# FINAL APPROVED

# **CREDENTIALS COMMITTEE** Virginia Board of Medicine October 19, 2016 @ 3:00 p.m.

The Credentials Committee of the Virginia Board of Medicine met on Wednesday, October 19, 2016 at 3:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:	Kenneth Walker, MD, Chair Wayne Reynolds, DO Syed Salman Ali, MD Isaac Koziol, MD Jane Hickey, JD Jasmine Gore, The Honorable David Taminger, MD
MEMBERS ABSENT:	David Archer, MD Deborah DeMoss Fonseca
STAFF PRESENT:	William L. Harp, MD, Executive Director Jennifer Deschenes, JD, Deputy Executive Director Alan Heaberlin, Deputy Director, Licensure Elaine Yeatts, DHP, Senior Policy Analyst
GUESTS PRESENT:	W. Scott Johnson, JD, Medical Society of Virginia
CALL TO ORDER: Dr. Walker called the meeting to order.	

EMERGENCY EGRESS PROCEDURES: - Dr. Walker read the emergency egress procedures.

ROLL CALL – Mr. Heaberlin called the roll; a quorum was established.

# **ADOPTION OF AGENDA**

Dr. Reynolds moved to adopt the agenda. The motion was seconded and carried.

## PUBLIC COMMENT

Scott Johnson of the Medical Society of Virginia (MSV) noted that, at the MSV annual meeting held on October 13-16 in Roanoke, Bhushan H. Pandya, MD was installed as President; he appointed Dr. Barbara Allison-Bryan as an advisor to the MSV Executive Committee. Mr. Johnson stated that MSV does not currently support Virginia's joining the Interstate Medical Licensure Compact but does support the Board's effort to expedite licensure by endorsement. MSV also supports licensure parity between domestic and international graduates and will forward legislation to require one year of US or Canadian post-graduate training for all medical graduates.

#### NEW BUSINESS

#### 1. Review of Application Process

Mr. Heaberlin reviewed the application process for physicians in Virginia. The three separate applications, instructions and forms for graduates of allopathic US and Canadian medical schools, for graduates of international medical schools, and for graduates of osteopathic medical schools were reviewed. Minor revisions for licensure questions were approved. Dr. Ali moved to have the three separate applications combined into one common application as soon as it is practical to do so. The motion was seconded and carried.

#### 2. Proposal to Begin Regulatory Action for Licensure by Endorsement

The Committee reviewed some proposed elements of licensure by endorsement. There was a discussion regarding how the process to implement new regulations should proceed and what the basic elements of licensure by endorsement would look like. Also discussed were potential disqualifiers for licensure by endorsement including disciplinary actions by another state Board, malpractice claims and certain criminal convictions. After discussion, Dr. Ali moved to recommend to the full Board of Medicine that it issue a Notice of Intended Regulatory Action for the promulgation of rules that would allow the Virginia Board of Medicine to license physicians by endorsement. The motion was seconded and carried.

## 3. Proposal to Revise Section 54.1-2930(4) Requirements for Licensure

During the discussion of Agenda Item #1, Mr. Heaberlin reviewed the final two sentences of this statute with the Committee. "Supervised clinical training that is received in the United States as part of the curriculum of an international medical school shall be obtained in an approved hospital, institution or school of medicine offering an approved residency program in the specialty area for the relevant clinical training or in a program acceptable to the Board and deemed a substantially equivalent experience. The Board may also consider any other factors that reflect whether that institution and its course of instruction provide training sufficient to prepare practitioners to practice their branch of the healing arts with competency and safety in the Commonwealth." The Committee agreed that this statute required extra scrutiny of international medical graduates who completed their clinical clerkships in the United States. Clerkships done by American and Canadian graduates that completed their clerkships in the United States or Canada are not subject to the above qualification. Neither are international graduates that completed their clerkships outside the US. The Committee further noted that all international graduates must go through the same process for certification by the Educational Commission for Foreign Medical Graduates (ECFMG), the world's authority on medical schools, regardless of where their clinical clerkships were done. It was also noted that the Board was moving towards parity in requirements for post graduate training, so likewise it would be inconsistent to place extra scrutiny upon the international graduates who complete their clinical clerkships in the United States.

Dr. Ali moved to support legislative action to strike the last two sentences of 54.1-2930(4). The motion was seconded and carried.

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## 4. Employment Verifications for Applicants Practicing Telemedicine.

Mr. Heaberlin reviewed the process required by the Board's applicants for licensure to provide employment verifications for all locations of service for the last five years. He explained that the Board approved accepting employment verifications from the medical directors of the companies that employ physicians that practice teleradiology and telepathology, chiefly due to the number of locations of service and the fact that those at the locations are not familiar with the physicians providing services. The Committee discussed whether it wanted to expand this practice to other areas of telemedicine or to those physicians who work locum tenens. The Committee decided to maintain the status quo.

## 5. Transcripts and Diplomas for Foreign Medical Graduates.

Mr. Heaberlin explained to the Committee that for many years, the Board has accepted notarized copies of transcripts, diplomas and ECFMG certificates from international medical graduates. This was a response to the inability to obtain primary-sourced documents from a medical school. He explained that ECFMG gets primary-sourced documents for international medical schools and has developed a service to provide copies of these documents for licensing purposes. The system is simple and inexpensive for the applicant. Mr. Heaberlin recommended that the Board no longer accept certified copies of these documents. Dr. Reynolds made a motion to no longer accept certified copies of transcripts, diplomas and ECFMG certificates. The motion was seconded and carried.

#### 6. E-Verifications for Allied Professions

Mr. Heaberlin noted to the Committee that electronic license verifications for physicians and physician assistants through VeriDoc has enhanced the Board's efficiency. He explained that Board staff, in conjunction with DHP's information technology division, had developed a process to send license verifications for the allied professions as well. Mr. Heaberlin asked for permission to follow through with this new process. Dr. Reynolds made a motion to begin sending license verifications for the allied professions as seconded and carried.

## **ANNOUNCEMENTS**

None

## **ADJOURNMENT**

Dr. Walker adjourned the meeting at 5:30 pm.

Kenneth Walker, MD, Chairman

William L. Harp, MD, Executive Director

Alan Heaberlin, Deputy Director for Licensure