National Center for Interstate Compacts
THE COUNCIL OF STATE GOVERNMENTS

World Education Services

From Policy to Practice:

WHY STATES NEED BETTER DATA TO ADVANCE THE IMPACT OF ALTERNATIVE PATHWAYS TO INTERNATIONAL PHYSICIAN LICENSURE

2025



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Executive Summary: From Policy to Practice: Why States Need Better Data to Advance the Impact of Alternative Pathways to International Physician Licensure

The United States faces a critical physician shortage, which is projected to reach 86,000 by 2036, with the greatest strain falling on smaller communities and areas with limited access to care.[i] States across the nation are well aware of the challenge and its impacts – longer wait times for appointments, patients who are sicker when they finally see a doctor and a looming wave of primary care provider retirements.[ii]

Many states understand the need – and opportunity – to tap into a physician workforce that is underutilized: international medical graduates and internationally trained physicians who already reside in communities across the U.S. but who remain unlicensed and unable to practice. Indeed, across the U.S., momentum has been building to facilitate pathways to licensure for these physicians. In the 2025 legislative session, 26 states introduced bills to create alternative pathways to licensure for internationally trained physicians, and six passed them, bringing to 20 the total number of states that have, in the last four years, enacted such legislation.[iii]

This paper provides an overview of original research, conducted by The Council of State Governments in conjunction with World Education Services, on seven states that offer alternative pathways to licensure for international medical graduates and internationally trained physicians. The states studied include four with established pathways and three with recently enacted legislation. Through surveys and interviews with relevant state medical licensing agencies, we sought to identify facilitators and barriers to implementation, aiming to better understand the impact of these new laws and to explore how states track usage of these pathways.

Our research revealed common themes and patterns across states. All, for instance, identified consistent challenges in implementation. All also acknowledged the critical role internationally trained physicians play in addressing medical workforce shortages and improving community well-being. Finally, all emphasized the importance of maintaining high standards of care while reducing unnecessary barriers to licensure. Despite these similarities, differences emerged in how states approached models of alternative pathways to licensure. For instance, New York emphasized structured pathways. Washington focused on ethical concerns and avoiding politically driven exceptions. Montana prioritized substantial equivalence of medical training. And Wisconsin emphasized provisional licensing with supervisory oversight.

One significant and unexpected finding of our research was that nearly all five states with established pathways lacked systems for collecting and sharing data about the impact of alternative pathways. In other words, when we asked for basic data – about how many internationally trained immigrant doctors had been licensed, where they practiced, and how many patients they treated – most could not readily provide it. As one state official noted: "We have to do a public information request to really track that data properly. It's not something that's readily available without digging through a lot of records."

This inability to readily obtain data limited our ability to fully answer our research questions about adoption, implementation and usage patterns. Lack of data also hampers the ability of policymakers, program operators, employers and others to assess questions on what approaches work best, how communities benefit and how these pathways to licensure might be optimized going forward.

Washington state was the exception, emerging as the most comprehensive case study. The state provided data on 37 internationally trained physicians who have, since 2021, obtained provisional licenses through streamlined pathways. Notably, 73% of these physicians work in designated Health Professional Shortage Areas,[iv] and the majority practice in high-need specialties – family medicine (16) and internal medicine (10). This one case study suggests these pathways can successfully direct qualified physicians to communities most in need.

We hope this report and our insights – especially around the need to improve data collection practices – will assist state policymakers, medical boards, and other stakeholders in better understanding the implementation and early usage of alternative pathways to licensure for internationally trained physicians in the U.S. Our goal is, first, to share information and recommendations that will inform better and more impactful implementation, and, second, to ensure that all Americans have access to the health care they deserve.

DATA'S ROLE IN POLICY IMPLEMENTATION AND IMPACT

Data collection and reporting enable policymakers to demonstrate value to constituents and secure continued support for effective programs. If internationally trained doctors are successfully navigating streamlined licensure pathways and alleviating gaps in primary care, data can serve as powerful evidence for expanding similar initiatives. Without tracking, however, even transformative policies can appear ineffective. Meanwhile, doctors, patients, and communities remain uncertain about a program's impact, limiting both utilization and advocacy for needed improvements. Data collection and monitoring also help to:

- Identify discrepancies between policies as written and policies as practiced, showing where theoretical models meet practical constraints.
- Uncover administrative obstacles that delay or prevent achievement of policy goals – like complex credential verification processes that discourage qualified applicants.
- Highlight where inadequate staffing, technology, or funding undermines effective implementation of policies, details that may serve to inform future resource allocation.
- Allow policymakers to compare different implementation approaches across jurisdictions to identify best practices and avoid repeating similar mistakes.
- Provide real-time feedback that enables midcourse corrections rather than waiting for formal evaluations when problems have become entrenched.
- Show whether policies benefit all intended populations equally and reveal implementation disparities and unintended consequences.

Background

DEFINITIONS

- **Full license:** An authorization issued by the state or jurisdiction to a physician to practice medicine that is not restrictive, probationary, provisional, academic or temporary in nature.
- **Limited or provisional license:** A license to practice temporarily or with restrictions to the scope of practice, including academic or fellow licenses.
- **Alternative pathway to licensure:** A process through which a licensing agency (board/department) in a state or jurisdiction may issue a license to practice medicine to an internationally trained physician without requiring the person to undergo graduate medical education (GME) in the U.S.
- **Internationally trained physicians:** Physicians who completed their medical studies and training outside the U.S. and were previously authorized to practice in a country other than the U.S. Internationally trained physicians are a subcategory of IMGs.
- **International Medical Graduate (IMG):** A physician who received a medical degree or qualification from a medical school located outside the U.S. or previously has been authorized. IMGs may not have previously been authorized to practice in a country other than the U.S. Many IMGs come to the U.S. to complete their GME. Therefore, not all IMGs are internationally trained physicians.

The Physician Shortage Crisis

The U.S. faces a growing shortage of practicing physicians, with baseline estimates projecting a shortfall of up to 86,000 by 2036. However, these projections fall dramatically short of indicating the real need, especially outside urban and exurban areas. Indeed, in 2021, some experts estimated that the only way rural communities could obtain the level of care available in more populous areas would be through the addition of 202,800 more physicians. A 2021 report by GoodRx estimated that 121 million Americans live in health care "deserts" that lack adequate health care infrastructure and/or staffing. Primary care physicians in these locations have, on average, three times the recommended patient caseload.[v] The situation in these regions has not improved in the years since.

The impact on local communities is far-reaching, affecting access to care and community health outcomes. These impacts are not theoretical – they disrupt the daily lives of all Americans in the form of longer wait times for doctors' appointments, emergency room overcrowding, closures of rural hospitals and specialist shortages that may force patients to travel hours for care.

International Medical Graduates as an Underutilized Solution

Practical solutions are within reach. Many international medical graduates (IMGs) and internationally trained physicians (ITPs) already living in these communities have the skills and experience to help. Systemic barriers, however, often prevent them from obtaining U.S. medical licensure and entering practice. Indeed, while international medical graduates account for nearly 25% of actively practicing physicians in the U.S. as of 2022, many more have been unable to obtain licensure, despite the fact that they have already completed a medical degree and training in another country or have been licensed or otherwise authorized to practice medicine in that

country.[vi] These doctors represent an underutilized resource that could help alleviate current physician shortages and improve the lives of millions of Americans.

Current Barriers to Practice

Historically, the most common pathway for an international medical graduate to practice in the U.S. includes completing medical school outside the U.S. or Canada, applying for Educational Commission for Foreign Medical Graduates (ECFMG) certification, successfully passing relevant examinations and completing a medical residency program in the U.S. Even those who have completed graduate medical education and been authorized to practice medicine in another country must typically fulfill U.S.-based medical residency requirements before they are eligible to apply for full licensure to practice. This U.S. medical residency requirement can create a major barrier for internationally trained physicians. Competition for the limited number of federally funded residency positions is fierce, and even experienced physicians must complete two to four year programs before becoming eligible for full licensure.

Too few internationally educated immigrant doctors are able to navigate this complex pathway, depriving Americans of needed care. A report published by the Federal Reserve Bank of Minneapolis analyzed a small data set of 296 immigrant physicians who completed their education and training outside the U.S. and immigrated to the U.S. through non-employment-based pathways. The study found that "about 85% of respondents reported being employed, […while] only 34% of those who [were] employed [reported] working as a medical resident or physician."[vii]

Alternative Pathways

State legislatures' concerns around the healthcare shortage have led some to study and open new pathways to licensure for internationally trained physicians.

Several states have passed legislation to create alternative pathways to licensure for internationally trained physicians in recent years. Washington's SB 6551 (2020), for instance, codified recommendations from the state's International Medical Graduate Work Group on the licensure of internationally trained physicians. These included waivers for additional graduate medical education and additional classifications of licensure for internationally trained physicians in Washington state. A supervisory model is a common practice. Such a model allows eligible IMGs to practice medicine under supervision with a limited or provisional license. These licenses are designed to provide a specified period of supervision that ensures the highest standards of patient care (and increases the availability of such care) until the limited licensee becomes eligible for licensure without supervision.

IMPACT BY THE NUMBERS: WASHINGTON

One 2016 study references a clinic in Puget Sound as having an average primary care panel of 1,490 patients per physician. This means that an additional 16 family medicine doctors licensed under alternative pathways could serve an additional 23,360 Washingtonians. An average family doctor has 20 appointments a day, which means (assuming two weeks of vacation and two weeks of federal holidays) those same 16 family doctors could provide an additional 76,800 appointments per year. (Further detail on the impact of alternative pathways in Washington can be found at the end of this document.)

Research Overview

Implementation and Impact

In 2024, The Council of State Governments, together with World Education Services (WES), undertook a research project to better understand alternative pathways to licensure for internationally trained physicians, including those who do not require U.S. graduate medical education. The research team sought to collect information on the implementation and early usage of these pathways from 12 states. Specifically, researchers sought to understand the extent to which these policies have been utilized by ITPs and IMGs as well as health care entities. We also sought to gain insights into the policy implementation experiences of the relevant board, agency, or department representatives in these states.

Ultimately, we unearthed one major – and surprising – finding: Of the seven states that responded, most lacked systems to provide the data needed to answer basic questions, in particular those related to quantitative information about how many doctors obtained licensure through alternative pathways, how many patients they treated, and where they were employed. While this finding was unexpected, it forms the basis of our recommendation that, going forward, states that pass bills related to licensure for international medical graduates and internationally trained physicians explicitly call for (and appropriately resource) data collection and tracking.

RELEVANT PATHWAY COMPARISON TO LICENSURE FOR INTERNATIONALLY TRAINED PHYSICIANS

Group 1

Licensure Key:
● Pathway to full licensure ◒ Provisional followed by Full Licensure ○ Temporary limited license

State	Citation	Date Enacted	Summary of Pathway
Alaska ●	HB 102 of 2005 AS 08.64.225	7/1/2005	Requires internationally trained physicians to meet specific educational, training, and competency requirements, including postgraduate training and proof of professional qualifications as established by the board.
Idaho ●	SB 1094 HB 542	3/27/23 3/27/24	Provides for the board to issue provisional licenses to qualified out-of-state medical professionals or certain internationally trained physicians. In 2024, this pathway was expanded to create an alternative pathway to full licensure for qualified internationally trained physicians.

State	Citation	Date Enacted	Summary of Pathway
Montana ●	Rule 24.156.607 (2014)		Provides a pathway for internationally trained physicians who have: a) completed three years of graduate medical education in a program approved by or affiliated with the World Health Organization and b) who have sufficient fluency in spoken and written English.
New York ●	Title 8 § 60.3(d) & § 60.5(a)		Provides two pathways for internationally trained physicians: 1) through demonstrating completion of equivalent post-graduate training, and 2) through endorsement of a license or equivalent granted by a country other than the U.S. or Canada.
Washington ○	HB 1129	7/25/2021	Requires the Washington Medical Commission to offer a two-year renewable limited license for International Medical Graduates (IMG) and internationally trained physicians to obtain clinical experience. This limited license does not provide a pathway to full licensure unless candidates complete a U.S.-based medical residency program.
Group 2			
Illinois ◒	SB 1298	6/16/23	Starting January 1, 2025, enables international medical graduate physicians to apply for a limited license with a pathway to full licensure after meeting specific qualifications and completing a supervision period.
Iowa ◒	SF 477	5/3/24	Provides eligible internationally trained physicians with a pathway to a provisional license to practice medicine in the state. A provisional license may be converted to a full license to practice medicine and surgery or osteopathic medicine and surgery after three years.

State	Citation	Date Enacted	Summary of Pathway
Florida	CS/SB 7016	3/22/24	Provides eligible internationally trained physicians with a pathway to an unrestricted license to practice medicine. A physician licensed through this pathway must maintain his or her employment with the original employer or with another health care provider in the state for at least two consecutive years.
Louisiana	HB 972	6/11/24	Allows the Louisiana State Board of Medical Examiners to grant eligible internationally trained physicians a two-year full license restricted to services provided at a facility owned and operated by a hospital licensed in the state. This limitation is lifted after two years, at which point the individual will hold a full unrestricted license.
Tennessee	HB 2309/SB 1451	7/1/24	Provides eligible internationally trained physicians with a pathway to a two-year provisional license, restricted to practice with a healthcare provider that has a residency program accredited by the Accreditation Council for Graduate Medical Education in place. The Board of Medical Examiners shall grant a full and unrestricted license to practice medicine to licensees who are in good standing two years after the date of provisional licensure.
Virginia	HB 995	4/4/24	Provides a pathway for internationally trained physicians to receive a two-year provisional license and a subsequent renewable two-year license if the physician practices in a low access area. An internationally trained physician is eligible to apply for full licensure after two years of practice.
Wisconsin	AB 954	3/23/24	Provides internationally trained physicians with a pathway to a provisional license that can be converted into a license to practice medicine if the licensee maintains good standing for three consecutive years.

Objectives and Sampling

The study focused on states that have recently passed measures to establish alternative pathways or states that have already implemented such pathways. The objective was to gather qualitative and quantitative data on the implementation and early usage of innovative state government measures that establish alternative pathways to licensure for internationally trained physicians. To that end, researchers divided a total sample of 12 states into two groups based on existence and recency of passage of the alternative pathway to licensure for internationally trained physicians.

Group 1: Alaska, Idaho, Montana, New York, Washington

States in the first group have had a legislatively enacted alternative pathway to licensure for internationally trained physicians for longer than one year. Researchers believed the states in this group had gone through the implementation process to the point of issuing licenses under the alternative pathway and were most likely to have data on the implementation and licensure outcomes.

Group 2: Florida, Illinois, Louisiana, Massachusetts, Tennessee, Virginia, Wisconsin

The states in Group 2 recently passed legislation to create an alternative pathway to licensure for internationally trained physicians. They were primarily surveyed and interviewed to gather qualitative data on anticipated plans for implementation and data collection within the agency (department/board) while they were in the early stages crafting policies under the legislation. Group 2 participants were also asked to provide quantitative and qualitative data on the status of internationally trained physicians prior to the implementation of the alternative pathway to better understand the current licensure climate.

Research Questions

We investigated the following research questions:

1. What are the facilitators and barriers that have been experienced (Group 1) or are anticipated during implementation (Group 2) for the alternative pathway to licensure for internationally trained physicians?
2. What are the early usage and adoption patterns of the alternative pathway to licensure for internationally trained physicians (Groups 1)?
    a. What data collection processes are in place among states that have previously implemented alternative pathways to licensure for internationally trained physicians? Have they collected data on immigrant physician outcomes and usage of new licensure pathways?
        i. If yes, what are the observable trends in the data? And how do they compare to trends in the general physician population?
        ii. If not, what are the constraints to data collection?
    b. For states (Group 2) that are currently preparing to implement the alternative pathway to licensure for internationally trained physicians, are there plans and/or infrastructure to collect data and/or measure the usage of these pathways? What support might states need, if any, to measure the usage of these alternative pathways?

Methodology

Data Collection

Researchers sent tailored participation requests via email to administrators of medical licensing agencies or departments based on the above sample groups. These administrators generally oversee the licensing of medical professionals and had oversight responsibility for the implementation of the new licensing policies. We sought input from 12 states and received responses from seven – four in Group 1 and three in Group 2.

Group 1

Researchers initially contacted five states to participate in the Group 1 data collection process. Participants were invited to complete a survey (Appendix A) using Microsoft Forms and to

participate in a virtual interview via Zoom. Interviews questions can be found in Appendix B.

Four states participated. Two submitted survey responses and participated in interviews. One state completed the survey only. One participated in an interview only.

The two states that participated in interviews were prompted to expand on responses in the initial survey as well as to provide further detail on implementing the alternative pathways to licensure. The structure of the interview and questions allowed researchers to adjust based on: a) unique answers within the survey and b) specific features of each state's alternative pathway to licensure for internationally trained physicians.

Group 2

Researchers contacted seven states to participate in the Group 2 data collection process. Participants were invited to complete a survey (Appendix C) using Microsoft Forms and to participate in a virtual interview via Zoom. Interviews questions can be found in Appendix D.

Despite extensive outreach, only three states participated. One submitted survey responses and participated in interviews. One state completed the survey only. One participated in an interview only.

Data Analysis

Quantitative Data

At the time of this study, the list of states that had passed alternative pathways to licensure was small. Additionally, response rates to the survey were low, especially for states in Group 2. This low number meant that a descriptive analysis of that data was not warranted. Researchers instead relied on data from the interviews to draw conclusions.

Beyond the expected challenge of a small sample size, our research uncovered a more telling issue: the absence of systematic data collection by states about international medical graduates and internationally trained physicians who have been licensed through alternative pathways – a finding that speaks to broader gaps in measuring how effectively policies are implemented. In the immediate term, this lack of data prevented us from answering research questions 2 and 3 adequately. (See previous section.)

The root of this data problem lies in how states track physician licensure. Data about international medical graduates and internationally trained physicians who obtain licensure through alternative pathways is not disaggregated from data about the more general population of physicians. Among our respondents, the exception was Washington, which collects considerable data about international medical graduates and internationally trained physicians who have obtained provisional licenses through their existing clinical experience license. This more comprehensive data set presented an opportunity to conduct a detailed case study to better understand outcomes related to licensee placement and educational backgrounds. Our descriptive analysis of all alternative license holders examined:

- Country of medical degree
- Distinct medical practice area
- Practice location

This analysis is featured as a case study later in this report.

NOTE: To supplement the numerical data, researchers conducted a follow-up survey with Washington officials to provide context on patterns present in the data set.

Qualitative Data

Researchers gathered qualitative data through follow-up interviews with survey respondents. With permission from respondents, researchers recorded and transcribed the interviews and conducted a thematic content analysis of each, coding interview transcripts for a priori themes present in answers in multiple states.

The primary themes of interest for this project included opinions about the policies, policy implementation challenges (experienced or predicted), and noted changes in policy from the status quo. Researchers also asked Group 2 what data their agency plans to collect going forward.

Results: Thematic Analysis

Researchers analyzed initial and follow-up interviews from states in Group 1 and identified the following themes. (Responses have been kept anonymous to preserve the privacy of individual respondents.)

Varying approaches and regulatory frameworks underlying licensure pathways

States typically distinguish between two pathways:

- "Standard pathways," which involve U.S.-based medical education and ACGME-accredited postgraduate training
- "Alternative pathways" for those who graduate from non-U.S. medical schools and complete graduate medical education abroad

While both pathways assess applicants' experience and qualifications, the key difference is where the training occurred – either in the U.S. or internationally. Both pathways aim to ensure that physicians meet the necessary standards to practice safely and effectively in the U.S. healthcare system. The terminology and requirements for these pathways vary by state, reflecting different regulatory approaches.

Varying challenges for internationally trained physicians

Significant barriers exist in all subject states, including complex credential verification processes and administrative hurdles that delay licensure.

- Country-specific barriers such as preferential treatment or simplified pathways to licensure for internationally trained physicians from certain countries over others further complicate the credential verification and evaluation process. One interview commented, "I think it's discriminatory, frankly, to pick certain countries, but I think more concerning is [that] it's ethically wrong."
- Additional barriers identified by interviewees include language differences and document accessibility. Particularly among individuals from countries affected by war or climate disasters, the inability to obtain verifiable documents can severely limit internationally trained physicians' access to alternative pathways.
- One state also emphasized that the requirement that post graduate training programs be three-years long was often a key disqualifying factor for many internationally trained physicians. (Medical residency programs in some other countries are shorter than three years.)
- Another state highlighted that physicians who came through the alternative pathway "must report employment status and disciplinary actions every six months" – a requirement that does not apply to U.S. trained physicians or those who come through traditional licensure pathways.

Ethical considerations and competency standards

Each state emphasized the importance of maintaining public safety and standard of care while addressing health care workforce shortages. Ethical concerns focused on avoiding licensure pathways that are confusing to applicants while upholding the integrity of medical licensure through competency standards. In discussing implementation of their state's alternative pathway to licensure for internationally trained physicians, one respondent said of their agency, "Our mission is protection of the public...[and] having competent and proficient physicians licensed to practice."

One state respondent directly criticized specific licensure models for ethical concerns such as wasting applicant time when there is no viable pathway for their country of training, while others focused on clarifying and standardizing competency evaluation processes. While some pathways require medical boards to evaluate whether an applicant demonstrated "substantially similar" competency requirements, respondents noted that making those determinations with little guidance from the legislature presented a barrier to implementation.

Importance of IMGs to the healthcare system

All states acknowledged the critical role internationally trained immigrant doctors play in addressing physician shortages, especially in areas with limited access to care. IMGs and ITPs contribute significantly to populations that are historically harder to reach within healthcare systems, often serving underrepresented populations. One respondent emphasized the importance of targeted rural placements for internationally trained doctors who obtain licenses through alternative pathways; another emphasized their agency's focus on post-licensure retention and long-term integration into the healthcare workforce.

Beyond the broader importance of internationally trained physicians to the workforce, when asked about the impact of the alternative pathway to licensure for internationally trained physicians on the healthcare workforce, one respondent said, "there has been an increase in applications from internationally trained physicians, especially with [the alternative] pathway." This sentiment was echoed by another state agency: "This could potentially help us diversify the workforce and provide… international graduates who disproportionately serve underrepresented populations."

Administrative considerations

Credential versification and evaluation: Two respondents alluded to credential verification challenges. One said that "sometimes it's challenging if someone has a medical education from a country that doesn't necessarily cooperate with the United States." (In many cases, such applicants arrive due to forced migration and humanitarian crises.) Another said, "We don't have the reach or authority to determine if international training is substantially equivalent."

Ambiguity and resource constraints: Others said resource constraints and staffing limitations created administrative burdens. Additionally, in states that have created alternative pathways through administrative rules, respondents raised concerns about administrative ambiguity and agency authority, with one respondent adding, "[The rule] could be incorporated into statute rather than being an administrative rule, improving clarity."

Legacy systems and funding: The absence of systematic data collection – this study's most significant finding – reflects broader challenges inherent in government data system implementation. These initiatives often face mismatched timelines between political expectations for quick results and the technical reality of integrating new data collection within existing legacy systems. Additionally, sustained funding across multiple budget cycles is required, but political priorities and resource allocation can shift annually, disrupting implementation progress.

Recommendations

The primary areas for improvement include data collection and reporting, reduction of arbitrary barriers, standardization of credential evaluation practices, and ensuring ethical pathways that align with public safety and workforce needs.

The following recommendations build on the insights gained through the interviews and the knowledge of the authors on the existing pathways to medical licensure for internationally trained physicians.

Data

Many states are just beginning to implement alternate pathways, making it an ideal time to establish a data collection system. Regular data collection, ideally on an annual basis, will provide timely insights and allow for adjustments to policies and practices. By systematically tracking this data, states can better understand the impact of alternative pathways to licensure and make informed decisions to improve the process.

It's important to recognize that effective implementation requires sustained investment across multiple areas: dedicated IT staff for system development and maintenance, data analysts to manage collected information and additional licensing board personnel to handle increased administrative workloads. States also need multi-year funding commitments for system procurement, ongoing maintenance costs and staff training. Technical infrastructure must integrate with existing licensing platforms while meeting government cybersecurity and privacy requirements.

States should focus on collecting data on several key metrics, including:

- **Number of applicants:** The number of internationally trained physicians applying for licensure through alternative pathways at each step, including applications for limited, provisional and restricted licenses as well as full licensure
- **License outcomes:** The number of each license type granted and denied, as well as the reason for denial
- **Disciplinary actions:** The number of complaints received regarding holders of provisional or limited licenses and any disciplinary actions taken
- **Practice settings prior to and during pathway:** The practice setting and practice area of applicants in their licensing country or country of origin and as employed during their provisional and limited licensure
- **Practice settings after completion:** The practice setting and practice area of internationally trained physicians who completed the pathway upon receiving full and unrestricted licensure

Evaluation of Post Graduate Medical Training

Several states in our study expressed a need for standardized tools and processes to evaluate post graduate medical training outside the U.S. Standardized guidelines to evaluate post graduate training of internationally trained physicians would provide multiple benefits:

- **For states and licensing boards:** A uniform framework would reduce administrative burdens, eliminate duplicative review processes and ensure consistent application of standards.
- **For employers and healthcare systems:** Standardized evaluations would provide clear, comparable metrics for assessing internationally trained physicians' qualifications, streamlining hiring decisions and reducing uncertainty about competency levels.
- **For IMGs and ITPs:** Clear guidelines would increase transparency in the evaluation process and improve predictability of licensure outcomes.

This approach would likely streamline alternative pathways to licensure for internationally trained physicians by creating more predictable and efficient evaluation processes, potentially reducing time-to-licensure and expanding access to medical care in high need or low access areas.

Making Licensure Pathways Easier to Navigate

One finding in our study was the desire to minimize the risk of barriers in the licensing process. One state emphasized eliminating provisional or one-off legislative pathways that do not lead to full unrestricted licensure, while another focused on standardizing review processes to ensure fair and consistent evaluation of equivalency for international licenses. Several states stressed the need for reducing administrative burdens and enhancing clarity in the licensing requirements.

States should work toward ensuring that all applicants are evaluated based on their qualifications and competencies rather than their country of origin. This includes implementing transparent and consistent criteria for assessing the equivalency of international medical graduate training. By doing so, states can help to eliminate unintentional barriers and ensure that all internationally trained physicians have a fair opportunity to obtain licensure.

States can put these principles in effect through several concrete measures:

- **Enhanced information access:** Develop comprehensive, multilingual guides that clearly outline all available pathways to licensure, including step-by-step processes, required documentation, timelines and costs. These materials should be available in both digital and print formats and should allow applicants to track their progress and understand their next steps.

Multilingual guides promote clear and accessible communication, ensuring all applicants can understand key information and navigate processes confidently, regardless of their linguistic background or familiarity with U.S. systems.

- **Specialized support services:**
  - Train customer service representatives and licensing staff at regulatory agencies on alternatives pathways to licensure for internationally trained physicians, ensuring they can provide accurate, culturally sensitive guidance.
  - Establish dedicated helplines or liaison positions to address complex questions and provide personalized assistance throughout the application process. This prevents inconsistent treatment that can occur when staff lack knowledge about international training systems or make assumptions based on country of origin.
- **Standardized documentation requirements:** Create uniform checklists and document templates that clearly specify what constitutes acceptable evidence of post graduate training equivalency, reducing ambiguity and preventing inconsistent interpretations that may disadvantage certain applicants. This eliminates subjective decision-making where evaluators might apply different standards to applicants from different countries.
- **Regular process audits:** Implement systematic reviews of licensing decisions to identify patterns that may indicate bias or inconsistent application of standards, with corrective measures to address any disparities found. This creates accountability by detecting discriminatory patterns such as disproportionate rejection rates or processing delays affecting applicants from specific regions.

These operational improvements would complement policy reforms by ensuring that equitable licensing practices are consistently implemented at the administrative level, making pathways to licensure more accessible and equitable and eliminating ambiguity for administrators.

Washington Case Study

As of December 2024, Washington had issued 37 physicians limited licenses since the implementation of this new license category in 2021. These licenses are defined as Clinical Experience Licenses and were established in 2021.

Country of Education

Notably from this data set, 13 of the 37 physicians who were granted licenses under the relevant pathway received their MD in an African country, with eight of those physicians receiving their education in Ethiopia. Another 12 were educated in an Asian country including three from Pakistan and three from India. The remaining physicians included six from European countries, one from South America, one from Curacao and four from Caribbean Island nations.

Distinct Medical Practice Areas

The majority of the 37 internationally trained physicians granted a clinical experience license in Washington practice in the areas of either Family Medicine (16) or Internal Medicine (10). Three physicians practice General Medicine and Psychiatry.

Location of Practice

Designated by Health Resources and Services Administration (HRSA), Health Professional Shortage Areas (HPSAs), are geographic areas, populations, or facilities that have a shortage of primary, dental or mental health care providers. Ratios for total population to practitioners to meet that threshold are 3,500 to 1 or 3,000 to 1 if the area has a particularly high need indicated. Of the 37 physicians practicing under a clinical experience license in Washington, 27 work in a designated HSPA or Medically Underserved Area. According to HRSA's HSPA First Quarter Report of 2025, 499 practitioners would be needed to remove all HSPA designations in the state of Washington.[viii]

Conclusion

This research documents both the promise and the critical gaps in implementing alternative pathways to licensure for internationally trained physicians. Washington's experience demonstrates its successes: 73% of physicians licensed through the state's alternative pathway practice in designated Health Professional Shortage Areas, with most serving in high-need specialties like family medicine and internal medicine. However, our most significant finding was that most states lack systematic data collection to track these outcomes, inhibiting informed policy decisions and program improvements.

Moving forward, states should prioritize three key areas: establishing robust data collection systems that track licensure outcomes and community impact; standardizing credential evaluation processes to ensure fair, consistent assessment while maintaining safety standards; and eliminating arbitrary barriers that might prevent qualified physicians from participating.

The physician shortage crisis demands practical solutions, and internationally trained physicians represent an underutilized resource already present in American communities. States that implement well-designed pathways supported by comprehensive data collection will be better positioned to strengthen their healthcare systems and serve the healthcare needs of their residents.

Appendices

Appendix A: **Group 1 Survey**

The Council of State Governments (CSG), in collaboration with World Education Services, is conducting exploratory research on the implementation and usage of state policies authorizing the medical practice of internationally trained physicians* through alternative pathways to licensure** that do not require U.S. GME. Specifically, we are interested in the extent to which these pathways have been used, and we would like to better understand policy implementation experiences. The aim of our project is to inform future recommendations for improving administrative processes and data collection to measure the impact of these policies on workforce shortages. To answer these questions, we are surveying and interviewing key informants at select state agencies and professional licensing boards.

We invite you to participate in our survey and share it with other colleagues who may be well-versed in the administrative process from [Rule or Bill Number] for this alternative pathway to licensure** for internationally trained physicians* in your state. This survey includes close-ended questions and should take you no longer than 10 minutes to complete. We will also request a follow-up interview to gather more qualitative information on your experiences and perspectives on administering alternative pathways to licensure** for internationally trained physicians* that do not require U.S. GME.

Findings will be disseminated in a report to states and other stakeholders.

We appreciate your time and consideration.

*Internationally trained physicians: Physicians who completed their studies and training outside the U.S. and were previously authorized to practice in a country other than the U.S.

**Alternative pathway to licensure: A process through which a medical agency (board/department) in a U.S. state or jurisdiction may issue a full license to an internationally trained physician without requiring these professionals to undergo GME in the U.S.

NOTE: Any personal information collected (e.g., your name, contact information) will not be disclosed in public-facing reports. Information will only be reported at the state level.

Part 2 of 3: Likert Scale Survey

Please rate your agreement with the statements listed below about [Rule or Bill Number].

To what extent do you agree with the following statements about your experience implementing the alternative pathway to licensure** in Rule 24.156.607 (2014) for internationally trained physicians*? Please scroll left to see all options.

*Physicians who completed their studies and training outside the U.S. and were previously authorized to practice in a country other than the U.S.

**A process through which a medical agency (board/department) in a U.S. state or jurisdiction may issue a full license to an internationally trained physician without requiring these professionals to undergo GME in the U.S.

- It's too early to have meaningful insight on the implementation and usage of the alternative pathway to licensure** for internationally trained physicians.*
- Implementing an alternative pathway to licensure** for internationally trained physicians* in my state has largely been a positive experience.
- The rules and requirements for implementing an alternative pathway to licensure** for internationally trained physicians* are clear for applicants to follow.
- The eligibility criteria for this alternative pathway to licensure** is straightforward and facilitates the board's (agency/dept) ability to evaluate whether applicants meet the requirements.

- The alternative pathway to licensure** for internationally trained physicians* has resulted in challenges for the agency in my state.
- The alternative pathway to licensure** for internationally trained physicians* in my state has added more confusion to the licensing process for licensing boards.
- The alternative pathway to licensure** for internationally trained physicians* has caused undue administrative burden to my agency.

Part 3 of 4: Tracked Data

Please respond to the following questions.

*Internationally trained physicians: Physicians who completed their studies and training outside the U.S. and were previously authorized to practice in a country other than the U.S.

**Alternative pathway to licensure: A process through which a medical agency (board/department) in a U.S. state or jurisdiction may issue a license to practice medicine to an internationally trained physician* without requiring these professionals to undergo GME in the U.S.

- Has your agency gathered data on internationally trained physicians* licensed in your state through the alternative pathway to licensure**?
  - Yes
  - No
  - I don't know
- Thank you for taking the time to complete this survey. We would like to learn more about any data your agency might have related to the alternative pathway to licensure** for internationally trained physicians* in your state. Would you be willing to complete a second survey to gather any data you may have? This survey will include close-ended and numeric questions and should take you no longer than 30 minutes to complete.
  - Yes
  - No

Section 4 of 4: Interview Request

Please provide the following information to consent to/decline an interview.

- Thank you for taking the time to complete this survey. We would like to learn more about your experiences and perspectives on this pathway to licensure for internationally trained physicians*. To that end, we would appreciate it if you would be willing to schedule a 30–45-minute interview to elaborate on your responses. We will inquire about the following and share the questions in advance of the interview:
- Your perspectives in implementing this alternative pathway to licensure** for internationally trained physicians* in your state.
- The general process developed by your agency to ensure eligibility criteria are clear to applicants.
- The general process developed by your agency to ensure eligibility criteria is straightforward and facilitates the board's (agency/dept) ability to evaluate whether applicants meet the requirements.
- Any challenges you encountered while implementing this alternative pathway to licensure** for internationally trained physicians*.
  - Yes
  - No

Thank you!

Appendix B: **Group 1 Interview**

- Could you describe the process for licensure for internationally trained physicians under this alternate pathway?
- How do you assess readiness for practice based on documentation provided by applicants?
- What resources do you dedicate to assessing applicants' readiness to practice
- What aspects of this policy and rules make the process for licensing internationally trained physicians more accessible to non-traditional applicants? Is there any part that you think might be challenging for the applicant to navigate or understand that could be improved through the rules and requirements?
- How could the language of the rules and requirements be improved?
- What has been particularly successful?
- What could be some areas for improvement?
- What have been the benefits of this alternative pathway? Were there any unanticipated unexpected benefits?
- What consequences and challenges have resulted due to this alternative pathway policy, if any? Were any unintended/unanticipated?
- Has the implementation of this alternative pathway resulted in a decrease of administrative workloads? If so, to what degree?
- In the past 10 years, has there been changes to the workload from this alternative pathway that decreased or increased over time?
- Anything else you would like to add or think might be helpful for other states to know?

Appendix C: **Group 2 Survey**

The Council of State Governments (CSG), in collaboration with World Education Services, is conducting exploratory research on the implementation and usage of state policies authorizing the medical practice of internationally trained physicians* through alternative pathways to licensure** that do not require U.S. GME. Specifically, we are interested in the extent to which these pathways have been used, and we would like to better understand policy implementation experiences. The aim of our project is to inform future recommendations for improving administrative processes and data collection to measure the impact of these policies on workforce shortages. To answer these questions, we are surveying and interviewing key informants at select state agencies and professional licensing boards.

We invite you to participate in our survey and share it with other colleagues who may be well-versed in the administrative process for this alternative pathway to licensure** for internationally trained physicians* in your state. This survey includes close-ended questions and should take you no longer than 5 minutes to complete. We will also request a follow-up interview to gather more qualitative information on your experiences and perspectives on administering alternative pathways to licensure** for internationally trained physicians* that do not require U.S. GME.

Findings will be disseminated in a report to states and other stakeholders.

We appreciate your time and consideration.

*Internationally trained physicians: Physicians who completed their studies and training outside the U.S. and were previously authorized to practice in a country other than the U.S.

**Alternative pathway to licensure: A process through which a medical agency (board/department) in a U.S. state or jurisdiction may issue a full license to an internationally trained physician* without requiring these professionals to undergo GME in the U.S.

NOTE: Any personal information collected (e.g., your name, contact information) will not be disclosed in public-facing reports. Information will only be reported at the state level.

Part 2 of 3: Survey Questions

Please rate your agreement with the statements listed below about [Bill Number].

To what extent do you agree with the following statements about your experience implementing the alternative pathway to licensure** in [Bill Number] for internationally trained physicians*?

*Physicians who completed their studies and training outside the U.S. and were previously authorized to practice in a country other than the U.S.

**A process through which a medical agency (board/department) in a U.S. state or jurisdiction may issue a full license to an internationally trained physician without requiring these professionals to undergo GME in the U.S.

- We plan to collect data to gather insights and identify trends on the implementation and usage of the alternative pathways to licensure** for internationally trained physicians*.
- I expect implementing this alternative pathway to licensure** for internationally trained physicians* in my state will be a positive experience.
- I expect we will be able to draft rules and requirements for implementing this alternative pathway to licensure** for internationally trained physicians* that are clear for applicants to follow.
- I believe we will be able to set the eligibility criteria for this alternative pathway to licensure** that are straightforward and will facilitate the board's (agency/dept) ability to evaluate whether applicants meet the requirements.
- This alternative pathway to licensure** for internationally trained physicians* will result in challenges for the agency in my state.
- This alternative pathway to licensure** for internationally trained physicians* in my state will add more confusion to the licensing process for licensing boards.
- This alternative pathway to licensure** for internationally trained physicians* will cause undue administrative burden to my agency.

Part 3 of 3: Interview

Please provide the following information to consent to/decline an interview.

- Thank you for taking the time to complete this survey. We would like to learn more about your experiences and perspectives on the alternative pathway to licensure** for internationally trained physicians* in your state. To that end, we would appreciate it if you would be willing to schedule a 30–45-minute interview to elaborate on your responses. We will inquire about the following and share the questions in advance of the interview:
- Your perspectives in the early implementation of this alternative pathway to licensure** for internationally trained physicians* in your state.
- The general plans to develop a process or the process developed by your agency to ensure eligibility criteria are clear to applicants.
- The general process developed by your agency to ensure eligibility criteria is straightforward and facilitates the board's (agency/dept) ability to evaluate whether applicants meet the requirements.
- Any challenges you encountered while planning the implementation or implementing this alternative pathway to licensure** for internationally trained physicians*.
  - Yes
  - No

Thank you!

Appendix D: **Group 2 Interview**

- Could you describe what the process for licensure for internationally trained physicians under the provisional license to practice medicine and surgery for international physicians created by the [Bill Number]?
- Could you describe the licensure process (if any) for internationally trained physicians before the implementation of this pathway?
- How does your agency plan to ensure eligibility requirements are clear to potential applicants? And, how does your agency plan to communicate the requirements/the new pathway to key communities to ensure potential applicants are aware of the alternative pathway?
- How do they plan to assess readiness for practice based at the end of the provisional licensure period?
- What resources do they plan to dedicate to assessing applicants' readiness to practice?
- Could you describe in what ways you believe implementing this alternative pathway will impact and improve agency processes for licensing internationally trained physicians?
- Could you elaborate on your response to the statement about any challenges that your agency anticipates in implementing the licensure pathway for internationally trained physicians from [BILL]?
- Could you elaborate on your response to the statement about added confusion to the licensing process?
- What data does your agency plan to collect regarding this alternative pathway?
- What support would be most helpful to your agency during the implementation process?
- Anything else you would like to add or think might be helpful for other states to know?

Appendix E: **Group 3 Survey**

Based on our preliminary review, we have found the [exceptional waiver or academic license] under the [Rule or Bill Number] which authorizes the state medical board to issue a [exceptional waiver or academic license] to [authorization of practice under rule or bill] to eligible applicants, including internationally trained physicians who did not complete U.S. GME but meet the criteria for this pathway.

Could you provide the following data points for physicians that are currently practicing medicine under the [exceptional waiver or academic license]?

- Number of individuals currently practicing medicine under the [exceptional waiver or academic license]
- Average length of practice under the [exceptional waiver or academic license]
- Breakdown of medical specialty practiced by [exceptional waiver or academic license] holders
- Breakdown of country of education for all [exceptional waiver or academic license] holders
- Breakdown of type of employer for all [exceptional waiver or academic license] holders
    - # of [exceptional waiver or academic license] holders employed by:
        - [bill-specific facility]
- Number of actions taken against [exceptional waiver or academic license] holders
- For comparison, number of actions taken against all physicians practicing medicine in the state that hold an unrestricted license granted by the state of Ohio.

Please feel free to share any other data pertinent to this subject.

Endnotes

i Association of American Medical Colleges. (2024, March 24). *New AAMC Report Shows Continuing Projected Physician Shortage*. [Press release]. https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage

ii Miller, J. (2025, Jan. 31). *Why Finding a Primary Care Doctor Is So Hard*. Harvard Medical School. https://hms.harvard.edu/news/why-finding-primary-care-doctor-so-hard (NOTE: A significant portion of PCPs, about half, are age 55 or older, and many are nearing traditional retirement age. This aging workforce contributes to a growing primary care physician shortage.)

iii Several state legislatures were still in session as of publication. This number was accurate as of August 2025.

iv Per the Washington State Department of Health: "The Department of Health works in partnership with the U.S. Health Resources and Services Administration (HRSA) to identify geographic areas, populations and facilities experiencing a shortage of health care services. These designations are called Health Professional Shortage Areas (HPSA). HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. Each designation is assigned a HPSA score based on the analysis of survey data collected from providers and standardized national data sets. State and federal programs use these designations to determine eligibility for payment enhancements and workforce incentive programs."

v Nguyen, A. et al. (2021, Sept.). *Mapping Healthcare Deserts*. GoodRx Research. https://assets.ctfassets.net/4f3rgqwzdznj/1XSl43l40KXMQiJUtl0iIq/ad0070ad4534f9b5776bc2c41091c321/GoodRx_Healthcare_Deserts_White_Paper.pdf

vi Association of American Medical Colleges. (2021, Oct. 19). *How IMGs have changed the face of American medicine*. https://www.ama-assn.org/education/international-medical-education/how-imgs-have-changed-face-american-medicine

vii Boesch, T. and Nunn, R. (2024, Jan. 19). *Occupational licensing can detour immigrant physicians' career paths*. Federal Reserve Bank of Minneapolis. https://www.minneapolisfed.org/article/2024/occupational-licensing-can-detour-immigrant-physicians-career-paths (NOTE: Upwardly Global, a longtime WES partner, provided data on these immigrant physicians to researchers from Federal Reserve Bank of Minneapolis.)

viii Bureau of Health Workforce Health Resources and Services Administration. (2025, March 31). *Designated Health Professional Shortage Areas Statistics*. U.S. Department of Health & Human Services. https://data.hrsa.gov/default/generatehpsaquarterlyreport