

**VIRGINIA BOARD OF MEDICINE
CREDENTIALS COMMITTEE**

Wednesday, July 23, 2014

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Dunnivant called the meeting to order at 9:15 a.m.

MEMBERS PRESENT: Siobhan Dunnivant, MD, Chair
Stuart Mackler, MD
Kevin O'Connor, MD
Syed Salman Ali, MD
Lori Conklin, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Alan Heaberlin, Deputy Executive Director, Licensing

GUESTS PRESENT: Mary Alice O'Donnell, PhD
Director, VCU Office of Graduate Medical Education

EMERGENCY EGRESS PROCEDURES

Dr. Dunnivant provided the emergency egress instructions prior to proceeding with the committee meeting.

ROLL CALL

Roll Call - The roll was called and a quorum was declared.

ADOPTION OF THE AGENDA

Dr. Mackler moved to approve the adoption of the agenda. The motion was seconded and carried.

PUBIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. Clerkships done by international medical graduates in the US.

The Committee members discussed the Board's current law on clerkships competed in the United States by applicants who graduated from medical

schools outside the U.S. and Canada and whose clerkship was not completed in an institution with a residency in the specialty of the clerkship.

Dr. O'Donnell noted foreign medical graduates that are certified by the Educational Commission for Foreign Medical Graduates (ECFMG), have had their medical education credentials verified and it has been determined that their medical education meets at least the minimal standards for a U.S. or Canadian medical school.

Dr. Ali noted that as more medical schools open, the competition for available clerkships and residencies has increased. She believed the Board should have flexibility in approving clerkships.

Dr. Mackler moved to recommend to the Executive committee to revise Section 54.1-2930(4) to read "...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 training experience...."

The motion was seconded and carried.

2. Required Number of Years of Postgraduate Training for Licensure

A discussion was held among the committee members to consider the required number of years of postgraduate training necessary for full licensure.

Dr. O'Donnell noted that residents seeking licensure for the purpose of moonlighting was on the decline due to the 80-hour work week. Also more residents are interested in balancing their work and home life.

Dr. Conklin noted that there is a concern in training programs that people will leave after their first year of postgraduate training to go into private practice.

Dr. O'Donnell replied that fewer practices today are willing to hire non board-eligible doctors.

Mr. Heaberlin stated that Board staff was concerned that applicants are coming to Virginia who have had to leave residency programs because of poor performance, but were still eligible for licensure because they had completed two years of postgraduate training even though it was in multiple facilities and took longer than 2 years.

Dr. Mackler moved to recommend the Executive Committee to seek revision of Section 54.1-2930 to require that US and Canadian graduates demonstrate 12 months of approved credit from one program or training institution.

The motion was seconded and carried.

Dr. Mackler moved to recommend to the Executive Committee to revise Section 54.1-2935 to require that the two years of postgraduate training required of international graduates also be in blocks of at least 12 months as recommended for US and Canadian graduates. An international graduate could meet the requirement for two years by demonstrating at least 12 months training in two different institutions/programs.

The motion was seconded and carried.

3. Fellowships done by international graduates.

A discussion was held among the Committee members regarding fellowships acceptable as postgraduate training.

Mr. Heaberlin noted that some international graduates take fellowships that are not approved by ACGME but are in a department that has an ACGME-accredited residency program. He gave as an example radiology fellowships in subspecialties that are not ACGME-accredited through which residents rotate as part of their residency credit acceptable to their ABMS specialty board.

Dr. O'Connor asked why the fellowships are not approved. Dr. O'Donnell stated that they are not all fellowships would qualify for ACGME accreditation.

Dr. Harp noted international graduates do fellowships in a subspecialty. He noted the Board currently has an international graduate applicant who has two fellowships in spinal surgery, one at Johns Hopkins and the other in Oregon. Neither of the fellowships is ACGME approved

Dr. Mackler moved to recommend the Executive Committee approve a revision to the Board's regulation 18VAC50-20-122(5) to read, "Has completed two years of satisfactory postgraduate training as an intern, ~~or~~ resident, or clinical fellow in a hospital or health care facility offering an ACGME or AOA approved internship or residency or clinical fellowship training program ~~when such a program is approved by an accrediting agency recognized by the board for internship and residency~~ in the same or a related field that leads to board eligibility of certification.

The motion was seconded and carried.

4. Teaching by international medical graduates.

A discussion was held among the committee members regarding 18VAC85-20-122(5)(a)(2) which states that an international graduate may substitute a year of teaching for one of the two required years of fellowship. It must be a “position teaching medical students, interns or residents in a medical school program approved by an accrediting agency recognized by the board for internship and residency training.”

Dr. Harp noted that there is a qualitative difference between teaching and learning and that a year of teaching more basic concepts to students and residents does not equate to a fellowship year of training.

Dr. O’Connor noted that if the Board requires two years of postgraduate training for international graduates the training should be learning based, not teaching based.

Dr. O’Connor moved to recommend to the Executive Committee to strike 18VAC85-20-122(5)(a)(2) from the regulations.

The motion was seconded and carried.

5. Form B’s

A discussion was held among the committee members regarding Form B employment verifications for teleradiologists and telepathologists.

Mr. Heaberlin explained that, as part of the application process, it is Board policy to obtain Form B employment verifications within the past five years from all locations where medical care was provided by an applicant. He further explained that for teleradiologists and telepathologists, who are employed by one entity but read studies for many different locations, a Form B employment verification may not be relevant. These locations of service usually are not familiar with the professional ability of the provider. Since teleradiology and telepathology companies have in-house personnel to provide a back-up read, it is the employer who is most able to provide a professional evaluation not the location of service. Mr. Heaberlin asked that the Board no longer require Form B employment verifications for each location where teleradiologists and telepathologists provide service.

The committee discussed different types of telemedicine and whether or not this revision in policy should apply to all applicants who practice telemedicine.

Dr. Harp stated that he would prefer that the ad hoc group studying telemedicine make its recommendations to the Board before this policy is extended to all applicants who practice telemedicine. The change requested is only a policy change and can be revised easily if needed.

Dr. O'Connor moved to request that the Executive Committee approve a change in the Board's policy to only require Form B employment verifications from the employer of a teleradiologist or telepathologist.

6. Parameters for passage of USMLE and NBOME steps.

The committee discussed the requirement that the USMLE exam must be completed within 10 years or be board certified to be eligible for licensure.

The committee discussed the new rule in effect from the NBME that exam attempts for each Step have now been limited to six.

Dr. Harp said that the regulation in its current form states that the 10 year time limit does not begin until the applicant passes the first exam.

Mr. Heaberlin noted that there is occasionally an applicant who has taken 15 or more years to pass the exam because it took them 7 years to pass the first exam.

Dr. Harp gave an example of a person who could not pass Step 3 but went to a Caribbean Island and took the SPEX exam to achieve licensure. The individual eventually passed Step 3.

Mr. Heaberlin requested that the Board revise Regulation 18VAC85-20-140(E)(2) to state that, "Applicants who sat for the United States Medical Licensing Examination (USMLE) or National Board of Medical Examiners Exam (NBOME) shall provide evidence of passing Steps 1, 2, and 3 within a 10-year period beginning with the first attempt unless the applicant is board certified in a specialty approved by the American Board of Medical Specialties or the Bureau of Osteopathic Specialists of the American Osteopathic Association.

Dr. Ali moved to request the Executive Committee to approve the recommended revision.

The motion was seconded and carried.

7. Travel Reimbursement Reminder

Dr. Harp reminded those that travelled to turn in their travel reimbursement forms to Co-Co.

8. Announcements

There were no announcements.

9. Dr. Mackler moved to adjourn the meeting.

The motion was seconded and carried, and the meeting was adjourned at 11:45 a.m.

Siobhan Dunnavant, MD,
Chair

William L. Harp, M.D.
Executive Director

Alan Heaberlin
Deputy Executive Director, Licensing