



# Opening Pathways to Practice for Internationally Trained Physicians

*(Last updated June 15, 2022)*

Internationally trained physicians, also known as international medical graduates (IMGs), often face significant barriers to health care workforce reentry. These challenges include having to repeat years of post-graduate clinical training (residency) and limited access to residency training positions. In the United States, some states have taken steps to address these barriers by providing alternative pathways to practice. Similarly, in Canada, some provinces provide a pathway to licensure for eligible IMGs through competency-based assessments.

## Pathways to Physician Licensure

To facilitate the licensure of IMGs, states have explored models including state-funded residencies and residency preparation programs, faculty licensing, exceptional qualification waivers, and restricted physician licensure.

### State-Funded Residencies

In addition to validating their international degrees and completing the required multi-step U.S. Medical Licensing Examination (USMLE), IMGs seeking to become licensed in the U.S. must typically repeat a residency in their specialty. The federal funding cap that limits the number of residency slots available in the U.S. presents a significant obstacle to IMGs seeking to obtain a residency “match.”<sup>1</sup>

Minnesota has taken steps to help expand the number of residency slots available to IMGs. The state has also addressed additional challenges in the residency application process for IMGs, including the limited U.S. clinical experience.

Minnesota’s **IMG Assistance Program** addresses 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 under-resourced communities. The

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

program funds two to three residency slots in Minnesota each year.<sup>2</sup>

### Academic Licenses

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

In 2019, Arkansas amended its law which requires that an 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.<sup>3</sup> 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.

In Virginia, eligible IMGs licensed to practice in another country and with suitable “evidence of medical competency” such as an Educational Commission for Foreign Medical Graduates (ECFMG) certification may apply for a “limited professorial license” or “limited fellow license” to practice medicine in hospitals and outpatient clinics where medical students, interns, or residents are trained and where patient care is provided by the medical school or college.<sup>4</sup> The limited fellow license is valid for one year and is renewable twice upon the recommendation of the dean of the medical school. The limited professorial license is renewable annually upon the recommendation of the dean of the medical school, and 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.<sup>5</sup>

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<sup>2</sup> 2015 Minnesota Session Laws, Chapter 71, Article 8, Section 17, available at: <https://www.revisor.mn.gov/statutes/cite/144.1911>

<sup>3</sup> AR Code § 17-95-412, available at: <https://casetext.com/statute/arkansas-code-of-1987/title-17-professions-occupations-and-businesses/subtitle-3-medical-professions/chapter-95-physicians-and-surgeons/subchapter-4-arkansas-medical-practices-act-licensing/section-17-95-412-academic-licenses>

<sup>4</sup> 18VAC85-20-210, available at: <https://law.lis.virginia.gov/admincode/title18/agency85/chapter20/section210/>

<sup>5</sup> 18VAC85-20-122, available at: <https://law.lis.virginia.gov/admincode/title18/agency85/chapter20/section122/>



## Exceptional Qualifications Waiver

In Washington, residency requirements may be waived for an IMG who has “exceptional ability,” including extensive work related to “research, medical excellence, or employment.” The IMG must meet all other licensure requirements under existing regulations.<sup>6</sup>

## Restricted Physician Licensing

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

In 2018, West Virginia amended state law to create a restricted medical license for individuals with postgraduate medical training from outside the U.S.<sup>7</sup> The license is designed for candidates with education, training, and practice credentials “substantially equivalent” to those in West Virginia, and whose “exceptional education, training, and practice credentials [...] would be beneficial to the public welfare.”<sup>8</sup> The license application must be approved by vote of three-fourths of the members of the Board of Medicine. 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. The board may convert a restricted license to a standard license should the applicant meet the requirements of the standard license which 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 fellowship in the U.S.

In 2021, Washington passed legislation allowing the state’s medical commission to issue a limited physician license to international medical graduates nominated by the chief medical officer of a hospital, “appropriate” medical practice located in the state, the department of social and health services, the department of children, youth, and families, the department of corrections, or a county or city health department.<sup>9</sup> To be eligible, an individual must have been a resident in the state for at least one year, have ECFMG certification, and passed all steps of the USMLE, and they must submit to a background check. A limited

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<sup>6</sup> RCW 18.71.051, available at: <https://app.leg.wa.gov/rcw/default.aspx?cite=18.71.051>

<sup>7</sup> W. Va. Code §30-3-10, available at: <https://code.wvlegislature.gov/30-3-10/>

<sup>8</sup> W. Va. Code §30-3-10, available at: <https://code.wvlegislature.gov/30-3-10/>

<sup>9</sup> Revised Code of Washington (RCW) 18.71.095, available at: <https://app.leg.wa.gov/RCW/default.aspx?cite=18.71.095>

licensed physician is allowed to practice under the supervision of a fully licensed physician within the nominating facility or organization, subject to a practice agreement. A new limited license is valid for a period of two years with one renewal authorized. There is currently no pathway to full licensure for physicians who receive limited licenses under this policy.

### 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 Education (ACGME) but have not completed residency or postgraduate medical education in the U.S.<sup>10</sup> Assistant or associate physicians typically practice in underserved areas under a supervising physician.

Missouri passed legislation in 2014 that includes provisions allowing eligible IMGs to qualify for an assistant physician license.<sup>11</sup> The law went into effect in 2017 and allows medical school graduates, including international medical graduates, who have passed Step 1 and Step 2 of the USMLE 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. 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.

### International License Endorsement

In 2022, Colorado passed legislation that establishes a re-entry license which creates a new pathway to physician licensure for internationally trained physicians.<sup>12</sup> This pathway allows

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<sup>10</sup> “What is an Assistant Physician/Associate Physician?” Association of Medical Doctor Assistant Physicians, <https://assistantphysicianassociation.com>

<sup>11</sup> Mo. Rev. Stat. § 334.036, available at: <https://revisor.mo.gov/main/OneSection.aspx?section=334.036>

<sup>12</sup> HB22-1050 International Medical Graduate Integrate Health-care Workforce, available at: <https://leg.colorado.gov/bills/hb22-1050>



eligible internationally trained physicians to apply for a full unrestricted license after submitting to evaluations, assessments, and an educational program as required by the Colorado Medical Board. The implementation of this license is pending the board's development of a competency assessment method.

### Competency Based Assessment

The **Canadian Practice Ready Assessment (PRA)** model is used in seven Canadian provinces as an alternative pathway to licensure for IMGs who have completed their residency and practiced outside of Canada. Screened candidates must complete a 12-week clinical field assessment. At the completion of the assessment, the candidate becomes fully licensed but must complete a defined period of service typically in a rural, under-resourced area in the province.

### State-Funded Residency and Career Readiness Programs

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

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.<sup>13</sup> The International Medical Graduate Program, permanently authorized through legislation 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.<sup>14</sup> 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.

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

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<sup>13</sup>UCLA Health, "International Medical Graduate (IMG) Program," available at: <https://www.uclahealth.org/family-medicine/img-program/about-us>

<sup>14</sup> CA Bus & Prof Code § 2066.5, available at: <https://law.justia.com/codes/california/2018/code-bpc/division-2/chapter-5/article-3/section-2066>



exam preparation and assistance accessing residency opportunities. The IMG Assistance Program’s **Career Guidance and Support Program** funds non-profit partners to provide career assistance to IMGs in entering residencies (both in Minnesota and out-of-state), including exam preparation and aid accessing residency opportunities. The Career Guidance and Support Program also works with universities to assist IMGs in entering alternative health care career pathways. The **IMG Clinical Preparation Grant Program** supports programs offering clinical preparation for Minnesota IMGs who agree to practice in rural or underserved areas of the state. Finally, in partnership with the University of Minnesota, the IMG Assistance Program has also launched a nine-month intensive clinical preparation course, the **IMG Residency Preparation Program – BRIIDGE**, which typically serves four to six individuals annually.

In 2020, Washington created 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.<sup>15</sup> Grants can also be awarded to health care facilities or clinical programs that provide supervised clinical training to IMGs.<sup>16</sup> AAs of this writing funding for the grant awards has not yet been approved. The law also authorized the Washington Medical Commission to create a time-limited “clinical experience license” for an applicant who meets requirements established by the commission, exclusively for the purpose of obtaining clinical experience in an approved setting.<sup>17</sup>

The legislation that established a re-entry license in Colorado in 2022 **also created the IMG Assistance Program and the Clinical Readiness Program**. These programs support, guide, and provide scholarships to IMGs seeking physician licensure in Colorado and provide training opportunities combined with classroom-based learning to prepare IMGs to match into and succeed in a U.S.-based medical residency program, respectively.

## **Work Groups/Commissions**

Illinois, Maryland, Massachusetts, Virginia, and Washington have created inter-governmental and cross-sector work groups or commissions to explore reducing the barriers

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<sup>15</sup> RCW 18.71.475, available at: <https://app.leg.wa.gov/RCW/default.aspx?cite=18.71.475>

<sup>16</sup> RCW 18.71.470, available at: <https://app.leg.wa.gov/rcw/default.aspx?cite=18.71.470>

<sup>17</sup> RCW 18.71.095, available at: <https://app.leg.wa.gov/RCW/default.aspx?cite=18.71.095>



to licensing that block IMGs, and in the case of Massachusetts, other internationally trained health care professionals as well.

In 2019, Massachusetts created a commission<sup>18</sup> 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 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, 2022.

In 2019, at the request of the Virginia House of Delegate's Committee on Health, Welfare and Institutions, the Department of Health Professions created an International Medical Graduates Work Group to 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. The work group's report, released in September 2019, recommended<sup>19</sup> studying an additional pathway to licensure, based on Canada's provincial Practice-Ready Assessment programs,<sup>20</sup> 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.

In 2020, Washington established The International Medical Graduate Implementation Work Group to address integrating IMGs into Washington's health care delivery system.<sup>21</sup> 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

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<sup>18</sup> Massachusetts Summary Budget, FY2020, Outside Section 102, Special Commission on Foreign-Trained Medical Professional Licensure, <https://budget.digital.mass.gov/summary/fy20/outside-section/section-102-special-commission-on-foreign-trained-medical-professional-licensure>

<sup>19</sup> Virginia Department of Health Professions, *International Medical Graduates and Rural Practice Patterns in Virginia: A Report to Health, Welfare, and Institutions*, September 30, 2019. (Report on file with author)

<sup>20</sup> Medical Council of Canada, National Assessment Collaboration (NAC) Practice-Ready Assessment (PRA) Programs, <https://mcc.ca/assessments/practice-ready-assessment/>

<sup>21</sup> RCW 18.71.470, available at: <https://app.leg.wa.gov/RCW/default.aspx?cite=18.71.470>



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.

In 2022, Illinois passed the **Task Force on Internationally Licensed Health Care Professionals Act**. The Task Force will begin meeting in 2023 with the aim of preparing a report with recommendations to address barriers to licensure and practice for internationally licensed health care workers seeking to be re-licensed in Illinois. Also in 2022, Maryland enacted **legislation establishing the Commission to Study the Health Care Workforce Crisis in Maryland**. Among other provisions related to addressing health care workforce shortages in Maryland, the commission aims to examine barriers facing immigrant and refugee health workers and will identify career and licensure pathways for internationally trained immigrant and refugee health care workers. The report of the commission is due to be submitted to the General Assembly by December 31, 2023.

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