



World Education Services Statement of Support for S 142

World Education Services (WES) reaffirms its support for S 142, which would create an alternative pathway to medical licensure for eligible internationally trained physicians (ITPs) to practice medicine in Vermont. The purpose of S.142 is to expand Vermont's physician workforce by creating a licensure pathway for ITPs already present in Vermont or elsewhere in the United States who, despite having completed medical education and clinical training, are unable to practice due to systemic licensure barriers.

The United States currently faces a serious shortage of practicing physicians¹ in both primary and specialty care—a gap that is projected to widen over the coming decade. States across the country are seeking solutions to ensure that residents, especially those in rural and underserved communities, have sufficient access to medical care. Vermont faces a critical shortage of primary care providers—115 FTEs below national benchmarks in 2022, with projections rising to a 370 FTE deficit by 2030 across family medicine, internal medicine, OB/GYN, and pediatrics.² State data confirm that many Vermont counties have population-to-primary-care-provider ratios above the state average, reflecting persistent shortages across rural communities.³

Moreover, the 2024 Vermont State Health Assessment identifies language barriers among immigrant and refugee communities as a leading obstacle to accessing health care. ITPs, with their linguistic and cultural competencies, can help close these gaps by improving access, equity, and trust in care.⁴

Yet systemic barriers prevent many ITPs from being able to practice medicine in the U.S. Legislation that provides an alternative pathway to licensure for ITPs allows states to better leverage the education, skills, and experience of a larger pool of qualified practitioners.

S 142 offers Vermont an opportunity to do so through establishing a structured, supervised, employer-driven pathway that strengthens the state's physician workforce while upholding patient safety. By pairing employer judgment with a clear, well-defined evaluation and supervision framework, the bill ensures that qualified ITPs have a route to contribute their skills and knowledge meaningfully to Vermont communities. This approach also underscores why

¹ "AAMC Report Reinforces Mounting Physician Shortage." Association of American Medical Colleges, (June 11, 2021). <https://www.aamc.org/news/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

² Vermont Legislative Research Service, Addressing the Shortage of Healthcare Workers in Vermont (June 2024), <https://www.uvm.edu/d10-files/documents/2024-06/Addressing-the-Shortage-of-Healthcare-Workers.pdf>

³ "Shifts in the Vermont Public Health Workforce: Impacts Post-Pandemic and Needed Remediations," VtPHA (Apr. 11, 2025), <https://vtpha.org/shifts-in-the-vermont-public-health-workforce-impacts-post-pandemic-and-needed-remediations/>

⁴ 2024 Vermont State Health Assessment Report (Vermont Department of Health), <https://www.healthvermont.gov/sites/default/files/document/2024-vermont-state-health-assessment-report.pdf>



thoughtful flexibility—particularly regarding recency of practice—is important for maintaining a strong and sustainable physician talent pipeline.

Because Vermont employers already screen, hire, mentor, and evaluate clinicians, they are well-positioned to assess the readiness of ITPs for supervised practice. Recent guidance from the Advisory Commission on Additional Licensing Models (ACALM)—an effort led by long-standing national organizations including Intealth, the Federation of State Medical Boards (FSMB), and the Accreditation Council for Graduate Medical Education (ACGME)—offers a complementary resource for states exploring supervised practice pathways.

Although ACALM’s guidance is new, it reflects the engagement of long-standing national organizations. ACALM offers practical reference points, such as structured supervision and multiple methods for evaluating clinical readiness, which reflect familiar approaches in U.S. medical training. Vermont can draw on these elements as helpful resources while continuing to center employer judgment and the state’s specific physician workforce needs. Several states including Arkansas have already enacted and begun implementing similar pathways.

As the Legislature considers refinements to S.142, WES offers the following recommendations to ensure the pathway is workable for employers, accessible to qualified physicians, and responsive to Vermont’s workforce needs.

- 1) WES has analyzed recency-of-practice provisions across states with similar legislation and found no established national standard, nor evidence that one approach is more effective in supporting quality of care. To ensure that S 142 is workable for Vermont’s employers and supports a strong physician pipeline, we recommend adopting a more equitable recency provision—such as permitting one year of practice within a longer look-back period, paired with employer attestation and defined supervision. At a minimum, the bill should include enhanced board discretion to permit alternative recency periods when approved by the hiring entity. This approach reflects real-world physician pathways and gives employers meaningful ability to identify and support candidates who meet their workforce needs, while maintaining strong protections for patient safety.
- 2) No single global accreditation authority exists for medical schools worldwide. For this reason, WES recommends that S.142 rely on the World Directory of Medical Schools, or its successor. The World Directory is used to determine eligibility for Educational Commission for Foreign Medical Graduates (ECFMG) certification and associated primary-source verification of medical education credentials. Aligning eligibility requirements with this existing and widely used standard would improve clarity, consistency, and administrative efficiency for employers, regulators, and physicians.



Finally, WES acknowledges the recently adopted amendment directing a study of the licensure pathway created by S.142. While the physician workforce needs driving this legislation are immediate, WES understands the interest in gathering information to inform implementation. WES is prepared to support those conducting the study by offering comparative analysis from other states and technical assistance.

S 142 will help address Vermont's physician shortage and promote access to quality care for all state residents by making licensing pathways more accessible for eligible ITPs in the state.

Thank you for the opportunity to submit this statement of support.

WES is a non-profit social enterprise that supports the educational, economic, and social inclusion of immigrants, refugees, and international students. For 50 years, WES has set the standard for international academic credential evaluation, supporting millions of people as they seek to achieve their academic and professional goals. Through decades of experience as a leader in global education, WES has developed a wide range of tools to pursue social impact at scale. From evaluating academic credentials to shaping policy, designing programs, and providing philanthropic funding, we partner with a diverse set of organizations, leaders, and networks to uplift individuals and drive systems change. Together with its partners, WES enables people to learn, work, and thrive in new places.