) offer a different option. These are companies that provide

mobile phone service to customers using the network infrastructure of another mobile network operator (MNO), such as Verizon, AT&T or T-Mobile.

MVNOs typically purchase access to network services at wholesale rates from MNOs, and then repackage and sell those services under their own brand to end customers. Because they don't have to invest in building and maintaining their own network infrastructure, MVNOs often can offer more affordable plans and pricing options than MNOs. Examples of MVNOs are:

- Boost Mobile
- Cricket Wireless
- Google Fi
- H2O Wireless
- Lycamobile
- Metro by T-Mobile
- Mint Mobile
- Simple Mobile
- Straight Talk Wireless
- Visible

Google Fi Wireless is one of the best MVNO options, operating on the T-Mobile and U.S. Cellular networks to offer excellent coverage and customer support. The main advantage is its e-SIM option, which allows you to purchase a plan online, install an e-SIM and start working immediately (if your phone also has an e-SIM facility). Individual Google Fi plans can be expensive compared with family plans. Excellent for international roaming, e.g., when visiting your home country for vacation.

Lycamobile is one of the cheapest providers and offers quite reliable coverage, operating on the T-Mobile network. It is particularly best for free international calls to many home countries or elsewhere abroad. Availability in stores is limited, so it's best to order e-SIM online (preferably about 10 days before you arrive in the U.S.). The only drawback is the very poor international roaming service.

Taxes

The tax year in the United States is January 1 to December 31. The deadline to file taxes is April 15 of the following year. You may use online software to file your taxes; most residency incomes qualify for free tax filing services by the IRS (see <https://apps.irs.gov/app/freeFile>).

J-1 physicians and their J-2 dependents are required to file tax returns regardless of whether they earned income in

the U.S. For more, refer to <https://www.ecfm.org/evsp/applying-pre-arrival.html#taxes>.

Additional IRS resources for dependents who are unable to obtain SSNs in order to file their taxes can be found at <https://www.irs.gov/individuals/international-taxpayers/taxpayer-identification-numbers-tin>.

If you have any tax-related questions or concerns, contact your local professional tax preparation service (a local H&R Block, for example) or communicate with the IRS directly.

Health Insurance

- While in the United States on a visa, you are required to have health insurance.
- For a number of logistical reasons (e.g., a delay in obtaining your SSN), your employer-provided health insurance may not begin until the day of your orientation (or even your first day at work).
- It is highly recommended that you purchase health insurance from your home country for a period of at least one month from your arrival in the U.S.
- If on a J-1 visa, make sure you meet these minimum insurance requirements set by ECFMG (<https://www.ecfm.org/evsp/applying-general.html#insurance>):
 - » Medical benefits of at least \$100,000 per accident or illness
 - » Deductible that does not exceed \$500 per accident or illness
 - » Co-insurance paid by J-1, not to exceed 25% of covered benefits per accident or illness
 - » Minimum repatriation of remains in the amount of \$25,000
 - » Minimum medical evacuation expenses in the amount of \$50,000
- Include your flight travel days in the coverage period, which will cover any unexpected medical needs while you are in transit.
- Before completing your purchase, ensure that the start date of the insurance corresponds to the correct time zone/country.

Insurance Terms to Know

- **Premium.** An amount that must be paid to a health insurance company in return for coverage by a health insurance plan. Consumers and/or their employers usually pay their premiums biweekly, monthly, quarterly or yearly.
- **Copayment.** A fixed amount (e.g., \$20) consumers pay for a covered health care service, usually at the time of service. The amount can vary by the type of covered service, such as seeing a doctor, filling a prescription or going to the emergency room. Known as “copays,” these amounts are generally lower for services delivered by primary care doctors than for those provided by specialists. Copays for in-network providers are also typically lower than for out-of-network providers.
- **Deductible.** The amount a consumer owes for health care services before the health insurance plan begins to pay. For example, if a consumer’s deductible is \$1,000, the plan won’t pay anything until the consumer has met (or paid) the \$1,000 deductible for covered health care services. The health plan may cover some health care services, however, even if the consumer hasn’t met the deductible. Premiums and copays don’t count toward the deductible.
- **Coinsurance.** A consumer’s share of the cost of a covered health care service, calculated as a percentage of the amount allowed by the health plan for that service. A consumer pays coinsurance plus any deductibles that are owed. For example, if the health insurance plan’s allowed amount for an office visit is \$100 and the consumer has met the deductible, the coinsurance payment of 20% would be \$20. The health insurance plan pays the rest of the amount owed. (From <https://www.ecfm.org/evsp/applying-pre-arrival.html#applying>)

Advice on Traveling to Your Home Country/Abroad

- If you have an unexpired visa stamped on your passport to cover the duration of your trip, then traveling to your home country or another country is as simple as booking your flight and traveling.
- If the visa stamp on your passport has expired, ensure you have a visa renewal appointment scheduled before you book your flight. Include sufficient time for passport pickup/delivery prior to your flight’s departure date.

- Always make sure your passport has not expired or is not close to expiring before you travel. You will be able to renew your passport within the United States by contacting your embassy. The amount of time it takes to renew a passport before it expires may vary by country.
- If on a J-1 visa, you must ensure the “Travel Validation” section on your DS-2019 form is signed by an ECFMG officer, and you must carry this form during your travel. If it is not signed, contact ECFMG/your TPL immediately.
- If you travel abroad to someplace other than your home country, you must have both an entry country visa and an unexpired U.S. visa to enter the United States. Some exceptions are available if visiting Canada, Mexico or the adjacent islands of the United States. See the link for details: <https://www.ecfm.org/evsp/travel-preparation.pdf>
- **BEWARE:** Some countries may require a transit visa for people of certain nationalities who fly through those countries. For example, if you have a valid Indian passport and a valid UK visa but booked an Air Canada flight to the UK that transits via Toronto, Canada, you cannot board this flight, as Canada requires all Indian passport holders to have a Canada transit visa for transiting Canada (which takes a few weeks to obtain). The same is true for some Alaskan cruise lines that transit through Canadian waters.
- Always double-check your transit countries’ requirements prior to booking your travel.

Advice for Family Members Visiting from Your Home Country

- You can sponsor visas for your family members to visit you in the United States.
- You are responsible for ensuring that family members do not stay past the end date stamped on their passport by the immigration officer upon their arrival. Immediately check the end date on your family members’ passports when they arrive.
- Obtain appropriate health insurance coverage in the United States (available through, for example, Atlas America and Patriot America) to ensure your family members have some affordable options during their visit. Compare quotes and options on websites such as <https://www.insubuy.com/>.

ADDITIONAL REFERENCES

[IMG Toolkit: Types of Visas & FAQs](#)

[Applying for a J-1 Visa](#)

[Dependents](#)

[Arrival in the United States](#)

[Applying for Sponsorship](#)

Resources for Early Career Psychiatrists

Early career psychiatrists (ECPs) are general members of APA who completed their training (ACGME-accredited residency/fellowship) no more than seven years ago. IMG ECPs face unique challenges as they continue to develop their identity as physicians and explore new opportunities after completing their training. The following are some tips and advice for handling these challenges.

LEADERSHIP AND MENTORSHIP FOR ECPS

Barriers that IMG ECPs typically face in their professional development include getting comfortable with their new clinical roles, gaining access to appropriate mentorship, preparing themselves for leadership roles, learning the business side of the U.S. health care system and navigating permanent residency in the United States. Below is a list of some opportunities for ECPs offered by different organizations.

American Psychiatric Association

- **Leadership:** Become a member of the American Psychiatric Association as an ECP and receive discounted membership rates for the first six years. ECP members also receive a complimentary online subscription to "[Focus: The Journal of Lifelong Learning in Psychiatry](#)."
- **APA Assembly:** APA Assembly provides the platform to get involved in advocacy efforts surrounding mental health issues, including parity, prescribing and confidentiality. Leadership opportunities exist at the national, district branch, state association and chapter levels for all members, including ECPs. District branch membership usually focuses on issues specific to your local area. Getting elected as a representative to the Assembly through the district branch can help you build an effective platform for becoming an advocate in the field of psychiatry.
 - » Other leadership opportunities for ECPs in the Assembly include ECP area representative and deputy representative.
 - » Becoming a member of one of APA's minority and underrepresented caucuses will allow you to explore leadership opportunities, including as a representative or deputy representative.
- » Leadership opportunities exist at the national, district branch/state association, and chapter levels for all members including ECPs. Opportunities to become an active member of a local regional organization. Many regional organizations have ECP committees that provide a pathway to becoming a more active member of APA and to discovering new opportunities for leadership, mentorship and networking with experts in the field, nationally and regionally.
- **Research Careers**
 - » [Research Colloquium for Junior Psychiatrist Investigators](#) offers professional development opportunities for beginner- and intermediate-level ECP research investigators who are residents, fellows or junior faculty.
 - » [International Application: Research Colloquium for Junior Psychiatrist Investigators](#) is an immersive experience for beginner- and intermediate-level ECP investigators who are residents, fellows or junior faculty.
 - » [The Psychiatric Research Fellowship](#) provides funding for an ECP research professional to design and conduct a health services/policy-related research study using national data housed at APA.

American Academy of Child and Adolescent Psychiatry (AACAP)

- **Leadership:** Become a member of various committees within AACAP. The Diversity and Culture Committee has an IMG Caucus, which provides a platform for IMGs to explore various leadership and mentorship opportunities.

- **Research and Awards for ECPs**
 - » AACAP Pilot Research Award for Early Career Faculty and Child and Adolescent Psychiatry Fellows, Supported by AACAP
 - » AACAP Junior Investigator Award, Supported by AACAP and Industry Supporters
 - » Gabrielle and Harold Carlson Psychopharmacology Research Award
 - » AACAP Marilyn B. Benoit, MD, Child Maltreatment Mentorship Award
 - » AACAP Pilot Research Award for Learning Disabilities, Supported by AACAP's Elaine Schlosser Lewis Fund
 - » Research Colloquium for Early Career Investigators
 - » AACAP Physician Scientist Program in Substance Use K12 Career Development Award

■ **Mentorship**

- » AACAP Mentorship Network Career Development

American Association of Directors of Psychiatry Training (AADPRT)

- [Mentorship Program for Training Directors](#)

American Medical Association (AMA)

- [Young Physicians Section](#)

- [IMG Toolkit: Academic Opportunities and Scope of Practice](#)

American Medical Women's Association

The American Medical Women's Association has an active, growing community of International Medical Graduates.

The organization aims to provide valuable resources for networking and mentorship for IMGs who are just starting their journey, practicing physicians who began their career as an IMG and physicians who are ready to help mentor IMGs. Resources such as monthly IMG Coffee Chats provide a platform for networking. Learn more at <https://www.amwa-doc.org/residents/img/>.

Association for Academic Psychiatry

The Early Career Development Award for ECPs provides an opportunity for new educators to learn and share teaching techniques, skills and innovations through networking and mentoring.

Any full- or part-time psychiatry faculty member at or below the rank of assistant professor may be nominated by their chair (or the chair's designee) for ADMSEP's Devneil Vaidya Junior Faculty Teaching Award. Evaluations will emphasize the quality and breadth of the candidate's teaching of medical education, educational endeavors (including administrative responsibilities), curriculum innovations and presentations at meetings, and awards or other forms of recognition of their teaching.

J-1 VISA: NUTS AND BOLTS

Exchange visitor (J) visas are non-immigrant visas for individuals who have been approved to participate in exchange visitor programs in the United States. Exchange visitors are subject to the two-year home-country physical presence requirement, which means they must return to their home country for at least two years after completing their residency. Visitors who are unable to fulfill the home country presence requirement may apply for a waiver. There are several J-1 waiver application pathways, as outlined below.

Conrad 30 Waiver Program

- In 1994, Senator Kent Conrad from North Dakota introduced a bill to tackle physician shortages in rural and urban areas of the United States. The law allows each state's department of health to sponsor up to 30 IMGs per year for waiver of the J-1 two-year home-country residency requirement.
- To receive a J-1 residency requirement waiver, you must serve in a federally designated shortage area. Every state has different timelines, but generally applications are accepted starting October 1 (about nine months before the job starts). The application process requires you to search for a job and then negotiate and sign the contract by this date. For example, if you are looking for a job in 2024, you should try to sign a contract by October 1, 2023.
- In most states, psychiatry is considered as part of primary care. To fulfill the waiver program requirements, you need to work 40 hours/week for three years.
- The U.S. Department of Health and Human Services (HHS) assigns HPSA (Health Professional Shortage Area) scores to every geographic area in the country, using data from the National Provider Identifier (NPI), the U.S. Census Bureau, the Centers for Disease Control and Prevention's National Vital Statistics System, and the Health Resources and Services Administration's Uniform Data System. A higher HPSA score means a more severe shortage, and thus higher priority is given to that area.
- Flex spots are available (maximum 10 out of 30) for areas that do not qualify as an HPSA but still address underserved populations.

From <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Interested Government Agencies

Interested government agencies (IGAs) are authorized to hire an IMG subject to the two-year home-country residency requirement. Current IGAs hiring IMGs include the following:

- Appalachian Review Commission
- Department of Veterans Affairs
- Health and Human Services

From the Appalachian Regional Commission: <https://www.arc.gov/j-1-visa-waivers/>

Delta Regional Authority

The Delta Doctors Program helps provide critical medical services in areas with a perennial physician shortage. The Delta Regional Authority (DRA), which includes Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri and Tennessee, can recommend J-1 visa waivers to the U.S. Department of State.

From <https://dra.gov/initiatives/promoting-a-healthy-delta/delta-doctors-how-to-apply/>

PATHWAYS TO PERMANENT RESIDENCY

The EB-1 visa covers a category of employment-based permanent residency in the United States that is reserved for individuals who have demonstrated extraordinary ability in their field or are outstanding professors or researchers. The eligibility criteria for each category are as follows:

- **EB-1A—Extraordinary Ability:** To qualify for the EB-1A visa, you must demonstrate extraordinary ability in your field of endeavor. This is typically demonstrated through sustained national or international acclaim in your field, as evidenced by extensive documentation such as publications, awards and other forms of recognition. You must also demonstrate that your work will continue to benefit the United States.
- **EB-1B—Outstanding Professors and Researchers:** To qualify for the EB-1B visa, you must demonstrate that you are an outstanding professor or researcher. This is typically demonstrated through evidence of recognition for your work in your field, such as awards or publications. You must also demonstrate that you have at least three years of experience in teaching or research in your field and that you will continue to work in your field in the United States.

ADDITIONAL RESOURCES:

[Employment-Based Immigration: First Preference EB-1 EB-1: Employment Based Immigration - Permanent Workers-Extraordinary Ability/Outstanding Professor or Researcher/Multinational Executive or Manager](#)
[Employment-Based Immigration: Second Preference EB-2](#)

Psychiatry Specialty and Subspecialty Organizations

IMGs play an important role in psychiatry subspecialties, but they often face challenges in finding mentors, networking, academic promotion and professional growth. Attending the meetings of specialty and subspecialty organizations can help with networking and promote scholarly activity. A presentation at a professional association's annual meeting, for example, can provide an opportunity to develop your scholarly portfolio.

Below is a list of psychiatry specialty and subspecialty organizations. Also listed (where relevant) are the time of year when the conference typically occurs and the usual abstract submission deadlines. An abstract is a description of a topic that you would like to present and needs to be submitted for the conference scientific committee to consider.

		Most common months for the annual conference:	Abstracts last date
American Psychiatric Association	https://www.psychiatry.org/	May-June	October
Academy of Consultation-Liaison Psychiatry	https://www.clpsychiatry.org/	October-November	March
Alzheimer's Association International Conference	https://aaic.alz.org/	June-July	
American Academy of Child & Adolescent Psychiatry	https://www.aacap.org	October-November	February
American Academy of Psychiatry and Law	https://www.aapl.org/	October-November	March
American Association of Physicians from Indian Origin (AAPI)	https://aapiconvention.org/	June-July	May
American Neuropsychiatric Association	https://anpa.wildapricot.org/	March-April	October
European Psychiatry Congress	https://www.europsy.net/	March-April	
International Association for Child and Adolescent Psychiatry and Allied Professions	https://iacapap.org/	May-June	
International Conference on Alzheimer's and Parkinson's Diseases and Related Neurological Disorders	https://adpd.kenes.com/	March-April	
International Conference on Bipolar Disorder	https://www.isbd.org/	May-June	

		Most common months for the annual conference:	Abstracts last date
International Conference on Eating Disorders	https://www.aedweb.org/home	June-July	
International Conference on Psychiatry and Psychosomatic Medicine	https://psychosomatic.conferenceseries.com/	May-June	
International Congress of the Royal College of Psychiatrists (UK)	https://www.rcpsych.ac.uk/home	June-July	
International Neuropsychological Society	https://www.the-ins.org/	February-March	
International Society for Traumatic Stress Studies	https://istss.org/home	May-June	
Psych Congress	https://www.national.psychcongress.com/	September-October	
Schizophrenia International Research Society (SIRS)	https://schizophreniaresearchsociety.org/	May-June	
World Congress of the World Association for Infant Mental Health	https://waimh.org/	June-July	
World Psychiatric Association	https://www.wpanet.org/	September-October	

Allied Organizations

Many IMGs continue to identify strongly with their country of origin. IMGs may also find support and mentorship in non-APA allied organizations. These psychiatric diaspora organizations based in the United States and Canada offer APA members an opportunity for professional networking, engagement and development throughout their career. APA maintains relationships with each organization through its leadership and its members:

[American Society of Hispanic Psychiatry](#)

[Association of Korean American Psychiatrists](#)

[Haitian American Psychiatric Association](#)

[Hellenic American Psychiatric Association](#)

[Indo American Psychiatric Association](#)

[Indo Canadian Psychiatric Association](#)

[Nigerian American Psychiatric Association](#)

[Pakistani American Psychiatric Association of North America](#)

[Philippine Psychiatrists in America](#)

[Society of Iranian Psychiatrists in North America](#)

[Turkish American Neuropsychiatric Association](#)

Other Helpful Organizations

In addition to the aforementioned resources, here are links to some other important organizations.

ABPN: The American Board of Psychiatry and Neurology certifies psychiatrists and neurologists who have completed an ACGME-accredited or ABPN-approved residency training program. Graduates can take the exam as many times as allowed within a seven-year period and must recertify through the Maintenance of Certification every 10 years.

ACGME: The Accreditation Council for Graduate Medical Education oversees the accreditation of residency and fellowship programs in the United States and sets and monitors standards for voluntary professional education.

ECFMG: The Educational Commission for Foreign Medical Graduates supports professionals in health care needing to research issues in medical education and health workforce planning.

ERAS® for Institutions|AAMC: The Electronic Residency Application Service® provides resources for those applying for residency programs, such as portals for submitting letters of recommendation. You'll also find data reports on admissions, salaries, diversity in medicine and more.

FREIDA™|American Medical Association: This AMA database provides resources for those seeking residency positions that have been accredited by the ACGME.

NRMP®: The National Resident Matching Program®, or The Match®, is an organization that fairly matches applicants' preferences with residency programs in the United States and its territories.

USMLE: The United States Medical Licensing Examination program licenses physicians in the United States and its territories, investigates complaints, and oversees disciplinary actions.

Acknowledgments

Special thanks to the following individuals who provided resources and subject-matter expertise in the creation of the resource guide:

Abhishek Allam, MD

Vishal Madaan, MD

Donna Sudak, MD

Cheryl Wills, MD

APPENDIX A

APA IMG WORK GROUP RECOMMENDATIONS

1. Approve the expansion of the medical student membership category to read:

An individual who has graduated from medical school and has not matched into a psychiatry residency program will be eligible for membership in APA as a medical student member or international medical student member for a period of time not to exceed December 31 of the calendar year that is three (3) years after their graduation from medical school. An attestation is required from all such members.

2. Approve the review of the recommendations of the IMG Work Group, with the goal of establishing a specific work plan detailing the recommended actions that are accepted and implementable.
3. Approve the assigning of ownership for implementation and management of
 - the IMG Work Group value of investment recommendations?
 - the IMG Resource Guide?

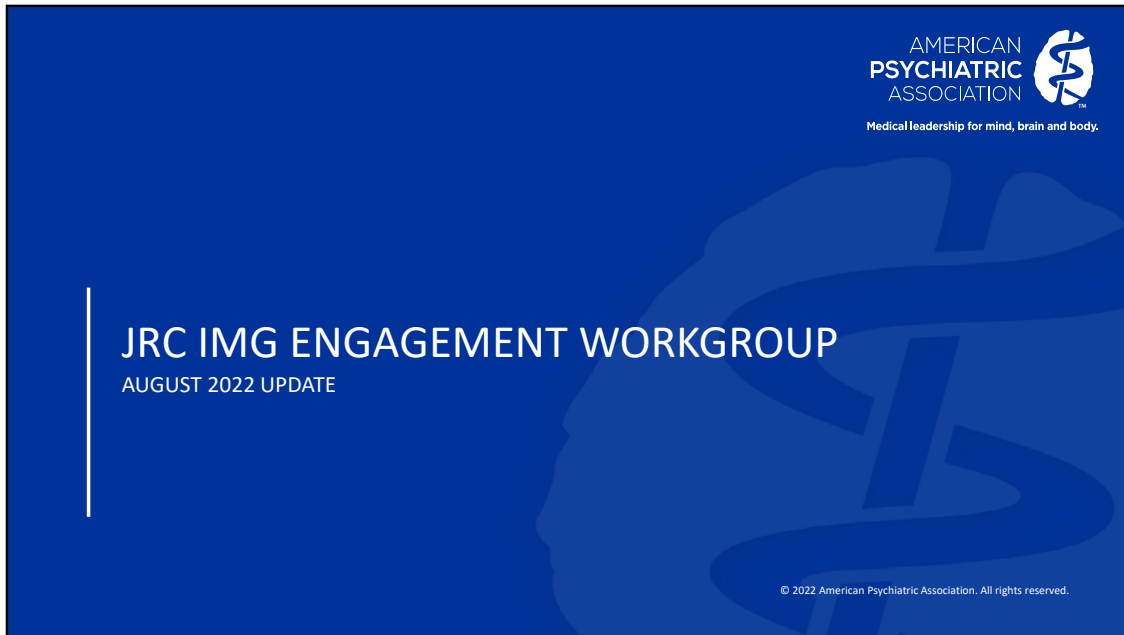
THE IMG WORK GROUP RECOMMENDS THAT THE APA:

1. Offer discounted dues (e.g., percentage reduction, optional district branch dues) for IMG members. Furthermore, because IMG members are likely to have memberships in both APA and subspecialty organizations, additional financial burden is created, so APA should consider the viability of offering joint subsidized memberships with subspecialty organizations.
2. Offer IMG members the opportunity to consult with an immigration expert, with no cost to the member.
3. Offer an immigration forum at the Annual Meeting in addition to one or more webinars that provide education on basic immigration-related issues and guidance for IMGs seeking further support.
4. Develop a peer network of psychiatrists who are familiar and experienced with the immigration system, to provide mentorship and support to other IMG members.
5. Develop a comprehensive resource document that details opportunities for clinical experience (including electives, observerships, and externships) and provides guidance on the residency application process.
6. Create a welcoming environment for IMGs from a diversity, equity, inclusion, belonging, and accessibility (DEIBA) perspective, starting with inclusion of IMGs in various groups within APA and its initiatives.
7. Explore innovative pathways to residency training through unique training opportunities such as unfilled subspecialty fellowship positions, including non-ACGME (Accreditation Council for Graduate Medical Education)-accredited fellowship programs.
8. Create a clinical experience module or webinar to help IMG medical students, residency applicants, and trainees gain familiarity with the U.S. health care system and psychiatry in particular.
9. Partner with allied organizations, including the American Association of Directors of Psychiatry Residency Training (AADPRT) and the American Association of Chairs of Departments of Psychiatry (AACDP), to create educational sessions for residency programs that will foster understanding of the unique needs of IMG applicants, the visa application system, and the stigma around hiring an IMG applicant.

10. Partner with other allied organizations, such as the Indo-American Psychiatric Association (IAPA) and the Pakistani-American Psychiatric Association of North America (PAPANA), to optimize resources related to mentorship and other activities of value to IMGs.
11. Formalize as a member benefit, residency application instruction and coaching for IMGs.
12. Create a dedicated program track at the Annual Meeting focused on IMG-related issues (as at the 2023 Annual Meeting), as well as a list of IMG-related events at the APA Annual Meeting that is shared with the IMG Caucus and the general membership.
13. Offer dedicated networking events for IMGs during the Annual Meeting, with a focus on topics such as finding the right mentor, pursuing leadership and administrative roles, building a research career, successfully publishing in journals, and obtaining support on immigration-related matters. Member feedback emphasized the need to communicate and coordinate these events more effectively among geographically dispersed venues.
14. Offer dedicated opportunities such as minority fellowships to IMG members, who contribute to the diversity of both the health care workforce and APA. Such mentorship opportunities are critical for IMGs, especially because IMGs under non-immigrant visas don't qualify for several existing APA fellowships.
15. Hold well-publicized IMG Caucus meeting(s), during the Annual Meeting, that are scheduled at a time different from other caucus meetings, to minimize competing interests.
16. Examine IMG members' access to APA's leadership and recognition opportunities, by examining the data on how many IMGs have received APA awards, have been appointed to components (councils and committees), and have served in leadership positions within the organization.
17. Create opportunities for recognition through fellowships or awards for IMGs earlier in their careers—a focus that aligns with the larger goal of increasing recruitment, engagement, and retention in the organization.
18. Offer opportunities for involvement and recognition of early- and midcareer IMGs, who can serve as a critical resource for mentorship, guidance, and support for other members.
19. Create a mentorship program for IMG trainees and members, with opportunities for individual, group, and peer mentorship across the lifespan of the membership.
20. Continue to make IMG-focused issues a priority in advocacy efforts at the national and state levels, given the considerable professional and personal challenges IMG members face.
21. Address bias and discrimination towards IMGs as being a priori inferior to USIMGs due to their country of birth or medical school country.
22. Explore how to get IMGs more involved in the APA Political Action Committee (APAPAC).
23. As noted earlier, host an immigration forum at the Annual Meeting, as well as one or more webinars to provide education on basic immigration-related issues and guidance for IMGs seeking further support.

APPENDIX B

FULL DEMOGRAPHIC REPORT



1

DATA TRENDS - IMGs BY BIRTH COUNTRY (TOP 10 ACROSS 3 YEARS)

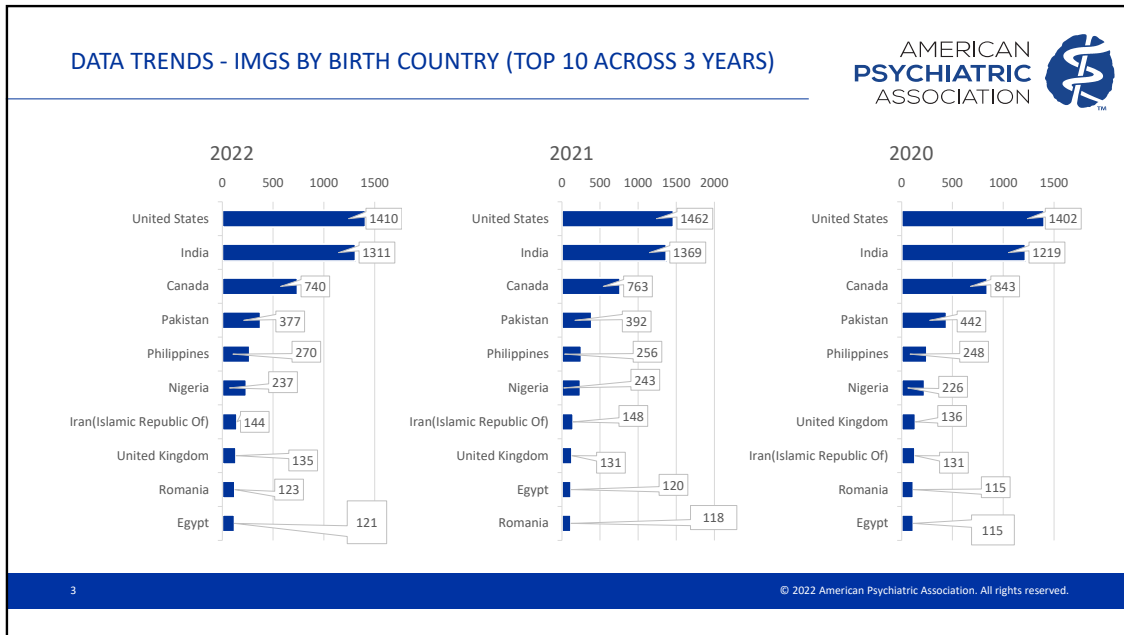
AMERICAN PSYCHIATRIC ASSOCIATION

- For purposes of this Workgroup, definition will remain (as decided at May 2022 meeting):

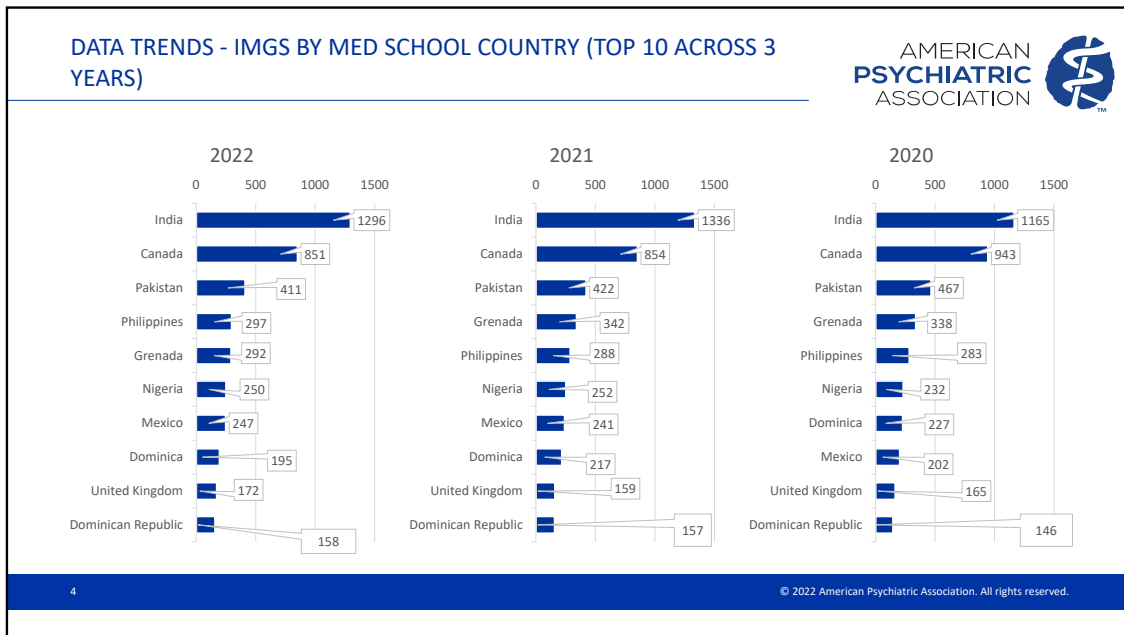
“IMG: a term used to describe those who have completed their undergraduate medical education in schools outside the U.S. IMGs can also be U.S. citizens or permanent residents who graduated from medical schools outside of the U.S. and are sometimes referred to as USIMGs.”
- The following 3 slides represent a high-level overview of the following (excludes inactive member category, current medical student members and international membership categories. There are some members in general membership categories (DB affiliated) who live outside the U.S. and maintained their general/life membership category)
 - IMGs by birth country (top 10 countries)
 - IMGs by medical school country (top 10 countries)
 - IMGs by current country (top 10 countries)

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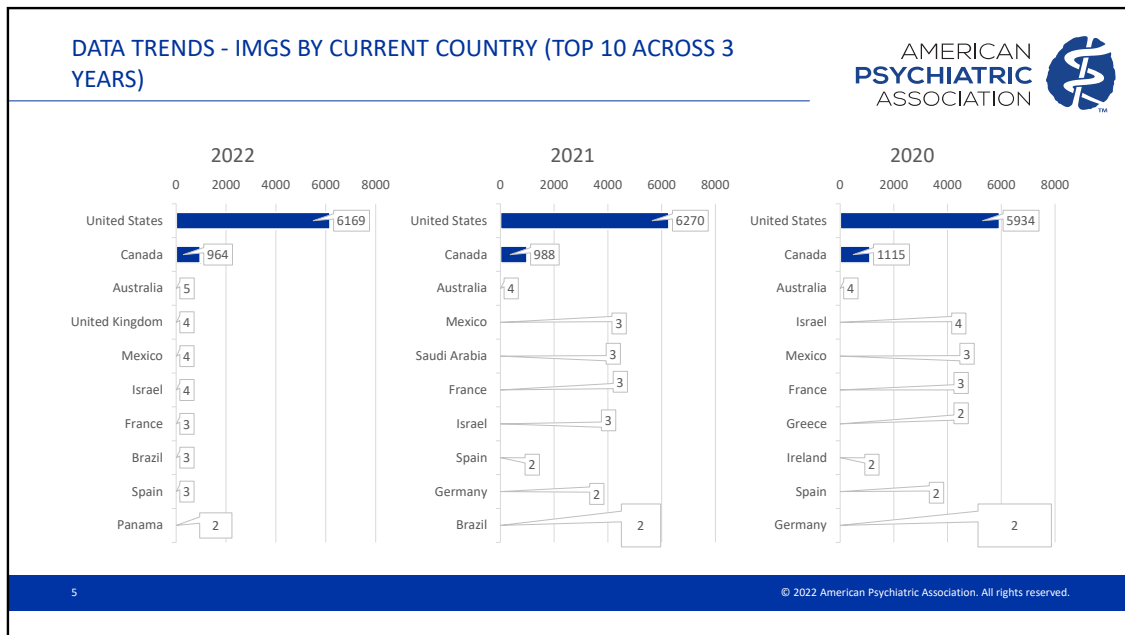
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AMERICAN PSYCHIATRIC ASSOCIATION
Medical leadership for mind, brain and body.

AUGUST 25, 2022 UPDATES

6

FROM 2020 RESIDENT CENSUS (TO BE PUBLISHED IN SEPT 2022)



Key Findings: The highest number of residents in general psychiatry programs in 2015-2019 were born in the United States, followed by India, Pakistan, Canada and China. There continues to be an increase in the number of active psychiatry residents who were born in the United States.

Top 20 Birth Countries of Active Psychiatry and Internal Medicine/Psychiatry Residents 2015-2019

TABLE 11.1						
	2015	2016	2017	2018	2019	TOTAL 2015-2019
United States	3,619	2,813	4,083	4,314	4,661	19,490
India	402	354	314	286	267	1,623
Pakistan	149	137	137	146	150	719
Canada	94	108	108	111	124	545
China	101	99	103	104	104	511
Nigeria	78	73	76	70	74	371
Korea, Republic of	50	52	53	57	60	272
Iran, Islamic Republic of	52	49	50	46	57	254
United Kingdom	45	40	34	39	41	199
Russian Federation	40	38	33	29	27	167
Saudi Arabia	26	29	32	37	34	158
Egypt	31	28	36	31	27	153

FROM 2020 RESIDENT CENSUS (TO BE PUBLISHED IN SEPT 2022)



Top 20 Birth Countries of Active Psychiatry and Internal Medicine/Psychiatry Residents 2015-2019

TABLE 11.1						
	2015	2016	2017	2018	2019	TOTAL 2015-2019
Bangladesh	29	31	26	26	30	142
Cuba	19	21	25	30	30	125
Colombia	24	23	24	24	21	116
Taiwan, Province of China	25	25	22	21	18	111
Ukraine	27	29	21	17	15	109
Germany	23	20	20	20	25	108
Philippines	21	21	15	15	17	89
Unknown	26	16	9	6	2	59
TOTAL OF TOP 20 COUNTRIES	4,881	4,006	5,221	5,429	5,784	25,321

This table only clarifies the birth country, and is not related to citizenship information at time of application or match.

Source: AAMC Data Report

FROM 2020 RESIDENT CENSUS (TO BE PUBLISHED IN SEPT 2022)



Key Findings: The number of IMG physicians matching into psychiatry residency has decreased considerably over the past decade. In 2010, 25% of the matched PGY-1 psychiatry residents were foreign-trained. In 2013, the percentage of IMG physicians reached a 10-year peak of 30%, then decreased steadily to 16.22 in 2019.

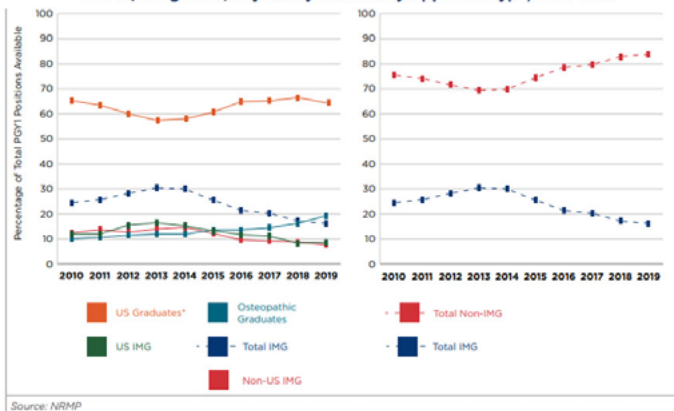
PGY-1 (Categorical) Psychiatry Matches by Applicant Type, 2010-2019

TABLE 13.1										
Type of Medical Training	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
US Graduates*	65.30	63.48	60.09	57.44	57.94	60.72	64.89	65.19	66.56	64.42
US IMGs	12.00	11.99	15.56	16.47	15.26	13.30	11.80	11.13	8.38	8.55
Osteopathic Graduates	10.14	10.67	11.48	11.95	11.93	13.67	13.69	14.49	16.30	19.30
Total IMG	24.47	25.75	28.24	30.45	29.98	25.54	21.41	20.32	17.14	16.22
Non-US IMG	12.47	13.76	12.69	13.98	14.72	12.25	9.61	9.19	8.77	7.67

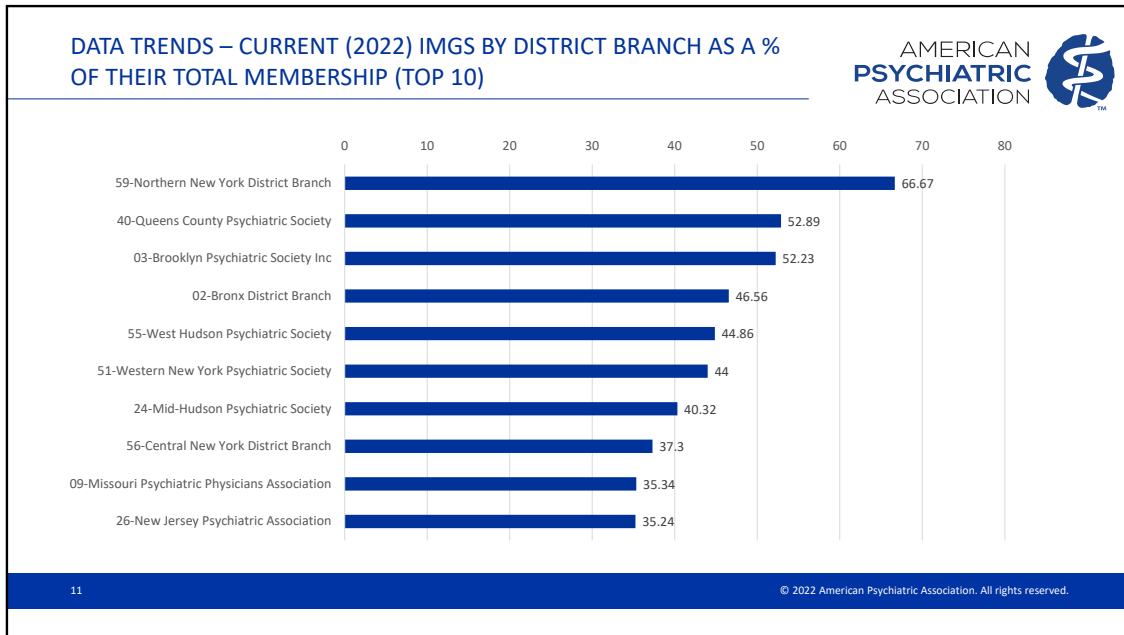
FROM 2020 RESIDENT CENSUS (TO BE PUBLISHED IN SEPT 2022)



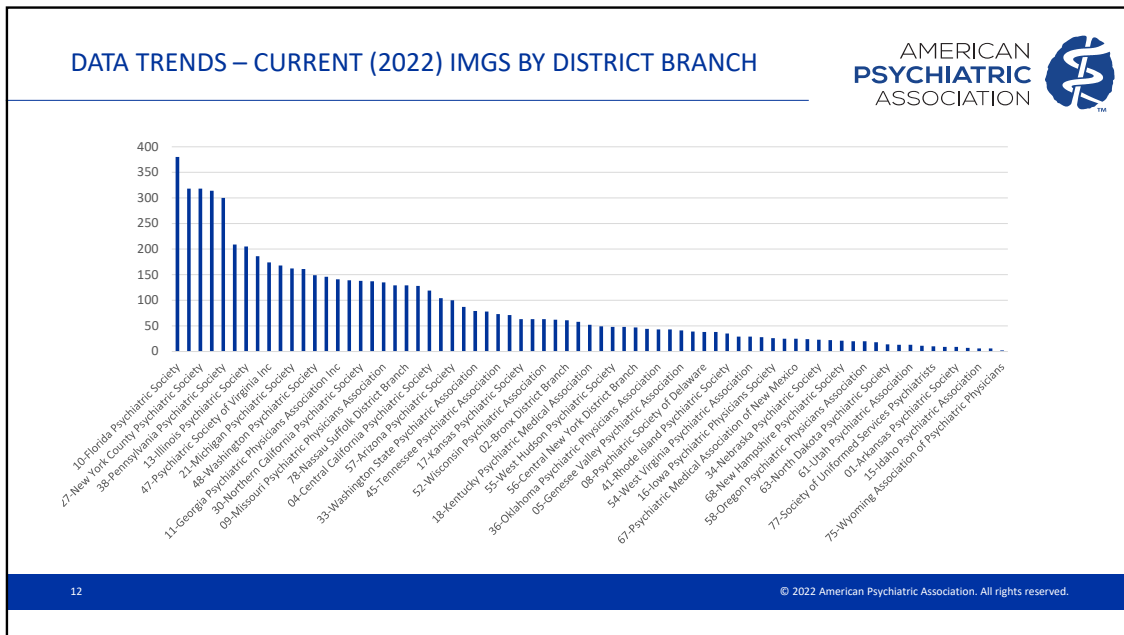
PGY-1 (Categorical) Psychiatry Matches by Applicant Type, 2010-2019



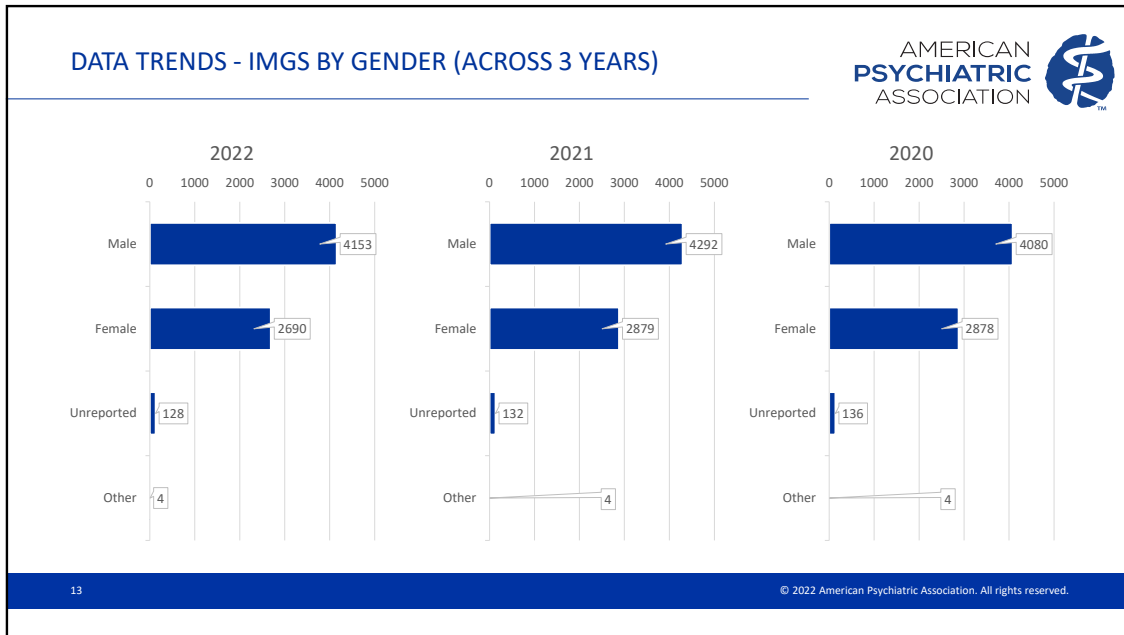
Source: NRMP



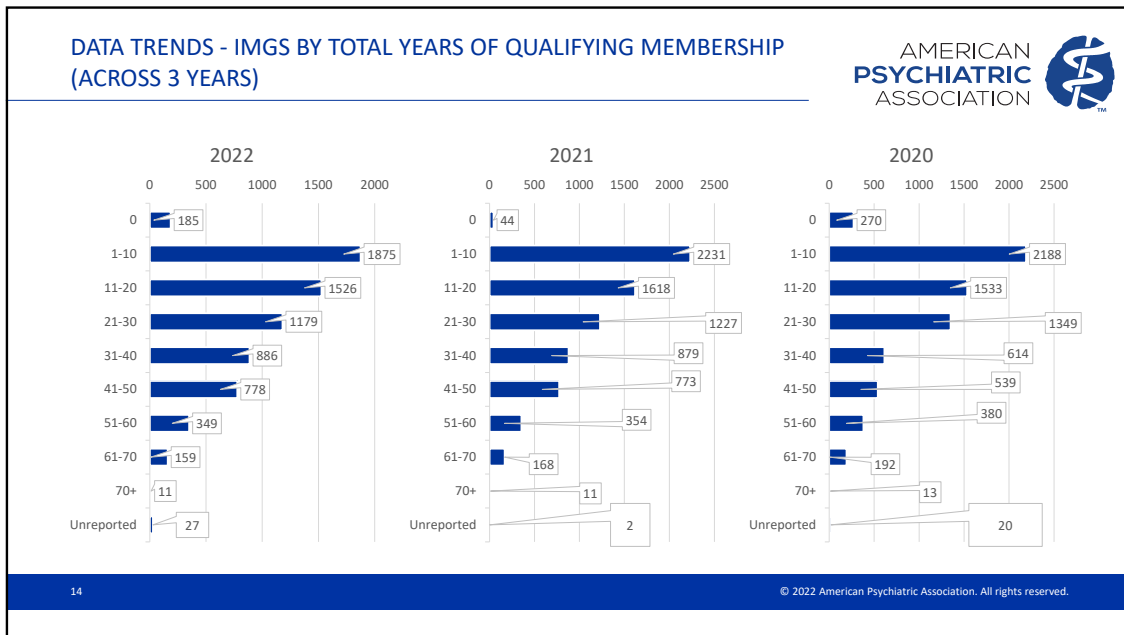
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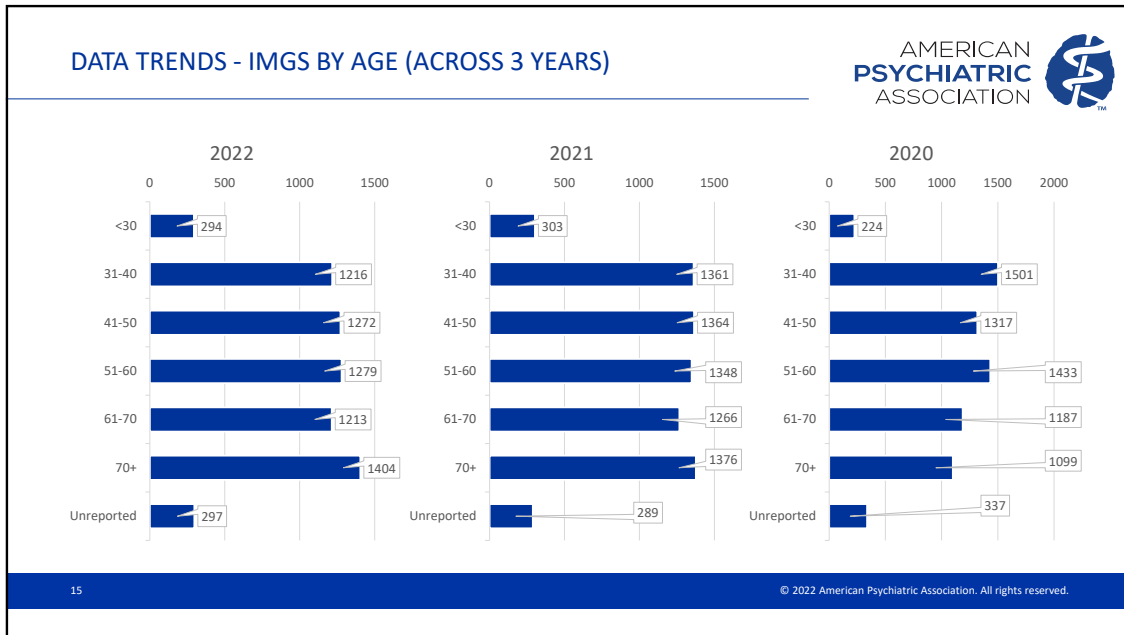
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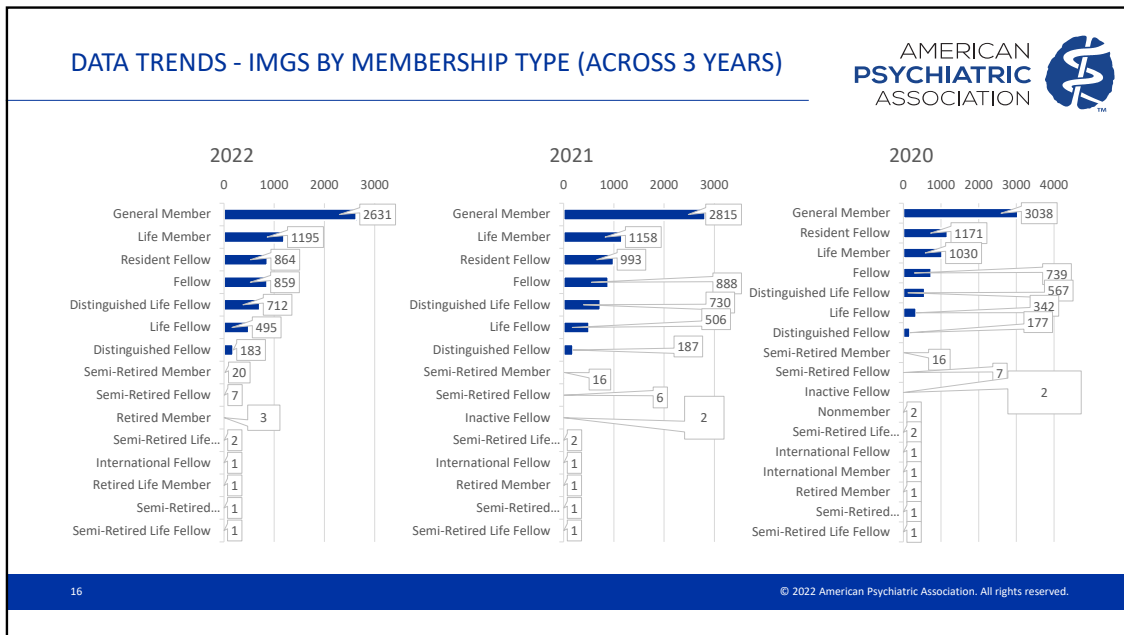
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APPENDIX C

IMG WORK GROUP LISTENING SESSIONS AT IMG CAUCUS

**ANNUAL MEETING 2022 | MAY 23 23, 2022
(12:45 p.m. – 1:45 p.m. CT)**

Topics and themes discussed / suggested by IMGs

Process

- Issues on which to focus:
 - » Visa/immigration
 - » Issues are different for different levels
- The whole system is designed to put IMGs in the background.

Development

- Would like a database of clinical experiences, externship opportunities.
- When going from residency to early career, how do you foster IMGs growth in academics and leadership roles (approach from academia and APA)
- Move toward inclusion/inclusiveness issues within institutions – database.
- Get IMGs more involved in APAPAC (APA Political Action Committee)
- Get a 1-page flier created on advocacy.
 - » Harder for med students to get into a residency program than for a nurse to do a 500-hour training and then practice with full authority.
 - » Reaching out to senators as part of their constituency
- Reach out to IMG program directors to try to increase match cycle with their own GME (Graduate Medical Education)

- Not a lot of clinical experience is provided for IMGs.
- Look into pathway for people to do fellowships first then go into residency for those who do not initially match; identify alternate pathways.
- Look at ROI improvement to increase membership.
 - » Mentorship programs/observerships (how to apply); must be an APA member, but not everyone qualifies based on medical school and for those who have not matched.

Network/Community

- IMGs are trying to connect with each other; is there a channel for those wanting to go into psychiatry regardless of country of origin.
- Networking gap (also for medical students); put medical students with attendee of PGY1 and PGY2 with PGY4 to build networks; Facebook group, WhatsApp group.
- Can international medical students be in PsychSign? If so, we should promote to international medical student members (checking on this with the PsychSign president)
- Trainees have challenges because they do not see a lot of people that look like them—use the power of storytelling—challenges other IMGs have seen/support provided.
- Can the DBs have more local networking before the Annual Meeting?

Well-Being

- Need mental health resources for IMGs (dealing with discrimination, etc.)
- Lack of support group for IMGs for wellness—matched and unmatched including U.S.-born IMGs who do not match—must disclose mental health issues; sigma for IMGs who get help.

APPENDIX D

SUPPORTING IMG SESSION AT APA ANNUAL MEETING (MODERATOR: SAUL LEVIN, MD)

**ANNUAL MEETING 2022 | May 24, 2022
(10:30 a.m. – noon CT)**

Topics and themes discussed:

Visa/Employment

- There has been an impact of a more conservative government on IMGs in the U.S.
- IMGs in the U.S. have been declining over time.
- Bulk of IMGs are in internal medicine – 70 non-U.S. IMGs matched in psychiatry.
- Some IMGs have visa issues (some related to COVID); training directors then have to back-fill positions because they couldn't/cannot get to the U.S.
- Virtual interviewing is more challenging.
- Participant mentioned not liking the citizenship question on the application.
- Competition for residency slots has increased.
- APA share numbers and demographics of where IMGs are located; are these programs more-IMG friendly?
- If you are on a J-1 visa, you cannot moonlight – not always clear when in the contract process; can only moonlight in the hospital in which you are working.
- Take some money off the signing bonus – sponsor you and then take the money out for legal fees for visas for family.
- How can APA help with the visa reapplication process?
- Visa/immigration issues continue to happen at different levels, especially if someone is stuck in another country.
- There are only a few spots, some American graduates feel disparaged and some who do not match feel like IMGs are competing for 'their' jobs.
- Address workforce disparity with IMGs available to work in underserved communities.

- Look at dentists and other specialties who work together, ties into patient safety.

Advocacy

- Communicate with unions (SAR); advocate for residents/attendings.
- Discuss Health Care Resilience Act
- On the Hill – wants doctors here and have to navigate that at the state government, medical license issues, state department issues.

APA Membership Support

- Building attorney/law-centered benefit for dealing with immigration process
- Can we find a consultant who can present and talk about this experience/process (Steven Burlich?? Sp?)
 - » Discuss onboarding process.
 - » Pitfalls
 - » Timelines
 - » Rights
- In San Francisco 2023, can there be an IMG track or specific number of sessions.
- Produce videos regarding experiences of IMGs coming from different countries/cultures.
- Get representative from each caucus as a representative for support programs.
- APA needs to look at a transitional membership category for post medical school/non-matched or finished program and not yet RFM if matched. They fall into a 'black hole' and do not qualify for APA membership.
- Once a member becomes an ECP, they are even less likely to have support/mentorship options. Need:
 - » Leadership training
 - » Conflict resolution training
 - » Contract negotiation with visa application information

Well-Being

- How can APA support IMGs while the numbers are shrinking, and they are feeling more alone?
- U.S. IMGs starting to feel the same as non-U.S. IMGs (see article a member wrote - unsure of publication)
- Need mental health support for both applicants and residents.
- There is a lack of trust in IMGs telling their program that they need mental health help.
- Suffer from imposter syndrome.
- Need to create a common place for support - helpline (because of 3 IMGs who died by suicide in NY in one year)
- Challenging because IMGs are often told not to talk about their challenges, instead talk about resilience (difficult for mental health, etc.)
- Talk to Kristin Kroeger about policy program regarding burnout and mental health issues.

APPENDIX E

IMG WORK GROUP SESSION - IMG TRENDS, TRIALS AND TRIBULATIONS

ANNUAL MEETING 2023 | MAY 21, 2023 (3:45 p.m., Room 307)

200-300 unmatched IMGs annually

Discussion, Q&A

3 characteristics you see in successful applicants -

- Scores, US experience, letters of recommendations (+ personal statement, USMLE Step 3)
 - » Red flags - in personal statement or in the interview? Depends on how bad the red flag is and how it fits into your story. Also figure out what are red flags only that need to be addressed. Did they learn anything from it. If in PS, use it to highlight your side of the story, but don't put too much emphasis on it within the whole statement.
 - » *** update the roadmap to residency and transitioning into practice
 - » Research experience
 - » The more work experience you have, those IMGs that don't match have more experience.
- If school doesn't have psychiatrist, how to find a mentor/how to ask someone to be their mentor.
 - » Attending conferences; someone to guide and help/stay in contact.
 - » Also asking APA to have IMG mentorship program.
 - » Find at least 2 new connections at each meeting.
 - » Keep social media circles active (Instagram, Twitter)
 - » More communication
 - » Doesn't matter if Mentor is from your program or not; if you want to match to a particular program and it's important to you, look in that direction, but not critical.
- » It's ok to have early or mid-career psychiatrists as mentors.
- » What questions are ok to ask from mentors?
 - Talk about expectations in the first few sessions for both mentor and mentee (everyone is stretched with time); how frequently to meet, goals, when to meet- different levels will have different expectations (e.g., brush up on interview skills, subspecialist, how to build CV/skills, career development, etc.)
 - Is relationship more formal/informal?
- Utilize WPA / collaborate because will be easier to create centralized system for med students.
- How do you find IMG-friendly programs?
 - » Can't have a list like that but talk to other former med school grads and their experiences.
- Why is rate of IMGs matching decreasing - more US grads and DOs are applying; programs may not be sponsoring visas/H1s?
- How do you look at candidates who are dual applying? Depends on the application and depends on goal (specialty more flexible but be in the US, or geographic location for psychiatry)
- Can pharma sponsor?

APPENDIX F

IMG WORK GROUP SESSION - SUPPORTING IMGs IN THEIR CAREERS

ANNUAL MEETING 2023 | MAY 23, 2023 (1:30 p.m., Room 307)

Topics and themes discussed / suggested.

- 200 new training slots approved by CMS for this year; half must go to psychiatry (50 to general and 50 to subspecialty).
- J-1 visa issues.
- Get involved in DB.
- Non-traditional pathways - fellowship before residency; most states won't give unrestricted license unless board eligible - changes CMS reimbursement eligibility.
- Many academic programs use an IMG filter (esp for those who need visas) to screen out IMG applicants.
- Discrimination / bias towards IMGs
- Info on family med > psychiatry fellowship process - not accredited - need PD / DIO approval; differs state by state - MO, TN (can APA advocate for this approach in other states??)
 - » Combined programs are limited in number and very competitive.
 - » Post peds portal program (AMA FREIDA)
- Participants felt IMG friendly programs seem to be on the east coast. California is not seen as IMG friendly, but there's a large immigrant population in California.
- IMGs can go without matching for a while; change to ECFMG certificate will create big economic and logistical program (USMLE Step 2CK was discontinued during COVID but has been reinstated; this places greater emphasis on passing it as Step 2CS which has been discontinued). ECFMG now seems to be emphasizing the pathways to ECFMG certification. Certification expires and dependent on candidate working for year. Without Step 2CS, applicants may not be able to get a visa.
- Tutorials for pathways?
- Candidates not eligible for consideration for residency program if not ECFMG certified; timing is a barrier— need certificate by start of residency.
 - » Last year, did some webinars on this.
 - » Any changes after public health emergency? Not right now
- Why aren't PDs looking at IMGs besides visa issues? Behavioral factors, etc.?
 - » Programs have the believe they are evaluated based on % of US medical school graduates; some think it reflects poorly on the institution if they accept a lot of IMGs in 1st year; no quota.
- Can IMGs be considered as part of DEIB initiatives? No. being an IMG is not considered DEIB; at AADPRT, IMG is considered part of DEI.
- Can APA do social media around how much IMG, j-holder to do the business math and how much IMGs bring in --- highlight business model to empower the business model - map of underserved area overlaid of where IMGs work?
- AAMC and NRHA reports which give data on rural critical access hospitals and HRSA hospitals and stats on how many IMGs are in that state and moving out in 5 and 10 yr. retention.
- Last year psychiatry became eligible to participate in program signaling for applicants - not clear if data show anything vastly different for IMG vs. AMG?
- Immigration lawyer option for consultation.
- Support after application and before interview.
- Participate in online groups to keep the discussion going.

APPENDIX G.1

IMG MARKET RESEARCH SURVEY INSTRUMENT (DECEMBER 2022)

APPENDIX G.1

IMG MARKET RESEARCH SURVEY INSTRUMENT (DECEMBER 2022)

The screenshot displays the 'International Medical Graduate (IMG) Survey' editor interface. At the top, a red notification bar states 'You have an overdue invoice. View Invoices'. The main header includes the survey title and navigation options: BUILD, STYLE, TEST, SHARE, RESULTS, and TOOLS. A left-hand sidebar contains icons for various editing functions. The main content area shows 'Page 1: Introduction and Membership Status' with a preview icon. The survey text includes a thank-you message and a note that questions with an asterisk require a response. The questions are:

- 1. Are you currently or have you ever been an APA member? *
 - Yes
 - Yes, I was a member previously
 - No, never a member
 - Unsure
- 2. Overall how would you rate your level of satisfaction with your current or previous APA membership? *
 - 1 = Completely dissatisfied
 - 2 = Dissatisfied
 - 3 = Neither satisfied nor dissatisfied
 - 4 = Satisfied
 - 5 = Completely satisfied
- 3. Why did you decide not to renew? *
 - Did not find value in the membership
 - Changed careers - no longer needed
 - Membership dues were too expensive
 - Other
- 4. What could the APA do to encourage you to become a new member, renew your membership, or become a member again?

Each question block includes a 'View Conditions' dropdown and a right-hand editing toolbar with options: Edit, Move, Copy, and Remove.

Add New: Question Text/Media Action Library Item

Add Page Insert Library Item Skip/Disqualify Logic Merge Pages

Page 2: APA Membership Benefits Preview Edit Add Remove

Now let's focus on how you feel about APA membership.

Questions with a * following them, require a response.

View Conditions

5. What aspects of APA Membership do you now or did you previously find the most or least satisfying? *

	1 = Completely dissatisfied	2 = Dissatisfied	3 = Neither satisfied nor dissatisfied	4 = Satisfied	5 = Completely satisfied	Not Applicable/Never Used
Education (i.e., CME, online content, & publications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APA Annual Meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monetary Value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Support/Mentorship Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Networking Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Careers/Job Opportunities (i.e., job boards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Recognition (i.e., Distinguished Fellow, Awards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add New: Question Text/Media Action Library Item

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Page 3: Value of Membership Benefits Preview Edit Add Remove

You will find the following list familiar. We just asked you how satisfied you were with these membership benefits provided by the APA. **We would now like to know how valuable you found these same APA membership benefits.**

Questions with a * following them, require a response.

View Conditions

Are you currently or have you ever been an APA member?

* is one of the following answers ("Yes", "Yes, I was a member previously")

6. What aspects of APA Membership are now or were in the past the most or least valuable to you? *

	1 = Least valuable	2 = Somewhat valuable	3 = Moderately valuable	4 = Valuable	5 = Most valuable	Not Applicable/Never Used
Education (i.e., CME, online content, & publications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APA Annual Meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monetary Value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Support/Mentorship Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Networking Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career/Job Opportunities (i.e., job boards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Recognition (i.e., Distinguished Fellow, Awards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add New: Question Text/Media Action Library Item

📄 Add Page
 📖 Insert Library Item
 ➡ Skip/Disqualify Logic
 ⚙ Merge Pages

Page 4: What could APA do? 👁 Preview ✎ + 🗑

Now we want to see what the APA could do for you.

Questions with a * following them, require a response.

This question has answer validation View Conditions ▾

Min. answers = 1 (if answered)

Max. answers = 3 (if answered)

7. How can the APA better support IMG psychiatrists (select the top 3 - choose 1 for top rank, through 3 for third rank - leave any items not in the top 3 unchecked)?

	1	2	3
Dedicated leadership opportunities (i.e., appointments to councils, committees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dedicated mentorship opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy for immigration issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support with residency application process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support navigating residency/fellowship process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide job resources (i.e., portfolio & CV development, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More opportunities to present at the Annual Meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This question has answer validation View Conditions ▾

Max character count = 500

8. Please include anything else that you think the APA could do to support you, that you did not see in the list above.

This question has answer validation View Conditions ▾

Min. answers = 1 (if answered)

Max. answers = 3 (if answered)

9. With what information and resources can APA support IMGs applying for psychiatry residency? Which do you feel are the top 3 that the APA should provide (select the top 3 - choose 1 for top rank, through 3 for third rank - leave any items not in the top 3 unchecked)?

	1	2	3
Observerships and/or Externships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residency application process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration/visa related questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mentorship
○ ○ ○

This question has answer validation View Conditions ▾
 Max character count = 500

Edit
+ Move
Copy
✕ Remove

10. Please include anything else that you think the APA could do to support IMG psychiatry residency applicants that you did not see in the list above.

Add New: Question Text/Media Action Library Item

[Add Page](#)
[Insert Library Item](#)
[Skip/Disqualify Logic](#)
[Merge Pages](#)
Preview

Page 5: What experiences and challenges have you had in your career so far?

Now we would like to find out more about career challenges you have had so far. We will use this information to determine what additional support we could provide you and other members.

Questions with a * following them, require a response.

11. If you completed an observership or externship prior to psychiatry residency training, how did you learn about the opportunity (select all that apply)? *

- Medical schools
- Peers
- Supervisors or Mentors
- Professional Websites
- Internet/Social Media
- Professional Meetings
- Other
- Not applicable - I didn't complete an observership/externship prior to residency

This question has display logic View Conditions ▾
Edit

Show if: #11 Question "If you completed an observership or externship prior to psychiatry residency training, how did you learn about the opportunity (select all that apply)?" is one of the following answers ("Medical schools","Peers","Supervisors or Mentors","Professional Websites","Internet/Social Media","Professional Meetings","Other")

12. How long was your (last) observership/externship experience?

- 1 month or less
- More than 1 month

This question has display logic View Conditions ▾
Edit

Show if: #11 Question "If you completed an observership or externship prior to psychiatry residency training, how did you learn about the opportunity (select all that apply)?" is one of the following answers ("Medical schools","Peers","Supervisors or Mentors","Professional Websites","Internet/Social Media","Professional Meetings","Other")

13. How much do you agree or disagree that the following were barriers to you during your externships/observerships?

	1 = Strongly disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly agree	Not applicable/did not experience
Finding the practice locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative Barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Financial Barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visa related issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malpractice Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competing with other learners for available externships/observerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. You mentioned an "other" when asked about barriers related to your externships/observerships. Please specify what you meant by "other" here.

15. Did you complete any of the following scholarly activities (research, publications, presentations, etc.) prior to psychiatry residency training (select all that apply)? *

- Basic sciences research
- Clinical research
- Publishing articles (manuscripts, chapters, etc)
- Presentations (posters, workshops, etc)
- Other
- Not applicable

16. What were the primary ways that you learned about the opportunity? (select all that apply)

- Medical schools
- Peers
- Supervisors or Mentors
- Internet/Social Media
- Professional Meetings
- Other

17. How much do you agree or disagree that you faced or are currently facing any of the following as barriers during your residency training?

	1 = Strongly disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly agree	Not applicable/did not experience
Inadequate program support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Imposter phenomenon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burn out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loneliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harassment or intimidation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty navigating the system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other ○ ○ ○ ○ ○ ○

⚠ This question has display logic View Conditions ▾

Show if: Question "Other" is one of the following answers ("1 - Strongly disagree", "2 - Disagree", "3 - Neither agree nor disagree", "4 - Agree", "5 - Strongly agree")

18. You mentioned an "other" when asked about barriers related to your residency training. Please specify what you meant by "other" here.

✔ This question has answer validation View Conditions ▾

Max word count = 750

Max character count = 1500

19. What else should APA consider to support IMGs?

Add New: Question Text/Media Action Library Item

📄 Add Page
📖 Insert Library Item
➡ Skip/Disqualify Logic
⚡ Merge Pages

Page 6: Demographics 👁 Preview ✎ + 🗑 ✕

Demographic information ✎ Edit

You are almost finished. Thank you for all of your help with this study.

Now we just need to know a little about you (For the purposes of analysis and only to be reported in aggregate - i.e., group averages, percentages, etc.)

Questions with a * following them, require a response.

20. In which country did you complete your fellowship? (if applicable)

-- Please Select --

✎ Edit
+ Move
📄 Copy
✕ Remove

21. How long have you been working in the United States? *

I am not currently working in the United States

Less than 1 year

1 to 5 years

6 to 10 years

Over 10 years

✎ Edit
+ Move
📄 Copy
✕ Remove

⚠ This question has display logic View Conditions ▾

Show if: #21 Question "How long have you been working in the United States?" is one of the following answers ("Less than 1 year", "1 to 5 years", "6 to 10 years", "Over 10 years")

✎ Edit
+ Move
📄 Copy
✕ Remove

22. If you plan to leave the United States to practice psychiatry in another country, when would you expect to do that? *

- Within the next year
- 1 to 5 years
- 6 to 11 years
- 11 years or more
- I have no current plans to leave

4 This question has display logic View Conditions ▾

Show if: #21 Question "How long have you been working in the United States?" is one of the following answers ("Less than 1 year", "1 to 5 years", "6 to 10 years", "Over 10 years")

23. In what state(s) do you currently work?

(On desktop computer, If you only work in one state, select that state. If you work in more than one state select the first, hold down the "control" key and select another and so on).

If you are using a smartphone (iPhone or Android) just select all that apply)

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Federated States of Micronesia

4 This question has display logic View Conditions ▾

Show if: #21 Question "How long have you been working in the United States?" is one of the following answers ("Less than 1 year", "1 to 5 years", "6 to 10 years", "Over 10 years")

24. To which District Branch are you affiliated?

-- Please Select --

Add New: Question Text/Media Action Library Item

📄 Add Page
📖 Insert Library Item
👉 Skip/Disqualify Logic

Thank You Page: Thank You! 👁 Preview

📄 Responses are marked as complete when they reach this page (The survey will end on this page) ✎ Edit

Thank you for taking our survey. Your response is very important to us. ✎ Edit

Move

📄 Copy

✖ Remove

Getting Started Guide ✖


Survey Actions let you do all kinds of things with your survey or data - send a thank you email, push data to salesforce, run custom code, and more. Build your own Action, or use one of these to get started:

Send Me a Confirmation Email

Send Respondent a Confirmation Email

🔒 Redirect To a URL

Add New: Text/Media Action

AMERICAN PSYCHIATRIC ASSOCIATION 
Medical leadership for mind, brain and body.


IMG SURVEY TOPLINE

- APA Membership Value Research

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1

RESEARCH GOALS ARE DRIVEN BY BUSINESS QUESTIONS/NEEDS 

Research Questions

1. Understand which key benefits of membership both satisfy and provide value to IMG members, and which are crucial to member engagement, acquisition and renewal.
2. Learn what barriers members face at different points in their career journey in order to better support them.
3. Identify member priorities (areas with which APA can help most) that should both bolster existing membership benefits and provide direction to develop new innovative offerings.

2

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2

WHAT WE DID AND HOW WE DID IT

Sample:
(8,244* recipients with 821 completes)
Response rate = 10% (3.2% margin of error)

Methods: fielded over 2 weeks (12/17 to 12/27, 2022)**

* Excludes 248 Undeliverable emails and 46 unsubscribed contacts.

** Invite: 12/17
Reminder: 12/21
Last Chance : 12/27
Email to Partials: 12/27
Extended to: 12/28

Methodology and Focus

- **Looked at results by demographics**
 - Location / District Branches
 - Age and Gender
 - Career (years, focus)
 - APA tenure
- **Looked at results by member status**
 - Current (n=771 or 94%)
 - Former (n=46 or 6%)
 - Never Members (n=2 or .2%)
- **Looked at results by membership level**
 - Resident Fellow Members (n=185 or 23%)
 - Early Career (n=129 or 16%)
 - General Member (n=310 or 38%)
 - Life/Retired/Inactive (n=197 or 24%)

- **Survey Focus**
 - Satisfaction and Value
 - Interests / Needs
 - Barriers
- **Analyses**
 - Regression
 - Sat v Value Quadrants
 - Barriers Ratings
 - Need Ranking

3
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3

BOTTOM LINE UP FRONT (BLUF)


- **Overall Member Satisfaction of IMGs is 58% (Satisfied and Completely Satisfied)**
 - Of the 58% of the top 2 box, just 13% are Completely Satisfied
 - Most of the remaining 42% are Neutral (30%)
 - Lapsed members would renew for reduced dues (29%) and a more well-defined value proposition (24%)
 - IMGs want APA to work to eliminate bias in residency programs and reduce stigma associated with IMGs
- **Members (94%) and former members (6%) show mixed levels of satisfaction with benefits.**
 - APA members are satisfied with two of three of the most important benefits
 - Education (i.e., CME, online content, & publications)*
 - APA Annual Meeting *
 - APA needs to improve the monetary value of membership and provide more/better opportunities to advocate on behalf of important issues (very important but low in satisfaction) *
 - Some benefits may need increased or enhanced messaging; others could have funding reallocated
 - Career stage and member tenure define opportunities for APA to target specific benefits

* Statistically derived importance: significant driver of satisfaction (i.e., regression)

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BOTTOM LINE UP FRONT (BLUF)



<p>Low Satisfaction / Low Value</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Improve messaging</p> <ul style="list-style-type: none"> Value of Membership Shift from networking to Peer Support/Mentoring Shift from Leadership to Advocacy Leadership </div> <div style="width: 45%;"> <p>Reprioritize (lower)</p> <ul style="list-style-type: none"> Leadership Opportunities Career/Job Opportunities </div> </div>	<p>High Satisfaction / High Value</p> <p>Education</p> <ul style="list-style-type: none"> • Consider more CME events • APA Annual Meeting • Bolster national and state advocacy events (Legislative Conference)
<p>Opportunities for IMG Benefits:</p> <p><i>General:</i></p> <ul style="list-style-type: none"> • Provide more dedicated leadership opportunities through advocacy engagement • Better/More visible advocacy • Better/More residency application support <p>Residency Applicant Resources/Info:</p> <ul style="list-style-type: none"> • More Observership/Externship information • More/Better Immigration/Visa assistance 	<p>Top Member barriers are:</p> <p>Externships/Observership</p> <ul style="list-style-type: none"> • Finding Practice Locations • Financial constraints • Administrative challenges • Competition placements <p>Residency Training</p> <ul style="list-style-type: none"> • Difficulty Navigating the System • Burn Out • Imposter Phenomenon • Other (i.e., IMG stigma, discrimination, language/cultural barriers, financial, etc.)

5
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5

DIFFERENCES BY DEMOS/SEGMENTS



Medical leadership for mind, brain and body.


|

Are there any differences in how different types of members perceive APA?

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6

AGE AND APA TENURE DEFINE SATISFACTION DIFFERENCES



- Satisfaction by Career Stage and Tenure**
 Lifetime, Retired, and Inactive IMGs are significantly more satisfied Overall and with key benefits than

Overall Satisfaction (73%)	APA Annual Meeting (72%)	Value of Membership (49%)	Professional Recognition (69%)
Resident Fellows (44%), Early Career (47%), and General Members (56%)	Resident Fellow (58%) General Member (57%)	Early Career (21%), General Member (23%)	Resident Fellows (39%), Early Career (39%), and General Members (46%)

Long Tenured IMGs (30 + years) are significantly more satisfied Overall and with key benefits than


Overall Satisfaction (71%)	APA Annual Meeting (70%)	Value of Membership (48%)	Professional Recognition (69%)
Those with under 10 years tenure (50%) and 11 to 19 years (51%) of tenure	Those with 11 to 19 (56%) and 20 to 29 years (58%) of tenure	Those with under 10 (27%), 11 to 19 (23%), and 20 to 29 years (21%) of tenure	Those with under 10 (35%), 11 to 19 (46%), and 20 to 29 years (46%) of tenure

* % Satisfied + Completely Satisfied

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7

BIRTH AND MEDICAL SCHOOL COUNTRY REVEAL FEW DIFFERENCES



By Birth Country

IMGs from **Top 10 (non-US)** countries are significantly less satisfied (47%) with **APA Annual Meeting** than IMGs from Other Non-US (58%), but are more satisfied than US born IMGs (40%) with **Professional Recognition** (56%). Other benefits and overall satisfaction are at parity.

1	India	20%	6	Philippines	4%	Top 10 (Non-US): Percentages shown represent survey completes.
2	Pakistan	6%	7	Nigeria	4%	
3	Colombia	4%	8	Dominica	3%	
4	Nigeria	4%	9	Dominican Republic	3%	
5	Canada	4%	10	Russian Federation	3%	

By Medical School Country

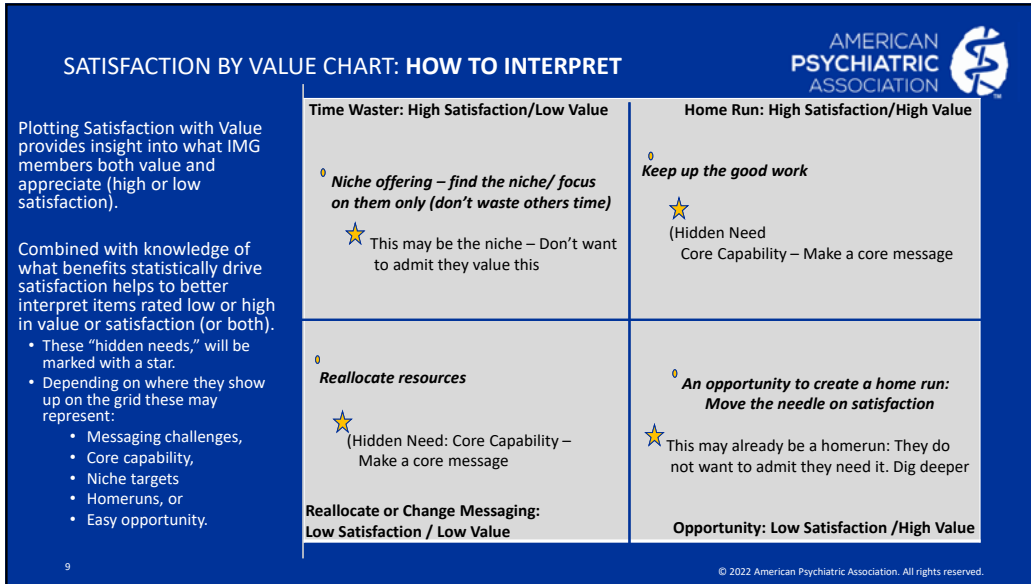
- Non-US born IMGs trained in **Top 10 countries** are significantly less satisfied with **APA Annual Meeting** (44%) than IMGs from Other countries (Not US born) and US born IMGs trained abroad (57%).
- Non-US born IMGs from **Top 10 countries** were also significantly more satisfied with **Professional Recognition** (56%) than US-born IMGs (40%). Other benefits and overall satisfaction are at parity.

1	India	20%	6	Philippines	2.9	Top 10 (Non-US born): Percentages shown represent survey completes.
2	Pakistan	6%	7	Nigeria	2.2	
3	Mexico	4%	8	Dominica	1.6	
4	Grenada	4%	9	Dominican Republic	1.6	
5	Colombia	4%	10	Russian Federation	1.6	

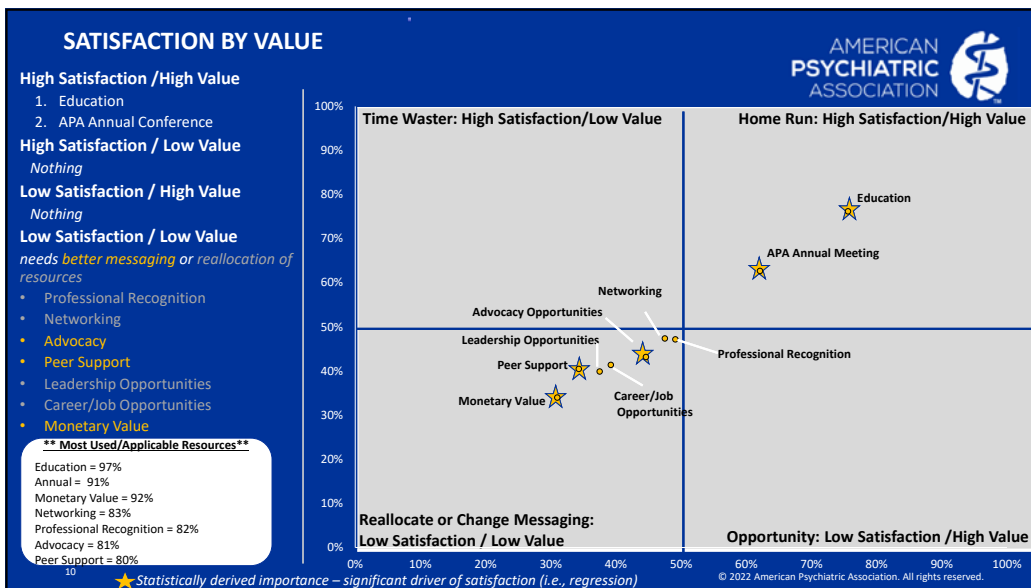
* % Satisfied + Completely Satisfied

8
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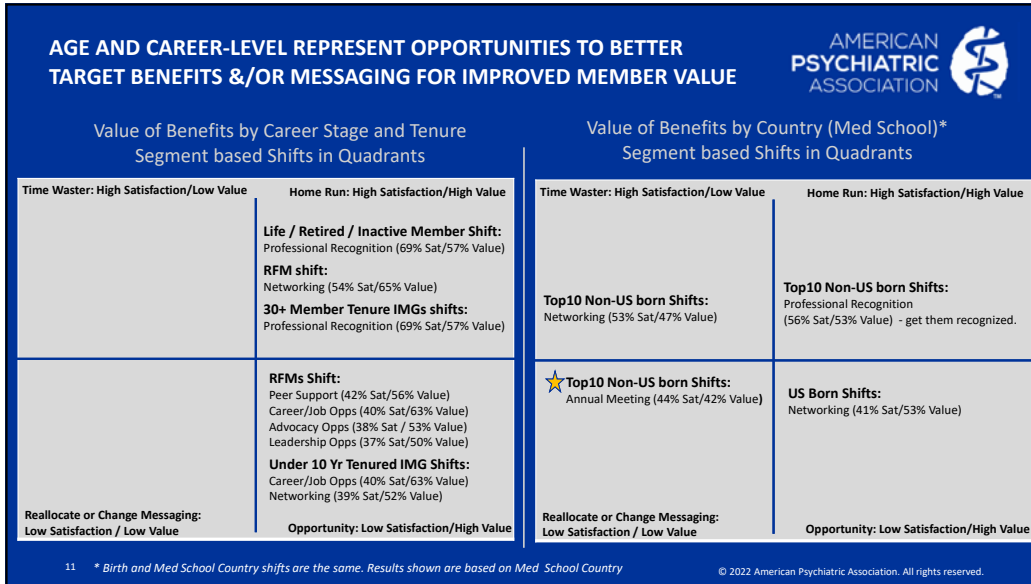
8



9



10



11

AMERICAN PSYCHIATRIC ASSOCIATION

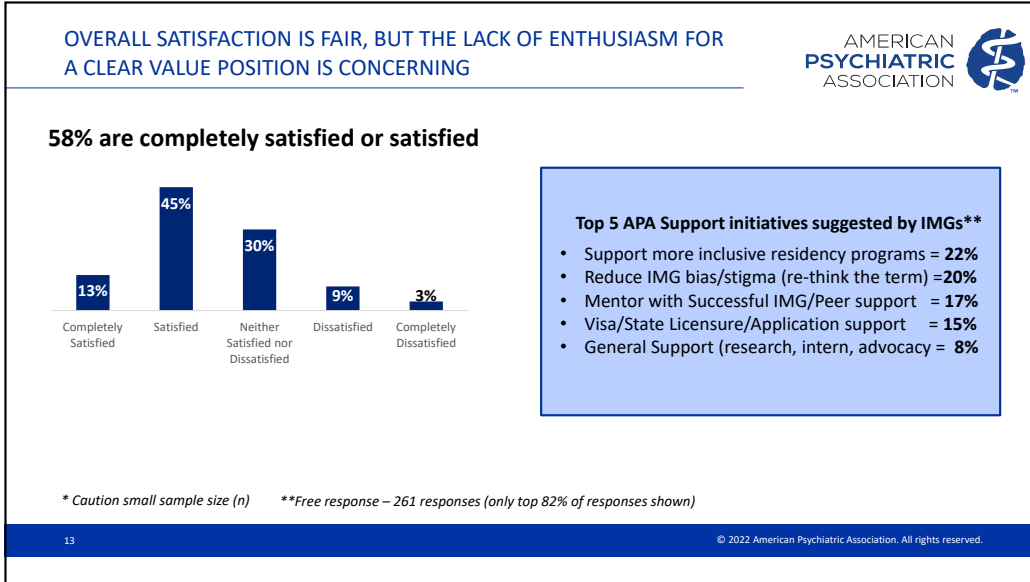
Medical leadership for mind, brain and body.

SATISFACTION AND VALUE

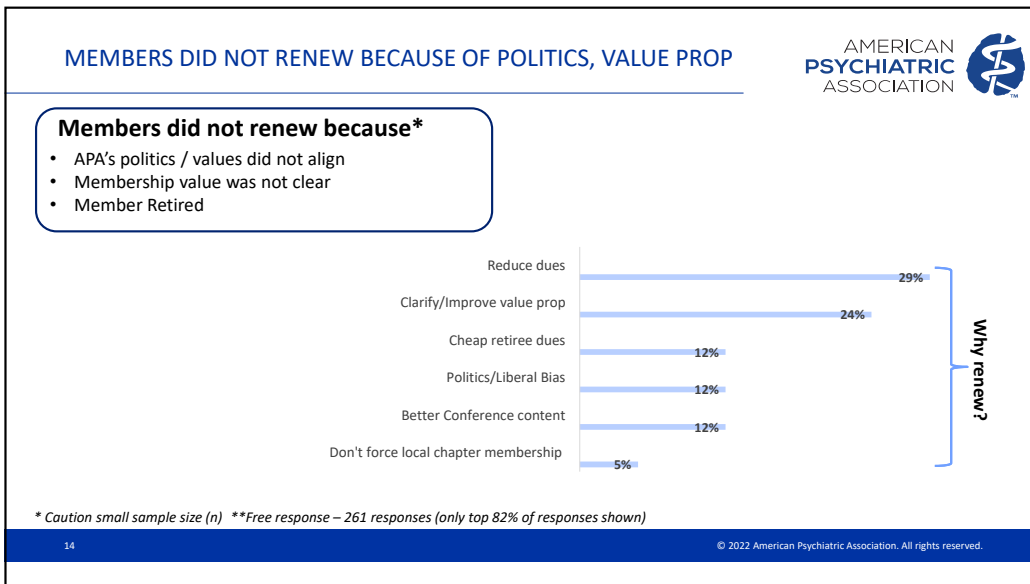
- How do members think of the APA (i.e., how satisfied are they)?
- What drives this satisfaction level?
- What benefits do they value and how does that compare with satisfaction?

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MEMBER ACTIVITIES, PRIORITIES AND BARRIERS

What could APA do differently to support members?
What is holding them back – their barriers?

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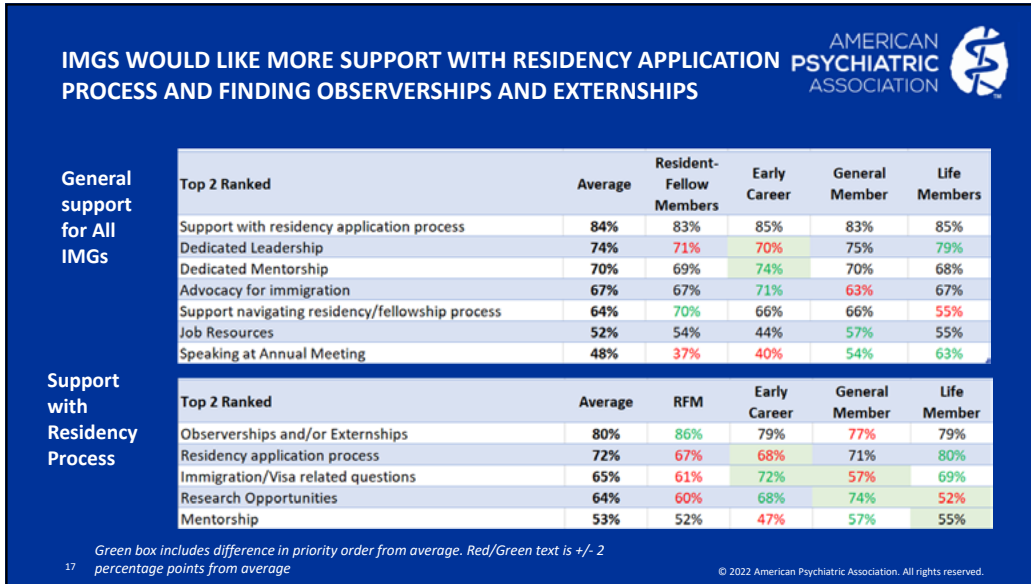
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MEMBERS WANT INFORMATION FROM APA ON LEADERSHIP OPPORTUNITIES, ADVOCACY, OBSERVERSHIPS, IMMIGRATION/VISA, AND RESIDENCY.

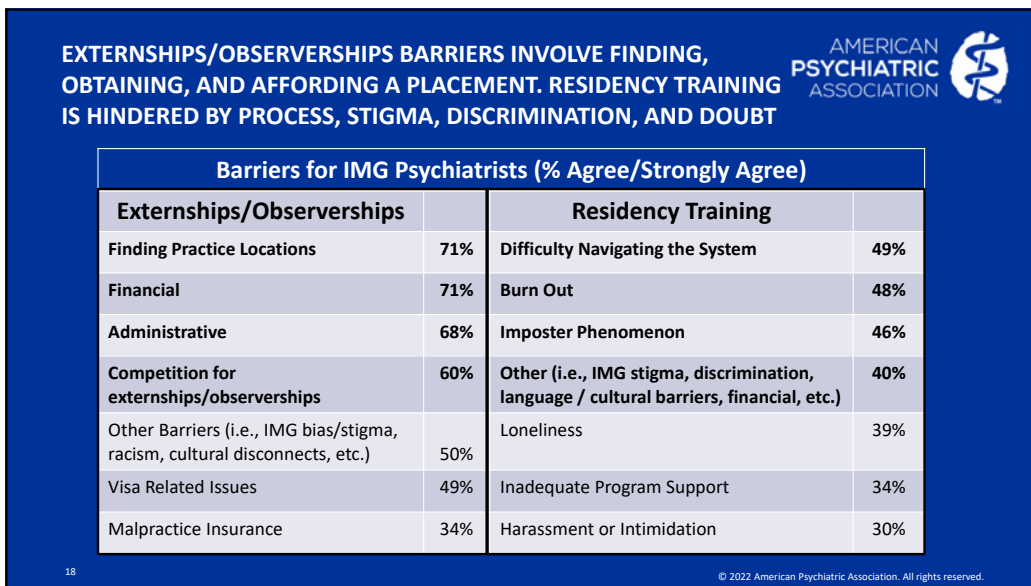
Top 3 Areas of support needed by IMG Psychiatrists	
General IMG Needs (ranked 1 st)	Residency Applicant Resources (ranked 1 st)
53% Dedicated Leadership Opportunities	57% Observership/Externships Info
42% Advocacy for Immigration Issues	31% Immigration/Visa related questions
39% Support with residency application process	30% Residency Application Info
Next Biggest Areas	
General IMG Needs (ranked 1 st + 2 nd)	Residency Applicant Resources (ranked 1 st + 2 nd)
2 nd Ranked 38% / 1 st Ranked 32%: Dedicated Mentorship	2 nd Ranked 29% / 1 st Ranked 25% : Mentorship
2 nd Ranked 41% / 1 st Ranked 23%: Support navigating residency/fellowship process	2 nd Ranked 46% / 1 st Ranked 19%: Research Opportunities
2 nd Ranked 32% / 1 st Ranked 22%: Job Resources	

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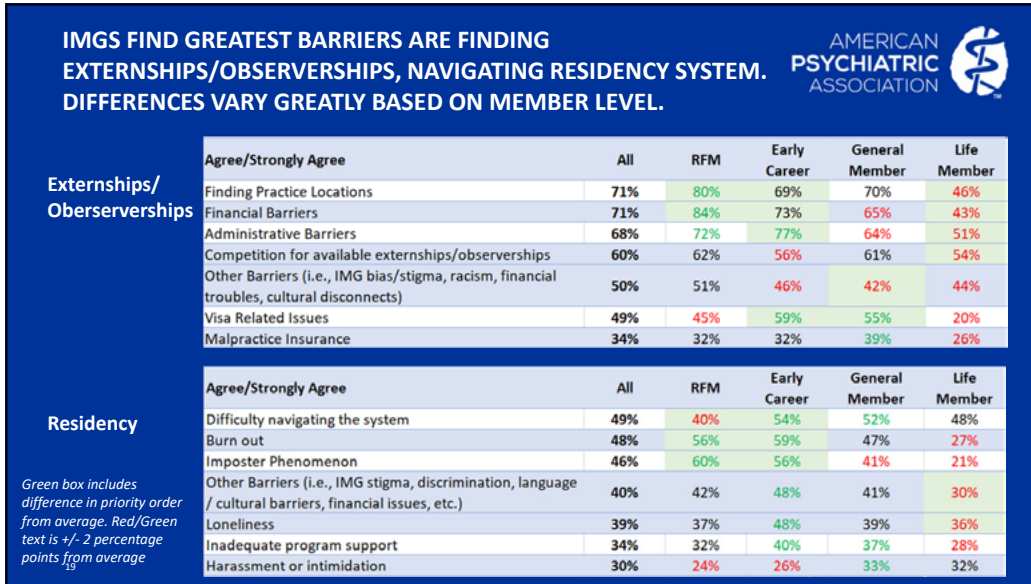
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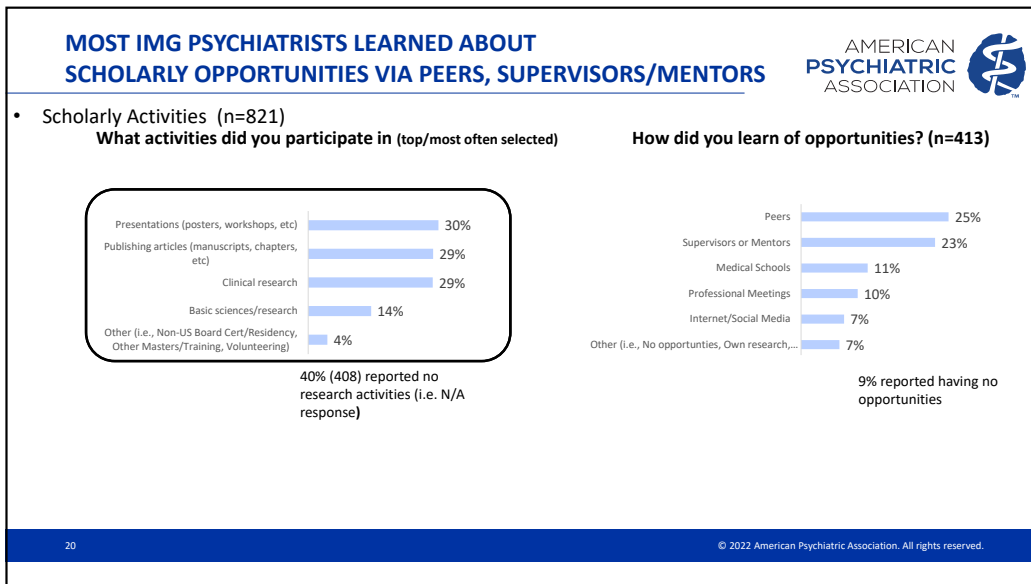
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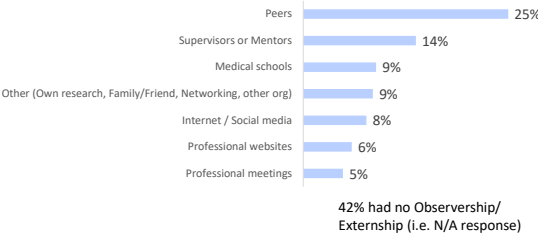
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JUST UNDER 60% PARTICIPATED IN AN OBSERVERSHIP/EXTERNSHIP 

- 821 responded to the question about completion of observership or externship of which 58% indicated participation in at least one observership and/or externship
 - Of those who participated, most learned about opportunities through peers and supervisors and mentors.
 - Most Observerships/Externships lasted over 1 month:
 - 1 month or less (28%)
 - More than 1 month (72%)



Source	Percentage
Peers	25%
Supervisors or Mentors	14%
Medical schools	9%
Other (Own research, Family/Friend, Networking, other org)	9%
Internet / Social media	8%
Professional websites	6%
Professional meetings	5%

42% had no Observership/Externship (i.e. N/A response)

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CONCLUSIONS AND RECOMMENDATIONS

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CONCLUSIONS AND RECOMMENDATIONS



- APA sits in an enviable position in its marketplace. Members feel that they need to join to be associated with *THE PSYCHIATRIC* association.

- Members do not see much value outside of continuing education credits and that connection to the association.


- All it would take is one competing org (like a subspecialty organization, government org, for-profit institution, etc.), to build capability and communicate a competing value proposition to change this quickly.

- APA needs to:
 - Explore scenario planning
 - Improve innovation around new offerings
 - Better develop/define APA's value position

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CONCLUSIONS AND RECOMMENDATIONS



- APA has opportunities to improve member satisfaction by member segments. Specifically:
 - **Resident Fellows: Improve delivery (Satisfaction of valued benefits):**
 - Peer Support
 - Career/Job Opportunities
 - Advocacy Opportunities
 - Leadership Opportunities

 - **Members with under 10 years member tenure with APA: Improve delivery (Satisfaction of valued benefits):**
 - Career/Job Opportunities
 - Networking


 - **Lifetime and Retired member IMGs and those with 30+ years of APA tenure appreciate opportunities for professional recognition**

 - **Resident Fellow members appreciate the networking opportunities APA provides**

 - **US born IMGs would appreciate better networking opportunities**

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APPENDIX

- Satisfaction Details
- Demographics

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A-1 - SATISFACTION AND IMPROVEMENTS: APA IS NOT PROVING VALUE FOR THE MONEY. MEMBERS DO APPRECIATE CE'S, ANNUAL, AND ADVOCACY.

Benefits with greatest satisfaction and highest Importance*

APA Benefits	(% Satisfied + Completely Satisfied)
Education (CEs/Content)	76%
APA Annual Conference	62%
Moderate Satisfaction and Highest Importance	
Advocacy Opportunities	45%

Benefits with moderate satisfaction / Not Important*

APA Benefits	(% Satisfied + Completely Satisfied)
Professional Recognition	49%
Networking	48%

Benefits with lowest satisfaction and highest Importance*

APA Benefits	(% Satisfied + Completely Satisfied)
Monetary Value	31%
Peer Support/Mentorship	34%

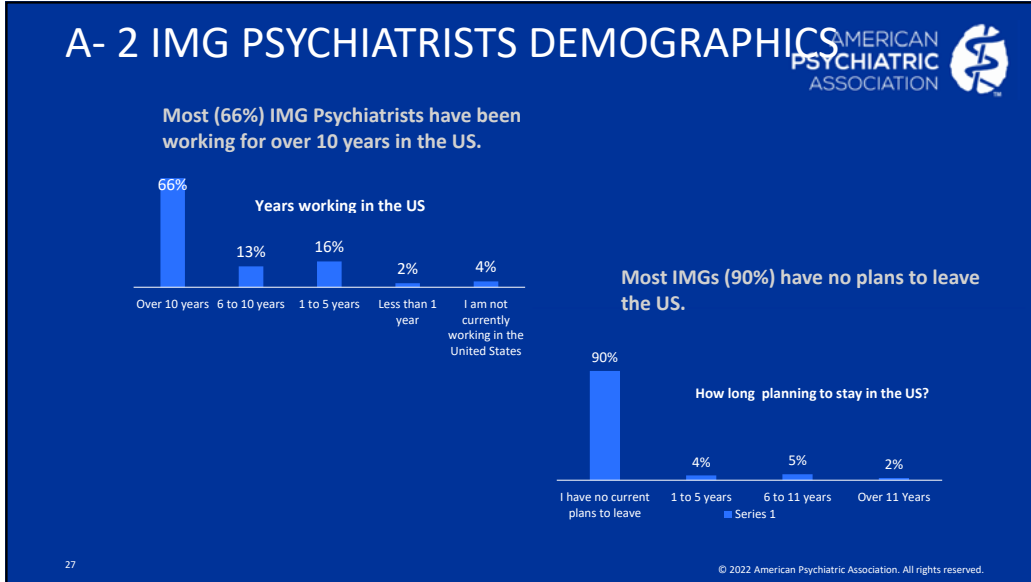
Benefits with low satisfaction / Not Important*

APA Benefits	(% Satisfied + Completely Satisfied)
Career/Job Opportunities	39%
Leadership Opportunities	38%

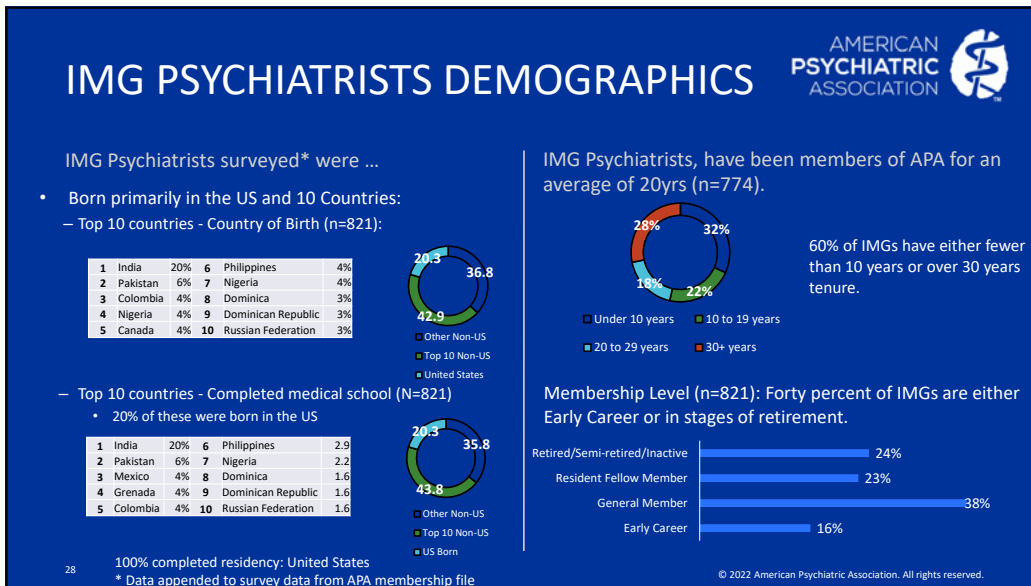
* Derived importance - regression

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IMG PSYCHIATRISTS DEMOGRAPHICS



IMG Psychiatrists surveyed that are working in a specific state, predominated operate in 1 or 2 states.

- States of current residence
 - 22% Unknowns
 - 72% work in only 1 state
 - 4% work in 2 states
 - 2.4% work in 3 or more states *
- Top 10 states where IMGs are working are:

1	New York	15%	6	New Jersey	4%
2	California	10%	7	Texas	4%
3	Florida	6%	8	Illinois	3%
4	Pennsylvania	5%	9	Maryland	3%
5	Massachusetts	4%	10	North Carolina	3%

The majority (70%) of IMG Psychiatrists are affiliated with 25 APA District Branches.

- Current District Branches
 - Seventy percent of IMG respondents are affiliated with 25 APA DBs

1	New York County Psychiatric Society	8%	14	Michigan Psychiatric Society	2%
2	Florida Psychiatric Society	5%	15	Washington Psychiatric Society	2%
3	Pennsylvania Psychiatric Society	5%	16	Connecticut Psychiatric Society	2%
4	Massachusetts Psychiatric Society	5%	17	Minnesota Psychiatric Society	2%
5	Texas Society of Psychiatric Physicians	4%	18	Central California Psychiatric Society	2%
6	New Jersey Psychiatric Association	3%	19	Arizona Psychiatric Society	2%
7	North Carolina Psychiatric Association	3%	20	Missouri Psychiatric Physicians Association	2%
8	Southern California Psychiatric Society	3%	21	Psychiatric Society of Virginia Inc	2%
9	Illinois Psychiatric Society	3%	22	Wisconsin Psychiatric Association	2%
10	Maryland Psychiatric Society Inc.	3%	23	Orange County Psychiatric Society	1%
11	Brooklyn Psychiatric Society Inc	3%	24	Queens County Psychiatric Society	1%
12	Northern California Psychiatric Society	3%	25	San Diego Psychiatric Society	1%
13	Georgia Psychiatric Physicians Association Inc	2%			

— 9% are Unsure of their affiliation (of those, only one is a life member)

* Responses indicate 3 outliers working in 10, 34, and 43 states respectively.

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