Visa Constraints and Career Choices for Oncologists

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The number of international medical graduates (IMGs) applying for residency in the United States is increasing, as is the number of IMGs applying for fellowship training, particularly in hematology and medical oncology. From 2020 to 2021, the number of applicants for hematology and medical oncology fellowships increased from 909 applicants to 1,010 applicants. In 2021, internal medicine had the highest match rates for both IMGs who were US citizens and IMGs who were not US citizens; this accounted for 40% of all filled positions. According to the 2021 match results for medical specialties, approximately 1 in every 3 fellows who matched in hematology and medical oncology required visa sponsorship. A shortage of physicians in medical subspecialities (anywhere between 3,800 and 13,400 physicians), including medical oncology, is expected by 2034. Thus, the IMG workforce will be needed to help reduce the severity of the physician shortage in subspecialties.

IMGs who are not US citizens require visa sponsorship to complete residency and fellowship training in the United States. The most common visa used by IMGs without US citizenship is the J-1 visa, also known as the exchange visitor visa. Few residency and fellowship programs allow for H-1B visa sponsorship. Once a trainee starts their J-1 visa sponsorship, they cannot switch to an H-1B visa without completing a waiver process or the 2-year home country physical presence requirement (ie, leaving the United States for at least 2 years to work in their home country). The waiver process is variable, state-dependent, and governed by deadlines, availability, and specific rules for application (Figure 1). Overall, primary care physicians are more likely than specialists to be provided with a J-1 visa waiver.

ASCO released its Workforce Information Systems (WIS) report in which they annotated the available annual data on the supply of oncologists and the incidence and prevalence of cancer. ASCO reported that IMGs were more prevalent in training programs than in current practice; this may be, at least in part, to the regulations that limit the choices that IMGs can make when joining the current oncology workforce after completing medical training.

Career choices are affected by visa status; in a survey of 220 physicians, 97 of which were IMGs, 74% of physicians reported that visa status affected career choices, and 63% of graduates were unaware of resources to help navigate visa status and its implications. A different survey reported that 40% of fellows who trained at academic centers (ie, NCI-designated Cancer Centers or NCCN Member Institutions) chose nonacademic careers; however, visa status was not assessed in this survey.

IMGs holding a J-1 visa who desire to practice medicine in the United States after finishing training are required to secure a J-1 waiver job (a 3-year contract) through a long, costly process that is governed by uncertainty. The Conrad 30 waiver program is the most common program; it allows an IMG with a J-1 waiver to bypass the 2-year foreign residence requirement upon completion of the J-1 exchange visitor program. The program addresses the shortage of qualified doctors in medically underserved areas and is particularly focused on addressing the shortage of primary care physicians. Although J-1 waiver jobs were primarily implemented to address the shortage of physicians in medically underserved areas within the United States, this might prevent IMGs from pursuing their top career choices. This may be particularly relevant to IMGs who hope to pursue an academic career, as few academic programs offer waiver jobs.

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The designation of medically underserved areas is based on primary care services and is not concordant with the availability of oncologists in each area (ie, density of oncologists). Cancer mortality is higher in areas with lower densities of oncologists and was found not to be concordant with medically underserved areas.\(^6\) In addition to designating waiver jobs according to the shortage of primary care physicians, primary care physicians are also given priority; unfortunately, this leaves fewer opportunities for specialists, such as oncologists, to get a waiver job. Notably, the percentage of oncologists working on visa did not differ based on the oncologic density of the area.\(^6\) Even in areas with the lowest density of oncologists (defined as <2.9 oncologists per 100,000 people), >90% of oncologists are US citizens or permanent residents. One way to address the limited number of oncologists with a J-1 visa waiver is to create designated spots for oncology trainees on a J-1 visa, allowing them to work in areas with few oncologists after completing medical training; this may also be a potential solution to address underserved populations.

Regardless of the visa status, H-1B and J-1 visa holders must decide where to practice, and this decision is severely affected by the type of visa they hold. One study, which examined the association of visa status with retention of physicians in Ohio, showed that H-1B visa holders were more likely than J-1 visa holders to practice in Ohio, possibly due to J-1 visa restrictions.\(^7\) The constraints encountered by J-1 and H-1B visa holders were magnified during the coronavirus pandemic. IMGs represented 28% of the physician workforce in 2018; a shortage of physicians on the frontlines due to the suspension of visa processing and travel restrictions was expected. It is important to facilitate the process for oncologists who require visa sponsorship to improve retention.

The current mentoring scheme is centered on providing mentees with tools to achieve their top career choice. To do so, mentorship must be tailored to address the restrictions that trainees with visas face; mentors must be aware of the visa status of their mentees and how this visa status affects career opportunities. At an institutional level, it is imperative to provide trainees with various resources to help them navigate their visa options, such as providing support from lawyers and encouraging early experience in hematology and medical oncology fellowship training.

We believe that certain measures should be taken to help expand the career choices for IMGs and to prevent restrictions due to visa commitments (Table 1). This includes developing a separate visa waiver program designed for oncologists that is flexible and allows for an affiliation with an academic institution where mentoring can be officially provided and guaranteed. This would allow IMGs who are interested in an academic career to pursue their career goals. A hybrid waiver, which allows physicians to work part-time in a clinic in an underserved area and provides protected time at an academic institution, could be another solution. A flexible clinical commitment would allow oncologists interested in research to gain experience and improve their skills. Improving the waiver process may help with retention and ultimately improve patients’ access to trained medical specialists. Providing the option of an H-1B visa early in residency could further help because this visa is associated with fewer restrictions and would allow IMGs to pursue an academic job if they so desire. H-1B sponsorship is a costly process; however, the J-1 waiver process is also costly. A process to support institutions by carrying some of the visa sponsorship cost for oncologists can be considered to help in the possible financial burden. This can be done at a state level according to institutional needs.

In summary, IMG oncologists with either a J-1 or an H-1B visa face many challenges when deciding their future jobs. Future career choices for IMGs are limited either by demographics, the availability of J-1 waiver jobs, or the pursuit of an academic career. Various organizations, including ASCO, should
collaborate with policymakers to facilitate legislation of a new, separate waiver program to allow IMG oncologists without US citizenship to practice in the United States in areas of need, while permitting flexibility to allow for an academic track for interested physicians. Ultimately, this would benefit patients with cancer and overall oncology care in the United States.

Figure 1. General schema for the process of visa sponsorship.

Table 1. Some Suggested Solutions

- Support H-1B visa continuation for applicants on H-1B visas while in residency.
- Provide resources (including consultation with a lawyer) to fellows requiring visa sponsorship.
- Have various organizations, including ASCO, collaborate with policymakers to facilitate legislation of a new, separate oncology-focused waiver program according to oncology density and state-specific needs.
- Enable waiver and contract flexibility in clinical coverage to allow for an academic position according to applicant interest.
- Institute a hybrid waiver that allows oncologists to work part-time in a clinic in an underserved area and provides protected time at an academic institution.

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References


