MEDICAL BOARD OF CALIFORNIA

LICENSING COMMITTEE MEETING

Courtyard by Marriot – Cal Expo
Golden State Room A & B
1782 Tribute Road
Sacramento, CA 95815

Thursday July 24, 2014

MINUTES

Agenda Item 1 Call to Order / Roll Call

Dr. Bishop called the Licensing Committee of the Medical Board of California (Board) to order on Thursday, July 24, 2014 at 1:00 p.m. A quorum was present and due notice was provided to all interested parties.

Licensing Committee Members Present:

Michael Bishop, M.D., Chair
Ronald Lewis, M.D.
Denise Pines
Jamie Wright, Esq.

Licensing Committee Members Absent:

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

Board Members Present:

Dev Gnanadev, M.D.
Howard Krauss, M.D.
Sharon Levine, M.D.
Barbara Yaroslavsky

Staff Present:

Dianne Dobbs, Department of Consumer Affairs, Legal Counsel
Cassandra Hockenson, Public Affairs Manager
Kimberly Kirchmeyer, Executive Director
Armando Melendez, Business Services Officer
Destiny Pavlacka, Administrative Assistant
Regina Rao, Associate Governmental Program Analyst
Kevin Schunke, Outreach Manager
Jennifer Simoes, Chief of Legislation

DRAFT

Christina Thomas, Associate Governmental Program Analyst
Cheryl Thompson, Associate Governmental Program Analyst
Lisa Toof, Administrative Assistant
See Vang, Business Services Officer
Kerrie Webb, Staff Counsel
Curtis Worden, Chief of Licensing
Christine Zimmer, Executive Staff Manager

Members of the Audience:

G.V. Ayers, Consultant, Senate Business, Professions, and Economic Development Committee
Adam Brearley, Investigator, Department of Consumer Affairs
Gloria Castro, Supervising Assistant Attorney General, Attorney General's Office
Yvonne Choong, California Medical Association
Scott Clark, California Medical Association
Carol Clothier, Vice President, State Health Policy, and Public Affairs, American Board of Medical Specialties
Julie D'Angelo Fellmeth, Center for Public Interest Law
Roberto Moya, Investigator, Department of Consumer Affairs
Renee Threadgill, Chief of Enforcement, Department of Consumer Affairs
Cesar Victoria, Department of Consumer Affairs

Agenda Item 2 Public Comments on Items Not on the Agenda

No public comment was offered.

Agenda Item 3 Approval of Minutes from the January 31, 2013 Licensing Committee Meeting

Ms. Pines made a motion to approve the minutes from the January 31, 2013 Licensing Committee meeting; s/Dr. Bishop. Motion carried with two abstention. (Dr. Lewis and Ms. Wright)

Agenda Item 4 Presentation on American Board of Medical Specialties, Maintenance of Certification - Ms. Clothier, Vice President, State Health, and Public Affairs

Dr. Bishop introduced Ms. Clothier of the American Board of Medical Specialties (ABMS). Ms. Clothier joined ABMS in March 2011 as Vice President for State Health Policy and Public Affairs. Ms. Clothier has over 20 years of strategic planning and health policy experience, including 15-year tenure with the Federation of State Medical Boards (FSMB).

Ms. Clothier gave a presentation about ABMS and described the work it does to ensure that physicians who are certified have the appropriate qualifications to represent themselves as specialists in their area of expertise. ABMS requires a physician be fully trained in the full scope of specialty concerning education and training. The physician requesting to be certified must also successfully complete training that the certifying boards have in place to ensure the physician is providing an appropriate level of care necessary for gaining certification.

Ms. Clothier described updated standards recently adopted by the ABMS Board of Directors that created the framework for how the Maintenance of Certification (MOC) Program was developed and implemented. The ABMS MOC is a four-part program that sets the expectation of the diplomat to be continuously participating in some type of activity that ensures the diplomat is gaining and maintaining the knowledge and skills necessary to provide quality care to patients in the area of specialization. The ABMS Program for the MOC involves ongoing measurement of six core competencies defined by ABMS: practice-based learning, improvement, patient care, procedural skills, systems-based practice, medical knowledge, interpersonal, communication skills, and professionalism.

Ms. Clothier also explained how certifying boards use disciplinary data provided by the FSMB and described the efforts to seek alignment between the MOC and other organizations that have reporting requirements in place to hold physicians accountable for maintaining competence in the practice and care that they give to their patients.

Ms. Clothier identified how the ABMS MOC has several elements that meet Continue Medical Education (CME) requirements for license renewal. Ms. Clothier advised the Licensing Committee that she had met with staff and staff had advised her that the Board may be able to accept ABMS MOC as meeting the Board's CME requirements with an amendment to current regulation. Ms. Clothier asked the Board to consider updating regulations to accept ABMS MOC as meeting the Board's CME requirements and to accept documents from ABMS as proof of meeting the CME requirements.

Dr. Lewis stated that he believes physicians and surgeons share the same core values and the promise of patient welfare, patient safety, and professional competence, but he is unable to find data that shows being recertified means patients are treated better and there are less adverse outcomes. Dr. Lewis also commented that he understood there to be higher failure rates for examinations for internal medicine and asked Ms. Clothier if she had an explanation as to why.

Ms. Clothier replied that Dr. Lewis' comment regarding recertification is one of the biggest points of contention from diplomats. MOC is a young program that has only been around since 2006 and there is a need for studies to develop the hard evidence that physicians want to see. As MOC changes behaviors and impacts outcomes, there will be more emerging data. In addition, information can be found on the website in the Evidence Library where a lot of research has been documented.

Ms. Clothier expressed that she was aware of the increased failure rates of internal medicine recertification examinations, but needed to research the reasons and would provide the information to Ms. Kirchmeyer.

Dr. Bishop asked Ms. Clothier how the ABMS planned to construct recertification program in the future, as medicine becomes more and more subspecialized.

Ms. Clothier stated that this is a standard topic of interest for the ABMS, but it is very complex and is something the ABMS will continue to discuss.

Dr. Levine thanked Ms. Clothier for her presentation and stated that there have been some concerns raised about the ABMS decision to move to a milestone approach. The first issue of concern is that physicians could be faced with choosing between completing a probationary term

with the Board and continuing to be recognized by the ABMS because a full and unrestricted license is required by the ABMS MOC program. The other issue is barriers for physicians who have never been board certified or whose board certification is time unlimited. It creates a problem when a physician who is not participating in the milestone work will be reflected on the Board's website as not meeting criteria for Board certification. If these physicians are pulled out of the queue, they are essentially violating the law because they are falsely advertising their certification status. Therefore, the issues need to be resolved to ensure the continuing professional development of the practice community.

Ms. Clothier expressed how the ABMS is increasingly recognizing the importance of being able to offer pathways to physicians who have been actively certified and for whatever reasons have discontinued, whether for disciplinary actions or voluntarily, to be able to engage in some aspects of the MOC programs so they can more easily reenter into the recertification system when they are ready.

Dr. Bishop recommended that Ms. Clothier take the Licensing Committee's comments back, provide feedback, and work cooperatively with the Board to find a solution to the issues. Ms. Clothier agreed to do so.

Dr. Gnanadev asked Ms. Clothier if ABMS or any of the boards were considering eliminating part three of the MOC, which is an examination.

Ms. Clothier stated that the ABMS is discussing with the American Medical Association (AMA) and some of their stakeholders to see how outcome data from the physician's clinical practice could be used to replace an evaluation of the physician's medical knowledge on a 10-year basis. A physician would have to be willing to participate in a registry or database. If the database shows that the physician is providing good care and is exceeding clinical benchmarks in particular areas, they would be exempt from having to take the examination. Ms. Clothier stated that the multiple-choice questions are one area where the ABMS has data about the correlation between good performance and good care.

Agenda Item 5 Review, Discussion, and Consideration of the Minimum Number of Years of Approved Postgraduate Training for Licensure, and Licensure Exemption While Participating in an Approved Training Program

Mr. Worden began his presentation by discussing the two types of postgraduate training that the Board recognizes for licensure in California, the Accreditation Council for Graduate Medical Education (ACGME) programs only completed in the United States, and the Royal College of Physicians and Surgeons of Canada (RCPSC) programs only completed in Canada. He stated that current minimum requirements for approved post graduate training for U.S. and Canadian medical school graduates (US/CAN) is one year successful completion of either training program, and two years for international medical school graduates (IMG). The current exemption for US/Canadian is a maximum of two years of training without a license, and for IMG the maximum is three years. Mr. Worden addressed different areas of specialties and went over a chart detailing what the postgraduate training requirements are in other states.

Mr. Worden expressed the Board's concern that one or two years of ACGME or RCPSC training may not be enough for a physician to obtain licensure to practice medicine safely without supervision. He explained how the practice of medicine and medical education is very different

today than it was in 1980 when Business and Professions Code Sections 2065 and 2066 became law.

Mr. Worden suggested that the Board consider increasing the minimum number of years from one for US/CAN and two for IMG to one of the following: Two years for both US/CAN and IMG, or three years for both US/CAN and IMG.

Mr. Worden explained that only adding one year to US/CAN graduates would still not meet the minimum number of years to complete a program. Requiring three years of post-graduate training would also meet the FSMB Interstate Medical Licensure Compact and would increase consumer protection.

Mr. Worden expressed that changing the requirements for postgraduate training requires the Board to address other related issues, such as: Will the Board still need to have a medical school recognition process? What type of licensure exemption is needed? Is a training license for all residents necessary? How and when will residents apply for a training license? How and when will residents apply for a full license? How will the change affect the California ACGME accreditation programs? How will the change affect the residents? How will it affect the need for residents to have DEA registrations? How and when will the residents qualify for DEA registration? How will it affect the need to write prescriptions without a co-signer? Mr. Worden suggested that the Board gather input from interested parties to help identify what statutes and regulations may be effected by the proposed changes, draft proposed language and possibly identify legislative authors for proposed draft statutes. He suggested holding interested parties meetings to discuss these issues.

Mr. Worden asked the Committee to authorize licensing staff to proceed with investigating and holding an interested parties meeting for this concept.

Dr. Lewis asked what the current standard is for postgraduate training. Mr. Worden stated that **c**urrently the Board is licensing most residents after one or two years of post-graduate training because that is what most of the programs are allowed to do. This gives more opportunity for teaching hospitals to use their residents. This also allows residents to write their own prescriptions without cosigners and sign death certificates.

Dr. Bishop proposed a motion to approve to proceed with interested parties meeting and subsequent meetings to obtain input regarding extending the requirements for postgraduate training in California.

Dr. Levine asked if the motion made is agnostic as to the number of years of extension or is it specific requesting three years of postgraduate training.

Dr. Bishop stated that it is the impact of extending the requirements with no specific time specified at this point.

Dr. Lewis made a motion to allow staff to proceed with an interested parties meeting and subsequent meetings to obtain input regarding extending the requirements for postgraduate training in California for licensure; s/Ms. Pines. Motion carried.

Agenda Item 6 Future Agenda Items

Dr. Bishop asked for input on agenda items for the next Licensing Committee meeting. Dr. Lewis suggested that agenda item 5 be further discussed at the next meeting. No other suggestions were made for future agenda items.

Agenda Item 7 Adjournment

Dr. Bishop adjourned the meeting at 2:09 p.m.