STATE OF CALIFORNIA

MEDICAL BOARD OF CALIFORNIA – Licensing Program
1434 Howe Avenue, Suite 92, Sacramento, CA 95825
(916) 263-2389 Fax (916) 263-2387 www.mbc.ca.gov

MEMBERS OF THE DIVISION

Laurie Gregg, M.D., President
Hedy Chang, Vice President
Gary Gitnick, M.D., Secretary
Richard Fantozzi, M.D.
Mitchell S. Karlan, M.D.
Gerrie Schipske, R.N., J.D.

DIVISION OF LICENSING QUARTERLY MEETING

July 27, 2007

Embassy Suites
Union Square/Ghirardelli Room
250 Gateway Boulevard
South San Francisco, CA 94080
(650) 589-3400

Action may be taken on any item listed on the agenda.

AGENDA

8:00 a.m. – 10:00 a.m.
(or until completion of business)

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

Open Session:

1. Call to Order/Roll Call
2. Committee Appointments – Dr. Gregg

Closed Session:

3. Application Review Committee (Govt. Code §11126(c)(2)) – Dr. Fantozzi, Dr. Gitnick, and Ms. Schipske
4. Special Programs Committee (Govt. Code §11126(c)(2)) – Ms. Chang, Dr. Gitnick, and Dr. Gregg
5. Full Division Closed Session
   A closed session will be held pursuant Govt. Code §11126(c)(3) to deliberate on Proposed Stipulations for Probationary Licenses, Proposed Decisions and Petitions for Penalty Relief

Reconvene to Open Session:

6. Report on Actions Taken in Closed Session – Dr. Gregg
7. Approval of Minutes from the April 27, 2007 Meeting – Dr. Gregg

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

8. President's Report – Dr. Gregg

9. Legislation and Regulation Update (No verbal report necessary for Items A and B, refer to legislative binder and regulation matrix.) – Ms. Whitney
   A. 2007 Legislation
   B. Status of Regulatory Actions

10. Physician Assistant Committee – Dr. Gregg and Mr. Qualset
    A. Update
    B. Clarification of the Jurisdiction of Division of Licensing and Physician Assistant Committee for Adopting Regulations

11. Cultural and Linguistic Physician Competency Program Workgroup Meeting Update – Ms. Chang

12. Midwifery Committee Report – Ms. Chang
    A. Midwifery Advisory Council Report – Mr. Qualset
    B. Midwife Annual Report Coding System Recommendation – Ms. Gibson, L.M.
    C. Annual Reporting Form – Ms. Burns

13. Recognition of International Medical School Program
    A. Jagiellonian University Medical College (English Program) – Krakow, Poland

14. Division Chief's Report – Mr. Qualset

15. Agenda Items for November 2007 Meeting

16. Public Comment on Items Not on the Agenda

17. Adjournment

NOTICE: The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting shall make a request to the Board no later than five working days before the meeting by contacting Teresa Schaeffer at (916) 263-2389 or sending a written request to Ms. Schaeffer at the Medical Board of California, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825. Requests for further information should be directed to the same address and telephone number.

Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Board, but the President may apportion available time among those who wish to speak.

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For additional information, contact the Licensing Program at (916) 263-2382.

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Agenda Item 7

Division of Licensing
Quarterly Meeting

Sacramento Convention Center
Room 307
1400 J Street
Sacramento, CA 95814

April 26, 2007

MINUTES

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Agenda Item 1 Call to Order/Roll Call

Dr. Fantozzi called the meeting to order on April 26, 2007 at 2:30 p.m. A quorum was present and notice had been sent to interested parties.

Members Present:
Richard D. Fantozzi, M.D., President
Laurie Gregg, M.D., Vice President
Hedy Chang, Secretary
James A. Bolton, Ph.D.
Gary Gitnick, M.D.

Members Absent:
Mitchell S. Karlan, M.D.

Staff Present:
Kathi Burns, Staff Services Manager I, Licensing Program
Kurt Heppler, Staff Counsel, Department of Consumer Affairs
Scott Johnson, Business Services Assistant, Business Services Office
Kelly Nelson, Analyst, Legislative/Regulatory Unit
Gary Qualset, Chief, Licensing Program
Anita Scuri, Supervising Senior Staff Counsel, Department of Consumer Affairs
Pam Thomas, Analyst, Licensing Program
Billie Baldo, MST, Administrative Assistant, Licensing Program
Michael McCormick, AGPA, Licensing Program
Curt Worden, Staff Services Manager I, Licensing Program
Stacie Berumen, Staff Services Manager I, Licensing Program
Patricia Park, AGPA, Licensing Program

Members of the Audience:
Barbara Yaroslavsky, Board Member, Division of Medical Quality

The meeting then went into closed session at 2:35 p.m., with open session reconvening at 2:55 p.m.

In order to remain consistent with the record, the agenda items presented in these minutes are listed in the order discussed at the April 26 and 27, 2007, meetings.

Agenda Item 2 Report on Actions Taken in Closed Session

Dr. Fantozzi reported the Application Review Committee met and reviewed five application files. Five applicants were approved to continue in the licensing process.

The Special Programs Committee had no business to conduct and did not convene.

Dr. Fantozzi reported the full DOL met in closed session and reviewed one Proposed Decision, and one Proposed Decision after Non-Adoption.

The Application Review Committee approved a request to deem licensee's residency training equivalent to board certification to become a qualified medical examiner.

Agenda Item 3 Public Comment on Items Not on the Agenda

Mr. Qualset introduced the new Staff Services Manager I, Stacie Berumen, the new Associate Analyst, Michael McCormick and the new Administrative Assistant to the Division of Licensing, Billie Baldo.

Agenda Item 4 Adjournment

The meeting adjourned at 2:59 p.m.

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Agenda Item 5 Call to Order/Roll Call

Dr. Fantozzi called the meeting to order on April 27, 2007 at 8:03 a.m. A quorum was present and notice had been sent to interested parties.

Members Present:

Richard D. Fantozzi, M.D., President
Laurie Gregg, M.D., Vice President
Hedy Chang, Secretary
James A. Bolton, Ph.D.

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Gary Gitnick, M.D.

Members Absent:

Mitchell S. Karlan, M.D.

Staff Present:

Dave Thornton, Executive Director, Executive Office
Kim Kirchmeyer, Deputy Director, Executive Office
Gary Qualset, Chief, Licensing Program
Kathi Burns, Staff Services Manager I, Licensing Program
Dino Perini, Business Services Assistant, Business Services Office
Anita Scuri, Supervising Senior Staff Counsel, Department of Consumer Affairs
Pam Thomas, Analyst, Licensing Program
Billie Baldo, MST, Administrative Assistant, Licensing Program
Michael McCormick, AGPA, Licensing Program
Curt Worden, Staff Services Manager I, Licensing Program
Stacie Berumen, Staff Services Manager I, Licensing Program
Cindi Oseto, Associate Governmental Program Analyst, Licensing Program
Linda Whitney, Chief of Legislation, Legislative/Regulatory Unit
Kevin Schunke, Staff Services Manager I, Legislative/Regulatory Unit
Teri Hunley, Associate Governmental Program Analyst, Business Services Office
Bobbie McBride, Staff Services Analyst, Licensing

Members of the Audience:

Elberta Portman, Executive Officer, Physician Assistant Committee
Jim Hay, M.D., CMA
Sandra Bressler, CMA
Carrie Sparrevohn, CAM

Agenda Item 6 Approval of Minutes from the February 2, 2007 Meeting

It was M/S/C (Gitnick/Gregg) to approve the minutes of the February 2, 2007, meeting.

11. **Agenda Item 7 President's Report**

Dr. Fantozzi congratulated Mr. Qualset for organizing the Division of Licensing (DOL). He also thanked Mr. Worden and staff for an excellent job over the past year. Dr. Fantozzi thanked Dr. Bolton for his term and service on the board.

Agenda Item 8 Legislation and Regulation Update

Ms. Whitney presented the following:

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A. 2007 Legislation

Ms. Whitney did not make an oral presentation, instead referred the members to the Legislative Binder.

B. Status of Regulatory Actions

No regulations to discuss.

C. Discussion of Resident Training License Workgroup

Ms. Whitney gave a brief background on the proposal for a Resident Training License. It was suggested that we develop a workgroup to discuss thoroughly how it is seen as working and to be sure when the package is brought forward it is ready for legislation.

Dr. Fantozzi suggested meeting with resident program managers and medical school representatives in the state to see how their processes work and to get their input and reaction on the idea and concept.

Dr. Gitnick asked about the basis for this. Ms. Whitney stated that International Medical Graduates currently must get a Postgraduate Training Authorization Letter (PTAL) while U.S. and Canadian graduates simply register with the Division. Mr. Qualset advised the board that with U.S. and Canadian graduates there is no background check or preliminary review of eligibility. This program will benefit both the Medical Board and the public because applicants with criminal history background problems could be eliminated and screened out early. It was suggested to let the university system know what the Board does with the PTAL, what information the Board has and what things would be important to the Board so the medical schools could do this rather than the Board.

There is concern that a Resident Training License may cause a problem near the end for licensure, however, it may actually speed up the process of licensure for second year applicants. Another concern brought forward was that while an individual was a PTAL registrant the Board is able to get subsequent information indicating that they were arrested and/or convicted while holding a PTAL. However, the Board does not have any authorization to do anything at that point except to allow them to continue to go through postgraduate training because the Board does not have any authorization to withdraw a PTAL.

This will be a long-term project that will be put into the Division's workplan. Dr. Gregg suggested to conduct a written survey of the universities. Staff was directed to do more

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research and work with the academic centers at the Dean level to see if they would like to come together collectively.

Agenda Item 9 Physician Assistant Committee

A. Proposed Legislation

B. Request to Set Regulatory Hearing for Proposed Amendment to Title 16 Section 1399.540 of the California Code of Regulations Regarding Delegation of Services Agreement

Elberta Portman, Executive Officer of the Physician Assistant Committee (PAC), reported that the PAC recently took action to amend two PAC regulations, held hearings, received no opposition, and then submitted the regulatory package to the Office of Administrative Law (OAL) for review and approval. OAL determined that the PAC lacked authority to adopt either of the regulations because they impacted the scope of practice of a physician assistant and that the authority to amend the regulations lies with the Division of Licensing (DOL) of the Medical Board of California. The regulations were related to drug orders carried out by a physician assistant being in compliance with statute and to require a written and signed Delegation of Services Agreement be entered into between a supervising physician and a physician assistant.

Ms. Portman provided information to the DOL pertaining to the Delegation of Services Agreement regulation change. Concerns were raised by Sandra Bressler, representing the CMA, indicating that CMA does not believe that PAC should regulate physicians, and Dr. Hay, CMA, stated there is confusion as to which supervising physicians should sign Delegation of Services Agreements with which physician assistants in a medical practice office that has multiple physicians and physician assistants. After discussion between DOL members, the DOL requested staff set up a workgroup with PAC staff, DOL staff, and the CMA to clarify language and make a recommendation on who should sign the Delegation of Services Agreements. The revised language could be brought to the July board meeting and set for hearing at the November board meeting.

Ms. Portman also requested the DOL consider giving more regulatory authority to the PAC to adopt, amend and repeal regulations. The PAC would be responsible for the rulemaking process while DOL retains final regulatory approval. The DOL deferred this issue to the July board meeting.

Dr. Fantozzi expressed concern that there is a lack of feedback from the PAC. Dr. Gitinick suggested that a status update from the PAC be added as a regular recurring line item on the DOL agenda.

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Agenda Item 10 Establishment of Special Faculty Permit Review Committee (Business and Professions Code Section 2168.1(c))

It was M/S/C (Gregg/Fantozzi) to accept the nominations for the Special Faculty Permit Review Committee, as follows: James Nuovo, M.D., University of California, Davis; Jeremiah Tilles, M.D., University of California, Irvine; and Lawrence Opas, M.D., Keck School of Medicine at the University of Southern California.

Mr. Qualset provided a summary of action to date that has occurred to implement the recent statutory changes to the special program authorized by B&P §2168. A regulation package has been submitted to the Department of Consumer Affairs (DCA) for review. Once approved, the package will go to the OAL for final adoption. This is anticipated to occur mid June.

The membership of the committee has been established. A meeting was requested to occur in early May to move forward with setting up meeting protocols, application formats, criteria for review, and documentation to be provided to committee members for their consideration in making a recommendation. The next meeting would be scheduled in July when applications for candidates will be considered and reviewed by the Committee for a recommendation to be presented to the DOL for review and action.

Agenda Item 11 Cultural and Linguistic Physician Competency Program Workgroup Appointments (Business and Professions Code Section 2198(h))

M/S/C (Gregg/Chang) to approve Dorene Dominguez as a workgroup representative.

Mr. Qualset reported the workgroup has met a few times to discuss progress on implementing the statutory requirements related to cultural and linguistic competency (CLC) of physicians. Staff will be meeting with CMA's Institute of Medical Quality and will be attending a conference to learn more about continuing medical education providers and CLC. Staff plans to hold a meeting in mid June on the topic. Ms. Chang suggested having a physician member on the workgroup. Dr. Fantozzi indicated that once it has been verified where the Board is on appointments, there may then be opportunities to add a physician member.

Agenda Item 12 Midwifery Committee Report

A. Midwifery Advisory Council Report

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At the Midwifery Committee meeting, it was reported that Faith Gibson, L. M. was elected Chair and Dr. Ruth Haskins was elected Vice Chair of the Midwifery Advisory Council (MAC), which held its first meeting on March 9th. An update was provided by staff on the development of a coding system and form for the annual reporting process. The MAC held its second meeting on April 17th. The next meeting is scheduled for June 12th. It was requested that the workload statistics be provided on a regular basis at future meetings, and that re-training programs of licensed midwives be added to the MAC agenda.

Agenda Item 13 Division Chief's Report

Mr. Qualset introduced the new Staff Services Manager I, Stacie Berumen and the new Associate Analyst, Michael McCormick. The DOL has approximately forty employees and three vacancies that should be filled soon. Outpatient Surgery Settings Accreditation Agencies have to be approved for renewal every three years and are coming due April 30th. The four current agencies have all been approved in the past and staff intends to approve them all again. The DOL staff has had two presentations at medical schools in regards to the licensing process and programs for medical students. Staff will be at three schools in July and would like to expand to visit all medical schools. Staff was directed to email DOL board members in regards to licensing fairs so they could attend, schedule permitting. A handout was provided with program status information. Staff was commended for a great job in regards to time of initial review of applications. Staff are in "crunch time" for the June 30th deadline. The Call Center received nearly one thousand more calls compared to last quarter. Mr. Thornton advised the board that headquarters will be moving in November 2007 and will then have a combined consumer information and complaint center that will answer calls to improve efficiency. Staff was directed to provide Licensing workload statistics, at future full board meetings.

Mr. Thornton was asked to comment on the status of the lawsuit in regards to the prohibition in law for co-locations of Registered Dispensing Opticians (RDO) with optometrists. Complaints are typically not received by the Board from consumers, but rather from competitors. An initial ruling on this case determined that these statutes are unconstitutional and are in violation of the Commerce Clause of the U.S. Constitution. At the present time a settlement was made that the Board would not enforce these laws while an appeal was pending, and that the Board would issue licenses that were held up for the last three years pending the lawsuit.

Agenda Item 14 Election of Officers

- M/S/C (Gitnick/Chang) to elect Dr. Laurie Gregg for President by acclimation.

- M/S/C (Gregg/Gitnick) to elect Hedy Chang for Vice President by acclimation.
- M/S/C (Gregg/Chang) to elect Dr. Gary Gitnick Secretary by acclimation.

Agenda Item 15 Agenda Items for April 2007 Meeting

There was no discussion on agenda items for the April 2007 meeting.

Agenda Item 16 Public Comment on Items Not on the Agenda

There were no requests for public comment on items not on the agenda.

Agenda Item 17 Adjournment

Dr. Fantozzi adjourned the meeting at 9:15 a.m.

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Richard Fantozzi, M.D., President

Hedy Chang, Secretary

Refer to Your

Legislative Binder For

Status of Legislative Proposals

and 2007 Legislation

Sent under separate cover

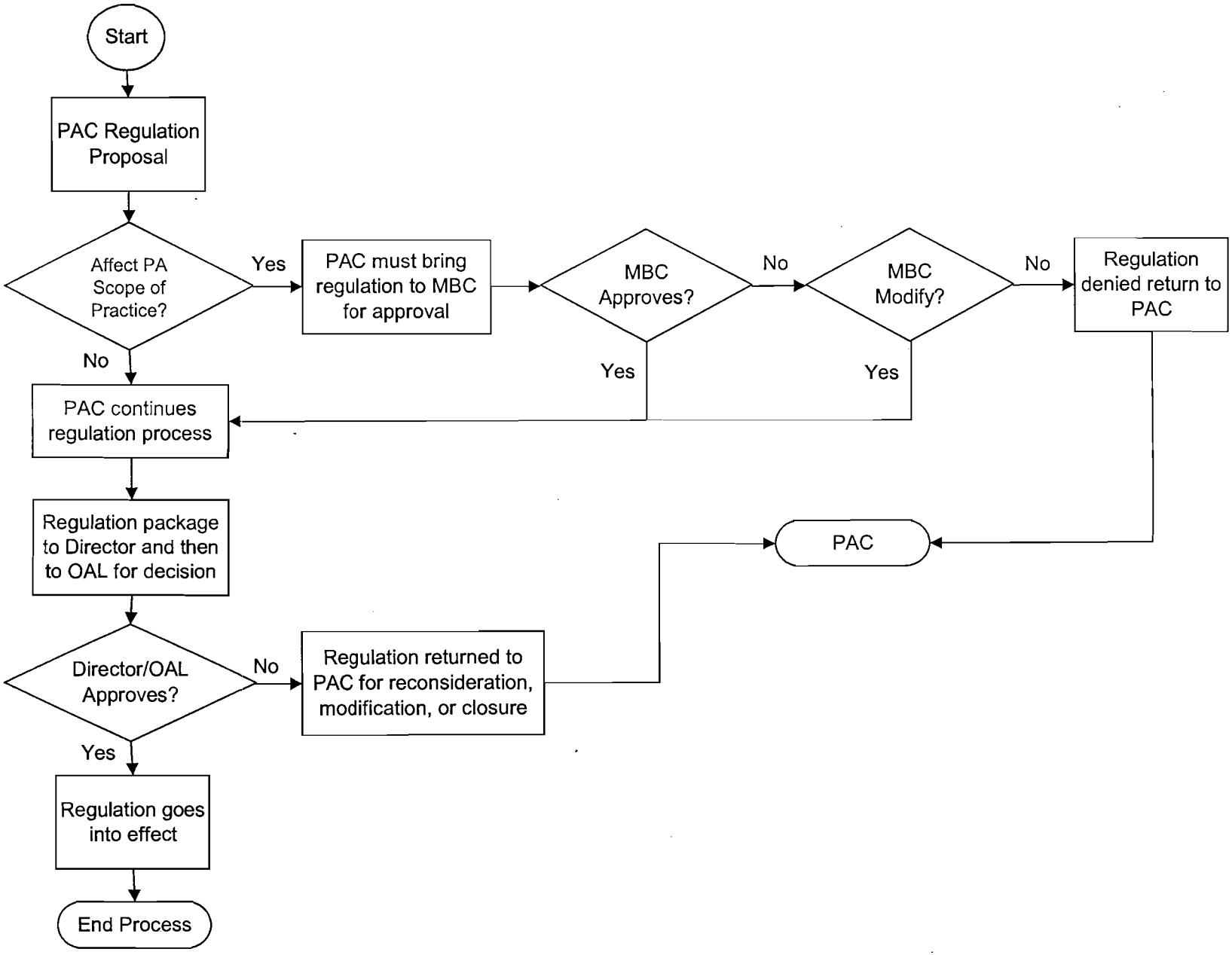
MEDICAL BOARD OF CALIFORNIA
Status of Pending Regulations

Subject	Current Status	Date Approved by Division	Date Notice Published by OAL	Date of Public Hearing	Date of Final Adoption	Date to DCA for Review *	Date to OAL for Review **	Date to Sec. of State
Licensing Special Programs for Foreign Trained Physicians	At DCA; submittal to OAL pending completion of the fees rulemaking (next item) to move both forward at same time	Text modified at hearing 2/2/07; no adverse comments received by close of public comment period (3/15/07), so adopted	12/8/06	2/2/07	2/2/07	4/6/07		
Licensing Special Programs for Foreign Trained Physicians-FEES	Awaiting Dept of Finance approval	No comments at public hearing 2/2/07, so adopted	12/8/06	2/2/07	2/2/07	4/6/07		
Non-substantive changes from all units (Section 100 changes)	Filed with Secretary of State	Since non-substantive changes, Divisions will not need to approve	publication not required	hearing not required	adoption not required	review by DCA not required	5/11/07	6/13/07
Physician Assistant Comm. (Section 100 changes)	At OAL	Since non-substantive changes, Divisions will not need to approve	publication not required	hearing not required	adoption not required	review by DCA not required	5/26/07	
Non-substantive changes from all units (Section 100 changes)	Next review of MBC regulations pending Fall 2007							

* - DCA is allowed 30 calendar days for review
** - OAL is allowed 30 working days for review

Prepared by Kevin A. Schunke
Updated July 6, 2007
For questions, call (916) 263-2368

PHYSICIAN ASSISTANT COMMITTEE REGULATION PROCESS



CHAPTER 7.7. PHYSICIAN ASSISTANTS
BUSINESS AND PROFESSIONS CODE

Article 2. Administration

3510. Regulations

The committee may adopt, amend, and repeal regulations as may be necessary to enable it to carry into effect the provisions of this chapter; provided, however, that the board shall adopt, amend, and repeal such regulations as may be necessary to enable it to implement the provisions of this chapter under its jurisdiction. All regulations shall be in accordance with, and not inconsistent with, the provisions of this chapter. Such regulations shall be adopted, amended, or repealed in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(Amended by Stats. 1983, Ch. 1026.)

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Agenda Item 12B

MEMORANDUM

DATE	July 13, 2007
TO	Members, Midwifery Committee Members, Division of Licensing
FROM	Kathi Burns, Manager Licensing Operations Section
SUBJECT	**Midwife Annual Report Coding System Recommendation**

BACKGROUND:

In February 2007, upon initial appointment of the Midwifery Advisory Council (MAC) members, the Division of Licensing (Division) requested the MAC develop a coding system to assist in the collection of midwifery practice data as required by Business and Professions Code section 2516.

Since then, the MAC has met three times spending much of their time developing the coding system with input from midwifery professional associations, licensed midwives, and the staff from the Office of Statewide Health Planning and Development (OSHPD). OSHPD being the agency charged with receiving, compiling, and reporting, to the Division, the aggregate data collected. The coding system, as developed and approved by the MAC, is attached.

RECOMMENDATION:

Staff supports the MAC's recommendation that the Midwifery Committee and Division approve the coding system for use in the collection and reporting of data related to the practice of midwifery.

Attachments:

Business and Professions Code Section 2516
Midwife Annual Coding System

Section 2516 – Report on out-of-hospital births to be submitted annually; Confidentiality; Noncompliance

2516. (a) Each licensed midwife who assists, or supervises a student midwife in assisting, in childbirth that occurs in an out-of-hospital setting shall annually report to the Office of Statewide Health Planning and Development. The report shall be submitted in March, with the first report due in March 2008, for the prior calendar year, in a form specified by the board and shall contain all of the following:

(1) The midwife's name and license number.

(2) The calendar year being reported.

(3) The following information with regard to cases in which the midwife, or the student midwife supervised by the midwife, assisted in the previous year when the intended place of birth at the onset of care was an out-of-hospital setting:

(A) The total number of clients served as primary caregiver at the onset of care.

(B) The total number of clients served with collaborative care available through, or given by, a licensed physician and surgeon.

(C) The total number of clients served under the supervision of a licensed physician and surgeon.

(D) The number by county of live births attended as primary caregiver.

(E) The number, by county, of cases of fetal demise attended as primary caregiver at the discovery of the demise.

(F) The number of women whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.

(G) The number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period.

(H) The number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period.

(I) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period.

(J) The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting.

(K) The number of planned out-of-hospital births completed in an out-of-hospital setting that were any of the following:

(i) Twin births.

(ii) Multiple births other than twin births.

(iii) Breech births.

(iv) Vaginal births after the performance of a caesarian section.

(L) A brief description of any complications resulting in the mortality of a mother or an infant.

(M) Any other information prescribed by the board in regulations.

(b) The Office of Statewide Health Planning and Development shall maintain the confidentiality of the information submitted pursuant to this section, and shall not permit any law enforcement or regulatory agency to inspect or have copies made of the contents of any reports submitted pursuant to subdivision (a) for any purpose, including, but not limited to, investigations for licensing, certification, or regulatory purposes.

(c) The office shall report to the board, by April, those licensees who have met the requirements of subdivision (a) for that year.

(d) The board shall send a written notice of noncompliance to each licensee who fails to meet the reporting requirement of subdivision (a). Failure to comply with subdivision (a) will result in the midwife being unable to renew his or her license without first submitting the requisite data to the Office of Statewide Health Planning and Development for the year for which that data was missing or incomplete. The board shall not take any other action against the licensee for failure to comply with subdivision (a).

(e) The board, in consultation with the office and the Midwifery Advisory Council, shall devise a coding system related to data elements that require coding in order to assist in both effective reporting and the aggregation of data pursuant to subdivision (f).

The office shall utilize this coding system in its processing of information collected for purposes of subdivision (f).

(f) The office shall report the aggregate information collected pursuant to this section to the board by July of each year. The board shall include this information in its annual report to the Legislature.

(g) Notwithstanding any other provision of law, a violation of this section shall not be a crime.

Midwife Annual Report
CODING SYSTEM

Antepartum Transfer of Care

Antepartum Transfer - Elective

AE1 Medical or mental health conditions *unrelated* to pregnancy
AE2 Hypertension developed in pregnancy
AE3 Blood coagulation disorders, incl. phlebitis
AE4 Anemia
AE5 Persistent vomiting with dehydration
AE6 Nutritional & weight loss issues, failure to gain weight
AE7 Gestational diabetes
AE8 Vaginal bleeding
AE9 Placental anomalies or implantation abnormalities
AE10 Loss of pregnancy (includes spontaneous and elective abortion)
AE11 HIV test positive
AE12 Intrauterine growth restriction, fetal anomalies
AE13 Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios
AE14 Intrauterine growth restriction, (IUGR), fetal anomalies
AE15 Fetal heart irregularities
AE16 Non vertex lie at term
AE 17 Multiple gestation
AE18 Clinical judgment of the midwife (where a single other condition above does not apply)
AE19 Client request
AE20 Other

Antepartum Transfer - Urgent or Emergent

AU1 Non pregnancy-related medical condition
AU2 Severe or persistent headache, pregnancy-induced hypertension (PIH) or preeclampsia
AU3 Isoimmunization, severe anemia, or other blood related issues
AU4 Significant infection
AU5 Significant vaginal bleeding
AU6 Preterm labor or preterm rupture of membranes
AU7 Hypertension developed in pregnancy
AU8 Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)
AU9 Fetal demise
AU10 Clinical judgment of the midwife (where a single other condition above does not apply)
AU11 Other

Intrapartum Transfer of Care

Intrapartum Transfer - Elective

IE1 Persistent hypertension; severe or persistent headache
IE2 Active herpes lesion
IE3 Abnormal bleeding
IE4 Signs of infection
IE5 Prolonged rupture of membranes
IE6 Lack of progress; maternal exhaustion; dehydration
IE7 Other life threatening conditions or symptoms
IE8 Thick meconium in the absence of fetal distress
IE9 Non-vertex presentation
IE10 Unstable lie or mal-position of the vertex
IE11 Multiple gestation
IE12 Clinical judgment of the midwife (where a single other condition above does not apply)
IE13 Client request; request for medical methods of pain relief
IE14 Other

Intrapartum Transfer - Urgent or Emergent

IU1 Preeclampsia, eclampsia, seizures
IU2 Significant vaginal bleeding including suspected placental abruption with severe abdominal pain inconsistent with normal labor.
IU3 Uterine rupture
IU4 Maternal shock, loss of consciousness
IU5 Prolapsed umbilical cord
IU6 Non-reassuring fetal heart tones
IU7 Clinical judgment of the midwife (where a single other condition above does not apply)
IU8 Other life threatening conditions or symptoms

Postpartum Transfer of Care

Postpartum Transfer - Elective

PE1 Adherent or retained placenta without significant bleeding
PE2 Repair of laceration beyond level of midwife's expertise
PE3 Adherent or retained placenta without significant bleeding
PE4 Postpartum depression
PE5 Social, emotional or physical conditions outside of scope of practice
PE6 Excessive or prolonged bleeding in later postpartum period
PE7 Signs of infection
PE8 Clinical judgment of the midwife (where a single other condition above does not apply)
PE9 Client request
PE10 Other

Postpartum Transfer - Urgent or Emergency

PU1 Abnormal or unstable vital signs
PU2 Uterine inversion, rupture or prolapse
PU3 Uncontrolled hemorrhage
PU4 Seizures or unconsciousness, shock
PU5 Adherent or retained placenta with significant bleeding
PU6 Postpartum psychosis
PU7 Signs of significant infections
PU8 Other

Neonatal Transfer of Care

Neonatal - Elective

NE1 Low birth weight
NE2 Congenital anomalies, birth injury
NE3 Poor transition to extrauterine life
NE4 Insufficient passage of urine or meconium
NE5 Parental request
NE6 Clinical judgment of the midwife (where a single other condition above does not apply)
NE7 Other medical conditions

Neonatal - Urgent or Emergent

NU1 Abnormal vital signs or color, poor tone, lethargy, no interest in nursing
NU2 Signs or symptoms of infection
NU3 Abnormal cry, seizures or loss of consciousness
NU4 Significant jaundice at birth or within 30 hours
NU5 Evidence of clinically significant prematurity
NU6 Congenital anomalies, birth injury, other medical conditions of an emergent nature
NU7 Significant cries, seizures, or loss of consciousness
NU8 Significant dehydration or depression of fontanels
NU9 Significant cardiac or respiratory issues
NU10 Ten minute APGAR of less than seven (7)
NU11 Abnormal bulging of fontanel
NU12 Other

Complications Leading to Maternal/Infant Mortality

Mother

CM1 Blood loss
CM2 Sepsis
CM3 Eclampsia/toxemia or HELLP syndrome
CM4 Embolism (pulmonary or amniotic fluid)
CM5 Other

Baby

CB1 Infection
CB2 Anomaly incompatible with life
CB3 Meconium aspiration, other respiratory issues
CB4 Neurological issues/seizures
CB5 Other medical issue
CB6 Unknown
CB7 Other

Birth Outcomes After Transfer

Maternal

OM1 Vaginal birth with serious pregnancy/birth related medical complications not resolved by 6 weeks
OM2 Vaginal birth with serious pregnancy/birth related medical complications resolved by 6 weeks
OM3 Vaginal birth with infant death
OM4 Cesarean delivery with serious pregnancy/birth related medical complications not resolved by 6 weeks
OM5 Cesarean deliver with serious pregnancy/birth related medical complications resolved by 6 weeks
OM6 Cesarean delivery with infant death
OM7 Other

Fetal/Neonatal

OM7 Healthy live born infant
OM8 Fetal demise diagnosed prior to labor
OM9 Fetal demise diagnosed during labor or at delivery
OM10 Other

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STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
MEDICAL BOARD OF CALIFORNIA – DIVISION OF LICENSING
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Agenda Item 12C

MEMORANDUM

DATE	July 13, 2007
TO	Members, Midwifery Committee Members, Division of Licensing
FROM	Kathi Burns, Manager KB Licensing Operations Section
SUBJECT	**Midwife Annual Reporting Form**

BACKGROUND:

Upon conclusion of the Midwifery Advisory Council's (MAC) work developing a coding system to assist in the collection of midwifery practice data as required by Business and Professions Code section 2516, members of the MAC, Division of Licensing (DOL) staff, and representatives from the Office of Statewide Health Planning and Development (OSHPD) turned their attention to creating a user-friendly annual reporting form and instructions for use by licensed midwives to report the required data.

OSHPD is the entity responsible for receiving, compiling, and reporting, to the Division, the aggregate data collected. The form itself was designed to not only allow easy reporting by licensed midwives, but for efficient data entry by OSHPD staff.

Since licensed midwives are required to report practice data for the 2007 calendar year, an urgent need exists that this form and its instructions be completed and provided to licensed midwives as soon as possible. As such, a draft of the proposed form and instructions are attached for you review.

It is the intent of the MAC, that this form, or something similar, be available in electronic format for submission via the Internet by the 2008 reporting year. In the meantime, Division staff is requesting that the Committee and Division delegate authority to make final modifications to the form and instructions, based upon input from the MAC and OSHPD, to the Chief of the Division of Licensing.

RECOMMENDATION:

Staff recommends that delegated authority be granted to the Chief of the Division of Licensing to approve a final version of the Midwife Annual Reporting Form and related instructions.

Attachments:
Business and Professions Code Section 2516
Midwife Annual Coding Reporting Form and Instructions

Section 2516 – Report on out-of-hospital births to be submitted annually; Confidentiality; Noncompliance

2516. (a) Each licensed midwife who assists, or supervises a student midwife in assisting, in childbirth that occurs in an out-of-hospital setting shall annually report to the Office of Statewide Health Planning and Development. The report shall be submitted in March, with the first report due in March 2008, for the prior calendar year, in a form specified by the board and shall contain all of the following:

(1) The midwife's name and license number.

(2) The calendar year being reported.

(3) The following information with regard to cases in which the midwife, or the student midwife supervised by the midwife, assisted in the previous year when the intended place of birth at the onset of care was an out-of-hospital setting:

(A) The total number of clients served as primary caregiver at the onset of care.

(B) The total number of clients served with collaborative care available through, or given by, a licensed physician and surgeon.

(C) The total number of clients served under the supervision of a licensed physician and surgeon.

(D) The number by county of live births attended as primary caregiver.

(E) The number, by county, of cases of fetal demise attended as primary caregiver at the discovery of the demise.

(F) The number of women whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.

(G) The number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period.

(H) The number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period.

(I) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period.

(J) The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting.

(K) The number of planned out-of-hospital births completed in an out-of-hospital setting that were any of the following:

(i) Twin births.

(ii) Multiple births other than twin births.

(iii) Breech births.

(iv) Vaginal births after the performance of a caesarian section.

(L) A brief description of any complications resulting in the mortality of a mother or an infant.

(M) Any other information prescribed by the board in regulations.

(b) The Office of Statewide Health Planning and Development shall maintain the confidentiality of the information submitted pursuant to this section, and shall not permit any law enforcement or regulatory agency to inspect or have copies made of the contents of any reports submitted pursuant to subdivision (a) for any purpose, including, but not limited to, investigations for licensing, certification, or regulatory purposes.

(c) The office shall report to the board, by April, those licensees who have met the requirements of subdivision (a) for that year.

(d) The board shall send a written notice of noncompliance to each licensee who fails to meet the reporting requirement of subdivision (a). Failure to comply with subdivision (a) will result in the midwife being unable to renew his or her license without first submitting the requisite data to the Office of Statewide Health Planning and Development for the year for which that data was missing or incomplete. The board shall not take any other action against the licensee for failure to comply with subdivision (a).

(e) The board, in consultation with the office and the Midwifery Advisory Council, shall devise a coding system related to data elements that require coding in order to assist in both effective reporting and the aggregation of data pursuant to subdivision (f).

The office shall utilize this coding system in its processing of information collected for purposes of subdivision (f).

(f) The office shall report the aggregate information collected pursuant to this section to the board by July of each year. The board shall include this information in its annual report to the Legislature.

(g) Notwithstanding any other provision of law, a violation of this section shall not be a crime.

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INSTRUCTIONS FOR COMPLETING

THE LICENSED MIDWIFE ANNUAL REPORT

Pursuant to Business and Professions Code section 2516, all licensed midwives must report specific information related to birthing services provided when the intended place of birth at the onset of care is an out-of-hospital setting. The attached form has been developed to allow for such reporting. Please consult these instructions while completing the form to ensure that the proper information is being reported.

Please note that the form is to be submitted to the Office of Statewide Health Planning and Development (OSHPD) not the Medical Board of California (board). OSHPD will report the data collected in aggregate form to the board each year for inclusion in their report to the Legislature and will reveal to the board only the identity of those licensed midwives who fail to report for purposes of restricting license renewal until a report is received.

DEFINITIONS:
(The following definitions govern only the responses provided in this report)

Primary Care Giver – Licensed midwife contracted by client to provide primary-care midwifery services during her pregnancy and/or out-of-hospital delivery

If services are provided in a practice or medical group type setting, one licensed midwife must be deemed to be the primary care giver for each client for reporting purposes. This determination may be made in a variety of ways. For example, the primary care giver is the licensed midwife who, a) meets the client first, b) does the client intake, c) delivers the baby, etc...

Collaborative Care – Midwife receives advice or client receives additional medical care or advice regarding the pregnancy from a licensed physician or surgeon

Supervision – Midwife is supervised by a licensed physician or surgeon who will go on record as being the midwife's supervisor for a particular case

Non-medical Reason – Client preference, relocation, insurance issues, other inability to pay, lost to care

Intrapartum – Midwife has begun to monitor/attend woman in labor, regardless of cervical dilation or contraction pattern

Postpartum – After baby has been born.

Section A – LICENSEE DATA

You must provide your name and California Licensed Midwife License number. All other information is voluntary.

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Section B – REPORTING PERIOD

Indicate the calendar year for which this report pertains.

Section C – SERVICES PROVIDED

Line 12 – If your answer is "no," because you did not perform any qualifying midwifery services during the year, skip all further questions and go to the last page. Sign and date the form and mail it to:

Office of Statewide Health Planning and Development
Patient Data Section
Licensed Midwife Annual Report
400 R Street, Second Floor
Sacramento, CA 95811.

YOU MUST SUBMIT A REPORT-
EVEN IF YOU DID NOT PERFORM ANY QUALIFYING SERVICES

This is necessary, as the Medical Board of California will not renew an expired midwife license if this report has not been submitted (Business and Professions Code section 2516(d)).

- If your answer is "yes," proceed to the next section.

Section D – CLIENT SERVICES

Line 13 – Enter the total number of clients you served as the primary care giver, *when the intended place of birth at* ***the onset of care*** was an out-of-hospital setting. (Include the total number of clients served, including those where collaborative care or supervision occurred).

Line 14 – Enter the total number of clients who left care for non-medical reasons.

Line 15 – Enter the total number of clients you served *when the intended place of birth at the* ***onset of care*** was an out-of-hospital setting, who also received collaborative care.

Line 16 – Enter the total number of clients you served with the supervision of a licensed physician and surgeon *when the intended place of birth at the* ***onset of care*** was an out-of-hospital setting.

Section E – OUTCOMES OF ATTENDED BIRTHS

Line 17 – In **Column A**, enter each county (using the county code listed on next page) where you attended a birth as the primary caregiver.
– In **Column B**, enter the actual number of live births attended as primary care giver.
– In **Column C**, indicate the number of births attended as primary care giver where the baby died.

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County Codes:

1	Alameda	21	Marin	41	San Mateo
2	Alpine	22	Mariposa	42	Santa Barbara
3	Amador	23	Mendocino	43	Santa Clara
4	Butte	24	Merced	44	Santa Cruz
5	Calaveras	25	Modoc	45	Shasta
6	Colusa	26	Mono	46	Sierra
7	Contra Costa	27	Monterey	47	Siskiyou
8	Del Norte	28	Napa	48	Solano
9	El Dorado	29	Nevada	49	Sonoma
10	Fresno	30	Orange	50	Stanislaus
11	Glenn	31	Placer	51	Sutter
12	Humbolt	32	Plumas	52	Tehama
13	Imperial	33	Riverside	53	Trinity
14	Inyo	34	Sacramento	54	Tuolumne
15	Kern	35	San Benito	55	Tulare
16	Kings	36	San Bernardino	56	Ventura
17	Lake	37	San Diego	57	Yolo
18	Lassen	38	San Francisco	58	Yuba
19	Los Angeles	39	San Joaquin	59	Out-of-state
20	Madera	40	San Luis Obispo		

Section F – OUTCOME FOR OUT-OF-HOSPITAL BIRTHS

Line 18 – Enter the total number of out-of-hospital births you planned on attending as the primary care giver ***at the onset of labor.*** For this line, count each baby delivered.

Line 19 – Out of the total number of out-of-hospital births you planned on attending as the primary care giver ***at the onset of labor*** (as indicated in line 17), enter the number of births that actually did occur in the out-of-hospital setting. For this line, count each baby delivered.

Lines 20 and 21 – Enter the number of births you attended (in an out-of-hospital setting) as the primary care giver that involved twins and multiple births. For these lines, include the number of actual babies delivered in Column A and the number of sets of twins or multiples in Column B. (Multiples are births involving more than two babies).

Lines 22 and 23 – Enter the number of births you attended as the primary care giver that were breech births and/or vaginal births after the performance of a caesarian section (VBAC). For these lines count each baby delivered.

It is understood that each birth experience or baby born may fall into one or more categories listed in this section.

Section G – ANTEPARTUM TRANSFER OF CARE – ELECTIVE

Lines 24- 44 – For each reason listed, enter the number of clients who, during the antepartum period (prior to the onset of labor), were voluntarily (no emergency existed) transferred to the care of another health care practitioner.

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Section H – ANTEPARTUM TRANSFER OF CARE – URGENT/EMERGENCY

Lines 45-55 – For each reason listed, enter the number of clients who, during the antepartum period (prior to the onset of labor), were transferred to the care of another health care practitioner due to an urgent or emergency situation.

Section I – INTRAPARTUM TRANSFER OF CARE – ELECTIVE

Lines 56-69 – For each reason listed, enter the number of clients who, during the intrapartum period (when the licensed midwife has begun to monitor/attend the woman in labor, regardless of cervical dilation or contraction pattern), were voluntarily (no emergency existed) transferred to the care of another health care practitioner.

Section J – INTRAPARTUM TRANSFER OF CARE – URGENT/EMERGENCY

Lines 70-77 – For each reason listed, enter the number of clients who, during the intrapartum period (when the licensed midwife has begun to monitor/attend the woman in labor, regardless of cervical dilation or contraction pattern), were transferred to the care of another health care practitioner due to an urgent or emergency situation.

Section K – POSTPARTUM TRANSFER OF CARE – ELECTIVE

Lines 78-87 – For each reason listed, enter the number of clients who, during the postpartum period (after baby has been born), were voluntarily (no emergency existed) transferred to the care of another health care practitioner.

Section L – POSTPARTUM TRANSFER OF CARE – URGENT/EMERGENCY

Lines 87-95 – For each reason listed, enter the number of clients who, during the postpartum period (after baby has been born), were transferred to the care of another health care practitioner due to an urgent or emergency situation.

Section M – NEONATAL TRANSFER OF CARE – ELECTIVE

Lines 96-102 – For each reason listed, enter the number of babies who were voluntarily (no emergency existed) transferred to the care of another health care practitioner.

Section N – NEONATAL TRANSFER – URGENT/EMERGENCY

Lines 102-114 – For each reason listed, enter the number of babies who were transferred to the care of another health care practitioner due to an urgent or emergency situation.

Section O – COMPLICATIONS LEADING TO MORTALITY

Lines 115-119 – For each reason listed, enter the number of mothers who died during or after the birth of the baby that somehow related to the labor and/or delivery.

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Lines 120-126 – For each reason listed, enter the number of babies who died.

Section P – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Lines 127-131 – For births occurring after the transfer of care of the mother and baby from the licensed midwife to another health care practitioner, indicate whether the birth was vaginal or caesarian for each outcome listed as it pertains to the mother.

Lines 132-135 – For births occurring after the transfer of care of the mother and baby from the licensed midwife to that of another health care practitioner, indicate whether the birth was vaginal or caesarian for each outcome listed as it pertains to the baby.

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

Completion/submission of this form by all licensed midwives in California is required pursuant to Business and Professions Code section 2516(c). Failure to do so will result in the licensee being unable to renew of his or her midwife license without first submitting the requisite data.

SECTION A – LICENSEE DATA

1. Midwife Name	1a. First:	1b. Middle:	1c. Last:
2. License Number	☐☐☐☐☐		
3. Street Address 1			
4. Street Address 2			
5. City:		6. State:	7. Zip:
8. Phone 1: ☐☐☐-☐☐☐-☐☐☐☐		9. Phone 2: ☐☐☐-☐☐☐-☐☐☐☐	
10. E-mail Address:			

SECTION B – REPORTING PERIOD

Line no.	Report Year
11	☐☐☐☐

SECTION C – SERVICES PROVIDED

Line No.		Yes	No*
12	Did you, or a student midwife supervised by you, perform midwife services during the year when the intended place of birth at the onset of care was an out-of-hospital setting?		
	** If you answered no, skip to last page, sign and date the report and mail it to OSHPD at the address provided.*		

SECTION D – CLIENT SERVICES

Line No.		Total #
13	Number of clients you served as primary care giver at the **onset** of care	
14	Number of clients who left care for non-medical reasons	
15	Number of clients you served who received collaborative care	
16	Clients you served while you were under the supervision of a licensed physician and surgeon	

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License Number	

SECTION E - OUTCOMES OF ATTENDED BIRTHS

Line No.	(A) County (see instructions for county code list)	(B) # of Live Births	(C) # of Cases Fetal Demise
17a			
17b			
17c			
17d			
17e			
17f			
17g			

SECTION F – OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

Line No.		Total #	# of Sets
18	Number of planned out-of-hospital births at the onset of **labor**		
19	Number of completed births		
20	Twins		
21	Multiple births (Other than twin births)		
22	Breech births		
23	VBAC deliveries		

ANTEPARTUM TRANSFER OF CARE – ELECTIVE

Line No.	Code	Reason	Total #
24	AE1	Medical or mental health conditions *unrelated* to pregnancy	
25	AE2	Hypertension developed in pregnancy	
26	AE3	Blood coagulation disorders, incl. phlebitis	
27	AE4	Anemia	
28	AE5	Persistent vomiting with dehydration	
29	AE6	Nutritional & weight loss issues, failure to gain weight	
30	AE7	Gestational diabetes	
31	AE8	Vaginal bleeding	
32	AE9	Placental anomalies or implantation abnormalities	
33	AE10	Loss of pregnancy (includes spontaneous and elective abortion)	
34	AE11	HIV test positive	

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35	AE12	Intrauterine growth restriction, fetal anomalies	
36	AE13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	
37	AE14	Intrauterine growth restriction (IUGR), fetal anomalies	
38	AE15	Fetal heart irregularities	
39	AE16	Non vertex lie at term	
40	AE 17	Multiple gestation	
41	AE18	Clinical judgment of the midwife (where a single other condition above does not apply)	
42	AE19	Client request	
43	AE20	Non-medical reason	
44	AE21	Other	

ANTEPARTUM TRANSFER OF CARE – URGENT OR EMERGENCY

Line No.	Code	Reason	Total #
45	AU1	Non pregnancy-related medical condition	
46	AU2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	
47	AU3	Isoimmunization, severe anemia, or other blood related issues	
48	AU4	Significant infection	
49	AU5	Significant vaginal bleeding	
50	AU6	Preterm labor or preterm rupture of membranes	
51	AU7	Hypertension developed in pregnancy	
52	AU8	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non- stress test (NST)	
53	AU9	Fetal demise	
54	AU10	Clinical judgment of the midwife (where a single other condition above does not apply)	
55	AU11	Other	

INTRAPARTUM TRANSFER OF CARE – ELECTIVE

Line No.	Code	Reason	Total #
56	IE1	Persistent hypertension; severe or persistent headache	
57	IE2	Active herpes lesion	
58	IE3	Abnormal bleeding	
59	IE4	Signs of infection	
60	IE5	Prolonged rupture of membranes	

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61	IE6	Lack of progress; maternal exhaustion; dehydration	
62	IE7	Other life threatening conditions or symptoms	
63	IE8	Thick meconium in the absence of fetal distress	
64	IE9	Non-vertex presentation	
65	IE10	Unstable lie or mal-position of the vertex	
66	IE11	Multiple gestation	
67	IE12	Clinical judgment of the midwife (where a single other condition above does not apply)	
68	IE13	Client request; request for medical methods of pain relief	
69	IE14	Other	

INTRAPARTUM TRANSFER OF CARE – URGENT OR EMERGENCY

Line No.	Code	Reason	Total #
70	IU1	Preeclampsia, eclampsia, seizures	
71	IU2	Significant vaginal bleeding including suspected placental abruption with severe abdominal pain inconsistent with normal labor.	
72	IU3	Uterine rupture	
73	IU4	Maternal shock, loss of consciousness	
74	IU5	Prolapsed umbilical cord	
75	IU6	Non-reassuring fetal heart tones	
76	IU7	Clinical judgment of the midwife (where a single other condition above does not apply)	
77	IU8	Other life threatening conditions or symptoms	

POSTPARTUM TRANSFER OF CARE – ELECTIVE

Line No.	Code	Reason	Total #
78	PE1	Adherent or retained placenta without significant bleeding	
79	PE2	Repair of laceration beyond level of midwife's expertise	
80	PE3	Adherent or retained placenta without significant bleeding	
81	PE4	Postpartum depression	
82	PE5	Social, emotional or physical conditions outside of scope of practice	
83	PE6	Excessive or prolonged bleeding in later postpartum period	
84	PE7	Signs of infection	
85	PE8	Clinical judgment of the midwife (where a single other condition above does not apply)	
86	PE9	Client request	

87	PE10	Other	

POSTPARTUM TRANSFER OF CARE – URGENT OR EMERGENCY

Line No.	Code	Reason	Total #
88	PU1	Abnormal or unstable vital signs	
89	PU2	Uterine inversion, rupture or prolapse	
90	PU3	Uncontrolled hemorrhage	
91	PU4	Seizures or unconsciousness, shock	
92	PU5	Adherent or retained placenta with significant bleeding	
93	PU6	Postpartum psychosis	
94	PU7	Signs of significant infections	
95	PU8	Other	

NEONATAL TRANSFER OF CARE – ELECTIVE

Line No.	Code	Reason	Total #
96	NE1	Low birth weight	
97	NE2	Congenital anomalies, birth injury	
98	NE3	Poor transition to extrauterine life	
99	NE4	Insufficient passage of urine or meconium	
100	NE5	Parental request	
101	NE6	Clinical judgment of the midwife (where a single other condition above does not apply)	
102	NE7	Other medical conditions	

NEONATAL TRANSFER OF CARE – URGENT OR EMERGENCY

Line No.	Code	Reason	Total #
103	NU1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	
104	NU2	Signs or symptoms of infection	
105	NU3	Abnormal cry, seizures or loss of consciousness	
106	NU4	Significant jaundice at birth or within 30 hours	
107	NU5	Evidence of clinically significant prematurity	
108	NU6	Congenital anomalies, birth injury, other medical conditions of an emergent nature	
109	NU7	Significant cries, seizures, or loss of consciousness	
110	NU8	Significant dehydration or depression of fontanels	

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111	NU9	Significant cardiac or respiratory issues	
112	NU10	Ten minute APGAR of less than seven (7)	
113	NU11	Abnormal bulging of fontanel	
114	NU12	Other	

COMPLICATIONS LEADING TO MATERNAL/INFANT MORTALITY

Line No.	Code	Reason	Total #
MOTHER			
115	CM1	Blood loss	
116	CM2	Sepsis	
117	CM3	Eclampsia/toxemia or HELLP syndrome	
118	CM4	Embolism (pulmonary or amniotic fluid)	
119	CM5	Other	
INFANT			
120	CI1	Infection	
121	CI2	Anomaly incompatible with life	
122	CI3	Meconium aspiration, other respiratory issues	
123	CI4	Neurological issues/seizures	
124	CI5	Other medical issue	
125	CI6	Unknown	
126	CI7	Other	

BIRTH OUTCOMES AFTER TRANSFER

Line No.	Reason	Total # of Vaginal Births		Total # of Caesarian Deliveries	
MOTHER					
127	Without complication	OM1		OM7	
128	With serious pregnancy/birth related medical complications not resolved by 6 weeks	OM2		OM8	
129	With serious pregnancy/birth related medical complications resolved by 6 weeks	OM2		OM9	
130	Death of mother	OM4		OM10	
131	Other	OM5		OM11	

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INFANT					
132	Healthy live born infant	OI1		OI5	
133	Fetal demise diagnosed prior to labor	OI2		OI6	
134	Fetal demise diagnosed during labor or at delivery	OI3		OI7	
135	Other	OI4		OI8	

Signature

Date

Mail completed forms to:

Office of Statewide Health Planning and Development
Patient Data Section
Licensed Midwife Annual Report
400 R Street, Second Floor
Sacramento, CA 95811
Phone: (916) XXX-XXXX

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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Agenda Item 13A

MEMORANDUM

DATE	July 13, 2007
TO	Members, Division of Licensing
FROM	GQ Gary Qualset, Chief Division of Licensing
SUBJECT	**Recognition of International Medical School Program Jagiellonian University Medical College (English Program) – Krakow, Poland**

ISSUE

Should the Division of Licensing (Division):

1) require a site visit to be conducted in order to evaluate the accuracy and completeness of the data provided by the Jagiellonian University Medical College (institution) in its application for recognition of its English Programs and to determine compliance with the regulation for recognition of its medical education programs' equivalency with California's code requirements for curriculum and clinical instruction, and

2) deem the institution's English Programs equivalent to the code requirements of Business and Professions Code sections 2089 and 2089.5 and Title 16, California Code of Regulations (CCR), section 1314.1 and grant recognition to them for the medical school?

BACKGROUND

Jagiellonian University Medical College in Krakow, Poland founded its Polish-language medical school in 1364. In 1994, the institution began to operate a four-year medical education program for non-citizens using English as the language of instruction. A six-year English-language program is also available for applicants who have not completed the postsecondary pre-medical coursework to enter medical school.

The Division presently recognizes Jagiellonian University Medical College's Polish-language medical school whose primary purpose is to educate its own citizens to practice medicine in Poland. This would be the Division's first recognition of an English-language program in Poland. Currently, the Division recognizes five other English programs, four in Hungary and one in the Czech Republic.

In accordance with Title 16, CCR, subsection (c) of section 1314.1, the Jagiellonian University Medical College in Krakow, Poland has requested that its English Programs for foreign national students be recognized by the Division. Additionally, subsection (a)(2) of section 1314.1 requires the institution to meet the standards set forth in subsection (b) of section 1314.1. Copies of Business and Professions Code sections 2089 and 2089.5 and Title 16, CCR, section 1314.1 are attached for your reference.

The institution submitted a Self Assessment Report to the Division on October 17, 2005, and a supplemental response on April 12, 2007. These items were forwarded to our Medical Consultant, Harold J. Simon, M.D, Ph.D., at the University of California, San Diego (UCSD) for review. Dr. Simon is an expert medical education consultant and professor at the UCSD School of Medicine, Division of International Health and Cross-Cultural Medicine. Dr. Simon completed a two-part evaluation of the institutions Self Assessment Report and the data provided by the institution in support thereof. Dr. Simon's reports outlining his findings and recommendations are attached for your review. In his first report dated July 5, 2006, Dr. Simon requested the institution to provide outcome measures data, such as their students' USMLE pass rates and success in entering postgraduate training programs, among other things. Institution officials addressed all questions and requests for additional information satisfactorily, as Dr. Simon describes in his second report dated May 3, 2007.

RECOMMENDATION

Our Medical Consultant, Dr. Simon, and Division staff recommend that:

1) the Division determine that a site visit is not deemed necessary based upon the institution's comprehensive responses submitted with its Self Assessment Report and the additional reasons pointed out in Dr. Simon's recommendations, and

2) the Division grant recognition to Jagiellonian University Medical College English Programs and the recognition be retroactive to the date of inception of the programs in 1994.

If you have any questions about this agenda item, please contact me at (916) 263-2365.

Attachments:

Business and Professions Code section 2089
Business and Professions Code section 2089.5
Title 16, California Code of Regulations, section 1314.1
Dr. Simon, Medical Consultant Report Dated July 5, 2006
Dr. Simon, Medical Consultant Report Dated May 3, 2007
Dr. Simon, Medical Consultant Letter Dated June 26, 2007

Business and Professions Code
Division 2 – Healing Arts, Chapter 5 – Medicine
Article 4 – Requirements for Licensure
Sections 2089 and 2089.5

Section 2089 – Proof of Completion of Medical Curriculum; Curriculum Requirements

2089. (a) Each applicant for a physician's and surgeon's certificate shall show by official transcript or other official evidence satisfactory to the Division of Licensing that he or she has successfully completed a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction, in a medical school or schools located in the United States or Canada approved by the division, or in a medical school or schools located outside the United States or Canada which otherwise meets the requirements of this section. The total number of hours of all courses shall consist of a minimum of 4,000 hours. At least 80 percent of actual attendance shall be required. If an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received prior to the granting of the degree.

(b) The curriculum for all applicants shall provide for adequate instruction in the following subjects:

Alcoholism and other chemical substance dependency, detection and treatment.
Anatomy, including embryology, histology, and neuroanatomy.
Anesthesia.
Biochemistry.
Child abuse detection and treatment.
Dermatology.
Geriatric medicine.
Human sexuality.
Medicine, including pediatrics.
Neurology.
Obstetrics and gynecology.
Ophthalmology.
Otolaryngology.
Pain management and end-of-life care.
Pathology, bacteriology, and immunology.
Pharmacology.
Physical medicine.
Physiology.
Preventive medicine, including nutrition.
Psychiatry.
Radiology, including radiation safety.
Spousal or partner abuse detection and treatment.
Surgery, including orthopedic surgery.
Therapeutics.
Tropical medicine.
Urology.

(c) The requirement that an applicant successfully complete a medical curriculum that provides instruction in pain management and end-of-life care shall only apply to a person entering medical school on or after June 1, 2000.

Section 2089.5 – Clinical Instruction; Affiliation Requirements

2089.5. (a) Clinical instruction in the subjects listed in subdivision (b) of Section 2089 shall meet the requirements of this section and shall be considered adequate if the requirements of subdivision (a) of Section 2089 and the requirements of this section are satisfied.

(b) Instruction in the clinical courses shall total a minimum of 72 weeks in length.

(c) Instruction in the core clinical courses of surgery, medicine, family medicine, pediatrics, obstetrics and gynecology, and psychiatry shall total a minimum of 40 weeks in length with a minimum of eight weeks instruction in surgery, eight weeks in medicine, six weeks in pediatrics, six weeks in obstetrics and gynecology, a minimum of four weeks in family medicine, and four weeks in psychiatry.

(d) Of the instruction required by subdivision (b), including all of the instruction required by subdivision (c), 54 weeks shall be performed in a hospital that sponsors the instruction and shall meet one of the following:
(1) Is a formal part of the medical school or school of osteopathic medicine.
(2) Has an approved residency program in family practice or in the clinical area of the instruction for which credit is being sought.
(3) Is formally affiliated with an approved medical school or school of osteopathic medicine located in the United States or Canada. If the affiliation is limited in nature, credit shall be given only in the subject areas covered by the affiliation agreement.
(4) Is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada.

(e) If the institution, specified in subdivision (d), is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada, it shall meet the following:
(1) The formal affiliation shall be documented by a written contract detailing the relationship between the medical school, or a school of osteopathic medicine, and hospital and the responsibilities of each.
(2) The school and hospital shall provide to the division a description of the clinical program. The description shall be in sufficient detail to enable the division to determine whether or not the program provides students an adequate medical education. The division shall approve the program if it determines that the program provides an adequate medical education. If the division does not approve the program, it shall

provide its reasons for disapproval to the school and hospital in writing specifying its findings about each aspect of the program that it considers to be deficient and the changes required to obtain approval.

(3) The hospital, if located in the United States, shall be accredited by the Joint Commission on Accreditation of Hospitals, and if located in another country, shall be accredited in accordance with the law of that country.

(4) The clinical instruction shall be supervised by a full-time director of medical education, and the head of the department for each core clinical course shall hold a full-time faculty appointment of the medical school or school of osteopathic medicine and shall be board certified or eligible, or have an equivalent credential in that specialty area appropriate to the country in which the hospital is located.

(5) The clinical instruction shall be conducted pursuant to a written program of instruction provided by the school.

(6) The school shall supervise the implementation of the program on a regular basis, documenting the level and extent of its supervision.

(7) The hospital-based faculty shall evaluate each student on a regular basis and shall document the completion of each aspect of the program for each student.

(8) The hospital shall ensure a minimum daily census adequate to meet the instructional needs of the number of students enrolled in each course area of clinical instruction, but not less than 15 patients in each course area of clinical instruction.

(9) The division, in reviewing the application of a foreign medical graduate, may require the applicant to submit a description of the clinical program, if the division has not previously approved the program, and may require the applicant to submit documentation to demonstrate that the applicant's clinical training met the requirements of this subdivision.

(10) The medical school or school of osteopathic medicine shall bear the reasonable cost of any site inspection by the division or its agents necessary to determine whether the clinical program offered is in compliance with this subdivision.

TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 13. MEDICAL BOARD OF CALIFORNIA
CHAPTER 1. DIVISION OF LICENSING
ARTICLE 4. SCHOOLS AND COLLEGES OF MEDICINE

1314.1. International Medical Schools.

(a) For purposes of Article 5 of Chapter 5 of Division 2 of the code (commencing with Section 2100), a medical school's resident course of instruction that leads to an M.D. degree shall be deemed equivalent to that required by Sections 2089 and 2089.5 of the code if the medical school offers the curriculum and clinical instruction described in those sections and meets one of the following:

(1) The medical school is owned and operated by the government of the country in which it is located, the country is a member of the Organization for Economic Cooperation and Development, and medical school's primary purpose is educating its own citizens to practice medicine in that country; or
(2) the medical school is chartered by the jurisdiction in which it is domiciled and meets the standards set forth in subsection (b) below.

(b)(1) Mission and Objectives.
The institution shall have a clearly stated written purpose or mission statement and objectives that include:

(A) The institution's broad expectations concerning the education students will receive;
(B) The role of research as an integral component of its mission, including the importance, nature, objectives, processes and evaluation of research in medical education and practice; and
(C) Teaching, patient care, and service to the community.
The institution shall have institutional objectives that are consistent with preparing graduates to provide competent medical care.

(2) Organization.
The institution shall be organized as a definable academic unit responsible for a resident educational program that leads to the M.D. degree. The manner in which the institution is organized shall be set forth in writing.

(3) Curriculum.
The structure and content of the educational program shall provide an adequate foundation in the basic and clinical sciences and shall enable students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care.

(4) Governance.
The administrative and governance system shall allow the institution to accomplish its

objectives (i.e. its statements of the items of knowledge, skills, behavior and attitude that students are expected to learn). An institution's governance shall give faculty a formal role in the institution's decision-making process. A student enrolled in the program shall not serve as an instructor, administrator, officer or director of the school.

(5) Faculty.
The faculty shall be qualified and sufficient in number to achieve the objectives of the institution. A "qualified" faculty member is a person who possesses either a credential generally recognized in the field of instruction or a degree, professional license, or credential at least equivalent to the level of instruction being taught or evaluated. The institution shall have a formal ongoing faculty development process that will enable it to fulfill its mission and objectives.

(6) Admission and promotion standards.
The institution shall have and adhere to standards governing admission requirements and student selection and promotion that are consistent with the institution's mission and objectives.

(7) Financial Resources.
The institution shall possess sufficient financial resources to accomplish its mission and objectives.

(8) Facilities.
The institution shall have, or have access to, facilities, laboratories, equipment and library resources that are sufficient to support the educational programs offered by the institution and to enable it to fulfill its mission and objectives. If an institution utilizes affiliated institutions to provide clinical instruction, the institution shall be fully responsible for the conduct and quality of the educational program at those affiliated institutions.

(9) Quality Assurance System.
If the institution provides patient care, it shall have a formal system of quality assurance for its patient care program.

(10) Records.
The institution shall maintain and make available for inspection any records that relate to the institution's compliance with this section for at least five years, except, however, that student transcripts shall be retained indefinitely.

(11) Branch Campuses.
An institution with more than one campus shall have written policies and procedures

governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the other locations. These policies shall be consistent with the institution's mission and objectives. The institution shall be fully responsible for the conduct and quality of the educational program at these sites. If an institution operates a branch campus located within the United States or Canada, instruction received at that branch campus shall be deemed to be instruction received and evaluated at that institution. For purposes of this section, the term "branch campus" means a site other than the main location of the institution but does not include any hospital at which only clinical instruction is provided.

(c) The division may, on its own or at the request of an institution, determine whether that institution meets the requirements of subsections (a) and (b). The division shall have the sole discretion to determine whether a site visit is necessary in order to verify the accuracy and completeness of the data provided and to conduct an in-depth review of the program to determine whether the institution is in compliance with this regulation.

(d) An institution's failure to provide requested data regarding its educational program or to cooperate with a site team shall be grounds for disapproval of its educational program.

(e) If the division determines that a site visit is necessary, it shall appoint a site inspection team to conduct a comprehensive, qualitative onsite inspection and review of all aspects of the institution's operations to determine whether the institution complies with the requirements of subsections (a) and (b).

The fee for a site visit is all reasonable costs incurred by the board staff and the site team, payable in estimated form in advance of the site visit. If the cost of the site visit exceeds the amount previously paid, the board shall bill the institution for the remaining amount and shall not take action to determine the institution's equivalency until such time as the full amount has been paid. If the amount paid exceeds the actual costs incurred, the board shall remit the difference to the institution within 60 days.

The site team shall prepare and submit to the division a report that includes

(1) Its findings regarding the institution's compliance with the requirements of the law and this regulation;
(2) Its assessment of the quality of the institution as a whole and the quality of the institution's educational program, including any deficiencies; and
(3) Its recommendation whether or not the institution's resident course of instruction leading to an M.D. degree should be deemed equivalent to that required by Sections 2089 and 2089.5 of the code, including a recommendation regarding the correction of any deficiencies identified in the report. A copy of the report shall be provided to the institution, which shall have60 days following the date of the report in which to respond to board staff as to any errors of fact or erroneous findings.

(f) If an institution wishes to retain the division's determination that its resident course of instruction leading to an M.D. degree is equivalent to that required by Sections 2089 and 2089.5 of the code, or if it is currently being evaluated for such equivalency, it shall do the following:

(1) It shall notify the division in writing no later than 30 days after making any change in the following:

(A) Location;
(B) Mission, purposes or objectives;
(C) Change of name;
(D) Any change in curriculum or other circumstance that would affect the institution's compliance with subsections (a) and (b).
(E) Shift or change in control. A "shift or change in control" means any change in the power or authority to manage, direct or influence the conduct, policies, and affairs of the institution from one person or group of people to another person or group of people, but does not include the replacement of an individual administrator with another natural person if the owner does not transfer any interest in, or relinquish any control of, the institution to that person.

(2) Every seven years, it shall submit documentation sufficient to establish that it remains in compliance with the requirements of this section and of Sections 2089 and 2089.5 of the code.

(g) The documentation submitted pursuant to subsection (f)(2) shall be reviewed by the division or its designee to determine whether the institution remains in compliance with the requirements of these regulations and of Sections 2089 and 2089.5 of the code.

(h) The division may at any time withdraw its determination of equivalence when an institution is no longer in compliance with this section. Prior to withdrawing its determination of equivalence, the division shall send the institution a written notice of its intent to withdraw its determination of equivalence, identifying those deficiencies upon which it is proposing to base the withdrawal and giving the institution 120 days from the date of the notice within which to respond to the notice. The division shall have the sole discretion to determine whether a site visit is necessary in order to ascertain the institution's compliance with this section. The division shall notify the institution in writing of its decision and the basis for that decision.

(i) The division may evaluate any institution described in subsection (a)(1) to determine its continued compliance with Sections 2089 and 2089.5 of the code if, in its sole discretion, the division has reason to believe that the institution may no longer be in compliance.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2018, 2089, 2089.5, 2102 and 2103, Business and Professions Code.

HISTORY

1. New section filed 11-13-2003; operative 12-13-2003 (Register 2003, No. 46).

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July 5, 2006

To: Division of Licensing
Medical Board of California

Attn: Ms Pat Park, Associate Analyst
Licensing Program

From: Harold J. Simon, M.D., Ph.D.

Subject: Review of and Comments on Documents Provided by the **JAGIELLONIAN UNIVERSITY COLLEGIUM MEDICUM (JUCM) - SCHOOL OF MEDICINE IN ENGLISH (SOMEP)** at Krakow, Poland, for the education of medical students.

The Division of Licensing (**DOL**) has requested a review of materials provided by **JUCM-SOMEP.** These were submitted in pursuit of a request for recognition of **JUCM-SOMEP** by the **DOL** to enable their students and graduates to participate in clinical clerkships and graduate clinical training programs in California and - provided all other requirements have been satisfied - to become eligible for licensure to practice medicine in this State.

The ensuing narrative is based on study and analysis of the following:*

1) Responses to the Division's **Questionnaire** and attachments.

2) Information concerning Poland's governmental financing, supervision, administration and evaluation of medical education at **JUCM.**

3) Two booklets entitled, **JUCM-SOMEP CURRICULUM DESCRIPTION:**

INFORMATION FOR 4-YEAR PROGRAM STUDENTS and **6-YEAR PROGRAM STUDENTS FOR 2004/2005,** respectively. (Presented in lieu of attachment 2 in item 4, below).

The booklets offer the following:

*Lists, content and hours of courses by year of study.
*Lists of required readings for each course.

***NOTE:** Unless indicated otherwise, the following narrative refers exclusively to matters concerning the **SOMEP.**

*Identification of the principal goals, topics, didactic and practical activities, teaching aids, and the methods of evaluation and examination for each course and clerkship.
*Stipulations governing clerkships abroad.
*Requests for anonymous students' questionnaire-based evaluations of the programs.

4) A set of 12 attachments (numbered 1 to 13, with item (3),above, in lieu of attachment 2). The attachments consist of
*The Jagiellonian University Mission Statement.
*An Example of a Diploma.
*Contingency plans in the event of natural or man-made disasters.
*Regulations and rules of the **SOMEP** in English.
*Copy of a form for Student evaluations of clinical clerkships at the home University.
*Graphic summary of students' course evaluations.
*The Ministry of the Treasury Directive (in English).
***JUCM** investment plans.
***JUCM** consolidated audit report (in English).
*Statement of **JUCM** ownership (in English).
*Copies of affiliation agreements between **JUCM** and teaching hospitals in Krakow.
*Copies of course and clerkship evaluation forms.

NOTE: Replies to the DOL questionnaire comprehensively address almost every topic posed therein. In consequence, this review and analysis will briefly address the major issues and focus on matters requiring additional information.

OVERVIEW:

Documentation about **JUCM's Statement of Objectives and Mission, Charter,** and **Governance** are provided in reference 4 (above) and fulfill the **DOL**'s requirements in these dimensions.

JU is chartered by and under the aegis of the Government of Poland, a member of **OECD**. Diverse functions relating to **JUCM** are subsumed by the Ministries of Education, Health, Science and Treasury, respectively. **SOMEP** is administered within **JUCM** under the direction of the **JU** central administration.

JU is one of Europe's oldest universities, having been in existence continuously since 1364 through several ups and downs of Poland as an independent nation. **JUCM's** professional degrees have been recognized by and its graduates have been practicing for many decades in numerous countries.

JUCM is situated in Krakow, Poland's second largest city and its capital in former times. Krakow has a long history as a major economic and cultural center.

Graduates of the **SOMEP** are eligible to practice in Poland after satisfying all requirements, passing the mandatory oral and written State Examinations and completing a thesis. US students are eligible to sit for the USMLE and are eligible for Stafford Loans through the US Department of Education.

All **SOMEP** programs require approval by the Faculty Assembly, and are further subject to approval by the Ministry of Education.

JUCM also offers programs in nursing, social work, health management, pharmacy, physiotherapy and paramedical fields, and teaches team approaches to medical care.

The **SOMEP** was established in 1994 and is patronized by a broad range of international students mainly from Norway, Canada and the US - a total of 67 from the US since inception of the **SOMEP** 12 years ago - and a smattering from several other countries. The curriculum conforms to the requirements prescribed by the Association of European Medical Schools in 1993. The **SOMEP offers two study programs:**

The 4-year program, designed primarily for US and Canadian students, is open to international students who have completed a course of undergraduate college study leading to a baccalaureate degree or its equivalent; and

The 6-year program for international students who have completed their secondary education and are eligible for admission to medical school in their native countries.

Neither program is open to Polish nationals but is open to applicants of Polish extraction residing in other countries.

The 6-year program's **curriculum** begins with 2 years of premedical studies, followed by 2 years of preclinical and 2 years of clinical instruction.

The 4-year program's curriculum depends on the premedical education having been completed satisfactorily prior to entry into the **SOMEP** and proceeds identically with the last 4 years of the 6-year program and the mainstream curriculum.

JU's principal responsibility is to educate Polish citizens and **JUCM** addresses primarily Poland's needs for physicians. **SOMEP** is an add on to **JUCM's** principal obligations and - undoubtedly not incidentally - a significant source of additional income both for the institution and the faculty.

In 2004/5, the total **JUCM** medical student enrollment numbered **2204** of which **325** were enrolled in the **SOMEP.** (In 2005/6 **SOMEP** enrolled 335 students (230 in the 6-year and 105 in the 4-year programs, respectively). Tuition for the 4-year program amounts to $40,000 and $63,500 for the 6-year program exclusive of any additional costs for special instructional needs such as books, tutorials, repeat examinations, and of the costs of living - room (dormitory charge is $2,500 per 9 month academic year), board, transportation, entertainment, etc.

The typical applicants to admissions ratio for the **SOMEP** is 3:1. The single annual entering class usually numbers 60 students.

The **SOMEP** premedical and preclinical courses are taught in English by **345** of the **785** full time **JUCM** faculty who possess the requisite language and linguistic skills. By the time students reach the clinical years, they will have acquired the ability to converse in Polish to meet the demands of the clerkships or be denied access until a deficiency is overcome.

The principal difference between the mainstream and **SOMEP** curriculae consists of intensive required instruction in medical Polish for 2 years in the latter. Optional instruction in Conversational Polish can be pursued throughout except for the first clinical year. The **SOMEP** curriculum is otherwise identical with the mainstream curriculum.

Special tutorials/seminars in any course may be arranged for students in the **SOMEP** on payment of a tutorial fee. Faculty involved in such activities are barred from any role in examinations in the curriculum involving the topics they teach in the tutorials.

NOTE: All items specified in section 2089(b) of the Business and Professions Code are addressed in the curriculum with the exception of **pain** and **end of life** topics which are not specifically identified as such.

FACILITIES:

JUCM's physical plant consists of 23 fully owned and 5 leased buildings embodying a comprehensive assemblage of hospitals, clinics, lecture halls, offices, student- and research laboratories, libraries and dormitories. These facilities are fully equipped with modern appurtenances to meet the clinical, instructional, research, and administrative needs and purposes of the institution and the community served.

JUCM is the region's referral center, the most important resource for day-to-day medical care up to and including the most advanced medical and surgical procedures. It serves the needs of Krakow's 725,000 and the surrounding region's 3,500,000 residents. The eight teaching hospitals in Krakow embody 1,895 teaching beds in every clinical discipline. The numerous clinics subserving primary, secondary and tertiary medical care saw 314,000 ambulatory patient visits in 2004. All facilities are publicly owned and managed by the University. Copies in English translation of formal affiliation agreements between **JUCM** and clinical facilities in Krakow have been supplied in response to the DOL questionnaire.

NOTE: JUCM states that there are no formal affiliation agreements with clinical facilities elsewhere in Poland or abroad. In fact, and notwithstanding that students in the clinical years of the SOMEP may take a significant part of their advanced clerkships off-site in the course of their clinical years, the JUCM administration claims to keep no records of where these activities take place. The student's work in these institution is evaluated and recorded on a form supplied to the host facility and returned to JUCM. Student evaluations of these clerkships also have to be submitted to JUCM but their eventual fate is not apparent. (See **Curriculum, Summary,** and **Recommendations).**

JUCM staff provides a comprehensive range of CME opportunities for physicians of the region and elsewhere to fulfill the State-mandated requirements.

All **Teaching and research** activities are conducted at the diverse facilities in Krakow in mostly modern or renovated buildings. Current construction projects include a new cantine with sports facilities, a new lecture hall/laboratory building and diverse projects aimed at renovating and upgrading existing hospitals and clinics.

All preclinical science courses include practical exercises conducted in well-equipped student laboratories. Requirements are met for effective address of A/V needs, illustration, photography, electronics, computer/data processing, machine shop, etc.

Library resources include the **JU** central library, the **JU** Institutes Library, the Medical Library and 66 departmental libraries housing almost 4 million volumes, a large collection of journals in every scientific and medical discipline and on-line access to 8 international and Polish language data bases. Medical students' access to the libraries is unrestricted and there is a sufficiency of study areas, library-information systems, viewing facilities and computers to meet the needs of faculty, researchers, residents and students. There is an active interchange loan program with numerous European university and medical libraries.

RESEARCH AT JUCM:

In 2004, more than 500 active research programs were being pursued at **JUCM** involving every one of its administrative units. These were funded largely through various government sources, with additional funding from industry, European scientific organizations and private foundations. In 2004, the total funding for research amounted to US$9,6 million. Faculty continuously publish in peer-reviewed journals in Polish and in diverse European and US journals.

Medical students in the **SOMEP** pursue their thesis work utilizing the libraries and both the Faculty's research and student laboratories. A scientific exchange program involves numerous foreign universities in Europe, Japan, Asia and North America.

STUDENT-ORIENTED FACILITIES:

These include several hostels/dormitories, dining facilities, a student lounge and recreational facilities. Access to and into the city is easy and Krakow offers a great variety of social and cultural resources.

CURRICULUM

The medical curriculum consists of **4** or **6 year** courses of studies. A year equals 30 weeks of instruction plus pre-clinical preparation in the summer(s) before the clinical

curriculum begins. The curriculum embodies >5,500 credit hours and is divided among three main categories: basic theoretical education (1 st and 2nd years in the 6-year program); pre-clinical subjects (3rd and 4th years in the 6-year program; 1 st and 2nd years in the 4-year program); clinical clerkships (last 2 years). The last year is devoted to advanced clinical clerkships, medical specialties, and subinternships. **Up to 50% of clinical clerkship time may be pursued off-site.**

On petition, A limited number of leaves of absence may be granted. Upon **SOMEP** approval, credit may also be awarded for courses pursued elsewhere.

Classroom instruction for the pre-clinical curriculum of the SOMEP is in English utilizing British and American texts, data bases and other resources. Instruction proceeds in parallel with the mainstream curriculum in terms of topic coverage and duration. Moreover, since all ICM and clinical activities involving patients require competency in the Polish language, intensive instruction in Polish is integral within the SOMEP curriculum. Students must demonstrate proficiency in Polish or be barred from further studies until they have fulfilled this requirement.

The curriculum is described in exhaustive detail by department, lecture/laboratory/practical/study topic, required and recommended readings on a weekly and credit hour basis (see reference 3, above). **Examination policies and practices are described in reference 4** (above), **together with exhaustively detailed responses to the Questionnaire embodying a course-by-course examination schedule with dates and specific topical coverage.**

Every course offers frequent self-examinations and requires satisfactory performance on midterm and final oral, written and laboratory/practical examinations before a student may progress to the next phase of the curriculum. Grading is on a 5-point scale.

Attendance in classes is strongly recommended. Attendance at and participation in laboratory/practical exercises and seminars is mandatory and enforced by requiring students to have attendance records signed at every occasion. If such an exercise is missed, a valid excuse must be submitted. Makeups may be permitted for cause. A student faces disciplinary proceedings if s/he misses more than 2 such sessions.

NOTE: In the course of their clinical years, students may undertake core and/or advanced clerkships and subinternships in other (often their home) countries. JUCM apparently does not prescribe nor select such target institutions other than to specify that the host hospitals must be university teaching hospitals or teaching hospitals affiliated with a local university (medical school). No formal affiliation agreements exist between JUCM and such institutions. JUCM does not identify any specific individuals at these institutions who might carry any responsibility for the academic quality of the instruction or the students' welfare.

Students may spend up to 50% of the time ordinarily devoted to clinical clerkships off-site but JUCM recommends against utilizing the next-to-last clinical year for such instruction. Consequently, the bulk of off-site training is accomplished in the final year. No specific information is provided on guidance/recommendations as to how these clerkships are selected by the students, their location, nature, content or supervision, except as noted below.

The prescribed procedure for attending an off-site clerkship stipulates that the student should write to the Chair of the JUCM Council and include a plan for the proposed rotation. This should be in compliance with JUCM's academic schedule, the duration of the rotation and supported by a letter of acceptance from the host institution. Some additional and routine stipulations refer to the student being in good standing, fulfilling all his/her obligations to the SOMEP, and continuing to pay full tuition there.

The student's choice must be approved by the Chair of the JUCM Council and only after receipt of a letter of acceptance from the prospective host institution. Some specific requirements and recommendations are provided about content and duration for a few specifically identified clerkships.

Quality assessment of off-site clerkships by JUCM amounts to review of the Student's Evaluation Form completed by the clerkship supervisor and submitted to JUCM. This should be supported by a detailed, signed report speaking to procedures performed and total time devoted to specific items in the clerkship. These documents are then forwarded to the JUCM counterpart clerkship supervisor for approval.

Through a special arrangement with the Norwegian Ministry of Health, Norwegian citizens in the **SOMEP** are permitted to complete an unspecified number (**which may be all!**) of their clinical studies in Norwegian hospitals which are responsible for the quality of the rotations completed.

This responsibility may not be delegated in the case of US and Canadian hospitals hosting **SOMEP** students as no appropriate counterpart certifying authority exists in these 2 countries.

The documentation states that students are not required to provide information on their off-site experiences to **JUCM** nor is the School obligated to collect such data. The documentation further states that, according to Polish law, **JUCM** may not disclose such information to third parties!

As currently administered and practiced, this constellation pertaining to off-site clinical experiences poses a serious obstacle to recognition of the SOMEP by the DOL at this time. (See **Summary** and **Recommendations**).

Note: US students in the SOMEP may take Part I of the USMLE after the 2nd year of the 4-year program. No information is presented as to how many of the 67 US students enrolled over the past 12 years sat for the USMLE, nor about individual or collective pass rates.

Further, **JUCM** does not require students to take/pass the USMLE. It does not collect such data, nor any data on their applications/successes with the NRMP match program.

Completion of the final year of formal studies is followed by a comprehensive State examination consisting of written and oral components, and submission of a thesis. The State examination may be taken in English.

A diploma or degree is awarded upon satisfactory completion of these and all other requirements.

Every student's **Progress** is closely monitored and evaluated in each course in accord with a 5-point grading scale and depends on performance on semi-final written, oral and practical examinations in each course. The final examinations are followed by obligatory practicals in laboratory and/or hospital settings, as appropriate.

Strict adherence is required to each and every element of student evaluation, attendance (with sign-ins and maintenance of log books), dates and times for taking examinations, etc. On petition, one re-take of a failed examination is permitted. If permitted, a failed retake requires repeat of the course.

Students are required to write a thesis. Their choice of topic must be approved by the relevant department. The completed work must be approved before the diploma/degree is awarded.

With mandatory fulfillment of these requirements, as is the case for all components and requirements of the mainstream medical education program, the **SOMEP** curriculum is essentially identical with and initially proceeds in parallel with the mainstream medical curriculum. It is eventually completely integrated into the mainstream program.

STUDENTS

Students are admitted to the **SOMEP** after completion of college or high school which, in Europe, includes the US equivalent of the first 2 years of college. Unless possessing a baccalaureate degree or equivalent, applicants must pass a comprehensive **Entrance Examination** covering topics in biology, physics, and chemistry. Proficiency in English is also evaluated.

Other items required of applicants for admission include a curriculum vitae, records of prior academic work (degree/diploma/certificate), GPA, letters of recommendation (optional), medical certification of health, immunizations and freedom from HIV/AIDS, birth certificate, documentation of citizenship/permanent residency, passport pictures, and financial ability to finance the entire course of study.

Data on applicants' average or range of GPAs are not to hand.

Students may transfer in advanced standing into years 2 or 3 after review and approval of their credentials. Applicants for admission into advanced standing may gain exemption from some courses depending on their prior studies and performance.

FACULTY

The **SOMEP** faculty consists of a comprehensive, competent and well-organized teaching faculty which conducts a logically ordered, comprehensive medical educational program along traditional European lines. Most are long-standing members of the **JUCM faculty.**

All faculty members are established medical educators. The physician faculty practice their professions in the University Hospitals and Clinics. Faculty members

participate in and publish their research findings in both national and internationally recognized journals.

Faculty teaching in the **SOMEP** in the pre-clinical years are bi- or tri-lingual, as are many faculty teaching in the clinical years. Lectures, seminars, rounds and case presentations may be held in English and/or Polish but all interactions between students and patients take place in the Polish language.

FINANCIAL MATTERS

JU and **JUCM** are financed by Ministries of the Polish Government. Specific itemization of the budget is provided in the replies to the Questionnaire. The **SOMEP** is entirely self-supporting. A significant fraction of the **SOMEP** budget is derived from student support funds from the US Department of Education through the Stafford Student Loan Program.

SUMMARY:

This review and analysis is based on the documentation concerning its **English Language Program in Medical Education** provided by the **JAGIELLONIAN UNIVERSITY COLLEGIUM MEDICUM - SCHOOL OF MEDICINE** in Krakow, Poland. There seems no reason to doubt that students enrolled in and graduating from the **SOMEP** obtain a medical education equivalent to that offered to the native-language speakers in the same facilities and on a par with that in most European federally-sponsored medical schools. However, several issues require address and clarification before a judgment can be rendered as to whether to recommend recognition by the **DOL**.

UNRESOLVED ISSUES:

Several issues pertaining to **off-site clinical clerkships** are of concern. To wit:

1) The absence of formal affiliation agreements between **JUCM** and actual/potential host institutions elsewhere for clinical clerkships is of concern. Students may pursue a large proportion of their core and specialty clinical rotations elsewhere. Indeed, the documentation does not provide any information on these sites. This item needs clarification about the location, nature, administration, quality assurance and supervision at these sites; how they are selected and reviewed, and more specific documentation about the activities of and resources at these sites. (See **Curriclum**, above).

2) Matters pertaining to the **USMLE** for **SOMEP** students:

Taking/passing the USMLE parts 1 and 2 is not required for **SOMEP** students to progress in the program or to commence clinical studies. The documentation states that US students may and do take these examinations. However, the School does not maintain or record names, scores or pass rates. The same holds for records of graduates' successes with regard to the **NRMP**. This raises serious questions concerning quality assessment of the curriculum and preparation of graduates for their further education.

A statement to the effect that **JUCM** is beginning to use NBME shelf examinations may be taken as a first step toward preparation of students specifically for the USMLE. It does not, however, address the issues of quality assessment and preparation in the previous paragraph.

3) The absence of specific identification of **pain** and **end of life** topics from the list of items covered in the curriculum.

CONCLUSIONS AND RECOMMENDATIONS:

The following addresses the issues precluding an immediate recommendation for recognition of the **JUCM-SOMEP** by the **Division**:

1) The problems with the off-site clinical clerkships.

As this reviewer interprets the California statutes there is no possibility of according the requested recognition at this time. **SOMEP's** current practices with regard to off-site education and matters of Polish law, which apparently prohibit providing specific information about student activities to third parties, can probably not be reconciled with California's requirements. Although **JUCM-SOMEP** should be advised to change their practices with regard to off-site education of their students, this may not happen.

However, there may a possibility to address these issues by means of a waiver and substitution of other criteria for a resolution of this dilemma in individual cases. To wit:

* The **SOMEP** is a small part of **JUCM**, an old, well established and highly regarded School of Medicine.

* Applicants from **SOMEP** for clinical training in California are likely to be few in number since the US complement in the program is relatively small.

* Since **SOMEP** stipulates that off-site clinical clerkships must take place in university- or university-affiliated hospitals, the lack of a specifically designated off-site clerkship director responsible for oversight of **SOMEP** students may not be a critical obstacle to recognition, per se.

* Potential applicants for clerkships or residencies could request a waiver. Requests to participate in clinical clerkships in California would only be considered from students in their last clinical year and could be time limited. Applicants could be required to submit the following to a designated **DOL** delegate for review and recommendations:

For final year medical students applying for clerkships:

Their USMLE I and II officially authenticated test scores;
The Clinical Skills Examination evaluations;
Signed evaluations from other clerkship directors;
A letter of endorsement from the Director of the **SOMEP** to the effect that all **SOMEP** requirements have been satisfied; and
Demonstrated proficiency in English.

For graduates applying for residencies:

All of the above with the additional stipulations that they shall have received the M.D. degree or a diploma and have passed the ECFMG and/or TOEFL examinations, as may be appropriate.

The **DOL**'s delegate would evaluate these materials and, as may be appropriate, recommend that the DOL grant or deny the waiver.

2) There is a question as to **how well the SOMEP prepares graduates for residencies in US hospitals.** The program claims not to have any data on US graduates' performance in the NRMP nor their success in gaining residencies and their performance therein. Possible approaches to address this issue include the following:

*) **JUCM** might request such information from the NRMP for submission to the **DOL**. (Does Polish law prohibit this?).

*) **JUCM** might petition NRMP to provide this information directly to the **DOL.**

*) **DOL** might request these data directly from the NRMP - with or without a letter of authorization from **JUCM.**

All costs associated with these approaches would be borne by the SOMEP.

3) The apparent absence of topical coverage of **pain** and **end of life** in the curriculum could be addressed by means of correspondence with Professor Piotr Laidler, the official responsible for replies to the Questionnaire.

ON THE MATTER OF OFFICIAL RECOGNITION OF THE SOMEP:

If, as and when the above matters have been addressed and resolved to the **Division**'s satisfaction, the matter of recognition of the **SOMEP** may be taken up.

If the **Division**'s questions are resolved satisfactorily, approval may be recommended for students in their last clinical year to participate in clerkships in California and for graduates to participate in residencies. To become eligible for licensure to practice medicine in the State of California they must also have passed USMLE III and have satisfied all additional statutory requirements applicable to US and Canadian applicants.

A further condition for recognition of **SOMEP** might stipulate periodic reviews of this program, possibly at 5-year intervals. (Perhaps site visits should eventually be arranged for the other European English Language medical programs recognized by the Division, as well).
The above recommendations are based on the following:

*The expectation that the problems and issues identified in this review will have been resolved to the **Division**'s satisfaction.

*The distinguished history and reputation of the **JAGIELLONIAN UNIVERSITY** and its **SCHOOL OF MEDICINE**

*The **JUCM's** comprehensive mainstream pre-clinical and clinical educational programs. After specifically arranged pre- clinical education in English, and having passed a proficiency examination in the Polish language,

international students enrolled in the **SOMEP** participate fully in the mainstream curriculum. Their medical education is essentially identical with that of the students in the mainstream program and closely parallels that in LCME accredited institutions (with apparently much closer supervision of individual students' progress and behavior);

*The **JUCM's** widely recognized faculty;

*The **JUCM's** comprehensive pre-clinical and clinical facilities and other resources;

*The **JUCM's** educational and service roles in the primary, secondary and tertiary medical arenas;

*The **JUCM's** University and affiliated hospitals' teaching and service functions as a major referral center for the region;

*Acceptance of **JUCM** medical graduates to practice in numerous other countries; and

*The **JUCM's** functioning under close governmental oversight.

Respectfully submitted,

Harold J. Simon, M.D., Ph.D.
Consultant

UNIVERSITY OF CALIFORNIA, SAN DIEGO UCSD

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07 MAY 21
LICENSING PROGRAM

HAROLD J. SIMON, M.D. Ph.D.
SCHOOL OF MEDICINE
DIVISION OF INTERNATIONAL HEALTH AND
CROSS-CULTURAL MEDICINE

9500 GILMAN DRIVE # 0622
LA JOLLA, CALIFORNIA 92093-0622

May 3, 2007

To: Division of Licensing
Medical Board of California

Attn: Ms Pat Park, Associate Analyst
Licensing Program

From: Harold J. Simon, M.D., Ph.D.
Consultant

Subject: Review of and Comments on a document, dated April 12, 2007, and provided by the **Jagiellonian University Collegium Medicum (JUCM) - School of Medicine in English (SOMEP)** at Krakow, Poland.

This document was provided in response to questions raised in a November 6, 2006, review* of a set of documents originally submitted by **JUCM-SOMEP** in pursuit of recognition by the State of California toward obtaining permission for **JUCM-SOMEP** medical students to pursue clerkships in California institutions, for their graduates to pursue residencies, and eventually to stand for licensing to practice in the State. As a result of that review, an opinion was rendered that several outstanding issues remained to be addressed and resoolved prior to a formal recommendation on the petition by **JUCM-SOMEP.**

The following will identify the issues in question, the responses offered by the **JUCM-SOMEP**, and comments from the undersigned. A formal recommendation on the matter of recognition of the **SOMEP** by the **DOL** will then be offered.

FIRST ISSUE: Matters pertaining to off-site clinical clerkships pursued by students enrolled in the SOMEP.

The questions raised initially pertain to the apparent absence of formal affiliation agreements between **JUCM** and

*A copy of that review is appended. It has been modified slightly with deletion of typographical errors and a modification of a previous recommendation.

off-site host institutions wherein clinical clerkships are pursued; their nature, location, and administration; quality assurance and supervision; how they are selected and reviewed; and about the activities and resources at these sites.

In reply, the letter from **SOMEP** has supplied a list of 36 hospitals where off-site clerkships are currently pursued by senior medical students. With only one exception, all are well-known and highly regarded university or university-affiliated teaching hospitals. The exception is Ross University in the West Indies which hosts a very small number (1-3) students.

Of the others, 31 are in U.S. and Canadian hospitals associated with LCME-approved medical schools, 3 are in well-recognized and highly regarded teaching hospitals in the UK and one is New Zealand.

By far the greatest number (well over half) of off-site clerkships are pursued in 2 locations: The University of Rochester School of Medicine and Dentistry in Rochester, New York, and the University of Toronto's Faculty of Medicine in Toronto, Ontario, Canada. The other institutions generally host 1-3 students each.

A separate table lists the clinical clerkships utilized at each site which range from single offerings to essentially the complete gamut of clinical disciplines.

Copies are to hand of the **formal agreements** between **JUCM** and the medical schools in Toronto and Rochester. These cover exchange programs involving students, residents and senior clinicians. They also address issues pertaining to visiting lecturers, participants in colloquia and seminars and look to collaborative clinical and research programs.

The individuals overseeing these activities at the involved institutions are identified. Matters pertaining to institutional support, coordination, and screening of participants in the diverse exchange programs are addressed.

In exquisite detail, the agreements cover the required educational backgrounds of those eligible to participate in the exchange programs; the maximum number of places available in the various programs; the duration of the clerkships; financial arrangements between the institutions and the students; and support for housing of visitors, etc.

Of note: Tuition fees are waived and free housing is available for visitors on a reciprocal basis. In addition, student visitors to Rochester from the **JUCM** Polish Language Program are given $1,000 for living expenses.

The agreements are presented in English and Polish and are equally binding. The agreement with Rochester covers three years and is subject to renewal in November 2007. The agreement with Toronto covers 5 years as of August 2004.

Further details are provided in the letter, dated April 14, 2007.

In the future, such agreements will be made with other off-site accredited institutions in the U.S., Canada, Australia and EU, reviewed by the JUCM Council, and subject to the **quality assurance process** currently in use.

The **Quality Assurance Process** consists of

*confirmation of accreditation of an off-site institution in any particular location by the appropriate medical board;

*Review by the **JUCM** Council of clerkships at all off-site locations; and

*Review of course/clerkship descriptions, including the entire curriculum.

A table is provided which identifies course/clerkship length, number of hours, numbers of students enrolled, prerequisites, goals, learning objectives, topics covered, schedules of clinical and didactic activities, required readings, supervision, and methods for evaluating student performance.

Exchange students' performance is evaluated by physician professors, attending staff, and residents at the host sites.

As necessary, telephone contacts with off-site institutions supplement correspondence. On occasion, site visits may be undertaken.

SECOND ISSUE: Matters pertaining to performance on the USMLE by SOMEP students.

In the original submission, the **JUCM-SOMEP** authority stated that they were unable to obtain such information as a result of privacy concerns and Polish law which forbids transmission of such information to third parties. These concerns seem to have been resolved. In fact -

JUCM now requires students to take the USMLE at the designated times and provide their scores to the Dean's office as a requirement for graduation. At matriculation, students must submit a signed agreement to this effect. Thus:

a) For the 2006 graduating class of the **4-year English Program:**
   All 12 students **(100%)** took and passed **Step 1.**
   10 students took **Step 2 CK** and **all passed.**
   9 of the 10 students (90%) who took **Step 2 CS** passed.

b) For the Class of 2007 (current 4th year students in the **4-year English Program**).
   14 of the 17 students **(82%)** passed **Step 1.** Results for another (6%) are pending and 2 are scheduled to retake the exam.
   All 7 **(100%)** taking **Step 2 CK** passed.
   All 7 **(100%)** taking **Step 2 CS** passed.

c) For the Class of 2008 (current 3rd year in the **4-year English Program).**
   To date, Of 20 students who have taken **Step 1**, 14 **(70%)** have passed. The other six are scheduled to retake the exam.

d) The majority of students in the **6-year English Program**, accredited by the EU, have been and continue to be from Norway. They are subject to a separate exam to be eligible to practice in Norway. 100% of these students are pursuing graduate training programs in Norway.

In recent years, the **6-year English Program** enrolled only 2-4 students from Canada and 2 from the US yearly. USMLE records for these students are not available. However, data obtained from the Class of 2003 indicated a **100%** pass rate for **Steps 1,2 CK, and 2 CS.**

THIRD ISSUE: Post-Graduate training performance of SOMEP graduates.

The question was raised as to how well the **SOMEP** prepares graduates for residencies in US hospitals. The original submission lacked data on **SOMEP** graduates' performance in the NRMP, their success in obtaining residency positions inthe US, and on their performance therein.

Since the previous review, the **JUCM-SOMEP** has begun to collect the requested information from its graduates. Thus, although no data are supplied as to success rates:

Three (3) graduates of the Class of 2003 from the **6-year Program in English** found residency placements in US teaching hospitals. (Be it remembered that this program enrolls very few US and Canadian students).

Forty-three (43) graduates of the **4-year program in English** obtained residencies in US teaching hospitals. By year of graduation, the data show the following:

2 graduates of the Class of 1998 (the first graduating class);
3 graduates of the Class of 1999;
7 graduates of the Class of 2000;
5 graduates of the Class 0f 2001;
4 graduates of the Class of 2002;
6 graduates of the Class of 2003;
5 graduates of the Class of 2004;
6 graduates of the Class of 2005; and
5 graduates of the Class of 2006.

Effective with the current year, the **JCUM** Chair and Council have mandated that students must provide the names of the residency programs they will enter to the Dean's office. This initiative was formally approved by both the **JUCM** and Student Councils.

FOURTH ISSUE: The apparent absence of 'PAIN MANAGEMENT' and 'END OF LIFE' topics from the Curriculum:

The current submission from the **SOMEP** provides detailed information on the teaching of these two topics. Included are the following:

*Placement (timing) within the 2 **EMP** curriculae;
*Format (lectures, seminars and clinical practice in ambulatory and in-patient settings);
*Inclusion within specified courses and clerkships;
*Specific topics covered.

These include comprehensive treatments of the two named topics and go much farther into aging and age-related changes in the organ systems; special aspects of history-taking and physical examination of the elderly; communication skills for addressing the elderly; major geriatric medical problems such as pressure ulcers, incontinence; infections, nutrition and symptom management; falls, rehabilitation, delirium, dementia, depression, social issues; and decision making.

CONCLUSIONS:

The communication from **JUCM-SOMEP,** dated 4/18/07, provides comprehensive replies with detailed supporting information to the four sets of issues and questions raised in the review of the original petition for recognition by the Division of Licensing.

The current review strongly suggests that essentially all outstanding issues have been addressed satisfactorily.

RECOMMENDATIONS:

Approval by the DOL is recommended for recognition of the SOMEP. This recommendation is intended to apply to

*Students in their last clinical year to participate in clinical clerkships in California; to

*Graduates to participate in residencies in California; and to

*Applicants for licensure in California from **SOMEP.** These must have passed **USMLE I, II, and III** and have satisfied all statutory requirements applicable to US and Canadian applicants.

In addition, the **DOL** might stipulate periodic reviews of this program at 5 year intervals and/or in consequence of any significant change in governance or curriculum.

This recommendation is based on the **JUCM-SOMEP**'s satisfactory replies to the issues raised in the previous review and the supporting information presented on pages 14 and 15 therein.

Respectfully submitted,

Harold J. Simon, M.D., Ph.D.
Consultant

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07 JUL -2 AM 9:44
LICENSING PROGRAM

DATE: June 26, 2007

TO: The Division of Licensing
Medical Board of California

Attn: Ms. Pat Park, Associate Analyst
Licensing Program

FROM: Harold J. Simon, M.D., Ph.D.
Consultant

SUBJECT: Recognition of Jagiellonian University Collegium Medicum (JUCM)
School of Medicine in English Program (SOMEP)

I have been asked to offer my opinion as to the date when this Program should be recognized by the Medical Board in view of my recommendation that it should be offered recognition.

I believe full recognition is warranted as of the date of the inception of the English Language Program - 1994. My reasoning:

My first review I saw a generally well-organized and well - administered program. In point of fact, if it had not been for a few unfulfilled stipulations by the Medical Board and the applicable statutes, full recognition would have been recommended at that time. These issues and my recommendations toward their resolution are fully detailed in my prior submissions.

In my view, the latest submission demonstrates that such outstanding issues have been resolved satisfactorily.

In addition, be it noted again that this institution is highly regarded throughout the Western World and has been in operation for centuries. Its buildings, laboratories, and libraries have existed and functioned for many years and are continuously being upgraded.

Its faculty is highly regarded and - for the most part - serve the English Program as a sideline for its first two years until the Program is fully integrated into the mainstream program. Its graduates enjoy high regard throughout Poland and in the many other countries in which they practice.

Finally, the institution and its program are accredited by the responsible Polish and European authorities.

Respectfully submitted,

Harold J. Simon, M.D., Ph.D.
Consultant

Agenda Item 14

Meeting Month/Year	Physician's & Surgeon's Applications	Number of Calendar Days to Initial Review (Low)	Number of Calendar Days to Initial Review (High)	Number of Calendar Days to Initial Review (Average)
July-07	US/CAN	25	43	38
July-07	IMG	21	61	46
April-07	US/CAN	34	55	43
April-07	IMG	15	56	33
February-07	US/CAN	26	39	32
February-07	IMG	26	58	40
November-06	US/CAN	21	29	23
November-06	IMG	49	21	36
July-06	US/CAN	77	98	87
July-06	IMG	63	89	76
May-06	US/CAN	69	88	69
May-06	IMG	36	77	58
February-06	US/CAN	Not Available	Not Available	127
February-06	IMG	Not Available	Not Available	117

FY 06/07	Number of Physician's & Surgeon's Applications Received *	Number of Physician's & Surgeon's Licenses Issued *
1st Quarter	1,415	1,527
2nd Quarter	1,528	1,166
3rd Quarter	1676	1252
4th Quarter	1415	1340
TOTAL	6,034	5,285

* The Physician's and Surgeon's Applications Received and Licenses Issued were obtain from the Applicant Tracking System Data. These Stats will be reconciled with the Consumer Affairs System used in the Annual Report. Therefore, the annual report may contain different data.

FY 05/06	Number of Physician's & Surgeon's Applications Received	Number of Physician's & Surgeon's Licenses Issued
TOTAL	6,090	5,020

Special Program FY 06/07	2111 Applications Processed	2112 Applications Processed	2113 Applications Processed	2168 Applications Processed
1st Quarter	19	0	15	0
2nd Quarter	6	1	5	0
3rd Quarter	4	0	4	0
4th Quarter	19	1	19	1
TOTAL	48	2	43	1

Special Program FY 06/07	2072 Applications (Correctional Facility) Processed	Hospital 1327 Site Visits	Medical School 2111/2113 Site Visits
1st Quarter	1	1	6
2nd Quarter	0	0	0
3rd Quarter	1	0	0
4th Quarter	1	0	0
TOTAL	3	1	6

Consumer Information Unit Activity FY 06/07	Number of Calls Answered	Number of Callers Connected to an Operator Immediately	Percent of Callers Who Experienced a Two Minute or Less Wait Time
1st Quarter	16,777	6,830	57%
2nd Quarter	16,756	8,261	65%
3rd Quarter	17,687	6,930	53%
4th Quarter	17,911	8,776	66%
TOTAL	69,131	30,797	NA

LICENSED MIDWIFE ACTIVITY 2006/2007			
Licenses Issued	Applications Received	Applications Pending	Applications Denied
9	11	4	0

Licenses Current/Renewed (as of June 30, 2007)	Licenses Delinquent (as of June 30, 2007)	Licenses Canceled (as of June 30, 2007)
171	17	14