



# Legislative Committee Meeting

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Virginia Board of Medicine

September 13, 2024

8:30 a.m.



**AGENDA**  
**Legislative Committee**  
 Virginia Board of Medicine  
 Friday, September 13, 2024, 8:30 a.m.  
 Board Room 4

Page

**Call to Order** – Peter Apel, MD – Vice-President, Chair

**Egress Instructions**

**Roll Call**

**Approval of Minutes of January 5, 2024** .....1

**Adoption of Agenda**

**Public Comment on Agenda Items - 5 minutes per speaker**

**New Business**

- 1.HB995 - Temporary Licensure of Physicians Licensed in a Foreign Country ..... 6
- 2.Budget Item Regarding Prescribers for Behavioral health ..... 63

**Announcements**

**Next Meeting:** January 10, 2025

**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

**Board Room 4**

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT**. 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.

**VIRGINIA BOARD OF MEDICINE  
LEGISLATIVE COMMITTEE MINUTES**

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Friday, January 5, 2024

Department of Health Professions

Henrico, VA

**CALL TO ORDER:** Dr. Apel called the meeting of the Legislative Committee to order at 8:31 a.m.

**ROLL CALL:** Ms. Opher called the roll; a quorum was established.

**MEMBERS PRESENT:** Peter Apel, MD - Vice-President, Chair  
J. Randy Clements, DPM - President  
Thomas Corry  
Manjit Dhillon, MD  
Pradeep Pradhan, MD  
Jennifer Rathmann, DC

**MEMBERS ABSENT:** None

**STAFF PRESENT:** William L. Harp, MD - Executive Director  
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline  
Colanithia Morton Opher- Deputy Director for Administration  
Michael Sobowale, LLM - Deputy Director for Licensing  
Deirdre Brown - Executive Assistant  
Erin Barrett - DHP Policy Analyst  
James Jenkins, RN - DHP Senior Deputy Director

**COUNCIL PRESENT:** W. Brent Saunders - Senior AAG

**OTHERS PRESENT:** Ben Traynham - Hancock Daniel/MSV  
Jennie Wood - Discipline Staff  
Tamika Hines – Discipline Staff  
Krystal Blanton – Discipline Staff  
Laura Ellis – Administrative Staff

**EMERGENCY EGRESS INSTRUCTIONS**

Dr. Apel provided the emergency egress instructions for Board Room 4.

**APPROVAL OF MINUTES OF JANUARY 13, 2023**

Dr. Pradhan moved to approve the meeting minutes of January 13, 2023, as presented. The motion was properly seconded and carried unanimously.

## **ADOPTION OF AGENDA**

Dr. Rathmann moved to approve the agenda as presented. The motion was properly seconded and carried unanimously.

## **PUBLIC COMMENT**

There was no public comment.

## **DHP DIRECTOR'S REPORT**

Jim Jenkins, RN, DHP Senior Deputy Director, addressed the Committee members in Mr. Owens' absence and expressed the agency's continued appreciation for their leadership. Mr. Jenkins stated that they were gearing up for the 2024 General Assembly and anticipates a busy session since this a budget cycle.

## **EXECUTIVE DIRECTOR'S REPORT**

Dr. William Harp informed the Committee of the appointment of new Board members: Deborah DeMoss Fonseca – citizen replacing Alvin Edwards; Elliot Lucas, MD - replacing Ryan Williams, MD; Patrick McManus, MD replacing Joel Silverman, MD; and Thomas Corry, the newest member on the Committee, replacing Jane Hickey, JD. Mr. Corry introduced himself and provided a brief background of his experience within the medical community and with standards and policies.

Dr. Harp then provided the members with an update on the status of the Business Processes Analysis and Re-Engineering Project led by Impact Makers. This group was recommended by the Governor, and they are focused on streamlining our current licensing process. He said that they are currently assisting with rewriting the MD/DO application instructions and will be working in phases to get through all the professions. It is anticipated that the first phase of their work will be completed by the end of March.

Additionally, Dr. Harp reported that HB1426 to require one hour of continuing education on human trafficking was added to the 2024 renewal notifications in early December. Since, notifying the licensees of this mandatory requirement and providing a link to the free CE at the Polaris Project, the Board has received multiple inquiries including a comment from a Colorado physician who stated this was the most memorable CE a board has mandated him to do. Shortly after, another comment was received that said it was the most worthless. So, there appears to be varying opinions about the mandated CE. Dr. Harp noted that those renewing in January and February will be provided an extension to meet this requirement, and an attestation will be sent out in March to assess their compliance.

Lastly, Dr. Harp mentioned that continuing education audits for all professions under the Board may be going away if the amended regulations are approved. Board staff has never had the capacity to complete audits on all the professions in the past, including those required for MDR.

## NEW BUSINESS

### 1. Current Regulatory Actions – Erin Barrett

Ms. Barrett provided an update on the Board's current regulatory actions as of January 4, 2024. For the benefit of the Committee members, Ms. Barrett provided an overview of the stages that regulations move through from the NOIRA stage to final regulations and noted that there was no formula or way of knowing when they would be approved.

### 2. Legislative Summary – Erin Barrett

Ms. Barrett walked the Committee through the following bills after advising that the Session begins on January 10<sup>th</sup>. Ms. Barrett said she anticipates there will be more bills of interest to come, and they will be presented at the February 15<sup>th</sup> Full Board meeting.

- **HB 8 – Medical Ethics Defense Act; established**

Establishes the right of a medical practitioner, health care institution, or health care payer not to participate in or pay for any medical procedure or service that violates such medical practitioner's, health care institution's, or health care payer's conscience, as those terms and conditions are defined in the bill.

- **HB 32 Medicine, Board of; continuing ed. related to implicit bias and cultural competency in health care.**

Requires the Board of Medicine to adopt and implement policies that require each practitioner licensed by the Board who has direct contact with persons who are or may become pregnant to complete two hours of continuing education related to implicit bias, defined in the bill, and cultural competency in health care at least once every other license renewal cycle.

- **HB 42 Dentists and dental hygienists; added to list of providers who are immune from civil liability, etc.**

Adds dentists and dental hygienists to the list of providers who are immune from civil liability for any act done or made in performance of his duties while serving as a member of or consultant to an entity that functions primarily to review, evaluate, or make recommendations on a professional program to address issues related to career fatigue and wellness in health care professionals. The bill also extends civil immunity to certain providers for any act done or made in performance of his duties while serving as a member of or consultant to an entity that functions primarily to arrange for or provide outpatient health care for health care professionals. The bill also revises the Board of Medicine reporting requirements when a health care professional is admitted for mental health treatment. Under the bill, if a health care professional is voluntarily admitted to a health care institution for treatment of a substance abuse or psychiatric illness and is no longer believed to be a danger within 30 days then no report will be made to the Board of Medicine.

- **HB 120 DPOR and DHP; certain suspensions not considered disciplinary action.**

Prohibits any board of the Department of Professional and Occupational Regulation or the Department of Health Professions issuing a suspension upon any regulant of such board pursuant to such regulant's having submitted a check, money draft, or similar instrument for payment of a fee required by statute or regulation that is not honored by the bank or financial institution named from considering or describing such suspension as a disciplinary action.

- **HB 188 Advance Health Care Planning Registry; amendment of regulations.**

Amends the list of documents that may be submitted to the Advance Health Care Directive Registry to include any other document that supports advance health care planning. The bill also changes the name of the Advance Health Care Directive Registry to the Advance Health Care Planning Registry.

- **HB 217 Physicians; informed consent, disclosure of certain info. prior to hysterectomy or oophorectomy.**

Requires physicians to obtain informed consent from a patient prior to performing a hysterectomy or oophorectomy. Prior to obtaining informed consent, physicians must inform the patient of the patient's freedom to withhold or withdraw consent, refer the patient to the Hysterectomy Educational Resources and Services (HERS) Foundation, and provide the patient with anatomical diagrams relevant to the procedure. The bill allows physicians to forego obtaining informed consent when a hysterectomy or oophorectomy is performed in a life-threatening emergency situation.

- **SB 35 Renewal of licensure; Boards of Medicine & of Nursing to require Bd of Nursing etc., cont. ed. reqd.**

Directs the Board of Medicine and the Board of Nursing to require unconscious bias and cultural competency training as part of the continuing education and continuing competency requirements for renewal of licensure. The bill specifies requirements for the training and requires the Board of Medicine and Board of Nursing to report on the training to the Department of Health and the Neonatal Perinatal Collaborative.

Lastly, Ms. Barrett provided the Committee with the status of a house bill which seeks to remove the requirement for the Executive Director for the Board of Medicine to be eligible for licensure as a physician in Virginia. She said that if the bill passes, it would allow for the position to be filled by an attorney and that opens the bandwidth for recruitment.

Dr. Harp commented that the Executive Director's role has changed since the early 2000's from mostly clinical review to mostly administrative tasks today.

**ANNOUNCEMENTS**

None.

**NEXT MEETING**

May 5, 2023

**ADJOURNEMENT**

With no other business to conduct, the meeting adjourned at 9:38 a.m.

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William L. Harp, MD  
Executive Director



**Agenda Item: Consideration of requirements to implement HB995**

**Included in your agenda package:**

- HB995 from the 2024 General Assembly.

**Action needed:**

- Motion to recommend the full Board adopt a notice of intended regulatory action (NOIRA) to implement the provisions of HB995, including
  - Fees associated with initial applications for and renewals of provisional and restricted licenses;
  - Application requirements for provisional and restricted licenses;
  - Renewal requirements for provisional and restricted licenses;
  - Criteria for assessment and evaluation programs of provisional licensees;
  - Additional criteria required by the Board to obtain a provisional license (any specifics discussed by the Board should be added to the motion);
  - Amendments to disciplinary provisions of any regulations to include provisional and restricted licensees; and
  - Amendments to regulations related to reinstatement to include provisional and restricted licensees.

CHAPTER 464

*An Act to amend and reenact § 54.1-2933.1 of the Code of Virginia, relating to the Board of Medicine; temporary licensure of physicians licensed in a foreign country.*

[H 995]

Approved April 4, 2024

**Be it enacted by the General Assembly of Virginia:**

**1. That § 54.1-2933.1 of the Code of Virginia is amended and reenacted as follows:**

**§ 54.1-2933.1. Temporary licensure of certain foreign graduates.**

A. The Board may issue, to a physician licensed in a foreign country, a nonrenewable license valid for a period not to exceed two years to practice medicine while such physician is attending advanced training in an institute for postgraduate health science operated collaboratively by a health care system having hospitals and health care facilities with residency and training ~~program(s)~~ *programs* approved by an accrediting agency recognized by the Board and a public institution of higher education. This temporary license shall only authorize the holder to practice medicine in the hospitals and outpatient clinics of the collaborating health care system while he is receiving training in the institute for postgraduate health science.

*B. The Board may issue to a physician previously licensed or otherwise authorized to practice in a foreign country a provisional license to practice medicine valid for a period not to exceed two years to an applicant if the applicant submits evidence acceptable to the Board that the applicant:*

*1. Has received a degree of doctor of medicine or its equivalent from a legally chartered medical school outside of the United States recognized by the World Health Organization, has been licensed or otherwise authorized to practice medicine in a country other than the United States, and has practiced medicine for at least five years;*

*2. Has a valid certificate issued by the Educational Commission for Foreign Medical Graduates or other credential evaluation service approved by the Board, provided, however, that the Board may waive such certification at its discretion where the applicant is unable to obtain the required documentation from a noncooperative country;*

*3. Has achieved a passing score on both Step 1 and Step 2 (Clinical Knowledge) of the United States Medical Licensing Examination;*

*4. Has entered into an agreement with a medical care facility as defined in § 32.1-3 that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with standards appropriate for medical practice in the Commonwealth according to criteria developed or approved by the Board;*

*5. Will enter a full-time employment relationship with such medical care facility after the Board issues a license pursuant to this subsection; and*

*6. Has satisfied any other criteria that the Board may require for issuance of a provisional license pursuant to this subsection.*

*C. An individual who successfully obtains a license pursuant to subsection B and practices under such license until its expiration shall be eligible to apply for a renewable two-year restricted license to practice medicine in a medically underserved area in Virginia as defined in § 32.1-122.5 or a health professional shortage area designated in accordance with the criteria established in 42 C.F.R. Part 5. The Board may issue such renewable license to an applicant if the applicant submits evidence acceptable to the Board that the applicant:*

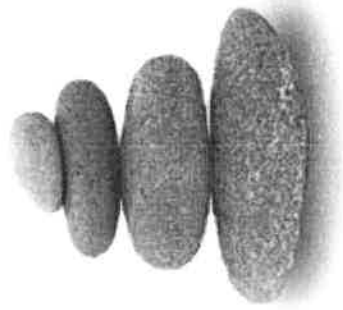
*1. Has successfully completed the participating medical care facility's assessment and evaluation program required pursuant to subsection B;*

*2. Has achieved a passing score on Step 3 of the United States Medical Licensing Examination; and*

*3. Will enter a full-time employment relationship with a medical care facility.*

*D. After at least two years of practice under a renewable two-year restricted license issued pursuant to subsection C, an internationally trained physician shall be eligible to apply for a full, unrestricted license to practice medicine.*

*E. The Board may promulgate regulations for such license licenses issued pursuant to this section.*



# Family Medicine Milestones

The Accreditation Council for Graduate Medical Education



ACGME

Second Revision: October 2019  
First Revision: October 2015

## Family Medicine Milestones

The Milestones are designed only for use in evaluation of residents in the context of their participation in ACGME-accredited residency programs. The Milestones provide a framework for the assessment of the development of the resident in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

## Family Medicine Milestones

### Work Group

Tanya Anim, MD, FAAFP

David Araujo, MD

Roxanne Cech, MD

Deborah Clements, MD

Andrew Crow, DO

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Stacy Potts, MD, MEd

Martin Quan, MD

Christopher Robles, DO

**The ACGME would like to thank the following organizations for their continued support in the development of the Milestones:**

American Association of Colleges of Osteopathic Medicine  
Association of American Medical Colleges  
American Board of Family Medicine  
American College of Osteopathic Family Physicians  
Association of Family Medicine Residency Directors  
Assembly of Osteopathic Graduate Medical Educators  
Committee on Osteopathic Recognition and Development  
Review Committee for Family Medicine

## Understanding Milestone Levels and Reporting

This document presents the Milestones, which programs use in a semi-annual review of resident performance, and then report to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME Competencies organized in a developmental framework. The narrative descriptions are targets for resident performance throughout their educational program.

Milestones are arranged into levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert resident in the specialty or subspecialty. For each reporting period, the Clinical Competency Committee will review the completed evaluations to select the milestone levels that best describe each learner's current performance, abilities, and attributes for each subcompetency.

These levels *do not* correspond with post-graduate year of education. Depending on previous experience, a junior resident may achieve higher levels early in his/her educational program just as a senior resident may be at a lower level later in his/her educational program. There is no predetermined timing for a resident to attain any particular level. Residents may also regress in achievement of their milestones. This may happen for many reasons, such as over scoring in a previous review, a disjointed experience in a particular procedure, or a significant act by the resident.

Selection of a level implies the resident substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page vi).

### **Additional Notes**

Level 4 is designed as a graduation *goal* but does *not* represent a graduation *requirement*. Making decisions about readiness for graduation and unsupervised practice is the purview of the program director. Furthermore, Milestones 2.0 include revisions and changes that preclude using Milestones as a sole assessment in high-stakes decisions (i.e., determination of eligibility for certification or credentialing). Level 5 is designed to represent an expert resident whose achievements in a subcompetency are greater than the expectation. Milestones are primarily designed for formative, developmental purposes to support continuous quality improvement for individual learners, education programs, and the specialty. The ACGME and its partners will continue to evaluate and perform research on the Milestones to assess their impact and value.

Examples are provided for some milestones within this document. Please note: the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to ACGME supervision guidelines as described in the Program Requirements, as well as to institutional and program policies. For example, a resident who performs a procedure independently must, at a minimum, be supervised through oversight.

A Supplemental Guide is also available to provide the intent of each subcompetency, examples for each level, assessment methods or tools, and other available resources. The Supplemental Guide, like examples contained within the Milestones, is designed only to assist the program director and Clinical Competency Committee, and is not meant to demonstrate any required element or outcome.

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On [www.acgme.org](http://www.acgme.org), choose the applicable specialty under the “Specialties” menu, then select the “Milestones” link in the lower navigation bar.



The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that resident's performance in relation to those milestones.

Systems-based Practice 1: Patient Safety and Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates skills required to identify, develop, implement, and analyze a quality improvement project	Designs, implements, and assesses quality improvement initiatives at the institutional or community level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">                     Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.                 </div> <div style="border: 1px solid black; padding: 5px;">                     Not Yet Completed Level 1 <input type="checkbox"/> </div>				
<div style="border: 1px solid black; padding: 5px;">                     Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as <b>some</b> milestones in the higher level(s).                 </div>				

Patient Care 1: Care of the Acutely Ill Patient					
Level 1	Level 2	Level 3	Level 4	Level 5	
Generates differential diagnosis for acute presentations	Prioritizes the differential diagnosis for acute presentations	Promptly recognizes urgent and emergent situations and coordinates appropriate diagnostic strategies	Mobilizes the multidisciplinary team to manage care for simultaneous patient visits	Efficiently manages and coordinates the care of multiple patients with a range of severity, including life-threatening conditions	<input type="checkbox"/>
Recognizes role of clinical protocols and guidelines in acute situations	Develops management plans for patients with common acute conditions	Implements management plans for patients with complex acute conditions, including stabilizing acutely ill patients	Independently coordinates care for acutely ill patients with complex comorbidities	Directs the use of resources to manage a complex patient care environment or situation	<input type="checkbox"/>
Recognizes that acute conditions have an impact beyond the immediate disease process	Identifies the interplay between psychosocial factors and acute illness	Incorporates psychosocial factors into management plans of acute illness for patients and caregivers	Modifies management plans for acute illness based on complex psychosocial factors and patient preferences	Implements strategies to address the psychosocial impacts of acute illness on populations	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					<input type="checkbox"/> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable

Patient Care 2: Care of Patients with Chronic Illness				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes that common conditions may be chronic (e.g., anxiety, high blood pressure)	Identifies variability in presentation and progression of chronic conditions	Determines the potential impact of comorbidities on disease progression	Balances the competing needs of patients' comorbidities	
Formulates a basic management plan that addresses a chronic illness	Identifies and accesses appropriate clinical guidelines to develop and implement plans for management of chronic conditions	Synthesizes a patient-centered management plan that acknowledges the relationship between comorbidities and disease progression	Applies experience with patients while incorporating evidence-based medicine in the management of patients with chronic conditions	Leads multidisciplinary initiatives to manage patient populations with chronic conditions and comorbidities
Recognizes that chronic conditions have an impact beyond the disease process	Identifies the impact of chronic conditions on individual patients and the others involved in their care	Develops collaborative goals of care and engages the patient in self-management of chronic conditions	Facilitates efforts at self-management of chronic conditions, including engagement of family and community resources	Initiates supplemental strategies (e.g., leads patient and family advisory councils, community health, practice innovation) to improve the care of patients with chronic conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
<p style="text-align: right;"> <input type="checkbox"/> Not Yet Completed Level 1  <input type="checkbox"/> Not Yet Assessable                 </p>				

Patient Care 3: Health Promotion and Wellness					
Level 1	Level 2	Level 3	Level 4	Level 5	
Identifies screening and prevention guidelines by various organizations	Reconciles competing prevention guidelines to develop a plan for an individual patient, and considers how these guidelines apply to the patient population	Identifies barriers and alternatives to preventive health tests, with the goal of shared decision making	Incorporates screening and prevention guidelines in patient care outside of designated wellness visits	Participates in guideline development or implementation across a system of care or community	<input type="checkbox"/>
Identifies opportunities to maintain and promote wellness in patients	Recommends management plans to maintain and promote health	Implements plans to maintain and promote health, including addressing barriers	Implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial factors and other determinants of health	Partners with the community to promote health	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					<input type="checkbox"/> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable

Patient Care 4: Ongoing Care of Patients with Undifferentiated Signs, Symptoms, or Health Concerns				
Level 1	Level 2	Level 3	Level 4	Level 5
Acknowledges the value of continuity in caring for patients with undifferentiated illness	Accepts uncertainty and maintains continuity while managing patients with undifferentiated illness  Develops a differential diagnosis for patients with undifferentiated illness	Facilitates patients' understanding of their expected course and events that require physician notification  Prioritizes cost-effective diagnostic testing and consultations that will change the management of undifferentiated illness	Coordinates collaborative treatment plans for patients with undifferentiated illness  Uses multidisciplinary resources to assist patients with undifferentiated illness to deliver health care more efficiently	Coordinates expanded initiatives to facilitate care of patients with undifferentiated illness  Contributes to the development of medical knowledge around undifferentiated illness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>				

Patient Care 5: Management of Procedural Care					
Level 1	Level 2	Level 3	Level 4	Level 5	
Identifies the breadth of procedures that family physicians perform	Identifies patients for whom a procedure is indicated and who is equipped to perform it	Demonstrates confidence and motor skills while performing procedures, including addressing complications	Identifies and acquires the skills to independently perform procedures in the current practice environment	Identifies procedures needed in future practice and pursues supplemental training to independently perform	
Recognizes family physicians' role in referring patients for appropriate procedural care	Counsels patients about expectations for common procedures performed by family physicians and consultants	Performs independent risk and appropriateness assessment based on patient-centered priorities for procedures performed by consultants	Collaborates with procedural colleagues to match patients with appropriate procedures, including declining support for procedures that are not in the patient's best interest		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>					
				Not Yet Completed Level 1	<input type="checkbox"/>
				Not Yet Assessable	<input type="checkbox"/>

Medical Knowledge 1: Demonstrates Medical Knowledge of Sufficient Breadth and Depth to Practice Family Medicine					
Level 1	Level 2	Level 3	Level 4	Level 5	
Describes the pathophysiology and treatments of patients with common conditions	Applies knowledge of pathophysiology with intellectual curiosity for treatment of patients with common conditions	Demonstrates knowledge of complex pathophysiology and the management of patients across the lifespan	Integrates clinical experience and comprehensive knowledge in the management of patients across the lifespan	Expands the knowledge base of family medicine through dissemination of original research	<input type="checkbox"/>
Describes how behaviors impact patient health	Identifies behavioral strategies to improve health	Engages in learning behavioral strategies to address patient care needs	Demonstrates comprehensive knowledge of behavioral strategies and resources to address patient's needs		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					
				Not Yet Completed Level 1	<input type="checkbox"/>
				Not Yet Assessable	<input type="checkbox"/>

Medical Knowledge 2: Critical Thinking and Decision Making				
Level 1	Level 2	Level 3	Level 4	Level 5
Incorporates key elements of a patient story into an accurate depiction of their presentation	Develops an analytic, prioritized differential diagnosis for common presentations	Develops a prioritized differential diagnosis for complex presentations	Synthesizes information to reach high probability diagnoses with continuous re-appraisal to minimize clinical reasoning errors	Engages in deliberate practice and coaches others to minimize clinical reasoning errors
Describes common causes of clinical reasoning error	Identifies types of clinical reasoning errors within patient care, with guidance	Demonstrates a structured approach to personally identify clinical reasoning errors		
Interprets results of common diagnostic testing	Interprets complex diagnostic information	Synthesizes complex diagnostic information accurately to reach high probability diagnoses	Anticipates and accounts for errors and biases when interpreting diagnostic tests	Pursues knowledge of new and emerging diagnostic tests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
				Not Yet Completed Level 1 <input type="checkbox"/>
				Not Yet Assessable <input type="checkbox"/>



Systems-Based Practice 1: Patient Safety and Quality Improvement					
Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events	<input type="checkbox"/>
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (simulated or actual)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events	<input type="checkbox"/>
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates skills required to identify, develop, implement, and analyze a quality improvement project	Designs, implements, and assesses quality improvement initiatives at the institutional or community level	<input type="checkbox"/>
<b>Comments:</b>					<input type="checkbox"/>
					Not Yet Completed Level 1 <input type="checkbox"/>

Systems-Based Practice 2: System Navigation for Patient-Centered Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional team members	Coordinates care of patients in complex clinical situations effectively using the roles of the interprofessional team member	Role models effective coordination of patient-centered care among different disciplines and specialties	Analyses the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Role models and advocates for safe and effective transitions of care/hand-offs within delivery systems and across health care including outpatient settings	Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities in their local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				

**Systems-Based Practice 3: Physician Role in Health Care Systems**

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the broader system (e.g., length of stay, readmission rates, clinical efficiency)	Manages various components of the complex health care system to provide efficient and effective patient care and transition of care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transition of care
Describes basic health payment systems, (including government, private, public, uninsured care) and practice models	Delivers care with consideration of each patient's payment model (e.g., insurance type)	Engages with patients in shared decision making, informed by each patient's payment models	Advocates for patient care needs (e.g., community resources, patient assistance resources)	Participates in health policy advocacy activities
Identifies basic knowledge domains for effective transition to practice (e.g., information technology, legal, billing and coding, financial, personnel)	Demonstrates use of information technology required for medical practice (e.g., electronic health record, documentation required for billing and coding)	Describes core administrative knowledge needed for transition to practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance)	Analyzes individual practice patterns and prepares for professional requirements to enter practice	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				

<b>Systems-Based Practice 4: Advocacy</b>					
Level 1	Level 2	Level 3	Level 4	Level 5	
Identifies that advocating for patient populations is a professional responsibility	Identifies that advocating for family medicine is a professional responsibility	Describes how stakeholders influence and are affected by health policy at the local, state, and federal level	Accesses advocacy tools and other resources needed to achieve (or prevent a deleterious) policy change	Develops a relationship with stakeholders that advances or prevents a policy change that improves individual or community health	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					Not Yet Completed Level 1 <input type="checkbox"/>

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access, categorize, and analyze clinical evidence	Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient	Coaches others to critically appraise and apply evidence for complex patients; and/or collaboratively develops evidence-based decision-making tools
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Accepts responsibility for personal and professional development by establishing goals</p> <p>Identifies the factors which contribute to gap(s) between expectations and actual performance</p> <p>Acknowledges there are always opportunities for self-improvement</p>	<p>Demonstrates openness to performance data (feedback and other input) in order to inform goals</p> <p>Self-reflects and analyzes factors which contribute to gap(s) between expectations and actual performance</p> <p>Designs and implements a learning plan, with prompting</p>	<p>Intermittently seeks additional performance data with adaptability and humility</p> <p>Self-reflects, analyzes, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance</p> <p>Independently creates and implements a learning plan</p>	<p>Consistently seeks performance data with adaptability and humility</p> <p>Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance</p> <p>Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it</p>	<p>Leads performance review processes</p> <p>Coaches others on reflective practice</p> <p>Facilitates the design and implementing learning plans for others</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				

Professionalism 1: Professional Behavior and Ethical Principles					
Level 1	Level 2	Level 3	Level 4	Level 5	
Describes professional behavior and potential triggers for personal lapses in professionalism	Demonstrates professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others	Mentors others in professional behavior	<input type="checkbox"/>
Takes responsibility for personal lapses in professionalism	Describes when and how to report professionalism lapses in self and others	Recognizes need to seek help in managing and resolving complex professionalism lapses	Recognizes and uses appropriate resources for managing and resolving dilemmas as needed	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems and professionalism lapses or impede their resolution	<input type="checkbox"/>
Demonstrates knowledge of ethical principles	Analyzes straightforward situations using ethical principles	Analyzes complex situations using ethical principles			<input type="checkbox"/>
<b>Comments:</b>					<input type="checkbox"/>
Not Yet Completed Level 1					<input type="checkbox"/>

Professionalism 2: Accountability/Conscientiousness					
Level 1	Level 2	Level 3	Level 4	Level 5	
Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations	Recognizes and addresses situations that may impact others' ability to complete tasks and responsibilities in a timely manner	Takes ownership of system outcomes	<input type="checkbox"/>
Responds promptly to requests or reminders to complete tasks and responsibilities	Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner	Proactively implements strategies to ensure that the needs of patients, teams, and systems are met			<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					Not Yet Completed Level 1 <input type="checkbox"/>



**Professionalism 3: Self-Awareness and Help-Seeking Behaviors**

Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes status of personal and professional well-being, with assistance	Independently recognizes status of personal and professional well-being	Proposes a plan to optimize personal and professional well-being, with guidance	Independently develops a plan to optimize personal and professional well-being	Addresses system barriers to maintain personal and professional well-being
Recognizes limits in the knowledge/skills of self, with assistance	Independently recognizes limits in the knowledge/skills of self and team and demonstrates appropriate help-seeking behaviors	Proposes a plan to remediate or improve limits in the knowledge/skills of self or team, with guidance	Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team	Mentors others to enhance knowledge/skills of self or team
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

Not Yet Completed Level 1

This subcompetency is not intended to evaluate a resident's well-being, but to ensure each resident has the fundamental knowledge of factors that impact well-being, the mechanisms by which those factors impact well-being, and available resources and tools to improve well-being.

<b>Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication</b>				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Uses language and nonverbal behavior to demonstrate respect, establish rapport while communicating one's own role within the health care system</p> <p>Recognizes easily identified barriers to effective communication (e.g., language, disability)</p> <p>Identifies the need to individualize communication strategies</p>	<p>Establishes a therapeutic relationship in straightforward encounters using active listening and clear language</p> <p>Identifies complex barriers to effective communication (e.g., health literacy, cultural)</p> <p>Organizes and initiates communication, sets the agenda, clarifies expectations, and verifies understanding</p>	<p>Establishes a therapeutic relationship in challenging patient encounters</p> <p>When prompted, reflects on personal biases while attempting to minimize communication barriers</p> <p>Sensitively and compassionately delivers medical information, managing patient/family values, goals, preferences, uncertainty, and conflict</p>	<p>Maintains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity</p> <p>Independently recognizes personal biases while attempting to proactively minimize communication barriers</p> <p>Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan</p>	<p>Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships</p> <p>Leads or develops initiatives to identify and address bias</p> <p>Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				

Interpersonal and Communication Skills 2: Interprofessional and Team Communication					
Level 1	Level 2	Level 3	Level 4	Level 5	
Respectfully requests/receives a consultation	Clearly and concisely requests/responds to a consultation	Checks understanding of consult recommendations (received or provided)	Coordinates recommendations from different members of the health care team to optimize patient care, resolving conflict when needed	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed	<input type="checkbox"/>
Uses language that values all members of the health care team	Communicates information effectively with all health care team members	Communicates concerns and provides feedback to peers and learners	Communicates feedback and constructive criticism to supervising individuals	Facilitates regular health care team-based feedback in complex situations	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					<input type="checkbox"/>
					Not Yet Completed Level 1 <input type="checkbox"/>

Interpersonal and Communication Skills 3: Communication within Health Care Systems					
Level 1	Level 2	Level 3	Level 4	Level 5	
Accurately and timely records information in the patient record	Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record	Uses patient record to communicate updated and concise information in an organized format	Demonstrates efficiency in documenting patient encounters and updating record	Optimizes and improves functionality of the electronic medical record within their system	<input type="checkbox"/>
Learns institutional policy and safeguards patient personal health information	Appropriately uses documentation shortcuts; records required data in formats and timeframes specified by institutional policy	Appropriately selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context and policy	Manages the volume and extent of written and verbal communication that are required for practice	Guides departmental or institutional communication around policies and procedures	<input type="checkbox"/>
Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager usage)	Respectfully communicates concerns about the system	Uses appropriate channels to offer clear and constructive suggestions for system improvement while acknowledging system limitations	Initiates difficult conversations with appropriate stakeholders to improve the system	Facilitates dialogue regarding systems issues among larger community stakeholders (residency institution, health care system, field)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					Not Yet Completed Level 1 <input type="checkbox"/>



# Internal Medicine Milestones

The Accreditation Council for Graduate Medical Education



ACGME

Implementation Date: July 1, 2021  
Second Revision: November 2020  
First Revision: July 2013

## Internal Medicine Milestones

The Milestones are designed only for use in evaluation of residents in the context of their participation in ACGME-accredited residency programs. The Milestones provide a framework for the assessment of the development of the resident in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

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Alliance for Academic Internal Medicine  
American Board of Internal Medicine  
American College of Physicians  
Association of Medical Colleges  
Review Committee for Internal Medicine  
Society of Hospital Medicine  
Society of General Internal Medicine



## Understanding Milestone Levels and Reporting

This document presents the Milestones, which programs use in a semi-annual review of resident performance, and then report to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME Competencies organized in a developmental framework. The narrative descriptions are targets for resident performance throughout their educational program.

Milestones are arranged into levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert resident in the specialty or subspecialty. For each reporting period, the Clinical Competency Committee will review the completed evaluations to select the milestone levels that best describe each learner's current performance, abilities, and attributes for each subcompetency.

These levels *do not* correspond with post-graduate year of education. Depending on previous experience, a junior resident may achieve higher levels early in his/her educational program just as a senior resident may be at a lower level later in his/her educational program. There is no predetermined timing for a resident to attain any particular level. Residents may also regress in achievement of their milestones. This may happen for many reasons, such as over scoring in a previous review, a disjointed experience in a particular procedure, or a significant act by the resident.

Selection of a level implies the resident substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page vi).

## Additional Notes

Level 4 is designed as a graduation goal but does *not* represent a graduation requirement. Making decisions about readiness for graduation and unsupervised practice is the purview of the program director. Furthermore, Milestones 2.0 include revisions and changes that preclude using Milestones as a sole assessment in high-stakes decisions (i.e., determination of eligibility for certification or credentialing). Level 5 is designed to represent an expert resident whose achievements in a subcompetency are greater than the expectation. Milestones are primarily designed for formative, developmental purposes to support continuous quality improvement for individual learners, education programs, and the specialty. The ACGME and its partners will continue to evaluate and perform research on the Milestones to assess their impact and value.

Examples are provided for some milestones within this document. Please note: the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to ACGME supervision guidelines as described in the Program Requirements, as well as to institutional and program policies. For example, a resident who performs a procedure independently must, at a minimum, be supervised through oversight.

A Supplemental Guide is also available to provide the intent of each subcompetency, examples for each level, assessment methods or tools, and other available resources. The Supplemental Guide, like examples contained within the Milestones, is designed only to assist the program director and Clinical Competency Committee, and is not meant to demonstrate any required element or outcome.

Supplemental Guides and other resources are available on the Milestones page of each specialty section of the ACGME website. On [www.acgme.org](http://www.acgme.org), choose the applicable specialty under the “Specialties” menu, then select the “Milestones” link in the lower navigation bar.



Patient Care 1: History					
Level 1	Level 2	Level 3	Level 4	Level 5	
Elicits and reports a comprehensive history for common patient presentations, with guidance	Elicits and concisely reports a hypothesis-driven patient history for common patient presentations	Elicits and concisely reports a hypothesis-driven patient history for complex patient presentations	Efficiently elicits and concisely reports a patient history, incorporating pertinent psychosocial and other determinants of health	Efficiently and effectively tailors the history taking, including relevant historical subtleties, based on patient, family, and system needs	<input type="checkbox"/>
Seeks data from secondary sources, with guidance	Independently obtains data from secondary sources	Reconciles current data with secondary sources	Uses history and secondary data to guide the need for further diagnostic testing	Models effective use of history to guide the need for further diagnostic testing	<input type="checkbox"/>
<b>Comments:</b>					<input type="checkbox"/> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable

Patient Care 2: Physical Examination					
Level 1	Level 2	Level 3	Level 4	Level 5	
Performs a general physical examination while attending to patient comfort and safety	Performs a hypothesis-driven physical examination for a common patient presentation	Performs a hypothesis-driven physical examination for a complex patient presentation	Uses advanced maneuvers to elicit subtle findings	Models effective evidence-based physical examination technique	
Identifies common abnormal findings	Interprets common abnormal findings	Identifies and interprets uncommon and complex abnormal findings	Integrates subtle physical examination findings to guide diagnosis and management	Teaches the predictive values of the examination findings to guide diagnosis and management	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					
Not Yet Completed Level 1 <input type="checkbox"/>					
Not Yet Assessable <input type="checkbox"/>					

Patient Care 3: Clinical Reasoning					
Level 1	Level 2	Level 3	Level 4	Level 5	
Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression	Integrates information from all sources to develop a basic differential diagnosis for common patient presentations	Develops a thorough and prioritized differential diagnosis for common patient presentations	Develops prioritized differential diagnoses in complex patient presentations and incorporates subtle, unusual, or conflicting findings	Coaches others to develop prioritized differential diagnoses in complex patient presentations	
Identifies clinical reasoning errors within patient care, with guidance	Retrospectively applies clinical reasoning principles to identify errors	Continually re-appraises one's own clinical reasoning to improve patient care in real time	Models how to recognize errors and reflect upon one's own clinical reasoning		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>					
				Not Yet Completed Level 1	<input type="checkbox"/>
				Not Yet Assessable	<input type="checkbox"/>

Patient Care 4: Patient Management – Inpatient					
Level 1	Level 2	Level 3	Level 4	Level 5	
Formulates management plans for common conditions, with guidance	Develops and implements management plans for common conditions, recognizing acuity, and modifies based on the clinical course	Develops and implements value-based (high value) management plans for patients with multisystem disease and comorbid conditions; modifies based on the clinical course	Uses shared decision making to develop and implement value-based (high value) comprehensive management plans for patients with comorbid and multisystem disease, including those patients requiring critical care	Develops and implements comprehensive management plans for patients with rare or ambiguous presentations or unusual comorbid conditions	<input type="checkbox"/>
Identifies opportunities to maintain and promote health	Develops and implements management plans to maintain and promote health, with guidance	Independently develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health	Independently develops and implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health		<input type="checkbox"/>
<b>Comments:</b>					<input type="checkbox"/> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable

Patient Care 5: Patient Management – Outpatient				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies opportunities to maintain and promote health	Develops and implements management plans to maintain and promote health	Develops and implements plans to maintain and promote health, incorporating pertinent psychosocial and other determinants of health	Develops and implements value-based (high-value) comprehensive plans to maintain and promote health	
Formulates management plans for a common chronic condition, with guidance	Develops and implements management plans for common chronic conditions	Develops and implements management plans for multiple chronic conditions	Develops and implements value-based (high value) comprehensive management plans for multiple chronic conditions, incorporating pertinent psychosocial and other determinants of health	Creates and leads a comprehensive patient-centered management plan for the patient with highly complex chronic conditions, integrating recommendations from multiple disciplines
Formulates management plans for acute common conditions, with guidance	Develops and implements management plans for common acute conditions	Develops and implements an initial management plan for patients with urgent or emergent conditions in the setting of chronic comorbidities	Develops and implements value-based (high value) management plans for patients with acute conditions	Develops and implements management plans for patients with subtle presentations, including rare or ambiguous conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				
Not Yet Assessable <input type="checkbox"/>				



Patient Care 6: Digital Health					
Level 1	Level 2	Level 3	Level 4	Level 5	
Uses electronic health record (EHR) for routine patient care activities	Expands use of EHR to include and reconcile secondary data sources in patient care activities	Effectively uses EHR capabilities in managing acute and chronic care of patients	Uses EHR to facilitate achievement of quality targets for patient panels	Leads improvements to the EHR	
Identifies the required components for a telehealth visit	Performs assigned telehealth visits using approved technology	Identifies clinical situations that can be managed through a telehealth visit	Integrates telehealth effectively into clinical practice for the management of acute and chronic illness	Develops and innovates new ways to use emerging technologies to augment telehealth visits	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					
<p style="text-align: right;">Not Yet Completed Level 1 <input type="checkbox"/></p> <p style="text-align: right;">Not Yet Assessable <input type="checkbox"/></p>					

**Patient Care**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

\_\_\_ Yes \_\_\_ No \_\_\_ Conditional on Improvement

Medical Knowledge 1: Applied Foundational Sciences					
Level 1	Level 2	Level 3	Level 4	Level 5	
Explains the scientific knowledge (e.g., physiology, social sciences, mechanism of disease) for normal function and common medical conditions	Explains the scientific knowledge for complex medical conditions	Integrates scientific knowledge to address comorbid conditions within the context of multisystem disease	Integrates scientific knowledge to address uncommon, atypical, or complex comorbid conditions within the context of multisystem disease	Demonstrates a nuanced understanding of the scientific knowledge related to uncommon, atypical, or complex conditions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>					
Not Yet Completed Level 1 <input type="checkbox"/>					
Not Yet Assessable <input type="checkbox"/>					

<b>Medical Knowledge 2: Therapeutic Knowledge</b>					
Level 1	Level 2	Level 3	Level 4	Level 5	
Explains the scientific basis for common therapies	Explains the indications, contraindications, risks, and benefits of common therapies	Integrates knowledge of therapeutic options in patients with comorbid conditions, multisystem disease, or uncertain diagnosis	Integrates knowledge of therapeutic options within the clinical and psychosocial context of the patient to formulate treatment options	Demonstrates a nuanced understanding of emerging, atypical, or complex therapeutic options	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>					
Not Yet Completed Level 1 <input type="checkbox"/>					
Not Yet Assessable <input type="checkbox"/>					

Medical Knowledge 3: Knowledge of Diagnostic Testing					
Level 1	Level 2	Level 3	Level 4	Level 5	
Explains the rationale, risks, and benefits for common diagnostic testing	Explains the rationale, risks, and benefits for complex diagnostic testing	Integrates value and test characteristics of various diagnostic strategies in patients with common diseases	Integrates value and test characteristics of various diagnostic strategies in patients with comorbid conditions or multisystem disease	Demonstrates a nuanced understanding of emerging diagnostic tests and procedures	<input type="checkbox"/>
Interprets results of common diagnostic tests	Interprets complex diagnostic data	Integrates complex diagnostic data accurately to reach high-probability diagnoses	Anticipates and accounts for limitations when interpreting diagnostic data		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>

**Medical Knowledge**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

Yes \_\_\_ No \_\_\_ Conditional on Improvement



Systems-Based Practice 2: System Navigation for Patient-Centered Care					
Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates knowledge of care coordination	Coordinates care of patients by effectively engaging interprofessional teams in routine clinical situations	Coordinates care of patients by effectively engaging interprofessional teams in complex clinical situations	Models effective coordination of patient-centered care among different disciplines and specialties	Analyzes the process of care coordination and leads in the design and implementation of improvements	<input type="checkbox"/>
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings	Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes	<input type="checkbox"/>
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for the local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities	<input type="checkbox"/>
<b>Comments:</b>					<input type="checkbox"/>
					Not Yet Completed Level 1 <input type="checkbox"/>

Systems-Based Practice 3: Physician Role in Health Care Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the health care system	Describes how components of a complex health care system are interrelated, and how this impacts patient care	Discusses how individual practice affects the regional and national health care system	Manages various components of the complex health care system to provide efficient and effective patient care	Advocates for or leads systems change that enhances high-value, efficient, and effective patient care
Describes basic health payment systems	Delivers care with consideration of each patient's payment model	Engages with patients in shared decision making, informed by each patient's payment models	Advocates for patient care needs with consideration of the limitations of each patient's payment model	Actively engaged in influencing health policy through advocacy activities at the local, regional, or national level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				

**Systems-Based Practice**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

Yes \_\_\_ No \_\_\_ Conditional on Improvement

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access, categorize, and analyze clinical evidence, with guidance	Articulates clinical questions and elicits patient preferences and values to guide evidence-based care	Critically appraises and applies the best available evidence, integrated with patient preference, to the care of complex patients	Applies evidence, even in the face of uncertainty and conflicting evidence, to guide care, tailored to the individual patient	Coaches others to critically appraise and apply evidence to patient care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				



Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>Accepts responsibility for personal and professional development by establishing goals</p> <p>Identifies the factors that contribute to gap(s) between ideal and actual performance, with guidance</p>	<p>Demonstrates openness to performance data (feedback and other input) to inform goals</p> <p>Analyzes and reflects on the factors which contribute to gap(s) between ideal and actual performance, with guidance</p> <p>Actively seeks opportunities to improve</p>	<p>Seeks performance data episodically, with adaptability, and humility</p> <p>Institutes behavioral change(s) to narrow the gap(s) between ideal and actual performance</p> <p>Designs and implements an individualized learning plan, with prompting</p>	<p>Seeks performance data consistently with adaptability, and humility</p> <p>Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between ideal and actual performance</p> <p>Independently creates and implements an individualized learning plan</p>	<p>Models consistently seeking performance data with adaptability and humility</p> <p>Coaches others on reflective practice</p> <p>Uses performance data to measure the effectiveness of the individualized learning plan and when necessary, improves it</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				

**Practice-Based Learning and Improvement**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

Yes \_\_\_ No \_\_\_ Conditional on Improvement

<b>Professionalism 1: Professional Behavior</b>					
Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates professional behavior in routine situations	Identifies potential triggers for professionalism lapses and accepts responsibility for one's own professionalism lapses	Demonstrates a pattern of professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself and others	Coaches others when their behavior fails to meet professional expectations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>					
Not Yet Completed Level 1					<input type="checkbox"/>

Professionalism 2: Ethical Principles					
Level 1	Level 2	Level 3	Level 4	Level 5	
Demonstrates knowledge of basic ethical principles	Applies basic principles to address straightforward ethical situations	Analyzes complex situations using ethical principles and identifies the need to seek help in addressing complex ethical situations	Analyzes complex situations and engages with appropriate resources for managing and addressing ethical dilemmas as needed	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>					
Not Yet Completed Level 1 <input type="checkbox"/>					

<b>Professionalism 3: Accountability/Conscientiousness</b>					
Level 1	Level 2	Level 3	Level 4	Level 5	
Performs administrative tasks and patient care responsibilities, with prompting	Performs administrative tasks and patient care responsibilities in a timely manner in routine situations	Performs administrative tasks and patient care responsibilities in a timely manner in complex or stressful situations	Proactively implements strategies to ensure that the needs of patients, teams, and systems are met	Creates strategies to enhance other's ability to efficiently complete administrative tasks and patient care responsibilities	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>					<input type="checkbox"/>
Not Yet Completed Level 1					<input type="checkbox"/>

**Professionalism 4: Knowledge of Systemic and Individual Factors of Well-Being\***

Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the importance of getting help when needed to address personal and professional well-being	Lists resources to support personal and professional well-being	With prompting, reflects on how personal and professional well-being may impact one's clinical practice	Reflects on actions in real time to proactively respond to the inherent emotional challenges of physician work	Participates in institutional changes to promote personal and professional well-being
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Comments:</b></p> <p style="text-align: center;">Not Yet Completed Level 1 <input type="checkbox"/></p>				

\*This subcompetency is not intended to evaluate a resident's well-being. Rather, the intent is to ensure that each resident has the fundamental knowledge of factors that impact well-being, the mechanism by which those factors impact well-being, and available resources and tools to improve well-being.

**Professionalism**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

\_\_\_ Yes \_\_\_ No \_\_\_ Conditional on Improvement

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication					
Level 1	Level 2	Level 3	Level 4	Level 5	
Uses language and non-verbal behavior to demonstrate respect and establish rapport	Establishes and maintains a therapeutic relationship using effective communication behaviors in straightforward encounters  Identifies common barriers to effective communication	Establishes and maintains a therapeutic relationship using effective communication behaviors in challenging patient encounters  Identifies complex barriers to effective communication, including personal bias	Establishes and maintains therapeutic relationships using shared decision making, regardless of complexity	Coaches others in developing and maintaining therapeutic relationships and mitigating communication barriers  Models the mitigation of communication barriers	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					Not Yet Completed Level 1 <input type="checkbox"/>

Interpersonal and Communication Skills 2: Interprofessional and Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests and responds to a consultation	Clearly and concisely requests and responds to a consultation	Checks own and others' understanding of recommendations when providing or receiving consultation	Coordinates recommendations from different consultants to optimize patient care	Facilitates conflict resolution between and amongst consultants when disagreement exists
Uses verbal and non-verbal communication that values all members of the interprofessional team	Communicates information, including basic feedback with all interprofessional team members	Facilitates interprofessional team communication to reconcile conflict and provides difficult feedback	Adapts communication style to fit interprofessional team needs and maximizes impact of feedback to the team	Models flexible communication strategies that facilitate excellence in interprofessional teamwork
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				

Interpersonal and Communication Skills 3: Communication within Health Care Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Accurately documents comprehensive and current information	Documents clinical encounter, including reasoning, through organized notes	Documents clinical encounter through concise and thorough notes	Documents clinical encounter clearly, concisely, timely, and in an organized form, including anticipatory guidance	Guides departmental or institutional communication policies and procedures
Communicates using formats specified by institutional policy to safeguard patient personal health information	Selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context, with assistance	Appropriately selects direct and indirect forms of communication based on context	Models effective written and verbal communication	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>				
Not Yet Completed Level 1 <input type="checkbox"/>				

**Interpersonal and Communication Skills**

The resident is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. The resident is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

\_\_\_ Yes \_\_\_ No \_\_\_ Conditional on Improvement



### **Overall Clinical Competence**

This rating represents the assessment of the resident's development of overall clinical competence during this year of training:

\_\_\_\_ Superior: Far exceeds the expected level of development for this year of training

\_\_\_\_ Satisfactory: Always meets and occasionally exceeds the expected level of development for this year of training

\_\_\_\_ Conditional on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for this year of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training.

\_\_\_\_ Unsatisfactory: Consistently falls short of the expected level of development for this year of training.

**Agenda Item: Discussion of Item 285 in Budget Bill**

**Included in your agenda package:**

- Item 285 in 2024 – 2026 Biennial Budget

**Staff note:** Budget item requires certain action be taken “as a condition of licensure” for physicians and nurse practitioners with authority to prescribe behavioral health medications to children and adolescents. Discussion may need to continue at next Legislative Committee meeting in January.

**Action needed:**

- Discussion regarding the following implementation issues:
  - How can the Board (and the Boards of Medicine and Nursing) single out this category of practitioners upon licensure?
  - Does this only apply to initial licensure, or to renewal? Is it feasible to require that these provisions be in place before an individual possesses a license?
  - As a practical matter, how would the Board verify this?
  - If the intent is to continue beyond the Biennial Budget, regulations would be required.
  - Any other difficulties Committee members see in implementation.

VIRGINIA STATE BUDGET

2024 Special Session I

Budget Bill - HB6001 (Chapter 2)

Bill Order » Office of Health and Human Resources » Item 285

Department of Health Professions

Item 285	First Year - FY2025	Second Year - FY2026
<b>Regulation of Professions and Occupations (56000)</b>	<b>\$49,901,385</b>	<b>\$49,901,385</b>
Technical Assistance to Regulatory Boards (56044)	\$49,901,385	\$49,901,385
Fund Sources:		
Trust and Agency	\$1,688,791	\$1,688,791
Dedicated Special Revenue	\$48,212,594	\$48,212,594

Authority: Title 54.1, Chapter 25, Code of Virginia.

A. That the regulations the Board of Dentistry is required to promulgate pursuant to Chapter 413, 2023 Acts of Assembly, shall be promulgated to be effective within 280 days of enactment.

B. Effective July 1, 2024, as a condition for licensure, the Board of Medicine and the Board of Nursing shall require all practitioners with authority to prescribe behavioral health medications to children and adolescents to provide families with (i) a plan on medication management and access after hours and on weekends and holidays or in emergencies, (ii) a working means of contacting the prescriber either telephonically or electronically with a response time within 48 hours to address questions or concerns with prescribed behavioral health medications for children and adolescents, and (iii) guidance documents either in a paper format or through a website on how to obtain help related to medication management, prescription refills or medication overdose after hours. In addition, the Boards shall require that any provider that closes their practice must make medical records available to families no later than one week after closure. The department shall have the authority to implement these changes prior to completion of any regulatory process undertaken in order to effect such change.

Next Meeting Date of the Legislative Committee is

January 10, 2025



Please check your calendars and advise staff of any known conflicts that may affect your attendance.



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher **within 30 days after completion of their trip**”. (CAPP Topic 20335, State Travel Regulations, p.7). If you submit your reimbursement after the 30-day deadline, please note that it can not be approved.

In order for the agency to be in compliance with the travel regulations, please submit your request for today’s meeting no later than

**October 13, 2024**