

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 11, 2018
ATTENTION: Members, Medical Board of California
SUBJECT: Licensed Physicians from Mexico Pilot Program
(Assembly Bill 1045)
STAFF CONTACT: April Alameda, Chief of Licensing

REQUESTED ACTION AND RECOMMENDATION:

After review and discussion, determine whether the orientation program on the California Health Care Delivery System and the distant learning program meet the requirements for a six (6) month orientation program as required by California Business and Professions Code (BPC) sections 853(c)(2)(B)(i) and 853(c)(2)(C).

BACKGROUND AND ANALYSIS:

The Licensed Physicians from Mexico Pilot Program (Pilot Program) was created to allow up to thirty (30) licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology from Mexico to practice medicine in California for a period not to exceed three (3) years if certain requirements are met.

Pursuant to BPC section 853(c)(2)(B)(i), prior to leaving Mexico, each physician must satisfactorily complete a six (6) month orientation program that addresses medical protocol, community clinic history and operations, medical administration, hospital operations and protocol, medical ethics, the California medical delivery system, health maintenance organizations and managed care practices, and pharmacology differences.

The course curriculum for the orientation program was submitted to the Medical Board of California (Board) for review by the Chief Executive Officer of Natividad Medical Center, Dr. Gary Gray; Chief Executive Officer of Clinica del Valle de Salinas, Maximiliano Cuevas, M.D.; and representatives from the National Autonomous University of Mexico (UNAM). Board staff conducted the initial review of the course curriculum then requested a review by Board Licensing Medical Consultant, Mark Servis, M.D.

Dr. Servis reviewed the course curriculum and determined that the course met the requirements in law, but he also provided four recommendations for the course. Those recommendations were forwarded to the representatives for the Pilot Program for review. Upon review, the Pilot Program submitted additional information to the Board. The additional information was submitted to Dr. Servis for review and he determined that with the new information, no further recommendations were necessary.

Dr. Servis stated that each module of the course curriculum was appropriate in volume and content for a self-paced program. He determined that the self-assessment questions and the learning objectives, including the case studies, provided in the course curriculum are applicable and meet the requirements set in law. Dr. Servis opined that

the learning objectives throughout the curriculum ensures a higher order of conceptual learning and provides well-designed questions to assess these objectives. Dr. Servis stated that the section on the opioid crisis in California has excellent learning objectives, assessments, and content on this critical health issue in California. Dr. Servis indicated this section of the curriculum is not directly relevant to the content as specified in the statute; however, it is important and helpful to the overall course curriculum being presented.

In summary, the course curriculum for the Pilot Program is appropriate in volume and instruction for a six (6) month orientation program pursuant to BPC section 853(c)(2)(B)(i). In addition, the content of the course curriculum meets appropriate California law and medical standards to sufficiently orient a participating physician to practice in California.

As part of the requirements for the Pilot Program, pursuant to BPC section 853(c)(2)(C), a representative from UNAM and a medical school in good standing or a facility conducting an approved medical residency training program are to confer to develop a mutually agreed upon distant learning program for the six (6) month orientation program.

Board staff and legal counsel reviewed the proposal of the distant learning program submitted by UNAM and the Natividad Medical Center. The accredited residency training program who has developed the distant learning program is Natividad Medical Center located in Monterey County, California. Natividad Medical Center is accredited by the Accreditation Council for Graduate Medical Education. Per the information provided, the distant learning program will commence from August 20, 2018 through February 20, 2019. Board staff and legal counsel verified that the distant learning program is compliant with BPC section 853(c)(2)(C).

ATTACHMENTS:

1. Mark Servis, M.D.'s report regarding the orientation course on the California Health Care Delivery System, dated April 22, 2018, and Dr. Servis' addendum report after review of additional materials for the orientation course, dated July 10, 2018.
2. Letter from UNAM regarding the distant learning program for the orientation program.
3. Letter from Natividad Medical Center regarding the distant learning program for the orientation program.
4. California Business and Professions Code section 853.

To: Katherine Largaespada, Associate Analyst
Licensing Program, Medical Board of California

From: Mark Servis, MD
Medical Consultant
Professor of Clinical Psychiatry
Vice Dean for Medical Education
UC Davis School of Medicine
4610 X Street
Sacramento, CA 95817

Re: Review of Course Orientation on the California Health Care Delivery System,
Mexican Pilot Program (Assembly Bill 1045)

Date: April 22, 2018

I reviewed the course orientation materials provided for the Mexican Pilot Program pursuant to Assembly Bill 1045 to ensure it meets the requirements set forth in the California Business and Professions Code 853©(2)(B)(i), including the requirement that it be a six-month orientation program, and that it will adequately orientate a participating primary care physician within the practice of medical standards in California. The participating physicians, who are licensed physicians in Mexico specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology, will be practicing in JACO accredited FQHCs in California for up to three years.

The provided course orientation materials generally follow the format of a board review course used in Maintenance of Certification (MOC) for the American Board of Medical Specialties (ABMS), with course content delivered in PowerPoint format and each module using embedded self-assessment questions relevant to the content. The content provided is accurate and there is abundant use of images, figures and graphs to engage the learner, though often there is too much information provided on a given slide for optimal learning in a PowerPoint format. Most importantly, learning objectives are clearly specified at the beginning of each module, though most are utilizing only knowledge level outcomes (understand, learn), and not higher orders of learning such as application, analysis, synthesis or evaluation as specified in Bloom's Taxonomy of Educational Objectives. Accordingly, the self-assessment questions in the modules are overly reliant on recall of information, rather than two-step reasoning to improve learning and retention, and they are too often only present at the end of the module, rather than optimally placed throughout the content. The self-assessment questions also over utilize true/false questions, which are less effective at accurately assessing knowledge. Though my close review was confined to Modules Two, Three, Four, Five and Six, with their relevance to the content specified in the statute, I did review

Modules One and Seven for context and to address the six-month orientation question. Specific comments for each module are delineated below:

Module One

This module provides a comprehensive overview of the socio-demographics of California, including an epidemiologic profile and a summary of the burden of disease. The content is very relevant to the role of physicians new to California and is clearly presented with adequate self-assessment questions for each of the three sections.

Module Two

The sections in this module address several important elements of systems-based practice in California including the organization of health care delivery in the state, the financing of health care relevant to FQHCs, and the laws and regulations related to the practice of medicine including DNR orders and HIPAA. The fourth section of this module covers managed care and health maintenance organizations including ACOs and PPOs. The fifth and final section of this module addresses the public health system and its impact on the burden of disease in the state, but while valuable information to new physicians in the state, does not directly pertain to the specified content areas of the statute. The self-assessment questions are embedded throughout the content of the sections.

Module Three

This module also addresses a number of systems-based practice areas relevant to practice in FQHC settings including the history of community-based health centers, a review of FQHCs services, populations and financing, the structure and governance of community health centers, general health clinic policies and procedures, an introduction to the patient centered medical home and interdisciplinary care, the processes of care from admission to discharge, referral and patient transfer protocols, and a basic risk management overview. The learning objectives for these eight sections are all knowledge outcomes without higher order learning objectives. The self-assessment questions are present for each section, and not restricted in all cases to the end of the section, though they are almost entirely recall-based questions.

Module Four

The fourth module continues the focus on systems-based practice with an overview of levels of care, a review of diagnostic and treatment protocols with a focus on Type 2 diabetes and obesity, an introduction to electronic medical records, a review of quality care structures and peer review with health disparities as the highlighted example, accreditation and certification processes for health care systems, a review of clinical pathways, evidence-based medicine, and pay for performance, a review of patient

satisfaction and patient-reported quality measures and their importance to health care delivery, and a final section on mandatory reporting requirements in California. The content provided in these sections is largely adequate, except for Section 6 on clinical pathways, evidence-based medicine, population health, and pay for performance. The section as provided addresses only clinical pathways and does not cover the other three learning objectives laid out at the beginning of the section. Several sections in this module also fail to provide self-assessment questions including Sections 2, 5, 6 and 8. The provided self-assessment questions in the other sections are largely recall questions and the learning objectives are primarily knowledge outcomes. Section 8 on mandatory reporting requirements would lend itself well to clinical vignette or case study formatted assessments that would test higher orders of learning.

Module Five

This module is a comprehensive and well-organized overview of the many facets of professionalism, ethics and bioethics. The content is accurate and excellent, and covers physician professionalism, the difference between ethics and morality, human rights, ethical decision-making, conflict of interest, and patient rights and responsibilities. There are self-assessment questions at the end of each section and some study questions during the sections. The self-assessment questions are mainly recall questions for a subject area that lends itself to higher order assessments requiring analysis, synthesis and application. The learning objectives are similarly written as knowledge outcomes. The introductory slide to Section Four is mislabeled Section Five.

Module Six

Module 6 addresses differences in pharmacology relevant to practice in the United States. There is no Section 1. Sections 2-5 review the role of the FDA, pharmacologic protocols for some common chronic diseases presenting in primary care settings, prescriptions and the role of pharmacy with a brief mention of the CDC guidelines for prescribing opioids for chronic pain, and a final section on alternative medicine. There are self-assessment questions for each section, including some presented during the section content, though all are primarily recall questions. Learning objectives are similarly knowledge focused.

Module Seven

Module 7 is not directly relevant to the content areas specified in the statute but is important and helpful to the overall course orientation content being delivered. Section 1 provides a helpful overview of commonly encountered abbreviations. Section 2 has useful clinical case studies to assist learning in all of the content areas. Section 3 covers helpful tools and resources for physicians including Up To Date, AMA online resources, and Health People 2020. There are self-assessment questions embedded throughout Sections 2 and 3, though not in Section 1. Given the nature of the Section 1 content,

which is mainly an introduction and lookup resource for commonly used abbreviations, this is appropriate.

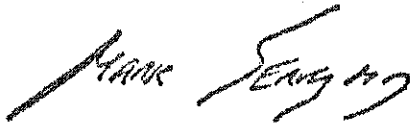
Summary and Recommendations

The provided orientation course materials adequately address the content areas specified in Assembly Bill 1045 including medical protocol, community clinic history and operations, medical administration, hospital operations and protocol, medical ethics, the California medical delivery system, health maintenance organizations and managed care practices, and pharmacology differences. The content is accurate and meets appropriate California law and medical standards and will sufficiently orient a participating primary care physician to practice in California, particularly in an FQHC setting. The learning sessions are appropriate in volume and pedagogy for a six-month orientation program. The sections on medical ethics and pharmacology differences are particularly strong in covering important content, using a well-organized teaching framework. The following recommendations would improve the provided course materials and help them more effectively meet the goals of orienting physicians to the specified content of Assembly Bill 1045:

1. The learning objectives for nearly all of the sections would be improved through the use of more behaviorally based learning objectives that specify higher orders of learning such as application, analysis, synthesis or evaluation as outlined in Bloom's Taxonomy of Educational Objectives. The current objectives are primarily knowledge based (learn, understand), and therefore are not optimal for the level of learner (competent primary care physician) in the Mexican Pilot Program.
2. There are no self-assessment questions in Sections 2, 5, 6 and 8 in Module 4. These should be provided. Using questions that test higher orders of knowledge such as application, analysis, synthesis and evaluation in all Modules would improve the learning and assessment. Questions with clinical vignettes or case studies followed by multiple choice questions that utilize two step reasoning relevant to the content would perform this function. Additionally, more self-assessment questions should be embedded in the beginning and middle of the sections, and not solely at the end. Module One, Module Two and Module Six do this well, but the other Modules rarely have questions except at the end of their sections.
3. Section 6 content in Module Five covers only the first of four stated learning objectives for the section. Evidence-based medicine, population health, and pay for performance in the context of medical protocols and quality assurance should be covered.

4. Though the issue of opioid prescribing was addressed in Section 4 of Module Six with a mention of CDC guidelines, I did not think the magnitude and importance of the opioid epidemic in the United States was sufficiently addressed in this section or other modules in the course materials (for example in Module One when discussing the burden of disease or in Section 5 of Module Two). The Section 2 discussion on this could be expanded to include an overview of the opioid epidemic, or added to Module One, or perhaps become the missing Section 1 of Module Six in the provided course materials. Despite the absence of Section 1 in Module Six, I did not otherwise think there was a content deficiency in this module on pharmacology differences.

Thank you for the opportunity to review these course orientation materials. Please do not hesitate to ask me additional questions if needed or helpful.

A handwritten signature in black ink, appearing to read "Mark Servis", with a stylized flourish at the end.

Mark Servis, MD

To: Katherine Largaespada, Associate Analyst
Licensing Program, Medical Board of California

From: Mark Servis, MD
Medical Consultant
Professor of Clinical Psychiatry
Vice Dean for Medical Education
UC Davis School of Medicine
4610 X Street
Sacramento, CA 95817

Re: Addendum Review of Additional Materials provided for Course Orientation on the California Health Care Delivery System, Mexican Pilot Program (Assembly Bill 1045)

Date: July 10, 2018

I reviewed the additional course orientation materials provided for the Mexican Pilot Program in response to my initial review and report of April 22, 2018. An analysis of the feedback in my report with point by point responses to each comment and recommendation was reviewed, along with a USB drive that included the fully updated curriculum.

After careful review, I can attest that the program fully and comprehensively responded to the feedback in my report with substantive changes that improve the curriculum. Below is a more detailed breakdown of my findings:

1. In response to my comment that in general there was too much information provided on a given Power Point slide, it was explained that the curriculum is self-paced and not timed, therefore the volume of material on the slides is less relevant. This clarification is helpful and does make the amount of content on each slide acceptable, though pedagogically there is still a benefit to well-designed slides to further enhance learning. Of note, new and revised slides that were included in the updated curriculum largely followed a less cluttered design format.
2. My comments that the self-assessment questions were overly reliant on recall of information, and that the learning objectives were rarely higher order objectives such as analysis, synthesis, evaluation and application, were accepted. Very appropriate additions and revisions were made to the curriculum throughout each module. In particular I was impressed with the extensive revision of learning objectives to ensure a higher order of conceptual learning in each module, and well-designed questions that

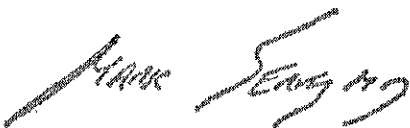
go beyond recall to assess these objectives. In my view, these were the most important changes made to the curriculum and have dramatically improved its value.

3. Section 6 of Module 4 was reviewed and has appropriate learning objectives, assessments and excellent content. Sections 2, 5, and 8 of Module 4 have revised learning objectives and excellent self-assessment questions, and case study assessments are now included in Section 8.
4. The introductory slide to Section 4 of Module 5 is now appropriately labelled.
5. Section 1 of Module 6 was reviewed and has appropriate learning objectives, assessments including case studies, and excellent content.
6. An additional section on the "Opioid Crisis as an American Problem in California" was added as Section 4 in Module 1. This new addition has excellent learning objectives, assessments and content and is a superb overview of a critical public health problem in the state.

Summary

The additional course orientation materials provided for the Mexican Pilot Program in response to my initial review and report of April 22, 2018 have been carefully reviewed. They demonstrate a comprehensive and high-quality response to the feedback in my report with substantive changes that improve the curriculum. The resulting curriculum more than adequately addresses the content areas specified in Assembly Bill 1045 including medical protocol, community clinic history and operations, medical administration, hospital operations and protocol, medical ethics, the California medical delivery system, health maintenance organizations and managed care practices, and pharmacology differences. The content is accurate and meets appropriate California law and medical standards and will sufficiently orient a participating primary care physician to practice in California, particularly in an FQHC setting.

Thank you for the opportunity to review these additional course orientation materials. Please do not hesitate to ask me additional questions if needed or helpful.



Mark Servis, MD

TRANSLATION



UNIVERSIDAD NACIONAL
AUTÓNOMA DE
MÉXICO

SCHOOL OF MEDICINE
DIVISION OF POSTGRADUATE STUDIES
SUBDIVISION OF GRADUATES AND CONTINUING
EDUCATION
OFFICE FMED/DEP/SGEC/JCS/852/2018
SUBJECT: OPINION OF THE ORIENTATION UPDATE
COURSE AND INDUCTION OF CALIFORNIA LAW AB 1045

DR. MIGUEL ÁNGEL FERNÁNDEZ ORTEGA
ASSOCIATE PROFESSOR OF THE UPDATE COURSE
ORIENTATION AND INDUCTION TO HEALTH SERVICES: CALIFORNIA LAW AB 1045
SCHOOL OF MEDICINE, UNAM; NATIVIDAD MEDICAL CENTER; PRESENT HEALTH CLINICS OF THE VALLEY OF
SALINAS

Distinguished Dr. Fernández

I would like to call your attention, to inform you that the Committee of Continuing Education, at meeting number 018/18 issued the following opinion with the number: 220/06/18 and key number AC11018. (Change of date)

Academic Activity:	ORIENTATION AND INDUCTION TO HEALTH SERVICES: CALIFORNIA LAW AB 1045		
Opinion:	Approved		
File number	SGEC/300/2018		
Date of Activity	August 20 to February 20, 2019		
Authorized profile:	Medical Specialists in Family Medicine, Pediatrics, Internal Medicine, Gynecology and Obstetrics		
Modality	From distance		
Organized by:	School of Medicine, UNAM; Natividad Medical Center; Clínicas De Salud Del Valle De Salinas		
Headquarters	Virtual Platform		
Schedule:	Asynchronous		
Number of students:	20 to 65		
Curricular value:	Credits: 12	Theory hours: 101	Practical hours: 0
Registration Period for Students at the UNAM:	July 23 - August 19, 2018		
Payment to the UNAM:	\$ 65,000.00 pesos (Pay per event)		

If registration is not made during the period indicated, it will be considered that the activity was suspended and the registration in the School of Medicine was canceled. To issue the corresponding certificates and diplomas, it is necessary to comply with the regulations of UNAM, in addition to including the file number in the corresponding paperwork. You are kindly requested to send the evaluation that will be applied to the students at the beginning and at the end of the activity.

I appreciate your attention and I reiterate my highest and most distinguished consideration.

Sincerely
"For Mi Raza will Speak the Spirit"
Cd. Universitaria, Cd. Mx., June 11, 2018
THE HEAD OF THE SUBDIVISION

DR. JULIO M. CACHO SALAZAR

C.c.p.- Dr. Germán Enrique Fajardo Dotel.- Director de la Facultad de Medicina, UNAM.- Presente
C.c.p.- Dr. José Halabe Cherem.- Jefe de la División de Estudios de Posgrado, Facultad de Medicina, UNAM.- Presente
C.c.p.- Dr. Rogelio Chavolla Magaña.- Secretario Académico, DEP, Facultad de Medicina, UNAM.- Presente
C.c.p.- Mtro. Horacio J. Arroyo Olazcoaga.- Coordinador Administrativo de la División de Estudios de Posgrado de la Facultad de Medicina, UNAM.- Presente
C.c.p.- Archivo
JACS/lpm



June 14, 2018

Ms. Kimberly Kirchmeyer
Executive Director
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, California 95815-3831

Dear Ms. Kirchmeyer:

I have reviewed your letter (dated May 29, 2018) to Mr. Arnold S. Torres regarding the orientation curriculum for AB 1045, Doctors from Mexico Pilot Program. We are pleased to know that the Board has "...determined that the materials for the course orientation are in compliance with the requirements ..." of the law that creates this program. I am also aware of the Board's desire to have "proof of compliance" that representatives of the National Autonomous University of Mexico (UNAM) and a "medical facility conducting an approved residency program" have mutually developed the distant learning program for the orientation program.

I have been informed that the continuing education department of the medical school at UNAM will be sending in their letter confirming that they have approved the orientation curriculum that we too have discussed and reviewed. The previous director of our residency program, Dr. Steven Harrison, traveled to Mexico City to meet with UNAM representatives and others involved in the curriculum development. He reviewed several drafts of the curriculum with UNAM's representatives, had on-going meetings with the local FQHC community health center CEO Dr. Maximiliano Cuevas, and provided his input that was incorporated in the final submitted to the Board. The health center in Monterey County will employ twelve Mexican doctors to practice in medically underserved areas within our county. These doctors will create access to comprehensive primary health care which continues to a major need in our county. Natividad and Clinicas del Valle de Salinas (CSVS) have formed a strong working relationship and these doctors will make a significant contribution to our mutual efforts.



I have attached the letter from the Accreditation Council for Graduate Medical Education (ACGME) to the current program director of Natividad's residency program informing her that our program has been accredited again effective January 31, 2018.

We look forward to the orientation program being approved formally by the Medical Board of California at its July meeting in San Francisco.

Respectfully,

A handwritten signature in blue ink, appearing to be "GRG", enclosed within a blue oval.

Dr. Gary R. Gray
Chief Executive Officer

State of California

BUSINESS AND PROFESSIONS CODE

Section 853

853. (a) The Licensed Physicians and Dentists from Mexico Pilot Program is hereby created. This program shall allow up to 30 licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology, and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed three years. The program shall also maintain an alternate list of program participants.

(b) The Medical Board of California shall issue three-year nonrenewable licenses to practice medicine to licensed Mexican physicians and the Dental Board of California shall issue three-year nonrenewable permits to practice dentistry to licensed Mexican dentists.

(c) Physicians from Mexico eligible to participate in this program shall comply with the following:

(1) Be licensed, certified or recertified, and in good standing in their medical specialty in Mexico. This certification or recertification shall be performed, as appropriate, by the Consejo Mexicano de Ginecología y Obstetricia, A.C., the Consejo Mexicano de Certificación en Medicina Familiar, A.C., the Consejo Mexicano de Medicina Interna, A.C., or the Consejo Mexicano de Certificación en Pediatría, A.C.

(2) Prior to leaving Mexico, each physician shall have completed the following requirements:

(A) Passed the board review course with a score equivalent to that registered by United States applicants when passing a board review course for the United States certification examination in each of his or her specialty areas and passed an interview examination developed by the National Autonomous University of Mexico (UNAM) for each specialty area. Family practitioners who shall include obstetrics and gynecology in their practice shall also be required to have appropriately documented, as specified by United States standards, 50 live births. Mexican obstetricians and gynecologists shall be fellows in good standing of the American College of Obstetricians and Gynecologists.

(B) (i) Satisfactorily completed a six-month orientation program that addressed medical protocol, community clinic history and operations, medical administration, hospital operations and protocol, medical ethics, the California medical delivery system, health maintenance organizations and managed care practices, and pharmacology differences. This orientation program shall be approved by the Medical Board of California to ensure that it contains the requisite subject matter and meets appropriate California law and medical standards where applicable.

(ii) Additionally, Mexican physicians participating in the program shall be required to be enrolled in adult English-as-a-second-language (ESL) classes that focus on both verbal and written subject matter. Each physician participating in the program shall have transcripts sent to the Medical Board of California from the appropriate Mexican university showing enrollment and satisfactory completion of these classes.

(C) Representatives from the UNAM in Mexico and a medical school in good standing or a facility conducting an approved medical residency training program in California shall confer to develop a mutually agreed upon distant learning program for the six-month orientation program required pursuant to subparagraph (B).

(3) Upon satisfactory completion of the requirements in paragraphs (1) and (2), and after having received their three-year nonrenewable medical license, the Mexican physicians shall be required to obtain continuing education pursuant to Section 2190. Each physician shall obtain an average of 25 continuing education units per year for a total of 75 units for a full three years of program participation.

(4) Upon satisfactory completion of the requirements in paragraphs (1) and (2), the applicant shall receive a three-year nonrenewable license to work in nonprofit community health centers and shall also be required to participate in a six-month externship at his or her place of employment. This externship shall be undertaken after the participant has received a license and is able to practice medicine. The externship shall ensure that the participant is complying with the established standards for quality assurance of nonprofit community health centers and medical practices. The externship shall be affiliated with a medical school in good standing in California. Complaints against program participants shall follow the same procedures contained in the Medical Practice Act (Chapter 5 (commencing with Section 2000)).

(5) After arriving in California, Mexican physicians participating in the program shall be required to be enrolled in adult ESL classes at institutions approved by the Bureau of Private Post Secondary and Vocational Education or accredited by the Western Association of Schools and Colleges. These classes shall focus on verbal and written subject matter to assist a physician in obtaining a level of proficiency in English that is commensurate with the level of English spoken at community clinics where he or she will practice. The community clinic employing a physician shall submit documentation confirming approval of an ESL program to the board for verification. Transcripts of satisfactory completion of the ESL classes shall be submitted to the Medical Board of California as proof of compliance with this provision.

(6) (A) Nonprofit community health centers employing Mexican physicians in the program shall be required to have medical quality assurance protocols and either be accredited by the Joint Commission on Accreditation of Health Care Organizations or have protocols similar to those required by the Joint Commission on Accreditation of Health Care Organizations. These protocols shall be submitted to the Medical Board of California prior to the hiring of Mexican physicians.

(B) In addition, after the program participant successfully completes the six-month externship program, a free standing health care organization that has authority to provide medical quality certification, including, but not limited to, health plans,

hospitals, and the Integrated Physician Association, is responsible for ensuring and overseeing the compliance of nonprofit community health centers medical quality assurance protocols, conducting site visits when necessary, and developing any additional protocols, surveys, or assessment tools to ensure that quality of care standards through quality assurance protocols are being appropriately followed by physicians participating in the program.

(7) Participating hospitals shall have the authority to establish criteria necessary to allow individuals participating in this three-year pilot program to be granted hospital privileges in their facilities.

(8) The Medical Board of California shall provide oversight review of both the implementation of this program and the evaluation required pursuant to subdivision (j). The board shall consult with the medical schools applying for funding to implement and evaluate this program, executive and medical directors of nonprofit community health centers wanting to employ program participants, and hospital administrators who will have these participants practicing in their hospital, as it conducts its oversight responsibilities of this program and evaluation. Any funding necessary for the implementation of this program, including the evaluation and oversight functions, shall be secured from nonprofit philanthropic entities. Implementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities. The board shall report to the Legislature every January during which the program is operational regarding the status of the program and the ability of the program to secure the funding necessary to carry out its required provisions. Notwithstanding Section 11005 of the Government Code, the board may accept funds from nonprofit philanthropic entities. The board shall, upon appropriation in the annual Budget Act, expend funds received from nonprofit philanthropic entities for this program.

(d) (1) Dentists from Mexico eligible to participate in this program shall comply with the following requirements or the requirements contained in paragraph (2):

(A) Be graduates from the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología).

(B) Meet all criteria required for licensure in Mexico that is required and being applied by the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología), including, but not limited to:

- (i) A minimum grade point average.
- (ii) A specified English language comprehension and conversational level.
- (iii) Passage of a general examination.
- (iv) Passage of an oral interview.

(C) Enroll and complete an orientation program that focuses on the following:

- (i) Practical issues in pharmacology that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.
- (ii) Practical issues and diagnosis in oral pathology that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(iii) Clinical applications that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(iv) Biomedical sciences that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(v) Clinical history management that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(vi) Special patient care that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(vii) Sedation techniques that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(viii) Infection control guidelines which shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(ix) Introduction to health care systems in California.

(x) Introduction to community clinic operations.

(2) (A) Graduate within the three-year period prior to enrollment in the program, from a foreign dental school that has received provisional approval or certification by November of 2003 from the Dental Board of California under the Foreign Dental School Approval Program.

(B) Enroll and satisfactorily complete an orientation program that focuses on the health care system and community clinic operations in California.

(C) Enroll and satisfactorily complete a course taught by an approved foreign dental school on infection control approved by the Dental Board of California.

(3) Upon satisfactory completion to a competency level of the requirements in paragraph (1) or (2), dentists participating in the program shall be eligible to obtain employment in a nonprofit community health center pursuant to subdivision (f) within the structure of an extramural dental program for a period not to exceed three years.

(4) Dentists participating in the program shall be required to complete the necessary continuing education units required by the Dental Practice Act (Chapter 4 (commencing with Section 1600)).

(5) The program shall accept 30 participating dentists. The program shall also maintain an alternate list of program applicants. If an active program participant leaves the program for any reason, a participating dentist from the alternate list shall be chosen to fill the vacancy. Only active program participants shall be required to complete the orientation program specified in subparagraph (C) of paragraph (1).

(6) (A) Additionally, an extramural dental facility may be identified, qualified, and approved by the board as an adjunct to, and an extension of, the clinical and laboratory departments of an approved dental school.

(B) As used in this subdivision, "extramural dental facility" includes, but is not limited to, any clinical facility linked to an approved dental school for the purposes of monitoring or overseeing the work of a dentist licensed in Mexico participating in this program and that is employed by an approved dental school for instruction in dentistry that exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved dental school, and in which dental services are rendered. These facilities shall include nonprofit community health centers.

(C) Dental services provided to the public in these facilities shall constitute a part of the dental education program.

(D) Approved dental schools shall register extramural dental facilities with the board. This registration shall be accompanied by information supplied by the dental school pertaining to faculty supervision, scope of treatment to be rendered, arrangements for postoperative care, the name and location of the facility, the date operations shall commence at the facility, and a description of the equipment and facilities available. This information shall be supplemented with a copy of the agreement between the approved dental school and the affiliated institution establishing the contractual relationship. Any change in the information initially provided to the board shall be communicated to the board.

(7) The program shall also include issues dealing with program operations, and shall be developed in consultation by representatives of community clinics, approved dental schools, or the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología).

(8) The Dental Board of California shall provide oversight review of the implementation of this program and the evaluation required pursuant to subdivision (j). The board shall consult with dental schools in California that have applied for funding to implement and evaluate this program and executive and dental directors of nonprofit community health centers wanting to employ program participants, as it conducts its oversight responsibilities of this program and evaluation. Implementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities. The board shall report to the Legislature every January during which the program is operational regarding the status of the program and the ability of the program to secure the funding necessary to carry out its required provisions. Notwithstanding Section 11005 of the Government Code, the board may accept funds from nonprofit philanthropic entities.

(e) Nonprofit community health centers that employ participants shall be responsible for ensuring that participants are enrolled in local English-language instruction programs and that the participants attain English-language fluency at a level that would allow the participants to serve the English-speaking patient population when necessary and have the literacy level to communicate with appropriate hospital staff when necessary.

(f) Physicians and dentists from Mexico having met the applicable requirements set forth in subdivisions (c) and (d) shall be placed in a pool of candidates who are eligible to be recruited for employment by nonprofit community health centers in California, including, but not limited to, those located in the Counties of Ventura, Los Angeles, San Bernardino, Imperial, Monterey, San Benito, Sacramento, San Joaquin, Santa Cruz, Yuba, Orange, Colusa, Glenn, Sutter, Kern, Tulare, Fresno, Stanislaus, San Luis Obispo, and San Diego. The Medical Board of California shall ensure that all Mexican physicians participating in this program have satisfactorily met the requirements set forth in subdivision (c) prior to placement at a nonprofit community health center.

(g) Nonprofit community health centers in the counties listed in subdivision (f) shall apply to the Medical Board of California and the Dental Board of California to hire eligible applicants who shall then be required to complete a six-month externship that includes working in the nonprofit community health center and a corresponding hospital. Once enrolled in this externship, and upon payment of the required fees, the Medical Board of California shall issue a three-year nonrenewable license to practice medicine and the Dental Board of California shall issue a three-year nonrenewable dental special permit to practice dentistry. For purposes of this program, the fee for a three-year nonrenewable license to practice medicine shall be nine hundred dollars (\$900) and the fee for a three-year nonrenewable dental permit shall be five hundred forty-eight dollars (\$548). A licensee or permitholder shall practice only in the nonprofit community health center that offered him or her employment and the corresponding hospital. This three-year nonrenewable license or permit shall be deemed to be a license or permit in good standing pursuant to the provisions of this chapter for the purpose of participation and reimbursement in all federal, state, and local health programs, including managed care organizations and health maintenance organizations.

(h) The three-year nonrenewable license or permit shall terminate upon notice by certified mail, return receipt requested, to the licensee's or permitholder's address of record, if, in the Medical Board of California or Dental Board of California's sole discretion, it has determined that either:

- (1) The license or permit was issued by mistake.

- (2) A complaint has been received by either board against the licensee or permitholder that warrants terminating the license or permit pending an investigation and resolution of the complaint.

- (i) All applicable employment benefits, salary, and policies provided by nonprofit community health centers to their current employees shall be provided to medical and dental practitioners from Mexico participating in this pilot program. This shall include nonprofit community health centers providing malpractice insurance coverage.

- (j) Beginning 12 months after this pilot program has commenced, an evaluation of the program shall be undertaken with funds provided from philanthropic foundations. The evaluation shall be conducted jointly by one medical school and one dental school in California and either UNAM or a foreign dental school approved by the Dental Board of California, in consultation with the Medical Board of California. If the evaluation required pursuant to this section does not begin within 15 months after the pilot project has commenced, the evaluation may be performed by an independent consultant selected by the Director of the Department of Consumer Affairs. This evaluation shall include, but not be limited to, the following issues and concerns:

- (1) Quality of care provided by doctors and dentists licensed under this pilot program.

- (2) Adaptability of these licensed practitioners to California medical and dental standards.

(3) Impact on working and administrative environment in nonprofit community health centers and impact on interpersonal relations with medical licensed counterparts in health centers.

(4) Response and approval by patients.

(5) Impact on cultural and linguistic services.

(6) Increases in medical encounters provided by participating practitioners to limited-English-speaking patient populations and increases in the number of limited-English-speaking patients seeking health care services from nonprofit community health centers.

(7) Recommendations on whether the program should be continued, expanded, altered, or terminated.

(8) Progress reports on available data listed shall be provided to the Legislature on achievable time intervals beginning the second year of implementation of this pilot program. An interim final report shall be issued three months before termination of this pilot program. A final report shall be submitted to the Legislature at the time of termination of this pilot program on all of the above data. The final report shall reflect and include how other initiatives concerning the development of culturally and linguistically competent medical and dental providers within California and the United States are impacting communities in need of these health care providers.

(k) Costs for administering this pilot program shall be secured from philanthropic entities.

(l) Program applicants shall be responsible for working with the governments of Mexico and the United States in order to obtain the necessary three-year visa required for program participation.

(Amended by Stats. 2006, Ch. 538, Sec. 4. Effective January 1, 2007.)