

# Licensing

## Professional Development and Licensing



### Medical Licensure

#### Request

Reimbursement of full licenses when eligible, parity amongst states.

#### Rationale

Reimbursing full licenses would be a cost-saving measure. Extending this standard to all training states would promote equitable conditions for all residents training under the University of Washington.

#### Relevant Information

UW is based in WA, but required experiences, some many months in duration, take place in states throughout the WWAMI region (AK, MT, ID, WA, and WY). Licenses are required in all states in which resident physicians perform clinical duties.

Reimbursing WA residents for full licenses is cheaper than renewing limited licenses annually. Reimbursing full licenses in Idaho and other WWAMI states would create a fair and equitable system.

There are often unforeseen limitations to practice particular to each state. For example, in Idaho all residents receive training in Suboxone and receive their DEA X-waiver. Current laws and regulations in Idaho do not allow resident physicians on training licenses to prescribe Suboxone, and many residents cannot afford to pay individually for a full license. As such, all residents are trained to use and prescribe Suboxone, yet they are unable to do so due to their resident license. Patients are harmed, as qualified physicians are unable to prescribe a needed medication used in the treatment of the opioid crisis. Residents are harmed, as they do not become familiar with the medication and prescribing it. This is harming their education and ability to provide care in the future.

#### License Costs

##### Washington:

Limited license initial (1yr): \$391  
Limited license renewal (1yr): \$391  
Transition from limited to full license: \$166  
Full license initial (2yr): \$491  
Full license renewal (2yr): \$657

##### Idaho:

Board of Medicine-Medical Resident: \$20  
Board of Medicine physician application: \$500,  
\$250 annual renewal

##### Wyoming:

Residents and trainees are exempt  
Physician license: \$600

##### Montana:

Resident license: \$100  
Physician license: \$500

##### Alaska:

Resident permit: \$100  
Physician license: \$400 application, \$425 fee

Full state licenses are provided or reimbursed by our peers, including: Einstein, George Washington, Georgetown, Loma Linda, Utah, Stanford, UC Irvine, UCSD, UCSF.

In the official UW School of Medicine GME Licensing Policy, residents are highly encouraged to apply for full licensure and are eligible to do so. License fees for required rotations are denoted as being the fiscal responsibility of the program. To date, these procedures have been variably followed, interdepartmentally and amongst states.

The following are excerpts from the UW School of Medicine GME Licensing Policy, detailing the types of licenses available to residents and fellows:

- “Housestaff are highly encouraged to obtain full licensure once eligible, and should take into consideration the number of years left in training in the UW program and future training/practice plans in Washington State at the time of licensure application or renewal.”
- *For allopathic resident physicians (MD):* “Residents and fellows with two or more years of post graduate medical training accredited by the ACGME or Canadian accrediting bodies (RCPSC or CFPC) and successful completion of a national licensure examination (i.e., USMLE or LMCC) are eligible to apply for a full license.”
- *For osteopathic resident physicians (DO):* “Full License – This license is available to residents and fellows who have completed a nationally approved one-year internship program or the first year of a residency program approved by the American Osteopathic Association, the American Medical Association or by their recognized affiliate residency accrediting organizations.”
- *For dental residents (DMD,DDS):* “Full License (*Select either License to Practice Dentistry with Examination Application Packet or License to Practice Dentistry without Examination Application Packet*)”
- “License fees for residents and fellows **completing required rotations out of state, are the responsibility of the training program.**”

The variable reimbursement of full licenses amongst programs creates confusion and inequality amongst residents and programs. The denial of reimbursing full licenses in certain Washington and Idaho programs appears to contradict the official UW School of Medicine GME Licensing Policy.

## Educational Funding Allowance

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### Request

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An increase in educational funding to better provide for resident education expenses.

### Rationale

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Current educational funds are insufficient for membership in a national society, attendance to a national program, and other educational expenses. With insufficient resources, residents are often unable to access these academic trainings and experiences for which these funds are purported to provide.

### Relevant Information

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Educational funding examples from other residency programs:

- Einstein: \$1500 per occurrence (conference), \$500 annually

- USC: \$2000 initially, 2% of salary in subsequent years
- UCSD: \$500 annually
- Stanford: \$2000 annually
- Georgetown: up to \$1000 annually
- Loma Linda: up to \$1000 annually

Specialty	Organization	Membership Cost	National Conference Fee	Board Exam Cost
Family Medicine	AAFP	\$30	\$250	\$2700
Psychiatry	AAP	\$107	\$180	\$1450
Internal Medicine	ACP	\$119	\$295, \$690 non-member	\$2700
General Surgery	ACS	\$20	Free	\$1975
Emergency Medicine	AAEM	\$60	\$160	\$2350
Pediatrics	AAP	\$120	\$305, \$390 non-member	\$2265
Anesthesia	ASA	\$30	\$210, \$285 non-member	\$1550
Neurology	ANA	\$50	\$270	\$2150
Dermatology	AAD	Free	\$290	\$2700
Radiology	ACR	Free	Free	\$2150
Urology	AUA	\$115	\$250	\$1300

Table 1: Specialty society membership, meeting, and board exam costs.

UW's current \$350 professional development fund is insufficient. Residents are forced to choose between attending educational conferences, obtaining membership in their professional society, and purchasing books, study guides, and question banks to study and prepare for exams. Some residents will attempt to save educational funds to help finance payment for the board exam at the completion of residency. Many are unable to pay for the board exam, as education funds are insufficient and personal funds are used to pay for necessities.

## Professional and Clinical Development

### Request

Reimbursement for membership in the specialty-specific professional society, required equipment, and any other program-mandated expenses`.

### Rationale

Currently Residents are asked to pay for necessary work equipment or for professional membership with educational funds, which are frequently inadequate to cover costs and also leave no finances to cover books, study guides, or other educational materials.

## Relevant Information

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As above in table.

## Resident Voices

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The following information was collected in a survey of residents. These excerpts were selected, as they pertain to the amount of educational funding and the disbursement of said funds. Responses have been organized according to topic. Names of specific programs have been redacted where applicable to ensure anonymity.

### Disparity in fund disbursement and use expectations:

*"I think that the education fund is relatively low and there is wide variation in supplementation of the funds between the various departments so I think that is something that could be improved"*

*"[Program] - \$350 annual developmental fund, compared to [other program] \$1500 annual. Why the discrepancy?"*

*"[...] Even if a conference is critical to your career advancement, you must pay your own way entirely if you did not have a first author abstract accepted. Book fund was \$600 and shrunk to \$300 with the CBA. And in 2016-17 it was extremely unfair because if you already spent your \$600 you got \$300 MORE dollars once the CBA was finalized, but if you hadn't spent anything you only got \$300."*

*"[in my program] Purchases made with education funds must be returned at the of residency [...]"*

*"Education fund has to be repaid if used to buy a laptop."*

*"Oral and maxillofacial surgery - Reimbursement for Medical AND Dental Licensure (currently the program only pays for resident dental license) – [...]" (submitted multiple times)*

### Onerous personal expenses for work-related equipment and tasks:

*"The [program] doesn't cover the full cost of surgical loupes, which can cost upwards of \$1000, a significant required expense."*

*"In [program] we are required to have lenses to complete our jobs -- however these are something we have to buy on [our] own and get no reimbursement for. Surgical [Loupes], same story. We do get 250\$ for books / education however this basically has to be spent on a question bank that we all purchase."*

### Insufficient educational funds to participate in educational endeavors:

*"[...] there is no way to attend a full conference for less than \$600."*

*"Our department previously had \$1000 for education fund but this money would have to go for ACLS, licensing fees etc so if it was used up then we would have no money for actual educational things like conferences. Recently the department has changed that so the \$1000 is in addition to covering licensing fees, but this doesn't help when I couldn't go to a*

*conference last year because I used all of my education funds on licensing fees. Should make sure programs all adhere to the same standards for education fund use.”*

*“[ ] department only funds \$1000 for a first-author conference, once per year. This is not enough for airfare, hotels, and incidentals. Many residents do not spend more than 2 days at a week-long conference and do not attend more than one conference per year.”*