



MEDICAL BOARD OF CALIFORNIA



LICENSING COMMITTEE MEETING AGENDA

COMMITTEE MEMBERS

Michael Bishop, M.D., Chair
Dev GnanaDev, M.D.
Denise Pines
Gerrie Schipske, R.N.P., J.D.
Jamie Wright, J.D.

San Francisco Airport Marriott Waterfront
1800 Old Bayshore Hwy.
Burlingame, CA 94010
650-692-9100 (Directions Only)
Irvine Room

Thursday, July 30, 2015

1:45 pm – 2:30 pm

(or until the conclusion of business)

Teleconference – See Attached
Meeting Information

ORDER OF ITEMS IS SUBJECT TO CHANGE

*Action may be taken on
any item listed on the
agenda.*

*While the Board intends to
webcast this meeting, it
may not be possible to
webcast the entire open
meeting due to limitations
on resources.*

*Please see Meeting
Information Section for
additional information on
public participation*

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

**If a quorum of the Board is present, Members of the Board who are not Members
of the Committee may attend only as observers.**

1. Call to Order / Roll Call
2. Public Comment on Items not on the Agenda
Note: The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7(a)]
3. Approval of Minutes from July 24, 2014 Meeting
4. Licensing Program Update – Mr. Worden
5. Update on June 30, 2015 Postgraduate Training Requirements and Physician Reentry to Practice Interested Parties Meeting – Mr. Worden
6. Future Agenda Items
7. Adjournment

Meeting Information

This meeting will be available via teleconference. Individuals listening to the meeting will have an opportunity to provide public comment as outlined below.

The call-in number for teleconference comments is: (877) 209-9920

Please wait until the operator has introduced you before you make your comments.

To request to make a comment during the public comment period, press *1; you will hear a tone indicating you are in the queue for comment. If you change your mind and do not want to make a comment, press #. Assistance is available throughout the teleconference meeting. To request a specialist, press *0.

During Agenda Item 2 – Public Comments on Items Not on the Agenda, the Board has limited the total public comment period via teleconference to 20 minutes. Therefore, after 20 minutes, no further comments will be accepted. Each person will be limited to three minutes per agenda item.

During public comment on any other agenda item, a total of 10 minutes will be allowed for comments via the teleconference line. After 10 minutes, no further comments will be accepted. Each person will be limited to three minutes per agenda item.

Comments for those in attendance at the meeting will have the same time limitations as those identified above for individuals on the teleconference line.

The mission of the Medical Board of California is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions.

Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Committee, but the Chair may apportion available time among those who wish to speak.

For additional information, call (916) 263-2389.

NOTICE: *The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Lisa Toof at (916) 263-2389 or lisa.toof@mbc.ca.gov or send a written request to Lisa Toof. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.*



MEDICAL BOARD OF CALIFORNIA
LICENSING COMMITTEE MEETING



Courtyard by Marriot – Cal Expo
Golden State Room A & B
1782 Tribute Road
Sacramento, CA 95815

Thursday July 24, 2014

MINUTES

Agenda Item 1 Call to Order / Roll Call

Dr. Bishop called the Licensing Committee of the Medical Board of California (Board) to order on Thursday, July 24, 2014 at 1:00 p.m. A quorum was present and due notice was provided to all interested parties.

Licensing Committee Members Present:

Michael Bishop, M.D., Chair
Ronald Lewis, M.D.
Denise Pines
Jamie Wright, Esq.

Licensing Committee Members Absent:

Gerrie Schipske, R.N.P., J.D.

Board Members Present:

Dev Gnanadev, M.D.
Howard Krauss, M.D.
Sharon Levine, M.D.
Barbara Yaroslavsky

Staff Present:

Dianne Dobbs, Department of Consumer Affairs, Legal Counsel
Cassandra Hockenson, Public Affairs Manager
Kimberly Kirchmeyer, Executive Director
Armando Melendez, Business Services Officer
Destiny Pavlacka, Administrative Assistant
Regina Rao, Associate Governmental Program Analyst
Kevin Schunke, Outreach Manager
Jennifer Simoes, Chief of Legislation

Christina Thomas, Associate Governmental Program Analyst
Cheryl Thompson, Associate Governmental Program Analyst
Lisa Toof, Administrative Assistant
See Vang, Business Services Officer
Kerrie Webb, Staff Counsel
Curtis Worden, Chief of Licensing
Christine Zimmer, Executive Staff Manager

Members of the Audience:

G.V. Ayers, Consultant, Senate Business, Professions, and Economic Development Committee
Adam Brearley, Investigator, Department of Consumer Affairs
Gloria Castro, Supervising Assistant Attorney General, Attorney General's Office
Yvonne Choong, California Medical Association
Scott Clark, California Medical Association
Carol Clothier, Vice President, State Health Policy, and Public Affairs, American Board of Medical Specialties
Julie D'Angelo Fellmeth, Center for Public Interest Law
Roberto Moya, Investigator, Department of Consumer Affairs
Renee Threadgill, Chief of Enforcement, Department of Consumer Affairs
Cesar Victoria, Department of Consumer Affairs

Agenda Item 2 Public Comments on Items Not on the Agenda

No public comment was offered.

Agenda Item 3 Approval of Minutes from the January 31, 2013 Licensing Committee Meeting

Ms. Pines made a motion to approve the minutes from the January 31, 2013 Licensing Committee meeting; s/Dr. Bishop. Motion carried with two abstention. (Dr. Lewis and Ms. Wright)

Agenda Item 4 Presentation on American Board of Medical Specialties, Maintenance of Certification - Ms. Clothier, Vice President, State Health, and Public Affairs

Dr. Bishop introduced Ms. Clothier of the American Board of Medical Specialties (ABMS). Ms. Clothier joined ABMS in March 2011 as Vice President for State Health Policy and Public Affairs. Ms. Clothier has over 20 years of strategic planning and health policy experience, including 15-year tenure with the Federation of State Medical Boards (FSMB).

Ms. Clothier gave a presentation about ABMS and described the work it does to ensure that physicians who are certified have the appropriate qualifications to represent themselves as specialists in their area of expertise. ABMS requires a physician be fully trained in the full scope of specialty concerning education and training. The physician requesting to be certified must also successfully complete training that the certifying boards have in place to ensure the physician is providing an appropriate level of care necessary for gaining certification.

Ms. Clothier described updated standards recently adopted by the ABMS Board of Directors that created the framework for how the Maintenance of Certification (MOC) Program was developed and implemented. The ABMS MOC is a four-part program that sets the expectation of the diplomat to be continuously participating in some type of activity that ensures the diplomat is gaining and maintaining the knowledge and skills necessary to provide quality care to patients in the area of specialization. The ABMS Program for the MOC involves ongoing measurement of six core competencies defined by ABMS: practice-based learning, improvement, patient care, procedural skills, systems-based practice, medical knowledge, interpersonal, communication skills, and professionalism.

Ms. Clothier also explained how certifying boards use disciplinary data provided by the FSMB and described the efforts to seek alignment between the MOC and other organizations that have reporting requirements in place to hold physicians accountable for maintaining competence in the practice and care that they give to their patients.

Ms. Clothier identified how the ABMS MOC has several elements that meet Continue Medical Education (CME) requirements for license renewal. Ms. Clothier advised the Licensing Committee that she had met with staff and staff had advised her that the Board may be able to accept ABMS MOC as meeting the Board's CME requirements with an amendment to current regulation. Ms. Clothier asked the Board to consider updating regulations to accept ABMS MOC as meeting the Board's CME requirements and to accept documents from ABMS as proof of meeting the CME requirements.

Dr. Lewis stated that he believes physicians and surgeons share the same core values and the promise of patient welfare, patient safety, and professional competence, but he is unable to find data that shows being recertified means patients are treated better and there are less adverse outcomes. Dr. Lewis also commented that he understood there to be higher failure rates for examinations for internal medicine and asked Ms. Clothier if she had an explanation as to why.

Ms. Clothier replied that Dr. Lewis' comment regarding recertification is one of the biggest points of contention from diplomats. MOC is a young program that has only been around since 2006 and there is a need for studies to develop the hard evidence that physicians want to see. As MOC changes behaviors and impacts outcomes, there will be more emerging data. In addition, information can be found on the website in the Evidence Library where a lot of research has been documented.

Ms. Clothier expressed that she was aware of the increased failure rates of internal medicine recertification examinations, but needed to research the reasons and would provide the information to Ms. Kirchmeyer.

Dr. Bishop asked Ms. Clothier how the ABMS planned to construct recertification program in the future, as medicine becomes more and more subspecialized.

Ms. Clothier stated that this is a standard topic of interest for the ABMS, but it is very complex and is something the ABMS will continue to discuss.

Dr. Levine thanked Ms. Clothier for her presentation and stated that there have been some concerns raised about the ABMS decision to move to a milestone approach. The first issue of concern is that physicians could be faced with choosing between completing a probationary term

with the Board and continuing to be recognized by the ABMS because a full and unrestricted license is required by the ABMS MOC program. The other issue is barriers for physicians who have never been board certified or whose board certification is time unlimited. It creates a problem when a physician who is not participating in the milestone work will be reflected on the Board's website as not meeting criteria for Board certification. If these physicians are pulled out of the queue, they are essentially violating the law because they are falsely advertising their certification status. Therefore, the issues need to be resolved to ensure the continuing professional development of the practice community.

Ms. Clothier expressed how the ABMS is increasingly recognizing the importance of being able to offer pathways to physicians who have been actively certified and for whatever reasons have discontinued, whether for disciplinary actions or voluntarily, to be able to engage in some aspects of the MOC programs so they can more easily reenter into the recertification system when they are ready.

Dr. Bishop recommended that Ms. Clothier take the Licensing Committee's comments back, provide feedback, and work cooperatively with the Board to find a solution to the issues. Ms. Clothier agreed to do so.

Dr. Gnanadev asked Ms. Clothier if ABMS or any of the boards were considering eliminating part three of the MOC, which is an examination.

Ms. Clothier stated that the ABMS is discussing with the American Medical Association (AMA) and some of their stakeholders to see how outcome data from the physician's clinical practice could be used to replace an evaluation of the physician's medical knowledge on a 10-year basis. A physician would have to be willing to participate in a registry or database. If the database shows that the physician is providing good care and is exceeding clinical benchmarks in particular areas, they would be exempt from having to take the examination. Ms. Clothier stated that the multiple-choice questions are one area where the ABMS has data about the correlation between good performance and good care.

Agenda Item 5 Review, Discussion, and Consideration of the Minimum Number of Years of Approved Postgraduate Training for Licensure, and Licensure Exemption While Participating in an Approved Training Program

Mr. Worden began his presentation by discussing the two types of postgraduate training that the Board recognizes for licensure in California, the Accreditation Council for Graduate Medical Education (ACGME) programs only completed in the United States, and the Royal College of Physicians and Surgeons of Canada (RCPSC) programs only completed in Canada. He stated that current minimum requirements for approved post graduate training for U.S. and Canadian medical school graduates (US/CAN) is one year successful completion of either training program, and two years for international medical school graduates (IMG). The current exemption for US/Canadian is a maximum of two years of training without a license, and for IMG the maximum is three years. Mr. Worden addressed different areas of specialties and went over a chart detailing what the postgraduate training requirements are in other states.

Mr. Worden expressed the Board's concern that one or two years of ACGME or RCPSC training may not be enough for a physician to obtain licensure to practice medicine safely without supervision. He explained how the practice of medicine and medical education is very different

today than it was in 1980 when Business and Professions Code Sections 2065 and 2066 became law.

Mr. Worden suggested that the Board consider increasing the minimum number of years from one for US/CAN and two for IMG to one of the following: Two years for both US/CAN and IMG, or three years for both US/CAN and IMG.

Mr. Worden explained that only adding one year to US/CAN graduates would still not meet the minimum number of years to complete a program. Requiring three years of post-graduate training would also meet the FSMB Interstate Medical Licensure Compact and would increase consumer protection.

Mr. Worden expressed that changing the requirements for postgraduate training requires the Board to address other related issues, such as: Will the Board still need to have a medical school recognition process? What type of licensure exemption is needed? Is a training license for all residents necessary? How and when will residents apply for a training license? How and when will residents apply for a full license? How will the change affect the California ACGME accreditation programs? How will the change affect the residents? How will it affect the need for residents to have DEA registrations? How and when will the residents qualify for DEA registration? How will it affect the need to write prescriptions without a co-signer? Mr. Worden suggested that the Board gather input from interested parties to help identify what statutes and regulations may be effected by the proposed changes, draft proposed language and possibly identify legislative authors for proposed draft statutes. He suggested holding interested parties meetings to discuss these issues.

Mr. Worden asked the Committee to authorize licensing staff to proceed with investigating and holding an interested parties meeting for this concept.

Dr. Lewis asked what the current standard is for postgraduate training. Mr. Worden stated that currently the Board is licensing most residents after one or two years of post-graduate training because that is what most of the programs are allowed to do. This gives more opportunity for teaching hospitals to use their residents. This also allows residents to write their own prescriptions without cosigners and sign death certificates.

Dr. Bishop proposed a motion to approve to proceed with interested parties meeting and subsequent meetings to obtain input regarding extending the requirements for postgraduate training in California.

Dr. Levine asked if the motion made is agnostic as to the number of years of extension or is it specific requesting three years of postgraduate training.

Dr. Bishop stated that it is the impact of extending the requirements with no specific time specified at this point.

Dr. Lewis made a motion to allow staff to proceed with an interested parties meeting and subsequent meetings to obtain input regarding extending the requirements for postgraduate training in California for licensure; s/Ms. Pines. Motion carried.

Agenda Item 6 Future Agenda Items

Dr. Bishop asked for input on agenda items for the next Licensing Committee meeting. Dr. Lewis suggested that agenda item 5 be further discussed at the next meeting. No other suggestions were made for future agenda items.

Agenda Item 7 Adjournment

Dr. Bishop adjourned the meeting at 2:09 p.m.

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 15, 2015
 ATTENTION: Members, Licensing Committee
 SUBJECT: June 30, 2015 Interested Parties Meeting Update
 STAFF CONTACT: Curtis J. Worden, Chief of Licensing

UPDATE:

On June 30, 2015, the Medical Board of California (Board) held a Physician Postgraduate Training Requirements and Physician Reentry to Practice Interested Parties meeting in Sacramento. This meeting included teleconferencing and webcasting. The Interested Parties meeting was chaired by Michael Bishop, M.D., Licensing Committee Chair.

Dr. Bishop opened the meeting and provided some background on this issue. Dr. Bishop then asked Mr. Worden to provide an overview of the physician requirements for postgraduate training in California. Mr. Worden referred to the postgraduate training material that was prepared for the Interested Parties meeting (**Attachment 1**).

Mr. Worden provided an overview of the physician postgraduate training (residency) requirements in California. The Board recognizes two types of accredited postgraduate training: the Accreditation Counsel for Graduate Medical Education (ACGME) in the United States, and the Royal College of Physicians and Surgeons of Canada (RCPSC) for the training in Canada. The minimum requirement for postgraduate training to qualify for licensure in California for United States and Canada (US/CAN) medical school graduates is the successful completion of one year of ACGME or RCPSC accredited postgraduate training. For US/CAN medical school graduates, they must be licensed prior to the completion of 24 months of ACGME or RCPSC accredited postgraduate training. For International Medical School Graduates (IMG), they require successful completion of two years of ACGME or RCPSC accredited postgraduate training. There are also requirements as to how many years of postgraduate training an individual can complete before licensing is required. It is important to note that all training in any ACGME or RCPSC accredited postgraduate training program counts towards the 24 or 36 months license exemption period.

The minimum number of years for any ACGME or a RCPSC accredited postgraduate training program is three years and some programs are up to seven years. This does not include additional postgraduate training in a fellowship-training program or research years during postgraduate training.

The specific requirements for postgraduate training by state and issues that have been identified by staff, Graduate Medical Education (GME) Deans, GME staff and GME Program Director to consider prior to seeking changes to California statute and regulations are identified in the June 30, 2015 Interested Parties meeting material (**Attachment 1**).

The Board received one public comment from a fourth year international medical school student who supported increasing the required minimum number of years of ACGME or RCPSC accredited postgraduate training to three years and also supported the new World Medical School

directory instead of the current California list of recognized medical schools to be eligible for licensure if the minimum number of years of ACGME or RCPS accredited training required for licensure in California was increased to three years.

Dr. Bishop moved to the discussion regarding physician reentry to practice after a period of nonpractice. Dr. Bishop raised the question of how long of a period of nonpractice would be allowed before a physician should be reevaluated in order to practice medicine again.

Ms. Kirchmeyer provided some additional information stating this is not just a California issue, but is a nationwide issue. What does reentry mean? What can a physician do in order to come back into practice? What would be required in order to ensure consumer protection? Ms. Kirchmeyer stated one of the problems, even from the Federation of State Medical Board's perspective, is there are very few programs that provide the training needed in order to train these individuals to come back into practice.

The Board received valuable input from the participants during the meeting from the following individuals:

Ms. Cindy Boling, Director of Communication and Regulatory Board Liaison for Professional Boundaries Inc., provided information concerning what is or is not effective training for physicians who are returning to practice, for instance, point education, the fly in and fly out in two or three days does not work. Ms. Boling stated linear education was more effective in helping physicians return to practice.

Dr. David Perrot, Senior Vice President, Chief Medical Officer, California Hospitals Association and serves on the Board of Commissioners for the Joint Commission, stated hospitals generally use the two-year rule for physicians who were returning to a hospital after nonpractice. If a physician has not practiced for two or more years, hospitals are going to require the physician to obtain training and/or will not allow the physician to practice without some type of monitoring. In addition, he stated there needs to be some training available to physicians who left the practice of medicine for a period of time, who now want to reenter the practice of medicine and need some refresher training. This would assist physicians in returning to the work force.

Ms. Yvonne Choong, California Medical Association, agreed with Ms. Boling and Dr. Perrot. Ms. Choong stated there is a need to define what does out of practice mean? Does it mean physicians who are currently in practice but have limited patient interaction? Ms. Choong said one size does not fit all physicians. Ms. Choong also identified cost, the length of the program, and the location of the programs as being issues to consider. Ms. Choong also identified some physicians may want to change their practice from one area to another area of medicine and would that be considered reentry since the Board issues a plenary license.

The Board plans to hold another Interested Parties meeting on these same subjects in the Southern California Area in the near future.

ATTACHMENT 1

**MEDICAL BOARD OF CALIFORNIA
MINIMUM POSTGRADUATE TRAINING REQUIREMENTS
INTERESTED PARTIES MEETING
JUNE 30, 2015**

MEDICAL BOARD OF CALIFORNIA – APPROVED POSTGRADUATE TRAINING

- ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) – Programs Completed In The United States Only
- ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA (RCPSC) – Programs Completed In Canada Only

CURRENT MINIMUM REQUIREMENTS:

US and Canada Medical School Graduates:

- Successful completion of one year of ACGME or RCPSC accredited GME

International Medical School Graduates:

- Successful completion of two years of ACGME or RCPSC accredited GME

CALIFORNIA’S CURRENT LICENSE EXEMPTIONS FOR RESIDENTS:

US and Canada Medical School Graduates:

- Must be licensed after completing two years of ACGME and/or RCPSC accredited training anywhere in the US and/or Canada (Business and Professions Code (BPC) Section 2065)

International Medical School Graduates:

- Must be licensed after completing three years of ACGME and/or RCPSC accredited training anywhere in the US and/or Canada (BPC Section 2066)

NUMBER OF YEARS TO COMPLETE AN ACGME OR RCPSC ACCREDITED RESIDENCY:

Examples of minimum number of years:

- Internal Medicine (General) and Family Medicine Programs - Three Years
- Neurosurgery - Seven Years

Note: Transitional year programs are for residents who need one year of clinical experience to qualify to enter some specialty programs.

IS ONE OR TWO YEARS OF ACGME OR RCPSC TRAINING ENOUGH FOR A PHYSICIAN TO OBTAIN LICENSURE AND PRACTICE SAFELY WITHOUT ANY SUPERVISION?

- The practice of medicine and medical education is very different today, than in 1980 when BPC Sections 2065 and 2066 became law

WHAT IS THE MINIMUM NUMBER OF YEARS OF RESIDENCY TRAINING REQUIRED BY OTHER STATES FOR LICENSURE?

The minimum postgraduate training requirements vary from state to state – from one to three years, or the successful completion of an accredited program (ACGME or RCPSC):

US/CAN:	1 Year	2 Years	3 Years	Full Program
*Number of States:	31	16	2	1
IMG:	1 Year	2 Years	3 Years	Full Program
*Number of States:	2	19	27	1

Note: Some states will accept Non-ACGME accredited GME

WHAT IS THE FEDERATION OF STATE MEDICAL BOARDS’ RECOMMENDATION FOR THE MINIMUM NUMBER OF YEARS OF RESIDENCY TRAINING?

The FSMB recommends three years of ACGME or AOA accredited graduate medical education prior to full licensure.

The FSMB’s proposed “Interstate License Compact” states: “Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education...”

HOW MANY YEARS OF ACGME OR RCPSC TRAINING SHOULD THE BOARD CONSIDER REQUIRING TO BE ELIGIBLE FOR LICENSURE IN CALIFORNIA?

The Board should consider increasing the minimum number of years from one (US/CAN) and two (IMG) years to one of the following:

- Two years for both US/CAN and IMG
- or
- Three years for both US/CAN and IMG

* Please see pages 5 – 6 for detailed chart by state.

TWO YEARS OR THREE YEARS OF ACGME AND/OR RCPSC?

US/CAN and IMG Two Years:

- Adds one year to US/CAN
- US/CAN and IMG would have the same minimum requirement
- Does not meet the minimum number of years for an ACGME and/or RCPSC accredited training program
- Does not meet the FSMB minimum recommendation
- Does not seem reasonable to add only one year to US/CAN

US/CAN and IMG Three Years:

- Adds two years to US/CAN and one year to IMG
- US/CAN and IMG would have the same minimum requirement
- Meets the minimum number of years to complete an ACGME and/or RCPSC accredited training program
- Meets the FSMB minimum recommendation
- Meets the FSMB Interstate Medical Licensure Compact
- Increases consumer protection

IDENTIFIED ISSUES TO CONSIDER

- How will the registration process for medical school graduates/applicants need to change to participate in a California ACGME accredited program?
- Will both International medical school graduates and US/CAN medical school graduates need to complete the same number of years of ACGME?
- How important is International Medical School Recognition if the minimum ACGME accredited training requirement is increased to three years?
- ** Should the new “World Directory of Medical Schools” be used for recognition of non-LCME accredited medical schools for license eligibility in California?
- The need for a training license and when to apply?
- How will the training license be transitioned into a full license?

- How will the change affect the California ACGME accreditation programs?
- How will the change affect the residents?
- The need for residents to have DEA registrations. How and when will the residents qualify for DEA registration?
- The need to write prescriptions without a co-signer.
- How will the change affect the signing of birth certificates and death certificates?
- How will the change affect research years during an ACGME accredited program?
- How will the change affect billing for services rendered by a resident physician?

** The World Directory of Medical Schools has been developed through a partnership between the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER) in collaboration with the World Health Organization and the University of Copenhagen.

Postgraduate Training Requirements by State		
State	Requirements for US/Canada Medical School Graduates	Requirements for International Medical School Graduates
Alabama	1 year ACGME training	3 years ACGME training
Alaska	2 years	3 years
Arizona	1 year	3 years
Arkansas	1 year	3 years IMG unless currently enrolled in training program through University of Arkansas for Medical Sciences.
California	1 year ACGME training	2 years ACGME training
Colorado	1 year	3 years
Connecticut	2 years	2 years
Delaware	1 year	3 years
Florida	1 year	2 years
Georgia	1 year	1 year if IMG is on list 3 years IMG if not on list
Hawaii	1 year	2 years
Idaho	1 year	3 years
Illinois	2 years	2 years
Indiana	2 years	2 years
Iowa	1 year	2 years
Kansas	1 year	3 years IMG (minimum 2 years in a ACGME approved program)
Kentucky	2 years	2 years
Louisiana	1 year	3 years
Maine	Prior to 07/01/04 - 2 years ACGME After 3 Years ACGME	3 years ACGME training
Maryland	1 year	2 years
Massachusetts	Prior to 01/14 - 1 year After 01/14 - 2 years	Prior to 01/14 - 2 years After 01/14 - 3 years
Michigan	2 years	2 years
Minnesota	1 year	2 years
Mississippi	1 year	3 years
Missouri	1 year	3 years
Montana	2 years	3 years

Postgraduate Training Requirements by State		
State	Requirements for US/Canada Medical School Graduates	Requirements for International Medical School Graduates
Nebraska	1 year	3 years
Nevada	3 years	3 years
New Hampshire	2 years	2 years
New Jersey	Prior to 7/1/03 - 1 year After 7/1/03 - 2 years	Prior to 7/1/03 - 2 years After 7/1/03 - 3 years
New Mexico	2 years	2 years
New York	1 year	3 years
North Carolina	1 year	3 years
North Dakota	1 year	30 months ACGME training
Ohio	1 year	2 years
Oklahoma	1 year	2 years
Oregon	1 year	3 years
Pennsylvania	2 years	3 years
Rhode Island	2 years	3 years
South Carolina	1 year	3 years
South Dakota	Successful completion of residency program	Successful completion of residency program
Tennessee	1 year	3 years
Texas	1 year	2 years
Utah	2 years	2 years
Vermont	1 year	3 years
Virginia	1 year	2 years
Washington	2 years	2 years
West Virginia	1 year	1 year
Wisconsin	1 year	1 year
Wyoming	2 years (1 year if applicant has current certification by an ABMS or AOABOS/BOC specialty board, or continuous licensure in good standing in one or more states and/or D.C. for the preceding 5 years.)	