

Licensing and board certification: What residents need to know

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As a physician in training, your medical school degree seems like the gold standard. But as a resident, you quickly learn it's the first of many benchmarks one must reach on a career in medicine.

Obtaining a medical license and earning board certification are key achievements for young physicians. Board certification is not a legal requirement, but many employers will expect that if a physician is not board-certified, he or she will be soon. What do those processes entail and why are they necessary? Let's take a look.

When and how to get licensed

Physicians are licensed on state-by-state basis. Depending on which state you're in, requirements will vary. The AMA offers introductory information on the medical licensure process.

In order to be licensed, applicants must document passage of a licensing examination, either USMLE or COMLEX. Depending upon the state, there may be a maximum number of attempts allowed to pass the licensing exams and a time window within which they must be completed. Both exams take place in three parts and the third portion is completed during residency training.

At the outset of residency, residents are licensed to practice through a training certificate. This is a form of license issued to physicians who are in accredited residency programs that permits them to practice under supervision until fully licensed. When residents seek a full license will depend on personal priorities and what their institutions may support. Some residents, for instance, may seek licensure in order to moonlight during residency. Some graduate medical education (GME) institutions may require a physician to be licensed at a certain point in their training.

If you do have leeway in terms of the timing of your license, John Andrews, MD, believes doing so sooner offers more flexibility.

“I’d encourage most people to seek licensure when they have completed the [exams] and necessary education, so shortly after their internship,” said Dr. Andrews, the AMA’s vice president for GME innovations. “Other than the expense, there’s no reason not to and it creates more latitude in what you are able to do.”

As with licensing requirements, the cost of obtaining a license varies by state. On the low end, it’s less than \$100. On the high end, residents could spend in excess of \$1,000.

Passing your boards

Board certifications are specific to specialties and subspecialties, each with its own set of requirements.

While every physician must be licensed to practice medicine, board certification is a voluntary process. Medical licensure sets the minimum competency requirements to diagnose and treat patients and is not specialty specific. Board certification, however, demonstrates a physician’s “exceptional expertise in a particular specialty and/or subspecialty of medical practice,” according to the American Board of Medical Specialties.

Speaking generally, board certification will require a physician to have a full medical license and to have completed an accredited residency program. You are also going to need to pass the board exams, which can be pricey. The average fee for the initial written exam is nearly \$2,000, according to a 2017 JAMA study. Meanwhile, 14 medical specialty boards require an oral exam for initial certification that costs more than \$1,500, on average.

In some instances, physician practices will offer to pay for board certification as part of their recruitment efforts. There is also typically some latitude for new physicians in terms of the amount of time one has to pass the boards.

“The expense is a barrier, and some people put off taking their board exams for that reason,” Dr. Andrews said. “But it’s important to take the exam when you complete your [residency] training. With all the knowledge fresh in your head, you’re as prepared as you’ll ever be at that point.”