Licensure By Endorsement

Final Report of the Ad Hoc Committee on Licensure by Endorsement

Adopted as policy by the Federation of State Medical Boards in 1995

Section I. Preamble

In May 1993, Federation President Hormoz Rassekh, MD, established a special Ad Hoc Committee on Licensure by Endorsement as a result of the Endorsement Conference held during the Federation's 1993 Annual Meeting. The committee was charged to develop model recommendations to be utilized by state medical boards to create greater uniformity in the process of licensure by endorsement while maintaining the high standards required by the individual states.

The committee discussed the evolution of the practice of medicine in the United States and the purpose of medical licensure, emphasizing that the outcome of medical licensure should be to establish quality, not geographic barriers. Technological advances, trends in managed care, as well as governmental and economic pressures, have resulted in greater physician mobility and thus a demand for increased license portability. The committee hopes that state medical boards will address these issues proactively in order to avoid undesirable and potentially disruptive intervention at the federal level.

Section II. Goals

The committee identified the the following goals:

1. Identify barriers to the process of licensure by endorsement.
2. Encourage state medical boards to reexamine statutory and regulatory processes to identify requirements which are current and essential.
3. Develop model guidelines for recommendation to state medical boards for the process of licensure by endorsement which promote uniformity and fairness without compromising high licensure standards necessary to protect the public.
4. Determine the efficacy of state medical boards, utilizing a central credentials depository in the credentials authentication/verification process.

Section III. Definitions

The committee identified and adopted the following terms and definitions for the purposes of this report:

1. Initial Licensure: The first full and unrestricted license to practice medicine granted to an individual by a state or territory of the United States.
2. Reciprocity: A process of granting a license to practice medicine to an individual based on a formal agreement between two states to mutually recognize the licensure process as being equivalent. This process is no longer utilized by licensing boards.
3. Licensure by Endorsement (current definition): A process whereby a state issues an unrestricted license to practice medicine to an individual who holds a valid and unrestricted license in another jurisdiction. The license will be granted based on

- documentation of successful completion of an approved examination previously administered by another agency; and
- completion of additional requirements which assess the applicant's fitness to practice medicine.

The committee discussed at length the current definition of licensure by endorsement as stated above and recommends the definition be expanded as follows:

4. Licensure by Endorsement (revised definition): A process whereby a state issues an unrestricted license to practice medicine to an individual who holds a valid and unrestricted license in another jurisdiction. The license will be granted based on

- documentation of successful completion of an approved examination previously administered by another agency;
- acceptance of core documents which have been authenticated by an approved process; and
- completion of additional requirements which assess the applicant's fitness to practice medicine in the new jurisdiction.

5. Core Documents: Documents required by all states which form the foundation for identification of the applicant, verification of the applicant's education and training, and completion of examination requirements.
6. Supplemental Documents: Documents required by any state for verification of an applicant's professional experience and current fitness to practice medicine.
7. Verification/Authentication: Primary source: Authentication of documents by the entity issuing the documents. Secondary source: Verification of documents by an entity which has previously received primary source authentication/verification.
8. Archive: A repository which securely preserves a record of authenticated documents on behalf of state licensing boards.

Section IV. Model Guidelines to Improve the Process of Licensure by Endorsement

The committee recommends that state medical boards implement a process for licensure by endorsement which sufficiently evaluates an applicant based on the authentication/verification of core documents which evidence the identity, medical education and training, as well as licensure examinations. In addition, the committee advocates thorough investigation into the background and professional experience of all applicants, as well as a determination of current competence. Based on a review of reference materials and a tabulation of survey results from member boards, the committee has identified the core documents which the committee believes will provide evidence of identification, medical education and training, and passage of a licensure examination. Core documents include the following:

1. Documents which establish identification of applicant include

- recent photograph (6 months, color);
- birth certificate (certified) or passport (original); and/or
- name change document (certified copy).

2. Documents which evidence medical education and training:

- MD/DO or equivalent diploma
- medical school transcript
- documentation of clerkship if a graduate of a non-LCME accredited medical school
- ECFMG certificate, if applicable
- documentation of the successful completion of an accredited graduate medical education program

3. Documentation of successful passage of one or more of the following examinations acceptable for initial licensure by the state medical board:

- United States Medical Licensing Exam (USMLE) Steps 1, 2 and 3

- USMLE-approved examination combinations (see chart, Appendix 1)
- state examination
- Federation Licensing Exam (FLEX)[1]
- National Board of Medical Examiners (NBME) I-III[1]
- National Board of Osteopathic Medical Examiners (NBOME) I-III[1]
- Licentiate of the Medical Council of Canada (LMCC)

Section V. Archive of Verified/Authenticated Documents

The committee believes that social and economic influences on health care will necessitate improved processes facilitating medical license portability. Delays due to credentials verification have been identified as a major barrier to the process. The committee supports the concept of a central credentials verification service or depository wherein verified/authenticated documents could be securely maintained on behalf of state medical boards.

Upon the establishment of such an archive, the above described core documents would be appropriately and securely maintained and documentation provided to state medical boards in lieu of primary source verification by each medical board. In the event such an archive becomes available, the committee encourages all state boards to initiate measures to make it mandatory. Until such time an archive service is established, the committee strongly recommends primary source verification for the following documents:

1. MD/DO or equivalent diploma
2. clerkship (non-ACME accredited schools)
3. postgraduate training
4. ECFMG certificate
5. all applicable examinations

Section VI. Supplemental Documentation

The committee recommends that state licensing boards require applicants to furnish supplemental documents to evidence a sequential and continuous post-licensure practice history. Particular scrutiny should be given to any periods of discontinuity.

Information provided by the applicant should include hospital medical staff affiliations, teaching appointments and malpractice claims history. The committee strongly recommends licensing boards diligently use the services of the Federation's Board Action Data Bank for each applicant for licensure by endorsement.

Section VII. Competence Assessment

The committee recommends state medical boards develop mechanisms to identify applicants who should be required to demonstrate current competence. Such applicants may include those individuals who

1. have not been in active medical practice for the previous 24-month period;
2. have not taken a licensing or specialty board certification or recertification examination within the previous 10-year period; and/or
3. have no current hospital medical staff affiliations.[2]

Boards may wish to require such applicants to demonstrate current competence by passage of the SPEX and/or an oral examination or other appropriate assessment approved by the licensing board.

Section VIII. Barriers to Licensure Portability

The committee recognizes that additional barriers likely exist which impede implementation of a more expedient and efficient process for licensure by endorsement. The committee will continue to gather information and review current literature and other reference materials to update and refine these guidelines. Through its initial review of state licensing requirements and state medical board survey results, the committee identified some possible barriers to license portability which require examination by individual state medical boards. Possible barriers identified include the following:

1. variations in postgraduate training requirements (Currently, postgraduate training for licensure by endorsement varies from one to three years.)
2. variations in examination requirements
3. requirements for US citizenship (obsolete) or employment authorization
4. professional liability requirements
5. special curriculum requirements and medical education equivalency requirements
6. delays in application processing turnaround
7. retroactive requirements

While updated standards for initial licensure are to be encouraged, the committee believes that examination and/or postgraduate training requirements which exceed those in effect at the time of initial licensure may place an undue burden on applicants. Such a process results in qualified applicants being denied licensure without reasonable remedy. The committee encourages state medical boards to adopt regulations/policies to allow licensure by endorsement for applicants who would have successfully met the board's requirements in effect on the date the applicant received initial licensure.

Section IX. Telemedicine

The committee recognizes that the practice of telemedicine is expected to expand and flourish in the 21st century. The committee believes it is imperative that state medical boards develop a mechanism to regulate telemedicine providers in order to protect the citizens of each jurisdiction. State medical boards are encouraged to be cognizant of the potential for abuse of telemedical technology for economic gain of the provider. The committee further encourages all state medical boards to develop a system to regulate the practice of telemedicine that will protect the public without being unduly burdensome to providers.

Section X. Conclusions and Recommendations

1. The committee recommends that applicants for licensure by endorsement provide evidence of identity, medical education and training, and passage of an approved licensure examination.
2. The committee recommends that state medical boards accept the core documents as defined and identified in this report.
3. The committee recommends the establishment of a central credentials verification service or depository wherein verification/authentication of core documents may be archived (securely maintained on behalf of state medical boards).
4. The committee recommends that state medical boards initiate measures within their respective jurisdictions to promote the use of such a service and make its use mandatory for all endorsement applicants.
5. The committee recommends that applicants for licensure by endorsement provide supplemental documentation to evidence sequential and continuous post-licensure experience.
6. The committee recommends that state medical boards develop mechanisms to identify applicants who should be required to demonstrate current competence.
7. The committee recommends that state medical boards review their requirements and processes for licensure by endorsement in an effort to identify any possible barriers to license portability.
8. The committee recommends that state medical boards adopt policies/regulations to allow licensure by endorsement for applicants meeting requirements in effect the date of applicant's initial licensure.
9. The committee encourages state medical boards to develop processes to regulate the practice of telemedicine that will protect the public without being unduly burdensome to providers.

10. The Committee believes implementation of these recommendations will serve to assist state medical boards in the establishment of a more uniform and expeditious process for licensure by endorsement, and thereby facilitate physician license portability.

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1. *Note: FLEX and NBME examinations are no longer offered. Both examinations have been replaced by the United States Medical Licensing Examination (USMLE). NBOME I-III has been replaced by the COMLEX-USA examination.*
2. *Note: This requirement is no longer applicable.*

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APPENDIX 1

Examination Combinations Recommended as Acceptable
for Medical Licensure if Completed Prior to the Year 2000*

Accepted Examination Sequence	Recommended as Acceptable
NBME Part I *plus* NBME Part II *plus* NBME Part III	NBME Part I or USMLE Step 1 *plus* NBME Part II or USMLE Step 2 *plus* NBME Part III or USMLE Step 3
	FLEX Component 1 *plus* USMLE Step 3
FLEX Component 1 *plus* FLEX Component 2	or
	NBME Part I or USMLE Step 1 *plus* NBME Part II or USMLE Step 2 *plus* FLEX Component 2
USMLE Step 1 *plus* USMLE Step 2 *plus* USMLE Step 3	

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