The mission of the Minnesota Board of Medical Practice is to protect the public's health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

THE POLICY & PLANNING COMMITTEE OF THE MINNESOTA BOARD OF MEDICAL PRACTICE WILL MEET ELECTRONICALLY BY WEBEX:
To join the meeting, go to:
https://minnesota.webex.com/minnesota/j.php?MTID=m65d57db013937d29c77b59bfaa9e875e
Meeting number (access code): 2496 125 9758
Meeting password: CHgweWjE285

Join by phone:
Tap to call in from a mobile device (attendees only)
+1-415-655-0003 United States Toll
1-855-282-6330 United States Toll Free

Join from a video system or application
Dial 24961259758@minnesota.webex.com
You can also dial 173.243.2.68 and enter your meeting number

Need help? Go to http://help.webex.com

AGENDA FOR
THE MINNESOTA BOARD OF MEDICAL PRACTICE
POLICY & PLANNING COMMITTEE
JUNE 18, 2025
12:15 P.M. – CST

---

1. Roll Call of Policy & Planning Committee members

2. Approval of minutes: March 3, 2025, meeting

3. Adopt the agenda for today's meeting: June 18, 2025

3. Updates from legislative session – 2025

4. Review and discuss Advisory Commission on Additional Licensing Models – DRAFT GUIDANCE DOCUMENT -

5. Remaining scheduled meeting dates for 2025:

   - Monday, July 14 @ 12:15 p.m.
   - Monday, August 11, 2025 @ 12:15 p.m.

6. Other business

7. Adjourn

MINNESOTA BOARD OF MEDICAL PRACTICE
POLICY & PLANNING COMMITTEE MINUTES
March 3, 2025 * 12:15 p.m.

The mission of the Minnesota Board of Medical Practice is to protect the public's health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.

The Board's Policy and Planning Committee ("Committee") of Kristina Krohn, M.D., Chairperson, John (Jake) Manahan, J.D., Julie Pazdernik, M.D., Averi M. Turner, and Jane Willett, D.O., met on March 3, 2025, at 12:00 p.m. via Webex. Also in attendance was the Board's Executive Director, Elizabeth Huntley, Board staff, Kita Nelson and Eden Young, and the Health Regulatory Boards Legislative Liaison, Lindsey Franklin. The Committee considered the following items:

Minute Approval: There was a motion made and a second to approve the minutes from the February 18, 2025, Policy and Planning Committee meeting. The motion passed with unanimous consent.

Agenda Adopted: There was a motion made and a second to approve the agenda for the March 3, 2025, Policy and Planning Committee meeting. The motion passed with unanimous consent.

Continued discussion of legislation establishing a provisional license for graduates of foreign medical schools, SF0509-1: Lindsey Franklin, Legislative Liaison for the Health Regulatory Boards, summarized the recent hearing in the Minnesota Senate on this bill. Ms. Franklin noted the there was no opposition to the bill and that it has strong bipartisan support. Ms. Franklin added that she connected with Sen. Mann after the hearing and she confirmed receiving the feedback from the Board, including regarding supervision.

A motion was made to recommend to the Board that it remain neutral on this bill and support the legislative team to continue conversations with Sen. Mann, including asking to have the supervising physicians be in good standing.

Other business. No other business was noted.

Remaining meeting dates scheduled for 2025: April 7, at 12:15 p.m., meeting virtually via Webex.

Advisory Commission on Additional Licensing Models
DRAFT GUIDANCE DOCUMENT

Introduction

The Advisory Commission on Additional Licensing Models was established in December 2023 to guide and advise state medical boards, state legislators, policymakers and others, to inform their development and/or implementation of laws specific to the licensing of physicians who have already trained and practiced medicine outside the United States. It is co-chaired by the Federation of State Medical Boards (FSMB), the Accreditation Council for Graduate Medical Education (ACGME) and Intealth™ (which oversees the Educational Commission for Foreign Medical Graduates - ECFMG). In February 2025, the commission released its first set of recommendations, focused principally on eligibility requirements and related entry considerations for internationally-trained physicians (ITPs) seeking medical licensure under a new, additional licensure pathway.[1] In this document, the commission offers its second set of recommendations, for consideration by state medical boards and potential employers, related to the assessment and supervision of ITPs during their provisional licensure period before they become eligible for a full and unrestricted license to practice medicine.

Internationally-trained physicians, as described in some of the state laws enacted since 2023 to streamline medical licensure to increase access to care in undeserved and rural communities, are generally defined as physicians educated and trained abroad who are licensed and have practiced medicine in another jurisdiction. This cohort of physicians represents a relatively small number of international medical graduates (IMGs), the umbrella term used to describe all physicians who have had their medical degree conferred outside the United States. Individuals who are ITPs, as described in most of legislative descriptions, must have previously completed graduate medical education (also known as postgraduate medical education or postgraduate training) that is "substantially similar" to that which is recognized in the United States.

The purpose of the commission's recommendations is to support the alignment of policies, regulations and statutes, where possible, to add clarity and specificity to statutory and procedural language to better protect the public – the principal mission of all state and territorial medical boards – and to advance the safe delivery of quality health care to all citizens and residents of the United States. This guidance is provided to support those states and territories implementing new licensure pathways where legislation has been enacted and where legislation has been introduced or is being considered for introduction.

The first set of recommendations was focused on eligibility requirements. To ensure physicians entering these pathways are ultimately ready to safely practice medicine in the United States, the additional licensing pathways should optimally include assessment and supervisory elements during the entire period of provisional licensure. This second set of recommendations contains specific guidance for the consideration of state medical boards and other relevant stakeholders.

---

[1] https://www.fsmb.org/siteassets/communications/acalm-guidance.pdf

Background

There are two primary pathways by which international medical graduates (IMGs) are eligible for medical licensure from a state medical board in the United States and its territories:

1. Completion of one to three years – depending on the requirements of the particular state or territory[2] – of U.S.-based graduate medical education (GME) accredited by the ACGME, accompanied by certification by ECFMG® and successful passage of all three Steps of the United States Medical Licensing Examination® (USMLE®), is the most common pathway to medical licensure for international medical graduates (IMGs) in the United States. In addition to expanding a physician's knowledge and skills in one or more medical or surgical specialties, U.S.-based GME affords time for participants (whether previously trained and licensed abroad or not) to acclimate to the U.S. health care system, culture and social norms, and the medical illnesses and conditions that are most prevalent (e.g., heart disease, cancer, accidents) among those residing in the United States.

2. "Eminence" pathways (for prominent mid-career physicians) have long existed in many states, and typically do not require ECFMG Certification or successful passage of any Step examination of the USMLE, and may continue to be an option for exceptional, highly qualified and fully-trained international physicians. These pathways are most often used by individuals deemed to have "extraordinary ability," including those classified as "eminent specialist" or "university faculty" pursuing academic or research activities, and typically align with the O-1 (extraordinary ability) visa issued by the U.S. State Department.[3] Of note, most state medical boards also have statutes or regulations allowing for the licensing of IMGs at their discretion,[4] though in practice these are not commonly available or offered. A few medical boards explicitly allow postgraduate training (PGT) – also known as graduate medical education (GME) or postgraduate medical education (PGME) – that is completed in certain countries, such as England, Scotland, Ireland, Australia, New Zealand and the Philippines, to count toward the U.S.-based GME requirement for licensure.

Since January 2023, a dozen states have enacted legislation creating additional licensing pathways for internationally trained physicians that does not require completion of U.S.-based ACGME-accredited GME training.

[2] https://www.fsmb.org/siteassets/advocacy/policies/img-gme-requirements-key-issue-chart.pdf
[3] https://www.uscis.gov/working-in-the-united-states/temporary-workers/o-1-visa-individuals-with-extraordinary-ability-or-achievement
[4] Several states have authority to issue licenses to internationally trained physicians though other innovative approaches. For example, New York offers licensure without requiring a provisional supervisory period to highly qualified IMGs. California offers a three-year non-renewable license for up to 30 Mexican physicians a year to work in community health centers. Washington has a "clinical experience license" to help IMGs compete for residency matching.

These additional licensing pathways are designed principally for ITPs who wish to enter the U.S. healthcare workforce.

A primary goal of these pathways, reflected in public testimony and written statements submitted by sponsors and supporters in many jurisdictions, is to address U.S. healthcare workforce shortages, especially in rural and underserved areas. It must be noted that U.S. federal immigration and visa requirements will impact the practical ability of physicians who are not U.S. citizens or permanent U.S. residents (Green Card holders) to utilize any additional licensure pathway. Furthermore, the ubiquity of specialty-board certification as a key factor in employment, hospital privileging, and insurance panel inclusion decisions is likely to impact the efficacy of non-traditional licensing pathways. States may, therefore, wish to consider other healthcare workforce levers that may be more effective in increasing access to care, such as advocating for increased state and Medicare/Medicaid funding to expand U.S. GME training positions, offering some means of transition assistance to IMGs, and expanding the availability and utilization of enduring immigration programs like the Conrad 30 waiver program, U.S. Department of Health and Human Services (HHS) waivers, regional commission waivers, and United States Citizenship and Immigration Service (USCIS) Physician National Interest Waivers.

While the wording of additional pathway legislation introduced and/or enacted varies from state to state, the commission's consensus-driven guidance highlights potential areas of alignment and suggests specific considerations and resources for implementation and evaluation of these pathways, where that may be possible. The commission drafted both sets of recommendations based on expert opinion and areas of concordance in legislation already introduced and enacted. The following second set of recommendations are offered for consideration to state medical boards, state legislators, policymakers, employers, and other relevant parties:

1. Internationally-trained physicians (ITPs) should be assessed during the supervisory period on all six general competencies endorsed by the Coalition on Physician Accountability: Patient Care and Procedural Skills, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice.

2. ITPs should undergo a formative needs assessment at the beginning of the supervisory period in order to identify areas of strength, and areas where additional support may be needed. Ideally, the needs assessment should include a review of the participant's previous post graduate medical education (PGME) program (aka recognition of prior learning) to the extent possible.

3. A specialty-specific exam, such as an in-training exam, should be used to inform an ITP's learning plan during the supervisory period.

4. At a minimum, a standardized knowledge assessment, direct observation of the ITP's clinical skills, multi-source feedback, and medical record audits should be employed in assessing the ITP. Assessment of, and feedback with, the ITP should occur periodically at regular intervals throughout the supervisory period to support the ITP's professional development and provide robust data to help the responsible institution make

determinations of the ITP's progress. Additionally, during the supervisory period each ITP should demonstrate engagement in a sufficient volume and breadth of cases.

5. By the end of the supervisory period, an ITP should demonstrate the ability to engage in independent and unsupervised practice in all six of the general competency domains for the intended scope of clinical practice.

6. The level of supervision for an ITP during the supervisory period should be tailored to the competence of the individual ITP. At the beginning of the supervisory period this level should be informed by the results of an initial needs assessment and close supervision of all ITPs. Thereafter, the level of supervision should be adjusted based on demonstrated competence. The state medical board may choose to identify/approve the institution or individual supervisor that will be responsible for administering the initial assessment and for making recommendations about the initial level of assessment for the ITP.

7. Supervisors of ITPs during the supervisory period of the additional pathways to licensure should be physicians (MD, DO or equivalent). The supervising physician should have a full and unrestricted license to practice medicine in good standing with specialty board certification in the same specialty as the ITP's specialty. Additionally, state medical boards should establish criteria for qualifications of supervisors and supervisory sites.

8. The rights of ITPs as employees should be taken into consideration to ensure fair and equitable treatment during their supervision period. Institutions should provide ITPs information about their rights as an employee and offer resources to support their wellbeing.

Recommendations

ASSESSMENT

Assessment Framework

1. Recommendation: Internationally-trained physicians (ITPs) should be assessed during the supervisory period on all six general competencies endorsed by the Coalition on Physician Accountability: Patient Care and Procedural Skills, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice.

State Medical Board (SMB) Responsibility: SMBs should ensure that the participating institution has incorporated the general competency framework.

Institutional Responsibility: The institution should ensure that the ITP's individual learning plan and assessment program incorporate all six general competencies.

Rationale: The aim of this recommendation is to facilitate the thoughtful provision of an additional licensure pathway for ITPs with comparable training and experience to practice medicine in the United States. The Coalition for Physician Accountability has noted that "a shared mental model of competency across the medical education continuum exists in the ideal state that involves a

standardized set of general competencies." [1] The general competency framework, which is widely used in the United States to assess residents, fellows, and practicing physicians as part of continuing certification, should also be used to assess ITPs. While the ITP supervisory period in an additional pathway to licensure does not require the same processes (i.e. length and/or intensity of training or supervision) as graduate medical education, it should aim to demonstrate similar outcomes. This will help ensure equivalency of those achieving full and unrestricted licensure and prevent the development of a two-tier system with differing standards for physicians who have entered the US physician workforce through the US GME pathway and those ITPs entering through additional pathways.

Assessment at Start of Supervisory Period

2. Recommendation: ITPs should undergo a formative needs assessment at the beginning of the supervisory period in order to identify areas of strength, and areas where additional support may be needed. Ideally, the needs assessment should include a review of the participant's previous post graduate medical education (PGME) program (aka recognition of prior learning) to the extent possible.

SMB Responsibility: SMBs should recommend and support an individual needs assessment.

Institutional Responsibility: Institutions should administer or conduct a needs assessment that addresses an ITP's current understanding and abilities in the general competencies, especially medical knowledge, patient care, and interpersonal skills and communication. It is also recommended that a review of the participant's previous post graduate medical education (PGME) program (aka recognition of prior learning) be performed to the extent possible. Institutions may wish to consult physician reentry programs about assessment processes used to determine baseline physician capabilities.

Rationale:

The training and clinical experience of ITPs entering these programs will be more varied than those entering GME training, with many ITPs likely possessing more clinical experience than GME trainees.

A baseline assessment of an ITP's competence will allow for early identification of areas of strength and areas where additional support is needed. This can be used to tailor an efficient learning plan that focuses on addressing areas of need specific to each ITP and supporting areas of an ITP's strengths. This initial needs assessment should not be used to exclude ITPs from participation in the additional pathway to licensure program. Institutions may wish to engage existing programs to assist in the needs assessment.

Use of Specialty-specific Exam for Assessment of Medical Knowledge

3. Recommendation: A specialty-specific exam, such as an in-training exam, should be used to inform an ITP's learning plan during the supervisory period

SMB Responsibility: SMBs should recommend a specialty-specific exam.

Institutional Responsibility: Institutions should obtain access to, and scheduling for, specialty-specific exams.

Rationale: Specialty-specific exams may be helpful in assessing medical knowledge but are not intended to serve as summative assessments and should not be used for high stakes decisions. While medical licensure does not absolutely require passing a specialty-specific exam, demonstration of medical knowledge via a multiple-choice question exam is a requirement for specialty certification. Additionally, an MCQ exam could be an important way to assess medical knowledge competence within the ITP's intended scope of clinical practice.

Assessment Strategies During the Supervisory Period

4. Recommendation: At a minimum, a standardized knowledge assessment, direct observation of the ITP's clinical skills, multi-source feedback, and medical record audits should be employed in assessing the ITP. Assessment of, and feedback with, the ITP should occur periodically at regular intervals throughout the supervisory period to support the ITP's professional development and provide robust data to help the responsible institution make determinations of the ITP's progress. Additionally, during the supervisory period each ITP should demonstrate engagement in a sufficient volume and breadth of cases.

SMB Responsibility: SMBs should ensure the assessment program appropriately covers the six general competencies.

Institutional Responsibility: Institutions should implement, monitor, and review the assessment program and ensure all six general competencies are appropriately assessed periodically and the ITP has engaged in a sufficient volume and breadth of cases. If there is concern that the ITP may not be able to demonstrate the ability to engage in independent and unsupervised practice in all six of the general competency domains for the intended scope of clinical practice by the end of the supervisory period based on periodic assessment, the institution should share this information with the SMB whether or not remediation or additional supervisory time is available, contemplated or offered, to come to agreement on a path forward.

Rationale: Ongoing, reliable assessment of an ITP's skills is critical in promoting equivalency in additional licensure programs. Assessments should occur periodically throughout the supervisory period. The combination of standardized knowledge assessment, direct observation of the ITP's clinical skills, multi-source feedback, and medical record audits allows for assessment across the general competency framework. Additional assessment may be tailored to an ITP's specific needs.

Consideration should be given regarding the use of group process to review assessment data and judge the progress of the ITP. (The ACGME program requirement guidelines regarding clinical competency committees could serve as a template.)

A toolkit of assessment instruments and resources is available and will be provided separately.

Competence Demonstrated By the End of the Supervisory Period

5. Recommendation: By the end of the supervisory period, an ITP should demonstrate the ability to engage in independent and unsupervised practice in all six of the general competency domains for the intended scope of clinical practice.

SMB Responsibility: SMBs should ensure the assessment program that is in place can effectively perform a final entrustment judgement regarding the ITP's readiness for unsupervised practice.

Institutional Responsibility: Institutions should support the process regarding a final entrustment judgement of the ITP's readiness for unsupervised practice.

Rationale: Requiring the same level of competency for ITPs seeking licensure through additional pathways as physicians seeking licensure through GME training in the United States will help ensure the safety of the public by avoiding the perception of a two-tiered system with different requirements.

SUPERVISION

Initial Level of ITP Supervision

6. Recommendation: The level of supervision for an ITP during the supervisory period should be tailored to the competence of the individual ITP. At the beginning of the supervisory period this level should be informed by the results of an initial needs assessment and close supervision of all ITPs. Thereafter, the level of supervision should be adjusted based on demonstrated competence. The state medical board may choose to identify/approve the institution or individual supervisor that will be responsible for administering the initial assessment and for making recommendations about the initial level of assessment for the ITP.

SMB Responsibility: SMBs should have oversight of this process and may choose to make specific recommendations regarding institutions and/or supervisors.

Institutional Responsibility: Institutions should support the individuals who are providing close supervision. This will help to ensure patient safety while concomitantly providing rich interaction and assessment data to guide changes in the level of supervision as warranted by the ITP's abilities.

Rationale: The training and clinical experience of ITPs entering these programs will be more varied than those entering GME training, with many ITPs likely having more clinical experience than GME trainees. A baseline assessment of an ITP's skills will help the supervisor/supervising institution make decisions that will allow the ITP to practice within the scope of their skills while ensuring patient safety.

Qualifications of ITP Supervisors and Sites

7. Recommendation: Supervisors of ITPs during the supervisory period of the additional pathways to licensure should be physicians (MD, DO or equivalent). The supervising physician should have a

full and unrestricted license to practice medicine in good standing with specialty board certification in the same specialty as the ITP's specialty. Additionally, state medical boards should establish criteria for qualifications of supervisors and supervisory sites.

SMB Responsibility: SMBs should establish and apply criteria for identification of qualified supervisors and supervisory sites.

Institutional Responsibility: Institutions should support the training of individuals providing supervision, assessment, feedback, and coaching. National resources exist to support this training.

Rationale: Physicians with a full and unrestricted license and specialty board certification in the same specialty should possess the necessary expertise and experience to oversee ITPs safely while providing guidance to help ITPs prepare to meet the challenges of practicing medicine in a relatively new environment. State medical boards may have more region-specific information available to them about potential supervisors and supervisory setting to help guide this process. Institutions may wish to consult physician reentry programs about monitoring and supervision practices.

ITP Employment Considerations:

8. Recommendation: The rights of ITPs as employees should be taken into consideration to ensure fair and equitable treatment during their supervision period. Institutions should provide ITPs information about their rights as an employee and offer resources to support their wellbeing.

Rationale: It is essential to guarantee that internationally trained physicians (ITPs) have access to the same rights, benefits, resources and policies as other employees within the institution to support their wellness and to promote fair and equitable treatment. This includes consideration of appropriate work hours, guidelines for interactions between ITPs and other caregivers and employees, and establishing processes to address any potential concerns.

References:

Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements (Residency). Accessed April 13, 2025. https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf

Andem Ekpenyong, Eric S. Holmboe, Marjan Govaerts, Sylvia Heeneman; Investigating the Roles and Impact of Clinical Competency Committees in Graduate Medical Education: A Narrative Review. J Grad Med Educ 2 December 2024; 16 (6): 662–683. doi: https://doi.org/10.4300/JGME-D-24-00017.1

ten Cate, Olle PhD; Hart, Danielle MD; Ankel, Felix MD; Busari, Jamiu MD, MHPE, PhD; Englander, Robert MD, MPH; Glasgow, Nicholas MD; Holmboe, Eric MD; Iobst, William MD; Lovell, Elise MD; Snell, Linda S. MD, MHPE; Touchie, Claire MD, MHPE; Van Melle, Elaine PhD; Wycliffe-Jones, Keith MBChB on behalf of the International Competency-Based Medical Education Collaborators. Entrustment Decision Making in Clinical Training. Academic Medicine 91(2):p 191-198, February 2016.

Accreditation Council for Graduate Medical Education. ACGME Institutional Requirements. Accessed April 13, 2025. https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

Holmboe ES and Iobst WF. ACGME Assessment Guidebook. Accessed April 14, 2025 at https://www.acgme.org/globalassets/pdfs/milestones/guidebooks/assessmentguidebook.pdfAndolsek A, Padmore J, Hauer KE, et. al., ACGME Clinical Competency Committees Guidebook. Access April 14, 2025 at acgmeclinicalcompetencycommitteeguidebook.pdf

Torre D, Schuwirth L. Programmatic assessment for learning: A programmatically designed assessment for the purpose of learning: AMEE Guide No. 174. Med Teach. 2024 Oct 5:1-16. doi: 10.1080/0142159X.2024.2409936.

van der Vleuten CP, Schuwirth LW, Driessen EW, Dijkstra J, Tigelaar D, Baartman LK, van Tartwijk J. A model for programmatic assessment fit for purpose. Med Teach. 2012;34(3):205-14. doi: 10.3109/0142159X.2012.652239

Van Der Vleuten CPM, Schuwirth LWT, Driessen EW, Govaerts MJB, Heeneman S. Twelve Tips for programmatic assessment. Med Teach. 2015 Jul;37(7):641-646. doi: 10.3109/0142159X.2014.973388.

Misra S, Iobst WF, Hauer KE, Holmboe ES. The Importance of Competency-Based Programmatic Assessment in Graduate Medical Education. J Grad Med Educ. 2021 Apr;13(2 Suppl):113-119. doi: 10.4300/JGME-D-20-00856.1.

Coalition for Physician Accountability. Consensus Statement on a Framework for Professional Competence by the Coalition for Physician Accountability. Accessed April 14, 2025 at Coalition-Competencies-Consensus-Statement-FINAL.pdf

Romanova A, Touchie C, Ruller S, Kaka S, Moschella A, Zucker M, Cole V, Humphrey-Murto S. Learning Plan Use in Undergraduate Medical Education: A Scoping Review. Acad Med. 2024 Sep 1;99(9):1038-1045. doi: 10.1097/ACM.0000000000005781.

Glossary:

Assessment: An ongoing process of gathering and interpreting information about a learner's abilities, including knowledge, skills, attitudes, and/or behavior.

Coalition for Physician Accountability: Consists of the national organizations responsible for the oversight, education and assessment of medical students and physicians throughout their medical careers. https://physicianaccountability.org/

Competencies: Specific knowledge, skills, behaviors, and attitudes that physicians must develop for unsupervised practice of a specialty or subspecialty. The six Core Competencies are Professionalism; Patient Care and Procedural skills; Medical Knowledge; Practice-Based Learning and Improvement; Interpersonal and Communication Skills; and Systems-Based Practice. These have been endorsed by the Coalition for Physician Accountability.

Entrustment: The process by which trainees are granted increasing levels of responsibility and autonomy in their clinical work based on demonstrated levels of competence.

Formative Evaluation: Assessment with the primary purpose of providing feedback for improvement, as well as to reinforce skills and behaviors that meet established criteria and performance standards.

Graduate medical education (GME): The period of medical education that follows the completion of recognized undergraduate medical education and that prepares physicians for the independent practice of medicine in a specialty, subspecialty, or sub-subspecialty area, also referred to as residency or fellowship education. May also be referred to as "post-graduate medical education (PGME)."

Internationally Trained Physician (ITP): A medical doctor who has completed their medical education and training outside of the United States.

In-Training Exam: A standardized assessment administered to residents during their training program used to evaluate the medical knowledge residents in their specific specialty.

Milestones: Description of performance levels that describe skills, knowledge, and behaviors in the six Core Competency domains.

Program evaluation: Systematic collection and analysis of information related to the design, implementation, and outcomes of a graduate medical education program, for the purpose of monitoring and improving its quality and effectiveness.

Sponsoring Institution: The organization (or entity) that assumes the ultimate financial and academic responsibility for one or more ITP.

State Medical Board (SMB): the regulatory body established by each state responsible for overseeing the practice of medicine within that state, including licensure and regulation.

Summative Evaluation: An assessment that measures the extent to which learners have achieved specific desired outcomes or competencies. It is often used to make high-stakes decisions.