

Removing Barriers to Practice: Internationally Trained Physicians and State Policy Options

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Internationally trained physicians, also known as international medical graduates (IMGs), often face significant barriers to becoming licensed in their fields in the United States, including having to repeat years of training and clinical experience. Some states have taken steps to address these barriers by implementing programs that enable IMGs to use their skills.

A. Pathways to Physician Licensure

States have explored a range of approaches to facilitate the licensure of IMGs, including the use of state-funded or state-sponsored residencies, faculty licensing, exceptional qualification waivers, and restricted physician licensure.

State-Funded or State-Sponsored Residencies

In addition to having their international degrees validated and completing the required multi-step U.S. Medical Licensing Examination (USMLE), IMGs seeking to become licensed in the U.S. must typically repeat their postgraduate medical education or residencies. The federal funding cap that limits the number of residency slots available in the U.S.¹ presents a significant constraint on the ability of IMGs to succeed in obtaining a residency “match”—despite their prior education and experience. Minnesota has taken steps to help expand the number of residency slots available to IMGs:

- 1) **Minnesota**: Minnesota’s International Medical Graduate Assistance Program established in 2015, Minnesota Session Laws, **Chapter 71**, Article 8, Section 17, aims at addressing barriers to practice and facilitates pathways for IMGs to integrate into the Minnesota health care system, with the goal of increasing primary care access in rural or underserved communities. As of 2018, the program funds five residency slots in Minnesota each year.² It also works through non-profit partners to provide career guidance and support to IMGs,

¹ Association of American Medical Colleges, “Graduate Medical Education: Training Tomorrow’s Physician Workforce,” April 2019, <https://www.aamc.org/system/files/2020-06/aamc-2020-workforce-projections-gme-training-workforce.pdf>.

² Minnesota Department of Health, International Medical Graduate Assistance Program, Report to the Minnesota Legislature, August 1, 2018, <https://www.health.state.mn.us/facilities/ruralhealth/img/docs/2018imgleg.pdf>.

including exam preparation and aid accessing residency opportunities. In 2018, the IMG Assistance Program database contained 158 physicians, 130 of whom were actively pursuing residency in Minnesota and other states. In 2017, the program also launched a nine-month intensive clinical preparation course for residency. More information is available on the program's [website](#).

Academic Licenses

In some states, IMGs are permitted to practice clinically as medical school faculty for a limited term under an "academic" or "faculty" license, thus satisfying clinical experience requirements and eliminating the need for a U.S. residency for IMGs seeking full licensure.

- 1) Arkansas: In 2019 Arkansas enacted **SB 456**, a bill requiring that the academic licensee practice under the supervision of a faculty member licensed by the Arkansas State Medical Board, adding a supervised clinical element to the existing academic license. An IMG who practices medicine under an academic license for a period of two consecutive years is eligible for an active, unrestricted license to practice medicine in the state, without needing to complete a U.S. residency.
- 2) Virginia: State law (**18VAC85-20-210**) allows eligible IMGs to apply for a "limited professorial license" to practice medicine in hospitals and outpatient clinics where medical students, interns, or residents are trained and patient care is provided by the medical school or college where the applicant teaches. The one-year license is renewable annually for full-time faculty members upon the recommendation of the dean of the medical school. The board of medicine may permit an individual who has practiced with a limited professorial license for five consecutive years to substitute this period plus one year of postgraduate training completed outside of the U.S. for the one year of U.S. residency training that Virginia requires of IMGs applying for full licensure.³

Exceptional Qualifications Waiver

Under the state of Washington's **SB 6551**, passed in 2020, residency requirements may be waived for an IMG who has "exceptional qualifications," including extensive work related to "research, medical excellence, or employment." The IMG must meet all other licensure requirements under existing regulations. As discussed below, this law also established an IMG work group that will propose clinical readiness criteria

³ See **18VAC85-20-122**.

that IMGs must meet to graduate from medical school or be admitted to residency, a grant award process to fund entities offering career guidance and supervised clinical training to IMGs, and an evaluation process for licensure candidates who cannot provide necessary documentation due to extreme circumstances.

Restricted Physician Licensing

West Virginia has created a category of “restricted” physician licensure that allows IMGs with exceptional professional credentials to practice under limitations or conditions defined by the state’s Board of Medicine.

- 1) West Virginia: In 2018, West Virginia passed bill **SB 499**, creating a restricted medical license for individuals with postgraduate medical training from outside the U.S. The license application, which must be approved by vote of three-fourths of the members of the Board of Medicine, is designed for candidates with education, training, and practice credentials “substantially equivalent” to those in West Virginia, and is intended for those whose “exceptional education, training, and practice credentials ... would be beneficial to the public welfare.” The bill specifies that the board may propose rules for legislative approval that establish and regulate such a license pursuant to the state’s existing standards for medical licensing. As defined by the current rules,⁴ a restricted license may be subject to a range of possible limitations or conditions, such as practice location and setting, specialty area, type of patients, completion of examinations, and monitoring and supervision. The board may convert a restricted license to a standard license should the applicant meet the requirements of the standard license which, in West Virginia as in most states, includes the successful completion of all steps of the USMLE, Educational Commission for Foreign Medical Graduates (ECFMG) certification, and completion of a specified period of medical residency in the U.S.

Assistant Physician Licensure

To alleviate regional shortages of fully licensed physicians, several states have begun to issue licenses for assistant or associate physicians who have completed medical school and are certified by the ECFMG or Accreditation Council for Graduate Medical

⁴ West Virginia Board of Medicine, Title II Legislative Rule, Series 2: Restricted License issued in Extraordinary Circumstances 6/1/2009, https://wvbom.wv.gov/download_resource.asp?id=261.

Education (ACGME) but have not completed residency or postgraduate medical education in the U.S.⁵ Assistant or associate physicians typically practice in underserved areas under a supervising physician. Two states, Missouri and New Hampshire, have passed assistant physician legislation that includes provisions addressing IMGs, with the New Hampshire law providing for a pathway to full physician licensure. Assistant or associate physician legislation has also been under consideration in Virginia⁶ and Georgia.⁷

1) Missouri: **HB 330**, enacted in 2017, allows medical school graduates who have passed Step 1 and Step 2 of the USMLE, are ECFMG certified (in the case of IMGs), and have proficiency in English, but who have not entered a residency program in the U.S., to be licensed as assistant physicians. These graduates must apply for licensure within three years of graduating from medical school and need to have passed USMLE Step 1 and Step 2 within the two-year period immediately preceding their application. Missouri's assistant physician law was originally passed in 2014 but didn't take effect until 2017 with the passage of **HB 330**. The policy allows those licensed as assistant physicians to work under a collaborative practice agreement with a fully licensed physician. Such agreements limit the assistant physician to providing only primary care services and only in medically underserved rural or urban areas of Missouri or in any pilot project areas in which assistant physicians are allowed to practice.

In early 2020, Missouri introduced **HB 1977** to provide a licensure track for assistant physicians to become fully licensed physicians. If passed, this bill would allow assistant physicians to apply for full licensure without having to pursue residency.

2) New Hampshire: **HB 1506**, became law in 2018. The requirements for obtaining an assistant physician license are similar to Missouri's **HB 330**, but they do not include time limits on medical school graduation and passing the USMLE. The New Hampshire legislation as originally proposed contained a provision similar to Missouri's **HB 1977** that would have created a pathway to full physician licensure for assistant physicians. Under this provision, an

⁵ See "What is an Assistant Physician/Associate Physician?" Association of Medical Doctor Assistant Physicians, <https://assistantphysicianassociation.com>. In addition to the legislation discussed here, a bill currently before the Utah legislature, **SB 23**, also offers an associate physician license, but graduates of international medical schools are not eligible. Similarly, in 2015 Arkansas passed **HB 1162**, creating a "graduate registered physician" license similar to the assistant physician license, but only for graduates of accredited U.S. or Canadian medical schools.

⁶ **HB 900**, 2017 Session.

⁷ "Georgia Starts Preliminary Steps for Drafting Assistant Physician Legislation," Association of Medical Doctor Assistant Physicians, January 24, 2018, <https://assistantphysicianassociation.com/news/2018/1/24/georgia-starts-preliminary-steps-for-drafting-assistant-physician-legislation>.

applicant for medical licensure who had served without disciplinary action for five years as an assistant physician would not have been required to fulfill the standard residency requirement in order to be eligible for full licensure. The language creating a pathway to full physician licensure was stricken from the version of the bill that was enacted.

B. Residency Readiness Programs

Some states have funded career readiness programs to help IMGs access residency programs and obtain licensure in the U.S.

1) California: **The International Medical Graduate (IMG) Program** at the David Geffen School of Medicine at UCLA offers an innovative approach to training and preparing IMGs to apply for residency in the U.S. and includes hands-on clinical instruction.⁸ The International Medical Graduate Program, permanently authorized through legislative action (**AB 2311**) in 2018, requires participants to pursue a residency in family medicine and agree to work for two years in a federally designated primary care shortage area. The program includes USMLE test preparation, assistance obtaining ECFMG certification, and support applying for residency. Through 2018, the program has placed 128 candidates in residencies, with 12 of the candidates ultimately selected as chief residents.

2) Minnesota: As described above, Minnesota's International Medical Graduate Assistance Program, in addition to funding a limited number of new residency slots, works with non-profit sector partners to provide career guidance and support to IMGs applying for licensure in the U.S. That support includes exam preparation and assistance accessing residency opportunities. See the discussion under the heading "State-Funded or State-Sponsored Residencies" for details.

3) Washington: **SB 6551**, as mentioned above, called on the state's IMG readiness work group to establish a grant award process, subject to appropriation, to provide grants to entities that offer career guidance and support services to IMGs that help them prepare to meet licensing requirements. Grants can also be awarded to health care facilities or clinical programs that provide supervised clinical training to IMGs. Funding has not yet been approved. The bill also authorizes the Washington Medical Commission to create a time-limited "clinical experience license" for an

⁸UCLA Health, "International Medical Graduate (IMG) Program," <https://www.uclahealth.org/family-medicine/img-program/about-us>.

applicant who meets requirements established by the commission, exclusively for the purpose of obtaining clinical experience in an approved setting.

C. Work Groups/Commissions

Several states, including Washington, Virginia, and Massachusetts, have created inter-governmental and cross-sector work groups or commissions to explore reducing the barriers to licensing that block IMGs, and in the case of Massachusetts, other internationally trained health care professionals as well. Examples include:

- 1) Washington: In 2019, **SB 6551** established an international medical graduate implementation work group to address integrating IMGs into Washington's health care delivery system. The work group includes representatives from state government agencies, medical schools, a health care employer serving rural and underserved communities, a statewide physician association, a refugee advocacy organization, organizations serving internationally trained health professionals, and IMGs themselves. The group's mandate includes establishing clinical readiness criteria for IMGs; proposing a grant award process for organizations providing career guidance and training; establishing a waiver process for IMGs facing hardships providing documentation for licensure; and providing policy recommendations to the legislature. The work group must submit a report to the legislature on June 30, 2021, and yearly thereafter.
- 2) Virginia: In 2019, at the request of the Virginia House of Delegate's Committee on Health, Welfare and Institutions, the Department of Health Professions created a work group report, which provides a review of barriers to licensure in Virginia as well as initiatives, policies, and programs in other jurisdictions facilitating pathways to medical practice for IMGs in underserved areas, was released in September 2019. The report suggests⁹ The report suggests studying an additional pathway to licensure, similar to one employed in Canada, that might include a period of active practice, ECFMG certification, two separate six-week observed clinical positions, and a supervised practice period of two years.
- 3) Massachusetts: In 2019, Massachusetts created a special commission to study and make recommendations regarding the licensing of internationally trained health professionals (including physicians, nurses, and allied health professionals) with the goal of expanding and improving medical services in rural and underserved areas. The commission includes representatives of

⁹ Virginia Department of Health Professions, *International Medical Graduates and Rural Practice Patterns in Virginia: A Report to Health, Welfare, and Institutions*, September 30, 2019.



state agencies, the state legislature, boards of registration in a wide range of health professions, medical schools, health care provider associations, the statewide physician association, a statewide immigrant advocacy coalition, and an IMG. The report of the commission is due to be submitted to the legislature by July 1, 2021.