Why Are International Medical Graduates Not Choosing Nephrology?

By Fahad Saeed and Jean L. Holley

Recently, a substantial decline in interest in the field of nephrology has occurred, not only among medical graduates in the US (USMGs) but also among international medical graduates (IMGs) (1). Factors such as lifestyle, income potential, job opportunities, and others have been discussed (2), but little is known about the declining interest of IMGs. This article is a personal narrative of the first author on why he chose nephrology as a career. The article will also communicate the gist of our conversations and email communications with our IMG colleagues about these questions:

- Why did they not choose nephrology?
- Why have they not chosen nephrology as their subspecialty?
- Why are international medical graduates in the US (USMGs) and IMGs among medical graduates in the US (USMGs) and IMGs not choosing nephrology?
- Why did they not choose nephrology?

Graduates Not Choosing Nephrology?

Many IMGs have the privilege of serving and training in internal medicine programs in community-based teaching hospitals, where they may or may not be exposed to well-rounded faculty members who can serve as role models and attract them to the field of nephrology. Many of the attendees in such programs are in private or group nephrology practices and are not necessarily committed to teaching. Perhaps formal teaching workshops for such community physicians who also hold teaching appointments at community hospitals could be arranged. Nephrology societies could organize such programs along the lines of regional nephrology reviews and provide financial or educational credits. Exceptional nephrology teachers could be recruited as faculty for these programs and could share their tips for making clinical nephrology attractive to residents as a career choice.

Visa issues, future job prospects, and nephrology

Visa issues and future job prospects were not the primary focus of the first author in selecting a subspecialty for additional training. But not everyone makes decisions based solely on passion and interest in a field. For some IMGs, visa issues can make or break the deal in choosing a career (2).

Two types of visas are available for those wishing to do residency and fellowship training in the United States: the H-1B visa and the J-1 visa. Ordinarily, an H-1B visa can be extended for a total of 6 years. An H-1B visa holder can spare the sixth year to file for a green card, which is usually employer-based, and the IMG physician is still able to work under that visa. A total visa duration of 6 years makes it challenging for some IMGs to pursue additional training years in research, although it is theoretically possible if an employer sponsors a green card application during the IMG's second or third year of fellowship. However, academic institutions typically do not hire a faculty member 1 or 2 years in advance. This situation may result in fewer candidates choosing research careers, despite the desire of many talented IMG physicians in training. It is also important to note that H-1B visa sponsorship legally requires programs to pay for the sponsorship fee, an unattractive option for some programs.

A J-1 visa held by an IMG candidate can be extended for a total of 7 years. However, this visa option is tied to a requirement that the IMG practice for 3 years in an underserved area or return to his or her home country for 2 years to change immigration status and then be eligible for long-term residency in the United States. This whole process can take several years, depending on the country of origin. From the research training standpoint, if a J-1 visa holder does an extra research year, the chances of pursuing a research-academic career are small because of the waiver requirement of 3 years of practice in an underserved area of the United States or 2 years in the home country would still need to be completed. If only a clinical fellowship is completed, finding a decent job in an underserved area at times may be difficult. There is some concern that a future employer may take advantage of the nephrologist with a J-1 visa because of the legal requirement of practicing in an underserved area and relatively fewer decent job opportunities (2). Training programs have no financial obligation to pay for visa fees for J-1 visa holders.

Hospitalist medicine and nephrology

The declining interest in nephrology perhaps parallels the rise in hospitalist medicine. Hospital medicine offers several potential advantages to IMGs, such as more geographically focused, fixed job placements, more predictable and reliable job opportunities in their preferred area, and the duration of a partnership track. IMGs may return to nephrology after several years or, in some cases, choose to continue a career in hospital medicine. Although there are no easy solutions to these issues, a change in legislation regarding visa options to prevent a workforce crisis in nephrology may be of value. Changes to visa requirements may also attract more IMGs to fellowship training in nephrology. Collaboration by the international nephrology societies may be of value in preventing the global workforce shortage we face. And attracting IMGs to nephrology may best begin in their medical schools and extend to residency training programs in community hospitals here in the United States, where enthusiastic, committed nephrologists can be seen as excellent teachers and role models.

References


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