

**VIRGINIA BOARD OF MEDICINE  
Ad Hoc Committee on Competency**

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Monday, November 23, 2009      Department of Health Professions      Richmond, VA

**CALL TO ORDER:**            The meeting convened at 9:31 a.m.

**MEMBERS PRESENT:**      Claudette Dalton, MD, Chair  
                                 Roderick Mathews, JD  
                                 Wayne Reynolds, DO  
                                 Richard Hoffman, MD  
                                 David Swankin, JD

**MEMBERS ABSENT:**        Malcolm Cothran, MD  
                                 Madeline Stark, JD

**STAFF PRESENT:**            William L. Harp, MD, Executive Director  
                                 Ola Powers, Deputy Executive Director, Licensing  
                                 Colanitha Morton Opher, Operations Manager  
                                 Elaine Yeatts, DHP Senior Policy Analyst

**OTHERS PRESENT:**        Mike Jurgensen, MSV  
                                 Tyler Cox, MSV

**EMERGENCY EGRESS INSTRUCTIONS**

Dr. Harp gave verbal emergency egress instructions.

**ROLL CALL**

**APPROVAL OF MINUTES FROM JUNE 8, 2009**

Dr. Reynolds moved to accept the minutes as presented. The motion was seconded and carried. The meeting's agenda was also accepted.

**PUBLIC COMMENT**

There was no public comment.

## SUMMARY

In Dr. Dalton's absence, Dr. Harp convened the meeting and announced the resignation of Craig Hensle, MD from the Committee.

The Committee members all introduced themselves; Dr. Harp acknowledged the newest committee member, Richard Hoffman, MD and thanked him for his willingness to serve on the Committee.

Dr. Harp briefed the members on the history of the Ad Hoc and its recommendation that was presented to the full Board at its June meeting. He advised that the Board had approved the recommendation relative to initial competency requirements; however, Ms. Wingfield, DHP Deputy Director, later informed the Legislative Committee that the proposed bill did not comport with the Governor's requirements that legislation be limited to minor revisions; therefore, it had not been included in the agency's packet for the 2010 session of the General Assembly.

Dr. Harp then opened the floor for a free-ranging discussion on the future direction of the Committee's focus.

The Committee agreed that the issues of initial competency and continuing competency were distinctly different issues, and each would require considerable focus and discussion.

The discussion of the Committee then encompassed:

- The prevailing "national" standard and the Committee's stance on what a state's responsibility should be to the public to ensure a practitioner's competency
- Virginia's current licensing procedures
- Concerns about the ability to obtain a Virginia licensure without having completed a residency
- Assessment Tools – including the advantages of self-assessment
- Implementation Strategies

The Committee discerned that a continuing competency model that would ensure a gradual progression towards enhanced requirements would be seen as a more reasonable revision of regulation by the Legislature and the medical profession. An approach should be devised that would give sufficient lead time for the licensees to be either certified or recertified or prepare to demonstrate their competency by an alternative method, such as the Special Purpose Examination.

**--- FINAL APPROVED ---**

Dr. Dalton informed the Committee that a recent report indicated that there may be 35-45% fewer Board certified practitioners than the American Boards of Medical Specialties thought, the difference being accounted for by dual certification.

Dr. Harp indicated that one way to introduce the higher standard with minimal impact on access to care would be to require anyone renewing in 2016 to show ABMS or AOBMS certification. He also commented that this would be a major change and a long lead time would be needed for institutions and licensees to make the necessary changes in order to meet this requirement.

Mr. Swankin voiced some concern and stated that we may be inviting some negative results if we require ABMS/AOBMS certification since they do not cover all of the specialties. He suggested that the Board adopt a "carrot type" rule versus a "stick" rule, indicating that the details of a strict requirement can become an unintended impediment.

After continued discussion, the Committee agreed that their focus would be maintenance of competency.

There was agreement that the maintenance model policy should begin with self and practice assessment, use the six competencies (patient care, medical knowledge, professionalism, interpersonal and communications skills, practice-based learning and improvement, systems based practice and osteopathic practice), and performance in practice.

It was agreed that the competency assessment form recently vacated by the Board be revisited. Such a form, if used, should be weighted, dynamic, evidence-based, with multiple options and possibly be peer-reviewed.

Dr. Dalton will present the discussion of the Committee to the Board members at the Retreat.

With no other business to conduct, the meeting adjourned at 12:27 p.m.

Next meeting date - TBA

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Claudette Dalton, MD, Chair

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William L. Harp, M.D.  
Executive Director

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Colanthia M. Opher  
Recording Secretary