MEDICAL BOARD OF CALIFORNIA
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of November 2026

Section 7 – Workforce Development and Job Creation

57. What actions has the board taken in terms of workforce development?

The Medical Board of California (Board) recognizes that an adequate physician workforce is essential to ensuring access to health care throughout California. Although the Board does not directly create physician jobs or administer medical education and residency programs, it contributes to workforce development through its licensing activities and participation in programs that support physician recruitment and retention in underserved communities.

The Board's ability to process the license applications it receives, and timely issue licenses to qualified applicants, allows these new licensees to apply for and/or continue working in California health care professions. The Board received 10,864 postgraduate training license (PTL) and physician and surgeon (P&S) license applications in Fiscal Year (FY) 2025-2026. This was an increase of 1,342 license applications compared to FY 2024-2025.

At the time of initial licensure and renewal of a P&S license, the Board collects $25, which is transferred to the California Department of Health Care Access and Information (HCAI) to help fund the Steven M. Thompson California Physician Corps Loan Repayment Program administered by HCAI. The program encourages recently-licensed physicians to practice in medically underserved areas in California by authorizing a student loan repayment plan in exchange for a minimum of three years of service. There is a requirement that most participants be selected from the specialty areas of family practice, internal medicine, pediatrics, and obstetrics/gynecology. However, up to 20 percent of the participants may be selected from other specialty areas.

In addition, at the time of initial licensure or renewal, physicians may contribute money to provide training for family physicians and other primary care providers who will serve in medically underserved areas. The funds the Board collects for the family physician training program are transferred to HCAI.

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58. Describe any assessment the board has conducted on the impact of licensing delays.

The Board monitors license application processing times and application volume on an ongoing basis and evaluates the effect of licensing delays on applicants and the Board's ability to process applications in a timely manner.

The Board has also implemented measures intended to reduce the potential impact of processing delays, including electronic application submission through BreEZe, the Direct Online Certification Submission (DOCS) system for primary-source documents, publicly available processing time information, and priority or expedited review for applicants who meet specified statutory or regulatory criteria.

Through its licensing outreach events, Board staff encourage residents to apply early, up to six months prior to the date they would need their license. The Board's outreach team conducts events with medical schools, postgraduate training programs and hospitals all over California. During these events, Board staff respond to licensing inquiries and guide programs, applicants, and licensees through the licensing and renewal processes. Topics discussed include, but are not limited to, PTL requirements and first- and second-time renewal requirements. For the period 2024-2026, Board staff attended dozens of outreach events, as follows:

- 2024: 28 events (11 virtual and 17 in-person)
- 2025: 32 events (6 virtual and 26 in-person)
- 2026: 43 events (11 virtual and 32 in-person)

The Board has not conducted a formal assessment on the impact of licensing delays, but understands from communications with applicants, postgraduate training program directors, hospitals, and professional associations that delays in issuing licenses can lead to other staff working overtime to fill unexpected vacancies, create difficulties in recruiting and hiring employees, and impede hospitals' ability to provide health care.

The Board is currently meeting the regulatory 60-working-day timeframe for new applications received and has implemented several measures to address the increased workload and reduce processing times, including approval of staff overtime, reallocating staff, implementing process efficiencies, and transition to paperless licensure processes. PTL and P&S License applicants can submit all required documents electronically.

The Board continues to expand outreach efforts to engage additional training programs and residents by strengthening communication initiatives and

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developing new professional relationships. This approach is intended to ensure that applicants receive clear, comprehensive information regarding the application process and understand how to submit required documentation in the most efficient manner. The Board is also working in collaboration with the Federation of State Medical Boards to enhance the transmission of specific documents, including USMLE transcripts and Federation Credentials Verification Service profile packets. These materials will, in the future, be transmitted directly into the Board's database, thereby streamlining processing and improving administrative efficiency for both applicants and the Licensing Program.

59. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board's outreach program participates in both in-person and virtual events, including live webinars, licensing fairs, and presentations. The Board regularly sends emails to postgraduate training programs and medical schools about changes to licensing processes, fee increases, statutory changes, and other noteworthy topics. This information is also posted on the Board's website and in its newsletter to help applicants and programs prepare for the changes.

The Board launched a new webpage to support postgraduate training programs by providing clear guidance, deadlines, required documents, and tools to help with the licensing application process. The new resource page is part of the Board's ongoing efforts to streamline processes and improve communication with training institutions.

60. Describe any barriers to licensure and/or employment the board believes exist.

The Board recognizes that certain statutory and regulatory requirements may present barriers to licensure for some applicants, particularly applicants who completed their postgraduate training outside of the U.S. or Canada. California requires applicants for a P&S License to graduate from a Board-approved medical school, complete the applicable period of Board-approved postgraduate training, and pass the required licensing examinations. International medical school graduates must receive 24 months of Board-approved postgraduate training, compared to 12 months for U.S. and Canadian medical school graduates. To be approved, postgraduate training must be completed in Accreditation Council for Graduate Medical Education (ACGME)-accredited, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited, or College of Family Physicians of Canada (CFPC)-accredited training programs. These accrediting bodies ensure that medical residents receive structured, graduated clinical supervision so that the residents

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acquire the critical decision-making and hands-on skills needed to handle complex patient care independently and safely.

Physicians who do not receive the required months of credit from a postgraduate training program accredited by ACGME, RCPSC, or CFPC may still qualify for licensure after practicing in another state or in Canada for at least four years, and meet the additional requirement set forth under Business and Professions Code section 2135.

This issue has received increased attention in recent legislative and policy discussions. Earlier in 2026, the Board indicated that additional research and input from various interested parties was needed before establishing a new licensure pathway for internationally trained physicians to increase access to care while still protecting patients. The Board requested the authority and resources to conduct a study and develop recommendations for additional licensing pathways in response to Assembly Bill (AB) 2386 (Alvarez), however neither AB 2386 nor the Board's suggestion moved forward. The Board renews its request for a study on this topic to ensure that new licensing pathways will protect patients while increasing access to care.

The Board also recognizes that obtaining and verifying required documentation from medical schools, postgraduate training programs, examination organizations, and other licensing jurisdictions can create challenges for applicants. Applications that are incomplete or require additional documentation may take longer to process, particularly when information must be obtained from entities outside of the United States. The Board's DOCS system and other electronic processes facilitate the submission of required documents and mitigate these challenges.

61. Provide any workforce development data collected by the board, such as:

    a. Workforce shortages

    b. Successful training programs.

The Board collects and maintains physician workforce data through the Physician Survey, which is required to be completed by licensed physicians as part of the license renewal process. The survey collects information regarding the physician's specialty, practice status, primary practice location by ZIP Code, activities in medicine, training status, and other characteristics of the physician workforce. Physicians may also provide information regarding cultural background and foreign language fluency, although those responses are voluntary.

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The Board makes physician survey data available to the public and also provides workforce data to HCAI, which is responsible for collecting, analyzing, and distributing health workforce information to inform state policy.

The Healthforce Center at the University of California, San Francisco, analyzed the physician survey data collected by the Board and presented its findings at the November 2023 Board meeting.

The Board collects information related to physician postgraduate training as part of its licensing responsibilities. This information is used primarily to determine whether applicants have satisfied requirements for licensure. The Board does not currently conduct a comprehensive evaluation or ranking of postgraduate training programs, as such an evaluation is outside the Board's primary licensing and consumer-protection functions.

62. What actions has the board taken to help reduce or eliminate inequities experienced by vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or otherwise avoid harming those communities?

The Board expedites the licensure/registration process for P&S License applicants who have received and accepted an offer of employment to work in an area of California formally designated as an underserved area or serving an underserved population.

The Board expanded its program that licenses physicians educated and trained in Mexico to work in certain federally qualified health centers. This program is intended to increase the availability of high-quality medical care among underserved California communities. Originally, as a pilot program, up to 30 physicians from Mexico who specialized in family medicine, pediatrics, internal medicine, or obstetrics and gynecology, were authorized to practice in California for up to three years.

Updated and expanded in 2024 by AB 2860 (Garcia, Ch. 246, Statutes of 2024), the revised program currently authorizes the licensure of up to 155 physicians to provide care to patients in federally qualified health centers across California. In addition, a limited number of physicians specializing in psychiatry are now eligible for the program. The law allows an increased number of physicians to be licensed over specified periods of time.

Further, the Board appointed a Maternal Health Task Force earlier this year with the goal of reducing poor maternal health outcomes that disproportionately affect low-income communities, communities of color, and other historically

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marginalized populations. Through collaboration and discussions with the California Department of Public Health, the California Maternal Quality Care Collaborative (CMQCC), and other community partners, the task force has been exploring initiatives to improve access to quality prenatal and postpartum care, promote culturally responsive practices, and identify data-driven opportunities to reduce disparities. Relatedly, the Board heard a presentation from CMQCC representatives on these issues, which included a discussion of an obstetric hemorrhage prevention toolkit, at their November 2026 Board meeting.

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