

**FINAL APPROVED**

**VIRGINIA BOARD OF MEDICINE**

**CREDENTIALS COMMITTEE BUSINESS MEETING**

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Tuesday, June 7, 2022

Department of Health Professions

Henrico, VA

**CALL TO ORDER:** Dr. Miller called the meeting to order at 10:01 a.m.

**MEMBERS PRESENT:** Jacob Miller, DO - Chair  
Khalique Zahir, MD  
Jane Hickey, JD  
Manjit Dhillon, MD  
Alvin Edwards, PhD  
Milly Rambhia, MD

**MEMBERS ABSENT:** Madge Ellis, MD  
Pradeep Pradhan, MD  
Jennifer Rathmann, DC

**STAFF PRESENT:** William L. Harp, MD - Executive Director  
Michael Sobowale, LLM - Deputy Director for Licensing  
Colanthia M. Morton - Deputy Director for Administration

**GUESTS PRESENT:** Kelsey Wilkinson - Medical Society of Virginia  
Blanton Marchese – President, Board of Medicine  
David Brown, DC - DHP Director

**Emergency Egress**

Dr. Harp gave the emergency egress instructions.

**Roll Call**

Mr. Sobowale called the roll; a quorum was declared.

**Approval of Minutes**

Dr. Edwards moved approval of the minutes of the September 20, 2021 meeting with an amendment to the minutes to change Ms. Hickey's first name to Jane instead of "Janet". The motion was seconded by Ms. Hickey, and the minutes were approved.

Dr. Edwards moved approval of the minutes of the November 8, 2021 meeting as presented. The motion was seconded by Ms. Hickey, and the minutes were approved.

### **Approval of the Agenda**

Dr. Edwards moved approval of the meeting agenda. Ms. Hickey seconded the motion. The agenda was unanimously approved.

### **Public Comment**

While there was no public comment, Dr. Harp acknowledged the presence of Blanton Marchese and Dr. Brown who may wish to comment on a couple of agenda items.

### **New Business:**

#### **1. Review of Virginia's Questions on Mental Health and Substance Abuse on Initial Application**

Dr. Harp introduced the topic. He referred to the Medical Society of Virginia's letter of September 22, 2021 asking that the Board consider changing the mental health question on the initial licensure application and the article in the September Board Briefs. He pointed out the mental health questions asked by Virginia's surrounding jurisdictions he surveyed, highlighted the information provided by the U.S Surgeon General's office which offered suggested approaches for governmental entities to address worker burnout, mental health, and substance abuse. He referred members to the information in the Toolkit for State Medical Boards on how to make licensure questions less threatening and less intrusive. Finally, he referred to several points in an article in Virginia Business written by Katherine Schulte which highlights the stigma perceived by health care professionals and the barriers to seeking help and discussing their mental health struggles.

Dr. Brown offered that while the questions currently asked by the Board on initial license applications have been deemed ADA-compliant by the Attorney General's office, the fact that MSV has reached out to the Board regarding this issue is indicative that the Board needs to ensure that it has language that serves its purpose of public protection and avoids language that might discourage physicians and other health care professionals from seeking needed treatment. Placing articles in Board Briefs is good but might not have the far-reaching effect desired as history has shown that very few recipients read them. Also, articles should not be taken as level-setting for what the Board is trying to achieve by visiting this topic.

Mr. Marchese offered that perhaps the Board needs to ask whether its mental health questions can be framed in a less intrusive way. He proposed as part of the Board's efforts to soften the perception of licensees and applicants that the Board is punitive in its approach. He said

conduct educational visits, town halls if you will, to groups of licensees and students.

Dr. Miller stated that the Committee has three questions to tackle regarding this topic:

1. Does the Board need to ask mental health competency questions?
2. Are the questions currently being asked appropriate?
3. Are there better ways for the Board to ask these questions so physicians are not discouraged from seeking treatment?

Dr. Rambhia added that the Board should be asking what information is gleaned from the current questions. What percentage of physicians answer yes to these questions, and how would the Board know that the questions are being answered correctly? What is the implication to the applicant of answering a mental health competency question in the affirmative? Is the idea of conducting educational visits a long-term, viable and sustainable solution? Clarity and transparency for a license applicant answering a mental health competency question in the affirmative are vital concerns. Another alternative would be partnering with medical subspecialty societies to reinforce a positive message. Dr. Rambhia proposed that the Board consider using an attestation language in the application that emphasizes supportive language around mental health self-recognition while encouraging license applicants to seek help as North Carolina has done in its license application.

Dr. Zahir stated that physicians are willing to learn and be educated. He proposed that if there are continuing education courses on mental health issues that physicians are mandated to take in Board regulations, this might be a viable solution. Ms. Hickey offered that the Board still needs to ask mental health competency questions on license applications but a question on substance abuse should be viewed separately from a mental/physical impairment question. Dr. Dhillon suggested that the mental health question currently being asked is too general. The phrase, "...medical condition..." should be looked at more closely.

Dr. Brown suggested the Committee should consider recommending that the Board combine the separate physical and mental health questions into one question. The Committee should also consider recommending that the word, "condition" be removed and look closely at the word, "currently" in the question. How does the Board define "currently"? He is supportive of the proposal to place an attestation statement in the application that uses supportive language around mental health treatment.

Dr. Miller called on the Kelsey Wilkinson, representative from the Medical Society of Virginia (MSV), to offer comments. Ms. Wilkinson stated that MSV runs a safety-net program that addresses all these issues.

After full discussion, the Committee made general recommendations to be submitted to the full Board as follows:

1. The Board should continue to ask the three questions currently being asked on the

- license application on substance abuse, mental health, and physical impairment but remove the word, “condition” from the questions.
2. The Board should consider including supportive language in an attestation statement to be added to the license application for applicants to take care of their own health and well-being and include options for that, using the North Carolina example.
  3. The Board should consider removing the 2<sup>nd</sup> statement in the three questions which attempts to provide the definition of “currently” as it may be read as punitive and prohibitive to the Board’s desire to encourage license applicants to seek treatment, if needed.
  4. In conjunction with MSV Foundation, Dr. Harp to explore educational opportunities and develop programs to help educate physicians and students.

## 2. **Delegation of Review of Non-Routine Information to Staff**

Dr. Harp called upon Mr. Marchese to introduce the topic. Mr. Marchese discussed the current process of review of information that the Board considers as non-routine in an application. Both he and Ms. Hickey currently review all information flagged by staff as non-routine in every application submitted to the Board. Also, some applicants choose to provide supportive materials to explain their answer to a question. It is necessary that some discretion be given to Board staff to review an affirmative response to questions and the supportive information provided. Usually an administrative decision to issue a license can be made, streamline the licensing process, and shorten the time for issuance of a license.

The Committee reviewed each question asked on the MD/DO license application and decided to recommend to the full Board as follows:

1. Questions number 6-10, change the wording of “Have you ever...” to “within the last ten years”. If the answer is “Yes”, a Board member has to review; otherwise, staff can license.
2. Question number 11 has to be reviewed by a board member.
3. Question number 12, change the wording of “Have you ever...” to “within the last ten years”. If the answer is “Yes”, a Board member has to review; otherwise, staff can license.
4. Question number 13-20, if the applicant is currently working with an unrestricted license in other state(s), staff can license.
5. For the malpractice question in question number 21, add to the question that the narrative or letter of explanation provided has to be limited to 250 words. If the malpractice claim is under ten (10) years, the application has to be reviewed by a Board member.

## 3. **Update on Reciprocity Negotiations with Maryland and the District of Columbia**

Dr. Harp provided an update on Virginia’s reciprocity negotiations with Maryland and the District of Columbia (DC). There was a meeting held with board representatives from these jurisdictions on June 2<sup>nd</sup> to further discuss this issue. The Memorandum of Understanding being prepared by DC’s legal counsel was not ready at this meeting.

Virginia reported that it has its draft questions to be asked on the reciprocity application ready, which consists of only six (6) questions. The other two jurisdictions requested to see a copy of Virginia's questions and also agreed to a brief application for their own jurisdictions with few supporting documents required. There are still some barriers left in terms of addressing technological interface among the various jurisdictions and legal.

**Announcements:**

Dr. Harp reminded members about reimbursement for travel to the meeting. The Commonwealth is requiring that travel claims be timely submitted for processing within thirty (30) days of travel in order for it to be paid.

With no additional business, the meeting was adjourned 12:37 pm.

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Jacob Miller, DO  
Chair

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William L. Harp, MD  
Executive Director

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Michael Sobowale, LL.M.  
Deputy Executive Director, Licensing