



Opening Pathways to Practice for Internationally Trained Physicians

The United States currently **faces a severe shortage of practicing physicians**, projected to reach a shortfall of 37,800 – 124,000 physicians in both primary and specialty care by 2034. Internationally trained physicians, also known as international medical graduates (IMGs), could help bridge this gap—but systemic barriers often prevent them from reentering the health care workforce. Some U.S. states have addressed these barriers by reforming licensing laws, establishing career readiness programs, or forming work groups or commissions to explore barriers and identify policy solutions. Many of the new laws and training programs require that candidates serve in rural and underserved areas upon achieving licensure.

Barriers to Practice

Becoming licensed as a physician in the U.S. requires several steps: graduating medical school, passing the multi-step United States Medical Licensing Examination (USMLE), and completing a U.S. post-graduate clinical training program called a “residency” even if the candidate already completed such training in another country. For IMGs, there are barriers at every step, but securing a residency is by far the greatest obstacle. Because residency slots are **federally funded** and the funding remained frozen for 23 years, slots are scarce and competition for them is fierce. In 2022, only 59% of IMG applicants received a residency “match,” vs. 78% of U.S.-trained applicants. Because the residency barrier to licensure is so significant, many states are exploring different ways to facilitate IMG access to the required post-graduate clinical training.

Pathways to Physician Practice: Reforming Licensing Laws

Minnesota has expanded the number of residency slots available to IMGs in that state by allocating state funding for one to two additional residencies each year.

In **Arkansas**, two consecutive years of medical practice under an academic license can now qualify an IMG for full medical licensure without needing to complete a U.S. residency. In **Virginia**, eligible internationally trained physicians may apply for a “limited professorial license” or “limited fellow license” to practice medicine in teaching hospitals and clinics. **Five consecutive years** of practice under a limited professorial license may qualify eligible candidates for full licensure.

Washington has created a limited “**clinical experience license**” for medical graduates who do not yet qualify for full licensure, so they can gain clinical experience in an approved setting. Washington also



allows IMGs of “**exceptional ability**” to be exempted from the requirement to complete a residency for licensure. **West Virginia** and **Washington**, too, have created special categories of “restricted” or “limited” physician licensure for eligible IMGs with exceptional professional credentials, which eliminate the residency requirement.

Eligible IMGs in **Missouri** may be licensed as assistant physicians, who must work under a collaborative practice agreement with a fully licensed physician, may only provide primary care services, and may only work in medically underserved areas of Missouri.

In **Colorado**, the pending “reentry license” will allow eligible internationally trained physicians to apply for a full unrestricted license after passing an educational program and evaluation. In the majority of Canadian provinces, the **Practice Ready Assessment (PRA)** creates an alternative pathway to licensure for IMGs who complete the 12-week clinical field assessment.

Career Readiness Programs

The **International Medical Graduate (IMG) Program** at the David Geffen School of Medicine at UCLA, permanently authorized by **statute**, **prepares** IMGs to apply for residency in the U.S.

Minnesota’s International Medical Graduate Assistance Program, in addition to funding residency slots, works with non-profit and university partners to provide **career guidance**, **clinical preparation**, and **residency preparation** programs. The legislation that established the re-entry license in Colorado also created **programming** to educate, guide, and provide scholarships to IMGs seeking physician licensure.

The same Washington law that created the **clinical experience license** also authorized a **grant process** to fund entities offering either career guidance or supervised clinical training programs to prepare IMGs for residency.

Work Groups and Commissions

Illinois, **Maryland**, **Massachusetts**, Virginia, and **Washington** have created intergovernmental and cross-sector work groups or commissions to explore reducing the barriers that impede IMGs from accessing licensure, with the goal of improving medical services in rural and underserved areas. Both the **Massachusetts** and Virginia groups have published reports, and the Maryland commission’s report is expected at the end of 2023.