



# Legislative Committee Meeting

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Virginia Board of Medicine

May 9, 2025

8:30 a.m.



**AGENDA**  
**Legislative Committee**  
 Virginia Board of Medicine  
 Friday, May 9, 2025 @ 8:30 a.m.  
 Board Room 4

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<b>Call to Order</b> – Peter Apel, MD – Vice-President, Chair	
<b>Egress Instructions</b> .....	i
<b>Roll Call</b>	
<b>Approval of Minutes of January 10, 2025</b> .....	1
<b>Adoption of Agenda</b>	
<b>Public Comment on Agenda Items - 5 minutes per speaker</b>	
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<b><u>New Business</u></b>	
1. Ongoing discussion of proposed regulatory language pursuant to HB995 (2024) .....	5
<b>Announcements</b> .....	33
<b>Next Meeting:</b> September 5, 2025	
<b>Adjournment</b>	



**PERIMETER CENTER CONFERENCE CENTER  
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS**  
(Script to be read at the beginning of each meeting.)

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**Board Room 4**

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

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## VIRGINIA BOARD OF MEDICINE LEGISLATIVE COMMITTEE MINUTES

Friday, January 10, 2025

Department of Health Professions

Henrico, VA

- CALL TO ORDER:** Dr. Apel called the meeting of the Legislative Committee to order at 8:36 a.m.
- ROLL CALL:** Ms. Brown called the roll; a quorum was established.
- MEMBERS PRESENT:** Peter Apel, MD, Vice-President, Chair  
Thomas Corry, Secretary-Treasurer  
Pradeep Pradhan, MD  
Jennifer Rathmann, DC  
Leroy Vaughan, Jr., MD
- MEMBERS ABSENT:** J. Randy Clements, DPM, President  
Krishna Madiraju, MD
- STAFF PRESENT:** William L. Harp, MD - Executive Director  
Jennifer Deschenes, JD - Deputy Director, Discipline  
Colanthia Morton Opher - Deputy Director, Administration  
Michael Sobowale, LLM - Deputy Director, Licensing  
Barbara Matusiak, MD - Medical Review Coordinator  
Arne Owens – DHP Director  
Erin Barrett, JD – Director of Legislative and Regulatory Affairs  
Deirdre Brown - Executive Assistant  
Danielle Sangiuliano – Administrative Assistant
- COUNCIL PRESENT:** W. Brent Saunders, JD - Senior Assistant Attorney General
- OTHERS PRESENT:** Tamika Hines - Discipline Case Manager  
Matt Novak – DHP Policy and Economic Analyst  
Dr. Lily Cameron – Refugee Physicians Advocacy Coalition  
Jack Wendorf – International Ministry of Ashland  
Allyson Flinn – Medical Society of Virginia

### EMERGENCY EGRESS INSTRUCTIONS

Mr. Corry provided the emergency egress instructions for Board Room 4.

## **APPROVAL OF MINUTES OF September 13, 2024**

Dr. Rathmann moved to approve the meeting minutes of September 13, 2024. The motion was seconded by Dr. Pradhan and carried unanimously.

## **ADOPTION OF AGENDA**

The agenda was adopted by unanimous consent.

## **PUBLIC COMMENT**

None.

## **DHP AGENCY DIRECTOR'S REPORT**

None.

## **NEW BUSINESS**

### **1. Legislative and Regulatory Update**

Ms. Barrett stated that on Wednesday, January 8, 2025, due to the water issue in Richmond, the General Assembly gavelled in and then gavelled out. She informed the Board that no position has been taken on any bills at this time. Ms. Barrett then concluded with a brief review of HB1635-Certified Nurse Midwives; Licensed Certified Midwives; Independent Practice; Organized Medical Staff.

### **2. Consideration of Regulatory Requirements for Implementation of HB995**

Ms. Barrett opened by suggesting that the Committee focus primarily on the evaluation program in Section 4 of HB995 for the Provisional license pathway. Dr. Apel suggested that the evaluation guidelines should be parallel to those of ACGME (Accreditation Council for Graduate Medical Education) with milestone reporting, possibly quarterly. The suggestion opened the floor to discussion of whether in-program reporting should be to the Board or remain the responsibility of the Program Manager for the facility by which the foreign physician is employed. Ms. Barrett stated that the quarterly assessments should come from the licensee to the Board and that this agreement should be on the application for a Provisional license. After further discussion, the Committee agreed that the applicant for a Provisional license needed to submit an outline of the facility's program, including the assessment and evaluation process, but the Board would not require submission of interim evaluations. Rather, it would expect a letter of successful completion of the 2-year program at the time the physician applies for a Restricted license.

Dr. Apel requested a timeline on the roll-out of HB995. Ms. Barrett stated that there is no way to know at this time.

Dr. Pradhan asked if the requirement for 5 years of practice in Section (B)(1) would include the physician's training years. It was suggested by Counsel to consider using the language of "5 years after training", in Section (B)(1). This was agreed to by all.

Dr. Harp suggested that Ms. Barrett meet with Board staff prior to the May Legislative Committee meeting to draft regulations for review. Ms. Barrett agreed to the plan.

## **DISCIPLINE REPORT**

Ms. Deschenes presented a Consent Order for the Committee's consideration that would reinstate a physician's license.

**MOTION:** Dr. Pradhan moved to accept the Consent Order. The motion was properly seconded by Dr. Rathmann with a vote of 5-0.

## **ANNOUNCEMENTS**

None.

## **NEXT MEETING**

May 9, 2025

## **ADJOURNMENT**

With no other business to conduct, the meeting adjourned at 10:12 a.m.

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William L. Harp, MD  
Executive Director

**Agenda Item:**     **DHP Agency Director's Report**

**Staff Note:**     All items for information only

**Action:**         None.

**Agenda Item: Ongoing discussion of proposed regulatory language pursuant to HB995 (2024)**

**Included in your agenda package:**

- Draft language implementing HB995 of the 2024 General Assembly; and
- HB995.
- Comment received on Regulatory Town Hall and at the Board of Medicine.

**Action needed:**

- Continued discussion of potential regulatory language needed to implement HB995.
- If the Committee addresses all open questions, the Committee may vote on recommended language to submit to the full Board for adoption as proposed text.
- If the Committee does not finish discussion today, discussion will continue at the September meeting.

**Suggested language  
For committee discussion only**

**18VAC85-20-211. Provisional licensure of foreign physicians.**

A. A physician previously licensed or otherwise authorized to practice in a foreign country for at least five years after medical training may apply for a provisional license as a physician. The applicant shall:

1. Provide evidence of authorization to practice medicine in a foreign country;<sup>1</sup>
2. Provide evidence of a standard Educational Commission for Foreign Medical Graduates (ECFMG) certificate or other credential evaluation services approved by the board;<sup>2</sup>
3. Provide evidence of passage of Step 1 and Step 2 of the United States Medical Licensing Examination;<sup>3</sup>
4. Provide evidence of receipt of a degree of doctor of medicine or equivalent from a medical school in a foreign country accredited by an organization approved by the board;<sup>4</sup> and

**Note:** statute says World Health Organization, but WHO does not do this. There are several other organizations that perform the function implied by the legislation, such as World Federation for Medical Education, Liaison Committee on Medical Education, possibly more; board could approve in a guidance document. ***Discussion needed.***

5. Provide evidence of an active agreement with a medical care facility defined in § 32.1-3 of the Code of Virginia which is consistent with requirements in 18VAC85-20-212 and which shall contain information regarding the assessment and evaluation program consistent with 18VAC85-20-213 and 18VAC85-20-214. The agreement shall be executed and shall clearly define the scope of employment and the participation of the provisionally licensed physician in the assessment and evaluation program.

B. The applicant shall have no grounds for denial based on provisions of § 54.1-2915 of the Code of Virginia or regulations of the board.

C. Time spent in supervised training post-medical school may not count toward the requirement that a physician practice for at least five years in subsection A.

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<sup>1</sup> Identical to 18VAC85-20-210 for limited licenses to foreign medical graduates. This is also statutory requirement, Virginia Code § 54.1-2933.1(B).

<sup>2</sup> Identical to 18VAC85-20-210 for limited licenses to foreign medical graduates. This is also statutory requirement in Virginia Code § 54.1-2933.1(B)(2).

<sup>3</sup> Statutory requirement, Virginia Code § 54.1-2933.1(B)(3).

<sup>4</sup> Statutory requirement, Virginia Code § 54.1-2933.1(B)(1).

**Suggested language  
For committee discussion only**

**18VAC85-20-212. Requirements for maintenance of provisional licensure for foreign physicians.**

- A. A physician holding a provisional license issued pursuant to 18VAC85-20-211 must maintain full-time employment at a medical care facility for which evidence has been provided to the board pursuant to 18VAC85-20-211 A 5 for two years.
- B. A physician holding a provisional license issued pursuant to 18VAC85-20-211 shall ensure that the medical care facility provides quarterly evaluations during the provisionally licensed physicians assessment and evaluation program.
- C. A provisional license shall immediately expire if the board receives notification pursuant to 18VAC85-20-213 H or I. Practice on an expired provisional license constitutes unlicensed practice and may result in discipline or criminal penalties.

**18VAC85-20-213. Requirements for medical care facilities providing evaluation programs for foreign physicians.**

- A. Only medical care facilities as defined by § 32.1-3 of the Code of Virginia<sup>5</sup> are eligible to provide an assessment and evaluation program to a foreign physician practicing with a provisional license.
- B. The medical care facility will enter into an agreement with the provisionally licensed physician to provide assessment, evaluation, and clinical training to the provisionally licensed physician. The provisionally licensed physician will enter full-time employment with the medical care facility upon issuance of the provisional license by the board.<sup>6</sup>
- C. The extent and scope of the duties and professional services rendered by the provisionally licensed physician shall be confined to persons who are bona fide patients within the medical care facility or who receive treatment and advice in an outpatient department or outpatient clinic of the medical care facility.<sup>7</sup>
- D. The provisionally licensed physician must practice under direct supervision for the first 12 months. If deemed appropriate by the supervising physician, the provisionally licensed physician may practice under indirect supervision after the first 12 months.
- E. The medical care facility will provide an assessment and evaluation program for the provisionally licensed physician designed to develop, assess, and evaluate the physician's

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<sup>5</sup> Requirement of Virginia Code § 54.1-2933.1(B)(4).

<sup>6</sup> Requirement of Virginia Code § 54.1-2933.1(B)(4).

<sup>7</sup> This is similar to intern/resident requirements found in 18VAC85-20-220(D).

**Suggested language  
For committee discussion only**

nonclinical skills and familiarity with standards appropriate for medical practice in the Commonwealth. The assessment and evaluation program shall:

1. Include a program director that meets the following requirements:
  - a. Holds an active, unrestricted license to practice medicine in the Commonwealth;
  - b. Engages in the full-time practice of medicine in the Commonwealth, where full-time is defined to mean [1800] hours per year;
  - c. Practices as an employee of the medical care facility; and
  - d. Substantially participates in supervision of the provisionally licensed physician;
2. Include no fewer than three additional supervising physicians that provide direct supervision;
3. Develop, assess, and evaluate the provisionally licensed physician's clinical and non-clinical skills; and
4. Utilize a defined curriculum for development, assessment, and evaluation of the provisionally licensed physician in the following areas [will need definitions for some of these, possibly provided in guidance following final stage]:
  - a. Patient care;
  - b. Medical knowledge;
  - c. Interpersonal communication skills;
  - d. Professionalism;
  - e. Practice-based learning and improvement; and
  - f. Systems-based practice.

F. The medical care facility's assessment, evaluation, and clinical training program shall utilize a clinical competency committee made up of three physicians which meets to assess and evaluate the provisionally licensed physician no less than quarterly. The program director shall not participate on the clinical competency committee. The committee will provide quarterly feedback to the provisionally licensed physician in the subject areas included in subsection E 4.

G. An assessment and evaluation program must use a defined successful completion of the program which includes the following:

1. Defined criteria for successful completion in the practice areas described in subsection E; and

**Suggested language  
For committee discussion only**

2. An evaluation form signed by the program director and all members of the clinical competence committee which provides the following:

a. A description of the criteria for successful completion of the assessment and evaluation program;

b. An attestation to the provisionally licensed physician's successful completion of the program; and

c. An attestation that the provisionally licensed physician's clinical and non-clinical skill reflects the ability to provide safe and competent medical care in the Commonwealth.

H. A medical care facility providing an assessment and evaluation program for provisionally licensed physicians shall notify the board if a provisionally licensed physician stops participating in the assessment and evaluation program.

I. A medical care facility providing an assessment and evaluation program for provisionally licensed physicians shall notify the board if the facility stops providing assessment and evaluation programs. The medical care facility shall provide the names of all provisionally licensed physicians participating in the assessment and evaluation program as part of such notice.

**18VAC85-20-214. Supervision of provisionally licensed foreign physicians.**

A. A foreign physician operating under a provisional license pursuant to 18VAC85-20-211 shall practice only under the direct supervision of the following:

1. Program director; or

2. Members of the clinical competence committee engaged in quarterly review of the provisionally licensed physician.

B. All physicians providing direct supervision of the provisionally licensed physician must meet the following requirements:

1. Hold a current, unrestricted license from the board;

2. Engage in full-time practice in Virginia, constituting [1800] hours per year;

3. Practices as an employee of the medical care facility which entered an employment agreement with the provisionally licensed physician pursuant to 18VAC85-20-212.

**Suggested language  
For committee discussion only**

**18VAC85-20-215. Restricted licensure of foreign physicians.**

A. A provisionally licensed physician may apply for a restricted license pursuant to § 54.1-2933.1 C of the Code of Virginia upon completion of two years of practice as a provisionally licensed physician. The applicant shall submit the following to the board for consideration:

1. Evidence of successful completion of an assessment and evaluation program<sup>8</sup> pursuant to 18VAC85-20-213, which shall include:
  - a. Quarterly reports produced by the clinical competency committee pursuant to 213 F;
  - b. A certification from an official or responsible party of the medical care facility which provided the assessment and evaluation program to the applicant pursuant to 18VAC85-20-213 that states that the applicant satisfactorily completed the assessment and evaluation program;
2. Evidence of a passing score on Step 3 of the United States Medical Licensing Examination<sup>9</sup>;
3. Verification of full-time employment with a medical care facility in a medically underserved area as defined in § 32.1-122.5 of the Code of Virginia or a health professional shortage area designated in accordance with the criteria established in 42 C.F.R. Part 5<sup>10</sup>; and
4. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank.

B. A physician practicing under a restricted license pursuant to this section must practice in a medically underserved area as defined in § 32.1-122.5 of the Code of Virginia or a health professional shortage area designated in accordance with the criteria established in 42 C.F.R. Part 5. Practice outside of any such area is prohibited and may result in disciplinary action by the board.

C. A restricted license may be renewed pursuant to the requirements of 18VAC85-20-230.

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<sup>8</sup> Required by § 54.1-2933.1 C 1

<sup>9</sup> Required by § 54.1-2933.1 C 2

<sup>10</sup> Required by § 54.1-2933.1 C 3

**Suggested language  
For committee discussion only**

**18VAC85-20-216. Patient notification of status of physician holding a provisional license or restricted license.**

A. A physician holding a provisional license pursuant to 18VAC85-20-211 or restricted license pursuant to 18VAC85-20-215 shall inform patients that the physician holds a provisional or restricted license verbally or in writing. If notification is provided verbally, the provision of verbal notification shall be included in the patient medical record.

B. The physician shall wear identification which clearly states that the physician holds a provisional or restricted license.

**NOTE: Fee regulation will need to be changed. Staff suggestion: provisional license the same cost as residents (\$55 – no renewal); restricted license the same cost as regular licensure for initial (\$302) and renewal (\$337).**

12  
**VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION**

**CHAPTER 464**

*An Act to amend and reenact § 54.1-2933.1 of the Code of Virginia, relating to the Board of Medicine; temporary licensure of physicians licensed in a foreign country.*

[H 995]

Approved April 4, 2024

**Be it enacted by the General Assembly of Virginia:**

**1. That § 54.1-2933.1 of the Code of Virginia is amended and reenacted as follows:**

**§ 54.1-2933.1. Temporary licensure of certain foreign graduates.**

A. The Board may issue, to a physician licensed in a foreign country, a nonrenewable license valid for a period not to exceed two years to practice medicine while such physician is attending advanced training in an institute for postgraduate health science operated collaboratively by a health care system having hospitals and health care facilities with residency and training ~~program(s)~~ *programs* approved by an accrediting agency recognized by the Board and a public institution of higher education. This temporary license shall only authorize the holder to practice medicine in the hospitals and outpatient clinics of the collaborating health care system while he is receiving training in the institute for postgraduate health science.

*B. The Board may issue to a physician previously licensed or otherwise authorized to practice in a foreign country a provisional license to practice medicine valid for a period not to exceed two years to an applicant if the applicant submits evidence acceptable to the Board that the applicant:*

*1. Has received a degree of doctor of medicine or its equivalent from a legally chartered medical school outside of the United States recognized by the World Health Organization, has been licensed or otherwise authorized to practice medicine in a country other than the United States, and has practiced medicine for at least five years;*

*2. Has a valid certificate issued by the Educational Commission for Foreign Medical Graduates or other credential evaluation service approved by the Board, provided, however, that the Board may waive such certification at its discretion where the applicant is unable to obtain the required documentation from a noncooperative country;*

*3. Has achieved a passing score on both Step 1 and Step 2 (Clinical Knowledge) of the United States Medical Licensing Examination;*

*4. Has entered into an agreement with a medical care facility as defined in § 32.1-3 that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with standards appropriate for medical practice in the Commonwealth according to criteria developed or approved by the Board;*

*5. Will enter a full-time employment relationship with such medical care facility after the Board issues a license pursuant to this subsection; and*

*6. Has satisfied any other criteria that the Board may require for issuance of a provisional license pursuant to this subsection.*

*C. An individual who successfully obtains a license pursuant to subsection B and practices under such license until its expiration shall be eligible to apply for a renewable two-year restricted license to practice medicine in a medically underserved area in Virginia as defined in § 32.1-122.5 or a health professional shortage area designated in accordance with the criteria established in 42 C.F.R. Part 5. The Board may issue such renewable license to an applicant if the applicant submits evidence acceptable to the Board that the applicant:*

*1. Has successfully completed the participating medical care facility's assessment and evaluation program required pursuant to subsection B;*

*2. Has achieved a passing score on Step 3 of the United States Medical Licensing Examination; and*

*3. Will enter a full-time employment relationship with a medical care facility.*

*D. After at least two years of practice under a renewable two-year restricted license issued pursuant to subsection C, an internationally trained physician shall be eligible to apply for a full, unrestricted license to practice medicine.*

*E. The Board may promulgate regulations for ~~such license~~ licenses issued pursuant to this section.*



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**Agency** Department of Health Professions

**Board** Board of Medicine

**Chapter** Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic  
**[18 VAC 85 - 20]**

<b>Action</b>	<a href="#"><u>Licensure of foreign physicians through provisional and restricted licenses</u></a>
<b>Stage</b>	<a href="#"><u>NOIRA</u></a>
<b>Comment Period</b>	Ended on 4/23/2025

21 comments

All good comments for this forum [Show Only Flagged](#)

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**Commenter:** Brandi Kilmer, Refugee Physicians Advocacy Coalition (RPA)

4/7/25 7:38 pm

**Commending the Board's NOIRA action**

The Refugee Physicians Advocacy Coalition (RPA) strongly supported the HB995 legislation and commends the Board of Medicine's rule-making actions. RPA is assisting International Physicians prepare to qualify for the Provisional License and at present we have more than 30 International Physicians in our network (both inside and outside of Virginia) who are eligible for and preparing to qualify. We stand ready to assist Medical Institutions that are interested in moving forward with providing employment opportunities through Provisional License assessment and evaluation programming. Thank you for your thoughtful efforts in establishing the Provisional License pathway rules to help protect both licensees and patients.

[Submit](#)

CommentID: **233555**

**Commenter:** Allyson Flinn, Medical Society of Virginia

4/10/25 2:42 pm

**NOIRA for the Promulgation of a Licensure Pathway for Foreign Trained Physicians**

Dear Dr. Harp,

As you know, the Medical Society of Virginia (MSV) represents Virginia's physicians, PAs, residents, and medical students. We appreciate the Department of Health Professions and the Board of Medicine for beginning this important regulatory action. The MSV worked closely with Delegate Tran on HB995 during the 2024 General Assembly Session, as we recognize that expanding access is a critical puzzle piece in addressing Virginia's healthcare shortage.

We look forward to collaborating with you all through this regulatory process to ensure the proposed regulations create a reasonable pathway to licensure for foreign trained physicians while

protecting the health and safety of the patients of the <sup>=14=</sup> Commonwealth.

Thank you for your consideration.

Sincerely,



Allyson Flinn

Senior Health Policy Analyst

Medical Society of Virginia

CommentID: 233666

**Commenter:** Lily Cameron, MD

4/22/25 5:14 pm

### **An important and much needed pathway**

I am pleased that the Board of Medicine is diligently moving forward to help provide an alternative pathway into the medical field for internationally trained physicians. I do believe these physicians can contribute greatly to providing cultural competent medical care as well as provide expertise to serve the population of Virginia as a whole.

CommentID: 233833

**Commenter:** Sultana Salam, MD & Afghan Association of Central Virginia

4/22/25 6:01 pm

### **Remove Barriers for Foreign Medical Providers to Serve Virginians**

My name is Sultana A. Salam, MD, a board-certified Psychiatrist who has been practicing in the US for over 43 years. I am an FMG. I am also a co-founder of the Afghan Association of Central VA since the fall of Afghanistan in 2021.

I have been invited to partner with the Refugee Physician's Advocacy Committee because of the large number of Afghan Physicians that entered the US in 2021.

I would like to share with you some of the challenges faced by these physicians that have been shred WITH MWE, 90 of whom are in VA.

The majority of them have practiced in Afghanistan for more than 5-10 years. Many have been in leadership roles, teaching roles, and have held department chair positions. Many are internists, surgeons, obstetricians, psychiatrists, etc.

They found it difficult to prepare for the ECFMG due to the lack of response or any feedback from them after submitting the necessary documents and Form 186 that were certified by Notarycam.

Many found it difficult to prepare or sit for the USMLE due to the long hours they work to provide for their families ( in menial jobs). But even after having worked long hours, the income they generate would not suffice to pay for Kaplan's classes or for the application fees to sit for the examinations. So financially they are limited, specially with the sky rocketing prices of housing rents, auto insurances, medical insurances, food, medical needs, utilities, etc.

Those physicians that did pass ECFMG, USMLE have failed to secure any residency positions, observer ships, or even externships because of the lack of " recommendation letters". How can

they obtain those from their country of origin when many people, who could provide such recommendations on their behalf, have been displaced or are deceased. The fact that some have been able to obtain their transcripts/medical documents is note-worthy.

One physician that I met a few weeks ago has passed ECFMG, all USMLE steps but unable to find a residency program and is paying a clinic \$4 K( her husband started business and therefore able to afford it) every 4 weeks for an externship in order to obtain “ letters of recommendation” to submit with her residency application

Many have applied for work in the health care field as medical assistants, nurses, etc. but denied because of being “ overqualified or need for “certifications” which then mandate >3000 hours of supervision despite passing the examinations. How can they obtain supervision hours when no one hires them under their supervision?

Please note that these physicians have encountered many losses ( their country, culture, family, friends, and prestige as professionals in their country) and are clearly experiencing depression, PTSD, anxiety, and demoralization.

I plead with you, to please give them a chance, a probationary period, to test their skills, their level of competency in their field of expertise, their ethics, and patient care. Let them undergo both practical and written exams to ensure they know what they are doing

I would like to propose a structured transitional pathway for the Afghan Medical graduates ( as is available in Missouri and Washington). This could be in the form of an accelerated 6 -12 months residency program (for those with medical experiences of 5 years or more) that could open the doors to “ provisional licensing “ but it will also allow them to review/refresh their knowledge and prepare for the USMLE examinations. A “ teaching medical environment” would be more conducive to their acquisition of knowledge faster, pertaining to the USA methods of assessing, managing, and coding for patient care. These doctors learn fast, trust me. They also need to hear all the symptoms, differential diagnoses in English.

I would also like to propose that loans be provided to them to pay for Kaplan’s classes and USMLE fees but postpone their payback to when they are licensed ( very much like owing tuition fees for college students). This will motivate them to study without having to worry about the financial aspects of the classes and examination fees.

Thank you in advance for your time, dedicated hard work and consideration into the case of these physicians who can definitely assist with the shortage of healthcare providers in VA.

Respectfully,

S. Ayubi-Salam, MD

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CommentID: 233834

**Commenter:** Agha W. Haider MD, PHD,

4/22/25 11:26 pm

### **Licensure of physicians through amendments of current licensing rules**

#### **Dear Members of the Virginia Board of Medicine,**

I am writing to express my support for the Notice of Intended Regulatory Action (NOIRA) regarding HB995, which aims to address the healthcare provider shortage in Virginia. As a member of the Association of Physicians of Pakistani Descent of North America (APPNA), I commend the Board of Medicine and the Department of Health Professions (DHP) for their proactive steps in expanding access to healthcare services across the state.

APPNA has worked closely with Delegate Tran's team to advocate for this legislation, recognizing the critical need to leverage the expertise of international medical graduates who have practiced as specialists abroad for over 10 to 15 years. Many of these physicians have also completed the United States Medical Licensing Examination (USMLE) Steps 1, 2, and 3, albeit over a period exceeding the typical ten-year timeframe. Additionally, some of these physicians have completed residency training, further enhancing their qualifications and readiness to contribute to our healthcare system.

Given their extensive experience and the value they bring to our healthcare system, I urge the Board of Medicine to consider providing a waiver or accommodation for the ten-year rule on USMLE completion. Such a measure would be instrumental in facilitating the integration of these highly skilled professionals into our healthcare workforce, thereby enhancing patient care and addressing existing shortages.

Thank you for your consideration of this important issue. I am confident that with thoughtful regulatory adjustments, we can make significant strides in improving healthcare access and quality for the residents of Virginia.

Sincerely,

Agha W. Haider, MD PHD

Richmond, Commonwealth of Virginia

CommentID: 233839

**Commenter:** Bhushan H Pandya, MD, FACP

4/22/25 11:35 pm

### **NOIRA for licensing of Internationally trained physicians**

Dear Dr. Harp,

I am a Board certified International Medical Graduate (IMG) trained in the US and practicing in Danville Virginia for last 40 years. I am a member of the ABMS task force on Additional pathway for licensing of Internationally trained Physicians (ITP). I am also a delegate to the AMA House of delegates from Virginia and have testified in support of this issue on behalf of our delegation.

I had presented comments to the Advisory Commission set up by FSMB, ACGME and InTealth (ECFMG and FAIMER). I agree with the following guidance they have recommended:

Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing and evaluating any additional licensure pathways. =17=

- An offer of employment should be required for pathway eligibility. State medical boards should be authorized to define what is an appropriate clinical facility for the supervision and assessment of internationally trained physicians (ITPs) for their provisional licensure period.
- ECFMG Certification and graduation from a duly recognized medical school should be required for pathway eligibility.
- Completion of postgraduate training (graduate medical education) outside the United States should be required for pathway eligibility.
- Possession of authorization from another country or jurisdiction to lawfully practice medicine in that country or jurisdiction, and at least three years of experience in medical practice should be required for pathway eligibility.
- A limit on the physician's time "out of practice" that is consistent with that state's existing re-entry to practice requirements should be considered.
- A successfully completed period of supervision and assessment by an employer should be required of ITPs to transition from provisional licensure to full licensure.
- State medical boards should preserve their authority to assess each candidate for full and unrestricted licensure.
- State medical boards implementing additional licensure pathways should collect and share data to evaluate the program's effectiveness.

I look forward to contributing to the regulatory process that will hopefully help with Health manpower shortage area felt all over our Commonwealth by providing an option of a safe and high quality medical care to our communities.

Best regards,

Bhushan H. Pandya, MD, FACP  
CommentID: 233840

**Commenter:** Rizwan Ali, MD, DFAPA

4/23/25 8:14 am

### **International Medical Graduates**

Dear Members of Virginia Board of Medicine!!

Thanks for the opportunity to allow us to share our comments regarding this important bill. International Medical Graduates are highly qualified, experienced and hard working physicians. They have years of experience in the different fields of Medicine ranging from Surgery to Dermatology. They have excellent work ethics and administrative skills. If there is a pathway to utilize their skills and tremendous potential, this will be a great service to the people of Commonwealth.

If we allow these IMGs to work under supervision for a probationary period of 12 months before granting them a restricted license for another 12 months, they will be a good addition to our medical community and will address the huge shortage of physicians in the state Virginia.

Sincerely,

Rizwan Ali, MD, DFAPA

=18=

President,  
Psychiatric Foundation of Virginia  
CommentID: 233843

**Commenter:** Kenn Speicher, Refugee Physicians Avocacy Coalition

4/23/25 11:18 am

### **A valuable source of experienced physicians for Virginia**

The Refugee Physicians Advocacy Coalition (RPA) strongly championed the HB995 legislation and applauds the Board of Medicine's actions to establish a more practical licensing pathway for qualified and experienced international medical graduates. RPA is assisting International Physicians prepare to qualify for Provisional Licensing, and is prepared to assist Medical Institutions interested in providing employment opportunities and assessment support for this initiative. These physicians offer an untapped source of skilled medical talent and care to serve the people of Virginia. In addition, they can help meet the projected need for more physicians in Virginia in the years ahead, especially for under-served communities. Thank you for your conscientious rule-marking efforts, which will offer a workable way forward for these deserving International Physicians and enhance healthcare for Virginia residents.

CommentID: 233846

**Commenter:** Charlie Sheffield, American Board of Medical Specialties

4/23/25 11:30 am

### **Comment regarding new licensure pathways for internationally trained physicians**

William L. Harp, MD  
Executive Director  
Board of Medicine  
9960 Maryland Drive, Suite 300  
Richmond, VA 23233

Re: Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic (Notice of Intended Regulatory Action)

Dear Dr. Harp and Members of the Virginia Board of Medicine:

As President and Chief Executive Officer of the American Board of Medical Specialties (ABMS), I am writing to share recommendations on proposed amendments regarding licensure pathways for internationally trained physicians in Virginia.

The ABMS represents the 24 individual Member Boards that collectively certify over 997,000 specialty physicians across 38 primary specialties and 89 subspecialties. ABMS participates in the Accreditation Council for Graduate Medical Education (ACGME), Federation of State Medical Boards (FSMB), and Intealth led Advisory Commission on Additional Licensing Models and conducts its own internal work group on internationally trained physicians. ABMS appreciates the opportunity to comment on proposed regulations governing the practice of internationally trained physicians in Virginia, and we share the Board of Medicine's priorities of protecting patients and promoting high-quality healthcare throughout the state.

§ 54.1-2933.1. *Temporary licensure of certain foreign graduates* includes some of the recommendations developed both by the Advisory Commission (see

<https://www.fsmb.org/siteassets/communications/acalm-guidance.pdf>) and ABMS (see <https://www.abms.org/wp-content/uploads/2025/01/abms-policy-brief-licensing-pathways-internationally-trained-physicians-national-standards-specialty-medical-care20250214.pdf>).

State medical boards and other stakeholders have recommended requirements for these new pathways to include, at a minimum:

- An employment offer prior to application by an institution with experience in physician education and training;

- =19=
- Educational Commission for Foreign Medical Graduates (ECFMG) certification and graduation from a recognized medical school (including passage of the United States Medical Licensing Examinations®);
  - Evidence of substantially similar post-graduate training based on national standards for U.S.-based GME;
  - Unrestricted medical license in another country with at least three years of full-time practice in the same specialty the physician plans to practice in the U.S.;
  - No more than two years of time out of clinical practice; and
  - A two-year provisional licensure period under supervision of a board-certified physician in the same specialty.

As the Board of Medicine develops new requirements for licensure of internationally trained physicians, ABMS emphasizes the need for both qualified supervision and oversight of these physicians and independent, objective assessment of new and provisional applicants in the practice of their specialty. Appropriate oversight and assessment of these provisional licensees is essential for ensuring patient safety and promoting high quality care.

Traditionally, most states require physicians to participate in an ACGME-accredited training program in a specialty before being granted a license to practice medicine. These programs are relied upon by state medical boards, physician certifying boards and employers to assess progress toward specific competencies in a medical specialty and to identify needs for additional training and supervision. In these new licensure pathways, state medical boards, employers and other partners will be required to fill these gaps in assessment, supervision, and training. In order to ensure all physicians who intend to practice in a medical specialty meet national standards for that specialty, ABMS further recommends the following additional requirements:

1. **Initial Assessment:** Rigorous evaluation of knowledge, cognitive and procedural skills, and professional behaviors by an independent organization with expertise in the medical/surgical specialty in which the internationally trained physician plans to practice.
2. **Supervision and Progressive Assessment:** Continuous observation and assessment by board-certified physicians during the provisional period, using tools developed by ACGME-accredited training programs.
3. **Access to Training:** Mechanisms to address gaps in knowledge and skills through training provided by certified physicians with expertise in the specialty.
4. **Final Assessment:** Comprehensive evaluation to determine competence in the specialty before issuing an unrestricted medical license.

### **Comment regarding proposed amendments to 18VAC85-20, Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic**

Of the established amendments being considered, ABMS' recommendations are relevant to:

- (ii) application requirements for provisional and restricted licenses;
- (iii) renewal requirements for provisional and restricted licenses;
- (iv) criteria for assessment and evaluation programs of provisional licensees; and,
- (v) criteria to obtain a provisional license

ABMS comments are based on § 54.1-2933.1. *Temporary licensure of certain foreign graduates* (VA HB 995), with recommendations for building amendments re: the development of a licensure pathway for internationally trained physicians using a system of provision and restricted licensure.

**B) 1.** *Has received a degree of doctor of medicine or its equivalent from a legally chartered medical school outside of the United States recognized by the World Health Organization, has been licensed or otherwise authorized to practice medicine in a country other than the United States, and has practiced medicine for at least five years;*

**ABMS Recommendation:** In addition to having practiced medicine for at least five years, require that the internationally trained physician be no more than two years of time out of clinical practice.

**ABMS Recommendation:** Require evidence that the international license is unrestricted.

**B) 2.** *Has a valid certificate issued by the Educational Commission for Foreign Medical Graduates or other credential evaluation service approved by the Board, provided, however, that the Board may waive such certification at its discretion where the applicant is unable to obtain the required documentation from a noncooperative country;*

**ABMS Recommendation:** Require, without waiver, evidence of substantially similar post-graduate training based on national standards for specialty training.

**B) 4.** *Has entered into an agreement with a medical care facility as defined in § 32.1-3 that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with standards appropriate for medical practice in the Commonwealth according to criteria developed or approved by the Board;*

**ABMS Recommendation:** In addition to the ongoing assessment and evaluation of the physician's nonclinical and clinical skills within the hiring institution, require that an independent, third-party assessment of the physician's clinical and non-clinical skills be conducted to hold the employer accountable for providing the necessary training to fill any gaps in knowledge or skills necessary for safe practice in a specialty.

**ABMS Recommendation:** Include a requirement for a supervising physician who should be board-certified in the same specialty if the internationally-trained physician will be practicing as a medical specialist in the medical care facility to ensure the supervising physician has the knowledge and skills necessary to determine the individual's competence to practice in the medical specialty.

**C) 1.** *The Board may issue such renewable license to an applicant if the applicant submits evidence acceptable to the Board that the applicant: Has successfully completed the participating medical care facility's assessment and evaluation program required pursuant to subsection B*

**ABMS Recommendation:** Include a requirement of a final independent assessment to provide an unbiased opinion of not only completion of the sponsoring entity's assessment and evaluation program, but to provide evidence the candidate can demonstrate the clinical and nonclinical skills necessary to practice in a given specialty without jeopardizing patient safety before being granted an unrestricted medical license.

ABMS specialty boards are committed to maintaining the highest standards for the medical profession and protecting public safety. Without access to board certification in a specialty, newly licensed internationally trained physicians may face disparities in employment opportunities and professional growth. Additionally, patients may be confused about the qualifications of these physicians and their ability to meet current standards for practice in their specialty. ABMS, ACGME, and national medical specialty societies are dedicated to developing the tools and resources necessary to help internationally trained physicians meet national standards for medical/surgical specialties.

Thank you for your consideration of this additional guidance on behalf of the American Board of Medical Specialties. Please contact me if ABMS can provide additional assistance on this issue.

Sincerely,

Richard E. Hawkins, MD  
President and Chief Executive Officer  
American Board of Medical Specialties  
CommentID: 233847

**Commenter:** Amanda Wibben, Medical Student

4/23/25 12:09 pm

**Support of HB996**

As a student who has conducted research with many of the refugee physicians in the DMV area, I support and commend the passage of this bill and the advocacy of the Refugee Physician Advocacy Coalition. Thank you for such thoughtful work on the bill's implementation. I look forward to working with many of these skilled physicians in the future. The state of VA would be privileged to benefit from their service.

CommentID: 233849

**Commenter:** Saba Naz

4/23/25 12:26 pm

**IMGs**

This can be a great remedy to an acute shortage of PCPs in the USA.

CommentID: **233850**

**Commenter:** Fahim F. Karim

4/23/25 1:09 pm

**Supporting The Board's Forward-Thinking NOIRA Action On Physician Licensure**

I strongly support the proposed Provisional License pathway for foreign-trained physicians.

The U.S.—including Virginia—is facing a growing physician shortage, with projections showing a deficit of up to 124,000 physicians by 2034, particularly in rural and primary care areas. Foreign-trained physicians represent a ready, untapped talent pool to help close this gap—not in the future, but now.

These physicians bring medical expertise, deep cultural competence, and linguistic skills that reflect and serve the growing diversity of Virginia's communities. Research consistently shows that patient outcomes improve when cultural and linguistic barriers are removed—trust increases, adherence improves, and recovery accelerates.

Many of these physicians have also practiced under resource-limited conditions, developing resilience, innovation, and efficiency—traits our healthcare system urgently needs amid ongoing staffing shortages.

The benefits extend beyond patient care. Immigrant professionals who feel supported by their employers demonstrate strong loyalty and long-term commitment, reducing costly turnover in hospitals and clinics. They also come with substantial clinical experience, needing minimal ramp-up time to contribute at a high level.

And the data tells a larger story:

According to Harvard Business Review, while immigrants make up only 14% of the U.S. population, they own nearly 20% of new businesses and are behind 45% of Fortune 500 companies. In fact, four in five founders or top execs at billion-dollar startups are first- or second-generation immigrants. These companies grow faster, survive longer than those founded by natives, and contribute trillions to our economy.

Foreign-trained physicians are no different. With the right support, they will fuel innovation, stability, and long-term growth in our healthcare sector—just as immigrant entrepreneurs have done across industries.

This is not just a licensing proposal. It's a strategic investment in Virginia's health, equity, and economic development. I respectfully urge the Board to advance this essential policy.

Sincerely,

Fahim F. Karim

MBA Healthcare Management | Workforce Development Expert for Healthcare & Social Services

CommentID: **233851**

**Commenter:** Mary Righi

4/23/25 1:29 pm

## **Provisional License pathway for foreign-trained physicians.**

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Sincerely,

Mary Righi, MPH

CommentID: 233852

**Commenter:** KEM TOLLIVER

4/23/25 1:58 pm

### **I strongly support the proposed Provisional License pathway for foreign-trained physicians**

Having worked in healthcare settings for more almost 30 years, I've been actively involved in the evolution of healthcare delivery in the Unites States - particularly in DC, MD and VA. Our societal needs have also changed in unprecedented and unexpected ways which requires lawmakers to consider new approaches to population health management.

There are many threats to individual and population health. One of the most significant threats is access to care. The U.S.—including Virginia—is facing a growing physician shortage, with projections showing a deficit of up to 124,000 physicians by 2034.

Working with US born physicians for my entire career, I see how overworked and burdened with non-clinical administrative tasks. Our US born physicians need help. You can help them by including highly capable and available foreign-trained physicians into our stressed healthcare system. Our physician need them. Our patients deserve them. Our communities will thrive with them.

In addition to the wealth of knowledge they bring to our healthcare systems, there are many advocates who are willing, ready and able to develop sustainable entry infrastructures to mitriculate them successfully into US clinical care.

I urge you to prioritize augmenting Virginia's healthcare delivery system by incorporating foreign-trained physicians.

CommentID: 233853

**Commenter:** Zahid Rashid MD

4/23/25 2:14 pm

### **Licensure of foreign medical graduates**

Dear Board Members,

Ref: Licensure of physicians through amendments of current licensing

I support the Notice of Intended Regulatory Action (NOIRA) regarding HB995, which aims to address the healthcare provider shortage in Virginia. As a member of the Association of Physicians of Pakistani Descent of North America (APPNA), I commend the Board of Medicine and the Department of Health Professions (DHP) for their proactive steps in expanding access to healthcare services across the state.

APPNA has worked closely with Delegate Tran's team to advocate for this legislation, recognizing the critical need to leverage the expertise of international medical graduates who have practiced as specialists abroad for over 10 to 15 years. Many of these physicians have also completed the United States Medical Licensing Examination (USMLE) Steps 1, 2, and 3, albeit over a period exceeding the typical ten-year timeframe. Additionally, some of these physicians have completed residency training, further enhancing their qualifications and readiness to contribute to our healthcare system.

Given their extensive experience and the value they bring to our healthcare system, I urge the Board of Medicine to consider providing a waiver or accommodation for the ten-year rule on USMLE completion. Such a measure would be instrumental in facilitating the integration of these highly skilled professionals into our healthcare workforce, thereby enhancing patient care and addressing existing shortages.

Thank you for your consideration of this important issue. I am confident that with thoughtful regulatory adjustments, we can make significant strides in improving healthcare access and quality for the residents of Virginia.

Sincerely,

Zahid Rashid MD, FRCP

Petersburg, Commonwealth of Virginia”

CommentID: 233855

**Commenter:** Sarah Kureshi, Georgetown University School of Medicine

4/23/25 3:20 pm

### **Tapping into the Strength of Our Communities: Support for the Provisional License Pathway**

As a local Family Medicine physician and co-founder of the Refugee Physician Advocacy Coalition, I want to express my strong support for the Board's decision to move forward with establishing rules for a Provisional License pathway for International Physicians. For many years, I have worked directly with refugee and immigrant physicians in Virginia -- talented, compassionate

individuals who bring deep clinical experience and <sup>=24=</sup> cultural humility, yet face enormous structural barriers to contributing their skills in the U.S. health system.

The establishment of this pathway is not just a step toward workforce expansion -- it is a step toward equity, inclusion, and recognizing the untapped potential of our communities. These physicians are already embedded in our neighborhoods, raising families here, supporting patients as interpreters, health navigators, and volunteers. With the right support, supervision, and structured pathways like the Provisional License, they can play a critical role in addressing healthcare shortages and improving outcomes for our most underserved populations.

I commend the Board of Medicine for its leadership and thoughtful consideration of this issue, and I urge you to continue working with community partners, academic institutions, and advocacy groups like ours to ensure that the forthcoming rules are practical, equitable, and grounded in both patient safety and human dignity. We stand ready to support this important work in any way we can.

CommentID: 233862

**Commenter:** Anonymous

4/23/25 6:53 pm

**I strongly support the proposed Provisional License pathway for foreign-trained physicians**

[I strongly support the proposed Provisional License pathway for foreign-trained physicians](#)

CommentID: 233885

**Commenter:** Fern R. Hauck, MD, MS

4/23/25 7:06 pm

**NOIRA for the Promulgation of a Licensure Pathway for Foreign Trained Physicians**

Dear Dr. Harp,

We provide primary healthcare services to the large refugee population in Charlottesville and Albemarle County in our International Family Medicine Clinic at the University of Virginia, which is located in our Family Medicine Teaching Clinic on the main campus of UVA Health. We have served more than 4,000 refugee patients since the clinic's inception. Many of our patients were practicing physicians in Afghanistan, Syria and other countries. Our Virginia physician workforce would benefit greatly by adding qualified individuals through the Licensure Pathway. Moreover, our refugee patients and community members would benefit enormously by receiving care from these physicians, who speak their languages and come from the same cultures.

We strongly endorse and appreciate your efforts in creating this Provisional Licensure Pathway. Please don't hesitate to call upon us if we can provide insights or assistance.

Our endorsement is offered as individuals and does not represent the views of the University of Virginia or UVA Health.

Thank you.

Sincerely,

Fern R. Hauck, MD, MS and John Gazewood, MD, MPH

CommentID: 233886

**Commenter:** Sidra B.

4/23/25 9:26 pm

**Pathway for foreign trained physicians will help elevate medical deserts**

Allowing foreign-trained physicians to practice in the <sup>=25=</sup>U.S. can significantly alleviate the growing physician shortage and address healthcare deserts, particularly in rural and underserved urban areas. These internationally educated doctors often possess the skills and experience necessary to provide high-quality care but face regulatory and licensing barriers that limit their ability to contribute. By streamlining the accreditation process and offering pathways to practice, the U.S. can tap into this valuable talent pool, increasing access to care, reducing patient wait times, and improving health outcomes in communities with limited medical resources.

CommentID: 233891

**Commenter:** Anonymous

4/23/25 10:21 pm

### **Licensure of foreign physicians through provisional and restricted licenses**

I strongly support this motion as it will go a long way for both IMGs and underserved US population.

CommentID: 233893

**Commenter:** Sonia Riaz , MD PhD student at VCU

4/23/25 11:29 pm

### **support IMGs to practice in USA**

Yes I endorse and support , I myself is a medical doctor, and I want to practice in USA without the long residency . This will help to fulfill the gap of primary care physicians in Rural areas as well .

CommentID: 233895

=26=

S. Ayubi Salam, MD, PLLC

8318 Fulham Drive Richmond, VA 23227

Tele: 804-868-0238 (M) Shrink 84@yahoo.com

William L Harp, MD  
Executive Director,  
Board of Medicine  
9960 Mayland Drive, suite 300  
Richmond, VA 23233

Greetings, Dr. Harp,

April 21, 2025

I hope this message finds you in good health and spirits.

My name is Sultana A. Salam, MD, a board-certified Psychiatrist who has been practicing in the US for over 43 years. I am an FMG. I am also a co-founder of the Afghan Association of Central VA since the fall of Afghanistan in 2021.

I have been invited to partner with the Refugee Physician's Advocacy Committee because of the large number of Afghan Physicians that entered the US in 2021.

I would like to share with you some of the challenges faced by these physicians that have been shred WITH MWE, 90 of whom are in VA.

The majority of them have practiced in Afghanistan for more than 5-10 years. Many have been in leadership roles, teaching roles, and have held department chair positions. Many are internists, surgeons, obstetricians, psychiatrists, etc.

They found it difficult to prepare for the ECFMG due to the lack of response or any feedback from them after submitting the necessary documents and Form 186 that were certified by Notarycam.

Many found it difficult to prepare or sit for the USMLE due to the long hours they work to provide for their families ( in menial jobs). But even after having worked long hours, the income they generate would not suffice to pay for Kaplan's classes or for the application fees to sit for the examinations. So financially they are limited, specially with the sky rocketing prices of housing rents, auto insurances, medical insurances, food, medical needs, utilities, etc.

Those physicians that did pass ECFMG, USMLE have failed to secure any residency positions, observer ships, or even externships because of the lack of " recommendation letters". How can they obtain those from their country of origin when many people, who could provide such recommendations on their behalf, have been displaced or are deceased. The fact that some have been able to obtain their transcripts/medical documents is note-worthy.

One physician that I met a few weeks ago has passed ECFMG, all USMLE steps but unable to find a residency program and is paying a clinic \$4 K( her husband started business and therefore able to afford it) every 4 weeks for an externship in order to obtain " letters of recommendation" to submit with her residency application

Many have applied for work in the health care field as medical assistants, nurses, etc. but denied because of being " overqualified or need for "certifications" which then mandate >3000 hours of supervision despite passing the examinations. How can they obtain supervision hours when no one hires them under their supervision?

Please note that these physicians have encountered many losses ( their country, culture, family, friends, and prestige as professionals in their country) and are clearly experiencing depression, PTSD, anxiety, and demoralization.

I plead with you, to please give them a chance, a probationary period, to test their skills, their level of competency in their field of expertise, their ethics, and patient care. Let them undergo both practical and written exams to ensure they know what they are doing

I would like to propose a structured transitional pathway for the Afghan Medical graduates ( as is available in Missouri and Washinton). This could be in the form of an accelerated 6 -12 months residency program (for those with medical experiences of 5 years or more) that could open the doors to " provisional licensing " but it will also allow them to

review/refresh their knowledge and prepare for the USMLE examinations. A “teaching medical environment” would be more conducive to their acquisition of knowledge faster, pertaining to the USA methods of assessing, managing, and coding for patient care. These doctors learn fast, trust me. They also need to hear all the symptoms, differential diagnoses in English.

I would also like to propose that loans be provided to them to pay for Kaplan’s classes and USMLE fees but postpone their payback to when they are licensed (very much like owing tuition fees for college students). This will motivate them to study without having to worry about the financial aspects of the classes and examination fees.

Thank you in advance for your time, dedicated hard work and consideration into the case of these physicians who can definitely assist with the shortage of healthcare providers in VA.

Respectfully,

S. Ayubi-Salam, MD



**BY ELECTRONIC MAIL**

April 23, 2025

William L. Harp, MD  
Executive Director  
Board of Medicine  
9960 Maryland Drive, Suite 300  
Richmond, VA 23233

Re: Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic (Notice of Intended Regulatory Action)

Dear Dr. Harp and Members of the Virginia Board of Medicine:

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§ 54.1-2933.1. *Temporary licensure of certain foreign graduates* includes some of the recommendations developed both by the Advisory Commission<sup>1</sup> and ABMS<sup>2</sup>. State medical boards and other stakeholders have recommended requirements for these new pathways to include, at a minimum:

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- Evidence of substantially similar post-graduate training based on national standards for U.S.-based GME;

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- Unrestricted medical license in another country with at least three years of full-time practice in the same specialty the physician plans to practice in the U.S.;
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**ABMS Recommendation:** In addition to having practiced medicine for at least five years, require that the internationally trained physician be no more than two years of time out of clinical practice.

**ABMS Recommendation:** Require evidence that the international license is unrestricted.

**B) 2.** *Has a valid certificate issued by the Educational Commission for Foreign Medical Graduates or other credential evaluation service approved by the Board, provided, however, that the Board may waive such certification at its discretion where the applicant is unable to obtain the required documentation from a noncooperative country;*

**ABMS Recommendation:** Require, without waiver, evidence of substantially similar post-graduate training based on national standards for specialty training.

**B) 4.** *Has entered into an agreement with a medical care facility as defined in § 32.1-3 that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with standards appropriate for medical practice in the Commonwealth according to criteria developed or approved by the Board;*

**ABMS Recommendation:** In addition to the ongoing assessment and evaluation of the physician's nonclinical and clinical skills within the hiring institution, require that an independent, third-party assessment of the physician's clinical and non-clinical skills be conducted to hold the employer accountable for providing the necessary training to fill any gaps in knowledge or skills necessary for safe practice in a specialty.

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Thank you for your consideration of this additional guidance on behalf of the American Board of Medical Specialties. Please contact me if ABMS can provide additional assistance on this issue.

Sincerely,

A handwritten signature in cursive script that reads "Richard E. Hawkins".

Richard E. Hawkins, MD  
President and Chief Executive Officer  
American Board of Medical Specialties

Next Meeting Date of the Legislative Committee is

September 5, 2025



Please check your calendars and advise staff of any known conflicts that may affect your attendance.



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher **within 30 days after completion of their trip**”. (CAPP Topic 20335, State Travel Regulations, p.7). If you submit your reimbursement after the 30-day deadline, please note that it can not be approved.

In order for the agency to be in compliance with the travel regulations, please submit your request for today’s meeting no later than

**June 9, 2025**