

International Medical Graduates in Abdominal Transplant Surgery Fellowships in the
US, response to letter by Schlottmann et al.,

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Fellowships in Abdominal Transplantation Surgery in the United States (US) have historically been very attractive for International Medical Graduates (IMGs). There are a number of factors that contribute to this. The American Society of Transplant Surgeons fellowships are well structured and comprehensive, typically offering access to high volume hands on caseloads, clinical diversity and didactic teaching. The prestigious nature of the Fellowship programs means that there is a real culture and sense of pride in training fellows to become competent surgeons and eventually leaders in their field.

Established academic institutions with access to cutting edge technologies, that are sometimes not available to trainees in their home countries, have ensured that the US has long been considered the pinnacle for high-end fellowship training. When a surgeon has been trained in a reputable institution within the US, he/she will be extremely attractive for a position in their country of origin. For many IMGs, access to the US may also induce greater financial reward and access to an improved quality of life for them and their family.

The letter by Schlottmann et al, illustrated that Abdominal Transplant Fellowships in the US are filled by a higher proportion of IMGs than other surgical specialties (1). The authors highlight that transplantation may be considered an unattractive specialty for the native US fellows due to the long hours, many of which are anti-social. For IMGs, the main barrier to undertake a fellowship programme is often completion of the United States Medical Licensing Examinations (USMLEs) and obtaining the required visas and language barriers.

Yet after their fellowships, a significant number of trainees return to their home country. The reasoning behind this is complex and to iron out in its entirety requires further in-depth research. Factors that may influence a post-fellowship IMG trainee to leave the US, include but are not limited to, a lack of prospects for a position within their preferred institution, and limited prospects for further growth within the positions offered by US institutions. The latter clearly look to employ the best candidates, although this is balanced with an understandable favoritism and sense of responsibility towards US trainees. Other factors such as lifestyle (attending-level input in the majority of clinical management is routine in the US), politics, cultural integration, family, and litigation (high in the US) may lead fellowship candidates to return to their country of origin after their fellowship.

If US institutions are serious about increasing the rate of retention of transplant surgeons from abroad and preventing a shortfall in the supply, they may need to address some of these issues. Ensuring a continued level playing field with homegrown candidates within the selection processes whilst helping candidates and their families to obtain visas would need to be part of this process. Furthermore, easing administrative processes, including evaluation of medical licenses, would improve trainee retention.

Although it is unlikely that US institutions will lose prestige, it is clear that other fellowship programs are catching up quickly. For example, institutions in India are now providing access to high volume training in robotic transplantation. Canadian, Australian and many European institutions are beginning to adopt fellowship standards on par with the US. Thus it is likely that the competition to attract the brightest candidates will increase in the foreseeable future. If the US is to maintain the profile of its highly sought after fellowships whilst attracting the best international candidates in the future, it will need to address the complex issue of IMG retention in the present.

The international opportunities for transplant surgeons in training are exponentially increasing, as are the possibilities for cross-fertilization of skills in both the clinical and research spheres. As a trainee, this couldn't be a better time to be looking for a transplant fellowship worldwide.

(1) International Medical Graduates and Unfilled positions in Abdominal transplant surgery fellowships in the US. Transplant International. 2018 TRI-LE-18-0003