MEDICAL BOARD OF CALIFORNIA

LICENSING COMMITTEE MEETING AGENDA

MEMBERS OF THE COMMITTEE
Janet Salomonson, M.D., Chair
Michael Bishop, M.D.
Jorge Carreon, M.D.
Hedy Chang
Silvia Diego, M.D.
Shelton Duruisseau, Ph.D.
Gerrie Schipske, R.N.P., J.D.

Courtyard by Marriott
Golden A&B
1782 Tribute Road
Sacramento, CA 95815
916-929-7900 (directions only)

Thursday, July 19, 2012
1:00 p.m. – 2:30 p.m.
(or until completion of business)

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

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE.
If a quorum of the Board is present, members of the Board who are not members of the Committee may attend only as observers.

1. Call to Order / Roll Call

2. Public Comment on Items Not on the Agenda
   Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a)]

3. Approval of the Minutes from the May 3, 2012 Meeting

4. Update on Licensing Staffing – Mr. Worden

5. Update on the Business Process Reengineering Primary Recommendations – Mr. Worden
   A. Revision of Physician and Surgeon Application and Streamline Process
   B. Medical Board of California Web Site Related to Applications
   C. Revision of the Policy and Procedure Manual

6. Update on SB100 Implementation – Outpatient Surgery Center Requirements – Ms. Lowe

7. Presentation on Allied Health Care Professions – Ms. Lowe

8. Presentation on Continuing Medical Education – Ms. Lowe

9. Update on Implementation of Polysomonography Program – Mr. Salgado

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

10. Discussion and Consideration of Licensing Annual Report Format – Ms. Oseto

11. Update on International Medical School Recognition – Mr. Worden and Dr. Silva

12. Discussion and Consideration of Legislative Proposal Regarding Eligibility of Licensure; Unrecognized and/or Disapproved Medical Schools – Mr. Worden and Mr. Heppler

13. Agenda Items for the October 25-26, 2012 Meeting in the San Diego Area

14. Adjournment

NOTICE: The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Tim Einer at (916) 263-2389 or email tim.einer@mbc.ca.gov or send a written request to Tim Einer at the Medical Board of California, 2005 Evergreen Street, Ste. 1200, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

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

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For additional information, call (916) 263-2389.

MEDICAL BOARD OF CALIFORNIA

LICENSING COMMITTEE

Doubletree by Hilton Hotel Torrance – South Bay
Salon A & B
21333 Hawthorne Blvd.
Torrance, CA 90503

May 3, 2012

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

Dr. Salomonson called the Licensing Committee meeting to order on May 3, 2012, at 2:40 p.m. A quorum was present and notice had been sent to interested parties.

Members Present:

Janet Salomonson, M.D., Chair
Michael Bishop, M.D.
Jorge Carreon, M.D.
Hedy Chang
Silvia Diego, M.D.
Shelton Duruisseau, Ph.D.
Gerrie Schipske, R.N.P., J.D.

Staff Present:

Maksim Degtyar, Investigator
Dianne Dobbs, Department of Consumer Affairs, Legal Counsel
Tim Einer, Administrative Assistant
Kurt Heppler, Staff Counsel
Teri Hunley, Business Services Manager
Kimberly Kirchmeyer, Deputy Director
Natalie Lowe, Licensing Manager
Armando Melendez, Business Services Analyst
Regina Rao, Business Services Analyst
Anthony Salgado, Licensing Manager
Jaime Sandoval, Investigator
Kevin Schunke, Outreach Manager
Anita Scuri, Department of Consumer Affairs, Supervising Legal Counsel
Jennifer Simoes, Chief of Legislation
Linda Whitney, Executive Director
Dan Wood, Public Information Officer

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Members of the Audience:

Sharon Allison, Kaiser LAMC
Teresa Anderson, California Academy of Physician Assistants
Hilma Balaian, Kaiser Permanente
Rebecca Bramble, AZCOM Midwestern
Genevieve Clavreul
Yvonne Choong, California Medical Association (CMA)
Zennie Coughlin, Kaiser Permanente
Conrad Del Rosario, San Francisco District Attorney's Office
Karen Ehrlich, L.M., Midwifery Advisory Council
Julie D'Angelo Fellmeth, Center for Public Interest Law (CPIL)
Jack French, Consumers Union CA Safe Patient Network
Joseph P. Furman, Furman Healthcare Law
Stan Furmanski, M.D.
Atoosa Hoisseni, AZCOM Midwestern
Marie Lord, AZCOM Midwestern
Ryan McAtee, AZCOM Midwestern
Michele Monserratt-Ramos, Consumers Union CA Safe Patient Network
Beshoy Nashed, AZCOM Midwestern
Carlos Ramirez, Senior Assistant AG, Office of the Attorney General
Loren Reed, Department of Consumer Affairs, Public Affairs Office
Robert Sachs, P.A., Chair, Physician Assistant Committee

Agenda Item 2 Public Comments on Items Not on the Agenda
No public comment was given.

Agenda Item 3 Approval of Minutes from the February 2, 2012 Meeting
Dr. Salomonson moved to approve the minutes from the February 2, 2012 meeting; s/Carreon; motion carried.

Agenda Item 4 Update on Licensing Staffing
Mr. Salgado provided an update on the Licensing Program staffing. The vacant Licensing Manager position has been filled by Natalie Lowe. Ms. Lowe will transition into the position while maintaining her previous duties in Enforcement. The Licensing Program currently has three vacant positions at the Office Technician level. The Licensing Program has approximately 25% of staff in various stages of training.

Agenda Item 5 Updates on the Business Process Reengineering (BPR) Primary Recommendations
Mr. Salgado stated that staff is currently working on the following four remaining BPR recommendations:

A. Revision of Physician and Surgeon (P&S) Application and Streamlining Process
The P&S Application Revision Team continues to work on the P&S application. It has been submitted and approved by the Licensing Staff, Licensing Managers and Chief of Licensing. The final draft is currently with Executive and Legal Staff for final approval.

B. Medical Board of California Web Site Related to Applications
Mr. Salgado reported a team has been established for this task. The Web site is concurrently being reviewed as the revision of the P&S application continues to proceed. The Web site will

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be completed immediately after approval of the P&S application.

C. Study of Postgraduate Training Authorization Letter (PTAL) Process

Mr. Salgado reported the P&S Application Revision Team determined that one application will remain for both licensure and for the PTAL; therefore, staff will no longer provide updates on this item.

D. Revision of the Policy and Procedure Manual

The Policy and Procedure Manual is continually being updated. The Administrative Support section of the manual has been reviewed by staff and management, and is in the final stages of completion. The Administrative Support section includes mail processing, obtaining reports, and file set up. A majority of the manual will be finalized once the new BreEZe computer system is close to being implemented.

Agenda Item 6 Update on SB100 Implementation – Outpatient Surgery Center Requirements

Ms. Lowe reported staff is currently working to implement the changes required by SB 100, including creating an online database that will provide consumers the ability to search for outpatient settings that have been accredited. The database is nearing completion, however due to limited staffing resources, it has taken longer than expected to finalize.

Upon completion of the database, staff will begin the process of importing data provided by the four accreditation agencies. The Information Systems Branch is attempting to work with the data provided, but is being faced with a significant challenge. Therefore, it was determined that a standard reporting format was necessary. A template was created that outlined the specific data elements required that will allow for conversion to the new database. The accreditation agencies were provided the template and a request was made that it be used to provide any updates to the Board. Since providing the standard template, only one of the four accreditation agencies is complying with this request. While the database is being completed, processes and procedures related to the outpatient settings program are being reviewed to determine best practices. If necessary, training will be provided to staff to insure timeframes are being met and appropriate action is being taken.

Until completion of the database, the public will be able to contact the program analyst for assistance in verifying an outpatient setting; the program analyst's contact information is available on the Board's Web site on the outpatient settings page. Staff is aware that this is a high priority and is focusing significant resources to insure that compliance with SB 100 is obtained as soon as possible; however, data integrity is essential prior to releasing information onto the Board's Web site.

Public Comment was provided by Michele Monserratt-Ramos with Consumers Union California Safe Patient Network (CUCSPN) regarding this agenda item. On behalf of CUCSPN members, Ms. Monserratt-Ramos requested a discussion, related to the enforcement side of the outpatient surgery program, of how adverse reports were to be reported and investigated.

Ms. Monserratt-Ramos stated Ms. Whitney responded to a letter written by CUCSPN stating the Board is working on enhanced Enforcement staff procedures to handle cases related to accredited and non-accredited licensed outpatient settings. On behalf of CUCSPN members, Ms. Monserratt-Ramos had a number of questions relating to the enforcement side of the outpatient surgery process, as well as the posting of various information required in the bill. She also asked

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if outreach was planned for the public.

Agenda Item 7 Update on Polysomnography Program

Mr. Salgado reported that the Polysomnographic Program has been implemented. Four Polysomnographic applications have been received to date. The application for registration is available on the Board's Web site, in addition to a link for laws and regulations regarding the program. Links for Live Scan and fingerprint information have also been added to the Web site. A letter announcing the implementation of the program has been drafted and is in the review process. The letter will be disseminated to California sleep medicine doctors upon final approval. Information will also be provided in the Board's summer 2012 Newsletter.

Agenda Item 8 Continued Compliance with Section 2168 Special Faculty Permit Holders

Ms. Lowe reported that since the implementation of Business and Professions (B&P) Code section 2168 in 1999, the Board has approved 19 permits; 15 of which are current. Four of the permits have been canceled; however none of the cancellations were due to disciplinary cause or reason.

Permit holders are listed on the Board's Web site with licensed physicians and surgeons, and the public is able to perform a search to verify a permit holder's current status and public record. The permit holder is required to comply with continuing medical education requirements and to renew the permit in the same manner as a physician and surgeon, every two years. A certification statement on the renewal form is required by the school Dean to certify that the permit holder continues to meet the eligibility criteria set forth in B&P Code section 2168, is still employed solely at the sponsoring institution, continues to possess a current medical license in another state or country, and is not subject to permit denial under section 480 of the B&P Code. In addition, pursuant to B&P Code section 2168.4 and California Code of Regulations Title 16, Division 13, section 1315.02, the Dean is required to report to the Board within 30 days that a permit holder no longer meets the requirements to hold a permit. Upon notice of such, the Board will cancel the permit.

The Board has an enforcement process in place, which is the same for a permit holder as it is for any physician and surgeon. The Board is notified of any arrest and/or conviction of a permit holder and may deny, suspend, or revoke a permit for any violation that would be grounds for denial, suspension, or revocation of a physician's and surgeon's license. To date, the Board has not formally disciplined any permit holder.

B&P Code section 2168 also required the Board to provide a report to the Legislature on the status of the Special Faculty Permit Program by December 31, 2011. The Board complied with this requirement on December 9, 2011.

Dr. Duruisseau asked how many times the special faculty permit can be renewed? Ms. Lowe responded that the permit can be renewed indefinitely as long as the permit holder continues to meet the requirements set forth in B&P Code section 2168.

Agenda Item 9 Agenda Items for July 19-20, 2012 Meeting in Sacramento Area

An update on SB 100 Implementation on Outpatient Surgery Center requirements will be made at the July 2012 meeting.

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Agenda Item 10 Adjournment
The meeting adjourned at 3:05 p.m.

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MEDICAL BOARD STAFF REPORT

REPORT DATE:	July 9, 2012
ATTENTION:	Licensing Committee
SUBJECT:	Update on SB 100 Implementation – Outpatient Surgery Center Requirements
REFERRED BY:	Curtis Worden, Chief of Licensing
REASON:	Provide an update on the ongoing process of implementing requirements set forth by Senate Bill 100 (Price) (Chapter 645 Statutes of 2011)

REQUESTED ACTION:

No action is required. The purpose is this report is to provide the Licensing Committee with background information and an update on the Licensing Program's ongoing process of implementing the requirements set forth by Senate Bill 100 (Price).

BACKGROUND:

California law prohibits physicians from performing some outpatient surgeries, unless it is performed in an accredited or licensed setting.

Section 2216 of the Business and Professions Code (B&P) specifies that on or after, July 1, 1996, no physician and surgeon shall perform procedures in an outpatient setting using anesthesia, except local anesthesia or peripheral nerve blocks, or both, complying with the community standard of practice, in doses that, when administered, have the probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes, unless the setting is specified in Health and Safety Code section 1248.1. Outpatient settings where anxiolytics and analgesics are administered are excluded when administered, in compliance with the community standard of practice, in doses that do not have the probability of placing the patient at risk for loss of the patient's life-preserving protective reflexes. The definition of "outpatient settings" contained in subdivision (c) of Health and Safety Code section 1248 shall apply.

As outlined in Health and Safety Code (H&S) section 1248.1, certain outpatient surgery settings are excluded from the accreditation requirement, such as ambulatory surgical centers certified to participate in the Medicare program under Title XVIII, health facilities licensed as general acute care hospitals, federally operated clinics, facilities on recognized tribal reservations, and facilities used by dentists or physicians in compliance with Article 2.7 or Article 2.8 of Chapter 4 of Division 2 of the B&P Code.

Pursuant to H&S section 1248.15 the Board has adopted standards for accreditation and, in approving accreditation agencies to perform accreditation of outpatient settings, ensures that the certification program shall include standards for multiple aspects of the setting's operations.

The Board approved the following four accreditation agencies as they met the requirements and standards as set forth by H&S section 1248.15:

- **American Association for Accreditation of Ambulatory Surgery Facilities Inc. (AAAASF)**
  Accreditation Date: July 1, 1996

- **Accreditation Association for Ambulatory Health Care (AAAHC)**
  Accreditation Date: July 1, 1996

- **The Joint Commission**
  Accreditation Date: July 1, 1996

- **Institute for Medical Quality (IMQ)**
  Accreditation Date: October 8, 1997

Section 1248.2 provides that any outpatient setting may apply to an accreditation agency for a certificate of accreditation. Accreditation shall be issued by the accreditation agency solely on the basis of compliance with its standards as approved by the Board under Chapter 1.3 of the H&S Code.

Pursuant to the enactment of SB 100, effective January 1, 2012, H&S section 1248.2(b)(c)(d) now provides:

(b) The board shall obtain and maintain a list of accredited outpatient settings from the information provided by the accreditation agencies approved by the board, and shall notify the public, by placing the information on its Internet Web site, whether an outpatient setting is accredited or the setting's accreditation has been revoked, suspended, or placed on probation, or the setting has received reprimand by the accreditation agency.
(c) The list of outpatient settings shall include all of the following:
(1) Name, address, and telephone number of any owners, and their medical license numbers.
(2) Name and address of the facility.
(3) The name and telephone number of the accreditation agency.
(4) The effective and expiration dates of the accreditation.
(d) Accrediting agencies approved by the board shall notify the board and update the board on all outpatient settings that are accredited.

Prior to SB 100, data was reported to the Board from the four accreditation agencies; however, as there was not a statute in place which mandated the reporting requirements, data was not consistent amongst the four agencies.

Since the enactment of SB 100, the Board's Licensing Program and Information Systems Branch have been designing the Outpatient Surgery Settings database that will store data provided from the accreditation agencies and will serve as a public interface on the Board's Web site as mandated by H&S section 1248.2.

Meetings were held between the Board and representatives from the accreditation agencies in order to determine the logistics of obtaining their accredited settings data. Standard templates were provided to the accreditation agencies and data was provided in an electronic format compatible with the database design. Data has since been obtained from all accreditation

agencies, has been imported into the database, and is currently undergoing testing to insure functionality. Upon satisfaction that the database is functioning in the required manner, it will be released to the public via the Board's Web site. The estimated release date is July 16, 2012. The database will allow consumers the ability to search for accredited Outpatient Settings within California and will provide consumers with information as required by H&S section 1248.2. The database will also provide consumers with the ability to view documents such as final inspection reports, which include the lists of any deficiencies identified during an inspection, plans of correction or requirements for improvements and correction, and corrective action completed as required by H&S section 1248.35(g).

The Board's processes and procedures that were previously in place are being modified to insure data is reported in a standard fashion and timely manner. Data collection forms have been created and will be provided by the end of August 2012 to the accreditation agencies for use in the future, and will be required when notifying the Board of any new settings as well as when updating information on existing settings. The data collection forms will streamline the process of obtaining accurate and reliable data that will then be presented to the public via the Outpatient Surgery Setting database.

The Board's Licensing Program is currently working directly with the Board's Enforcement Program to ensure that any adverse actions reported from the accreditation agencies are reviewed and investigated as required by law. Internal processes are being reviewed and both programs are striving to ensure compliance with all applicable laws.

The Outpatient Surgery Setting database is anticipated to be released to the public via the Board's Web site prior to the July 2012 Board meeting. Upon release of the database the Board will be notifying consumers of the availability by providing information in the Board's Newsletter, sending out information in an email via the Board's subscriber lists, sending out a press release, and providing links to the database from the Board's Web site homepage.

Medical Board of California
Allied Health Programs

Allied Health Care Professions

- Licensed Midwives
- Registered Dispensing Optician Program
  - Registered Dispensing Optician
  - Spectacle Lens Dispenser
  - Contact Lens Dispenser
  - Non-Resident Contact Lens Dispenser
- Registered Polysomnographic Program
- Research Psychoanalysts
- Student Research Psychoanalysts
- Medical Assistants

Licensed Midwives

What is a midwife?

A "licensed midwife" is an individual who has been issued a license to practice midwifery by the Medical Board of California. The practice of midwifery authorizes the licensee, under the supervision of a licensed physician and surgeon (OB/GYN in active practice), to attend cases of normal childbirth, in a home, birthing clinic, or hospital environment.

Pathways to Licensure

- Education
  - Must complete a three-year postsecondary education program in an accredited school approved by the Board.

or

- Challenge Mechanism
  - Business and Professions Code section 2513(a)-(c) allows a midwifery student and prospective applicant the opportunity to obtain credit by examination for previous midwifery education and clinical experience.

Examination

- North American Registry of Midwives' (NARM)
  - Adopted by the Medical Board of California, Division of Licensing in May 1996
  - Satisfies written examination requirements
  - Administered twice yearly

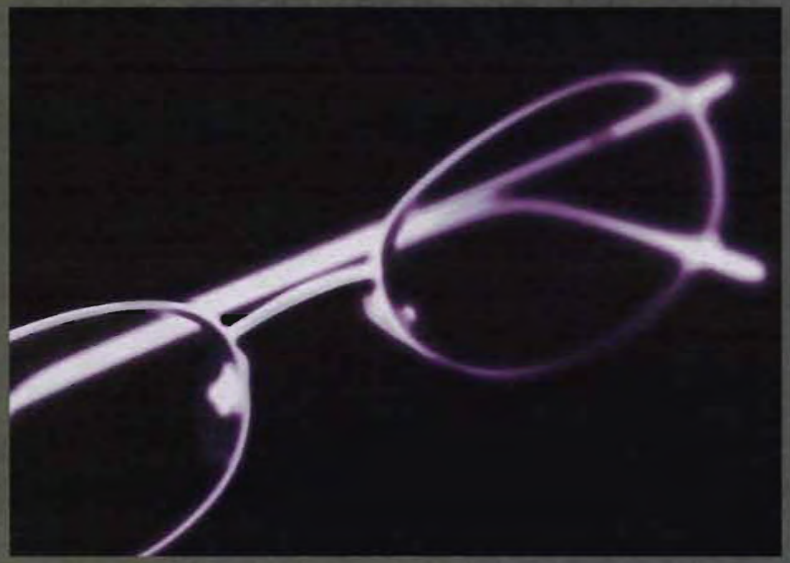
Program Information

- Application available online
- Fee to apply: $300.00
- Fee to renew: $200.00
- Renewal period = 2 years

Program Statistics

- Fiscal Year 2010-2011
  - Issued: 40 licenses
  - Current licenses: 252

Registered Dispensing Optician Program (RDO)



The RDO Program is Comprised of Four Sections:

- Registered Dispensing Optician (business location)
- Spectacle Lens Dispenser
- Contact Lens Dispenser
- Non-Resident Contact Lens Dispenser

Registered Dispensing Optician

- Required for individuals, corporations, and firms engaged in the business of filling prescriptions of physicians and surgeons licensed by the Medical Board of California or the Osteopathic Medical Board of California; or optometrists licensed by the Board of Optometry for prescription lenses.

Program Information

- Application available online
- Fee to apply: $75.00
- Fee to renew: $75.00
- Renewal period = 2 years

Program Statistics

- Fiscal Year 2010-2011
  - Issued: 69 registrations
  - Current registrations: 1,161

Spectacle Lens Dispenser

- A registered spectacle lens dispenser is authorized to fit and adjust spectacle lenses at any place of business holding a Registered Dispensing Optician certificate provided that the certificate of the registered spectacle lens dispenser is displayed in a conspicuous place at the place of business where he or she is fitting and adjusting.

Examinations

- American Board of Opticianry
  - Adopted by the Medical Board of California
  - Satisfies written examination requirements
  - Administered twice yearly

Program Information

- Application available online
- Fee to apply: $75.00
- Fee to renew: $75.00
- Renewal period = 2 years

Program Statistics

- Fiscal Year 2010-2011
  - Issued: 196 registrations
  - Current registrations: 2,182

Contact Lens Dispenser

- A registered contact lens dispenser is authorized to fit and adjust contact lenses at any place of business holding a Registered Dispensing Optician certificate provided that the certificate of the registered contact lens dispenser is displayed in a conspicuous place at the place of business where he or she is fitting and adjusting.

Examinations

- National Contact Lens Examiners (NCLE)
  - Adopted by the Medical Board of California
  - Satisfies written examination requirements
  - Administered twice yearly

Program Information

- Application available online
- Fee to apply: $75.00
- Fee to renew: $75.00
- Renewal period = 2 years

Program Statistics

- Fiscal Year 2010-2011
  - Issued: 73 registrations
  - Current registrations: 902

Non-Resident Contact Lens Dispenser

- This registration is required for individuals, partnerships, and corporations located outside California that ship, mail, or deliver in any manner, contact lenses at retail to a patient at a California address.

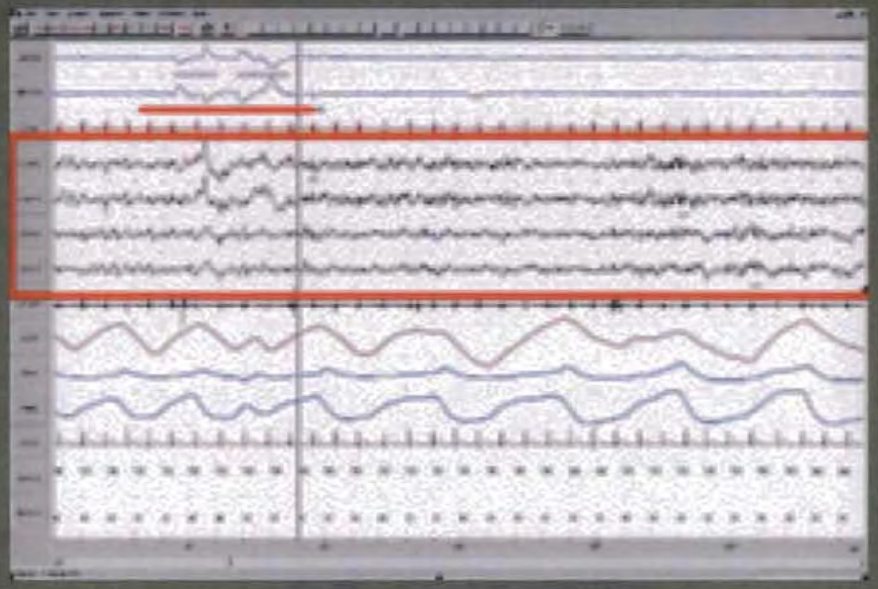
Program Information

- Application available online
- Fee to apply: $100.00
- Fee to renew: $100.00
- Renewal period = 2 years

Program Statistics

- Fiscal Year 2010-2011
  - Issued: 0 registrations
  - Current registrations: 11

Registered Polysomnographic Program



What is Polysomnography?

The treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. Polysomnography shall include, but not be limited to, the process of analysis, monitoring, and recording of physiologic data during sleep and wakefulness to assist in the treatment of disorders, syndromes, and dysfunctions that are sleep-related, manifest during sleep, or disrupt normal sleep activities.

Registration Types

- Polysomnographic Trainee
- Polysomnographic Technician
- Polysomnographic Technologist

Registered Polysomnographic Trainee

- Required for individuals under the direct supervision of a supervising physician and surgeon, polysomnographic technologist or other licensed health care professional who provides basic supportive services as part of their educational program, including but not limited to gathering and verifying patient information, testing preparation and monitoring, documenting routine observations, data acquisition and scoring, and assisting with appropriate interventions for patient safety in California.

Registration Requirements

- Have either a high school diploma or GED and completed at least six months of supervised direct polysomnographic patient care experience;

or

- be enrolled in an approved polysomnographic education program;

and

- Possess at the time of application a current certificate in Basic Life Support issued by the American Heart Association.

Registered Polysomnographic Technician

- Required for individuals who may perform the services equivalent to that of a Polysomnographic Technician under general supervision and may implement appropriate interventions necessary for patient safety in California.

Registration Requirements

In addition to the initial requirements for a polysomnographic trainee:

- Be enrolled in an approved polysomnographic education program

and

- Have at least six months experience at a level of Polysomnographic Trainee

Registered Polysomnographic Technologist

- Required for individuals, who are under the supervision of a physician and surgeon, who are responsible for the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders in California.

Registration Requirements

- He or She shall have a valid current credential as a polysomnographic technologist issued by a national accrediting agency approved by the Board.
- Shall have graduated from a polysomnographic educational program that has been approved by the Board.
- Shall have passed a national certifying examination that has been approved by the Board.
- If the application is received on or before October 22, 2012, in lieu of the above, submission of documentation, under penalty of perjury, from the supervising physician indicating the individual has engaged in the practice of polysomnography safely for five years, as verified by a supervising physician.

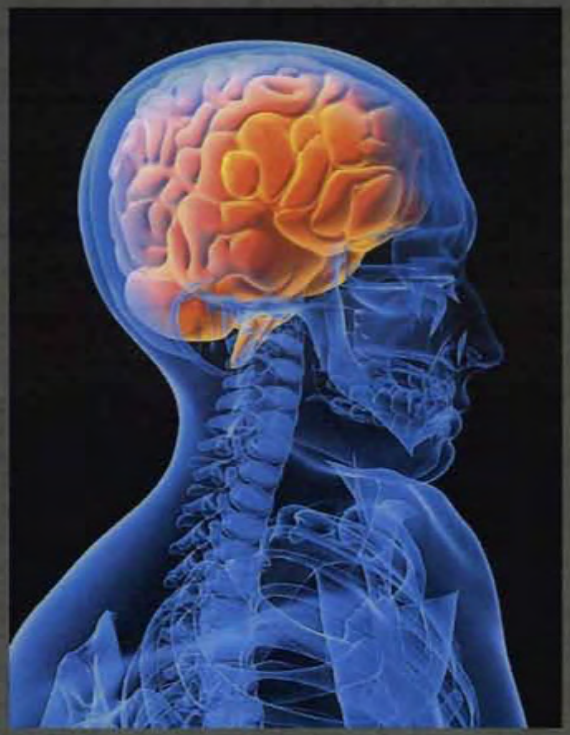
Program Information

- Application available online
- Application Fee: $100.00
- Registration Fee: $100.00
- Renewal Fee: $150.00
- Renewal period = 2 years

Program Statistics

- Program Became Effective: February 2012
  - Issued: 0 registrations
  - Pending Applications: 40

Research Psychoanalysts
and
Student Research Psychoanalysts



What is a Research Psychoanalyst?

- A registered Research Psychoanalyst is an individual who has graduated from an approved psychoanalytic institution and is registered with the Medical Board of California. Research Psychoanalysts may engage in psychoanalysis as an adjunct to teaching, training or research. Additionally, students who are currently enrolled in an approved psychoanalytic institution and are registered with the Medical Board as a Student Research Psychoanalyst, may engage in psychoanalysis under supervision.

Education Requirements

- Doctorate degree or its equivalent and graduation from a psychoanalytic institution approved by the Board
- Currently 19 approved psychoanalytic institutions are approved by Board

Program Information

- Application available online
- Fee to apply: $100.00
- Fee to renew: $50.00
- Renewal period = 2 years

Program Statistics

- Fiscal Year 2010-2011
  - Issued: 8 registrations
  - Current registrations: 92

Medical Assistants

What is a Medical Assistant?

- Medical assistants are <u>unlicensed</u> individuals who perform non-invasive routine technical support services under the supervision of a licensed physician and surgeon or podiatrist in a medical office or clinic setting.

Certification

- Medical assistants may obtain "certified" status through private agencies approved by the Medical Board of California.
- Currently 3 approved Certifying Agencies

Scope of Practice

WITHIN SCOPE	NOT WITHIN SCOPE
Take blood pressure, height, weight, temperature, and note information on chart	Start or disconnect IV's
Perform nasal smears	Administer injections into IV's
Perform "finger sticks"	Chart pupillary responses
Perform hearing tests	Insert urine catheters
Administer Flu shots	Perform telephone triage
Remove Casts	Inject collagen
Remove sutures or staples from superficial incisions	Use lasers to remove hair, wrinkles, scars, moles, or other blemishes

Training

- Prior to performing technical supportive services, a medical assistant shall receive training, as necessary, in the judgment of the supervising physician, podiatrist or instructor to assure the medical assistant's competence in performing that service at the appropriate standard of care.
- Training shall be administered in either of the following settings:
  - Under a licensed physician or podiatrist, or under a registered nurse, licensed vocational nurse, a physician assistant or a qualified medical assistant
  - In a secondary, post secondary, or adult education program in a public school authorized by the Department of Education, in a community college program provided for in the Education Code, or a post secondary institution accredited or approved by the Bureau for Private Postsecondary Education in the Department of Consumer Affairs

Supervision

- In every instance, prior to administration of medicine by a medical assistant, a licensed physician or podiatrist, or another appropriate licensed person shall verify the correct medication and dosage. The supervising physician or podiatrist must authorize any technical supportive services performed by the medical assistant and that supervising physician or podiatrist must be physically present in the treatment facility when procedures are performed, except as provided in section 2069(a) of the Business and Professions code.

MEDICAL BOARD STAFF REPORT

REPORT DATE:	July 6, 2012
ATTENTION:	Licensing Committee
SUBJECT:	Continuing Medical Education (CME)
REFERRED BY:	Curtis Worden, Chief of Licensing Medical Board of California 2012 Strategic Plan Objective 1.1
REASON:	Presentation on the CME structure, effectiveness, the current California requirements, and opportunities for improvement.

REQUESTED ACTION:

The 2012 Medical Board of California Strategic Plan Objective 1.1 requires that the annual CME audit statistics and an overview of the CME process, including the current requirements and information on how the process has changed over the years be provided to the Medical Board members.

BACKGROUND:

Under Article 10 of the Medical Practice Act commencing with Section 2190 of the Business and Professions Code, the Board has adopted and administers standards for the continuing education of Physician's and Surgeon's licensed in the State of California. The Board requires each licensed physician and surgeon to demonstrate satisfaction of the continuing education requirements at intervals of not less than four nor more than six years.

Each physician is required to complete not less than 50 hours of approved CME during each two-year period immediately preceding the expiration date of the license. One exception is permitted by Title 16, California Code of Regulations, Section 1337(d), which states that any physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board shall be granted credit for four consecutive years of CME credit for re-licensure purposes.

Approved CME consists of courses or programs designated by the American Medical Association (AMA) or the California Medical Association as Category 1 credits related to one of the following: patient care, community health or public health, preventive medicine, quality assurance or improvement, risk management, health facility standards, the legal aspects of clinical medicine, bioethics, professional ethics, or improvement of the physician-patient relationship.

The following certification statement is required to be signed by physicians as part of the renewal process:

"I certify under penalty of perjury under the laws of California to the following statement: I certify that I do meet each of the Continuing Medical Education requirements listed on the back of this form or that I meet the conditions which would exempt me from all or part of the requirements or I hold a permanent CME Waiver."

As part of the renewal process, the following statements must be reviewed and marked as appropriate, either Yes or NO:

- I have completed and can document not less than 50 hours of approved CME for the two-year period immediately preceding the expiration date of my license.
- I have completed 12 hours of pain management and end-of-life care.
- I am exempted from the completion of 12 hours of pain management and end-of-life care continuing education requirement because I am a radiologist or pathologist.

The following statement is only required to be answered by general internists and family physicians who have 25% of their patient population aged 65 years or older:

- I have completed at least 20% of the required CME in geriatric medicine or the care of older patients.

If the certification statement is not signed, or any of the CME statements have not been answered at the time of renewal, a hold will be placed on the license and the renewal process will not be completed. Follow-up to all renewal deficiencies, is performed by the Cashiering Unit of the Board or by the Department of Consumer Affairs Cashiering Unit, by sending correspondence to the physician's address of record advising the physician of the deficiency and how to correct the deficiency.

Any physician who is unable to complete the minimum CME requirements due to health, military service, or undue hardship may request a CME waiver. Any physician who submits an application for a CME waiver that is denied by the Board staff will be allowed to renew his or her license one time; however, he or she will be required to make up the deficient hours over the next renewal period and document to the Board 100 CME hours by the end of that renewal period.

At the time of renewal, documentation of hours is not required; however, Title 16, California Code of Regulations, Section 1338 requires the Board to audit a random sample of physicians who have reported compliance with the continuing education requirement. If selected for the CME audit, documentation of completed hours must be provided to the Board. Any physician who is found to not have completed the required number of hours of approved continuing education will be required to make up any deficiency during the next biennial renewal period.

Any physician who fails to make up the deficient hours during the following renewal period shall be ineligible for renewal of his or her license to practice medicine until such time as the deficient hours are documented to the Board.

The CME audit is currently performed on a monthly basis and is designed to randomly audit approximately 10% of the total number of physicians and surgeons licensed in the State of California per year. If selected for the audit, proof of attendance at CME courses or programs is required to be submitted. If a physician fails the audit by either not responding or failing to meet the requirements as set forth by Section 2190 of the Business and Professions Code, the physician will be allowed to renew his or her license one time following the audit to permit him or her to make up any deficient CME hours. However, the Board will not renew the license a second time until all of the required hours have been documented to the Board.

Note: It is considered unprofessional conduct for a physician to misrepresent his or her compliance of meeting the CME requirements pursuant to Title 16, California Code of Regulations, Section 1338(c).

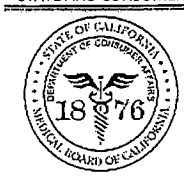
The following chart represents the number of Physician's and Surgeon's who have passed or failed the audit since January 01, 2011. Numbers are based on 100 Physician's and Surgeon's selected per month.

Continuing Medical Education Audit Statistics			
Month	Passed	Failed	Percent Failed
January-11	98	2	2%
February-11	86	14	14%
March-11	92	8	8%
April-11	92	8	8%
May-11	93	7	7%
June-11	88	12	12%
July-11	82	18	18%
August-11	83	17	17%
September-11	90	10	10%
October-11	88	12	12%
November-11	90	10	10%
December-11	80	20	20%
January-12	95	5	5%
February-12	88	12	12%
March-12	86	14	14%

Attachments:

1. Sample - Random Audit Letter
2. Sample - Pass Audit Letter
3. Sample – Failed Audit Letter
4. Business and Professions Code Sections – Regarding CME
5. California Code of Regulations Sections – Regarding CME

ATTACHMENT - 1



MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
2005 Evergreen Street, Suite 1200, Sacramento, CA 95815
Phone (916) 263-2382 · Fax (916) 263-8936 · www.mbc.ca.gov

2012 CONTINUING MEDICAL EDUCATION AUDIT

June 12, 2012

Dear Dr.:

This letter is to inform you that you have been randomly selected to participate in the Medical Board of California (Board) Continuing Medical Education (CME) audit. **Please provide documentation that you have completed 50 hours of CME from the period June 1, 2010 through May 31, 2012.** The Board is required by law to conduct an audit each year. The process for the audit is to select, at random, physicians who have certified compliance by signing the CME statement on their renewal notice.

Section 1336 of the California Code of Regulations (CCR) requires a licensee to complete not less than 50 hours of approved CME during each two-year period immediately preceding the expiration date of the license. Physicians selected for the audit are required to submit documents certifying their compliance with the CME requirement. Acceptable documents include letters or certificates of attendance that show: participant name, completion of CME course, name of provider, course name and date, and number of approved CME hours. If necessary, please contact your CME provider to obtain documents verifying your participation. Please send photocopies not originals.

The documentation being requested is mandatory by law. Failure to provide the requested information by your next renewal period will result in your ineligibility for renewal of your license until such time as the completion of the deficient hours of CME is documented to the Board.

On the reverse side of this letter, please check the section(s) which best describes your situation and **return it along with your documentation postmarked no later than August 11, 2012.** If you have any questions, please call me at 916-263-2645.

Sincerely,

Angie Mitchell
CME Coordinator
Angie.Mitchell@mbc.ca.gov

2012 CONTINUING MEDICAL EDUCATION AUDIT

Acceptable documents include letters or certificates of attendance that show: participant name, completion of CME course, name of provider, course name and date, and number of approved CME hours. If necessary, please contact your CME provider to obtain documents verifying your participation. Please send photocopies not originals.

_____ 1. I have completed 50 hours of Category 1 CME courses from the period June 1, 2010 through May 31, 2012 and attached documents certifying completion.

_____ 2. Within the last four years, I have successfully passed a medical specialty board examination or recertification examination and attached a copy of my certificate. One hundred hours of Category 1 CME credit is awarded for passing such an examination.

Name: _____

_____ 3. I am engaged in an approved postgraduate residency training program (internship, residency, or clinical fellowship). Attached is a letter from the hospital to verify my beginning and ending dates of training, six CME credits are awarded for each month a physician is engaged in an approved postgraduate training program.

_____ 4. I have not completed 50 hours of Category 1 CME from the period June 1, 2010 through May 31, 2012.

The documentation being requested is mandatory by law. Any physician misrepresenting compliance with the CME requirement may be cited for unprofessional conduct. Failure to provide the requested information by your next renewal period will result in your ineligibility for renewal of your license until such time as the completion of the deficient hours of CME is documented to the Board.

ATTACHMENT - 2

MEDICAL BOARD OF CALIFORNIA
Licensing Program

June 12, 2012

Dear Dr.:

This is to inform you that based on the documentation that you have provided to the Board, you have successfully met all the requirements set forth to pass the 2012 Continuing Medical Education (CME) Audit, which is preformed in accordance with California Code of Regulations Title 16 Sections 1336 and 1338(a).

Please keep a copy of this letter in your records for future reference.

If you should have any questions regarding this letter, I may be reached at the telephone number and address listed below.

Sincerely,

CME Coordinator

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815 (916) 263-2645 FAX: (916) 263-8936 www.mbc.ca.gov

ATTACHMENT - 3

MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
2005 Evergreen Street, Suite 1200, Sacramento, CA 95815
Phone (916) 263-2382 · Fax (916) 263-8936 · www.mbc.ca.gov

June 13, 2012

Dear Dr.:

This letter is to notify you that you have failed the 2011 Continuing Medical Education (CME) Audit. A letter dated was sent informing you that you were randomly selected for the 2011 CME Audit. You have not provided the required documentation necessary to substantiate compliance.

Section 1336 of the California Code of Regulations states physicians selected for the audit are required to submit documents certifying their compliance with the CME requirement. Acceptable documents include letters or certificates of attendance that show: participant name, completion of CME course, name of provider, course name and date, and number of approved CME hours. If necessary, please contact your CME provider to obtain documents verifying your participation. Please send photocopies not originals.

You have failed to provide the requested information and a hold has been placed on your license. You will not be able to renew your license until such time as the completion of the deficient hours of CME is documented to the Board.

Please provide 50-hours of CME to fulfill the CME Audit requirements.

If you have any questions call me at.

Sincerely,

CME Coordinator

ATTACHMENT - 4

2190. In order to ensure the continuing competence of licensed physicians and surgeons, the board shall adopt and administer standards for the continuing education of those licensees. The board may also set content standards for any educational activity concerning a chronic disease that includes appropriate information on prevention of the chronic disease, and on treatment of patients with the chronic disease, by the application of changes in nutrition and lifestyle behavior. The board shall require each licensed physician and surgeon to demonstrate satisfaction of the continuing education requirements at intervals of not less than four nor more than six years.

2190.1. (a) The continuing medical education standards of Section **2190** may be met by educational activities that meet the standards of the Division of Licensing and serve to maintain, develop, or increase the knowledge, skills, and professional performance that a physician and surgeon uses to provide care, or improve the quality of care provided for patients, including, but not limited to, educational activities that meet any of the following criteria:

(1) Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine.

(2) Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine.

(3) Concern bioethics or professional ethics.

(4) Are designed to improve the physician-patient relationship.

(b) (1) On and after July 1, 2006, all continuing medical education courses shall contain curriculum that includes cultural and linguistic competency in the practice of medicine.

(2) Notwithstanding the provisions of paragraph (1), a continuing medical education course dedicated solely to research or other issues that does not include a direct patient care component and a course offered by a continuing medical education provider that is not located in this state are not required to contain curriculum that includes cultural and linguistic competency in the practice of medicine.

(3) Associations that accredit continuing medical education courses shall develop standards before July 1, 2006, for compliance with the requirements of paragraph (1). The associations may develop these standards in conjunction with an advisory group that has expertise in cultural and linguistic competency issues.

(4) A physician and surgeon who completes a continuing education course meeting the standards developed pursuant to paragraph (3) satisfies the continuing education requirement for cultural and linguistic competency.

(c) In order to satisfy the requirements of subdivision (b), continuing medical education courses shall address at least one or a combination of the following:

(1) Cultural competency. For the purposes of this section, "cultural competency" means a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization

to care effectively for patients from diverse cultures, groups, and communities. At a minimum, cultural competency is recommended to include the following:

(A) Applying linguistic skills to communicate effectively with the target population.

(B) Utilizing cultural information to establish therapeutic relationships.

(C) Eliciting and incorporating pertinent cultural data in diagnosis and treatment.

(D) Understanding and applying cultural and ethnic data to the process of clinical care.

(2) Linguistic competency. For the purposes of this section, "linguistic competency" means the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

(3) A review and explanation of relevant federal and state laws and regulations regarding linguistic access, including, but not limited to, the federal Civil Rights Act (42 U.S.C. Sec. 1981, et seq.), Executive Order 13166 of August 11, 2000, of the President of the United States, and the Dymally-Alatorre Bilingual Services Act (Chapter 17.5 (commencing with Section 7290) of Division 7 of Title 1 of the Government **Code**).

(d) Notwithstanding subdivision (a), educational activities that are not directed toward the practice of medicine, or are directed primarily toward the business aspects of medical practice, including, but not limited to, medical office management, billing and coding, and marketing shall not be deemed to meet the continuing medical education standards for licensed physicians and surgeons.

(e) Educational activities that meet the content standards set forth in this section and are accredited by the California Medical Association or the Accreditation Council for Continuing Medical Education may be deemed by the Division of Licensing to meet its continuing medical education standards.

2190.2. The Division of Licensing shall establish criteria that providers of continuing medical education shall follow to ensure attendance by licensees throughout the entire course.

2190.3. All general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 20 percent of all mandatory continuing education hours in a course in the field of geriatric medicine or the care of older patients.

2190.5. (a) All physicians and surgeons shall complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients. For the purposes of this section, this course shall be a one-time requirement of 12 credit hours within the required minimum established by regulation, to be completed by December 31, 2006. All physicians and surgeons licensed on and after January 1, 2002, shall complete this requirement within four years of their initial license or by their second renewal date, whichever occurs first. The board may verify

completion of this requirement on the renewal application form.

(b) By regulatory action, the board may exempt physicians and surgeons by practice status category from the requirement in subdivision (a) if the physician and surgeon does not engage in direct patient care, does not provide patient consultations, or does not reside in the State of California.

(c) This section shall not apply to physicians and surgeons practicing in pathology or radiology specialty areas.

2191. (a) In determining its continuing education requirements, the Division of Licensing shall consider including a course in human sexuality as defined in Section 2090 and nutrition to be taken by those licensees whose practices may require knowledge in those areas.

(b) The division shall consider including a course in child abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected children.

(c) The division shall consider including a course in acupuncture to be taken by those licensees whose practices may require knowledge in the area of acupuncture and whose education has not included instruction in acupuncture.

(d) The division shall encourage every physician and surgeon to take nutrition as part of his or her continuing education, particularly a physician and surgeon involved in primary care.

(e) The division shall consider including a course in elder abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected persons 65 years of age and older.

(f) In determining its continuing education requirements, the division shall consider including a course in the early detection and treatment of substance abusing pregnant women to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these women.

(g) In determining its continuing education requirements, the division shall consider including a course in the special care needs of drug addicted infants to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these infants.

(h) In determining its continuing education requirements, the division shall consider including a course providing training and guidelines on how to routinely screen for signs exhibited by abused women, particularly for physicians and surgeons in emergency, surgical, primary care, pediatric, prenatal, and mental health settings. In the event the division establishes a requirement for continuing education coursework in spousal or partner abuse detection or treatment, that requirement shall be met by each licensee within no more than four years from the date the requirement is imposed.

(i) In determining its continuing education requirements, the division shall consider including a course in the special care needs of individuals and their families facing end-of-life issues, including, but not limited to, all of the following:

(1) Pain and symptom management.

(2) The psycho-social dynamics of death.

(3) Dying and bereavement.

(4) Hospice care.

(j) In determining its continuation education requirements, the division shall give its highest priority to considering a course on pain management.

2191.1. The Division of Licensing shall encourage every physician and surgeon to take a course in pharmacology and pharmaceuticals as part of his or her continuing education.

2191.2. The division shall encourage every physician and surgeon to take a course in geriatric medicine, including geriatric pharmacology, as part of his or her continuing education.

2196. The board shall periodically develop and disseminate information and educational material regarding the detection and treatment of child abuse and neglect to each licensed physician and surgeon and to each general acute care hospital in the state. The board shall consult with the Office of Child Abuse Prevention in developing the materials distributed pursuant to this section.

2196.1. The board shall periodically develop and disseminate information and educational material regarding the detection and treatment of elder abuse and neglect to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the Adult Protective Services Division of the State Department of Social Services in developing the materials distributed pursuant to this section.

2196.2. The board shall periodically develop and disseminate information and educational material regarding pain management techniques and procedures to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the State Department of Health Services in developing the materials to be distributed pursuant to this section.

2196.5. The board shall periodically disseminate information and educational material regarding the detection and treatment of spousal or partner abuse to each licensed physician and surgeon and to each general acute care hospital in the state.

2196.6. The board shall 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 surgeon and to each general acute care hospital in the state.

2196.7. The board shall convene a working group of interested parties to discuss nutrition and lifestyle behavior for the prevention and treatment of chronic disease at one of its quarterly

meetings within three years after the operative date of this section.

ATTACHMENT - 5

Welcome to the online source for the California Code of Regulations

16 CA ADC § 1336

§ 1336. Continuing Education Required.

Term

16 CCR § ◄**1336**►

Cal. Admin. Code tit. 16, § ◄**1336**►

Barclays Official California Code of Regulations Currentness
◄**Title 16**►. ◄**Professional**► and ◄**Vocational Regulations**►
Division 13. Medical Board of California [FNA1]
Chapter 1. Division of Licensing
Article 11. Continuing Education (Refs & Annos)

[FNa1] For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

►§ 1336. Continuing Education Required.

(a) Each physician is required to complete not less than 50 hours of approved continuing education during each two-year period immediately preceding the expiration date of the license except as permitted by Section 1337(d). If an initial license was issued for less than 13 months, only 25 hours of continuing education must be completed.

(b) Each physician renewing his or her license under the provisions of Article 19 (commencing with Section 2420) of the Medical Practice Act may be required to submit proof satisfactory to the division of compliance with the provisions of this article a minimum of every four (4) years.

(c) Each physician in order to renew his or her license at each renewal thereof shall report progress towards compliance with the continuing education requirement.

(d) Any physician who does not complete a minimum of 50 hours of approved continuing education during the two-year period immediately preceding the expiration date of the license shall be ineligible for renewal of his or her license under Section 1338 unless such physician applies for and obtains a waiver pursuant to Section 1339 below.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2190 and 2420, Business and Professions Code.

HISTORY

1. New Article 11 (Sections ◄**1336**►-1339, not consecutive) filed 5-20-77 as an emergency; effective upon filing (Register 77, No. 21).

2. Certificate of Compliance filed 5-23-77 (Register 77, No. 21).

3. Amendment filed 11-17-78; effective thirtieth day thereafter (Register 78, No. 46).

4. Amendment filed 8-5-81; effective thirtieth day thereafter (Register 81, No. 32).

5. Amendment of subsection (d) filed 9-21-83; effective thirtieth day thereafter (Register 83, No. 39).

6. Amendment of subsections (a) and (d) and amendment of Note filed 12-11-2008; operative 1-10-2009 (Register 2008, No. 50).

16 CCR § ←**1336**→, 16 CA ADC § ←**1336** →

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16 CA ADC § 1337
§ 1337. Approved Continuing Education Programs.

Term

16 CCR § **1337**

Cal. Admin. Code tit. 16, § **1337**

Barclays Official California Code of Regulations Currentness
Title 16. **Professional** and **Vocational Regulations**
Division 13. Medical Board of California [FNA1]
Chapter 1. Division of Licensing
Article 11. Continuing Education (Refs & Annos)

[FNa1] For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

§ 1337. Approved Continuing Education Programs.

(a) The following programs are approved by the division for continuing education credit:

(1) Programs which qualify for Category I credit from the California Medical Association or the American Medical Association;

(2) Programs which qualify for prescribed credit from the American Academy of Family Physicians;

(3) Programs offered by other organizations and institutions acceptable to the division.

(b) Only those courses and other educational activities that meet the requirements of Section 2190.1 of the code which are offered by these organizations shall be acceptable for credit under this section.

(c) A maximum of one-third of the required hours of continuing education may be satisfied by teaching or otherwise presenting a course or program approved under this section.

(d) Any physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board shall be granted credit for four (4) consecutive years (100 hours) of continuing education credit for relicensure purposes. Such credit may be applied retroactively or prospectively.

(e) A maximum of sixty (60) hours of continuing education shall be granted to a physician for receiving the Physician's Recognition Award.

(f) A maximum of six (6) hours of continuing education shall be granted for each month that a physician is engaged in an approved postgraduate residency training program or approved clinical fellowship program accredited by the Accreditation Council for Graduate Medical Education (ACGME) for relicensure purposes.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2190, Business and Professions Code.

HISTORY

1. Amendment filed 8-23-77; effective thirtieth day thereafter (Register 77, No. 35).

2. Amendment filed 5-29-81; effective thirtieth day thereafter (Register 81, No. 22).

3. New subsection (b) and subsection relettering filed 8-26-93; operative 9-27-93 (Register 93, No. 35).

4. Change without regulatory effect amending subsection (a)(2) filed 6-18-97 pursuant to section 100, title 1, California Code of Regulations (Register 97, No. 25).

5. New subsections (e)-(f) filed 9-14-98; operative 9-14-98 pursuant to Government Code section 11343.4(d) (Register 98, No. 38).

16 CCR § ←**1337**→, 16 CA ADC § ←**1337** →

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16 CA ADC § 1338
§ 1338. Audit and Sanctions for Noncompliance.

Term

16 CCR § 1338

Cal. Admin. Code tit. 16, § 1338

Barclays Official California Code of Regulations Currentness
Title 16. Professional and Vocational Regulations
Division 13. Medical Board of California [FNA1]
Chapter 1. Division of Licensing
Article 11. Continuing Education (Refs & Annos)

[FNa1] For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

§ 1338. Audit and Sanctions for Noncompliance.

(a) The Board shall audit during each year a random sample of physicians who have reported compliance with the continuing education requirement. No physician shall be subject to audit more than once every four (4) years. Those physicians selected for audit shall be required to document their compliance with the continuing education requirements of this article on a form provided by the Board.

(b) Any physician who is found not to have completed the required number of hours of approved continuing education will be required to make up any deficiency during the next biennial renewal period. Such physician shall document to the Board the completion of any deficient hours identified by audit. Any physician who fails to make up the deficient hours during the following renewal period shall be ineligible for renewal of his or her license to practice medicine until such time as the deficient hours of continuing education are documented to the Board.

(c) It shall constitute unprofessional conduct for any physician to misrepresent his or her compliance with the provisions of this article.

(d) Any physician selected for audit who has been certified as complying with the continuing education requirements of this article by those organizations listed in Section 1337, subsections (a)(1) and (a)(2), will not be required to submit documentation or records of continuing education coursework received, but the Board may obtain such records directly from the certifying organizations.

(e) The Board requires that each physician retain records for a minimum of four years of all continuing education programs attended which indicate the title of the course or program attended, dates of attendance, the length of the course or program, the sponsoring organization and the accrediting organization, if any, which may be needed in the event of an audit by the Board.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2190, Business and Professions Code.

HISTORY

1. Amendment filed 9-1-77; effective thirtieth day thereafter (Register 77, No. 36).

2. Repealer and new section filed 11-17-78; effective thirtieth day thereafter (Register 78, No. 46).

3. Amendment of NOTE filed 8-5-81; effective thirtieth day thereafter (Register 81, No. 32).

4. Amendment of subsections (b) and (e) filed 9-21-83; effective thirtieth day thereafter (Register 83, No. 39).

5. Amendment filed 12-3-2009; operative 1-2-2010 (Register 2009, No. 49).

16 CCR § 1338, **16 CA ADC § 1338**

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THOMSON REUTERS

MEDICAL BOARD STAFF REPORT

REPORT DATE:	July 6, 2012
ATTENTION:	Licensing Committee
SUBJECT:	Annual Report Statistic Format
REFERRED BY:	Curtis J. Worden, Chief of Licensing
REASON:	Review Current Annual Report Format of Licensing Program Statistics

REQUESTED ACTION:

On May 2, 2012, Ms. Barbara Yaroslavsky, President, requested that staff provide information relative to the Licensing Program statistical reporting format for the Annual Report.

BACKGROUND:

Under Section 312 of the Business and Professions Code, the Board is required to compile statistical data related to the performance of the Board's mandated functions and responsibilities. This information is reported to the Department of Consumer Affairs, the Governor's Office, the Legislature and the general public through issuance of the Annual Report. This report is issued annually in October, following completion of the Board's fiscal year of July, 1 through June 30.

The attached excerpts from selected Annual Reports represent a sampling of thirteen years of statistical data reporting regarding Licensing. The Annual Reports have improved throughout this period of time with the inclusion of new licensing categories, new required reporting data, and a more easily readable format with clearly defined tables with brief descriptive information.

Attachments:

1. 1999-2000 Licensing Program Annual Report
2. 2002-2003 Licensing Program Annual Report
3. 2006-2007 Licensing Program Annual Report
4. 2010-2111 Licensing Program Annual Report

RECOMMENDATION:

Staff asks that the members make suggestions to enhance or improve this report.

ATTACHMENT - 1

Division of Licensing

The Division of Licensing is responsible for initial and renewal licensing of physicians and surgeons. Additionally, the Division administers licensing programs for lay midwives, dispensing opticians, spectacle lens dispensers, contact lens dispensers, and research psychoanalysts.

Physician and Surgeon Application Processing. During the 1999-2000 fiscal year, 4,043 new physician and surgeon licenses were issued. The volume of application processing work peaks around June 30, the end of the annual residency training year. At this time of year, the Licensing Program experiences increased activity resulting from applicants requiring licensure in order to continue into the third year of postgraduate training or to begin permanent positions at the conclusion of their training. In its effort to provide quality service, the Division encourages applicants to submit their application materials and fees well in advance of the time they expect to be licensed.

Fingerprint clearances are an important part of the application process and a frequent cause for processing delays. In FY 1999-2000, Division staff worked with the Department of Justice to streamline fingerprint processing through participation in the Livescan process which will eliminate the use of fingerprint cards for in-state fingerprint checks. Additionally, INTERPOL inquiries were initiated this year in situations requiring criminal history checks and clearances from abroad.

New provisions in section 2089 of the California Business and Professions Code (B&P) added training in pain management and end-of-life care to curriculum requirements for all applicants for physician and surgeon licensure. This was intended to help educate and influence the attitudes and behavior of physicians toward treating patients with pain, and to help medical educators initiate changes in the curriculum to ensure that new practitioners have attitudes, knowledge, and skills relevant to care for terminal patients. This law applies to all individuals entering medical school on or after June 1, 2000 who apply for California licensure.

Section 1321(d) was added to the regulations to require that each of the two years of approved postgraduate training required for licensure be completed in continuous blocks, but also permit each year to be completed in a different program. Additionally, this law allows for interruption of either year due to illness or hardship.

Special Programs. Special programs provide opportunities for foreign physicians to participate in research and faculty appointments at medical schools located in California. Special program site inspections were conducted at the University of California, San Diego School of Medicine; the University of California, Los Angeles School of Medicine; and Stanford University School of Medicine. These site inspections included meetings with deans, program directors and supervisors, and participants in B&P Code section 2111 postgraduate study programs and section 2113 faculty appointment programs.

Because California medical schools may experience difficulties recruiting eminent clinical faculty from other states, B&P Code section 2168 was implemented in 1998-1999 to create a new category of restricted licensure for the purposes of research, medical advancement and educational progress. A physician eligible for a special faculty appointment must have been offered a full-time appointment at a California medical school at the full professor level in a tenure track position, or its equivalent. During the 1999-2000 fiscal year, the Division issued three special faculty permits to outstanding physicians at the University of California, Los Angeles School of Medicine; the University of California, San Diego School of Medicine; and the University of California, San Francisco School of Medicine.

Consumer Information and Services for Affiliated Health Professions. Implementation of a new telephone system enabled the Consumer Information Unit to assume broader support responsibilities than could previously be assigned. In addition to providing licensing verifications and other general telephone assistance, CIU staff also responded to requests for applications and other forms, letters of good standing, duplicate licenses and address changes. The Division of Licensing sustains relationships with various affiliated health professions. The CIU plays an important role by responding not only to inquiries related to the Medical Board, but also to questions concerning the Acupuncture Board, Hearing Aid Dispensers Program, Physical Therapy Board, Physician Assistant Committee, Board of Podiatric Medicine, Board of Psychology, Respiratory Care Board, and the Speech-Language Pathology & Audiology Board.

Affiliated Healing Arts

	1999–00 LICENSES/APPROVALS	
	ISSUED	CURRENT
Licensed Midwife	12	110
Dispensing Optician	46	1,252
Contact Lens Dispenser	20	488
Spectacle Lens Dispenser	96	1,911
Physician Asst. Supervisor	1,436	10,549
Research Psychoanalyst	0	65
Accrediting Agencies for Outpatient Surgery Settings	0	4
Doctor of Podiatric Medicine	102	1,932
Total	**1,712**	**16,311**

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Division of Licensing Activity

Physician Licenses Issued	FY 98-99	FY 99-00
FLEX/USMLE[1]	3,210	3,338
NBME[1]	671	528
Reciprocity with other states	162	177
Total new licenses issued	**4,043**	**4,043**
Renewal licenses issued—with fee	46,613	47,518
Renewal licenses—fee exempt[2]	4,457	4,433
Total licenses renewed	**51,070**	**51,951**
Physician Licenses in Effect		
California address	81,762	82,872
Out-of-state address	25,147	25,196
Total	**106,909**	**108,068**
Licensing Examination Activity		
United States Medical Licensing Exam (USMLE)		
Applicants passing USMLE exam	2,122	*
Applicants failing USMLE exam	570	*
Total	**2,692**	*

Licensing Enforcement Activity	FY 98-99	FY 99-00
Probationary license granted	0	2
License Denied (no hearing requested)	2	2
Statement of Issues to deny license filed	8	4
Statement of Issues granted (license denied)	6	2
Statement of Issues denied (license granted)	2	1
Statement of Issues withdrawn	0	1

[1] *FLEX = Federation Licensing Exam*
USMLE = United States Medical Licensing Exam
NBME = National Board Medical Exam

[2] *Includes physicians with disabled, inactive, retired, or military license status.*

* *The Medical Board stopped administering Step 3 of USMLE in FY 98-99.*

Verification Activity Summary

License Status Verifications	FY 98-99	FY 99-00
Phone verifications	220,726	180,400
Online access verifications	288,533	*
Written verifications	68,472	44,273
Authorized Internet users	532	534
Non-verification telephone calls	40,682	52,899

* *Due to Y2K, the system previously used to access licensee information became inoperable in December 1999. Effective April 1, 2000 a new password-protected site on the Internet was developed to replace the previous system. Thus, statistics are unavailable.*

	FY 98-99	FY 99-00
Certification Letters and Letters of Good Standing	9,151	11,132
Fictitious Name Permits		
Issued	849	1,180
Renewed	3,800	4,084
Total number of permits in effect	7,869	8,107
Continuing Medical Education		
CME audits	792	794
CME waivers	461	351

Report Verifications

	FY 98-99	FY 99-00
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	358	253
Adverse Actions reported to the NPDB[1]	486	528[2]
NPDB reports received from insurance companies or self-insured individuals/ organizations	1,442	815

	FY 98-99	FY 99-00
B&P Code §805 reports of health facility discipline received:	83	112[3]

[1] *NPDB = National Practitioner Data Bank*

[2] *Includes 516 MDs, 7 podiatrists, and 5 physician assistants.*

[3] *Includes 110 reports for MDs, 1 for a psychologist and 1 for a podiatrist.*

ATTACHMENT - 2

Division of Licensing

The Medical Board of California's Division of Licensing is committed to protecting the public and serving the medical profession by adhering to the highest standards of efficiency, and by ensuring that all statutory requirements are met as a precondition to the issuance of a physician's and surgeon's license. To best meet this standard, improvements to the licensing process have been implemented this past year with noticeable results.

In addition to physician's and surgeon's licenses, the Division also licenses, registers and certifies various affiliated healing arts professionals and serves as the approving authority for those agencies that accredit outpatient surgery settings.

Licensing Process Improvements Update

In the 2001-2002 fiscal year 4,920 physician and surgeon licenses were issued, as compared to 3,777 in 2000-2001.

With the initiation of the new e-licensing program, physicians and surgeons can renew their licenses online. New applicants for physician's and surgeon's licenses can submit payment for an application online via credit card, directly to the Board. At this point, this system does not displace the normal hard copy completion of the entire licensing packet and transmittal of that hard copy material to the Board.

Applicants can also continue to request an application by telephone or download an application from the Board's Web site and mail it to the Board for processing.

Fingerprint clearances from the Federal Bureau of Investigation and the Department of Justice are a mandatory part of the application process. If the applicant resides in California, there is now an electronic process available for fingerprint clearances, called Live Scan. This process significantly reduces the time frame to process fingerprint clearances. The Live Scan process has streamlined and essentially eliminated the need for paper fingerprint cards for California applicants. However, the paper cards are still available for those applicants who reside out of state or who prefer to use this method.

Legal Updates

A regulatory change to section 1320 of Title 16, California Code of Regulations, was implemented in 2000. An unintentional consequence of the amendment was that it affected out-of-state medical residents who come to California to participate in a guest rotation. The Board has proposed changes to regulatory language in FY 02-03 to allow persons participating in an out-of-state postgraduate training program (residency) to come to California and participate in a "guest rotation" (also referred to as an "away rotation") for a maximum number of days even if they have exhausted their normal exemption period as currently provided for in Business and Professions Code sections 2065 and 2066.

Affiliated Healing Arts

	2001–2002 LICENSES	
	ISSUED	CURRENT
Licensed Midwife	10	120
Dispensing Optician	116	1,180
Contact Lens Dispenser	13	437
Non-Resident Contact Lens Seller[1]	7	10
Spectacle Lens Dispenser	117	1,747
Physician Asst. Supervisor[2]	—	—
Research Psychoanalyst	2	70
Accrediting Agencies for Outpatient Surgery Settings	0	4
Podiatrist	71	2,019

[1] *Non-resident contact lens seller formerly was reported within the Dispensing Optician category.*

[2] *Pursuant to B&P Code section 3515, the physician assistant supervisor program became inoperative on July 1, 2001 and was repealed as of January 1, 2002. Therefore, any physician can supervise a physician assistant unless disciplinary action has been taken against the physician's license prohibiting the physician from such supervision.*

Continuing Medical Education Audit

The Division recently completed the FY 01-02 audit for continuing medical education (CME). A total of 757 licensees were audited and, out of those, 653 passed. The licensees who failed the audit have received a letter from the Division notifying them of the outcome, and instructions for remediating the deficiency.

Legislative CME Update

With the passage of AB 487 (Business and Professions Code section 2190.5), physicians are now required to complete, in addition to, or as part of the currently required CME, a mandatory one-time requirement of 12 credit hours of CME in the subjects of pain management and the treatment of terminally ill and dying patients.

The only exemption currently provided by this section of law is for those physicians who are practicing in pathology or radiology.

Division of Licensing Activity

	FY 00-01	FY 01-02
Physician Licenses Issued		
FLEX/USMLE[1]	3,237	4,110
NBME[1]	370	506
Reciprocity with other states	170	304
Total new licenses issued	**3,777**	**4,920**
Renewal licenses issued—with fee	47,469	49,053
Renewal licenses—fee exempt[2]	4,457	4,933
Total licenses renewed	**51,926**	**53,986**
Physician Licenses in Effect		
California address	84,675	86,934
Out-of-state address	24,614	25,339
Total	**109,289**	**112,273**
Fictitious Name Permits		
Issued[3]	1,082	1,003
Renewed[4]	4,101	3,505
Total number of permits in effect[4]	8,505	8,692

	FY 00-01	FY 01-02
Special Faculty Permits		
Permits issued	1	1
License exemptions renewed	2	2
Total active exemption	4	5
Licensing Enforcement Activity		
Probationary license granted	4	9
License Denied (no hearing requested)	7	8
Statement of Issues to deny license filed	11	6
Statement of Issues granted (license denied)	3	1
Statement of Issues denied (license granted)	5	4
Statement of Issues withdrawn	0	1

[1] *FLEX = Federation Licensing Exam*
USMLE = United States Medical Licensing Exam
NBME = National Board Medical Exam

[2] *Includes physicians with disabled, inactive, retired, military, or voluntary service license status.*

[3] *Includes Medical Board of California and Board of Podiatric Medicine.*

[4] *Medical Board of California only.*

Verification & Reporting Activity Summary

	FY 00-01	FY 01-02
License Status Verifications		
Phone verifications	130,483	103,260
Written verifications	3,934	2,897
Authorized Internet users	842	934
Online access verifications	692,879	659,689
Non-verification telephone calls	68,145	63,511
Certification Letters and Letters of Good Standing	11,858	7,297

	FY 00-01	FY 01-02
Reports to Medical Board		
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	194	271
Adverse Actions reported to the NPDB[1]	520[2]	563[3]
NPDB reports received from insurance companies or self-insured individuals/ organizations	909	907
B&P Code §805 reports of health facility discipline received	135[4]	155[5]

[1] *NPDB = National Practitioner Data Bank*

[2] *Includes 484 MDs, 30 podiatrists, and 6 physician assistants.*

[3] *Includes 531 MDs, 11 podiatrists, and 21 physician assistants.*

[4] *Includes 124 MDs, 3 podiatrists and 8 psychologists.*

[5] *Includes 151 MDs, 2 podiatrists and 2 psychologists.*

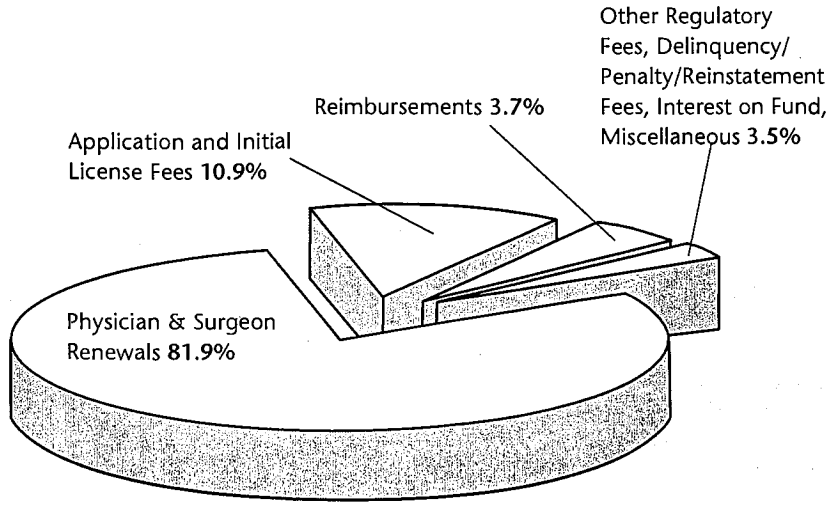
The Annual Report also is available in the "Publications" section of the Medical Board's Web site: www.medbd.ca.gov. For additional copies of this report, please fax your company name, address, telephone number and contact person to the Medical Board's Executive Office at (916) 263-2387, or mail your request to 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

ATTACHMENT - 3

Medical Board of California 2006–2007 Fiscal Year

Revenues & Reimbursements

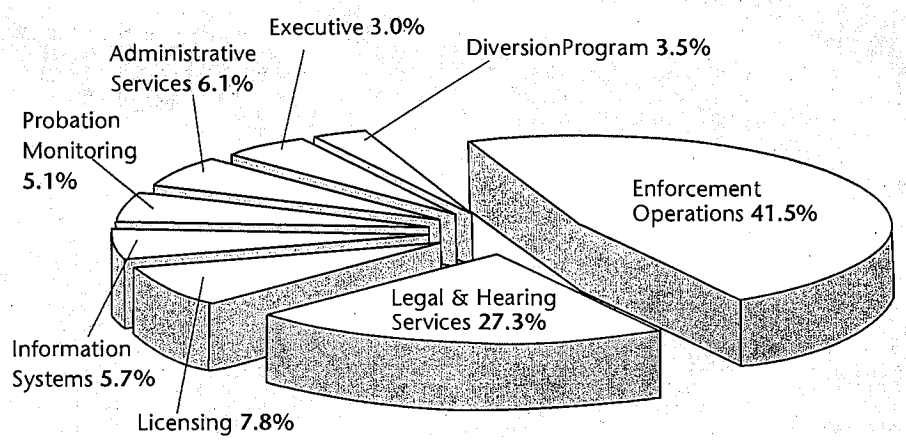
Physician & Surgeon Renewals	$42,246,000
Application and Initial License Fees	5,635,000
Reimbursements	1,888,000
Other Regulatory Fees, Delinquency/Penalty/ Reinstatement Fees, Interest on Fund, Miscellaneous	1,807,000
Total Receipts	**$51,576,000**



Budget Distribution

Enforcement Operations	$20,917,000
Legal & Hearing Services	13,776,000
Licensing	3,949,000
Information Systems	2,857,000
Probation	2,591,000
Administrative Services	3,089,000
Executive	1,534,000
Diversion Program*	1,747,000
Total	**$50,460,000**

* Includes one-time funding in the amount of $300,000 for performance audit pursuant to Section 1 of Chapter 647 of the Statutes of 2005.



Division of Licensing

The Division of Licensing continues to promote public protection for health care consumers through the proper licensing of physicians and surgeons and allied health care professionals. The division is able to achieve its mission by evaluating the educational credentials and skills of applicants during the licensing process, issuing fictitious name permits, administering the continuing medical education program, and licensing several allied health care professionals.

During the last fiscal year, the number of new physician and surgeon applications processed continued a steady increase with 5,284 new license certificates issued—an increase of approximately 5.3 percent compared to last year.

The licensing activity tables on the following page illustrate the volume of allied health care professionals and other licensing operations workload processed by division staff.

Some key accomplishments of the division during the past fiscal year included an impressive reduction in the average number of days it took staff to perform an initial review of physician and surgeon applications—from over 120 days last year to approximately 36 days this year, a 70 percent reduction. The division conducted site visits at five California medical schools and one teaching hospital as part of its Special Programs oversight responsibilities. The division also created the Special Faculty Permit Review Committee and the Midwifery Advisory Council with the initial appointment of members, and increased the activity of the Cultural and Linguistic Physician Competency Program Workgroup, all groups that meet publicly from time to time to provide recommendations to the division.

Division of Licensing Activity

	FY 05-06	FY 06-07
Physician Licenses Issued		
FLEX/USMLE[1]	4,306	4,397
NBME[1]	303	365
Reciprocity with other states	411	522
Total new licenses issued	**5,020**	**5,284**
Renewal licenses issued—with fee	52,176	53,081
Renewal licenses—fee exempt[2]	4,788	5,013
Total licenses renewed	**56,964**	**58,094**
Physician Licenses in Effect		
California address	94,546	96,299
Out-of-state address	27,623	27,757
Total	**122,169**	**124,056**
Fictitious Name Permits		
Issued	1,265	1,257
Renewed	4,040	3,842
Total number of permits in effect	**10,552**	**11,095**

	FY 05-06	FY 06-07
Special Faculty Permits		
Permits issued	0	0
License exemptions renewed	2	2
Total active exemptions	**5**	**5**
Licensing Enforcement Activity		
Probationary license granted	4	6
License denied (no hearing requested)	6	1
Statement of Issues to deny license filed	11	6
Statement of Issues granted (license denied)	5	8
Statement of Issues denied (license granted)	3	4
Statement of Issues withdrawn	2	4

[1] FLEX = Federation Licensing Exam
USMLE = United States Medical Licensing Exam
NBME = National Board Medical Exam

[2] Includes physicians with disabled, retired, military, or voluntary service license status.

Verification & Reporting Activity Summary

License Status Verifications	FY 05-06	FY 06-07
Telephone verifications	58,451	52,718
Non-verification telephone calls	16,632	13,863
Authorized LVS Internet users[1]	1,025	624
Online LVS access verifications	1,179,197	1,726,731
Web license look-up	6,371,788	7,464,137
Certification Letters and Letters of Good Standing	7,099	6,991
Report Verifications		
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	351	194
Reports to Medical Board		
Adverse Actions reported to the NPDB[2]	582[3]	547[4]
B&P Code §805 reports of health facility discipline received	140[5]	127[6]

Allied Health Care Professions: 2006–2007 Licenses

	ISSUED	CURRENT
Licensed Midwife	9	171
Dispensing Optician	59	1,164
Contact Lens Dispenser	153	712
Non-Resident Contact Lens Seller	0	9
Spectacle Lens Dispenser	169	2,002
Research Psychoanalyst	4	81
Accreditation Agencies for Outpatient Settings	0	4
Podiatrist	60	1,836

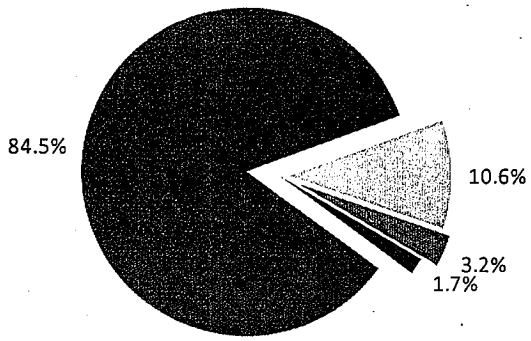
[1] LVS= Licensing Verification System
[2] NPDB = National Practitioner Data Bank
[3] Includes 540 MDs, 19 podiatrists, and 23 physician assistants
[4] Includes 501 MDs, 11 podiatrists, 27 physician assistants, and 8 statement of issues-license denied
[5] Includes 138 MDs and 2 podiatrists
[6] Includes 126 MDs and 1 podiatrist

ATTACHMENT - 4

Medical Board of California 2010–2011 Fiscal Year

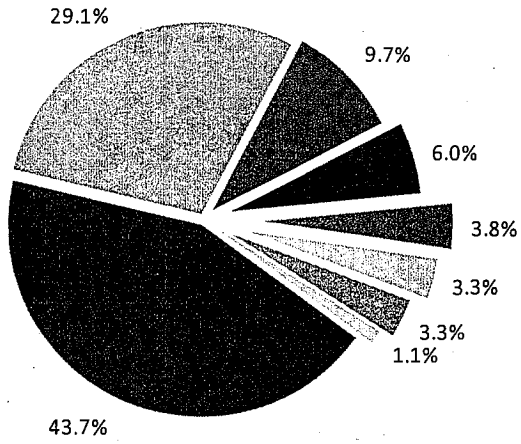
Revenues & Reimbursements

Physician & Surgeon Renewals	$43,571,000	84.5%
Application & Initial License Fees	5,481,000	10.6%
Reimbursements	1,628,000	3.2%
Other Regulatory Fees, Delinquency/ Penalty/Reinstatement Fees, Interest on Fund, Miscellaneous	860,000	1.7%
Total Receipts	**$51,540,000**	



Budget Distribution

Enforcement Operations	$22,660,000	43.7%
Legal & Hearing Services	15,060,000	29.1%
Licensing	5,045,000	9.7%
Information Systems	3,118,000	6.0%
Executive	1,944,000	3.8%
Probation Monitoring	1,735,000	3.3%
Administrative Services	1,688,000	3.3%
Operation Safe Medicine	577,000	1.1%
Total	**$51,827,000**	



Licensing Program

The Medical Board of California's Licensing Program continues to achieve its mission of protecting the health care of consumers through the proper licensing of physicians and surgeons and certain allied health care professionals. The Licensing Program also issues fictitious name permits, and licenses non-nurse midwives, research psychoanalysts, spectacle and contact lens dispensers, and registered dispensing optician businesses. It also approves accreditation agencies that accredit outpatient surgical centers in which general anesthesia is being used.

During the last fiscal year, the Licensing Program received 6,047 new physicians' and surgeons' applications and issued 5,272 licenses. The Licensing Program also conducted one international medical school site visit for a school applying for recognition and recognized two English language international medical school programs. In addition, all physicians' and surgeons' applications were reviewed well below the 60 working days regulatory time frame. These accomplishments were achieved despite multiple staff vacancies. Staff continues to identify opportunities to streamline and improve the application process, and improve the Program's outreach efforts.

Licensing Program Activity

	FY 09-10	FY 10-11
Physician Applications Received	5,964	**6,047**
Physician Licenses Issued		
FLEX/USMLE[1]	4,357	**4,419**
NBME[1]	266	**302**
Reciprocity with other states	487	**551**
Total new licenses issued	5,110	**5,272**
Renewal licenses issued – with fee	56,066	**57,663**
Renewal licenses issued – fee exempt[2]	4,748	**4,993**
Total licenses renewed	60,814	**62,656**
Physician Licenses in Effect[3]		
California address	98,816	**100,544**
Out-of-state address	23,635	**23,854**
Total	122,451	**124,398**
Fictitious Name Permits		
Issued	1,118	**1,288[4]**
Renewed	4,968	**4,943**
Total number of permits in effect	12,549	**13,094**

	FY 09-10	FY 10-11
Special Faculty Permits		
Permits issued	2	**0**
Permits renewed	5	**11**
Total active permits	14	**14**
Licensing Enforcement Activity		
Licenses Issued with Public Letter of Reprimand	7	**13**
Probationary license granted	19	**23**
License denied (no hearing requested)	3	**3**
Statement of Issues to deny license filed	2	**6**
Statement of Issues granted (license denied)	3	**1**
Statement of Issues denied (license granted)	3	**0**
Statement of Issues withdrawn	1	**1**

1 FLEX: Federation Licensing Examination
USMLE: United States Medical Licensing Examination
NBME: National Board Medical Examination
2 Includes physicians with disabled, retired, military, or voluntary service license status
3 Reporting for FY 10/11 excludes physicians with inactive, retired, or disabled license status
4 Includes 22 FNPs issued on behalf of the Board of Podiatric Medicine

Verification & Reporting Activity Summary

Application Status Verifications	FY 09-10	FY 10-11
WAAS application look-up[1]	39,405	**98,996**
License Status Verifications		
Telephone verifications	15,371	**29,081**
Non-verification telephone calls	70,334	**51,434[2]**
Authorized LVS[3] Internet users	575	**490**
Online LVS[3] access verifications	2,331,033	**2,631,385**
Web license look-up	7,702,498	**6,458,770**
Certification Letters and Letters of Good Standing	11,791	**11,706**
Reporting Activities		
B&P Code §805 reports of health facility discipline received	99[5]	**94[6]**
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	532	**319**
Adverse Actions reported to the NPDB[4]	547[7]	**486[8]**

Allied Health Care Professions Licenses/Registrations

	Issued	Current
Licensed Midwife	**40**	**252**
Dispensing Optician	**69**	**1,161**
Contact Lens Dispenser	**73**	**902**
Non-Resident Contact Lens Seller	**0**	**11**
Spectacle Lens Dispenser	**196**	**2,182**
Research Psychoanalyst	**8**	**92**
Accreditation Agencies for Outpatient Settings	**0**	**4**
Podiatrist	**58**	**2,086[9]**

1 WAAS: Web Applicant Access System – reporting started 1/28/10
2 Does not include the 19,355 listed under Consumer Inquiries on page vi
3 LVS: Licensing Verification System
4 NPDB: National Practitioner Data Bank
5 Includes 99 MDs and 0 Podiatrists
6 Includes 93 MDs and 1 Podiatrist
7 Includes 473 MDs, 9 Podiatrists, 26 Physician Assistants, 21 Registered Dispensing Optician Program Registrants, 7 Licensed Midwives and 11 Denials by Licensing Program
8 Includes 417 MDs, 19 Podiatrists, 31 Physician Assistants, 4 Registered Dispensing Optician Program Registrants, 1 Licensed Midwife and 14 Denials by Licensing Program
9 Includes fee-exempt licenses

2010 Licensed Midwife Annual Report Summary[1]

	2009	2010
Clients served as primary caregiver at the onset of care	3,023	**3,115**
Clients served with collaborative care available through or given by a licensed physician and surgeon	1,461	**1,802**
Clients served under the supervision of a licensed physician and surgeon	285	**203**
Planned out-of-hospital births at the onset of labor	1,974	**2,245**
Planned out-of-hospital births completed in an out-of-hospital setting:	1,621	**1,840**
Twin Births	8	**5**
Multiple Births (other than Twin Births)	2	**0**
Breech Births	11	**13**
VBAC (vaginal births after the performance of a Cesarean section)	90	**109**
Complications - Resulting in the mortality of the mother prior to transfer	0	0
Complications - Resulting in the mortality of the mother after transfer	1	0
Complications - Resulting in the mortality of the infant prior to transfer	2	0
Complications - Resulting in the mortality of the infant after transfer	2	2
Antepartum - Primary care transferred to another health care practitioner (elective)	209	**240**
Antepartum - Urgent or emergency transport of expectant mother	56	**49**
Intrapartum - Elective hospital transfer	282	333
Intrapartum - Urgent or emergency transfer of an infant or mother	42	53
Postpartum - Elective hospital transfer of mother	32	**28**
Postpartum - Elective hospital transfer of Infant	27	**22**
Postpartum - Urgent or emergency transfer of a mother	27	**21**
Postpartum - Urgent or emergency transfer of an infant	24	**37**

[1] Conclusions should not be drawn from this summary as data does not specify whether the death is fetal, intrapartum or neonatal; whether the affected perinate had congenital anomalies incompatible with life; or whether the perinate was born in or out of a hospital. Births are attended by the licensed midwife as the primary caregiver.

Enforcement Program

During the fiscal year, the Enforcement Program focused on identifying areas of concern and best practices to improve case timelines and was successful in the implementation of several process improvements, including: updating manuals; reviewing policies and recommending changes to the Board; and, reconciling data and statistics on a monthly basis to track timelines and trends.

Although the Enforcement Program was again faced with operational challenges including staffing shortages, the average Complaint Unit time frame was reduced despite receiving 583 more complaints than last year. The Notice to Consumer Regulation, requiring physicians in California to inform their patients that they are licensed by the Medical Board of California and provide the Board's contact information, was a large factor in the nearly 10 percent increase in complaints and is anticipated to continue to increase the amount of complaints received in the future. Faced with a substantial increase in consumer complaints, the reduction of the investigative time frame remained a high priority throughout the year. The Enforcement Program was successfully able to reduce the overall time frame to complete an investigation by 5 percent. This decrease is, in part, due to the extensive training provided to Enforcement Program investigators including training for time management, multi-tasking skills, and utilizing technological tools to improve individual tracking methods.

SB700 (Negrete McLeod, Chapter 505, Statutes of 2010), became effective this year, requiring the Board to create a new reporting form pursuant to 805.01 of the California Business and Professions Code and to post an 805 (Peer Review Process) Fact sheet on the Board's website. The law requires hospitals to inform the Board of a formal investigation within 15 days and allows the Board access to relevant documents upon the notification versus having to wait until the hospital disciplinary hearing has been held. SB700 will enable the Enforcement Program to process 805 cases in a more expedited manner resulting in better consumer protection.

The Board's Operation Safe Medicine (OSM) was responsible for seizing more than $100,000 of contraband contact lenses and arresting several unlicensed individuals who were illegally selling them. OSM was largely responsible for the 41 cases referred to the District Attorney or City Attorney resulting in an impressive 23 criminal complaints being filed. The volume and seriousness of the cases investigated and submitted for prosecution continues to underscore the importance of having a unit dedicated solely to the issue of unlicensed practice and demonstrates the Enforcement Program's goal of protecting the consumers of California.

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED:	June 20, 2012
ATTENTION:	Licensing Committee
SUBJECT:	Evaluation and Reevaluation of International Medical Schools
STAFF CONTACT:	Curtis J. Worden, Chief of Licensing

BACKGROUND

Section 2084 of the B&P Code authorizes the Board to approve medical schools that comply with the medical education requirements in Sections 2089 and 2089.5 of the Code. Medical schools located in the United States, Canada and Puerto Rico are deemed approved by the Board through their accreditation by the Liaison Committee on Medical Education (LCME), pursuant to Section 1314 of Title 16, California Code of Regulations. All other medical schools are subject to the Board's individual review and approval, and must demonstrate that they offer a resident course of professional instruction that is equivalent, not necessarily identical, to that provided in LCME-accredited medical schools. The law further provides that only students from "approved" medical schools may complete clinical clerkship training in California facilities, and only graduates of "approved" medical schools may qualify for licensure or complete postgraduate training in California.

Prior to 1985, Board staff conducted no reviews of international medical schools. If an applicant graduated from a new medical school that was listed in the World Health Organization's (WHO) "Directory of Medical Schools," staff issued the school a "school code" and processed the application routinely. WHO listing is not required in statute or regulation, it merely lists the names and addresses of medical schools without conducting any quality review of the schools. Therefore, the WHO Directory is not a practical tool for evaluating international medical schools. The Foundation for the Advancement of International Medical Education and Research (FAIMER), established in 2000 by the Educational Commission for Foreign Medical Graduates (ECFMG), also publishes an International Medical Education Directory (IMED) which provides updated information about international medical schools that are recognized by the appropriate government agency in the country where the school is located. However, FAIMER is not an accreditation agency and does not recognize, endorse, or accredit any of the schools listed in the directory. In fact, there are schools on the IMED list that have been disapproved by the Board. Thus, this tool is also impractical for the evaluation of international medical schools. No other international organization exists that evaluates or accredits the world's 2000+ medical schools for compliance with some educational standard.

Almost all international medical schools are founded to train physicians to address the medical needs of their country's population. In the late 1970s, however, entrepreneurs

began to develop for-profit, English-language medical schools in the Caribbean and Dominican Republic aimed at attracting U.S. citizens who were unable to enter U.S. medical schools. Staff issued school codes to these schools as their graduates began to apply in California in the early 1980s.

In the spring of 1983, the U.S. Postal Service uncovered a scandal involving the widespread production of fraudulent medical diplomas and other unethical practices on the part of officials at CETEC and CIFAS Universities in the Dominican Republic and U.S. agents. During the course of the U.S. Postal Service's investigation, other medical schools in the Dominican Republic and Caribbean were implicated. Thousands of individuals - many of them nurses, physician assistants, pharmacists, chiropractors, and podiatrists - bought fraudulent transcripts and diplomas for prices ranging from $8,000 to $50,000. They spent little or no time attending the school listed on their diploma. As a result of the postal investigators' findings, licensing boards across the United States were forced to investigate the backgrounds of thousands of applicants and licensees who had attended the implicated schools. Individuals who were found to have submitted false documentation had their licenses revoked or were dismissed from training programs. Dominican authorities closed two schools, CETEC and CIFAS, and jailed several administrators who were involved in document forgery schemes.

The Division of Licensing realized the need to take proactive steps to protect California's patients from being treated by students and graduates of medical schools that did not meet the minimum requirements of law. The Division's first act was to disapprove the six propriety schools that were either implicated in the scandal or were violating California law. Subsequently, the Division conducted onsite inspections of those medical schools and developed an orderly process for evaluating new proprietary international schools that attract U.S. citizens. Of the 12 schools that the Division reviewed in the Caribbean and Dominican Republic, four were recognized and three were disapproved following a site inspection. In addition, the Division disapproved five schools after they either failed to cooperate in the Division's information-gathering process or were closed by their governments for malfeasance. In each instance where a school challenged its disapproval, the courts affirmed the Division's authority.

A task force was formed in 1983 to sort out the schools, the documents, and the applicants. On the recommendations of the task force, the Division of Licensing adopted a set of guidelines for the licensing program staff to follow in evaluating the medical education of individual applicants who were trained outside the U.S. or Canada. The policy adopted by the Division of Licensing in 1983 also included the concept of remediation, allowing students who were short in training in certain areas the option of taking additional courses and correcting their deficiencies. This permitted eventual licensure of numerous applicants who attended the Caribbean schools. After the guidelines were implemented on an interim basis, the task force conducted a survey of the curricula of all 128 U.S. medical schools. Using the data gathered, the Division and staff developed and adopted regulations formalizing the guidelines with some modifications.

While the late 1980s saw dwindling enrollments and school closures in the Caribbean medical school industry, the 1990s saw an expansion in the development of new proprietary medical schools. All targeted U.S. citizens, and almost all promised clinical clerkship training in the United States.
In addition, a number of existing Eastern European medical schools have opened "English-language programs" that promise to prepare students to pass the USMLE and practice medicine in the United States. The primary countries involved are Hungary, Poland, Czechoslovakia, Slovakia, Russia, Armenia, and, more recently, China. Their approach is that students will receive their basic sciences education in English while simultaneously learning the native language to prepare them to interact with patients during their clinical clerkships. The English-language programs use the existing school's building and other resources, such as bilingual faculty who have the time available to teach additional classes in English. Many of the English-language programs allow students to return to the United States for some or all of their clinical rotations. Minimal oversight of the clinical training received abroad is not uncommon.

The following chart shows the history of international medical schools that the Board has recognized and disapproved.

SCHOOL NAME	DECISION DATE
International Medical Schools Granted Recognition (Site Visit Required)	
St. George's University	September 15, 1989 (provisional status removed; granted full recognition)
Ross University	June 30, 1990 (provisional status removed; granted full recognition)
Instituto Tecnologico de Santo Domingo (INTEC) – Dominican Republic	July 12, 1996
American University of the Caribbean (AUC)	May 8, 1998 (continued recognition)
Saba University (Saba, Netherlands Antilles)	November 5, 2004
American University of Antigua	July 29, 2011
International Medical Schools Granted Recognition (No Site Visit Required)	
ELAM (Cuba) (Program restricted to non-citizens)	July 25, 2008
St. George's - U.K. branch campus (First-year basic sciences only)	July 24, 2009
English Language Programs Granted Recognition (No Site Visit Required)	
Semmelweis University (Hungary)	May 30, 2002
Szeged University (Hungary)	September 22, 2003
Debrecen University (Hungary)	April 28, 2005
Pecs University (Hungary)	May 3, 2005
Jagiellonian University (Poland)	July 27, 2007
Medical University of Lublin (Poland)	July 25, 2008
Medical University of Poznan (Poland)	July 25, 2008
Medical University of Silesia (Poland)	January 28, 2011
Technion-Israel Institute of Technology – TeAMS (Israel)	January 28, 2011
International Medical School Disapproved (Site Visit Required)	
Spartan Health Sciences University (St. Lucia)	June 13, 1985
UTESA University (Dominican Republic)	July 12, 1985; disapproval reaffirmed February 7, 1997
Universidad Eugenio Maria de Hostos (UNIREMHOS) (Dominican Republic) - closed	November 1, 1996
St. Matthew's University (Grand Cayman)	February 18, 2005
International Medical School Disapproved (No Site Visit Required)	

CETEC University (Dominican Republic) - closed	May 19, 1983
CIFAS University (Dominican Republic) - closed	November 16, 1984
World University (Dominican Republic) - closed	December 1, 1989
University of Health Sciences Antigua (St. John's)	July 28, 1995
Universidad Federico Henriquez y Carvajal (Dominican Republic) - closed	July 31, 1998
Kigezi International School of Medicine*(Cambridge, England and Uganda) - closed	November 2, 2007

*The Board disapproved this medical school as an administrative action after the school closed. School officials had not submitted a Self Assessment Report.

The Review Process

As world population expands, many countries have built new medical schools to meet their citizens' expanding health care needs. According to FAIMER, as of March 2012, there are currently 2,246 operating medical schools in 177 countries or territories. Section 1314.1 of the California Code of Regulations, which took effect in 2003, established a standard review process that informed consumers and international medical school administrators of the minimum standards expected of medical schools whose graduates wish to apply for licensure in California. Section 1314.1 essentially divides international medical schools into two specific types: 1) schools that are owned and operated by the government of the country in which the school is domiciled and the primary purpose of the school is to educate its citizens to practice medicine in that country [also known as "(a)(1) schools"] or 2) schools that have a primary purpose of educating non-citizens to practice medicine in other countries ["(a)(2) schools"].

Section 1314.1 exempts "(a)(1)" schools from the requirement for an in-depth individual review. These schools are established for the country's citizens and are not for-profit entities. These schools must respond to questions posed by the Board to verify they are "(a)(1)" schools.

Section 1314.1 "(a)(2)" schools are required to complete the Board's Self-Assessment Report (SAR). This document, originally 95-pages, was replaced in 2004 with the current streamlined SAR. At the same time, a protocol for future site inspections of international medical schools was established. The SAR requires the school to provide information relating to its mission and objectives, organization, curriculum, governance, faculty, admission standards, finances, facilities, and clinical rotations.

TYPE OF MEDICAL SCHOOL	1314.1(a)(1) In-depth Review / Site Visit Not Required	1314.1(a)(2) Self-Assessment Required / Possible Site Visit
Traditional international medical schools opened for citizens of those countries. Most are government owned and operated; some are private, non-profit affiliated with a religious institution or charitable trust. (Majority of world's schools)	✓	
Off-shore school opened by foreign entrepreneurs for foreigners (majority of Caribbean schools)		✓
Off-shore school opened by native private entrepreneurs for foreigners using non-native language (e.g., UNIBE in Dominican Republic)		✓
Off-shore school opened by government for foreigners using native language (e.g., ELAM in Cuba)		✓
For profit school opened within existing traditional school using non-native language (English) - typically in Poland, Hungary, Czech Republic, Russia, China; also UAG in Guadalajara, Mexico 5th Pathway Program.	✓ Native Language Program	✓ English Language Program
Existing traditional school (native language = English) opens separate offshore program for foreigners (University of Queensland: basic sciences in Australia + 2 years of clinical rotations at Oschner in Louisiana)		✓
Existing traditional school opens separate degree program for foreigners (1/3 Philippine schools began MBBS programs for Indian citizens; governed separately; rotating internship in Indian hospitals)		✓

The review process for "(a)(1)" schools is fairly simple. The review is currently triggered by an application received from a graduate of a medical school that has not previously been recognized, though it is common for the school in question to have been previously recognized by the Board, but under a different name or university affiliation. Staff contacts the medical school to request information and supporting documentation to determine if it is eligible for recognition under 1314.1(a)(1). Staff, legal counsel, and the Chief of Licensing review the information from the school and make a determination regarding recognition. If the information provided by the school indicates it does not meet the requirements for recognition as an "(a)(1)" school, then the school is directed to submit the SAR if it wishes to pursue recognition.

A description of the many steps involved in the review of "(a)(2)" schools is included in Appendix 1. While Board analytical staff can review the SARs for completeness and compliance with the regulatory standards, evaluating whether or not the academic programs are sufficient to meet the requirements needs the expertise of someone experienced in medical academics. The success of an adequate evaluation is therefore heavily dependent upon medical consultants experienced in medical education.

Section 1314.1 was amended in 2009 to add greater specificity to the Board's process for reviewing international medical schools. The update, which was based on the hands-on experiences gained by the Board's medical consultants and staff in reviewing international medical schools, brought the Board's standards in line with changes to LCME's new standards.

In 2011, a backlog of international schools needing review developed due to the retirement of the Board's long time international medical school analyst and the Licensing Program's

inability to fill the analyst position or hire any new international medical consultants due to the 15 month long Governor-ordered hiring freeze. In January 2012, a new analyst was hired and began to address the backlog. Since January 2012, 36 "(a)(1)" schools have been added to the Board's list of recognized schools. As of June 18, 2012, there are approximately ninety "(a)(1)" schools requiring recognition and seven pending applications for recognition of "(a)(2)" schools. *All* of the "(a)(1)" schools needing recognition have been contacted by the Board to request information. The burden is now on each school to respond to the Board's request so the recognition process can proceed.

Of the seven "(a)(2)" schools awaiting review, two have been submitted to one of the Board's Licensing Program medical consultants for a detailed evaluation. The remaining five schools are undergoing a preliminary review by staff (conducted in the order received) and will then be forwarded to a consultant for a formal review.

Name of School	Country	Date SAR received	Current Status
Universidad Iberoamericanas (UNIBE)	Dominican Republic	8/22/2008	Consultant Review (additional information requested from school on 3/12/2012)
Medical University of Warsaw, English Language Program	Poland	4/15/2010	Consultant Review (additional information requested from school on 3/12/2012)
Universal College of Medical Sciences, Paklihawa Campus	Nepal	7/15/2011	Staff Review
October 6 University Faculty of Medicine	Egypt	9/26/2011	Staff Review
Queensland University – Australia U.S. Branch Campus	Australia	1/17/2012	Staff Review
Medical University of the Americas	Neves	3/19/2012	Staff Review
Foundation University Medical College	Pakistan	3/19/2012	Staff Review

As part of their review, the medical consultants will recommend whether or not a site visit should be required. The on-site visit allows the Board's inspection team to verify the information that a medical school submits in its SAR and confirm that the school's program is integrated over long distances. Section 2089.5(d)(1) provides that the medical school shall bear the cost of any site inspection that the Board finds necessary to determine compliance.

Schools in the "(a)(2)" category that fail to gain recognition are typically due to major, global deficiencies in their educational program, resources, governance, etc., that cannot be

easily remedied (see site inspection report on St. Matthew's University on the Board's website: http://www.mbc.ca.gov/applicant/site_visits_matthews.pdf). So few of these schools apply for recognition in California that no trends can be discerned.

Reevaluation of International Medical Schools

As early as 2001, the Board began discussion on the reevaluation of previously approved medical schools. The International Medical Education Committee (IMEC), formed in 2005, was charged with developing policies, protocols, fee structure, and a schedule for the reevaluation. CCR Section 1314.1 was amended in 2009 to include language requiring schools that have been recognized under 1314.1(a)(2) to, every seven years, submit documentation sufficient to establish continuing compliance with the standards for recognition under Section 2089 and 2089.5 of the Code. This requirement is consistent with the LCME standards for US medical school reaccreditation. The regulation also allows the Board to require a site visit, if deemed necessary, as part of the reevaluation.

The amendments to section 1314.1 established the ethical standards and cooperation that the Board expects of medical school officials who desire to retain their school's recognized status in California. It added the requirement for recognized schools to notify the Board of any changes in the school's main campus or the addition or termination of any branch campus, specified that the school must notify the Board of certain changes to curriculum or significant increases in enrollment. Further, it lists circumstances under which the Board may determine that a medical school is no longer in compliance: 1)The institution submits false or misleading documentation regarding its compliance; 2)The institution submits fraudulent documentation concerning a former student's medical curriculum; 3)The institution permits students to engage in clinical training in California facilities that are not defined as approved teaching sites in statute or regulation (which constitutes the unlicensed practice of medicine).

To date, no school approved by the Board has gone through any meaningful reassessment to assure that the school continues to meet the standards set in law and regulation. A Special Task Force, which was formed in January of 2011, determined that only one Self-Assessment Report would be used for both the initial and reevaluation of international medical schools. Staff was directed to proceed with updating the current SAR. A reevaluation schedule was initially proposed in January 2011, but was delayed due to the previously mentioned hiring freeze and staffing shortages.

A revised schedule has not been proposed, nor has a formal process for reevaluation been established. Staff will work with a medical consultant to establish specific objectives and appropriate procedures that can be uniformly applied to all of the schools due for reevaluation. Once these objectives and procedures have been approved, a revised reevaluation schedule can be proposed. The schedule will need to recognize and consider the difficulty in obtaining authorization for out-of-country and/or out-of-state travel for site visits.

Attachments

Appendix 1 – Steps in the Board's Review of International Medical Schools.

ATTACHMENT - 1

STEPS IN THE BOARD'S REVIEW OF INTERNATIONAL MEDICAL SCHOOLS
(Schools subject to review pursuant to Title 16, Section 1314.1 (a)(2), CCR)

1. Medical school officials apply for recognition of their school's medical education program by submitting a Self Assessment Report to the Board.

2. Staff reviews the Self Assessment Report for any obvious omissions. Staff secures the services of an expert medical consultant to review the Self Assessment Report. Staff forwards the school's submission to the consultant and notifies the consultant of any omissions noted.

3. The medical consultant reviews the Self Assessment Report and notifies staff of any additional documentation needed from school officials. Staff requests the documentation from school officials without disclosing consultant's identity. After the documentation arrives, staff forwards it to the consultant.

4. If the consultant requires additional documentation, above step is repeated.

5. When the consultant has sufficient information, the consultant prepares a written report to the Board with his/her findings and recommendations.

   The consultant may recommend that: 1) the school appears ready for a site inspection; 2) the school should be granted recognition without a site inspection; or 3) the school should be denied without a site inspection if the school's deficiencies appear to be global.

6. Staff submits the consultant's report to the Board for its consideration at a quarterly public meeting. Staff notifies school officials of the date and place of the public meeting.

7. During the Board meeting, the members may vote to: 1) recognize or disapprove the medical school based on the consultant's recommendation; 2) request additional documentation; or 3) direct staff to arrange a site inspection to the medical school, any branch campuses and a sampling of clinical training sites used in the medical education program. The site inspection team includes a member of the Board.

8. If the Board members authorize a site inspection, staff arranges with medical school officials an agreeable date for the inspection when classes are in session. Staff coordinates travel arrangements for the site inspection team, submits a justification and request for approval of out-of-state/country travel from the Governor's Office, and submits an estimate of the inspection team's anticipated travel expenses to medical school officials. School officials submit the necessary funds in U.S. currency to the Board in advance of the team's departure date.

9. Following the site inspection, the inspection team prepares a report of its findings and recommendations to the Board. School officials receive a copy of the report and have 60 days to report any errors of fact or erroneous findings.

10. The Board members consider the team's report and recommendations during a quarterly public meeting. The Board may vote to: 1) grant recognition to the medical school; or 2) disapprove the medical school. If the Board grants recognition to the school, the Board will determine if the recognition is retroactive to all prior students/graduates or if recognition is retroactive to a specific date.

11. If the Board grants recognition to the school's educational program, the school's students become eligible for clerkship training in California teaching hospitals, and the school's graduates may participate in postgraduate training in California and qualify for licensure in California.

12. To retain the Board's recognition of its educational program, the school is required to notify the Board of any changes to its location, mission, curriculum, etc. Every seven years, the Board may require the school to undergo a reevaluation to determine its continued compliance with California standards.

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED:	July 11, 2012
ATTENTION:	Licensing Committee
SUBJECT:	Proposed Additional Physician's and Surgeon's Licensure Pathway
STAFF CONTACT:	Curtis J. Worden, Chief of Licensing

RECOMMENDED ACTION:

The Licensing Committee should review the issues regarding the licensure pathway that has been proposed by Senator Price (previously in SB122) and consider the pros, cons, and alternatives, and make a recommendation to the full Board. See staff recommendations on page 7.

BACKGROUND:

This memorandum provides information regarding a legislative proposal relating to the eligibility of individuals seeking a Physician's and Surgeon's certificate, otherwise known as a medical license. Specifically, this proposal relates to the eligibility of applicants who have attended or graduated from an unrecognized or disapproved international medical school.

As the Licensing Committee (Committee) considers this proposal, some background information may prove helpful. An individual seeking a medical license from the Board must have completed a resident course of instruction as required by the applicable sections of the Business and Professions Code. To this end, the Board has established procedures for recognizing international medical schools. These procedures, spelled out in regulations, essentially categorize schools into one of two types: 1) government or non-profit schools whose primary purpose is to teach citizens to practice medicine in the country in which the school is located, or 2) the school's primary purpose is to educate non-citizens to practice medicine in other countries.

Pursuant to these regulations, the Board has recognized approximately 1,400 to 1,500 schools and disapproved 10 schools.

School recognition is critical because the Board requires an applicant's medical education be acquired at a recognized school. The Board does not consider education acquired at an unrecognized or disapproved school as satisfying the standards set forth in the applicable statutes and regulations. In other words, an applicant who did not acquire all of his or her medical education from a recognized medical school would be deemed ineligible for licensure.

Section 2135 and 2135.5 of the Business and Professions Code authorize the Board to issue medical licenses in non-traditional circumstances. However, the Board interprets the sections to require that the applicant have obtained his or her education at a recognized school. Additionally, an applicant must have four years of licensure in another state, and meet the specified criteria.

The language proposed in the June 12, 2012 version of Senate Bill 122 would have permitted applicants who received some or all of their medical education from an unrecognized or disapproved school to be eligible for licensure if other conditions were met (similar to section 2135.5).

OVERVIEW:
The language that was in SB 122 added a new section to the Business and Professions Code, 2135.7, which would have allowed an individual who has attended and/or graduated from an unrecognized or disapproved school to be licensed as a physician and surgeon in California if he or she meet the following:

- Taken and passed a written exam recognized by the Board to be equivalent in content to that administered in CA.
- Held an unrestricted license in another state, country, or the military for five years.
- Had no disciplinary action or adverse settlements or judgments.
- Completed one year of approved postgraduate training and holds an American Board of Medical Specialties (ABMS) certification.
- Committed no acts or crimes constituting grounds for denial.

The language that was in this bill would have required the Board to review and, it implied, process any application received where the applicant met the criteria specified above.

ANALYSIS:
Public protection is the Board's highest priority. If SB 122 passed with the previous language, as is, (Attachment 1), it would jeopardize the Board's ability to protect consumers from doctors who may be unqualified due to training received at an educational institution that does not meet the standards set in California law. Section 2089 of the Business and Professions Code "deems" U.S. medical students to have satisfied the statutory medical education requirements because the minimum statutory requirements are based on the U.S. medical education system. The Liaison Committee on Medical Education (LCME) is the nationally recognized accrediting authority for medical education programs leading to the MD degree in U.S. and Canadian medical schools. International medical schools are not required to comply with LCME standards. Their curriculums vary widely in duration and content. No international organization exists that evaluates or accredits the world's 2000+ medical schools for compliance with some educational standard.

The proposed language (Attachment 1) would have eliminated the requirement for applicants to have completed some or all of their education at a school recognized by the Medical Board. In essence, this would remove the need for medical schools to undergo a review process that was designed to ensure consistency and equivalency with U.S. standards. The recognition process requires a medical education program to provide assurances that its graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training and that serve as the foundation for lifelong learning and proficient medical care. Under the proposed language, a graduate of ***any*** medical school would be eligible for licensure in California, even if the school was not accredited or recognized by the country in which it is domiciled or if the Board had previously determined that the school does not meet acceptable standards. Even

medical education obtained online, which is currently offered through several Caribbean medical schools, would qualify an applicant for licensure.

The statutory requirement for recognition has served as an incentive to many private, for-profit medical schools to raise the standards of their medical education to be equivalent to that provided by U.S. medical schools. As there are approximately 19 states that use California's list of recognized schools when evaluating an applicant's eligibility for postgraduate training or licensure, California recognition becomes highly valuable to a school as it has a direct impact on the ability of the school's graduates to be able to train or practice in the United States.

The Caribbean schools that obtained recognition following the Board's review process have gained widespread acceptance in the U.S. medical community and now have hundreds of practicing physicians in California. Without a requirement for school recognition, this incentive would be removed and the drive toward equivalency would be greatly reduced. Currently, schools voluntarily apply for recognition. It is likely that schools will no longer subject themselves to the in-depth review or expense the recognition process entails. Nevertheless, under the proposed language, these schools would still be able to claim that its graduates are eligible for licensure in California.

Finally, although specialty board certification is a measure of a physician's skill and knowledge in a particular specialty, California only issues one license: a plenary license for physicians and surgeons, which allows a person to practice medicine in California. A California-licensed physician who is ABMS certified in psychiatry is legally able to perform surgery. In this example, specialty board certification would be meaningless, even though all the other requirements in the proposed language have been met.

The following is a listing of possible combinations of medical school education:

- Attended Disapproved and Graduate from a Disapproved medical school
- Attended Disapproved and Graduate from Unrecognized medical school
- Attended Disapproved and Graduate from Recognized medical school
- Attended Disapproved and Graduate from LCME medical school
- Attended Unrecognized and Graduate from Disapproved medical school
- Attended Unrecognized and Graduate from Unrecognized medical school
- Attended Unrecognized and Graduate from Recognized medical school
- Attended Unrecognized and Graduate from LCME approved medical school
- Attended Recognized and Graduate from Disapproved medical school
- Attended Recognized and Graduate from Unrecognized medical school
- Attended Recognized and Graduate from Recognized medical school
- Attended Recognized and Graduate from LCME approved medical school
- Attended LCME and Graduate from Disapproved medical school
- Attended LCME and Graduated from Unrecognized medical school
- Attended LCME and Graduated from Recognized medical school
- Attended LCME and Graduate from LCME

HISTORY:
Almost all international medical schools were founded to train physicians to address the medical needs of their country's population. In the late 1970s, however, entrepreneurs began to develop for-profit, English-language medical schools in the Caribbean and Dominican Republic aimed at attracting Americans who were unable to enter U.S. medical schools.

Prior to 1985, the Board did not conduct any review of international medical schools. If an applicant graduated from a new medical school that was listed in the World Health Organization's "Directory of Medical Schools," staff issued the school a "school code" and processed the application routinely. This all changed in the spring of 1983 when the U.S. Postal Service uncovered a scandal involving the widespread production of fraudulent medical diplomas and other unethical practices on the part of officials at CETEC and CIFAS Universities in the Dominican Republic and their U.S. agents. During the course of the investigation, other medical schools in the Dominican Republic and Caribbean were implicated. Thousands of individuals - many of them nurses, physician assistants, pharmacists, chiropractors, and podiatrists - bought fraudulent transcripts and diplomas for prices ranging from $8,000 to $50,000. They spent little or no time attending the school listed on their diploma. In some instances, those schools granted students clinical credit for clerkships that had included no hands-on clinical training. As a result of the postal investigators' findings, licensing boards across the United States were forced to investigate the backgrounds of thousands of applicants and licensees who had attended the implicated schools.

The Board realized the need to take proactive steps to protect California's patients from being treated by students and graduates of medical schools that do not meet the minimum requirements of law. The Board's first act was to disapprove the six proprietary schools that were either implicated in the scandal or were violating California law. Subsequently, the Division conducted onsite inspections to those medical schools and developed an orderly process for evaluating new proprietary international schools that attract or recruit U.S. citizens. This process, which was formally adopted via regulation (CCR 1314.1), requires that private for-profit medical schools undergo a rigorous evaluation of the school's objectives, curriculum, faculty, governance, admission standards, finance, facilities and clinical rotation oversight to establish equivalency to the education received in the United States. Since 1985, the Board has formally disapproved 10 international medical schools, three of which have since been closed. In each instance where a school challenged the Board's disapproval, the courts affirmed the Board's authority.

More recently, many existing Eastern European and Asian medical schools have opened "English-language programs" that promise to prepare students to pass the USMLE and practice medicine in the United States. Their approach is that students will receive their basic sciences education in English while simultaneously learning the native language to prepare them to interact with patients during their clinical clerkships. Some of the English-language programs allow students to return to the United States for some or all of their clinical rotations. Minimal oversight of the clinical training received abroad is not uncommon. One English Language program in China, that the Board investigated, allows students to arrange their own clinical rotations back in their home country, with no contact whatsoever between the school and the clinical facility other than a signed paper indicating the student had completed the rotation. The

development of programs such as these presents a real concern, as the quality of the education received and the preparedness of graduates of these programs is unclear.

SUMMARY:
The proposed language would eliminate the need for applicants to have received their medical education from a medical school recognized by the Board. This change would essentially eliminate the need to verify that an international school meets the requirements of section 1314.1(a)(1) and eliminates the incentive for international medical schools that fall under Section 1314.1(a)(2) of the California Code of Regulations to undergo a comprehensive review by the Board to determine equivalency with U.S. medical school standards. In addition, this change would not be in the best interests of consumer protection as the Board could no longer protect consumers from doctors who may be unqualified due to training received at an educational institution that does not meet established standards. This proposed language would additionally be confusing to California postgraduate training programs because they would no longer be clear on which applicants for training could potentially be licensed in California.

The Board has adopted in its strategic plan a review of licensing laws. This is one area that staff had planned for review with the Board later this fall.

FISCAL CONSIDERATIONS:
Note: The final cost for this proposal has not been completed. However, it could be substantial as written (Attachment 1).

There are approximately 1400-1600 medical schools that are not recognized and/or are disapproved by the Board. Many of these medical schools were or have been in business for a long time and have had hundreds, if not thousands of students who attended and/or graduated from each of these medical schools. Once the news is out that there is a new way to apply for possible licensure, these attendees and/or graduates are expected to apply. The Board could expect to see at a minimum, an additional 200 applications a year but most likely closer to 500 applications a year.

The following workload would be in addition to the Board's current workload:

SSA – Initial application file review – 1 to 4 hours depending on the application
AGPA – Application Review Committee (ARC) memo preparation – minimum of 20 hours
SSM I – Review of file for ARC – minimum of 2 hours
Chief – Review of file for ARC – minimum of 2 hours
Application Review Committee – meeting time per applicant .25-.5 hours

Currently the ARC consists of three Board members and does not meet for more than 30 minutes per quarter. The Chief of Licensing and the SSM I and/or the AGPA present the applicants to the ARC members at the meeting. If the proposed language from SB 122 is passed, the Board will need at a minimum the following additional staff: one SSA and one AGPA, and possibly more depending on the actual workload. In addition, the Board may need to add a second ARC panel and longer meetings. At 200 applicants per year, that would mean the ARC would need to review approximately 50 applicants a quarter and that equals approximately 25 hours, per quarter for

three Board members. A more logical approach might be monthly meetings with alternating panels to meet the demand and expedite the review. The travel costs would greatly increase for members to provide this review or for staff to travel to locations outside of the Sacramento area.

ALTERNATIVE PROPOSAL(S):
As stated in the summary, staff had planned to examine these code sections pursuant to the strategic plan to determine if the licensing laws were impacting access to care, or needed to be revised for consistency or for public policy purposes. To this end, and due to this legislative proposal being moved forward before the strategic planning dates, staff has developed some alternative language should the committee decide it wants to review this concept at this time.

The Board supported the inclusion and amendments to Section 2135.5 to allow the Board to review certain applicants that had not met specified requirements but where they had demonstrated the ability to meet public protection goals by being licensed for a set period of time without issue and being board certified. All of these applicants have graduated from a school that is recognized by the board.

Staff has developed a new section, 2135.7 (Attachment 2), that uses the concepts that the Board has supported in 2135.5, but has added some additional consumer protection elements due to the fact these applicants being considered for licensure would have attended or graduated from an unrecognized or disapproved school. This language takes into consideration that other states do use our list of recognized schools and that we are only looking at individuals who have been licensed for a considerable length of time.

2135.7(a) sets forth the ability for the Board to review applications from individuals who did not acquire any or all of their medical school education from a recognized or approved school.

This proposal still requires that the education be obtained from a resident course of instruction. It allows, in 2135.7(a)(1)(A), the applicant who has attended an unrecognized school or graduated from an unrecognized school, to apply after 10 years of licensed practice in another state as long as conditions of specialty board certification, exams, and no discipline/adverse actions have been achieved. The staff has selected 10 years as its proposal for this type of applicant, as the Board has not reviewed the medical school, but has some reason to believe, by virtue of the applicant being licensed by another state for 10 years and having met the additional requirements, that public protection can be served.

On the other hand, staff proposes an increased number of years of practice and performance (20) if the applicant has attended or graduated from a disapproved school. If the Board wishes to consider these alternatives to the law, then it may also want to provide some latitude for the staff to recommend regulations to implement these provisions for cases where there is a hybrid, such as attending a disapproved medical school but graduating from a recognized or approved medical school.

FISCAL CONSIDERATIONS – ALTERNATIVE LANGUAGE:
The fiscal considerations for the possible alternative language (Attachment 2) will be less since the higher minimum requirements would reduce the number of potential applicants who meet the minimum qualifications. Since these qualifications are significantly higher, thereby, providing for greater consumer protection, the Board may not necessarily need to require all of these applicants to be presented to ARC. The Board may determine that not all applicants would need to be presented to ARC, for example, applicants who attended an unrecognized medical school and then graduated from a recognized medical school may not need to be presented at an ARC meeting. Therefore, fiscal impact will not be as severe.

Note: It is extremely difficult to identify how many applicants will meet these minimum qualifications and how many will apply for licensure in California. However, it is important to understand that a California Physician's and Surgeon's license holds high value to these applicants, because the Board has strict minimum standards for medical schools and licensure.

STAFF RECOMMENDATION:
Staff realizes that the Senator is extremely interested in amending law to allow for the review of applicants who attend or graduate from unrecognized or disapproved schools, and would like this issue addressed in the 2012 legislative session.

Staff recommends that the Board examine the staff proposed language for 2135.7 and:

1. Determine if the requirements are adequate for consumer protection,
2. Determine if the years of licensure are adequate for consumer protection,
3. Determine if there should be a provision for the possible development of regulations to implement provisions for hybrids (as listed in the analysis section), such as attending a disapproved school but graduating from a recognized school, and,
4. Determine if all of these applications need to be review by the ARC or if that should be addressed in regulations.

ATTACHMENTS:

1. Excerpts from SB122 – Language Prior To Removal From The Bill

2. Possible Alternative Language

3. Business and Professions Code Sections 2089-2091.2

4. Business and Professions Code Sections 2135 and 2135.5

ATTACHMENT - 1

Excerpt From: Price SB122 (Amended 06/12/2012)

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 2135.7 is added to the Business and Professions Code , to read:

2135.7. The board may issue a physician and surgeon's certificate to an applicant who meets all of the following requirements:

(a) The applicant holds an unlimited license as a physician and surgeon in another state or states, or another country or countries, which was issued upon both of the following:

(1) Successful completion of a resident course of professional instruction leading to a degree of medical doctor equivalent to that specified in Section 2089, except that the applicant may have successfully completed the degree program at a medical school that is not approved or recognized by the board or a medical school that has been disapproved by the board pursuant to Article 4 (commencing with Section 2080). However, nothing in this section shall be construed to require the board to evaluate for equivalency any coursework obtained at a medical school disapproved by the board.

(2) Taking and passing a written examination that is recognized by the board to be equivalent in content to that administered in California.

(b) The applicant has held an unrestricted license to practice medicine in another state or states, or another country or countries, or as a member of the active military, United States Public Health Services, or other federal program, for a period of at least five years. Any time spent by the applicant in a postgraduate training program or clinical fellowship shall not be included in the calculation of this five-year period.

(c) The board determines that no disciplinary action has been taken against the applicant by any medical licensing authority and that the applicant has not been the subject of adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

(d) The applicant (1) has satisfactorily completed at least one year of approved postgraduate training and is certified by a specialty board approved by the American Board of Medical Specialties or approved by the board pursuant to subdivision (h) of Section 651; (2) has satisfactorily completed at least two years of approved postgraduate training; or (3) has satisfactorily completed at least one year of approved postgraduate training and takes and passes the clinical competency written examination.

(e) The applicant has not committed any acts or crimes constituting grounds for denial of a certificate under Division 1.5 (commencing with Section 475) or Article 12 (commencing with Section 2220).

(f) Any application received from an applicant who has held an unrestricted license to practice medicine in another state or states, or another country or countries, or as a member of the active military, United States Public Health Services, or other federal program for five or more years shall be reviewed and processed pursuant to this section. Any time spent by the applicant in a postgraduate training program or clinical fellowship shall not be included in the calculation of this five-year period. This subdivision does not apply to applications that may be reviewed and processed pursuant to Section 2151.

ATTACHMENT - 2

Proposed Alternative Language To The Language That Was Previously In SB122

2135.7.
(a) Upon review and recommendation, the Board may determine that an applicant for a physician's and surgeon's certificate who did not acquire his or her entire medical education at an international medical school recognized by the Board is eligible for licensure if the applicant meets all of the following criteria:

(1) Successful completion of a resident course of professional instruction leading to a degree of medical doctor equivalent to that specified in Sections 2089 through 2091.2, inclusive.

(A) For an applicant who acquired any part of his or her professional instruction from an unrecognized international medical school, he or she holds an unlimited license as a physician and surgeon in another state or federal territory and has held that license and continuously practiced in that state for a minimum of 10 years prior to the date of application.

(B) For an applicant who acquired any part of his or her professional instruction from international medical school previously disapproved by the Board, he or she holds an unlimited and unrestricted license as a physician and surgeon in another state or federal territory and has held that license and continuously practiced in that state for a minimum of 20 years prior to the date of application.

For the purposes of this subsection, the Board may combine the period of time the applicant has held an unlimited and unrestricted license in other states or federal territories and continuously practiced therein but each applicant under this section shall have a minimum of five years continuous licensure and practice in a single state or territory.

(2) Is certified by a specialty board that is a member board of the American Board of Medical Specialties.

(3) Has successfully completed and passed the examination(s) required in Article 9.

(4) Has not been the subject of a disciplinary action by a medical licensing authority or of an adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes a pattern of negligence or incompetence.

(5) Has successfully completed three years of postgraduate training. The postgraduate training required by this section shall have been obtained in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or postgraduate training completed in Canada that is accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).

(6) Is not subject to denial of licensure under Division 1.5 (commencing with Section 475) or Article 12 (commencing with Section 2220).

(7) Has not had any healing arts license or certificate disciplined by another state or federal jurisdiction.

(c) This section shall not apply to a person seeking to participate in a program described in sections 2072, 2073, 2111, 2112, 2113, 2115, or 2168 or to engage in postgraduate training in this state.

ATTACHMENT - 3

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

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

Alcoholism and other chemical substance dependency, detection and treatment.

Anatomy, including embryology, histology, and neuroanatomy.

Anesthesia.

Biochemistry.

Child abuse detection and treatment.

Dermatology.

Geriatric medicine.

Human sexuality.

Medicine, including pediatrics.

Neurology.

Obstetrics and gynecology.

Ophthalmology.

Otolaryngology.

Pain management and end-of-life care.

Pathology, bacteriology, and immunology.

Pharmacology.

Physical medicine.

Physiology.

Preventive medicine, including nutrition.

Psychiatry.

Radiology, including radiation safety.

Spousal or partner abuse detection and treatment.

Surgery, including orthopedic surgery.

Therapeutics.

Tropical medicine.

Urology.

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

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

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

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

(d) Of the instruction required by subdivision (b), including all of the instruction required by subdivision (c), 54 weeks shall be performed in a hospital that sponsors the instruction and shall meet one of the following:

(1) Is a formal part of the medical school or school of osteopathic medicine.

(2) Has a residency program, approved by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), in family practice or in the clinical area of the instruction for which credit is being sought.

(3) Is formally affiliated with an approved medical school or school of osteopathic medicine located in the United States or Canada. If the affiliation is limited in nature, credit shall be given only in the subject areas covered by the affiliation agreement.

(4) Is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada.

(e) If the institution, specified in subdivision (d), is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada, it shall meet the following:

(1) The formal affiliation shall be documented by a written contract detailing the relationship between the medical school, or a school of osteopathic medicine, and hospital and the responsibilities of each.

(2) The school and hospital shall provide to the board a description of the clinical program. The description shall be in sufficient detail to enable the board to determine whether or not the program provides students an adequate medical education. The board shall approve the program if it determines that the program provides an adequate medical education. If the board does not approve the program, it shall provide its reasons for disapproval to the school and hospital in writing specifying its findings about each aspect of the program that it considers to be deficient and the changes required to obtain approval.

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

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

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

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

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

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

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

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

2089.7. (a) The requirement of four weeks of clinical course instruction in family medicine shall apply only to those applicants for licensure who graduate from medical school or a school of osteopathic medicine after May 1, 1998.

(b) This section shall become operative on June 30, 1999.

2090. "Human sexuality" as used in Sections **2089** and 2191 means the study of a human being as a sexual being and how he or she functions with respect thereto.

2091. The requirement that instruction in child abuse detection and treatment be provided shall apply only to applicants who matriculate on or after September 1, 1979.

2091.1. The requirement that instruction in alcoholism and other chemical substance dependency be provided applies only to applicants who matriculate on or after September 1, 1985.

2091.2. The requirements that instruction in spousal or partner abuse detection and treatment be provided shall apply only to applicants who matriculate on or after September 1, 1994. The requirement for coursework in spousal or partner abuse detection and treatment shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

ATTACHMENT - 4

BUSINESS AND PROFESSIONS CODES SECTIONS 2135 AND 2135.5

2135. The board shall issue a physician and surgeon's certificate to an applicant who meets all of the following requirements:

(a) The applicant holds an unlimited license as a physician and surgeon in another state or states, or in a Canadian province or Canadian provinces, which was issued upon:

(1) Successful completion of a resident course of professional instruction leading to a degree of medical doctor equivalent to that specified in Section 2089. However, nothing in this section shall be construed to require the board to evaluate for equivalency any coursework obtained at a medical school disapproved by the board pursuant to Article 4 (commencing with Section 2080).

(2) Taking and passing a written examination that is recognized by the board to be equivalent in content to that administered in California.

(b) The applicant has held an unrestricted license to practice medicine, in a state or states, in a Canadian province or Canadian provinces, or as a member of the active military, United States Public Health Services, or other federal program, for a period of at least four years. Any time spent by the applicant in an approved postgraduate training program or clinical fellowship acceptable to the board shall not be included in the calculation of this four-year period.

(c) The board determines that no disciplinary action has been taken against the applicant by any medical licensing authority and that the applicant has not been the subject of adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

(d) The applicant (1) has satisfactorily completed at least one year of approved postgraduate training and is certified by a specialty board approved by the American Board of Medical Specialties or approved by the board pursuant to subdivision (h) of Section 651; (2) has satisfactorily completed at least two years of approved postgraduate training; or (3) has satisfactorily completed at least one year of approved postgraduate training and takes and passes the clinical competency written examination.

(e) The applicant has not committed any acts or crimes constituting grounds for denial of a certificate under Division 1.5 (commencing with Section 475) or Article 12 (commencing with Section 2220).

(f) Any application received from an applicant who has held an unrestricted license to practice medicine, in a state or states, or Canadian province or Canadian provinces, or as a member of the active military, United States Public Health Services, or other federal program for four or more years shall be reviewed and processed pursuant to this section. Any time spent by the applicant in an approved postgraduate training program or clinical fellowship acceptable to the board shall not be included in the calculation of this four-year period. This subdivision does not apply to applications that may be reviewed and processed pursuant to Section 2151.

2135.5. Upon review and recommendation, the Division of Licensing may determine that an applicant for a physician's and surgeon's certificate has satisfied the medical curriculum requirements of Section 2089, the clinical instruction requirements of Sections 2089.5 and 2089.7, and the examination requirements of Section 2170 if the applicant meets all of the following criteria:

(a) He or she holds an unlimited and unrestricted license as a physician and surgeon in another state and has held that license continuously for a minimum of four years prior to the date of application.

(b) He or she is certified by a specialty board that is a member board of the American Board of Medical Specialties.

(c) He or she is not subject to denial of licensure under Division 1.5 (commencing with Section 475) or Article 12 (commencing with Section 2220).

(d) He or she has not graduated from a medical school that has been disapproved by the division or that does not provide a resident course of instruction.

(e) He or she has graduated from a medical school recognized by the division. If the applicant graduated from a medical school that the division recognized after the date of the applicant's graduation, the division may evaluate the applicant under its regulations.

(f) He or she has not been the subject of a disciplinary action by a medical licensing authority or of an adverse judgment or settlement resulting from the practice of medicine that, as determined by the division, constitutes a pattern of negligence or incompetence.