

Physicians call for clarity on IMG credentialing, licensure

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Roughly one in four practicing physicians in the United States did their undergraduate training at an international medical school. Policies passed by the AMA House of Delegates (HOD) during this week's June 2021 AMA Special Meeting are aimed at easing the path to practice for international medical graduates (IMGs).

Removing IMGs' barriers to practice

A significant proportion of IMGs practice in underserved areas. That fact, combined with a looming physician shortage, creates a need to cut barriers to entry for foreign-trained physicians, according to an AMA Council on Medical Education report adopted by the HOD.

"IMGs are subject to the same rigorous credentialing standards as any other U.S. physician, but some licensing regulations may be more challenging for IMGs than for U.S.-educated physicians," the report says. "There are, however, ways to improve and streamline licensing and credentialing policies and processes to ensure that IMGs can be recruited to federally designated health care shortage areas to address health care inequities and improve health care access."

With those factors in mind, the delegates directed the AMA to:

- Encourage states to study existing strategies to improve policies and processes to assist IMGs with credentialing and licensure to enable them to care for patients in underserved areas.
- Encourage the Federation of State Medical Boards and state medical boards to evaluate the progress of programs aimed at reducing barriers to licensure—including successes, failures, and barriers to implementation.

Actions on limited licenses

Every state medical board requires physicians to have completed at least one year of residency training in a program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) to be eligible for a full, unrestricted medical license. Still, some states issue restricted licenses that allow for internationally trained physicians without US graduate medical education—some of whom have been practicing in the U.S. for years—to practice only under limited licenses and with supervision.

The report highlights “that physicians who have been serving their communities for years may have their careers jeopardized as a result of employers adopting new employment standards” that may require full licensure or board certification.

“The growing needs of patients for access to health care services must be balanced with requisite caution in awarding licensure for practice, given the need to protect the public and ensure the quality of the medical workforce,” according to a separate report from the AMA Council on Medical Education, whose recommendations were adopted.

To address the complexities of licensure for IMGs, delegates directed the AMA to “advocate that qualified international medical graduates have a pathway for licensure by encouraging state medical licensing boards and the member boards of the American Board of Medical Specialties to develop criteria that allow 1) completion of medical school and residency training outside the U.S., 2) extensive U.S. medical practice, and 3) evidence of good standing within the local medical community to serve as a substitute for U.S. graduate medical education requirement for physicians seeking full unrestricted licensure and board certification.”

Delegates also modified AMA policies to:

- Support that all applicants for full and unrestricted licensure, whether graduates of U.S. medical schools or IMGs, must have completed one year of accredited GME in the U.S., have passed all state-required licensing examinations (USMLE or COMLEX USA), and must be certified by their residency program director as ready to advance to the next year of GME to obtain a full and unrestricted license to practice medicine.
- Oppose special licensing pathways for “assistant physicians” (i.e., those who are not currently enrolled in an ACGME training program or have not completed at least one year of accredited graduate medical education in the U.S.).
- Urge those licensing boards that have not done so to develop regulations permitting the issuance of special purpose licenses, with the exception of special licensing pathways for “assistant physicians.” Such regulations should permit special purpose licensure with the



minimum of educational requirements consistent with protecting the health, safety and welfare of the public.

Find out how the AMA IMG Section gives voice to, and advocates, issues that impact international medical graduate physicians.

Read about the other highlights from the June 2021 AMA Special Meeting.