

**VIRGINIA BOARD OF MEDICINE
LEGISLATIVE COMMITTEE MINUTES**

Friday, September 16, 2016 Department of Health Professions Henrico, VA

- CALL TO ORDER:** The meeting convened at 8:34 a.m.
- ROLL CALL:** Ms. Opher called the roll, a quorum was established.
- MEMBERS PRESENT:** Kevin O'Connor, MD, Vice-President, Chair
Syed Salman Ali, MD
Barbara Allison-Bryan, MD, President
David Giammittorio, MD
The Honorable Jasmine Gore
- MEMBERS ABSENT:** Svinder Toor, MD
Wayne Reynolds, DO
- STAFF PRESENT:** William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Colanthia Morton Opher, Operations Manager
Sherry Gibson, Administrative Assistant
Erin Barrett, JD, Assistant Attorney General
- OTHERS PRESENT:** W. Scott Johnson, HDJN
Sara Heisler, VHHA

EMERGENCY EGRESS INSTRUCTIONS

Dr. O'Connor provided the emergency egress instructions.

ADOPTION OF AGENDA

The agenda packet was amended to include the draft unapproved Legislative meeting minutes of the May 20, 2016.

APPROVAL OF MINUTES OF MAY 20, 2016

Dr. Allison-Bryan moved to approve the meeting minutes of May 20, 2016 as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

Board Action on Continuing Education Regulations

The Committee reviewed HB319 and draft regulations to implement the law which requires regulatory boards to provide the option of volunteer service to count for continuing education towards licensure renewal.

The Committee agreed that physicians should be encouraged to provide volunteer services. There were two determinations that needed to be made: 1) the number of service hours that would equate to 1 CE hour, and 2) how many CE hours could be earned through volunteer practice. After the discussion, Dr. Allison-Bryan moved to recommend to the full Board that 1 hour of volunteer serve equate to 1 hour of Type II CE, and the number of Type II CE hours that could be obtained through service would be capped at 15. The motion was seconded and carried unanimously.

Licensure Parity

Dr. Harp reminded the members that the Executive Committee had recommended a small group be convened to look at the parity issue. It is being brought before the Legislative Committee because 2 of the 3 Board members that volunteered to address this issue are on the Legislative Committee, and any recommended changes may well involve possible statutory changes.

In preparation for this topic, it was recommended that the members read two articles from *Academic Medicine*, the publication of the Association of American Medical Colleges (AAMC): 1) "Is It Time To Rethink Postgraduate Training Requirements For Licensure?", and 2) "Yes, It Is Time To Rethink Postgraduate Training Requirements For Licensure!"

It was noted in the letter from June-Anne Gold, MD, Chair of the International Medical Graduate Section of the AMA, that 17 Boards have parity in postgraduate training for licensure of US, Canadian, and international grads. 37 boards do not have parity. Of those with parity, only 4 boards have 1 year of postgraduate training, and 13 require 2 years or more.

Dr. Ali said that the case could be made for changing to parity in Virginia or keeping the status quo. He questioned whether the difference between the medical education American and international graduates receive should be a determining factor, especially in light of their identical postgraduate training here in the US and passage of the same examinations?

Dr. Allison-Bryan brought up a few issues to consider – what does a license look like in Virginia, how many years before you can apply for a full unrestricted license, and if an

American and an international graduate can be on the same track?

Dr. Ali stated that the standard requirement should not be different as both groups are on equal footing when entering a residency program, however, the identified argument seems to be the ability to moonlight and the possibility of a greater likelihood of discipline by boards.

Dr. Ali noted that if we push the residents out to 3 years, it will cause a major shift in hospital hiring practices and lower the bar. Moonlighting opportunities will then be filled by non-physicians. Also, there is no supporting data to suggest that non-American graduates are disciplined at a higher rate than American graduates. Dr. Alison-Bryant added that there is also no evidence that suggests that 3 years produces a "good doctor".

Dr. Harp mentioned a 2004 study referenced in an article in *Academic Medicine* that indicated a higher rate of discipline for international graduates. He said that Virginia's experience does not support a higher rate of discipline for international medical graduates.

Mr. Heaberlin stated that it is not uncommon for him to receive an application in which the individual started a residency, was given a year's credit, but then asked not to return.

Dr. Harp pointed out that, even though these situations occur, any applicant whose competency to practice is in question will be required to appear before the Credentials Committee prior to being issued a license.

Dr. Harp reminded the Committee that Virginia dropped the postgraduate training requirements from 3 years to 2 years a number of years ago. If it dropped to 1 year with parity, it would be following Georgia and Wisconsin, both of which have 1 year of postgraduate training for all medical graduates.

Citing that advanced practice nurses essentially practice independently, Dr. Ali opined that an individual who has attended 4 years of medical school, completed 1 year of postgraduate training, and passed all required examinations is also capable of practicing independently.

Dr. Allison-Bryan said that perhaps the one place a "general practitioner" continues to practice is in the military. After one year, a military physician may become a General Medical Officer and provide general medical care for 3-4 years before returning to residency. In order to do, they are required to hold a valid license in some state, but would not be able to do in Virginia if more years of postgraduate training were required.

Dr. Harp stated that military physicians reported to the Board have generally not been newly licensed physicians.

Ms. Deschenes confirmed that the Board does not see many newly licensed practitioners just out of school. There have been very few issues with moonlighting residents. She stated that most are about professionalism and character rather than competency.

After discussion, Dr. Ali moved that the Board offer parity with 1-year licensure for all graduates as long as they meet all other educational requirements. The motion was seconded and carried unanimously.

Dr. Harp advised that this motion would require a statutory change and will be presented as such to the full Board in October.

Scott Johnson, General Counsel to the Medical Society of , remarked that Dr. Pandya had brought this concern to MSV for discussion and a possible resolution. Mr. Johnson advised that he would relay the Legislative Committee's recommendation to the MSV Board of Directors for its consideration prior to the 2017 General Assembly.

ANNOUNCEMENTS

There were no additional announcements.

Next meeting – January 17, 2017

Adjournment - With no other business to conduct, the meeting adjourned at 9:14 a.m.

Kevin O'Connor, MD
Vice-President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary