



UNDERSTANDING MEDICAL REGULATION IN THE UNITED STATES

Module 2: Understanding Medical Licensure

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A closer look at the processes used by state medical boards to license physicians in the United States

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Welcome to “Understanding Medical Licensure.” This presentation provides a general introduction to the process physicians must go through to become licensed in the United States.

It is intended to supplement information you may receive from your state medical board on this topic.

This module is one of several offered by the FSMB to help you succeed as a board member. Our goal is to help you be well-informed and effective in your work. Be sure to watch the other modules in this series, offered at the FSMB’s website.

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Licensing is the function that often first comes to mind when people think about state medical boards. This is understandable, as licensing is one of the most important activities engaged in by boards.

As a new or incoming member to a state medical board, one of your key responsibilities will be gaining a good understanding and familiarity with the process that licenses U.S. health care professionals.

While physicians, by far, make up most of the health professionals licensed by state medical boards, it’s important to note that many boards also license others, in addition to physicians. These categories may include physician assistants, acupuncturists, athletic trainers, podiatrists, and others.

For this module, we’ll focus on the fundamentals of physician licensure only. We recommend that you seek more information about the licensing requirements for other health professionals in your state. You can get this information from the state medical board on which you serve.

Because physician assistants represent a large population of health care workers in the United States, and are in most cases regulated by state medical boards, a separate module in this series is available. It offers more information about how physician assistants are licensed.

As we discuss physician licensure, we’ll focus on the core details of how physicians obtain licenses to legally practice medicine – highlighting the requirements that apply to all physicians in the U.S. Keep in

mind that individual states and territories, through their Medical Practice Acts, may have more licensure requirements that apply to the physicians who practice within their borders only.

Our goal in this module will be to help you understand broadly how physician licensure works.

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In the U.S., medicine is a licensed profession regulated by the individual states. The nation's medical boards license both allopathic physicians – known as “MDs” -- and osteopathic physicians – known as “DOs.” This includes 51 state allopathic and composite licensing boards – that is, boards that license both MDs and DOs -- 14 osteopathic-licensing boards, and boards for Guam, Puerto Rico, the U.S. Virgin Islands and the Commonwealth of the Northern Mariana Islands. Altogether, there are 71 boards.

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Obtaining a license to practice medicine in the U.S. is a rigorous process. Through licensing, state medical boards ensure that all practicing physicians have appropriate education and training. It also ensures that they abide by recognized standards of professional conduct while serving their patients.

Those entering the profession must meet predetermined qualifications. These include graduation from an accredited medical school, postgraduate training, and passage of a comprehensive national medical licensing examination. The exam tests their knowledge of health and disease management and effective patient care.

Applicants must submit proof of their education and training and provide details about their work history. They also must reveal information that could affect their ability to practice, such as health status, malpractice judgments or settlements, and criminal convictions. Only those who meet a state's qualifications are granted permission to practice medicine in that state.

After physicians are licensed, they must renew their license periodically, usually every one or two years, to continue their active status. During this license renewal process, they must demonstrate that they have maintained acceptable standards of ethics and medical practice, and have not engaged in improper conduct. In nearly all states, physicians must also must participate in continuing medical education.

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While the specific requirements for obtaining a medical license vary somewhat between jurisdictions, state medical boards review the credentials of applicants and look closely at four major factors, including:

- Medical education
- Medical training (that is, residency training)
- Passage of a national licensing examination
- and mental, moral and physical fitness to safely practice medicine

Let's examine each of these factors more closely, starting with medical education.

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All jurisdictions require that candidates for physician licensure must have obtained an MD or DO degree. For most medical education programs in the United States, the MD or DO degree involves a post-baccalaureate four-year program of education. Graduates of international medical schools – known as IMGs -- may present the equivalent of the MD degree, known as the Bachelor of Medicine, Bachelor of Surgery, or MBBS degree.

There are 151 allopathic and 34 osteopathic medical schools in the United States. All of these medical school programs are accredited by either the Liaison Committee on Medical Education or the American Osteopathic Association Commission on Osteopathic College Accreditation.

It should be noted that receiving an MD or DO degree does not result in a license to practice medicine in the United States. The medical practice act -- in most states and territories -- prevents those with a medical degree from publicly representing themselves as physicians unless they also hold a medical license.

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After they graduate from medical school, physicians routinely enter into postgraduate training – usually a residency training program. Residency is the period in which physicians focus on developing skills in a particular branch of medicine.

At one time it was common for physicians to spend their first year of postgraduate training – known as the PGY-1 year -- in an internship, which introduced them to a variety of clinical scenarios. After this intern year, they then moved into the more specialized training of their chosen residency training program. Most physicians today do not experience a true rotating internship during PGY-1, but instead move directly into specialized training in a residency program.

All state medical boards require candidates for a full medical license to complete at least one year of postgraduate training in order to be eligible. In some jurisdictions, the requirement is higher — the physician must complete two or three years of residency training to obtain a license.

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The postgraduate training period often marks the first formal interaction of physicians-in-training with a state medical board. The reason is that most boards issue residents a training permit or license so those in residency programs can get hands-on experience, working – under supervision – with patients.

Another important detail to keep in mind about residency is that state medical boards require training to be accredited. Training, for both MDs and DOs, must be completed in programs approved by the Accreditation Council for Graduate Medical Education – the ACGME. This ensures that the quality of training meets consistently applied standards.

Some state medical boards recognize training from accredited programs conducted in other countries. We will discuss requirements for internationally trained physicians later in this module.

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In addition to hands-on training, physicians must pass rigorous medical testing in order to become licensed. All state medical boards require completion of either the United States Medical Licensing

Examination – known as the USMLE -- or the Comprehensive Osteopathic Licensing Examination – known as COMLEX-USA. These are national multi-part examinations, taken at various points in a prospective physician’s career. They are designed to assess the physician’s knowledge, clinical and communication skills.

The USMLE is open to physicians holding an MD or DO degree. Physicians with a DO degree usually complete the COMLEX-USA.

Students in U.S. medical schools routinely take the first two steps of the licensing examination prior to graduation from medical school. The third step of the examination-sequence is typically taken at the end of the first year of residency.

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The third step of the licensing examination takes place over two days and is intensive, requiring many hours of concentration. Examinees are tested on a wide range of subjects: from human circulatory, digestive and respiratory systems to infectious disease and metabolic disorders.

Many boards limit the number of attempts a physician can make to pass the USMLE or COMLEX-USA. Additional attempts are often allowed, giving physicians the opportunity to study prior to taking the exam again.

Most boards also place restrictions on the time period for completing the exam sequence. These limits help ensure that newly licensed physicians have current knowledge, aligned with the latest standards and practices of medicine.

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The fourth important factor in the licensing process, after education, training and examination, is fitness to practice. All state medical boards are concerned with the physical, mental and moral fitness of prospective candidates for licensure.

State medical boards define the practice of medicine within their borders to ensure that physicians clearly understand the expectations for acceptable performance. The licensure application in each state commonly asks questions about the personal history and background of the applicant. These questions include work history and physical or mental conditions that might impact their ability to safely practice medicine. Criminal background checks at the time of license application are also conducted by many boards.

As noted earlier, a defining characteristic of medical regulation in the U.S. – explicitly spelled out in the Constitution – is that states have the right to determine how professions will be regulated within their borders. For this reason, each state’s medical licensure application is different, and questions regarding fitness to practice may vary.

The end goal of the fitness-to-practice process in all states is to ensure that a thorough background vetting of candidates for a medical license has taken place – in order to protect the public.

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Compared with U.S. medical graduates, International Medical Graduates – or IMGs -- follow a slightly different pathway after completing their medical education outside the United States.

First, before entering into a residency training program in the United States, they must be certified by the Educational Commission for Foreign Medical Graduates -- known as ECFMG. This step is required in order for IMGs to enter into an accredited residency training program in the United States. ECFMG certification requires that a physician's medical degree be verified. The physician must also successfully complete the USMLE Step 1 and Step 2 examinations.

The timing with which IMGs complete the USMLE exam differs somewhat from that of U.S. medical students and graduates. While some IMGs begin the USMLE exam process during their medical school years, many more do not begin the sequence until after their graduation.

The key point is that ultimately, IMGs take the same licensing examinations as U.S. MD graduates and obtain residency training in the same accredited programs.

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With all requirements filled, physicians may apply for a medical license to practice in a particular state or territory. They also may apply to practice in multiple states or territories – but a formal license must be issued by every jurisdiction within which they want to practice.

When a state medical board receives a physician's license application, an important final step is the verification process. The board will verify that the physician's credentials are in order – checking things such as status of medical degree and postgraduate training. It will confirm that the physician has successfully passed the USMLE or COMLEX- USA. It will also check the FSMB's data bank for any record of disciplinary actions. And it will closely review the physician's responses to questions on its licensing application for missing or inconsistent information.

In some instances, the board may also request that the physician appear for a formal interview before either the full board or a subcommittee of the board.

Again, the goal is to ensure the physician has been very carefully vetted before a license is issued.

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Many physicians wish to practice medicine in multiple states. This is common for physicians who live in areas bordering several states, for example. Advances in telemedicine are encouraging the practice of medicine across state lines, and there is the need to provide more medical services in remote, rural locations. As a result, the demand for multi-state licensure is growing.

In response to these trends, the Interstate Medical Licensure Compact – or IMLC -- was created by a group of state medical boards in 2015. The IMLC offers a new, expedited pathway to licensure for qualified physicians who wish to practice in multiple states.

A compact is a legal agreement, authorized by the Compact Clause of the U.S. Constitution, that allows states to work together formally to address shared needs or issues. There are more than 200 interstate compacts in effect today.

To put it simply, the IMLC streamlines the process of gaining medical licenses in multiple states for physicians.

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States participating in the Compact formally agree to adopt common rules and procedures that streamline medical licensure. This substantially reduces the time it takes for physicians to obtain multiple state licenses. Physicians are able to apply for multiple licenses at one time – though each license is still issued by individual states or territories.

The Compact speeds up the licensing process, but each member-state maintains its own authority and control over the practice of medicine within its borders.

Participating states retain the authority to issue licenses, investigate complaints, and discipline physicians practicing in their state.

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To be eligible for licensure by utilizing the Compact, physicians must adhere to a variety of robust licensing requirements.

The Compact is voluntary for both states and physicians. Those who cannot or do not want to participate in the Compact's expedited licensing process are still able to seek multiple licenses. They simply apply directly to those states or territories in which they want to practice.

In order for a state to join the Interstate Medical Licensure Compact, the state legislature must enact the Compact into state law. Since 2015, more than half of the states in the nation have either introduced or enacted legislation for the Compact.

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It is important to remember that physicians in the United States are not licensed based on their specialty or practice focus. The license that a physician eventually receives from a state medical board is for the general, undifferentiated practice of medicine.

Physicians do not have to be certified by a medical specialty in order to obtain a medical license. Examples of specialty-certifying organizations include the American Board of Medical Specialties, known as ABMS, or the AOA's Bureau of Osteopathic Specialists, known as AOABOS.

But there are other practical considerations — such as obtaining hospital privileges — which lead most physicians in the United States to obtain specialty certification. The majority of physicians in the U.S. hold specialty certification through the ABMS or AOABOS.

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Every two years, the FSMB publishes its *Census of Licensed Physicians in the United States* – the nation's most comprehensive data source about licensed physicians.

The most recent information from the FSMB offers a snapshot of medical licensure in the United States:

- There are more than 985,000 currently licensed U.S. physicians.
- In 2017 and 2018, more than 175,000 new medical licenses were issued in the U.S.
- In 2018, physicians graduated from more than 2,000 medical schools in 167 countries around the world.
- Roughly 75 percent of licensed physicians graduate from U.S. or Canadian medical schools.

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- The largest demographic group practicing medicine in the U.S. is between the age of 40 and 49, at almost 24 percent. This is followed by physicians 30 to 39 years old and 50 to 59 years old, at roughly 22 percent each. Almost 11 percent of licensed U.S. physicians are 70 years old or older.
- More than 64 percent of licensed physicians are male and more than 34 percent are female.
- More than 80 percent of licensed physicians are certified by a specialty board.

The FSMB Census is essential reading for state medical boards, providing comparative data and trends analysis that can help as they go about their day to day work. We encourage you to acquire a copy online and review it closely to better understand trends in the nation's physician workforce.

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This concludes Module 2 – Understanding Medical Licensure.

Take some time now to learn more about the specifics of medical licensure in your state, including:

- How requirements for licensure are spelled out by your Medical Practice Act.
- What steps are required by your state's licensure process.
- How your state goes about verifying credentials and vetting candidates for licensure.
- What kind of data is available about the licensees in your state, including demographics and practice information.
- How licensure requirements and processes may differ between the various health professions your board regulates.

While this module focuses on the licensure of physicians, it is important that you learn as much as you can about the licensing processes of the other health professions your board may regulate. These may range from physician assistants to acupuncturists. Check with staff of your medical board for the best sources of information about licensure within these professions.

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For more information, you can refer to these additional resources.

- [U.S. Medical Regulatory Trends and Actions Report, 2018](https://www.fsmb.org/siteassets/advocacy/publications/us-medical-regulatory-trends-actions.pdf) (Available at <https://www.fsmb.org/siteassets/advocacy/publications/us-medical-regulatory-trends-actions.pdf>)
- [FSMB's Pathway to Licensure](http://www.fsmb.org/siteassets/usmle-step3/pdfs/pathway-to-licensure.pdf) (Available at <http://www.fsmb.org/siteassets/usmle-step3/pdfs/pathway-to-licensure.pdf>)
- [Interstate Medical Licensure Compact](https://imlcc.org) (Available at <https://imlcc.org>)
- [United States Medical Licensing Examination \(USMLE\)](https://www.usmle.org) (Available at <https://www.usmle.org>)
- [Comprehensive Osteopathic Licensing Examination \(COMLEX-USA\)](https://www.nbome.org/exams-assessments/comlex-usa) (Available at <https://www.nbome.org/exams-assessments/comlex-usa>)
- [Educational Commission for Foreign Medical Graduates \(ECFMG\)](https://www.ecfmg.org) (Available at <https://www.ecfmg.org>)

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More educational modules are available at www.fsmb.org.