**Advisory Commission on Additional Licensing Models**
**DRAFT GUIDANCE DOCUMENT**

**There are currently two primary pathways by which internationally trained physicians may become eligible for medical licensure from a state medical board in the United States and its territories:**

1. Completion of one to three years, depending on the state or territory,[1] of U.S.-based graduate medical education (GME) accredited by the Accreditation Council for Graduate Medical Education (ACGME), accompanied by certification by ECFMG®, a division of Intealth™, and successful passage of all three Steps of the United States Medical Licensing Examination® (USMLE®), is the most common current pathway to medical licensure for international medical graduates (IMGs) in the United States. In addition to expanding a physician's knowledge and skills in one or more medical or surgical specialties, U.S.-based GME affords time for participants to acclimate to the U.S. health care system, culture and social norms, and the medical illnesses and conditions that are most prevalent (e.g., heart disease, cancer, accidents) among those residing in the United States.
2. "Eminence" pathways (usually sought by prominent mid-career physicians from abroad) have long existed in many states and typically do not require ECFMG Certification or successful passage of any Step of the USMLE. It is likely that such pathways will continue to be an option for highly qualified and fully trained internationally trained physicians. These pathways are most often used for those deemed to have "extraordinary ability," and include "eminent specialist" or "university faculty" pathways for physicians pursuing academic or research activities, and they typically align with the O-1 (extraordinary ability) visa issued by the U.S. State Department.[2] Of note, most state medical boards also have existing statutes or regulations allowing the licensing of IMGs at their discretion, though in practice these are not easy to achieve or available commonly. A few medical boards explicitly allow postgraduate training (PGT) – also known as postgraduate medical education (PGME) – outside of the United States or Canada, from countries such as England, Scotland, Ireland, Australia, New Zealand and the Philippines.

**Beginning in 2023, eight (8) states have enacted legislation creating additional licensing pathways for internationally trained physicians that does <u>not</u> require completion of ACGME-accredited GME training in the United States.**

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[1] International Medical Graduates GME Requirements, Board-by-Board Overview, FSMB
[2] https://www.uscis.gov/working-in-the-united-states/temporary-workers/o-1-visa-individuals-with-extraordinary-ability-or-achievement

These newly established additional licensing pathways are designed principally for internationally-trained and internationally-practicing physicians who wish to enter the U.S. health care workforce. A primary goal of these pathways in many jurisdictions, according to testimony and statements by sponsors and supporters, is to address U.S. health care workforce shortages, especially in rural and underserved areas.

It must be noted that U.S. federal immigration and visa requirements will impact the practical ability of those who are not U.S. citizens or permanent U.S. residents (green card holders) to utilize any additional pathway. Additionally, the ubiquity of specialty-board certification as a key factor in employment and privileging decisions is likely to impact the efficacy of non-traditional licensing pathways. States may, therefore, wish to consider other health care workforce levers, such as advocating for increased state and Medicare/Medicaid funding to expand U.S. GME training slots, offering some means of transition assistance to IMGs, and expanding the availability and utilization of enduring immigration programs like the Conrad 30 waiver program, Health and Human Services (HHS) waivers, regional commission waivers, and the United States Citizenship and Immigration Service (USCIS) Physician National Interest Waiver.

While the additional pathway legislation introduced and enacted since 2023 varies from state to state, this consensus-based guidance highlights areas of similarities among them and suggests considerations and resources related to each, where such may exist. Areas of concordance among most, if not all, state laws advancing additional licensure pathways – as addressed in more detail later in this document – include the following:

1. **Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing additional licensure pathways**
2. **An offer of employment prior to application for an additional pathway**
3. **ECFMG Certification and graduation from a recognized medical school**
4. **Completion of post-graduate training (PGT) outside the United States**
5. **Possession of a license/registration/authorization to practice medicine in another country or jurisdiction and medical practice experience**
6. **A limit on "time out of practice" before becoming eligible to apply for an additional pathway**
7. **A requirement for a period of temporary provisional licensure prior to eligibility to apply for a full and unrestricted license to practice medicine**
8. **Eligibility for a full and unrestricted license to practice medicine**
9. **Standard data collection requirements**

The Advisory Commission on Additional Licensing Models, established in December 2023 and convened on four separate occasions in 2024, would like to offer the following set of initial recommendations for consideration by state medical boards, state legislators, policymakers, and other relevant stakeholders, specific to the above nine areas of concordance. The purpose of these recommendations is to support alignment of policies, regulations and statutes, where possible, and to add clarity and specificity to statutory and

procedural language to better protect the public – the principal mission of all state medical boards – and to advance the delivery of quality health care to all citizens and residents of the United States.

These initial recommendations focus on eligibility requirements and related considerations for entry into an additional licensure pathway. To ensure that physicians entering these pathways are prepared to safely practice in the United States, these pathways should optimally include assessment and supervisory components for which additional guidance is under development by the advisory commission and will be forthcoming in 2025.

1. **Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing additional licensure pathways.**

Many states that have enacted additional pathway legislation have explicitly included state medical boards in the implementation process to assure the ability of the state to support safe medical practice.

Additional licensure pathways will likely incur increased processes, time and resources for state medical boards. State legislatures should consider additional funding and resources that may need to be allocated through state appropriations to fully implement, operationalize, and evaluate an additional new pathway for medical licensure.

States evaluating how to proceed may wish to consider first authorizing their state medical boards to establish a smaller pilot program with primary care specialties that typically require a shorter period of post-graduate training, which may be more comparable internationally, and which may serve to increase access to care in rural and underserved areas. This may enable state medical boards and private partners to build the necessary infrastructure and trust for adoption of additional licensure pathways and evaluate the programs before a substantial increase in applicants or expansion to other specialties is welcomed.

***Recommendation 1a*: States should empower their medical boards to promulgate rules and regulations should they choose to enact additional licensure pathway requirements for qualified, internationally trained physicians.**

***Recommendation 1b:* State legislatures should ensure state medical boards have the necessary resources to fully implement, operationalize, and evaluate any new, additional licensure pathways including the ability to hire or assign staff with knowledge and understanding of licensing international medical graduates.**

2. **An offer of employment prior to application for an additional pathway.**

Internationally trained physicians applying for a license to practice medicine under these new additional licensure pathways have typically required in statute to have an offer of employment from a medical facility that can assure supervision and assessment of the IMG's proficiency. All states that have enacted additional pathway legislation at the time of this document's publication have included such a requirement, whether it is employment with an associated ACGME-accredited program, a Federally Qualified Health Center (FQHC), a Community Health Center (CHC), a Rural Health Clinic (RHC), or other state-licensed medical facility that has capacity and experience with medical education and assessment. The employer should be an entity with sufficient infrastructure that allows for supportive education and training resources for the IMG, as well as supervisory and assessment resources, including peer-review.

***Recommendation 2a:*** **States should require internationally trained physicians applying under an additional licensure pathway to have an offer of employment from a medical facility, as defined by the state medical board.**

***Recommendation 2b:*** **State medical boards should have the authority to determine which medical facilities are able to supervise and assess the IMG's proficiency and capabilities (e.g., an ACGME-accredited program, an FQHC, a CHC, an RHC or other state-licensed medical facility that has capacity and experience with medical education and assessment).**

3. **ECFMG Certification and graduation from a recognized medical school.**

Internationally trained physicians applying under an additional licensure pathway should be graduates of a recognized medical school. All states that have enacted pathway legislation at the time of this document's publication have included this requirement.

Recognition or inclusion in directories from organizations such as the World Health Organization (WHO) or the *World Directory of Medical Schools* (*World Directory*)[3] may serve as a helpful proxy for this requirement. The latter directory is the product of a collaboration between the World Federation for Medical Education (WFME) and FAIMER®, a division of Intealth.

Traditionally, IMGs have been required to obtain ECFMG Certification, a qualification that includes verification of their graduation from a *World Directory* recognized medical school, passage of USMLE Steps 1 and 2, and demonstration of English language proficiency via the Occupational English Test (OET) Medicine.

[3] https://www.wdoms.org/

***Recommendation 3:*** **States should require ECFMG Certification for internationally trained physicians to enter an additional licensure pathway**.

State medical boards may also wish to require IMGs to provide additional supporting materials of the medical education they have undertaken outside the United States. In such instances, primary source verification and review of credentials that utilizes resources such as Intealth's Electronic Portfolio of International Credentials (EPIC℠)[4] may be useful.

**4. Completion of post-graduate training (PGT) outside the United States.**

States that have introduced or enacted additional pathway legislation have generally included a requirement that applicants should have completed PGT that is "substantially similar" to a residency program accredited by the ACGME in the United States.

There is significant variability, however, in the structure and quality of international PGT. The degree of clinical exposure may be uncertain and inconsistent across programs. Too, there is not currently an established and accepted accreditation system or authority that is able to deem international PGT programs to be "substantially similar" to ACGME-accredited PGT programs available in the United States, nor do many state medical boards have the capacity, resources, or expertise to assess international programs for this purpose on their own. Until such a formal accreditation system exists, the term "substantially similar" may need to be defined and determined by the state medical board.[5] Arriving at definitions and determinations of substantial similarity will have significant implications for state medical boards to plan for and obtain additional resources and support, and expertise to evaluate international training programs that have significant variability in structure, content and quality.

***Recommendation 4a:*** **Completion of formal, accredited PGT outside the United States should be a requirement for entry into an additional licensure pathway.**

Formal postgraduate training and accreditation is not available in all countries and jurisdictions. In its absence, medical boards may be inclined to consider alternative forms of training on a case-by-case basis. These circumstances and experiences – including apprenticeship, clerkship, or observership models – may differ widely in objective measures of quality that do not involve fellowship training or involve quasi-residency arrangements that may or may not support an international physician's education and experience for additional pathway eligibility.

[4] https://www.ecfmg.org/psv/

[5] Development of a program for recognition of international systems of accreditation of PGT is currently being led by the Word Federation for Medical Education, with anticipated launch in mid-2025.

***Recommendation 4b:*** **State medical boards may make use of a variety of existing proxies for determining that a PGT program completed outside the United States is "substantively similar" for purposes of additional licensure pathway eligibility for internationally trained physicians, including whether the IMG's program has been accredited by ACGME International (ACGME-I) and/or whether the IMG has completed an ACGME-accredited fellowship training program in the United States. Boards may also wish to ask the IMG to produce their training program's curriculum (and case requirements, for surgical specialties) for review.**

A "number of years in-practice" threshold in a given specialty in place of formal PGT may also be used on a case-by-case basis by the state medical board as an alternative metric, as long as it also includes additional requirements, such as ECFMG Certification and passage of all three Steps of the USMLE program. Where boards have access to, or can partner with, organizations with relevant experience and expertise, they may seek to determine the nature of such practice, including degree of clinical exposure, interaction with patients and performance of procedures; where applicable, this information is likely to be valuable in making determinations of competency and practice readiness.

5. **Possession of a license/registration/authorization to practice medicine in another country or jurisdiction and medical practice experience.**

Most states that have enacted additional pathway legislation have included a requirement that applicants be licensed or authorized to practice medicine in another country. Practice experience requirements in current statutes vary from three to five years. Additional pathway legislation commonly also includes a requirement that the license obtained overseas be "in good standing" and that attempt be made to verify the physician's discipline and criminal background history. State medical boards should consider primary source verification of any documentation from applicants related to licensure, employment and practice history.

***Recommendation 5:*** **States should require internationally trained physicians applying for a license under an additional licensure pathway to be fully licensed, registered, or authorized to practice medicine in another country or jurisdiction and to provide evidence of medical practice experience of at least three years.**

6. **A limit on "time out of practice" before becoming eligible to apply for an additional licensure pathway.**

An international physician's time out of active practice before applying for an additional licensing pathway is typically and explicitly limited in currently enacted legislation, in line with extant guidelines required for medical licensure renewal of most physicians licensed in the United States. Time out of practice is a major challenge and concern for state medical boards in terms of assuring patient safety and public protection, regardless of where the training or initial licensure occurred, given that the practice of medicine changes

so rapidly. Many state medical boards, and this is often included in their respective Medical Practice Acts, already recommend a formal re-entry process when a licensed physician has been out of practice for more than a certain number of years (the most often cited period of time in most statutes is two years).[6]

***Recommendation 6:*** **States should consider limits on time out of practice for physicians entering additional licensing pathways that are consistent with re-entry to practice guidelines for other physician applicants within their jurisdiction.**

States that have enacted additional licensing pathway legislation have listed varying ranges for the number of years of IMG practice, from continuous practice preceding application to within the preceding five years. States should be cognizant that requiring continuous practice may be difficult for many applicants to manage and/or demonstrate, especially if they have to navigate the U.S. immigration system, adjust to displacement, or face any number of non-immigration barriers faced by domestic physicians that require time away from active practice, including, but not limited to, sickness, caregiving or raising children.

7. **A requirement for a period of temporary provisional licensure prior to eligibility to apply for a full and unrestricted license to practice medicine.**

All states that have enacted additional pathway legislation as of the date of publication of this guidance have explicitly included a provision that applicants for additional pathways to a full and unrestricted medical license first begin with a temporary provisional license to practice medicine.

"Supervision" is mentioned as a part of this provision by some states in their enacted legislation. For example, a few states have enacted legislation that allows internationally trained physicians to practice under the "supervision of a licensed physician for two years" as part of their pathway. Supervision and support for internationally trained physicians are crucial to navigate and bridge cultural and boundary differences, and to enable qualified internationally trained physicians to learn the technical and operational side of the U.S. health care system, including the process of billing and the use of electronic health records. Such supervision and support are also essential for public protection. Examples of supervisory structures that could be helpful include a collaborative practice arrangement, preceptorships and/or more formalized training models that include opportunities for progressive assessment of the international physician's caseload and practice. States may also choose to require a "declaration of fitness" made by supervising physicians or verification of compliance with a state's continuing medical education (CME) requirements in order to progress to full and unrestricted licensure.[7]

[6] board-requirements-on-re-entry-to-practice.pdf (fsmb.org)
[7] Continuing Medical Education, Board-by-Board Overview, FSMB

The Advisory Commission on Additional Licensing Models is exploring resources available to assist state medical boards with the potential structure of an assessment program and provisional supervised licensure, and anticipates proposing recommendations on this matter sometime in 2025.

***Recommendation 7a*: States should require a period of temporary provisional licensure for qualified internationally trained physicians under an additional licensure pathway before they become eligible to apply for a full and unrestricted license.**

***Recommendation 7b*: During their period of temporary provisional licensure, applicants should be supervised by licensed physicians within the same specialty as the applicant's intended practice.**

***Recommendation 7c*: During this period of temporary provisional licensure, applicants should receive progressive assessment (as defined by the state medical boards and suggested in this section) and adequate support by the employer to help the international physician navigate and bridge cultural and boundary differences, including understanding billing, coding and electronic health records.**

States have taken a variety of approaches in specifying the duration of provisional licensure, with two or three years being the most common time periods cited in legislation. However, there have been some legislative proposals for a two-step progression, by which an IMG first becomes eligible for a restricted or limited license after at least two years of provisional licensure, but still practices in areas or specialties with the greatest medical need, with or without ongoing supervision; provisional, restricted, and limited licensees under this arrangement are *required* in order to practice at these facilities for the entire duration of their time prior to full licensure.

### 8. Eligibility for a full and unrestricted license to practice medicine.

All states that have enacted additional pathway legislation have included a provision that at the conclusion of the provisional or restricted licensure period, the qualified international physician should become eligible to apply for a full and unrestricted license to practice medicine. There is a small but meaningful linguistic divergence in enacted legislation thus far, however, with wording indicating that state medical boards *may* or *shall* grant a full and unrestricted license to the IMG applicant.

State medical boards ordinarily and typically retain the authority to make licensure decisions for all licensees, even after a period of provisional licensure. Automatic transition to full and unrestricted licensure, by contrast, is neither ordinary nor typical. State medical boards may wish to consider working with their legislatures to retain the ability to exercise their due diligence and assess each applicant on their merits before determining whether they meet the state's criteria for full licensure.

States may also consider explicit requirements for provisional licensees before being granted eligibility for full licensure, such as passing USMLE Step 3 (already a requirement for all other IMGs for licensure), passing the employer's (or facility's) assessment and evaluation program, and having neither any disciplinary actions nor investigations pending over the course of their provisional licensure. Most states that have enacted pathway legislation have required a combination of these steps and there have been some proposals to include a letter of recommendation from the applicant's supervising physician as well.

***Recommendation 8a*: State medical boards in states that have enacted legislation to create additional licensing pathways for internationally trained physicians should work with their legislatures, where permitted, to retain their historic and statutory ability to exercise their due diligence and assess each applicant on their merits before they progress from provisional to full and unrestricted licensure.**

***Recommendation 8b:* State medical boards should add a requirement for passing USMLE Step 3 (as already required of all IMGs) for a full and unrestricted license and a proviso that the applicant not have any disciplinary actions or investigations pending from their provisional licensure period.**

**9. Standard data collection requirements.**

Data collection and dissemination is critical for state medical boards, state legislators, and state medical boards to better understand the impact of these types of additional licensure pathways. Significant questions remain about the efficacy of these additional pathways to address U.S. health care workforce shortages. Much of the legislation introduced thus far does not address what will likely be significant barriers to employment and the ability to practice with a full license in many states. These questions include whether physicians entering a pathway will be eligible for board certification, whether malpractice insurers will cover their practice, and whether payors will reimburse for the services provided by these physicians.

***Recommendation 9*: State medical boards, assisted by partner organizations as may be necessary, should collect information that will facilitate evaluation of these additional licensure pathways to make sure they are meeting their intended purpose. This information should include:**

- **the number of applicants**
- **the number of internationally trained physicians receiving provisional licensure under the pathway and the number denied provisional licensure under the pathway**
- **the number of individuals achieving full and unrestricted licensure,**
- **the percentage of individuals that stay and practice in their specialty of training and in rural or underserved areas**

- **the number of complaints received and disciplinary actions taken (if any)**
- **the practice setting and specialty of applicants**
- **the number of IMGs licensed through additional licensure pathways who ultimately remain in the United States versus returning to their home countries**
- **the number of individuals achieving specialty board certification**
- **the costs to the board of operating an additional licensing pathway**