



Opening Pathways to Practice for Internationally Trained Physicians

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The United States currently faces a critical shortage of practicing physicians, one that is projected to become more urgent in the coming years as the nation's population ages and many doctors reach retirement age. The **Association of American Medical Colleges** estimates that by 2034, the U.S. will be short 37,800-124,000 physicians, significantly impacting both primary and specialty care. Internationally trained physicians, also known as international medical graduates (IMGs), can help bridge this gap—but they often face significant barriers to relicensure in the U.S.

Barriers to Practice

Becoming licensed as a physician in the U.S. requires several steps: graduating from medical school, passing the multi-step United States Medical Licensing Examination (USMLE), and completing a U.S. post-graduate clinical training program called “residency” even if the candidate has already completed such training in another country. IMGs face barriers at every step. They must prove the validity of their educational credentials via **ECFMG Certification** from the Educational Commission for Foreign Medical Graduates; prepare for the USMLE when they have already passed licensing exams in their country of initial licensure; and secure a residency position - by far the greatest obstacle of all. Because residency slots are **federally funded** and the funding remained frozen from 1997 to 2020, positions are scarce and competition for them is fierce. IMGs are also statistically **far less likely** than U.S.-trained medical graduates to receive a residency “match”: In 2023, only 63.5 percent of all IMG applicants received a residency match, compared with 70.3 percent of all U.S.-trained applicants. The contrast is even starker when looking at only IMG applicants who are not U.S. citizens, who had a match rate of 59.4 percent. Many states also require IMGs to complete a longer period of residency training than is required of U.S. medical graduates.

Pathways to Physician Licensure

Some states have taken steps to address these barriers by providing alternative pathways to practice. To facilitate the licensure of IMGs, states have explored a variety of approaches, including limited or restricted physician licensure, state-funded residencies and residency



preparation programs, reducing residency requirements, re-entry licensure, academic licensure, and exceptional qualification waivers. A number of states have also established work groups or commissions to study barriers to IMG licensure and options for lowering those barriers.

Limited or Restricted Licensure

A growing number of states have established innovative models to authorize the issuance of limited or provisional licenses to IMGs without requiring a U.S. residency.

West Virginia created a restricted medical license for individuals with postgraduate medical training from outside the U.S. The license is designed for candidates whose “education, training and practice credentials are substantially equivalent” to those required for licensure in West Virginia, making their addition to the physician workforce “beneficial to the public welfare.” The license application must be approved by a vote of three-fourths of the members of the West Virginia Board of Medicine.

Washington passed legislation in 2021 allowing the state’s medical commission to issue a limited physician license to IMGs nominated by a qualifying medical authority or government agency. To be eligible, an individual must have lived in the state for at least one year, have ECFMG certification, and have passed all steps of the USMLE. A limited-licensed physician is allowed to practice medicine under supervision, subject to a practice agreement, in the facility or organization that nominated them for licensure. A 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.

Most recently, legislation creating or amending limited or provisional license pathways for IMGs was introduced in **Alabama, Arizona, Florida, Iowa, Massachusetts, Missouri, Nevada, New York, North Carolina, Oregon, Texas,** and **Utah**, during 2023 state legislative sessions. Half of the bills included pathways from limited to full medical licensure. Legislation passed in an additional three states: **Idaho, Illinois,** and **Tennessee**.

Tennessee enacted legislation creating a temporary license with a pathway to full licensure. The legislation authorizes a sponsorship-based provisional license leading to full licensure after two years. Applicants must have an offer of employment from a Tennessee health care provider with an accredited post-graduate training program. The legislation went into effect in July of 2023.



Illinois granted the department assigned medical licensing oversight the ability to establish rules that create a limited license with supervision for IMGs and require the department to include a pathway to full licensure. Those rules are currently in the development phase and are expected to be completed by January of 2025.

Idaho passed a law that allows the Idaho Board of Medicine to permit temporary registration of experienced IMGs who are “forcibly displaced persons.” The legislation requires IMGs to have practiced medicine within the past five years and provides that licensees must agree to practice in a physician shortage area of the state. The law went into effect in July of 2023.

State-Funded Residency and Residency Preparation Programs

In addition to getting their international degrees validated and completing the multi-step 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.

Minnesota has established several programs to improve IMG access to medical residencies. Its **International Medical Graduate Assistance Program** takes a multipronged approach to lowering barriers to practice, aiming to increase the number of primary care physicians practicing in rural and underresourced communities. To this end, the program has funded one to two **IMG residency slots** in Minnesota each year through 2023.

The IMG Assistance Program also addresses challenges in the residency application process through the **Career Guidance and Support Grant Program**, which funds a non-profit partner to provide assistance to IMGs in Minnesota seeking to enter medical residency. The program’s current grantee, the [International Institute of Minnesota](#) (IIMN), provides services including exam preparation support, career and academic counseling, networking opportunities, and financial aid for exam fees. IIMN also helps IMGs enter alternative health care careers.

The **IMG Clinical Preparation Grant Program** supports providers of clinical preparation to Minnesota IMGs who agree to practice in rural or underresourced communities. Finally, in partnership with the University of Minnesota, the IMG Assistance Program has also launched the **IMG Residency Preparation Program – BRIDGE**. This nine-month intensive clinical preparation course has typically served four to six individuals annually.

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. The International Medical Graduate Program, **permanently authorized through legislation in 2018**, provides hands-on clinical instruction as well as USMLE test preparation and English for Health Professionals classes. The program **requires that participants pursue a residency** in family medicine and agree to work for two years in a federally designated primary care shortage area.

Washington passed a law in 2020 that authorized the Washington Medical Commission to create a time-limited “clinical experience license” exclusively for eligible applicants to obtain clinical experience in an approved setting.

The legislation that established a re-entry license in **Colorado** in 2022 also created the IMG assistance program to support, guide, and provide scholarships to IMGs seeking physician licensure in Colorado; and the clinical readiness program to provide skills training and assessment to prepare IMGs for U.S. medical residency.

Reducing Residency Requirements

In some states, medical residents with a U.S. medical degree are eligible for licensure earlier in their residency than those educated abroad. Some states have taken steps within the past few years to align IMG residency requirements with those that apply to U.S. medical graduates.

Colorado and **Pennsylvania** passed laws in 2022 that established more equitable licensing pathways for internationally trained physicians by creating parity in residency requirements for medical licensing between IMGs and U.S. medical school graduates. In 2023, **Alabama** enacted similar legislation, reducing the residency requirement for IMGs from three years to two.

Re-entry License

In 2022, **Colorado** passed legislation that establishes a re-entry license which creates a new pathway to physician licensure for internationally trained physicians. This pathway allows eligible internationally trained physicians to apply for a full unrestricted license after submitting to “evaluations, assessments, and an educational program.”



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. Such practice may also fulfill clinical experience requirements and eliminate the need for a U.S. residency for IMGs seeking full licensure.

In 2019, **Arkansas** amended an existing law to allow eligible individuals who practice medicine under an academic license for a period of two consecutive years to be able to apply 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 ECFMG certification, may apply for two kinds of limited licenses. Both the “limited professorial license” and the “limited fellow license” allow the licensee to practice medicine only in teaching hospitals and clinics. Both licenses are initially valid for one year, but the limited fellow license may only be renewed twice, while the limited professorial license is renewable annually. Five consecutive years of full-time practice under a limited professorial license, plus one year of postgraduate training completed in another country, may be **substituted for the one year of U.S. residency training** that Virginia otherwise requires of IMGs applying for full medical licensure.

Exceptional Qualifications Waiver

In **Washington**, residency requirements may be waived for an IMG who has immigrated to the U.S. as a “person of exceptional ability in sciences” under U.S. Department of Labor rules. The applicant must meet all other licensure requirements under existing regulations.

Work Groups and Commissions

Illinois, Maine, Maryland, Massachusetts, Michigan, Vermont, Virginia, and Washington have created inter-governmental and cross-sector work groups or commissions to explore addressing barriers to licensure that affect internationally trained health care workers.



In 2019, **Massachusetts** created the Special Commission on Foreign-Trained Medical Professionals to make recommendations on surmounting barriers to licensure. The goal was to improve access to medical care in rural and underresourced areas. Among other findings, the Commission **recommended that the residency requirement for IMGs be reduced from** three to two years, and that the time limit for completing all steps of the USMLE be extended or eliminated altogether. Long-term recommendations included establishing state-funded residencies for IMGs, following the Minnesota model, and creating a three-step pathway from limited to full licensure.

In the same year, the **Virginia** Department of Health Professions created an International Medical Graduates Work Group to review 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 considered models in both the U.S. and Canada.

Washington established the International Medical Graduate Implementation Work Group in 2020 to address integrating IMGs into the state's health care delivery system. The group was tasked with making recommendations regarding the establishment of "clinical readiness criteria" for IMGs, a grant award process for organizations providing career guidance and training, and a waiver process for IMGs facing hardships procuring documentation for licensure.

Several states passed related legislation in 2022. **Illinois** established the Task Force on Internationally-Licensed Health Care Professionals, which began meeting in 2023. The Task Force's mandate is to identify barriers to re-licensure affecting internationally licensed health care workers in Illinois, and to make recommendations to "reduce" and "remove" those barriers. The Task Force will submit its findings in a report each year until the group votes to dissolve. In 2023, the Task Force's recommendations have already led the Illinois Department of Financial and Professional Regulation to create an **Office of the Ombudsman for International Applicants**, with a full-time licensing liaison to assist IMGs and other internationally trained health care professionals with their applications for licensure.

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 study the barriers facing immigrant and refugee health workers, and to identify career and licensure pathways for those with international training.



Michigan passed a law investing \$1 million to create a more equitable medical licensing process by establishing a Task Force on Foreign Trained Medical Professional Licensing. The Task Force recently **published its report**, which includes recommendations to establish state-funded residencies for IMGs, develop a transitional pathway to medical licensure, fund a grant program to help “foreign trained medical professionals” (FTMPs) with costs related to licensure, and establish a Welcome Initiative to provide individual case management to FTMPs seeking licensure in the state.

Most recently in 2023, **Maine** established the Commission Regarding Foreign-Trained Physicians Living in Maine to study ways to promote the inclusion of internationally trained physicians into the state health care workforce, either in their original professions or in other health care roles.

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