Original Research Article

FSMB Census of Licensed Physicians in the United States, 2024

Aaron Young, PhD; Xiaomei Pei, PhD; Katie Arnhart, PhD; George M. Abraham, MD, MPH; Humayun J. Chaudhry, DO, MS

ABSTRACT:

The 2024 physician census conducted by the Federation of State Medical Boards (FSMB) documents a total of 1,082,187 actively licensed physicians across the United States and the District of Columbia, marking a 27% growth since 2010. These physicians represent graduates from 2,392 medical schools spanning 171 countries. US medical graduates (USMGs) comprise 77% of the workforce, while international medical graduates (IMGs) account for 23%, with a growing share of US citizens among IMGs. Women now account for 39% of all licensed physicians—a 65% increase since 2010—and the number of osteopathic physicians (DOs) has more than doubled during the same period. The mean age of physicians is 51.8 years, with nearly one-third aged 60 or older, highlighting potential future workforce attrition. Multi-state licensure is on the rise, with 24% of physicians holding more than one license, a trend accelerated by regulatory innovations such as the Interstate Medical Licensure Compact and the expansion of telehealth services. In 2024 alone, a record 146,000 licenses were issued by state medical boards. Despite these positive trends, the physician workforce faces persistent shortages, rising attrition rates, and growing demand for healthcare services. Against this backdrop, reliable and timely workforce data are indispensable for effective decision-making and for preserving access to safe, high-quality care.

Introduction

Since 2010, when the Federation of State Medical Boards (FSMB) conducted its first licensed physician census,[1-7] physicians have navigated a rapidly evolving healthcare landscape. The profession has demonstrated remarkable resilience, particularly during the COVID-19 pandemic, and continues to face significant challenges. An aging patient population and increasing clinical and administrative workloads have placed substantial strain on the physician workforce.[8,9,10] Although burnout rates among physicians have declined to pre-pandemic levels, 45% of physicians still reported experiencing at least one symptom of burnout in 2023—a prevalence that exceeds rates observed in other professions nationwide.[11]

Shifting dynamics in both the demand and supply sides of healthcare services have prompted changes in medical regulation. One notable change includes the establishment of the Interstate Medical Licensure Compact (IMLC) in 2017 and its increased use since then to help streamline the process by which interested and eligible physicians can obtain licenses in multiple states, thereby facilitating workforce mobility.

Another emerging trend is the heightened interest among state lawmakers in exploring additional licensure pathways for internationally trained physicians (ITPs)—those who have not completed a US postgraduate residency program but have received training and practiced medicine abroad for a period of time. These initiatives are putatively designed to help mitigate worsening shortages in certain specialties in medically underserved areas, prompting a renewed look at the value offered by easing licensure requirements for physicians already trained abroad. Collectively, these state legislative developments and regulatory modifications, alongside broader shifts in healthcare delivery and demand, are closely intertwined with evolving patterns of the licensure and practice of the physician workforce.

FSMB's biennial physician census provides comprehensive data to state and federal policymakers and healthcare leaders to help inform workforce assessment and planning efforts. This data set represents FSMB's eighth census, offering aggregated physician licensure information about the number of new medical licenses issued and the

percentage of physicians holding licenses in multiple US jurisdictions. The census also illustrates demographic and educational shifts in areas such as average physician age, distribution by sex, degree type, medical school location, and specialty board certification status and type. Like other organizations and groups studying healthcare workforce trends, the FSMB census organizes physician characteristics by educational background, specifically differentiating between US medical graduates (USMGs), US international medical graduates (USIMGs)—US citizens who attend medical school in another country—and non-US IMGs.

Methodology

Data for this study were collected and analyzed from FSMB's Physician Data Center (PDC), a comprehensive and authoritative national repository of information about the nation's actively licensed physician workforce. The PDC compiles data directly from state medical and osteopathic boards, each of which operates under the authority of its own Medical Practice Act. This centralized national repository includes demographic information, educational background, medical licensure information, and disciplinary actions for all physicians actively licensed in the United States, District of Columbia, and US territories. Although FSMB receives data from US territories, this data is sometimes received on an inconsistent basis and is not included in this or previous FSMB censuses. To enhance the comprehensiveness of its physician profiles, the PDC also regularly integrates data from key organizations, such as the National Board of Medical Examiners (NBME), the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), and the US Department of Health and Human Services.

For this census, analyses included the number of physicians holding active, full, unrestricted licenses to practice medicine in the US and the District of Columbia as of the end of 2024. Temporary and limited licenses were excluded, as were training licenses for residents or fellows, and transitional licenses for assistant or associate physicians, whenever such distinctions could be identified. This methodology is consistent with that used in previous FSMB physician censuses, ensuring continuity and comparability of data across reporting periods.[1-7]

Results

There are 1,082,187 licensed physicians in the United States and District of Columbia, representing a 27% increase since FSMB's first census was published in 2010. These physicians graduated from 2,392 medical schools in 171 countries, reflecting a wide range of geographic and educational backgrounds. US licensed physicians are 77% USMGs, a category that currently includes Canadian medical graduates, while IMGs account for 23% (with 5% of the total population being USIMGs and 18% non-US IMGs). Beginning July 2025, Canadian medical schools will no longer be accredited by the Liaison Committee on Medical Education (LCME). As a result, graduates of these schools will be classified as IMGs in the US and in the next FSMB Census of Licensed Physicians.[12]

FSMB'S BIENNIAL CENSUS PROVIDES COMPREHENSIVE DATA TO STATE AND FEDERAL POLICYMAKERS AND HEALTHCARE LEADERS TO HELP INFORM WORKFORCE ASSESSMENT AND PLANNING EFFORTS.

Altogether, the nation's actively licensed physicians hold a total of 1,671,477 licenses to practice medicine. Most (76%) maintain a single active license, while 16% hold two, and 9% hold three or more licenses (Table 1). Among USMGs, 23% have multiple licenses, compared to 30% of USIMGs and 25% of non-US IMGs.

In 2024, state medical boards issued a record 146,000 new licenses, representing a nearly 13% increase compared with the 2022 census and a 43% increase since 2020. Of these new licenses, 109,498 were granted to USMGs, 12,758 to USIMGs, and 23,597 to non-US IMGs, with 147 licenses of unspecified origin. A total of 32,989 physicians received a full and unrestricted license for the first time. Of these, 24,945 are USMGs, 2,845 are USIMGs, 5,111 are non-US IMGs, and 88 are of unspecified origin.

Physician attrition rate—defined as the percentage of physicians who were once actively licensed to practice medicine but are no longer licensed due to retirement, inactive status, non-license renewal, license revocation, or death—also reveals significant changes in the workforce from 2010 to 2024.

During this span, 206,262 physicians exited the actively licensed workforce. On average, annual physician attrition was 1.7% from 2010 to 2024, equating to approximately 14,800 physicians leaving the workforce each year. Comparing different time intervals reveals a rising trend in physician attrition in recent years. The annual attrition rate between 2010 and 2020 was 1.6%, increasing to 1.9% per year from 2020 and 2024.

The United States, with a national population exceeding 340 million,[13] had a physician-to-population ratio of 318 licensed physicians per 100,000 people in 2024—up from 277 per 100,000 in 2010. Table 1 summarizes key demographic and educational trends among licensed physicians between 2010 and 2024, highlighting growth and changes within the physician population. The majority (89%) hold a Doctor of Medicine (MD) degree, while 11% have a Doctor of Osteopathic Medicine (DO) degree. Although MDs continue to comprise most of the physician workforce, the number of licensed DOs has grown at a much faster rate—by 110% since 2010, compared to a 21% increase in that same time period for MDs.

Table 1
Population Characteristics

Licensed Physicians in the United States and the District of Columbia	2010		2024	
	Counts	Percentages	Counts	Percentages
Total	**850,085**	**100.0%**	**1,082,187**	**100.0%**
Degree				
Doctor of Medicine (MD)	789,788	92.9%	959,143	88.6%
Doctor of Osteopathic Medicine (DO)	58,329	6.9%	122,510	11.3%
Unknown	1,968	0.2%	534	0.0%
Medical School[a]				
US and Canadian Medical Graduates	649,736	76.4%	830,903	76.8%
International Medical Graduates	188,598	22.2%	249,825	23.1%
USIMGs	20,264	2.4%	56,899	5.3%
Non-US IMGs	168,334	19.8%	192,926	17.8%
Unknown	11,751	1.4%	1,459	0.1%
Age				
Less than 40 years	200,639	23.6%	263,707	24.4%
40-49 years	214,595	25.2%	255,071	23.6%
50-59 years	215,541	25.4%	221,157	20.4%
60-69 years	138,815	16.3%	193,728	17.9%
70+ years	75,627	8.9%	143,446	13.3%
Unknown	4,868	0.6%	5,078	0.5%
Sex				
Men	583,315	68.6%	659,004	60.9%
Women	252,861	29.7%	417,739	38.6%
Unknown	13,909	1.6%	5,444	0.5%
Certified by an ABMS/AOA Specialty Board[b]				
Yes	653,299	76.9%	909,747	84.1%
No	196,786	23.1%	172,440	15.9%
Number of Active Licenses				
1	657,208	77.3%	821,707	75.9%
2	142,423	16.8%	167,876	15.5%
3 or more	50,454	5.9%	92,604	8.6%

a. Citizenship was available for 82% of licensed physicians. IMGs with unknown citizenship were grouped into the other IMGs.

b. The FSMB matched physician license data with ABMS and AOA certification data to obtain counts of physicians with a license in the United States and District of Columbia who also hold active specialty or subspecialty certificates from an ABMS or AOA member board. Board Certification counts can measure a broader geographic base and additional specialty-related degrees. The counts included in this census may vary from counts reported by the ABMS and AOA. The number of certified physicians for 2010 was updated by adding the number of physicians with AOA certification, which was estimated based on 2020 AOA data. The FSMB did not receive AOA certification data until 2015.

Table 2 lists the 20 United States allopathic (MD) and 20 osteopathic (DO) medical schools, along with their branch campuses, with the largest numbers of graduates holding an active license to practice medicine in the US in 2024. In aggregate, these 20 MD-granting schools account for 18% of all licensed MDs in the country, while the 20 DO-granting schools represent 87% of all licensed DOs.

The largest proportion of licensed IMGs in the US graduated from medical schools in the Caribbean

Table 2
United States Medical (MD) and Osteopathic Medical (DO) Schools[a]

United States Medical (MD) and Osteopathic Medical (DO) Schools with the Largest Number of Graduates Licensed in the United States and the District of Columbia, 2024	City and State	Number of Licensed Physicians
Medical Schools		
Indiana University School of Medicine Indianapolis	Indianapolis, IN	12,051
Wayne State University School of Medicine	Detroit, MI	10,779
Sidney Kimmel Medical College at Thomas Jefferson University	Philadelphia, PA	10,207
University of Minnesota Medical School – Minneapolis	Minneapolis, MN	9,691
SUNY Downstate Medical Center	Brooklyn, NY	9,451
University of Illinois College of Medicine	Chicago, IL	9,329
Ohio State University College of Medicine	Columbus, OH	8,895
New York Medical College	Valhalla, NY	8,821
University of Texas Southwestern Medical Center at Dallas	Dallas, TX	8,642
University of Texas Medical School at Galveston	Galveston, TX	8,391
University of Michigan Medical School	Ann Arbor, MI	8,250
Georgetown University School of Medicine	Washington, DC	8,154
Medical College of Wisconsin	Milwaukee, WI	8,037
The Lewis Katz School of Medicine at Temple University	Philadelphia, PA	7,952
Albert Einstein College of Medicine	Bronx, NY	7,837
Augusta University	Augusta, GA	7,806
Louisiana State University School of Medicine New Orleans	New Orleans, LA	7,650
University of Texas Health Science Center at San Antonio	San Antonio, TX	7,581
University of Texas-Houston Medical School	Houston, TX	7,577
NYU Grossman School of Medicine	New York, NY	7,533
Osteopathic Medical Schools		
Philadelphia College of Osteopathic Medicine	Philadelphia, PA	10,612
New York Institute of Technology College of Osteopathic Medicine	Old Westbury, NY	8,221
Lake Erie College of Osteopathic Medicine	Erie, PA	7,915
Kansas City University of Medicine and Biosciences	Kansas City, MO	7,901
Des Moines University Osteopathic Medical Center	Des Moines, IA	7,886
Western University of Health Sciences, College of Osteopathic Med of the Pacific	Pomona, CA	6,612
Michigan State University College of Osteopathic Medicine	East Lansing, MI	6,322
Chicago College of Osteopathic Medicine	Downers Grove, IL	6,118
Kirksville College of Osteopathic Medicine, A.T. Still University	Kirksville, MO	6,069
Nova Southeastern University College of Osteopathic Medicine	Fort Lauderdale, FL	5,615
University of North Texas Health Science Center	Fort Worth, TX	4,929
Ohio University Heritage College of Osteopathic Medicine	Athens, OH	4,037
Midwestern University, Arizona Campus	Glendale, AZ	3,879
West Virginia School of Osteopathic Medicine	Lewisburg, WV	3,766
University of New England College of Osteopathic Medicine	Biddeford, ME	3,695
Rowan University School of Osteopathic Medicine	Stratford, NJ	3,209
Oklahoma State University College Of Osteopathic Medicine	Tulsa, OK	3,176
Edward Via Virginia College of Osteopathic Medicine	Blacksburg, VA	2,703
Touro University College of Osteopathic Medicine	Vallejo, CA	2,514
Lincoln Memorial University Debusk College of Osteopathic Medicine	Harrogate, TN	1,959

a. Including branch campuses

(23%), followed by India (21%), Pakistan (6%), the Philippines (4%), and Mexico (4%) (Figure 1). Caribbean medical graduates constitute the largest regional group among licensed IMGs and represent 5% of all licensed physicians in the US. Growth in this segment has been particularly strong, with the number of licensed Caribbean medical graduates increasing by 150% since 2010, compared to increases of 28% for USMGs and 32% for IMGs overall. Additionally, the proportion of Caribbean medical graduates who are US citizens has risen significantly, from 48% in 2010 to 68% in 2024 (Figure 2). Over the same duration, the proportion of US citizens among all IMGs increased from 11% to 23%.

Figure 1

Licensed Physicians in the United States and the District of Columbia by Location of Medical School Graduation, 2024

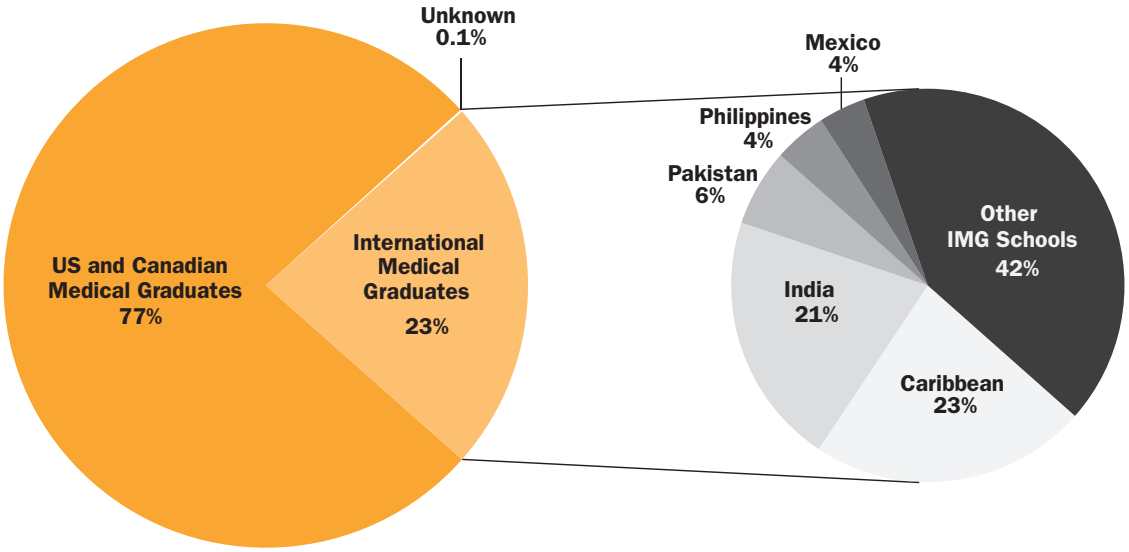


Figure 2

US Citizenship for Licensed Caribbean Medical School Graduates in the United States and the District of Columbia by Year

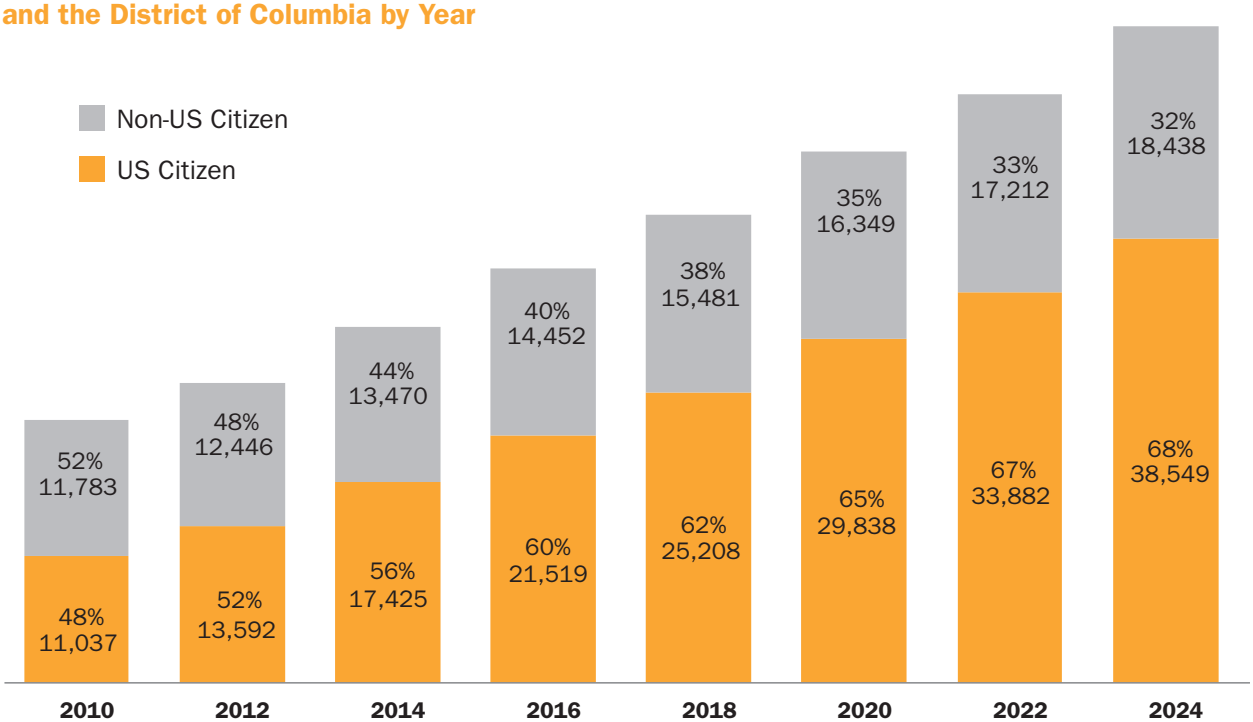


Table 3 lists the 20 international medical schools with the largest number of graduates licensed in the US; together, these schools account for 31% of all licensed IMGs.

The proportion of licensed female physicians continues to increase, with women now comprising 39% of the physician workforce, up from 30% in 2010. The number of licensed female physicians has grown by 65% since 2010, compared to 13% for male physicians. Women represent 39% of USMGs, 42% of USIMGs, and 38% of non-US IMGs.

The average age of licensed physicians is 51.8 years, up from 50.7 years in 2010 but slightly lower than 51.9 years in 2022. Nearly one-third (31%) of licensed physicians are aged 60 years and older (Figure 3)—a segment that has grown by 57% since 2010, compared to a 25% increase among those aged 49 years and younger. The average age varies considerably by physician subgroups: MDs average 52.6 years old, while the average for DOs is 45.8 years. Male physicians are on average 54.2 years old, compared to an average of 47.9 years for female physicians. By medical school location, the average ages are 51.5 years for USMGs, 44.1 years for USIMGs, and 55.6 years for non-US IMGs.

Additional analysis by age and sex reveals that a higher proportion of female physicians are represented in younger age categories compared to their male counterparts. Specifically, 31% of female physicians are under 40 years of age, compared to 21% of male physicians. Conversely, 38% of male physicians are aged 60 years or older,

Figure 3
Licensed Physicians in the United States and the District of Columbia by Age, 2010 and 2024

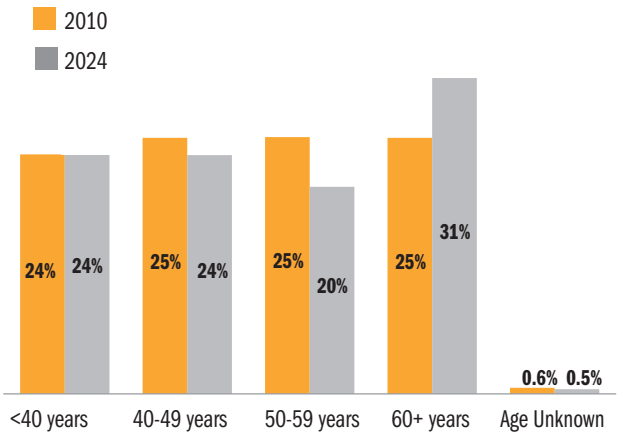


Table 3
International Medical Schools

International Medical Schools with the Largest Number of Graduates Licensed in the United States and the District of Columbia, 2024	Country	Number of Licensed Physicians
International Medical Schools		
St. George's University	Grenada	16,054
Ross University	Barbados	13,352
American University of the Caribbean	Sint Maarten	6,242
Universidad Autonoma de Guadalajara	Mexico	5,448
Dow Medical College	Pakistan	3,411
University of Santo Tomas	Philippines	3,338
University of Damascus	Syrian Arab Republic	2,843
American University of Antigua College of Medicine	Antigua and Barbuda	2,572
University of the Punjab, King Edward Medical College	Pakistan	2,346
Saba University School of Medicine	Saba	2,290
Sackler School of Medicine, Tel Aviv University	Israel	2,257
Osmania Medical College	India	2,109
American University of Beirut	Lebanon	2,081
University of the Philippines	Philippines	1,788
Tehran University of Medical Sciences	Islamic Republic of Iran	1,770
University of the East, Ramon Magsaysay Memorial Medical Center	Philippines	1,756
Aga Khan Medical College, Aga Khan University	Pakistan	1,743
University of Cairo	Egypt	1,719
Maulana Azad Medical College	India	1,693
Ain Shams University Faculty of Medicine	Egypt	1,561

while only 20% of female physicians fall into this age group (Figure 4).

A high proportion of physicians hold specialty certifications in their area of medical expertise; 84% of licensed physicians are board-certified by either the ABMS or the AOA, an increase from 77% in 2010 (Table 1). Analysis of ABMS and AOA certifications by citizenship and medical education background reveals varied distributions in specialty certification. Overall, 85% of both USMGs and USIMGs and 80% of non-US IMGs are specialty certified (Table 4). Among those with specialty certification, 38% of USIMGs and 49% of non-US IMGs are certified in internal medicine, compared to 24% of USMGs. Additionally, 26% of USIMGs with specialty certificates hold certification in family medicine, compared to 13% of certified USMGs.

Discussion

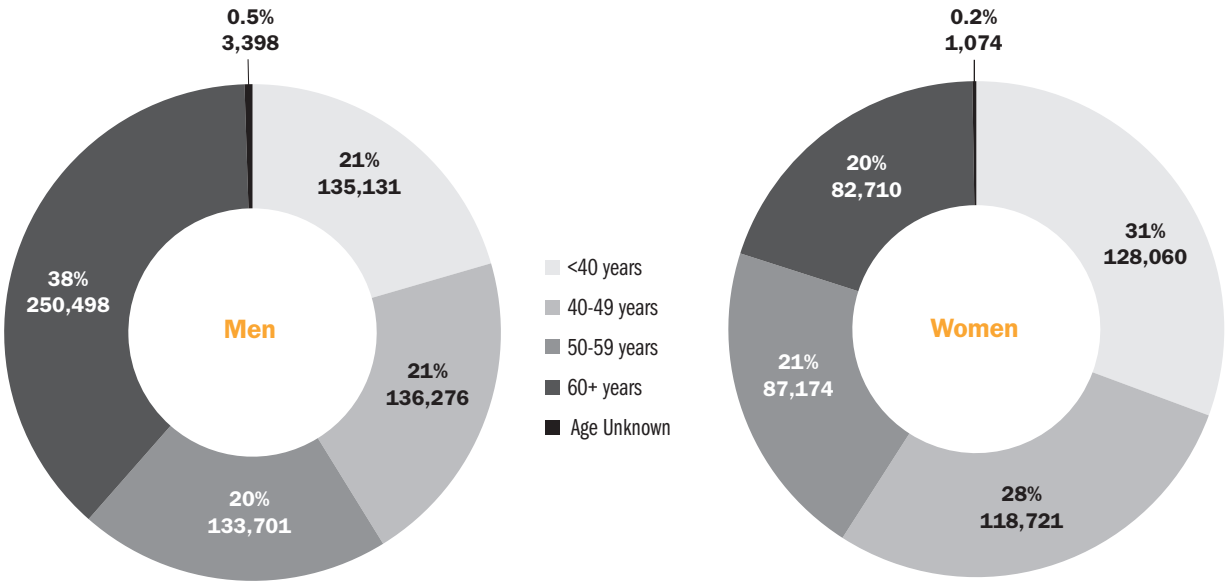
The physician workforce in the United States and the District of Columbia has experienced substantial growth and transformation since 2010. During this span, the physician-to-population ratio improved to 318 licensed physicians per 100,000 people, reflecting both population growth and an increase in the number of licensed physicians. By 2024, there were 1,082,187 licensed physicians in the US—a 27% increase since 2010.

The US physician workforce is shaped by a highly international system of medical education, with physicians graduating from 2,392 medical schools across 171 countries. The largest groups of IMGs come from the Caribbean and India, with considerable representation from countries such as Pakistan, the Philippines, and Mexico. The composition of IMGs has also shifted over time, with more US citizens now choosing to attend medical school abroad than in previous years. Additionally, women now account for a much larger share of licensed doctors, especially among USIMGs.

Despite growth and changes in the licensed physician population, the nation still faces emerging challenges. Persistent physician shortages, coupled with rising demand for health services, increasing attrition rates, and the adoption of additional licensure pathways—particularly for ITPs—are shaping the landscape of medical regulation in the US. The following sections examine these trends in more detail, highlighting factors driving change and the measures being implemented to ensure a robust and adaptable physician workforce.

Physician Pipeline and Shortages. Although this and previous censuses conducted by FSMB demonstrate incremental growth in the number of licensed physicians, they also highlight ongoing challenges. The healthcare system continues to face rising demand, driven by an aging population that accounts for a significantly larger share of services due to their complex and ongoing medical needs—a demand that consistently outpaces the available supply of physicians. This demographic

Figure 4
Licensed Physicians in the United States and the District of Columbia by Sex and Age, 2024



shift, along with a substantial portion of the physician workforce nearing retirement age, suggests that the gap between healthcare needs and physician supply will persist—even as efforts to expand training pipelines continue.[14]

The longitudinal data from this census reveals an upward trend in physician attrition over recent years. Between 2010 and 2024, the actively licensed physician workforce underwent significant changes. During this period, 206,262 physicians left the licensed workforce, resulting in an average annual attrition rate of 1.7%, or about 14,800 physicians exiting the licensed workforce per year. A more detailed analysis by time interval shows that the attrition rate increased from 1.6% per year between 2010 and 2020 to 1.9% annually from 2020 to 2024, underscoring an acceleration in workforce departures.

This shift in attrition is further contextualized by trends in the average physician age. While the average age of physicians has generally increased over time, a slight decrease from 51.9 years in 2022 to 51.8 years in 2024 suggests that older physicians may be retiring and leaving the workforce at a higher rate. The combination of rising attrition and a marginally lower average age points to a dynamic where workforce losses are increasingly driven by retirement rather than slower, age-neutral attrition. These findings indicate that workforce sustainability efforts may benefit not only from increasing the number of new physicians entering the workforce, but also from strategies to retain experienced physicians and support those approaching retirement.

National projections highlight the scale of the physician workforce challenge, with estimates

Table 4

Specialty Certifications for Licensed Physicians in the United States and the District of Columbia by Medical Education Location, 2024

ABMS and AOA Specialties	USMGs	USIMGs	Non-US IMGs
Total ABMS/AOA Certified Physicians	**85% (705,951)**	**85% (48,080)**	**80% (155,289)**
Internal Medicine	24.0%	38.2%	49.0%
Family Medicine	13.3%	25.5%	9.0%
Pediatrics	10.8%	8.8%	10.6%
Psychiatry and Neurology	7.4%	8.4%	10.1%
Emergency Medicine	6.9%	3.2%	0.6%
Anesthesiology	6.3%	4.1%	4.7%
Radiology	6.0%	2.0%	2.9%
Obstetrics and Gynecology	5.5%	3.0%	2.5%
Surgery	4.6%	2.8%	2.6%
Orthopaedic Surgery	3.5%	0.2%	0.4%
Ophthalmology	2.6%	0.3%	0.6%
Dermatology	2.2%	0.1%	0.3%
Pathology	1.9%	1.8%	4.1%
Otolaryngology - Head and Neck Surgery	1.5%	0.1%	0.3%
Preventive Medicine	1.5%	1.1%	0.9%
Physical Medicine and Rehabilitation	1.4%	1.5%	1.0%
Urology	1.3%	0.1%	0.5%
Plastic Surgery	0.9%	0.3%	0.3%
Neurological Surgery	0.7%	0.1%	0.3%
Allergy and Immunology	0.6%	0.3%	0.5%
Thoracic Surgery	0.5%	0.2%	0.4%
Colon and Rectal Surgery	0.3%	0.2%	0.2%
Nuclear Medicine	0.2%	0.2%	0.5%
Medical Genetics and Genomics	0.1%	0.1%	0.2%
Neuromusculoskeletal Medicine*	0.2%	N/A	N/A
Ophthalmology & Otolaryngology-HNS*	0.2%	N/A	N/A

*Specialty category only offered by AOA

placing the potential shortage between 13,500 and 86,000 physicians by 2036, according to the Association of American Medical Colleges.[14] While this projected shortfall is less severe than previous estimates, it is contingent upon continued growth in medical residency positions. Encouragingly, the 2025 Main Residency Match saw a 4% increase in available positions, adding 1,734 new spots compared to the prior year.[15]

In response to these shortage trends, IMGs have become increasingly important contributors to the physician workforce, particularly in rural and medically underserved areas.[16] In 2025, participation by non-US IMGs in the Main Residency Match rose by 14% from the previous year, with 58% matching to postgraduate year-1 positions.[15] IMGs not only help fill crucial gaps in care, but also achieve high rates of specialty board certification. USIMGs attain board certification at rates comparable to USMGs, and both USIMGs and non-US IMGs are significantly more likely to be board certified in internal medicine than their USMG counterparts. USIMGs are also more likely than both USMGs and non-US IMGs to be certified in family medicine, a specialty fundamentally oriented towards primary care.

Despite their growing participation and demonstrated competence, non-US IMGs can encounter additional legal and regulatory challenges to medical licensure and practice. Recent changes to visa policies and immigration rules have introduced new complexities that may affect IMGs' ability to enter or remain in the United States for medical education, residency training, and long-term employment.[17,18] As the landscape continues to evolve, ongoing attention to these issues will be important to support the integration of IMGs into the US healthcare workforce and to help address physician shortages across the country.

Multi-State Licensure. Results from this census underscore the growth of multi-state licensure in the United States. In 2024, state medical boards issued a record 146,000 new licenses—a nearly 13% increase compared to the 2022 census and a remarkable 43% increase since 2020. Of these new licenses, 109,498 were granted to USMGs, 12,758 to USIMGs, and 23,597 to non-US IMGs, with 147 licenses of unspecified origin. Notably, 32,989 physicians received a full and unrestricted license for the first time in 2024, up from 31,504 in 2022.[7]

Altogether, the nation's actively licensed physicians hold a total of 1,671,477 licenses to practice medicine. While 76% maintain a single active license, a considerable proportion (16%) hold two, and 9% hold three or more licenses. Less than 6% of physicians held three or more licenses in 2010. Importantly, IMGs are more likely than USMGs to hold multiple state licenses: 30% of USIMGs and 25% of non-US IMGs hold licenses in more than one state, compared to 23% of USMGs. These findings demonstrate the growing flexibility and multi-state engagement among physicians, which may help bridge workforce gaps and enhance healthcare systems' ability to deliver timely and effective care across jurisdictional boundaries.

The launch of the IMLC in 2017 marked a pivotal shift in how physicians can obtain licensure in the United States. Designed to streamline the process for interested and eligible physicians, the IMLC can make it easier to acquire licenses in multiple states, which potentially can expand access to care and support innovative healthcare delivery modalities, such as telemedicine.[19]

Currently, the IMLC facilitates multi-state medical licensure in 42 states.[20] Between April 1, 2024, and March 31, 2025, more than 8,400 applications were submitted to the IMLC and a total of 20,804 licenses were issued, an increase of nearly 6% over the previous year.[21,22] On average, each licensee secures approximately four licenses through this streamlined pathway, underscoring the growing demand for multi-state practice.[21]

Additional Licensing Pathways. While the IMLC has changed the landscape of physician licensure in the United States, it is not the sole development reshaping the licensure landscape. In response to persistent physician shortages and the unique challenges faced by ITPs, a growing number of US states are enacting legislation to create additional licensure pathways. As of July 2025, 17 states have enacted such legislation, with an additional 17 states considering similar measures.[23] These pathways are designed to allow eligible ITPs who have not completed a US postgraduate residency program but have received training and practiced medicine abroad to become eligible for licensure in the United States.

The rapid adoption of additional licensure models has prompted national medical organizations to take coordinated action to support both medical boards and state legislatures. In December 2023, FSMB, Intealth, and the Accreditation Council for Graduate Medical Education (ACGME) established the Advisory Commission on Additional Licensing

Models to offer guidance to state medical boards and other stakeholders.[24]

Early in 2025, the Commission released its first set of recommendations,[25] which urge states to give medical boards the authority and resources to create new licensing pathways for ITPs. The Commission suggests that applicants should possess a recognized medical degree, have completed comparable postgraduate training, and have at least three years of practice abroad. Additionally, applicants should obtain Educational Commission for Foreign Medical Graduates (ECFMG) certification and secure a job offer from a suitable medical facility. The Commission also recommends setting limits on time out of practice and requiring a period of supervised provisional licensure within the US before being granted a full unrestricted license.

More recently, the Commission released a second set of recommendations for public comment, highlighting the importance of evaluating ITPs across six core competencies: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice. Recommending that these competencies be assessed through tailored, ongoing evaluations during supervised practice by physicians who are fully licensed and board-certified in the same specialty.[25] Collectively, these measures aim to promote both flexibility and rigor within the licensure process for ITPs; yet many uncertainties remain, including those tied to funding, immigration, and whether additional licensing pathways will substantially increase the number of licensed physicians in medically underserved areas or even in absolute terms.

Conclusion

The 2024 FSMB census reveals a US physician workforce in the midst of substantial change, shaped by shifting demographics and evolving approaches to medical education and licensure. While the number of licensed physicians has grown significantly since 2010, the profession continues to face persistent challenges, including physician shortages, an aging workforce, and increasing rates of attrition.

Legislative initiatives reflect both established and emerging strategies to address these challenges. The expansion of multi-state licensure has proven successful, enhancing flexibility and mobility within the profession. In contrast, the creation of additional pathways for ITPs is a more recent development, and its ultimate impact on the workforce remains uncertain.

Simultaneously, the healthcare landscape is being transformed by innovations such as the rapid expansion of telehealth and the integration of artificial intelligence capabilities into clinical practice. These evolving models of care are reshaping how services are delivered, offering new opportunities to improve access, efficiency, and quality. In this context, comprehensive and timely workforce data remain essential for effective planning and for ensuring continued access to safe, high-quality care.

References

1. Young A, Chaudhry HJ, Rhyne J, Dugan M. A census of actively licensed physicians in the United States, 2010. *J Med Regul*. 2010;96(4):10-20. doi: 10.30770/2572-1852-96.4.10
2. Young A, Chaudhry HJ, Thomas JV, Dugan M. A census of actively licensed physicians in the United States, 2012. *J Med Regul*. 2013;99(2):11-24. doi: 10.30770/2572-1852-99.2.11
3. Young A, Chaudhry HJ, Pei X, et al. A census of actively licensed physicians in the United States, 2014. *J Med Regul*. 2015;101(2):7-22. doi: 10.30770/2572-1852-101.2.7
4. Young A, Chaudhry HJ, Pei X, et al. A census of actively licensed physicians in the United States, 2016. *J Med Regul*. 2017;103(2): 7-21. doi: 10.30770/2572-1852-103.2.7
5. Young A, Chaudhry HJ, Pei X, et al. FSMB census of licensed physicians in the United States, 2018. *J Med Regul*. 2019;105(2):7-23. doi: 10.30770/2572-1852-105.2.7
6. Young A, Chaudhry HJ, Pei X, et al. FSMB census of licensed physicians in the United States, 2020. *J Med Regul*. 2021;107(2): 57-64. doi: 10.30770/2572-1852-107.2.57
7. Young A, Pei X, Arnhart K, Carter J, Chaudhry HJ. FSMB census of licensed physicians in the United States, 2022. *J Med Regul*. 2023;109(2): 13-20. doi: 10.30770/2572-1852109.2.13
8. Butler SM. Caring for an aging US population—the good news and the bad news. *JAMA Health Forum.* 2024; 5(5): e241893. doi:10.1001/jamahealthforum.2024.1893
9. LC Rink, TO Oyesanya, KC Adair, JC Humphreys, SG Silva, JB Sexton. Stressors among healthcare workers: A summative content analysis. *Glob Qual Nurs Res*. 2023; 10:1-13. doi: 10.1177/23333936231161127.
10. Jones CH, Dolsten, M. Healthcare on the brink: Navigating the challenges of an aging society in the United States. *npj Aging.* 2024; 10(22): 1-10. DOI: 10.1038/s41514-024-00148-2
11. Shanafelt TD, West CP, Sinsky C, et al. Changes in burnout and satisfaction with work–life integration in physicians and the general US working population between 2011 and 2023. Mayo Clinic Proceedings. 2025. doi: https://www.mayoclinicproceedings.org/action/showPdf?pii=S0025-6196%2824%2900668-2

12. ECFMG. Update: Impact of change to accreditation body for medical schools in Canada effective in 2025. Published June 28, 2024. Accessed April 25, 2025. https://www.ecfmg.org/news/2024/06/28/update-impact-of-change-to-accreditation-body-for-medical-schools-in-canada-effective-in-2025/

13. United States Census Bureau. State population totals and components of change: 2020-2024. Published December 2024. Accessed April 25, 2025. https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html

14. Association of American Medical Colleges. The complexities of physician supply and demand: Projections from 2021 to 2036. Published March 2024. Accessed April 15, 2025. https://www.aamc.org/media/75236/download?attachment

15. The MATCH. National Resident Matching Program releases the 2025 Main Residency Match results, celebrates the next generation of physicians. Published March 21, 2025. Accessed April 15, 2025. https://www.nrmp.org/about/news/2025/03/national-resident-matching-program-releases-the-2025-main-residency-match-results-celebrates-the-next-generation-of-physicians/

16. Moyer DV, Erickson S, Opole IO. International medical graduates are integral to the delivery of patient care in the United States. *Ann Intern Med*. 2025; 178(5): 737-738. doi: 10.7326/ANNALS-25-00847

17. The White House. Protecting the United States from foreign terrorists and other national security and public safety threats. Published January 20, 2025. Accessed April 15, 2025. https://www.whitehouse.gov/presidential-actions/2025/01/protecting-the-united-states-from-foreign-terrorists-and-othernational-security-and-public-safety-threats/

18. The White House. Restricting the entry of foreign nationals to protect the United States from foreign terrorists and other national security and public safety threats. Published June 4, 2025. Accessed June 18, 2025. https://www.whitehouse.gov/presidential-actions/2025/06/restricting-the-entry-of-foreign-nationals-to-protect-the-united-states-from-foreign-terrorists-and-other-national-security-and-public-safety-threats/

19. Deyo D, Ghosh S, Plemmons A. "Access to care and physician-practice growth after the Interstate Medical Licensure Compact." SSRN. 2023. doi.org/10.2139/ssrn.4629647

20. IMLC. Participating States. Accessed June 29, 2025. imlcc.com/participating-states/

21. IMLCC. IMLCC data study year eight. Published July 3, 2025. Accessed July 7, 2025. https://imlcc.com/wp-content/uploads/2025/07/IMLCC__Year8_DataStudy-7-3-2025-FINAL.pdf

22. IMLCC. IMLCC data study year eight supplemental information. Published July 3, 2025. Accessed July 7, 2025. https://imlcc.com/wp-content/uploads/2025/07/IMLCC_Year8_Supplemental-Information-7-3-2025-FINAL.pdf

23. FSMB. States with enacted and proposed additional licensure pathways. Accessed August 1, 2025. https://www.fsmb.org/siteassets/advocacy/policies/states-with-enacted-and-proposed-additional-img-licensure-pathways-key-issue-chart.pdf

24. Chaudhry HJ, Combes JR, Holmboe ES, et al. Licensing internationally trained physicians: Advisory commission leaders share initial progress. *Ann Intern Med.* [Epub July 2025]. doi:10.7326/ANNALS-25-00936

25. FSMB, Intealth, ACGME. Advisory commission on additional licensing models guidance document. Accessed June 23, 2025. https://www.fsmb.org/siteassets/communications/acalm-guidance-draft.pdf

About the Authors

Aaron Young, PhD, is the Vice President of Research and Data Services at FSMB.

Xiaomei Pei, PhD, is a Research Project Manager for Research and Data Integration at FSMB.

Katie Arnhart, PhD, is a Research Project Manager for Research and Data Integration at FSMB.

George M. Abraham, MD, MPH, is Chair of FSMB Board of Directors.

Humayun J. Chaudhry, DO, MS, is President and CEO of FSMB.

Correspondence should be addressed to: Aaron Young, PhD, Federation of State Medical Boards, 400 Fuller Wiser Road, Euless, TX 76039, 817-868-4000; e-mail: ayoung@fsmb.org

Funding/support: N/A

Other disclosures: N/A

Author contributions: Study concept and design (AY, XP, KA, HC); Data acquisition, analysis, and interpretation (XP, AY, KA); Critical revision of the manuscript for intellectual content (AY, KA, HC, XP, GA)

Acknowledgements: The authors would like to thank Bradley Dunn, Cassandra Davis, Lucie Maomanivong, Christine Scheeler, Elisabeth Davis, Cyndi Streun, Jill Putnam, Christine Wells, and Drew Carlson for their assistance with the preparation of this manuscript.

Keywords: Physician workforce, demographics, medical boards, osteopathic boards, census