



## MEDICAL BOARD OF CALIFORNIA Licensing Program



### Licensing Committee

Los Angeles, CA

April 29, 2010

MINUTES

The Licensing Committee convened in Open Session. Dr. Salomonson called the meeting to order on April 29, 2010, at 2:35p.m. Roll was taken and a quorum was present. Due notice was mailed to all interested parties.

#### Members Present:

Janet Salomonson, M.D., Chair  
 Jorge Carreon, M.D.  
 Hedy Chang  
 Gary Gitnick, M.D.  
 Sharon Levine, M.D.  
 Reginald Low, M.D.  
 Gerrie Schipske, R.N.P., J.D.

#### Members Absent:

None

#### Board Members, Staff and Guests Present:

Hilda Balaian, GME Coordinator, Kaiser Los Angeles  
 Fayne Boyd, Licensing Manager  
 Candis Cohen, Public Information Officer  
 Janie Cordray, Research Specialist  
 Julie D'Angelo Fellmeth, CPIL  
 Kurt Heppler, Department of Consumer Affairs, Staff Counsel  
 Breanne Humphreys, Licensing Manager  
 Teri Hunley, Business Services Manager  
 Ross Locke, Business Services Office  
 Armando Melendez, Business Services Office  
 Margaret Montgomery, Kaiser Permanente  
 Deborah Pellegrini, Chief of Licensing  
 Regina Rao, Business Services Office  
 Gregory Santiago, Department of Consumer Affairs  
 Kevin Schunke, Outreach Manager  
 Anita Scuri, Department of Consumer Affairs Supervising Legal Counsel  
 Jennifer Simoes, Chief of Legislation  
 Kathryn Taylor, Licensing Manager  
 Cheryl Thompson, Executive Assistant  
 Renee Threadgill, Chief of Enforcement  
 Linda Whitney, Interim Executive Director  
 Barbara Yaroslavsky, Board President

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

Ms. Taylor called the roll. A quorum was present.

Dr. Salmonson stated Deborah Pellegrini, Chief of Licensing has an announcement. Ms. Pellegrini introduced the Licensing managers: Fayne Boyd, Kathryn Taylor and a new manager, Breanne Humphreys. Ms. Pellegrini announced that after 32 years of state service she will be retiring on June 24, 2010.

Dr. Salmonson thanked Ms. Pellegrini for her announcement and service.

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

In the interest of full disclosure, Dr. Salmonson stated she received a letter from Ms. Roberta De La Rosa, Director, Medical Staff Services of Centinela Hospital Medical Center. Ms. De La Rosa thanked the Committee for allowing her to address this issue and clarified she is here loosely representing the California Association of Medical Staff Services. She has been doing medical staff services and credentialing for over 25 years. One of the issues brought up at their meetings is why physician photos are not on the pocket licenses. The joint commission standards and some other standards require the credentialers to identify physicians before privileging them ensuring the appropriate individual is being awarded those privileges. The federal government set up the ability to apply for advanced registration and receive an identification card, but she doesn't believe that many physicians in California have taken advantage of that process. It would be much easier if they were able to easily identify the person as the physician who is licensed. It's understandable that this procedure would incur some expense. An alternative would be to add their photo on the licensing verification screen (LVS) which can be downloaded. As the biggest user of that service it would greatly benefit the users to be able to readily identify that physician.

Dr. Salmonson thanked Ms. De La Rosa for those comments and reminded the audience that with public comment no action can be taken except to place it on the agenda for a future meeting. Dr. Salmonson recommended this be placed on the agenda for the next meeting.

There was no additional public comment.

**Agenda Item 3            Approval of Minutes from the January 28, 2010 Meeting**

Ms. Chang moved to approve the minutes. It was seconded and the motion passed.

**Agenda Item 4            Overview Presentation of Licensing Processes and Associated Timeframes**

Ms. Pellegrini presented an overview of the five step Licensing process and timeframes associated with those processes.

Dr. Levine asked what occurs when someone wants to reactivate a license. Ms. Pellegrini stated there are two ways: 1) If the license has been inactive for less than 5 years, one may reactivate the license by paying all back renewal fees and penalties; or, 2) If the license has been inactive for more than 5 years and has been cancelled, the physician would be required to apply pursuant to Section 2428 of the Business and Professions Code, which requires submission of a new application and fees. Staff would pull any documentation submitted previously in support of the application for licensure. Anita Scuri, Legal Counsel added that if the applicant wishes to reactivate the license and it's been five years or less, at least one cycle of Continuing Medical Education (CME) would be required.

Ms. Chang asked two questions: 1) How many stations does an application go through to get to the reviewers desk? Ms. Pellegrini stated it goes through seven stations; 2) Is there a way for a manager to go on the computer and get the status of an applicant? Ms. Pellegrini stated, yes a manager can access the Applicant Tracking System (ATS) for this information.

Dr. Salomonson asked why PTAL is a shorter review time than the IMG license. Is the PTAL an easier process? Ms. Pellegrini stated that in the PTAL's process, applicants do not take Step 3 of USMLE until they have completed at least some postgraduate training.

Julie D'Angelo Fellmeth asked if the Board still processes applications in the order in which they are received. Is there some type of prioritization? Ms. Pellegrini stated staff process applications in date order, with the exception of those applications identified by a California Postgraduate Training program as needing licensure to continue training in California. She explained that this year staff are doing a balancing act, rotating to process both types of applications. We are also working pending mail coming in for the 2065/66. That mail is pulled to the front.

Dr. Gitnick commented that he was confused by this process. He asked if Ms. Pellegrini could offer assurances that those people going into their training programs are a priority.

Dr. Salmonson took the prerogative of the chair by referring to Agenda item #8 and suggested to hold further discussion until then.

Ms. Chang asked if once a PTAL is issued, does the file stay with the reviewer. Ms. Pellegrini stated, yes.

Hilda Balaian, GME Coordinator, Kaiser Los Angeles, asked for clarification on the issue of probationary licenses: What are the percent of people getting a full license after the probationary period ends? Ms. Pellegrini stated she does not have those statistics. Anita Scuri stated that upon conclusion of the probationary license, unless the Board takes additional action, a full license is issued. She can only remember one time when a full license wasn't issued. Ms. Balaian requested clarification as to why IMG's applications are re-reviewed even though they have their ECFMG certification. Ms. Pellegrini states the Board reviews both U.S. and IMG applications to ensure they meet the Board requirements. For IMG's that includes review of examinations taken and both medical school training and clinical training received from their medical schools. Ms. Balaian asked when to check ATS. Ms. Pellegrini states the system updates every evening documenting what has been received and what has been reviewed. As for telephone calls and e-mails, it is the expectation that both are responded to within 24 hours.

Karen Erlich, Midwifery Advisory Council, inquired whether midwives and the other allied health professionals go through the same system. Ms. Pellegrini stated they are processed differently and by different staff.

#### **Agenda Item 5                    Regulatory Changes to Title 16, California Code of Regulations, Section 1306, Abandonment of Applications**

Ms. Taylor provided an overview of the staff report on Section 1306, Abandonment of Applications. Ms. Scuri explained the existing regulation reads, "your application can be closed for failure to exercise due diligence" and that means completing the application within one year. Staff took that to mean that someone who called up could keep their file open and active. The proposal specifies what criteria will trigger closure /abandonment of that application. Ms. Taylor stated we need to balance the needs of the applicants against the need to keep the file open for undetermined lengths of time. Ms. Scuri concluded by suggesting that the committee recommend to the Board that the proposal be set for regulatory hearing.

**Agenda Item 6            Update on Implementation of Business and Professions Code, Section 2088 – Limited Licenses**

Ms. Boyd provided an update on the implementation of Limited Licenses.

Dr. Salmonson asked if there are other states that have limited licenses and have you looked at those as possible models? Ms. Scuri stated we have looked at other states and we have come up with the framework we believe can be used to merge the existing disabled license with this other new version of limited practice.

**Agenda Item 7            Update on the Implementation of SB 132, Polysomnographic Technologists**

Ms. Pellegrini provided an update on the implementation of the Polysom Program and announced that we hired an analyst to implement this program, Ms. Rhonda Baldo.

Dr. Salmonson asked if we have any limitations on what the fee may be and are they set in the legislation. Ms. Pellegrini stated the maximum fees are set in legislation.

**Agenda Item 8            Update on Priorities for Processing Physician and Surgeon Applications**

Ms. Whitney referred members back to the weekly production report. One of the slides indicated that 13% of the US/Can and 1% of the IMGs are complete upon initial review at 68 days. Ms. Whitney stated that when the Board had a backlog of 165 days or 5.5 months, there was a reasonably high number of applicants whose files were complete and they were ready for licensure. As the days were reduced for initial review, the number of applications complete at the time of review were decreased. The logic is when an application is sent to the Board it takes a certain number of days before all of the supporting documents arrive. An application reviewed on the day it arrives or even 30 days from receipt will require staff to issue a deficiency letter. In most cases if the initial review takes place between 45 and 60 days and we are at 5 days or less for the review of pending mail, priorities will not need to be set, as the normal processing time will basically meet the needs of everyone. There will be some exceptions and they could be treated as such. Some expedited processing will be required for the fellowship and postgraduates, but that can be the exception rather than the rule. A matrix is sent out to the Board members every week. These files are flagged and are currently being worked in equally with the new applications, in date order. She suggested that the Board allow staff to report it weekly, so members can ensure licensure occurs. We will bring information in July on this issue. Dr. Gitnick stated we should be willing to work with Ms. Whitney as staff is trying to solve the problem in a way which Ms. Whitney is suggesting. But, it is our job as a Board is to protect the public. GME offices need to get these people licensed.

Ms. Whitney stated the critical element here is that once we have told the applicant what is missing, subsequent documents from applicants need to be processed timely.

**Agenda Item 9            Business Process Reengineering Primary Recommendations and Related Implementation Timeframes**

Ms. Pellegrini presented recommendations made by the Licensing Program:

- 1-        Revise application/instructions; last revised in 2003- Fayne Boyd assigned; June start date
- 2-        Complete policy/procedure manual – Kathryn Taylor assigned; continuous
- 3-        Website revision – Fayne Boyd assigned; August start date
- 4-        Management reports – Breanne Humphreys assigned; on-going
- 5-        Study of Postgraduate Training Authorization Letter process - TBA

**Agenda Item 6:            Agenda Items for the Next Meeting**

Agenda for next meeting:

- 1-        Revisit priorities of application review
- 2-        Examine ways to streamline application process
- 3-        Picture I.D. on license or ability to have the photo on the license verification screen
- 4-        Limited License regulatory proposal
- 5-        Polysom Program regulatory proposal

In addition to the items referenced above, the Committee members requested the following items to be discussed at the next meeting:

1.        An update presentation of the detailed steps in the application review process and associated timeframes and any improvements
2.        A discussion of the feasibility of conducting an audit of the Licensing Program similar to the one that the State Auditor conducts of the State Bar every two years.

**Agenda Item 7:            Adjournment**

The meeting adjourned at 3:00 p.m.