

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**



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**

CALIFORNIA BUSINESS AND PROFESSIONS CODE  
SECTIONS 2089 – 2091.2  
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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.

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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.

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(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.



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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.