February 2, 2017

Dear Members of the Graduate Medical Education Community,

Since the Executive Order, “Protecting the Nation from Foreign Terrorist Entry into the United States,” was issued on Friday, January 27, the ACGME leadership has been working with the leadership of the Educational Commission for Foreign Medical Graduates (ECFMG), the Association of American Medical Colleges (AAMC), and other organizations to understand the details of the policies announced, and the implications for our current and future residents and fellows.

There are over 10,000 licensed physicians in the US who graduated from medical schools in one of the seven countries named in the Executive Order (EO). Some of these physicians practice in underserved communities through the Conrad 30 Waiver Program that permits International Medical Graduates (IMGs) to remain in the United States after graduation in order to provide care to medically underserved communities. They are a valued and welcomed group of colleagues.

There are currently approximately 1800 physicians enrolled in ACGME-accredited residency and fellowship programs who graduated from medical schools in the seven named countries. These physicians are providing much-needed medical care to a conservatively estimated 900,000 patients in urban, suburban, and rural communities across the country annually. They too are a valued and welcomed group of colleagues.

The ACGME, through its requirements and eligibility standards, articulates the values of our profession. Discrimination on the basis of race, gender, religious beliefs, sexual orientation, or other factors is a violation of our personal and professional values. To this end, we have worked with the AAMC and others to co-author a letter to President Trump representing the values of the profession, and concerns over these actions.

The ACGME is committed to programs in support of their residents, fellows, designated institutional officials, program directors, and the entire GME community through the disruption and uncertainty created by the EO. Our function on behalf of the medical community is to create an optimal clinical learning environment for residents and fellows in order to ensure that patients receive the highest quality of care. We will provide, as soon as we have it, authoritative information to you, through our combined efforts with the AAMC, ECFMG, and others, through our website and links to other authoritative sources.
Most importantly, we will continue to point out to the public and the profession the profound moral distress this EO has provoked within the health care community. We all know or know of individuals who have been directly affected by this event. What is not often as obvious is the anxiety and frustration it provokes in others indirectly impacted by the event. We might have concern for a colleague or friend, concern for family members, concern for contagion, or merely anger and frustration over the affront to personal and professional values. We encourage programs to spend time discussing these events, respecting all viewpoints, and deciding on actions where indicated to reaffirm our values, and support those in distress. This is a “teachable moment” for all of us. Let’s use it to make ourselves more committed to our values, less tolerant of discrimination and disparities, more supportive of inclusion, and more courageous in our pursuit of equity and excellence, kindness, compassion, and quality medical care for the American public.

We will continue to work with the ECFMG, which serves as the “IMGs’ Dean’s Office,” while residents apply to US residency and fellowship programs, as well as with the AAMC, which operates the Electronic Residency Application Service (ERAS®) program for applicants, to provide the best available information. A set of FAQs is in the process of being finalized. We will post those as soon as they are ready, and continue to update them as information becomes available. We greatly appreciate the work of our colleagues at the AAMC and ECFMG in crafting responses to these questions with us.

We also greatly appreciate the response we have received from individuals and groups who are concerned about the physicians impacted by the EO, and the ultimate impact on patient care in the United States. We will continue to monitor the situation, assess the implications, and provide updates on behalf of our residents and fellows, GME programs and institutions, and the broad GME community. Updates can be found at on our website and on our Twitter feed.

In closing, please use this opportunity to reaffirm and articulate our values. This should include “not giving up” on our international graduate applicants this year. Our colleagues from other countries have cared for America and Americans for generations. We must not abandon them now, as they search for the American Dream we often have taken for granted.

Sincerely,

Thomas J. Nasca, MD, MACP
Chief Executive Officer
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