



TENNESSEE BOARD OF MEDICAL EXAMINERS DEVELOPMENT COMMITTEE

Tuesday, August 18, 2015

MINUTES

The development committee meeting of the Tennessee Board of Medical Examiners was called to order at 5:02 p.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Zanolli, Board President.

Members Present:

- Subhi Ali, MD
- Michael Zanolli, MD
- Dennis Higdon, MD
- Neal Beckford, MD
- Pat Eller, Consumer Member

Staff Present:

- Andrea Huddleston, Chief Deputy General Counsel
- Maegan Carr Martin, Executive Director, BME
- Rene Saunders, MD, Medical Consultant, BME

Ms. Martin stated that the meeting was scheduled in response to the Board's ongoing issues related to medical x-ray operator applicants who have been out of practice for two (2) or more years, as well as issues related to applicants who are graduates of so-called "unapproved" medical schools. Because these issues are complex and also because the Board encounters the same issues every meeting, it was thought that an interim Development Committee meeting is the best way to ensure progress on these issues at the Board's next meeting.

Ms. Martin established the formalities necessary to conduct this meeting electronically.

Consider development of reentry policy for MD x-ray operators who have been out of practice for two (2) or more years

Dr. Ali stated the first item on the agenda: Consider development of reentry policy for MD x-ray operators who have been out of practice for two (2) or more years. Dr. Ali directed the Committee members' attention to the MD x-ray reentry options memo, which lists the three

options that are open for discussion. Dr. Zanolli recommended the options be fleshed out further, and he reminded the Committee that each case brought before the board has its own variations. He spoke in support of a preceptorship/rotation, and the need to qualify who that person can be. Ms. Eller asked for a reminder of what the schools told the Board they could do. Ms. Martin stated that Radiology Education Seminars (RES) is willing to develop some online instruction.

Dr. Higdon stated that he talked to a radiologist and some radiologist technicians regarding their thoughts on the issue of remediation, and they were all in favor of a preceptorship to last for several weeks. Dr. Higdon also thought it might be easier than previously thought to have a few people a year introduced to a hospital for preceptorship for training/retraining. He felt that online coursework would be fine for the didactic piece, but that positioning and new equipment requires a preceptorship. Dr. Saunders returned to the question of who would be appropriate for the clinical observation piece, and she read to the Committee the following from the medical x-ray rules under the section "Educational course, approval and curriculum for limited certification:"

Clinical Training - Defined as "hands-on" observation and participation in the production of diagnostic radiographs. Clinical training must be supervised by either a residency-trained radiologist, or by a licensed physician in conjunction and consultation with a fully-licensed and registered operator (A.R.R.T. technologist) with at least three (3) years' experience when appropriate.

Dr. Saunders recounted that a number of applicants attempting remediation have been told it is not possible for them to remediate in a hospital. Most of those attempting remediation who have been successful in finding a preceptorship have found a local physician with x-ray equipment in his or her office. Dr. Higdon reiterated that he supports the preceptorship/clinical training rather than something on a computer or reexamination only. Dr. Beckford stated that he strongly supports Dr. Higdon's comments, and that mentoring and shadowing would be most beneficial.

Dr. Zanolli added that this a reentry issue and someone must supervise and assess the operator's clinical skills. Dr. Ali stated his general agreement with the comments so far. He believes the programs online are inadequate and he strongly believes shadowing and then having certification from a physician or ARRT supervisor in a hospital or physician's office is superior to the other choices. Dr. Zanolli added that he doesn't feel that assessing an operator's skills by computer testing is in and of itself adequate and acknowledged that it may be difficult for some applicants to find a preceptor who is willing to come to the meeting and vouch for them. Dr. Zanolli thinks reexamination should only be for extreme cases, such as someone who has been out for ten (10) years.

Ms. Martin reminded the Committee that a decision did not have to be made today, but that the point of the meeting was to give the Committee time to properly digest the materials and give administrative staff very specific feedback about the kind of information that the Committee would like before the next Development Committee meeting. From the discussion so far, it is clear that the Committee favors Option 1, which is a preceptorship. At this point, the administrative office could reach out to some of the radiology departments and try to determine

the feasibility of those institutions taking on students, or solicit information regarding the barriers to taking on students.

Dr. Higdon asked Dr. Saunders to speak to the successes some of the candidates have had finding preceptors. He asked her to explain how she comes up with the appropriate length of time for each preceptorship. Dr. Saunders reduces the total number of hours of training based on how long the applicant has been out of practice.

Ms. Eller emphasized patient safety and provided that if someone has been out of practice for a very long time, reexamination might be appropriate. She generally favors a hands-on approach and perhaps a combination of all three proposed options, depending on the situation. Dr. Zanolli responded that he felt the categories were being refined, and in September there would be more information and data. Dr. Zanolli expressed concern about the cost of remediation and stated his position that the process can't be too onerous. Ms. Eller agreed. Dr. Ali stated that the Committee has heard the discussion and that the members will refine their thoughts for the Development committee meeting in September. Dr. Zanolli made a motion to move to the second item. Dr. Ali seconded the motion, which passed unanimously.

Consider development of policy/rules to address applicants from “unapproved” medical schools

Dr. Ali stated the second item on the Agenda: Consider development of policy/rules to address applicants from “unapproved” medical schools. Dr. Zanolli expressed his appreciation of the work that had gone into the issue and asked Ms. Martin to summarize page 2 of the memo, specifically those parts involving Tenn. Code Ann. § 63-6-207 and Tenn. Comp. R. & Regs. 0880-02-.04. Ms. Martin summarized the conversation she and Dr. Saunders had with Dave Johnson of the Federation of State Medical Boards (FSMB). Mr. Johnson gave them a broad overview of the function of each of the authorities or resources listed on the memo to give them a better idea of where the board falls on the spectrum. He was able to specify which would be the lowest bar and which would be the highest. He also gave them an idea of the trends of the state medical boards in their acceptance of these lists. The California Medical Board list sounded as if that is the list that is going out of vogue, and it may be because there are a number of entities that are cropping up that are better equipped to do the traveling and engage in this process full time.

The World Directory of Medical Schools' objective is to list all the Medical Schools in the world. When a school is included on that list, it means that it is recognized by some accrediting authority recognized by the county in which the school is located. It does not say anything about the processes employed by that accrediting authority, rather it affirms that the school is accredited by a proper accrediting body. Recognition by the National Committee on Foreign Medical Education and Accreditation (NCFMEA) sounded to Ms. Martin as though that was the highest bar because there is actually a process by which the National Committee on Foreign Medical Education and Accreditation will determine that the accrediting authority in a particular county is pretty equivalent to the LCME. Accordingly, if a school is on that list, then it probably is the best proof that we have that they come close to LCME equivalency. The same is true for the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP), except that it only applies to schools that are located in the Caribbean.

The thought was the Committee could make the recommendation to the Board to adopt any one or a combination of these authorities. Dr. Saunders added that Ms. Martin had properly summarized these organizations and what their limitations are. Her suggestion was that a tiered approach should be used, as in, “if this, then that,” or “if not this, then that.” For example, if the school is not on the California list, we would go to the next list, and if the school is not on that list, they would go to the policy. If the problem still can’t be solved with those three layers, then bring the issue to the Board. Ms. Martin added that by 2023 the ECFMG is going to require anyone who qualifies for an ECFMG certificate to be a graduate of an accredited school. In the meantime, the Board should expect there to be a number of developments in this area, so it needs to be ready to adapt to changes as they occur.

Dr. Zanolli stated that the goal to have is to flesh out the policy, however long it takes. It would help the business of the Board move more smoothly, but he believes the standards should be formalized in a policy document. Dr. Ali requested that Ms. Martin and Dr. Saunders put their proposals to paper for the Development Committee’s next meeting.

Dr. Beckford pointed out that the NCFMEA list link was not working and he asked Dr. Saunders or Ms. Martin for an idea or example of some schools that the Board might have had issues with that are on the list. Dr. Saunders replied that the NCFMEA lists countries, not individual schools. The countries listed have been reviewed by NCFMEA and have been found to use standards to accredit their medical schools that are comparable to the standards used to accredit medical schools in the United States. She gave an example of one country - Antigua Barbuda. That country’s accrediting organization is the CAAM-HP, so we are to presume that a school in Antigua could essentially meet LCME standards assuming they have applied to CAAM-HP for accreditation.

Dr. Beckford then asked for examples of countries that are outside the Caribbean that are on that list. Dr. Saunders listed several countries and what their accrediting body is. Dr. Zanolli stated that the NCFMEA doesn’t visit the schools. Dr. Saunders responded that that was her understanding as well. Dr. Ali stated that we still have to have certain guidelines for staff in case the school is known to be of lower quality. Dr. Ali gave the example of Jordan, which does not allow private universities to have medical schools, but they are of top quality. He added, however, that there are some areas in the Middle East that may have accredited schools, but the school may be of lower quality, so we still need some guidelines for the staff in case there is a gray zone.

Dr. Zanolli directed that the NCFMEA list be printed out for the September meeting. Ms. Huddleston added that she would send a draft policy and draft rule changes. Dr. Ali replied that that information would be helpful. Ms. Huddleston specifically will prepare a policy document that might include several different “lists” as well as have some draft language prepared to address those individuals who might have gone to an unapproved school but who passed the USMLE on their first attempt and are board certified. Dr. Ali stated that the Committee will work from this draft. Dr. Higdon agreed that it would be a working document to look at and see if it is within the scope of what they are trying to do. Dr. Ali stated that as much material as possible for study and research on their own would be preferred. Dr. Zanolli felt the language regarding passage of the USMLE on the first attempt and board certification would be helpful.

Having discussed the issues to the satisfaction of the Committee, Dr. Ali asked for any closing thoughts. Dr. Higdon made a motion to adjourn the meeting. The motion was seconded by Dr. Beckford and passed unanimously.

Adjourned 5:52 p.m.