

Internationally Trained Physicians (ITPs)

Expanding Access to Care by Removing Unnecessary Licensing Barriers

States across the country are facing a real physician shortage, especially in primary care and in rural communities. The Association of American Colleges predicts the U.S. could face a **shortage of up to 86,000 physicians by 2036**. At the same time, many internationally trained physicians are already living in the U.S., have completed medical school and clinical training, and have years of experience abroad, but remain unable to practice in the U.S. because of duplicative licensing and residency requirements.

The Problem

- **Physician shortages:** 7,488 federally designated Health Professional Shortage Areas for primary care alone affect nearly 74 million Americans.
- **Qualified doctors are sidelined:** ITPs with medical degrees, completed residencies, and years of practice abroad are often required to repeat U.S. residency programs from scratch, a process that takes 3–7 additional years and is already overburdened with applicants.
- **Licensing barriers:** Current legislation does not recognize foreign training and education, forcing experienced physicians into lower-skilled work despite their qualifications.
- **Rural and underserved communities suffer most:** Provider shortages are disproportionately concentrated in the areas where access to alternative care is already limited.

State-Level Initiatives

- **Create Alternative Provisional Licensure Pathways:** States can allow ITPs who meet education, training, and competency standards to practice under a provisional license without repeating U.S. residency. After a supervised practice period, ITPs can transition to full, unrestricted licensure.
- **Recognize Prior Training and Experience:** Rather than requiring ITPs to duplicate training they have already completed, states can evaluate equivalent international credentials, licensure history, clinical experience, and standardized exam scores, with supervised practice as an additional safeguard.
- **Streamline Administrative and Credentialing Barriers:** Simplifying credential review processes, clarifying eligibility criteria, and standardizing documentation requirements make pathways more predictable and reduce unnecessary delays.



State-Level Initiatives

At least **22 states** have now enacted alternative licensure pathways for internationally trained physicians, per the American Medical Association, reflecting broad, bipartisan recognition of the need for reform. Some of those are:

- **Tennessee** (SB 1451, enacted 2023; amended 2024): Established the first state alternative licensure pathway for IMGs with postgraduate training and practice experience abroad. Physicians receive a provisional license and, after two years of supervised practice, are eligible for full unrestricted licensure.
- **Virginia** (HB 995, enacted 2024): Grants provisional licenses to ITPs with a World Health Organization (WHO)-recognized medical degree and at least five years of international practice. Physicians practice under supervision, with priority in medically underserved areas, before transitioning to full licensure.
- **Idaho** (HB 542, enacted 2024): Allows experienced International Medical Graduates (IMGs) to obtain provisional licenses to practice in Idaho. Signed by Governor Brad Little on March 28, 2024, with an effective date of January 1, 2025.

Considerations and Future Outlook

Modernizing licensure rules for ITPs is a commonsense, market-driven solution to the physician shortage that requires no new federal spending or laws. It puts qualified, experienced doctors to work for patients who need them, while maintaining standards through exams, credentialing, and supervised practice. States that act now will be better positioned to meet the growing demand for health care.