



MEDICAL BOARD OF CALIFORNIA

LICENSING COMMITTEE MEETING



Agenda Item 3

Embassy Suites – Burlingame
Santa Cruz Room
150 Anza Blvd.
Burlingame, CA 94010

Thursday, January 31, 2013

MINUTES

Agenda Item 1 Call to Order / Roll Call

Dr. Salomonson called the Licensing Committee meeting to order on January 31, 2013, at 1:48 p.m.
Ms. Lowe called the roll. A quorum was present and notice had been sent to interested parties.

Members Present:

Janet Salomonson, M.D., Chair
Michael Bishop, M.D.
Silvia Diego, M.D.
Denise Pines

Members Absent:

Gerrie Schipske, R.N.P., J.D.

Staff Present:

Douglas Becker, Investigator
Dianne Dobbs, Department of Consumer Affairs, Legal Counsel
Tim Einer, Administrative Assistant
Kurt Hepler, Staff Counsel
Kimberly Kirchmeyer, Deputy Director
Natalie Lowe, Licensing Manager
Armando Melendez, Business Services Analyst
Regina Rao, Business Services Analyst
Lisa Toof, Administrative Assistant
Victor Sandoval, Supervising Investigator I
Kevin Schunke, Outreach Manager
Jennifer Simoes, Chief of Legislation
Melinda Sundt, Investigator
See Vang, Business Services Analyst
Linda Whitney, Executive Director
Curtis J. Worden, Chief of Licensing

Members of the Audience:

Teresa Anderson, California Academy of Physician Assistants (CAPA)
Angela Blanchard, California Association of Nurse Anesthetists (CANA)
Yvonne Choong, California Medical Association
Zennie Coughlin, Kaiser Permanente

Agenda Item 2 Public Comments on Items Not on the Agenda

No public comment was offered.

Agenda Item 3 Approval of Minutes from the February 2, 2012 Meeting

*Ms. Pines made a motion to approve the minutes from the October 25, 2012 meeting; s/Diego.
Motion carried.*

Agenda Item 4 Update on Licensing Staffing

Mr. Worden thanked staff for continuing to do an excellent job for this quarter, especially considering the impact of the holidays and the considerable amount of time staff is spending on the BreEZe project. Mr. Worden announced that Licensing currently has 2.8 vacant Office Technician (OT) positions. One is a .8 position for the front-end, one for fictitious name permits, and one for the call center. In addition, the Licensing Program has authorization to hire up to four Seasonal Clerk positions, which will be used to replace the Student Assistant positions. Licensing Managers are in the process of conducting interviews and are following up on candidates. In addition, Licensing has tentative permission to hire six Staff Services Analyst Permanent Intermittent positions that will be replacing the Retired Annuitants. Two of the Retired Annuitants were released on January 15, 2013, and four remain. Two of the four Retired Annuitant positions will be released in April 2013, and the last two will be released at the end of June 2013. Licensing staff has been doing an excellent job in maintaining the workload. Managers will continue to monitor and manage the workload, and will try to maintain the workload goals.

Dr. Salomonson asked for clarification about the .8 position and the reason for releasing the Student Assistant and Retired Annuitant positions.

Mr. Worden stated one of the OT positions is a .8 position that is not full-time and is allotted 32 hours a week. Mr. Worden explained that last year the Governor instructed state agencies to release all Student Assistant positions and consider replacement with Seasonal Clerk positions. The Governor also instructed release of Retired Annuitant positions and consider replacement with Permanent Intermittent positions. However, the Medical Board of California (MBC) received an exemption to temporarily keep some Retired Annuitant positions until June 2013 that were deemed mission critical. Student Assistant positions were not deemed mission critical.

Dr. Salomonson asked if the Seasonal Clerk staff took classes, similar to the Student Assistant staff.

Mr. Worden replied that the students must meet certain requirements, such as being enrolled in college. If the students dropped out of school or their grades dropped below a certain grade point average, they were no longer eligible to be employed. The Licensing Program had four Student Assistant positions that were released due to the Governor's agreement with the union and to replace Student Assistant positions with Seasonal Clerk positions.

Dr. Salomonson asked Mr. Worden if a Student Assistant can apply as a Seasonal Clerk.

Mr. Worden explained that there are specific rules within the state hiring system, but they may be eligible.

Dr. Salomonson stated that it seems unfortunate that initially MBC was supporting students by hiring them for work, and now they can no longer remain employed because they are a student.

Mr. Worden stated the students can work much more during their break times than during their scheduled school times. However, for the Seasonal Clerk and Permanent Intermittent positions, the Licensing Program can have much more control over their schedules because they can be adjusted. Although there are limited hours, they can be adjusted from part-time to full-time as workload increases.

Agenda Item 5 Updates on the Business Process Reengineering (BPR) Primary Recommendations

Mr. Worden provided an update on the BPR primary recommendations.

A. Revision of Physician and Surgeon (P&S) Application and Streamlining Process

Mr. Worden stated that the revised P&S application and instructions were posted to the Board's website in October 2012. The revised application clarified previous areas that were confusing to applicants and the print is a little larger in certain areas. As with any new application revision, other areas were discovered that need modifying as well. Staff will be making some minor revisions to the application and instructions in the next few months. One of the revisions will be to add some additional information for the applicants who qualify under Business and Professions Code (B&P) Section 2135.7.

Dr. Salomonson asked Mr. Worden to remind the audience about the candidate pool that will be affected by B&P Section 2135.7.

Mr. Worden replied that B&P Section 2135.7 is the new pathway that became effective January 1, 2013, for applicants who either attended and/or graduated from an unrecognized or disapproved medical school. Even though someone may have graduated from a recognized medical school and received part of their medical school education from an unrecognized or disapproved medical school, they were previously not eligible to apply for a California P&S license.

Dr. Salomonson asked if the final legislation reflected that the applicant needed to be board certified so that their educational bar is higher than other applicants.

Mr. Worden replied the education bar is higher as far as the board certification requirement.

Dr. Salomonson asked about the number of years required to practice in another state.

Mr. Worden replied that for someone who attended an unrecognized school, it is a minimum of 10 years. For a person who attended a disapproved school, it is a minimum of 20 years.

Dr. Bishop asked Mr. Worden if MBC received any applications for those interested in that process.

Mr. Worden replied that the Licensing Program has an applicant who has met the requirements. The application is going to be presented to the Application Review Committee. Another applicant submitted an application and will be advised of the new minimum years of practice. This applicant will probably be able to meet the requirements once the minimum required number of practicing years is met.

B. Medical Board of California Website Related to Applications

Mr. Worden stated that staff has been reviewing the website and making updates. This project is moving slowly because several staff members are working on the BreEZe project, which takes priority.

Dr. Salomonson asked which department handles the maintenance of the MBC website.

Mr. Worden replied that most of the maintenance is controlled by MBC staff, but some are housed at the Department of Consumer Affairs (DCA). Depending where the particular function of the website is hosted, depends on who is responsible for maintaining it.

Dr. Salomonson asked whom should complaints be directed to regarding Physician Lookup.

Mr. Worden replied that going through the MBC website and asking the Webmaster for assistance is the easiest way to receive help because the Webmaster will route the questions to the appropriate manager.

Dr. Salomonson stated that a spelling error in a physician's name may prompt a Google search if they had not found their doctor on the MBC website because they thought their doctor was unlicensed. There could be one letter off in the name and there is no flexibility in the current look up system to allow for a more sophisticated search.

Mr. Worden stated that this issue is controlled at the DCA level. It is something that DCA and MBC are aware of and hopefully it will be changed in the future.

C. Revision of the Policy and Procedure Manual

Mr. Worden stated that the policy and procedure manual has not been worked on because the staff member responsible for it has been spending approximately 80 percent of his time on the BreEZe project. The other 20 percent of the time is spent processing applications. Once BreEZe is implemented, time can be redirected back to revising/updating the manual.

Agenda Item 6 Update on Strategic Plan Components

Mr. Worden stated that several of the 13 components of the 2012 Strategic Plan designated to the Licensing Program are not slated until 2013 or 2014 so the Licensing Program has not started them at this time. However, staff has made progress in the remaining Strategic Plan goals. One of the goals is regarding international medical schools. Two staff members are assigned to review the medical schools list that is on the MBC's website. The staff have been contacting medical schools to find out if they still meet the requirements to be on the approved international medical school list, and have sent out several letters. Some schools respond quickly and others do not. Some of the schools respond in English and some do not. The other schools that staff is reviewing are the schools that have applied with a self-assessment report. Staff have contacted the medical schools to get further information for the applicants who have attended a

medical school that may not be recognizable. In addition, staff have been working on how to contact the medical schools and staff have had to conduct a lot of research to obtain current addresses. There are approximately 1,600 medical schools on the list so it is a slow process.

Furthermore, the MBC believes that some of the functions that the Licensing Program currently handles regarding specialty board certification may not be a good fit for MBC and it is being reviewed in the Sunset Review process.

Dr. Salomonson asked for clarification regarding the specialty boards.

Mr. Worden stated that MBC has the authority to review specialty boards that are not American Board of Medical Specialties (ABMS) certified. To date, MBC has approved only four specialty boards. It was determined that MBC may not be the best fit to conduct the reviews so this recommendation was added to the Sunset Review Report.

Mr. Worden stated that Objective 5.1 is the Licensing Program's goal to review applications within 45 days of receipt. This goal has been met for both quarters of the fiscal year, and the staff has been reviewing applications under 35 days for both United States (U.S.) and international medical school graduates.

Agenda Item 7 Update on Physician Supervision Requirements for Allied Health Care Professions: Perfusionists and Anesthesia Technologist/Technician

Mr. Worden provided an update on physician supervision requirements for perfusionists and anesthesia technologists and technicians.

Dr. Salomonson asked if perfusionists are registered.

Mr. Worden replied that they are not registered or licensed by anyone in California.

Dr. Salomonson asked what MBC's interface is with perfusionists.

Mr. Worden replied that MBC does not interface with perfusionists; however, if someone filed a complaint against a perfusionist, MBC would look into the complaint, but they are not a licensee. It is the physician who is responsible for the perfusionist that the MBC would review.

Dr. Bishop stated that his hospital has a lot of anesthesia technologists and technicians as they are very important to their practice. The anesthetist assistant is the category that he believed Ms. Schipske wanted to discuss.

Mr. Worden stated anesthesiologist assistants are very similar to a nurse anesthetist. They have a little different education pathway. They do more pre-medical and also an anesthesia Master's Program. The program is only recognized in approximately five states and those states do have certification or licensing, although it is limited. They have a limited school set and they have a limited practice area, but California is not one of the states.

Dr. Salomonson stated for the lay public the categories of assistant, technician, and technologist can be

confusing. Even if they are identifying themselves correctly, it can still be confusing as to what the scope of practice is for these individuals. Dr. Salomonson asked if there were any thoughts on how they can be clarified further. She also stated she did not believe technicians have patient contact.

Dr. Bishop replied that technicians do have patient contact. In many hospitals the technicians are there to assist and they are integrally involved in what physicians do in many cases. The assistant does the anesthesia under the supervision of an anesthesiologist, just like a certified registered nurse anesthetist. Dr. Bishop agrees that information on the MBC website would help clarify for the public about the different allied healthcare profession's roles and responsibilities.

Dr. Salomonson asked if nurse anesthetists are receiving doctorates now.

Dr. Bishop replied that it used to be a Master's Program, but the trend is now more towards a doctorate.

Agenda Item 8 Discussion and Consideration of the Accreditation Council for Graduate Medical Education – International (ACGME-I) and Royal College Canada International (RCCI) Accredited Postgraduate Training Programs

Mr. Worden stated for licensure in California, MBC recognizes postgraduate training from two accreditation agencies. The Accreditation Council for Graduate Medical Education (ACGME) and The Royal College of Physicians and Surgeons of Canada. Both of those entities have developed international accreditation-type programs. They are called the ACGME-I and the RCCI Program. The differences are that ACGME-I has approximately 33 accredited programs in Singapore, and they use a similar accreditation process as used in the U.S. The Canadians have not accredited any programs yet, but they have set up other programs in other countries. Since they are an accreditation business, after they do some monitoring of the programs, they will more than likely start accrediting them as they have done this in Katar, China, and in some other countries. Mr. Worden would like the Licensing Program to monitor these schools because there are currently no other states that accept these accreditation programs, but these accrediting bodies currently have ACGME programs, which is what MBC and Canada accepts.

In addition, it is Mr. Worden's belief that at some point of time, MBC will be asked for the acceptance of this postgraduate training. This will become a bigger issue as more U.S. medical schools partner with international medical schools. Mr. Worden believes that ACGME-I started in Singapore because Duke University has a medical school in association with Singapore University, which is an American-based medical school. It is taught in American-medicine style and is a four-year medical school versus Singapore's six-year medical school. In addition, some of the Canadian programs have some of their curriculum in Australia, Haiti, Chile, India, Saudi Arabia, and China. Mr. Worden stated the Licensing Committee will hopefully direct the Licensing Program to continue to monitor these medical schools and provide to the Licensing Committee new information as it is received so that they can be more on the forefront of this issue, instead of being retroactive and trying to catch up.

Dr. Bishop asked if there has been any input from the Federation of State Medical Boards (FSMB) as it seems that they would have to be a stakeholder as well.

Mr. Worden agreed that FSMB is a stakeholder and added that the Licensing Program discovered that if an applicant is in a postgraduate training program, that a U.S. medical school has to sponsor them to take

USMLE Step 3. International medical schools do not necessarily have that sponsorship; however, some of the U.S. based schools open these types of schools and may sponsor it in the future.

Mr. Worden stated that FSMB is very interested in this issue. MBC just recognized the Singapore Duke University Medical School, which some programs send some of their students there to train and bring them back. Mr. Worden stated that MBC currently does not recognize international postgraduate training programs, but does recognize U.S. and Canadian-based programs. Approval of postgraduate training for the entities that MBC uses is in regulation and this is something to monitor in case MBC needs to modify the regulations in the future.

Dr. Salomonson reminded people that USMLE Step 3 no longer has English proficiency as a separate test. The only test of English proficiency is USMLE Step 2, Clinical Skills, where physical exams and history of physicals are done on standardized patients who report whether or not they understood the person, and they already know the questions ahead of time. There may be people who have done none of their clinical training in an English speaking country and the only test of their language abilities will be this limited sampling at USMLE Step 2, Clinical Skills. Dr. Salomonson stated there are two types of international students. Those for whom English was their first language, either because they were born in the U.S. and they were training internationally or they come from an English speaking country. Dr. Salomonson stated that it is important to be aware of what this may mean in terms of communication. Staff may want to modify the regulations with the English assessment in mind if there is no clinical training done in the U.S. and all training is done internationally.

Mr. Heppler stated that he does not believe a motion is necessary as the Licensing Committee can direct staff through its action to continue to monitor the situation and report back to the Licensing Committee for guidance.

Dr. Salomonson asked if staff should report on it once a year.

Mr. Worden replied that he suggests staff can report back to the Licensing Committee as new information is developed, and Dr. Salomonson agreed.

Agenda Item 9 Discussion and Consideration to Update Existing Statutes and/or Regulations for Board Recognition of Postgraduate Training due to ACGME/American Osteopathic Association AOA/AACOM Merger: Recommendation Full Board

The Doctor of Osteopathic (D.O.) schools have their own accreditation program for postgraduate training by the American Osteopathic Association (AOA). Most of those training programs are done in hospitals that are accredited by the AOA accrediting body for hospitals, not the Joint Commission. There are some hospitals that are accredited by the Joint Commission, but it is usually a secondary step in order to get ACGME accreditation. As ACGME and AOA have agreed to have ACGME accredit all postgraduate training programs for both M.D. and D.O. graduates, the Joint Commission will no longer be required. The law specifically states that MBC only recognizes ACGME postgraduate training acquired in a hospital that is accredited by the Joint Commission. As they merge, MBC will have applicants with postgraduate training programs in hospitals that are not Joint Commission-accredited. The Licensing Committee will need to advise the full Board of the need to modify B&P Section 2089.5 to include the accrediting body of

the AOA so that MBC is not excluding people from licensure because they went to postgraduate training at a hospital that was not accredited.

Dr. Diego asked if the D.O. doctors are going to apply to MBC for licensure.

Mr. Worden explained that there is no longer going to be separate training for a D.O. It is all going to be ACGME accredited training. In California and in most states that license D.O.s, they can participate in either program. However, MBC only licenses M.D.s and only accepts ACGME and does not accept the AOA postgraduate training. MBC needs the law to be updated because it states that MBC only accepts ACGME programs and it states it has to be at a Joint Commission hospital. Most of the hospitals that have a D.O. program are accredited by the AOA accrediting body. The Licensing Program does not want M.D. students to participate in a postgraduate training program and not be eligible for licensure in California.

Dr. Salomonson asked if the Joint Commission and the accrediting body are the same.

Mr. Worden replied that they are very similar and some very large hospitals are accredited by them. Some of the hospitals have two accreditations so they can have both programs, but they will not need that anymore.

Mr. Worden stated that he foresees these changes happening very quickly. Fortunately, it is a good time for this to occur because MBC is currently under Sunset Review.

Dr. Salomonson asked if staff foresees any concern.

Mr. Worden replied that he does not see any concern with the postgraduate training since they are going towards the ACGME models. According to ACGME, there are approximately 1,000 D.O.s in ACGME slots. Mr. Worden added that the main focus is the M.D. students who should not be punished for attending a postgraduate training program that they believe is accredited by MBC, but cannot be licensed in California due to a technicality.

Dr. Bishop stated it sounds to him that the different shades between a M.D. and D.O. are progressively blurring and asked Mr. Heppler if there is any speculation that the two boards will merge.

Mr. Heppler replied that it is plausible and he believes there is a code that states the two boards should be treated somewhat synonymously in some areas, so the natural progression would be in that direction.

Dr. Diego asked if it is the schools that are merging or the hospitals.

Mr. Worden replied that it is the accreditation of postgraduate training for both M.D.s and D.O.s that will be one accreditation versus two different accreditations. It was announced that ACGME is going to be the accrediting body.

Mr. Heppler stated the Joint Commission's full name is no longer Joint Commission on Accreditation of Hospitals; it is Joint Commission so the change will need to be made for clarity. Also, since it was only a single accreditation, staff need to add the AOA accreditation. It is either the Joint Commission or the AOA

component.

Mr. Worden agreed that it is clarifying the Joint Commission name and adding the Osteopathic Health Facilities Accreditation Program.

Dr. Salomonson asked what is needed for the statute and/or regulation changes to be made.

Mr. Heppler stated that it is a statutory change so the Licensing Committee would recommend to the full Board to amend this section of law to clarify the issue identified in Mr. Worden's outline.

Dr. Salomonson asked if there was a motion to proceed with making the statutory changes.

Dr. Bishop made a motion for the Licensing Committee to recommend to the full Board the statutory changes to clarify the Joint Commission name and add the Osteopathic Health Facilities Accreditation Program; s/Diego. Motion carried.

Agenda Item 10 Agenda Items for the April 25-26, 2013 Meeting in the Los Angeles Area

- Dr. Salomonson requested a discussion about the surgery center's accreditation process, including what privileges are given to the physicians and surgeons who practice at the facility that they are potentially going to accredit.

Agenda Item 11 Adjournment
Meeting adjourned at 2:39 p.m.

The full meeting can be viewed at www.mbc.ca.gov/board/meetings/index.html.