



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

WebEx Online

June 24, 2021

MEETING MINUTES

Thursday, June 24, 2021

Due to timing for invited guests to provide their presentations, the agenda items below are listed in the order they were presented.

Members Present:

Kristina D. Lawson, J.D., President
Dev GnanaDev, M.D.
Randy W. Hawkins, M.D., Secretary
Howard R. Krauss, M.D., Vice President
Asif Mahmood, M.D.
David Ryu
Richard E. Thorp, M.D.
Eserick "TJ" Watkins
Felix C. Yip, M.D.

Members Absent:

Ryan Brooks
Alejandra Campoverdi
Ronald H. Lewis, M.D.
Laurie Rose Lubiano, J.D.

Staff Present:

Aaron Bone, Chief of Legislation and Public Affairs
Valerie Caldwell, Associate Governmental Program Analyst
Sean Eichelkraut, Information Technology Manager I
Jenna Jones, Chief of Enforcement
Marina O'Connor, Chief of Licensing
William Prasifka, Executive Director
Reji Varghese, Deputy Director
Carlos Villatoro, Public Information Officer II
Kerrie Webb, Staff Counsel

Members of the Audience:

Nataly Diaz, California Primary Care Association
Anne Fuqua
Kathleen Kearns

Matt Lege, SEIU California
Melissa Nothnagle, M.D., Natividad Medical Center
Kate Perkins, M.D., UCLA
Catrina Reyes, California Academy of Family Physicians

Agenda Item 1 Call to Order/Roll Call/Establishment of a Quorum

Ms. Lawson called the meeting of the Medical Board of California (Board) to order on June 24, 2021, at 5:15 P.M. A quorum was present and due notice was provided to all interested parties.

Agenda Item 2 Discussion and Possible Action on Interpretation of Requirement for 36 Months of Approved Postgraduate Training with 24 Continuous Months in the Same Program to Qualify for a Physician's and Surgeon's Certificate

Ms. O'Connor explained that prior to January 1, 2020, domestic medical school graduates were required to complete one year of accredited postgraduate training, and international medical school graduates were required to complete two years of accredited postgraduate training. Ms. O'Connor continued, saying that SB 798 changed the postgraduate training requirements so that all medical school graduates, regardless of whether they graduated from a domestic or international school, must complete 36 months of Board-approved postgraduate training, including 24 months in the same program. Ms. O'Connor explained that the Board believed three years of postgraduate training was necessary to ensure a physician completed their residency program before practicing independently with a physician's and surgeon's license.

Ms. O'Connor stated that specialty boards under the American Board of Medical Specialties (ABMS) establish how much leave a resident may take without making up the time to qualify for board certification, and each postgraduate training program establishes their own leave policies. Ms. O'Connor explained the Board's Application Review and Special Programs Committee, saying the committee addresses applications on a case-by-case basis to accept an applicant's training as meeting licensure requirements based on the program director's attestation that the applicant has received credit for 36 months of postgraduate training with at least 24 months in the same program.

Dr. Thorp commented that there is concern from programs regarding individuals not being able to sign death certificates and other documents, moonlighting, and being able to take leave during their training program. Dr. Thorp also shared the issue of the delay when an applicant applies for licensure, causing a delay in medical staff privileges and being able to join the workforce. Dr. Thorp commented on an unintended consequence of the postgraduate training license (PTL), saying many applicants choose to get licensed in other states where the requirement is only two years to get full licensure. Dr. Thorp commented that this interpretation addresses the leave issue, but it does not address the more serious issue of losing doctors to other states that allow them to enter the workforce quicker. Dr. Thorp asked what other states are doing to allow them to fully license an applicant in two years, as opposed to three years.

Ms. O'Connor replied that some other states do not allow moonlighting outside of their program. Ms. O'Connor continued, saying a temporary license is issued in some states to address the issue of time between training and licensure.

Ms. Webb commented that the licensing requirement in other states vary from one year to three years, with one state requiring successful completion of a postgraduate training program to qualify for licensure. Ms. Webb continued, saying the Board made the decision during the prior sunset period that one year and two years of postgraduate training for licensure was not sufficient for consumer protection. Ms. Webb explained that the Board made the decision to require three years for all applicants, and in doing so, also eliminated the requirement for the Board to review and approve medical schools, which opened opportunity for more people to qualify for licensure. Ms. Webb reviewed the agenda item, saying it addresses the leave program and allows the Board to make a policy adjustment and clarification so that individuals who take leave, but whose program director attests that they have received at least 36 months of approved postgraduate training with 24 months in the same program, will qualify for licensure.

Dr. Krauss moved to authorize staff to accept attestations from an applicant's program director indicating that an applicant has been granted credit for at least 36 months of approved postgraduate training with at least 24 months in the same program/S: Dr. Hawkins

Dr. Krauss commented that this gets to the point of concern regarding the 36-month requirement. Dr. Krauss agreed with Dr. Thorp regarding the time from completion of the program to licensure and hoped that Board staff could find a workaround.

Dr. Mahmood commented that once someone completes the requirement, they should be eligible for licensure immediately, and that can be done with a letter from the program. Dr. Mahmood also commented that California is a leader and should not be looking at other states to see why they are licensing people with one or two years of training.

Dr. Hawkins agreed with Dr. Mahmood.

Dr. GnanaDev commented that this is a policy issue, and that statute is not changing. Dr. GnanaDev supported the policy change.

Dr. Thorp commented that there are thousands of doctors who are finishing primary care training programs that are going to have significant obstacles to being able to go to work. Dr. Thorp continued, saying protecting the public also means there is a workforce to provide care. Dr. Thorp added that there are more doctors retiring than there are doctors coming into the workforce. Dr. Thorp expressed his frustration in the Board for not focusing on this unintended consequence of the PTL, saying it puts the public at risk for losing doctors.

Ms. Lawson explained that this agenda item and meeting came about because the Application Review and Special Programs Committee has been grappling with this issue and wanted the policy direction of the Board to expedite those particular applications. Ms. Lawson asked for comments from the public.

Ms. Diaz thanked the Board for their time to discuss and resolve this issue, but also stated there are other PTL issues effecting the physician workforce and patient population. Ms. Diaz explained that this issue will be even bigger next year if no action is taken. Ms. Diaz stated that this cannot be a piecemeal approach, and the Board should adopt a hybrid model where residents could obtain a PTL upon entering their program and be eligible for an unrestricted license at 12 or 24 months, depending on whether they are a domestic or international medical school graduate. Ms. Diaz urged the Board to support AB 1156, which puts forward the hybrid structure.

Ms. Fuqua commented that this issue is important and recalled her experience with an intern at an urgent care facility.

Ms. Nothnagle shared her own experience of going through the PTL process this year. Ms. Nothnagle commented that many residents take a leave of absence, and that reviewing each on a case-by-case basis would be difficult, especially next year. Ms. Nothnagle shared a scenario where an individual moved out of state to a different fellowship due to the PTL requirements.

Ms. Reyes shared an example of a fellow from out-of-state who was expected to move to California for licensure but did not due to the strict time requirements of the PTL. Ms. Reyes commented that the solution is a piecemeal approach to solve the many issues arisen out of the PTL. Ms. Reyes urged the Board to support AB 1156 as a path forward to addressing problems caused by the PTL.

Ms. Perkins summarized the concerns of the PTL as a restrictive practice, having logistical issues, and having legitimate interruptions in graduate medical education training. Ms. Perkins supported accepting program director certification of competency and completion of 36 months of postgraduate training. Ms. Perkins shared examples of individuals who were not eligible for full and unrestricted licensure because they did not complete 24 consecutive months of training.

Ms. Lawson asked Board staff about the process for evaluating individual circumstance on a case-by-case basis

Ms. O'Connor replied that the Application Review and Special Programs Committee reviews and puts forth recommendations for applications where there may be unusual circumstances or do not quite fit the requirements.

Mr. Lege commented on behalf of the California Committee of Interns and Residents, saying they support the motion to ensure the state does not lose anymore physicians to other states. Mr. Lege asked the Board to continue to work on the PTL issues through AB 1156.

Ms. Kearns agreed with prior public comments made and supported the motion. Ms. Kearns commented that she also supports AB 1156. Ms. Kearns stated she was in favor of reverting back to being able to apply for a full unrestricted license during residency.

Mr. Ryu asked what the reason was for the 24-month continuous training.

Ms. Webb replied that it is to have residents stay within one program so that any deficiencies can be identified and remediated.

Mr. Ryu asked about the flexibility in the wording of the motion, referencing the 24-month rule and examples that were brought up today.

Ms. Webb replied that this is based on attestation, so it has some flexibility regarding program directors granting 24 months of credit if a program had closed. Ms. Webb added that it is specified in the law that it is a requirement, so the Board is limited as to what can be done.

Mr. Ryu commented that the law says an individual needs 24 continuous months of training and the program director would have to attest that they received credit for that, unless there are extenuating circumstances, like a medical school closing, that could be taken into consideration, and he is in support of that. Mr. Ryu agreed with Dr. Thorp and other Board members. Mr. Ryu asked if AB 1156 will come before the Board at a later date.

Mr. Bone replied that it could be discussed at the August Board meeting.

Ms. Lawson asked if the August Board meeting would be prior to the bill's approval, but not prior to a committee hearing.

Mr. Bone replied that the August Board meeting should be before it was taken up by the full senate, and then the assembly, respectively.

Ms. Lawson commented that there is a possibility of calling a special Board meeting to discuss those issues.

Dr. GnanaDev commented that after the last sunset process, the Board is finding out about the problems that the PTL caused, and that the position today gives the policy change for staff to handle this problem.

Ms. Lawson asked Ms. Caldwell to take the roll.

Motion carried 9-0

Agenda Item 3 Adjournment

Ms. Lawson adjourned the meeting at 6:09 P.M.