



Policy Statement on Physician Licensure

Policy Recommendation:

The American College of Preventive Medicine advocates that state medical boards develop licensure policies that recognize the vital impact of all well-qualified physicians in settings outside of direct patient care including academic, research, government, public health, and physician leadership roles. ACPM is committed to preserving the ability of Preventive Medicine physicians to obtain and maintain an unrestricted medical license in all 50 states. Specifically, ACPM strongly recommends that all state medical boards adopt the definition of clinical medicine used by ACGME or otherwise include "population-based medicine" in their definition of "active medical practice", and for the state medical boards to oppose separate categories of medical licensure solely on the basis of the professional activity of the practicing physician.

Key Issues:

Some physicians are experiencing difficulty obtaining medical licenses solely because they do not meet narrow state definitions of having been in "active medical practice." These physicians fall into at least three groups:

1. New resident graduates in states where Preventive Medicine residency requirements may not have a sufficient clinical component as defined by the states or do not meet the state minimum number of hours required.
2. Physicians working in non-clinical settings (i.e., non-direct patient care positions in research, public health, academia, or other similar settings) who renew licenses in states where demonstration of active direct clinical practice is required for license renewal.
3. Physicians working in non-clinical settings (i.e., non-direct patient care positions in research, public health, academia or other similar settings) who move to a new state with a licensure requirement where demonstration of medical practice requires a direct clinical care component for their license.

Background and Supporting Evidence:

This issue arises out of state legislation that defines medical practice or state medical board regulations that define criteria for licensure. Many states are moving forward with "Maintenance of Licensure" requirements that will make this a more common phenomenon. The ACPM Physician Licensure Task Force report identified 15 states that have either strict or vague requirements for the active practice of medicine as part of their licensure process. (1) Physicians who do not engage in full-time patient care would be relegated to a lower-class license status. (1)

This practice disproportionately affects Preventive Medicine physicians compared to other physicians because Preventive Medicine physicians tend to practice in settings other than those that involve direct patient care, (1)

The Accreditation Council for Graduate Medical Education (ACGME) defines "clinical" as the practice of medicine in which physicians assess patients (in person or virtually) or populations in order to diagnose, treat, and prevent disease using their expert judgment. (2)

This clinical description defines Preventive Medicine physicians, who routinely assess the health status and needs of a target population, implement and evaluate interventions that are designed to improve the health of a population, and efficiently and effectively provide care at a population level. (1)

References:

1. Hull, Sharon & D Kohatsu, Neal & B Schechter, Clyde & H Tilson, Hugh. (2013). Licensure Challenges in Preventive Medicine A Public Policy Issue. American journal of preventive medicine. 45. 368-72. 10.1016/j.amepre.2013.04.018.
2. Accreditation Council for Graduate Medical Education. Glossary of terms: June 28, 2011, 2012. www.acgme.org/acgmeweb/Portals/0/PFAssets/Programrequirements/ab_ACGMEglossary.pdf