



# MEDICAL BOARD OF CALIFORNIA



## Licensing Committee Meeting

Los Angeles Airport Hilton  
5711 W. Century Blvd.  
Los Angeles, CA 90045

Thursday, May 5, 2016

### MEETING MINUTES

#### Committee Members Present:

Michael Bishop, M.D., Chair  
Dev GnanaDev, M.D.  
Randy Hawkins, M.D.  
Denise Pines

#### Committee Members Absent:

Jamie Wright, J.D.

#### Other Members Present Not on the Committee:

Michelle Bholat, M.D.  
Howard Krauss, M.D.  
David Warmoth

#### Staff Present:

Liz Amaral, Deputy Director  
Regina Armstrong, Inspector  
Elizabeth Armstrong, Investigator, Health Quality Investigation Unit  
Christina Delp, Chief of Enforcement  
Dianne Dobbs, Legal Counsel, Department of Consumer Affairs  
Kimberly Kirchmeyer, Executive Director  
Dino Pierini, Staff Services Analyst  
Anne Potter, Staff Services Manager I  
Regina Rao, Associate Governmental Program Analyst  
Elizabeth Rojas, Staff Services Analyst  
Jennifer Simoes, Chief of Legislation  
Lisa Toof, Administrative Assistant II  
Kerrie Webb, Legal Counsel  
Curtis Worden, Chief of Licensing

#### Members of the Audience:

Teresa Anderson, California Academy of Physician Assistants  
Yvonne Choong, California Medical Association  
Genevieve Clavreul

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Zennie Coughlin, Kaiser Permanente  
 Julie D'Angelo Fellmeth, Center for Public Interest Law  
 Lou Galgiani, Videographer, Department of Consumer Affairs  
 Bridget Gramme, Center for Public Interest Law  
 Marian Hollingsworth, Consumers Union  
 Christine Lally, Deputy Director, Boards and Bureaus, Department of Consumer Affairs  
 Bernard Lim, Investigator, Health Quality Investigation Unit  
 Lisa McGiffert, Consumers Union  
 Robert Palido, Supervising Investigator, Health Quality Investigation Unit  
 Michael Sela  
 Natalie Zellmer, Supervising Investigator, Health Quality Investigation Unit

### **Agenda Item 1      Call to Order / Roll Call**

The Licensing Committee Meeting of the Medical Board of California (Board) was called to order at 1:38 p.m. by Committee Chair Dr. Bishop. A quorum was present and due notice was provided to all interested parties.

### **Agenda Item 2      Public Comment on Items Not on the Agenda**

No public comment was provided.

### **Agenda Item 3      Approval of Minutes from the July 30, 2015 Licensing Committee Meeting**

*Dr. GnanaDev made a motion to approve the minutes from the July 30, 2015 Licensing Committee Meeting; s/Pines. Motion carried unanimously 4-0.*

### **Agenda Item 4:      Overview and Discussion of Minimum Requirements for Board Recognized Accredited Postgraduate Training**

Mr. Worden began his presentation with an overview of current graduate medical education licensure requirements in California and the changes the Board was considering. Mr. Worden explained the two types of accreditation the Board approves – Accreditation Council for Graduate Medical Education (ACGME) in the U.S. only and the Royal College of Physicians and Surgeons of Canada (RCPSC) in Canada only. The current minimum requirement for postgraduate training for licensure for U.S. and Canadian graduates' is 12 continuous months in the same ACGME or RCPSC program. For international medical school graduates (IMG), it is 24 months with the last 12 months in the same program. U.S. and Canadian graduates in California postgraduate programs must be licensed by the end of 24 months, even if some of the ACGME postgraduate training was not completed in California. IMG's must be licensed by the end of 36 months, even if some of the ACGME postgraduate training was not completed in California. The number of years to complete an ACGME or RCPSC residency program can range from three to seven years.

Mr. Worden explained the practice of medicine is very different today than it was in 1980 and 1985 when the current standards were implemented. He guided everyone through a series of discussion items, first providing information regarding the minimum number of years of residency training that was required by other states for licensure. He then identified the Federation of State

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Medical Boards' (FSMB) recommendation of a minimum of three years of ACGME or American Osteopathic Association (AOA) accredited post-graduate training prior to full licensure, which was consistent with the FSMB Interstate Licensure Compact requirements.

Mr. Worden asked how many years of ACGME or RCPSC training the Board should consider as the minimum to be eligible for licensure in California to ensure the applicant was safe and competent to practice independently and provide the best consumer protection. He said there were two options. Two years for both U.S./Canadian and IMG, or three years for both U.S./Canadian and IMG. He then outlined the pros and cons for each, as well as additional considerations for the Board. Mr. Worden asked if the Board would still need to have a medical school recognition process if the postgraduate training requirements are increased, specifically if the postgraduate training requirements are increased to a minimum of three years.

Mr. Worden explained how international medical schools are currently recognized by the Board. He provided alternatives for the Board's medical school recognition process, which included Education Commission for Foreign Medical Graduates (ECFMG), the World Federation for Medical Education (WFME), and the Foundation for Advancement of International Medical Education and Research (FAIMER). They are scheduled to have jointly recognized accreditation agencies in place by 2023. An additional alternative would be to accept a new list of medical schools listed in the World Directory of Medical Schools, especially if three years of accredited postgraduate training was required for licensure in California.

Mr. Worden identified several issues and questions that need to be determined if the number of years required for postgraduate training was increased. He asked what types of licensure exemptions would be needed. Should California be concerned about somebody entering California from an ACGME program from another state or from the RCPSC programs? How would the Board identify these individuals prior to entering a residency training program? What type of training license would the Board need? What would be required? When should an applicant apply? How much would it cost? How long would it be valid? Does a training license need to be renewed? Mr. Worden said training license privileges to consider would be writing prescriptions without a co-signer, qualifying for a DEA permit, signing birth and death certificates, and moonlighting limitations. Mr. Worden added if the Board establishes a training license, when would a resident apply for a full and unrestricted license? Would it be 90 days prior to completing the ACGME program and would that be enough time for the Board to process the application after completing the ACGME program? If not, how long after? How much time would the current ACGME programs need to implement the proposed changes? How much time would the Board need to obtain the necessary amendments to statutes and regulations? Mr. Worden stated these were all issues the Board would have to consider.

Dr. GnanaDev expressed that he was pleased the presentation had been put together. He noted that he recognized what needed to be resolved, and that physicians go through a large amount of training. He also recognized that it was going to make it more difficult to get a license compared to a lot of allied health professionals. He stated that for the best public safety, requiring three years was the better option, rather than the current one or two years.

Dr. Hawkins stated his support of requiring three years.

Ms. Kirchmeyer stated that due to lack of attendance at the interested parties meeting, there would be a slide presentation for the Graduate Medical Education (GME) directors concerning the

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identified issues, similar to what Mr. Worden presented today. The Directors would present this to the individuals who know the programs best and know the unintended consequences from staff's perspective. Ms. Kirchmeyer assured the Members that no momentum was being lost and she would like to receive some support for legislation by putting this subject in the sunset review report as an issue for the Board.

Mr. Worden stated that the ideas of increasing postgraduate training to three years had surfaced at quarterly meetings with the UC Regents and the Associate Deans of GME. The consensus was that most program directors believed one year was not enough for today's medicine.

#### **Agenda Item 5      Overview and Discussion of Special Faculty Permits – Mr. Worden**

Mr. Worden began his presentation with an overview and history of Special Faculty Permits (SFP), defining an SFP as a license exemption for a physician and surgeon who does not meet current licensing requirements in California. He added the physician need to be eminent or clearly outstanding in their specialty, recruited by a California medical school as a full tenured faculty member, full professor or assistant professor, and the medical school had to have a great need to fill the faculty position. The SFP only allows the permit holder to practice medicine at the medical school or a formally affiliated hospital of the medical school.

Mr. Worden explained the Special Faculty Permit Review Committee (SFPRC) members consisted of a physician Board Member, a public Board Member, and a representative from each of the medical schools. The SFPRC meetings were scheduled quarterly, but only meet when an application was complete and ready to be reviewed. Mr. Worden explained the application process, starting with the medical school identifying the need for a faculty member with specific specialties, conducting a search for a physician with the specified skills, and the medical school identifying that the physician did not meet the minimum requirements for licensure, but met the requirements for an SFP. He added the dean of the medical school would submit an application to the Board and then the applicant would be presented at the next scheduled SFPRC meeting. After the meeting, the Committee Chair would present the information to the full Board. If the full Board approved the applicant to receive an SFP, staff would then issue the permit once the Board received the remaining fees and required documents.

Mr. Worden explained the renewal process for an SFP as being the same as a regular physician's and surgeon's license with the exception that the dean of the sponsoring medical school must confirm the SFP holder still meets the minimum requirements.

Mr. Worden provided a list of each individual who holds an SFP, and added that to date no SFP holders had been disciplined by the Board.

Mr. Worden presented the questions asked and responses given of a questionnaire that was sent to the medical schools regarding SFPs.

Dr. GnanaDev thanked Mr. Worden for his presentation. He asked for clarification on which universities use the SFPs.

Mr. Worden responded by stating Loma Linda has one application pending, Stanford has a couple, and the UC schools seem to use SFPs the most.

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Dr. GnanaDev stated his support of the system and believed regarding public safety that it was fine because there was a tremendous amount of supervision at the academic centers as compared to somebody's personal practice. He asked if the Board ever received complaints about the SFPs from the faculty or from anyone else.

Mr. Worden responded that the Board has not taken any action on any SFP holders.

Ms. Kirchmeyer affirmed that the Board treats SFPs like an individual that was licensed. If there were complaints on these individuals, the Board would go through the process to take action against them. She noted there had been complaints against some of them. The Board investigated the complaints and would take action, if necessary.

Ms. Kirchmeyer added that a Board Member had requested to discuss SFPs and recommended taking the comments received back to the SFPRC.

Dr. Bishop stated the SFPs that had been presented to the Board seemed to be very well qualified and he would like to see staff further investigate as it was unfortunate the Board did not know which schools wrote the negative comments in the questionnaire. He confirmed the concerns should be brought to the SFPRC and he applauded the hard work that had been done.

## **Agenda Item 6      Overview and Discussion of Special Programs**

Mr. Worden provided an overview of additional special programs offered for license exemptions.

Mr. Worden noted that Business and Professions Code section 2111 provides a license exemption for an international physician and surgeon who graduated from a medical school that was recognized by the Board and who was licensed in another country. He stated this allowed the physician to participate in a California medical school's non-ACGME accredited fellowship program to learn a new skill, and to take that skill back to the registrant's home country. Mr. Worden added the section 2111 participants may only participate at the sponsoring medical school. Registration was for one year and may be renewed up to two times.

Mr. Worden added that Business and Professions Code section 2112 provides a license exemption registration for an international physician who attended and graduated from a medical school recognized by the Board and was licensed in another country. He noted this allowed the physician to participate in a Board-approved, California teaching hospital, non-ACGME accredited fellowship to learn a new skill, and take that skill back to the registrant's home country. The individual may only practice at that specific hospital, strictly for that fellowship. Registration was for one year and may be renewed up to two times.

Mr. Worden noted that Business and Professions Code section 2113 provides for a faculty registration for an international physician and surgeon who attended and graduated from a medical school recognized by the Board and was licensed in another country. He noted it allowed the physician to teach in a California medical school, but the physician may only practice medicine at the medical school and formally affiliated hospitals that are approved by the Board. Mr. Worden stated that registration was valid for one year at a time and may be renewed up to two times with the Board's approval. Mr. Worden noted that the sponsoring medical school and the applicant may request the Board to waive any and all licensing examinations. Examination waiver requests were reviewed by the Application Review and Special Programs Committee in closed session. The

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faculty registration allows the time spent in clinical practice and teaching to count for required ACGME training, a minimum of two years, thus eliminating the requirement for ACGME training.

Mr. Worden explained California Code of Regulations, Title 16, section 1327, provides for a clinical training program for international medical school students. He noted that a hospital may request Board approval to train international medical school students in specific subjects if the hospital met the minimum requirements specified in section 1327. He explained the program was for California hospitals that did not have an ACGME accredited program in a specific subject area. The Board's approval was for one year at a time and must be renewed annually. Mr. Worden noted that two hospitals in California had been participating in the program for many years. Metropolitan State Hospital provides four weeks of psychiatry training for applicants who were deficient in their psychiatry rotations from international medical schools. They are allowed, with the Board's permission, to remediate the psychiatry training by training in California instead of going back to their medical school. He stated those participating were monitored very closely in these very well-established and well-run programs.

Dr. GnanaDev stated he has many questions and he was glad this was presented. He asked if these applicants get licensed, are they able to practice anywhere else.

Mr. Worden confirmed that they are able to practice elsewhere after they are licensed.

Dr. GnanaDev asked if the program was similar to training in an ACGME program, even though it was a non-ACGME program.

Mr. Worden answered yes, stating almost all of the applicants needed at least three years to train, as most of the applicants had not taken any exams when they arrive. In order to take and pass all of their exams, they generally needed to practice in California for at least three years. He noted there were some exceptions with those who had started taking USMLE examinations prior to starting a program, so they may be able to complete what was needed in two and a half or three years versus four years. And there were some who never took the exams, and only completed the five years of training.

Dr. GnanaDev asked if this could be a back door way of getting licensed if the applicant could not get accepted into an ACGME program.

Mr. Worden clarified that the applicants could not apply to the Board for this as they have to apply to the dean of the medical school. He stated the applicants are generally sponsored by a program director who had recruited the applicant to join their faculty.

Mr. Worden explained the difference between being a participant in a Special Program and holding an SFP. He noted the difference was the participants in Special Programs did not have to be clearly outstanding or academically eminent. SFP holders did not have to take any exams if they wanted to continue practicing and could practice until they retire or until the school canceled their registration. He added that a school could cancel any of these permits, and are all subject to the same complaints and discipline processes as a licensee.

## **Agenda Item 7      Future Agenda Items**

No suggestions were made for future agenda items.

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**Agenda Item 8      Adjournment**

Dr. Bishop adjourned the meeting at 2:28 p.m.

DRAFT