



# Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

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## 2026 SESSION POSITION PAPER

**BILL NO.:** SB 489 – Health Occupations - Physicians Trained in International Medical Schools  
**COMMITTEE:** Finance  
**POSITION:** Letter of Support With Amendments

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**TITLE:** Health Occupations - Physicians Trained in International Medical Schools

### **BILL ANALYSIS:**

Senate Bill (SB) 489 proposes to authorize the Maryland Board of Physicians (the Board) to issue a license to International Medical Graduates (IMGs) to practice medicine in the state of Maryland if the IMG has completed an ACGME-I-accredited postgraduate medical education program.

### **BACKGROUND:**

During the 2024 interim, the Board conducted the Workgroup to Study Licensure of Foreign Trained Physicians (FTPs), also known as Internationally Trained Physicians (ITPs) and International Medical Graduates (IMGs) in Maryland (the Workgroup). Simultaneously, the Federation of State Medical Boards (FSMB), Intealth, and the Accreditation Council for Graduate Medical Education (ACGME) established the Advisory Commission on Additional Licensing Models (the Commission) to develop new or modified licensure pathways for internationally trained physicians. The Commission's first recommendations addressed eligibility standards to ensure readiness for safe U.S. practice, while the second focused on assessment and supervision of foreign-trained physicians practicing in the United States.

The Workgroup examined challenges faced by IMGs and FTPs, licensure models in other states, data from the Federation of State Medical Boards, and the two sets of recommendations from the Commission. Based on this research, the Workgroup developed recommendations regarding applicant qualifications, application requirements, and the implementation of future legislation. A copy of the Workgroup's final report has been attached to this written testimony for reference.

### **POSITION AND RATIONALE**

The Maryland Board of Physicians (the Board) submits this Letter of Support with Amendments for Senate Bill (SB) 489: Health Occupations – Physicians Trained in International Medical Schools. The Board has worked closely with the bill sponsor, proponents, and stakeholders to develop recommendations for a new licensure pathway for foreign-trained physicians that meaningfully addresses Maryland's healthcare workforce shortages while preserving patient safety and licensure integrity.

The Board supports the intent of SB 489 to strengthen the physician workforce by modifying an existing licensure pathway to include international medical graduates who have completed an ACGME-I accredited postgraduate medical education program. However, the Board proposes the attached amendments to ensure qualification equivalency with U.S.-trained physicians and to establish clear, outlined supervision and

employment safeguards. These amendments are consistent with similar legislation enacted by other states and preserve the bill's goal of improving access to licensure for the intended population.

### **Distinction Between IMGs and ITPs**

An International Medical Graduate (IMG) is an individual who completed medical education at an international medical school. Section 14–308 of the Health Occupations Article currently provides two licensure pathways for these individuals: one intended primarily for U.S. citizens who attended international medical schools and returned to the United States for residency training, and the other for individuals who completed a Fifth Pathway program. This population is typically in the earliest stages of their practice and requires additional verification, accreditation, and oversight mechanisms before independent practice.

An Internationally Trained Physician (ITP) is a more seasoned population of physicians. ITPs have completed medical school in a foreign country, finished an accredited postgraduate medical education program, and have been licensed and authorized to practice medicine in a country other than the United States. Through licensure and a time-out-of-practice requirement, these individuals have significantly more hands-on clinical experience and independent practice experience than IMGs.

### **Alignment With the Workgroup's Intent**

The Board's Workgroup studied and discussed the concept of leveraging an idle, non-practicing physician population—specifically experienced ITPs already present in the United States—to strengthen the healthcare workforce. While the intent of SB 489 is commendable, as drafted, it departs from this core objective by broadening eligibility to include IMGs who have completed an ACGME-I-accredited program, rather than focusing on experienced, previously licensed physicians.

As introduced, SB 489 would permit certain IMGs to obtain a full, unrestricted license without explicit statutory safeguards. Broadening the intended population without clearly defined qualification equivalency and verification mechanisms raises significant patient safety and licensure integrity concerns and would result in qualification standards substantially lower than those currently required of U.S.-trained physicians.

### **Supervision and Employment Requirements**

Although the bill authorizes the Board to establish supervision requirements through regulation, the Board believes that supervision and employment mechanisms should be clearly defined in statute rather than left to the regulatory process. This approach aligns with national trends: 17 of the 18 states that have enacted similar legislation include a statutory offer-of-employment requirement.

The Board believes that employment and supervision by an accredited entity is the most critical safety feature of the proposed pathway. While the Board can verify documentation and administrative eligibility for licensure, it cannot replicate the hands-on oversight and clinical support provided by an accredited healthcare entity. Supervision by institutions such as healthcare facilities affiliated with medical education programs ensures that physicians receive appropriate integration, monitoring, and support as they transition into the U.S. healthcare system.

### **Qualification Equivalency**

As drafted, SB 489 would allow an individual to obtain a full, unrestricted license under qualification standards substantially lower than those required of U.S. and international medical graduates. Currently, regardless of whether an applicant attended a U.S. or international medical school, applicants must successfully complete and pass USMLE Step 3 to qualify for full licensure.

To ensure qualification equivalency and maintain public protection, the Board's amendment would require passage of USMLE Step 3 as a condition for issuance of a full, unrestricted license following completion of the proposed two-year provisional licensure period.

**Conclusion**

The Board appreciates Senator Lam's leadership, engagement, and ongoing collaboration on this issue. His commitment to strengthening Maryland's physician workforce has helped facilitate meaningful dialogue among stakeholders. The amendment has been widely circulated for feedback and reflects input from multiple perspectives with the shared goal of creating a safe and accessible pathway.

For these reasons, the Board of Physicians urges a favorable report with amendments on Senate Bill (SB) 489: Health Occupations - Physicians Trained in International Medical Schools.

Thank you for your consideration. For more information, please contact Michael Tran  
(Michael.Tran@Maryland.Gov)

Sincerely,

A handwritten signature in black ink that reads "Harbhajan Ajrawat". The signature is written in a cursive, flowing style.

Harbhajan Ajrawat, M.D.  
Chair, Maryland Board of Physicians

**The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.**

**SB 489 - Suggested Amendments**

AMENDMENT TO SENATE BILL 489  
(First Reading File Bill)

Strike in its entirety page 1, from line 17 to page 2, line 11, inclusive, and substitute:

**Article – Health Occupations**

**§14–101.**

(a) In this title the following words have the meanings indicated.

**(A-o) "ACCREDITED TRAINING PROGRAM" MEANS A POSTGRADUATE CLINICAL MEDICAL EDUCATION PROGRAM WHICH IS:**

**(1) CERTIFIED BY THE:**

**(i) ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) OR ITS SUCCESSOR; OR**

**(ii) AMERICAN OSTEOPATHIC ASSOCIATION (AOA) OR ITS SUCCESSOR;**

**(2) ACCREDITED BY THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA (RCPSC) OR ITS SUCCESSOR;**

**(3) A PROGRAM THAT MEETS ALL OF THE FOLLOWING CRITERIA:**

**(i) IS IN A SPECIALTY OR SUBSPECIALTY AREA, OR BOTH, THAT IS NOT BEING ACCREDITED BY THE ACGME, AOA OR RCPSC BUT MEETS ALL THE REQUIREMENTS FOR ACCREDITATION OF THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION, THE AMERICAN OSTEOPATHIC ASSOCIATION, OR THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA;**

**(ii) IS DIRECTED BY A PHYSICIAN WHO IS ACTIVELY LICENSED TO PRACTICE MEDICINE IN THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS, OR CANADA;**

**(iii) IS CONCURRENTLY OFFERED WITH ACGME-ACCREDITED PROGRAMS; AND**

**(iv) IS TAUGHT AT A HOSPITAL THAT IS ACCREDITED BY THE JOINT COMMISSION OR ITS SUCCESSOR OR PREDECESSOR; OR**

**(4) A PROGRAM CONDUCTED IN THE UNITED STATES OF AMERICA OR CANADA THAT IS DEEMED TO BE EQUIVALENT BY THE BOARD.**

(a-1) “Advisory committee” means a committee appointed by the Board that includes members of a profession regulated under this title or Title 15 of this article and formed to:

- (1) Further the Board’s regulation of applicants and licensees of the regulated profession;
- (2) Assist the Board in protecting the health, safety, and welfare of the public; and
- (3) Make recommendations about the regulated profession to the Board on request.

(a-2) “Allied health professional” means an individual licensed by the Board under Subtitle 5A, 5B, 5C, 5D, 5E, 5F, or 5G of this title or Title 15 of this article.

(a-3) “Alternative health system” has the meaning stated in § 1-401 of this article.

(a-4) “Applicant” means, unless the context requires otherwise, an individual applying for initial licensure, renewal, or reinstatement as a physician or an allied health professional in the State.

(b) “Board” means the State Board of Physicians.

(C) “Board certified” means the physician is certified by a public or private board, including a multidisciplinary board, and the certifying board:

(1) Is:

- (i) A member of the American Board of Medical Specialties;
- (ii) An American Osteopathic Association certifying board;
- (iii) The Royal College of Physicians and Surgeons of Canada; or
- (iv) The College of Family Physicians of Canada; or

(2) Requires that, in order to be certified, the physician:

(i) Complete a postgraduate training program that:

(1) Provides complete training in the specialty or subspecialty; and

(2) Is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; and

(ii) Be certified by:

(1) The member board of the American Board of Medical Specialties;

- (2) The American Osteopathic Association in the training field;
- (3) The Royal College of Physicians and Surgeons of Canada; or
- (4) The College of Family Physicians of Canada.

(d) “Civil action” includes a health care malpractice claim under Title 3, Subtitle 2A of the Courts Article.

(d-1) “Compact physician” means a physician licensed under the Interstate Medical Licensure Compact established under § 14-3A-01 of this title.

(e) (1) “Cosmetic surgical procedure” means the use of surgical services to reshape the structure of a human body in order to change the appearance of an individual.

(2) Except as provided in paragraph (3) of this subsection, “cosmetic surgical procedure” does not include:

- (i) A procedure done under local anesthesia or mild sedation; or
- (ii) Liposuction that removes less than 1,000 cubic centimeters of aspirate.

(3) “Cosmetic surgical procedure” includes any procedure under paragraph (2) of this subsection that, under the circumstances established by the Secretary in regulations adopted under Title 19, Subtitle 3C of the Health – General Article, is a cosmetic surgical procedure.

(e-1) “Disciplinary panel” means a disciplinary panel of the Board established under § 14-401 of this title.

(e-2) “Employer” means a person that enters an arrangement for professional services, whether paid or unpaid or contractual or otherwise, with an individual licensed under this title or Title 15 of this article.

**(X) “ECFMG” MEANS THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES.**

(f) “Hospital” has the meaning stated in § 19-301 of the Health – General Article.

**(X) “INTERNATIONAL MEDICAL SCHOOL” MEANS A MEDICAL SCHOOL LOCATED OUTSIDE OF THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS, OR CANADA.**

**(X)“INTERNATIONALLY-TRAINED PHYSICIAN” MEANS A PHYSICIAN WHO HAS:**

**(1) HAVE RECEIVED A DEGREE OF DOCTOR OF MEDICINE OR ITS EQUIVALENT FROM A MEDICAL SCHOOL LOCATED OUTSIDE THE UNITED STATES WITH RECOGNIZED ACCREDITATION STATUS FROM ECFMG;**

**(2) MEET THE REQUIREMENTS OF ONE OF THE FOLLOWING PATHWAYS:**

**(i) Pathway 1:**

**1. COMPLETED AT LEAST 2 YEARS OF TRAINING IN A RESIDENCY PROGRAM:**

**A. ACCREDITED BY ACGME-I;**

**B. IN A COUNTRY WHOSE GME ACCREDITING AGENCY HAS BEEN RECOGNIZED BY THE WFME; OR**

**C. ACCREDITED BY ANOTHER ACCREDITATION AUTHORITY APPROVED BY THE BOARD; AND**

**2. BEEN LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES FOR AT LEAST THREE (3) YEARS WITH A MEDICAL LICENSE IN GOOD STANDING; OR**

**(ii) PATHWAY 2:**

**1. HAS PRACTICED MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES FOR AT LEAST 5 OUT OF THE 10 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A LIMITED LICENSE;**

(g) “License” means, unless the context requires otherwise, a license issued by the Board to practice medicine or an allied health profession regulated by the Board.

(h) “Licensed physician” means, unless the context requires otherwise, a physician, including a doctor of osteopathy, who is licensed by the Board to practice medicine.

(i) “Licensee” means an individual to whom the Board issues a license, including an individual practicing medicine within or as a professional corporation or professional association.

**(X) "LIMITED LICENSE" MEANS A NON-RENEWABLE LICENSE GRANTED TO AN INTERNATIONALLY-TRAINED PHYSICIAN TO PRACTICE MEDICINE AS A FULL-TIME EMPLOYEE SOLELY AT A PARTICIPATING HEALTHCARE FACILITY AND PURSUANT TO THE PROVISIONS OF THIS CHAPTER.**

(j) “MedChi” means the Maryland State Medical Society.

(k) “Mild sedation” means a drug–induced state during which:

- (1) A patient is able to respond to verbal commands;
- (2) A patient's ventilatory and cardiovascular functions are not affected; and
- (3) A patient's cognitive function and coordination may be impaired.

**(X) "PARTICIPATING HEALTHCARE FACILITY" MEANS A FEDERALLY-QUALIFIED HEALTH CENTER, A HEALTH SYSTEM, HOSPITAL, HOSPITAL-BASED FACILITY, FREESTANDING EMERGENCY FACILITY, OR URGENT CARE CLINIC THAT HAS AN ACGME OR AOA RESIDENCY PROGRAM, OR IS ACGME OR AOA-AFFILIATED, THAT WILL EVALUATE AN INTERNATIONALLY-TRAINED PHYSICIAN'S CLINICAL AND NON-CLINICAL SKILLS.**

(l) "Perform acupuncture" means to stimulate a certain point or points on or near the surface of the human body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of ailments or conditions of the body.

(m) "Physician" means an individual who practices medicine.

(n) "Physician assistant" means an individual licensed under Title 15 of this article to practice as a physician assistant.

(o) (1) "Practice medicine" means to engage, with or without compensation, in medical:

- (i) Diagnosis;
- (ii) Healing;
- (iii) Treatment; or
- (iv) Surgery.

(2) "Practice medicine" includes doing, undertaking, professing to do, and attempting any of the following:

(i) Diagnosing, healing, treating, preventing, prescribing for, or removing any physical, mental, or emotional ailment or supposed ailment of an individual:

- 1. By physical, mental, emotional, or other process that is exercised or invoked by the practitioner, the patient, or both; or
- 2. By appliance, test, drug, operation, or treatment;

(ii) Ending of a human pregnancy; and

(iii) Performing acupuncture as provided under § 14–504 of this title.

(3) “Practice medicine” does not include:

(i) Selling any nonprescription drug or medicine;

(ii) Practicing as an optician; or

(iii) Performing a massage or other manipulation by hand, but by no other means.

(p) “Registered cardiovascular invasive specialist” means an individual who is credentialed by Cardiovascular Credentialing International or another credentialing body approved by the Board to assist in cardiac catheterization procedures in a hospital under the direct, in-person supervision of a licensed physician.

(q) “Rehabilitation Program” means the program of the Board or the nonprofit entity with which the Board contracts under § 14–401.1(g) of this title that evaluates and provides assistance to impaired physicians and allied health professionals who are directed by the Board to receive treatment and rehabilitation for alcoholism, chemical dependency, or other physical, emotional, or mental conditions.

(r) “Related institution” has the meaning stated in § 19–301 of the Health – General Article.

**(X) "USMLE" MEANS UNITED STATES MEDICAL LICENSING EXAMINATION WHICH CONSISTS OF (3) STEPS:**

**(1) STEP 1 OF THE USMLE REQUIRES AN ASSESSMENT OF THE EXAMINEE'S UNDERSTANDING OF AND ABILITY TO APPLY IMPORTANT CONCEPTS OF THE BASIC SCIENCES TO THE PRACTICE OF MEDICINE, WITH SPECIAL EMPHASIS ON PRINCIPLES AND MECHANISMS UNDERLYING HEALTH DISEASE, AND MODES OF THERAPY;**

**(2) STEP 2 OF THE USMLE REQUIRES AN ASSESSMENT OF THE EXAMINEE'S ABILITY TO APPLY KNOWLEDGE, SKILLS, AND UNDERSTANDING OF CLINICAL SCIENCE ESSENTIALS FOR THE PROVISION OF PATIENT CARE UNDER SUPERVISION, WITH AN EMPHASIS ON HEALTH PROMOTION AND DISEASE PREVENTION;**

**(3) STEP 3 OF THE USMLE REQUIRES AN ASSESSMENT OF THE EXAMINEE'S ABILITY TO APPLY MEDICAL KNOWLEDGE AND UNDERSTANDING OF BIOMEDICAL AND CLINICAL SCIENCE ESSENTIAL FOR THE UNSUPERVISED PRACTICE OF MEDICINE, WITH THE EMPHASIS ON PATIENT MANAGEMENT IN AMBULATORY SETTINGS.**

**(X) "WFME" MEANS THE WORLD FEDERATION FOR MEDICAL EDUCATION.**

## **§14-307.**

(a) To qualify for a license, an applicant shall be an individual who meets the requirements of this section.

(b) The applicant shall be of good moral character.

(c) The applicant shall be at least 18 years old.

(d) Except as provided in ~~§ 14-308~~ § 14-307.1 of this ~~[sub~~ **TITLE**, the applicant shall:

(1) (i) Have a degree of doctor of medicine from a medical school that is accredited by an accrediting organization that the Board recognizes in its regulations; and

(ii) Submit evidence acceptable to the Board of successful completion of 1 year of training in a postgraduate medical training program that is accredited by an accrediting organization that the Board recognizes in its regulations; or

(2) (i) Have a degree of doctor of osteopathy from a school of osteopathy in the United States, its territories or possessions, ~~[Puerto Rico,]~~ or Canada that has standards for graduation equivalent to those established by the American Osteopathic Association; and

(ii) Submit evidence acceptable to the Board of successful completion of 1 year of training in a postgraduate medical training program accredited by an accrediting organization that the Board recognizes in its regulations.

(e) Except as otherwise provided in this subtitle, the applicant shall meet any education, certification, training, or examination requirements established by the Board.

(f) The applicant shall meet any other qualifications that the Board establishes in its regulations for license applicants.

(g) An otherwise qualified applicant who passes the examination after having failed the examination or any part of the examination 3 or more times may qualify for a license only if the applicant:

(1) Has successfully completed 2 or more years of a residency or fellowship accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association;

(2) (i) Has a minimum of 5 years of clinical practice of medicine:

1. In the United States or in Canada;

2. With at least 3 of the 5 years having occurred within 5 years of the date of the application; and

3. That occurred under a full unrestricted license to practice medicine; and

(ii) Has no disciplinary action pending and has had no disciplinary action taken against the applicant that would be grounds for discipline under § 14-404 of this title; or

(3) Is board certified.

(h) (1) The Board shall require as part of its examination or licensing procedures that an applicant for a license to practice medicine demonstrate an oral and written competency in the English language.

(2) Graduation from a recognized English-speaking undergraduate school or high school, including General Education Development (GED), after at least 3 years of enrollment, or from a recognized English-speaking professional school is acceptable as proof of proficiency in the oral and written communication of the English language under this section.

(3) By regulation, the Board shall develop a procedure for testing individuals who because of their speech impairment are unable to complete satisfactorily a Board approved standardized test of oral competency.

(4) If any disciplinary charges or action that involves a problem with the oral and written communication of the English language are brought against a licensee under this title, the Board shall require the licensee to take and pass a Board approved standardized test of oral and written competency.

(i) The applicant shall complete a criminal history records check in accordance with § 14-308.1 of this subtitle.

(j) (1) The Board shall license an applicant to practice medicine if:

(i) The applicant:

1. Became licensed or certified as a physician in another jurisdiction under requirements that the Board determines are substantially equivalent to the licensing requirements of this title;

2. Is in good standing under the laws of the other jurisdiction;

3. Submits an application to the Board on a form that the Board requires;  
and

4. Pays to the Board an application fee set by the Board; and

(ii) The jurisdiction in which the applicant is licensed or certified offers a similar reciprocal licensing process for individuals licensed to practice medicine by the Board.

(2) The Board shall adopt regulations to implement this subsection.

## **§14-307.1 INTERNATIONAL MEDICAL GRADUATES**

**(A) AN APPLICANT FOR A LICENSE IS EXEMPT FROM THE EDUCATIONAL REQUIREMENTS OF § 14-307 OF THIS SUBTITLE, IF THE APPLICANT:**

- (1) HAS STUDIED MEDICINE AT AN INTERNATIONAL MEDICAL SCHOOL;**
- (2) IS CERTIFIED BY THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES OR BY ITS SUCCESSOR AS APPROVED BY THE BOARD;**
- (3) PASSES A QUALIFYING EXAMINATION FOR INTERNATIONAL MEDICAL SCHOOL GRADUATES REQUIRED BY THE BOARD;**
- (4) MEETS ANY OTHER QUALIFICATIONS FOR INTERNATIONAL MEDICAL SCHOOL GRADUATES THAT THE BOARD ESTABLISHES IN ITS REGULATIONS FOR LICENSING OF APPLICANTS;**
- (5) SUBMITS ACCEPTABLE EVIDENCE TO THE BOARD OF THE REQUIREMENTS SET IN THE BOARD'S REGULATIONS; AND**
- (6) THE APPLICANT GRADUATED FROM ANY INTERNATIONAL MEDICAL SCHOOL AND SUBMITS EVIDENCE ACCEPTABLE TO THE BOARD OF SUCCESSFUL COMPLETION OF 2 YEARS OF POSTGRADUATE TRAINING IN AN ACCREDITED TRAINING PROGRAM.**

# §14-308. LIMITED LICENSE FOR INTERNATIONALLY TRAINED AND LICENSED PHYSICIANS

~~[(a) (1) In this section the following terms have the meanings indicated.~~

~~— (2) “Fifth pathway program” means a program that the Board approves in its regulations for a student who:~~

~~— (i) Has studied medicine at an international medical school;~~

~~— (ii) Was a United States citizen when the student enrolled in the international medical school; and~~

~~— (iii) Has completed all of the formal requirements for graduation from the international medical school, except for any social service or postgraduate requirements.~~

~~— (3) “International medical school” means a medical school located outside of the United States, its territories or possessions, Puerto Rico, or Canada.~~

~~— (b) An applicant for a license is exempt from the educational requirements of § 14-307 of this subtitle, if the applicant:~~

~~— (1) Has studied medicine at an international medical school;~~

~~— (2) Is certified by the Educational Commission for Foreign Medical Graduates or by its successor as approved by the Board;~~

~~— (3) Passes a qualifying examination for international medical school graduates required by the Board;~~

~~— (4) Meets any other qualifications for international medical school graduates that the Board establishes in its regulation for licensing of applicants;~~

~~— (5) Submits acceptable evidence to the Board of the requirements set in the Board’s regulations; and~~

~~— (6) Meets one of the following requirements:~~

~~— (i) The applicant graduated from any international medical school and submits evidence acceptable to the Board of successful completion of 2 years of training in a postgraduate medical education program accredited by an accrediting organization recognized by the Board; or~~

~~— (ii) The applicant successfully completed a fifth pathway program and submits evidence acceptable to the Board that the applicant:~~

~~1. Has a document issued by the international medical school certifying that the applicant completed all of the formal requirements of that school for the study of medicine, except for the postgraduate or social service components as required by the international country or its medical school;~~

~~2. Has successfully completed a fifth pathway program; and~~

~~3. Has successfully completed 2 years of training in a postgraduate medical education program following completion of a Board approved fifth pathway program.]~~

**(A) (1) BEGINNING OCTOBER 1, 2028, THE BOARD MAY ISSUE A LIMITED LICENSE TO PRACTICE MEDICINE TO A PHYSICIAN TRAINED AND LICENSED IN A FOREIGN COUNTRY WHO MEETS THE REQUIREMENTS OF THIS SECTION.**

**(2) THE TERM OF A LIMITED LICENSE ISSUED BY THE BOARD MAY NOT EXCEED 3 YEARS.**

**(3) A LIMITED LICENSE ISSUED BY THE BOARD UNDER THIS SECTION MAY NOT BE RENEWED.**

**(4) THIS SECTION DOES NOT APPLY TO:**

**(i) A PHYSICIAN WHO HAS COMPLETED ACGME-ACCREDITED RESIDENCY TRAINING IN THE UNITED STATES OR AOA RESIDENCY TRAINING, OR ROYAL COLLEGE OF PHYSICIANS AND SURGEONS-ACCREDITED RESIDENCY TRAINING IN CANADA; OR**

**(ii) A PHYSICIAN WHO PREVIOUSLY RESIDED IN OR HELD A MEDICAL LICENSE FROM THE UNITED STATES OR CANADA.**

**(B) TO BE ELIGIBLE FOR A LIMITED LICENSE, AN APPLICANT SHALL:**

**(1) HAVE RECEIVED A DEGREE OF DOCTOR OF MEDICINE OR ITS EQUIVALENT FROM A MEDICAL SCHOOL LOCATED OUTSIDE THE UNITED STATES WITH RECOGNIZED ACCREDITATION STATUS FROM ECFMG;**

**(2) MEET THE REQUIREMENTS OF ONE OF THE FOLLOWING PATHWAYS:**

**(i) Pathway 1:**

**1. COMPLETED AT LEAST 2 YEARS OF TRAINING IN A RESIDENCY PROGRAM:**

**A. ACCREDITED BY ACGME-I;**

**B. IN A COUNTRY WHOSE GME ACCREDITING AGENCY HAS BEEN RECOGNIZED BY THE WFME; OR**

**C. ACCREDITED BY ANOTHER ACCREDITATION  
AUTHORITY APPROVED BY THE BOARD; AND**

**2. BEEN LICENSED OR OTHERWISE AUTHORIZED TO  
PRACTICE MEDICINE IN A COUNTRY OTHER THAN THE UNITED  
STATES FOR AT LEAST THREE (3) YEARS WITH A MEDICAL LICENSE  
IN GOOD STANDING; OR**

**(ii) PATHWAY 2:**

**1. HAS PRACTICED MEDICINE IN A COUNTRY OTHER THAN  
THE UNITED STATES FOR AT LEAST 5 OUT OF THE 10 YEARS  
IMMEDIATELY PRECEDING THE APPLICATION FOR A LIMITED  
LICENSE;**

**(3) HAVE BEEN IN GOOD STANDING WITH THE MEDICAL LICENSING OR  
REGULATORY AUTHORITY IN THE FOREIGN COUNTRY AT THE TIME OF  
DEPARTURE OR AS APPROVED BY THE BOARD ON A CASE-BY-CASE BASIS  
WHEN REASONABLE EFFORTS TO OBTAIN THE REQUIRED LICENSURE STATUS  
HAVE BEEN UNSUCCESSFUL;**

**(4) HAVE NO PENDING DISCIPLINARY MATTERS BEFORE ANY LICENSING  
OR REGULATORY BODY;**

**(5) BE OF GOOD MORAL CHARACTER;**

**(6) HAVE AN OFFER OF EMPLOYMENT WITH A PARTICIPATING  
HEALTHCARE FACILITY THAT WILL EVALUATE THE PHYSICIAN'S  
NONCLINICAL SKILLS AND FAMILIARITY WITH STANDARDS APPROPRIATE FOR  
MEDICAL PRACTICE IN MARYLAND;**

**(7) ENTER A FULL-TIME EMPLOYMENT RELATIONSHIP WITH THE  
PARTICIPATING HEALTHCARE FACILITY THAT HAS MADE THE OFFER OF  
EMPLOYMENT IN SUBSECTION (6);**

**(8) PRACTICE MEDICINE SOLELY AT FACILITIES OPERATED BY THE  
PARTICIPATING HEALTHCARE FACILITY AS AUTHORIZED BY THE LIMITED  
LICENSE ISSUED BY THE BOARD; AND**

**(9) SATISFY ANY OTHER CRITERIA ESTABLISHED BY THE BOARD FOR  
ISSUANCE OF A LIMITED LICENSE UNDER THIS SECTION.**

**(C) THE BOARD MAY DETERMINE AN APPLICANT INELIGIBLE FOR LICENSURE  
IF THE APPLICANT HAD:**

**(1) A PREVIOUS DISCIPLINARY ACTION;**

**(2) DISCIPLINE OR COMPETENCY ISSUES DURING THE APPLICANT'S POSTGRADUATE TRAINING; OR**

**(3) THE APPLICANT DOES NOT SUBMIT EVIDENCE ACCEPTABLE TO THE BOARD THAT THE APPLICANT MEETS THE REQUIREMENTS FOR A LIMITED LICENSE.**

**(D) THE BOARD MAY REVOKE A LIMITED LICENSE ISSUED UNDER THIS SECTION IF THE LICENSEE:**

**(1) PRACTICES OUTSIDE THE SCOPE OF THE LIMITED LICENSE;**

**(2) IS TERMINATED BY THE PARTICIPATING HEALTHCARE FACILITY;**

**(3) PRACTICES MEDICINE OUTSIDE OF THE STATE OF MARYLAND, UNLESS LICENSED IN THE OTHER STATE;**

**(4) THE LICENSEE HAS BEEN THE SUBJECT OF A DISCIPLINARY ACTION BY THE PARTICIPATING HEALTHCARE FACILITY OR THE BOARD; OR**

**(5) THE LICENSEE IS NO LONGER ELIGIBLE FOR THE LIMITED LICENSE.**

**(E) TO BE ELIGIBLE TO APPLY FOR A FULL MEDICAL LICENSE TO PRACTICE MEDICINE IN MARYLAND, AN INTERNATIONALLY-TRAINED PHYSICIAN SHALL PROVIDE THE BOARD WITH PROOF OF THE FOLLOWING:**

**(1) SUCCESSFUL COMPLETION OF THE PARTICIPATING HEALTHCARE FACILITY'S EVALUATION, WITH AN ATTESTATION FROM THE FACILITY'S CHIEF MEDICAL OFFICER, OR A PHYSICIAN IN AN EQUIVALENT POSITION, THAT THE INTERNATIONALLY TRAINED PHYSICIAN IS COMPETENT TO PRACTICE INDEPENDENTLY; AND**

**(2) ACHIEVEMENT OF A PASSING SCORE ON STEP 3 OF THE UNITED STATES MEDICAL LICENSING EXAMINATION.**

**(F) INTERNATIONALLY TRAINED PHYSICIANS MAY OBTAIN EMPLOYMENT OUTSIDE OF THE PARTICIPATING HEALTHCARE FACILITY AFTER RECEIVING FULL LICENSURE.**

**(G) THE BOARD MAY PROMULGATE REGULATIONS NECESSARY FOR THE IMPLEMENTATION, ADMINISTRATION, AND ENFORCEMENT OF THIS SECTION.**

**SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2026.**



# Maryland Board of Physicians

## **Final Report**

Workgroup to Study Licensure of Foreign-Trained  
Physicians (FTPs) and International  
Medical Graduates (IMGs) in Maryland

*Harbhajan Ajrawat, M.D., Chair*  
*Christine A. Farrelly, Executive Director*

# Workgroup Information

**Meeting 1:** August 28, 2024    **Meeting 2:** September 25, 2024    **Meeting 3:** November 20, 2024

**Invitees:** AltaMed, Council of Canada, House Health and Government Operations Committee, Maryland Board of Physicians, Maryland Hospital Association, Maryland Legislative Coalition, MedChi, Office of Government Affairs, Office of Minority Health and Health Disparities, Public Health Services, Senate Finance Committee, State Office of Rural Health, Rural Maryland Council

**Attendees:**

Harbhajan Ajrawat, M.D.....Chair, Maryland Board of Physicians  
Mark Olszyk, M.D.....Vice Chair, Maryland Board of Physicians  
Vinu Ganti, M.D.....Board Member, Board of Physicians  
Richard Scholz, M.D.....Board Member, Board of Physicians  
Senator Pam Beidle.....Senate Finance Committee Chair  
Nancy Crawford.....Chief of Staff (Sen. Pam Beidle)  
Senator Clarence Lam, M.D.....Senate Finance Committee  
Scott Tiffin.....Chief of Staff (Sen. Clarence Lam)  
Nathan McCurdy.....Senate Finance Committee Counsel  
Delegate Terri Hill, M.D.....House Health and Government Operations Committee  
Lindsay Rowe.....House Health and Government Operations Committee Counsel  
Steve Wise.....MedChi  
Loralie Ma, M.D.....MedChi  
Jane Krienke.....Maryland Hospital Association  
Meghan Lynch.....Office of Governmental Affairs  
Samuel Paul.....Office of Governmental Affairs  
Camille Blake Fall.....Office of Minority Health and Health Disparities  
Kimberly Hiner.....Office of Population Health Improvement  
Elizabeth Vaidya.....Office of Population Health  
Michelle Darling.....Office of Population Health Improvement  
Padmini Ranasinghe, M.D.....John Hopkins School of Medicine  
Stephen Selinger.....Luminis Health  
Ilan Shapira, M.D.....AltaMed  
Humayun “Hank” Chaudhry, D.O.....Federation of State Medical Boards  
Shafat Hassan.....

**Board Staff:**

Christine A Farrelly.....Executive Director  
Ellen D. Smith.....Deputy Director  
Matthew Dudzic.....Manager of Policy and Legislation  
Michael Tran.....Health Policy Analyst  
Madeline DelGreco.....Health Policy Analyst  
Oriell Harris.....Health Policy Analyst Associate  
Lisa Dorsey.....Physician Licensure Supervisor

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# Definitions

For the purposes of this report, the term “IMGs” will refer to international medical graduates who obtained a doctor of medicine degree outside of the United States but who have not obtained a license to practice medicine and do not have clinical experience. IMGs are required to complete postgraduate training and have several pathways to licensure in Maryland and the U.S.

Foreign-trained physicians (FTPs), on the other hand, are fully trained physicians who hold a license in good standing with a medical licensing agency or regulatory authority in a country outside of the United States or Canada and have some clinical experience practicing as physicians internationally.

## Executive Summary

The Workgroup to Study Licensure of Foreign-Trained Physicians (FTPs) and International Medical Graduates (IMGs) in Maryland, referred to in this report as the Workgroup, was established by the Maryland Board of Physicians (the Board) following discussion during the 2024 legislative session of the Maryland General Assembly. In response to House Bill 1054, introduced by the Honorable Delegate Terri L. Hill, MD, the Board offered to convene a stakeholder workgroup to explore issues surrounding the licensure of IMGs and FTPs in Maryland.

The Workgroup reviewed various resources, including barriers that IMGs and FTPs currently face in Maryland, additional licensure models from other states, information from the Federation of State Medical Boards, and the preliminary recommendations of the Advisory Commission on Additional Licensing Models (the Commission).

At the conclusion of the meetings, the Workgroup developed recommendations for establishing an additional licensure pathway for FTPs in Maryland. This pathway would eliminate the requirement to complete a postgraduate training program in the United States or Canada, but still require postgraduate training that is substantially similar to a postgraduate training program in the U.S. The recommendations in this report account for ongoing research from the Commission, the available data from policy implementation in other states, and a review of the resources available to state medical boards.

## Background

During the 2024 legislative session of the Maryland General Assembly, the Honorable Delegate Terri L. Hill, MD, introduced House Bill 1054 (HB 1054). HB 1054 was intended to create a pathway to licensure for foreign-trained physicians (FTPs) currently residing in Maryland. To qualify through the pathway model established by the bill, a foreign practicing physician would be required to:

- Have graduated from a foreign medical school;

- Have practiced for at least 5 years before the date of the application;
- Be in good standing with the medical licensing agency or regulatory authority in their country of principal licensure;
- Have an offer of employment as a physician from a Maryland health care provider that operates a postgraduate training program; and
- Maintain a logbook of patients seen during the first 2 years of licensure.

Pursuant to HB 1054, as introduced, the Board would be required to issue a license for a two-year term to foreign practicing physicians who meet these qualifications. Before renewal of the license, the foreign practicing physician would be required to undergo an assessment and examination, including a review of the physician's logbook and an assessment of a subset of cases. To administer this examination, HB 1054 would have established a consortium of postgraduate medical education programs under the authority of the Board and tasked the consortium to develop, implement, and administer the examination.

While the Board acknowledged the importance of addressing the current process for IMGs and FTPs, it was concerned that the consortium model proposed under HB 1054 exceeded the Board's resources and expertise. Establishing a consortium of postgraduate medical education programs and developing and administering an examination and review process for FTPs would require a significant outlay of financial and employee resources. The Board proposed further studying this issue, including a review of other state models, and reporting back to the Maryland General Assembly by December 2024. Following the hearing and a commitment by the Board to convene a stakeholder workgroup to address these issues, the sponsor withdrew the bill.

In a letter to the Board dated March 11, 2024, the Honorable Delegate Joseline A. Peña-Melnyk, Chair of the Health and Government Operations Committee, formally requested that the Board convene a workgroup during the interim to examine licensure pathways for foreign practicing physicians, including:

- The licensure process for foreign practicing physicians in the State;
- Barriers faced by foreign practicing physicians from pursuing State licensure;
- The licensure processes for foreign practicing physicians in other states;
- Options to improve the licensure process for foreign practicing physicians in the State; and
- Methods to ensure the accurate verification of training and experience for foreign practicing physicians.

The letter requested the Board to submit a final report and recommendations to the Health and Government Operations Committee of the Maryland House of Delegates on or before December 1, 2024.

The Workgroup met three times during the interim, in August, September, and November 2024. These meetings were open to the public and included members of the legislature, as well as representatives from the Board, the Maryland Department of Health, MedChi, the Maryland

Hospital Association, the Federation of State Medical Boards, Johns Hopkins School of Medicine, and other interested stakeholders.

## **Qualifications for Physician Licensure in Maryland:**

There are three core components to determining whether an applicant is qualified to practice medicine in Maryland and other states: medical education, postgraduate training, and national medical licensing examinations.

### **Medical Education Requirements:**

To obtain a medical license in Maryland, applicants must possess a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree from a recognized medical school. In the United States and Canada, the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA) accredits qualifying medical schools.

### **Postgraduate Training:**

- American Medical Graduates (AMGs):

Following medical school graduation, AMGs must complete at least one year of postgraduate training at an accredited clinical medical education program. Accredited programs are overseen by the Accreditation Council for Graduate Medical Education (ACGME), the AOA, or the Royal College of Physicians and Surgeons of Canada (RCPSC).

- International Medical Graduates (IMGs):

Following medical school, IMGs must complete two years of postgraduate training in a clinical medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the AOA, or the Royal College of Physicians and Surgeons of Canada (RCPSC).

- Foreign Trained Physicians (FTPs):

Under current requirements, an FTP would be required to complete two years of postgraduate training in a clinical medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the AOA, or the Royal College of Physicians and Surgeons of Canada (RCPSC).

### **Medical Licensing Examinations:**

Applicants must achieve a passing score on all components of a nationally approved medical examination. The most common options are the United States Medical Licensure Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA).

## Additional Requirements for International Medical Graduates (IMGs):

International Medical Graduates (IMGs) are required to have Educational Commission for Foreign Medical Graduates (ECFMG) Certification for licensure. This is the standard for evaluating the qualifications of IMGs entering the U.S. healthcare system and includes requirements for medical schools, examination requirements (including USMLE Step 1 and Step 2 Clinical Knowledge, among other requirements), and verification of medical education credentials directly with the issuing institution. ECFMG certification is currently required for IMG licensure<sup>1</sup> because it assesses whether IMGs are ready to enter U.S. graduate medical postgraduate training programs accredited by the ACGME.

IMGs are eligible for various pathways to licensure once they complete these steps.

## **Existing Licensure Pathways for IMGs and FTPs:**

There are currently multiple pathways in which an individual who graduated from an international medical school may apply for licensure in Maryland.

### Traditional Licensure Pathway for IMGs and FTPs:

An applicant for initial licensure who has graduated from an international medical school must have:

- Graduated from a medical school and successfully completed the requirements for and obtained Education Commission on Foreign Medical Graduates (ECFMG) certification;
- Successfully completed 2 years of postgraduate training at a program accredited by ACGME; and
- Achieved a passing score on an examination approved by the Board (Generally the USMLE).

### Licensure By Conceded Eminence for FTPs:

The Board has the authority to grant licensure by conceded eminence. This process allows the dean of a medical school or the director of the National Institutes of Health to sponsor experienced physicians from other countries. Applicants must submit evidence of teaching, research, publications, or other achievements to demonstrate eminence in the profession.

### Limited Postgraduate Teaching License for FTPs:

A postgraduate teaching license authorizes an individual to teach at a medical university for up to two years. A licensee with a postgraduate teaching license may only practice medicine in conjunction with their teaching responsibilities and may only practice within the teaching institution and program specified in their application for licensure. An initial postgraduate teaching license will be valid for a one-year term and may be renewed once for another one-year term. To qualify, individuals must meet certain requirements.

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<sup>1</sup> <https://www.ecfmg.org/certification-pathways/>

# Workgroup Focus

## Barriers for FTPs:

Although not the focus of this report, the Workgroup acknowledges that many inherent factors may impact FTPs relocating to the U.S., including, but not limited to:

- Lack of familiarity with the U.S. healthcare system and licensure requirements;
- Loss of professional identity;
- Limited English proficiency;
- Lack of a professional network in Maryland and the U.S. generally; and
- Resource constraints of working “survival” jobs to meet family obligations

Additionally, there are also systemic barriers such as:

- Lack of financial assistance to cover licensing/testing/other fees;
- Lack of dedicated support from workforce and adult education bodies, and higher education systems to help navigate barriers;
- English proficiency standards for licensure; and,
- Complexity and state-by-state differences in licensure requirements.

The Workgroup identified several barriers specific to practicing medicine that FTPs and IMGs may face when attempting to obtain a license in Maryland:

### Immigration Status:

As several other states have identified, U.S. federal immigration and visa requirements impact the ability of those who are not U.S. citizens or permanent U.S. residents to use any additional pathway, so many FTPs may not be able to take advantage of additional pathways. The Workgroup mentioned this topic but did not discuss it.

### Limited Residency Slots:

IMGs and FTPs are required to complete 2 years of training in an accredited postgraduate training program, typically referred to as a medical residency. Residencies are an essential part of the licensure process, ensuring that applicants receive hands-on training and clinical experience in a supervised setting. Unfortunately, there are limited residency slots, and graduates must go through a highly competitive application process to match with a residency program, especially in high-demand specialties such as dermatology or neurosurgery.

This creates a potential bottleneck for U.S. graduates and IMGs, but IMGs bear the brunt. According to the National Residency Match Program (NRMP), in 2023, 27,788 graduates of U.S.

MD or DO programs applied for a match. Of the 27,788 graduates, 25,877 successfully matched into a residency program, for a match rate of 93.1%. However, for IMGs, these numbers were significantly lower. Among the 14,772 IMGs who applied for a match, only 9,045 successfully matched into a residency program, for a match rate of 61.2%.<sup>2</sup>

### Time Limits for Residency Slots (postgraduate training):

Many residency programs require applicants to have graduated from medical school within 5 years of applying, which further limits the available pool of residency slots for IMGs and FTPs.

### Redundant Requirements for FTPs:

Under current law, an FTP with years of clinical experience in another country seeking licensure through the traditional pathway would still be required to complete 2 years of postgraduate training and retake their examinations before becoming licensed in Maryland.

### Financial Burdens:

IMGs and FTPs face significant financial burdens when obtaining the credentials required for licensure in Maryland. Many of the costs associated with obtaining the qualifications for licensure must be paid upfront before the applicant begins earning any income. While medical residency programs have stipends for residents, this is still significantly lower than a physician's salary. According to the American Association of Medical Colleges' 2023 Survey of Resident/Fellow Stipends and Benefits, the median stipend of a first-year medical resident is \$62,722.<sup>3</sup>

## **Employment While Waiting for Residency Match:**

In addition to licensure pathways, last year, legislation provided an option for medical graduates, both AMGs and IMGs, who do not match into a residency or their preferred residency program on the first attempt. Although practitioners who utilize this option would not be licensed or employed as licensed physicians, this legislation provides an opportunity to participate in the healthcare workforce and allows practitioners to continue using their clinical skills while improving access to care for Marylanders.

Supervised Medical Graduates (SMGs): HB 757 - State Board of Physicians - Supervised Medical Graduates and Cardiovascular Invasive Specialists (Bridge to Medical Residency Act) passed as emergency legislation during the 2024 legislative session and was signed into law by the Governor on April 25, 2024. SMGs may practice for up to two years if they meet certain requirements, including working under the supervision of a licensed physician who is on the premises and immediately available to provide assistance.

## **National Collaboration:**

The Federation of State Medical Boards (FSMB), Intealth™, and the Accreditation Council for Graduate Medical Education (ACGME) formed the “Advisory Commission on Alternate Licensing

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<sup>2</sup> <https://www.nrmp.org/match-data/2024/06/results-and-data-2024-main-residency-match/>

<sup>3</sup> <https://www.aamc.org/media/8361/download>

Models” (the Advisory Commission) that includes representatives of national organizations representing medical schools, graduate medical education accreditation, IMG certification, specialty certification, and medical education, as well as representatives from several state medical boards.

The Advisory Commission was established in response to the increasing interest among state policymakers/legislators in addressing patient access and projected workforce shortages through legislation to advance additional licensing models enabling foreign-trained practicing physicians in various specialties to get licensed to practice medicine.

Its primary goal is to provide guidance on additional pathways to obtaining state licensure for physicians who have completed training and practiced outside the United States. The Advisory Commission issued its preliminary recommendations on October 2, 2024 (see below). The recommendations are meant to guide states as they introduce and implement these proposals so that there is a consistent approach that protects patients and assures the readiness of these physicians to practice in the American healthcare system while improving access to care, which are shared goals among this Workgroup and the Advisory Commission. Additional guidance from the Advisory Commission will be available in 2025.

- 1. Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing additional licensure pathways.**
  - a.** States should empower their medical boards to promulgate rules and regulations should they choose to enact additional licensure pathway requirements for qualified, internationally trained physicians.
  - b.** State legislatures should ensure state medical boards have the necessary resources to fully implement, operationalize, and evaluate any new, additional licensure pathways including the ability to hire or assign staff with knowledge and understanding of licensing international medical graduates.
- 2. An offer of employment prior to application for an additional pathway.**
  - a.** States should require internationally trained physicians applying under an additional licensure pathway to have an offer of employment from a medical facility, as defined by the state medical board.
  - b.** State medical boards should have the authority to determine which medical facilities can supervise and assess the IMG’s proficiency and capabilities (e.g., an ACGME-accredited program, an FQHC, a CHC, an RHC or other state-licensed medical facility that has capacity and experience with medical education and assessment).
- 3. ECFMG Certification and graduation from a recognized medical school.**
  - a.** States should require ECFMG Certification for internationally trained physicians to enter an additional licensure pathway.
- 4. Completion of postgraduate training (PGT) outside the United States.**

- a. Completion of formal, accredited PGT outside the United States should be a requirement for entry into an additional licensure pathway.
  - b. State medical boards may make use of a variety of existing proxies for determining that a PGT program completed outside the United States is “substantively similar” for purposes of additional licensure pathway eligibility for internationally trained physicians, including whether the IMG’s program has been accredited by ACGME International (ACGME-I) and/or whether the IMG has completed an ACGME-accredited fellowship training program in the United States. Boards may also wish to ask the IMG to produce their training program’s curriculum (and case requirements, for surgical specialties) for review.
- 5. States should require internationally trained physicians applying for a license under an additional licensure pathway to be fully licensed, registered, or authorized to practice medicine in another country or jurisdiction and to provide evidence of medical practice experience of at least three years.
- 6. A limit on “time out of practice” before becoming eligible to apply for an additional licensure pathway.
  - a. States should consider limits on time out of practice for physicians entering additional licensing pathways that are consistent with re-entry to practice guidelines for other physician applicants within their jurisdiction.
- 7. A requirement for a period of temporary provisional licensure prior to eligibility to apply for a full and unrestricted license to practice medicine.
  - a. States should require a period of temporary provisional licensure for qualified internationally trained physicians under an additional licensure pathway before they become eligible to apply for a full and unrestricted license.
  - b. During their period of temporary provisional licensure, applicants should be supervised by licensed physicians within the same specialty as the applicant’s intended practice.
  - c. During this period of temporary provisional licensure, applicants should receive progressive assessment (as defined by the state medical boards and suggested in this section) and adequate support from the employer to help the international physician navigate and bridge cultural and boundary differences, including understanding billing, coding, and electronic health records.
- 8. Eligibility for a Full and Unrestricted Licensure (i.e., not automatic)
  - a. State medical boards in states that have enacted legislation to create additional licensing pathways for internationally trained physicians should work with their legislatures, where permitted, to retain their historic and statutory ability to exercise their due diligence and assess each applicant on their merits before they progress from provisional to full and unrestricted licensure.
  - b. State medical boards should add a requirement for passing USMLE Step 3 (as already required of all IMGs) for a full and unrestricted license and a proviso that the

applicant not have any disciplinary actions or investigations pending from their provisional licensure period.

9. Standard data collection requirements.

- a. State medical boards, assisted by partner organizations as may be necessary, should collect information that will facilitate the evaluation of these additional licensure pathways to make sure they are meeting their intended purpose. This information should include:
  - i. The number of applicants
  - ii. The number of internationally trained physicians receiving provisional licensure under the pathway and the number denied provisional licensure under the pathway
  - iii. The number of individuals achieving full and unrestricted licensure,
  - iv. The percentage of individuals that stay and practice in their specialty of training and in rural or underserved areas
  - v. The number of complaints received and disciplinary actions taken (if any)
  - vi. The practice setting and specialty of applicants
  - vii. The number of IMGs licensed through additional licensure pathways who ultimately remain in the United States versus returning to their home countries
  - viii. The number of individuals achieving specialty board certification
  - ix. The costs to the board of operating an additional licensing pathway

## **Licensure for IMGs and FTPs In Other States:**

In addition to considering the recommendations of FSMB's Advisory Commission on Alternate Licensing Models, the Workgroup conducted a review and policy analysis of other State legislation initiatives that are similarly focused on utilizing IMGs and FTPs to improve patient access to healthcare and address workforce shortages.

### **Other States' Legislative Initiatives:**

Since August of 2023, eight states have enacted legislation creating additional licensure pathways for IMGs and FTPs that do not require completion of ACGME-accredited training in the U.S. or Canada. As of November 20, 2024, only one license has been issued under these additional pathways. Tennessee issued a temporary license to a FTP to practice at a specific healthcare entity until the FTP has a Declaratory Hearing in January of 2025, to determine if the applicant will qualify for a full license. The applicant also completed a one-year fellowship in the U.S.

**Florida:**<sup>4</sup>

The Florida Board of Medicine may certify qualified IMGs and FTPs for licensure who have not met all the requirements typically needed for licensure by examination. Along with additional requirements, Florida law states that an applicant must complete “a residency or substantially similar postgraduate medical training in a country recognized by his or her licensing jurisdiction which is substantially similar to a residency program accredited by the ACGME, as determined by the board.”

**Louisiana:**<sup>5</sup>

The Louisiana legislature passed House Bill 972, and the governor signed it into law effective August 1st, 2024. The Louisiana law authorizes the State Board of Medical Examiners to grant a license to practice medicine in the State to an IMG who satisfies certain requirements. It further states that the IMG “shall submit documentation or a certification from a medical school whose curriculum is judged to be acceptable by the board.” The statute does not detail the criteria for how the Board will deem a foreign medical school’s curriculum acceptable, and as of this report, no rules or regulations have been fully promulgated.

**Wisconsin:**<sup>6</sup>

The Wisconsin Medical Examining Board may issue a provisional license to FTPs to practice within the State as a physician. The Wisconsin law, along with additional requirements, also uses the term “substantially similar” when stating the requirement for IMG licensure approval. The language in the law, “the applicant has completed a residency program or a postgraduate medical training program that is substantially similar to a residency program,” omits the requirement of ECFMG accreditation or certification of foreign medical education.

**Idaho:**<sup>7</sup>

House Bill 542 has an effective date of January 1st, 2025. This Idaho Law allows international physicians to apply for the licensure pathway so long as the applicant has graduated from any "medical education or training outside of the U.S. or Canada that is substantially similar" to the training required for physicians in Idaho and has been certified by ECFMG and completed a residency or PGT, practiced medicine for at least three years post-PGT or completed at least 500 hours of clinical experience. The provisional license issued to the FTP may convert to a full license after three years of practice if the FTP meets certain qualifications.

**Illinois:**<sup>8</sup>

Effective January 1, 2025, authorizes the Dept. of Financial and Professional Regulation (IDFPR) to issue limited licenses to qualified IMGs, pursuant to rules the IDFPR must adopt regarding qualifications and fees. According to the Illinois State Medical Society, IMGs “would work for two years with limited practice under supervision... in an area with a medical need or with a health professional who treats underserved populations.” Relatedly, HB 2948 (2023) creates a new ombudsman position within IDFPR to help eligible IMGs navigate the relicensing process.

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<sup>4</sup> <https://www.flsenate.gov/Session/Bill/2024/7016/?Tab=BillText>

<sup>5</sup> <https://www.legis.la.gov/Legis/ViewDocument.aspx?d=1380718>

<sup>6</sup> <https://docs.legis.wisconsin.gov/2023/related/proposals/ab954>

<sup>7</sup> <https://legislature.idaho.gov/sessioninfo/2024/legislation/h0542/>

<sup>8</sup> <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=778&GAID=17&DocTypeID=HB&SessionID=112&GA=103>

**Iowa:**<sup>9</sup>

The Iowa Board of Medicine may grant provisional licenses to IMGs that are graduates of foreign medical schools evaluated by the ECFMG, licensed and in good standing for the immediately preceding five years, have completed a residency or “substantially similar” PGT in their resident country, and have practiced medicine for at least five years following their PGT. The provisional license may be converted to a full license after three years of practice in good standing as long as the health care facility employed the licensee for the entirety of the three years and has passed a background check, among other administrative components.

**Tennessee:**<sup>10</sup>

Effective July 1, 2024, the Tennessee Medical Board may allow foreign medical graduates to obtain a temporary license of a limited duration if the applicant practiced as a physician for three years outside the U.S. and has an offer for employment as a physician in a Tennessee healthcare facility that operates a postgraduate training program accredited by the ACGME. The law further requires demonstrated competency as determined by the Board and completion of a 3-year postgraduate training program in the graduate’s licensing country. The Tennessee legislation was revised, and the new law is effective January 1, 2025, and includes additional requirements.<sup>11</sup>

**Virginia:**<sup>12</sup>

In April 2024, the Governor signed HB 995. HB 995 authorizes an FTP to receive a 2-year provisional license if the FTP obtains ECFMG certification, is licensed in another country, has five years of clinical experience, passed USMLE Steps 1 and 2, and has entered into an agreement with a medical care facility that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with standards appropriate for medical practice. The license is renewable only if the FTP agrees to work in an underserved area for two years, has successfully completed the participating medical care facility's assessment and evaluation program, will enter into a full-time employment agreement with a medical facility, and has passed Step 3 of the USMLE. An individual may apply for a full license only after the completion of the renewable term.

**Other States’ Programs (non-licensure):**

Other than establishing and requiring certain licensure criteria, some states, such as Maine and Massachusetts, have created workgroups like this to study the implementation and deployment of IMGs and FTPs to address healthcare workforce issues but have not yet enacted legislation.

**Maine:**<sup>13</sup>

Maine created the Commission Regarding Foreign-Trained Physicians Living in Maine to study integrating foreign-trained physicians, including physicians who identify as surgeons, living in the State into the health care workforce to best reflect their level of skills and training, with a focus on refugees and asylum seekers, and reducing barriers to licensing for foreign-trained physicians and physicians from other states. The Maine Commission reported to their legislature in January 2024 with 12 recommendations that seek to address utilizing IMGs and FTPs to respond to their

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<sup>9</sup> <https://www.legis.iowa.gov/legislation/BillBook?ga=90&ba=HF%202564>

<sup>10</sup> <https://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=SB1451&ga=113>

<sup>11</sup> <https://publications.tnsosfiles.com/acts/113/pub/pc0929.pdf>

<sup>12</sup> <https://legacylis.virginia.gov/cgi-bin/legp604.exe?241+ful+CHAP0464>

<sup>13</sup> <https://legislature.maine.gov/doc/10599>

healthcare workforce shortage. They included the creation of a fund and program to prepare and educate IMGs and FTPs for eligibility for a sponsorship or assistance program. These recommendations look deeper than legislation and onward to non-licensure means to assist IMGs and FTPs in returning to practicing medicine. Maine has not enacted legislation.

**Massachusetts:**<sup>14</sup>

Massachusetts enacted the Special Commission on Foreign-Trained Medical Professionals (The Massachusetts Commission) in 2019, and its findings were reported to the legislature in 2022. Its recommendations allow the state to make quantitative and qualitative-backed decisions in crafting legislation for licensing internationally trained health professionals to expand and improve medical services in rural and underserved areas. It suggests expanding the scope of the State’s Welcome Back Center to include support for other internationally trained health professionals. Massachusetts also points out that IMGs and FTPs do not just face a legal and regulatory barrier to licensure but also a financial barrier, as the expenses that accompany the licensure process (educational, test preparation classes, and exam and licensing fees) can be a costly burden and deterrence to career advancement for under-employed internationally trained professionals. Massachusetts has not enacted legislation.

## Workgroup Recommendations

While the Workgroup can make recommendations for FTPs related to the practice of medicine, the Workgroup believes that other groups, entities, agencies, and resources are necessary for a more comprehensive solution. The legislature may also want to consider a more formal task force that includes other internationally trained healthcare professionals, such as nurses, and those entities and agencies that can provide the necessary foundation for a successful transition to a healthcare-related career in Maryland.

The Workgroup recommends that eventual legislation is the best route to establishing an additional licensure pathway for FTPs. The legislation would eliminate the requirement that FTPs complete an ACGME-accredited postgraduate training program in the U.S. or Canada; however, FTPs would be required to have already completed at least two years of postgraduate training equivalent to an ACGME-accredited U.S. postgraduate residency.

Based on the research and information presented to the Workgroup, the Workgroup has agreed upon a variety of recommendations that are necessary for any legislation proposed:

- Monitor the activities and recommendations of the “Advisory Commission on Additional Licensing Models.” The Advisory Commission’s purpose of supporting the alignment of policies, regulations, and statutes and providing clarity and specificity to statutory and procedural language to better protect the public aligns with the mission of the Maryland Board of Physicians and this Workgroup.
- Monitor the enactment and progress of other State legislation on implementing IMGs and FTPs additional licensure pathways. This would include monitoring and analyzing current studies, data, other states’ activities, and outcomes as they become available. The

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<sup>14</sup> <https://malegislature.gov/Bills/192/SD3237>

Workgroup also recommends monitoring and analyzing other States' progress in enacting and implementing legislation regarding the utilization of IMGs and FTPs to bolster their State's healthcare workforce.

- Enhanced Online Resources (Administrative). All Boards should revise and reorganize licensing information on websites to better inform internationally trained health professionals of licensing requirements and processes.
- Licensing Guides (Administrative). All Boards should develop easy-to-follow licensing guides to better inform internationally trained health professionals of licensing requirements and processes.

Due to the recency of legislation, there is extremely limited information on implementing policies, plans, and processes in other states related to FTPs and IMGs. Other states have had proposals that omitted or bypassed specific requirements related to U.S. postgraduate training designed to ensure physicians have acquired the necessary knowledge, skills, and abilities to provide safe and competent patient care.

Although studying and analyzing these states' implementation may delay our own legislation, Maryland can gain valuable insights into the logistical and regulatory challenges the other states faced during the proposal and implementation phases of their new policies. This knowledge will be instrumental in the Maryland General Assembly passing concrete, evidence-based legislation that can successfully create a pathway for FTPs. Ultimately, this approach aims to bolster the State's physician workforce through well-informed and proven means that enhance patient access to quality care and support the needs of diverse patient populations in the State.

## **Workgroup Recommendation: Pathway to Full Licensure**

The Workgroup recommends proposing legislation in collaboration with the Board of Physicians that incorporates the Workgroup's recommendations and aligns, to the extent practicable, with national standards and processes. The legislation should allow the Board to develop regulations.

## **Delayed Implementation of Legislation:**

At this time, legislation may be premature. If legislation is proposed in 2025, it should have a delayed implementation date of at least October 1, 2027, so that the forthcoming Advisory Commission recommendations on additional areas, such as determining equivalency of postgraduate training, can be included. In addition, a delayed effective date will allow modifications to legislation as best practices in other states and jurisdictions are established. There is very limited data on the implementation of similar policies in other states, and there are additional forthcoming recommendations from the Advisory Commission that the legislature should consider before enacting legislation.

Given that there are no existing resources and infrastructure to properly enact legislation at this time, the impact of legislation may be delayed for years to come. For example, as mentioned previously in this report, there is no accrediting or verification body for postgraduate training or medical education received in other countries. Therefore, determining "substantially equivalent"

would be very difficult, if not impossible, depending on where the physician applicant attended medical school, completed postgraduate training, and obtained the required clinical experience.

## **Minimum Requirements for an Additional Licensure Pathway:**

The Workgroup agreed, by consensus, on the following minimum requirements for any legislation that creates an additional pathway for FTPs:

### **1. Eligibility Criteria:**

- a.** License: Must be in good standing with the medical licensing or regulatory authority in another country to verify the physician's discipline and criminal background history.
- b.** Medical Education: Graduation from a recognized medical school.
- c.** ECFMG certification: Must hold this certification. Many other States that have enacted legislation for the utilization and deployment of IMGs or FTPs to address healthcare workforce shortages have specifically required ECFMG accreditation of a foreign medical program or the certification of the applicant by ECFMG.
- d.** English language proficiency: Must demonstrate English language proficiency.

### **2. Clinical Training and Experience**

- a.** Postgraduate training: Must complete at least 2 years of postgraduate training equivalent to an ACGME-accredited U.S. postgraduate residency. Must have had no discipline or competency issues during the training.
- b.** Clinical Practice Experience: Must have been practicing for a minimum of 5 years immediately preceding the application for licensure.

### **3. Licensing Examinations**

- a.** Examination: Must pass Steps I, II, and III of the USMLE to be licensed. Additionally, they must have no pending disciplinary actions or investigations.

### **4. Employment and Practice Restrictions**

- a.** Employment: The Workgroup discussed the concept of a “sponsoring” employer and supervision but did not reach a consensus. The Workgroup acknowledges that some of these areas will require additional discussions and study to flesh out details.
- b.** Note: All states that have enacted additional pathways have statutorily required an offer of employment from a medical facility, as defined by the State’s Medical Board. The general regulatory scheme is that the FTP, during their initial term of licensure, may only practice medicine at a hospital or other facility that is licensed by the State and performs independent credentialing under the supervision of a

physician in the same specialty. The employer must be mandated to report any standard-of-care or disciplinary-related issues to the Board.

**5. Licensure Type, Duration, and Renewal:**

- a. License issued in Maryland: The Workgroup agreed that a license issued would be a provisional, special category of licensure that is time-limited, not "temporary." The legislature may want to consider that upon renewal, the FTP would be required to serve in a rural or underserved area, similar to Virginia's model.

**6. State Residency, Nexus, and Commitment to the State**

- a. Residency in Maryland: The applicant should have a nexus with the State of Maryland. Several states require that an individual has lived in that State for at least one year before they would qualify.
- b. Service in Maryland: Additionally, the legislature should consider mandating service through a commitment to serve Maryland patients for at least five years.

Any proposed legislation should authorize the Board of Physicians to develop a pathway to full licensure for physicians previously authorized to practice medicine outside the United States and develop regulations to implement the pathway. This pathway would include the Workgroup's recommendations, including one to two years of mentored/supervised, limited licensure in a licensed medical facility approved by the Board, resulting in eligibility for a full, unrestricted license after demonstrated competence. FTPs would be required to complete all other licensure requirements, such as a good moral character and a criminal history record check.

## **Remaining Unresolved Issues**

### **Potential Health Equity Concerns:**

#### The "Brain Drain" Phenomenon:

Concerns have been raised in low- and middle-income countries about migrating physicians to high-income countries, a phenomenon colloquially referred to as the "brain drain."

One example in which physician emigration negatively affects the health care system in the other country is Egypt. Egypt is experiencing a significant physician shortage partially due to the "brain drain" phenomenon. It was estimated that 11,500 doctors left Egypt's public health sector between 2019 and 2022 to pursue employment in other countries. In 2023, it was estimated that Egypt's physician-patient ratio was 7.09 physicians per 10,000 population.<sup>15</sup> Comparatively, Maryland has a physician-patient ratio of 39.7 physicians per 10,000 population.

This threatens the sustainability of health systems in low and middle-income countries by:

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<sup>15</sup> <https://www.washingtonpost.com/world/2023/02/26/egypt-doctors-economic-crisis/>

- Negatively impacting the physician-patient ratio;
- Enhancing health disparities within the low-and-middle-income countries, especially for their vulnerable and/or rural communities;
- Widening worldwide health gaps;
- Depleting the healthcare resources in the low-and-middle-income countries; and,
- Increasing the workload of the existing physicians in the low-and-middle-income countries.

### Concerns for Rural Areas:

It is also important to recognize that a high percentage of IMGs and FTPs practice in rural areas. This may be partially due to visa obligations. Most residents who come to the U.S. to train are using the J-1 Visa, which is valid for up to seven years. The Maryland Conrad 30 (J-1 Visa Waiver) Program is a program by which the Maryland Department of Health can recommend up to 30 J-1 Visa Waiver physicians per year to be granted through U.S. Citizenship and Immigration Services. Physicians receive a waiver from returning to their home country following training in the United States in exchange for a 3-year service obligation. The majority of Conrad 30 physicians work in federally-designated Health Professional Shortage Areas, which are more often found in Maryland's rural areas and Baltimore City. Additional J-1 Visa Waivers are available via programs such as U.S. Health and Human Services and the Appalachian Regional Commission J-1 Programs.

The use of IMGs and FTPs is a viable option to increase the number of physicians in rural and/or other underserved areas, but it is essential to uphold the current training, clinical, and educational standards expected of physicians in any additional licensure pathway. The tendency for IMGs and FTPs to work in rural areas raises concerns about creating increased disparities between rural and urban areas if legislation establishing an additional pathway does not have appropriate requirements and safeguards. Rural and underserved areas should not have less qualified individuals providing healthcare, which could occur without purposeful and precise expansion of licensure pathways.

## **Board Operational and Regulatory Concerns:**

At the final Workgroup meeting, Board staff identified various operational and implementation related concerns, most of which involve the inability to verify an FTP's medical education, postgraduate training program, and years of clinical experience. Some countries have comparable medical schools and training programs; however, some countries have not evaluated them.

### Lack of methods to ensure the accurate verification of medical education, postgraduate training, and clinical experience for FTPs:

Currently, the Maryland Board has no methods to ensure the accurate verification of medical education or postgraduate training for FTPs who have not completed the ECFMG credentialing process. Even through the ECFMG certification process, not all medical schools or international postgraduate training programs have been evaluated. There is a World Directory of Medical

Schools; however, the listing or inclusion of a medical school in its database does not connote accreditation or endorsement.<sup>16</sup>

Further, the Maryland Board has no methods available to ensure the accurate verification of clinical experience. There is no system in place to verify the clinical practice of an FTP. Other countries may not have centralized reporting for employment-related or quality-of-care issues. In the U.S., all medical boards, hospitals, other entities, insurance companies, and others must report adverse actions to the National Practitioner Database (NPDB).

Without critical evaluation, the Board could not determine whether the medical education, postgraduate training, and clinical experience have prepared an FTP to practice competently in Maryland.

### Lack of international accreditation infrastructure necessary to ensure accurate verification for certain medical schools and international postgraduate training programs:

Some existing bodies, such as the ECFMG, the ACGME-I, and the World Federation for Medical Education (WFME),<sup>17</sup> have taken steps toward addressing the lack of accreditation.

However, these credential-related issues still need to be resolved.

### Lack of Objective “Equivalency” Criteria:

The criteria for graduates of U.S./Canadian medical schools, IMGs, and FTPs to receive medical licensure must be equal. There has been concern about protecting the educational and training standards and expectations for all medical licensees in creating additional licensure pathways for IMGs and FTPs. An international postgraduate training program should be substantially equivalent to an ACGME postgraduate program.

Many States that have enacted legislation for the utilization and deployment of IMGs or FTPs to address healthcare workforce shortages have specifically required ECFMG accreditation of a foreign medical program or the certification of the applicant by ECFMG. The Workgroup and the Advisory Commission recommend that this requirement be in place for future legislation to maintain quality healthcare access within Maryland and the Nation. Without the requirement for accreditation of a foreign medical school or program by ECFMG or a similar credible body, the onus of verifying medical training, postgraduate education, and experience may fall to the Board.

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<sup>16</sup> The World Directory of Medical Schools states that, “The listing of a medical school in the World Directory of Medical Schools does not denote recognition, accreditation, or endorsement by the World Directory of Medical Schools or by its partner organizations, WFME and FAIMER. Similarly, the listing of a medical school in the World Directory of Medical Schools does not denote recognition, accreditation, or endorsement by any or all of the sponsors of the World Directory of Medical Schools, except where this is expressly stated either on the website of the World Directory or on the website or other literature of any sponsor.

<sup>17</sup> WFME maintains a list of over 3,500 medical schools but does not denote the quality of medical education. WFME has a variety of current and upcoming accrediting programs for medical education and postgraduate training (coming in 2025), but there is not yet a system in place.

## **Board Resources and Fiscal Considerations:**

Given the pending questions that may delay and/or complicate the implementation of any additional licensure pathway, it is highly likely that no IMGs or FTPs would qualify for licensure as a physician through this additional pathway. However, this does not mean the Board will not receive a flood of applications requiring review once legislation passes. Estimating conservatively, the Board would likely need a minimum of one licensure analyst to support this licensure pathway. The cost of one Licensure Analyst position would be \$91,538 (Grade 14, Step 15 \$69,721 salary and fringe). Virginia estimated that one staff person would be required to staff the additional pathway for \$97,476.00, and Illinois also requested one staff person to support the additional pathway.

There is no system in place or entity to evaluate non-recognized medical schools, nor is there a process to accredit or determine that an international postgraduate training program is equivalent to an ACGME-accredited program. Verification of clinical experience will also be challenging for the Board.

The Cicero Institute advised that a medical board should hire 4 FTEs and estimated the approximate cost of reviewing postgraduate programs to be \$600,000.00 per year. It also recommended charging residency program applicants a fee of \$25,000.00 per application and individual provider applicants a fee of \$3,000.00 per application.<sup>18</sup> Additional staff would be required to perform equivalency reviews for medical schools.

If legislation is passed before establishing an international accreditation system, the onus of verifying that a medical school, postgraduate training, and clinical experience are “substantially equivalent” will fall to the Board. If the Board is required to undertake these reviews, the Board would need the staff and resources to do so. The Board would have to evaluate the curricula of medical schools, postgraduate training programs, and case requirements, particularly for surgical specialties. The Board anticipates expending significant effort to obtain documentation from international medical schools and postgraduate training programs. The Board would then submit the documentation obtained to an expert in the field to determine equivalency.

To obtain the required expertise, the Board would have to develop a procurement for solicitation to find a vendor to perform these reviews or hire individual experts with the appropriate education and background. The Board would further need to obtain primary source verification for all documentation submitted by applicants concerning their licensure, employment, practice history, disciplinary history, and criminal history. The Board would also need all primary source documents translated into English to facilitate review. Given these additional tasks, the Board would require more positions and resources. The necessary full-time position, a contract, or expert reviews, and additional resources were not part of the Workgroup’s discussions, but the Board anticipates the cost of implementing the FTP pathway may be in the range of \$2 million dollars. It should be noted that the Board is special-funded and has a fund balance that could be used toward implementation and hiring a full-time licensure analyst.

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<sup>18</sup> For a description of the proposed review process included in the White Paper, see <https://ciceroinstitute.org/research/overview-of-a-pathway-to-practice-for-foreign-trained-physicians/> (accessed 10/28/2024).

## **Challenges for FTPs Seeking Additional Pathway:**

If a physician is licensed through this additional pathway, they will continue to face challenges, including the inability to obtain Board Certification, licensure in a State other than Maryland, provider status on insurance panels, hospital privileges, and limited employment opportunities.