

REPORTS OF THE COUNCIL ON MEDICAL EDUCATION

The following reports were presented by Kelly Carvagie, MD, Chair:

1. ADDITIONAL PATHWAYS FOR INTERNATIONAL MEDICAL GRADUATES

Reference committee hearing: see report of Reference Committee C.

HOUSE ACTION: RECOMMENDATIONS ADOPTED REMAINDER OF REPORT FILED

American Medical Association (AMA) Policy [D-255.971](#), “Alternative Pathways for International Medical Graduates,” adopted at the 2024 Interim Meeting of the AMA House of Delegates (HOD) asks the following:

1. Our American Medical Association will provide an informational report about the ongoing work around alternate licensing pathways and currently introduced laws and regulations being introduced around the country and their status during the I-25 meeting.
2. Our AMA, following the conclusion of the work of the Advisory Commission on Alternate Licensing Models, will develop educational resources related to alternate licensing models for the AMA HOD and other interested parties.
3. Our AMA will widely distribute the Commission’s report and relevant educational content to all AMA members.

This report is submitted to the HOD in response to the directive in the first clause. Since the 2024 Interim Meeting, the Advisory Commission changed its name from “Alternate” to “Additional” Licensing Models. For the purposes of this report, it will be referred to as the “Commission.”

BACKGROUND

Inception and convening

On March 27, 2024, The Federation of State Medical Boards (FSMB), Intealth™, and the Accreditation Council for Graduate Medical Education (ACGME) announced the establishment of a new Advisory Commission on Alternate Licensing Models “to provide guidance on alternative pathways for state licensure of physicians who have completed training and/or practiced outside of the United States. These are physicians who have graduated from medical school in another country, have completed a post graduate training program substantially similar to those in the U.S., and (in most state requirements) have practiced for a certain period of time. The Commission uses the term “internationally trained physicians.” Many of these physicians are international medical graduates (IMGs), encompassing both foreign nationals and U.S. citizens who completed their medical education and training outside the United States and Canada.”¹ The intent was to create recommendations to guide state medical boards, legislatures, and policymakers considering state legislation to create additional pathways to licensure or those responsible for implementing legislation that has been enacted. These founding organizations held their first meeting on April 5, 2024, in Washington, D.C. The Commission convened as state legislative activity creating additional pathways to licensure is gaining momentum.

This Commission convened a one-day symposium on June 18, 2024, in Washington D.C., attended by more than 175 individuals representing members of the public, state medical licensing boards, and organizations involved with medical education, accreditation, and certification. The symposium “provided a forum for attendees to exchange ideas and discuss considerations for legislative, regulatory, and procedural implementation of such alternative pathways for medical licensure.”²

A meeting on September 16, 2024, discussed a first set of recommendations. Those [draft preliminary recommendations](#) were then released on October 1, 2024, with a focus on eligibility requirements with an open comment period through December 6, 2024, via online survey.³ The AMA provided [comments](#), which are available on the AMA’s [Federal and State Correspondence Finder](#).

Commission Recommendations

On February 4, 2025, the Commission released its first set of nine recommendations informed by the feedback from the open comment period; the full document with recommendations is available on the [FSMB website](#):

1. “Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing and evaluating any additional licensure pathways.
2. An offer of employment should be required for pathway eligibility. State medical boards should be authorized to define what is an appropriate clinical facility for the supervision and assessment of internationally trained physicians (ITPs) for their provisional licensure period.
3. Educational Commission for Foreign Medical Graduates (ECFMG) Certification and graduation from a duly recognized medical school should be required for pathway eligibility.
4. Completion of postgraduate training (graduate medical education) outside the United States should be required for pathway eligibility.
5. Possession of authorization from another country or jurisdiction to lawfully practice medicine in that country or jurisdiction, and at least three years of experience in medical practice should be required for pathway eligibility.
6. A limit on the physician’s time “out of practice” that is consistent with that state’s existing re-entry to practice requirements should be considered.
7. A successfully completed period of supervision and assessment by an employer should be required of ITPs to transition from provisional licensure to full licensure.
8. State medical boards should preserve their authority to assess each candidate for full and unrestricted licensure.
9. State medical boards implementing additional licensure pathways should collect and share data to evaluate the program’s effectiveness.”⁴

Following the publication of these recommendations, the Commission announced on May 22, 2025, a call for comments on new draft guidance recommendations specifically regarding the assessment and supervision of internationally-trained physicians seeking licensure in the U.S.^{5,6} This second call for comment, open until July 11, 2025, offered [eight recommendations](#) addressing specific guidance for the consideration of state medical boards and other relevant parties. The feedback was collected via a survey tool. The AMA appreciates the Commission’s efforts to ensure safe, structured pathways for internationally trained physicians. AMA feedback supported the intent of each recommendation while also addressing concerns (e.g., additional burdens put upon rural health care systems, supervising physicians, and small practices; lack of uniform standards and institutional oversight; unintended consequences) and offering suggestions for improvement to best execute these recommendations.

In July 2025, the *Annals of Internal Medicine* published an opinion from the leaders of the Commission’s founding organizations entitled “[Licensing Internationally Trained Physicians: Advisory Commission Leaders Share Initial Progress](#).”⁷ An August 2025 press release provided the latest [recommendations](#) as well as a toolkit to inform the assessment and supervision of ITPs.⁸

Of note, these are recommendations and do not carry the force of law.

DISCUSSION

Founders of the Commission

The [FSMB](#) supports state medical boards within the U.S., its territories, and the District of Columbia in protection of the public’s health, safety, and welfare. This involves oversight of proper medical regulation, licensing, and disciplining of physicians (as well as physician assistants and other health care professionals). This includes issues and concerns related to internationally trained physicians. As such, the FSMB serves as the primary convener for the Commission.

The [Educational Commission for Foreign Medical Graduates](#) (ECFMG) Certification assures the readiness of internationally trained physicians to enter graduate medical education in the U.S. Foundation for Advancement of International Medical Education (FAIMER[®]) promotes excellence in international health professions education through programmatic and research activities. They partner with other leaders in U.S. medical education to analyze

data, develop policies, and create new tools for this audience. In 2021, ECFMG and FAIMER® were joined under the umbrella of [Intealth](#).

The [ACGME](#) establishes and oversees the voluntary professional educational standards that are essential to preparing physicians (including those internationally trained) to provide safe and high-quality medical care. They also oversee the accreditation of residency and fellowship programs in the U.S.

AMA engagement

The AMA has been actively engaged in the Commission as an adviser since its inception. In addition, the AMA Advocacy and Medical Education business units, in collaboration with the Council on Medical Education and the International Medical Graduates (IMG) Section, has responded to each open comment period provided by the Commission.

The Council on Medical Education (CME) actively monitors issues related to IMGs and authors [reports](#) as directed by the House of Delegates. They have included:

- [Challenges to Primary Source Verification of International Medical Graduates Resulting from International Conflict](#) (CME 8-A-23)
- [Financial Burdens and Exam Fees for International Medical Graduates](#) (CME 3-A-23)
- [Expediting Entry of Qualified IMG Physicians to U.S. Medical Practice](#) (CME 4-JUN-21)
- [Licensure for International Medical Graduates Practicing in U.S. Institutions with Restricted Medical Licenses](#) (CME 2-JUN-21)

Reports from all Councils are made available to members via the [Council Report Finder](#). The Medical Education unit publishes issue briefs on a variety of timely topics. In 2022, an issue brief was released entitled [“Support for IMGs practicing in the U.S.”](#)

The Advocacy unit closely monitors any communications or actions by the current Administration as it relates to IMGs. For example:

- They have issued letters of support for the [Conrad 30 Waiver Program](#) and the recent [Doctors in our Borders Act](#), which would expand the number of Conrad 30 waivers a state or regional commission can receive from 30 to 100. Such letters and statements are made available to members in the [AMA Federal and State Correspondence Finder](#).
- AMA’s [Advocacy Update](#) e-newsletter provides timely information which may contain news relevant to IMGs.
- Advocacy also monitors state legislative activity to create additional pathways to licensure for internationally trained physicians. This activity is summarized in a recently updated AMA issue brief entitled [“Additional State Licensure Pathways for Internationally Trained Physicians.”](#)

Federal immigration issues are not discussed in this report, given ongoing changes by the current administration.

The AMA’s [IMG Section](#) addresses and advocates for issues that impact international medical graduate physicians. To help IMGs navigate the process of practicing medicine in the United States, the section recently developed a [toolkit](#). The latest information and resources from the IMG Section are available on the AMA [website](#).

News articles and podcasts related to IMGs are also available on the AMA website. Examples of information from as recent as April 2025 include:

- [Immigration issues: Visas and green cards](#)
- [Starting physician residency as an IMG? 6 tips to ease transition](#)
- [Meet Your Match: Tips for IMGs entering U.S. residency with Ricardo Correa, MD](#)

RELEVANT AMA POLICY

The following policies, available in the [AMA Policy Finder](#), are of relevance to this report. Full policies are listed in the Appendix.

- [Abolish Discrimination in Licensure of IMGs H-255.966](#)

- [Licensure for International Medical Graduates Practicing in U.S. Institutions with Restricted Medical Licenses D-255.977](#)
- [AMA Principles on International Medical Graduates H-255.988](#)
- [Alternatives to the Federation of State Medical Boards Recommendations on Licensure H-275.934](#)
- [International Medical Graduate Employment H-255.965](#)
- [Unfair Discrimination Against International Medical Graduates H-255.978](#)

CONCLUSION

The AMA will continue to (1) participate in the Advisory Commission on Additional Licensing Models, (2) provide comment on future recommendations, and (3) engage with relevant parties in support of internationally trained physicians.

RECOMMENDATION

The Council on Medical Education recommends that the following be adopted and the remainder of the report be filed.

1. That the first clause of AMA Policy [D-255.971](#), “Alternative Pathways for International Medical Graduates,” be rescinded as having been accomplished by this report.

Fiscal note: Minimal

APPENDIX – RELEVANT AMA POLICIES

[Abolish Discrimination in Licensure of IMGs H-255.966](#)

1. Our American Medical Association supports the following principles related to medical licensure of international medical graduates (IMGs):
 - a. State medical boards should ensure uniformity of licensure requirements for IMGs and graduates of U.S. and Canadian medical schools, including eliminating any disparity in the years of graduate medical education (GME) required for licensure and a uniform standard for the allowed number of administrations of licensure examinations.
 - b. All physicians seeking licensure should be evaluated on the basis of their individual education, training, qualifications, skills, character, ethics, experience and past practice.
 - c. Discrimination against physicians solely on the basis of national origin and/or the country in which they completed their medical education is inappropriate.
 - d. U.S. states and territories retain the right and responsibility to determine the qualifications of individuals applying for licensure to practice medicine within their respective jurisdictions.
 - e. State medical boards should be discouraged from a) using arbitrary and non-criteria-based lists of approved or unapproved foreign medical schools for licensure decisions and b) requiring an interview or oral examination prior to licensure endorsement. More effective methods for evaluating the quality of IMGs' undergraduate medical education should be pursued with the Federation of State Medical Boards (FSMB) and other relevant organizations. When available, the results should be a part of the determination of eligibility for licensure.
2. Our AMA will continue to work with the FSMB to encourage parity in licensure requirements for all physicians, whether U.S. medical school graduates or international medical graduates.
3. Our AMA will continue to work with the Educational Commission for Foreign Medical Graduates and other appropriate organizations in developing effective methods to evaluate the clinical skills of IMGs.
4. Our AMA will work with state medical societies in states with discriminatory licensure requirements between IMGs and graduates of U.S. and Canadian medical schools to advocate for parity in licensure requirements, using the AMA International Medical Graduate Section licensure parity model resolution as a resource.
5. Our AMA will:
 - a. 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.
 - b. encourage the FSMB and state medical boards to evaluate the progress of programs aimed at reducing barriers to licensure—including successes, failures, and barriers to implementation.

[Licensure for International Medical Graduates Practicing in U.S. Institutions with Restricted Medical Licenses D-255.977](#)

Our American Medical Association will 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.
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.

[AMA Principles on International Medical Graduates H-255.988](#)

1. Our American Medical Association supports current U.S. visa and immigration requirements applicable to foreign national physicians who are graduates of medical schools other than those in the United States and Canada.
2. Our AMA supports current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE.
3. Our AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body.
4. Our AMA supports cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada.
5. Our AMA supports continued cooperation with the ECFMG and other appropriate organizations to disseminate information to prospective and current students in foreign medical schools. An AMA member, who is an IMG, should be appointed regularly as one of the AMA's representatives to the ECFMG Board of Trustees.
6. Our AMA supports working with the Accreditation Council for Graduate Medical Education (ACGME) and the Federation of State Medical Boards (FSMB) to assure that institutions offering accredited residencies, residency program directors, and U.S. licensing authorities do not deviate from established standards when evaluating graduates of foreign medical schools.
7. In cooperation with the ACGME and the FSMB, our AMA supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care.
8. Our AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs.
9. Our AMA supports that special consideration be given to the limited number of IMGs who are refugees from foreign governments that refuse to provide pertinent information usually required to establish eligibility for residency training or licensure.
10. Our AMA supports that accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower.
11. Our AMA representatives to the ACGME, residency review committees and to the ECFMG should support AMA policy opposing discrimination. Medical school admissions officers and directors of residency programs should select applicants on the basis of merit, without considering status as an IMG or an ethnic name as a negative factor.
12. Our AMA supports the requirement that all medical school graduates complete at least one year of graduate medical education in an accredited U.S. program in order to qualify for full and unrestricted licensure. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement:
 - a. completion of medical school and residency training outside the U.S.;
 - b. extensive U.S. medical practice; and
 - c. evidence of good standing within the local medical community.
13. Our AMA supports publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities.
14. Our AMA supports the participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. Our AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils, the Accreditation Council for Graduate Medical Education and its review committees, the American Board

- of Medical Specialties and its specialty boards, and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for outstanding achievements by either individuals or organizations in promoting leadership among IMGs.
15. Our AMA supports studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members.
 16. Our AMA membership outreach to IMGs to include
 - a. using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians;
 - b. publicizing its many relevant resources to all physicians, especially to nonmember IMGs;
 - c. identifying and publicizing AMA resources to respond to inquiries from IMGs; and
 - d. expansion of its efforts to prepare and disseminate information about requirements for admission to accredited residency programs, the availability of positions, and the problems of becoming licensed and entering full and unrestricted medical practice in the U.S. that face IMGs. This information should be addressed to college students, high school and college advisors, and students in foreign medical schools.
 17. Our AMA supports recognition of the common aims and goals of all physicians, particularly those practicing in the U.S., and support for including all physicians who are permanent residents of the U.S. in the mainstream of American medicine.
 18. Our AMA supports its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations.
 19. Our AMA supports institutions that sponsor exchange visitor programs in medical education, clinical medicine and public health to tailor programs for the individual visiting scholar that will meet the needs of the scholar, the institution, and the nation to which he will return.
 20. Our AMA supports informing foreign national IMGs that the availability of training and practice opportunities in the U.S. is limited by the availability of fiscal and human resources to maintain the quality of medical education and patient care in the U.S., and that those IMGs who plan to return to their country of origin have the opportunity to obtain GME in the United States.
 21. Our AMA supports U.S. medical schools offering admission with advanced standing, within the capabilities determined by each institution, to international medical students who satisfy the requirements of the institution for matriculation.
 22. Our AMA supports the Federation of State Medical Boards, its member boards, and the ECFMG in their willingness to adjust their administrative procedures in processing IMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state.
 23. Our AMA supports continued efforts to protect the rights and privileges of all physicians duly licensed in the U.S. regardless of ethnic or educational background and opposes any legislative efforts to discriminate against duly licensed physicians on the basis of ethnic or educational background.
 24. Our AMA supports continued study of challenges and issues pertinent to IMGs as they affect our country's health care system and our physician workforce.
 25. Our AMA supports advocacy to Congress to fund studies through appropriate agencies, such as the Department of Health and Human Services, to examine issues and experiences of IMGs and make recommendations for improvements.

[Alternatives to the Federation of State Medical Boards Recommendations on Licensure H-275.934](#)

Our American Medical Association adopts the following principles:

1. Ideally, all medical students should successfully complete Steps 1 and 2 of the United States Medical Licensing Examination (USMLE) or Levels 1 and 2 of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX USA) prior to entry into residency training. At a minimum, individuals entering residency training must have successfully completed Step 1 of the USMLE or Level 1 of COMLEX USA. There should be provision made for students who have not completed Step 2 of the USMLE or Level 2 of the COMLEX USA to do so during the first year of residency training.
2. All applicants for full and unrestricted licensure, whether graduates of U.S. medical schools or international medical graduates, must have completed one year of accredited graduate medical education (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 and to obtain a full and unrestricted license to practice medicine. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement for completing one year of

- accredited GME in the U.S.: (a) completion of medical school and residency training outside the U.S.; (b) extensive U.S. medical practice; and (c) evidence of good standing within the local medical community.
3. There should be a training permit/educational license for all resident physicians who do not yet have a full and unrestricted license to practice medicine. To be eligible for an initial training permit/educational license, the resident must have completed Step 1 of the USMLE or Level 1 of COMLEX USA.
 4. Residency program directors shall report only those actions to state medical licensing boards that are reported for all licensed physicians.
 5. Residency program directors should receive training to ensure that they understand the process for taking disciplinary action against resident physicians, and are aware of procedures for dismissal of residents and for due process. This requirement for residency program directors should be enforced through Accreditation Council for Graduate Medical Education accreditation requirements.
 6. There should be no reporting of actions against medical students to state medical licensing boards.
 7. Medical schools are responsible for identifying and remediating and/or disciplining medical student unprofessional behavior, problems with substance abuse, and other behavioral problems, as well as gaps in student knowledge and skills.
 8. The Dean's Letter of Evaluation should be strengthened and standardized, to serve as a better source of information to residency programs about applicants.

[International Medical Graduate Employment H-255.965](#)

Our American Medical Association will support federal legislation that reduces the administrative burden and streamlines the process of hiring International Medical Graduates.

[Unfair Discrimination Against International Medical Graduates H-255.978](#)

It is the policy of the AMA to take appropriate action, legal or legislative, against implementation of Section 4752(d) of the OBRA of 1990 that requires international medical graduates, in order to obtain a Medicaid UPN number, to have held a license in one or more states continuously since 1958, or pass the Foreign Medical Graduate Examination in Medical Sciences (FMGEMS), or pass the Educational Commission for Foreign Medical Graduates (ECFMG) Examination, or be certified by ECFMG.

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