

Federation of
STATE
MEDICAL
BOARDS

**PROMOTING THE HIGHEST STANDARDS FOR
MEDICAL LICENSURE AND PRACTICE**



Protecting
Advocating
Serving

Protecting
Advocating
Serving

Regulation, Registration, and Licensure

Donald H. Polk, DO, Chair-elect (2014)

Board of Directors, Federation of State Medical Boards

OIA/AAOE Annual Conference

Austin, Texas

January 10-11, 2014

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MEDICAL
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Federation of State Medical Boards (FSMB)

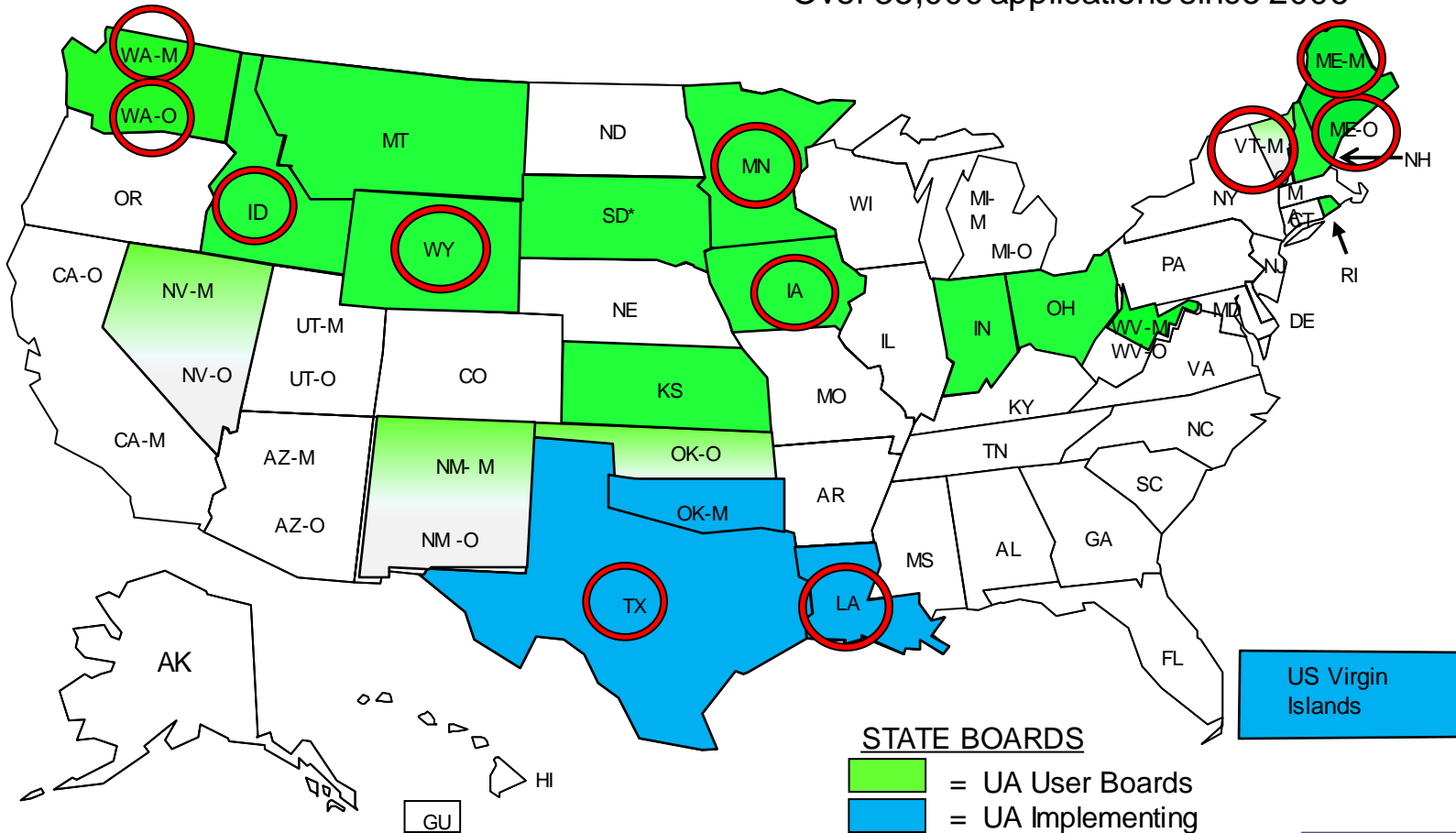
- Non-profit, founded in 1912, offices in Euless, Texas, and Washington, D.C. (185 employees)
- Represents and supports all 70 state medical and osteopathic boards of the United States and its territories
- Leads by promoting excellence in medical practice, licensure, and regulation as the national resource and voice on behalf of state medical and osteopathic boards in their protection of the public

FSMB Support of State Medical Boards

- Operates the Physician Data Center, a comprehensive database of licensure and disciplinary information
- Operates a disciplinary alert system that helps keep states and others apprised of physician misconduct
- Operates the Federation Credentials Verification Service
- Maintains the Uniform Application for Medical Licensure
- In partnership with the NBME, administers the United States Medical Licensing Examination
- Drafts policies and promotes best practices in state-based medical regulation
- Educates and advocates on behalf of state medical boards

States Using or Actively Adopting the UA

20 SMBs using UA
Over 35,000 applications since 2006



STATE BOARDS

- = UA User Boards
- = UA Implementing
- = Received Funding

*SD temporarily not accepting UA

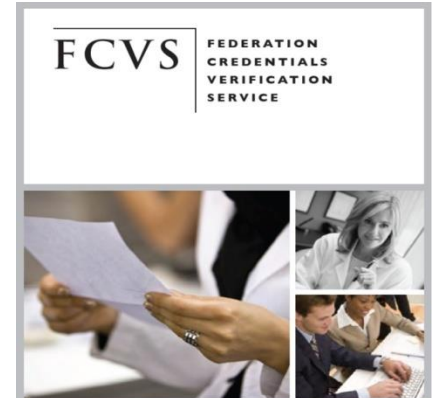


Federation Credentials Verification Service (FCVS)

- **Goal**

Create and maintain a high quality, permanent file of a medical professional's core credentials for use in medical licensure


- Accepted by 66 of 69 Licensing Boards
- 160,000+ MDs, DOs and PAs Enrolled
- Implementation of Fast Track in 2011
 - Redesigned Work Groups
 - Improved Data Repository
 - Improved Communication with Boards and Physicians
- NCQA's Credentials Verification Organization Certification Program completed in 2012



FCVS | FEDERATION
CREDENTIALS
VERIFICATION
SERVICE

Verified.

Verifying credentials is an essential building block of medical regulation — and FCVS leads the way with permanent records and data security.



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About State Medical Boards

- **70 State Medical Boards**

- 50 states with composite boards (licensing M.D. and D.O.) or purely allopathic (M.D.) boards
- 14 state osteopathic (D.O.) boards
- 5 U.S. territories
 - District of Columbia, Guam, Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands

- **State Agency**

- Occasionally an under umbrella organization e.g., Dept. of Health
- Varying degrees of autonomy

Role of State Medical Boards

- **Protect the public through regulation of medical practice**
- **Federalist system gives power to regulate**
- **Statutory Authority – Medical Practice Act**
 - Medical Licensure
 - Assure physicians are competent and qualified to render health care services safely to the public
 - Evaluate education, training, examination, and character
 - Discipline
 - Authorized to sanction licensees who fail to maintain competency and professional conduct
 - License revocation, restriction, remediation, fines etc.
 - Establish & promulgate standards for medical practice

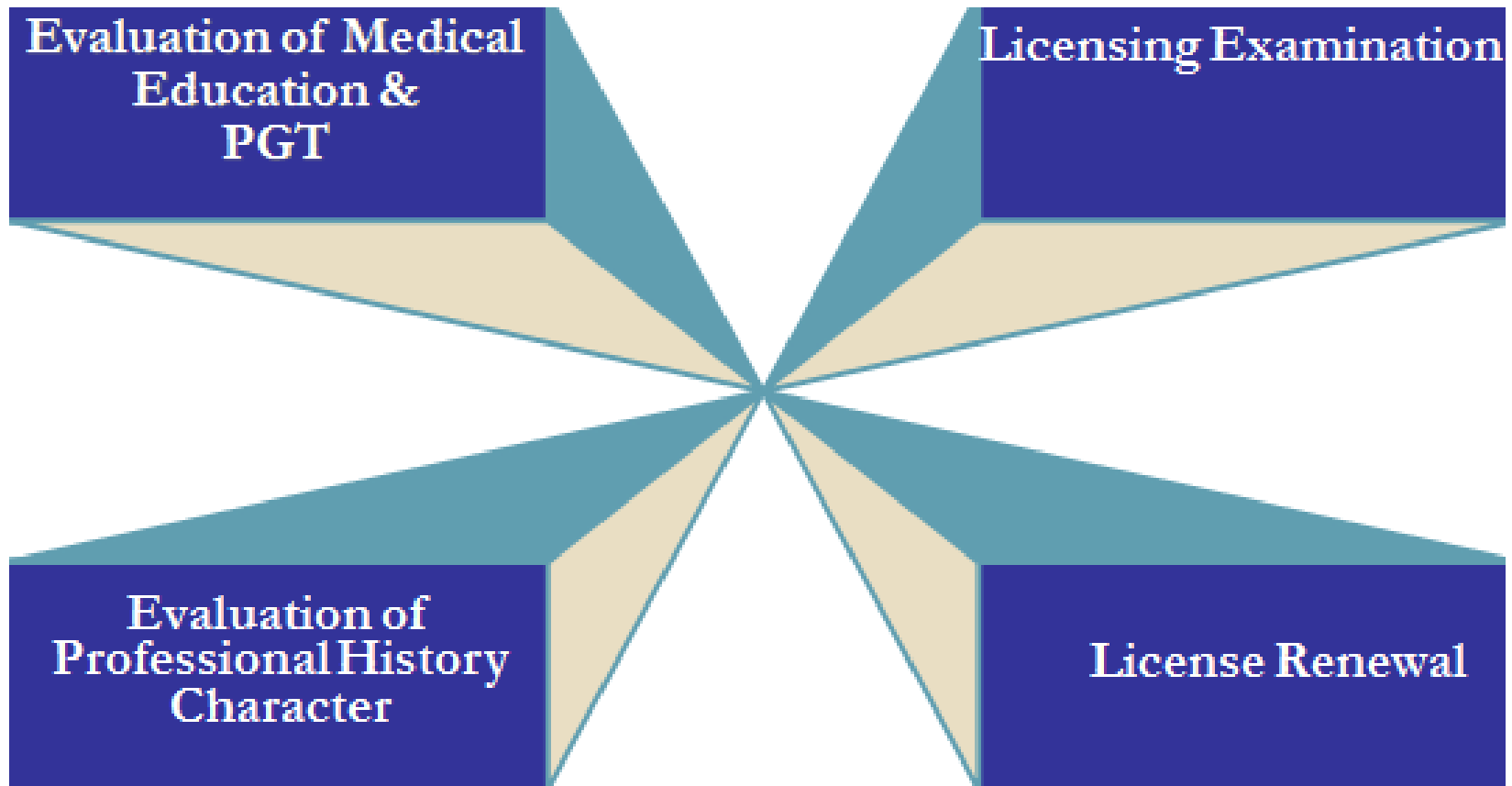
State-based Licensure

- The U.S. medical regulatory structure limits physicians to practice only in the jurisdiction(s) where they are licensed
- This provides optimal protection for patients by assuring physicians are qualified and fit to practice and provides the avenue for states and patients to address physician care that fails to meet an acceptable standard

Medical Board Composition

- Medical Boards typically have 10-17 members
- Members include MDs, DOs and public members (usually required by rules/regulations)
- Board members serve 3-7 year terms
- Members are typically appointed by the Governor to serve on the Board

Licensure



Medical Licensing Examinations

- **United States Medical Licensing Examination® (USMLE®):** designed to assesses a physician's ability to apply knowledge, concepts and principles, and to demonstrate fundamental patient centered skills.
- **Special Purpose Examination (SPEX):** evaluates the current medical knowledge of physicians who are some years away from having passed a national medical licensing examination.

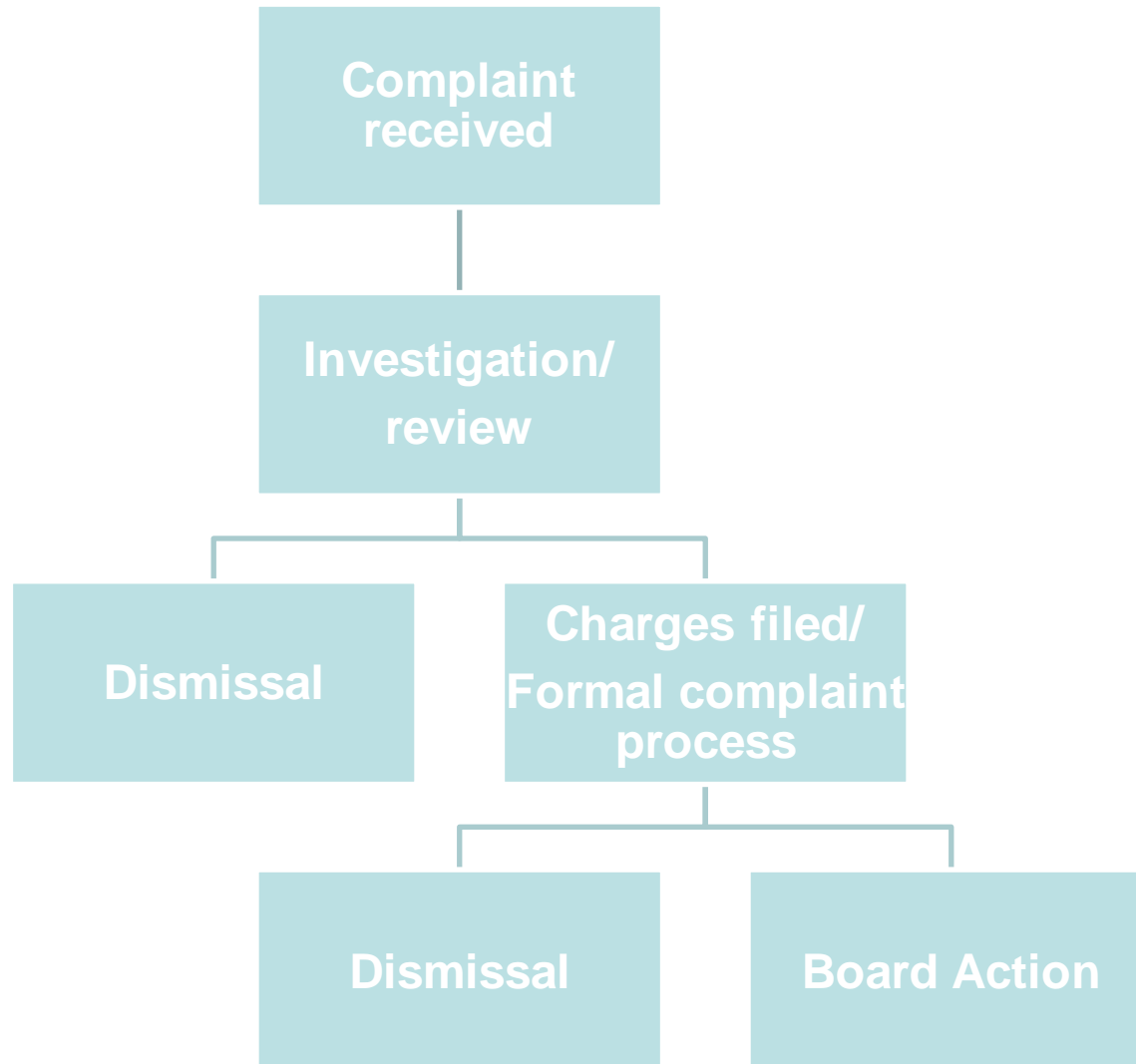
Medical Licensing Examinations

- The Comprehensive Osteopathic Medical Licensing Examination of the United States (**COMLEX-USA**): designed to assess the osteopathic medical knowledge and clinical skills considered essential for osteopathic generalist physicians to practice medicine without supervision.
- The Comprehensive Osteopathic Medical Variable-Purpose Examination (**COMVEX**): the current evaluative instrument offered to osteopathic physicians who need to demonstrate current osteopathic medical knowledge. The COMVEX provides the state medical licensing boards with a useful evaluation of a candidate's knowledge of current osteopathic medical practice.

Continuing Medical Education (CME)

- CME is a major component in maintaining physicians' competence
- Most Boards require licensees to participate in 50-150 hours of CME courses, every 2-5 years
- The FSMB is leading the initiative to develop a new system of Maintenance of Licensure (MOL)
 - A process by which a licensed physician provides, as a condition of license renewal, evidence of participation in **continuous professional development (CPD)** that:
 - Is practice-relevant
 - Is informed by objective data sources
 - Includes activities aimed at improving performance in practice

Disciplinary Process



Sources of Disciplinary Information

- **Patients/Family Members**
- **Physicians / Nurses/Other Health Professionals**
- **Hospitals**
- **Liability Carriers**
- **3rd Party Payers**
- **PHPs**
- **Law Enforcement/Courts**
- **Press**

Most Common Reasons for Discipline

1. Unprofessional Conduct
2. Failure to Maintain Adequate Medical Records
3. Immediate Danger to the Public Health, Safety, or Welfare
4. Failure to Conform to Minimal Standards of Acceptable Medical Practice
5. Negligence
6. Substance Abuse
7. Inappropriate Prescribing
8. Violation of Statute or Rule of the Board
9. Prescribing for Non-Therapeutic Purposes
10. Violation of a Prior Order of the Board

Disciplinary Sanctions

- **Non-disciplinary advisory letter – public/non-public**
- **Informal conference**
- **Letter of reprimand**
- **Decree of censure**
- **Probation with or without terms (used for treatment)**
- **Restrictions on license (refrain from procedure)**
- **Suspension of license – regular or emergency**
- **Revocation – completed or stayed**

New this Year

- **An Interstate Compact for Medical Licensure**
 - In 2013 the House of Delegates directed the FSMB to convene representatives from state medical boards and special experts to explore the formation of an interstate compact to enhance license portability

Guiding Principles for an Interstate Compact for Medical Licensure

- Regulatory authority will remain with the participating state medical boards, and will not be delegated to any entity that administers the compact.
- A physician practicing under an interstate compact will be bound to comply with the statutes, rules and regulations of each compact state wherein he/she chooses to practice.
- State boards participating in an interstate compact are required to share complaint/investigative information with each other.
- The license to practice medicine may be revoked by any or all of the compact states.

Guiding Principles (continued)

- Participation in an interstate compact for medical licensure will be strictly voluntary for both physicians and state boards of medicine.
- Generally, participation in an interstate compact creates another pathway for licensure, but does not otherwise change a state's existing Medical Practice Act.
- The practice of medicine occurs where the patient is located at the time of the physician-patient encounter and, therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located.
- An interstate compact for medical licensure will establish a mechanism whereby any physician practicing in the state will be known by, and under the jurisdiction of, the state medical board where the practice of medicine occurs.

Telemedicine

- **Changing Delivery Environment**
 - Regulatory schemes are based on brick and mortar practices
 - Goal: Remote encounter should be as similar to an encounter in person as possible; need creation of workable standards of physician accountability
- **State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup Formed**
 - Report to FSMB House of Delegates 2014

Special Committee on Professionalism and Ethics

- 2013: Model Policy Guidelines for the Appropriate Use of **Social Media** and **Social Network** in Medical Practice
- New in 2014: A Framework for Professionalism in the Adoption and Utilization of **Electronic Health Records**

Protecting Advocating Serving

Thank you!

