

Additional Licensing Models for Internationally Trained Physicians

Presentation to Medical Board of California

August 22, 2025

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Greetings from FSMB Board of Directors

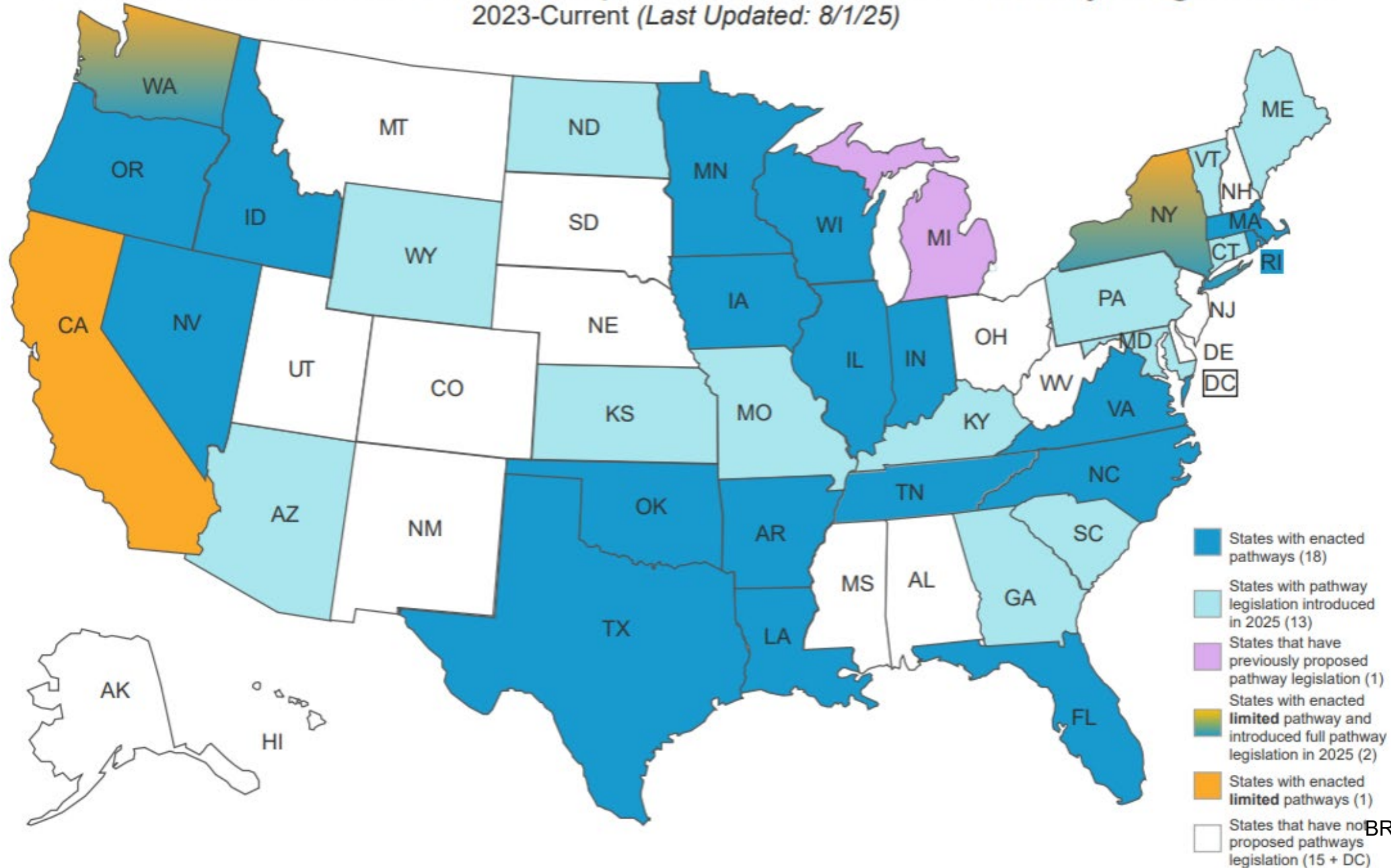
2025-2026



States with Enacted and Proposed Additional Pathway Legislation

Agenda Item 13

2023-Current (Last Updated: 8/1/25)





Advisory Commission on Additional Licensing Models



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Annals of Internal Medicine

IDEAS AND OPINIONS

Licensing Internationally Trained Physicians: Advisory Commission Leaders Share Initial Progress

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On 20 November 2024, Massachusetts enacted a law to streamline the licensing of internationally trained physicians (ITPs) already practicing abroad (1). Designed to improve access to care in underserved areas, the law does not require U.S.-based residency training, a significant departure from prevailing requirements.

After passing steps 1 and 2 of the U.S. Medical Licensing Examination (USMLE) and certification by the Educational Commission for Foreign Medical Graduates (ECFMG), ITPs are offered a renewable 1-year limited license for employment by a supervising health care facility approved by the state's medical board. The next step is a renewable 2-year restricted license that allows independent practice in a "physician shortage area" in primary care, psychiatry, or another state

predicts a shortage of more than 187 000 physicians across all specialties by 2037 (2). Yet, state concerns about workforce must be balanced against 3 other concerns: safeguarding patient safety, codified in the mission of most boards (3); minimizing "brain drain" from the global south; and preventing exploitation of physicians for cheap labor.

FIRST SET OF RECOMMENDATIONS

In February 2025, after a public comment period, the Commission released its first set of recommendations (4), focused on eligibility criteria. First and foremost, we believe rule-making authority should be delegated to state boards, which have procedural experience. As with current requirements for international

Acknowledgment: The authors thank Andrea Ciccone, JD; David Johnson, MA; Lisa Robin, MLA; Mark Staz, MA; John Bremer; Andrew Smith; Kristin S. Hitchell, JD, LLM; Lauren J. Holton, EdD; Matthew Shick, JD; Kara Oley, JD; Tracy Wallowicz, MLS; Lyuba Konopasek, MD; Jessica Salt, MD, MBE; Joseph Knickrehm; and Susan Holub, MPH, for their assistance with this manuscript.

First Guidance Document Recommendations

Eligibility Criteria - February 2025

1. Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing additional licensure pathways
2. Offer of employment prior to application
3. ECFMG certification and graduation from a recognized school
4. Completion of Post-Graduate Training outside the U.S.
5. Possession of a license/registration/authorization to practice medicine in another country or jurisdiction
6. Limitation on “time out of practice” before becoming eligible to apply for an additional pathway
7. Requiring a period of provisional licensure prior to eligibility to apply for full and unrestricted license
8. Eligibility for full and unrestricted license to practice medicine
9. Standard data collection requirements

Assessment/Supervisory Considerations

DRAFT – May 2025

1. Internationally-trained physicians (ITPs) should be assessed on all six general competencies:
 - Medical Knowledge (MK)
 - Patient Care and procedural skills (PC)
 - Interpersonal and communication skills (ICS)
 - Professionalism
 - Systems-based Practice (SBP)
 - Practice-based Learning and Improvement (PBLI)
2. ITPs should undergo a formative needs assessment at the beginning of the supervisory period to identify strengths and areas for improvement as part of learning plan
3. A specialty-specific exam, such as an in-training exam, should be used to inform an ITP's learning plan during the supervisory period.

Assessment and Supervisory Considerations Continued

4. Assessment should be longitudinal and periodic:
 - Knowledge assessment
 - Clinical skills (direct observation)
 - Multisource feedback
 - Review and audit of medical record
 5. By the end of the supervisory period, an ITP should demonstrate the ability to engage in independent and unsupervised practice
 6. The level of supervision for an ITP should be tailored to the competence of the individual ITP
- ### Scales
- Not allowed to practice (observer only)
 - Allowed to practice only under proactive, full (direct) supervision
 - Allowed to practice only under reactive/on-demand (indirect) supervision
 - Allowed to practice unsupervised

Assessment and Supervisory Considerations Continued

7. Supervisors of ITPs should be physicians (MD, DO or equivalent).
8. The rights of ITPs as employees should be taken into consideration to ensure fair and equitable treatment during their supervision period
 - The final guidance will provide suggestions regarding responsibilities for SMBs and the institutions sponsoring an ITP. It will also contain a toolkit of potential resources.
 - The guidance will be finalized by end August 2025

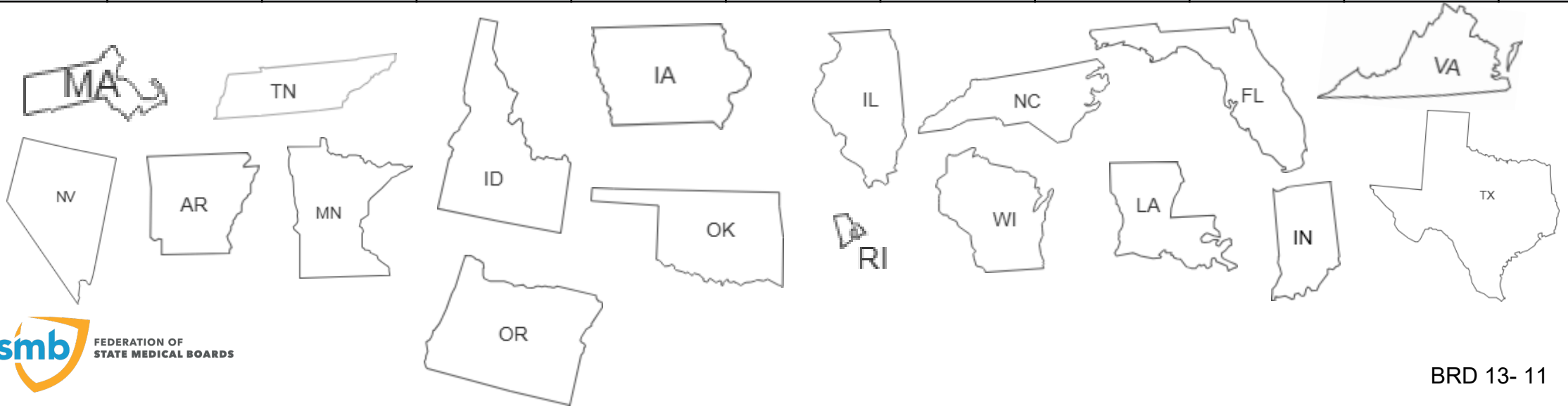
Additional Licensure Models – Enacted States

Model bill/State/ Component	Graduation from Medical School	Completion of Post-Graduate Training	License to Practice in Another Country	Int'l Experience Req	Limitation on Time Out of Practice	Offer of Employment Prior to Pathway	Provisional Licensure Prior to Full License Eligibility	Eligibility for Unrestricted Licensure
Cicero (2025) same as ALEC	✓	✓/X (interchangeable)	✓	5 years (7 without PGT)	X	✓	✓	✓
Enacted States	18/18	11/18	17/18	3.4 years	10/18	17/18	18/18	18/18
Range/Details	-	-	NC & NV allow former licensees	Unstated – 5 years	-	NV will grant license prior	-	-



Additional Licensure Models – Enacted States (cont.)

Model bill/State/ Component	Min time before license conversion + auto/discretion	SMB Rulemaking Authority	Standard Reporting Req	ECFMG cert prior to provisional licensure	English language competency	Require USMLE Steps 1+2 to apply to pathway*	Complete USMLE prior to application	Complete USMLE for full licensure	Require facility assessment prior to full licensure	Provisional licensees must practice in HPSAs
Cicero (2025) same as ALEC	3 years + automatic\$	X	X	✓	✓	✓	✓/X	✓	X	X
Enacted States	2.9 years avg 5 automatic 12 discretion	13/18	3/18	11/18	18/18	15.5/18	6.5/18	14/18	5/18	6.5/17
Range/Details	2 years – 5 years	-	NV, NC, OR	-		-		-	IL, MA, OR, RI, VA	IL, LA, MA, NC, OR, TX (.5), VA



Implementation Considerations

- Pipeline of applicants has been minimal to date
 - Rulemaking can be a lengthy process so not an immediate solution to workforce
- Determinations of substantially similar training
- Immigration uncertainties and complexities
- Quality of care assurance
 - Assessment and supervision resources and feasibility are employer dependent
 - What types of employers are seeking this workforce solution?
- Challenges in keeping physicians in underserved locations
 - Are there more effective levers to address workforce?

THANK YOU

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Dr. Humayun “Hank” Chaudhry is the President and CEO of the Federation of State Medical Boards (FSMB), which operates the Federation Credentials Verification Service (FCVS) and co-owns the United States Medical Licensing Examination (USMLE) with the National Board of Medical Examiners. Dr. Chaudhry is also a Clinical Associate Professor of Medicine at the George Washington University School of Medicine and Health Sciences in Washington, DC. In 2022 and again in 2023, *Modern Healthcare* recognized him as one of the 100 Most Influential People in Healthcare.

Dr. Chaudhry was raised in Brooklyn, New York and graduated from New York University, the New York Institute of Technology College of Osteopathic Medicine and the Harvard T.H. Chan School of Public Health. He completed residency training in Internal Medicine at NYU Langone Long Island Hospital, where he was also Chief Resident. Recipient of a number of honorary degrees, Dr. Chaudhry is Past President of the American College of Osteopathic Internists, a Master of the American College of Physicians and a Fellow of the Royal College of Physicians (London and Edinburgh).

Dr. Chaudhry was in the U.S. Air Force Reserves from 1999 to 2013, where he rose to the rank of Major and served as a flight surgeon. He is the author or co-author of more than 80 articles in the medical literature and co-author of two books. He is a member of the FSMB Foundation’s Board of Directors and Past Chair of the International Association of Medical Regulatory Authorities (IAMRA), which represents 49 nations.