

Federation of State Medical Boards Report of the Special Committee on License Portability

A Policy Document of the Federation of State Medical Boards of the United States, Inc.

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Executive Summary

The Federation of State Medical Boards is a national non-profit organization whose membership includes 70 medical licensing and disciplinary boards in the United States, and the U.S. territories. The Federation acts as a collective voice for its member medical boards in the continual improvement of the quality, safety, and integrity of health care standards for physician licensure and practice. Goals V and VIII of the Federation's strategic plan (HOD April 2000) call for the Federation to support state medical boards (1) as primary vehicles of medical licensure and discipline and (2) in developing and using consistent standards, language, definitions and tools.

Reflecting these tenets, in April 2000, Federation President, George C. Barrett, MD, established the Special Committee on License Portability to explore mechanisms that could significantly improve the portability of state medical licensure. The committee was carefully selected to include broad representation from the medical regulatory and professional communities, including professional and public members of state medical boards and medical board staff. Robert E. Porter, MD, a former Federation president, was selected to chair this committee.

The Committee met over the course of two years, with the original intent to propose a licensure model that would result in true license portability. The Committee evaluated licensure models including the mutual recognition model utilized in Australia and proposed in Canada, as well as the licensure compact model developed by the National Council of State Boards of Nursing.

In its initial work product, the Committee proposed a "portable license cooperative system" that would have required significant statutory changes and the establishment of formal agreements among state medical boards. Based upon comments and concerns expressed by a variety of stakeholders, including board executives, committee members, and other interested parties, the Committee concurred that an incremental approach would be more widely accepted and practical to implement. Accordingly, the Committee reassessed its work product and developed recommendations based upon the existing processes of licensure by endorsement. The Committee believed this approach to be advantageous to state medical boards as the recommendations will (1) require little, if any, statutory amendment and (2) not require contracts or other formal agreements between jurisdictions.

The Committee's report sets forth an expedited licensure process for physicians meeting identified and accepted standards and is dependent upon the development of a standard medical license application and acceptance of established standards for primary source verification of physician core credentials, including identity, medical education, postgraduate training, examination, and disciplinary history.

The Committee recommends state medical boards offer an expedited licensure by endorsement process to physicians meeting the following qualifications:

1. Full and unrestricted licensure (in all jurisdictions where a medical license is held);
2. Free of disciplinary history, license restrictions, or pending investigations (in all jurisdictions where a medical license is or has been held);
3. Graduation from an approved medical school or hold current Educational Commission for Foreign Medical Graduates (ECFMG) certification;
4. Passage of a licensing examination acceptable for initial licensure within three attempts per step/level and within a seven (7) year time period;

5. Completion of three (3) years of progressive postgraduate training in an accredited program; and/or,
6. Current certification from a medical specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). Lifetime certificate holders who have not passed a written specialty recertification examination must demonstrate successful completion of the Special Purpose Examination (SPEX), Comprehensive Osteopathic Medical Variable Purpose Examination (COMVEX), or applicable recertification examination.

The Committee recognizes that the recommendations, if implemented, will not allow all physicians applying for licensure by endorsement to qualify for the expedited process; however, over time the vast majority of physicians should be able to meet these core requirements.

The Committee distributed a draft of its recommendations to member medical boards and other interested parties in February 2002 for comment. Comments were carefully considered and some have been incorporated into the final document that follows. The Committee emphasizes that the recommendations set forth are not applicable to initial licensure but only apply to those applicants who have an unencumbered medical license and credentials profile permitting expedited movement to another jurisdiction. The Committee is aware that many states have requirements beyond those pertaining to education, training, examination, etc. that are jurisdictionally specific that may limit an expedited process. The Committee urges state medical boards to take an opportunity to review existing licensure requirements that are specific to their jurisdiction and evaluate them with regard to endorsement licensure.

Report of the Special Committee on License Portability

Section 1. Introduction

In April 2000, Federation President George C. Barrett, MD, established the Special Committee on License Portability to explore mechanisms that could significantly improve the portability of state medical licensure. Responding to changes in the delivery of health care over the last decade, the Federation has incrementally addressed the issue of license portability. The Ad Hoc Committee on Licensure by Endorsement (1995) identified the need for a centralized system for primary source verification and archiving of core physician credentials on behalf of state medical boards, as well as the need to address regulatory issues associated with telemedicine and barriers to license portability. The policy that resulted from the Ad Hoc Committee on Licensure by Endorsement led to the development of the Federation Credentials Verification Service (FCVS) and the policy, *A Model Act to Regulate the Practice of Medicine Across State Lines*. Recognizing that barriers exist that impede implementation of an expedient process for licensure by endorsement, the Special Committee on Uniform Standards and Procedures (1998) set forth recommendations to improve consistency of licensure requirements and disciplinary terminology and processes.

Administrative, regulatory, statutory and operational differences among medical licensing jurisdictions are key factors to be addressed in assessing states' ability to improve license portability. Since its inception in 1912, the Federation has maintained its commitment to protecting the constitutional right of states to independently and exclusively regulate the practice of medicine within their respective jurisdictions in order to ensure that persons practicing medicine meet sufficient standards of education, training, competence, and ethics. However, current social, economic and political pressures threaten the state-based medical licensure system. The American Medical Association's House of Delegates recently adopted policy calling for the AMA to examine license reciprocity between states in order to improve the ability of physicians to practice in other states and to ask the Federation of State Medical Boards to explore a standardized medical licensure application form. Additionally, Federal initiatives directed toward

improving access to telehealth services continue to identify state licensure as a barrier and encourage the adoption of provisions allowing for practitioner licensure across state lines. Medical boards have an obligation to take a proactive role in addressing concerns that have arisen as a result of physician mobility, the evolution of managed care, advancements in technology, and an expanding number of interstate multi-hospital systems.

Accordingly, the Special Committee on License Portability was charged as follows:

- To review the report of the Ad Hoc Committee on Licensure by Endorsement and identify areas for revision;
- To review and evaluate current state requirements for licensure by endorsement;
- To identify variances in licensure requirements and other statutory or system barriers to license portability and reasons for such variances;
- To evaluate the experiences of other countries utilizing a mutual recognition model for physician licensure; and
- To develop recommendations to state medical boards to enhance license portability while preserving a state-based licensure system and maintaining the high standards necessary to protect the public.

The Special Committee recognized that state-based licensure best serves the interests of public safety and any system to enhance license portability must protect both the state-based licensure system and high standards for physician licensure and practice. During its deliberations, the Committee evaluated potential licensure models and systems and concluded that building upon the existing processes of licensure by endorsement is the best option and most practical to implement. The Committee believed this approach to be most advantageous to state medical boards as (1) it will require little, if any, statutory amendment and (2) will not require contracts or other formal agreements between jurisdictions. The Committee strongly urges state medical boards to revise their processes for licensure by endorsement to improve the ability for qualified physicians to obtain licensure in subsequent jurisdictions while maintaining public protection.

The recommendations proposed are designed to significantly enhance the process of licensure by endorsement for physicians meeting identified and accepted standards. The standards recommended meet or exceed requirements for the practice of medicine in the majority of jurisdictions.¹ Although the proposed standards are stringent, the majority of currently licensed physicians will qualify for licensure by endorsement under the proposed enhanced and expedited process. Until such time as all physicians practicing in the United States are eligible under the proposed standards, state medical boards should implement two distinct tracks for processing applications for licensure by endorsement: (1) the traditional track; and (2) an expedited track for physicians who qualify.

Section 2. Expedited Licensure by Endorsement

In 1995, the Ad Hoc Committee on Licensure by Endorsement defined licensure by endorsement as “process whereby a state issues an unrestricted license to practice medicine to an individual who holds a valid and unrestricted license in another jurisdiction. The license will be granted based upon (1) documentation of successful completion of an approved examination previously administered by another agency (2) acceptance of core documents which have been authenticated by an approved process and (3) completion of additional requirements which assess the applicant’s fitness to practice medicine in the new jurisdiction.”²

Section 2(A). Basis for Recommendations

The Committee based its recommendations on the following:

- Only physicians who qualify will be eligible for licensure by endorsement via an expedited process. Physicians otherwise will be considered via traditional processes.
- State medical boards can enhance operational and administrative procedures required to expedite licensure by endorsement.
- The ultimate responsibility for assessing applicants' fitness to practice is retained by each licensing jurisdiction.
- Physicians remain subject to the authority of each and every jurisdiction wherein they hold a license.
- Utilization of a standardized system of credentials verification, such as the Federation Credentials Verification Service, can provide consistent and timely verification of physician core credentials, including examination and disciplinary history.

Section 2(B). Qualifications

Physicians must meet the following qualifications in order to be considered eligible for licensure via an expedited licensure by endorsement process:

The applicant must provide documentation of—

- The identity of the applicant.
- All U.S. jurisdictions in which the applicant holds a full and unrestricted license.
- The applicant is free of disciplinary history, license restrictions, and, pending investigations in all jurisdictions.
- Graduation from an approved medical school
- Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA) approved medical school; or
 - Fifth Pathway certificate;³ or
 - Educational Commission for Foreign Medical Graduates (ECFMG) certificate
- Passing one or more of the following examinations acceptable for initial licensure within three attempts per step/level
 - United States Medical Licensing Examination (USMLE) Steps 1-3 or its predecessor examinations (National Board of Medical Examiners (NBME) I-III or the Federation Licensing Examination (FLEX)
 - Examinations offered by the National Board of Osteopathic Medical Examiners (COMLEX-USA) Levels 1-3 or its predecessor examination(s)
 - Medical Council of Canada Qualifying Examinations (MCCQE) or its predecessor examination(s) offered by the Licentiate Medical Council of Canada.
- The applicant successfully completed the total examination sequence within seven (7) years, except when in combination with a PhD program.
- Successful completion of 3 years of progressive postgraduate training in a program accredited by the Accreditation Council on Graduate Medical Education (ACGME) or the AOA; and/or,
- Certification or recertification by a medical specialty board recognized by the American Board of Medical Specialties (ABMS) or the AOA within the previous ten (10) years. Lifetime certificate holders who have not passed a written specialty recertification examination must demonstrate successful completion of the Special Purpose Examination (SPEX), Comprehensive Osteopathic Medical Variable Purpose Examination (COMVEX), or applicable recertification examination.

Section 3. Verification of Credentials

Section 3(A). Verification of Core Credentials

Primary source verification of physician core credentials, including identity, medical education and training, examination and disciplinary history must be established. Enhancing license portability is dependent upon the assurance and trust that primary source verification of physicians' core credentials has been conducted, such verified documents are securely maintained, and the credentials verification process is consistent among jurisdictions.

Physicians desiring an expedited process for licensure must utilize FCVS, or credentials verification meeting equivalent standards⁴ for verification of core credentials.

Such credentials include:

- Medical School Diploma
- Medical School Transcript
- Dean's Certificate
- Examination history
- Disciplinary history
- Identity (photograph and certified birth certificate or original passport)
- ECFMG certificate, if applicable
- Fifth Pathway Certificate, if applicable
- Postgraduate training verification

3(B) Additional Verification

State medical boards should obtain supplemental documentation including, but not limited to: (1) criminal record check(s), (2) absence of current/ pending investigation(s) (3) verification of specialty board certification, if not previously obtained through the ABMS, AOA, or other specialty board recognized by the state medical board and (4) professional experience.

4. Issuance of License

State medical boards should implement an abbreviated and expedient process for issuing a medical license based upon evidence of the aforementioned requirements and qualifications. The applicant should, at a minimum, satisfy the following requirements:

The applicant must—

- Submit a completed application form.
- Initiate the transmittal of an FCVS (or equivalent) physician information profile to the board.
- Expeditiously meet all other state board specific requirements, e.g. interviews, orientations
- Remit required fee(s).
- An individual meeting the requirements set forth above and who holds a valid, unrestricted license in at least one U.S. jurisdiction should be given every consideration for expedited issuance of a full and unrestricted license.

Section 5. Standardized Medical License Application

The Committee believes it is incumbent upon the Federation, in partnership with Administrators in Medicine, to develop a standardized license application, (electronic and/or paper) for use by state medical boards.

Section 6. Responsibility of the Applicant

Nothing in this document obviates the responsibility of applicants to be knowledgeable of the specific requirements of the jurisdiction in which they seek licensure, and to timely comply with those requirements.

Section 7. Implementation

With a sense of urgency, the Committee encourages state medical boards to implement systems to improve license portability that foster cooperation and consistency among the Federation's member boards. License portability will only be achieved through commitment, cooperation, and trust between and among the Federation and its member boards.

The Committee encourages the Federation, in partnership with Administrators in Medicine, to develop an implementation plan that includes:

1. Developing and supporting a pilot program to assess the overall workability of expedited license by endorsement.
2. Providing assistance to state medical boards, including a standardized license application and other documentation supporting enhanced license portability.
3. Soliciting support from pertinent external stakeholder organizations in implementing the changes necessary to enhance license portability.
4. Identify problematic or deficient areas and outcomes; evaluate the success of this effort; and facilitate recommendations for future enhancements.

Section 8. Recommendations of the Special Committee on License Portability

The Special Committee on License Portability recommends that—

1. State medical boards work immediately and cooperatively to effect administrative and operational changes required to enhance and develop an expedited licensure by endorsement for physicians who qualify.
 2. The Federation of State Medical Boards assist state medical boards in the implementation of an expedited licensure by endorsement process for physicians who qualify.
 3. The Federation of State Medical Boards, in partnership with Administrators in Medicine, develop a standardized license application and other necessary documentation to assist state medical boards in facilitating license portability.
 4. The Federation of State Medical Boards expand the Federation Credentials Verification Service primary source verification to include all jurisdictions in which licensure is held, specialty board certification status and implement other enhancements to expedite product delivery.
 5. The Federation reaffirms its policy that medical boards share investigative information, at the early stages of complaint investigation, with other medical boards considering a licensure application.⁵
 6. The Federation reaffirms its policy that all state medical boards conduct criminal record checks as part of the licensure application process.
Special Committee on License Portability.⁶
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1. FSMB Exchange, Volumes 1 and 2
2. Report of the Ad Hoc Committee on Licensure by Endorsement (HOD 1995), p. 2.
3. A Fifth Pathway program is an academic year of supervised clinical education provided by a LCME-accredited medical school and is available to persons who meet all of the following conditions:
 - o Have completed, in an accredited US college or university, undergraduate premedical work of the quality acceptable for matriculation in an LCME-accredited US medical school;
 - o Have studied in a medical school located outside the United States, Puerto Rico, and Canada that is listed in the World Directory of Medical Schools and that requires an internship and/or social service after completing the school's academic requirements and before receiving the final medical credential;
 - o Have completed all of the formal requirements of the non-US medical school except internship and/or social service.

Students who have completed the academic curriculum in residence at a non-US medical school and who meet the above conditions may be offered the opportunity to substitute, for an internship and/or social service required by a non-US medical school, an academic year of supervised clinical training in a medical school accredited by the LCME.

4. FSMB, Federation Credentials Verification Service (FCVS), Operational Policies and Procedures, 2002.
5. Report of the Special Committee on Uniform Standards and Procedures (HOD 1998), p. 8.
6. Report of the Special Committee on Uniform Standards and Procedures (HOD 1998), p. 5; and, FSMB Public Policy 150.003, Criminal Record Check

Special Committee on License Portability

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