

FINAL APPROVED

VIRGINIA BOARD OF MEDICINE

CREDENTIALS COMMITTEE BUSINESS MEETING

Monday, September 20, 2021

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Miller called the meeting to order at 9:00 a.m.

MEMBERS PRESENT: Jacob Miller, DO - Chair
Joel Silverman, MD
Janet Hickey, JD
Blanton Marchese
Alvin Edwards, PhD

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director, Licensing
Colanthia M. Opher - Deputy Executive Director, Administration
Elaine Yeatts - DHP Senior Policy Analyst

GUESTS PRESENT: W. Scott Johnson, Esq. – Medical Society of Virginia
Clark Barrineau – Medical Society of Virginia
Christy Evanko - Virginia Association for Behavior Analysis

Dr. Miller read the emergency egress instructions.

Mr. Sobowale called the roll; a quorum was declared.

Approval of the Agenda

Dr. Silverman moved approval of the agenda as presented with Dr. Edwards seconding. The agenda was approved unanimously.

Public Comment

The Committee received public comment from Christ Evanko, Administrative Director for the Virginia Association for Behavior Analysis (VABA). VABA would like to request that the Committee recommend that Board staff run National Practitioner Data Bank (NPDB) queries on behalf of license applicants. Other issues pertaining to the licensing of Behavior Analysts and Assistant Behavior Analysts will be presented to the Advisory Board on Behavior Analysis at its October 4th meeting.

NEW BUSINESS

Overview

Dr. Harp provided brief comments on the purpose of the meeting. He said that during the pandemic, the Board made accommodations in the licensing processes of 5 professions considered essential to combatting COVID-19. Governor Northam declared the pandemic over June 30th. Given the success of expedited licensing during the pandemic, discussion has occurred about simplifying the process for applicants while still protecting the public. Part of the Committee's task will be to review and recommend which documents required in the licensing process must be primary-source verified, or submitted as copies, and those that may no longer be useful in the licensing process. He reminded the Committee that the Board voted to cease requiring FORM B's (employment verifications) as part of the licensing process. If an applicant has been licensed in multiple states and jurisdictions, the applicant is currently required to ensure a primary-source license verification from each state. It can be challenging for licensing boards to respond in a timely fashion to an applicant's request, producing significant delays in the licensing process. Also, during the pandemic, transcripts were not required to be primary-sourced. So if time permits, the Committee is tasked to review the documents required for licensing applicants in the 22 professions at the Board of Medicine and make recommendations on how the licensing process can be further streamlined.

New Business:

1. Review of Licensure Requirements and Documents required for Submission

The Committee began by reviewing the licensure requirements and documents required of applicants prior to the waivers and accommodations implemented in concert with the Governor's Executive Order 57 on March 12, 2020. The waivers and accommodations enabled the Board to waive verification of certain primary-sourced documents and make certain accommodations in the licensing processes for five (5) expedited professions in order to streamline the licensure of health care providers during COVID-19. The 5 expedited professions were Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Physician Assistant (PA), and Respiratory Therapy (RT).

MD, DO, DPM

After review and extensive discussion of the licensure requirements for MDs, DOs, and DPMs, and upon a motion by Mr. Marchese, seconded by Dr. Edwards, the Committee unanimously approved that the following recommendation to be made to the Board: that, for MDs, DOs, and DPMs, the Board should continue to require that an applicant submit primary-source verification transcripts, national board examination scores, evidence of completion of postgraduate training, the National Practitioner Data Bank (NPDB) self-query report, and one state license verification. The Committee agreed that a digitally-certified electronic copy of the NPDB report provided by an applicant is acceptable.

For verification of completion of postgraduate training, the Board can accept a copy of the completion certificate issued by the training program or a program director's letter of completion, or other verification submitted by an applicant as proof of completion of postgraduate training when the applicant has finished postgraduate training at least 5 years prior to submitting an application to the Board. An applicant who is within 5 years of completing postgraduate training when an application is submitted to the Board would have to provide primary source verification

of proof of completion directly from the training program.

PA

After review and discussion, and upon a motion by Mr. Marchese, seconded by Dr. Edwards, the Committee voted unanimously to recommend to the full Board to continue to request that applicants submit primary-source verification of passage of the National Commission on Certification of Physician Assistants (NCCPA) certifying examination, proof of completion of education, the NPDB self-query report, and one current state license verification. The Board can accept a digitally-certified electronic copy of the NPDB report provided by an applicant, in lieu of a mailed report. In addition, the Committee recommended that the Board dispense with using “Form L” and place the question about successful completion of 35 hours of pharmacology in the application form.

RT

After review and discussion, and upon a motion by Mr. Marchese, seconded by Dr. Edwards, the Committee voted unanimously to recommend to the full Board for the Board to continue to request that applicants submit primary-source verification of passage of the National Board for Respiratory Care (NBRC) certifying examination, proof of completion of education, NPDB self-query report, and one current state license verification. The Board can accept a digitally-certified electronic copy of the NPDB report provided by an applicant, in lieu of a mailed report.

The Committee decided to defer review and discussion of the licensure requirements for other allied professions, and asked that the various advisory boards for each profession review their licensing requirements and application questions to determine if they are in line with current practice. The Committee asked that the findings be reported back to the Committee at its next meeting.

2. Guidance Document 85-9 on USMLE Attempts Limit

The Committee reviewed guidance document 85-9 and discussed whether a recommendation needed to be made to change the number of attempts written in the Board’s guidance document for applicants taking the USMLE in light of the recent change made by FSMB to its policy regarding the total number of attempts that will be allowed a candidate on each Step of the exam. Effective July 1, 2021, FSMB reduced the total number of attempts a candidate may take per Step from six (6) to four (4). Upon a motion by Dr. Silverman, seconded by Dr. Edwards, the Committee voted unanimous approval of recommendation to change the total number of USMLE attempts limit listed in the Board’s guidance document to bring it in line with the current FSMB’s USMLE attempts limit.

3. Award of Continuing Education Credit for Board Members’ Service

Dr. Miller led the discussion. Dr. Miller stated that Board members should be able to claim continuing education (CE) credit for their service on the Board, including attendance at meetings and case review. Mr. Marchese stated that he is aware that other states’ licensing board members are able to receive CE credit for their service on the Board, but he is not sure how many credit hours should be claimed and in what category. Ms. Yeatts advised that currently, Board members should be able to claim credit for those types of activities, but they would be Type 2 CE.

Upon a motion by Dr. Edwards, seconded by Dr. Silverman, the Committee voted to recommend to the full Board that Board members be allowed to claim up to thirty (30) hours of Type 2 CE per biennium for time spent on licensing, discipline and policy issues. Two members abstained from the vote. The motion passed.

With no additional business, the meeting adjourned 12:35 p.m.

Jacob W. Miller Jr. D.O.

Jacob W. Miller Jr. D.O. (Nov 18, 2021 08:36 EST)

Jacob Miller, DO
Chair

William L. Harp, MD

William L. Harp, MD (Nov 18, 2021 14:29 EST)

William L. Harp, MD
Executive Director

Michael Sobowale, LL.M.
Deputy Executive Director, Licensing

WLH

Minutes of Credential Cmt. Business Mtg._9.20.21

Final Audit Report

2021-11-18

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Status:	Signed
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