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STATE MEDICAL BOARD PRACTICE

Maryland Board of Physicians and the Federation of State Medical Boards:

Working Together to Improve Physician Licensure

Abstract

Physician licensure is frequently a lengthy paper-based process and is often a pain point for physicians. For state medical boards, it can also be time-consuming and burdensome for staff. In 2022, the Maryland Board of Physicians (MBP) began working with the Federation of State Medical Boards (FSMB) to enhance the accuracy and completeness of medical board licensing data by systematically reviewing and improving data access and quality. During this process, MBP found numerous benefits for working directly with FSMB, including help in auditing and reviewing the best source of data for each licensing requirement, and providing a centralized location for primary data sources, which led to reducing the burden on both MBP staff and applicants.

Background

In Maryland, physician licensure was historically paper based. MBP required physician applicants to complete a nine-page paper application, which had six pages of instructions and included four supplemental forms. Applicants were responsible for ensuring their credentials were sent to MBP from their medical school, postgraduate training programs, licensing examination entities, and any other states where they hold or have held a license. The applicant was also responsible for the translation of any credentials from outside the US that were not already in English.

The applicant had to send all forms and verifications via postal mail, with each entity having to complete the supplemental forms and sending them directly to MBP. In FY21, MBP processed 50,521 paper credentials using this system.

In addition to the paper burden, the process was also lengthy. Applicants were advised that the licensure process could take up to 120 days. Historically, MBP licensed about 75% of licensees within 60 days of receipt of the applications; delays in the process were generally caused by applicants. Once notified of missing credentials or other requirements, applicants often do not respond or do not submit documents in a timely manner, which causes a delay. Once the final documents were received for an applicant, the remainder of the process was typically very swift, with MBP meeting our goal of issuing 99% of licenses within 10 days of receipt of the last qualifying document. In our experience, the last document to be received is generally the criminal history records check (CHRC).

The COVID-19 pandemic created the need for the licensing process to change in several key areas, including flexibility, timeliness, and efficiency. Staff were having difficulty obtaining credentials, so MBP began exploring options for electronic applications. As part of this process, MBP staff asked questions about each field of information that was collected, including why is it collected, what is done with the information, is it required by the statute, what is the source of the information, and how is the information verified?

In addition to the pressures of the COVID-19 pandemic, the process was derailed by a cyberattack on the Maryland Department of Health in December 2021, which left MBP without a network and without a licensure tracking system. In early 2022, MBP had to quickly pivot to create workarounds so Maryland licensing could continue.

Making the decision to work with FSMB

In early 2022, MBP's Executive Director and IT Director met with FSMB's COO as well as their Vice President of IT to explain MBP's needs. Through those discussions, MBP learned that working with FSMB would benefit MBP's staff by supplementing our internal process audit by focusing on a technical approach. Additionally, using FSMB's Federation Credentials Verification Service (FCVS) would allow primary source credentials to be consolidated. It would also benefit MBP's applicants, as using FCVS is less costly, creates a permanent, lifetime portfolio for the applicant, and eliminates the burden of obtaining multiple primary sources for each licensing application. MBP and FSMB agreed to pilot a program that would integrate FCVS seamlessly into Maryland's licensing process through the use of the Uniform Application for licensure (UA) and a customized application programming interface (API).

Process

There were many steps involved to implement the pilot program, including auditing MBP's current

requirements, implementing and enhancing the UA for Maryland licensing, establishing the API to connect FSMB's data contained within FCVS to MBP's licensure process, and requiring the use of FCVS for all physician applicants. However, for the pilot to work, MBP needed to ensure that data provided by FCVS would satisfy the Maryland statute for primary source verification, which had previously been handled via paper credentials. The Maryland statute is flexible regarding the required documentation for initial licensure and states that "the applicant shall submit evidence acceptable to the Board." MBP therefore determined that data provided by FCVS could be considered primary source verification.

Audit

To move MBP to a fully digital, integrated application and verification process, a thorough audit of all licensing requirements needed to be performed. The audit comprised five key phases that were critical to ensure completeness of the data and, therefore, the success of the pilot program.

Phase one: Review of MBP's licensing requirements
The first step in the pilot program was the internal audit of MBP's licensing requirements. Requirements were streamlined as staff determined what was critical and what was not by asking strategic and thorough questions about each criterion.

Phase two: Mapping attributes to primary data sources
For each licensing requirement, MBP staff meticulously mapped it to its corresponding primary data source. The process ensured that all data needed for the applications were correctly identified and linked to their origins.

Phase three: Mapping MBP data requirements to FSMB primary data sources
This phase is where the collaboration between MBP and FSMB truly began. For each licensing requirement that was identified and mapped to primary sources in Phase two, the specific attributes of each requirement were then mapped to their corresponding FSMB data source. This process ensured precision and proper linkage across all licensing requirements.

Phase four: Identification of data access gaps
Through the mapping process, MBP and FSMB identified gaps in data availability. These gaps represented missing or incomplete data, which would hinder the evaluation and verification of licensing requirements.

Phase five: Filling data access gaps
Together, MBP and FSMB developed and implemented strategies to address the gaps identified during phase four. Strategies included adding missing data to the API by integrating new data streams, such as the applicant's American Medical Association (AMA) profile, to the FCVS, and enhancing existing data collection methods to ensure comprehensive access to primary data sources.

Uniform application for licensure

Once the audit was complete, the UA needed to be implemented and enhanced to ensure a smooth process for applicants. The UA is a web-based application form for physicians and physician assistants that streamlines the application process and improves license portability by eliminating the need to enter the same information across multiple forms when applying for licenses in different states.

In collaboration with FSMB, MBP determined which requirements could be provided via the UA and which would need separate documentation due to state-specific requirements. Technology integration between MBP and FSMB now creates a seamless process for applicants whereby a physician completing the UA is then directed to MBP for our state-specific requirements.

Establishing and enhancing the API

FSMB had an existing API that could be used by state licensing boards to pull data in directly from FCVS. However, there were additional requirements that MBP needed from additional sources and entities, such as AMA, the United States Medical Licensing Examination (USMLE), the Educational Commission for Foreign Medical Graduates (ECFMG), and the National Practitioner Data Bank (NPDB). MBP created a list of data elements needed from these additional sources that would improve the API and ensure that all data was coming from the most accurate source. FSMB created memoranda of agreement with AMA and NPDB to share the requested data and include it within FCVS. AMA integration was completed in August 2023, and NPDB integration was completed November 2023. The API has continued to develop over time, adding more data elements to enhance and further streamline the verification process.

Requiring FCVS for all applicants

All state licensing boards allow applicants to use FCVS if they choose; however, in June 2023, MBP changed the use of FCVS from optional to required for all applicants to ensure all applicants were using the same system, application, and verification service. Initial use of FCVS by applicants costs $395 USD, and an additional FCVS can be sent to another state medical board for $65 USD or $99 USD, depending on when this is requested. Additionally, the UA carried with it a cost of $60 for the applicant. To help support the pilot program, FSMB waived the

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UA fee for Maryland licensing applicants during the pilot; however, the program was so successful that FSMB announced that applicants using FCVS for requiring state medical boards would receive the UA at no charge beginning in January 2024.

Results

Beyond moving to a fully electronic process that streamlines the workflow for both applicants and MBP staff, the result of the pilot program includes overall improvements to licensing turnaround times.

In 2018, the mean time from application submission to licensing was 53 calendar days. Although MBP lost some statistics due to the cyberattack, the implementation of our initial electronic process in 2021 shortened the time to approximately 45 calendar days.

After implementing the FSMB API, there were verifiable results of improved licensure timeframes. From January 1 through June 30, 2024, MBP received 1,007 applications, and the mean time from application submission to licensing was 17 days. When MBP analyzed the delays in licensure for that six-month timeframe, we found the single largest delay continued to be the timely receipt of CHRCs. The CHRCs are handled by a different state agency and cannot, therefore, be included in the data received through FSMB's API. However, MBP made several modifications to the CHRC process, including advising applicants to complete their CHRC prior to applying for licensure. From January 1 through June 30, 2025, MBP received 1,379 applications using the new CHRC process, and the mean time from application submission to licensing was reduced by an additional 5 days to a mean time of 12 calendar days. Most licenses (92%) are issued within 7 days of receipt of the application.

Overall, the results are a dramatic reduction in the number of days to license. Receiving data via the FSMB API has eliminated 41 days from the application processing time, an overall reduction of 77.36% over 2018 and 73.33% over the first digital process implemented in 2021.

MBP has also seen a reduction in the number of credentials received since implementing this new process. In FY21, 50,521 paper credentials were received, which decreased to 4,267 paper credentials in FY24, the majority of which are for allied health licensure applicants.

Additional benefits include improved communication with applicants and decreased level of effort for the staff. In fact, three licensure staff members transitioned to other areas within MBP because of the reduced workload. MBP is also changing the applicant guidelines because of the decreased processing times. Where applicants were previously advised that the process could take up to 120 days, those guidelines are now being revised to up to 60 days.

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Additional options

Beyond using UA and FCVS for initial physician applications, there are still other options for physicians to apply for licensing in Maryland. These include licensure by reciprocity, licensure by endorsement, and the Interstate Medical Licensing Compact (IMLC).

Licensure by reciprocity

Licensure by reciprocity is a formal agreement between select jurisdictions indicating their licensure qualifications are substantially similar, and therefore licensing in one of the regions in the agreement qualifies as verification of credentials for licensing in the other region(s). Maryland currently has reciprocity agreements established with Virginia and Washington, DC, which were established in March 2023.

When an applicant utilizes a licensure by reciprocity agreement, it eliminates the need for primary source credentials, thereby significantly expediting the process (in 2024, the mean time to licensure via reciprocity agreements was only 7 days). It is also less costly and time-consuming than utilizing the IMLC (described below). However, the data are currently not verified directly by FSMB, particularly if the state that provided the initial license did not require physicians to use FCVS for the verification process,

though MBP is working with FSMB to develop an API that would verify all data received as part of the reciprocity process. This is currently an underutilized pathway among physicians in Virginia and Washington, DC, who are looking to also receive their license in Maryland. MBP would like to see its use expanded, and to extend this pathway to include other states with similar licensing requirements; however, to date we have not seen interest from other state medical boards.

Licensure by endorsement

While licensure by reciprocity involves formal agreement among jurisdictions, licensure by endorsement involves issuing a license for an individual applicant based on their current license. By allowing a licensure by endorsement model, Maryland accepts the physician's current license as sufficient evidence of their qualifications and recognizes the diligence of the jurisdiction(s) that previously licensed the physician. The process is specific to an individual rather than applying across an entire state or jurisdiction and can therefore apply to individuals licensed by jurisdictions outside of Maryland's active reciprocity agreements.

As with licensure by reciprocity, an application utilizing the endorsement pathway eliminates the need for primary source credentials, except to fulfill any Maryland-specific requirements, which typically center around clinical experience. Additionally, endorsement applications do not have to undergo a lengthy credentialing process except for the additional Maryland-specific requirements. As a result, the endorsement pathway is also faster and less costly than the IMLC. However, as with the licensure by reciprocity pathway, the endorsement pathway is underutilized by applicants, and the data are not necessarily verified by the FSMB, depending on the requirements of the licensing jurisdiction.

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Interstate Medical Licensing Compact

Maryland participates in the IMLC, which is "an agreement among participating US states and territories to work together to significantly streamline the licensing process for physicians who want to practice in multiple states. It offers a voluntary, expedited pathway to licensure for physicians who qualify."[1] The IMLC specifies that "expedited" here refers to an expedited license, which is defined as "a full and unrestricted medical license promptly issued by a member state to an eligible applicant through the process set forth in the Compact. Expedited does not refer to the speed of the process by which the state of principal license qualifies an applicant for expedited licensure."[2] The IMLC currently includes 44 states, as well as Washington, DC, and Guam.[1]

The IMLC allows applicants to complete one licensing application process to receive individual licenses from multiple jurisdictions; however, there is no electronic data exchange. Although the IMLC now has a few APIs, the IMLC does not verify any of the data obtained through the API, which leaves the individual state medical boards responsible for either the verification of the data from the API, or for manual data entry. Therefore, none of the data provided by the IMLC are verified by IMLC or FSMB.

Additionally, applicants have reported longer timeframes for licensing due to the IMLC's two-part process. An applicant must first apply for a letter of qualification (LOQ) from their state of principal license through the IMLC's website. After the LOQ is obtained, it is provided to the states within the IMLC where the physician is applying for licensure. Those states then issue the license upon receiving the LOQ. According to the IMLC, as of April 2024, it took an average of 43 days to receive the LOQ and an average of 20 days to receive the license from the issuing state(s), resulting in an overall average of 63 days from application to licensure through the IMLC.[3] The IMLC process is also more expensive for applicants at $700 for the IMLC application in addition to the state licensing fees.

Conclusion

Although there are several methods to apply for licensure in Maryland, particularly for physicians who have already been licensed in another state, collaboration between MBP and FSMB created an efficient, accurate, and cost-effective electronic

application process that benefited physician applicants and MBP staff. Average processing times decreased by more than three-quarters, and through the process of reviewing our licensure requirements with FSMB, we know that our current requirements are intentional and utilize the most accurate primary source data possible.

Additionally, through their direct interaction with MBP's technology and licensing teams, the FSMB technology team gained an increased understanding of the support needed by state medical boards and was able to enhance FSMB's existing API to create a richer, more seamless integration experience. It is also worth noting that the solution developed in collaboration with MBP is available for other state medical boards who may wish to collaborate with FSMB on their licensing process.

Looking toward the future, MBP and FSMB continue to collaborate on new projects. A recent collaboration revolved around using AI to solve a real-world regulatory problem. The experience of working with FSMB was outstanding, and we highly recommend other state medical boards explore collaborating with FSMB on projects such as reviewing their licensure requirements and obtaining API assistance to improve the credential verification process.

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