



# Credentials Committee Business Meeting

Virginia Board of Medicine

7/26/17

11:00 a.m.

**Credentials Committee Business Meeting  
Virginia Board of Medicine  
Training Room 2**

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Wednesday, July 26, 2017, 11:00 p.m.    9960 Mayland Drive, Suite 201    Henrico, VA

Call to Order – Kenneth Walker, MD

Emergency Egress.....i

Roll Call

Approval of Minutes from October 19, 2016

Approval of the Agenda

Public Comment on the Agenda

New Business:

1. Presentation by Til Jolly, MD—Specialists on Call
2. Consideration of student exemptions and license applicant exemptions for all advisory board professions

Announcements

Adjournment

## **PERIMETER CENTER CONFERENCE CENTER**

### **EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS**

(Script to be read at the beginning of each meeting.)

**PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.**

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

#### **Training Room 2**

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

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**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.

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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

## 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.

## 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.

## 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

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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.

#### 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.

#### 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 from 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.

#### 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 electronically. The motion was seconded and carried.

#### ANNOUNCEMENTS

None

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ADJOURNMENT

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

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Kenneth Walker, MD, Chairman

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William L. Harp, MD, Executive Director

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Alan Heaberlin, Deputy Director for Licensure

**§ 54.1-2956.01. Exceptions to respiratory therapist's licensure.**

The licensure requirements for respiratory therapists provided in this chapter shall not prohibit the practice of respiratory care as an integral part of a program of study by students enrolled in an accredited respiratory care education program approved by the Board. Any student enrolled in accredited respiratory care education programs shall be identified as "Student RT" and shall only deliver respiratory care under the direct supervision of an appropriate clinical instructor recognized by the education program.

1998, c. [557](#); 2015, c. [302](#).

**§ 54.1-2956.5. Unlawful to practice occupational therapy without license.**

A. It shall be unlawful for any person not holding a current and valid license from the Board to practice occupational therapy or to claim to be an occupational therapist or to assume the title "Occupational Therapist," "Occupational Therapist, Licensed," "Licensed Occupational Therapist," or any similar term, or to use the designations "O.T." or "O.T.L." or any variation thereof. However, a person who has graduated from a duly accredited educational program in occupational therapy may practice with the title "Occupational Therapist, License Applicant" or "O.T.L.-Applicant" until he has received a failing score on any examination required by the Board or until six months from the date of graduation, whichever occurs sooner.

B. It shall be unlawful for any person to practice as an occupational therapy assistant as defined in [§ 54.1-2900](#) or to hold himself out to be or advertise that he is an occupational therapy assistant or use the designation "O.T.A." or any variation thereof unless such person holds a current and valid license from the Board to practice as an occupational therapy assistant. However, a person who has graduated from a duly accredited occupational therapy assistant education program may practice with the title "Occupational Therapy Assistant, License Applicant" or "O.T.A.-Applicant" until he has received a failing score on any examination required by the Board or until six months from the date of graduation, whichever occurs sooner.

1989, c. 306; 1998, c. [593](#); 2000, c. [782](#); 2004, c. [61](#); 2008, cc. [64](#), [89](#); 2014, c. [252](#).

**18VAC85-80-45. Practice by a Graduate Awaiting Examination Results.**

A. A graduate of an accredited occupational therapy educational program may practice with the designated title of "Occupational Therapist, License Applicant" or "O.T.L.-Applicant" until he has received a failing score on the licensure examination from NBCOT or for six months from the date



of graduation, whichever occurs sooner. The graduate shall use one of the designated titles on any identification or signature in the course of his practice.

B. A graduate of an accredited occupational therapy assistant educational program may practice with the designated title of "Occupational Therapy Assistant-License Applicant" or "O.T.A.-Applicant" until he has received a failing score on the licensure examination from NBCOT or for six months from the date of graduation, whichever occurs sooner. The graduate shall use one of the designated titles on any identification or signature in the course of his practice.

**§ 54.1-2957.15. Unlawful to practice as a polysomnographic technologist without a license.**

A. It shall be unlawful for any person not holding a current and valid license from the Board of Medicine to practice as a polysomnographic technologist or to assume the title "licensed polysomnographic technologist," "polysomnographic technologist," or "licensed sleep tech."

B. Nothing in this section shall be construed to prohibit a health care provider licensed pursuant to this title from engaging in the full scope of practice for which he is licensed, including, but not limited to, respiratory care professionals.

C. The licensure requirement provided in this chapter shall not prohibit practice by a student enrolled in an educational program in polysomnographic technology or a person engaged in a traineeship under the direct supervision of a licensed polysomnographic technologist or doctor of medicine or osteopathic medicine. Such student or trainee shall be identified to patients as a "Student" or "Trainee" in polysomnographic technology. An exemption from the requirement for licensure shall be limited to 18 months from the start of the educational program or traineeship and shall extend to a maximum of six months from the conclusion of the educational program or traineeship.

C. For the purposes of this chapter, unless the context requires otherwise:

"Polysomnographic technology" means the process of analyzing, scoring, attended monitoring, and recording of physiologic data during sleep and wakefulness to assist in the clinical assessment and diagnosis of sleep/wake disorders and other disorders, syndromes, and dysfunctions that either are sleep related, manifest during sleep, or disrupt normal sleep/wake cycles and activities.

"Practice of polysomnographic technology" means the professional services practiced in any setting under the direction and supervision of a licensed physician involving the monitoring, testing, and treatment of individuals suffering from any sleep disorder. Other procedures include but are not limited to:

- a. Application of electrodes and apparatus necessary to monitor and evaluate sleep disturbances, including application of devices that allow a physician to diagnose and treat sleep disorders, which disorders include but shall not be limited to insomnia, sleep-related breathing disorders, movement disorders, disorders of excessive somnolence, and parasomnias;
- b. Under the direction of a physician, institution and evaluation of the effectiveness of therapeutic modalities and procedures including the therapeutic use of oxygen and positive