**A National Discussion about Qualifying Internationally-Trained Physicians Comes to Vermont**

Approximately 25 percent of physicians licensed in the United States are international medical graduates,[[1]](#footnote-1) and in recent years about 30 percent of all newly-licensed US physicians have been IMGs. Obviously, IMGs are a vital component of the US physician workforce.

The vast majority of IMGs in the US have become eligible for licensure by successfully completing a US residency program. The number of years of training needed varies among states. In Vermont, an IMG must successfully complete at least three years of training accredited by the Accreditation Council for Graduate Medical Education (ACGME). However, there is a debate going on nationally about whether US residency training should be required for all IMGs who want to become licensed in the United States.

Over the past two and a half years, 12 states have passed legislation creating new, alternate pathways to licensure for IMGs that do not require US residency training. No two of these initiatives are identical, but all reflect some common concepts. In broad terms, instead of requiring successful completion of US residency training, physicians who meet a time requirement for practice in good standing in another country may become eligible for a license in the state by successfully completing a period of restricted practice in a setting approved by the state medical board. During the period of restricted practice, there is some level of supervision and assessment. These programs have all been created with the stated intent to address physician workforce shortages, especially in rural areas and in primary care.

Three national organizations that are focused on physician licensing, training, and IMG issues have joined forces to create an advisory group on additional pathways. In December 2023, the Federation of State Medical Boards (FSMB), ACGME, and Intealth (parent organization of the ECFMG[[2]](#footnote-2)) established the Advisory Commission on Additional Licensing Models (ACALM). ACALM issued their first guidance document on additional pathways in February 2025. It focused on eligibility for these new pathways and the general framework of the programs. The group is currently working on a second document that addresses the specifics of the programs, focusing on supervision and assessment. A draft was released in May 2025. State medical boards and others have been invited to share comments on the draft.

The conversation about whether an IMG should be allowed to seek licensure without completion of a US residency program has come to Vermont. In April 2025, a bill on additional pathways to medical licensure was introduced in the Vermont Senate. [S.142](https://legislature.vermont.gov/bill/status/2026/S.142), titled *An Act relating to a pathway to licensure for internationally trained physicians and medical graduates*, was not discussed during the recently-ended legislative session, but is anticipated to be discussed in the session that begins this coming January. We expect that interested legislators and advocates will convene meetings during the fall to discuss the proposed bill, soliciting public input and refining the details in preparation for the formal legislative hearings.

We are letting our licensees know about the bill and its anticipated discussion for a number of reasons.

* Vermont physicians have a stake in the qualifications of the physicians who will be their peers. Having gone through the US residency system you understand the role residency plays in developing physicians who are prepared to offer patients quality care. Your input will be valuable to the Board and to legislators who will be determining if Vermont should join the states that have created additional pathways to licensure that do not feature a US medical residency.
* If passed, the bill would assign the Board significant new duties. There is no existing program akin to the ECFMG to evaluate the credibility of international postgraduate training programs. The Board would be responsible for assessing the validity of program documentation and the quality of the training provided. The Board would also be called on to create standards for the programs to ensure that the programs are able to properly supervise, develop, assess, and evaluate program participants. The Board and its small staff (7 employees) do not have expertise in those functions or capacity to take on those functions. Licensee input will be helpful during consideration of the bill and, if it is passed, would help the Board take on those new duties
* The bill allows for hospitals, FQHCs, and community health centers to be a “participating health care facility,” subject to approval by the Board. Approved facilities are where program participants would engage in supervised practice and be assessed. Input from Vermont physicians will be essential for legislators to make an informed decision as to whether Vermont’s hospitals, FQHCs, and community health centers have the capacity to take on supervision and assessment of physicians who have not completed US residency training. Also, if the bill is passed, the Board will need input on how to assess whether individual sites should be approved.
* The Board of Medical Practice is funded entirely by the fees it collects. The additional duties placed on the Board will demand resources. If the bill is passed with no other provision for funding, licensees will bear the cost through higher licensing fees. Licensees deserve to know that so they can have a voice when the discussion turns to the fiscal aspects of these issues .

Licensees who are interested in the prospect of new licensing pathways can find more information on the FSMB website. As of late June 2025, you will find an [ACALM press release](https://www.fsmb.org/advisory-commission-comment-period/) that includes links to the February 2025 Guidance Document and the Draft second Guidance Document, which is currently under review. Other resources with information include an Article in the Journal of Graduate Medical Education, *New State Approaches to Licensure of International Medical Graduates*, J Grad Med Educ. 2024 Aug 15;16(4):500–502. doi: 10.4300/JGME-D-24-00547.1 (available from the [NIH National Library of Medicine](https://pmc.ncbi.nlm.nih.gov/articles/PMC11324179/)) and a page about ACALM on the [Intealth website](https://www.intealth.org/news/2024/03/27/fsmb-intealth-acgme-establish-advisory-commission-to-guide-alternate-pathways-for-state-licensure-of-international-medical-graduates/).

To receive updates about meetings to be held on creating new pathways to licensure for IMGs in Vermont, contact us at [ahs.vdhmedicalboard@vermont.gov](mailto:ahs.vdhmedicalboard@vermont.gov) to ask to be on an email list. Please include “Request for Additional Licensing Pathways Updates” in the subject field.

1. International medical graduates, or IMGs, are physicians who are practicing in the United States who did not attend medical school in the United States or Canada. This includes both US citizens who grew up in the US but attended medical school overseas (many at Caribbean schools), and non-citizens who grew up and attended medical school overseas. [↑](#footnote-ref-1)
2. ECFMG, the Educational Commission for Foreign Medical Graduates, is a non-for-profit formed in the 1950s to facilitate US licensure for IMGs. IMGs have long been required to obtain ECFMG certification, which provides licensing authorities and others validation of an IMG’s medical education, English language proficiency, and eligibility to take Step 3 of the USMLE. [↑](#footnote-ref-2)