MEDICAL BOARD OF CALIFORNIA
Executive Office

Marriott Courtyard Cal Expo
Golden State Room C/D
1782 Tribute Road
Sacramento, CA 95815

July 28-29, 2011

MINUTES

Due to timing for invited guests to provide their presentations, the agenda items below are listed in the order they were presented.

Agenda Item 1 Call to Order/ Roll Call
Ms. Yaroslavsky called the meeting of the Medical Board of California (Board) to order on July 28, 2011 at 1:09 p.m. A quorum was present and notice had been sent to interested parties.

Members Present:
Barbara Yaroslavsky, President
Hedy Chang, Secretary
Jorge Carreon, M.D.
Shelton Duruisseau, Ph.D.
Sharon Levine, M.D.
Reginald Low, M.D.
Mary Lynn Moran, M.D.
Janet Salomonson, M.D.
Gerrie Schipske, R.N.P., J.D.

Staff Present:
Eric Berumen, Enforcement Program Manager
Anna Caballero, Secretary, State Consumer Services Agency
Ramona Carrasco, Enforcement Manager
Janie Cordray, Research Analyst
Andrew Hegelein, Supervising Investigator
Tamiko Heim, Budget Analyst
Kurt Heppler, Staff Counsel
Kimberly Kirchmeyer, Deputy Director
Ross Locke, Business Services Staff
Mark Loomis, Supervising Investigator
Natalie Lowe. Enforcement Analyst
Armando Melendez, Business Services Staff
Kelly Montalbano, Enforcement Analyst
Valerie Moore, Enforcement Program Manager

Cindi Oseto, Licensing Program Manager
Regina Rao, Business Services Staff
Letitia Robinson, Licensing Program Manager
Paulette Romero, Enforcement Manager
Anthony Salgado, Licensing Program Manager
Teresa Schaffer, Enforcement Analyst
Kevin Schunke, Outreach Manager
Anita Scuri, Department of Consumer Affairs, Supervising Legal Counsel
Jennifer Simoes, Chief of Legislation
Laura Sweet, Deputy Chief of Enforcement
Cheryl Thompson, Administrative Assistant
Renee Threadgill, Chief of Enforcement
Linda Whitney, Executive Director
Curt Worden, Chief of Licensing

Members of the Audience:

Yvonne Choong, California Medical Association (CMA)
Paul Costa, Department of Consumer Affairs
Dean Crow, M.D., Member of the Public
Karen Ehrlich, L.M., Midwifery Advisory Council
Julie D'Angelo Fellmeth, Center for Public Interest Law
Stan Furmanski, M.D., Member of the Public
Dean Grafillo, CMA
Dan Leacox, Greenberg Traurig
Margaret Montgomery, Kaiser Permanente
Elberta Portman, Physician Assistant Committee, Department of Consumer Affairs
Carlos Ramirez, Office of the Attorney General
Romero Reyes, Member of the Public
Rehan Sheikh, Member of the Public

Agenda Item 2 Public Comment on Items Not on the Agenda

Dr. Stan Furmanski stated the orders issued by the Board indicate that a doctor shall be tested in his or her specialty or subspecialty. However, the Board often does not have tests for the ordered topic, nor does it have objective published standards that would be used to grade such a test. Public Records Act requests have verified that no test exists for nuclear magnetic resonance imaging, which is Dr. Furmanski's specialty. He stated the Board is issuing orders that are impossible to comply with and recommended establishing an administrative pathway to have the orders for radiologists, chemotherapists, and anesthesiologists voided by administrative staff, and creating a pathway that would allow doctors to come directly to the Board to have orders eliminated.

Ramiro Reyes expressed concern over cannabis clinics that operate via the internet and dispense marijuana without a true physician examination. He questioned the legality of a physician conducting a physical examination via the internet prior to issuing a cannabis recommendation and called for a thorough investigation of this practice.

Dr. Deane Crowe stated he issues cannabis recommendations but is careful to follow the practice guidelines set forth by the Medical Board. He expressed concern over medical corporations that are not physician owned but merely employ physicians to issue marijuana recommendations. Recently, one of these corporations, after learning it was in violation, appointed a physician to its board and was issued a fictitious name permit by the Medical Board. He requested that the Board investigate this particular corporation and offered to provide supporting documentation.

Agenda Item 3 Approval of Minutes from the May 6, 2011 Meeting
Dr. Salomonson made a motion to approve the minutes from the May 6, 2011 meeting; s/Levine; motion carried.

Ms. Yaroslavsky appointed Dr. Salomonson to serve on the Application Review Committee for the Thursday, July 29, 2011 meeting.

Agenda Item 24 Presentation: CMA California Physician Workforce Report
Yvonne Choong, Associate Director, Center for Medical and Regulatory Policy, CMA, and Dean Grafilo, Associate Director, Government Relations, CMA, delivered a presentation entitled "Five Issues Facing California's Physician Workforce". Physician workforce analysts have projected the United States will be face a shortage of approximately 91,000 physicians by 2020. California physician shortages are projected to be 17,000 by 2015. These projections were issued before the enactment of federal health care reform, likely making the physician shortage much higher as California's insured patient population is projected to increase by 10%. The composition and distribution of physicians in California, as well as the state's capacity to train and recruit the next generation of physicians, present additional concerns.

Bottlenecks exist in California's physician training pipeline. Last year, California's eight allopathic medical schools received over 45,000 applications for 1,000 positions. Only 41% of medical school students from California are able to attend an in-state medical school, compared to a national average of 62%, minimizing the benefit California receives for having the highest retention rate for medical students in the country. Only 26% of active patient care physicians in California were educated in-state.

The situation is similar for graduate medical education (GME), with a high retention rate and few positions available. The primary source of funding for graduate medical education is Medicare, accounting for approximately 70% of all GME dollars. However, the number of funded positions and their distribution across the country has been frozen since 1997. At that time, the majority of residency slots existed in New York and New England, hence, that geographical bias was institutionalized. While Medi-Cal also provides a significant funding stream for GME, this, too, has problems as the funding is both undersized and unreliable.

These shortcomings in the physician training pipeline make California particularly dependent upon attracting doctors from out of state, thus, maximizing the appeal of California as a medical practice environment is a major issue. However, California's Medicaid (Medi-Cal) rates are the fourth lowest in the US, paying on average 56% of the Medicare fee schedule. This does not include the 10% cut under former Governor Schwarzenegger that is scheduled to go before the

US Supreme Court or the new 10% cut that Governor Brown just signed into law. Also detracting from the fiscal appeal is the fact that CA has the fourth highest cost of living in the country, at 132% of the national average. This results in narrow margins for maintaining the financial viability of a medical practice. The pending implementation of federal health reform makes matters even worse; PPACA is expected to add as many as three million newly insured Californians to the existing patient population without any corresponding increase in the number of physicians. It's difficult to predict the impact such an increase in demand will have upon an already over-stretched health care system. One positive note is that the medical liability insurance premiums in California are low compared to those in other states, largely due to MICRA and the limits placed on non-economic damages.

Specialty distribution is another major issue for the physician workforce, with an immense need for more primary care physicians. Currently, 74% of California's counties have an undersupply of primary care physicians. Primary care residencies draw lower levels of interest among graduating medical students compared to other specialties. While there is on-going debate over why interest in primary care is waning, the AMA is beginning to find links between medical school debt and medical students pursuing higher paying specialties. Between 2001 and 2006, public medical school tuition increased 11% annually and continues to grow. As a result, 86% of medical school students are now graduating with outstanding loans, with an average debt at $156,456 in 2009. With primary care physicians making on average only 70% of the median income for all doctors, higher debt has a particular impact on specialty choice.

The geographical distribution of physicians throughout the state is extremely uneven. The urban centers of Sacramento, San Francisco, San Diego, and Los Angeles all have a considerable advantage over less metropolitan areas such as the San Joaquin Valley, Northern and Sierra regions, the Central Coast, and the Inland Empire. There are over 200 distinct areas and populations in California designated as medically underserved, with considerable overlap between medically underserved areas and regions with a high proportion of Medi-Cal patients. In 2008, only 57% of physicians were able to accept new Medi-Cal patients due to low reimbursement rates.

The final issue is the shortcoming in the ethnic and racial diversity of California's physician workforce. Latinos (which make up 37% of California's population but only 5% of the physician workforce) and African Americans are underrepresented, as are Samoan, Cambodian, and Laotian ethnicities. Minority physicians are far more likely to practice in primary care and work in low income and underserved communities. Diversity is also important for patient care and access, with studies indicating that ethnic physicians are more attuned to screening and treating health risks associated with their own race and ethnicity.

Ms. Choong presented on potential solutions to the issues discussed. CMA recommends increasing medical school enrollment in California, both by expanding class sizes at existing schools and building new schools. However, California's current financial landscape has presented challenges to building new schools, such as those at UC Riverside and UC Merced.

The number of residency slots in California should also be expanded in order to attract medical students from other states. This, too, becomes difficult as California's current budget deficit

leaves few options outside of looking for private sources of GME funding. In the long term, change is required at the federal level in the way residency programs are funded through Medicare. CMA is sponsoring SB 347 (Rubio) which looks at earmarking a portion of Medi-Cal managed care funding to hospitals specifically for GME training. This is currently a two-year bill.

Another option is to look to foreign medical graduates. Both in California and nationally, many individuals are seeking medical education at foreign medical schools. Since these schools are a significant source of physicians and California has some of the strictest standards for recognizing international medical schools, an option would be to revisit some of these standards and the list of schools eligible for recognition by the Board.

With regard to the practice environment, suggested strategies include upholding the MICRA cap to contain medical liability insurance premiums and increasing Medi-Cal payments. In addition, streamlining the medical licensing processing and reducing the licensing fees would be helpful, particularly for new physicians just beginning their careers.

Primary care physician shortages could be addressed by reducing financial barriers by expanding scholarships and grants to medical students. This would prevent students from accumulating excessive debt that could later drive specialty selection. CMA is sponsoring AB 589 (Perea) which would mirror the Steven Thompson Loan Repayment Program by creating the Steven Thompson Scholarship Program for medical schools, whereupon completion of residency, awardees would practice in highly medically underserved areas. Additional suggestions include increasing compensation for primary care services, improving Medi-Cal payments, cracking down on insurance plan abuses, sufficiently funding public health initiatives such as flu vaccines, and expanding loan repayment programs for primary care physicians. A third option, which has been explored in other states, is to develop a shortened primary care education track. In theory, such a system would reduce the amount of debt primary care physicians accumulate by eliminating a year of their medical schooling. Any plan to condense medical education would have to meet the Board's requirements to ensure that these students would be eligible to practice in California.

With regard to geographical distribution issues, existing state loan repayment programs for primary care physicians and specialists working in underserved areas could be expanded. In 2011, the Steven Thompson Loan Repayment Program will have awarded $3.1 million in loan repayment scholarships to 34 physicians. The program's funding will be combined with available federal funding to expand awards in the next year. Expanding medical schools' rural training programs and developing rural and community-based residency programs are other options.

The ethnic and racial diversity issue could be addressed by recruiting more students from underserved communities by offering premedical advising services for youths, clinical mentorship opportunities, and post-baccalaureate premedical programs. Financial barriers could be reduced by offering more scholarships and grants to students with ethnically and economically diverse backgrounds. Further, medical education programs and continuing medical education courses could be developed that focus on culturally competent care.

Dr. Low noted there are some new private medical schools that will be opening in California that will help increase the physician pool. He also suggested that pharmaceutical, device, medical insurance companies, and other stakeholders be required to help subsidize the distribution and training issues. Mr. Grafilo indicated that other states already require all stakeholders to contribute toward funding GME.

Ms. Schipske requested a report through the Federation of State Medical Boards (FSMB) that compares California with other states for licensing application processing times and fees. Ms. Chang noted that FSMB has just begun to collect this data from the state boards. Ms. Whitney indicated this information could be requested and presented at the October 2011 meeting.

Agenda Item 9 Legislation / Regulation

A. 2011 Legislation

Jennifer Simoes, Chief of Legislation, referred members to the Legislative Packet and the Tracker List.

Board Sponsored Bills:

- **AB 1127** (Brownley) Physicians & Surgeons: Physician Interview
  This bill will make it a violation of unprofessional conduct for a physician who is the subject of an investigation by the Board to repeatedly fail, absent good cause, to attend and participate in an interview scheduled by mutual agreement between the physician and the Board. The bill was signed by the Governor and will become law.

- **AB 1267** (Halderman) Physicians & Surgeons: Misdemeanor Incarceration
  This bill would authorize the Board to automatically place a physician's license on inactive status when a physician is incarcerated after the conviction of a misdemeanor. The bill would allow the Board to disclose the reason for the inactive status on its website. The bill was amended in Senate Business and Professions Committee (B&P) to require the Board to move the physician's license back to its prior appropriate status within five business days of receiving notification. Board staff believes the five day time frame is reasonable and agreed to take the amendment. Regulations to specify this process will need to be developed. The bill passed out of the Legislature with no opposition; it has been enrolled and was sent to the Governor on July 25, 2011.

- **SB 541** (Price) Regulatory Boards: Expert Consultants
  The Board is co-sponsoring this bill with the Contractor's State Licensing Board. This bill would enable all boards and bureaus in the Department of Consumer Affairs to continue to utilize expert consultants or reviewers in the same manner as in the past 25 years without having to go through the formal contracting process. If the bill passes, all boards and bureaus would be allowed to complete a simplified contract with expedited processing, with delegation to the various boards for contracting authority. Recent amendments were made to prevent the expansion of the scope of practice of an expert providing services. The bill will be heard in Assembly Appropriations Committee during the week of August 17, 2011; so far, there are no opposition votes on this bill.

Other 2011 Legislation

- **AB 536** (Ma) Physicians and Surgeons: Expungement
  This bill would have required the Board to remove misdemeanor and felony convictions posted by the Board on the Internet within 90 days of receiving a certified copy of an expungement order from the licensee. At the May 2011 meeting, the Board voted to take an oppose unless amended position. The bill was amended, as suggested by the Board, to instead require the Board to post notification of the expungement order and date of expungement on its website within six months of the receipt of the certified expungement.

  Dr. Levine made a motion to change the Board's previous position on AB 536 from oppose unless amended to a support position; s/Moran; motion carried.

- **AB 584** (Fong) Worker's Compensation: Utilization Review
  This bill clarifies current law to provide that physicians performing utilization reviews for injured workers must be licensed in California.
  Dr. Low made a motion to support AB 584; s/Schipske; motion carried.

- **AJR 13** (Lara) Graduate Medical Education Residency Positions
  This resolution urges the President and U.S. Congress to continue to provide funding to increase the physician supply in California and encourages consideration of solutions in order to increase the number of graduate medical education (GME) slots in California.
  Dr. Duruisseau made a motion to support AJR 13; s/Moran; motion carried.

- **SB 100** (Price) Healing Arts: Outpatient Settings
  The Board took a support if amended position on this bill at the May 2011 meeting. The bill strengthens oversight of outpatient settings by the accreditation agencies and the Board and increases information sharing between accreditation agencies and the Board. The Board's previous concerns with the bill have all been addressed. Recent amendments delete the provision in existing law that allows outpatient settings with multiple service sites to have only a sample of the sites inspected and now requires all of the sites to be inspected. The amendments also specify that only final inspection reports are public record and are required to include specified information, The amendments require accreditation agencies to ensure that outpatient settings, whose accreditation has been denied or revoked, correct those deficiencies and that an onsite inspection be completed before accrediting that outpatient setting. The amendments also specify that inspections shall be on-site. Further, the amendments require the Board to take action to enjoin an unaccredited outpatient setting when appropriate, through, or in conjunction with, the local district attorney. The amendments make other technical changes. Ms. Simoes provided an overview of the requirements the bill would place on the Board, the accreditation agencies, and the outpatient settings. These are noted in the Legislative Packet.

  Dr. Moran asked about the specific verbiage on lasers and intense pulse light devices. Ms. Simoes indicated that existing law requires the Board, in conjunction with the Board

of Registered Nursing and in consultation with the Physician Assistant Committee and other professionals in the field, to review issues and problems relating to the use of laser or intense pulse light devices for elective cosmetic procedures. The bill requires the Board to adopt regulations by January 1, 2013 regarding the appropriate level of physician availability needed within clinics or other settings using certain lasers or intense pulse light devices for elective cosmetic procedures.

Dr. Levine asked for clarification of the Board's requirement to evaluate the accreditation agencies. Ms. Simoes stated the Board has the authority to approve the accreditation agencies. The evaluation would involve verifying whether the accreditation agency was doing the things it is supposed to be doing, such as notifying the Board within the required 24 hour period, providing the information needed for the Board to post on its website, established rules for inspection, etc. Ms. Whitney noted the accreditation agencies must reapply to the Board every three years.

- **SB 380** (Wright) Chronic Disease Prevention: Nutrition /Lifestyle Behavior
This bill would have originally required specified physicians and surgeons to complete a one-time continuing medical education (CME) course within a four year period in the subject of nutrition and lifestyle behavior for the prevention and treatment of chronic diseases. The bill was amended and no longer requires mandated CME. The current version of the bill would authorize the Board to set content standards for any educational activity concerning a chronic disease that includes appropriate information on the impact, prevention, and cure of the chronic disease by the application of changes in nutrition and lifestyle behavior.

  Recent amendments require the Board to periodically disseminate information and educational material regarding the prevention and treatment of chronic disease by the application of changes in nutrition and lifestyle behavior to each licensed physician and to each general acute care hospital in California. The Board would also be required to convene a working group of interested parties to discuss nutrition and lifestyle behavior for the prevention and treatment of chronic disease at a quarterly Board meeting within three years of the effective date of the bill. Ms. Simoes noted this information could be disseminated via the Board's quarterly newsletter and the Board could work with the Department of Public Health to get the information out to general acute care hospitals. The Board previously declined to take a position on the bill. With the amendments, staff suggests a neutral position on the bill.

  Dr. Levine made a motion to take a neutral position on SB 380; s/Chang; motion carried.

- **SB 824** (Negrete McLeod) Opticians: Change of Ownership
The Board previously took a support position on this bill. The bill would require the registered dispensing optician (RDO) acquiring ownership of a business to file the notice with the Board within 10 days of the completion of the transfer of ownership. The bill would also make the RDO selling or transferring the ownership interest responsible for complying with all laws relating to the place of business until the cancellation notice is

received by the Board. The bill has been amended and now only puts the 10 day time limit on the RDO assuming ownership of the business. Ms. Simoes noted this change will no longer help make the Board's process run more smoothly and effectively; therefore, staff suggests a neutral position on the bill.

Dr. Duruisseau made a motion to change the Board's previous support position to a neutral position on SB 824; s/Chang; motion carried.

- **SB 943** (Senate B&P) Healing Arts: Polysom Grandfathering
  This bill is the vehicle by which omnibus legislation has been carried by Senate B&P. The portion of the bill relating to the Board clarifies the grandfathering provisions in existing law related to polysomnographic technologists. The bill would authorize current practitioners to be grandfathered in by allowing them to apply for registration as a certified technologist if they submit proof to the Board of five years of experience in practicing polysomnography in a manner that is acceptable to the Board. The grandfathering provision language would allow current practitioners three years to meet the new requirements for certification as a polysomnographic technologist.

  SB 132, which was passed in 2009, established the Polysomnography Program which is to be administered by the Board. The grandfathering provision that was included in the bill was drafted in a manner that is ambiguous and can be interpreted as meaning that there is in effect no grandfathering provision. The clarifying language will reflect the original intent of SB 132 and now allow the Board to correctly implement the grandfathering provision. Further, this provision will help to ensure that there is not a disruption in patient access to sleep medicine services.

  Dr. Levine made a motion to support the provisions related to the Polysomnography Program in AB 943; s/Chang; motion carried.

B. 2012 Legislative Proposals

Ms. Simoes reported the Board's proposed omnibus changes were not included in SB 943. Senate B&P staff has committed to putting the requested language changes related to midwifery reporting terminology and licensing into its 2012 omnibus bill, likely to be introduced in December 2011.

At the May 2011 meeting, Ms. Whitney discussed the UCLA International Medical Graduate Program, founded by Dr. Dowling and Dr. Bholat. It was brought to the Board's attention that legislation may be needed to allow the program participants to obtain clinical experience. This could be accomplished by making the program a pilot project. The Board approved this concept at the May 2011 meeting and agreed to possibly co-sponsor legislation along with the University of California. Board staff has working with the University of California and have jointly decided to go forward with this proposal in 2012. This allows time to fine tune the proposal and move through the legislative process in the normal time frame.

Ms. Simoes indicated that staff requested Senate B&P to change the sunset date of the Vertical Enforcement (VE) Program report to coincide with the sunset report date for the Board.

Unfortunately, the request was not successful. Hence, the Board will be completing the VE report by March 1, 2012. Based upon the outcomes of the report, legislation may be sponsored to extend the program.

The California Medical Association (CMA) recently contacted Ms. Simoes regarding a physician health program that they are working on establishing with their coalition. They have requested for Board staff to meet with them on this issue and a meeting has been scheduled for August 2, 2011. Ms. Simoes stated she assumed the proposal was for 2012 since it so late in the 2011 legislative session. To date, she has not received any specific information or language, but anticipates having more to report at the October 2011 meeting.

Mr. Grafilo stated it was his understanding that the physician health legislation would be for 2012.

C. Status of Regulatory Action

Mr. Schunke directed members to the matrix on page 72 of the packet detailing the status of pending regulations. He noted the regulations pertaining to the Clinical Training Programs for International Medical Students requested by the City of Hope have been finalized and submitted to the Office of Administrative Law for final review on July 15, 2011.

Agenda Item 4 Licensing Chief's Report

Mr. Worden reported staff has been working on the recommendations from the Business Process Re-engineering Report. Revisions to the various forms in the licensing application are underway; some forms are ready for review by management. This project has been somewhat delayed due to the need to process applications for the graduate medical education trainees. Updates and revisions to the licensing section of the Boards' website are on-going. Staff has not yet determined if the PTAL application should be separate from that for a physician and surgeon's license. The new management reports have been completed. The Update to the Policy and Procedures Manual is not moving forward at this time due to staffing shortages.

A Special Faculty Permit Review Committee is scheduled for September 15, 2011. One specialty board application is pending, waiting for a response back from the specialty board on requested information. The Polysomnographic Program Final Statement of Reasons has been reviewed by legal and returned for edits; staff will continue to work on moving these regulations forward.

A. Staffing

Mr. Worden thanked the Licensing Program staff for their work in getting the 2065/ 2066 license exemptions issued in a timely manner. This was accomplished without any overtime from staff. Staff from all areas of the Licensing Program chipped in to help, including the Call Center, Cashiering Unit, Fictitious Name Permit, and front office areas.

Mr. Worden reported there are currently 10.6 vacant positions in the Licensing Program. Three of these vacancies are for Associate Government Program Analysts (AGPA) who perform the more technical, advanced level work dealing with international medical schools, Policy and Procedures Manual revisions, and the training of staff. Mr. Worden anticipates two more Staff

Services Analyst (SSA) vacancies in the coming months which will impact international application processing. The Licensing Program will have a total of 7.5 vacant Office Technician (OT) positions; these individuals perform functions within the cashiering unit, answer consumer and licensee calls in the Consumer Information Unit, process mail and perform other front end duties. These vacancies have a pronounced impact on the program's functioning. When added together, the number of vacancies equate to a 19% vacancy rate in the Licensing Program. This is leading to delays in processing international medical school applications, increasing timelines for processing licensing applications from US medical school graduates, delays in cashiering incoming payments, preparing files, and in answering and returning calls.

B. Status of 7/1/11 Licensing for 2065/2066 Applicants

Mr. Schunke's outreach to the graduate medical education programs helped create a more even flow of 2065/2066 applications into the Licensing Program, which, in turn, helped eliminate the need for staff overtime. Forty-three hospitals participated in the outreach program, submitting the names of 1,225 applicants requiring licensure by July 1, 2011. Fifty names were removed from the list as these individuals were not true 2065/2066 applicants. The Board received 1,186 applications and reviewed 1,185 of these by July 1. Among these, 1,034 licenses and 41 PTALS were issued by the deadline. As of July 27, 2011, there are six US files and three IMG files that are still incomplete. Hence, of the 1,186 applications received, only nine individuals have not yet been licensed or issued a PTAL. Mr. Worden noted there was one individual needing licensure by July 1, 2011 who did not submit an application until July 13, 2011.

Ms. Yaroslavsky and Dr. Duruisseau commended Mr. Worden and his staff on this accomplishment. They questioned whether these types of results were sustainable. Mr. Worden stated they are not without an adequate number of staff to perform the work of the Licensing Program.

C. Program Statistics

Mr. Worden directed members to page 47 of the meeting packet for statistics on the Licensing Program. He reported the program received 3,176 more telephone calls, 269 more physician applications, and 1,842 more physician license renewals in FY 2010/2011 than in FY 2009/2010. Page 52 of the packet provides a five year history of the number of physician and surgeon applications received, as well as the number of PTALs received. Referencing the production report on page 53, Mr. Worden noted the number of days needed to review US files has increased to 48 days (which is still within the statutory requirements); IMG file review is at 35 days. The number of days to review mail is at 11 days for US files and 7 for IMG files. More recently, the review time has dropped to 41 days for US files and 34 for IMG files.

There are eight staff positions designated for US file review; of these, five are filled by new individuals who are in training. Mr. Worden reported it takes six months to bring a US file reviewer up to a comfortable speed of reviewing files. A similar situation is occurring among the IMG file reviewers with five new individuals in training; IMG file review training is more complex and takes six months to one year to reach full speed. These developments will influence the review timelines.

Dr. Salomonson stated she would like to see the data on the number of files requiring senior level

review in the statistical charts as it provides data on the quality of applications being received.

D. Status of International Medical School Program

Mr. Worden directed members to the matrix beginning on page 51.1 of the meeting packet for a status update on the review of international medical schools that have applied for recognition pursuant to CCR §1314.1(a)(1) or §1314.1(a)(2). The schools are divided into two categories: (a)(1) schools which are government owned and operated and whose primary purpose is educating its own citizens to practice medicine in that country; (a)(2) schools which have a primary purpose of educating non-citizens to practice medicine in other countries. The matrix includes (a)(1) schools that were evaluated and determined to have met the requirements for recognition. The Board will review an (a)(2) school at its meeting on July 29, 2011.

Ms. Whitney stated that the matrix now reflects *all* of the international schools in the recognition process, including those (a)(1) schools only requiring an administrative and legal review of the submitted documents. In the past, the Board may only have been aware of those schools that have submitted full applications and require their attention. She noted the heavy workload associated with the international medical school program.

The schedule for the reevaluation of schools that were previously recognized by the Board has been revised and put on hold due to vacancies in the Licensing Program. The schedule is likely to change again if an analyst cannot be hired for the position.

Agenda Item 5 Licensing Outreach Report

The Outreach Program provides the opportunity to educate new residents on the licensing process and conduct an early initial review of applications in order to identify problems and deficiencies before they are submitted. Mr. Schunke reported his plans for outreach for the remainder of 2011 include nine overnight trips to participate in licensing workshops and fairs in Northern and Southern California. A request has been submitted to the Department of Consumer Affairs (DCA) for an exemption to the Governor's restriction on travel which would allow attendance at these events. Mr. Schunke has been notified that UCSD and UCSF plan to cancel their licensing fairs if he is unable to attend. The request for the exemption details the results achieved and lack of overtime required within the Licensing Program as a result of the Board's Outreach Program. The costs of supporting this program are significantly less that the cost of overtime hours spent in past years to license 2065/2066 applicants. Staff has not yet received a decision from DCA on whether this travel exemption request will be approved.

Outreach also includes participation in new resident orientation events and during grand rounds where Mr. Schunke serves as a guest speaker providing an introduction to the Board and its mission and roles, outlines the licensing process, and offers notice about licensing deadlines and requirements. He frequently answers questions from applicants on substance abuse or criminal history issues and how it will impact licensure. The travel exemption request to attend new resident orientation events during the months of June and July 2011 was denied by DCA. Mr. Schunke was, however, able to make a teleconference presentation for a portion of the orientation at Loma Linda.

Ms. Kirchmeyer has been working with DCA on the travel waivers requests. Ms. Yaroslavsky reported that she, Ms. Chang, Ms. Whitney, and Ms. Kirchmeyer have met with the State and Consumer Services Agency (SCSA) Secretary and have requested approval of travel for the

Outreach Program.

Agenda Item 6 Midwifery Advisory Council Update and Consideration of Council Recommendations

A. Midwifery Advisory Council Nominations and Approval

Mr. Worden reported nominations were solicited for two positions on the Midwifery Advisory Council (MAC) whose terms have expired. One position is for a licensed midwife and one for a public member. Five applications for the licensed midwife position and four applications for the public member position were received. At the April 7, 2011 MAC meeting, after learning the Ms. Yaroslavsky and Ms. Sparrevohn would like to continue to serve on the MAC, the other candidates withdrew their applications. The Council voted to recommend that Carrie Sparrevohn, L.M. and Barbara Yaroslavsky be reappointed to the MAC by the Board for a three year term.

Ms. Chang made a motion to reappoint Ms. Yaroslavsky and Ms. Sparrevohn to the Midwifery Advisory Council for a three year term; s/Moran; motion carried.

B. Update

Karen Ehrlich, L.M., Chair of the MAC, expressed the Council's pleasure in having Ms. Yaroslavsky and Ms. Sparrevohn's continued service on the MAC. She requested that the Board consider expanding the number of members on the MAC in order to allow a parent who has been cared for by a midwife to sit on the Council and bring a parent's perspective to discussions. This would necessitate the addition of another midwife to the MAC since, by law, half the members must be licensed midwives. This would provide an opportunity to include a midwife from southern California on the Council, as there are some differences in how midwives in the two regions work. Ms. Ehrlich stated she was aware of the current travel issues and said the addition of two members would not have to be immediate.

Ms. Whitney indicated that at the May 2011 Board meeting, the MAC was given permission to consider the expansion of the Council at its next meeting and then bring a plan back to the Full Board.

Ms. Ehrlich expressed her concern over the cancellation of the August 11, 2011 MAC meeting which was cancelled due to staffing constraints. She stated the MAC is not scheduled to meet again until December 2011. As the original mandate was for the MAC to meet four times per year between the Board meetings, she was concerned this reduced schedule delays the ability of the Council to move forward in addressing midwifery issues.

In June, Ms. Erhlich reported she attended the International Confederation of Midwives (ICM) Triennial Congress in South Africa. She indicated there are changes coming in international midwifery by the ICM with the complete endorsement of the World Health Organization and the International Federation of Gynecologists and Obstetricians. ICM has put forth a set of standards for the education and regulation of midwives throughout the world. One of the ICM's concerns is that midwifery continue to be an autonomous profession with consultation and collaboration with the medical community, as it is in the rest of the world. Ms. Ehrlich reported California is the only place in the world (that she is aware of) that requires physician supervision of midwives.

Introduction of Special Guest

Ms. Yaroslavsky introduced State and Consumer Services Agency Secretary Anna Caballero and invited her to address the Board. Ms. Caballero serves Governor Jerry Brown as a cabinet member and as Secretary of the SCSA. Her responsibility as Secretary includes the oversight of departments charged with civil rights enforcement, consumer protection, and licensure for 2.4 million working professionals. Secretary Caballero was a former member of the California State Assembly, Mayor of Salinas and council member for fifteen years. She is a graduate of UCLA law school and UC San Diego.

Secretary Caballero thanked the members for their service and expressed her desire to be an ally for the Board to the Governor's Office. She noted policies from the previous administration such as the furloughs and hiring freeze have hampered the Board's efforts, as well as that of all Consumer Affairs departments. Her first charge as Secretary has been to encourage the boards to submit freeze exemptions in order to staff up to do the work they are asked to do. To date, the success rate for the approval of freeze exemptions has been very high.

With regard to the budget, Secretary Caballero stated she is aware that the Medical Board is funded separately and does not receive any General Fund money. The Governor proposed extensions of taxes that were increased two years ago in order to be able to begin repaying loans from special funds and other debt obligations. Unfortunately, the required two-thirds vote necessary for the tax extension was unsuccessful. In order to balance the budget, state services were reduced in a fairly significant manner, including the elimination of some commissions and boards. She noted that revenue has been above projections for most months in the 2011 calendar year, allowing the Governor to project these increases over the long term and predict $4 billion more in revenues than what was originally projected in January 2011. The budget includes a $400 million unallocated reduction. The Department of Finance is now going through the process of allocating this reduction to the various departments, with all departments likely to see reductions. Prior to the May budget revise, the Secretary had asked all departments under the SCSA to submit a plan for a 5% reduction in order to gather information on which departments have made cuts or could make additional cuts, and what would the impact of such cuts be. In reality, SCSA will only be required to cut around $2 million, significantly less than the 5% savings drill. These cuts will not affect the boards, only the Department of Consumer Affairs, requiring them to "flatten out" their organization. The existing hiring freeze will probably take care of some of the unallocated reduction. The Secretary will ask the boards to complete the 5% savings drill in case the $4 billion in projected revenue increases does not materialize. She would like to have a plan in place so any necessary cuts can be made in a way that will not affect the public or impact services. Secretary Caballero stated it's the Governor's intention that, once the unallocated reductions are identified, the hiring freeze and travel restrictions will be lifted. These are, however, executive orders, and until they are lifted, the Agency will continue to follow them.

Ms. Yaroslavsky asked if the 5% savings would involve permanent or temporary cuts. The Secretary noted that for now, the 5% savings is just an exercise.

With regard to travel restrictions, the Agency has authority over in-state travel. She noted that

the state has been embarrassed in the past by trips taken by organizations, commissions, and boards and the amount of money spent on them. This has created a negative perception by the public with regard to the use of public funds. The public does not understand that the Board is fee-supported and tax dollars are not being used. As such, the Secretary urged caution in the destination and the number of staff traveling and has occasionally placed restrictions.

Ms. Yaroslavsky reassured the Secretary that the Board was highly sensitive to these issues, but it is necessary to have the appropriate staff person in attendance at the various meetings in order to be effective.

Ms. Schipske reminded the Secretary that the Board was down to nine members from the mandated fifteen members. This creates a very large workload for the existing members with regard to the disciplinary panels. The funding of the Operation Safe Medicine is also an issue as it provides an important enforcement function for consumer protection yet has not been provided any funding by the administration.

The Secretary reported she is in communication with staff in the Governor's Appointments Unit and they have assured her they are working diligently to move appointments forward.

Ms. Yaroslavsky described the importance of the Licensing Outreach Program, indicating the Board views this work as mission critical. She requested cooperation from the Secretary in approving travel exemptions for Mr. Schunke's outreach work and other mission critical trips.

The Secretary stated she defers to the boards in determining what is mission critical and pledged her cooperation, particularly with regard to the licensing outreach.

Ms. Yaroslavsky adjourned the meeting at 3:27 p.m. in order for the members to tour the UC Davis Medical School and Hospital Pavilion Building / Emergency Department. Agenda items not covered were held over to Friday, July 29, 2011.

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Agenda Item 14 Call to Order / Roll Call

Ms. Yaroslavsky called the meeting of the Medical Board of California (Board) to order on July 29, 2011 at 9:11 a.m. A quorum was present and notice had been sent to interested parties.

Members Present:

Barbara Yaroslavsky, President
Hedy Chang, Secretary
Jorge Carreon, M.D.
Shelton Duruisseau, Ph.D.
Sharon Levine, M.D.
Reginald Low, M.D.
Mary Lynn Moran, M.D.
Janet Salomonson, M.D.
Gerrie Schipske, R.N.P., J.D.

Staff Present:

Eric Berumen, Enforcement Program Manager
Thomas Campbell, Investigator
Ramona Carrasco, Enforcement Manager
Janie Cordray, Research Analyst
Phil Egeston, Licensing Analyst
Tamiko Heim, Budget Analyst
Kurt Heppler, Staff Counsel
Kimberly Kirchmeyer, Deputy Director
Ross Locke, Business Services Staff
Mark Loomis, Supervising Investigator
Natalie Lowe. Enforcement Analyst
Armando Melendez, Business Services Staff
Valerie Moore, Enforcement Program Manager
Cindi Oseto, Licensing Program Manager
Regina Rao, Business Services Staff
Paulette Romero, Enforcement Manager
Anthony Salgado, Licensing Program Manager
Kevin Schunke, Outreach Manager
Anita Scuri, Department of Consumer Affairs, Supervising Legal Counsel
Jennifer Simoes, Chief of Legislation
Laura Sweet, Deputy Chief of Enforcement
Kathryn Taylor, Licensing Program Manager
Cheryl Thompson, Administrative Assistant
Renee Threadgill, Chief of Enforcement
Linda Whitney, Executive Director
Curt Worden, Chief of Licensing

Members of the Audience:

Thomas Balsbaugh, MD, UC Davis
Peter Bell, M.D., American University of Antigua College of Medicine (AUACOM)
Katherine Besinque, PharmDn, USC School of Pharmacy
Yvonne Choong, California Medical Association (CMA)
Paul Costa, Department of Consumer Affairs
Merv Dymally, Member of the Public
Karen Ehrlich, L.M., Midwifery Advisory Council
Julie D'Angelo Fellmeth, Center for Public Interest Law
Gisela Escalera, UC Davis
Teresa Farley, UC Davis
Stan Furmanski, M.D., Member of the Public
Virginia Herold, Pharmacy Board of California
Alice Huffman, National Association for the Advancement of Colored People (NAACP)
Bridget Levich, UC Davis
Angela Minniefield, OSHPD
Margaret Montgomery, Kasier Permanente

Jagbir Nagra, M.D., AUACOM
Catherine Nation, M.D., University of California, Office of the President
James Nuovo, M.D., UC Davis Medical School
Rosielyn Pulmano, Senate Business and Professions
Carlos Ramirez, Office of the Attorney General
Mauricio Rodriguez, UC Davis
Amara Sheikh, Member of the Public
Rehan Sheikh, Member of the Public
Neil Simon, AUACOM
Shannon Smith-Crowley, American Congress of Obstetricians and Gynecologists
Glee Van Loon, UC Davis

Agenda Item 15 Public Comment on Items Not on the Agenda

Dr. Stan Furmanski suggested the Board create a "how to" video explaining the licensing and renewal process to post on its website. He reiterated his concern over testing orders issued by the Board due to a lack of validated testing materials. He indicated that out of state assessment programs, which may be considered as an alternative for the PACE program at UC San Diego, also lack appropriate testing materials in radiology, MRI, anesthesiology, or oncology. Further, he stated that these programs are not accredited as training programs, do not have grading standards, do not have qualified faculty, and have other issues making them unacceptable alternatives.

Agenda Item 19 Adoption of Revised Emergency Contraception (EC) Protocol

Virginia Herold, Executive Officer, California Board of Pharmacy, Shannon Smith-Crowley, American Congress of Obstetricians and Gynecologists (ACOG), and Katherine Besinque, PharmDn, USC School of Pharmacy, presented the revised protocol for pharmacists furnishing emergency contraception for the Board's consideration and approval. Ms. Smith-Crowley reported the FDA has approved most emergency contraception to be dispensed behind the counter for those 17 years of age and over; however the state-wide protocol is still valid and in effect for those under 17 years and needs to be updated. In addition, a new emergency contraception drug that requires a prescription, ella™ (Ulipristal), needs to be added to the protocol. Dr. Besinque noted the protocol was originally developed in 2003; the revisions reflect changes in emergency contraception practice.

Dr. Moran made a motion to adopt the revised emergency contraception protocol; s/Schipske; motion carried.

Agenda Item 7 Enforcement Chief's Report

A. Approval of Orders Following Completion of Probation and Orders for License Surrender During Probation

Ms. Threadgill requested approval of eight orders restoring licenses to clear status following satisfactory completion of probation and three orders for license surrender during period of probation or administrative action.

Dr. Low made a motion to approve the orders; s/Moran; motion carried.

B. Expert Utilization Report

Ms. Threadgill directed members to page 63 of the meeting packet for the Expert Utilization Report. She noted the Board currently has 1,223 active experts on its list. Since January 1, 2011, the Board has utilized 283 experts, three of whom were "off list" experts, to review 444 cases.

C. Enforcement Program Update

1. Staffing

Ms. Threadgill announced the promotion of Andrew Hegelein to the Supervising Investigator II position that is responsible for the Office of Standards and Training, internet investigations, and Operation Safe Medicine.

The vacancy rate for investigators is currently hovering around 13%; however, the vacancy rate for supervising investigators has reached a staggering 29%, bringing the Enforcement Program's investigative staff to an overall vacancy rate of 16%. Freeze exemptions for the Supervising Investigator positions were approved and management has begun to process and fill these vacancies. Freeze exemptions have also been approved for the Medical Consultant positions throughout the state and staff is engaged in the selection process. It is anticipated that exemptions will also be received for investigator vacancies.

The Complaint Unit has experienced staffing challenges due to retirements and promotions, while the number of physician and surgeon complaints has increased from 6,539 in FY 2009/2010 to 7,117 in FY 2010/2011. Ms. Threadgill stated it is becoming increasingly difficult to perform required duties in light of the staffing shortages.

2. Program Statistics

Ms. Threadgill directed members to page 68 of the meeting packet for a chart reflecting the average days for each Enforcement Data Marker for all case types closed during the last three fiscal years. Flow diagrams are also included that display the entire enforcement process for each year.

The acquisition of medical records continues to be an area where there is room for improvement. Improvement opportunities also exist in the timelines for the completion of subject interviews. Ms. Threadgill referenced a case where the Board is seeking the subject interview that has been tied up in subpoena enforcement for almost two years and is now in the court of appeal. The Governor signed into law Board sponsored AB 1127 which makes it unprofessional conduct if a subject repeatedly fails to attend and participate in an interview requested by the Board. This will help improve timelines for subject interviews. Despite the challenges presented by the staffing shortages, investigators reduced the time it takes to resolve a case by 11 days in FY 2010/2011 in comparison to FY 2009/2010.

3. Probation Program Enhancements

At the May 2011 Enforcement Committee meeting, Probation Unit staff presented their proposal for enhancing and improving the existing practice monitor condition. Staff presented a number of forms that had been developed to provide better direction to the practice monitors. The feedback received from the Enforcement Committee was very positive and the Probation Unit

has started moving forward to implement these improvements. All of the proposed forms which were shared with the Committee in May have received final approval from Legal Counsel. The Probation Manager is in the process of updating the Procedure Manual to incorporate these changes and to provide direction and training to Probation Unit staff on developing an appropriate Monitoring Plan. It is anticipated that the new forms and protocols will be rolled out to any new probationer within the next three months. All existing practice monitors will then be transitioned to the new reporting format and chart audit tool; existing monitoring plans will be reviewed and modified, if necessary.

A chart displaying the components the Board considers when determining if other programs are equivalent to the UCSD PACE Program has been implemented (see page 67 of the packet). There is flexibility in determining equivalency if a program is missing a requirement that can be satisfied in another way.

During public comment, Mr. Furmanski provided members with a handout asserting why the various programs listed on page 67 will not work for 12 specialties.

Agenda Item 8 Vertical Enforcement Program Report

A. Status Report on VE Manual

Ms. Threadgill commended Deputy Chief Laura Sweet and Deputy Attorney General Thomas Lazar for their collaboration in making revisions to improve the Vertical Enforcement (VE) Manual. Statewide implementation of the newly revised manual is planned for September 2011.

B. Statistics

Carlos Ramirez, Senior Assistant Attorney General, directed members to the matrix of unfiled cases in the AG's Office as of July 14, 2011 (see page 70). He reported these numbers have now changed; currently, there are 2 unfiled cases that are 30 days old or less in the AG's office, 3 cases 31-60 days old, 2 cases 61-90 days old; and 2 cases 90 days or older.

The AG's Office has recently developed a statistical report which has been submitted for the Executive Director's approval. The scope of data will be expanded from the first quarter of the year going back to 2009 and will be provided to Ms. Whitney in the next few weeks.

C. HQE Organization and Staffing

Mr. Ramirez directed members to page 70.2 of the meeting packet for a roster of the Health Quality Enforcement Section showing the distribution of HQE staff throughout the state.

Agenda Item 20 Status of the UC Medical School System

Dr. Cathryn Nation, Associate Vice President for Health Sciences in the University of California's Office of the President delivered a presentation on the UC Medical School system.

Dr. Nation reported there has been no real expansion of the UC medical education system in almost 40 years, despite staggering growth in California's population, rapid aging, and increasing diversity. California is projected to face a shortfall of up to 17,000 physicians by 2015. Geographic areas with large medically underserved communities are a particular concern.

In 2010-2011, there are approximately 6,460 students enrolled in California's 8 allopathic and 2 osteopathic medical schools. Nearly half of all California medical students are enrolled at the University of California's five Schools of Medicine: UC Davis has 436 enrolled students; UC Irvine - 483; UC Los Angeles – 837; UC San Diego – 592; UC San Francisco – 791. The total UC medical school enrollment is 3,139. These numbers include students enrolled in two long standing programs operated by the UCLA School of Medicine: one with UC Riverside, which has a 35 year history and is the foundation of the UC's efforts to open a new medical school, and the other with Charles Drew University of Medicine and Science in South Central LA. There are three private allopathic medical schools in California: Loma Linda – 713 enrolled students; USC – 721; and Stanford – 461 (total enrollment 1,895). In addition, there are two osteopathic medical schools: Touro – 551, and Western 875 (total enrollment 1,426).

The number of students from ethnic groups that are underrepresented in medicine (URMs) make up a much greater percentage of the student population in UC medical schools versus those in private schools (23% of UC medical school students, 16% of private M.D. school students, 3.3% of private D.O. school students). Underrepresented ethnic groups among *all* California medical students make up approximately 16.2% of the medical student population. This compares to 14.6% nationally.

Eight or nine years ago, the UC system launched a system-wide initiative entitled "PRograms in Medical Education" (PRIME) to align public medical education with the social needs of Californians and the medically underserved, with a dual goal of realizing some of the benefits of diversity that were lost following the passage of Proposition 209 and the Regent's action that preceded that. Total enrollment of PRIME students across all five campuses in 2010/2011 was 253; 55% of these students were from ethnic groups underrepresented in medicine.

Each of the programs within the UC system has a different focus and seeks to recruit students with an interest in the particular area of focus, include an emphasis on particular needs during the teaching years, and place students during their third and fourth years in clerkships that will prepare them for future practice and GME.

- UC Davis – rural health / telemedicine
- UC San Francisco– urban underserved / homeless
- UC Los Angeles – diverse/disadvantaged / multicultural populations
- UC Irvine – Spanish speaking
- UC San Diego – health disparities / border health

UC System-wide PRIME enrollment will total approximately 300 students in the fall of 2011. This should result in 60-70 medical school graduates from the PRIME program each year. Virtually no state support has been provided for these programs. Core support is an on-going challenge for these programs.

Planning continues for a new School of Medicine at UC Riverside with a goal of admitting a first class in the fall of 2013. A submission to the LCME for preliminary accreditation was denied, with the reason for the denial being inadequate evidence of core state support. The UC Office of the President is working with the Chancellor and Founding Dean in hopes of being able to resubmit in one year. The goal will be to enroll a class of 40-50 students, contingent upon the

budget.
The new UC Davis PRIME – UC Merced San Joaquin Valley PRIME program will admit its first class in the fall of 2011 (5 students), with goals for growth over time. In this partnership, UC Davis will be the LCME degree-granting program; clinical clerkships will be done in conjunction with UCSF at the Community Regional Medical Center in Fresno, as well as partnership from UC Merced with interest in taking on an increasing role as budget and resources allow.

With regard to residency training, the UC system trains more than 4,400 medical residents and fellows, nearly half of the state's total. Of these, 1,614 are in primary care, 919 in hospital-based specialties, 782 in surgery, and 1,104 in other specialties. Including trainees who are doing an additional year of training related to research or a clinical emphasis brings the total number of trainees up to almost 5,000.

Medical education in California faces unprecedented economic challenges. State support to the UC system for FY 2011/2012 was reduced by an additional $650 million, this following multiple years of cuts and erosion to core support. Proposed cuts to Medicare funding for graduate medical education could result in cuts to UC medical centers of up to $900 million over ten years (if passed by Congress). Further, rapidly increasing fees and rising debt loads may discourage economically disadvantaged students from pursuing health careers and hinder recruitment of students interested in primary care careers or service to the underserved.

The average four-year cost of attendance at UC medical schools is $200,000; this represents a 35% - 56% increase in the past five years (depending upon the particular school). The cost for the most recently admitted class will likely climb to $250,000. The debt load for graduating students is significant, with most students graduating with $150,000 or more in debt (not including undergraduate debt).

Enrollment at for-profit medical schools is growing rapidly. The cost of these programs is high and graduation rates are much lower than for non-profits. Although there are LCME accredited medical schools throughout Canada and Puerto Rico, there are also at least 56 offshore non-LCME accredited medical schools in the Caribbean, 35 of which have opened since 1999. All are for-profit institutions. Substantial concerns exist regarding these trends and their ramifications for education and practice.

Special Presentation
Ms. Yaroslavsky presented Dr. John Chin with a plaque in recognition of his years of service to the Board and expressed the Board's appreciation for his work. Dr. Chin served on the Board from September 2006 through June 2011. He participated as an active member of Panel A, the Wellness Committee, Enforcement Committee and as Chair of the Special Programs Committee.

Dr. Chin thanked the Board, stating that it has been a privilege to serve alongside the other members.

Agenda Item 21 Consideration of Request for Recognition of American University of Antigua
Mr. Worden directed members to page 97 of the meeting packet. He reported that the American

University of Antigua College of Medicine (AUACOM) applied to the Board for recognition. An evaluation of the school was conducted to determine if it met the requirements of Business and Professions Code Sections 2089 and 2089.5 and California Code of Regulations, Title 16, Section 1314.1(a)(2). AUACOM was determined to have met these requirements. Staff recommends that the Board recognize AUACOM and deem it to be in substantial compliance with the required statutes and regulations and to extend that recognition only to those students who matriculate at AUACOM on or after January 1, 2007.

The evaluation involved a review by staff and Dr. James Nuovo, Licensing Medical Consultant, of materials presented to the Board by AUACOM . A site visit to the school and two of the teaching hospitals was part of the Board's review. The site visit team consisted of Linda Whitney, Executive Director, Shelton Duruisseau, Ph.D., Board member, Anita Scuri, DCA Supervising Legal Counsel, and James Nuovo, M.D.

Dr. Nuovo provided a slide show presentation of the site visits and a summary of his written report and findings.

Dr. Duruisseau thanked the staff from AUACOM for their hospitality during the site visit and commented favorably on the diversity of the student body and the student's commitment to mastery of the material and service to medically underserved populations.

Dr. Duruisseau made a motion to recognize the American University of Antigua College of Medicine and deem it to be in substantial compliance with the requirements of the Business and Professions Code Sections 2089 and 2089.5 and California Code or Regulations, Title 16, Division 13, Section 1314.1(a)(2 and to extend that recognition only to those students who matriculate at AUACOM on or after January 1, 2007; s/Levine.

Neal Simon, President, AUACOM, thanked the site visit team for their work and also for their help in identifying areas for improvement.

Dr. Jabir Nagra, Executive Dean, Antigua Campus, noted the program networks with both non-government and government agencies in its efforts to engage with the local community.

Ms. Scuri clarified that the recognition does not extend to students who completed their basic sciences at Kasturba Medical College International Center in India.

Ms. Yaroslavsky called for the vote; the motion as stated by Dr. Duruisseau carried.

Agenda Item 22 Annual Report on the MBC /UCD Telemedicine Pilot Program

Mr. Schunke reported in 2007 the Board was authorized via Assembly Bill 329 to establish a pilot program to expand the practice of telemedicine in California. The purpose of the pilot is to develop methods, using telemedicine, to deliver health care to persons with a chronic disease. The bill required the Board to report to the Legislature with finding and recommendations at the end of the first year; however, the Board realized that a one-year pilot was not feasible and expanded the contract to a three-year program. The first report was delivered at the July 2010 meeting and is posted on the Board's website. The second annual report, presented to the

Legislature earlier this month, is located in the meeting packet (beginning on page 181). The report presents a summary of the milestones and achievements recognized in the second year of the pilot. A full summary and evaluation will be submitted in the final report to be prepared in the fall of 2012 at the conclusion of the pilot.

Dr. Nuovo reported the pilot focuses on the development of a diabetes self-management education program via telemedicine for patients with Type II diabetes living in a 33-county area of rural, underserved communities in northern and central California.

Glee Van Loon, UC Davis, pilot project manager, discussed some of the challenges faced in recruiting sites to participate in the program. She presented a map showing the geographic distribution of participating sites, as well as sites that were contacted but chose not to participate. To date, there are 12 clinics involved in the pilot.

Maricio Rodriguez and Gisela Escalera, UC Davis health coaches for the pilot, provide the teaching, coaching, and chart audits at the various site locations. They reported the educational materials and forms used in coaching have been translated into Spanish. Travel to the rural sites was often challenging and they discovered first-hand the difficulty program participants face in making healthy food choices due to limited or no access to fresh produce. The coaches work closely with clinic staff at each site, specifically with the site coordinators. They've received positive feedback from program participants.

Tom Balsbaugh, M.D., presented on the continuing medical education (CME) component of the pilot and on educating the health care providers at the various sites on the most current knowledge and care management strategies to support the provision of evidence-based diabetes care. Physician participation has been the greatest challenge as physicians in these clinics are extremely busy. Clinic support staff have participated in the training, highlighting the effectiveness of a team approach in diabetes management.

Teresa Farley, UC Davis, Administration Officer at the Center for Health Care Policy and Research, reported the majority of participants who have engaged with the pilot have had a positive experience. Individual clinics often serve large geographic areas, with participants sometimes driving 60 miles to the closest clinic in order to receive care.

Dr. Low asked about the funding for the pilot project and the metrics being used to evaluate the program.

Ms. Whitney reported the contract between UC Davis and the Medical Board is for $400,000 over a three-year period.

Dr. Nuovo indicated the overall goal of AB 329 was to determine if telemedicine is an effective tool for reaching patients who don't normally have access to these types of educational resources. Qualitative reports of the obstacles faced in implementing such a program are one element of the evaluation. Other qualitative measurements include the impact of health coaching and education classes on the participants' perceptions of their ability to take care of themselves, control their disease, and overall sense of well-being. Objective measurements of factors such as hemoglobin

A1C, blood pressure, etc. are also available. Both objective and qualitative measurements must be included in the final report to determine if the project can be generalized to help the greater population with a disease that is an epidemic.

Given the economic times, Dr. Low stated that the project must show that telemedicine is a cost-effective way to improve the outcomes for diabetes and generates health care cost savings as individuals learn better diabetes self-management skills leading to fewer complications. These types of metrics are needed to show a good return for the investment in telemedicine. He was concerned that the project did not have this sort of focus.

Dr. Nuovo indicated that the final report would include a financial evaluation and return on investment assessment. Although the project's three-year span makes it difficult to track long-term outcomes, there are short term outcomes such as weight reduction and hemoglobin A1C that are accurate predictors of long term results. These will be included in the final report, as well.

Ms. Yaroslavsky asked if recommendations would be made for the population at large as a result of the study, particularly with regard to diet, portion control, etc.

Dr. Nuovo indicated this would be possible, as the study addresses larger public health issues.

Agenda Item 23 Consideration of Petition to Repeal Section 1349 of Title 16 of the California Code of Regulations Pertaining to Physician-Podiatrist Partnerships

Ms. Yaroslavsky reported that the author of the petition has requested that this item be deferred until the October 2011 meeting.

Agenda Item 25 Report on Health Care Reform in California

Angela Minniefield, Deputy Director, Office of Statewide Health Planning and Development (OSHPD), reported that OSHPD is one of 13 departments within the California Health and Human Services Agency. The department's vision is equitable healthcare accessibility for California; they have administered health workforce development programs and provided grant funding to address health workforce diversity, supply and distribution issues since the late 1970's.

California faces significant health workforce challenges. These include: a shortage of health professionals, an unequal distribution of health professionals, lack of racial and ethnic diversity, insufficient number of bilingual professions, constraints on capacity of educational programs, scope of practice laws, reimbursement policies limiting the ability to attract providers to underserved areas, the lagging economy and an increased demand for healthcare services.

Ms. Minniefield provided an overview of the elements of Title V of the Patient Protection and Affordable Care Act (PPACA). The Act supports innovations in healthcare workforce preparation and focuses on increasing the supply of the healthcare workforce via scholarships, loan repayment programs, internships, fellowships, etc. Further, the Act focuses on enhancing health workforce education and training opportunities via grants targeting primary care residency

programs, physician assistant programs, nurse-managed healthcare clinics, etc. Additional elements include supporting the existing healthcare workforce, strengthening primary care and other workforce improvements through pilot projects, and improving access to healthcare services.

At the state level, Ms. Minniefield reported OSHPD has partnered with the California Workforce Investment Board (CWIB) to develop a comprehensive strategy for workforce development. A planning grant was received to begin work that is focused on health professions education, training, and workforce development provisions in Title V of the PPACA. The Health Workforce Development Council was established in August 2010 as a special committee of the CWIB. It is tasked with understanding the current and future workforce needs of California's health delivery system and developing a comprehensive strategy to meet those needs. Currently, the Council is focused on activities related to the HRSA funded Health Workforce Planning Grant received in September 2010.

The Health Workforce Development Council established a Career Pathways Subcommittee, charged with developing recommendations on how existing health career pathways and infrastructure can increase access to primary care and facilitate the progress of students pursuing health professions. Pathways were reviewed for the following professions: primary care physicians, primary care nurses, clinical lab scientists, medical assistants, community health workers, public health professionals, social workers, and alcohol and other drug abuse counselors. The Subcommittee made recommendations to address education, data collection, and policy issues, as well as barriers to increasing the supply of primary care physicians.

Dr. Duruisseau expressed interest in having a discussion on which entities would be responsible for implementing the recommendations that have been made by the various speakers today.

Ms. Yaroslavsky suggested that this concern might be captured in the discussion of the Board's strategic plan.

Agenda Item 11 Physician Assistant Committee Update

Dr. Low reported the Physician Assistant Committee (PAC) met on May 19, 2011. At the meeting, the Committee moved to support SB541. The PA Education and Training Subcommittee brought forth a proposal to amend the regulations; the PAC moved to set the matter for hearing. A regulation requiring PAs to post a notice to consumers, similar to the Board's requirement for physician, is at the Office of Administrative Law for review and approval. Legal counsel will be sending a notification to the Department of Public Health as there have been some problems with agencies recognizing a PA's order for physical therapy. The Committee is also compliant with the travel restrictions; hence, all meetings have been moved to Sacramento to reduce travel. The location of future meetings will be determined in 2012. Due to the small size of the PAC, any vacancy creates a hardship. A half-time vacancy in the licensing area has created a backlog for the first time. A request for a hiring exemption was denied; this request is being resubmitted.

Agenda Item 12 Federation of State Medical Boards Update

Ms. Chang reported that Ms. Whitney has been appointed to the Federation's Minimal Data Set

Work Group.
Ms. Chang noted there are 12 states that will participate in a pilot program on the maintenance of licensure; the Osteopathic Medical Board of California is a participant. She suggested inviting the Federation to give a presentation to the Board on the maintenance of licensure issue.

A new concept has been developed by the National Board of Medical Examiners and FSMB that will involve the combining and sharing of data from medical schools, USMLE exam results, license status, etc. Ms. Chang indicated that more information will be forthcoming on this concept.

New officers were selected at the recent meeting of the FSMB Foundation. Ms. Chang was elected to the position of Treasurer.

Agenda Item 13 Health Professions Education Foundation Update
Ms. Yaroslavsky directed members to page 73 of the meeting packet for the 2010 Steven M. Thompson Physician Corps Loan Repayment Program Annual Report to the Legislature. A list of the 2010 award recipients is located on page 80 of the packet. She reported HPEF was able to collaborate with the state to offer an additional $1.7 million in loan repayment funds. The applications are currently being evaluated; it is anticipated that an additional 20-30 awards will be made.

Agenda Item 10 Access to Care Update
Ms. Schipske reported the Access to Care Committee met on July 28, 2011. Debra Ortiz, Vice President of Policy and Government Affairs for the California Primary Care Association, addressed the Committee, providing an overview of how the Association is attempting to grapple with the Affordable Care Act and the 4-5 million new healthcare consumers that will require services. The Committee asked Ms. Ortiz to keep them informed on the Associations efforts with regard to collaborative care. At the October 2011 meeting, the Committee will hear a presentation from Toni Sullivan, author of *Collaboration: A Health Care Imperative.*

Agenda Item 16 Board Member Communications with Interested Parties
Ms. Yaroslavsky reported she has had several phone calls with representatives from the Governor's Office and Senate Rules Committee with regard to appointees to the Board.

No other members had communications to report.

Ms. Yaroslavsky announced that Dr. Moran has completed her term on the Board. Dr. Moran was appointed to the Board in 2004. She has participated as an active member of Panel B, the Education Committee, Physician Humanitarian Award Committee, and Chair of the Physician Responsibility in Supervision Advisory Committee. The Board was proud to nominate Dr. Moran as a candidate for FSMB's Nominating Committee, and she was elected to serve in that capacity. Ms. Yaroslavsky presented Dr. Moran with a plaque in recognition of her service to the consumers of California.

Dr. Moran thanked the Board, stating it has been an honor and privilege to serve the citizens of the state and work with such a dedicated staff.

Agenda Item 17 President's Report

A. Committee Appointment

Ms. Yaroslavsky reported there are currently no members on the Physician Recognition Committee. Continuation of this committee is a subject of discussion in the strategic planning process; thus, any appointments to this committee will be deferred until the full Board has made a decision on the continuation of this function.

Ms. Yaroslavsky appointed Dr. Carreon to serve on the Special Programs Committee.

During the last quarter, Ms. Yaroslavsky has participated in three monthly conference calls with DCA director, Brian Stiger, and other healing arts board presidents. The minutes from these calls are now provided to the members as they become available. Ms. Yaroslavsky asked members to contact her if they have items they would like to have addressed in the calls. The major topics have been the hiring freeze, BreEZe, travel restrictions and the budget.

On June 15, 2011, Ms. Chang, Ms. Whitney, Ms. Kirchmeyer and Ms. Yaroslavsky met with Agency Secretary Anna Caballero, and Undersecretary Willie Armstrong. Ms. Yaroslavsky reported they seemed very supportive of the Board and understood its need to be removed from the hiring freeze and various restrictions. The Secretary stated that she was hopeful that executive orders would be issued soon to provide some relief. The Operation Safe Medicine (OSM) Program and the Board's lack of a Public Information Officer were also discussed.

Agenda Item 18 Executive Director's Report

A. Introduction of Deputy Director

Ms. Whitney introduced Kim Kirchmeyer as the Board's new Deputy Director. Ms. Kirchmeyer previously served as the Board's Deputy Director before leaving to work at the Department of Consumer Affairs for 18 months. She will be responsible for the administrative functions of the Board.

Ms. Whitney recognized Ross Locke, Business Services Assistant, who is retiring from state service. Mr. Locke has served as sound engineer at Board and committee meetings and provided operational support in the Business Services Office. Ms. Yaroslavsky presented Mr. Locke with a framed declaration in honor of his dedication and service.

B. Staffing and Administrative Update

Ms. Kirchmeyer indicated that at the May 2011 meeting, Ms. Whitney reported there were 61 vacancies at the Board; this number included the Consumer Protection Enforcement Initiative (CPEI) positions that were obtained through the Budget Change Proposal process. As of July 1, 2011, the Board has 58 vacancies (including the CPEI vacancies). However, this number does take into account moving 6 positions from the OSM Unit into existing vacant positions due to the loss of the authority for OSM that occurred on July 1, 2011. Hence, the true number of vacancies (as compared to the numbers reported by Ms. Whitney in May) would be 64. This number does not include 7 future vacancies that will be occurring in the next couple of months due to retirements and staff transferring out of the Board. The 58 vacancies equates to a 20% vacancy rate at the Board.

Individuals may still be hired from within the Board and the Department; however, freeze waiver exemptions must still be requested to fill any positions with individuals from outside the Board or Department. Eight freeze exemption requests have been submitted to the Department:

- Three of the exemptions were approved by the Governor's Office; these included medical consultants for both the Licensing and Enforcement Units and four Supervising Investigators.
- Two of the freeze exemptions for 6 Office Technicians in our Licensing Program and 5 Investigators have been approved by DCA and SCSA and are currently pending at the Department of Finance.
- Three of the freeze exemptions are pending review by DCA; these are for a Public Information Officer, 3 Associate Governmental Program Analysts in the Licensing Program, and an Executive and Administrative Assistant in the Executive Office. Of the 3 support positions in the Executive Office, 2.5 of them are vacant; this requires individuals to perform two jobs in order to keep the Executive Office running.
- Staff is currently working on 3 additional freeze exemption requests; these are for Advisory Medical Consultants, Inspectors, and an Associate Governmental Program Analyst in the Enforcement Program.

C. Budget Overview

Ms. Kirchmeyer introduced the Board's new Budget Analyst, Tamiko Heim. Ms. Kirchmeyer directed members to pages 86-94 of the meeting packet for the budget reports. Page 86 shows the most recent fund condition for the Board. It is projected that the Board will revert approximately $2.5 million in FY 2010/11. This is due mainly to the restrictions on hiring as a result of the hiring freeze. The final FY 2010/11 reports are not yet available, so this number is still a projection.

The fund condition shows the $9.0 million loan to the General Fund in the current fiscal year and also shows the Board obtaining the funding in FY 2012/13 for the Office of Safe Medicine. The fund condition shows the Board going to 1.5 months reserve in FY 2013/14. However, this is based upon figures that are currently available without any adjustments that will be made throughout this fiscal year and with assumptions that will change, including any reversions due to hiring, travel restrictions, or any other executive orders that may be issued.

As was discussed by Secretary Caballero, on July 21, 2011, Ms. Whitney received an email from the Department stating that the State and Consumer Services Agency has asked the boards to look for ongoing savings in their budgets. This savings is in addition to the current reductions due to the workforce cap and the normal budgeted salary savings. The direction provided was that the boards would identify a 5% saving plan. For the Medical Board this equates to approximately $2.5 million. With the direction provided by Secretary Caballero, Board staff will work to review the budget and identify the savings. This reduction plan must be submitted to the Department by August 8, 2011. This 5% reduction plan will have an impact on the Board's fund condition and the Board will have to critically watch its spending in this fiscal year.

Recent direction was provided by the Department and the SCSA with regard to any Budget Change Proposals in which the board is seeking additional position authority. In such proposals,

Agency will look at three main elements: 1) Is there a structural imbalance at the board (i.e., is the board receiving less revenue than it is spending each year?) 2) Will an increase in spending authority require a refund of any general fund loan? 3) Will the increase require a fee increase for the licensees? Staff believes that this should not impact the Board at this time (particularly with regard to the augmentation request to staff the Operation Safe Medicine Unit).

Ms. Kirchmeyer reported she was notified by the Department that the travel for the Licensing Program Outreach by Mr. Schunke has been approved for the month of August.

D. BreEZe Update

Ms. Kirchmeyer stated the Department has been working for the last year and a half to enter into a contract to replace the existing and outdated licensing and enforcement databases. The project, called BreEZe, has reached several major milestones. The vendor's proposals were evaluated and based upon the fact that only one vendor had a compliant bid, only one cost proposal was opened. The costs were higher than anticipated, so the Department entered into negotiations with the vendor. After the negotiations, the Department was able to reduce the original proposal by $11 million without changing the scope of the project. Although the proposal is still higher than anticipated, this was a number that the Department believed was justified and still affordable.

The Department had to prepare a Special Project Report that required approval by both the SCSA and the California Technology Agency (the State's information technology oversight agency). That Special Project Report was approved last week supporting the continuation of the project. Due to the fact that there was a change in the funding amount for the project, the Department also had to prepare a Section 11 Application that requires approval by the Department of Finance and then a 30-day notification to the Legislature. At this point the Department does not foresee any issues with approval of the Section 11 Application and is anticipating entering into a contract with the vendor by the end of August 2011.

The Department and Board staff have had calls with the vendor to discuss some of the requirements and to ensure readiness when the contract is signed. The Medical Board is scheduled in Release 1 that is anticipated for July 2012. Ms. Kirchmeyer indicated there are many staff members working on this project and thanked them for the time they have put into this project. Staff will become even more involved once the vendor is onboard and will continue to stay involved to ensure that the system meets the Board's needs. At this time, the most significant risk is data conversion – both DCA and Board staff will be working with the vendor to analyze and document the current systems in order to mitigate this risk.

Ms. Whitney stated there is also a risk if there is not enough staff available to dedicate to the conversion. The conversion will require more staff than is currently assigned to the project; staff will be pulled from other areas to assist. This will challenge the Board's ability to conduct its normal work.

E. Board Meeting Dates and Locations

1) Location of October 27-28, 2011 Meeting

Ms. Whitney stated that at the May 2011 meeting, members clearly stated their preference to hold the quarterly meetings at various locations throughout the state for consumer access. Some

boards and committees have made the decision to hold all their meetings in Sacramento. Ms. Whitney is confident that staff will be able to travel to the October 27-28, 2011 meeting in San Diego, although probably not the number of staff that normally attends. Committee meetings will be analyzed to determine if staff will be available to participate. It is possible that some committees may have to meet off-cycle in Sacramento, separate from the regularly scheduled Board meeting. Ms. Whitney stated it is possible that the 5% reduction drill might result in a lifting of the travel freeze, allowing staff to travel as necessary.

2) 2012 Board Meeting Dates and Locations

Ms. Whitney directed members to page 95 in the packet for the proposed Board meeting dates and locations for 2012:

- February 2-3, 2012 in San Francisco
- May 3-4, 2012 in Los Angeles
- July 26-27 in Sacramento
- October 25-26 in San Diego

Dr. Duruisseau made a motion to approve the proposed Board meeting dates and locations for 2012; s/Chang; motion carried.

Agenda Item 26 Election of Officers

Ms. Yaroslavsky reported at the July 2009 meeting, the Board voted to change the date it holds its election of officers from the last meeting of the calendar year to its July meeting. The Board also voted that the newly elected officers officially enter into those positions at the conclusion of that Board meeting.

Ms. Yaroslavsky opened the nominations for President of the Board.
Dr. Salomonson nominated Ms. Yaroslavsky to continue as President; Dr. Carreon seconded the nomination; by a show of hands, Ms. Yaroslavsky was re-elected as President of the Board.

Ms. Yaroslavsky opened the nominations for Vice President of the Board.
Ms. Chang nominated Dr. Salomonson for Vice President; Ms. Schipske seconded the nomination; by a show of hands, Dr. Salomonson was elected as the Vice President of the Board.

Ms. Yaroslavsky opened the nominations for Secretary of the Board.
Dr. Levine nominated Ms. Schipske for Secretary; Dr. Salomonson seconded the nomination; by a show of hands, Ms. Schipske was elected as Secretary of the Board.

Agenda Item 27 Agenda Items for October 27-28, 2011 Meeting

Dr. Salomonson requested that an addiction medicine specialist address the Board on the diagnosis of substance abuse disorders and the criteria for determining when a physician is fit to practice with these various diagnoses.

Dr. Carreon concurred, stating he recently attended a lecture on chemical dependency at the Betty Ford Center and found the information very useful. He suggested that these experts might

provide a lecture to the Board.
Ms. Schipske requested an update on the Governor's pending order to release inmates from prison and the impact this will have due to their need for medical care, particularly in light of cuts to county funding.

Ms. Schipske also asked for an update or clarification on medical marijuana issues, including the Board's assigning of fictitious name permits to medical marijuana clinics and physicians who fail to conduct a good faith exam before issuing a recommendation. She requested an overview of the Attorney General's new guidelines regarding medical marijuana collectives in order to ensure the Board's work is in sync with what the AG's Office is trying to enforce.

Dr. Levine would like to continue discussion on the maintenance of licensure and certification, particularly with regard to the work the Federation of State Medical Board's is doing. She suggested a regular update on the Federation's progress and a presentation from the American Board of Internal Medicine on the maintenance of certification for ABMS specialties.

Agenda Item 28 Discussion and Possible Action on Draft Strategic Plan Presented by the Executive Committee and Strategic Plan Subcommittee

Ms. Cordray reported the Executive Committee met on July 27, 2011 to discuss an outline prepared by staff and the Strategic Planning Subcommittee. The outline was a compilation of ideas and suggestions of Board members and staff obtained from interviews and surveys conducted in June 2011. The Committee reviewed the mission statement, goals and ideas for objectives proposed to be included in the 2012 Strategic Plan. Ms. Cordray indicated the Executive Committee reached consensus on the Board's mission, goals, and ideas to be refined into measurable objectives and have asked the full Board to weigh-in with their opinions. A memo summarizing these items was distributed to those present [Note: This document is available on the Board's website under the materials for the July 2011 meeting – see Agenda Item 28 Addendum]. Staff will take the Board's input and will work with the Strategic Plan Subcommittee and the Executive Committee to further refine the ideas. If there is concurrence by the committees, a first draft of the 2012 Strategic Plan will be presented at the October 2011 Board meeting. It is hoped that a final plan will be drafted and presented for adoption at the February 2012 Board meeting.

Dr. Salomonson made a motion to adopt the following mission statement for the 2012 Strategic Plan:

> ***"The mission of the Medical Board of California is to protect healthcare consumers through proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's license and regulatory functions."***

Dr. Duruisseau seconded the motion; motion carried.

The Executive Committee proposed six goals for the 2012 Plan. After discussion and input from members, the following goals were agreed upon by the full Board:

1. **Professional Qualifications**: Promote the professional qualification of medical practitioners by setting requirements for education, experience, and examination.
2. **Regulations and Enforcement:** Protect the public by effectively enforcing laws and standards to deter violations.
3. **Consumer and Licensee Education**: Increase public and licensee awareness of the Board, its mission, activities, and services.
4. **Organizational Relationships**: Improve effectiveness of relationships with related organizations to further the Board's mission and goals.
5. **Organizational Effectiveness**: Evaluate and enhance organizational effectiveness and systems to improve service.
6. ***Access to Care, Workforce, and Public Health**: Understanding the implications of the* changing healthcare environment and evaluate how it may impact access to care and issues surrounding healthcare delivery, as well as promoting public health, as appropriate to the Board's mission in exercising its licensing, disciplinary and regulatory functions.

Dr. Salomonson made a motion to approve the goals as stated above; s/Duruisseau; motion carried.

Ms. Cordray reported the Executive Committee reviewed the ideas from Board members and staff and selected those with the potential to be developed into objectives for the Strategic Plan. Appropriateness to the Board's mission or mandate and ability to transform the concept into a measurable objective were the criteria used in determining which ideas to pursue. Board members provided input on the ideas presented and directed staff to further develop these into objectives for discussion at the October 2011 meeting.

During public comment, Rehan Sheikh noted the review of the Medical Practice Act and how the Board makes decisions was eliminated from the Strategic Plan at the Executive Committee meeting on July 27, 2011. He stated it was important to review decisions to determine if any errors have been made. He questioned the purpose of the Strategic Plan without these two elements and called for greater accountability for the Board.

Agenda Item 29 Adjournment

There being no further business, Dr. Salomonson made a motion to adjourn; s/Levine.

The meeting was adjourned at 2:37 p.m.

Barbara Yaroslavsky, President

Gerrie Schipske, R.N.P., J.D., Secretary

Linda K. Whitney, Executive Director