Report on Licensure of Physicians Enrolled in Postgraduate Training Programs

Federation of State Medical Boards of the United States, Inc.

The Federation of State Medical Boards of the United States accepted this report from the Legislative and Legal Advisory Committee as policy in April 1996.

In November 1994, the Legislative and Legal Advisory Committee (LLAC) met to discuss several issues referred for its consideration. Among those was a request that the committee review the status of resident licensure in the United States and make recommendations to state medical boards to strengthen the current system of monitoring and regulating physicians enrolled in postgraduate training programs.

As part of its study of resident licensure, the committee reviewed cases of problematic residents who were able to avoid disciplinary action for an extended period of time. The committee found that in these cases, certain factors existed which could be addressed by the role of state medical boards in the regulation of participants in medical postgraduate training programs. They were (a) exploitation of current, institution-based regulatory system by such residents, (b) a reluctance on the part of program directors to report cases of continuous or serious malfeasance by residents to state medical boards, (c) inconsistency among training institutions in credentials verification and background investigation procedures, and (d) a lack of minimum educational and examination requirements for physicians enrolled in postgraduate training programs that are standard among all states.

Section I. Current Regulation of Residents by State Medical Boards

The committee reviewed the resident licensing procedures currently practiced by state medical boards. It is the opinion of the LLAC that because residents are involved in patient care from the beginning of their training programs and given an increasing amount of autonomy as they progress, such physicians should be under the jurisdiction of the state medical board.

From a review of state medical board responses reported in the Federation's 1995-1996 Exchange(1,2), the committee found the following:

a. Of the 63 state medical boards that reported to the Exchange, 13 require full licensure to be obtained before completion of the postgraduate training program.

b. Of the remaining 50 boards, only 37 require a limited license or permit to participate in a postgraduate training program.

c. Thus, 13 state medical boards reported having no process in place for the regulation and discipline of resident physicians until an application for full medical licensure is made.

For detailed information identifying the above-mentioned state medical boards, please see the chart titled Attachment. (Three boards--Guam, Puerto Rico, and the Virgin Islands--did not respond.)

Current methods used by states to regulate physicians enrolled in postgraduate training programs include issuance of a limited license or permit directly to the resident by the medical board. This limited license or permit restricts the practice of medicine to solely within the residency program and brings the resident physician directly under the jurisdiction of the medical board. The second type of process involves an institutional permit in which a training institution is issued a permit allowing it to operate a postgraduate training program and to recruit, enroll, and train resident physicians. The institution is held responsible for reviewing the background, education, training, physical and mental capacity, and experience of individuals
employed as resident physicians. The program director of the training institution is also responsible for documenting the resident's progress and reporting to the medical board.

The following state medical boards reported in the Federation's Exchange, Sections 1 and 2 that they use a limited licensure or permit process to regulate residents:

- Alaska
- Arizona-M
- California-M
- Connecticut
- Delaware
- Hawaii-M
- Hawaii-O
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine-M
- Massachusetts
- Michigan-M
- Michigan-O
- Minnesota
- Mississippi
- Missouri
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico-O
- North Carolina
- Ohio
- Oklahoma-M
- Oregon
- Pennsylvania-M
- Pennsylvania-O
- Rhode Island
- South Carolina
- South Dakota-M
- South Dakota-O
- Tennessee-M
- Tennessee-O
- Utah-O
- Vermont-M
- Vermont-O
- Virginia
- Washington-M
- West Virginia-O
- Wisconsin

Texas is the only state that regulates resident physicians through the institutional permit process.

The following state medical boards reported to the Exchange that they have no authority to regulate resident physicians:

- Alabama
- Arizona-O
- Arkansas
- Colorado
- District of Columbia
- Florida-M
- Florida-O
- Georgia
- Idaho
- Maryland
- Montana
- Nevada-O
- New York
- North Dakota
- Utah
- Washington-O
- West Virginia-M
- Wyoming

Section II. Recommendations

The LLAC recommends that state medical boards develop mechanisms to allow resident physicians to be brought under the jurisdiction of the medical board. The committee believes that use of the term "permit" is preferred over the term "limited license," as the latter may imply that the individual has met a broader
scope of requirements or demonstrated a higher level of competency than resident physicians actually possess.

A. Definitions
The LLAC recommends that the following definitions be used in describing a permit process for resident physicians.

1. **Resident Physician Permit**--a permit issued by the Medical Board to a physician who is enrolled in a postgraduate training program deemed acceptable by the Board and who does not currently hold a full and unrestricted license within the state

2. **Resident**--a physician who is enrolled in a postgraduate training program accredited by the American Council for Graduate Medical Education, the American Osteopathic Association, or other programs recognized by the Board

3. **Fellow**--a physician who is enrolled in a postresidency fellowship program accredited by the American Council for Graduate Medical Education, the American Osteopathic Association, or other programs recognized by the board

4. **Training Institution**--an institution that conducts a postgraduate training program approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or other programs approved by the Board for the training of interns, residents, and postresidency fellows

5. **Program Director**--an individual who is responsible for screening, selecting, and supervising physicians enrolled in one or more of an institution's postgraduate training programs

B. Requirements for Resident Physician Permit
The LLAC recommends that applicants for a Resident Physician Permit satisfy the following requirements:

1. Submission of a signed application approved by the Board

2. Documentation which verifies:
   - that the applicant has graduated from an accredited medical school recognized by the Medical Board
   - certification by the Educational Commission for Foreign Medical Graduates, if the applicant is a graduate of a foreign medical school and has completed the examination requirements for such certification within the preceding seven years; and
   - that the applicant has obtained a passing score on Steps 1 and 2 of the United States Medical Licensing Examination or Part 1 and 2 of the certifying examination administered by the National Board of Osteopathic Medical Examiners within the preceding seven years.

3. Enrollment in a residency program recognized by the state medical board

4. Verification that a background investigation, including acquisition of a photograph of the applicant certified by the dean of the medical school, was conducted and that the results proved satisfactory

5. Payment of an application fee.

C. Reporting Requirements for Program Directors
The LLAC recommends that state medical boards require an annual report from all program directors responsible for training residents. The report should be submitted at the completion of the program year and should contain the following information:

1. whether any disciplinary actions were taken against a resident physician in the postgraduate training program

2. whether a resident physician has failed to advance in the residency program for performance or behavioral reasons

3. whether a resident physician's practice has been placed on restriction by the program
director for performance or behavioral reasons
4. whether any resident physicians have been dismissed from the training program and the
reasons for such dismissals
5. whether any resident physicians have resigned from the training program and the reasons
for such resignations
6. whether any resident physician has been referred by the program director to a substance
abuse program, unless the resident physician enrolls in an impaired physician program
approved by the Board
7. whether any resident physician has left the program for any length of time in excess of
two weeks and the reason
8. a list of resident physicians who are recommended for advancement to the next level of
the postgraduate training program.

Failure to comply with the reporting requirements should be grounds for disciplinary action by
the Medical Board against the program director. If the program director is not a physician
licensed by the Medical Board, the training institution should be required to identify among its
staff a licensed physician responsible for meeting the reporting requirements.

D. Restrictions Placed Upon Permit-Holders
The Resident Physician Permit should restrict the physician to the supervised practice of medicine
within the confines of the training program. It should permit resident physicians to practice in
facilities affiliated with the program only if such practice is part of the training program.

The committee believes that issuance of a permit to a physician enrolled in a postgraduate training
program should not be construed to obligate the Board to issue the permit-holder a full and
unrestricted license upon completion of the training program and that the applicant for the
Resident Physician Permit should be required to affirm his understanding of this fact in writing.

E. Disciplinary Authority
The LLAC recommends that a resident physician holding a permit should be subject to the
disciplinary provisions of the medical practice act, including unprofessional conduct. Any
resulting disciplinary action taken against a resident physician should be reported to the
Federation's Board Action Data Bank for inclusion in the physician's permanent file.

F. Renewal of Resident Physician Permit
The Resident Physician Permit should be renewed annually, and all information concerning the
physician should be current at the time the permit is renewed.

Section III. Conclusion

It is the responsibility of state medical boards to regulate the delivery of health care provided by physicians
who practice within their jurisdictions. The Legislative and Legal Advisory Committee believes that
resident physicians do provide varying levels of unsupervised patient care and, therefore, should be subject
to the authority of state medical boards. The recommendations contained in this report will assist state
medical boards in fulfilling their role protecting the public through implementation of an effective system
to monitor and regulate physicians enrolled in postgraduate training programs.

Section IV. References

1. 1995-1996 Exchange, Section 1: USMLE and M.D. Licensing Requirements. Euless, Tex:
Federation of State Medical Boards of the US, Inc; 1995: Table 59, page 89.
2. 1995-1996 Exchange, Section 2: USMLE and D.O. Licensing Requirements. Euless, Tex:
Federation of State Medical Boards of the US, Inc; 1995: Table 49, page 73.
### Licensure for Postgraduate Training Full License, or Special Permit

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<td>Arizona Osteo</td>
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<td>Arkansas</td>
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<td>California</td>
<td>full license (PGY 2 +)</td>
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<tr>
<td>California Osteo</td>
<td>full license (PGY 2 +)</td>
</tr>
<tr>
<td>Colorado</td>
<td>no license required</td>
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<tr>
<td>Connecticut</td>
<td>postgraduate training permit</td>
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<tr>
<td>Delaware</td>
<td>postgraduate training permit</td>
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<tr>
<td>District of Columbia</td>
<td>no license required</td>
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<tr>
<td>Florida</td>
<td>no license or permit, but registration required</td>
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<tr>
<td>Florida Osteo</td>
<td>no license, but registration required</td>
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<td>Georgia</td>
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<td>Guam</td>
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<td>Idaho</td>
<td>no license or permit, but registration required</td>
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full license required (PGY 2+)
institutional limited license for IMGs (PGY 2+)

Louisiana
postgraduate training permit (PGY 1+)
full license required (PGY 2+)

Maine
postgraduate training permit

Maine Osteo
postgraduate training permit (PGY 1)

Maryland
full license not required, registration required

Massachusetts
limited license

Michigan
postgraduate training permit
(Educational Limited License)

Michigan Osteo
postgraduate training permit

Minnesota
postgraduate training permit

Mississippi
full license required (PGY 2+)
temporary license for PGY 1
limited institutional license for IMGs

Missouri
postgraduate training permit

Montana
no license required

postgraduate training permit
(Special Training License)

Texas
institutional permits

Utah
no license required

Vermont
full license required
(Limited Temporary Permit)

Virginia
postgraduate training permit

Virgin Islands
no information reported

Washington
limited license

Washington Osteo
no license required

West Virginia
no license required

West Virginia Osteo
postgraduate training permit (PGY 1+)
full license (PGY 2+)

Wisconsin
full license required

Wyoming
no license required