



International Medical Graduates Assistance Program

2024 REPORT TO THE MINNESOTA LEGISLATURE

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International Medical Graduates Assistance Program

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Executive Summary

Minnesota's pioneering International Medical Graduates Assistance Program assists immigrant international medical graduates (IMGs) with integrating into the Minnesota health care workforce, with the goal of increasing access to primary care in rural and underserved areas of the state. The IMG Assistance Program, enacted by the Minnesota Legislature in 2015 and overseen by the Minnesota Department of Health (MDH) Office of Rural Health and Primary Care (ORHPC), addresses barriers and creates pathways to support IMGs in becoming licensed to practice medicine in Minnesota. This report summarizes the program overall and provides more specific information for the past biennium.

The programs within the IMG Assistance Program offer a progression of support that forms a pathway to medical practice for Minnesota IMGs, from the IMG Career Guidance and Support Program to the IMG Clinical Preparation Program and finally the IMG Primary Care Residency Grant Program. An IMG Advisory Group composed of IMGs and representatives of diverse sectors, such as health care and higher education, consults with MDH on the implementation of the IMG Assistance Program.

MDH surveyed Minnesota IMGs in early 2024 as part of an ongoing effort to gather data from Minnesota IMGs to inform programming and policy. Respondents emphasized that they wished to contribute to Minnesota communities by practicing medicine, and they described the many challenges in their pursuit of licensure, from financial burdens to multiple unsuccessful applications to residency programs.

The IMG Career Guidance and Support Program has been administered by the International Institute of Minnesota since 2022. They provided individualized career navigation services to 81 IMGs from nearly 30 countries of origin over the past two years. In late 2024, MDH awarded a grant to the Somali Medical Association of America to operate a second IMG Career Guidance and Support Program site.

Participants in the IMG Clinical Preparation Program, which has been led by the University of Minnesota since its inception, engage in nine months of hands-on clinical training, including inpatient and outpatient rotations. The program typically served four IMGs annually but has now expanded to six participants and a new clinical partner, Odum Medical Group. Nearly all graduates of the IMG Clinical Preparation Program have succeeded in gaining admission to residency programs.

The IMG Primary Care Residency Grant Program supports the training of IMG residents in primary care specialties. IMGs who accept a grant-funded residency position agree to provide primary care for at least five years in a rural or underserved community in Minnesota after graduating from the residency program. Since its start in 2016, the program has enrolled 18 IMG residents at Hennepin Healthcare, the University of Minnesota, and the Mayo Clinic.

Minnesota IMGs still face significant barriers to entering the physician workforce here. In the years ahead, MDH and its partners will continue to promote the IMG Assistance Program and explore innovative models and pathways for IMGs to fully integrate into the Minnesota health care system and increase access to primary care in our rural and underserved communities.

Introduction

In 2015, Minnesota was the first state in the nation to enact a comprehensive program to integrate immigrant IMGs into the health care workforce. The IMG Assistance Program established by the Minnesota Legislature recognizes the potential of IMGs to meet the acute need for physicians and other health care professionals in rural and underserved areas of our state. ORHPC oversees the implementation of the IMG Assistance Program, a set of interrelated programs and initiatives that address barriers to practice and facilitate pathways to assist immigrant IMGs to integrate into the Minnesota health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state.

Minnesota Statutes Section 144.1911 authorizes the Commissioner of Health to administer the IMG Assistance Program, providing overall coordination for the development and implementation of a comprehensive system for integrating qualified immigrant IMGs into the Minnesota health care delivery system, particularly those willing to serve in rural or underserved communities of the state.

The authorizing statute defines an IMG as a physician who received a basic medical degree or qualification from a medical school located outside the U.S. and Canada. An *immigrant* IMG was born outside the U.S., now resides permanently in the U.S. or entered the U.S. on a temporary status based on urgent humanitarian or significant public benefit reasons, and did not enter the U.S. on a J1 or similar nonimmigrant visa following acceptance into a U.S. medical residency or fellowship program. Finally, a *Minnesota* immigrant IMG has lived in Minnesota for at least two years.

The IMG Assistance Program and related initiatives include:

- A **voluntary roster** of IMGs interested in entering the Minnesota health workforce.
- Grants to organizations to provide **career guidance and support services** to IMGs seeking to enter the Minnesota health workforce.
- Grants to support **clinical preparation** for Minnesota IMGs needing additional clinical preparation or experience to qualify for residency, including assessment of clinical readiness for residency.
- Grants to support **primary care residency positions** designated for Minnesota IMGs who are willing to serve in rural or underserved areas of the state.
- Collaboration with graduate clinical medical training programs to **address barriers** faced by IMGs in securing residency positions in Minnesota.
- Exploration and facilitation of more streamlined pathways for IMGs to serve in **non-physician professions** in the Minnesota health workforce.
- Studying, in consultation with the Board of Medical Practice and other stakeholders, changes necessary in health professional **licensure and regulation** to ensure full utilization of IMGs in the Minnesota health care delivery system.

An IMG Advisory Group composed of members representing a wide range of sectors, from health care to higher education, along with IMGs themselves, informs the implementation of the IMG Assistance Program.

The programs within the IMG Assistance Program offer a progression of support that forms a pathway to medical practice for Minnesota IMGs. The IMG Career Guidance and Support Program serves as the first step, orienting Minnesota IMGs to their options and supporting them in applying for clinical experience and residency programs. Many of the participants in the next step, the IMG Clinical Preparation Program, began in the IMG Career Guidance and Support Program.

After gaining hands-on clinical experience through the IMG Clinical Preparation Program, nearly all participating IMGs gain acceptance into residency programs. Some of those residency programs receive funding through the IMG Primary Care Residency Grant Program, and their grant-funded IMG graduates go on to practice primary care in rural and underserved Minnesota communities.

For the purposes of the IMG Assistance Program, “rural communities” are outside the seven-county metropolitan area, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud. “Underserved communities” are federally designated health professional shortage areas, medically underserved areas, or medically underserved populations according to the [Bureau of Health Workforce](#).

IMGs have the potential to contribute significantly to Minnesota’s efforts to strengthen the health care workforce and expand access to care, support healthy communities, and provide culturally responsive care to our underserved populations. Many IMGs trained in primary care and are eager to continue practicing primary care in communities across Minnesota. Yet IMGs face many obstacles to becoming licensed and practicing medicine in Minnesota.

For nearly 10 years, the IMG Assistance Program has worked with many partners to create opportunities for IMGs to prepare to enter the Minnesota health workforce. This report provides updates on several promising recent developments, including expansions of both the IMG Career Guidance and Support Program and the IMG Clinical Preparation Program. The IMG Assistance Program remains a central asset to the state in the endeavor to grow our physician workforce and improve access to health care by equipping IMGs to practice medicine in Minnesota.

IMGs in Minnesota: Survey and Voluntary Roster

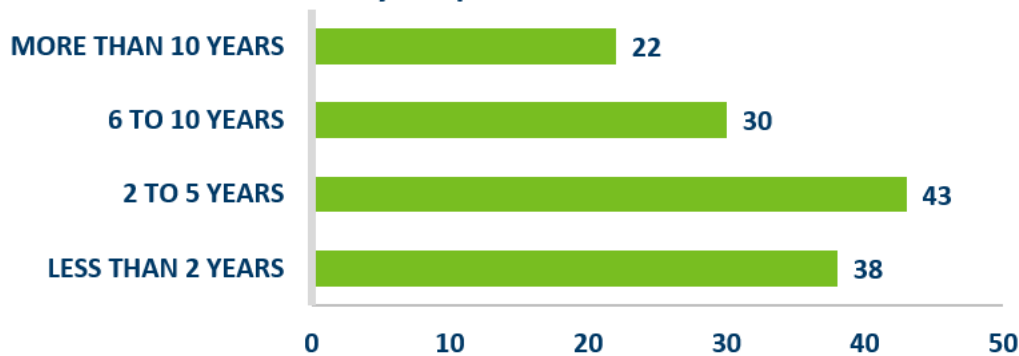
One important function of the IMG Assistance Program is to gather information about Minnesota IMGs. The authorizing statute directs MDH to maintain a voluntary roster of IMGs interested in entering the Minnesota health workforce to assist in planning and program administration, including making available summary reports that show the aggregate number and distribution, by geography and specialty, of IMGs in Minnesota.

From January through March 2024, MDH surveyed IMGs residing in Minnesota. IMGs were encouraged to complete an anonymous survey to help MDH and policymakers learn more about the IMGs in our state and inform programs and public policy related to integrating IMGs into the Minnesota health care workforce. MDH received 180 responses to the survey. Among respondents, 82 provided their contact information to learn more about MDH IMG programs and receive invitations to IMG Advisory Group meetings.

Among the 126 IMGs who provided their country of origin, nearly half (48%) named Somalia as their country of origin, followed by 11% from Sudan. Smaller percentages of respondents reported another 24 countries of origin from Africa, the Middle East, Asia, South America, and Europe, with one from Canada.

In addition to English, the most common languages spoken by IMG respondents were Somali, Arabic, Mandarin Chinese, Spanish, Hindi, and Urdu. Respondents reported speaking another 18 languages. About three-fourths of IMG respondents were multilingual, with 37% speaking two or more languages in addition to English.

IMG Survey Respondents - Years Lived in Minnesota



Of the 133 IMGs who responded to the question, close to a third had lived in Minnesota for less than two years and another third for 2-5 years. About a quarter had lived here for 6-10 years, and 17% for longer than 10 years.

Among the 89 IMGs who answered the question, 35% reported that they lived in Greater Minnesota, and 65% in the Twin Cities metropolitan area.

Many of the IMGs surveyed specialized in primary care, including 27 general practitioners, 25 in family medicine, 14 in internal medicine, and five in pediatrics. General surgery, emergency medicine, obstetrics and gynecology, and psychiatry were each represented by four IMG respondents. The remaining IMG respondents had specialties such as neurology, gastroenterology, and several others.

Survey respondents told MDH about the jobs they had currently or recently held in the U.S. The most common jobs were non-physician health care roles, such as certified medical or nursing assistant, community health worker, or direct support professional. A sizeable group worked in research, and some held laboratory jobs. Others worked as interpreters or medical scribes, health care administrators, educators or childcare professionals, among other jobs.

Some IMG respondents shared comments about the contributions they could make to the Minnesota health care system and Minnesota communities if they were able to practice medicine here.

"IMGs bring a perspective and knowledge very much needed in the Minnesota health system."

– IMG survey respondent

"Minnesota is blessed with a diverse population of IMGs with a lot of expertise and experience that hasn't fully been utilized."

– IMG survey respondent

The survey asked IMGs, "What is the most challenging step to become a licensed physician in the U.S.?" Responses fell largely into three categories: financial demands (45 responses), preparing for and successfully completing exams and certification (27 responses), and time demands (19 respondents). IMGs are often financially responsible for family members here and abroad as they pursue licensure in Minnesota, and working and caring for families does not leave much time to prepare for exams and applications.

Among the 121 IMGs who answered the question, 62% reported that they had gained clinical shadowing experience in the U.S., which is often an important component of applications to U.S. medical residency programs for IMGs.

Many IMG respondents had experienced difficulty gaining admission into a residency program, a necessary step on the path to licensure. Respondents offered numerous ideas for expanding residency opportunities, such as increasing the number of residency spots designated for IMGs, modifying year-of-graduation requirements in residency program admissions, and expanding the IMG Clinical Preparation Program to reach more IMGs.

“I went through three cycles of the match process and spent over \$20,000 to obtain residency. I nearly quit searching for residency before my match.”

– IMG survey respondent

“The pathway is long, very expensive and non-reassuring. Programs offering residency, especially in Minnesota, are very selective when it comes to IMGs.”

– IMG survey respondent

Respondents expressed appreciation for support they had received from the IMG Assistance Program and other sources. They hoped to see greater opportunity and innovative solutions in the future, citing examples from more clinical training opportunities to a provisional license for IMGs to practice in rural and underserved Minnesota communities.

IMG Career Guidance and Support Program

The IMG Career Guidance and Support Program awards grants to eligible nonprofit organizations and postsecondary educational institutions to provide career guidance and support services to immigrant IMGs seeking to enter the Minnesota health care workforce. This program helps IMGs overcome some of the barriers to practicing medicine or other health careers in Minnesota, such as the financial burden of testing and residency application fees, challenges navigating requirements, and limited experience with the U.S. health care system. By facilitating pathways for IMGs and connecting employers to a pool of highly qualified candidates, the program contributes to strengthening and diversifying the Minnesota health care workforce.

IMG Career Guidance and Support Program grantee organizations provide services including the following:

- Educational and career navigation, including information on training and licensing requirements for physician and non-physician health care professions, and guidance in determining which pathway is best suited for an individual IMG based on their skills, experience, resources, and interests.
- Support for IMGs in becoming certified by the Educational Commission for Foreign Medical Graduates (ECFMG), including help with preparation for required licensing exams and financial assistance for fees.
- Connections to partners and resources, and financial assistance to support IMGs in:
 - Increasing knowledge of and familiarity with the U.S. health care system, such as through clinical experience programs and observerships.
 - Becoming proficient in the use of information technology, including electronic health record technology.
 - Becoming proficient in medical English.
 - Developing other foundational skills to improve IMGs’ health care career prospects.
- Guidance and coaching related to preparing applications, preparing for interviews, and navigating the application process for medical residency, other health care training opportunities, and health care jobs.
- Referrals to partners and resources to address a range of needs, such as mental health and other health care services, housing support, and childcare.

- Connections between program participants and practicing or retired physicians for mentorship opportunities.
- Networking and peer support opportunities for current and past program participants and other Minnesota IMGs.

The current grantee, International Institute of Minnesota (IIMN), has been working with IMGs with the support of this grant since 2022. From 2022 through 2024, IIMN worked with 81 IMG clients in the IMG Career Guidance and Support program. Their IMG clients came from nearly 30 countries of origin, with the largest percentages from Somalia, Sudan, and Ethiopia.

All IMG clients receive individualized career navigation and support services to eventually enter the Minnesota workforce as a physician. For IMGs facing greater obstacles in their effort to practice medicine in Minnesota, the IMG Career Guidance and Support Program helps them explore alternative health care careers, such as physician assistant and nurse practitioner, that allow them to use at least some of their clinical skills.

IMGs undertake a costly and time-consuming process to become eligible to practice medicine in Minnesota. They must pass multiple steps of the United States Medical Licensing Examination (USMLE), become certified by the ECFMG, seek to gain exposure to the U.S. health care system through observerships and similar experiences, and apply for residency programs. According to the [American Medical Association](#), in 2023, the average IMG applied to 144 residency programs, incurring thousands of dollars in application fees as well as fees to submit test scores and, for those who were offered interviews, another set of interview-related costs.

The IMG Career Guidance and Support Program offers modest financial support to IMG clients for expenses related to their career path, including transcript evaluation fees, USMLE study programs and materials, examination fees, tuition for foundational skills courses, and application fees for Minnesota residency programs. From the start of the IIMN program in 2022 through December 2024, 77% of enrolled clients requested reimbursement for scholarship and support services, and they received more than \$142,000. These figures show both the high financial burden on IMGs seeking to practice medicine in Minnesota and the impact of the IMG Career Guidance and Support Program.

The IMG Career Guidance and Support Program serves as the first step in the pathway offered by the IMG Assistance Program. Many of the participants in the next step, the IMG Clinical Preparation Program, began in the IMG Career Guidance and Support Program. In 2024, four IMG Career Guidance and Support Program participants were accepted into the IMG Clinical Preparation Program, also known as BRIIDGE.

“The IMG Career Guidance and Support Program provided crucial support during my application to medical residency and the BRIIDGE program. The financial assistance and the step-by-step guidance I received throughout the application process and interview season were essential in helping me reach my goals. I am proud to have been accepted into the 2025 BRIIDGE program in Minnesota.”

– IMG Career Guidance and Support Program client

Clients who are ready to apply for medical residency positions receive coaching on how to prepare their applications, and program staff conduct mock interviews with clients. Residency positions are highly competitive for all medical school graduates, and for IMGs in particular. The number of years since medical school graduation, a lack of opportunities to gain U.S. clinical experience, and financial difficulties have been cited by

clients in the IMG Career Guidance and Support Program as barriers to their success in securing residency positions.

Of the 37 IMGs who applied for residency with the support of the IMG Career Guidance and Support Program from 2022 through 2024, 10 were accepted, and some are awaiting word on the March 2025 match process.

“It was a great experience. [The IMG Career Guidance and Support Program] helped me out from my ERAS [residency] application preparation to the mock interview.”
– IMG Career Guidance and Support Program client

One significant challenge IMGs confront after arriving in Minnesota is the loss of the professional network they had built during their careers in other countries. A thriving network connects IMGs to opportunities and informs potential employers of the highly skilled professionals who could be an asset to their health care workforce. IIMN has spent the past two years cultivating a peer network of IMGs. In group settings, they discuss career topics, give each other feedback on resumes, and generally provide professional and social support to one another.

To facilitate networking and career opportunities, IIMN has developed partnerships with over 100 local health care employers, such as M Health Fairview, Allina Health, and Children’s Minnesota. IIMN also partners with Medi-Sota, a consortium of 35 rural Minnesota health care providers, to provide shadowing and observership opportunities for IMGs to strengthen their residency applications. These rural health care employers are also eager to hire IMGs into a range of health care careers.

The following table shows IMG Career Guidance and Support Program outcomes during the International Institute of Minnesota’s 2022-2024 grant period.

IMG Career Guidance and Support Program Outcomes, 2022-2024 International Institute of Minnesota	Number of IMGs Supported
IMGs served by the IMG Career Guidance and Support Program	81
IMGs who received individualized services to support their eventual entry into the Minnesota physician workforce	81
IMGs who enrolled in English language courses for advanced medical terminology	1
IMGs who passed all required USMLE medical licensing exams with support from this program (some wait to complete Step 3 until they are in a residency program)	9
IMGs who applied to a residency program	37
IMGs who interviewed for a residency position	11
IMGs who secured a residency position	10

IMG Career Guidance and Support Program Outcomes, 2022-2024 International Institute of Minnesota	Number of IMGs Supported
IMGs who received career navigation to obtain alternative health care careers	81
IMGs who chose alternative health care careers	5
IMGs who were identified as eligible for or will participate in the IMG Clinical Preparation Program	12

In an exciting development for the future of the IMG Career Guidance and Support Program, MDH awarded grants to both IIMN and Somali Medical Association of America (SMAA) for work starting in December 2024 and continuing through November 2026.

As of December 2024, IIMN was preparing to enroll nearly 50 additional IMGs. SMAA anticipates working with at least 25 IMGs through their grant, as the IMG Career Guidance and Support Program continues to address the needs of Minnesota IMGs.

IMG Clinical Preparation Program

The next step in the pathway of the MDH IMG Assistance Program, the IMG Clinical Preparation Program, awards grants to prepare Minnesota immigrant IMGs for admission into medical residency programs. This program recognizes that gaining admission into residency is one of the most significant barriers IMGs face when seeking to practice medicine in the U.S.

According to the 2024 [Charting Outcomes](#) report by the National Resident Matching Program, about 22% of all residency applications were submitted by IMGs. The overall [2024 Main Residency Match](#) rate for IMGs was 58.5%, compared to the overall match rate of 93.5% for U.S. medical school seniors.

IMGs applying to residency programs must submit certifications that their medical training meets U.S. standards, along with exams showing that their clinical skills are comparable to those of U.S. medical graduates. Yet residency programs also wish to see that IMG applicants are familiar with the U.S. health care system: everything from electronic health records systems to working as part of a multidisciplinary care team to norms and laws around communicating with patients and families.

To address this need, the IMG Clinical Preparation Program provides hands-on experience in the Minnesota health care system, including outpatient and inpatient primary care. The curriculum includes training designed to equip all participants to:

- Understand and describe the U.S. health care system.
- Understand and describe assessment, evaluation, and feedback norms in U.S. medical education.
- Gather information, formulate differential diagnoses, and propose plans for initial evaluation and management of patients with common presentations.
- Manage follow-up visits with patients having one or more common chronic diseases.

- Develop evidence-based health promotion and disease prevention plans for patients of any age or gender.
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
- Demonstrate knowledge of local and national ethical and legal guidelines governing patient confidentiality.
- Communicate effectively with patients and patients' family members about diagnoses, treatment, end-of-life issues, and other topics.
- Clearly summarize the patient's reason for admission and rationale for clinical plan.
- Assess suicidality when appropriate.
- Initiate a conversation with patients about advance health care directives.
- Clearly and concisely present oral and written summaries of patients to members of the health care team, including and synthesizing all relevant clinical information.
- Demonstrate cultural responsiveness; understand cultural assets and patient wishes with regard to health care and incorporate this knowledge into discussions with the patient.
- Understand and practice patient-centered care.
- Collaborate with other members of a health care team.
- Demonstrate proficiency in electronic health record software.

In addition to inpatient and outpatient rotations and other clinical activities, the program provides mentoring for participants by faculty and preceptors; initial and ongoing assessment of participants' clinical skills; and opportunities to participate in other activities in the medical education program and broader institution, such as grand rounds, conferences, and research. IMG trainees in the IMG Clinical Preparation Program receive a monthly stipend to ease financial concerns and allow them to participate in the full-time program.

Since the program began in 2018, the grantee has been the University of Minnesota, which collaborated with MDH to develop the BRIIDGE (Bridge to Residency for Immigrant International Doctor Graduates through clinical Experience) program. BRIIDGE training occurs in three learning environments: outpatient primary care, inpatient general medicine and pediatrics, and community-based learning. Training begins with a 16-week course, conducted entirely in community settings, completed in the fall. The course is followed by nine months of intensive clinical training. Participants become University of Minnesota employees similar to medical students or residents, which allows them to engage in hands-on clinical practice. The BRIIDGE model has been informed by feedback from residency programs, which generally wish to see 9-12 months of U.S. clinical experience from IMG applicants.

HealthPartners is a key partner in the BRIIDGE program; one of the program directors is a physician at HealthPartners as well as a University of Minnesota faculty member, and BRIIDGE participants train at both HealthPartners and University clinical sites. IMGs practice outpatient adult primary care with 275 patient contact hours at the HealthPartners Center for International Health/Midway Clinic, M Health Fairview Highland Park Clinic, and Community University Health Care Center. They gain over 600 patient contact hours in inpatient internal medicine, pediatrics, and family medicine at three campuses of the University of Minnesota Medical Center and the M Health Ridges Hospital.

Nearly all graduates of the IMG Clinical Preparation Program have succeeded in gaining admission to medical residency programs. One challenge for the program is balancing the need to support IMGs who graduated from medical school longer ago with the reality that residency programs typically favor more recent medical school graduates.

BRIIDGE directors routinely reach out to residency programs to increase their awareness of the IMG Clinical Preparation Program, and program directors also reach out specifically to BRIIDGE graduates’ top-choice residency programs. BRIIDGE faculty network with residency programs at conferences and in other settings, as well.

Participants in the IMG Clinical Preparation Program commit to providing primary care for at least five years in a rural or underserved community of Minnesota once they are eligible to practice medicine in Minnesota. Preparing IMGs for admission into and successful completion of residency programs, by strengthening their experience and network in the Minnesota health care system, ultimately grows the physician workforce in the communities that need it most.

“I benefited greatly from the University of Minnesota BRIIDGE Program. It was a great opportunity to practice in and get a better understanding of how the health care system operates here in Minnesota. The emphasis on both inpatient and outpatient exposure was invaluable, especially for someone like me who is interested in pursuing a career in primary care.”
– IMG Clinical Preparation Program graduate

The IMG Clinical Preparation Program has trained annual cohorts of four IMGs since 2018, except for a hiatus in 2020 due to the COVID-19 pandemic. The following table shows IMG Clinical Preparation Program outcomes from inception through 2024, with the University of Minnesota as the grantee.

IMG Clinical Preparation (BRIIDGE) Program Outcomes University of Minnesota	Number of IMGs
IMGs currently enrolled in the BRIIDGE program, as of December 2024	6
IMGs who have completed the BRIIDGE program since its inception in 2018	21
BRIIDGE program graduates who completed residency and are currently practicing	8
BRIIDGE program graduates who are currently enrolled in residency training	9
BRIIDGE program graduates who are awaiting a match into a residency program	4

With additional funding for clinical preparation provided by the Minnesota Legislature, the BRIIDGE program will undergo a significant expansion in 2025 as it welcomes a new training partner, Odam Medical Group. Working in collaboration with the University of Minnesota as a mostly autonomous BRIIDGE training site, Odam Medical Group will lead the clinical training for a cohort of two IMGs while the University works with its cohort of four IMG participants.

The partnership with Odam Medical Group brings greater geographic reach and patient diversity to the IMG Clinical Preparation program. In addition to providing primary care at its metro area clinic, Odam Medical Group serves Greater Minnesota through its St. Cloud clinic and its mobile clinic, which travels throughout rural Minnesota. The Odam Medical Group IMG cohort will also train at other inpatient and outpatient sites and complete the BRIIDGE community-based course.

IMG Primary Care Residency Grant Program

The IMG Primary Care Residency Grant Program provides funding to accredited primary care residency programs in Minnesota to support the training of Minnesota immigrant IMG residents in family medicine, general internal medicine, general pediatrics, general surgery, obstetrics and gynecology, and psychiatry. IMGs who accept a grant-funded residency position agree to provide primary care for at least five years in a rural or underserved community in Minnesota after graduating from the residency program. After graduating from residency, IMGs make payments into a revolving account that contributes to sustaining the MDH IMG Assistance Programs, including future residency grants.

The final step in the IMG Assistance Program pathway, the IMG Primary Care Residency Grant Program expands opportunities for Minnesota IMGs to practice medicine, enhances access to culturally responsive primary care for Minnesota's rural and underserved communities, and strengthens the Minnesota physician workforce.

Since its start in 2016, this program has enrolled 18 IMG residents in diverse primary care specialties at Hennepin Healthcare, the University of Minnesota, and the Mayo Clinic (see table below). Residents benefit from rigorous training experiences in varied clinical settings.

Institution and Residency Program	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
University of Minnesota Pediatrics	1	1	1	1*	1	1	1	1		9
Hennepin Healthcare Internal Medicine		1	2		1		1	1	1	7
Mayo Clinic Pediatrics			1*							1
University of Minnesota Psychiatry				1						1
Total	2	2	4	2	2	1	2	2	1	18

*These two residents did not complete their residency training.

Residency program directors who have trained IMGs through the IMG Assistance Program have discussed the many positive aspects of welcoming IMGs into their programs. Residents who are IMGs bring diverse clinical experiences and perspectives to the residency cohort. IMG residents are typically highly motivated and hard-working. Some IMGs have already had years of post-graduate clinical training, comparable to residency, outside the U.S., so it is not surprising that IMG residents often meet or exceed benchmarks alongside their non-IMG peers. Residency programs have also been honest about the fact that some IMGs require additional residency training, even up to an additional year, as they adapt to the U.S. health care system.

“Our IMG residents are consistently looked to for their clinical acumen, their calm leadership, and their comfort with autonomy.”

– Residency program, recipient of an IMG Primary Care Residency Grant

The residency programs that receive IMG Primary Care Residency grants and routinely welcome IMG residents have built in supports and opportunities for IMGs. Residency programs promote IMG residents’ success by offering mentoring, coaching from faculty and senior residents, support services, and additional training if needed in areas such as the use of electronic health record systems.

IMG Advisory Group

The IMG Assistance Program is administered in consultation with stakeholders. The IMG Advisory Group includes representatives from the following organizations and sectors:

- State agencies.
- The Minnesota Board of Medical Practice.
- The Office of Higher Education.
- The Department of Employment and Economic Development.
- Health care employers in rural or underserved areas of Minnesota.
- A health plan company.
- The Minnesota Medical Association.
- Licensed physicians experienced in working with IMGs.
- The Minnesota Academy of Physician Assistants.
- Organizations serving immigrant and refugee communities of Minnesota.
- Organizations serving IMGs.
- The Minnesota Association of Community Health Centers.
- The University of Minnesota.
- The Mayo Clinic School of Health Sciences.
- Other graduate medical education programs.
- Minnesota physician assistant education programs.
- IMGs.

The overarching goal of the IMG Advisory Group is to promote the integration of IMGs into the Minnesota health care workforce. This work includes identifying barriers and potential solutions, informing public policy, building partnerships, and advising MDH on the IMG Assistance Program. The advisory group meets twice a year, more often if needed; MDH convenes the group and also encourages members to meet with each other for networking and strategizing on IMG and health care workforce issues.

The IMG Advisory Group met in February 2024, with 51 attendees, to discuss the bill Senator Alice Mann had introduced regarding provisional licensure for IMGs. Senator Mann talked with the group about the process of drafting the bill and opportunities for community involvement. The agenda also included presentations by IMG Assistance Program grantees: IMG Career Guidance and Support, IMG Clinical Preparation, and the IMG Primary Care Residency Grant Program. The grantees and advisory group discussed the successes and challenges of each program and new ideas to consider going forward.

The next meeting of the IMG Advisory Group, in July 2024, drew 93 attendees. Assistant Commissioner Abdiwahab Mohamed of the Minnesota Department of Employment and Economic Development and his team spoke about workforce development grants. Senator Mann returned to discuss lessons learned from the legislative session and next steps for the IMG bill. MDH presented highlights from the IMG survey, and IMG Assistance Program grantees provided updates.

Strong attendance at IMG Advisory Group meetings speaks to the interest among wide-ranging stakeholders in seeking ways to integrate IMGs into the Minnesota health care workforce. The advisory group will continue to collaborate with MDH to improve existing programs and propose other innovative strategies for streamlining the pathway for IMGs to practice medicine in Minnesota.

Recommendations for IMG Pathways

The IMG Assistance Program has been successful in supporting IMGs at various steps along the pathway to becoming licensed to practice medicine in Minnesota. The program should continue and expand when possible to serve more IMGs. At the same time, MDH, health care systems, residency programs, the Board of Medical Practice, policymakers, Minnesota IMGs, and many others with an interest in strengthening the health care workforce should continue to create solutions to allow IMGs to serve as physicians here.

In the years ahead, MDH and its partners look forward to working in areas such as the following:

- Increasing the number of positions available in the IMG Clinical Preparation program, which has proven to be a critical tool to help IMGs gain admission into residency programs. The Minnesota Legislature appropriated additional funds for IMG clinical preparation beginning in fiscal year 2024, which allowed MDH to expand the program from four spots to six, with the expectation of adding a seventh spot in 2025.
- Continuing to engage residency programs to increase receptiveness to IMG candidates, including those who graduated from medical school longer ago and who may have extensive medical practice experience outside the U.S. MDH and partners have seen greater awareness of IMGs' strengths and evolving attitudes toward admitting IMG candidates among Minnesota residency programs. Hearing from other residency programs that routinely train IMGs can be informative and influential for residency program directors.
- Encouraging residency programs and other funders to create more designated residency positions for IMGs, in return for commitments to practice in rural and underserved areas of Minnesota.
- Exploring innovative models and pathways for IMGs to gain clinical experience in Minnesota and become licensed. The legislation authorizing the IMG Assistance Program directs MDH to study, in consultation with the Board of Medical Practice and other stakeholders, changes necessary in licensure and regulation to ensure full utilization of immigrant IMGs in the Minnesota health care delivery system. Legislation proposed in 2024 and again in 2025 to provide for a limited license for IMGs to practice within a collaborative agreement for two years, and then become eligible for a full license if they meet all requirements, is an example of a new approach for Minnesota. Other states have moved ahead of Minnesota in adopting models like this to remove barriers for IMGs to join the physician workforce; Minnesota can learn from their success. MDH provided technical assistance on the bill and invited other stakeholders to share their expertise in conversation with the bill author at the IMG Advisory Group meetings.

If Minnesota implements policy changes related to IMG licensure, MDH may recommend updates to the IMG Assistance Program to adapt to the new framework.

Conclusion

Minnesota is home to many IMGs who are eager to practice primary care and other medical specialties in rural and underserved communities. Streamlining the pathway for IMGs to become licensed here, and supporting them along the way, is one promising strategy for addressing Minnesota's physician shortage.

For nearly ten years, the IMG Assistance Program has offered career navigation and financial support to cover exam and residency application costs for IMGs seeking to enter the Minnesota health workforce; intensive clinical preparation in Minnesota health care settings to prepare IMGs for residency; and support for residency programs to add new positions and welcome IMGs who commit to practicing in rural and underserved areas of our state.

Minnesota IMGs still face significant barriers to entering the physician workforce here, in particular the difficulty of gaining admission into residency programs. MDH and its partners will continue to build on the strong foundation of the IMG Assistance Program and pursue new solutions by engaging wide-ranging stakeholders, working across sectors, and supporting the most effective approaches with funding and collective expertise.

Ongoing collaborative planning and work will help to ensure that the IMG Assistance Program achieves its goals of fully integrating IMGs into the Minnesota health care system and increasing access to primary care in rural and underserved areas of the state.

Appendix

MINNESOTA STATUTES 2024

144.1911 INTERNATIONAL MEDICAL GRADUATES ASSISTANCE PROGRAM.

Subdivision 1. Establishment. The international medical graduates assistance program is established to address barriers to practice and facilitate pathways to assist immigrant international medical graduates to integrate into the Minnesota health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state.

Subd. 2. Definitions. (a) For the purposes of this section, the following terms have the meanings given.

(b) “Commissioner” means the commissioner of health.

(c) “Immigrant international medical graduate” means an international medical graduate who was born outside the United States, now resides permanently in the United States or who has entered the United States on a temporary status based on urgent humanitarian or significant public benefit reasons, and who did not enter the United States on a J1 or similar nonimmigrant visa following acceptance into a United States medical residency or fellowship program.

(d) “International medical graduate” means a physician who received a basic medical degree or qualification from a medical school located outside the United States and Canada.

(e) “Minnesota immigrant international medical graduate” means an immigrant international medical graduate who has lived in Minnesota for at least two years.

(f) “Rural community” means a statutory and home rule charter city or township that is outside the seven-county metropolitan area as defined in section 473.121, subdivision 2, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

(g) “Underserved community” means a Minnesota area or population included in the list of designated primary medical care health professional shortage areas, medically underserved areas, or medically underserved populations (MUPs) maintained and updated by the United States Department of Health and Human Services.

Subd. 3. Program administration. In administering the international medical graduates assistance program, the commissioner shall:

(1) provide overall coordination for the planning, development, and implementation of a comprehensive system for integrating qualified immigrant international medical graduates into the Minnesota health care delivery system, particularly those willing to serve in rural or underserved communities of the state;

(2) develop and maintain, in partnership with community organizations working with international medical graduates, a voluntary roster of immigrant international medical graduates interested in entering the Minnesota health workforce to assist in planning and program administration, including making available summary reports that show the aggregate number and distribution, by geography and specialty, of immigrant international medical graduates in Minnesota;

(3) work with graduate clinical medical training programs to address barriers faced by immigrant international medical graduates in securing residency positions in Minnesota, including the requirement that applicants for residency positions be recent graduates of medical school. The annual report required in subdivision 10 shall include any progress in addressing these barriers;

(4) develop a system to assess and certify the clinical readiness of eligible immigrant international medical graduates to serve in a residency program. The system shall include assessment methods, an operating plan, and a budget. Initially, the commissioner may develop assessments for clinical readiness for practice of one or more primary care specialties and shall add additional assessments as resources are available. The commissioner may contract with an independent entity or another state agency to conduct the assessments. In order to be

assessed for clinical readiness for residency, an eligible international medical graduate must have obtained a certification from the Educational Commission of Foreign Medical Graduates. The commissioner shall issue a Minnesota certificate of clinical readiness for residency to those who pass the assessment;

(5) explore and facilitate more streamlined pathways for immigrant international medical graduates to serve in nonphysician professions in the Minnesota workforce; and

(6) study, in consultation with the Board of Medical Practice and other stakeholders, changes necessary in health professional licensure and regulation to ensure full utilization of immigrant international medical graduates in the Minnesota health care delivery system. The commissioner shall include recommendations in the annual report required under subdivision 10, due January 15, 2017.

Subd. 4. Career guidance and support services. The commissioner shall award grants to eligible nonprofit organizations and eligible postsecondary educational institutions, including the University of Minnesota, to provide career guidance and support services to immigrant international medical graduates seeking to enter the Minnesota health workforce. Eligible grant activities include the following:

(1) educational and career navigation, including information on training and licensing requirements for physician and nonphysician health care professions, and guidance in determining which pathway is best suited for an individual international medical graduate based on the graduate's skills, experience, resources, and interests;

(2) support in becoming proficient in medical English;

(3) support in becoming proficient in the use of information technology, including computer skills and use of electronic health record technology;

(4) support for increasing knowledge of and familiarity with the United States health care system;

(5) support for other foundational skills identified by the commissioner;

(6) support for immigrant international medical graduates in becoming certified by the Educational Commission on Foreign Medical Graduates, including help with preparation for required licensing examinations and financial assistance for fees; and

(7) assistance to international medical graduates in registering with the program's Minnesota international medical graduate roster.

Subd. 5. Clinical preparation. (a) The commissioner shall award grants to support clinical preparation for Minnesota international medical graduates needing additional clinical preparation or experience to qualify for residency. The grant program shall include:

(1) proposed training curricula;

(2) associated policies and procedures for clinical training sites, which must be part of existing clinical medical education programs in Minnesota; and

(3) monthly stipends for international medical graduate participants. Priority shall be given to primary care sites in rural or underserved areas of the state, and international medical graduate participants must commit to serving at least five years in a rural or underserved community of the state.

(b) The policies and procedures for the clinical preparation grants must be developed by December 31, 2015, including an implementation schedule that begins awarding grants to clinical preparation programs beginning in June of 2016.

Subd. 6. International medical graduate primary care residency grant program and revolving account.

(a) The commissioner shall award grants to support primary care residency positions designated for Minnesota immigrant physicians who are willing to serve in rural or underserved areas of the state. No grant shall exceed \$150,000 per residency position per year. Eligible primary care residency grant recipients include accredited family medicine, general surgery, internal medicine, obstetrics and gynecology, psychiatry, and pediatric residency programs. Eligible primary care residency program shall apply to the commissioner. Applications must include the number of anticipated residents to be funded using grant funds and a budget. Notwithstanding any

law to the contrary, funds awarded to grantees in a grant agreement do not lapse until the grant agreement expires. Before any funds are distributed, a grant recipient shall provide the commissioner with the following:

- (1) a copy of the signed contract between the primary care residency program and the participating international medical graduate;
- (2) certification that the participating international medical graduate has lived in Minnesota for at least two years and is certified by the Educational Commission on Foreign Medical Graduates. Residency programs may also require that participating international medical graduates hold a Minnesota certificate of clinical readiness for residency, once the certificates become available; and,
- (3) verification that the participating international medical graduate has executed a participant agreement pursuant to paragraph (b).

(b) Upon acceptance by a participating residency program, international medical graduates shall enter into an agreement with the commissioner to provide primary care for at least five years in a rural or underserved area of Minnesota after graduating from the residency program and make payments to the revolving international medical graduate residency account for five years beginning in their second year of post residency employment. Participants shall pay \$15,000 or ten percent of their annual compensation each year, whichever is less.

(c) A revolving international medical graduate residency account is established as an account in the special revenue fund in the state treasury. The commissioner of management and budget shall credit to the account appropriations, payments, and transfers to the account. Earnings, such as interest, dividends, and any other earnings arising from fund assets, must be credited to the account. Funds in the account are appropriated annually to the commissioner to award grants and administer the grant program established in paragraph (a). Notwithstanding any law to the contrary, any funds deposited in the account do not expire. The commissioner may accept contributions to the account from private sector entities subject to the following provisions:

- (1) the contributing entity may not specify the recipient or recipients of any grant issued under this subdivision;
- (2) the commissioner shall make public the identity of any private contributor to the account, as well as the amount of the contribution provided; and
- (3) a contributing entity may not specify that the recipient or recipients of any funds use specific products or services, nor may the contributing entity imply that a contribution is an endorsement of any specific product or service.

Subd. 7. Voluntary hospital programs. A hospital may establish residency programs for foreign-trained physicians to become candidates for licensure to practice medicine in the state of Minnesota. A hospital may partner with organizations, such as the New Americans Alliance for Development, to screen for and identify foreign-trained physicians eligible for a hospital's particular residency program.

Subd. 8. Board of Medical Practice. Nothing in this section alters the authority of the Board of Medical Practice to regulate the practice of medicine.

Subd. 9. Consultation with stakeholders. The commissioner shall administer the international medical graduates assistance program, including the grant programs described under subdivisions 4, 5, and 6, in consultation with representatives of the following sectors:

- (1) state agencies:
 - (i) Board of Medical Practice;
 - (ii) Office of Higher Education; and
 - (iii) Department of Employment and Economic Development;
- (2) health care industry:
 - (i) a health care employer in a rural or underserved area of Minnesota;
 - (ii) a health plan company;
 - (iii) the Minnesota Medical Association;
 - (iv) licensed physicians experienced in working with international medical graduates; and

- (v) the Minnesota Academy of Physician Assistants;
- (3) community-based organizations:
 - (i) organizations serving immigrant and refugee communities of Minnesota;
 - (ii) organizations serving the international medical graduate community, such as the New Americans Alliance for Development and Women’s Initiative for Self-Empowerment; and
 - (iii) the Minnesota Association of Community Health Centers;
- (4) higher education:
 - (i) University of Minnesota;
 - (ii) Mayo Clinic School of Health Professions;
 - (iii) graduate medical education programs not located at the University of Minnesota or Mayo Clinic School of Health Professions; and
 - (iv) Minnesota physician assistant education programs; and
- (5) two international medical graduates.

Subd. 10. MS 2020 [Repealed, 2022 c 98 art 14 s 33]

History: 2015 c 71 art 8 s 17; 2021 c 30 art 3 s 17; 2022 c 98 art 1 s 6; 2024 c 127 art 59 s 21

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