



TENNESSEE BOARD OF MEDICAL EXAMINERS

DEVELOPMENT COMMITTEE

Monday, September 14, 2015

MINUTES

The development committee meeting of the Tennessee Board of Medical Examiners was called to order at 5:04 p.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243 by Dr. Ali.

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
Rene Saunders, MD, Medical Consultant, BME
Jennifer Shell, Board Administrator

Major Item(s) on Agenda:

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

Dr. Ali opened the floor for further discussion of this issue. Dr. Saunders referred the Committee to two documents, the potential options open to consideration for X-Ray Operators who have been out of practice, and also a draft letter created by Ms. Martin for consideration to send to program and department directors to see if there might be a possibility of participation from others who might be able to contribute to remediation of X-Ray Operators, such that it would not be the end of the line for X-Ray Operators who were not able to secure their own remediation. Dr. Ali asked if there was a list of the places it would be sent to. Dr. Saunders responded that

staff didn't have a list of names of department directors, but that Ms. Martin may have a list of facilities. Dr. Ali read aloud the list of questions on the letter:

1. Does your facility currently permit x-ray operators who have been out of practice for two (2) or more years to “shadow” a physician or radiologic technician in order to regain clinical competency?
2. If not, would your facility be willing to allow x-ray operators who have been out of practice for two (2) or more years to “shadow” a physician or radiologic technician in order to demonstrate clinical competency?
3. If your facility would not be willing to allow such a practice, please specify why not. For example, hospital policy, liability concerns, etc. .

Dr. Ali stated that the letter addresses the two main points that the Committee was interested in, and asked for any changes suggested by the Committee. Dr. Higdon stated that there was plenty of time for responses to be compiled and asked the right questions. Dr. Beckford asked for a change to "exploring and examining" and stated that the two items were redundant and one should be removed. Dr. Zanolli made a motion to approve the letter with the change and that it is sent out. Dr. Ali seconded the motion, which was unanimously approved. Dr. Zanolli stated that he hoped some people came up that we could identify as preceptors that are not associated with the schools because the chance of channeling everyone thorough the schools is low and expensive. We just need people that are acceptable and have the qualifications to be preceptors for two weeks and come back and testify to the Board that someone knows the procedures. Dr. Ali added that he strongly felt that that was part of the point of the discussion and decision. Dr. Ali asked if the letter would only be sent to the schools, or and Dr. Saunders replied that she thought the intention was not just to use it for the schools, but the larger facilities in the state, such as hospitals. She also stated that the reason we need an alternative option for some people is because they can't secure a supervisor on their own. So it's not about funneling someone to one place or another just because we know that a program will accept someone, but to have an applicant say they've tried their hardest and there is a location for them to go. It would not mandate they have to go to a specific place. Dr. Ali asked how many departments are on the list to send the letter to, Dr. Saunders replied she did not know. Dr. Ali stated that in rural areas it would be difficult for the applicants to go to a city, he asked if the X-Ray Department at the Hospital in Waverly, TN, for example, be a facility that would be within our consideration. Dr. Saunders replied that it would and that it would not be difficult to work with Healthcare Facilities to come up with facilities in the State that we could send the letter to. She does not know how many hospitals, and small rural hospitals, or clinics that are in the state, but that whatever Healthcare Facilities has, they would be willing to share that mailing list with us. Ms. Eller stated that she thought it would be more advantageous for us to secure some hands-on clinical training in a hospital setting because at least you know that most have the state-of-the-art equipment, and if we had facilities all over the state willing to participate it would be much

easier for people to do their remediation and then get back in. She thinks we need a mix of all of these things. Dr. Ali indicated hospitals and medical schools would be on the list and asked how else we could expand the list. Ms. Eller stated her concern would be do we set a minimum, and asked if we have the right to set the standard as to what each one of these MD X-Ray Operators need to do. She suggested maybe 10 X-Rays and she didn't know what else. Dr. Saunders stated that yes, as a Board, they have the right to prescribe what someone needs in order to restore their MD X-Ray Operator license, and she asked the Committee to keep in mind that we are talking about limited X-Ray license people, so if someone is limited in Chest, and we want to require them to do 30 Chest X-Rays, then yes, they can say that. It is up to that person to secure someone who will allow them to participate in positioning the patient, and explaining how the X-Ray should be shot, what settings should be on the machine, basically doing everything except causing the X-Ray machine to be operated. So if the decision of the Board is that you only needed them to perform 30 Chest X-Rays in order to be considered remediated, they can make that decision. Ms. Eller then stated there would be a letter from that supervisor, and that closes the loop. Dr. Zanolli replied affirmative, and mentioned that Dr. Higdon had talked to some people about this. Dr. Higdon explained that he had talked to radiologists and technicians in one of the large hospitals in Memphis and that that would be sufficient in their eyes to remediating someone who had a limited-scope license. Dr. Zanolli stated that he knew more about Physician's reentry and that he knows about the North Carolina reentry for Physicians, so they have a list of preceptors that they vetted. They are people that the Board recognizes as checking someone out and seeing if they are competent and the preceptor signs off on them, that's what they're looking for. It's the preceptors that need to be registered with us and he doesn't think the letter will bring us preceptors, maybe some, so if we could identify a list of preceptors, it could be in a large clinic as far as he's concerned - it doesn't have to be a hospital or teaching institution, but if the people have been vetted, and the preceptor says they have spent time with this person and they demonstrate the skills necessary to perform limited x-ray Operation in an office. Dr. Higdon asked if we have to be careful of being outside a hospital when remediating folks who don't have a license. For instance, could they work in a clinic and actually do x-rays? Dr. Zanolli reminded the Committee that Dr. Saunders stated that they don't actually turn the switch, that's his concept. Dr. Higdon stated that Dr. Ali must certainly think that the Waverly hospital would be a great place, and he suggested looking at the list and sending out many letters across the state and seeing what response we get, and he asked if that would be a great starting point, to see who would be willing. Dr. Zanolli stated that he didn't think hospitals would want anything to do with this, so he doesn't know what the response will be. Ms. Eller stated we won't know until we do it. Dr. Zanolli reiterated he didn't think hospitals would do this. Dr. Saunders asked how he would suggest getting to the preceptor. Dr. Beckford stated to Dr. Zanolli that the individual would be working under the egress of the institution, and if that individual does not get the buy-in from the institution then he would not be able to do that. Dr. Zanolli agreed they would have to have permission to do it but he does not believe we will get the institutions to sign-off on it, to allow someone to be there under the preceptor, that is the way it might fly. Ms.

Eller stated that if we have major facilities across the state who agree to do it, such as teaching institutions, because that is part of their mission, at least it would spread out the capability of sending these people to those areas without making them travel all the way across the state. She thinks we need to try it and at least see how it goes. Dr. Ali stated that the state has a list of facilities that are approved, so that is the starting point, and he's sure we have the names of directors to who these will be made out to, and a list of clinics outside who have to register with the state and are examined, so we have a database and we will see what we get. Dr. Zanolli brought back up the list of options, if the Committee was ready to move on, but Dr. Ali stated we need to vet the first issue completely. Dr. Zanolli stated we need further refinement on what shadowing means and we need to have institutions that agree to it and the preceptors need to be vetted out or approved. Referring to the second box under variations, under preceptors, he mentioned that they had previously discussed that half the number of hours seemed excessive. He would prefer a period of time, rather than hours. Dr. Higdon noted that the professionals he had talked to recommended a week or two, rather than two weeks and that it would be overbearing to expect someone to accept, and for a student to easily perform a long drawn out exam, but he thinks that examining someone in multiple procedures of the same type over and over again, that they had been trained in before, would be enough. Dr. Ali asked if it would help to place a minimum, give a range of time, such as no less than one week, or a range of one to three weeks, etc. Dr. Beckford suggested 40 hours. Dr. Saunders stated that the reason we talked about half the number of training hours was because according to the rules, there is a certain number of hours of clinical training required to obtain certification in the first place, and those were the hours that were referred to when they refer to half the number of clinical training hours. So for instance, someone who has a limited license to shoot Chest X-Rays, if the Board wants him to go for two weeks, that's fine, but all that's required initially is 30 clinical hours, so all we would be asking for is 15 hours. The person who will suffer is the person who has all the limited qualifications. So someone who does all the qualifications will have to do many more hours. Dr. Zanolli stated that this is not re-training someone; it is for reentry, so he doesn't mind if it's one week or two weeks. We aren't sending them back to school; we are seeing that they have proficiency. Ms. Huddleston reiterated Dr. Beckford's recommendation of forty hours, as terms like "a week" is unclear. Dr. Beckford stated forty hours is clear. Dr. Saunders explained that someone in a physician's office for forty hours who was previously license only in chest, vs someone who had chest, extremities, and spine, Dr. Zanolli stated this is reentry, not retraining. Ms. Eller stated that it would be advantageous for the person to go where they need to get the most out of their time. Dr. Saunders explained to the Committee that many limited X-Ray Operators do not apply for all four of the main qualifications, so that if a number of hours is required, it might be more specific. Ms. Huddleston suggested that might come in during the vetting process. Dr. Zanolli stated that we would have a list of preceptors which would include their background, just like the physician reentry in North Carolina. Ms. Eller asked to be reminded about what they ladies from RES said and Dr. Saunders stated we didn't poll them on the clinical component, as they don't handle the clinical component. Ms. Eller stated the purpose

of the remediation is to ensure that someone is ready to go back, and how they do it, that's what the Committee was struggling with. Dr. Zanolli wanted to remind the Committee of the practical nature of the remediation. He mentioned that he would prefer the language "regain" in the letter to "demonstrate". He then stated that the committee does not need to finalize anything until they have more information. Dr. Higdon agreed with Dr. Zanolli that the language in the letter should be changed to demonstrate. Dr. Zanolli made a motion to reconsider the letter and to change the language in item number two from regain to demonstrate. Dr. Higdon seconded the motion, which passed unanimously.

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

Dr. Ali read the next item on the list to the Committee. Ms. Huddleston directed the members to their materials which include the current policy, the memo from Ms. Martin, a list of the schools from NCFMEA, LCME. The committee has been looking at this issue a lot, applicants who are neither on the approved or disapproved California list, and the policy just addressed the California list. Other accrediting agencies have been discussed at prior meetings. Dr. Zanolli stated that one of the main questions is what other organizations is the Board going to accept as far as accreditation bodies or agencies that can sanction accreditation bodies that they can use to expand the currently limited list. NCFMEA reviews the accreditation for countries and they do have a list of countries that they feel have appropriate accreditation of their medical schools and he thinks we should expand the California list to include the countries that are on the NCFMEA list since they have met the criteria that is similar to or equal to the LCME as far as entry into their schools. Dr. Saunders clarified that the NCFMEA accredits the countries, not the schools. Dr. Zanolli added that NCFMEA accredits the accrediting bodies of that country to see if they meet certain criteria. There is another agency that can also be considered, the ACCME, which would expand the list of Caribbean schools. Dr. Ali clarified that the California list was already accepted, and the Committee will be considering NCFMEA and ACCME. Regarding NCFMEA, both Dr. Ali and Dr. Beckford mentioned that it is a comprehensive list, one more comprehensive than the one being used now. Dr. Ali stated that if we accept the list, it would be another venue for us to expand the list. Dr. Higdon had a couple questions. He brought up St. Ustacious, for example, which is not listed on any list (except NCFMEA?). Dr. Saunders noted that the school changed names. Dr. Ali stated he thinks it is a big step forward, to depend on the accreditation institutions in these countries, instead of being limited only to the California list. He then asked if there were any objections to accepting the NCFMEA list. Hearing none, Dr. Ali made a motion that the Committee accept the NCFMEA list. Dr. Zanolli seconded the motion. Dr. Zanolli then brought up the issue of dates, and that the Committee needed to decide how the dates would be handled. The Committee should discuss if any sort of accreditation, even accreditation on probation or need for improvement, if it's accredited, it should be accredited. And they should discuss the date of accreditation, if anything before that makes it invalid, and

what we would do there. Ms. Eller asked what the Board would do with those applicants that were denied or withdrew, and several people responded that the applicants can reapply; the change will not apply retroactively. Ms. Eller then asked if they are not counting the dates they were working toward accreditation. Dr. Higdon clarified Ms. Eller's question, asking if the Board were presented with a candidate that graduated in 2003 and accreditation was achieved in 2009. Dr. Higdon stated we should then go by the accreditation date, which Dr. Ali agreed with and stated that there has to be sure guidance for staff that if the applicant was before that, there has to be some other criteria in order to be fair. Dr. Higdon asked about multiple dates and whether that dealt with reaccreditation, and if the school was still accredited on those dates. Dr. Zanolli stated he believed those were the dates where the school was reaccredited. Dr. Saunders gave a couple examples of accreditation dates and reaccreditation dates. Dr. Beckford stated that he thinks the closest correlation we could get to the school's accreditation by that body would be the bellwether for our accepting, which Dr. Ali agreed with. Dr. Ali made a motion to make the accepted date is the date of accreditation listed by NCFMEA. Dr. Higdon seconded the motion. Dr. Zanolli added that the list is being updated all the time but the Committee will not need to review the list again, the approval of it would be ongoing. Dr. Baron asked if the list is approved and voted on, if an applicant still has to come before the Board or would it be handled administrative means. Dr. Zanolli replied that if it is an approved school then they will follow the guidelines by statute and rule. If it's an approved school, the medical director would just move the process forward. Ms. Huddleston stated that that was her understanding as well. Dr. Ali stated that once these lists are approved, these particular applicants would not need to come before the Board. Ms. Eller asked Dr. Saunders for an explanation of one of the example schools again. Dr. Saunders explained that that graduates of particular school would still come before the Board using only the NCFMEA and California list. Dr. Zanolli then stated that he forgot to mention CAAM-HP, another group. Finishing up the discussion of NCFMEA, the motion to add the NCFMEA was unanimously approved.

The Committee then moved to the ACCM list. The ACCM list is an accrediting body that is focused in on the Caribbean schools. Dr. Zanolli stated that the ACCM actually does site visits. There are six schools in six countries that the ACCM accredits. Dr. Higdon asked if it added to the NCFMEA list. Dr. Saunders noted that it adds two additional schools to the list. Dr. Ali stated that if a school is on the ACCM list and the NCFMEA, it adds more validity to the school. Dr. Ali read the full list of schools on the ACCM list for Dr. Beckford since he did not have the document. Ms. Eller asked the list be provided at the Board Meeting the next day – both the NCFMEA and ACCM list. Dr. Zanolli made a motion that the Committee accepts the ACCM as an accrediting body for medical schools in the Caribbean and add them to the list of accrediting bodies we accept. Dr. Ali seconded the motion, which passed unanimously. Dr. Baron asked about the dates on the ACCM list, noting that the schools that are also listed on the NCFMEA list have different dates, and wondered which we would go by. Dr. Zanolli stated he thought we would go with the earliest date, which Dr. Ali and Ms. Eller agreed with.

Dr. Zanolli then asked if the Committee would take up the CAAM-HP list. Dr. Ali asked if the list has the schools that are accredited, and Ms. Eller replied that it did. He then asked if the list has schools that were not accredited and Ms. Eller replied that it did, along with schools that were in process. Dr. Ali stated that since there are schools on the list that have not been accredited, it gives him a sense of more comfort that they do vet some and find them unacceptable. Dr. Zanolli noted that the lists give him confidence since the CAAM-HP and AACM list do not have the Windsor school listed. Dr. Zanolli added that the CAAM-HP is up-and-coming and working hard. They actually visit the schools and they use the accreditation standards that would correspond with the Board's Statute. Dr. Zanolli made a motion that the Committee add to their list of accrediting bodies and include CAAM-HP as an accreditation body that they can use to assess international medical graduate schools. Dr. Higdon seconded the motion, which passed unanimously. Dr. Baron mentioned schools on the list that indicate they are accredited with conditions, provisionals, and initial provisionals, and asked if all those are approved. Dr. Zanolli indicated yes. Dr. Higdon stated he thought they discussed that earlier and he thought that new medical schools may not have full accreditation from the start. Dr. Saunders stated that what needs to be asked is if they are provisional because this is their first accrediting cycle, or if they are provisional because they failed a previous accrediting cycle, and she doesn't know if that question can be answered based on the list. Ms. Eller mentioned that a school could be fully accredited and rechecked or resurveyed and they could be placed on probation due to citations they receive, but are still accredited. Dr. Zanolli noted that does happen in the US. As long as a school is accredited, it's accredited. Dr. Ali noted it is just like credentialing in a hospital. Dr. Ali suggested the Committee approve the updated list, as we will be receiving updated lists periodically. Ms. Eller asked if there is some way that a grid can be created with the schools and note which accrediting bodies have the schools on the list. Dr. Saunders said she would try to create a list.

Dr. Zanolli made a motion to consider the California approved list, but not their disapproved list. Dr. Ali seconded the motion. Dr. Saunders stated the disapproved list takes into consideration other countries, not just the Caribbean, and that was what the Committee had mostly taken into consideration during the meeting. Dr. Zanolli noted the California list is being phased out. Ms. Eller recommended the Committee state they don't accept the disapproved list, which is the motion under consideration. Dr. Higdon spoke to the change in policy, and he stated that when the policy was established, the organizations being considered weren't as solid and fleshed out, therefore the Board had to have something to rely on to let someone prove to them that the school they graduated from kept up to the LCME standards, but that we don't need that any more. Dr. Higdon supports the motion. Ms. Huddleston asked if the language in the rule that states the schools have to meet or exceed the LCME standards will be taken out and substituted with the accepted lists? She stated that what she is trying to figure out is that those who are not on these lists, those applicants that come forward, that those who are not on a list doesn't mean they get denied; they will still have an opportunity to prove that their school meets those standards. Ms. Eller stated that's what she thought they are looking for, that she doesn't need to

see the language stricken. Dr. Zanolli stated he saw no reason to see the language stricken either. These are the accreditation bodies we depend on to give us that information. Ms. Huddleston thought that you can't ever take the opportunity to away from them, to try to prove to the Board they meet those standards, but having the disapproved list might have served some function, for the Board to feel that it's not just out there floating, "it's not approved, but is it okay? Well, California affirmatively said they were disapproved." Dr. Zanolli replied that California is a hold-out; they aren't going to be moving forward, and not going to continue to devote energy, money, and time to go visit the schools. Dr. Beckford asked if Ms. Huddleston was aware of precedent in the Board meetings where an applicant has come from a medical school that was not on the approved list, or that the Board was not familiar with, and has convinced the Board that it is a worthy medical school and they had been given a license. Ms. Huddleston replied that she was not but was not sure that people know that they have that opportunity and how to go about taking it. She was thinking of how the Board might feel that there are all these approved lists and that everyone is hoping there are very few people that they would have to deal with that aren't on one of these lists, but in the event that they have some, without a disapproved list, to start of the conversation, it's just totally open, but if the board is okay with that, that's fine. Ms. Eller replied that she would assume that if they are not on any of those lists, they are disapproved, which Dr. Beckford agreed with. It would be the applicant's responsibility or burden of proof to come before the Board and say, "here is the reason why my school is okay" and part of what the Board's consideration has to be past that, would be where the subsequent training was done and how well they did in that - were there any issues, did they graduate on time, did they bounce around a lot. Dr. Zanolli mentioned there is an automatic mechanism to accommodate those people already, and that is the three-year residency, the ACGME approved, and if they are Board-Certified it overcomes not being on the approved list. There are those other criteria and they have the means to overcome not being on the accredited list. Ms. Huddleston asked that given that a couple of these accrediting agencies are focused in the Caribbean, are there very many disapproved schools on the disapproved California list in these other countries? She was told "no" by Dr. Saunders. Dr. Saunders added that if they dismiss the disapproved list, they would be looking at those schools whose applicants would qualify for licensure because the country is on the NCFMEA list. Dr. Zanolli mentioned that the vast majority of international medical graduates are currently coming from the Caribbean, and then Pakistan. Dr. Zanolli stated he thinks there is no reason to strike the language, and that there are mechanisms for people to move forward if they are not on the approved list. Dr. Ali stated that the sense of the committee is not to strike the language, though they are striking the disapproved list. The motion striking the disapproved list was unanimously approved.

Administrative staff noted that a fourth item that was on the agenda was not sunshined, and thus would not be discussed at the meeting.

3. Consider Board's Mission Statement

Dr. Ali read the all three proposed options for the Board's Mission Statement:

1. The mission of the Tennessee Board of Medical Examiners is to protect, promote and improve the health and prosperity of people in Tennessee.
2. The mission of the Tennessee Board of Medical Examiners is to protect the health, safety, and welfare of the citizens of the State of Tennessee.
3. The mission of the Tennessee Board of Medical Examiners is to protect the health, safety, and welfare of the citizens of Tennessee through licensure, regulation, and discipline of its licensees.

Prior to this discussion there was no official Mission Statement adopted by the Board. Dr. Zanolli preferred option 3, and he disclosed that option 1 was the current Mission Statement of the Department of Health. He also wanted to state that he did not feel the one they would eventually choose would be conflict with the Department of Health; it would be in conjunction with. Dr. Ali note that the statement currently used by the Department of Health included the language “of people in Tennessee” and that he liked that phrase, due to the currently geopolitical problems that exist in Congress. He stated that he had discomfort limiting it to “the citizens of Tennessee”. Several Committee members agreed with the proposed language being included with whichever Statement was chosen. Dr. Beckford preferred the language “to protect the health, safety, and welfare” to “to protect, promote and improve the health and prosperity”. Dr. Ali agreed. Dr. Zanolli thought it would be unifying to have a mission statement that would complement the Department of Health, and noted that the second statement seems to have the most approval. Dr. Ali suggesting changing the second option to say “and welfare of the people in Tennessee”. Dr. Beckford recommended “and welfare of the people in the State of Tennessee”. Dr. Beckford made a motion to approve the statement as modified, “The mission of the Tennessee Board of Medical Examiners is to protect the health, safety, and welfare of people in the State of Tennessee”. Dr. Ali seconded the motion, which was unanimously approved. Dr. Baron asked about using “promote” instead of protect”. Dr. Zanolli replied that the citizens count on the Board to protect them. Dr. Ali felt that “protect” was preferable to “promote” as well.

Reconsideration

Dr. Ali then called for any reconsideration of any items that were discussed and approved during the meeting. Dr. Zanolli asked Ms. Huddleston if the Board was just working out of consistency when they say that if an applicant has had three years of ACGME residency and pass the USMLE on the first attempt, and are Board Certified. Where is that written down? Ms. Huddleston replied it is from something the Board voted on as a policy that did not get written down. It was years ago and it was supposed to be put into a rule, which hasn't been done. Dr. Saunders noted she did not use it because it wasn't an official policy. Dr. Zanolli thinks the Committee needs to discuss the issue, specifically about passing the USMLE on the first attempt. He asked why that requirement was there, and he thinks they need to work on another policy

regarding people not on the approved list and put it down on paper. Ms. Huddleston included in her draft policy a piece based on what the board had been doing. Dr. Zanolli stated that he doesn't think applicants need to have passed on the first attempt. Ms. Huddleston wanted to go ahead, if the board is comfortable, and put the policy in writing so staff can implement it for the Board. Dr. Saunders reminded the Committee that the rules as they stand regarding passing the USMLE is that if someone fails the USMLE more than three times, they have to be Board Certified in order to be licensed and they have to be passing their Maintenance of Certification (MOC) before they apply. She added that anybody who applies has to pass any step of the USMLE in less than three tries. Dr. Zanolli liked that, he felt it gave them wiggle room to accept those people because they have the seven year rule to fall back on and the USMLE is only offered so many times. Dr. Saunders added that after the sixth time, they have to be sponsored, typically by a state board. Dr. Ali asked what Dr. Zanolli's proposal was. Dr. Zanolli replied that if they are going to talk about accreditation of schools, they should have a policy regarding a person who is not from an accredited school, they will also qualify for a license if they have a three year residency program, ACGME approved, they passed the USMLE, and they are Board Certified. Dr. Higdon noted the discomfort with the idea previously of a firm-and-fast rule and they were trying to come up with something concrete, but he thinks they overdid it with the first try. Dr. Zanolli said again they would like to drop the requirement of passing the USMLE on the first attempt. Ms. Eller asked about someone who could come before the Board who goes back past that and took the USMLE 10 times. Dr. Zanolli replied that the seven year rule would come into play and the other requirements. Dr. Higdon asked if someone took the USMLE today, and needed more than six tries, if they have to be sponsored. Dr. Saunders replied that they would have to be sponsored. Ms. Huddleston noted that in the past someone could take the USMLE many more times. DR. Zanolli stated that he would still like the requirements to include Certified in an ABMS Specialty, because that shows people have overcome something, but dropping the first attempt requirement. Dr. Ali supported that because many people from other countries have a problem with language and may not be the best test takers and may not pass the test the first time because it is not in their native language. Ms. Huddleston noted that the replacement for the one-point rule was that they had to be Board Certified, and have proof of meeting requirements for maintenance of certification. She asked if that is something the Committee would think would apply here or be appropriate. The committee decided to deal with the issue of maintenance of certification in a future meeting. Dr. Zanolli made a motion to drop the statement "and pass the USMLE on the first try". Dr. Ali seconded the motion. Dr. Higdon asked Dr. Saunders what would happen if someone passed the USMLE in eleven tries but met all other requirements and were from a foreign medical school, would the Board ever see that person? Dr. Saunders replied no, not if they just had to pass the USMLE, be Board-Certified, and finish a three-year residency, as long as they met the seven-year requirement. She added that that will be someone would be denied on the basis of the new rule, if an applicant fails any step of the USMLE more than three times", so they would have to prove maintenance of certification. Dr. Ali asked if there were any more items to be discussed. Ms. Eller mentioned the motion that was still on the table. The

motion to delete the language was unanimously approved. Dr. Zanolli asked Dr. Ali the procedure, how the items would be brought forward. Ms. Huddleston stated she would have a draft policy prepared. Dr. Ali stated he would go through all three items, go through them and say what was decided in regards to the first item, which three accrediting bodies have been added to the California list, and also the change regarding the USMLE requirement. Ms. Eller asked if the recommendations from the committee were first on the agenda, can they apply it to some of the applications tomorrow. Ms. Huddleston and Dr. Ali stated they can. Ms. Huddleston noted the policy is clarifying the current rules in a pretty open way, making things less restrictive. Ms. Eller was concerned about the order of business, but the items would be reviewed after the minutes and they could apply those items. Dr. Zanolli asked if it had to be in the final form. Ms. Huddleston stated it did not, but that Dr. Saunders would need the language for dealing with applications going forward so she can apply it. Some wordsmithing may need to be done, but they can move forward and it will be formalized later. Dr. Zanolli made a motion to adjourn. Dr. Ali seconded the motion. Dr. Saunders objected to make a point that the foreign medical graduate stuff is voted on and put into policy, it won't end the problems, and they will still have problems. The meeting adjourned at 7:08 p.m.