

Credentials Committee Meeting



**VIRGINIA BOARD OF
MEDICINE**

JUNE 7, 2022

10:00 A.M.

**Board of Medicine
Credentials Committee Business
Meeting**

**Wednesday, June 7, 2022 @ 10:00 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Hearing Room 1
Henrico, VA 23233**

Call to Order – Jacob Miller, MD, Chair

Emergency Egress Procedures – William Harp, MD 1

Roll Call – Michael Sobowale

Approval of the Minutes from September 20, 20212

Approval of the Minutes from November 8, 20217

Adoption of Agenda

Public Comment on Agenda Items (15 minutes)

New Business:

1. Review of Virginia’s Questions on Mental Health and Substance Abuse on the Initial Application 13
2. Delegation of Review of Non-Routine Information to Staff 34
3. Update on Reciprocity Negotiations with Maryland and the District of Columbia 42
4. Travel reimbursement reminder 43
5. Announcements
6. Adjournment



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

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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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DRAFT UNAPPROVED

VIRGINIA BOARD OF MEDICINE

CREDENTIALS COMMITTEE BUSINESS MEETING

Monday, November 8, 2021

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Miller called the meeting to order at 9:16 a.m.

MEMBERS PRESENT: Jacob Miller, DO - Chair
Khalique Zahir, MD
Jane Hickey, JD
Pradeep Pradhan, MD
Alvin Edwards, PhD

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LL.M. - Deputy Executive Director, Licensing

GUESTS PRESENT: Andrew Densmore - Medical Society of Virginia
Ben Traynham – Hancock, Daniel, Johnson, P.C.

Call to Order

Dr. Miller called the meeting to order at 9:16 am.

Emergency Egress

Dr. Miller read the emergency egress instructions.

Roll Call

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

Approval of Minutes

Dr. Edwards moved approval of the minutes of the September 20, 2021 meeting with an amendment to the minutes to change Ms. Hickey's first name to Jane instead of "Janet". Motion was seconded by Dr. Zahir. Minutes approved.

Approval of the Agenda

Ms. Hickey moved approval of the agenda as presented. Dr. Zahir seconded the motion. The agenda was unanimously approved.

Public Comment

None

Overview

Dr. Harp provided brief comments on the purpose of the meeting. He reminded members that when the Committee met on September 20th, certain recommendations were made with regards to further streamlining the licensing process for five professions whose licensing processes were expedited during the pandemic - MD, DO, DPM, PA, and RT. The recommendations made at that meeting were ratified by the full board at the meeting held on October 14, 2021. Part of the recommendations made by the Committee at the last meeting was for the issue to be presented to the various Advisory Boards overseeing the allied health professions under the Board of Medicine for a discussion and for them to determine if any recommendation could be made on ways to streamline their licensing requirements. Any recommendations made is to be presented back to the Committee for consideration and approval. Part of the Committee's task at the meeting is to consider and approve the recommendations received from the various Advisory Boards.

New Business:

1. Consider Licensure Requirements Recommendations from Advisory Boards

The Committee reviewed the licensure requirements in each allied health profession's regulations and advisory board recommendations on licensure documents required of applicants during the application process consisting of documents for which primary-source verification is required, documents for which copies could be accepted, and documents that are no longer necessary to be provided by an applicant in the application process.

After a presentation of the recommendations made the Advisory Boards overseeing the twelve allied professions on Genetic Counseling, Occupational Therapy, Licensed Acupuncture, Radiologic Technology, Athletic Training, Licensed Professional Midwives, Polysomnographic Technology, and Surgical Assisting and upon full discussion, the Committee unanimously voted upon a motion made by Dr. Edwards, seconded by Dr. Zahir, to approve the recommendations presented for each allied profession as follows:

Genetic Counseling

A license applicant should submit primary source verification of the following documents: Professional Education /School Transcripts, American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics (ABMG) Certificate, ABGC Active Candidate status letter for temporary license applicants, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Occupational Therapy and Occupational Therapist Assistant

A license applicant should submit primary source verification of the following documents: professional education/ school transcripts, National Board for Certification in Occupational Therapy (NBCOT) Certificate, Test of English as a Foreign Language (TOEFL) result and Program Director's letter verifying completion of professional education for an internationally-trained applicant, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Licensed Acupuncture

A license applicant should submit primary source verification of the following documents: professional education /school transcripts, National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), Test of English as a Foreign Language (TOEFL) result and United States evaluation of international professional education for an internationally-trained applicant, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Radiologic Technology, Radiologic Technology-Limited, and Radiologic Assistant

A radiologic technology license applicant should submit primary source verification of the following documents: proof of professional education /school transcripts, American Registry of Radiologic Technologists (ARRT) or Nuclear Medicine Technology Certification Board (NMTCB) certification, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

A radiologic technology- limited license applicant should submit primary source verification of the following documents: proof of professional education /school transcripts, American Registry of Radiologic Technologists (ARRT) certification, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

A radiologic assistant license applicant should submit primary source verification of the following documents: American Registry of Radiologic Technologists (ARRT) certification, current certification in Advanced Cardiac Life Support (ACLS), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

For these professions, copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification. Also, pursuant to 18VAC85-101-27, radiologic assistants are graduates of an ARRT-recognized educational program prior to being allowed to sit for the ARRT certifying examination leading to the radiologic assistant credential.

It is no longer necessary for a radiologic assistant license applicant to present school transcripts in the application process.

Athletic Training

The Advisory Board on Athletic Training did not form a quorum at their meeting held on October 7, 2021 but the Committee accepted the consensus reached during deliberation by members in attendance at the meeting as follows: A license applicant should submit primary source verification of the following documents: A credential issued by the National Athletic Trainers' Board of Certification (BOC), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Licensed Professional Midwives

The Advisory Board on Midwifery did not form a quorum at their meeting held on October 8, 2021 but the Committee accepted the consensus agreed to during deliberation by members in attendance at the meeting as follows: A license applicant should submit primary source verification of the following documents: Certification from North American Registry of Midwives (NARM), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Polysomnographic Technology

A license applicant should submit primary source verification of the following documents: evidence of one of three credentialing pathways: 1. current certification as a Registered Polysomnographic Technologist (RPSGT) by the Board of Registered Polysomnographic Technologists; 2. documentation of the Sleep Disorders Specialist credential from the National Board of Respiratory Care (NBRC-SDS); or 3. a professional certification or credential approved by the board from an organization or entity that meets the accreditation standards of the Institute for Credentialing Excellence belonging to the National Organization for Competency Assurance. In addition, they must provide primary source evidence of current certification in Basic Cardiac Life Support (BCLS), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification. Also, it is no longer necessary to a notarized BCLS certificate as a copy will suffice.

Licensed Surgical Assistant and Certified Surgical Technologist

A license applicant as a surgical assistant should submit primary source verification of the following evidence of one of three credentialing pathways: 1. a current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) or the National Commission for Certification of Surgical Assistants (NCCSA) or their successors; 2. successful completion of a surgical assistant training program during the applicant's service as a member

of any branch of the armed forces of the United States; or 3. practice as a surgical assistant in the Commonwealth at any time in the six months immediately prior to July 1, 2020.

An applicant registering with the Board for certification as a surgical technologist should submit primary source verification of the following evidence of one of three credentialing pathways: 1. a current credential as a surgical technologist issued by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) or its successor; 2. successful completion of a training program for surgical technology during the applicant's service as a member of any branch of the armed forces of the United States; or 3. practice as a surgical technologist at any time in the six months immediately prior to July 1, 2021.

For these professions, copies of the following documents could be accepted: a notarized copy of the NBSTSA credential, if mailed by the applicant and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification. Also, it is no longer necessary to a notarized BCLS certificate as a copy will suffice.

Behavior Analyst and Assistant Behavior Analyst

The Advisory Board on Behavior Analysis did not form a quorum to hold their meeting scheduled on October 4, 2021 but upon a motion made by Jane Hickey, seconded by Dr. Miller, the Committee unanimously voted to adopt the same requirements listed for the rest of the allied professions as follows: in addition to submitting primary source verification of current certification or credential as a Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCaBA) issued by the Behavior Analyst Certification Board (BACB), a license applicant should also provide primary source verification of the National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

The Committee also noted that if the advisory board have a different set of recommendations apart from these, they should be presented back to the Board.

2. Contiguous States License Reciprocity

Dr. Harp led the discussion. He reminded members of the passage into legislation of Senate Bill 757/House Bill 1701 of 2020 which allows the Board of Medicine to enter into reciprocal agreements with states that are contiguous to Virginia for the licensure of medical doctors, doctors of osteopathic medicine, physician assistants and nurse practitioners. He has contacted the Board Executives of the various states that are situated contiguously to Virginia, including the Board Executives in Pennsylvania, Delaware, and Kentucky. So far, only the District of Columbia and Maryland have expressed a strong interest in entering into a reciprocal agreement with Virginia.

During subsequent meetings held with the Board executives in Maryland and the District of Columbia, it was mentioned that there may be some limitations to terms in the reciprocal licensure agreement that may eventually be formed regarding issuing a license by reciprocity to international medical school graduates. Part of the consideration is that Virginia requires just a year of postgraduate training in order to license an international medical school graduate, whereas Maryland and the District of Columbia either require more year of postgraduate training or an internationally-trained medical school graduate could not apply for a license in their state.

Jane Hickey encouraged the Board to continue in its effort to pursue licensure reciprocity with contiguous jurisdictions. Dr. Pradhan mentioned that he could see the advantages of pursuing licensure reciprocity with contiguous states in terms of increased patient access to care and the ability of the provider to readily provide care for patients that may be situated in a border state. Dr. Zahir discussed that the issue of licensure reciprocity is very important for the Board to pursue, especially for providers and patients located in the “DMV” area where there is a lot of population.

Upon full discussion of the issue and a motion made by Dr. Zahir, the Committee voted to recommend for the Board to agree in principle to form a reciprocal licensure agreement with Maryland and the District of Columbia. Dr. Pradhan seconded the motion. There were no abstentions. Dr. Miller voted ‘No’.

3. Designation of Professional Credential on License

Dr. Harp led the discussion. Board staff have been made aware that other Boards under the umbrella of the Department of Health Professions may not be following the same procedure followed by the Board of Medicine of including the professional credential of the licensee on the wall certificate and license issued. Members discussed that there could be a blurring of the lines with the public and unsuspecting consumers of medical services of the type of professional credential that a treating provider actually holds if the credential is not displayed on the license issued. The consensus of the members was to leave credential designation on licenses issued by the Board. Upon a motion by Dr. Pradhan, seconded by Dr. Zahir, the Committee unanimously voted for the Board to keep credential designation on licenses issued by the Board of Medicine.

With no additional business, the meeting adjourned 10:58 a.m.

Jacob Miller, DO
Chair

William L. Harp, MD
Executive Director

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

Agenda Item: Review of Virginia's Questions on Mental Health and Substance Abuse on the Initial Application

Staff Note: In September 2021, the Medical Society of Virginia asked the Board to consider changing its language in the mental health and substance abuse questions on its initial application. MSV believed this would help remove a bit of the stigma associated with health care practitioners seeking mental health services. The Board voted to have the Credentials Committee review the Board's questions and see if changes should be made. In the following pages, you will find the letter from MSV, Virginia's questions, the questions used by Virginia's contiguous jurisdictions, an excerpt from the Surgeon General's Advisory addressing healthcare worker burnout, a Toolkit for state medical boards on this topic, a Virginia Business article, and an email from an anesthesiologist on this issue.

Action: To discuss whether the language of the mental health and substance abuse questions needs revision and if so, to forward a recommendation to the Board and DHP.

September 22, 2021

William L. Harp, M.D., Executive Director

CC: Michael Sobowale, Deputy Executive Director- Licensure

Via Electronic Mail: medbd@dhp.virginia.gov, michael.sobowale@dhp.virginia.gov

Re: The Medical Society of Virginia's Request to Change the Mental Health Question for the Board of Medicine Licensure Application

Dear Dr. Harp:

As you know, the Medical Society of Virginia (MSV) represents Virginia's physicians, PAs, residents, and medical students of all specialties and localities across the Commonwealth. Many of these clinicians have raised concerns over the language in the medical licensure application regarding mental health and the unintended consequence on Virginia's healthcare providers.

Thousands of medical students and practitioners who live with mental illness remain silent, untreated, or undiagnosed due to fear of stigma or threat to their medical license. The COVID-19 pandemic has only further increased burnout to historic levels. When applying for a medical license in Virginia, physicians are asked to attest to their mental and medical fitness to practice by answering yes or no to the following question: *Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.* This line of questioning may cause physicians to forego seeking psychological or psychiatric care when they are suffering from depression, anxiety, or professional burnout for fear of losing or never receiving their license.

Virginia's current question obfuscates the issues of illness and impairment¹. Virginia's language affirms the belief that mental health illness undermines a provider's ability to do their job, implying that illness and impairment are comparable to one another. The Federation of State Medical Boards and the National Academy of Sciences, Engineering, and Medicine have acknowledged the language used by many state licensing boards inadvertently discriminates against physicians with mental illness and may not be in compliance with the Americans with Disabilities Act (ADA).²

Neighboring states such as Maryland, Washington D.C., North Carolina, and Kentucky, and Maine have already implemented language changes on their applications that are more physician-friendly.

The Medical Society of Virginia respectfully asks the Board to consider the following change to the mental competency question on the licensure application:

¹ Physician-Friendly States for Mental Health: A Review of Medical Boards; Research Project by Pamela Wible, M.D., and Arianna Palermi, OMS2. Copyright 2019.

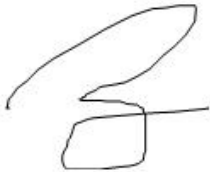
² Physician Wellness and Burnout, available at: <https://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf>

“Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients? Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation?”.

This is the same language as used by Maryland and New Jersey. This small language change will have a positive impact on our healthcare system. Supporting physician interventions enhances the patient experience of care and reduces costs from decreased physician productivity, high turnover rates, and the adverse consequences of medical errors.³ Organizations such as the Lorna Breen Heroes Foundation, the American Psychiatric Association, the American College of Physicians, the AMA, and dozens of state medical societies across the country have been strong advocates for removing barriers to mental health services and removing the stigma for providers—and this requested change would align with these principled efforts.

We are happy to support the efforts of the Board and appreciate your attention to this important issue. To discuss this matter further, please contact Clark Barrineau, Assistant Vice President of Government Affairs and Health Policy at the Medical Society of Virginia, at cbarrineau@msv.org or 704-609-4948.

Sincerely,

A handwritten signature in black ink, appearing to be 'A. Vayer'.

Arthur J. Vayer, MD
President, The Medical Society of Virginia

CC:

Clark Barrineau, Assistant Vice President of Government Affairs and Health Policy/ MSV
W. Scott Johnson, Esquire/ Hancock, Daniel & Johnson, General Counsel/ MSV
Benjamin H. Traynham, Esquire/ Hancock, Daniel & Johnson
Tyler S. Cox, Government Affairs Manager/ Hancock, Daniel & Johnson
Kelsey Wilkinson, Government Affairs Manager/ MSV

³Brower K.J. (2017) Organization-Level Interventions to Promote Physician Health and Well-Being: From Taking Care of Physicians to Giving Care to Patients. In: Brower K., Riba M. (eds) Physician Mental Health and Well-Being. Integrating Psychiatry and Primary Care. Springer, Cham.

MENTAL HEALTH AND SUBSTANCE ABUSE QUESTIONS

Virginia

Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.

Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.

DC

Have you ever engaged in any conduct that either indicated an impairment, or actually impaired, your ability to practice your profession?

Have you ever entered into a monitoring program for purposes of monitoring your abuse of alcohol, drugs, or other controlled substances?

Kentucky

Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?

Maryland

Do you currently have any condition or impairment (including but not limited to substance abuse, alcohol abuse, or a physical, mental, emotional or nervous disorder or condition) that in any way affects your ability to practice your profession in a safe, competent, ethical, and professional manner?

North Carolina

In the past five (5) years, have you used or consumed any controlled substance or other prescription drug that you obtained through illegal or improper means? (If you are an anonymous participant in the NC Professionals Health Program and are in compliance with your agreement, you may answer "no" to this question.)

In the past five (5) years, have you used or consumed any illicit or illegal drugs including, but not limited to cocaine, heroin, ecstasy, LSD, mescaline, psilocybin, PCP and/or marijuana? (If you are an anonymous participant in the NC Professionals Health Program and are in compliance with your agreement, you may answer "no" to this question.)

In the past five (5) years, have you used alcohol or other substances in a manner that could in any way impair or limit your ability to practice medicine with reasonable skill and safety or have you been told you were impaired by your use of alcohol or other substances in a manner that could impair or limit your ability to practice medicine with skill and safety? (If you are an anonymous participant in the NC Professionals Health Program and are in compliance with your agreement, you may answer "no" to this question.)

Tennessee

COMPETENCY INFORMATION PLEASE ANSWER THE FOLLOWING QUESTIONS.

*If any answers to the questions in this part are in the affirmative, attach an explanation on a separate sheet. In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.

For the purposes of these questions, the following phrases or words have the following meanings:

1. "Ability to practice your profession" is to be construed to include all of the following: a. The cognitive capacity to make appropriate clinical diagnoses and treatment decisions, exercise reasonable medical judgment, and keep abreast of medical education; b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. "Medical Condition" includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. "Minor Traffic Offense" generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. "Chemical substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. "Currently" does not mean on the day of or even in the weeks or months preceding the completion of the application; rather, it means within the past two years or recently enough so that the use of drugs or alcohol or other medical conditions may have an ongoing impact on one's functioning as a physician).
6. "Illegal use of illicit or controlled substances" means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS: YES NO

1. Do you currently have any condition that is causing impairment that affects your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner? (You may answer no if you are being appropriately treated and are not impaired.)
2. Do you currently use any medications or substances (legal, OTC, prescribed or illicit) which in any way impairs or limits your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner? If so, please list: _____ [If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.] PH 3115 Rev. 9/18 Application - Page 5 of 6 Pages RDA 10137 COMPETENCY INFORMATION CONTINUED
QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation. Affirmative response requires final documents or orders from the issuing states, courts, and/or agencies. YES NO
3. During the past two years, did you engage in any activity involving substances, either alcohol or controlled/illicit drugs, that has created or might create a challenging pathway for you in your current or future professional career if continued? If so and you answer "yes" to this question, the Board is prepared to offer an evaluation by the Tennessee Medical Foundation's Physicians Health Program to determine the best pathway to licensure for you as you begin or continue your career in the State of Tennessee. It should be noted, however, that if such activity is not revealed, but manifests at some later time in your career, the Board, in its role as the protector of the health, safety and welfare of people in the State of Tennessee, will be able to pursue a disciplinary action on your license.

4. Are you currently participating in a Professional Health Program (PHP) or similar type program that provides monitoring and advocacy for you for a physical, mental health or substance use disorder which has caused you impairment?
5. Have you ever been diagnosed as having or have you ever been treated for a paraphilia or other type disease of a predatory nature such as, but not limited to pedophilia, exhibitionism, voyeurism, etc.?

West Virginia (Renewal Questions)

- been addicted to, or received treatment for the use or misuse of, prescription drugs and/or illegal chemical substances,
- been dependent upon alcohol or received treatment for alcohol dependency? (You may answer “no” if you are a participant in a written voluntary agreement with the West Virginia Medical Professionals Health Program, Inc., the West Virginia Board of Medicine designated physician health program.) If you have gone through a rehabilitation program during the two-year registration period, you MUST have that program furnish this Board a report of your treatment and progress.
- had any interruption in your practice of medicine which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with standards of conduct for the medical profession?
- had anything occur which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the medical profession in a manner consistent with the standards of conduct for the medical profession?

Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce

What Federal, State, Local and Tribal Governments Can Do

Address punitive policies that deter health workers from seeking mental health and substance use care. Many health workers are often reluctant to seek formal care for mental health or substance use conditions because of concerns about losing their license, credentialing, and careers. Priority opportunities include:

Support national, state, and local education and awareness campaigns on burnout, moral distress, and well-being. For example, the Health Worker Mental Health Initiative from the CDC's National Institute for Occupational Safety and Health (CDC/NIOSH) aims to improve awareness about mental health and substance use challenges in health workers and offer strategies for prevention, screenings, and services.

Build on and evaluate the impact of investments such as The Dr. Lorna Breen Health Care Provider Protection Act 2022 which establishes grants and requires other activities to improve mental and behavioral health among health care providers.

Examine state health professional licensing board questions in applications and renewal forms for licensure so that health workers are only asked about "conditions that currently impair the clinicians' ability to perform the job," as recommended by The Joint Commission in 2020, Federation of State Medical Boards, and aligned with the American with Disabilities Act. It is critical that when licensing boards do make these changes that they effectively communicate this to health professionals.

Ensure that state boards and legislatures approach burnout from a nonpunitive lens. This includes considering offering options for "safe haven" non-reporting for applicants receiving appropriate treatment for mental health or substance use challenges. They should also prevent public disclosure of health workers' illness or diagnosis as part of any board process, regularly communicate the value of health worker well-being, and help clarify with applicants that any investigation is not the same as disciplinary undertaking.

How to Improve Licensure Questions & Better Support Your Health Workforce

A Toolkit for State Medical Boards

THE EFFECT OF INVASIVE LICENSURE QUESTIONS ON PHYSICIANS

THE PROBLEM

Clinicians aren't seeking mental health care, despite the traumatic, exhausting experience of the past two years. They fear losing their license, stigma, discrimination, or privacy violations in the workplace.

A recent Medscape survey of 13,000 physicians found that 43 percent said the reason they had not sought help for burnout or depression was because they “don't want to risk disclosure to the medical board.”

WHAT DOCTORS SAY

“I'm afraid that if I spoke to a therapist, I'd have to report receiving psychiatric treatment to credentialing or licensing boards.”

“Physicians cannot seek help for these issues because if we do that, these temporary issues will follow us for the rest of our careers.”

“I feel I should know how to deal with this myself, even though I wish I didn't have to.”

Why Physicians Kept Their Suicidal Thoughts Secret, Medscape 2022

ARE THESE QUESTIONS PROTECTING THE PUBLIC?

In short, NO.

While these invasive questions were originally developed with good intent, it is a misconception that they are protecting the public. In many cases, it actually has the opposite effect.

Though there is no data demonstrating that these questions protect the public, it is well-documented that they often lead to physicians not seeking care. This, in turn, negatively impacts patients, as the margin of error in medical situations is significantly reduced when doctors and nurses are not burnt out or suffering from untreated mental health strains.

Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care, National Academy of Medicine

THREE STEPS TO MENTAL HEALTH SUPPORT & REFORM

There are many State Medical Boards that have eliminated invasive language, just as there are still many that have invasive language on their applications. In this toolkit, you will find three actionable steps that every board must take to ensure that they are adequately supporting the health workforce in their state.

AUDIT

Review all licensure applications, addendums, and peer review forms (if applicable).

CHANGE

Remove invasive or stigmatizing language around mental health and substance abuse.

COMMUNICATE

Disclose these changes and assure physicians that it is safe for them to seek care.

1. AUDIT

Review every application your board issues, including training, renewal, initial, educational, supplemental / addendum, and peer review forms (where applicable).

You should look for the following:

- Questions that contain invasive or stigmatizing language and disclosure requests around a physician's health, well-being, or substance use.
- Questions that ask about a physician's history of "time off" or "breaks in practice."
- Questions prying into substance use at all, beyond illegal usage and penalties.
- Language that references mental health explicitly in any way that's not supportive (see next page for recommended language). There is no reason to separate mental and physical health unless you're encouraging physicians to seek treatment if and as needed.
- Questions that ask about past usage or experiences.
- Unnecessary asterisks or fine print (i.e., "current impairment can be any time in the last 5 years").

2. CHANGE

Remove any invasive or stigmatizing language around mental health and substance abuse.

Option 1: Ask one question consistent with FSMB’s Recommended Language that addresses all mental and physical health conditions as one, with no added explanations, asterisks, or fine print:

“Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No)”

Option 2: Refrain from asking probing questions about an applicant’s health altogether.

Option 3: Implement an Attestation Model, like that used in North Carolina (see their language below) and Mississippi. This uses supportive language around mental health from the Board and holds physicians accountable to their well-being, making it clear that their self-care is patient care. Offer “safe haven” non-reporting options to physicians who are under treatment and in good standing with a recognized physician health program (PHP) or other appropriate care provider.

“Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee’s medical practice, and anonymously self-referring to the NC Physicians Health Program (www.ncphp.org), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine within reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.”

3. COMMUNICATE

Disclose these changes and assure physicians that it is safe for them to seek care.

Identify the appropriate channel(s) of communication and trusted messenger(s) for each key audience (licensees, health systems, and the FSMB).

Craft your message and ensure that in communicating these changes, licensure applicants are first met with supportive language so they know it is safe to seek mental health care. Sample language in reaching out to licensees is below.

“Your State Medical Board recognizes the hardships of the last several years of the pandemic and urges you to seek the mental health care and support that you need. It is in the best interest of yourself, your patients, and your colleagues to take care of your physical and mental well-being, and we want to assure you that it is safe and encouraged to seek this care. As a protective and supportive measure, we have recently removed all unnecessary questions about mental health from all of our licensure applications.”

Begin direct, specific, and transparent communications (via text, mail, or email) with your audiences.

- Establish a designated communications channel for licensees in-state to update them in real-time on the new licensure language.
- Make applications available and easily accessible to the public on the medical board’s website. **Applications that are only behind online portals inhibit transparency**, so it’s important to ensure that applications are also accessible in full directly on your site.
- Reach out and encourage state health systems to follow your lead in changing invasive questions on credentialing applications and communicating to their workforces their and the state’s changes.
- Once your board has adopted the changes, we recommend that you communicate back to FSMB so that they can help share your successes and positive changes with other boards and promote best practices nationally.

Contact us: We will provide you with a full social media toolkit to help you share out your support of physicians’ well-being and any updated language you may have to share via Facebook and/or Twitter. Reach out to us at social@participant.com.

Running on empty

Health care professionals struggle with stress, burnout

Published May 29, 2022 by [Katherine Schulte](#)

in Scott Austin, nurse manager of the UVA Health COVID unit, sought wellness training for his team in 2020. Photo by Christine Kueter/U.Va. School of Nursing

First, doctors say they're sorry for calling.

Dr. Allison Cotton, a psychiatrist in Reno, Nevada, co-founded the national Physician Support Line in March 2020 to provide peer mental health support to physicians. She says their impulse to apologize shows the need for the service.

"They're apologizing for using a resource which is literally created for them because somebody else might need it more than them," she explains.

During the COVID-19 pandemic's early days, doctors called about feeling exhausted and overwhelmed, which later evolved into sorrow over losing patients.

"When I take calls, a lot of the comments that I hear are things like, 'I don't think I can take losing another patient,'" Cotton says. "The ruminating thoughts that they have are things like holding people's hands while they die alone, having to then tell the families, over and over and over again."

Another thing Cotton has heard "numerous times" she says, "is having husband, wife and adult child all in the ICU altogether, and then they all just are gone, so watching generations of families pass away."

Now, she gets more calls from people who are leaving medicine and are heartbroken about it.

Health care professionals in Virginia have experienced the same pain and stress. The pandemic exacerbated the existing burnout problem in health care, which in turn worsened the labor shortage as people left the industry for lower-stress jobs. In late May, U.S. Surgeon General Dr. Vivek Murthy released an advisory titled Addressing Health Worker Burnout.

“As the burnout and mental health crisis among health workers worsens,” Murthy wrote, “this will affect the public’s ability to get routine preventive care, emergency care and medical procedures.”

Health care systems rushed to respond, implementing wellness programs and peer support groups, as well as offering counseling to employees.

“We can’t be all that we want to be to everybody,” says Dr. Sandy Simons, who, prior to the pandemic, in 2015, sought treatment for depression. An emergency medicine practitioner at Bon Secours’ Richmond Community Hospital, Simons was featured on the cover of Virginia Business’ July 2020 issue for a story about front-line health care workers in the pandemic.

Having previously established boundaries between her work and personal lives, Simons was able to appreciate her contributions during the pandemic. She feels that physicians can compartmentalize well.

“We’re generally, for better or for worse, pretty good at turning it off when we come home,” she says. “But I think for me the big thing in the pandemic was that when I came home, you didn’t have all of the ways that you typically decompress: the gym and seeing friends and seeing family.”

Health systems recognize their employees’ struggles.

“They’ve been running a marathon like it’s a 40-yard sprint,” says Paul Hudgins, senior vice president and chief human resources officer for Roanoke-based Carilion Clinic. “Like other health care organizations’ staff ... they’re tired and fatigued, and they’ve done an incredible job self-sacrificing in many ways during this entire pandemic.”

Medscape's Physician Burnout & Depression Report 2022 found that 47% of physicians said they felt burnt out in their jobs in 2021, up from 42% in 2020. A March 2021 study published in the Journal of Advanced Nursing found that 34% of nearly 19,000 nurses studied were experiencing emotional exhaustion because of the pandemic.

Cotton says that doctors calling the hotline have expressed shifting emotions and frustrations, including a sense of personal failure and anger at their hospitals, politicians and even themselves “for any number of things – for not setting better boundaries, for neglecting [their] children and living away from them for six months.”

Instead of “burnout,” some doctors including Cotton, prefer the term “moral injury,” referring to instances when a workplace asks employees to oppose their values, such as requiring them to spend an unreasonable amount of time away from their families.

The problem of physicians' stress gained national attention following the suicide of Dr. Lorna M. Breen, who killed herself in April 2020 at her family's Charlottesville home.

The head of emergency medical services for several New York-Presbyterian system campuses in New York City, Breen “was a victim of this guilt that you feel when you can't see more patients, you can't work another hour, you can't go another 10 minutes without eating or using the restroom,” Cotton says. “My personal belief is that this moral injury contributed to her ultimate suicide.”

Stigma and silence

Health care professionals face a deep-rooted professional stigma against seeking help for – let alone discussing – their mental health struggles.

“There is a culture in medicine of ‘It's not about you anymore.’ ... There is a shared understanding that as a physician, you will make sacrifices so that your patients get the best treatment possible,” Cotton explains, including missing significant family events or otherwise straining personal relationships.

About 20% of physicians reported to Medscape that they worried they would be shunned by colleagues if they sought help for depression, and 43% of physicians said they would not seek help for depression for fear someone would disclose it to the medical board.

State medical license applications often ask whether the applicant has sought treatment for a mental illness. In Virginia, applicants must disclose whether they currently have a mental health condition that affects their abilities to perform the obligations and responsibilities of their professional practice safely and competently.

Consequentially, many Virginia physicians falsely assumed that if they sought help for a mental illness, a therapist or colleague might be legally compelled to report them to the state board, says Clark Barrineau, the Medical Society of Virginia's assistant vice president of government affairs and health policy.

“Rather than seek that help, and particularly put that risk on themselves, they said, ‘I just won’t,’” Barrineau says.

In September 2021, the Virginia Board of Medicine released a brief meant to dispel that misconception, telling doctors, “Get help if you need it.” Practitioners aren’t required to self-report.

Wellness focus

Along with increasing pay and benefits – including parental leave – to combat the existing labor shortage, health systems in Virginia have fortified employee assistance and wellness programs.

“We really feel that having the right culture is the best way to retain staff and attract staff,” says Toni Ardabell, chief of clinical enterprise operations for Inova Health System.

Bon Secours, Carilion Clinic, Inova and Sentara Healthcare offer emergency assistance funds for employees in need. Virginia Commonwealth University Health offers crisis packages that, depending on an employee's needs, can range from child care assistance to temporary housing.

Sentara placed employee assistance program counselors into its hospitals so that they are accessible to employees and can connect providers to free counseling for stress management, caregiver fatigue and more. Carilion Clinic has also increased its number of EAP counselors.

Pediatric emergency director Dr. Lisa Uherick developed Carilion's "Healthy People Heal People" initiative, implemented in October 2020, which boosts the system's emergency medicine team with supports like wellness workshops and an "adopt a front-line team" program.

Prior to the pandemic, Bon Secours was already offering employee wellness programs, like LifeMatters, a 24/7 program providing resources such as confidential counseling, legal and financial consultations. In May 2021, the system launched Called to Shine, an employee recognition program. Supervisors award employees points that can be redeemed for items varying from T-shirts to NFL game tickets.

"It's really about that teamwork, collaboration and making people feel like we're giving them something different and we're a family," says Cassie Lewis, chief nursing and quality officer for Bon Secours' Hampton Roads market.

Inova employees make rounds with a "thank you cart" with goodies for clinical staff. Both Inova and Bon Secours offer quiet spaces for employees to take breaks, and several health systems now have mobile apps to help employees build resiliency to stress. At VCU Health, therapy dogs sometimes pay a visit.

Peer support

Aside from apps and formal programs, peer support has also become important at Virginia health systems.

In May 2020, Bon Secours started Caring for Colleagues, a confidential peer support group for physicians and advanced practice clinicians that allows a participant to call or text a volunteer. Carilion's Healthy People Heal People program includes peer support groups, and VCU Health expanded its Stress First Aid training systemwide in February 2021.

UVA Health combined existing trainings in 2017 to form its Wisdom & Wellbeing program, which teaches resiliency skills, works to reduce unnecessary work stressors and provides Stress First Aid training.

“We can’t just say, ‘Suck it up and go back to work’ anymore,” says Scott Austin, nurse manager of the UVA Health COVID-19 unit. “We can’t just keep saying that to health care workers.”

During summer 2020, Austin contacted a Wisdom & Wellbeing co-founder. In addition to ever-changing COVID protocols, his nurses faced significantly increased workloads as other staff stayed out of the unit.

“They went from just being bedside nurses, doing their assessments and giving medications and being there for the patients, to adding in being housekeepers, being dietary folks, being phlebotomists,” he says. One technique Austin learned is texting his nurses to gather, pause and talk about their feelings when they’re in the “orange” on the system’s stress continuum, which ranges from green to red.

During 2020 and 2021, Austin saw more than 10 nurses leave his unit, although not all exited purely in response to COVID-related stressors. As of April, no nurses had left the unit this year, an outcome he attributes to the Wisdom & Wellbeing program.

Grief counseling

In addition to other well-being efforts and programs, some Virginia health systems have added bereavement support for health care workers who have lost loved ones or patients. Bon Secours, a Catholic-affiliated health system, has clergy circulating on “compassion rounds,” and UVA Health’s chaplaincy is open 24/7. Carilion has chaplains on call who can be paged to arrive within 30 minutes to assist caregivers.

In 2021, Inova hired more behavioral health nurse practitioners for debriefs after units faced difficult issues, like someone bringing a weapon into a hospital.

Health care professionals face vitriol from upset patients. One study published in the American Association of Occupational Health Nursing

Inc.'s journal in August 2021 found that 51.2% of registered nurses surveyed who cared for COVID patients experienced physical violence at least once, and 73% experienced verbal abuse.

Although the pandemic jumpstarted these programs and raised public awareness, the shift in culture among health care professionals has been slow to spark. Health care professionals are reluctant to talk publicly about the mental health help they've received.

"I think it is going to be kind of a generational shift," Barrineau acknowledges. "A lot of those things are built in almost culturally to the medical profession."

Students and residents are part of the change. VCU Health extended benefits such as caregiver leave to its residents during the pandemic, and Inova has had student wellness representatives for several years.

Bon Secours' Simons says she disclosed to her current employer that she takes an antidepressant medication.

"I did it on my own, but I hope that in today's environment, people feel more comfortable reaching out to colleagues or to their hospitals," she says, "because at the end of the day, [there are] good people in health care."

Related Stories



Agenda Item: Delegation of Review of Non-Routine Information on Initial License Applications

Staff Note: Current policy and procedure for initial applications is:

1. The licensing specialist for the profession gathers the application and all necessary supporting documentation together to complete the application process. Currently, licensing specialists are authorized to issue a license for an application that has no non-routine or adverse information.
2. If there appears to be non-routine information, the application goes to the Deputy for Licensure for review. He may discern that the information is actually routine and will return the application to the licensing specialist to issue the license.
3. If the Deputy decides that non-routine information is in the application file, then he earmarks the information for Board member review.
4. The Board member can a) approve the license, b) ask the Deputy to get clarifying information from the applicant, c) recommend a background investigation by the Enforcement Division, and d) request that the applicant appear before the Credentials Committee for a special conference to review his/her qualifications for licensure.

In the following pages, you will find the Application and Instructions for MD's and DO's, which serve as a prototype for all applications.

Action: The issue at hand today is whether the Credentials Committee wishes to recommend that the Board delegate review of some non-routine information to staff and grant staff the authority to issue a license if it meets the clear-cut guidance/thresholds. The alternative is to keep the current policy and procedure in place.

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

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

NOTE

AN APPLICATION THAT IS NOT COMPLETE EXPIRES ONE YEAR AFTER IT IS SUBMITTED TO THE BOARD. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT ALL NECESSARY SUPPORTING DOCUMENTS ARRIVE AT THE BOARD PRIOR TO THE EXPIRATION DATE. IF THE ORIGINAL APPLICATION EXPIRES, THE APPLICANT MUST SUBMIT ANOTHER APPLICATION, PAY THE APPLICATION FEE AGAIN AND ENSURE THAT NEW SUPPORTING DOCUMENTS ALSO GET TO THE BOARD.

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

This is the application for a full and unrestricted license to practice as an MD or DO in Virginia.

You should familiarize yourself with the qualifications required for a full license by reviewing the laws and regulations governing the practice of allopathic medicine and osteopathic medicine in Virginia. They can be found at: https://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 2-3 months, so plan accordingly if you are pursuing a practice position in Virginia.

A completed application must be returned to this office along with the fee of \$302.00. Applications and fees must be received together. Only checks or money orders are accepted. Please make your payment instrument payable to the "Treasurer of Virginia."

The phone number to the Virginia Board of Medicine is 804-367-4600. The Board's email address for MD license applicants is med-medbd@dhp.virginia.gov. The Board's email address for DO license applicants is do-medbd@dhp.virginia.gov

Mailing Address

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

The Board of Medicine discourages the use of the United States Postal Service to send documents. The Board is unable to trace documents not delivered by courier/overnight mail. If you wish to send your documents by overnight mail, please use FED EX or UPS. If requested in the instructions below, you may have your documents sent by electronic mail pdf attachment to med-medbd@dhp.virginia.gov or facsimile to (804) 527-4426. The Board's email address for DO license applicants is do-medbd@dhp.virginia.gov

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

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

1. **Application and Fee** – The completed four (4) page application should be returned with the required fee of \$302.00. Applications submitted without the application fee will be returned. Checks should be made payable to the “Treasurer of Virginia.” This document **should not** be faxed.

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.**

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.**

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.**

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, transcripts will be included.** Official school transcript can be emailed directly from the school to med-medbd@dhp.virginia.gov . For Osteopathic physician school transcript, this document can be emailed to do-medbd@dhp.virginia.gov

4. **Postgraduate Training** - A completion certificate or program director’s letter of completion must be received directly from the postgraduate training institution for the internships, residencies, and fellowships completed within the past 5 years. If your postgraduate training occurred more than 5 years ago, you may fulfill this requirement by sending a copy of your letter or certificate of completion. A PDF attachment of the letter of completion or copy of certificate may be emailed to med-medbd@dhp.virginia.gov , faxed to (804) 527-4426, or mailed to the Board. DO postgraduate training verification can be emailed to do-medbd@dhp.virginia.gov .

5. **Employment Activity** – List all activities from the date of graduation from your professional school including but not limited to internships, employment, affiliations, periods of non-activity or unemployment, observerships, and volunteer service in the “Employment Activity” section of the application beginning with your first activity following professional school graduation. If you are employed by a group practice or locum tenens/traveler company, please list all locations where you have provided service or held privileges. If more space is needed to record your activities, follow this link to obtain and submit a supplemental form with your application:

Supplemental Form: <https://www.dhp.virginia.gov/media/dhpweb/docs/med/forms/SupplementalForm.pdf>

6. **Verification of professional licenses** from a jurisdiction 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 jurisdiction where you have been issued a license to practice medicine to inquire about having official license verification forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and maybe sent by email to med-medbd@dhp.virginia.gov, faxed to (804) 527-4426, or mailed. DO license verification can be emailed to do-medbd@dhp.virginia.gov

7. NPDB Self Query – Complete the online [Place a Self-Query Order](https://www.npdb.hrsa.gov/) form at <https://www.npdb.hrsa.gov/>. 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.

Please note that the Board will accept a digitally-certified electronic copy of the NPDB report that is emailed to the Board, in lieu of a mailed report.

Should you choose to mail your 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 6 months of receipt of the NPDB report will have to be resubmitted.

8. **For graduates of medical schools outside of the U.S. and Canada. - ECFMG Certification:** To request your ECFMG certification Status Report follow this link <https://cvsonline2.ecfm.org/> . ECFMG will deliver your requested report to the Board.

9. Copies of documentation supporting any name change.

10. If you answer “yes” to any question in #6-18, provide documentation to the Board in addition to providing a narrative explaining your answer. Please provide court documentation for any convictions.

Please note:

*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, public addresses on file with the Board of Medicine are made available to the public. The Board address noted on your application may be different from the public address and is not released to the public. This notice is to reiterate that the Board of Medicine will allow the Board address of record to be a Post Office Box or practice location.

*Applications will be acknowledged after receipt if items are missing.

*Applications not completed within 12 months will expire and may be purged without notice from the board.

*Additional information may be requested after review by Board representatives.

***Application fees are non-refundable.**

* Do not begin practice until you have been notified of approval. 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.

*Certain forms may be faxed to 804-527-4426.

 <p style="margin: 0;">Virginia Department of Health Professions</p>	<p style="margin: 0;">Board of Medicine</p> <p style="margin: 0; font-size: small;">9960 Mayland Drive, Suite 300 Phone: (804) 367-4600 Henrico, Virginia 23233-1463 Fax: (804) 527-4426 Email: medbd@dhp.virginia.gov</p>
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Application for a license **To Practice Medicine and Surgery OR Osteopathy and Surgery**

To the Board of Medicine of Virginia: I hereby make application for a license to practice as an (please circle one) MD or a DO in the Commonwealth of Virginia and submit the following statements:

1. Name in Full (Please Print or Type)

Last	First	Middle
Date of Birth _____	Social Security No. or VA Control No.*	Maiden Name if applicable
MO DAY YEAR		
Public Address: This address will be public information:	House No. Street or PO Box	City State and Zip
Board Address: This address will be used for Board Correspondence and may be the same or different from the public address.	House No. Street or PO Box	City State and Zip
Work Phone Number	Home/Cell Phone Number	Email Address
Professional School Name and Location	Professional School Graduation Date	Professional School Degree

Please submit address changes in writing immediately to medbd@dhp.virginia.gov

Please attach check or money order payable to the Treasurer of Virginia for \$302.00. Applications will not be processed without the fee. Do not submit fee without an application. **IT WILL BE RETURNED.**

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY: _____ Date _____

LICENSE NUMBER	PROCESSING NUMBER	FEE
MD- 0101-		\$302.00
DO – 0102-		\$302.00

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the *Virginia* Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.**

**In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in *Virginia*. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

3. Do you intend to engage in the active practice of medicine in the Commonwealth of Virginia? Yes No

If Yes, give location _____

4. List all jurisdictions in which you have been issued a license to practice medicine: include all active, inactive, expired, suspended or revoked licenses. Indicate number and date issued.

Jurisdiction	Number Issued	Active/Inactive/Expired

5. Which of the following have you taken: National Board Examination USMLE 1 USMLE 2 USMLE 3
 FLEX LMCC State Equivalency COMLEX

QUESTIONS MUST BE ANSWERED. If any of the following questions (6-18) is answered **Yes**, explain and substantiate with documentation. Yes No

- 6. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any testing entity or licensing authority?
- 7. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state, or local statute, or regulation or ordinance, or entered into an plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) **Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.**
- 8. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason?
- 9. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or requested to withdraw from any professional school, training program, hospital, etc?
- 10. Have you ever been terminated from employment or resigned in lieu of termination from any training program, hospital, healthcare facility, healthcare provider, provider network or malpractice insurance carrier?
- 11. Do you have any pending disciplinary actions against your professional license/certification/permit/registration related to your practice of medicine?
- 12. Have you voluntarily withdrawn from any professional society while under investigation?
- 13. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?
- 14. Within the past five years, have you been disciplined by any entity?
- 15. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the Obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.
- 16. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.
- 17. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.

Yes No

- 18. Within the past five years, have you any condition or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?
- 19. Have you requested a certification report from ECFMG?
- 20. Have you requested a current report (Self Query) from NPDB?

Malpractice Information

- 21. Have you had any malpractice paid claims in the past ten (10) years, or do you have any pending malpractice suits? If so, please provide a narrative for each paid claim or pending case during this time period.

Military Service:

- 22. Are you a spouse of someone who is on a federal active duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state of the District of Columbia?
- 23. Are you active duty military?

24. AFFIDAVIT OF APPLICANT

I, _____, am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all 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 individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice medicine and surgery or osteopathic surgery in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available at www.dhp.virginia.gov and **I understand that fees submitted as part of the application process shall not be refunded.**

Signature of Applicant

Date

Agenda Item: Update on Reciprocity with Maryland and the District of Columbia

Staff Note: There will be a meeting with DC and Maryland on June 3rd. Staff will give a verbal report.

Action: None anticipated.



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher with 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7)

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

July 1, 2022