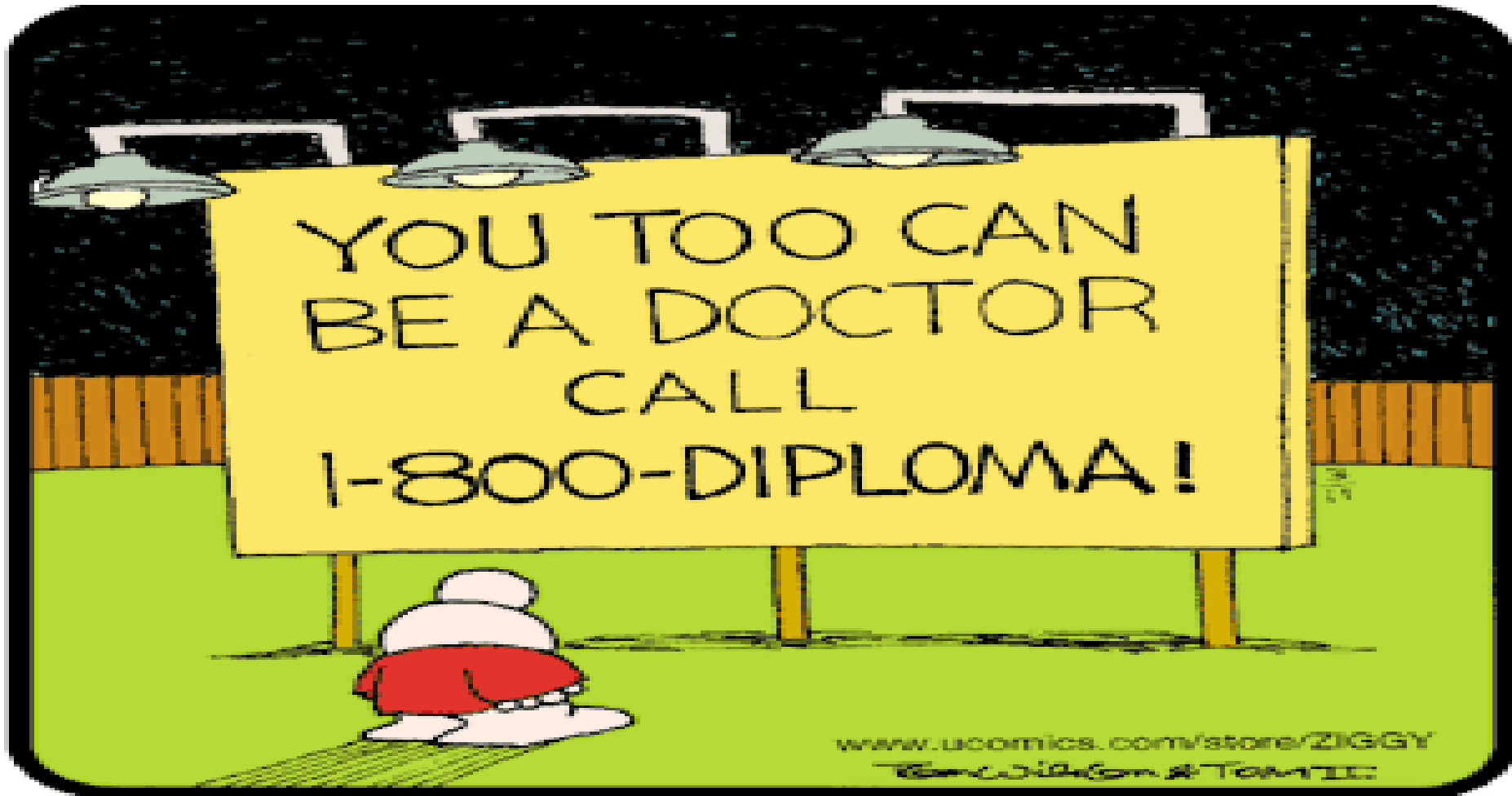


Why do we license physicians?

Why do we license physicians?



Purpose of Medical Licensure

- Limiting the practice of medicine to qualified practitioners
- **Protecting the public** from the unprofessional, improper and incompetent practice of medicine
 - In supervised settings
 - In unsupervised practice

The practice of medicine is a privilege, not a right!

Medical Licensure in the United States

Law for the regulation of “Surgeons, Midwives, Physicians or others...employed at any time about the body of men, women or children, for preservation of life, or health.” **Regulation**

Such persons “shall not practice without the advice and consent of such as are skillful in the same Art, if such may be had, or at least some of the wisest and gravest then present.” **Licensure**

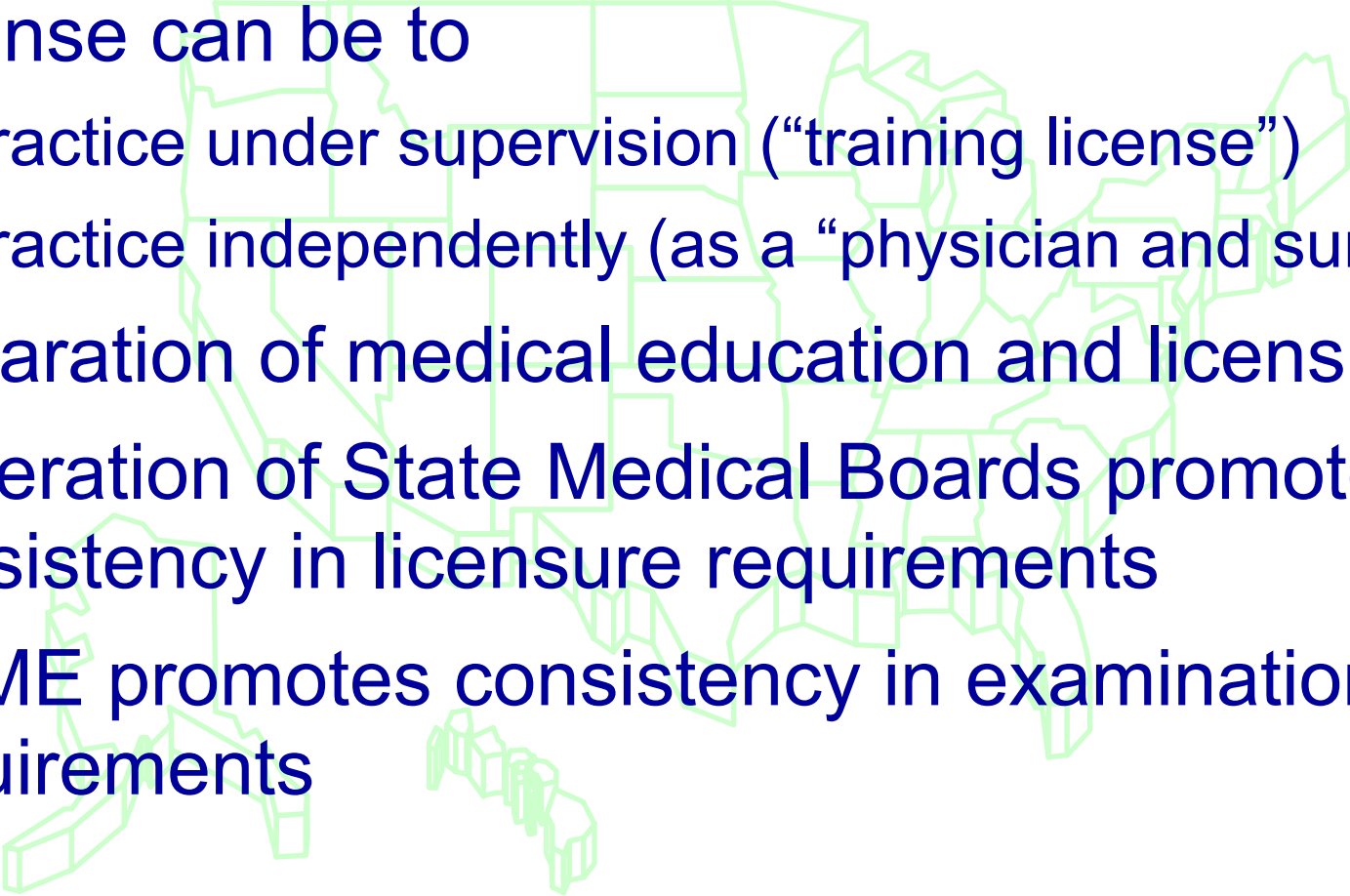
Violators are subject to “such severe punishment as the nature of the fact may deserve.” **Discipline**

Massachusetts, 1649

Medical License

- Authority granted to a physician under a state medical practice act (law) to practice “medicine and surgery”
- The medical practice act is a law adopted by the state legislature that defines and regulates medical practice
- Practicing medicine without a license can result in civil and criminal penalties

Medical Licensure in the US

- Licensure is a function of state government
 - License can be to
 - Practice under supervision (“training license”)
 - Practice independently (as a “physician and surgeon”)
 - Separation of medical education and licensure
 - Federation of State Medical Boards promotes consistency in licensure requirements
 - NBME promotes consistency in examination requirements
- 

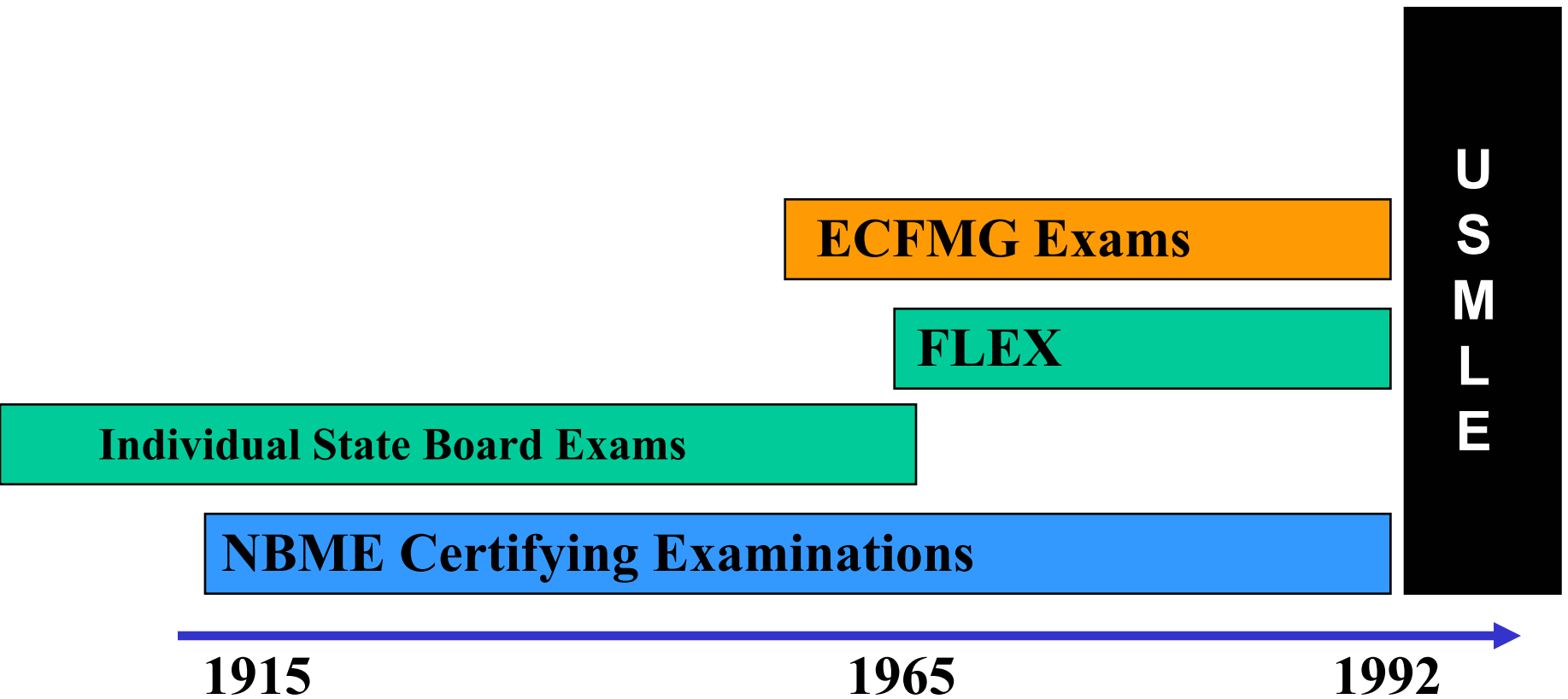
Evaluation for Initial License

- Personal characteristics, including character
- Education
 - undergraduate medical
 - post-graduate medical
- Examination requirements
- Requirements can vary from state to state (eg, in amount of postgraduate training required to be eligible for a license)

Difficult Issues in Medical Licensure

- Timing of examinations in relation to medical education
- Other uses of the results of licensing examinations
- Should the licensing examination lead or follow shifts in medical education
- Viability of generalist model for licensure in an era of specialization
- Physician self-regulation versus Expectations of the public for expanded assessment
- Relicensure of physicians in practice

Licensing Examinations in the US



Timing of Licensing Examinations

- **NBME Certification**
 - Part I: after basic science training
 - Part II: senior year
 - Part III: near end of internship
- **Federation Licensing Examination (FLEX)**
 - Component 1: after graduation
 - Component 2: after graduation
- **ECFMG Exams (ECFMG, VQE, FMGEMS)**
 - Prior to entry into Graduate medical education

Timing of Licensing Examinations

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During
medical
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- Prior to entry into
Graduate medical education

Before entry into
supervised training¹³

Structure of Initial Licensure in the United States

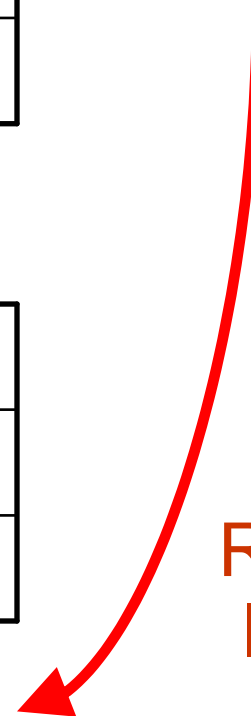
1	Basic science
2	Basic science
3	Clinical science
4	Clinical science

**Graduation from
Medical School**

5	Internship
6	Residency
7 on	Residency & Fellowship

**Entry into
Independent Practice**

Natural "Gates"
for Exams



Readiness for
Independent
Practice₋₁₄

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**Entry into
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Natural "Gates"
for Exams

?

Readiness for
Supervised
Practice

Readiness for
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Where are the Natural Gates for Licensing Examinations in Mexico

1	Basic science
2	Basic science
3	Clinical science
4	Clinical science
5	Internship
6	Social service
7 on	Residency & Fellowship

Natural "Gates"
for Exams

?

Readiness for
Supervised
Practice

Readiness for
Independent
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Users and Uses of USMLE Results

User	Step 1	Step 2	Step 3
Licensing Jurisdictions	<ul style="list-style-type: none">• Protecting the health of the public• Training and unrestricted licenses		
ECFMG (IMGs only)	<ul style="list-style-type: none">• ECFMG Certification• Entry into GME		
Examinees	<ul style="list-style-type: none">• See other rows		

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Medical Schools	<ul style="list-style-type: none"> • Intramural promotion and graduation decisions • Curriculum evaluation 		
Residency Programs	<ul style="list-style-type: none"> • Screening for interviews • Ranking of applicants 		
LCME	<ul style="list-style-type: none"> • Accreditation (aggregated results) 		

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Should USMLE Lead or Follow Shifts in Medical Education?

- Focus on learning outcomes vs curriculum process
- Clinical training as a series of random walks thru specialty/rotation fiefdoms – each student experiences his/her own curriculum
- Bringing order to chaos – the Steps as “merit badges” for quality control that free up schools to experiment

Probably neither. Licensing examination structure and content should follow from an independent evaluation of what is important for trainees to have learned for the next stage of training/practice

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- Relicensure of physicians in practice
 - Typically every 1-3 years; administrative review only

Specialty certification in the US

- The member boards of the American Board of Medical Specialties set the standards for specialty certification in the United States
- Specialty certification examinations are not accepted for initial licensure
- Specialty certification and re-certification examinations may be accepted for transfer of licensure

Clinical privileges

- Hospital and clinic privileges are based on specialty qualifications, not on medical licensure. This is a requirement for hospital accreditation.
- Specialists must demonstrate certification and recertification to maintain privileges
- Generalists without hospital privileges are not currently regulated.

Specialty recertification

Specialty certification must be maintained (7-10 years)

- Evidence of professional standing
- Evidence of continued learning and development
- Evidence of current knowledge
- Evidence of practice improvement

Renewing a medical license

- Every 1-3 years
- Self-report on
 - Continuing medical education
 - Health issues
 - Criminal convictions
 - Malpractice judgments and settlements

"State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure."

Adopted by the Federation of State Medical Boards House of Delegates, May 1, 2004