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3 **Title:** Alternative Physician Licensure Pathways
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5 **Introduced by:** Bradley Goodwin, MD, for the Grand Traverse - Leelanau - Benzie County
6 Delegation
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8 **Original Author:** Bradley Goodwin, MD
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10 **Referred To:** Reference Committee B
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12 **House Action:** **APPROVED AS AMENDED**
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15 Whereas, the Michigan Legislature is interested in exploring alternative pathways to
16 physician licensure for medical school graduates who have not matched to a residency position, as
17 well as for physicians and other health professionals who are foreign-trained and licensed and
18 practicing their respective professions in a country other than the United States, and
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20 Whereas, the Michigan Task Force on Foreign Trained Medical Professional Licensing, which
21 was charged with identifying strategies to reduce licensure barriers for medical professionals who
22 were trained, licensed, and practicing outside of the United States, issued a Final report that
23 included a recommendation for alternate pathways to licensure, and
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25 Whereas, this is an issue on which MSMS was being asked to engage, even before the
26 release of the Task Force's final report, and
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28 Whereas, legislators are seeking input on a variety of proposals ranging from legislation
29 modeling recently passed laws in Tennessee and Illinois permitting foreign-trained and licensed
30 practicing physicians who now reside in the United States to begin practicing with a temporary or
31 limited license under the supervision of a physician for a specified time period to proposals
32 creating a new medical position as "associate physicians" for graduate physicians who have not
33 found a residency position, and
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35 Whereas, MSMS has current policy that opposes the "assistant physician" licensing pathway,
36 as well as a directive telling MSMS to look at various proposals that would result in a primary care
37 advanced practice licensing pathway, and
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39 Whereas, since the adoption of MSMS policy the landscape around scope of practice has
40 changed, with non-physician providers using the shortage of physicians, especially in health
41 professions shortage areas, as an argument in support of their requests for expanded scope and/or
42 independent practice, and
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44 Whereas, there is an immediate opportunity for MSMS to be a resource to legislators by
45 helping them to evaluate the pros and cons of various proposals and identify alternative licensing
46 pathways that can provide patients with access to physician-led and supervised care; therefore be it
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48 RESOLVED: That MSMS will engage in communications with policy makers when proposals
49 arise related to alternative licensing pathways to ensure adequate training, supervision by

50 physicians, external funding for training, and credentialing opportunities. MSMS will monitor
51 national efforts related to alternative licensing pathways and share recommendations with policy
52 makers as appropriate.
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55 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

Relevant MSMS Policy

Board Action Report 34-14 (Adopted)

RESOLVED: That MSMS consider innovative proposals with adequate training and supervision to assimilate USMLE-certified but unmatched U.S. citizen international medical graduates as advanced practice providers in primary care.

Opposing the Establishment of an Assistant Physician Program

MSMS opposes special licensing pathways, including the "assistant physician" pathway, for physicians who are not currently enrolled in an Accreditation Council for Graduate Medical Education or American Osteopathic Association training program, or who have not completed at least one year of accredited post-graduate U.S. medical education.

Automatic Eligibility for Licensure Limited to Graduates from Medical Schools which Meet LCME Standards

Only graduates from medical schools which meet standards established by the Liaison Committee on Medical Education should be automatically eligible for licensure as medical doctors in Michigan.

Relevant AMA Policy

Licensure for International Medical Graduates Practicing in U.S. Institutions with Restricted Medical Licenses D-255.977

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

Retirement of the National Board of Medical Examiners Step 2 Clinical Skills Exam for US Medical Graduates: Call for Expedited Action by the American Medical Association D-275.950

Our AMA: (1) will take immediate, expedited action to encourage the National Board of Medical Examiners (NBME), Federation of State Medical Boards (FSMB), and National Board of Osteopathic Medical Examiners (NBOME) to eliminate centralized clinical skills examinations used as a part of state licensure, including the USMLE Step 2 Clinical Skills Exam and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 2 - Performance Evaluation Exam; (2) in collaboration with the Educational Commission for Foreign Medical Graduates (ECFMG), will advocate for an equivalent, equitable, and timely pathway for international medical graduates to demonstrate clinical skills competency; (3) strongly encourages all state delegations in the AMA House of Delegates and other interested member organizations of the AMA to engage their respective state medical licensing boards, the Federation of State Medical Boards, their medical

schools and other interested credentialing bodies to encourage the elimination of these centralized, costly and low-value exams; and (4) will advocate that any replacement examination mechanisms be instituted immediately in lieu of resuming existing USMLE Step 2-CS and COMLEX Level 2-PE examinations when the COVID-19 restrictions subside.

Practicing Medicine by Non-Physicians H-160.949

Our AMA: (1) urges all people, including physicians and patients, to consider the consequences of any health care plan that places any patient care at risk by substitution of a non-physician in the diagnosis, treatment, education, direction and medical procedures where clear-cut documentation of assured quality has not been carried out, and where such alters the traditional pattern of practice in which the physician directs and supervises the care given;

(2) continues to work with constituent societies to educate the public regarding the differences in the scopes of practice and education of physicians and non-physician health care workers;

(3) continues to actively oppose legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision;

(4) continues to encourage state medical societies to oppose state legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision;

(5) through legislative and regulatory efforts, vigorously support and advocate for the requirement of appropriate physician supervision of non-physician clinical staff in all areas of medicine; and

(6) opposes special licensing pathways for "assistant physicians" (i.e., those who are not currently enrolled in an Accreditation Council for Graduate Medical Education training program, or have not completed at least one year of accredited graduate medical education in the U.S).

Medical Licensure H-275.978

Our AMA: (1) urges directors of accredited residency training programs to certify the clinical competence of graduates of foreign medical schools after completion of the first year of residency training; however, program directors must not provide certification until they are satisfied that the resident is clinically competent;

(2) encourages licensing boards to require a certificate of competence for full and unrestricted licensure;

(3) urges licensing boards to review the details of application for initial licensure to assure that procedures are not unnecessarily cumbersome and that inappropriate information is not required.

Accurate identification of documents and applicants is critical. It is recommended that boards continue to work cooperatively with the Federation of State Medical Boards to these ends;

(4) will continue to provide information to licensing boards and other health organizations in an effort to prevent the use of fraudulent credentials for entry to medical practice;

(5) urges those licensing boards that have not done so to develop regulations permitting the issuance of special purpose licenses, with the exception of special licensing pathways for "assistant physicians." It is recommended that these regulations permit special purpose licensure with the minimum of educational requirements consistent with protecting the health, safety and welfare of the public;

(6) urges licensing boards, specialty boards, hospitals and their medical staffs, and other organizations that evaluate physician competence to inquire only into conditions which impair a physician's current ability to practice medicine;

(7) urges licensing boards to maintain strict confidentiality of reported information;

(8) urges that the evaluation of information collected by licensing boards be undertaken only by persons experienced in medical licensure and competent to make judgments about physician

competence. It is recommended that decisions concerning medical competence and discipline be made with the participation of physician members of the board;

(9) recommends that if confidential information is improperly released by a licensing board about a physician, the board take appropriate and immediate steps to correct any adverse consequences to the physician;

(10) urges all physicians to participate in continuing medical education as a professional obligation;

(11) urges licensing boards not to require mandatory reporting of continuing medical education as part of the process of reregistering the license to practice medicine;

(12) opposes the use of written cognitive examinations of medical knowledge at the time of reregistration except when there is reason to believe that a physician's knowledge of medicine is deficient;

(13) supports working with the Federation of State Medical Boards to develop mechanisms to evaluate the competence of physicians who do not have hospital privileges and who are not subject to peer review;

(14) believes that licensing laws should relate only to requirements for admission to the practice of medicine and to assuring the continuing competence of physicians, and opposes efforts to achieve a variety of socioeconomic objectives through medical licensure regulation;

(15) urges licensing jurisdictions to pass laws and adopt regulations facilitating the movement of licensed physicians between licensing jurisdictions; licensing jurisdictions should limit physician movement only for reasons related to protecting the health, safety and welfare of the public;

(16) encourages the Federation of State Medical Boards and the individual medical licensing boards to continue to pursue the development of uniformity in the acceptance of examination scores on the Federation Licensing Examination and in other requirements for endorsement of medical licenses;

(17) urges licensing boards not to place time limits on the acceptability of National Board certification or on scores on the United States Medical Licensing Examination for endorsement of licenses;

(18) urges licensing boards to base endorsement on an assessment of physician competence and not on passing a written examination of cognitive ability, except in those instances when information collected by a licensing board indicates need for such an examination;

(19) urges licensing boards to accept an initial license provided by another board to a graduate of a US medical school as proof of completion of acceptable medical education;

(20) urges that documentation of graduation from a foreign medical school be maintained by boards providing an initial license, and that the documentation be provided on request to other licensing boards for review in connection with an application for licensure by endorsement;

(21) urges licensing boards to consider the completion of specialty training and evidence of competent and honorable practice of medicine in reviewing applications for licensure by endorsement;

(22) encourages national specialty boards to reconsider their practice of decertifying physicians who are capable of competently practicing medicine with a limited license;

(23) vigorously opposes any state or other government agency plan for mandated recertification of physicians for the purpose of relicensure or reregistration;

(24) supports the Federation of State Medical Boards' efforts to assure that organizations that use the Federation's copyrighted disciplinary data secure permission to do so and accompany their publications with an explanation that comparison between states based on those data alone is misleading to the public and does a disservice to the work of the state medical boards;

(25) urges that the state medical and osteopathic boards that maintain a time limit for completing licensing examination sequences for either USMLE or COMLEX to adopt a time limit of no less than 10 years for completion of the licensing exams; and

(26) urges that state medical and osteopathic licensing boards with time limits for completing the licensing examination sequence provide for exceptions that may involve personal health/family circumstances.