

CREDENTIALS COMMITTEE BUSINESS MEETING

Virginia Board of Medicine
August 23, 2017
10:00 a.m.



Credentials Committee
Board of Medicine
August 23, 2017, 10:00 a.m.
9960 Mayland Drive, Suite 201, Training Room 2
Richmond, Virginia

Call to Order – Kenneth Walker, MD

Emergency Egress Procedures - Alan Heaberlin

Roll Call – Alan Heaberlin

Approval of Minutes of July 26, 2017

1-5

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

New Business

1. Consideration of Employment Verification Form Bs for Licensure Applicants
Kenneth Walker, MD

Announcements

Next meeting date: September 27, 2017 (informal conferences)

Adjournment

**PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)**

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

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Training Room 2

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VIRGINIA BOARD OF MEDICINE
CREDENTIALS COMMITTEE BUSINESS MEETING

Wednesday, July 26, 2017

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Walker called the meeting to order at 1:04 p.m.

MEMBERS PRESENT: Kenneth Walker, MD, Chair
David Taminger, MD
Svinder Toor, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, Deputy Executive Director, Discipline
Colanthia Morton Opher, Operations Manager

GUEST PRESENT: Til Jolly, MD, CMO, Specialists on Call

Dr. Taminger read the emergency egress instructions.

Ms. Opher called the roll; a quorum was declared.

Dr. Toor moved to approve the October 19, 2016 business meeting minutes as presented. The motion was seconded and carried unanimously.

There was no public comment.

Dr. Harp requested that item #2 - "Consideration of student exemptions and license applicant exemptions for all advisory board professions", be stricken from the agenda. Dr. Toor moved to accept the amended agenda. The motion was seconded and carried unanimously.

NEW BUSINESS

#1 Presentation by Til Jolly, MD, Specialists on Call

Dr. Harp provided some background prior to Dr. Jolly's presentation. He stated that not so long ago, teleradiology and telepathology applicants were required to provide an employment verification (FORM B) from every hospital at which they were privileged to

perform services. So if they were privileged at 50 hospitals, it would take months for them to complete the licensing process.

Staff asked the Board to consider accepting a FORM B for a physician's performance at a contracted hospital signed by the Medical Director of the company that employed the physician. Besides the challenge of the sheer volume of FORM B's, there was the issue that, not infrequently, a hospital would say that no one at the facility could recall the physician. Therefore, the hospital could not provide the information sought by the FORM B. The Medical Director approach was approved by the Board, and it has helped expedite licensure of radiologists and pathologists.

There are other specialties that provide telemedicine services. Previously staff had asked the Board if it would consider broadening the acceptance of FORM B's signed by the Medical Director of a company that provided services beyond radiology and pathology. The Board declined to do so.

Dr. Jolly gave an educational presentation which, while proprietary, was applicable to all parties that provide telemedicine. His company employs neurologists, psychiatrists, and critical care specialists. He asked that telemedicine applicants other than radiologists and pathologists be allowed the expedited approach of accepting FORM B's signed by the Medical Director of the company. He then fielded questions from Board members and staff.

Q. How are complaints handled?

Dr. Jolly stated that complaints are handled internally. The Medical Director has a one-on-one talk with each of the parties involved to ascertain what happened. He said there is no video recording of the session, but there is a written consultation note placed in the file. If the complaint involved a behavioral issue, then the physician may be required to complete a training/educational program. If the issue was clinical (i.e. decision-making or quality of care, etc.), peer review is utilized to decide if the care was within acceptable standards. The resolution of a complaint may include disciplinary action all the way up to dismissal.

Q. What percentage of telemedicine companies are regulated by JCAHO?

Dr. Jolly advised that there are only two other companies, and he believes they are located in Missouri.

Dr. Jolly stated that other models of telemedicine exist that are not JCAHO-accredited. Direct-to-consumer is one such model. He says that the American Telemedicine Association is developing standards for such companies.

Dr. Harp said that he can envision three categories of telemedicine: 1) JCAHO-accredited companies; 2) non-accredited companies; and 3) the solitary physician providing telemedicine from his/her home or office. He pointed out that a challenge for the Board is the practitioner that provides direct-to-consumer care in 150 different locations to 300 different patients. The only information on performance that the Board gets on such an applicant is a letter from a colleague, who may or may not know much about his/her telemedicine performance.

Q. Virginia is typically not the first state board and not the last when considering changing an existing process. What other states are accepting the process of employment verification you are requesting the Board to consider?

Dr. Jolly said that his company faced this "FORM B" issue in Wisconsin, but now the process has been streamlined. There are also states that have considered the number of hospital evaluations that would be needed for a telemedicine applicant. Such states have decided that a performance evaluation from the company and a National Practitioner Data Bank (NPDB) report would provide adequate information for licensure.

Q. Do we really need 150 FORM B's?

Ms. Deschenes reminded the Committee that, at the June full Board meeting, the members agreed to accept NPDB in lieu of the American Medical Association (AMA) profile and Federation Credentials Verification Service (FCVS) disciplinary report. The NPDB report should contain all reports of adverse actions.

Dr. Toor said that, while Specialists on Call may have good intentions and an adequate vetting process, other companies may not have the same quality process.

Dr. Harp reported that in 2014 the Board developed a guidance document on telemedicine. Public comment before the Board showed even that the direct-to-consumer model appeared relatively safe. Telemedicine has not generated a lot of malpractice suits or board complaints. Most telemedicine companies handle issues that would be urgent care at best. Telemedicine practitioners generally refer patients with acute conditions to the ER or their PCP. These points appear to speak to a single standard for the licensure of those practicing telemedicine. The Board's mission is to protect the public and keep them safe. It appears that telemedicine, as a delivery system, has a good safety record.

Dr. Toor said that he doesn't feel that there is enough data to support that statement. If a patient is having a stroke in a small hospital, and it takes two hours to transport to the

care of a neurologist, engaging a tele-neurologist may mean one life saved. Strokes are in a high stakes category, and the benefit of tele-neurology consultation is because the risk of waiting for treatment is too high. It is still in question as to whether outcomes are the same with tele-medicine as if the patient had been seen in-person.

Dr. Harp said that, most of the time, a telemedicine practitioner instructs the patient to follow up with his/her PCP or go to the ER if the condition worsens or there is no improvement. Telemedicine complaints to the Board are infrequent. Most of the complaints regarding care are generated by in-person visits with a physician.

Dr. Harp pointed out that the FORM B is a screening tool for a physician's performance. What the Committee is asked to consider is if the Board believes that getting performance information from every facility at which the applicant has privileges is necessary. Or in the alternative, is a composite report from the company Medical Director acceptable, since he/she would have performance data on the physician?

Dr. Jolly said that practitioners are routinely re-credentialed.

Ms. Deschenes stated that, although the Board did not choose to participate in the Compact, licensure by endorsement should accomplish the same result, especially if the Board streamlined the FORM B's needed from telemedicine practitioners. She suggested to the Committee that it could recommend to the Executive Committee that the telemedicine companies submit a composite score with a list of hospitals from the Medical Director or require a maximum of five FORM B's from facilities.

Dr. Harp agreed that one FORM B filled out by the Medical Director reflecting that the physician had performed safely and competently should suffice. The list of sites at which services had been provided should be attached to the FORM B.

Dr. Taminger said that he sees streamlining the licensure process as an alternative to the Compact will enhance access to care for rural patients.

At the conclusion of the Q & A, Dr. Jolly was asked to provide examples of the letters and forms currently used by Specialists On Call and other state boards of medicine in the licensure of telemedicine practitioners.

Dr. Toor said that this is the way of the future, and we have to look at every company across the board.

The Committee agreed that it should recommend to the Executive Committee that it streamline the employment verification process for physician-to-physician telemedicine companies. It asked Dr. Harp to present the item to the August 4, 2017 Executive

Committee.

With no additional business, the meeting adjourned 2:38 p.m.

Kenneth Walker, MD
Chair

William L. Harp, MD
Executive Director

Colanthia Morton Opher
Operations Manager

**VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES**

Friday, August 4, 2017 Department of Health Professions Henrico, VA

CALL TO ORDER: The meeting convened at 8:34 AM.

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

MEMBERS PRESENT: Kevin O'Connor, MD, President & Chair
Randy Clements, DPM
Alvin Edwards, MDiv, PhD
Jane Hickey, JD
Maxine Lee, MD
Nathaniel Tuck, Jr., DC, Vice-President

MEMBERS ABSENT: Syed Salman Ali, MD
Lori Conklin, MD, Secretary-Treasurer

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Colanthia Morton Opher, Operations Manager
Sherry Gibson, Administrative Assistant
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT: Scott Johnson, JD, MSV
B. Tilman Jolly, MD, Specialists on Call

EMERGENCY EGRESS INSTRUCTIONS

Dr. O'Connor provided the emergency egress instructions.

APPROVAL OF MINUTES OF APRIL 7, 2017

Dr. Edwards moved to approve the meeting minutes of April 7, 2017 as presented. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Dr. Edwards moved to adopt the agenda as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

In Dr. Brown's absence, Dr. Harp provided the comments that Dr. Brown wanted to convey to the Committee. He told the Committee about HB 2161, which authorizes the Secretary of Health and Human Resources to convene a workgroup with representatives from the Department of Behavioral Health and Developmental Services, Department of Health, Department of Health Professions, State Council on Higher Education for Virginia, and at least one representative from each medical school, dental school, pharmacy school, physician assistant program, and nursing program located in the Commonwealth. The task of the workgroup will be to develop educational standards and curricula for training health care providers in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. Such educational standards and curricula shall include education and training on pain management, addiction, and the proper prescribing of controlled substances. The workgroup shall report its progress and the outcomes of its activities to the Governor and the General Assembly by December 1, 2017. DHP is the lead agency for this workgroup, and meetings have already occurred.

Dr. Harp also said that SB 1230 requires the Secretary of Health and Human Resources to convene a workgroup to review the actions necessary for the implementation of electronic prescriptions for controlled substances containing an opioid. On July 1, 2020, all opioid prescriptions will have to be transmitted electronically. The workgroup first met on August 2, 2017. DHP is also the lead agency for this workgroup.

PRESIDENT'S REPORT

Dr. O'Connor reported on his attendance at the Tri-Regulator Symposium held in Chicago. He said the meeting was hosted by the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP) and the National Council of State Boards of Nursing (NCSBN). These organizations represent approximately 6 million healthcare providers. Dr. O'Connor stated that it was a great opportunity to exchange ideas and explore common concerns and potential solutions. He said that the majority of the time was spent on the opioid crisis and its significance to all the professions. It became clear that the way in which Virginia boards could have the most impact is in educating legislators. Dr. O'Connor said that it is his belief that the process Virginia undertook to create workable opioid regulations will be a model for many states as they tackle this critical issue.

EXECUTIVE DIRECTOR'S REPORT

Quarterly Performance Measurements

Dr. Harp reviewed the Board's performance report on the clearance rate of cases, the pending caseload, and time to disposition. He gave great credit to the Board members and Dr. Matusiak. Dr. Edwards asked how Virginia stacked up with other states. Ms. Deschenes

said that Medicine cases are to be closed in 250 days and that Virginia is one of the few states that has required timeframes for closure. In querying other states, she learned that a number averaged 3-5 years for closure of cases. In recent years, Virginia has been much faster in closing cases than it used to be.

Dr. O'Connor thanked Dr. Matusiak and the Board members for their good work.

Revenue and Expenditures

Dr. Harp reported that the cash balance as of June 30, 2017 was \$10 million and that the Board came in \$18,000 under budget in FY2017. He commended Charles Giles and Elaine Yeatts for their great forecasting.

New Board Liaison Representative

Dr. O'Connor announced that he was the new Board liaison to FSMB. Claudette Dalton, former Virginia Board President and current FSMB Board Member, will continue as the liaison from FSMB to the Virginia Board. Dr. O'Connor said that the Interstate Medical Licensure Compact and the Board's regulations for Endorsement would probably be topics of discussion.

NEW BUSINESS

Telemedicine Licensure and FORM B's

Dr. Harp introduced this topic by saying that telemedicine practitioners applying for a Virginia license are seeking the same consideration that tele-radiology and tele-pathology have in regards to FORM B's. The Board previously granted tele-radiology and tele-pathology applicants an exemption to getting a FORM B from every hospital or facility where he/she had provided services in the last 5 years. A FORM B and a letter listing the locations and signed by the program director of the tele-radiology or tele-pathology company were deemed acceptable to the Board.

Dr. Jolly, Chief Medical Officer for Specialists on Call, provided a brief presentation on the services provided by the telemedicine practitioners employed by the company. He made several points about the company for the Committee to consider. Specialists on Call:

- Is the largest provider of acute telemedicine services in rural as well as large hospitals
- Has been accredited by the Joint Commission since 2006
- Provides services in over 36 states, approximately 400 hospitals, and employs 140 physicians
- Does physician-to-physician consults in neurology, psychiatry, and critical care

Dr. Jolly stated that Specialists on Call has several physicians awaiting licensure in Virginia and that the speedbump is getting a FORM B submitted from each and every site of service.

Dr. O'Connor asked if there were currently enough Virginia critical care physicians to fill the need.

Dr. Jolly said his company provides physicians to hospitals that don't have a critical care physician, or to those that only have one and have no coverage in the physician's absence.

Dr. O'Connor said that one concern is that an unscrupulous medical director might hire practitioners that may not be prepared to provide the best medical care.

Dr. Jolly stated that would be a concern for his company as well, but at Specialists on Call, quality is paramount. Returning to the FORM B's, he pointed out that the work of the Board staff might be reduced, since there would be less documentation submitted for each telemedicine practitioner.

Dr. O'Connor asked if there was a fundamental difference between the services of an in-person critical care encounter and a telemedicine encounter.

Dr. Jolly said that there is a difference but the qualifications to provide either should be the same.

Dr. O'Connor pointed out that telemedicine x-ray and imaging studies are generally re-read or over-read in the facility as a follow-up to the telemedicine read. He inquired as to whether such a second look occurred after a tele-neurologist provided services.

Dr. Jolly said the first point of contact for Specialists on Call is with a physician, not the patient. One or more physicians are already caring for the patient in the acute setting, and follow-up with a neurologist on staff has usually been ordered.

Dr. O'Connor stated that Specialists on Call sounds like the best of the best, but the concern lies with those companies that may hire physicians that are borderline in their oversight of their practitioners and processes.

Dr. Jolly agreed that it's like the Wild Wild West for anyone that has access to a phone and the Internet. He shares that concern and will work with the Board to get past its skepticism and assist with setting standards regarding licensing if need be.

Dr. O'Connor acknowledged that our telemedicine document does not allow the use of audio-only for direct-to-consumer visits.

Ms. Hickey stated there was a Virginia study that showed a shortage of psychiatrists, particularly in the rural areas. It has been suggested that tele-psychiatry would help fill that gap. She then asked if the physicians have to be privileged at each hospital.

Dr. Jolly said that Specialists on Call has approximately 40 psychiatrists, but Psychiatry is not the company's primary focus. He advised that the physicians are privileged at every hospital.

Ms. Hickey asked what purpose does it serve to request a FORM B from every hospital or facility if the physician is licensed and already practicing in other states. Does every FORM B actually provide some value to the Board?

Ms. Deschenes said that getting all FORM B's is an incredible amount of work for the staff. If the applicant's chronological dates don't correspond to the dates on the FORM B submitted by the facility, staff has to go back and forth to get the information aligned. Ms. Deschenes reminded the Committee that the Board recently decided to accept the National Practitioner Data Bank (NPDB) report which the Board was not getting before. She also pointed out that if a telemedicine physician was working alone in his/her home and applies for a license, we ask him/her to have a colleague complete a FORM B on his/her behalf. This constitutes less oversight than what Specialists on Call is requesting.

Dr. Harp agreed with Ms. Deschenes acknowledging that a solitary practitioner providing direct-to-consumer services to 300 people in different states is under a less stringent application requirement than the physicians that work for a company accredited by the Joint Commission. The initiation of the NPDB is going to provide more information than is gathered from the FORM B's, AMA profile, and FSMB discipline report, which are required currently. The NPDB report will include hospital actions, which it does not get direct source verification from current documents. The current application does query the applicant about current/past investigations, which could also be disclosed in the NPDB data. Dr. Harp said the Board would need to develop a policy that deals with companies that are Joint Commission accredited, those that are not, and the solitary physician that does not work for a company.

Dr. O'Connor said that the question is two-fold: 1) how many FORM B's are really required, and 2) whether the Board should consider issuing a "telemedicine only" license.

Dr. Harp quoted data from FSMB that 48 state boards require a telemedicine physician to be licensed to practice into the state. Fifteen boards issue a special purpose license for telemedicine. He said that a telemedicine license was discussed by the Virginia Board in the 90's and not supported. His comment was that the Board should want just as much information about a physician who will be sitting in another state providing services to Virginia residents as someone who is moving to Virginia to set up an office. Telemedicine is new to all of us, and the perception is that it is not as safe as in-office visits. However, the Board gets more complaints about in-office visits than telemedicine. When patients decide to engage in telemedicine, it is by their choice for convenience and cost. Making such a choice might promote a greater sense of shared responsibility with the physician.

Mr. Heaberlin confirmed that the NPDB provides information on hospital privileges and professional societies. He pointed out that the FORM B issue is not just for telemedicine practitioners, but also for those who practice locum tenens.

Dr. O'Connor suggested that this item be sent to the Credentials Committee to look at the issues with the FORM B and determine not only the number that should be requested for sufficient review, but the entire concept of what should be required.

Ms. Deschenes said that the Credentials Committee met on July 26th and is forwarding their recommendation to the Executive Committee. The goal of the Board for applicants and staff is to reduce the complexity of licensure if possible. While most facilities will complete the evaluation, a good number of them provide the position held and dates of employment, perhaps completed by a HR representative.

Mr. Heaberlin said that, in the main, the FORM B is the least helpful of the supporting documents required by the application.

Dr. O'Connor stated that the consensus seems to be that the Board doesn't need 50 FORM B's. He said the Credentials Committee needs to provide a specific recommendation regarding the FORM B and its applicability in the licensing process.

Dr. Clements asked if we have access to the FORM B information through the NPDB report. What novel information do we get from the FORM B? Is it similar to a letter of recommendation?

Mr. Heaberlin agreed that it's a letter of recommendation. He also said that it wouldn't do much harm to lower the 5-year requirement for the FORM B to 3 or even 2 years. The NPDB provides information on actionable conduct about which the Board is most concerned. If a physician was dismissed from a practice, but the termination was not reported to the Data Bank, that may be picked up by a FORM B.

Dr. Lee stated that Mr. Heaberlin does not seem to be in favor of totally getting rid of FORM B.

Mr. Heaberlin advised that he has received some FORM B's with notes that say "call me to discuss". He would prefer not to require 30 FORM B's from sites at which a physician may have practiced for a week.

MOTION: After a lengthy discussion, Dr. Tuck moved that the FORM B topic be referred back to the Credentials Committee for a definitive suggestion on its use to include the number required. The motion was seconded and carried unanimously.

Chart of Regulatory Actions

Dr. Harp reviewed the status of pending regulatory matters.

This report was for informational purposes only.

Regulatory Action on Postgraduate Training for International Graduates

Dr. Harp said that Ms. Deschenes, Mr. Heaberlin and he along with Ms. Yeatts put together the draft regulations in the packet. The draft regulations include revisions to bring the regulations into compliance with the law. The amendments capture: 1) the elimination of 2

years of postgraduate training replacing it with 1 year; and 2) deletion of the options that previously could constitute 1 year of the prior 2-year requirement.

Ms. Barrett advised that this has been put in as exempt action, and it is reflective of the changes in the Code.

Ms. Deschenes pointed out that there might be confusion due to the international graduate being allowed to count a fellowship postgraduate year. American and Canadian graduates need to do one year as an intern or resident. Dr. Harp said that most of the international graduates that wish to submit a fellowship year have already done a residency in another country.

MOTION: Ms. Hickey moved to adopt the amendment to 18VAC85-20-122 as an exempt action. The motion was seconded and carried unanimously.

Proposed Regulatory Action – Nurse Practitioners

Dr. Harp stated that when the Code was amended in 2016 regarding nurse practitioner practice agreements, the requirement for agreements to be submitted to the Board of Nursing was eliminated. Other sections of the nurse practitioner regulations were amended, but Section 120 was inadvertently left unchanged. He noted that this change can be accomplished through a fast-track action.

MOTION: Dr. Edwards moved to adopt the proposed amendments to 18VAC90-40-120 by a fast-track action. The motion was seconded and carried unanimously.

Request of the Board to Approve Chiropractic Continuing Education

Dr. Harp advised that Kris Fetterman of Fetterman Events (FE) requested that the Board consider its company “any other organization” as per the regulations. He said that the Board has not approved individual coursework when requested to do so, and only a few short years ago did the Board approve the PACE program of continuing education provided by the Federation of Chiropractic Licensing Boards.

Dr. O’Connor said that his sense of “any other organization” approved by the Board was to allow for emergencies.

Dr. Tuck agreed and suggested that all organizations offering chiropractic continuing education should go through PACE.

MOTION: Dr. Tuck moved to deny the request and requested Board staff to notify Kris Fetterman of the decision. The motion was seconded and carried unanimously.

US Department of Veterans Affairs Request for Comment on Telemedicine

Dr. Harp said that Poonam Alaigh, MD, Acting Under Secretary for Health in the Department of Veterans Affairs, sent a letter to Humayun Chaudhry, DO, President of FSMB, asking for support in communicating to the state licensing boards the VA's plans to amend its telemedicine regulations to remove barriers and enhance access to health care services for its veterans.

Dr. O'Connor posed the question how the expansion of VA telemedicine is going to impact the Commonwealth. If the VA is taking care of its patients and staying within their scope/jurisdiction, that is laudable. The only concern is the prescribing aspect and whether controlled substance prescriptions will be presented at non-VA pharmacies.

Dr. Harp stated that the VA notifies the states of their processes, some of which may already be in place. Dr. Harp raised the question of who has jurisdiction over the practitioner based in another state.

Ms. Deschenes said that if they are not licensed in Virginia, then the Board will have no jurisdiction. And even if they are licensed in Virginia, it would be up to the VA to give the Board access to the records to properly investigate the case.

The Committee instructed Dr. Harp to send a message to Dr. Kevin Galpin, Director of Telehealth Services, thanking the VA for informing the Board of its plans, that the Board believes the plans will enhance care to veterans, and best of luck with the implementation of this new telemedicine approach.

ANNOUNCEMENTS

The next meeting of the Committee will be December 1, 2017 at 8:30 a.m.

Ms. Opher reminded the members of the \$50.00 per diem for attendance at official meetings of the Board. All travel reimbursement vouchers submitted since July 1st have already been amended.

Ms. Opher also informed the Committee of the direct-billing option for lodging in Richmond when attending Board meetings. She will send out a memo to all Board members advising them of this option.

ADJOURNMENT

With no additional business, the meeting adjourned at 10:05.

Kevin O'Connor, MD
President, Chair

William L. Harp, MD
Executive Director

-- DRAFT UNAPPROVED --

Colanthia M. Opher
Recording Secretary

Chapter 29 of Title 54.1 of the Code of Virginia

Medicine

Article 3. Licensure of Physicians of Medicine and Osteopathic Medicine, Chiropractors, and Podiatrists.

§ 54.1-2929. Licenses required.

No person shall practice or hold himself out as qualified to practice medicine, osteopathy, chiropractic, or podiatry without obtaining a license from the Board of Medicine as provided in this chapter.

(Code 1950, § 54-281; 1966, c. 657, § 54-281.3; 1970, c. 69; 1988, c. 765; 1996, cc. 937, 980.)

§ 54.1-2930. Requirements for admission to examination.

The Board may issue a license to practice medicine, osteopathy, chiropractic, and podiatric medicine to any candidate who has submitted satisfactory evidence verified by affidavits that he:

1. Is 18 years of age or more;
2. Is of good moral character;
3. Has successfully completed all or such part as may be prescribed by the Board, of an educational course of study of that branch of the healing arts in which he desires a license to practice, which course of study and the educational institution providing that course of study are acceptable to the Board; and
4. Has completed at least 12 months of satisfactory postgraduate training in one program or institution approved by an accrediting agency recognized by the Board for internships or residency training. At the discretion of the Board, the postgraduate training may be waived if an applicant for licensure in podiatry has been in active practice for four continuous years while serving in the military and is a diplomate of the American Board of Podiatric Surgery. Applicants for licensure in chiropractic need not fulfill this requirement.

In determining whether such course of study and institution are acceptable to it, the Board may consider the reputation of the institution and whether it is approved or accredited by regional or national educational or professional associations, including such organizations as the Accreditation Council for Graduate Medical Education, Liaison Committee on Medical Education, Council on Postgraduate Training of the American Osteopathic Association, Council on Osteopathic College Accreditation, College of Family Physicians of Canada, Committee for the Accreditation of Canadian Medical Schools, Education Commission on Foreign Medical Graduates, Royal College of Physicians and Surgeons of Canada, or their appropriate subsidiary

agencies; by any appropriate agency of the United States government; or by any other organization approved by the Board.

Code 1950, § 54-305; 1952, c. 211; 1954, c. 626; 1972, c. 824; 1975, c. 508; 1982, c. 605; 1985, c. 605; 1988, cc. 89, 132, 765; 2013, c. 144; 2015, c. 525; 2017, cc. 59, 117.

§ 54.1-2931. Examinations; passing grade.

A. The examinations of candidates for licensure to practice medicine and osteopathy shall be those of the National Board of Medical Examiners, the Federation of State Medical Boards, the National Board of Osteopathic Medical Examiners, or such other examinations as determined by the Board. The minimum passing score shall be determined by the Board prior to administration of the examination.

B. The examination of candidates for licensure to practice chiropractic shall include the National Board of Chiropractic Examiners Examinations and such other examinations as determined by the Board. The minimum passing score shall be determined by the Board prior to administration of the examination.

C. The examination of candidates for licensure to practice podiatry shall be the National Board of Podiatric Medical Examiners examinations and such other examinations as determined by the Board. The minimum passing score shall be determined by the Board prior to administration of the examination.

(Code 1950, § 54-297; 1958, c. 161; 1966, c. 657; 1970, c. 69; 1973, c. 529; 1978, c. 466; 1982, c. 605; 1985, c. 291; 1988, c. 765; 1990, c. 818; 2013, c. 144.)

§ 54.1-2932. Issuance of licenses to practice.

Upon completion of an application satisfactory to the Board, applicants shall be granted licenses to practice medicine, osteopathy, chiropractic, or podiatry and each license shall show plainly on its face the school or branch of the healing arts in which the holder thereof is permitted to practice. All licenses shall be attested by the signature of the president and secretary of the Board, respectively.

(Code 1950, § 54-309; 1958, cc. 161, 461; 1968, c. 766; 1970, c. 69; 1980, c. 157; 1985, c. 96; 1988, c. 765; 2013, c. 144.)

§ 54.1-2933. Repealed.

Repealed by Acts 2015, c. 525, cl. 2.

§ 54.1-2933.1. Temporary licensure of certain foreign graduates to obtain training.

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) 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. The Board may promulgate regulations for such license.

(1995, c. 230; 2000, c. 788.)

§ 54.1-2934. Evidence of right to practice required of certain foreign graduates.

Every candidate who is a graduate of a school of a country other than the United States and Canada must, in addition to meeting the other requirements of this article, exhibit to the Board a diploma, license or certificate conferring the full right to practice in that country, or satisfactory evidence showing that the candidate has completed the course of study and passed examinations equivalent to those required for a diploma or license conferring such full right to practice.

(1954, c. 626, § 54-306.2; 1988, c. 765.)

§ 54.1-2935. Repealed.

Repealed by Acts 2017, cc. 59 and 117, cl. 2.

§ 54.1-2936. Limited licenses to certain graduates of foreign medical schools.

A. After receiving a recommendation from the dean of an accredited medical school which was reached after consultation with the chairmen of the departments in the school or college and having become satisfied that the applicant is a person of professorial rank whose knowledge and special training will benefit the medical school or educational programs sponsored by the medical school in affiliated hospitals, the Board may issue a limited license to practice medicine in the hospitals and outpatient clinics of the school or college or in a hospital formally affiliated with the medical school for purposes of undergraduate or postgraduate medical education to a graduate of a foreign medical school as long as he serves as a full-time or adjunct faculty member. This limited license shall be valid for a period of not more than one year, but may be renewed annually by the Board upon recommendation of the dean of the medical school and continued service as a full-time or adjunct faculty member.

B. After receiving a recommendation from the dean of an accredited medical school which was reached after consultation with the chairmen of the departments in the school or college and having become satisfied that the applicant is a person whose attendance will benefit the medical school, the Board may issue a limited license to practice medicine as a fellow if such fellowship is ranked between the residency level and that of associate professor. This limited license shall only authorize the holder to practice medicine in the hospitals and outpatient clinics of the school while he is a full-time fellow. The license shall be valid for a period of not more than one year, but may be renewed upon recommendation of the dean of the medical school and continuation of

the fellowship. A limited license to a foreign graduate engaged in a fellowship shall not be renewed more than twice.

(1964, c. 285, § 54-311.1; 1970, c. 69; 1975, c. 508; 1977, c. 586, § 54-311.2; 1988, c. 765; 2003, c. 473.)

§ 54.1-2937. Temporary licenses to interns and residents in hospitals and other organizations.

Upon recommendation by the chief of an approved internship or residency program as defined in this chapter, the Board may issue a temporary annual license to practice medicine, osteopathic medicine, or podiatry to interns and residents in such programs. No such license shall be issued to an intern or resident who has not completed successfully the preliminary academic education required for admission to examinations given by the Board in his particular field of practice. Such license shall expire upon the holder's withdrawal or termination from the internship or residency program. The Board may prescribe such regulations not in conflict with existing law and require such reports from hospitals or other organizations operating an approved graduate medical education program in the Commonwealth as may be necessary to carry out the provisions of this section.

1986, c. 307, § 54-311.3; 1987, c. 44; 1988, c. 765; 2015, c. 525.

§ 54.1-2938.

Repealed by Acts 1991, c. 102.

§ 54.1-2939. Surgery by podiatrists on patients under general anesthesia limited.

Podiatrists shall not perform surgery on patients under a general anesthetic except in a hospital or an ambulatory surgery center accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation pursuant to § 1865 of Title XVIII of the Social Security Act (42 U.S.C. § 1395bb).

(1977, c. 127, § 54-275.2; 1988, c. 765; 1999, c. 651; 2013, c. 144.)

§ 54.1-2940.

Repealed by Acts 2001, cc. 186 and 198.

REGULATIONS

GOVERNING THE PRACTICE OF MEDICINE, OSTEOPATHY, PODIATRY AND CHIROPRACTIC

VIRGINIA BOARD OF MEDICINE

Part III. Licensure: General and Educational Requirements.

18VAC85-20-110. [Repealed]

18VAC85-20-120. Prerequisites to licensure.

Every applicant for licensure shall:

1. Meet the educational requirements specified in 18VAC85-20-121 or 18VAC85-20-122 and the examination requirements as specified for each profession in 18VAC85-20-140;

2. File the complete application and appropriate fee as specified in 18VAC85-20-22 with the executive director of the board; and

3. File the required credentials with the executive director as specified below:

a. Graduates of an approved institution shall file:

(1) Documentary evidence that he received a degree from the institution; and

(2) A complete chronological record of all professional activities since graduation from professional school, giving location, dates, and types of services performed.

b. Graduates of an institution not approved by an accrediting agency recognized by the board shall file:

(1) Documentary evidence of education as required by 18VAC85-20-122;

(2) A translation made and endorsed by a consul or by a professional translating service of all such documents not in the English language; and

(3) A complete chronological record of all professional activities since graduation from professional school, giving location, dates, and types of services performed.

18VAC85-20-121. Educational requirements: Graduates of approved institutions.

A. Such an applicant shall be a graduate of an institution that meets the criteria appropriate to the profession in which he seeks to be licensed, which are as follows:

1. For licensure in medicine. The institution shall be approved or accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association, or by the Committee for the Accreditation of Canadian Medical Schools or its appropriate subsidiary agencies or any other organization approved by the board.

2. For licensure in osteopathic medicine. The institution shall be approved or accredited by the Bureau of Professional Education of the American Osteopathic Association or any other organization approved by the board.

3. For licensure in podiatry. The institution shall be approved and recommended by the Council on Podiatric Medical Education of the American Podiatry Podiatric Medical Association or any other organization approved by the board.

B. Such an applicant for licensure in medicine, osteopathic medicine, or podiatry shall provide evidence of having completed 12 months of satisfactory postgraduate training as an intern or resident in one program or institution when such a program or institution is approved by an accrediting agency recognized by the board for internship and residency training.

C. For licensure in chiropractic.

1. If the applicant matriculated in a chiropractic college on or after July 1, 1975, he shall be a graduate of a chiropractic college accredited by the Commission on Accreditation of the Council of Chiropractic Education or any other organization approved by the board.

2. If the applicant matriculated in a chiropractic college prior to July 1, 1975, he shall be a graduate of a chiropractic college accredited by the American Chiropractic Association or the International Chiropractic Association or any other organization approved by the board.

18VAC85-20-122. Educational requirements: Graduates and former students of institutions not approved by an accrediting agency recognized by the board.

A. A graduate of an institution not approved by an accrediting agency recognized by the board shall present documentary evidence that he:

1. Was enrolled and physically in attendance at the institution's principal site for a minimum of two consecutive years and fulfilled at least half of the degree requirements while enrolled two consecutive academic years at the institution's principal site.

2. Has fulfilled the applicable requirements of §54.1-2930 of the Code of Virginia.

3. Has obtained a certificate from the Educational Council of Foreign Medical Graduates (ECFMG), or its equivalent. Proof of licensure by the board of another state or territory of the United States or a province of Canada may be accepted in lieu of ECFMG certification.

4. Has had supervised clinical training as a part of his curriculum in an approved hospital, institution or school of medicine offering an approved residency program in the specialty area for

the clinical training received or in a program acceptable to the Board and deemed a substantially equivalent experience, if such training was received in the United States.

5. Has completed two years of satisfactory postgraduate training as an intern, or resident, or clinical fellow. The two years shall include at least 12 months in one program or institution approved by an accrediting agency recognized by the Board for internship or residency training or in a clinical fellowship, acceptable to the Board, in the same or a related field.

a. The board may substitute other postgraduate training or study for one year of the two-year requirement when such training or study has occurred in the United States or Canada and is:

(1) An approved fellowship program; or

(2) A position teaching medical students, interns, or residents in a medical school program approved by an accrediting agency recognized by the board for internship and residency training.

b. The board may substitute continuous full-time practice of five years or more with a limited professorial license in Virginia and one year of postgraduate training in a foreign country in lieu of two years of postgraduate training.

6. Has received a degree from the institution.

B. A former student who has completed all degree requirements except social services and postgraduate internship at a school not approved by an accrediting agency recognized by the board shall be considered for licensure provided that he:

1. Has fulfilled the requirements of subdivisions A 1 through 5 of this subsection;

2. Has qualified for and completed an appropriate supervised clinical training program as established by the American Medical Association; and

3. Presents a document issued by the school certifying that he has met all the formal requirements of the institution for a degree except social services and postgraduate internship

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE MEDICINE IN
VIRGINIA FOR GRADUATES OF ALLOPATHIC MEDICAL SCHOOLS AND OSTEOPATHIC
MEDICAL SCHOOLS**

(This form has been designed to be used as a checklist when preparing to submit your application.)

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

This is not the application for a training license to practice as a resident or fellow. This application for a full and unrestricted MD or DO license to practice medicine in Virginia.

You should familiarize yourself with the qualifications required for a full license by reviewing the laws and regulations governing the practice of medicine in Virginia. They can be found at: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board. You should not expect the process to take less than 3-4 months, so plan accordingly if you are pursuing a practice position in Virginia.

The Virginia Board of Medicine accepts the verified documentation provided by the Federation Credentials Verification Service (FCVS), in case you choose to engage FCVS to help you with your application. <http://www.fsmb.org/licensure/fcvs/>

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 30 days for your application checklist to appear on the Board's website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at medbd@dhp.virginia.gov with "Application Question" in the subject line. E-mails will be answered within 2 business days.

The Board of Medicine discourages the use of the United States Postal Service to send documents. If possible, and if noted below, you are encouraged to have your documents sent by pdf attachment or FAX. The Board is unable to trace documents not delivered by the post office.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

1. Complete the online application. <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$302.00. Application fees may only be paid using Visa, MasterCard or Discover.

2. Examination Scores – If you took all three steps of the USMLE examination or the FLEX examination, contact the Federation of State Medical Boards (FSMB) at (817) 868-4000 or www.fsmb.org to have your scores submitted to the Board. Scores MAY NOT be faxed and MUST come directly from the FSMB. **If using the FCVS credentialing service, scores will be included.** www.fsmb.org/licensure/fcvs/

If you took the National Board of Osteopathic Medical Examinations or the COMLEX you may request copies of your transcripts at <http://www.nbome.org/transcript-request.asp> or by calling (866) 479-6828. Scores MAY NOT be faxed and MUST come directly from the National Board. **If using the FCVS credentialing service, scores will be included.** www.fsmb.org/licensure/fcvs/

If you took the National Board of Medical Examiners or a combination of the USMLE examination, contact the National Board of Medical Examiners at (215) 590-9500 or www.nbme.org to have your scores submitted to the Board. Scores MAY NOT be faxed and MUST come directly from the National Board. **If using the FCVS credentialing service, scores will be included.** www.fsmb.org/licensure/fcvs/

If you took the LMCC examination, contact the Medical Council of Canada (MCC) at (613) 521-6012. Scores MAY NOT be faxed and MUST come directly from the MCC. **If using the FCVS credentialing service, scores will be included.**

If you took a state examination, contact the state agency or licensure board to have your scores submitted to the Board. Scores MAY NOT be faxed and MUST come directly from the agency maintaining your score. **If using the FCVS credentialing service, scores will be included.**

3. Transcripts – Official medical school transcripts must be received by the Virginia Board of Medicine. Medical school transcripts must be official and bear the school seal. Transcripts will only be accepted if they come directly from the medical school to the Board or if sent to the Board by the applicant in the same unopened envelope in which they were received. **If using the FCVS credentialing service, or Electronic Portfolio of International Credentials (EPIC) www.ecfmgepic.org/ transcripts will be included. Primary source transcripts in any language other than English need to be accompanied with a certified translation.**

4. Employment Activity (Form B) Questionnaire – List all activities from the date of graduation from medical school including but not limited to internships, residencies, fellowships, employment, affiliations, private practice, periods of non-activity or unemployment, observerships and volunteer service in the “Employment Activity” section of the application beginning with your first activity following medical school graduation. Follow this link to obtain a Form B:

[Form B - Hospital/Employment History Questionnaire](#)

Form B's sent to the Virginia Board of Medicine by the applicant will not be accepted.

A completed Form B Activity Questionnaire or a letter of recommendation must be received from all locations of service, places of practice or professional employment, observerships, professional research positions or professional volunteer service listed for the past 5 years.

If engaged in private practice, without hospital affiliation, have another physician who is not related submit a letter attesting to your practice.

For applicants practicing tele-radiology or tele-pathology, a form B is only required from the medical director of the company to which you are employed. To be accepted, the Form B must be signed by the medical director with a complete professional evaluation.

For applicants practicing all other forms of telemedicine and for Locum Tenens physicians, employment verifications must be received from each location of service from the past 5 years.

Completed Form B's may be attached as a PDF and sent to medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed by the person completing the document.

5. Postgraduate training –

A completed Form B Activity Questionnaire signed by the Program Director or a letter of recommendation signed by the Program Director must be received from all places of postgraduate training including internships, residencies and fellowships completed in the United States, its territories or Canada listed for the past 5 years. If your postgraduate training occurred more than 5 years ago, you may fulfill this requirement by sending copies of your certificates of completion. Otherwise, have your program complete and forward Form B. PDF attachments may be emailed to medbd@DHP.Virginia.gov, faxed to (804) 527-4426 or mailed. **If using the FCVS credentialing service, postgraduate training verification is included. If you are a foreign graduate using EPIC, you may request that EPIC Verification Reports for your transcripts as well as your United States or Canadian postgraduate training be sent to the Board through EPIC. Visit <http://www.ecfmgepic.org/instructions-virginia.html> for instructions.**

6. License Verification

Verification of medical licenses from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a full license must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a license to practice medicine to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by email to medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed. **This documentation is NOT provided by the FCVS credentialing service. Many medical boards use www.veridoc.org to send their license verifications. Check with Veridoc to see if your other state license boards use Veridoc.**

7. NPDB Self Query – Complete the online Place a Self-Query Order form. Be ready to provide:

- o Identifying information such as name, date of birth, Social Security number
- o State health care license information (if you are licensed)
- o Credit or debit card information for the \$4.00 fee (charged for each copy you request)

Verify your identity. This can be done electronically as part of your order or by completing a paper form and having it notarized. You will receive full instructions as you complete your order.

Wait for your response. Once your identity is verified, the NPDB will process your order. A paper copy of your response will be sent the next business day by regular U.S. mail.

The Board does not accept emailed copies of the NPDB report. When you receive your report in the mail from NPDB **DO NOT OPEN IT. Place your unopened NPDB report in an oversized envelope and forward it to the Virginia Board of Medicine. The Board recommends using Fed EX or UPS for tracking purposes. The Board of Medicine is unable to track any mail or other package that is sent via the United States Postal Service. Any NPDB report received for an application not completed within 3 months of receipt of the NPDB report will have to be resubmitted.**

Item # 8 is only for graduates of medical schools outside of the U.S. and Canada.

8. ECFMG Certification: To request your ECFMG certification follow this link <https://cvsonline2.ecfmgepic.org/> to have your ECFMG certification provided to the Board. **If you are using FCVS credentialing service, this document will be included.**

Please note:

- ▶ Applications not completed within 12 months may be purged without notice from the board.
- ▶ Additional information not already listed may be requested at any time during the process.

▶ Application fees are non-refundable.

▶ The Board's mailing address is **The Virginia Board of Medicine**
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

▶ Email inquiries are normally responded to within 2 business days. Send your email inquiries to **medbd@DHP.Virginia.gov**.

▶ Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Osteopathy and Surgery | <input type="checkbox"/> Radiologic Technologist |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Medicine and Surgery | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Radiologic Technologist - Limited |
| <input type="checkbox"/> BCaBA | <input type="checkbox"/> Midwife | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Radiologist Assistant |
| <input type="checkbox"/> BCBA | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Polysomnographic Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Occupational Therapist Assistant | | |



Rev. 7/17

Virginia Department of Health Professions

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Phone: (804) 367-4600
Fax: (804) 527-4426
Email: medbd@dhp.virginia.gov

Please provide name and address of setting/organization exactly as it appears on your application chronology.

Clearly print/type name of applicant

Name of Setting: _____

Address: _____

Last 4 of Social Security Number XXX-XX-

City, State, Zip: _____

The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This individual served with us as _____
from _____ to _____
(Month/Year) (Month/Year)

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgment				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (please indicate with check mark) Recommend highly and without reservation Recommend as qualified and competent
 Recommend with some reservation (explain) _____
 Do not recommend (explain) _____

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. _____

5. The above report is based on: (please indicate with check mark)
 Close personal observation General impression A composite of evaluations
 Other: _____

Date (Required): _____

Signed by: _____

Print or type name: _____

Signator Contact Number: () _____

Title: _____

Other State Requirements for Professional References

New Jersey

Print the required information for every private office, residency program, H.M.O., etc. where you were employed or with whom you were affiliated for the five-year period that immediately precedes the filing of this application. Enter your full name at the top of Form BME-PEA and mail a copy of the form to every entity you have listed in this section of your application.

North Carolina

Two recommendation forms must be completed by physicians. Recommendation cannot be from a relative. These forms must be mailed from the reference source directly to the NCMB. Faxes and emailed copies will not be accepted.

South Carolina

List the names and address on the application of three physicians willing to write letters of recommendations to support your application to the Board. You must request that each physician write directly to the Board on letterhead indicating that you are known to them, in what capacity and how long, and outlining characteristics they believe qualify you for medical licensure in South Carolina.

Minnesota

Recommendations. Obtain recommendations from two physicians you have known for at least one year and practiced with during the last five years who can testify to your character, personal reputation, background, and professional ability. The physicians must send the completed forms **directly** to the Board.

Georgia

Form B, Reference Form (three references are required. Ask each reference to give you the completed, signed, and dated form in a sealed envelope, and to sign the envelope across the back flap.)

DC

The character reference form must be submitted in a sealed envelope along with your application. A form must be completed by each employer/training program within the past five (5) years. A physician (MD/DO) with whom you worked or trained with must complete the form. Character reference forms may be downloaded at www.hpla.doh.dc.gov/bomed.

Ohio

Request Employer Recommendation(s) covering last 5 years of employment

Exceptions:

1. If you are self-employed or employed as locum tenens you may submit an NPDB Report in lieu of an employer recommendation;
2. If you are completing residency, you are not required to submit an employer recommendation.

Arizona

Verification(s) of all medical employment, to include all medical professional activities for the five years preceding the date of the application, to be sent directly to the Board.

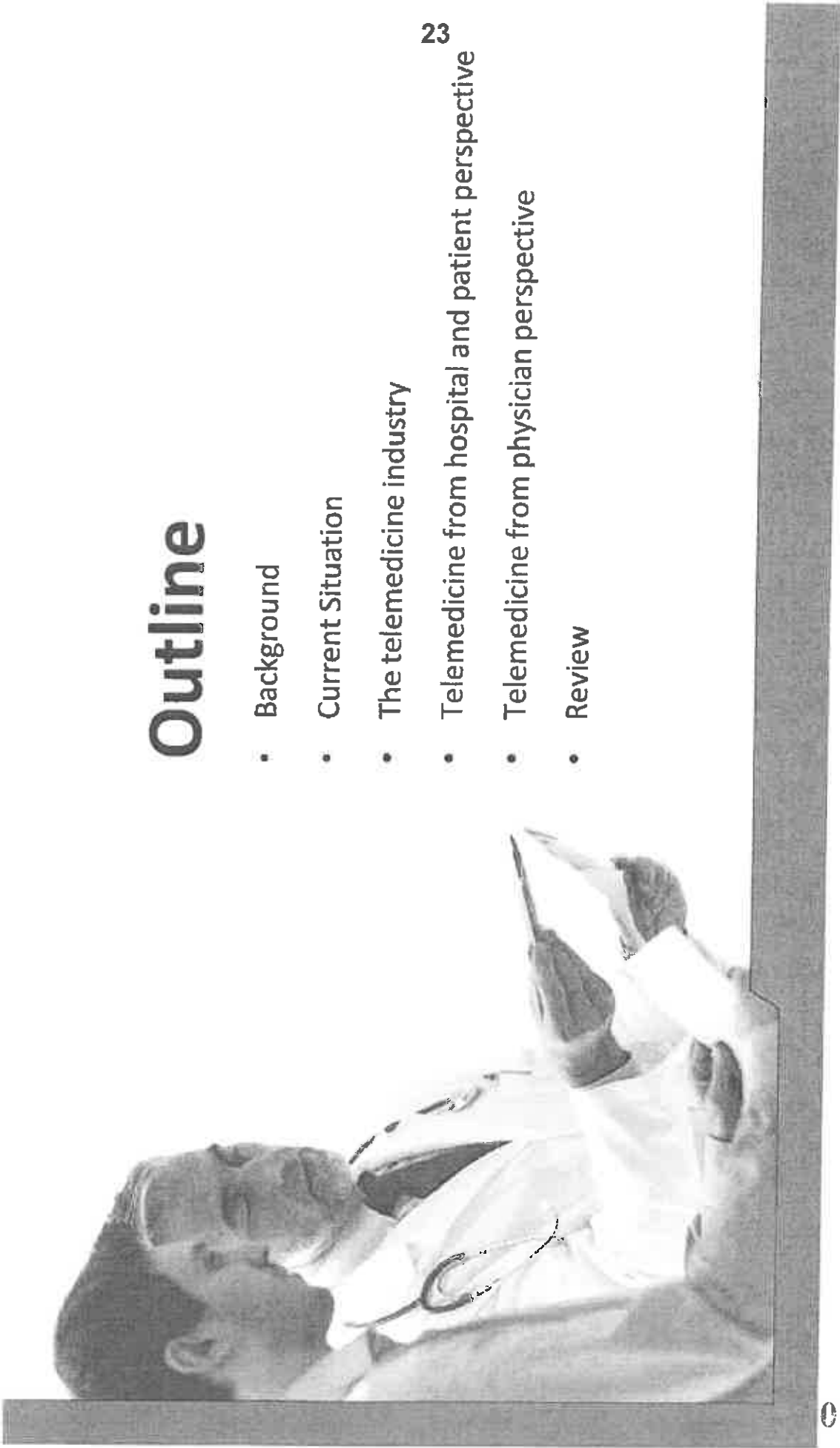


Licensure Challenges for Telemedicine Specialists

Til Jolly, MD
Chief Medical Officer
Specialists On Call
Reston, VA



SPECIALISTS ON CALL
Stronger Hospitals — Better Lives



Outline

- Background
- Current Situation
- The telemedicine industry
- Telemedicine from hospital and patient perspective
- Telemedicine from physician perspective
- Review

Background

- Specialists On Call, Inc., Reston, VA
- Largest provider of acute telemedicine services
- Joint Commission accredited since 2006
- 36 states including VA, >400 hospitals, 140 physicians
- Physician to physician consultations in:
 - Neurology
 - Psychiatry
 - Critical Care
- 98% video consultations, secure communications, clinical documentation included in patient record
- Multiple other competitors, some with similar models



Current Situation

- Patient safety is paramount
- 18 SOC physicians awaiting licensure in VA to serve VA hospitals and patients
- Primary wait is for verification of hospital service, signed by a physician
- Distributed model similar to teleradiology and pathology
- Licensing review processes are different
 - Radiology and Pathology providers – acceptance of verification of privileges from parent companies
 - Other providers – full verification of every current and prior hospital privilege from primary source over last 5 years



Current Situation – Numbers

- Neurologists
 - Average number of licenses - 17- (12-29)
 - Average number of SOC privileges – 95 (37-123)
- Psychiatrists
 - Average number of licenses -16 (7-20)
 - Average number of SOC privileges – 36 (16-45)
- Intensivists
 - Average number of existing licenses – 8 (6-13)
 - Average number of SOC privileges – 7 (4-8)

Note – All privilege counts are exclusive of other past privileges



The Telemedicine Industry

- Physician to physician consultative services
- Also direct to consumer by other providers
- Some pure technology companies
- Local, regional, national, some international
- Survey – 74% of consumers would use telehealth
- Telehealth expected to grow 27% annually
- Demonstrated acceptance in neurology, psychiatry, critical care
- Multiple other use cases



Telemedicine from a Hospital Perspective

- Either don't have specialists, or don't have enough to cover call
 - Stroke care commonly requiring a neurologist with expertise, time is of the essence
- Psychiatry boarding can last for days in EDs with no access to psychiatrists
- Options
 - Pay more for call coverage if you have it available
 - Try to hire more specialists
 - Hire locums
- Seek a telemedicine solution



Why So Many Licenses and Privileges?

- Operational and financial model require virtual distribution of physician workforce
- Takes 30-90 hospital privileges at a minimum per physician to pay costs while keeping charges reasonable for hospitals
 - Totals lower for intensivists due to nature of service
- Creates much cheaper option than locums – “fractionalization of physicians”
- Must be fully licensed in state where patient is present
- License compact not a solution
 - Restrictions on state of principal licensure
 - Current adoption primarily in lower population states



Telemedicine from a Physician Perspective

- Ability to practice medicine in novel manner
- Mix of physician age ranges
- Move from patient to patient and state to state
- Can be supplemental or primary work
- Unusual administrative burdens
 - Licensure
 - Privileging
 - CME



Summary

- Telemedicine a growing need in the Commonwealth and beyond
- No single provider can meet all the needs
- Uniquely large number of hospital privileges create delays in VA licensure and increase staff work burden
- Opportunity exists
 - Allow other specialists to be treated similarly to radiologists and pathologists, particularly in the physician to physician consultative environment where multiple hospital privileges are common
- Can still preserve safety and quality, particularly based on Joint Commission criteria
- Streamline processes for physicians and staff



SPECIALISTS ON CALL

1768 Business Center Drive, Suite 100
Reston, VA. 20190-5359
P: (866) 483-9690 F: 855-811-6296

Work History Verification

Date: 8-30-16

Employer: Specialists On Call, Inc.

Address: 1768 Business Center Dr., Suite 100, Reston, VA 20190

Phone: 866-483-9690 Email:

Re: .

Birthdate: 11-19-1979

Last 4 digits SSN: XXX-XX-5992

The above physician is an applicant for licensure in the state of Arizona. In order to properly evaluate the physician, we would greatly appreciate if you complete this questionnaire and send to Arizona Medical Board. The providers' license coordinator is listed below. They will also accept your facility specific form/letter.

Please send email verification to Sharon Mauk at Sharon.Mauk@azmd.gov

1. Dates of employment: From 5/21/2013 thru present
(Please be sure to provide a thru date or state "present" or "current".)

Position: Telemedicine

2. Was the physician ever subject to disciplinary action, such as admonition, reprimand, suspension, or termination? Yes No N/A

If yes, please explain:

3. In your judgment, is the physician qualified by training to be granted the procedures and privileges requested? Yes No N/A

If no, Please explain:

Signature: [Handwritten Signature]

Title: CMO

Printed Name: BT Joly

Date: 9/7/16

Specialists On Call, Inc. has earned The Joint Commission's Gold Seal of Approval



IOWA BOARD OF MEDICINE
 400 S.W. 8th Street, Suite C, Des Moines, IA 50309-4686
 (515) 281-6641 www.medicalboard.iowa.gov

PRIVILEGE/EMPLOYMENT VERIFICATION

Applicant: You may be asked by the staff person who reviews your application to submit this form to hospitals or clinics where you have practiced or held privileges. If requested to do so, complete only the top portion and submit the form to the hospital/employer for completion.

Applicant's Name (Print Legibly): _____
 Applicant's Date of Birth (Month/Day/Year): _____

Hospital/Employer: Complete and send the form directly to the Iowa Board of Medicine. Any processing fees are the applicant's responsibility.

It is hereby certified that _____
 (Name of Applicant)

had hospital privileges/was employed at _____
 (Name of Hospital/Clinic)

located at _____
 (Address, City, State, Zip, Country)

From _____ To _____
 (Month/Day/Year) (Month/Day/Year)

Was any disciplinary action ever taken against the applicant?

Yes _____ No _____

If yes, provide details of the disciplinary action and copies of all documentation related to the event.

Is there any derogatory* information on file?

Yes _____ No _____

If yes, provide details of the derogatory information and a copy of any documentation related to the event. *Derogatory information may include probation, investigation, remediation, and/or other disciplinary actions.

Institutional Seal

(If your institution does not have an official seal, this form must be notarized.)

Completed by the Medical Staff Office:

Print Name: _____

Signature: _____

Date (month/day/year): _____ Phone: _____

Fax: _____ E-mail: _____



Authorization for Release of Information –Privilege/Employment Verification

The applicant must sign this form and submit it with the Privilege/Employment Verification form. The hospital/clinic may retain this release of information for their records.

I, _____ (print name), do hereby authorize disclosure of records concerning myself to the Iowa Board of Medicine (IBM). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IBM may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IBM relating to substance abuse or dependence and/or mental health.

I further agree that the IBM may receive confidential information and records, including, but not limited to the following records:

- Medical Records
- Education Records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Postgraduate training (internship, residency & fellowship) records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IBM deems reasonably necessary for the purposes set forth in this release.

Release of Liability. I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any medical school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IBM pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IBM, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is valid until completion of the licensing process. I understand I have the right to revoke this authorization in writing, except to the extent that the IBM has already taken action in reliance upon this consent.

I have read and fully understand the contents of this "Authorization to Release Information."

Signature of Physician

Date

PROHIBITION ON REDISCLOSURE

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient except as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

Wisconsin Department of Safety and Professional Services

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 7. Did this individual have a record of unexcused absences during his/her attendance at any of your facilities or under your employment? If yes, please provide explanation on a separate sheet and attach to this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Were any restrictions or special requirements placed on this physician's activities that were not placed on all other employees or staff holding similar positions? If yes, please provide explanation on a separate sheet and attach to this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were any restrictions placed on this physician's privileges? If yes, please provide explanation on a separate sheet and attach to this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Were any formal patient or staff complaints filed against this physician? If yes, please provide explanation on a separate sheet and attach to this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Was the physician denied hospital privileges while employed by you? If yes, please provide explanation on a separate sheet and attach to this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Were any incident reports filed involving the professional conduct or behavior of the physician? If yes, please provide explanation on a separate sheet and attach to this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Was the physician ever subject to non-routine monitoring while at your facility? If yes, please attach explanation on a separate sheet and attach to this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Was the physician involuntarily removed from a call schedule for cause? If yes, please provide explanation on a separate sheet and attach to this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Was the physician subject to non-routine quality assessment review? If yes, please provide explanation on a separate sheet and attach to this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Was the physician the subject of a negative review by a quality assurance or departmental committee? If yes, please provide explanation on a separate sheet and attach to this form. | <input type="checkbox"/> | <input type="checkbox"/> |

PRINT NAME AND TITLE OF JOINT COMMISSION CERTIFIED EMPLOYER/OFFICIAL SUPPLYING INFORMATION:

SIGNATURE OF JOINT COMMISSION CERTIFIED EMPLOYER/OFFICIAL SUPPLYING INFORMATION:

DATE FORM WAS COMPLETED: / /

JOINT COMMISSION CERTIFIED EMPLOYER, RETURN THIS FORM DIRECTLY TO:

DSPS
ATTN: Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Or you may also fax /email with facility cover sheet /letter to: (608) 261-7083 or DSPSCredMedBD@wisconsin.gov.