



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
May 21, 2014

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-6)**
- B) Welcome New Members
- C) Approval of Minutes of April 14, 2014 and April 16, 2014 (7-14)**
- D) Administrative Updates
 - 1) Appointments/Reappointments/Confirmations
 - 2) Staff Updates
- E) Continuing Education and Accreditation Council for Continuing Medical Education (ACCME) Discussion
 - 1) **APPEARANCE** – Deputy Secretary Bill Wendle
- F) Medical Board of California’s List of Recognized Medical Schools and Procedure for International Applicants – Board Discussion (15-133)**
- G) Physician Supervision of Non-Credentialed Radiography Technicians
- H) Requirements for Documenting and Retaining Records of Physicians Supervising Physician Assistants, and Other Matters Related to Physician Assistant Practice (134)**
 - 1) **APPEARANCE** – Julie Doyle, Chair, Council on Physician Assistants
- I) Speaking Engagement(s), Travel, or Public Relation Request(s)
 - 1) Report from Kenneth Simons on his May 8, 2014 Speaking Engagement at the Medical College of Wisconsin

J) Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration

- 1) Report from Attendees on the FSMB 2014 Annual Meeting
- 2) Appointment of Sridhar Vasudevan to FSMB Education Committee, 2014-15 – Board Consideration
- 3) Appointment of Kenneth Simons to Chair FSMB State Medical Boards’ Appropriate Regulation of Telemedicine (SMART) II Committee – Board Consideration
- 4) Final FSMB State Medical Boards’ Appropriate Regulation of Telemedicine (SMART) Report **(135-148)**
- 5) Review of Interstate Medical Licensure Compact Draft **(149-175)**
- 6) Final Report of FSMB Maintenance of Licensure (MOL) Task Force on Continuous Professional Development (CPD) Activities **(176-193)**
- 7) Review and Discussion of Actions Taken by the FSMB 2014 House of Delegates, Including the Following: **(194-200)**
 - a) Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (See Item J.3 and J.4, above)
 - b) Development of an Interstate Compact to Expedite Medical Licensure and Facilitate Multi-State Practice (See Item J.5, above)
 - c) Report of the Maintenance of Licensure Task Force on Continuous Professional Development Activities (See Item J.6, above)
 - d) Recommendations #1 (Relating to Physicians Employed by Traveling Athletic Teams) and #2 (Relating to Special Purpose Licenses) Contained in BRD RPT 14-3; Report of the FSMB Workgroup on Innovations in State-based Licensure
 - e) Mandated Employer Reporting of Diversion to Licensing Boards
 - f) Establish Study Group Regarding Collateral Consequences of Board Actions
 - g) Key State Decision Maker’s Education: Legislators, Governors, Health Agency Administration
 - h) Framework on Professionalism in the Adoption and Use of Electronic Health Records

K) Licensing Committee Report

L) Disciplinary Guidelines Committee Report

- 1) Medical Examining Board Historical Decisions and Orders Data Analysis Report **(201-234)**

M) Screening Panel Report

N) Newsletter Matters

O) Legislative/Administrative Rule Matters:

- 1) Current and Future Rule Making and Legislative Initiatives
- 2) Administrative Rules Report
- 3) Review of Preliminary Draft of 165-MED 18, Relating to Physicians and Informed Consent **(235-239)**
- 4) Review and Discussion of Scope Statement for 165-MED 1, 3, and 5, Relating to Physician Licensure **(240-243)**
- 5) **9:30 A.M. – PUBLIC HEARING** – Clearinghouse Rule 14-033, Amending MED 13.06, Relating to Continuing Education Audits **(244-252)**

- P) Items Added After Preparation of Agenda:
- 1) Introductions, Announcements and Recognition
 - 2) Administrative Updates
 - 3) Education and Examination Matters
 - 4) Credentialing Matters
 - 5) Practice Matters
 - 6) Legislation/Administrative Rule Matters
 - 7) Liaison Report(s)
 - 8) Informational Item(s)
 - 9) Disciplinary Matters
 - 10) Presentations of Petition(s) for Summary Suspension
 - 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 12) Presentation of Proposed Decisions
 - 13) Presentation of Interim Order(s)
 - 14) Petitions for Re-Hearing
 - 15) Petitions for Assessments
 - 16) Petitions to Vacate Order(s)
 - 17) Petitions for Designation of Hearing Examiner
 - 18) Requests for Disciplinary Proceeding Presentations
 - 19) Motions
 - 20) Petitions
 - 21) Appearances from Requests Received or Renewed
 - 22) Speaking Engagement(s), Travel, or Public Relation Request(s)

Q) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

R) Presentation and Deliberation of Request to Review Board Decision in the Matter of the Full-Board Oral Examination of Bharat Pal, M.D. (253-266)

- 1) **9:50 A.M. APPEARANCE** – Patricia J. Epstein, Attorney for Bharat Pal, M.D.
- 2) **9:50 A.M. APPEARANCE** – Bharat Pal, M.D.

S) Review of Administrative Warning in the Matter of 13 MED 302 – (T.S.O.) (267-270)

- 1) **10:00 A.M.- APPEARANCE** – T.S.O., Respondent
- 2) **10:00 A.M.- APPEARANCE** – Joost Kap, DLSC Attorney

T) Review of Administrative Warning in the Matter of 13 MED 274 – (J.R.V.) (271-274)

- 1) **10:15 A.M.- APPEARANCE** – J.R.V., Respondent
- 2) **10:15 A.M.- APPEARANCE** – Yolanda McGowan, DLSC Attorney

U) Oral Interview for Visiting Professor Licensure – Toshio Takayama, M.D. (275-307)

- 1) **10:30 A.M. – APPEARANCE** – Toshio Takayama, M.D.

V) Monitoring Matters (308-322)

- 1) Michael V. Baich, M.D. – Requesting Limitations Be Removed from License
 - a) **10:45 A.M. – APPEARANCE** – Michael V. Baich, M.D.

W) Presentation and Deliberation on Proposed Stipulations, Final Decisions, and Orders by the Division of Legal Services and Compliance (DLSC):

- ~~1) Vallie M. Kaprelian, M.D. – 12 MED 327 (~~323-329~~)~~
 - ~~a) Case Advisor: Carolyn Ogland Vukich~~
- 2) Jane D. Byrd, M.D. – 12 MED 422 **(330-336)**
 - a) Case Advisor: Timothy Westlake
- 3) Jason T. Gengerke, M.D. – 13 MED 018 **(337-343)**
 - a) Case Advisor: Timothy Westlake
- 4) Stephen A. Cullinan, M.D. – 13 MED 129 **(344-348)**
 - a) Case Advisor: James Barr
- 5) Nancy L. Moyer, M.D. – 13 MED 169 **(349-354)**
 - a) Case Advisor: Greg Collins
- 6) Patrick L. Bruno, M.D. – 13 MED 179 **(355-360)**
 - a) Case Advisor: James Barr
- 7) Mohammed A. Kaiseruddin, M.D. – 13 MED 383 **(361-368)**
 - a) Case Advisor: Jude Genereaux
- 8) Rakesh Jagetia, M.D. – 13 MED 401 **(369-376)**
 - a) Case Advisor: Sridhar Vasudevan
- 9) Steven W. Steinmetz, M.D. – 13 MED 478 **(377-382)**
 - a) Case Advisor: Timothy Westlake
- 10) Govindaraju Subramani, M.D. – 13 MED 534 **(383-388)**
 - a) Case Advisor: Kenneth Simons

X) Presentation and Deliberation on Administrative Warnings

- 1) 12 MED 381 (C.W.D.) **(389-391)**
- 2) 13 MED 217 (J.A.F.) **(392-393)**
- 3) 13 MED 334 (T.A.D.) **(394-396)**

Y) Presentation and Deliberation on Petitions for Extensions of Time

- 1) 13 MED 152 (J.W.I) **(397-401)**
- 2) 13 MED 155 (N.H.R.) **(402-406)**

Z) Seeking Equivalency for the 12 Months of ACGME Approved Post-Graduate Training Based on Education and Training

- 1) Sami Alnafi, M.D. **(407-444)**
- 2) Mohamed Etafy, M.D. **(445-521)**
- 3) Osayande S. Izeiyamu, M.D. **(522-605)**
- 4) Kuylhee Kim, M.D. **(606-636)**
- 5) Guoqiong K. Qu, M.D. **(637-669)**

AA) Case Status Report (670-676)

BB) Case Closings

- 1) 12 MED 241 (A.B.) **(677-679)**
- 2) 12 MED 242 (S.J.) **(680-692)**
- 3) 12 MED 381 (A.N.; C.L.) **(693-696)**
- 4) 12 MED 445 (A.J.C.) **(697-699)**
- 5) 13 MED 012 (R.J.D.) **(700-705)**
- 6) 13 MED 033 (R.J.A.) **(706-711)**
- 7) 13 MED 114 (R.H.) **(712-716)**
- 8) 13 MED 128 (C.A.L.) **(717-719)**
- 9) 13 MED 156 (R.T.) **(720-726)**
- 10) 13 MED 221 (D.A.; J.D.) **(727-731)**
- 11) 13 MED 237 (F.T.I.) **(732-736)**
- 12) 13 MED 255 (G.G.D.) **(737-739)**
- 13) 13 MED 335 (M.Y.) **(740-743)**
- 14) 13 MED 380 (M.M.) **(744-747)**
- 15) 14 MED 045 (C.D.) **(748-779)**

CC) Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petition(s) for Summary Suspensions
- 7) Proposed Stipulations, Final Decisions and Orders
- 8) Administrative Warnings
- 9) Proposed Decisions
- 10) Matters Relating to Costs
- 11) Complaints
- 12) Case Closings
- 13) Case Status Report
- 14) Petition(s) for Extension of Time
- 15) Proposed Interim Orders
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

DD) Consulting with Legal Counsel

- 1) Planned Parenthood v. Van Hollen **(780)**
 - a) **11:00 A.M. – APPEARANCE** – Maria Lazar, Assistant Attorney General,
Department of Justice

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- EE) Open Session Items Noticed Above not Completed in the Initial Open Session
- FF) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- GG) Ratification of Licenses and Certificates

ADJOURNMENT

**CONVENE TO LICENSURE COMMITTEE MEETING
11:30 A.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING**

ATTENDEES: Kenneth Simons, Timothy Swan, Timothy Westlake

**ORAL EXAMINATION OF CANDIDATES FOR LICENSURE
ROOM 121A, B, C, AND 199B
12:15 P.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING**

CLOSED SESSION – Reviewing applications and conducting oral examinations of five (5) candidates for licensure – Drs. Capodice, Erickson, Ogland, and Vasudevan

**MEDICAL EXAMINING BOARD
WEB/VIRTUAL MEETING MINUTES**

April 14, 2014

PRESENT VIA GOTOMEETING: Mary Jo Capodice, D.O; Greg Collins; Rodney Erickson, M.D.; Suresh Misra, M.D.; Michael Phillips, M.D.; Kenneth Simons, M.D.; Timothy Swan, M.D.; Sridhar Vasudevan, M.D.; Timothy Westlake, M.D.; Russell Yale, M.D.

EXCUSED: James Barr, M.D.; Carolyn Ogland, M.D; Jude Genereaux

STAFF: Tom Ryan, Executive Director; Pam Stach, Legal Counsel; Daniel Agne, Bureau Assistant; and other Department staff

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 12:31 P.M. A quorum of ten (10) members was confirmed.

ADOPTION OF AGENDA

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to adopt the agenda as published. Motion carried unanimously.

CLOSED SESSION

MOTION: Timothy Swan moved, seconded by Greg Collins, to convene to Closed Session to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Mary Jo Capodice – yes; Greg Collins – yes; Rodney Erickson – yes; Suresh Misra – yes; Michael Phillips – yes; Kenneth Simons – yes; Timothy Swan – yes; Sridhar Vasudevan – yes; Timothy Westlake – yes; Russell Yale – yes. Motion carried unanimously.

The Board convened into Closed Session at 12:35 P.M.

RECONVENE TO OPEN SESSION

MOTION: Sridhar Vasudevan moved, seconded by Michael Phillips, to reconvene in open session at 12:45 P.M. Motion carried unanimously.

**CASE CLOSING OR PETITION FOR EXTENSION IN THE MATTER OF
DLSC CASE NUMBER 11 MED 113 (K.H.F.)**

Arthur Thexton, DLSC attorney, appeared before the Board to discuss DLSC Case Number 11 MED 113

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to close case number 11 MED 113, against K.H.F., for prosecutorial discretion (P3). Motion carried.

Russell Yale, Suresh Misra, and Greg Collins voted no in the above matter.

**VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION,
IF VOTING IS APPROPRIATE**

MOTION: Timothy Swan moved, seconded by Mary Jo Capodice, to affirm all Motions made and Votes taken in Closed Session. Motion carried unanimously.

ADJOURNMENT

MOTION: Michael Phillips moved, seconded by Russell Yale, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:47 P.M.

**MEDICAL EXAMINING BOARD
MEETING MINUTES
April 16, 2014**

PRESENT: Mary Jo Capodice, D.O; Greg Collins; Rodney Erickson, M.D.; Jude Genereaux; Suresh Misra, M.D.; Carolyn Ogland, M.D.; Michael Phillips, M.D.; Kenneth Simons, M.D.; Timothy Swan, M.D.; Sridhar Vasudevan, M.D.; Russell Yale, M.D.; Timothy Westlake, M.D.

EXCUSED: James Barr, M.D.

STAFF: Tom Ryan, Executive Director; Pam Stach, Legal Counsel; Daniel Agne, Bureau Assistant; and other Department staff

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 8:00 A.M. A quorum of eleven (11) members was confirmed.

ADOPTION OF AGENDA

Amendments:

- **REMOVE: Item R.1.a** – Monitoring Matters – APPEARANCE – Michael V. Baich, M.D.
- **REMOVE: Item O.20.a** – Appearances Requested in the Matter of Disciplinary Proceedings Against Zulfiqar Ali, M.D., DHA CASE # SPS-12-0064; DLSC CASE # 11 MED 299
- **REMOVE: Item U** – Proposed Decision and Order of the Administrative Law Judge in the Matter of Disciplinary Proceedings Against Zulfiqar Ali, M.D., DHA Case Number SPS-12-0064; DLSC Case Number 11 MED 299
- **REMOVE: Item Y.1** – Case Closing – 11 MED 113 (K.H.F.)
- **CORRECT: Item Y.13** – Case Closing – 13 MED 370 (T.J.C.)

MOTION: Greg Collins moved, seconded by Suresh Misra, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

Corrections:

- Change “is” to “are” in Presentation and Deliberation on Complaints for Determination of Probable Cause in the matter of DLSC case number 12 MED 381 against David Drake, M.D., and Graig Aders, M.D.

MOTION: Suresh Misra moved, seconded by Greg Collins, to approve the minutes of March 19, 2014 as corrected. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

2013 WISCONSIN ACT 114 AND MED 1.04 AND MED 8.05

MOTION: Sridhar Vasudevan moved, seconded by Michael Phillips, to request DSPS staff draft a Scope Statement revising Wis. Admin. Code ch. MED 1.04 and MED 8.05, relating to examination requirements, and to designate Kenneth Simons to advise DSPS staff. Motion carried unanimously.

2013 WISCONSIN ACT 240 – CONSIDERATION OF SCOPE STATEMENT

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to request DSPS staff draft a Scope Statement revising Wis. Admin. Code ch. MED 3 and MED 5, relating to licensure of physicians, and to designate Timothy Swan to advise DSPS staff. Motion carried unanimously.

NATIONAL PRACTITIONER DATA BANK CONTINUOUS QUERY – DISCUSSION AND CONSIDERATION

Sharon Henes, Department Rule Coordinator, appeared before the Board to discuss the National Practitioner Data Bank Continuous Query program.

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to request that the Department to perform a trial using Continuous Query of a statistically significant sample of randomly-selected licensees over the next year, and to request that Department staff advise the Board on the methodology and progress of the trial, and to designate Rodney Erickson to advise Department staff on the trial. Motion carried unanimously.

REVIEW OF INTERNATIONAL MEDICAL EDUCATION DIRECTORY (IMED)

The Board discussed the IMED Directory of medical schools. No action was taken.

SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATION REQUEST(S)

MOTION: Suresh Misra moved, seconded by Sridhar Vasudevan, to designate Rodney Erickson to speak at the Mayo Family Medicine Residency in La Crosse, Wisconsin to provide an overview of the Medical Examining Board, and to authorize travel. Motion carried unanimously.

Timothy Westlake joined the meeting via telephone at 9:11 a.m.

SCREENING PANEL REPORT

Greg Collins reported that 46 cases were reviewed, 14 cases were opened, and 2 ten-day letters were sent.

CLOSED SESSION

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to convene to Closed Session to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Mary Jo Capodice – yes; Greg Collins – yes; Rodney Erickson – yes; Jude Genereaux – yes; Suresh Misra – yes; Carolyn Ogland – yes; Michael Phillips – yes; Kenneth Simons – yes; Timothy Swan – yes; Sridhar Vasudevan – yes; Timothy Westlake – yes; and Russell Yale – yes. Motion carried unanimously.

The Board convened into Closed Session at 9:16 A.M.

RECONVENE TO OPEN SESSION

MOTION: Jude Genereaux moved, seconded by Carolyn Ogland, to reconvene in Open Session at 11:08 A.M. Motion carried unanimously.

REVIEW OF ADMINISTRATIVE WARNING IN THE MATTER OF 12 MED 353 – D.I.S.

Timothy Westlake joined the meeting in-person at 10:05 A.M.

D.I.S. (Respondent) appeared before the Board with legal counsel to request review of the Administrative Warning issued in case number 12 MED 353.

Arthur Thexton, DLSC attorney, appeared before the Board to discuss the review of the Administrative Warning issued in case number 12 MED 353.

MOTION: Michael Phillips moved, seconded by Timothy Westlake, to affirm the Administrative Warning issued in DLSC case number 12 MED 353 against David I. Stein, M.D.. Motion carried unanimously.

Sridhar Vasudevan recused himself and left the room for deliberation and voting in the above matter.

MONITORING MATTERS

MICHAEL V. BAICH, M.D. – REQUESTING LIMITATIONS BE REMOVED FROM LICENSE

MOTION: Suresh Misra moved, seconded by Sridhar Vasudevan, to table this matter to the May 21, 2014 Board meeting. Motion carried unanimously.

DALE BERTRAM, M.D. – REQUESTING RETURN TO FULL LICENSURE

MOTION: Sridhar Vasudevan moved, seconded by Michael Phillips, to grant the request of Dale Bertram, M.D., for full licensure, effective April 21, 2014. Motion carried unanimously.

SEEKING EQUIVALENCY FOR THE 12 MONTHS OF ACGME APPROVED POST-GRADUATE TRAINING BASED ON EDUCATION AND TRAINING

DMITRY KOULIKOV, M.D.

MOTION: Timothy Swan moved, seconded by Rodney Erickson, to find that the training and education of Dmitry Koulikov, M.D., is substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried unanimously.

TIMOTHY C. PAYNE, M.D.

MOTION: Carolyn Ogland moved, seconded by Rodney Erickson, to find that the training and education of Timothy C. Payne, M.D., is substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried unanimously.

APPLICATION REVIEW

MARKUS KAISER, M.D.

MOTION: Michael Phillips moved, seconded by Suresh Misra, to grant a permanent license to practice medicine and surgery to Markus Kaiser, M.D., pursuant to Wis. Stats. § 448.065. Motion carried unanimously.

Kenneth Simons recused himself and left the room for deliberation and voting in the above matter.

Sridhar Vasudevan abstained from voting in the above matter.

PROPOSED STIPULATIONS, FINAL DECISIONS, AND ORDERS

13 MED 140; 13 MED 228; 13 MED 254; 13 MED 467

TERRANCE D. MOE, M.D.

MOTION: Carolyn Ogland moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law, Stipulation, and Order in the matter of 13 MED 140; 13 MED 228; 13 MED 254; and 13 MED 467 – Terrance D. Moe, M.D. Motion carried unanimously.

12 MED 239

JOHN P. CHRISTENSEN, M.D.

MOTION: Carolyn Ogland moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law, Stipulation, and Order in the matter of 12 MED 239 – John P. Christensen, M.D. Motion carried unanimously.

12 MED 241

A.B.

MOTION: Carolyn Ogland moved, seconded by Suresh Misra, to adopt the Stipulation and Order for Dismissal in the matter of 12 MED 241 – A.B. Motion carried unanimously.

12 MED 242

BRIGG W. BARSNESS, M.D.

MOTION: Carolyn Ogland moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law, Stipulation, and Order in the matter of 12 MED 242 – Brigg W. Barsness, M.D. Motion carried unanimously.

ADMINISTRATIVE WARNINGS

MOTION: Suresh Misra moved, seconded by Timothy Westlake, not to issue Administrative Warnings in the matters of case numbers 13 MED 152 (J.W.I.) and 13 MED 155 (N.H.R.), to refer the cases to DLSC for preparation of a petition for an extension of time, and to designate the Chair to review and approve the petition. Motion carried unanimously.

MOTION: Sridhar Vasudevan moved, seconded by Michael Phillips, to issue an Administrative Warning and to close the case in the matter of case number 13 MED 274 (J.R.V). Motion carried unanimously.

CASE CLOSINGS

MOTION: Jude Genereaux moved, seconded by Suresh Misra, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

- 1) 13 MED 004, against R.J.R., for insufficient evidence (IE)
- 2) 13 MED 276, against C.E.L., for no violation (NV)
- 3) 13 MED 301, against P.L., for insufficient evidence (IE)
- 4) 13 MED 314, against H.J.B., for prosecutorial discretion (P3)
- 5) 13 MED 318, against R.T., for no violation (NV)
- 6) 13 MED 319, against P.T., for insufficient evidence (IE)
- 7) 13 MED 322, against N.J.Y., for insufficient evidence (IE)
- 8) 13 MED 336, against B.C., for no violation (NV)
- 9) 13 MED 344, against T.S.O., for no violation (NV)
- 10) 13 MED 364, against P.T., for insufficient evidence (IE)
- 11) 13 MED 370, against T.J.C., for prosecutorial discretion (P5) with a hold placed on Respondent's credential
- 12) 13 MED 425, against J.G.K., for no violation (NV)
- 13) 13 MED 458, against D.P.P., for no violation (NV)
- 14) 13 MED 496, against A.L., for no violation (NV)
- 15) 12 MED 450, against M.J.K., for no violation (NV)

Motion carried unanimously.

MOTION: Timothy Swan moved, seconded by Michael Phillips, to close case number 13 MED 282, against L.F.C., N.M.H., and A.B.C., for no violation (NV); and to close case number 13 MED 282, against T.A., for lack of jurisdiction (L2). Motion carried unanimously.

OPEN SESSION ITEMS NOTICED ABOVE NOT COMPLETED IN THE INITIAL OPEN SESSION

2013 MEDICAL EXAMINING BOARD ANNUAL REPORT

MOTION: Sridhar Vasudevan moved, seconded by Suresh Misra, to adopt the 2013 Annual Report, with the “Physicians by Specialty” and “Age of Physicians in the Four Largest Specialty Groups” charts removed, and to post the report to the Board website. Motion carried unanimously.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Michael Phillips moved, seconded by Mary Jo Capodice, to affirm all Motions made and Votes taken in Closed Session. Motion carried unanimously.

RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Greg Collins moved, seconded by Sridhar Vasudevan, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

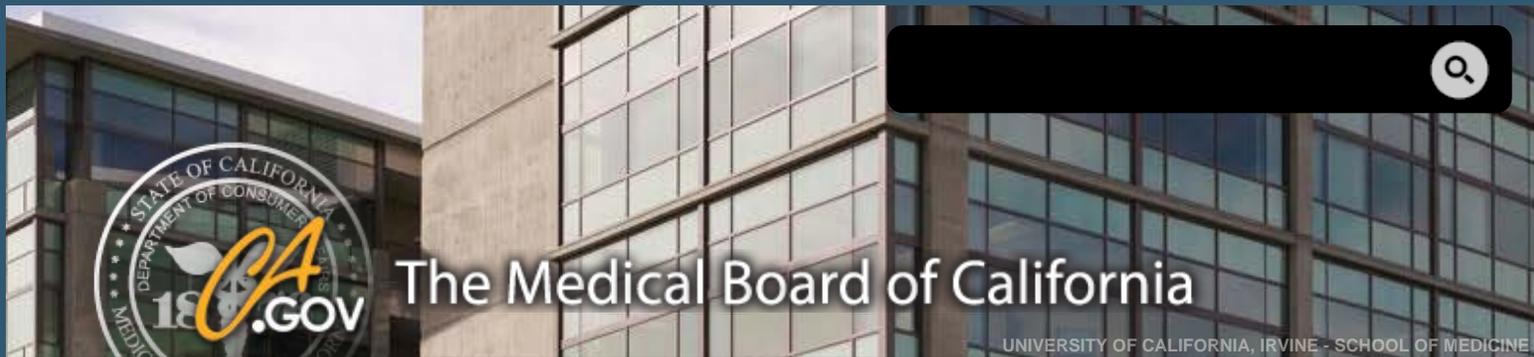
MOTION: Sridhar Vasudevan moved, seconded by Carolyn Ogland, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:14 A.M.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 5/5/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards									
3) Name of Board, Committee, Council, Sections: Medical Examining Board											
4) Meeting Date: 5/21/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Medical Schools Recognized by the Medical Board of California									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:									
10) Describe the issue and action that should be addressed: The Board will review the Medical Board of California's lists of recognized and disapproved medical schools, and the International Medical School Self-Assessment Report.											
11) Authorization											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black;">Daniel Agne</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Daniel Agne		Signature of person making this request	Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
Daniel Agne											
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Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											



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Medical Schools Recognized by the Medical Board of California

To be eligible for a Postgraduate Training Authorization Letter (PTAL) or Physician's and Surgeon's license, applicants must have received all of their medical school education from and graduated from a medical school recognized or approved by the Medical Board of California (with the exception listed below). The medical school's name must exactly match the name on the Board's list of recognized medical schools.

Effective January 1, 2013: If you did not attend or graduate from a recognized or approved medical school you may be eligible for licensure pursuant to Section 2135.7 of the Business and Professions Code . Click on the following link to obtain a copy of the statute detailing the specific licensing requirements:

▶ [Business and Professions Code Section 2135.7](#)

Any questions pertaining to an application submitted for processing pursuant to Section 2135.7 may be directed to Mr. Mark Seidl at (916) 274-6103.

Prior to submitting an application, please refer to the following list of medical schools recognized by the Medical Board of California. To locate a particular school, click on the letter for the country where that school is located.

Note: Students from some recognized international medical schools may have deficiencies in their training and will not meet the requirements for licensure in California. Any training deficiencies will require remedial training prior to licensure in California.

Warning: Some recognized medical schools that teach in their native language are opening English language medical school programs. The English language programs are not recognized unless specifically stated, e.g., "University of Pecs Faculty Medicine" and "Pecs University Medical School English Program (6-year English Program)." The English language programs must apply for recognition and receive approval from the Medical Board of California for the education received from the English language program to be eligible to qualify an applicant for licensure requirements in California.



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Afghanistan

- ▶ State Medical Institute of Nangarhar Faculty of Medicine
- ▶ University of Kabul Faculty of Medicine

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Albania

- ▶ University of Tirana Faculty of Medicine

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Algeria

- ▶ Constantine National Institute of Higher Learning
- ▶ National Institute of Higher Learning in Medical Sciences (Annaba)
- ▶ National Institute of Higher Learning in Medical Sciences (Oran)
- ▶ University of Algeria National Institute of Higher Learning

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Antigua & Barbuda

- ▶ American University of Antigua College of Medicine (Antigua campus only and students who matriculated on or after January 1, 2007 to present)

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Argentina

- ▶ Adventist University of La Plata Faculty of Health Sciences

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- ▶ Austral University Faculty of Biomedical Sciences
- ▶ Catholic University of Cordoba Faculty of Medicine
- ▶ Favaloro University Faculty of Medical Sciences
- ▶ Hebrew University Bar Ilan Argentina
- ▶ Instituto Universitario CEMIC
- ▶ Maimonides University Faculty of Medicine
- ▶ National University of Cordoba Faculty of Medicine
- ▶ National University of Cuyo Faculty of Medicine
- ▶ National University of La Plata Faculty of Medicine
- ▶ National University of Rosario Faculty of Medicine
- ▶ National University of the Northeast Faculty of Medicine
- ▶ National University of Tucuman Faculty of Medicine
- ▶ Universidad Abierta Interamericana Facultad de Medicina y Ciencias de la Salud
- ▶ University Institute of Health Sciences Faculty of Medicine
- ▶ University Institute of Health Sciences, H. A. Barcelo Foundation
- ▶ University of Buenos Aires Faculty of Medicine
- ▶ University of Salvador Faculty of Medicine

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Armenia

- ▶ Armenian Medical Institute
- ▶ Yerevan State Medical Institute
- ▶ Yerevan State Medical University

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Australia

- ▶ Australian National University Medical School
- ▶ Bond University School of Medicine

- ▶ Griffith University School of Medicine
- ▶ James Cook University School of Medicine
- ▶ James Cook University School of Medicine and Dentistry
- ▶ Monash University Faculty of Medicine
- ▶ The Flinders University of South Australia
- ▶ The University of Queensland Medical School
- ▶ University of Adelaide Medical School
- ▶ University of Melbourne Faculty of Medicine
- ▶ University of New South Wales Faculty of Medicine
- ▶ University of Newcastle Faculty of Medicine
- ▶ University of Notre Dame Australia School of Medicine, Fremantle
- ▶ University of Sydney Faculty of Medicine
- ▶ University of Tasmania Faculty of Medicine
- ▶ University of Western Australia School of Medicine
- ▶ University of Wollongong Graduate School of Medicine

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Austria

- ▶ Medical University of Innsbruck
- ▶ Medizinische Universität Wien (Medical University of Vienna)
- ▶ University of Graz Faculty of Medicine
- ▶ University of Innsbruck Faculty of Medicine
- ▶ University of Vienna Faculty of Medicine (Graduates prior to 1/1/2004)

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Bahrain

- ▶ Arabian Gulf University College of Medicine and Medical Sciences
- ▶ Royal College of Surgeons in Ireland – Medical University of Bahrain

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Bangladesh

- ▶ Bangladesh University of Professionals, Armed Forces Medical College
- ▶ Chittagong Medical College
- ▶ Chittagong University, Comilla Medical College
- ▶ Dhaka Medical College
- ▶ Mymensingh Medical College
- ▶ Rajshahi Medical College
- ▶ Rangpur Medical College
- ▶ Sher-E-Bangla Medical College
- ▶ Sir Salimullah Medical College
- ▶ Sylhet Mag Osmani Medical College
- ▶ Sylhet Medical College
- ▶ University of Dhaka, Armed Forces Medical College
- ▶ University of Dhaka, Bangladesh Medical College (BMSRI)
- ▶ University of Dhaka, Jahurul Islam Medical College & Hospital
- ▶ University of Dhaka, Zainul Haque Sikder Women's Medical College & Hospital
- ▶ University of Science Technology Chittagong, Institute of Applied Health Sciences

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Barbados

- ▶ University of the West Indies Faculty of Medical Sciences

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Belarus

- ▶ Belarussian State Medical University
- ▶

- ▶ Gomel State Medical Institute (Byelorussian & Russian language programs only)
- ▶ Gomel State Medical University (Byelorussian & Russian language programs only)
- ▶ Grodno State Medical University
- ▶ Vitebsk State Medical University (Russian language program only)

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Belgium

- ▶ Catholic University of Leuven Faculty of Medicine
- ▶ Catholic University of Louvain Faculty of Medicine
- ▶ Central University of Antwerp Faculty of Medicine
- ▶ Free University of Brussels Faculty of Medicine
- ▶ Free University of Brussels Faculty of Medicine & Pharmacy
- ▶ Our Lady of Peace University Faculty of Medicine
- ▶ State University at Liege Faculty of Medicine
- ▶ University of Ghent Faculty of Medicine

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Benin

- ▶ National University of Benin Faculty of Health Sciences

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Bolivia

- ▶ Greater Bolivian University of San Andres
- ▶ Greater Bolivian University of San Francisco Xavier
- ▶ Greater University of San Simon Faculty of Medicine
- ▶ Our Lady of Peace University
- ▶ Valley University Faculty of Medicine

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Bosnia & Herzegovina

- ▶ "Djuro Pucar Stari" University of Banja Luka Faculty of Medicine
- ▶ University of Sarajevo Faculty of Medicine
- ▶ University of Tuzla Faculty of Medicine

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Brazil

- ▶ Benedito Pereira Nunes Foundation Campos Faculty of Medicine
- ▶ Catanduva Faculty of Medicine
- ▶ Catholic University of Parana Center of Health Sciences
- ▶ Centro Universitario Serra dos Orgaos Faculdades Unificadas (UNIFESO)
- ▶ Faculdades Unificadas Serra dos Orgaos
- ▶ Faculty Evangelica of Parana
- ▶ Faculty of Medical Sciences of Pernambuco
- ▶ Faculty of Medical Sciences of Santa Casa of Sao Paulo
- ▶ Faculty of Medical Sciences of Santos Lusiada Foundation
- ▶ Faculty of Medicine of Jundiai
- ▶ Faculty of Medicine of Santo Amaro
- ▶ Faculty of Medicine of Teresopolis
- ▶ Faculty of Medicine of Triangulo Mineiro
- ▶ Faculty of Medicine of Vassouras
- ▶ Federal Faculty of Medical Sciences of Porto Alegre
- ▶ Federal Fluminense University Faculty of Medicine
- ▶ Federal University of Bahia Faculty of Medicine
- ▶ Federal University of Ceara Center of Health Sciences
- ▶ Federal University of Espirito Santo Biomedical Center
- ▶ Federal University of Goias Faculty of Medicine

- ▶ Federal University of Juiz de Fora Faculty of Medicine
- ▶ Federal University of Maranhao Center of Health Sciences
- ▶ Federal University of Minas Gerais Faculty of Medicine
- ▶ Federal University of Para Center of Health Sciences
- ▶ Federal University of Paraiba Center of Health Sciences
- ▶ Federal University of Parana Center of Health Sciences
- ▶ Federal University of Pelotas Faculty of Medicine
- ▶ Federal University of Pernambuco Center of Health Sciences
- ▶ Federal University of Rio de Janeiro Faculty of Medicine
- ▶ Federal University of Santa Maria Center of Health Sciences
- ▶ Federal University of Sao Paulo Paulista School of Medicine
- ▶ Federal University of South Rio Grande Faculty of Medicine
- ▶ Foundation of the Federal University of Mato Grosso do Sul
- ▶ Marilia Faculty of Medicine
- ▶ Oswaldo Aranha Foundation, School of Medical Sciences of Volta Redonda
- ▶ Paulista State University Faculty of Medicine
- ▶ Pontifical Catholic University of Campinas Faculty of Medical Sciences
- ▶ Pontifical Catholic University of Sao Paulo Faculty of Medicine
- ▶ Santa Casa of Misericordia of Vitoria School of Medicine
- ▶ State University of Campinas Faculty of Medical Sciences
- ▶ State University of Rio de Janeiro Faculty of Medical Sciences
- ▶ Technical-Educational Foundation Souza Marques School of Medicine
- ▶ The Lutheran University of Brazil
- ▶ Universidade Católica de Brasília
- ▶ Universidade Estadual de Ciências da Saúde de Alagoas (UNCISAL)
Faculdade de Medicina
- ▶ Universidade Federal de Alagoas (UFAL) Faculdade de Medicina
- ▶ Universidade Federal Do Rio Grande Do Norte
- ▶ University Foundation of ABC, Faculty of Medicine of ABC
- ▶ University Foundation State of Londrina, Center of Health Sciences
- ▶

- ▶ University Gama Filho, Medical School of Rio de Janeiro
- ▶ University of Brazil Faculty of Health Sciences
- ▶ University of Mogi das Cruzes Center of Biomedical Sciences
- ▶ University of Passo Fundo Faculty of Medicine
- ▶ University of Santa Catarina Center of Health Sciences
- ▶ University of Sao Paulo Faculty of Medicine
- ▶ University of Sao Paulo Faculty of Medicine of Ribeirao Preto
- ▶ University of Taubate Faculty of Medicine

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Bulgaria

- ▶ Medical Academy, Higher Medical Institute of Pleven
- ▶ Medical Academy, Higher Medical Institute of Sofia
- ▶ Medical Academy, Higher Medical Institute of Varna
- ▶ Medical Academy, I. P. Pavlov Higher Medical Institute
- ▶ Medical Faculty at Trakia University
- ▶ Medical University - Pleven
- ▶ Medical University - Plovdiv
- ▶ Medical University - Sofia Faculty of Medicine (Bulgarian language only)

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Burma

- ▶ Institute of Medicine (I) Rangoon
- ▶ Institute of Medicine (II) Rangoon
- ▶ Institute of Medicine, Mandalay University

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Burundi

- ▶ University of Burundi Faculty of Medicine

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Cambodia

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Cameroon

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- ▶ University of Yaounde I Faculty of Medicine and Biomedical Sciences

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Canada

- ▶ Dalhousie University Faculty of Medicine
- ▶ Laval University Faculty of Medicine
- ▶ McGill University Faculty of Medicine
- ▶ McMaster University School of Medicine
- ▶ Memorial University of Newfoundland Faculty of Medicine
- ▶ Northern Ontario School of Medicine
- ▶ Queen's University Faculty of Health Sciences
- ▶ Queen's University Faculty of Medicine
- ▶ University of Alberta Faculty of Medicine
- ▶ University of British Columbia Faculty of Medicine
- ▶ University of Calgary Faculty of Medicine
- ▶ University of Manitoba Faculty of Medicine
- ▶ University of Montreal Faculty of Medicine
- ▶ University of Ottawa School of Medicine
- ▶ University of Saskatchewan College of Medicine

- ▶ University of Sherbrooke Faculty of Medicine
- ▶ University of Toronto Faculty of Medicine
- ▶ University of Western Ontario Faculty of Medicine

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Central African Republic

- ▶ University of Bangui Faculty of Health Sciences

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Chile

- ▶ Austral University of Chile Faculty of Medicine
- ▶ Pontifical Catholic University of Chile Faculty of Medicine
- ▶ Universidad de los Andes Fácultad de Medicina
- ▶ Universidad Mayor Escuela de Medicina
- ▶ University of Chile Faculty of Medicine
- ▶ University of Concepcion Faculty of Medicine
- ▶ University of Valparaiso

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China

- ▶ Anhui College of Traditional Chinese Medicine (Chinese language only)
- ▶ Anhwei Medical College AKA Anhui Medical College
- ▶ Army Medical College
- ▶ Aurora University French School of Medicine
- ▶ Beijing University of Traditional Chinese Medicine
- ▶ Bengbu Medical College
- ▶ Bethune Medical University
- ▶ Binzhou Medical College

- ▶ Canton University Medical College
- ▶ Capital Institute of Medicine
- ▶ Capital Medical College
- ▶ Capital Medical University (Chinese language only)
- ▶ Central South University Xiangya School of Medicine (Chinese language only)
- ▶ Chang Su Medical College
- ▶ Changchiakou School of Medicine
- ▶ Changwei Medical College AKA Weifang Medical College
- ▶ Cheelo University College of Medicine
- ▶ Chekiang Medical University AKA Zhejiang Medical University
- ▶ Cheng Chand Medical College
- ▶ Chengdu University of Traditional Chinese Medicine
- ▶ China Medical University (Chinese language only)
- ▶ Chinese Medical College, Canton
- ▶ Chongqing Medical University (Chinese language only)
- ▶ Dali Medical College (Chinese language only)
- ▶ Dalian Medical University (Chinese language only)
- ▶ East China Union Medical College
- ▶ Fujian Medical College
- ▶ Fujian Medical University Faculty of Medicine
- ▶ Fukien Medical University
- ▶ Gannan School of Medicine
- ▶ Guangdong Health Cadre School
- ▶ Guangdong Medical and Pharmaceutical College
- ▶ Guangdong Medical College
- ▶ Guangdong Pharmaceutical University
- ▶ Guangxi Medical College (Chinese language only)
- ▶ Guangzhou Medical College (Chinese language only)
- ▶ Guilin Medical College
- ▶ Guiyang Medical College

- ▶ Hackett Medical College for Women, Canton
- ▶ Hainan Medical College
- ▶ Hangchow Medical Training College
- ▶ Harbin Medical University (Chinese language only)
- ▶ Hebei Medical College
- ▶ Hebei Medical University Faculty of Medicine (Chinese language only)
- ▶ Hebei United University (Chinese language only)
- ▶ Heilongjiang College of Traditional Chinese Medicine
- ▶ Henan Medical University
- ▶ Hengyang Medical College
- ▶ Huabei Medical College for the Coal Industry
- ▶ Huazhong University of Science and Technology, Tongji Medical College (Chinese language only)
- ▶ Hubei Medical College AKA Hupeh Medical College
- ▶ Hubei Medical University
- ▶ Hunan Medical University
- ▶ Inner Mongolia College of Traditional Mongolian Medicine
- ▶ Inner Mongolia Medical College
- ▶ Inner Mongolia Medical College of Nationalities
- ▶ Jiamusi Medical College AKA Chiamuszu Medical College (Chinese language only)
- ▶ Jiangsu New Medical College (Chinese language only)
- ▶ Jiangxi Medical College
- ▶ Jilin Medical College (Chinese language only)
- ▶ Jining Medical College
- ▶ Jinzhou Medical College
- ▶ Kiangsu Medical College
- ▶ Kunming Medical College (Chinese language only)
- ▶ Kweiyang Medical College
- ▶ Kwong Wah Medical College
- ▶ Lanchow Medical College AKA Lanzhou Medical College (Chinese language

only)

- ▶ Lingnan University
- ▶ Luzhou Medical College
- ▶ Medical Center of Fudan University (Chinese language only)
- ▶ Medical College of Jinan University
- ▶ Nanjing College of Traditional Chinese Medicine
- ▶ Nanjing Medical College
- ▶ Nanjing Medical University (Chinese language only)
- ▶ Nanjing Railway Medical College AKA Nanking Railway Medical College
- ▶ Nanjing University of Chinese Medicine
- ▶ Nanjing University of Traditional Chinese Medicine
- ▶ Nanjing University School of Medicine
- ▶ Nantong Medical College (Chinese language only)
- ▶ National Chung Cheng Medical College
- ▶ National Hsiang Ya Medical College
- ▶ National Northwest Medical College
- ▶ National Tung Chi University College of Medicine
- ▶ Norman Bethune University of Medical Sciences
- ▶ North China Coal Medical University (Chinese language only)
- ▶ North China Union Medical College for Women, Peiping
- ▶ North Sichuan Medical College
- ▶ Peking Medical University AKA Beijing Medical University
- ▶ Peking Union Medical College
- ▶ Peking University Health Science Center
- ▶ Qingdao Medical College (Chinese language only)
- ▶ Saint John's University
- ▶ School of Life Sciences, Fudan University (Chinese language only)
- ▶ Shandong Medical University
- ▶ Shandong University School of Medicine (Chinese language only)
- ▶ Shanghai College of Traditional Chinese Medicine

- ▶ Shanghai Jiao Tong University School of Medicine
- ▶ Shanghai Medical University
- ▶ Shanghai Railway Medical College
- ▶ Shanghai Railway Medical University
- ▶ Shanghai Second Medical University
- ▶ Shanghai Tiedao Medical College
- ▶ Shanghai Tiedao University
- ▶ Shansi Medical College AKA Shanxi Medical College
- ▶ Shantou University Medical College
- ▶ Shantung Medical College
- ▶ Shen Si Medical School
- ▶ Shenyang Medical College
- ▶ Shihezi Medical College (Chinese language only)
- ▶ Sichuan University, West China Center of Medical Sciences (Chinese language only)
- ▶ Sichuan University, West China School of Medicine (Chinese language only)
- ▶ Soochow Medical College (Chinese language only)
- ▶ South China Medical College
- ▶ Southeast University Medical College (Chinese language only)
- ▶ Sun Yat-Sen University of Medical Sciences (Chinese language only)
- ▶ Suzhou Medical College
- ▶ Szechwan Medical College
- ▶ Taishan Medical College (Chinese language only)
- ▶ The First Military Medical University
- ▶ The Fourth Military Medical University
- ▶ The Second Military Medical University
- ▶ The Third Military Medical University
- ▶ Tianjin Medical College
- ▶ Tianjin Medical University (Chinese language only)
- ▶ Tianjin Second Medical College
- ▶ Tongji Medical University

- ▶ Tongji University School of Medicine (Chinese language only)
- ▶ Tung Nan Medical College
- ▶ Tung Teh Medical School
- ▶ University of Langnan Medical College, Canton
- ▶ Wannan Medical College
- ▶ Wenzhou Medical College (Chinese language only)
- ▶ West China University of Medical Sciences
- ▶ Women's Christian Medical College
- ▶ Wuhan Medical College
- ▶ Wuhan University Health Science Center (Chinese language only)
- ▶ Wuhan University School of Medicine (Chinese language only)
- ▶ Xian Medical University
- ▶ Xi'an Medical University
- ▶ Xinjiang Medical College (Chinese language only)
- ▶ XinXiang Medical College
- ▶ XinXiang Medical University
- ▶ Xuzhou Medical College (Chinese language only)
- ▶ Yanbian Medical College
- ▶ Yubei Medical School
- ▶ Yunyang Medical College
- ▶ Zhanjiang Medical College
- ▶ Zhejiang College of Traditional Chinese Medicine
- ▶ Zhejiang University School of Medicine (Chinese language only)
- ▶ Zhengzhou University College of Medicine (Chinese language only)
- ▶ Zhenjiang Medical College
- ▶ Zhongshan Medical University
- ▶ Zunyi Medical College

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Colombia

- ▶ "Juan N Corpas" School of Medicine
- ▶ Autonomous University of Bucaramanga
- ▶ Bosque University Colombian Medical School
- ▶ Colombian School of Medicine
- ▶ Free University of Cali Faculty of Medicine
- ▶ Free University of Colombia Faculty of Medicine
- ▶ Greater College of Our Lady of the Rosary
- ▶ Health Sciences University Foundation
- ▶ Industrial University of Santander Faculty of Science
- ▶ Institute of Health Sciences "CES" Faculty of Medicine
- ▶ Metropolitan University Corporation Faculty of Medicine
- ▶ National University of Colombia Faculty of Medicine
- ▶ New Granada Military University School of Medicine
- ▶ Pontifical Bolivian University Faculty of Medicine
- ▶ Pontifical Javerian University Faculty of Medicine
- ▶ South Columbian University Faculty of Medicine and Health Sciences
- ▶ Technical University of Pereira Faculty of Medicine
- ▶ Universidad de los Andes Fácultad de Medicina
- ▶ University of Antioquia Faculty of Medicine
- ▶ University of Caldas Faculty of Medicine
- ▶ University of Cartagena Division of Health Sciences
- ▶ University of Cauca Division of Health Sciences
- ▶ University of Quindio School of Medicine
- ▶ University of Sabana Faculty of Medicine
- ▶ University of the North Faculty of Medicine
- ▶ University of the Valley Division of Health Sciences

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Costa Rica

- ▶ Autonomous School of Medical Sciences of Central America
- ▶ University of Costa Rica Faculty of Medicine

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Croatia

- ▶ University of "Vladimir Bakaric" of Rijeka Faculty of Medicine
- ▶ University of Zagreb Faculty of Medicine

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Cuba

- ▶ Higher Institute of Medical Sciences of Camaguey Carlos J Finlay
- ▶ Higher Institute of Medical Sciences of Havana
- ▶ Higher Institute of Medical Sciences of Santiago
- ▶ Higher Institute of Medical Sciences of Villa Clara
- ▶ Latin American School of Medicine

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Czech Republic

- ▶ Charles University Faculty of Medicine 2
- ▶ Charles University Faculty of Medicine 3
- ▶ Charles University Faculty of Medicine in Hradec Kralove
- ▶ Charles University Faculty of Medicine in Plzen
- ▶ Charles University in Prague Faculty of Medicine 1 (6-year Czech & English programs)
- ▶ Masaryk University Faculty of Medicine in Brno
- ▶ Palacky University Faculty of Medicine

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Denmark

- ▶ University of Arhus Faculty of Medicine
- ▶ University of Copenhagen Faculty of Medicine
- ▶ University of Odense Faculty of Medicine

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Dominica

- ▶ Ross University School of Medicine

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Dominican Republic

- ▶ Autonomous University of Santo Domingo Faculty of Medicine
- ▶ Central University of the East School of Medicine (UCE)
- ▶ Mother and Master Catholic University
- ▶ National University of Pedro Henriquez Urena
- ▶ Nordestana University Faculty of Medical Sciences
- ▶ Pontificia Universidad Católica Madre y Maestra
- ▶ Technical Institute of Santo Domingo School of Medicine (INTEC)

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Ecuador

- ▶ Catholic University of Cuenca Faculty of Medicine
- ▶ Catholic University of Santiago of Guayaquil
- ▶ Central University of Ecuador School of Medicine
- ▶ Pontifical Catholic University of Ecuador
- ▶ Universidad San Francisco de Quito



- ▶ University of Cuenca Faculty of Medical Sciences
- ▶ University of Guayaquil Faculty of Medical Sciences

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Egypt

- ▶ Ain Shams University Faculty of Medicine
- ▶ Al-Azhar University Faculty of Medicine
- ▶ Al-Azhar University Faculty of Medicine, Assiut
- ▶ Assiut University Faculty of Medicine
- ▶ Benha University Faculty of Medicine
- ▶ Cairo University Faculty of Medicine, Kasr Alainy Medical School
- ▶ Menoufia University Faculty of Medicine
- ▶ Misr University for Science and Technology College of Medicine
- ▶ South Valley University Sohag Faculty of Medicine
- ▶ Suez Canal University Faculty of Medicine
- ▶ Tanta Faculty of Medicine
- ▶ University of Alexandria Faculty of Medicine
- ▶ University of Asyut Faculty of Medicine
- ▶ University of Cairo Faculty of Medicine
- ▶ University of Mansura Faculty of Medicine
- ▶ University of Minya Faculty of Medicine
- ▶ Zagazig Faculty of Medicine
- ▶ Zagazig University, Benha Faculty of Medicine

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El Savador

- ▶ Alberto Masferrer University Faculty of Medicine
- ▶ Autonomous University of Santa Ana Faculty of Medicine
- ▶ Dr. Jose Matias Delgado University Faculty of Health Sciences

- ▶ Evangelical University Faculty of Medicine
- ▶ National University Rosales Hospital Faculty of Medicine
- ▶ Universidad Evangélica de El Salvador Facultad de Medicina
- ▶ University of El Salvador Faculty of Medicine
- ▶ University of New San Salvador School of Medicine

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England

- ▶ King's College London School of Medicine at Guy's, King's College and St. Thomas' Hospital
- ▶ Oxford University Medical School
- ▶ St Bartholomew's and the Royal London School of Medicine
- ▶ The University of Nottingham Medical School
- ▶ University College London Medical School
- ▶ University of Birmingham Medical School
- ▶ University of Bristol Medical School
- ▶ University of Cambridge School of Clinical Medicine
- ▶ University of East Anglia School of Medicine, Health Policy and Practice
- ▶ University of Leeds School of Medicine
- ▶ University of Leicester School of Medicine
- ▶ University of Liverpool Faculty of Medicine
- ▶ University of London School of Medicine, University College
- ▶ University of London, Charing Cross and Westminster Medical School
- ▶ University of London, Imperial College School of Medicine
- ▶ University of London, King's College School of Medicine and Dentistry
- ▶ University of London, Royal Free Hospital School of Medicine
- ▶ University of London, St Bartholomew's Hospital Medical College
- ▶ University of London, St. George's Hospital Medical School
- ▶ University of London, St. Mary's Hospital Medical School
- ▶ University of London, The London Hospital Medical College

- ▶ University of London, United Medical and Dental Schools of Guy's and St. Thomas's Hospitals
- ▶ University of Manchester Faculty of Medicine
- ▶ University of Newcastle-Upon-Tyne Medical School
- ▶ University of Sheffield Medical School, Faculty of Medicine and Dentistry
- ▶ University of Southampton Faculty of Medicine
- ▶ Warwick Medical School

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Estonia

- ▶ University of Tartu Faculty of Medicine

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Ethiopia

- ▶ Addis Ababa University Faculty of Medicine
- ▶ Addis Ababa University Gondar College of Medical Sciences
- ▶ Jimma Health Science Institute
- ▶ Jimma University Faculty of Medical Sciences

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Fiji

- ▶ Fiji Medical School

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Finland

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- ▶ University of Tampere Medical Faculty
- ▶ University of Turku Medical Faculty

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France

- ▶ Free School of Medicine
- ▶ Scientific and Medical University of Grenoble U.F.R. of Medicine
- ▶ Université Catholique de Lille, Faculté Libre de Médecine
- ▶ Université de Paul Sabatier (Université de Toulouse III), UFR des Sciences Médicales de Purpan
- ▶ Université de Versailles Saint-Quentin-en-Yvelines, UFR des Sciences de la Santé Simone VEIL
- ▶ Université de Versailles Saint-Quentin-en-Yvelines, UFR Médicale Paris Ile-de-France Quest
- ▶ University of Aix-Marseille II U.F.R. of Medicine
- ▶ University of Angers U.F.R. of Medical Sciences and Pharmaceutics
- ▶ University of Besancon U.F.R. of Medicine
- ▶ University of Bordeaux U.F.R. of Medicine, University of Bordeaux II
- ▶ University of Brest U.F.R. of Medicine
- ▶ University of Caen U.F.R. of Medicine
- ▶ University of Claude Bernard U.F.R. of Medicine Grange Blanche AKA University of Lyon
- ▶ University of Clermont-Ferrand U.F.R. of Medicine
- ▶ University of Dijon U.F.R. of Medicine
- ▶ University of Francois-Rabelais U.F.R. of Medicine of Tours
- ▶ University of Lille II U.F.R. of Medicine
- ▶ University of Limoges U.F.R. of Medicine and Pharmacy
- ▶ University of Louis Pasteur U.F.R. of Medical Sciences AKA University of Strasbourg
- ▶ University of Montpellier U.F.R. of Medicine
- ▶ University of Nancy I U.F.R. A and B of Medicine

- ▶ University of Nantes U.F.R. of Medicine and Medical Technology
- ▶ University of Nice U.F.R. of Medicine
- ▶ University of Paris South U.F.R. of Medicine Kremlin-Bicetre
- ▶ University of Paris U.F.R. of Medicine and Human Biology
- ▶ University of Paris U.F.R. of Medicine Necker-Enfants Malades
- ▶ University of Paris U.F.R. of Medicine Saint-Antoine
- ▶ University of Paris Val-de-Marne U.F.R. of Creteil
- ▶ University of Paris VII U.F.R. of Medicine Lariboisiere-Saint-Louis
- ▶ University of Paris VII U.F.R. of Medicine Xavier Bichat
- ▶ University of Picardy U.F.R. of Medicine AKA University of Amiens
- ▶ University of Pierre and Marie Curie (Paris VI) U.F.R. Broussais-Hotel-Dieu
- ▶ University of Pierre and Marie Curie (Paris VI) U.F.R. of Medicine Pitie-Salpetriere
- ▶ University of Poitiers U.F.R. Mixte of Medicine and Pharmacy
- ▶ University of Reims U.F.R of Medicine
- ▶ University of Rennes U.F.R. "Clinic and Medical Therapeutics"
- ▶ University of Rouen U.F.R. of Medicine and Pharmacy
- ▶ University of Saint-Etienne U.F.R. of Medicine
- ▶ University Paul Sabatier U.F.R. of Medicine Toulouse-Rangeuil
- ▶ University Rene Descartes (Paris V) U.F.R. of Medicine Cochin-Port Royal
- ▶ University Rene Descartes U.F.R. of Medicine Paris-Ouest

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Georgia

- ▶ Tbilisi State Medical University

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Germany

- ▶ Albert-Ludwigs-University of Freiburg Faculty of Medicine

- ▶ Charity Medical University of Berlin
- ▶ Christian-Albrechts-University of Kiel Faculty of Medicine
- ▶ Eberhard-Karls-University of Tubingen Faculty of Medicine
- ▶ Ernst-Moritz-Arndt-University Faculty of Medicine
- ▶ Free University of Berlin Faculty of Medicine
- ▶ Friedrich-Alexander University of Erlangen-Nurnberg
- ▶ Friedrich-Schiller-University of Jena Faculty of Medicine
- ▶ Georg-August-University of Gottingen Faculty of Medicine
- ▶ Hannover Medical School / Medizinische Hochschule Hannover
- ▶ Heinrich-Heine University Dusseldorf AKA University of Dusseldorf
- ▶ Humboldt University of Berlin
- ▶ Johannes-Gutenberg-University of Mainz Faculty of Medicine
- ▶ Johann-Wolfgang-Goethe-University of Frankfurt
- ▶ Justus-Liebig-University of Giessen Faculty of Medicine
- ▶ Karl-Marx-University of Leipzig Faculty of Medicine
- ▶ Ludwig-Maximilians-University of Munich Faculty of Medicine
- ▶ Martin-Luther-University Faculty of Medicine
- ▶ Medical Academy of Essen
- ▶ Medical Academy of Hannover
- ▶ Medical Academy of Magdeburg
- ▶ Philipps-University of Marburg Faculty of Medicine
- ▶ Rheinische Friedrich-Wilhelms University of Bonn
- ▶ Rheinisch-Westfalische Technical Academy at Aachen
- ▶ Ruhr-University of Bochum Faculty of Medicine
- ▶ Ruprecht-Karls-University of Heidelberg Faculty of Medicine
- ▶ Technical University Dresden-"Carl-Gustav Carus" Medical Faculty
- ▶ Technical University of Munich Faculty of Medicine
- ▶ Universität Duisburg-Essen Medizinische Fakultät
- ▶ University of Cologne Faculty of Medicine
- ▶ University of Hamburg Faculty of Medicine

- ▶ University of Heidelberg, Mannheim Faculty of Medicine
- ▶ University of Leipzig Faculty of Medicine
- ▶ University of Luebeck Faculty of Medicine
- ▶ University of Regensburg Faculty of Medicine III
- ▶ University of Saarlandes/Saarbrucken Faculty of Medicine
- ▶ University of Ulm Faculty of Medicine
- ▶ University of Witten-Herdecke Faculty of Medicine
- ▶ University of Wurzburg Faculty of Medicine
- ▶ Westfalische-Wilhelms-University of Munster Faculty of Medicine
- ▶ Wilhelm-Pieck-University of Rostock Faculty of Medicine

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Ghana

- ▶ University for Development Studies School of Medicine and Health Sciences
- ▶ University of Ghana Medical School
- ▶ University of Science and Technology, School of Medical Sciences

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Greece

- ▶ Aristotelian University of Thessaloniki
- ▶ Democritus University of Thrace
- ▶ National and Capodistrian University of Athens Medical School
- ▶ National University of Athens Faculty of Medicine
- ▶ University of Crete School of Health Sciences
- ▶ University of Ioannina Medical School
- ▶ University of Patras Medical School

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Grenada

- ▶ St. George's University School of Medicine

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Guatemala

- ▶ Francisco Marroquin University Faculty of Medicine
- ▶ University of San Carlos Faculty of Medical Science

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Guinea

- ▶ "Gamel Abdel Nasser" Polytechnical Institute

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Guyana

- ▶ University of Guyana Faculty of Health Sciences

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Haiti

- ▶ State University of Haiti School of Medicine and Pharmacy

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Honduras

- ▶ National Autonomous University of Honduras

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Hong Kong

- ▶ Chinese University of Hong Kong Faculty of Medicine
- ▶ University of Hong Kong Faculty of Medicine

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Hungary

- ▶ "Pecs University Medical School" English Program (6-year English program)
- ▶ Semmelweis University Faculty of Medicine
- ▶ Semmelweis University Faculty of Medicine (MPES) (6-year English program)
- ▶ Semmelweis University of Medical Sciences
- ▶ University of Debrecen Faculty of Medicine
- ▶ University of Debrecen Medical and Health Sciences Centre (6-year English program)
- ▶ University of Pecs Faculty of Medicine
- ▶ University of Semmelweis Faculty of Medicine
- ▶ University of Szeged Albert Szent-Gyorgyi Faculty of Medicine (6-year English program)
- ▶ University of Szeged Faculty of Medicine

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Iceland

- ▶ Haskoli Islands University

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India

- ▶ A P Singh University, S. S. Medical College
- ▶ Agra University, S. N. Medical College
- ▶ Aligarh Muslim University, J. L. N. Medical College
- ▶ All-India Institute of Medical Sciences
- ▶

- ▶ Amravati University, Panjabrao alias B. D. Memorial College
- ▶ Amrita Vishwa Vidyapeetham University, Amrita School of Medicine
- ▶ Andhra University, Andhra Medical College
- ▶ Andhra University, Guntur Medical College
- ▶ Andhra University, Rangaraya Medical College AKA University of Health Sciences Vijayawada
- ▶ Annamalai University, Rajah Muthiah Medical College
- ▶ Aryabhatta Knowledge University, Patna, Jawaharlal Nehru Medical College, Bhagalpur
- ▶ Assam University, Silchar Medical College and Hospital
- ▶ B.N. Mandal University, Mata Gujri Memorial Medical College
- ▶ Baba Farid University of Health Sciences Christian Medical College
- ▶ Baba Farid University of Health Sciences Dayanand Medical College
- ▶ Baba Farid University of Health Sciences Guru Gobind Singh Medical College
- ▶ Baba Farid University of Health Sciences, Government Medical College, Amritsar
- ▶ Baba Farid University of Health Sciences, Government Medical College, Patiala
- ▶ Baba Farid University of Health Sciences, Sri Guru Ram Das Institute of Medical Sciences
- ▶ Banaras Hindu University Institute of Medical Sciences
- ▶ Bangalore University Kempegowda Institute of Med Science
- ▶ Bangalore University, Bangalore Medical College
- ▶ Bangalore University, Dr B. R. Ambedkar Medical College
- ▶ Bangalore University, M. S. Ramaiah Medical College
- ▶ Bangalore University, Sri Devraj Urs Medical College
- ▶ Bangalore University, Sri Siddhartha Medical College
- ▶ Bangalore University, St. John's Medical College
- ▶ Barkatulla Vishwavidyalaya University, Ghandi Medical College
- ▶ Berhampur University, M. K. C. G. Medical College
- ▶ Bhagalpur University Medical College
- ▶ Bharathiar University, Coimbatore Medical College
- ▶

- ▶ Bharathidasan University, Thanjavur Medical College
- ▶ Bharati Vidyapeeth Deemed University, B. V. Medical College
- ▶ Bhavnagar University, Government Medical College Bhavnagar
- ▶ Bhopal University, Gandhi Medical College
- ▶ Bihar University, Sri Krishna Medical College
- ▶ Bombay University, Dr D. Y. Patil Medical College
- ▶ Bombay University, Mahatma Gandhi Mission's Medical College
- ▶ Bundelkhand University, M. L. B. Medical College
- ▶ Burdwan University Medical College
- ▶ Calcutta University, N.R.S. Medical College
- ▶ Calicut University Medical College
- ▶ Ch. Charan Singh University, Santosh Medical College
- ▶ Chaudhry Charan Singh University, L.L.R. Memorial Medical College
- ▶ Chhatrapati Shahu Ji Maharaj University, GSVM Medical College
- ▶ Cochin University of Science & Technology, Co-operative Medical College, Kochi
- ▶ D.Y. Patil Education Society Deemed University's D.Y. Patil Medical College, Kolhapur
- ▶ D.Y. Patil Education Society's Medical College, Kolhapur
- ▶ Devi Ahilya Vishwavidyalaya M. G. M. Medical College
- ▶ Dibrugarh University, Assam Medical College
- ▶ Dr M.G.R. Medical University, Chennai Medical College
- ▶ Dr M.G.R. Medical University, Chingleput Medical College
- ▶ Dr M.G.R. Medical University, Coimbatore Medical College
- ▶ Dr M.G.R. Medical University, Madras, Christian Medical College
- ▶ Dr M.G.R. Medical University, Madras, Madras Medical College
- ▶ Dr M.G.R. Medical University, Madras, P. S. G. Institute
- ▶ Dr M.G.R. Medical University, Madras, Sri Ramachandra Medical College
- ▶ Dr M.G.R. Medical University, Madras, Stanley Medical College
- ▶ Dr M.G.R. Medical University, Madurai Medical College
- ▶ Dr M.G.R. Medical University, Mohan Kumaramangalam Medical College

- ▶ Dr M.G.R. Medical University, P. S. G. Institute of Medical Sciences
- ▶ Dr M.G.R. Medical University, Thanjavur Medical College
- ▶ Dr M.G.R. Medical University, Tirunelveli Medical College
- ▶ Dr M.G.R. Medical University, Vinayaka Mission's K. V. Medical College
- ▶ Dr M.G.R. University, Madras, Coimbatore Medical College
- ▶ Dr M.G.R. University, Madras, Kilpauk Medical College
- ▶ Dr. B. R. Ambedkar University, Sarojini Naidu Medical College
- ▶ Dr. Bhim Rao Ambedkar University, Subharti Medical College
- ▶ Gandhiji University, Kottayam Medical College
- ▶ Gauhati University, Gauhati Medical College
- ▶ Gauhati University, Regional Medical College
- ▶ Goa University, Goa Medical College
- ▶ Gorakhpur University, Baba Raghav Das Medical College
- ▶ Gujarat University, B. J. Medical College
- ▶ Gujarat University, N. H. L. Municipal Medical College
- ▶ Gulbarga University, Mahadevappa Rampure Medical College
- ▶ Gulbarga University, Vijaynagara Institute of Medical Sciences
- ▶ Guru Gobind Singh Indraprastha University, Vardhman Mahavir Medical College
- ▶ Guru Nanak Dev University Medical College
- ▶ Guru Nanak Dev University, Government Medical College Amritsar
- ▶ H.N. Bahuguna Garhwal University, Himalayan Institute of Medical Sciences
- ▶ Himachal Pradesh University, Himachal Pradesh Medical College, Simla
- ▶ Himachal Pradesh University, Indira Gandhi Medical College
- ▶ Indore University, M. G. M. Medical College AKA Devi Ahilya Vishwavidyalaya, M. G. M. Medical College
- ▶ Jabalpur University Medical College AKA Rani Durgavati Vishwavidyalaya
- ▶ Jammu University Medical College
- ▶ Jammu University, Acharya Shri Chander College of Medical Sciences
- ▶ Jiwaji University, Gajra Raja Medical College
- ▶ Kakatiya University, Kakatiya Medical College

- ▶ Kannur University, Academy of Medical Sciences Pariyaram
- ▶ Kanpur University, G. S. V. M. Medical College
- ▶ Kanpur University, M. L. B. Medical College
- ▶ Karnatak University Dharwad, B. L. D. E. Association's Medical College
- ▶ Karnatak University Government Medical College AKA Gulbarga University, Government Medical College
- ▶ Karnatak University, Jawaharlal Nehru Medical College
- ▶ Karnatak University, Karnatak Medical College
- ▶ Karnataka University, Dharwad, Al-Ameen Medical College
- ▶ Karnataka University, Karnataka Institute of Medical Sciences
- ▶ Kashmir University, Government Medical College
- ▶ Kerala University of Health & Applied Sciences, Co-operative Medical College, Kochi
- ▶ Kerala University of Health & Applied Sciences, Thrissur, Cochin Medical College
- ▶ Kerala University of Health and Applied Sciences, Dr. Somervell Memorial C.S.I. Medical College
- ▶ Kerala University of Health Sciences
- ▶ Kerala University of Health Sciences, Jubilee Mission Medical College & Research Institute
- ▶ Kerala University of Health Sciences, Pushpagiri Institute of Medical Sciences & Research
- ▶ Kerala University, Medical College Thiruvananthapuram
- ▶ Kesarsal Medical College & Research Institute
- ▶ Krishna Institute of Medical Sciences Deemed University
- ▶ Kuvempu University, J. J. M. Medical College
- ▶ L N Mithila University, Darbhanga Medical College
- ▶ M. S. University of Baroda Medical College
- ▶ Madras University, Sri Ramachandra Medical College
- ▶ Madurai Kamaraj University, Madurai Medical College
- ▶ Madurai Kamaraj University, Tirunelveli Medical College
- ▶ Madurai University Medical College
- ▶ Madurai University, Tirunelveli Medical College

- ▶ Magadh University, Anugrah Narain Magadh Medical College
- ▶ Magadh University, Nalanda Medical College
- ▶ Maharashtra University of Health Sciences, Armed Forces Medical College
- ▶ Maharashtra University of Health Sciences, Dr. P.D.M. Medical College
- ▶ Maharashtra University of Health Sciences, Dr. Vaishampayan Memorial Government Medical College
- ▶ Maharashtra University of Health Sciences, Dr. Vaishampayan Memorial Medical College
- ▶ Maharashtra University of Health Sciences, Government Medical College Aurangabad
- ▶ Maharashtra University of Health Sciences, Government Medical College Kolhapur
- ▶ Maharashtra University of Health Sciences, Government Medical College, Nagpur
- ▶ Maharashtra University of Health Sciences, Grant Medical College
- ▶ Maharashtra University of Health Sciences, Indira Gandhi Medical College, Nagpur
- ▶ Maharashtra University of Health Sciences, Jawaharlal Nehru Medical College, Wardha
- ▶ Maharashtra University of Health Sciences, K.J. Somaiya Medical College
- ▶ Maharashtra University of Health Sciences, Krishna Institute of Medical Sciences, Karad
- ▶ Maharashtra University of Health Sciences, Lokmanya Tilak Municipal Medical College
- ▶ Maharashtra University of Health Sciences, M. G. M. Medical College
- ▶ Maharashtra University of Health Sciences, Maharashtra Institute of Medical Education & Research
- ▶ Maharashtra University of Health Sciences, Miraj Medical College
- ▶ Maharashtra University of Health Sciences, MVPS Dr. Vasant Rao Pawar Medical College Hospital and Research Centre
- ▶ Maharashtra University of Health Sciences, Nashik, B. J. Medical College, Pune
- ▶ Maharashtra University of Health Sciences, Nashik, D.Y. Patil Medical College
- ▶ Maharashtra University of Health Sciences, Nashik, Dr. Shankar Rao Chavan Govt. Medical College, Nanded
- ▶ Maharashtra University of Health Sciences, Nashik, Terna Medical College

- ▶ Maharashtra University of Health Sciences, NDMVP Samaj's Medical College
- ▶ Maharashtra University of Health Sciences, Rajarshree Chhatrapati Shahu Maharaj Government Medical College, Kolhapur
- ▶ Maharashtra University of Health Sciences, Rajiv Gandhi Medical College
- ▶ Maharashtra University of Health Sciences, Seth G. S. Medical College
- ▶ Maharashtra University of Health Sciences, Shri Bhausahab Hire Government Medical College
- ▶ Maharashtra University of Health Services, Topiwala National Medical College
- ▶ Maharashtra University, Padmashree Dr. D. Y. Patil Medical College
- ▶ Maharashtra University, Shri Vasantao Naik Government Medical College
- ▶ Maharshi Dayanand University P.T. Blagwat Dayal Sharma Medical College
- ▶ Maharshi Dayanand University, Maharaja Agrasen Medical College
- ▶ Mahatma Gandhi University of Medical Sciences & Technology, Mahatma Gandhi Medical College & Hospital
- ▶ Mahatma Gandhi University, Kottayam Medical College
- ▶ Mahatma Gandhi University, Pushpagiri Institute of Medical Sciences & Research Center
- ▶ Mangalore University, Kasturba Medical College
- ▶ Manipal Academy of Higher Education Kasturba Medical College Mangalore
- ▶ Manipal Academy of Higher Education Kasturba Medical College Manipal
- ▶ Manipur University, Regional Institute of Medical Sciences
- ▶ Marathwada University, Government Medical College
- ▶ Meerut University, L. L. R. M. Medical College
- ▶ Mysore University, Adichunchanagiri Institute of Medical Sciences
- ▶ Mysore University, J. J. M. Medical College
- ▶ Mysore University, Kasturba Medical College
- ▶ Mysore University, Mysore Medical College
- ▶ Nagarjuna University, Guntur Medical College
- ▶ Nagarjuna University, Siddhartha Medical College
- ▶ Nagpur University Medical College
- ▶ Nagpur University, Indira Gandhi Medical College

- ▶ Nagpur University, J. N. Medical College
- ▶ Nagpur University, Mahatma Gandhi Institute of Medical Sciences
- ▶ Nagpur University, N. K. P. Salve Institute of Medical Sciences
- ▶ North Bengal University North Bengal Medical College
- ▶ North Maharashtra University Sri Bhausaheb Hire Government Med Coll
- ▶ North Maharashtra University, J. M. F.'s A. C. P. M. Medical College
- ▶ NTR University of Health Sciences, Alluri Sitarama Raju Academy of Medical Sciences (ASRAMS)
- ▶ NTR University of Health Sciences, Chalmeda Anand Rao Institute of Medical Sciences
- ▶ NTR University of Health Sciences, Gandhi Medical College
- ▶ NTR University of Health Sciences, Government Medical College Anantapur
- ▶ NTR University of Health Sciences, Kamineni Institute of Medical Sciences
- ▶ NTR University of Health Sciences, Mamata Medical College
- ▶ NTR University of Health Sciences, MNR Medical College & Hospital
- ▶ NTR University of Health Sciences, Narayana Medical College
- ▶ NTR University of Health Sciences, Osmania Medical College
- ▶ NTR University of Health Sciences, P.E.S. Institute of Medical Sciences and Research
- ▶ NTR University of Health Sciences, Prathima Institute of Medical Sciences
- ▶ NTR University of Health Sciences, Rangaraya Medical College
- ▶ NTR University of Health Sciences, S.V.S. Medical College
- ▶ NTR University of Health Sciences, Sri Venkateswara Medical College
- ▶ NTR University of Health Sciences, Vijayawada, Andhra Medical College
- ▶ NTR University of Health Sciences, Vijayawada, Deccan College of Medical Sciences
- ▶ NTR University of Health Sciences, Vijayawada, Siddhartha Medical College
- ▶ Osmania University, Gandhi Medical College
- ▶ Osmania University, Kakatiya Medical College
- ▶ Osmania University, Osmania Medical College
- ▶ Padmashree Dr. D.Y. Patil University, Padmashree Dr. D.Y. Patil Medical College

- ▶ Patna University, Patna Medical College
- ▶ Pondicherry University, Jawaharlal Institute
- ▶ Pondicherry University, Vinayaka Mission's Medical College, Karaikal
- ▶ Poona University, N. D. M. V. P. Samaj's Medical College
- ▶ Pt Ravi Shankar Shukla University, Pt J. N. M. Medical College
- ▶ Pt. B.D. Sharma University of Health Sciences, Rohtak, Maharaja Agrasen Medical College
- ▶ Punjab University, Christian Medical College
- ▶ Punjab University, Dayanand Medical College
- ▶ Punjab University, Government Medical College
- ▶ Punjab University, Government Medical College Chandigarh
- ▶ Punjabi University, Guru Govind Singh Medical College
- ▶ Rajasthan University of Health Sciences, Mahatma Gandhi Medical College & Hospital
- ▶ Rajiv Gandhi University of Health Sciences, Adichunchanagiri Institute
- ▶ Rajiv Gandhi University of Health Sciences, Dr. B.R. Ambedkar Medical College
- ▶ Rajiv Gandhi University of Health Sciences, Father Muller Institute of Medical Education and Research, Mangalore
- ▶ Rajiv Gandhi University of Health Sciences, Father Muller Medical College
- ▶ Rajiv Gandhi University of Health Sciences, J. J. M. Medical College
- ▶ Rajiv Gandhi University of Health Sciences, J. S. S. Medical College
- ▶ Rajiv Gandhi University of Health Sciences, K.S. Hegde Medical Academy
- ▶ Rajiv Gandhi University of Health Sciences, Karnataka Institute of Medical Sciences
- ▶ Rajiv Gandhi University of Health Sciences, Kempegowda Institute of Medical Sciences
- ▶ Rajiv Gandhi University of Health Sciences, M. S. Ramaiah Medical College
- ▶ Rajiv Gandhi University of Health Sciences, Sri Siddhartha Medical College
- ▶ Rajiv Gandhi University of Health Sciences, St. John's Medical College
- ▶ Rajiv Gandhi University of Health Sciences, Vijayanagar Institute of Medical Sciences
- ▶ Rajiv Gandhi University of Health Sciences, Vydehi Institute of Medical Sciences and Research Centre

- ▶ Rajiv Gandhi University of Health Sciences, Yenepoya Medical College
- ▶ Rajiv Gandhi University, B.L.D.E.A.'s Shri B.M. Patil Medical College
- ▶ Rajiv Gandhi University, Mahadevappa Rampure Medical College
- ▶ Rajiv Gandhi University, Mysore Medical College
- ▶ Rajiv Gandhi University, Sri Devaraj Urs Medical College
- ▶ Rajiv Gandhi University of Health Sciences Jawaharlal Nehru Medical College
- ▶ Rajiv Gandhi University of Health Sciences, Bangalore Medical College
- ▶ Ranchi University, Mahatma Gandhi Memorial Medical College
- ▶ Ranchi University, Patliputra Medical College
- ▶ Ranchi University, Rajendra Medical College
- ▶ Rani Durgavati Vishwavidyalaya Medical College
- ▶ Rani Durgavati Vishwavidyalaya University, N. S. C. B. Medical College
- ▶ Ravi Shankar University, J. L. N. Medical College
- ▶ Sambalpur University, V. S. S. Medical College
- ▶ Sardar Patel University, Pramukhswami Medical College
- ▶ Saurashtra University, C.U. Shah Medical College
- ▶ Saurashtra University, M. P. Shah Medical College
- ▶ Saurashtra University, Pandit Deendayal Upadhyay Medical College
- ▶ Sher-I-Kashmir Deemed University, Jammu & Kashmir, Sher-I-Kashmir Institute of Medical Sciences
- ▶ Shivaji University, D.Y. Patil Medical College
- ▶ Shivaji University, Dr Vaishampayan Memorial Medical College
- ▶ Shivaji University, Kolhapur, Krishna Institute of Medical Sciences
- ▶ Shivaji University, Krishna Institute of Medical Sciences
- ▶ Shivaji University, Miraj Medical College
- ▶ Sikkim Manipal University of Health, Medical and Technological Sciences, Sikkim Manipal Institute of Medical Sciences
- ▶ South Gujarat University, Government Medical College
- ▶ Sri Ramachandra University, Sri Ramachandra Medical College and Research
- ▶ Sri Siddhartha University, Sri Siddhartha Medical College
- ▶

- ▶ Sri Venkatesvara University Medical College
- ▶ Sri Venkatesvara University, Kurnool Medical College
- ▶ Swami Ramanand Teerth Marathwada University, Government Medical College, Nanded
- ▶ Swami Ramanand Teerth University, Maharashtra Institute Medical Sciences
- ▶ Swami Vivekanand Subharti University, Subharti Medical College
- ▶ Tamil Nadu Dr. M.G.R. Medical University, Chengalpattu Medical College
- ▶ Tamil Nadu Dr. M.G.R. Medical University, Christian Medical College, Vellore
- ▶ Tamil Nadu Dr. M.G.R. Medical University, Coimbatore Medical College
- ▶ Tamil Nadu Dr. M.G.R. Medical University, IRT Perunthurai Medical College
- ▶ Tamil Nadu Dr. M.G.R. Medical University, Kilpauk Medical College
- ▶ Tamil Nadu Dr. M.G.R. Medical University, Madras Medical College
- ▶ Tamil Nadu Dr. M.G.R. Medical University, PSG Institute of Medical Sciences and Research
- ▶ Tamil Nadu Dr. M.G.R. University, Madurai Medical College
- ▶ Tamil Nadu Dr. MGR Medical University, K.A.P. Viswanatham Government Medical College
- ▶ Tamil Nadu Dr. MGR Medical University, Tirunelveli Medical College
- ▶ Tilka Manjhi Bhagalpur University, Jawaharlal Nehru Medical College, Bhagalpur
- ▶ Univeristy of Kashmir, Sher-I-Kashmir Institute of Medical Sciences
- ▶ University of Allahabad, M. L. N. Medical College
- ▶ University of Bombay, Goa Medical College
- ▶ University of Bombay, Grant Medical College
- ▶ University of Bombay, L. T. Municipal Medical College
- ▶ University of Bombay, Padmashree Dr. D.Y. Patil Medical College
- ▶ University of Bombay, Seth G. S. Medical College
- ▶ University of Bombay, Smt. Sitadevi Bijaykumar Jajodia Medical College
- ▶ University of Bombay, Topiwala National Medical College
- ▶ University of Calcutta Medical College
- ▶ University of Calcutta, N. R. S. Medical College
- ▶ University of Calcutta, National Medical College

- ▶ University of Calcutta, R. G. Kar Medical College
- ▶ University of Calicut, Academy of Medical Sciences, Pariyaram
- ▶ University of Calicut, Jubilee Mission Medical College & Research Institute
- ▶ University of Calicut, Trichur Medical College
- ▶ University of Delhi, College of Medical Sciences
- ▶ University of Delhi, Lady Hardinge Medical College
- ▶ University of Delhi, Maulana Azad Medical College
- ▶ University of Delhi, University College of Medical Sciences and GTB Hospital
- ▶ University of Health Sciences, Vijayawada, Andhra Pradesh, Kurnool Medical College
- ▶ University of Health Sciences, Vijayawada, Guntur Medical College
- ▶ University of Health Sciences, Vijayawada, Kakatiya Medical College
- ▶ University of Health Sciences, Vijayawada, Osmania Medical College
- ▶ University of Health Sciences, Vijayawada, S. V. Medical College
- ▶ University of Jammu Government Medical College
- ▶ University of Kashmir, Jehlum Valley College of Medical Sciences
- ▶ University of Kerala Medical College
- ▶ University of Kerala, Dr. Somervell Memorial C.S.I. Medical College
- ▶ University of Kerala, Kottayam Medical College
- ▶ University of Kerala, T. D. Medical College
- ▶ University of Lucknow, K. G. Medical College
- ▶ University of Madras Medical College
- ▶ University of Madras, Chingleput Medical College
- ▶ University of Madras, Christian Medical College
- ▶ University of Madras, Jawaharlal Institute
- ▶ University of Madras, Kilpauk Medical College
- ▶ University of Madras, Madras Medical College
- ▶ University of Madras, Madurai Medical College
- ▶ University of Madras, Stanley Medical College
- ▶ University of Madras, Thanjavur Medical College
- ▶ University of Mumbai, Dr D. Y. Patil Medical College

- ▶ University of Mumbai, Grant Medical College
- ▶ University of Mumbai, K. J. Somaiya Medical College
- ▶ University of Mumbai, Lokmanya Tilak Municipal Medical College
- ▶ University of Mumbai, Mahatma Gandhi Mission's Medical College
- ▶ University of Mumbai, Seth G. S. Medical College
- ▶ University of Mumbai, Terna Medical College
- ▶ University of Mumbai, Thane Municipal Corporation Medical College
- ▶ University of Mumbai, Topiwala National Medical College
- ▶ University of Mysore, J. S. S. Medical College
- ▶ University of Poona, Pravara Rural Hospital and Medical College
- ▶ University of Pune, Armed Forces Medical College
- ▶ University of Pune, B. J. Medical College
- ▶ University of Pune, Bharati Vidyapeeth's Medical College
- ▶ University of Rajasthan, Dr. S. N. Medical College
- ▶ University of Rajasthan, J. Nehru Medical College
- ▶ University of Rajasthan, Mahatma Gandhi Medical College & Hospital
- ▶ University of Rajasthan, R. N. T. Medical College
- ▶ University of Rajasthan, S. M. S. Medical College
- ▶ University of Rajasthan, Sardar Patel Medical College
- ▶ Utkal University, S. C. B. Medical College
- ▶ Veer Narmad South Gujarat University, Government Medical College, Surat
- ▶ Veer Narmad South Gujarat University, Surat Municipal Institute of Medical Education
- ▶ Vinayaka Missions University, Aarupadai Veedu Medical College, Pondicherry
- ▶ Vinayaka Missions University, Vinayaka Mission's Kirupananda Variyar Medical College, Salem
- ▶ Vinayaka Mission's University, Vinayaka Mission's Medical College, Karaikal

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- ▶ Catholic University of Indonesia Atma Jaya
- ▶ Udayana University Faculty of Medicine
- ▶ University of Airlangga Faculty of Medicine
- ▶ University of Brawijaya Faculty of Medicine
- ▶ University of Diponegoro Faculty of Medicine
- ▶ University of Gadjah Mada Sekip Faculty of Medicine
- ▶ University of Hasanuddin Faculty of Medicine
- ▶ University of Indonesia Faculty of Medicine
- ▶ University of North Sumatra Faculty of Medicine
- ▶ University of Sam Ratulangi Faculty of Medicine
- ▶ University of Sriwijaya Faculty of Medicine
- ▶ University of Trisakti Faculty of Medicine

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Islamic Republic of Iran

- ▶ Ahvaz Jundishapur University of Medical Sciences
- ▶ Ahwaz Medical School, Ahwaz University of Medical Sciences
- ▶ Arak University of Medical Sciences and Health Services
- ▶ Ayatollah Taleghani Medical Centre
- ▶ Babol University of Medical Sciences and Health Services
- ▶ Bandar Abbas University of Medical Sciences and Health Services
- ▶ Birjand University of Medical Sciences and Health Services
- ▶ Bu Ali Sina University School of Medicine
- ▶ Bushehr University of Medical Sciences and Health Services
- ▶ Fasa Faculty of Medical Sciences
- ▶ Fatemieh University of Medical Sciences
- ▶ Ghazvin University of Medical Sciences and Health Services
- ▶ Gorgan University of Medical Sciences and Health Services
- ▶ Guilan University of Medical Sciences

- ▶ Hamadan University of Medical Sciences and Health Services
- ▶ Hormozgan University of Medical Sciences
- ▶ Iran Medical Centre AKA Iran University of Medical Sciences
- ▶ Iran University of Medical Sciences and Health Services
- ▶ Isfahan University of Medical Sciences and Health Services
- ▶ Islamic Azad University School of Medicine, Mashhad Branch
- ▶ Islamic Azad University, Ali Ben Abitalib Medical College
- ▶ Islamic Azad University, Ardabil Branch Faculty of Medicine
- ▶ Islamic Azad University, Najaf Abad Medical Facility
- ▶ Islamic Azad University, Tabriz Medical Branch
- ▶ Islamic Azad University, Tehran Medical Branch
- ▶ Jahrom Faculty of Medical Sciences and Health Services
- ▶ Kashan University of Medical Sciences and Health Services
- ▶ Kerman University of Medical Sciences and Health Services
- ▶ Kermanshah University of Medical Sciences and Health Services
- ▶ Mashhad University of Medical Sciences AKA Ferdowsi University
- ▶ Mazandaran University of Medical Sciences and Health Services
- ▶ National University of Iran Faculty of Medicine
- ▶ Oromieh University School of Medicine
- ▶ Oromieh University School of Medicine
- ▶ Rafsanjan University of Medical Sciences and Health Services
- ▶ Semnan University of Medical Sciences and Health Services
- ▶ Shahed University Faculty of Medicine
- ▶ Shahid Bahonar University School of Medicine
- ▶ Shahid Beheshti University of Medical Sciences
- ▶ Shahid Chamran University AKA Jundi Shapur University
- ▶ Shahr-e-Kord University of Medical Sciences and Health Services
- ▶ Shiraz University Faculty of Medicine AKA Pahlavi University
- ▶ Shiraz University of Medical Sciences
- ▶ Tabriz University Faculty of Medicine

- ▶ Tabriz University of Medical Science Faculty of Medicine
- ▶ Tehran University of Medical Sciences and Health Services
- ▶ Urmia University of Medical Sciences Faculty of Medicine
- ▶ West Azerbaijan University of Medical Sciences
- ▶ Yazd Medical Centre
- ▶ Zahedan University of Medical Sciences and Health Services
- ▶ Zanzan University of Medical Sciences and Health Services

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Iraq

- ▶ Al-Nahrain University College of Medicine
- ▶ Babylon University College of Medicine
- ▶ Dohuk College of Medicine
- ▶ Hawler Medical University College of Medicine
- ▶ Kufa University Faculty of Medicine
- ▶ Saddam University Saddam College of Medicine
- ▶ Tikrit University College of Medicine
- ▶ University of Al-Mustansiriyah College of Medicine
- ▶ University of Al-Mustansiriyah Kufa College
- ▶ University of Baghdad College of Medicine
- ▶ University of Baghdad, Al-Kindy College of Medicine
- ▶ University of Basrah College of Medicine
- ▶ University of Mosul College of Medicine
- ▶ University of Salahadin, Salahadin Medical School
- ▶ University of Sulaimani, School of Medicine

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Ireland



- ▶ National University of Ireland - Royal College of Surgeons in Ireland - Penang Medical College
- ▶ National University of Ireland - University College Dublin - Penang Medical College
- ▶ National University of Ireland University College at Cork
- ▶ National University of Ireland University College at Dublin
- ▶ National University of Ireland University College at Galway
- ▶ Queen's University of Belfast Faculty of Medicine
- ▶ Royal College of Surgeons in Ireland Medical School
- ▶ University of Dublin Trinity College School of Physic
- ▶ University of Dublin, Trinity College Dublin School of Medicine
- ▶ University of Limerick Graduate Entry Medical School

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Israel

- ▶ Ben Gurion University of the Negrev-Irving and Joyce Goldman School of Med
- ▶ Ben Gurion University of the Negrev-Program in International Health and Medicine (English Language Program)
- ▶ Technion Israel Institute of Technology Faculty of Medicine (TeAMS)
- ▶ Technion-Israel Institute of Technology Faculty of Medicine
- ▶ Tel Aviv University, Sackler School of Medicine (includes 4-year English Program)
- ▶ The Hebrew University, Hadassah Medical School

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Italy

- ▶ Catholic University of the Sacred Heart Faculty of Medicine
- ▶ Free University of Gabriele D'Annunzio Faculty of Medicine
- ▶ Università degli Studi dell'Insubria, Varese – Como
- ▶ Università degli Studi di Milano – Bicocca, Faculty of Medicine and Surgery

- ▶ University Dell'Aquila Faculty of Medicine and Surgery
- ▶ University of Ancona Faculty of Medicine and Surgery
- ▶ University of Bari Faculty of Medicine and Surgery
- ▶ University of Bologna Faculty of Medicine and Surgery
- ▶ University of Brescia Faculty of Medicine and Surgery
- ▶ University of Cagliari Faculty of Medicine and Surgery
- ▶ University of Catania Faculty of Medicine and Surgery
- ▶ University of Ferrara Faculty of Medicine and Surgery
- ▶ University of Florence Faculty of Medicine and Surgery
- ▶ University of Genoa Faculty of Medicine and Surgery
- ▶ University of Messina Faculty of Medicine and Surgery
- ▶ University of Milan Faculty of Medicine and Surgery
- ▶ University of Modena Faculty of Medicine and Surgery
- ▶ University of Naples Faculty of Medicine and Surgery
- ▶ University of Naples II Faculty of Medicine and Surgery
- ▶ University of Padua Faculty of Medicine and Surgery
- ▶ University of Palermo Faculty of Medicine and Surgery
- ▶ University of Parma Faculty of Medicine and Surgery
- ▶ University of Pavia Faculty of Medicine and Surgery
- ▶ University of Perugia Faculty of Medicine and Surgery
- ▶ University of Pisa Faculty of Medicine and Surgery
- ▶ University of Rome-La Sapienza Faculty of Medicine
- ▶ University of Rome-Tor Vergata Faculty of Medicine
- ▶ University of Sassari Faculty of Medicine and Surgery
- ▶ University of Siena Faculty of Medicine and Surgery
- ▶ University of Trieste Faculty of Medicine and Surgery
- ▶ University of Turin Faculty of Medicine and Surgery
- ▶ University of Verona Faculty of Medicine and Surgery

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Ivory Coast

- ▶ University of Abidjan Faculty of Medicine

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Jamaica

- ▶ University of the West Indies Faculty of Medical Sciences (Main Campus Only)

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Japan

- ▶ Aichi Medical University
- ▶ Akita University School of Medicine
- ▶ Asahikawa Medical College
- ▶ Chiba University School of Medicine
- ▶ Dokkyo University School of Medicine
- ▶ Fukui Medical College
- ▶ Fukuoka University Faculty of Medicine
- ▶ Fukushima Imperial Medical College
- ▶ Gifu University School of Medicine
- ▶ Gumma Medical College AKA Gunma University School of Medicine
- ▶ Hamamatsu University School of Medicine
- ▶ Hirosaki University School of Medicine
- ▶ Hiroshima University School of Medicine
- ▶ Hokkaido University School of Medicine
- ▶ Jichi Medical University
- ▶ Juntendo University School of Medicine
- ▶ Kagawa Medical University
- ▶ Kagoshima University Faculty of Medicine
- ▶ Kanazawa Medical College

- ▶ Kanazawa University School of Medicine
- ▶ Keio Gijuku University School of Medicine
- ▶ Kinki University School of Medicine
- ▶ Kitasato University School of Medicine
- ▶ Kobe University School of Medicine
- ▶ Kochi Medical School
- ▶ Kumamoto University School of Medicine
- ▶ Kurume University School of Medicine
- ▶ Kyorin University Faculty of Medicine
- ▶ Kyoto Prefectural University of Medicine
- ▶ Kyoto University School of Medicine
- ▶ Kyushu University School of Medicine
- ▶ Mie University School of Medicine
- ▶ Miyazaki Medical College
- ▶ Nagasaki University School of Medicine
- ▶ Nagoya University School of Medicine
- ▶ Nara Medical University
- ▶ Nihon Medical College
- ▶ Niigata University School of Medicine
- ▶ Nippon Medical College
- ▶ Okayama University School of Medicine
- ▶ Osaka City University
- ▶ Osaka University School of Medicine
- ▶ Ryukyu University School of Medicine AKA Okinawa Medical Institute
- ▶ Saga Medical School
- ▶ Saitama University School of Medicine
- ▶ Sangyo University of Occupational and Environmental Health
- ▶ Sapporo Medical College
- ▶ Shiga University of Medical Science
- ▶ Shimane Medical University

- ▶ Shinshu University School of Medicine
- ▶ Showa University School of Medicine
- ▶ St Marianna Medical College
- ▶ Teikyo University School of Medicine
- ▶ Toho University School of Medicine AKA Teikoku Womens Medical College
- ▶ Tohoku University School of Medicine
- ▶ Tokai University School of Medicine
- ▶ Tokushima University School of Medicine
- ▶ Tokyo Jikei Medical College
- ▶ Tokyo Joshi Medical College
- ▶ Tokyo Medical and Dental University
- ▶ Tokyo Medical College
- ▶ Tokyo Special Medical College
- ▶ Tokyo Women's Medical College
- ▶ Tottori University School of Medicine
- ▶ Toyama Medical and Pharmaceutical University Faculty of Medicine
- ▶ University of Tokyo School of Medicine
- ▶ University of Toyama School of Medicine
- ▶ University of Tsukuba School of Medicine
- ▶ Wakayama Prefectural Medical College
- ▶ Yamagata University School of Medicine
- ▶ Yamanashi Medical College
- ▶ Yokohama City University School of Medicine

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Jordan

- ▶ Faculty of Medicine, Jordan University of Science and Technology
- ▶ University of Jordan Faculty of Medicine

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Kazakhstan

- ▶ Kazakh National Medical University Named After S. Asfendiarov

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Kenya

- ▶ Moi University College of Health Sciences, School of Medicine
- ▶ Moi University Faculty of Health Sciences
- ▶ Moi University School of Medicine
- ▶ University of Nairobi College of Health Sciences

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Republic of Korea

- ▶ Ajou University School of Medicine
- ▶ Catholic Medical College
- ▶ Catholic University of Daegu
- ▶ Catholic University of Korea, College of Medicine
- ▶ Chonbuk National University College of Medicine
- ▶ Chonnam National University College of Medicine
- ▶ Chosun University College of Medicine
- ▶ Chungang University College of Medicine
- ▶ Chungbuk National University College of Medicine
- ▶ Chungnam National University College of Medicine
- ▶ Dankook University College of Medicine
- ▶ Dong-A University College of Medicine
- ▶ Dongguk University College of Medicine
- ▶ Eulji University, College of Medicine
- ▶ Ewha Womans University School of Medicine

- ▶ Gyeongsang National University College of Medicine
- ▶ Hallym University Faculty of Medicine
- ▶ Hanyang University College of Medicine
- ▶ Inha University College of Medicine
- ▶ Inha University School of Medicine
- ▶ In-Je College School of Medicine
- ▶ Keimyung University College of Medicine
- ▶ Konkuk University School of Medicine
- ▶ Konyang University College of Medicine
- ▶ Korea University College of Medicine
- ▶ Kosin Medical College
- ▶ Kyunghee University College of Medicine
- ▶ Kyungpook National University College of Medicine
- ▶ Pusan National University College of Medicine
- ▶ Seoul National University College of Medicine
- ▶ Soonchunhyang University College of Medicine
- ▶ Sungkyunkwan University School of Medicine
- ▶ University of Ulsan College of Medicine
- ▶ Wonkwang University School of Medicine
- ▶ Yeungnam University College of Medicine
- ▶ Yonsei University College of Medicine
- ▶ Yonsei University Wonju Medical College

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Kuwait

- ▶ Kuwait University Faculty of Medicine

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Kyrgyzstan

- ▶ Kyrgyz State Medical Academy

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Latvia

- ▶ Riga Stradins University

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Lebanon

- ▶ American University of Beirut Faculty of Medicine (English Language Program)
- ▶ Beirut Arab University Faculty of Medicine
- ▶ Lebanese University School of Medicine
- ▶ St Joseph's University Faculty of Medicine
- ▶ University of Balamand Faculty of Medicine and Medical Sciences

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Liberia

- ▶ University of Liberia, A. M. Dogliotti College of Medicine

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Libyan Arab Jamahiriya

- ▶ Al Arab Medical University Faculty of Medicine
- ▶ Garyounis University Faculty of Medicine
- ▶ University of Al Fateh Faculty of Medicine
- ▶ University of Tripoli Faculty of Medicine

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Lithuania

- ▶ Kaunas Medical University
- ▶ Vilnius University Faculty of Medicine

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Macedonia

- ▶ SS. Cyril and Methodius University Skopje

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Madagascar

- ▶ University of Madagascar Faculty of Medicine

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Malaysia

- ▶ International Islamic University Malaysia
- ▶ International Medical University
- ▶ National University of Malaysia Faculty of Medicine
- ▶ Universiti Sains Malaysia School of Medical Sciences
- ▶ University of Malaya Faculty of Medicine

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Malta

- ▶ University of Malta Medical School

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Mauritius

- ▶ University of Mauritius, SSR Medical College

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Mexico

- ▶ Autonomous Metropolitan University of Xochimilco
- ▶ Autonomous State University of Mexico
- ▶ Autonomous University "Benito Juarez" of Oaxaca
- ▶ Autonomous University of Aguascalientes Biomedical Center
- ▶ Autonomous University of Baja California Mexicali School of Medicine
- ▶ Autonomous University of Baja California Tijuana School of Medicine
- ▶ Autonomous University of Chiapas School of Medicine
- ▶ Autonomous University of Chihuahua Faculty of Medicine
- ▶ Autonomous University of Coahuila Faculty of Medicine
- ▶ Autonomous University of Ciudad Juarez School of Medicine (recognized through 11/30/2013 only)
- ▶ Autonomous University of Guadalajara Faculty of Medicine
- ▶ Autonomous University of Guerrero School of Medicine
- ▶ Autonomous University of Hidalgo School of Medicine
- ▶ Autonomous University of Nayarit School of Human Medicine
- ▶ Autonomous University of Nuevo Leon Faculty of Medicine (recognized through 11/30/2013 only)
- ▶ Autonomous University of Puebla School of Medicine (coursework prior to June 29, 2013)
- ▶ Autonomous University of San Luis Potosi Faculty of Medicine
- ▶ Autonomous University of Sinaloa School of Medicine
- ▶ Autonomous University of Tamaulipas Faculty of Medicine (recognized through 11/30/2013 only)
- ▶ Autonomous University of the State of Morelos
- ▶ Autonomous University of Zacatecas School of Medicine
- ▶ Centro Estudios Universitarios Xochicalco Escuela de Medicina, Tijuana
- ▶ Institute of Technical-Superior Studies of Monterrey

- ▶ Juarez University of the State of Durango
- ▶ Mexican-American University of the North School of Medicine
- ▶ Michoacan University of San Nicolas of Hidalgo
- ▶ Military Medical School
- ▶ National Autonomous University of Mexico Faculty of Medicine
- ▶ National Polytechnic Institute Superior School of Medicine
- ▶ Panamerican University School of Medicine
- ▶ Regional University of the Southeast School of Medicine
- ▶ University of Anahuac School of Medicine
- ▶ University of Colima School of Medicine
- ▶ University of Guadalajara Faculty of Medicine
- ▶ University of Guanajuato Faculty of Medicine
- ▶ University of La Salle Mexican School of Medicine
- ▶ University of Montemorelos School of Medicine
- ▶ University of Monterrey Faculty of Medicine
- ▶ University of the Northeast School of Medicine
- ▶ University of Veracruz Faculty of Medicine (recognized through 11/30/2013 only)
- ▶ University of Xochicalco Center of Studies (Ensenada Campus Only)
- ▶ University of Yucatan Faculty of Medicine
- ▶ Valley University of the Brave

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Republic of Moldava

- ▶ State Medical University N Testemitanu of Republic of Moldova

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Morocco

- ▶ Hassan II University Faculty of Medicine and Pharmacy

▶

- ▶ Mohammed V University Faculty of Medicine and Pharmacy
- ▶ Université Sidi Mohammed Ben Abdellah Fez Faculty of Medicine and Pharmacy

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Mozambique

- ▶ Eduardo Mondlane University Faculty of Medicine

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Myanmar

- ▶ Institute of Medicine I
- ▶ Institute of Medicine II
- ▶ Mandalay Institute of Medicine
- ▶ University of Medicine II
- ▶ University of Medicine, Mandalay

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Nepal

- ▶ B.P. Koirala Institute of Health Sciences
- ▶ Kathmandu University, College of Medical Sciences, Bharatpur
- ▶ Kathmandu University, Kathmandu Medical College
- ▶ Kathmandu University, Manipal College of Medical Sciences
- ▶ Kathmandu University, Nepal Medical College
- ▶ Tribhuvan University Institute of Medicine

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Netherlands

- ▶ Erasmus University of Rotterdam Faculty of Medicine

- ▶ Free University of Amsterdam Faculty of Medicine
- ▶ Leiden University Medical Center
- ▶ Radboud University Nijmegen AKA Catholic University
- ▶ University of Amsterdam Faculty of Medicine
- ▶ University of Groningen Faculty of Medicine
- ▶ University of Leiden Faculty of Medicine
- ▶ University of Limburg at Maastricht Faculty of Medicine
- ▶ University of Utrecht Faculty of Medicine
- ▶ Vrije University, Faculty of Medicine

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Netherlands Antilles

- ▶ Saba University School of Medicine (coursework from 1/1/02 to present)

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New Zealand

- ▶ University of Auckland School of Medicine
- ▶ University of Otago Medical School

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Nicaragua

- ▶ National Autonomous University of Nicaragua Faculty of Medicine

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Nigeria

- ▶ Abia State University College of Medicine and Health Sciences
- ▶ Ahmadu Bello University Faculty of Medicine
- ▶

- ▶ Ambrose Alli University, College of Medicine
- ▶ Bayero University Faculty of Medicine
- ▶ Bendel State University, College of Medicine
- ▶ Danfodiyo University College of Health Sciences
- ▶ Ebonyi State University College of Health Sciences
- ▶ Edo State University, College of Medicine
- ▶ Ladoke Akintola University of Technology, College of Health Sciences
- ▶ Nnamdi Azikiwe University College of Medical Sciences
- ▶ Obafemi Awolowo University College of Health Sciences
- ▶ Ogun State University Obafemi Awolowo College of Health Sciences
- ▶ Olabisi Onabanjo University, Obafemi Awolowo College of Health Sciences
- ▶ University of Benin College of Medical Sciences
- ▶ University of Calabar College of Medical Sciences
- ▶ University of Ibadan College of Medicine
- ▶ University of Ife Faculty of Health Sciences
- ▶ University of Ilorin Faculty of Health Sciences
- ▶ University of Jos Faculty of Medical Sciences
- ▶ University of Lagos College of Medicine
- ▶ University of Maiduguri College of Medical Sciences
- ▶ University of Nigeria College of Medicine
- ▶ University of Port Harcourt College of Health Sciences

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Norway

- ▶ Norwegian University of Science and Technology Faculty of Medicine
- ▶ University of Bergen Medical Faculty
- ▶ University of Oslo Medical Faculty

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Oman

- ▶ Sultan Qaboos University

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Pakistan

- ▶ Aga Khan University, Aga Khan Medical College
- ▶ Bahria University, Frontier Medical College
- ▶ Bahria University, Shifa College of Medicine
- ▶ Bahuddin Zakaria University, Nishtar Medical College
- ▶ Baqai Medical University, Baqai Medical College
- ▶ Baqai Medical University, Kabir Medical College
- ▶ Dow University of Health Sciences, Dow Medical College
- ▶ Dow University of Health Sciences, Sindh Medical College
- ▶ Fatima Jinnah Medical College for Women
- ▶ Hamdard University College of Medicine and Dentistry
- ▶ Islamia University, Quaid-E-Azam Medical College
- ▶ Isra University Faculty of Medicine and Allied Medical Sciences
- ▶ King Edward Medical University, Lahore
- ▶ Liaquat University of Health Sciences, Chandka Medical College
- ▶ Liaquat University of Medical & Health Sciences, Nawabshah Medical College for Girls
- ▶ Liaquat University of Medical and Health Sciences
- ▶ National University of Sciences and Technology, Army Medical College
- ▶ Peoples University of Medical & Health Sciences for Women
- ▶ Quaid-e-Azam University, Army Medical College
- ▶ Riphah International University, Islamic International Medical College
- ▶ Shaheed Mohtarma Benazir Bhutto Medical University, Chandka Medical College
- ▶ University of Baluchistan, Bolan Medical College
- ▶ University of Health Sciences Lahore, Allama Iqbal Medical College

- ▶ University of Health Sciences Lahore, Lahore Medical and Dental College
- ▶ University of Health Sciences Lahore, Rawalpindi Medical College
- ▶ University of Health Sciences, Lahore, F.M.H. College of Medicine and Dentistry
- ▶ University of Health Sciences, Lahore, Nishtar Medical College, Multan
- ▶ University of Health Sciences, Lahore, Punjab Medical College
- ▶ University of Health Sciences, Lahore, Quaid-e-Azam Medical College
- ▶ University of Karachi, Baqai Medical College
- ▶ University of Karachi, Dow Medical College
- ▶ University of Karachi, Jinnah Medical and Dental College
- ▶ University of Karachi, Karachi Medical and Dental College
- ▶ University of Karachi, Sind Medical College
- ▶ University of Peshawar, Ayub Medical College
- ▶ University of Peshawar, Khyber Medical College
- ▶ University of Sind, Chandka Medical College
- ▶ University of Sind, Liaquat Medical College
- ▶ University of Sind, Nawabshah Medical College
- ▶ University of Sindh, Peoples Medical College for Girls, Nawabshah
- ▶ University of the Punjab, Allama Iqbal Medical College
- ▶ University of the Punjab, F.M.H. Medical College
- ▶ University of the Punjab, King Edward Medical College
- ▶ University of the Punjab, Nishtar Medical College
- ▶ University of the Punjab, Punjab Medical College
- ▶ University of the Punjab, Rawalpindi Medical College
- ▶ Ziauddin University, Ziauddin Medical College

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Panama

- ▶ University of Panama Faculty of Medicine

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Papua New Guinea

- ▶ University of Papua New Guinea Faculty of Medicine

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Paraguay

- ▶ National University of Asuncion Faculty of Medical Sciences

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Peru

- ▶ Catholic University of Santa Maria Faculty of Human Medicine
- ▶ Greater National University of San Marcos Academic Program
- ▶ National University of Federico Villarreal Academic Program
- ▶ National University of San Agustin Academic Program
- ▶ National University of Trujillo Academic Program
- ▶ National University San Luis Gonzaga of Ica
- ▶ Peruvian University of Cayetano Heredia Academic Program
- ▶ Scientific University of the South, Faculty of Health Sciences
- ▶ Universidad Nacional de San Antonio Abad del Cusco Facultad de Medicina Humana
- ▶ Universidad Peruana Cayetano Heredia Facultad de Medicina Alberto Hurtado
- ▶ Universidad Privada de Tacna Facultad de Ciencias de la Salud, Escuela Profesional de Medicina Humana
- ▶ Universidad Ricardo Palma Facultad de Medicina Humana
- ▶ University of San Martin of Porres Faculty of Medicine

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Philippines

- ▶ Angeles University Foundation College of Medicine
- ▶ Bicol Christian College of Medicine
- ▶ Cebu Doctors College of Medicine
- ▶ Cebu Institute of Medicine
- ▶ Davao Medical School Foundation
- ▶ De La Salle Health Sciences Institute College of Medicine
- ▶ De La Salle University Health Sciences Campus
- ▶ Divine Word University College of Medicine
- ▶ Emilio Aguinaldo College of Medicine AKA De La Salle University College of Medicine
- ▶ Far Eastern University, Dr. Nicanor Reyes Medical Foundation
- ▶ Fatima College of Medicine
- ▶ Iloilo Doctors College of Medicine
- ▶ Lyceum Northwestern, Dr. Francisco Q. Duque Medical Foundation
- ▶ Manila Central University College of Medicine
- ▶ Mindanao State University College of Medicine
- ▶ Philippine Muslim-Christian College of Medicine Foundation
- ▶ Remedios T. Romualdez Medical Foundation
- ▶ Saint Louis University School of Medicine
- ▶ Silliman University Medical School
- ▶ Southwestern University, Matias H. Aznar Memorial College of Medicine
- ▶ St. Louis University College of Medicine
- ▶ University of Perpetual Help Rizal Jonelta Foundation School of Medicine
- ▶ University of Perpetual Help System College of Medicine
- ▶ University of Santo Tomas Faculty of Medicine and Surgery
- ▶ University of the City of Manila College of Medicine
- ▶ University of the East, Ramon Magsaysay Memorial Medical Center
- ▶ University of the Philippines College of Medicine
- ▶ University of the Visayas, Gullas College of Medicine

- ▶ Virgen Milagrosa Educational Institution
- ▶ West Visayas State College School of Medicine
- ▶ West Visayas State University College of Medicine
- ▶ William H. Quasha Memorial St. Luke's College of Medicine
- ▶ Xavier University Dr. Jose P. Rizal College of Medicine

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Poland

- ▶ Academy of Medicine of Bydgoszcz
- ▶ Jagiellonian University Medical College (includes English program)
- ▶ Karol Marcinkowski University of Medical Sciences in Poznan Faculty II
- ▶ Medical Academy im. Piastó Slaskich of Wroclaw
- ▶ Medical Academy of Bialystok
- ▶ Medical Academy of Danzig AKA Medical Academy of Gdansk
- ▶ Medical Academy of Juliana Marchlewski in Bialystok
- ▶ Medical Academy of Lodz
- ▶ Medical Academy of Lublin
- ▶ Medical Academy of Mikolaja Kopernika of Krakow
- ▶ Medical Academy of Poznan Faculty I
- ▶ Medical Academy of Warsaw
- ▶ Medical Academy of Wroclaw
- ▶ Medical University of Bialystok
- ▶ Medical University of Lublin (English Program)
- ▶ Medical University of Silesia School of Medicine in Katowice
- ▶ Medical University of Silesia School of Medicine in Katowice - English Language Program
- ▶ Medical University of Warsaw (includes English Program)
- ▶ Pomorska Medical Academy AKA Pomeranian Academy
- ▶ Poznan University of Medical Sciences (English Program)
- ▶ Silesia Medical Academy of Ludwika Warynski Katowice

- ▶ Wrocław Medical University Faculty of Medicine

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Portugal

- ▶ University of Coimbra Faculty of Medicine
- ▶ University of Lisboa Faculty of Medicine of Lisboa
- ▶ University of Porto Faculty of Medicine

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Qatar

- ▶ Weill Cornell Medical College in Qatar

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Romania

- ▶ "Lucian Blaga" University Faculty of Medicine "Victor Papilian"
- ▶ Faculty of Medicine in Craiova
- ▶ Institute of Medicine and Pharmacy in Bucharest
- ▶ Institute of Medicine and Pharmacy in Cluj-Napoca
- ▶ Institute of Medicine and Pharmacy in Iasi AKA Grigore T. Popa
- ▶ Institute of Medicine and Pharmacy in Tirgu-Mures
- ▶ Institute of Medicine in Timisoara
- ▶ Ovidius University of Constanta Faculty of Medicine
- ▶ University of Medicine and Pharmacy 'Carol Davila'
- ▶ University of Medicine and Pharmacy in Timisoara
- ▶ University of Medicine and Pharmacy 'Iuliu Hatieganu'
- ▶ University of Medicine and Pharmacy Victor Babes
- ▶ University of Oradea Faculty of Medicine

Russian Federation

- ▶ "Aieti" Highest Medical School
- ▶ Alma-Ata Medical Institute
- ▶ Altai State Medical Institute
- ▶ Amur State Medical Academy
- ▶ Andizan Medical Institute of M. I. Kalinina
- ▶ Arhangelsk Medical Institute
- ▶ Astrahan Medical Institute
- ▶ Azerbaijan Medical Institute of N. Narimanova
- ▶ Bashkir State Medical University
- ▶ Baskirian State Medical University
- ▶ Celinograd Medical Institute
- ▶ Celjabinsk Medical Institute
- ▶ Central Asian Medical Pediatric Institute
- ▶ Cernovick Medical Institute
- ▶ Chuvash State University Medical Faculty
- ▶ Cita Medical Institute
- ▶ Crimean Medical Institute
- ▶ Dagestan State Medical Academy
- ▶ Dnepropetrovsk Medical Institute
- ▶ Doneck Medical Institute
- ▶ Far Eastern State University of Medicine
- ▶ First Leningrad Medical Institute of I. P. Pavlova
- ▶ Grodnen Medical Institute
- ▶ Habarov State Medical Institute
- ▶ Irkutsk Medical Institute
- ▶ Ivano-Frankovsk Medical Institute
- ▶ Ivanovo Medical Institute of A. S. Bubnova

- ▶ Jaroslav Medical Institute
- ▶ Kabardino-Balkarsky University Faculty of Medicine
- ▶ Kalinin State Medical Institute AKA Tver State Medical Academy
- ▶ Karaganda Medical Institute
- ▶ Kaunas Medical Institute
- ▶ Kazan Medical Institute of S. V. Kurasova
- ▶ Kemerovo Medical Institute
- ▶ Kharkov State Medical University AKA Har'kov Medical Institute
- ▶ Kiev Medical Institute AKA Ukrainian State Medical University
- ▶ Kirgiz Medical Institute
- ▶ Kisinev Medical Institute
- ▶ Krasnojarsk Medical Institute
- ▶ Kuban State Medical Academy
- ▶ Kujbisev Medical Institute AKA Samara State Medical University
- ▶ Kursk Medical Institute
- ▶ Kursk State Medical University (Russian Language Only)
- ▶ Leningrad Pediatric Medical Institute
- ▶ Leningrad Sanitary-Hygienic Medical Institute
- ▶ Lomonosov Moscow State University
- ▶ Lugansk State Medical University
- ▶ L'vov Medical Institute
- ▶ Medical Institute of Aktjubinsk
- ▶ Military Medical Academy
- ▶ Minsk Medical Institute
- ▶ Mordovsk University Faculty of Medicine
- ▶ Moscow Institute of Medicine and Dentistry
- ▶ Moscow Medical Academy I. M. Sechenov First Moscow Medical Institute
- ▶ Moscow Medical Stomatological Institute
- ▶ Moscow State University of Medicine and Dentistry
- ▶ Nizegorod State Medical Academy

- ▶ Nizny Novgorod State Medical Academy AKA Gor'kov State Medical Institute
- ▶ North-Western Medical University named after I.I. Mechnikov
- ▶ Novosibirsk Medical Institute
- ▶ Novosibirsk State Medical Academy
- ▶ Novosibirsk State Medical University
- ▶ O. O. Bogomolets National Medical University
- ▶ Odessa Medical Institute of N. I. Pirogova
- ▶ Omsk Medical Institute of M. I. Kalinina
- ▶ Orenburg Medical Institute
- ▶ Orenburg State Medical Academy
- ▶ Perm State Medical Academy
- ▶ Petrozavodsk University Faculty of Medicine
- ▶ Poltava Medical Stomatological Institute
- ▶ Riga Medical Institute
- ▶ Rjazan State Medical University
- ▶ Rostov State Medical University
- ▶ Russian "People's Friendship" University AKA P. Lumumby
- ▶ Russian State Medical University
- ▶ Saint Petersburg Medical Academy of Postgraduate Studies
- ▶ Saint Petersburg State I. P. Pavlov Medical University
- ▶ Saint Petersburg State Medical Academy
- ▶ Saint Petersburg State Pediatric Medical Academy
- ▶ Samarkand Medical Institute of I. P. Pavlova
- ▶ Saratov State Medical Institute
- ▶ Second Moscow N.I. Pirogov State Medical Institute
- ▶ Semipalatinsk Medical Institute
- ▶ Severo-Osetinsk Med Institute AKA North Osetian State Medical Academy
- ▶ Siberian Medical University
- ▶ Smolensk Medical Institute
- ▶ Stavropol Medical Institute

- ▶ Sverdlovsk Medical Institute
- ▶ Tadjik Medical Institute
- ▶ Tartu University Faculty of Medicine
- ▶ Taskent Medical Institute
- ▶ Tbilisi Medical Institute
- ▶ Ternopol Medical Institute
- ▶ Tjumen State Medical Academy
- ▶ Tomsk Institute of Medicine
- ▶ Turkmen Medical Institute
- ▶ Ural State Medical Academy
- ▶ Ustinov Medical Institute AKA Izhevsk Medical Institute
- ▶ Uzgorod University Faculty of Medicine
- ▶ Vilniaus University Faculty of Medicine
- ▶ Vinnica Medical Institute of N. I. Pirogova
- ▶ Vitebsk Medical Institute
- ▶ Vladivostok Medical Institute
- ▶ Volgograd Medical Academy
- ▶ Volgograd Medical Institute
- ▶ Volgograd State Medical Academy
- ▶ Volgograd State Medical University
- ▶ Voronez Medical Institute of N. N. Burdenko
- ▶ Voroshilovgrad Medical Institute
- ▶ Vorosilovograd Medical Institute
- ▶ Yaroslav State Medical Academy
- ▶ Yaroslav State Medical Institute
- ▶ Zaporoz Medical Institute

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Rwanda

- ▶ National University of Rwanda Faculty of Medicine

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Saudi Arabia

- ▶ Alfaisal University College of Medicine
- ▶ King Abdul Aziz University College of Medicine
- ▶ King Faisal University College of Medicine
- ▶ King Khalid University College of Medicine
- ▶ King Saud University College of Medicine
- ▶ Taibah University College of Medicine
- ▶ Umm Al Qura University Faculty of Medicine and Medical Sciences
- ▶ University of Dammam College of Medicine

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- ▶ Université Cheikh Anta Diop de Dakar Faculté de Médecine, de Pharmacie et d'Odontologie

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Slovakia

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Somalia

- ▶ National University of Somalia Faculty of Medicine

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South Africa

- ▶ Faculty of Health Sciences of the University of the Witwatersrand
- ▶ University of Cape Town Faculty of Medicine
- ▶ University of Kwazulu-Natal, Nelson R. Mandela School of Medicine
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- ▶ University of the Orange Free State
- ▶ University of Transkei Faculty of Medicine
- ▶ Walter Sisulu University

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Spain

- ▶ Autonomous University of Barcelona Faculty of Medicine
- ▶ Autonomous University of Madrid Faculty of Medicine
- ▶ Complutense University of Madrid Faculty of Medicine
- ▶ Universidad Miguel Hernández de Elche Facultad de Medicina
- ▶ University of Alcalá de Henares Faculty of Medicine
- ▶ University of Barcelona Faculty of Medicine
- ▶ University of Cadiz Faculty of Medicine
- ▶ University of Cantabria Faculty of Medicine
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- ▶ University of Málaga Faculty of Medicine

- ▶ University of Murcia Faculty of Medicine
- ▶ University of Navarre Faculty of Medicine
- ▶ University of Oviedo Faculty of Medicine
- ▶ University of Pais Vasco Faculty of Medicine
- ▶ University of Rovira I. Virgili Faculty of Medicine and Health Sciences
- ▶ University of Salamanca Faculty of Medicine
- ▶ University of Santander Faculty of Medicine
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Sri Lanka

- ▶ North Colombo Private Medical College
- ▶ University of Colombo Faculty of Medicine
- ▶ University of Jaffna Faculty of Medicine
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- ▶ University of Peradeniya Faculty of Medicine
- ▶ University of Ruhana Faculty of Medicine
- ▶ University of Sri Jayewardenepura Faculty of Medical Sciences

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- ▶ Ahfad University for Women School of Medicine
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- ▶ University of Juba College of Medicine
- ▶ University of Khartoum Faculty of Medicine

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- ▶ National Cheng Kung University College of Medicine
- ▶ National Defense Medical Center
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- ▶ National Yang-Ming Medical College
- ▶ National Yang-Ming University School of Medicine
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United Republic of Tanzania

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- ▶ University of Dar Es Salaam Faculty of Medicine

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- ▶ Khon Kaen University Faculty of Medicine
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- ▶ Mahidol University Siriraj Hospital Faculty of Medicine
- ▶ Mahidol University, Bangkok Metropolitan Administration Medical College & Vajira Hospital
- ▶ Pramongkutklao College of Medicine
- ▶ Prince of Songkla University Faculty of Medicine
- ▶ Srinakharinwirot University Faculty of Medicine
- ▶ Thammasat University Faculty of Medicine

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Tunisia

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- ▶ Faculty of Medicine of Monastir
- ▶ Faculty of Medicine of Sfax
- ▶ Faculty of Medicine of Tunis

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Turkey

- ▶ Anadolu University AKA University of Osmangazi Medical School
- ▶ Cukurova University Faculty of Medicine
- ▶ Gazi University Faculty of Medicine
- ▶ Hacettepe University Faculty of Medicine
- ▶ Istanbul University, Cerrahpasa School of Medicine (includes English Language)
- ▶ Trakya University Faculty of Medicine
- ▶ University of Ankara Faculty of Medicine
- ▶ University of Dokuz Eylul Faculty of Medicine
- ▶ University of Ege Faculty of Medicine
- ▶ University of Istanbul Faculty of Medicine
- ▶ University of Marmara Faculty of Medicine
- ▶ University of Ondokuzmayis Faculty of Medicine
- ▶ University of Uludag Faculty of Medicine

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- ▶ Crimea State Medical University named after S.I. Georgievsky
- ▶ Crimean Medical Institute
- ▶ Danylo Halytsky Lviv State Medical University
- ▶ Dnipropetrovsk State Medical Academy
- ▶ Donetsk State M. Gorky Medical University

- ▶ Kharkiv National V.N. Karazin University
- ▶ Kharkov Medical University
- ▶ Lugansk Medical Institute
- ▶ Lugansk State Medical University
- ▶ Odessa State Medical University
- ▶ Sumy State University
- ▶ The Dniepropetrovsk Medical Institute
- ▶ Vinnica State Medical University n.a. M.I. Pirogov
- ▶ Vinnitsa National Pirogov Memorial Medical University
- ▶ Zaporozhye State Medical University

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United Arab Emirates

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- ▶ United Arab Emirates University Faculty of Medicine and Health Sciences

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United States

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- ▶ Albert Einstein College of Medicine of Yeshiva University
- ▶ Allegheny University of the Health Sciences - MCP Hahnemann
- ▶ Baylor College of Medicine
- ▶ Boston University School of Medicine
- ▶ Bowman Gray School of Medicine of Wake Forest University
- ▶ Brown University Program in Medicine
- ▶ Case Western Reserve University School of Medicine
- ▶ Central Michigan University College of Medicine (Preliminary Accreditation 2012)
- ▶ CMDNJ – Rutgers Medical College

- ▶ Columbia University College of Physicians and Surgeons
- ▶ Commonwealth Medical College (Provisional Accreditation 2008)
- ▶ Cooper Medical School of Rowan University (Preliminary Accreditation 2011)
- ▶ Cornell University Medical College
- ▶ Creighton University School of Medicine
- ▶ Dartmouth Medical School
- ▶ David Geffen School of Medicine at UCLA
- ▶ Drexel University College of Medicine
- ▶ Duke University School of Medicine
- ▶ East Carolina University School of Medicine
- ▶ East Tennessee State University College of Medicine
- ▶ Eastern Virginia Medical School
- ▶ Emory University School of Medicine
- ▶ Finch University of Health Sciences, Chicago Medical School
- ▶ Florida International University Herbert Wertheim College of Medicine (Provisional Accreditation 2007)
- ▶ Florida State University College of Medicine
- ▶ Frank H. Netter MD School of Medicine at Quinnipiac University (Preliminary Accreditation 2012)
- ▶ George Washington University School of Medicine
- ▶ Georgetown University School of Medicine
- ▶ Hahnemann University School of Medicine
- ▶ Harvard Medical School
- ▶ Hofstra North Shore - LIJ School of Medicine at Hofstra University (Preliminary Accreditation 2010)
- ▶ Howard University College of Medicine
- ▶ Icahn School of Medicine at Mount Sinai
- ▶ Indiana University School of Medicine
- ▶ Jefferson Medical College of Thomas Jefferson University
- ▶ Johns Hopkins University School of Medicine
- ▶ Loma Linda University School of Medicine
- ▶ Louisiana State University School of Medicine in New Orleans

- ▶ Louisiana State University School of Medicine in Shreveport
- ▶ Loyola University of Chicago Stritch School of Medicine
- ▶ Marquette School of Medicine
- ▶ Marshall University Joan C. Edwards School of Medicine (Currently on LCME probation)
- ▶ Marshall University School of Medicine
- ▶ Mayo Medical School
- ▶ MCP Hahnemann University
- ▶ Medical College of Georgia
- ▶ Medical College of Ohio
- ▶ Medical College of Pennsylvania
- ▶ Medical College of Wisconsin
- ▶ Medical University of South Carolina College of Medicine
- ▶ Meharry Medical College School of Medicine
- ▶ Mercer University School of Medicine
- ▶ Michigan State University College of Human Medicine
- ▶ Morehouse School of Medicine
- ▶ Mount Sinai School of Medicine of New York University
- ▶ New York Medical College
- ▶ New York University School of Medicine
- ▶ Northeast Ohio Medical University
- ▶ Northeastern Ohio Universities College of Medicine
- ▶ Northwestern University Feinberg School of Medicine
- ▶ Northwestern University Medical School
- ▶ Oakland University William Beaumont School of Medicine (Preliminary Accreditation 2009)
- ▶ Ohio State University College of Medicine
- ▶ Oral Roberts University School of Medicine
- ▶ Oregon Health Sciences University School of Medicine
- ▶ Paul L. Foster School of Medicine Texas Tech University Health Sciences Center (Provisional Accreditation 2008)

- ▶ Pennsylvania State University College of Medicine
- ▶ Perelman School of Medicine at the University of Pennsylvania
- ▶ Ponce School of Medicine
- ▶ Rosalind Franklin University, The Chicago Medical School
- ▶ Rush Medical College of Rush University
- ▶ Saint Louis University School of Medicine
- ▶ San Juan Bautista School of Medicine (Effective Beginning Academic Year 2007-2008; Currently On LCME Probation. Note: Course work completed before 2007 is not acceptable for licensure in California)
- ▶ Southern Illinois University School of Medicine
- ▶ Stanford University School of Medicine
- ▶ State University of New York at Buffalo School of Medicine
- ▶ State University of New York at Stony Brook Health Sciences Center
- ▶ State University of New York Health Science Center at Brooklyn
- ▶ State University of New York Health Science Center at Syracuse
- ▶ State University of New York Upstate Medical College
- ▶ State University of New York Upstate Medical University (Currently On LCME Probation)
- ▶ State University of New York, Downstate Medical Center College of Medicine
- ▶ Temple University School of Medicine
- ▶ Texas A & M University College of Medicine
- ▶ Texas Tech University School of Medicine
- ▶ Tufts University School of Medicine
- ▶ Tulane University School of Medicine
- ▶ UMDNJ New Jersey Medical School
- ▶ UMDNJ Robert Wood Johnson Medical School
- ▶ Uniformed Services University of The Health Sciences
- ▶ Universidad Central del Caribe School of Medicine
- ▶ University of Alabama School of Medicine
- ▶ University of Arizona College of Medicine
- ▶ University of Arizona College of Medicine – Phoenix (Preliminary Accreditation 2012)

- ▶ University of Arkansas College of Medicine
- ▶ University of California Davis School of Medicine
- ▶ University of California Irvine College of Medicine
- ▶ University of California Los Angeles School of Medicine
- ▶ University of California San Diego School of Medicine
- ▶ University of California San Francisco School of Medicine
- ▶ University of California, Riverside School of Medicine (Preliminary Accreditation 2012)
- ▶ University of Central Florida (Provisional Accreditation 2008)
- ▶ University of Chicago Pritzker School of Medicine
- ▶ University of Cincinnati College of Medicine
- ▶ University of Colorado School of Medicine
- ▶ University of Connecticut School of Medicine
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- ▶ University of Hawaii School of Medicine
- ▶ University of Illinois College of Medicine
- ▶ University of Iowa College of Medicine
- ▶ University of Kansas School of Medicine
- ▶ University of Kentucky College of Medicine
- ▶ University of Louisville School of Medicine
- ▶ University of Maryland School of Medicine
- ▶ University of Massachusetts Medical School
- ▶ University of Miami School of Medicine
- ▶ University of Michigan Medical School
- ▶ University of Minnesota Medical School
- ▶ University of Minnesota-Duluth School of Medicine
- ▶ University of Mississippi School of Medicine
- ▶ University of Missouri-Columbia School of Medicine
- ▶ University of Missouri-Kansas City School of Medicine
- ▶ University of Nebraska College of Medicine
- ▶

- ▶ University of Nevada School of Medicine
- ▶ University of New Mexico School of Medicine
- ▶ University of North Carolina at Chapel Hill
- ▶ University of North Dakota School of Medicine
- ▶ University of Oklahoma College of Medicine
- ▶ University of Pennsylvania School of Medicine
- ▶ University of Pittsburgh School of Medicine
- ▶ University of Puerto Rico School of Medicine
- ▶ University of Rochester School of Medicine
- ▶ University of South Alabama College of Medicine
- ▶ University of South Carolina School of Medicine
- ▶ University of South Carolina School of Medicine, Columbia
- ▶ University of South Carolina School of Medicine, Greenville (Preliminary Accreditation 2011)
- ▶ University of South Dakota School of Medicine
- ▶ University of South Florida College of Medicine
- ▶ University of Southern California Keck School of Medicine
- ▶ University of Tennessee College of Medicine
- ▶ University of Texas Medical Branch at Galveston
- ▶ University of Texas Medical School at Houston
- ▶ University of Texas Medical School at San Antonio (Currently On LCME Probation)
- ▶ University of Texas Southwestern Medical School at Dallas
- ▶ University of Toledo College of Medicine
- ▶ University of Utah School of Medicine
- ▶ University of Vermont College of Medicine
- ▶ University of Virginia School of Medicine
- ▶ University of Washington School of Medicine
- ▶ University of Wisconsin Medical School
- ▶ Vanderbilt University School of Medicine
- ▶ Virginia Commonwealth University Medical College of Virginia

- ▶ Virginia Tech Carilion School of Medicine (Provisional Accreditation 2010)
- ▶ Washington University School of Medicine
- ▶ Wayne State University School of Medicine
- ▶ West Virginia University School of Medicine
- ▶ Western Michigan University School of Medicine (Preliminary Accreditation 2012)
- ▶ Woman's Medical College of Pennsylvania
- ▶ Wright State University Boonshoft School of Medicine
- ▶ Wright State University School of Medicine
- ▶ Yale University School of Medicine

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Uruguay

- ▶ University of the Republic Faculty of Medicine

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Uzbekistan

- ▶ First Tashkent State Medical Institute
- ▶ Second Tashkent State Medical Institute
- ▶ Tashkent Pediatric Medical institute

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Venezuela

- ▶ Central University of Venezuela School of Medicine
- ▶ National Experimental University of the Central Plaines "Romulo Gallegos"
- ▶ Occidental University Center Lisandro Alvarado
- ▶ Universidad Central de Venezuela Escuela de Medicina Luis Razetti
- ▶ Universidad Central de Venezuela, Escuela de Medicina - Jose Maria Vargas
- ▶ Universidad Nacional Experimental Francisco de Miranda

- ▶ University of Caraboba Faculty of Health Sciences
- ▶ University of the Andes School of Medicine
- ▶ University of the Orient School of Medicine
- ▶ University of Zulia School of Medicine

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Viet Nam

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- ▶ Hue Medical School
- ▶ Hue University, Hue College of Medicine
- ▶ Hue University, Hue College of Medicine and Pharmacy
- ▶ Medical and Pharmaceutical University of Ho Chi Minh City
- ▶ University Center of Health Professionals of Ho Chi Minh City
- ▶ University of Saigon Faculty of Medicine

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Wales

- ▶ University of Wales College of Medicine

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Yugoslavia

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- ▶ University of Pristina Faculty of Medicine

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Zambia

- ▶ [University of Zambia School of Medicine](#)

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Zimbabwe

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International Medical Schools Disapproved by the State of California

The Licensing Program has formally disapproved the international medical schools listed below. Therefore, neither education completed at, nor diplomas issued by, these schools will be accepted toward meeting the requirements for training and/or licensure in this state.

If a medical school is not on this list of disapproved schools, it is either a recognized or an unrecognized medical school. Please check California's [Recognized Medical School](#) list to determine if your school is recognized by California. If a school is not on either the recognized or disapproved list, it may be a school that has not requested recognition by the Medical Board of California. Please be aware education obtained at a disapproved school is not acceptable for licensure in California.

Should you have any questions, please contact the Licensing Program at (916) 263-2382.

Name of Medical School	Date Disapproved
CETEC University, Santo Domingo (closed)	05-19-83
CIFAS University, Santo Domingo (closed)	11-16-84
UTESA University, Santo Domingo	07-13-85 disapproval reaffirmed 02-07-97
World University, Santo Domingo (closed)	12-01-89
Spartan Health Sciences University, St. Lucia	06-13-85



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University of Health Sciences Antigua, St. John's	07-28-95
Universidad Eugenio Maria de Hostos (UNIREMHOS), Dom. Rep.	11-01-96
Universidad Federico Henriquez y Carvajal, Dom. Rep.	07-31-98
St. Matthew's University, Grand Cayman	02-18-05
Kigezi International School of Medicine, Cambridge, England and Uganda	11-02-07

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Medical Board of California International Medical School Self-Assessment Report



Licensing Program
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Sacramento, CA 95815
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I. Introduction:

The purpose of this institution self-assessment report is to assess institutions, in the recognition and update phases, in the areas of institution function, structure, and performance. Included are detailed and objective analysis questions that are required for institutional recognition by the Medical Board of California.

If an institution meets the requirements set forth in Title 16 California Code of Regulations section 1314.1 (a)(1), then that institution is exempt from this process. Those requirements of Title 16 California Code of Regulations section 1314.1 (a)(1) are as follows:

- ⇒ The institution is owned and operated by the government of the country in which it is located.
- ⇒ The country is a member of the Organization for Economic Cooperation and Development.
- ⇒ The institution's primary purpose is to educate its own citizens to practice medicine in that country.

All other institutions seeking recognition from the Medical Board of California that do not fulfill the requirements of Title 16 California Code of Regulations section 1314.1 (a)(1), will be evaluated based upon this self-assessment report. A site inspection may be required by the Medical Board of California. If a site visit is requested of an institution seeking recognition from the Medical Board of California, the school must pay all site visit fees. See Title 16, California Code of Regulations, section 1314.1(e).

II. Instructions:

All responses and information provided in this self-assessment report must be accurate and applicable to the institution in question. No additional information may be included by the medical institution aside from that which is required by this self-assessment report. **If this self-assessment report is incomplete or inaccurate at the time it is submitted, it will be returned to the institution without any further review by the Medical Board of California.**

Each section of this self-assessment report shall be completed by the person(s) most knowledgeable about the topic. Care shall be taken to ensure the accuracy and consistency of data across sections of the self-assessment report (for example, by using a consistent base year for data). The institution shall ensure that the completed self-assessment report undergoes a comprehensive review to identify any missing items or inconsistencies in reported information.

A final self-assessment report should include a statement of institutional strengths and issues that require attention either to assure compliance with recognition standards or to improve institutional quality.

The self-assessment report shall reflect the participation of all constituent components of the institution: administrators of the institution, department chairs and heads of sections, junior and senior faculty members, medical students, representatives of clinical affiliates, and trustees of the institution.

The dean of the institution shall submit the self-assessment report and shall certify under penalty to the truth of its contents.

III. Mission and Objectives:

1. Provide the institution's written purpose or mission statement and objectives that include: the institution's broad expectations concerning the education students will receive; the role of research as an integral component of its mission, including the importance, nature, objectives, processes and evaluation of research in medical education and practice; and the teaching, patient care, and service to the community.
2. Describe how the institutional objectives are consistent with preparing graduates to provide competent medical care.
3. Describe how students learn how medical research is conducted.
4. Provide an assessment of how students evaluate and apply medical research results to their patient population.
5. Describe how students participate in ongoing faculty research projects.
6. Describe the breadth of the research involvement of basic science and clinical departments.
7. Describe the infrastructure supporting research including departmental or individual research incentives.
8. Describe the written objectives for all courses; explain how the objectives are used as part of program planning and evaluation; and describe how students are made aware of these objectives.
9. Complete the attached Student Status Information Chart (page 6). (Please do not submit any additional information other than what is requested by this chart.)

Student Status Information Chart (Last 5 Years)

Academic Year ¹	Number Of Students Admitted	Number Of Students Dropped Out ²	Number Of Students Dismissed ²	Number Of Students On Leave Of Absence ²	Number Of Students Graduated ³	Number Of U.S. Citizens In U.S. Post-Graduate Training	Number Of Students In Non U.S. Post-Graduate Training ⁴

¹ Information should be provided for every entering class by identifying both year and term

² Information will be used to determine the institution's attrition rate

³ If you have not graduated any students, please enter "Not Applicable" in this column.

⁴ If not in post-graduate training, please provide status of graduate

Attach a list of the names of all students in postgraduate training programs in the United States, locations of their postgraduate training programs within the United States, and the specialty of the individual postgraduate training programs. Limit the information for the last five years.

IV. Organization:

1. Describe the manner in which the institution is organized and provide appropriate documentation to support the description. Please include a listing of the owners and the percentage of interest of each owner.
2. If applicable, provide a list of the names of the board of directors, their qualifications, their financial interests in the institution, and their curricula vitae.
3. Attach a list of the names of all officials, other than faculty members and board of directors, along with the titles of their positions. Please do not provide any further information other than the names and titles of positions.
4. Attach a graphic representation of the organizational structure of the medical institution (e.g. organizational charts etc.) Please limit the attachments to three pages.
5. Attach a copy of the charter from the jurisdiction in which the institution is domiciled.

V. Curriculum:

1. Can students receive a certificate of completion without passing either step 1 or step 2 of the USMLE?
2. Describe how the structure and content of the educational program provides an adequate foundation in the basic and clinical sciences and enables students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care.
3. Describe how the institution is fostering the ability of students to learn through self-directed independent study.
4. Describe the mechanisms used for curriculum planning, implementation, evaluation, management, and oversight, including the roles of faculty committees, the departments, and the central institution administration.
5. How many academic years or months of actual instruction is your program?
6. What is the total number of hours of all courses required to obtain a medical degree?
7. What is the percent of actual attendance that is required?
8. Describe how attendance is monitored.
9. Describe the formal processes for making changes to the curriculum.
10. Describe how the curriculum for all applicants provides for adequate instruction in each of the following subjects. Please limit yourself to approximately one page per subject.
 - alcoholism and other chemical substance dependency (detection and treatment)
 - anatomy (including embryology, histology and neuroanatomy)
 - anesthesia
 - bacteriology
 - biochemistry
 - child abuse detection and treatment
 - dermatology
 - family medicine
 - geriatric medicine
 - human sexuality
 - immunology
 - medicine (including all sub-specialties)
 - neurology
 - obstetrics and gynecology
 - ophthalmology

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- otolaryngology
 - pain management and end-of-life care
 - pathology
 - pharmacology
 - physical medicine
 - physiology
 - preventive medicine (including nutrition)
 - psychiatry
 - radiology (including radiation safety)
 - spousal or partner abuse detection and treatment
 - surgery (including orthopedic surgery)
 - therapeutics
 - tropical medicine
 - urology
11. Discuss where all the subjects listed above can be found in the curriculum.
 12. Complete the following curriculum tables. List only the one main principle course objective where required. If necessary, add tables for any additional years required by the institution.
 13. Complete the following tables related to performance on the USMLE. If the data is not available, please explain why.

Year One

Course	Length In Weeks	Number Of Lecture Hours	Number Of Lab Hours	Number Of Small Group Discussion Hours*	Number Of Patient Contact Hours	Total Hours	Principle Course Objective
Total							

* Includes case-based or problem solving sessions

Year Two

Course	Length in weeks	Number Of Lecture Hours	Number Of Lab Hours	Number Of Small Group Discussion Hours*	Number Of Patient Contact Hours	Total Hours	Principle Course Objective
Total							

* Includes case-based or problem solving sessions

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Year

Clerkship	Total Weeks	% Ambulatory	Number Of Sites Used*	Typical Weekly Length Of Time For Formal Instruction	Average Number Of New Patients Per Week	Average Number Of Continuity Patients Per Week

*Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: #inpatient/ #outpatient

Year

Clerkship	Total Weeks	% Ambulatory	Number Of Sites Used*	Typical Weekly Length Of Time For Formal Instruction	Average Number Of New Patients Per Week	Average Number Of Continuity Patients Per Week

*Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: #inpatient/ #outpatient

USMLE Step 1

Year	Number Of Students Who Took USMLE Step 1	Number Of Students Who Passed On First Attempt	Number Of Students Who Passed On Second Attempt	Number Of Students Who Passed On Or After Third Attempt	Number Of Students Who Never Passed

USMLE Step 2

Year	Number Of Students Who Took USMLE Step 2	Number Of Students Who Passed On First Attempt	Number Of Students Who Passed On Second Attempt	Number Of Students Who Passed On Or After Third Attempt	Number Of Students Who Never Passed

VI. Governance:

1. Describe how the institution's administrative and governance systems allow the institution to accomplish its objectives.
2. Describe the faculty's formal role in the institution's decision-making process and where it is documented.
3. Are students enrolled in the program permitted to serve as instructors, administrators, officers, or directors of the institution? If yes, explain.
4. Describe the mechanisms that exist for periodic review of departments and heads of departments.
5. Are there any departments experiencing significant problems? If yes, please identify which department, the nature of the problem(s), and any potential solutions the institution has identified.
6. Provide a list of the deans' names, responsibilities, credentials, date of appointment, and relationship to university officials.
7. Attach a copy of the institution's contingency plan for addressing disasters (hurricanes, earthquakes, floods, military conflict, etc.).

VII. Faculty:

1. List all faculty members and their length of employment at the institution.
2. Describe how the faculty is qualified and sufficient in number to achieve the objectives of the institution. (A "qualified" faculty member is a person who possesses either a credential generally recognized in the field of instruction or a degree, professional license, or credential at least equivalent to the level of instruction being taught or evaluated.)
3. Describe and explain the institution's formal ongoing faculty development process. Attach the institution's written policy.
4. Describe the process by which faculty participate and document their activities in continuing medical education.
5. Describe the role of faculty in the admissions process.
6. Is there any anticipated decrease in the number of faculty in the near future (for example, through a significant number of retirements)? If yes, when, why, and to what extent?
7. Does the course and clerkship review include a review of the faculty who taught the course? If yes, please describe how and who does the review?
8. Describe how the clinical faculty participates in the institution's educational program.
9. Describe how clinical faculty are involved in curriculum development.
10. List any other responsibilities the faculty have aside from teaching (e.g. research, administrative duties, etc.).

VIII. Admissions and Promotion Standards:

1. Describe the institution's standards governing admission requirements and student selection and promotion to the next semester or academic year. How are the standards consistent with the institution's mission and objectives? How does the institution adhere to these standards?
2. Describe the admissions process, including the organization and operation of the admissions committee.
3. Who makes the initial and then the ultimate decision regarding admission?
4. For students experiencing academic or other difficulties, describe how a decision is made whether to permit a student to remediate or to repeat a course.
5. Describe all the educational prerequisites for admission, including any courses or topics that are recommended but not required.
6. Describe the academic advisory system, including any programs designed to assist potentially high-risk students in the entering class or students who experience academic difficulty throughout the curriculum.
7. Describe the system for counseling students on career choice and residency application.
8. Describe any background screening process that the institution performs on potential students, including any factors that might result in a potential student being unable to obtain licensure (e.g. criminal convictions, history of disciplinary action in undergraduate education, physical or mental disabilities, etc.).
9. Describe the institution's policies for evaluating applications for transfer from students enrolled in other medical schools. Do you accept medical education from medical schools that are not approved or recognized by California? Are there criteria that describe the schools from which you will grant transfer credit? Is there a maximum limit on the amount of advanced placement credit that you will grant? Do you accept basic sciences coursework completed in schools other than medical schools? Do you accept coursework that the student completed over the Internet or in schools that require little or no attendance in classrooms and laboratories? How is the student's previous course work evaluated for academic equivalence with your curriculum? How is the student's medical knowledge tested to determine placement in the appropriate academic year?
10. Complete the following evaluation charts.

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Grading Formula (Percent Contribution To Final Grade)

Clerkship	Who Contributes To Clinical Evaluation*	Written Exams	USMLE Subject Exams	OSCE/ SP Exams	Oral Pres. Or Paper	Faculty/ Resident Evals	Other**	Clinical Skills Observed***

* Use the following key to indicate who contributes to the final evaluation of the clerk: F (full-time faculty), V (volunteer or community clinical faculty), R (residents), O (other [describe in report narrative])

** Describe the specifics in the report narrative

*** Are all students observed performing core clinical skills? (Yes or No)

Year

Grading Formula (Percent Contribution To Final Grade)

Clerkship	Who Contributes To Clinical Evaluation*	Written Exams	USMLE Subject Exams	OSCE/ SP Exams	Oral Pres. Or Paper	Faculty/ Resident Evals	Other**	Clinical Skills Observed***

* Use the following key to indicate who contributes to the final evaluation of the clerk: F (full-time faculty), V (volunteer or community clinical faculty), R (residents), O (other [describe in report narrative])

** Describe the specifics in the report narrative

*** Are all students observed performing core clinical skills? (Yes or No)

IX. Financial Resources:

This section applies to all institutions except those that are solely owned and operated by the government of the country in which the institution is located.

1. Show evidence that the institution possesses sufficient financial resources to accomplish its mission and objectives.
2. Provide the institution's current year financial budget.
3. Describe all monetary allocations allotted to research activity.
4. Is the institution planning or engaged in any major construction or renovation projects, or other initiatives that require substantial capital investment? If yes, how will capital needs be addressed?
5. List the amount of tuition and fees, and the overall cost of attending this institution.
6. Is there anything pending that might negatively affect the institution's financial resources (e.g. existing litigation, lawsuits, etc.)? If yes, explain.
7. Include the institution's annual financial statements prepared in accordance with standards of the International Accounting Standards Board and the independent auditor's or accountant's report issued. The reports must have been prepared within one year from the date the self-assessment report is submitted.

X. Facilities:

1. Describe the institution's facilities, laboratories, equipment and library resources and how they are sufficient to support the educational programs offered by the institution and how they enable the institution to fulfill its mission and objectives.
2. Indicate whether the institution owns, leases or has other arrangements for use of the property and buildings. Describe any other arrangements aside from ownership.
3. If an institution utilizes affiliated institutions to provide clinical instruction, describe how the institution is fully responsible for the conduct and quality of the educational program at those affiliated institutions.
4. Excluding anatomy, describe the amount and nature of student performance in actual lab experience (i.e. actual specimens).
5. Explain how the institution is using computer-assisted instruction in required or optional learning experiences and/or in the evaluation of students.
6. Explain how the library's hours, services, holdings, staff, and facilities meet the needs of the faculty, residents, students, and the institution's mission and objectives.
7. Describe the library's automated databases and bibliographic search, computer and audiovisual capabilities.

XI. Medical Students:

1. Does the acceptance of transfer students, or visiting students, in the institution's teaching hospitals (including affiliates) affect the educational program of regular students (i.e., in the context of competition with the institution's own students for available resources, patients, educational venues, etc.)? If yes, explain.
2. Is the curriculum and student training educating medical students to provide sound medical care or is it focused primarily upon passing the USMLE (or some other licensing examination)? Provide specific evidence.
3. If the institution provides patient care, describe the formal system of quality assurance for its patient care program.
4. Describe how students have access to Internet and/or Intranet databases?
5. What is the general student opinion of the institution and the educational experience it provides as reflected in student surveys, evaluations, polls or other sources of information provided by students?
6. Describe how all students are systematically observed performing core clinical skills, behaviors, and attitudes.
7. Do students believe that they have adequate representation in decision-making bodies that directly affect their education? Please explain.
8. Explain the housing arrangement at affiliated locations provided by the institution, if any.

XII. Records:

1. What is the retention period for student transcripts?
2. How long will/does the institution maintain and make available for inspection any records that relate to the institution's compliance with requirements for recognition by the Medical Board of California?
3. Is there a central location where records are kept? Where are the records maintained? In what form? For how long?
4. Describe the back-up system for both paper and electronic records.
5. Describe how student records are made accessible to students who wish to review them.
6. Where and how does the institution maintain for each student a permanent, complete, accurate, and up-to-date transcript of student achievement including clinical and transfer units?
7. Describe how the institution plans to store and make available records if the institution ceases to operate.

XIII. Branch Campuses:

1. If the institution has more than one campus, describe the written policies and procedures governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the other locations.
2. Describe how the policies are consistent with the institution's mission and objectives.
3. Describe how the institution is fully responsible for the conduct and quality of the educational program at these sites.
4. Describe processes that are in place to ensure standardization of course content and exams between the campuses.

XIV. Affiliation Agreements:

1. The following applies to the teaching hospitals where the institution's medical school students receive their clinical training. Describe how affiliation agreements between a hospital and the institution meet the standard set forth by California's Business and Professions Code Section 2089.5:
 - A) formal affiliation documented by a written contract detailing the relationship between the institution and hospital and the responsibilities of each
 - B) institution and hospital provide to the division a description of the clinical program sufficient to evaluate the adequacy of the medical education
 - C) is accredited in accordance with the law of resident country
 - D) clinical instruction is supervised by a full-time director of medical education, and the head of the department for each core clinical course shall hold a full-time faculty appointment of the institution or institution of osteopathic medicine and shall be board certified or eligible, or have an equivalent credential in that specialty area appropriate to the country in which the hospital is located
 - E) clinical instruction is conducted pursuant to a written program of instruction provided by the institution
 - F) institution supervises the implementation of the program on a regular basis, documenting the level and extent of its supervision
 - G) the hospital based faculty evaluates each student on a regular basis and documents the completion of each aspect of the program for each student
 - H) the hospital ensures a minimum daily census adequate to meet the instructional needs of the number of students enrolled in each course area of clinical instruction, but no less than 15 patients in each course area of clinical instruction
2. Attach a brief explanation of any areas of noncompliance with the above affiliation requirements.
3. Provide proof that the affiliation agreements are up to date and explicit on the role of and expectations for medical students.
4. Provide the standardized course and clerkship evaluation forms.
5. Describe the internal structure of the clerkship, including the amount of time spent in various rotations, and the consistency of instruction across sites.
6. Provide evidence that there is an appropriate balance among the methods of instruction used, between inpatient and outpatient clinical experiences, and between clinical experiences in primary care and specialties.

7. Describe how the chief academic officer and directors of all courses and clerkships have designed and implemented a system of evaluation of the sites and course work of each student.
8. List the major hospitals and ambulatory-care facilities utilized for medical student education
9. Are students permitted to obtain clinical instruction at sites that are not included on the above list? If so, describe the process of permitting students to obtain clinical instruction at alternate sites.
10. Describe the financial arrangements that have been made between the institution and teaching hospitals.
11. Are clinical faculty compensated by the institution? If yes, how?
12. What percent of clinical instructors are working full-time and what percent are working part-time?
13. What percent of clinical instructors are hospital based and what percent are private practice based?

XV. Summary:

1. What are the areas of strength of the institution or educational program?
2. What are the areas of partial or substantial noncompliance of the institution or educational program?
3. What are the areas in transition of the institution or educational program?

NOTE: An area of strength is an aspect of the institution or its educational program that is clearly valuable for the successful achievement of one or more of the institution's principle missions or goals. It is a truly distinctive activity or characteristic worthy of emulation or adoption by other institutions or educational programs. Areas of partial or substantial noncompliance are those that do not fully comply with the requirements set forth in this self-assessment tool. Provide specific information as to the areas of noncompliance and potential reasons for deficiency. The process of listing areas in transition is intended to identify significant events or activities taking place which, depending on their final outcome, could result in noncompliance with one or more standards. Transition issues require specific information regarding the time of completion, as well as, construction or operational plans.



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BOARDS & COMMISSIONS**National Committee on Foreign Medical Education and Accreditation (NCFMEA)**

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PURPOSE

The purpose of the National Committee on Foreign Medical Education and Accreditation (NCFMEA) is **to review the standards used by foreign countries to accredit medical schools and determine whether those standards are comparable to standards used to accredit medical schools in the United States.** The committee's function is specified in section 102(a)(2)(B) of the Higher Education Act, as amended.

The NCFMEA does not review or accredit individual foreign medical schools. If you have questions about individual foreign medical schools, please contact the Office of Federal Student Aid's Foreign Schools Team at fsa_foreign_schools@ed.gov or (202) 377-3168. The request by a foreign country for review by the NCFMEA is voluntary.

FREQUENTLY ASKED QUESTIONS

1. Why is this type of comparability determination important?

It's important to American students who want to attend a foreign medical school and wish to receive federal student loans to help them with educational expenses. If the NCFMEA determines that a foreign country's accreditation standards for medical schools are comparable, then any accredited medical school in that country is eligible to apply to the U.S. Department of Education to participate in the federal student loan program.

2. Does the NCFMEA accredit foreign medical schools?

No, the NCFMEA does not review or accredit individual foreign medical schools. The NCFMEA only reviews the standards that a foreign country uses to accredit its medical schools.

3. Does the U.S. Department of Education accredit foreign medical schools?

No, the U.S. Department of Education does not accredit foreign medical schools. Any accredited medical school in a country that has comparable accreditation standards as determined by the NCFMEA may apply to the Department to participate in the William D. Ford Direct Loan Program (Direct Loans). As part of the application, the school must provide documentation that it has been accredited by the entity in the foreign country that has responsibility for such accreditation. Evidence of accreditation is just one of the eligibility criteria that the foreign medical school must meet in order to participate in the Direct Loan Program.

4. How do I obtain a list of foreign medical schools that are eligible to participate in Direct Loans?

For information on which foreign medical schools are eligible to participate in the Direct Loans, contact the Foreign Schools Team at the U.S. Department of Education. The Team's phone number is (202) 377-3168 and fax number is (202) 275-3486.

5. Have the regulations concerning foreign medical schools been developed to implement the recommendations made in the NCFMEA's 2009 Report to Congress and the Secretary of Education?

The [final regulations for foreign schools](#), including foreign medical schools, became effective on July 1, 2011.

DECISIONS OF COMPARABILITY

The countries listed below have been reviewed by the NCFMEA and found to use standards to accredit their medical schools that are comparable to the standards

How Do I Find...?

- [Student loans, forgiveness](#)
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Related Topics

* No Related Topics Found

used to accredit medical schools in the United States. The date(s) in parentheses is (are) the date(s) of the Committee's decision(s) of comparability.

Antigua – Barbuda (10/13) - [Caribbean Accreditation Authority for Education in Medicine and other Health Professions](#)

Australia (2/95, 3/01, 9/07, and 9/09) - [Australian Medical Council](#)
(Note: The Australian Medical Council also accredits medical schools in New Zealand under the terms of an agreement with that country.)

Canada (2/95, 3/01, and 3/09) - [Committee on Accreditation of Canadian Medical Schools](#)

Cayman Islands (9/02, 9/03, 9/04, and 3/09) - [Accreditation Commission on Colleges of Medicine](#)

Czech Republic (3/98, 9/04, and 10/11) - [Czech Republic Accreditation Commission](#)

Dominica (10/97, 3/01, and 3/07) - Ministry of Health & Social Security and the Dominica Medical Board

Dominican Republic (10/97, 3/04 and 4/13) - National Council of Higher Education, Science and Technology

Grenada (9/96, 3/03 and 3/07) - Grenada Ministry of Health, Social Security, The Environment, and Ecclesiastical Relations in conjunction with the [New York State Department of Education's Office of the Professions](#)

Hungary (3/97, 3/03, and 10/11) - [Hungarian Accreditation Committee](#)

India (3/97, 3/03, and 3/09) - [Medical Council of India](#)

Ireland (3/97, 9/03, and 9/09) - [Irish Medical Council](#)

Israel (9/99 and 9/08) - [Council for Higher Education](#)

Mexico (10/97 and 3/04) - Mexican Board for the Accreditation of Medical Education

Netherlands (3/98 and 9/07) - [Netherlands Flemish Accreditation Organization](#)

Nevis (4/12) - [Accreditation Commission on Colleges of Medicine](#)

Pakistan (3/97, 3/03, and 3/09) - [Pakistan Medical and Dental Council](#)

Philippines (3/99, 3/04, and 10/11) - [Philippine Accrediting Association of Schools, Colleges and Universities](#)

Poland (10/97, 9/03, and 10/11) - [Ministry of Health/Accreditation Committee of Polish Universities of Medical Sciences](#)

Saba (3/03 and 9/09) - [Accreditation Commission on Colleges of Medicine](#)

St. Maarten (3/98, 3/04, and 10/11) - [Accreditation Commission on Colleges of Medicine](#)

Slovak Republic (9/07) [Accreditation Commission of the Government of the Slovak Republic](#)

Taiwan (3/02, and 3/09) - [Taiwan Medical Accreditation Council](#)

United Kingdom (9/96, 9/01, and 9/09) - [General Medical Council](#)



NCFMEA GUIDELINES

Attached is the latest revision of the NCFMEA Guidelines that the committee approved at its October 2013 meeting.

- NCFMEA Guidelines (October 2013)
[MS Word \(150K\)](#) | [PDF \(321K\)](#)



REVIEW PROCEDURES

The information below provides a brief overview of the process used by the U.S. Department of Education and the National Committee on Foreign Medical Education and Accreditation (NCFMEA) for reviewing a foreign country's standards for accreditation of its medical schools.

Step 1: Submission of Information

When a country contacts the U.S. Department of Education (Department) and asks to have its accreditation standards reviewed, the Department works with the country to provide a user id and password for its e-Recognition system. The Department requests that the country submit answers to the questions found in the NCFMEA Guidelines regarding the country's accreditation standards and processes and their effective application. Countries must also provide supporting documents (e.g., copies of statute and regulations, standards, examples of site visits, etc.) in English. All submissions must be in English.

Step 2: Staff Analysis

A Department staff member is assigned to review the information and documents. If the submission is insufficient, the Department requests additional information and/or documents. The staff member then prepares an analysis, based on the documentation provided by the country, of the comparability of the country's standards to those used in the United States for accrediting medical schools. A copy of the staff analysis is sent to the country for review and comment.

Step 3: Advance Materials to NCFMEA Members

Approximately two weeks before the NCFMEA meeting, the Department transmits copies of the staff analysis, supporting documentation, and the country's response to the staff analysis (if any) to the NCFMEA members for their review prior to their meeting.

Step 4: NCFMEA Meeting -- Public Session

For each country on the meeting agenda, a Department staff member presents an overview of the analysis of the country's accreditation standards and processes to the Committee members and answers any questions Committee members might have. After the staff presentation, any official representatives of the country are given the opportunity to present information and answer any questions posed by Committee members.

Step 5: NCFMEA Meeting -- Executive Session

After the presentations by Department staff and country representatives (if any), the Committee goes into executive session, which is open to official representative(s) of the country but is closed to members of the public. During this executive session, the Committee discusses the country's accreditation standards and procedures and then makes a determination as to whether the country's system for accrediting medical schools is comparable to the system used in the United States.

Step 6: Secretary's Letters regarding NCFMEA Decisions

The decisions reached by the NCFMEA at its meeting are kept confidential until the U.S. Secretary of Education reviews the decisions and issues official notification to the countries. After the Secretary letters are faxed and mailed to the countries, and the U.S. Department of State is advised of the NCFMEA decisions, those decisions are made available to the public.

Step 7: Implementation of Decisions

An accredited medical school in a country determined to have comparable standards may apply to the Department to participate in Direct Loans. The institution's application and supporting documentation (such as proof of accreditation, financial statements, etc.) are reviewed by the Department's Foreign Schools Team to determine whether the institution meets the regulatory requirements to participate in Direct Loans. If the institution does meet the requirements, it must sign a Program Participation Agreement with the Department. After that agreement is executed, American students who attend that medical school may apply to receive loans under the Direct Loan Program.

**HELPFUL HINTS FOR COUNTRIES APPLYING FOR COMPARABILITY**

The following tips are based on the most frequently cited issues by Department staff when conducting comparability determination reviews in preparing their submissions for the NCFMEA. They relate to both the policy and procedures contained within the NCFMEA's Guidelines for Requesting a Comparability Determination and to the review process itself.

1. Be proactive in communicating with Department staff. Provide them with the requested information in a timely manner. Without it, the review may be postponed until the following meeting or it may otherwise affect the NCFMEA's decision. Remember that countries are responsible for ensuring that all portions of their submissions are in English. Countries should plan on sufficient time to translate their narrative and any documentation associated with their response from their native language into English.
2. To better demonstrate how your standards are applied effectively, summarize your evaluation procedures, describe your standards, and provide the reports that your site evaluators create to convey the findings of school evaluations. (NCFMEA Guidelines, Part 2, Section 4. Educational Programs, Subsection 4.7 Design, Implementation and Evaluation)
3. As early as possible in the comparability determination process, clarify the authorized governmental entity to approve medical school operations and designated accrediting body. Promptly communicate any changes in their contact information to the Department staff. (NCFMEA Guidelines, Part I, Entity Responsible for the Accreditation/Approval of Medical Schools)
4. Document the visitation of all clinical sites, both in the host country and abroad. Ensure there are sufficient resources available for residents at the clinical sites. (NCFMEA Guidelines, Part 2, Section 3. Administration, Subsection 3.4 Remote Sites)

**MEETINGS**

Final staff reports are available to the public at:
<http://opeweb.ed.gov/asiweb/> Click on the "Public Documents" button. The reports are filed by committee and meeting date.

- **Spring 2014 Meeting - April 15, 2014**
 - [Federal Register Notice](#)
- **Fall 2013 Meeting - October 30, 2013**
 - [Federal Register Notice](#)
 - Final Agenda [MS Word \(58K\)](#) | [PDF \(186K\)](#)
- **Teleconference Meeting - May 8, 2013**
 - Report of the Meeting: [MS Word \(88K\)](#) | [PDF \(227K\)](#)
 - Final Agenda [MS Word \(1.73MB\)](#) | [PDF \(104K\)](#)
- **Spring 2013 Meeting - April 15-16, 2013**
 - [Federal Register Notice](#)
 - Final Staff Report for agencies are available to the public at:
<http://opeweb.ed.gov/asiweb/>
 - Final Agenda [MS Word \(62K\)](#) | [PDF \(197K\)](#)
- **Fall 2012 Meeting - October 30, 2012**
 - The October 30, 2012 NCFMEA MEETING was cancelled due to the forecast of severe and disruptive weather (Hurricane Sandy). The meeting was rescheduled in Spring 2013.
 - [Federal Register Notice](#)
- **Spring 2012 Meeting - April 10, 2012**
 - [Federal Register Notice](#)
 - Staff Analysis Reports [PDF \(439K\)](#)
 - Final Agenda [MS Word \(85K\)](#) | [PDF \(96K\)](#)
- **Fall 2011 Meeting - October 20, 2011**
 - Draft Agenda [MS Word \(98K\)](#) | [PDF \(69K\)](#)
 - Staff Analysis Reports [PDF \(1.35Mb\)](#)



NCFMEA REPORT

Attached is the report required by the Higher Education Opportunity Act to Congress and the Secretary of Education that contains recommendations concerning institutional eligibility criteria that would permit additional foreign medical schools to participate in the Federal student loan program. The Department relied on the committee's report during the foreign school negotiated rulemaking sessions that concluded in February 2010. On November 1, 2010, the Department published the final regulations for foreign schools participating in the William D. Ford Direct Loan Program and they may be accessed at <http://www2.ed.gov/legislation/FedRegister/finrule/2010-4/110110a.html>.

- Report to the U.S. Congress by the National Committee On Foreign Medical Education and Accreditation Recommending Institutional Eligibility Criteria for Participation by Certain Foreign Medical Schools in the Federal Family Education Loan Program - 2009 [MS Word \(447K\)](#) | [PDF \(1022K\)](#)



MEMBERS

The members of the newly re-established NCFMEA include:

- Martin Crane, M.D., Chair
- Radheshyam M. Agrawal, M.D.
- Alice A. Tolbert Coombs, M.D.
- N. Lynn Eckhert, M.D.
- David Munoz, M.D., M.P.H.
- Deborah Powell, M.D.
- Andrea Reid, M.D., M.P.H.
- Krishnan Subrahmanian, student member
- Adewale Troutman, M.D., M.P.H.



LINKS TO USEFUL WEB SITES

U.S. Department of Education

- [Federal Student Aid - Student Portal](#)
- [Federal Student Aid - Information on Foreign Schools](#)
- [U.S. Network for Education Information \(USNEI\)](#)

Additional Web Sites

- [Disclaimer](#)

- [Accreditation Council for Graduate Medical Education](#)
- [American Medical Association and Association of American Medical Colleges' Liaison Committee on Medical Education \(LCME\)](#)
- [Association of American Medical Colleges](#)
- [Association for Medical Education in Europe](#)
- [Association of Medical Schools in Europe](#)
- [Educational Commission for Foreign Medical Graduates \(ECFMG\)](#)
- [Federation of State Medical Boards \(FSMB\)](#)
- [Foundation for Advancement of International Medical Education and Research](#)
- [National Board of Medical Examiners](#)
- [National Resident Match Program](#)
- [World Federation for Medical Education](#)
- [World Health Organization](#)

**For More Information**

For information on the NCFMEA, please contact:
[Carol Griffiths](#), NCFMEA Executive Director
U.S. Department of Education
1990 K Street, N.W., Room 8073
Washington, DC 20006
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Fax: (202) 502-7874



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NCFMEA “COMPARABLE” COUNTRIES*

- **Antigua/Barbuda**
- **Australia**
- **Canada**
- **Cayman Islands**
- **Czech Republic**
- **Dominica**
- **Dominican Republic**
- **Grenada**
- **Hungary**
- **India**
- **Ireland**
- **Israel**
- **Mexico**
- **Netherlands**
- **Nevis**
- **Pakistan**
- **Philippines**
- **Poland**
- **Saba**
- **St. Maarten**
- **Slovak Republic**
- **Taiwan**
- **United Kingdom**

***Total 604 Medical Schools**

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 5/13/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 5/21/14	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Requirements for Documenting and Retaining Records of Physicians Supervising Physician Assistants, and Other Matters Related to Physician Assistant Practice	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Julie Doyle, Chair of the Council on Physician Assistants, will appear before the Board in Open Session to discuss requirements for documenting and retaining records of supervising physicians, and other matters related to PA practice.			
11) Authorization			
Daniel Agne			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 5/5/2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 5/21/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Final FSMB State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Report	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board will review the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) press release and policy document on the following pages.			
11) Authorization			
Daniel Agne			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
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FOR IMMEDIATE RELEASE

Contact: Drew Carlson, (817)868-4043;

dcarlson@fsmb.org

State Medical Boards Adopt Policy Guidelines for Safe Practice of Telemedicine

Denver, Colorado (April 26, 2014) – Representatives of state medical licensing boards today approved updated guidelines to help ensure the safety and quality of medicine when it is practiced using telemedicine technology – which can connect a patient in one location with a care provider in another location.

The *Model Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, adopted by the Federation of State Medical Boards (FSMB), provides much-needed guidance and a basic roadmap that state boards can use to ensure that patients are protected from harm in a fast-changing health-care delivery environment.

Among its key provisions, the model policy states that the same standards of care that have historically protected patients during in-person medical encounters must apply to medical care delivered electronically. Care providers using telemedicine must establish a credible “patient-physician relationship,” ensuring that patients are properly evaluated and treated and that providers adhere to well-established principles guiding privacy and security of personal health information, informed consent, safe prescribing and other key areas of medical practice.

“Telemedicine offers wonderful tools to help expand treatment options for patients – particularly in helping provide care in remote areas, lowering costs and helping support preventive care efforts,” said FSMB President and CEO Humayun J. Chaudhry, DO, MACP. “But as telemedicine has grown, so too, has the need for clear, common-sense guidelines that help health care providers transition to this exciting new environment in a safe way.”

Dr. Chaudhry noted that the new guidelines are designed to provide flexibility in the use of technology by physicians – ranging from telephone and email interactions to videoconferencing – as long as they adhere to widely recognized standards of patient care.

The policy adopted by the FSMB's House of Delegates, which represents all of the nation's 70 state and territorial state medical licensing boards, is advisory, meaning state boards are free to adopt it as is, modify it, or retain their own current policies regarding telemedicine.

Representatives of the telemedicine industry expressed support for the guidelines following their adoption on Saturday.

"CTEL appreciates the FSMB's guideline efforts as a first step to help put a definition to safe telemedicine," said Greg Billings, Executive Director of the Robert J. Waters Center for Telehealth and e-Health Law (CTEL), which represents some of the nation's leading telemedicine providers.

The Policy at a Glance:

- Standards of care that protect patients during in-person medical interactions apply equally to medical care delivered electronically
- Providers using telemedicine should establish a credible "patient-physician relationship" and ensure that their patients are properly evaluated and treated
- Providers should adhere to well-established principles guiding privacy and security of records, informed consent, safe prescribing and other key areas of medical practice.

The new policy is available at www.fsmb.org/pdf/FSMB_Telemedicine_Policy.pdf. For more information, please contact Drew Carlson at dcarlson@fsmb.org or (817) 868-4043.

1 interaction between a licensee in one location and a patient in another location with or without an
2 intervening healthcare provider.³ However, state medical boards, in fulfilling their duty to
3 protect the public, face complex regulatory challenges and patient safety concerns in adapting
4 regulations and standards historically intended for the in-person provision of medical care to new
5 delivery models involving telemedicine technologies, including but not limited to: 1)
6 determining when a physician-patient relationship is established; 2) assuring privacy of patient
7 data; 3) guaranteeing proper evaluation and treatment of the patient; and 4) limiting the
8 prescribing and dispensing of certain medications.

9 The [Name of Board] recognizes that using telemedicine technologies in the delivery of medical
10 services offers potential benefits in the provision of medical care. The appropriate application of
11 these technologies can enhance medical care by facilitating communication with physicians and
12 their patients or other health care providers, including prescribing medication, obtaining
13 laboratory results, scheduling appointments, monitoring chronic conditions, providing health
14 care information, and clarifying medical advice.⁴

15 These guidelines should not be construed to alter the scope of practice of any health care
16 provider or authorize the delivery of health care services in a setting, or in a manner, not
17 otherwise authorized by law. In fact, these guidelines support a consistent standard of care and
18 scope of practice notwithstanding the delivery tool or business method in enabling Physician-to-
19 Patient communications. For clarity, a physician using telemedicine technologies in the
20 provision of medical services to a patient (whether existing or new) must take appropriate steps
21 to establish the physician-patient relationship and conduct all appropriate evaluations and history
22 of the patient consistent with traditional standards of care for the particular patient presentation.
23 As such, some situations and patient presentations are appropriate for the utilization of
24 telemedicine technologies as a component of, or in lieu of, in-person provision of medical care,
25 while others are not.⁵

26 The Board has developed these guidelines to educate licensees as to the appropriate use of
27 telemedicine technologies in the practice of medicine. The [Name of Board] is committed to
28 assuring patient access to the convenience and benefits afforded by telemedicine technologies,
29 while promoting the responsible practice of medicine by physicians.

30 It is the expectation of the Board that physicians who provide medical care, electronically or
31 otherwise, maintain the highest degree of professionalism and should:

- 32 • Place the welfare of patients first;
- 33 • Maintain acceptable and appropriate standards of practice;
- 34 • Adhere to recognized ethical codes governing the medical profession;

³ See Center for Telehealth and eHealth Law (Ctel), <http://ctel.org/> (last visited Dec. 17, 2013).

⁴ *Id.*

⁵ See Cal. Bus. & Prof. Code § 2290.5(d).

- 1 • Properly supervise non-physician clinicians; and
- 2 • Protect patient confidentiality.

3 **Section Two. Establishing the Physician-Patient Relationship**

4 The health and well-being of patients depends upon a collaborative effort between the physician
5 and patient.⁶ The relationship between the physician and patient is complex and is based on the
6 mutual understanding of the shared responsibility for the patient’s health care. Although the
7 Board recognizes that it may be difficult in some circumstances to precisely define the beginning
8 of the physician-patient relationship, particularly when the physician and patient are in separate
9 locations, it tends to begin when an individual with a health-related matter seeks assistance from
10 a physician who may provide assistance. However, the relationship is clearly established when
11 the physician agrees to undertake diagnosis and treatment of the patient, and the patient agrees to
12 be treated, whether or not there has been an encounter in person between the physician (or other
13 appropriately supervised health care practitioner) and patient.

14 The physician-patient relationship is fundamental to the provision of acceptable medical care. It
15 is the expectation of the Board that physicians recognize the obligations, responsibilities, and
16 patient rights associated with establishing and maintaining a physician-patient relationship. A
17 physician is discouraged from rendering medical advice and/or care using telemedicine
18 technologies without (1) fully verifying and authenticating the location and, to the extent
19 possible, identifying the requesting patient; (2) disclosing and validating the provider’s identity
20 and applicable credential(s); and (3) obtaining appropriate consents from requesting patients
21 after disclosures regarding the delivery models and treatment methods or limitations, including
22 any special informed consents regarding the use of telemedicine technologies. An appropriate
23 physician-patient relationship has not been established when the identity of the physician may be
24 unknown to the patient. Where appropriate, a patient must be able to select an identified
25 physician for telemedicine services and not be assigned to a physician at random.

26 **Section Three. Definitions**

27 For the purpose of these guidelines, the following definitions apply:

28 “Telemedicine” means the practice of medicine using electronic communications, information
29 technology or other means between a licensee in one location, and a patient in another location
30 with or without an intervening healthcare provider. Generally, telemedicine is not an audio-only,
31 telephone conversation, e-mail/instant messaging conversation, or fax. It typically involves the
32 application of secure videoconferencing or store and forward technology to provide or support

⁶American Medical Association, Council on Ethical and Judicial Affairs, *Fundamental Elements of the Patient-Physician Relationship* (1990), available at <http://www.ama-assn.org/resources/doc/code-medical-ethics/1001a.pdf>.

1 healthcare delivery by replicating the interaction of a traditional, encounter in person between a
2 provider and a patient.⁷

3 “Telemedicine Technologies” means technologies and devices enabling secure electronic
4 communications and information exchange between a licensee in one location and a patient in
5 another location with or without an intervening healthcare provider.

6 **Section Four. Guidelines for the Appropriate Use of Telemedicine Technologies in Medical**
7 **Practice**

8 The [Name of Board] has adopted the following guidelines for physicians utilizing telemedicine
9 technologies in the delivery of patient care, regardless of an existing physician-patient
10 relationship prior to an encounter:

11 Licensure:

12 A physician must be licensed by, or under the jurisdiction of, the medical board of the state
13 where the patient is located. The practice of medicine occurs where the patient is located at the
14 time telemedicine technologies are used. Physicians who treat or prescribe through online
15 services sites are practicing medicine and must possess appropriate licensure in all jurisdictions
16 where patients receive care.⁸

17 Establishment of a Physician-Patient Relationship:

18 Where an existing physician-patient relationship is not present, a physician must take appropriate
19 steps to establish a physician-patient relationship consistent with the guidelines identified in
20 Section Two, and, while each circumstance is unique, such physician-patient relationships may
21 be established using telemedicine technologies provided the standard of care is met.

22 Evaluation and Treatment of the Patient:

23 A documented medical evaluation and collection of relevant clinical history commensurate with
24 the presentation of the patient to establish diagnoses and identify underlying conditions and/or
25 contra-indications to the treatment recommended/provided must be obtained prior to providing
26 treatment, including issuing prescriptions, electronically or otherwise. Treatment and
27 consultation recommendations made in an online setting, including issuing a prescription via
28 electronic means, will be held to the same standards of appropriate practice as those in traditional
29 (encounter in person) settings. Treatment, including issuing a prescription based solely on an
30 online questionnaire, does not constitute an acceptable standard of care.

31 Informed Consent:

⁷ See Ctel.

⁸ Federation of State Medical Boards, *A Model Act to Regulate the Practice of Medicine Across State Lines* (April 1996), available at http://www.fsmb.org/pdf/1996_grpol_telemedicine.pdf.

1 Evidence documenting appropriate patient informed consent for the use of telemedicine
2 technologies must be obtained and maintained. Appropriate informed consent should, as a
3 baseline, include the following terms:

- 4 • Identification of the patient, the physician and the physician’s credentials;
- 5 • Types of transmissions permitted using telemedicine technologies (e.g. prescription
6 refills, appointment scheduling, patient education, etc.);
- 7 • The patient agrees that the physician determines whether or not the condition being
8 diagnosed and/or treated is appropriate for a telemedicine encounter;
- 9 • Details on security measures taken with the use of telemedicine technologies, such as
10 encrypting data, password protected screen savers and data files, or utilizing other
11 reliable authentication techniques, as well as potential risks to privacy notwithstanding
12 such measures;
- 13 • Hold harmless clause for information lost due to technical failures; and
- 14 • Requirement for express patient consent to forward patient-identifiable information to a
15 third party.

16 Continuity of Care:

17 Patients should be able to seek, with relative ease, follow-up care or information from the
18 physician [or physician’s designee] who conducts an encounter using telemedicine technologies.
19 Physicians solely providing services using telemedicine technologies with no existing physician-
20 patient relationship prior to the encounter must make documentation of the encounter using
21 telemedicine technologies easily available to the patient, and subject to the patient’s consent, any
22 identified care provider of the patient immediately after the encounter.

23 Referrals for Emergency Services:

24 An emergency plan is required and must be provided by the physician to the patient when the
25 care provided using telemedicine technologies indicates that a referral to an acute care facility or
26 ER for treatment is necessary for the safety of the patient. The emergency plan should include a
27 formal, written protocol appropriate to the services being rendered via telemedicine technologies.

28 Medical Records:

29 The medical record should include, if applicable, copies of all patient-related electronic
30 communications, including patient-physician communication, prescriptions, laboratory and test
31 results, evaluations and consultations, records of past care, and instructions obtained or produced
32 in connection with the utilization of telemedicine technologies. Informed consents obtained in
33 connection with an encounter involving telemedicine technologies should also be filed in the
34 medical record. The patient record established during the use of telemedicine technologies must
35 be accessible and documented for both the physician and the patient, consistent with all
36 established laws and regulations governing patient healthcare records.

1 Privacy and Security of Patient Records & Exchange of Information:

2 Physicians should meet or exceed applicable federal and state legal requirements of
3 medical/health information privacy, including compliance with the Health Insurance Portability
4 and Accountability Act (HIPAA) and state privacy, confidentiality, security, and medical
5 retention rules. Physicians are referred to “Standards for Privacy of Individually Identifiable
6 Health Information,” issued by the Department of Health and Human Services (HHS).⁹
7 Guidance documents are available on the HHS Office for Civil Rights Web site at:
8 www.hhs.gov/ocr/hipaa.

9 Written policies and procedures should be maintained at the same standard as traditional face-to-
10 face encounters for documentation, maintenance, and transmission of the records of the
11 encounter using telemedicine technologies. Such policies and procedures should address (1)
12 privacy, (2) health-care personnel (in addition to the physician addressee) who will process
13 messages, (3) hours of operation, (4) types of transactions that will be permitted electronically,
14 (5) required patient information to be included in the communication, such as patient name,
15 identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight
16 mechanisms. Policies and procedures should be periodically evaluated for currency and be
17 maintained in an accessible and readily available manner for review.

18 Sufficient privacy and security measures must be in place and documented to assure
19 confidentiality and integrity of patient-identifiable information. Transmissions, including patient
20 e-mail, prescriptions, and laboratory results must be secure within existing technology (i.e.
21 password protected, encrypted electronic prescriptions, or other reliable authentication
22 techniques). All patient-physician e-mail, as well as other patient-related electronic
23 communications, should be stored and filed in the patient’s medical record, consistent with
24 traditional record-keeping policies and procedures.

25 Disclosures and Functionality on Online Services Making Available Telemedicine Technologies:

26 Online services used by physicians providing medical services using telemedicine technologies
27 should clearly disclose:

- 28
- 29 • Specific services provided;
 - 30 • Contact information for physician;
 - 31 • Licensure and qualifications of physician(s) and associated physicians;
 - 32 • Fees for services and how payment is to be made;
 - 33 • Financial interests, other than fees charged, in any information, products, or services
34 provided by a physician;
 - 35 • Appropriate uses and limitations of the site, including emergency health situations;

⁹ 45 C.F.R. § 160, 164 (2000).

- 1 • Uses and response times for e-mails, electronic messages and other communications
- 2 transmitted via telemedicine technologies;
- 3 • To whom patient health information may be disclosed and for what purpose;
- 4 • Rights of patients with respect to patient health information; and
- 5 • Information collected and any passive tracking mechanisms utilized.

6 Online services used by physicians providing medical services using telemedicine technologies
7 should provide patients a clear mechanism to:

- 8 • Access, supplement and amend patient-provided personal health information;
- 9 • Provide feedback regarding the site and the quality of information and services; and
- 10 • Register complaints, including information regarding filing a complaint with the
- 11 applicable state medical and osteopathic board(s).

12 Online services must have accurate and transparent information about the website
13 owner/operator, location, and contact information, including a domain name that accurately
14 reflects the identity.

15 Advertising or promotion of goods or products from which the physician receives direct
16 remuneration, benefits, or incentives (other than the fees for the medical care services) is
17 prohibited. Notwithstanding, online services may provide links to general health information
18 sites to enhance patient education; however, the physician should not benefit financially from
19 providing such links or from the services or products marketed by such links. When providing
20 links to other sites, physicians should be aware of the implied endorsement of the information,
21 services or products offered from such sites. The maintenance of preferred relationships with
22 any pharmacy is prohibited. Physicians shall not transmit prescriptions to a specific pharmacy,
23 or recommend a pharmacy, in exchange for any type of consideration or benefit form that
24 pharmacy.

25 Prescribing:

26 Telemedicine technologies, where prescribing may be contemplated, must implement measures
27 to uphold patient safety in the absence of traditional physical examination. Such measures
28 should guarantee that the identity of the patient and provider is clearly established and that
29 detailed documentation for the clinical evaluation and resulting prescription is both enforced and
30 independently kept. Measures to assure informed, accurate, and error prevention prescribing
31 practices (e.g. integration with e-Prescription systems) are encouraged. To further assure patient
32 safety in the absence of physical examination, telemedicine technologies should limit medication
33 formularies to ones that are deemed safe by [Name of Board].

34 Prescribing medications, in-person or via telemedicine, is at the professional discretion of the
35 physician. The indication, appropriateness, and safety considerations for each telemedicine visit

1 prescription must be evaluated by the physician in accordance with current standards of practice
2 and consequently carry the same professional accountability as prescriptions delivered during an
3 encounter in person. However, where such measures are upheld, and the appropriate clinical
4 consideration is carried out and documented, physicians may exercise their judgment and
5 prescribe medications as part of telemedicine encounters.

6 **Section Five. Parity of Professional and Ethical Standards**

7 Physicians are encouraged to comply with nationally recognized health online service standards
8 and codes of ethics, such as those promulgated by the American Medical Association, American
9 Osteopathic Association, Health Ethics Initiative 2000, Health on the Net and the American
10 Accreditation HealthCare Commission (URAC).

11 There should be parity of ethical and professional standards applied to all aspects of a
12 physician's practice.

13 A physician's professional discretion as to the diagnoses, scope of care, or treatment should not
14 be limited or influenced by non-clinical considerations of telemedicine technologies, and
15 physician remuneration or treatment recommendations should not be materially based on the
16 delivery of patient-desired outcomes (i.e. a prescription or referral) or the utilization of
17 telemedicine technologies.

18 [END].

1 **References**

- 2 American Accreditation HealthCare Commission. *Health Web Site Standards*. July 2001.
- 3 AMA. Council on Ethical and Judicial Affairs. *Code of Medical Ethics*. 2000-2001.
- 4 AMA. *Report of the Council on Medical Service*. Medical Care Online. 4-A-01 (June 2001).
- 5 College of Physicians and Surgeons of Alberta. *Policy Statement. Physician/Patient*
6 *Relationships* (February 2000).
- 7 Colorado Board of Medical Examiners. *Policy Statement Concerning the Physician-Patient*
8 *Relationship*.
- 9 The Department of Health and Human Services, HIPPA Standards for Privacy of Individually
10 Identifiable Health Information. August 14, 2002.
- 11 FSMB. *A Model Act to Regulate the Practice of Medicine Across State Lines*. April 1996.
- 12 *Health Ethics Initiative 2000*. eHealth Code of Ethics. May 2000.
- 13 Health on the Net Foundation. *Code of Medical Conduct for Medical and Health Web Sites*.
14 January 2000.
- 15 La. Admin. Code tit. 46, pt. XLV, § 7501-7521.
- 16 New York Board for Professional Medical Conduct. Statements on Telemedicine (draft
17 document). October 2000.
- 18 North Carolina Medical Board. Position Statement. Documentation of the Physician-Patient
19 Relationship. May 1, 1996.
- 20 Oklahoma Board of Medical Licensure. Policy on Internet Prescribing. November 2, 2000.
- 21 South Carolina Board of Medical Examiners. Policy Statement. Internet Prescribing. July 17,
22 2000.
- 23 Texas State Board of Medical Examiners. Internet Prescribing Policy. December 11, 1999.
- 24 Washington Board of Osteopathic Medicine and Surgery. Policy Statement. Prescribing
25 Medication without Physician/Patient Relationship. June 2, 2000.

SMART Workgroup

Kenneth B. Simons, MD, Chairman
Chair, State of Wisconsin Dept of Safety & Professional Services

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Michael J. Arnold, MBA
Member, North Carolina Medical Board

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Chair, Florida Board of Osteopathic Medicine

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President, Minnesota Board of Medical Practice

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Past Chair & Current Medical Director, Georgia Composite Medical Board

Ex-Officios

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State Legislative & Policy Manager, FSMB

**State of Wisconsin
Department of Safety & Professional Services**

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3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 5/21/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? FSMB Interstate Licensure Compact Draft	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The Board will review the FSMB Interstate Licensure Compact Draft .			
11) Authorization			
Daniel Agne			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
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From: Humayun Chaudhry [REDACTED]
Sent: Tuesday, May 06, 2014 1:38 PM
To: Humayun Chaudhry
Subject: Interstate Medical Licensure Compact REVISED DRAFT

To: Executive Directors and Presidents/Chairs of State and Territorial Medical and Osteopathic Boards
From: Humayun Chaudhry, DO, MACP
Subject: Interstate Medical Licensure Compact
Date: May 6, 2014

Hi Everyone,

Attached please find a revised draft of the Interstate Medical License Compact. This draft is a step further in the ongoing efforts of the FSMB and its member boards to study the feasibility of an Interstate Medical License Compact, as directed by the FSMB's House of Delegates in 2013 under Resolution 13-5. This draft reflects changes based upon comments received from member boards and other stakeholders over the past few months and achieves greater consensus and clarity on those points that are essential for the Compact to succeed, facilitating greater license portability while maintaining a high level of public protection and patient safety.

Once again, I would ask you to review the draft and share any comments that you may have with the Interstate Medical License Compact Drafting Team. Please provide any comments about the attached draft document directly to Eric Fish, JD, FSMB's Senior Director of Legal Services, by **June 1, 2014**. Comments can be sent directly to him at [REDACTED]. You may copy me on your comments, if you wish.

Please note that this draft document does not necessarily reflect the views and opinions at this time of the FSMB, the FSMB's Board of Directors, or any state medical or osteopathic board or its members and staff. Later today, we will also be sharing the document with a range of interested and relevant stakeholders to obtain their continuing feedback and suggestions.

Thank you in advance for your thoughtful consideration of an important step forward to advance medical licensure portability in the United States while preserving state-based medical regulation and ensuring the protection of the public.

Hank

Humayun J. Chaudhry, D.O., M.S., MACP, FACOI
President and CEO

Federation of State Medical Boards

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INTERSTATE MEDICAL LICENSURE COMPACT

(May 5, 2014)

The ideas and conclusions set forth in this draft, including the proposed statutory language and any comments or notes, have not been formally endorsed by the Federation of State Medical Boards or its Board of Directors. This draft has been prepared to study the feasibility of an interstate compact, and does not necessarily reflect the views of the Federation of State Medical Boards, the Board of Directors of the Federation of State Medical Boards, or any state medical board or its members.

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INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1. PURPOSE

In order to strengthen access to health care and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, ensures the safety of patients, and enhances the portability of a medical license, providing a streamlined process that allows physicians to become licensed in multiple states. The Compact also adopts the prevailing standard for licensure, that 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. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

SECTION 2. DEFINITIONS

In this compact:

- (a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to Section 11 for its governance, or for directing and controlling its actions and conduct.
- (b) "Commissioner" means the voting representative appointed by each member board pursuant to Section 11.
- (c) "Conviction" means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilt or no contest to the charge by the

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1 offender. Evidence of an entry of a conviction of a criminal offense by the trial court shall be
2 considered final for purposes of disciplinary action by a member board.

3 (d) "Expedited License" means a full and unrestricted medical license granted by a
4 member state to an eligible physician through the process set forth in the Compact.

5 (e) "Interstate Commission" means the interstate commission created pursuant to Section
6 11.

7 (f) "License" means authorization by a state for a physician to engage in the practice of
8 medicine, which would be unlawful without the authorization.

9 (g) "Medical Practice Act" means laws and regulations governing the practice of
10 allopathic and osteopathic medicine within a member state.

11 (h) "Member Board" means a state agency in a member state that acts in the sovereign
12 interests of the state by protecting the public through licensure, regulation, and education of
13 physicians as directed by the state government.

14 (i) "Member State" means a state that has enacted the Compact.

15 (j) "Practice of medicine" means the clinical prevention, diagnosis, or treatment of human
16 disease, injury, or condition requiring a physician to obtain and maintain a license in compliance
17 with the Medical Practice Act of a member state.

18 (k) "Physician" means any person who:

19 (1) Is a graduate of

20 (a) a medical school accredited by the Liaison Committee on Medical Education
21 or the Commission on Osteopathic College Accreditation; or

22 (b) a medical school listed in the International Medical Education Directory or
23 equivalent, and has

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1 (i) Passed each part of the United States Medical Licensing Examination
2 (USMLE) within three attempts, or any of its predecessor examinations accepted by a state
3 medical board as an equivalent examination for licensure purposes, and

4 (ii) Held a full and unrestricted license to practice medicine in any state
5 for at least the past 5 years;

6 (2) Successfully completed graduate medical education approved by the
7 Accreditation Council for Graduate Medical Education or the American Osteopathic
8 Association;

9 (3) Holds specialty certification recognized by the American Board of Medical
10 Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

11 (4) Possesses a full and unrestricted license to engage in the practice of medicine
12 issued by a member board;

13 (5) Has never been convicted, received adjudication, deferred adjudication,
14 community supervision, or deferred disposition for any offense by a court of appropriate
15 jurisdiction;

16 (6) Has never held a license authorizing the practice of medicine subject to
17 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action
18 related to non-payment of fees related to a license;

19 (7) Has never had a controlled substance license or permit suspended or revoked by
20 a state or the United States Drug Enforcement Administration;

21 (8) Is not under active investigation by a licensing agency or law enforcement
22 authority in any state, federal, or foreign jurisdiction.

23 (l) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.

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1 (m) “Rule” means a written statement by the Interstate Commission promulgated
2 pursuant to Section 12 of the Compact that is of general applicability, implements, interprets, or
3 prescribes a policy or provision of the Compact, or an organizational, procedural, or practice
4 requirement of the Interstate Commission, and has the force and effect of statutory law in a
5 member state, and includes the amendment, repeal, or suspension of an existing rule.

6 (n) “State” means any state, commonwealth, district, or territory of the United States.

7 (o) "State of Principal License" means a member state where a physician holds a license
8 to practice medicine and which has been designated as such by the physician for purposes of
9 registration and participation in the Compact.

10

11 **SECTION 3. ELIGIBILITY**

12 (a) A physician must meet the eligibility requirements as defined in Section 2(k) to
13 receive an expedited license under the terms and provisions of the Compact.

14 (b) A physician who does not meet the requirements of Section 2(k) may obtain a license
15 to practice medicine in a member state if the individual complies with all laws and requirements,
16 other than the Compact, relating to the issuance of a license to practice medicine in that state.

17

18 **SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE**

19 (a) A physician shall designate a member state as the state of principal license for
20 purposes of registration for expedited licensure through the Compact if the physician possesses a
21 full and unrestricted license to practice medicine in that state, and the state is:

22 (1) the state of primary residence for the physician, or

23 (2) the state where at least 25% of the practice of medicine occurs, or

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1 (3) the location of the physician's employer, or
2 (4) if no state qualifies under subsection (1), subsection (2), or subsection (3), the
3 state designated as state of residence for purpose of federal income tax.

4 (b) A physician may redesignate a member state as state of principal license at any time,
5 as long as the state meets the requirements in subsection (a).

6 (c) The Interstate Commission is authorized to develop rules to facilitate redesignation of
7 another member state as the state of principal license.

8

9 **SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE**

10 (a) A physician seeking licensure through the Compact shall file an application for an
11 expedited license with the member board of the state selected by the physician as the state of
12 principal license.

13 (b) Upon receipt of an application for an expedited license, the member board in the state
14 selected as the state of principal license shall evaluate whether the physician is eligible for
15 expedited licensure and issue a letter of qualification, verifying or denying the physician's
16 eligibility, to the Interstate Commission. Static qualifications, which include verification of
17 medical education, graduate medical education, results of any medical or licensing examination,
18 and other qualifications as determined by the Interstate Commission through rule, shall not be
19 subject to additional primary source verification where already primary source verified by the
20 state of principal licensure. Appeal on the determination of eligibility shall be made to the
21 member state where the application was filed and shall be subject to the law of that state.

22 (c) Physicians eligible for an expedited license shall complete the registration process
23 established by the Interstate Commission to receive a license in a member state, including the

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1 payment of any applicable fees.

2 (d) After receiving verification of eligibility under subsection (b) and any fees under
3 Section 6, a member board shall issue an expedited license to the physician. This license shall
4 authorize the physician to practice medicine in the issuing state consistent with the Medical
5 Practice Act and all applicable laws and regulations of the issuing member board and member
6 state.

7 (e) An expedited license shall be valid for a period consistent with the licensure periods
8 in the member state and in the same manner as required for other physicians holding a license
9 within the member state.

10 (f) An expedited license obtained though the Compact shall be terminated if a physician
11 fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without
12 redesignation of a new state of principal licensure.

13 (g) The Interstate Commission is authorized to develop rules regarding the application
14 process and the issuance of an expedited license.

15

16 **SECTION 6. FEES FOR EXPEDITED LICENSURE**

17 (a) A member state issuing an expedited license authorizing the practice of medicine in
18 that state may impose a fee for a license issued or renewed through the Compact.

19 (b) The Interstate Commission is authorized to develop rules regarding fees for expedited
20 licenses.

21

22 **SECTION 7. RENEWAL AND CONTINUED PARTICIPATION**

23 (a) A physician seeking to renew an expedited license granted in a member state shall

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1 complete a renewal process with the Interstate Commission if the physician:

2 (1) Maintains a full and unrestricted license in a state of principal license,

3 (2) Has not been convicted, received adjudication, deferred adjudication,
4 community supervision, or deferred disposition for any offense by a court of appropriate
5 jurisdiction,

6 (3) Has not had a license authorizing the practice of medicine subject to discipline
7 by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to
8 non-payment of fees related to a license,

9 (4) Has not had a controlled substance license or permit suspended or revoked by
10 a state or the United States Drug Enforcement Administration, and

11 (5) Is not under investigation by a licensing agency or law enforcement authority
12 in any state, federal, or foreign jurisdiction at the time renewal is sought.

13 (b) Physicians shall comply with all continuing professional development or continuing
14 medical education requirements in member states where renewal is sought.

15 (c) The Interstate Commission shall collect any renewal fees charged for the renewal of
16 a license and distribute the fees to the applicable member board.

17 (c) Upon receipt of any renewal fees collected in subsection (b), a member board shall
18 renew the physician's license.

19 (d) Physician information collected by the Interstate Commission during the renewal
20 process will be distributed to all member boards.

21 (e) The Interstate Commission is authorized to develop rules to address renewal of
22 licenses obtained through the Compact.

23
24 **SECTION 8. COORDINATED INFORMATION SYSTEM**

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1
2 (a) The Interstate Commission shall establish a database of all physicians licensed, or
3 who have applied for licensure, under Section 5.

4 (b) Notwithstanding any other provision of law, member boards shall report to the
5 Interstate Commission any public action or complaints against a physician licensed who has
6 applied or received an expedited license through the Compact.

7 (c) Member boards shall report disciplinary or investigatory information determined as
8 necessary and proper by rule of the Interstate Commission.

9 (d) Member boards may report any non-public complaint, disciplinary, or investigatory
10 information not required by subsection (c) to the Interstate Commission.

11 (e) Member boards shall share complaint or disciplinary information about a physician
12 upon request of another member board.

13 (f) All information provided to the Interstate Commission or distributed by member
14 boards shall be confidential, filed under seal, and used only for investigatory or disciplinary
15 matters.

16 (g) The Interstate Commission is authorized to develop rules for mandated or
17 discretionary sharing of information by member boards.

18

19 **SECTION 9. JOINT INVESTIGATIONS**

20 (a) Licensure and disciplinary records of physicians are deemed investigative.

21 (b) In addition to the authority granted to a member board by its respective Medical
22 Practice Act or other applicable state law, a member board may participate with other member
23 boards in joint investigations of physicians licensed by the member boards.

24 (c) A subpoena issued by a member state shall be enforceable in other member states.

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1 (d) Member boards may share any investigative, litigation, or compliance materials in
2 furtherance of any joint or individual investigation initiated under the Compact.

3 (e) Any member state may investigate actual or alleged violations of the statutes
4 authorizing the practice of medicine in any other member state in which a physician holds a
5 license to practice medicine.

6

7 **SECTION 10. DISCIPLINARY ACTIONS**

8 (a) Any disciplinary action taken by any member board against a physician licensed
9 through the Compact shall be deemed unprofessional conduct which may be subject to discipline
10 by other member boards, in addition to any violation of the Medical Practice Act or regulations
11 in that state.

12 (b) If a license granted to a physician by the member board in the state of principal
13 license is revoked, surrendered or relinquished in lieu of discipline, or suspended for an
14 indefinite period of time, all licenses issued to the physician by member boards shall
15 automatically be placed, without further action necessary by any member board, on the same
16 status. If the member board in the state of principal license subsequently reinstates the
17 physician's license, a licensed issued to the physician by any other member board shall remain
18 encumbered until that respective member board takes action to reinstate the license.

19 (c) If disciplinary action is taken against a physician by a member board not in the state
20 of principal license, any other member board may deem the action conclusive as to matter of law
21 and fact decided, and:

22 (i) impose the same or lesser sanction(s) against the physician;

23 (ii) or pursue separate disciplinary action against the physician under its

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1 respective medical practice act, regardless of the action taken in other member states.

2 (d) If a license granted to a physician by a member board is revoked, surrendered or
3 relinquished in lieu of discipline, or suspended for an indefinite period of time, any license(s)
4 issued to the physician by any other member board(s) shall be suspended, automatically and
5 immediately without further action necessary by the other member board(s), for ninety (90) days
6 upon entry of the order by the disciplining board, to permit the member board(s) to investigate
7 the basis for the action. A member board may terminate the automatic suspension of the license
8 it issued prior to the completion of the ninety (90) day suspension period.

9

10 **SECTION 11. INTERSTATE MEDICAL LICENSURE COMPACT**

11 **COMMISSION**

12 (a) The member states hereby create the "Interstate Medical Licensure Compact
13 Commission".

14 (b) The purpose of the Interstate Commission is the administration of the Interstate
15 Medical Licensure Compact, which is a discretionary state function.

16 (c) The Interstate Commission shall be a body corporate and joint agency of the member
17 states and shall have all the responsibilities, powers, and duties set forth in the Compact, and
18 such additional powers as may be conferred upon it by a subsequent concurrent action of the
19 respective legislatures of the member states in accordance with the terms of the Compact.

20 (d) The Interstate Commission shall consist of two voting representatives appointed by
21 each member state who shall serve as Commissioners. In states where allopathic and osteopathic
22 physicians are regulated by separate member boards, or if the licensing and disciplinary authority
23 is split between multiple member boards within a member state, the member state shall appoint

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1 one representative from each member board. A Commissioner shall be a(n):

2 (1) Allopathic or osteopathic physician appointed to a member board,

3 (2) Executive director, executive secretary, or similar executive of a member

4 board, or

5 (3) Member of the public appointed to a member board.

6 (e) The Interstate Commission shall meet at least once each calendar year. A portion of
7 this meeting shall be a business meeting to address such matters as may properly come before the
8 Commission, including the election of officers. The chairperson may call additional meetings
9 and shall call for a meeting upon the request of a majority of the member states.

10 (f) The bylaws may provide for meetings of the Interstate Commission to be conducted
11 by telecommunication or electronic communication.

12 (g) Each Commissioner participating at a meeting of the Interstate Commission is entitled
13 to one vote. A majority of Commissioners shall constitute a quorum for the transaction of
14 business, unless a larger quorum is required by the bylaws of the Interstate Commission. A
15 Commissioner shall not delegate a vote to another Commissioner. In the absence of its
16 Commissioner, a member state may delegate voting authority for a specified meeting to another
17 person from that state who shall meet the requirements of subsection (d).

18 (h) The Interstate Commission shall provide public notice of all meetings and all
19 meetings shall be open to the public. The Interstate Commission may close a meeting, in full or
20 in portion, where it determines by a two-thirds vote of the Commissioners present that an open
21 meeting would be likely to:

22 (1) Relate solely to the internal personnel practices and procedures of the
23 Interstate Commission;

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- 1 (2) Discuss matters specifically exempted from disclosure by federal statute;
- 2 (3) Discuss trade secrets, commercial, or financial information that is privileged
- 3 or confidential;
- 4 (4) Involve accusing a person of a crime, or formally censuring a person;
- 5 (5) Discuss information of a personal nature where disclosure would constitute a
- 6 clearly unwarranted invasion of personal privacy;
- 7 (6) Discuss investigative records compiled for law enforcement purposes; or
- 8 (7) Specifically relate to the participation in a civil action or other legal
- 9 proceeding.

10 (i) The Interstate Commission shall keep minutes which shall fully describe all matters
11 discussed in a meeting and shall provide a full and accurate summary of actions taken, including
12 record of any roll call votes.

13 (j) The Interstate Commission shall make its information and official records, to the
14 extent not otherwise designated in the Compact or by its rules, available to the public for
15 inspection.

16 (k) The Interstate Commission shall establish an executive committee, which shall
17 include officers, members, and others as determined by the bylaws. The executive committee
18 shall have the power to act on behalf of the Interstate Commission, with the exception of
19 rulemaking, during periods when the Interstate Commission is not in session. The executive
20 committee shall oversee the administration of the Compact including enforcement and
21 compliance with the provisions of the Compact, its bylaws and rules, and other such duties as
22 necessary.

23 (l) The Interstate Commission may establish other committees for governance and

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1 administration of the Compact.

2

3 **SECTION 12. POWERS AND DUTIES OF THE INTERSTATE COMMISSION**

4 The Interstate Commission shall have the duty and power to

5 (a) Oversee and maintain the administration of the Compact;

6 (b) Promulgate rules which shall be binding to the extent and in the manner provided for
7 in the Compact;

8 (c) Issue, upon the request of a member state or member board, advisory opinions
9 concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;

10 (d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate
11 Commission, and the bylaws, using all necessary and proper means, including but not limited to
12 the use of judicial process;

13 (e) Establish and appoint committees including, but not limited to, an executive
14 committee as required by Section 11, which shall have the power to act on behalf of the
15 Interstate Commission in carrying out its powers and duties;

16 (f) Pay, or provide for the payment of the expenses related to the establishment,
17 organization, and ongoing activities of the Interstate Commission;

18 (g) Establish and maintain one or more offices;

19 (h) Borrow, accept, hire, or contract for services of personnel;

20 (i) Purchase and maintain insurance and bonds;

21 (j) Employ an executive director who shall have such powers to employ, select or appoint
22 employees, agents, or consultants, and to determine their qualifications, define their duties, and
23 fix their compensation;

24 (k) Establish personnel policies and programs relating to conflicts of interest, rates of

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1 compensation, and qualifications of personnel;

2 (l) Accept donations and grants of money, equipment, supplies, materials and services,
3 and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest
4 policies established by the Interstate Commission;

5 (m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold,
6 improve or use, any property, real, personal, or mixed;

7 (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any
8 property, real, personal, or mixed;

9 (o) Establish a budget and make expenditures;

10 (p) Adopt a seal and bylaws governing the management and operation of the Interstate
11 Commission;

12 (q) Report annually to the legislatures and governors of the member states concerning the
13 activities of the Interstate Commission during the preceding year. Such reports shall also include
14 reports of financial audits and any recommendations that may have been adopted by the
15 Interstate Commission;

16 (r) Coordinate education, training, and public awareness regarding the Compact, its
17 implementation, and its operation;

18 (s) Maintain records in accordance with the bylaws;

19 (t) Seek and obtain trademarks, copyrights, and patents; and

20 (u) Perform such functions as may be necessary or appropriate to achieve the purposes of
21 the Compact.

22

23 **SECTION 13. FINANCE POWERS**

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1 (a) The Interstate Commission may levy on and collect an annual assessment from each
2 member state to cover the cost of the operations and activities of the Interstate Commission and
3 its staff. The total assessment must be sufficient to cover the annual budget approved each year
4 for which revenue is not provided by other sources. The aggregate annual assessment amount
5 shall be allocated upon a formula to be determined by the Interstate Commission, which shall
6 promulgate a rule binding upon all member states.

7 (b) The Interstate Commission shall not incur obligations of any kind prior to securing
8 the funds adequate to meet the same.

9 (c) The Interstate Commission shall not pledge the credit of any of the member states,
10 except by and with the authority of the member state.

11 (d) The Interstate Commission shall be subject to a yearly financial audit conducted by a
12 certified or licensed public accountant and the report of the audit be included in the annual report
13 of the Interstate Commission.

14

15 **SECTION 14. ORGANIZATION AND OPERATION OF THE INTERSTATE**
16 **COMMISSION**

17 (a) The Interstate Commission shall, by a majority of members present and voting, adopt
18 bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the
19 Compact within twelve (12) months of the first Interstate Commission meeting.

20 (b) The Interstate Commission shall elect or appoint annually from among its members a
21 chairperson, a vice-chairperson, and a treasurer, each of whom shall have such authority and
22 duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or
23 disability, the vice-chairperson, shall preside at all meetings of the Interstate Commission.

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1 (c) Officers selected in subsection (b) shall serve without compensation or remuneration
2 from the Interstate Commission.

3 (d) The officers and employees of the Interstate Commission shall be immune from suit
4 and liability, either personally or in their official capacity, for a claim for damage to or loss of
5 property or personal injury or other civil liability caused or arising out of or relating to an actual
6 or alleged act, error, or omission that occurred, or that such person had a reasonable basis for
7 believing occurred, within the scope of Interstate Commission employment, duties, or
8 responsibilities; provided that such person shall not be protected from suit or liability for
9 damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of
10 such person.

11 (1) The liability of the executive director and employees of the Interstate
12 Commission or representatives of the Interstate Commission, acting within the scope of such
13 person's employment or duties for acts, errors, or omissions occurring within such person's state,
14 may not exceed the limits of liability set forth under the constitution and laws of that state for
15 state officials, employees, and agents. The Interstate Commission is considered to be an
16 instrumentality of the states for the purposes of any such action. Nothing in this subsection shall
17 be construed to protect such person from suit or liability for damage, loss, injury, or liability
18 caused by the intentional or willful and wanton misconduct of such person.

19 (2) The Interstate Commission shall defend the executive director, its employees,
20 and subject to the approval of the attorney general or other appropriate legal counsel of the
21 member state represented by an Interstate Commission representative, shall defend such
22 Interstate Commission representative in any civil action seeking to impose liability arising out of
23 an actual or alleged act, error or omission that occurred within the scope of Interstate

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1 Commission employment, duties or responsibilities, or that the defendant had a reasonable basis
2 for believing occurred within the scope of Interstate Commission employment, duties, or
3 responsibilities, provided that the actual or alleged act, error, or omission did not result from
4 intentional or willful and wanton misconduct on the part of such person.

5 (3) To the extent not covered by the state involved, member state, or the Interstate
6 Commission, the representatives or employees of the Interstate Commission shall be held
7 harmless in the amount of a settlement or judgment, including attorney’s fees and costs, obtained
8 against such persons arising out of an actual or alleged act, error, or omission that occurred
9 within the scope of Interstate Commission employment, duties, or responsibilities, or that such
10 persons had a reasonable basis for believing occurred within the scope of Interstate Commission
11 employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission
12 did not result from intentional or willful and wanton misconduct on the part of such persons.

13

14 **SECTION 15. RULEMAKING FUNCTIONS OF THE INTERSTATE**
15 **COMMISSION**

16 (a) The Interstate Commission shall promulgate reasonable rules in order to effectively
17 and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event
18 the Interstate Commission exercises its rulemaking authority in a manner that is beyond the
19 scope of the purposes of the Compact, or the powers granted hereunder, then such an action by
20 the Interstate Commission shall be invalid and have no force or effect.

21 (b) Rules shall be made pursuant to a rulemaking process that substantially conforms to
22 the “Model State Administrative Procedure Act” of 2010, and as subsequently amended, as may
23 be appropriate to the operations of the Interstate Commission.

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1 (c) Not later than thirty (30) days after a rule is promulgated, any person may file a
2 petition for judicial review of the rule in the United States District Court for the District of
3 Columbia or the federal district where the Interstate Commission has its principal offices;
4 provided, that the filing of such a petition shall not stay or otherwise prevent the rule from
5 becoming effective unless the court finds that the petitioner has a substantial likelihood of
6 success. The court shall give deference to the actions of the Interstate Commission consistent
7 with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable
8 exercise of the authority granted to the Interstate Commission.

9

10 **SECTION 16. OVERSIGHT OF INTERSTATE COMPACT**

11 (a) The executive, legislative, and judicial branches of state government in each member
12 state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate
13 the Compact’s purposes and intent. The provisions of the Compact and the rules promulgated
14 hereunder shall have standing as statutory law but shall not override existing state authority to
15 regulate the practice of medicine.

16 (b) All courts shall take judicial notice of the Compact and the rules in any judicial or
17 administrative proceeding in a member state pertaining to the subject matter of the Compact
18 which may affect the powers, responsibilities or actions of the Interstate Commission.

19 (c) The Interstate Commission shall be entitled to receive all service of process in any
20 such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure
21 to provide service of process to the Interstate Commission shall render a judgment or order void
22 as to the Interstate Commission, the Compact, or promulgated rules.

23

24 **SECTION 17. ENFORCEMENT OF INTERSTATE COMPACT**

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1 (a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce
2 the provisions and rules of the Compact.

3 (b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal
4 action in the United States District Court for the District of Columbia or, at the discretion of the
5 Interstate Commission, in the federal district where the Interstate Commission has its principal
6 offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and
7 bylaws, against a member state in default. The relief sought may include both injunctive relief
8 and damages. In the event judicial enforcement is necessary, the prevailing party shall be
9 awarded all costs of such litigation including reasonable attorney’s fees.

10 (c) The remedies herein shall not be the exclusive remedies of the Interstate Commission.
11 The Interstate Commission may avail itself of any other remedies available under state law or the
12 regulation of a profession.

13

14 **SECTION 18. DEFAULT PROCEDURES**

15 (a) The grounds for default include, but are not limited to, failure of a member state to
16 perform such obligations or responsibilities imposed upon it by the Compact, or the rules and
17 bylaws of the Interstate Commission promulgated under the Compact.

18 (b) If the Interstate Commission determines that a member state has defaulted in the
19 performance of its obligations or responsibilities under the Compact, or the bylaws or
20 promulgated rules, the Interstate Commission shall:

21 (1) Provide written notice to the defaulting state and other member states, of the
22 nature of the default, the means of curing the default, and any action taken by the Interstate
23 Commission. The Interstate Commission shall specify the conditions by which the defaulting

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1 state must cure its default, and

2 (2) Provide remedial training and specific technical assistance regarding the
3 default.

4 (c) If the defaulting state fails to cure the default, the defaulting state shall be terminated
5 from the Compact upon an affirmative vote of a majority of the Commissioners and all rights,
6 privileges, and benefits conferred by the Compact shall terminate on the effective date of
7 termination. A cure of the default does not relieve the offending state of obligations or liabilities
8 incurred during the period of the default.

9 (d) Termination of membership in the Compact shall be imposed only after all other
10 means of securing compliance have been exhausted. Notice of intent to terminate shall be given
11 by the Interstate Commission to the governor, the majority and minority leaders of the defaulting
12 state's legislature, and each of the member states.

13 (e) The Interstate Commission shall establish rules and procedures to address licenses and
14 physicians that are materially impacted by the termination of a member state, or the withdrawal
15 of a member state.

16 (f) The member state which has been terminated is responsible for all dues, obligations,
17 and liabilities incurred through the effective date of termination including obligations, the
18 performance of which extends beyond the effective date of termination.

19 (g) The Interstate Commission shall not bear any costs relating to any state that has been
20 found to be in default or which has been terminated from the Compact, unless otherwise
21 mutually agreed upon in writing between the Interstate Commission and the defaulting state.

22 (h) The defaulting state may appeal the action of the Interstate Commission by
23 petitioning the United States District Court for the District of Columbia or the federal district

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1 where the Interstate Commission has its principal offices. The prevailing party shall be awarded
2 all costs of such litigation including reasonable attorney’s fees.

3

4 **SECTION 19. DISPUTE RESOLUTION**

5 (a) The Interstate Commission shall attempt, upon the request of a member state, to
6 resolve disputes which are subject to the Compact and which may arise among member states or
7 member boards.

8 (b) The Interstate Commission shall promulgate rules providing for both mediation and
9 binding dispute resolution as appropriate.

10

11 **SECTION 20. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT**

12 (a) Any state is eligible to become a member state of the Compact.

13 (b) The Compact shall become effective and binding upon legislative enactment of the
14 Compact into law by no less than seven (7) states. Thereafter, it shall become effective and
15 binding on a state upon enactment of the Compact into law by that state.

16 (c) The governors of non-member states, or their designees, shall be invited to participate
17 in the activities of the Interstate Commission on a non-voting basis prior to adoption of the
18 Compact by all states.

19 (d) The Interstate Commission may propose amendments to the Compact for enactment
20 by the member states. No amendment shall become effective and binding upon the Interstate
21 Commission and the member states unless and until it is enacted into law by unanimous consent
22 of the member states.

23

1 **SECTION 21. WITHDRAWAL**

2 (a) Once effective, the Compact shall continue in force and remain binding upon each
3 and every member state; provided that a member state may withdraw from the Compact by
4 specifically repealing the statute which enacted the Compact into law.

5 (b) Withdrawal from the Compact shall be by the enactment of a statute repealing the
6 same, but shall not take effect until one (1) year after the effective date of such statute and until
7 written notice of the withdrawal has been given by the withdrawing state to the governor of each
8 other member state.

9 (c) The withdrawing state shall immediately notify the chairperson of the Interstate
10 Commission in writing upon the introduction of legislation repealing the Compact in the
11 withdrawing state.

12 (d) The Interstate Commission shall notify the other member states of the withdrawing
13 state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection
14 (c).

15 (e) The withdrawing state is responsible for all dues, obligations and liabilities incurred
16 through the effective date of withdrawal, including obligations, the performance of which
17 extend beyond the effective date of withdrawal.

18 (f) Reinstatement following withdrawal of a member state shall occur upon the
19 withdrawing state reenacting the compact or upon such later date as determined by the Interstate
20 Commission.

21 (g) The Interstate Commission is authorized to develop rules to address the impact of the
22 withdrawal of a member state on licenses granted in other member states to physicians who
23 designated the withdrawing member state as the state of principal license.

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SECTION 22. DISSOLUTION

(a) The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the Compact to one (1) member state.

(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws.

SECTION 23. SEVERABILITY AND CONSTRUCTION

(a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the states are members.

SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS

(a) Nothing herein prevents the enforcement of any other law of a member state that is inconsistent with the Compact.

(b) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

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1 (d) All agreements between the Interstate Commission and the member states are binding
2 in accordance with their terms.

3 (e) In the event any provision of the Compact exceeds the constitutional limits imposed
4 on the legislature of any member state, such provision shall be ineffective to the extent of the
5 conflict with the constitutional provision in question in that member state.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 5/5/2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards									
3) Name of Board, Committee, Council, Sections: Medical Examining Board											
4) Meeting Date: 5/21/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Final Report of FSMB Maintenance of Licensure (MOL) Task Force on Continuous Professional Development (CPD) Activities									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:									
10) Describe the issue and action that should be addressed: The Board will review the FSMB Maintenance of Licensure (MOL) Task Force report.											
11) Authorization											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black;">Daniel Agne</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Daniel Agne		Signature of person making this request	Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
Daniel Agne											
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Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											



**FSMB Maintenance of Licensure (MOL) Task Force on
Continuous Professional Development (CPD) Activities**

March 11, 2014

**PARTICIPANTS ON THE MAINTENANCE OF LICENSURE TASK FORCE ON
CONTINUOUS PROFESSIONAL DEVELOPMENT ACTIVITIES**

TASK FORCE MEMBERS*

Geraldine O'Shea, DO (Chair)

American Association of Osteopathic Examiners

Mark Bowden

Iowa Board of Medicine

Ronald Burns, DO

Florida Board of Osteopathic Medicine

William Gotthold, MD

Washington State Medical Quality Assurance Commission

Norman Kahn, Jr., MD

Council of Medical Specialty Societies

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Rebecca Lipner, PhD

American Board of Internal Medicine

James Peck, MD

Oregon Medical Board

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Kate Regnier, MA, MBA

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*Organizational affiliations are presented for purposes of identification and do not imply organizational approval of the Task Force's work or the content of this report.

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FSMB Maintenance of Licensure (MOL) Task Force on Continuous Professional Development (CPD) Activities

Executive Summary

In 2010, the Federation of State Medical Boards (FSMB) House of Delegates adopted a framework for Maintenance of Licensure (MOL) that called for physicians to provide evidence of participating in a program of professional development and lifelong learning as a condition of license renewal. As state medical boards have explored implementation of MOL, questions have arisen regarding how state boards should determine which existing learning tools and activities, beyond those listed in FSMB's prior MOL reports, should be accepted or "approved" by state boards for MOL and what standards or guidelines state boards could apply to "approve" any learning tools and activities submitted by physicians for purposes of meeting MOL requirements in the future.

Consequently, the FSMB MOL Task Force on Continuous Professional Development (CPD) Activities was convened in fall 2013 by Chair Jon Thomas, MD, MBA, to address these concerns. Specifically, the Task Force was charged to develop recommendations about features and attributes of tools and activities a physician could engage in that could meet a state's requirements for MOL. To complete its charge, the Task Force evaluated existing CPD tools, accreditation and certification standards for continuing medical education (CME), and ongoing initiatives of a variety of health care organizations (e.g., medical and osteopathic specialty societies) to determine how these could contribute to a state board's decision to deem the educational and improvement efforts of a physician as being in compliance with some or all components of MOL.

The overarching purpose of MOL is to ensure that physicians engage in an evidence-informed process of practice-relevant lifelong learning. The recommendations contained in this report aim to facilitate this engagement by outlining and explaining the essential features of many learning activities that would be appropriate for this purpose.

The FSMB remains committed to supporting state medical boards as they seek to strengthen and improve the quality of health care delivery by qualified physicians, including requirements for license renewal that are aimed at ensuring physician participation in continuous professional development activities and lifelong learning. As such, these recommendations are ultimately aimed at supporting state medical boards as they consider and seek to implement MOL in their jurisdictions by developing a set of criteria and guidelines that should facilitate adoption of consistent MOL standards and requirements across state boards. They are also aimed at supporting every licensed physician's commitment to lifelong learning and improvement in practice, while facilitating a better understanding (and selection of) appropriate activities for compliance with MOL. Finally, these recommendations are intended to provide information and guidance to educational, accrediting and certifying organizations as they develop and deliver high-quality learning activities for physicians that are meaningful and which ultimately improve health care while promoting patient safety.

FSMB Maintenance of Licensure (MOL) Task Force on Continuous Professional Development (CPD) Activities

Introduction

In 2010, the Federation of State Medical Boards (FSMB) House of Delegates adopted a framework for Maintenance of Licensure (MOL) as contained in the report of the FSMB Advisory Group on Continued Competence of Licensed Physicians (**Appendix A**). Recognizing the need for state medical boards to provide licensees with a menu of options/tools for meeting MOL requirements, the Advisory Group's report, as well as a subsequent report by the FSMB MOL Implementation Group, included a list of potential learning tools and activities that may be used by a physician to satisfy a state medical board's requirements of the three Components of MOL (**Appendix B**).

As several state medical boards explore implementation of MOL in their jurisdictions and participate in pilot projects and surveys of physicians, questions have arisen regarding how state boards should determine which existing learning tools and activities, beyond those listed in the FSMB's MOL Advisory Group and Implementation Group reports, should be accepted or "approved" by state boards for MOL and what standards or guidelines state boards could apply to "approve" any learning tools and activities submitted by physicians for purposes of meeting MOL requirements in the future. The FSMB MOL Task Force on Continuous Professional Development (CPD) Activities was convened in fall 2013 by Chair Jon Thomas, MD, MBA, to address these concerns. Specifically, the Task Force was charged to "develop recommendations about features and attributes of tools and activities a physician could engage in that could meet a state's requirements for MOL."

To complete its charge, the Task Force evaluated existing CPD tools, accreditation and certification standards for continuing medical education (CME), and ongoing initiatives of a variety of health care organizations (e.g., medical and osteopathic specialty societies) to determine how these could contribute to a state board's decision to deem the educational and improvement efforts of a physician as being in compliance with some or all components of MOL.

The recommendations contained in this report are intended to help state medical boards assess the value of a range of CME and CPD activities that, in many cases, physicians already engage in, that facilitate meaningful learning for physicians in their area of practice and are aimed at improving the care their patients receive. The recommendations also assist boards in the development of appropriate and consistent standards for MOL tools and activities that may be utilized over time by more state medical boards.

Model for Compliance

To implement MOL and facilitate physicians' compliance with MOL's three Components (reflective self-assessment, assessment of knowledge and skills, and performance in practice), it is likely that state medical boards will use a model similar to that currently being utilized by a majority of state medical boards to facilitate compliance with CME requirements for license renewal. That is, state medical boards will set standards for the CME programs (e.g., must be accredited by a nationally recognized accrediting body) and require licensees to attest to completion of required CME credit as part of the license renewal process. A random audit of completed MOL educational activities may also be included as a part of the process that state boards adopt, as many already do for verification of the completion of CME credit.

Most CME requirements of state medical boards for license renewal by physicians are quota-based, meaning physicians must attest to participation in a prescribed number of CME credits or hours.¹ In many jurisdictions, there is no stipulation that the required CME necessarily be relevant to the physician's practice. A chief goal of MOL is to ensure that educational activities that count towards licensure are more meaningful for physicians and have a more significant positive impact for the patients they treat by ensuring that physicians' lifelong learning activities will inform their practice. Therefore, to facilitate a shift from compliance with CME credit to compliance with an MOL model, states will need to consider placing more emphasis on two critical aspects of lifelong learning: 1) the content or subject matter of the learning activity itself, and 2) the process by which the learning is achieved. In order for meaningful improvements to occur in physician practice and patient care, educational efforts must be directed toward areas that are relevant to the physician's practice. The FSMB's framework for MOL specifically asks state boards to require that a majority (i.e., more than half) of a physician's ongoing CME activities be in their current area of practice. In addition, the educational efforts must follow evidence-informed processes for the learning to have an effective and lasting impact on the physician's performance.

Under this model, licensees would still have a choice in how they comply with MOL, just as they currently can self-select CME activities to comply with license renewal requirements. In fact, it is our proposition that the vast majority of physicians should be able to comply with MOL by demonstrating participation in CPD and quality improvement (QI) activities they are already engaged in for other regulatory purposes (e.g., for hospital credentialing or privileging purposes, for specialty board certification, for government-sponsored incentive payments), including CME with a performance improvement or CPD focus. At the time of medical license renewal, the physician should be responsible for attesting to – and, if audited, providing verification of – the fact that they are either actively participating in or have completed such activities. Under these circumstances, in its simplest forms, compliance with MOL may involve little more than checking a box on a license renewal application.

Standards

The framework for Maintenance of Licensure adopted by the FSMB's House of Delegates in 2010 is built upon the construct of what is known as continuous professional development (CPD), which is inclusive of continuing medical education. The ultimate goal of MOL is to facilitate physician participation in learning activities that are relevant to their daily practice and that result in performance improvement and, ultimately, better patient outcomes. The Task Force recognized that one consideration for determining whether a learning tool or activity meets the requirements for MOL should be the focus and intent of the program. That is, the activity should be built around CPD concepts, lifelong learning, and/or quality improvement, and be geared toward the same goals as MOL – i.e., practice relevance aimed at performance improvement – in order to meet requirements for MOL.

The Task Force recognized that the quality of the learning program will also need to be considered. Currently, for CME purposes, most state boards require CME activities to be formally accredited or certified by a nationally recognized accrediting or certifying body (e.g., ACCME, AOA, AAFP, AMA). Similar standards should be used for purposes of MOL. This will not only ensure that physicians are participating in learning programs with appropriate and recognized standards for validity and reliability, to name just two parameters, but it will also facilitate implementation of consistent standards across state medical boards and subsequent research on patient outcomes following such activities.

¹ CME Requirements for Licensure available at www.fsmb.org/pdf/grpol_cme_overview_by_state.pdf

A state board's determination of whether a physician has complied with MOL should be based on *participation* in a CPD activity, rather than the specific results or outcomes of that activity. The fundamental purpose of any quality CPD program is to improve physician performance. Therefore, over time, the physician's practice would be expected to improve by virtue of participation in the CPD activity, even if the physician is unable to practically demonstrate specific improvement outcomes at the start of the activity or at the specific time of licensure renewal. It is the fact that the physician is actively engaged in an approved CPD activity or process that ought to be sufficient in aggregate to meet MOL requirements.

As discussed below, a number of educational programs across the United States and around the world have developed and implemented learning initiatives that align with the goals and intent of CPD and QI programs, and thus, could satisfy a state's MOL requirements. To better understand CME and CPD and how they are delivered and ultimately utilized by physicians, the Task Force reviewed and considered the standards and criteria utilized by these programs as part of its efforts to develop standards for learning tools and activities that could enable a physician to meet a state's MOL requirements. Specifically, the Task Force reviewed:

- Accreditation Council for Continuing Medical Education (ACCME) criteria for standard accreditation of CME and for "accreditation with commendation"
- Standards that CME activities must meet to qualify as Performance Improvement (PI)-CME, used by the American Medical Association (AMA) and other organizations
- Standards and criteria used by the American Medical Association, American Osteopathic Association (AOA), and the American Academy of Family Physicians (AAFP) to certify most CME activities
- Information related to the Osteopathic Continuous Certification (OCC) program of the American Osteopathic Association (AOA)
- Criteria utilized by the American Board of Internal Medicine (ABIM), one of 24 specialty boards of the American Board of Medical Specialties (ABMS), to evaluate whether organizational quality improvement activities may count for Maintenance of Certification® (MOC), including the MOC Multi-Specialty Portfolio Approval Program criteria
- Standards, criteria and requirements utilized in other countries as part of their programs to ensure that physicians remain fit to practice throughout their careers

These standards and criteria in these programs and those that follow in this report have served as the basis and underpinning for the Task Force's recommendations regarding standards for evaluating learning tools and activities for purposes of MOL.

The concept of performance improvement, for instance, can be broken down into three general steps:

1. Measure and analyze (*an aspect or attribute of the physician's practice – e.g., practice patterns, patient outcomes, prescribing practices – is measured and recorded, along with analysis of the recorded data*),
2. Intervene and adjust (*adjustments are made with the intention of improving the measured attribute*), and
3. Re-measure and reflect (*further measurement and recording of the same practice attribute occur and changes or improvements are noted*).

Given that the goal of MOL is continuous professional development and, ultimately, improvement in practice, these broad guidelines can serve as the basis for a state board's evaluation of whether an

activity or tool meets the intended goals of MOL. The guidelines below highlight and explain the nature and intent of most CPD activities that could facilitate physicians' compliance with MOL. The guidelines are also intended to inform physicians about the nature of their role and participation in such activities.

- Expectations regarding the role of physicians in activities:
 - Physicians should engage in activities and utilize learning formats and performance measures that are relevant to their actual practice and patient population.
 - Physicians should assess their practice using appropriate and identified performance measures (e.g., self-assessment survey, patient chart review).
 - Physicians should engage in activities that enable and facilitate collection and analysis of their practice data and be actively involved in the analysis of such practice data.
 - Physicians should engage in development and implementation of a plan to address any areas of identified weakness or deficiency. They should reassess and reflect on their performance in practice following implementation of appropriate educational or interventional efforts.
 - Physicians should be able to summarize any knowledge or practice changes that resulted from participation in the activity.

- Expectations regarding the activity and/or the activity provider:
 - The expected results of the activity should be clearly articulated.
 - The activity should address the professional practice gaps of physicians.
 - The activity should be linked to one or more of the core competencies:
 - Medical knowledge
 - Patient care
 - Interpersonal and communication skills
 - Practice-based learning and improvement
 - Professionalism
 - Systems-based practice
 - The activity should use formats appropriate to the nature of the actual practice and patient population of the targeted physician learners.
 - The activity should provide feedback to the physician about their practice and provide further learning suggestions, such as development and implementation of a plan to address areas of identified weakness or deficiency.²
 - Any performance measures used as part of the activity should be evidence-based and well designed (e.g., clearly specify required data elements, ensure that data collection is feasible).
 - There should be a demonstrable link between the content or subject matter of the activity and the goals of patient protection or improved patient care.
 - The activity provider should be able to summarize practice, process and/or outcome changes that should be expected to result from participation in the activity.
 - The activity provider should be able to validate and/or provide documentation of a physician's participation in the activity.

² See Eva K, Regehr G. Effective feedback for maintenance of competence: from data delivery to trusting dialogues. *CMAJ*, April 2, 2013, 185(6): 463-4.

Current Environment

Since the FSMB began its discussions about MOL nearly a decade ago, many national organizations have developed and implemented programs that are constructed along a CPD framework similar to that of MOL. For example, CME providers have developed newer methods of CME that involve an assessment of a physician's own practice and comparison to peer performance or evidence-informed benchmarks, followed by an intervention related to the measures assessed, culminating in a re-measurement of these measures to demonstrate and reflect on outcomes changes. Additionally, agencies such as the Centers for Medicare & Medicaid Services (CMS), The Joint Commission (JC), the American Hospital Association (AHA) and the National Quality Forum (NQF) have developed or implemented CPD and QI standards, activities, policies or requirements. The confluence of these activities is changing the way in which CME and other educational, accrediting and credentialing activities are provided and structured and is enabling – and, in some instances, requiring – physicians to engage in meaningful education that is more directly related to practice and knowledge gaps than previously possible. Participation in such programs should enable physicians to comply with MOL.

Recommendations

State Medical Boards:

- State boards should expect licensees to be actively participating in a CPD or QI process or activity aimed at improving physicians' knowledge, skills, performance and patient outcomes, and should require licensees to attest to active participation in such activities as part of the license renewal process.
- State boards should rely on licensees' continuing, active participation in approved CPD activities and processes, recognizing that improvement in physician knowledge and practice will be facilitated over time as a result of the physician's participation.
- Utilization of CME activities that are certified or accredited by a nationally recognized certifying or accrediting agency and that have a performance improvement or CPD focus should be deemed acceptable by state medical boards for satisfying the requirements for MOL. However, state boards should have the latitude to accept a physician's active participation in other activities (e.g., hospital or physician organization quality or performance improvement programs, registries, etc.) that also aim to improve the quality of care but may not be certified or accredited.
- As recommended in prior FSMB reports on MOL, state boards should recognize physicians actively engaged in Maintenance of Certification or Osteopathic Continuous Certification in their area of practice as being in substantial³ compliance with MOL.

External Stakeholders:

- Organizations that provide activities physicians engage in to comply with MOL requirements should share information about physicians' participation in those activities with state medical boards as part of the license renewal process.

³ The term "substantial" accounts for the fact that some state medical boards may have additional license renewal requirements (e.g., content-specific CME in topics such as HIV/AIDS, child abuse, end of life care, etc.) that physicians must meet.

FSMB:

- The FSMB should continue to evaluate the impact of physicians' participation in CPD activities to ensure that such participation is facilitating practice improvement and better patient outcomes over time.
- The FSMB should continue to educate state medical boards, members of the public and relevant stakeholders about changes and improvements to educational activities and tools that physicians engage in and utilize as part of their continuous professional development.
- The FSMB should identify best practices and types of CPD activities, standards and criteria aimed at improving physician practice and should make this information available to state medical boards, physicians, and other interested stakeholders and organizations.
- The FSMB, CME accreditors, and activity providers should collaborate to facilitate the collection and accessibility of information to state boards about which component of MOL and/or what area of physician practice or knowledge the activity was designed to address.
- The FSMB should continue to facilitate dialogue between state medical boards and organizations that accredit and certify CME to ensure the needs of the licensing boards are being met.

Conclusion

The FSMB remains committed to supporting state medical boards as they seek to strengthen and improve the quality of health care delivery by qualified physicians, including requirements for license renewal that are aimed at ensuring physician participation in continuous professional development activities and lifelong learning.

The overarching purpose of MOL is to ensure that physicians engage in an evidence-informed process of practice-relevant lifelong learning. The recommendations contained in this report aim to facilitate this engagement by outlining and explaining the essential features of most learning activities that would be appropriate for this purpose.

These recommendations are ultimately aimed at supporting state medical boards as they consider and seek to implement MOL in their jurisdictions by developing a set of criteria and guidelines that should facilitate adoption of consistent MOL standards and requirements across state boards. They are also aimed at supporting every licensed physician's commitment to lifelong learning and improvement in practice, while facilitating a better understanding (and selection of) appropriate activities for compliance with MOL. Finally, these recommendations are intended to provide information and guidance to educational, accrediting and certifying organizations as they develop and deliver high-quality learning activities for physicians that are meaningful and which ultimately improve health care while promoting patient safety.

APPENDIX A

MAINTENANCE OF LICENSURE FRAMEWORK

As a condition of license renewal, physicians should provide evidence of participating in a program of professional development and lifelong learning that is based on the general competencies model:

- medical knowledge
- patient care
- interpersonal and communication skills
- practice based learning
- professionalism
- systems based practice

The following requirements reflect the three major components of what is known about effective lifelong learning in medicine.

1. Reflective Self Assessment (What improvements can I make?)

Physicians must participate in an ongoing process of reflective self-evaluation, self-assessment and practice assessment, with subsequent successful completion of appropriate educational or improvement activities.

2. Assessment of Knowledge and Skills (What do I need to know and be able to do?)

Physicians must demonstrate the knowledge, skills and abilities necessary to provide safe, effective patient care within the framework of the six general competencies as they apply to their individual practice.

3. Performance in Practice (How am I doing?)

Physicians must demonstrate accountability for performance in their practice using a variety of methods that incorporate reference data to assess their performance in practice and guide improvement.

APPENDIX B

FSMB TOOLBOX FOR IMPLEMENTATION OF MAINTENANCE OF LICENSURE

The Federation of State Medical Boards will be developing a “Toolbox” of resources to aid state member boards and licensees better understand and implement MOL. As an example of some of the resources, following is a list of potential activities that may satisfy the various Component requirements. Although revised and more detailed, the descriptions below are consistent with the components outlined in the Report of the Advisory Group on Continued Competence of Licensed Physicians. Following the chart is more detailed explanation of the individual activities.

COMPONENTS OF PROFESSIONAL DEVELOPMENT PROGRAMS AND ACTIVITIES

Professional development programs and activities should include the following interrelated components:

COMPONENTS	STRATEGY (HOW)	OPTIONS /EXAMPLES
<p>1. Reflective Self-assessment</p> <p>Physicians must participate in an ongoing process of reflective self-evaluation, self-assessment and practice assessment, with subsequent successful completion of CME activities.</p> <p>Attestation of participation would be required.</p>	<p>Self-assessment incorporates measures of knowledge and skills or performance benchmarks.</p> <p>Learners independently evaluate an aspect of their medical practice and skills, identify opportunities for improvement and then successfully complete a tailored educational or improvement activity.</p> <p>SMBs may want to use attestation by the physician as proof of completion.</p> <p>Licensees successfully engaged in ABMS MOC or AOA-BOS OCC automatically fulfill Components One, Two and Three.</p>	<p>Assessment tools could include:</p> <p>Self-review tests such as:</p> <ul style="list-style-type: none"> • ABMS MOC and AOA-BOS Osteopathic Continuous Certification (OCC) • Home study courses or web-based materials that meet SMB quality standards • Medical and osteopathic professional society/organization or institution-based simulations that meet SMB quality standards • Others approved by the state medical board <p>Professional development activities could include:</p> <ul style="list-style-type: none"> • Review of literature in the physician’s current practice area • CME in the physician’s current practice area that addresses an identified deficiency, enhances patient care, performance in practice and/or patient outcomes
<p>2. Assessment of Knowledge and Skills</p> <p>Physicians must demonstrate the knowledge, skills and abilities necessary to provide</p>	<p>External assessments of competencies should be structured, valid, practice-relevant, and should produce data to identify learning opportunities.</p>	<p>Examples of assessments addressing one or more of the competencies include but are not limited to:</p> <ul style="list-style-type: none"> • Practice relevant multiple choice exams, e.g., ABMS MOC and AOA-BOS OCC exams, National Board of Medical

<p>safe, effective patient care within the framework of the six competencies as they apply to their individual practice.</p>	<p>SMBs may want to use third-party documentation as proof of completion.</p> <p>Licensees successfully engaged in ABMS MOC or AOA-BOS OCC automatically fulfill Components One, Two and Three.</p>	<p>Examiners (NBME) and National Board of Osteopathic Medical Examiners (NBOME) subject exams</p> <ul style="list-style-type: none"> • Medical and osteopathic professional society assessment programs/tools • Standardized patient assessments • Computer-based clinical case simulations • Mentored or proctored observation of procedures • Procedural hospital privileging • Formalized assessment/PI programs overseen by health systems or robust medical groups (e.g. likely larger organizations) • Others approved by SMBs
<p>3. Performance in Practice</p> <p>Physicians must demonstrate accountability for performance improvement in their practice.</p>	<p>Physicians should use a variety of methods that incorporate reference data to assess their performance in practice and guide improvement.</p> <p>3rd party attestation of participation will satisfy this component.</p> <p>As a result of completion of Component Three, licensees may address areas for improvement via Component One as part of a continuing cycle of improvement.</p> <p>Licensees successfully engaged in ABMS MOC or AOA-BOS OCC automatically fulfill Components One, Two and Three.</p>	<p>Assessment tools could include but are not limited to:</p> <ul style="list-style-type: none"> • 360-degree/multi-source evaluations (self evaluation, peer assessment and patient surveys) • Patient reviews, such as satisfaction surveys • Performance Improvement CME • Collection and analysis of practice data such as medical records, claims review, chart review and audit, case review and submission of a case log • Participation in Registries • American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) Clinical Assessment Program • An approved American Board of Medical Specialties (ABMS) MOC Part IV Practice Improvement activity • An approved American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) OCC Practice Improvement activity • Medical professional society/organization clinical assessment/practice improvement programs • Centers for Medicare and Medicaid Services (CMS) and other similar institutional-based measures

		<ul style="list-style-type: none"> • Other performance improvement projects such as the Surgical Care Improvement Project (SCIP), American Medical Institute (AMI), Institute for Healthcare Improvement (IHI), Improving Performance in Practice (IPIP), Healthcare Effectiveness Data and Information Set (HEDIS) • Other tools approved by the state medical board
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COMPONENT ONE: REFLECTIVE SELF-ASSESSMENT

Some examples of activities that SMBs may want to accept as part of Component One include:

- ABMS member board MOC Part 2 activities, such as Lifelong Learning and Self-Assessment modules which require a physician to review articles from the medical literature and take an open-book quiz on which the physician must achieve at least a passing score to receive a certificate of completion.
- AOA-BOS Osteopathic Continuous Certification Part 2 activities, which center on lifelong learning and self-assessment.
- Performance Improvement (PI) CME offered by medical professional societies that provide for: assessment of current practice using evidence-based performance measures and feedback to physicians comparing their performance to national benchmarks and to their peers; implementation of an intervention based on the performance measures; and reevaluation of performance in practice resulting from the Performance Improvement CME activity.
- Webinar, podcast, online home study or traditional printed CME activities. A majority of the content of the CME selected by the physician should be germane to his/her actual professional practice. These activities should include self-assessment tools such as pre- and post-tests that will assist the clinician to better understand their baseline knowledge before and retention of key elements after completion of the learning experience.
- Live didactic activities such as lectures at medical conferences, professional society meetings, hospital-based programs, group practice lectures, etc. There are many benefits to the in-person education and the related exchange of ideas between the lecturer and students. The content of these activities should also be germane to the physician’s actual professional practice and include pre- and post-event assessments similar to those outlined above.
- Participation in organized practice assessment and improvement efforts (Institute for Healthcare Improvement, Improving Performance in Practice, or local Practice-Based Research Network quality improvement projects or similar collaborative.)

COMPONENT TWO: ASSESSMENT OF KNOWLEDGE AND SKILLS

Some examples of activities* that SMBs may want to accept as part of Component Two include:

- Self-assessment modules, like those of the American Board of Family Medicine, test core competencies and require physicians to correctly answer eighty percent (80%) of the questions in each competency. If they are not initially successful, physicians enter a review mode that offers an opportunity to read a critique and reference for each incorrectly answered question before inputting new answers to the missed questions. This process offers the physician to assess their knowledge, learn from their mistakes, and successfully complete the component.
- Standardized patient assessments. These assessments can provide the physician with feedback on their communication and language skills, as well as other competencies.
- Computer-based clinical case simulations. These evaluation tools can provide the physician with simulated experience working through clinical scenarios to arrive at a diagnostic impression and treatment plan. Such assessments can offer the physician insight into both his/her factual knowledge base as well as his/her clinical problem-solving skills.
- Practice relevant multiple-choice exams (e.g., ABMS MOC and AOA-BOS OCC exams, National Board of Medical Examiners (NBME) subject exams, National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Tests (COMAT), the Special Purpose Examination (SPEX) and the NBOME Comprehensive Osteopathic Medical Variable-Purpose Examination for the United States of America COMVEX-USA) and activities such as these provide the physician with a structured examination experience designed to test their factual knowledge based on a specific topic(s).
- Mentored or proctored observation of procedures and/or hospital procedural privileging. For skill-based evaluation, the physician may benefit from the direct observation and professional feedback of a fellow physician trained in the same procedure(s).
- Others approved by SMBs. The fundamental objective in Component Two of MOL is for a physician to submit him/herself to an objective or 3rd party assessment of his/her knowledge and /or skills. The results of these assessments will serve at least two purposes: 1) assist the physician in the selection of future MOL Component One educational opportunities to enhance and improve his/her professional practice, and 2) serve as objective 3rd party evidence to the SMB that the physician has successfully completed (this includes “passing” the assessment with a sufficient “score”) validated knowledge and/or skill assessments in areas germane to his/her professional activities.

*As MOL unfolds, there will need to be some criteria for an acceptable third-party to accredit Component Two MOL activities.

COMPONENT THREE: PERFORMANCE IN PRACTICE

Some examples of Component Three activities include:

- Registry participation. There are numerous and increasing numbers of patient care registries available. For example, the Society of Thoracic Surgeons operates a highly regarded registry for cardiothoracic surgeons. Similarly, the American College of Cardiology operates a registry for cardiovascular care. The American Osteopathic Association’s Clinical Assessment Program (CAP) includes similar registries for diabetes, coronary artery disease and women’s health screening. Through their participation, physicians submit data to the registry on their own patient care activities and outcomes and, subsequently, receive reports that summarize the individual physician’s outcomes and place those outcomes in the larger context of the performance of other physicians/patients. In this manner, the physician is able to identify personal successes as well as opportunities for further improvement in his/her own medical practice. To fulfill Component Three of MOL, registries should:

 - 1) be administered by a credible third party;
 - 2) collect individual physician data and aggregate data from numerous individual physicians to create a comparative database;
 - 3) provide reporting of individual physician performance in a comparative manner to peer-matched aggregated data;
 - 4) provide additional comparison of individual physician performance relative to evidence-based guidelines when available;
 - 5) define clear criteria for “successful” physician participation in the registry, such criteria to include: a) expectations for consistent submission of required data over time, and b) active acknowledgement of receipt and review of individualized comparative reports by the participating physician; and
 - 6) upon participating physician request, provide formal documentation to SMBs that the physician is successfully participating in the registry.

- Patient satisfaction surveys. Attention to patients’ perceptions about their care and their physician can provide useful information to the physician. Through patient surveys, physicians can gain insight into the effectiveness of their communication and the impact (both positive and negative) of efforts to successfully partner with their patients in their care. Patient surveys may assess elements that are more subjective than, for example, medical knowledge; however, a well-designed patient satisfaction survey that is executed in a consistent and valid manner can provide useful trend data and feedback to the physician. Since there is mixed opinion, however, regarding the objectivity and reproducibility of patient satisfaction surveys, these tools should be used either as an element of a more comprehensive assessment tool or should be accepted on a periodic basis inter-mixed with other Component Three activities over a period of time.

- Practice data analysis. A number of physician practices already employ either manual chart reviews or have data management systems in place (either themselves or in partnership with hospitals or other entities) that enable them to analyze their own practice data to look for trends and outcomes. The use of such analytic tools affords the physician the opportunity to see firsthand the direct impact of his/her efforts in patient care and to take action if/where needed to adjust his/her clinical practice.

- External quality reporting initiatives. Activities such as the Center for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI) and similar activities can provide physicians with data similar to registry participation and/or practice data analysis. Engagement

in these activities is in concert with the spirit of Component Three of ABMS MOC and Practice Performance Assessment of AOA-BOS OCC.

- Participation in organized practice assessment and improvement efforts (Institute for Healthcare Improvement, Improving Performance in Practice, or local Practice-Based Research Network quality improvement projects, or similar collaborative).
- 360-degree/multi-source evaluations. Comprehensive personal assessments of the physician can be rigorous and enlightening. Such evaluation processes can provide the physician with robust and actionable feedback on the strengths and weakness of their professional efforts through the use of a number of subjective and objective assessment tools.
- Other tools approved by the SMB. The key concept behind Component Three of MOL is the physician's use of valid quantitative and/or qualitative tools to assess the results/outcomes of the physician's professional activities and for the physician to subsequently use this data to further improve his/her professional practice. It is not possible to fully anticipate the full array of tools that will be available to physicians in the future. As such, the MOL Implementation Group recommends that SMBs accept 3rd party attestation of a physician's successful participation in activities deemed by the SMB to substantially comply with this component.

WEST VIRGINIA

http://www.wvbom.wv.gov/continuing_education.asp

WV Board of Medicine

Continuing Education

CONTINUING MEDICAL EDUCATION REQUIREMENTS

Successful completion of a minimum of 50 hours of continuing medical education satisfactory to the Board during the preceding two year period is required for the biennial renewal of a medical license. Beginning July 1, 2008, at least thirty (30) hours of the hours must be related to the physician's area or areas of specialty.

Continuing medical education satisfactory to the Board means:

- A. Continuing medical education designated as Category I by the American Medical Association or the American Academy of Family Physicians, or
- B. Medical education courses or lectures in medicine taught to medical students, residents, or licensed physicians, or serving as a preceptor to medical students or residents: Provided, that no more than twenty hours of the required fifty hours of continuing medical education in this category will be considered satisfactory to the Board.
- C. Sitting for and passing a certification or recertification examination of one of the ABMS member boards, and receiving certification or recertification from said board, or providing documentation of successful involvement in maintenance of certification from said ABMS member board during the two years subsequent to the last medical license renewal in West Virginia: Provided, that a physician may not count more than forty-seven hours in this category toward the required fifty hours of continuing medical education: Provided, however, that any physician who timely provides to the Board a Board-developed certification form and waiver request attesting that he or she has not prescribed, administered, or dispensed a controlled substance during the entire previous reporting period may count fifty hours in this category toward the required fifty hours of continuing medical education. Certification, recertification, or current successful involvement in maintenance of certification from any board other than one of the ABMS member boards does not qualify the recipient for any credit hours of continuing medical education.
- D. Beginning May 1, 2014, unless a physician has completed and timely provided to the Board a Board-developed certification form and waiver request attesting that he or she has not prescribed, administered, or dispensed a controlled substance during the entire previous reporting period, every physician as a prerequisite to license renewal shall complete a minimum of three hours of drug diversion training and best practice prescribing of controlled substances training during the previous reporting period, which three such hours may be provided only by a Board-approved program. Said three hours shall be part of the fifty total hours of continuing education required and not three additional hours.

THERE ARE NO OTHER TYPES OF CATEGORIES OF CONTINUING MEDICAL EDUCATION SATISFACTORY TO THE BOARD.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 5/5/2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards									
3) Name of Board, Committee, Council, Sections: Medical Examining Board											
4) Meeting Date: 5/21/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of Actions Taken by the FSMB 2014 House of Delegates									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:									
10) Describe the issue and action that should be addressed: The Board will review the actions taken by the 2014 FSMB House of Delegates.											
11) Authorization											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Daniel Agne</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Daniel Agne		Signature of person making this request	Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
Daniel Agne											
Signature of person making this request	Date										
Supervisor (if required)	Date										
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date											
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											

**Actions by the FSMB House of Delegates
April 26, 2014**

1. The agenda for the April 26, 2014 House of Delegates meeting was **APPROVED**.
2. The minutes of the April 20, 2013 House of Delegates meeting were **APPROVED**.
3. The seven rules for conducting the 2014 business meeting of the House of Delegates as presented in the report of the Rules Committee were **ADOPTED**.
4. The FY 2015 budget was **ADOPTED**.

5. Elections

Chair-elect: J. Daniel Gifford, MD (2014-2015)

**Directors: Arthur S. Hengerer, MD (2014-2017)
Patricia A. King, MD, PhD (2014-2017)
Jean Rexford (2014-2017)**

Nominating Committee:

**Jeffrey D. Carter, MD (2014-2016)
Greg M. Collins (2014-2016)
Barbara E. Walker, DO (2014-2016)**

6. Bylaws Amendment #1 proposed by the FSMB Board of Directors was **ADOPTED**:

Article II. Classes of Membership, Election and Membership Rights

Section I. Methods of Nomination to an Elected Office

Nomination by the Nominating Committee or Nomination by Petition pursuant to Articles III, IV, V and VIII shall be the sole methods of nomination to an elected office of the FSMB. A candidate who runs for and is not elected to an elected office shall be ineligible to be nominated for any other elected office during the same election cycle.

7. Bylaws Amendments #2 and #3 proposed by the FSMB Board of Directors were **ADOPTED**:

Article VIII. Standing and Special Committees

Section A. Standing Committees

3. MEMBERSHIP. Honorary Fellows, Associate Members, and Courtesy Members ~~and one subject matter expert non-member~~ may be appointed by the Chair to serve on a standing committee in addition to the number of committee members called for in the following sections of this chapter. No more than one Honorary Fellow, Associate or Courtesy Member or non-member subject matter expert may be appointed by the Chair to serve in such a capacity on any standing committee unless otherwise provided for in these Bylaws. All committee members shall serve with vote. Honorary Fellows, Associate or Courtesy Members, and non-members appointed to standing committees by the Chair shall serve for a term concurrent with the term of the Chair. No individual shall serve on more than one standing committee except as specified in the Bylaws. With the exception of the Nominating Committee and the Editorial Committee, the Chair and the Chair-elect shall serve, ex-officio, on all committees.

Section D. Editorial Committee

1. An Editorial Committee, not to exceed twelve Fellows and three non-member subject matter experts, shall advise the Editor-in-Chief on editorial policy for the FSMB's official publication, and shall serve as the editorial board of that publication and otherwise assist the Editor-in-Chief in the performance of duties as appropriate and necessary. No officer or member of the Board of Directors shall serve on this Committee.

8. Bylaws Amendment #4 proposed by the FSMB Board of Directors was **ADOPTED**:

Article VIII. Standing and Special Committees

Section B. Audit Committee

The Audit Committee shall:

1. Be composed of five Fellows, three of whom shall be members of the Board of Directors. The Treasurer of the FSMB shall serve ex-officio without vote. The Chair of the FSMB shall appoint the Chair of the Audit Committee from one of the three sitting Board Members.

~~2. Review the financial statement and audit of the FSMB, advise the Board of Directors on fiscal policy to ensure the continuing financial strength of the FSMB, and review the FSMB's investments.~~

~~32. Ensure that an annual audit of the financial accounts and records of the FSMB is performed by an independent Certified Public **Accountant, Accounting firm. and shall promptly submit such audit to the Board of Directors.**~~

~~43. Recommend to the Board of Directors the appointment, retention **and or** termination of an independent auditor or auditors and ~~oversee the independent and internal auditors~~ **develop a schedule for periodic solicitation of audit firms consistent with Board policies and best practices. The independent auditors shall report directly to the Committee.**~~

~~5. Report directly to the Board.~~

4. Oversee the independent auditors. The independent auditors shall report directly to the Committee.

5. Review the audit of the FSMB. Submit such audit and Committee's report to the Board of Directors.

6. Report any suggestions to the Board of Directors on fiscal policy to ensure the continuing financial strength of the FSMB.

~~67. When the finalized committee Rreport to the Board of Directors is made, any appropriate suggestions and feedback for will be forwarded to the Finance Committee. ~~in a report to that Committee after the report to the Board is finalized.~~~~

9. Bylaws Amendment #5 proposed by the FSMB Board of Directors was **ADOPTED:**

Article IX. United States Medical Licensing Examination (USMLE)

SECTION A. Except as otherwise set forth in this Article, the composition of committees and subcommittees for the USMLE are subject to agreements with and the advice and consent of the National Board of Medical Examiners (NBME) and/or the USMLE Composite Committee. The Chair, with the approval of the Board of Directors, shall make appointments to the following USMLE committees in appropriate numbers and at appropriate times as required by the FSMB/NBME Agreement establishing the USMLE and by other agreements as may apply:

1. USMLE Composite Committee, which shall be responsible for the development, operation and maintenance of policies governing the three-step USMLE. The President shall be one of the FSMB's representatives on this Committee.
2. USMLE Budget Committee, which shall be responsible for the development and monitoring of USMLE revenues and expenses, including the establishment of fees. **FSMB representatives on the Committee will be the Chair, Chair-elect, Treasurer, President and the senior FSMB financial staff member.**
3. The USMLE **Management Step 3** Committee, ~~which~~ shall be responsible for overseeing the design, development, scoring and standard setting for the USMLE Step ~~3~~ examinations, subject to policies established by and reporting to the USMLE Composite Committee. Appointments to the **Management Step 3** Committee shall ~~not be restricted by FSMB membership status. The Step 3 Committee shall be composed of not more than 15 members, who shall be appointed by the Chair with the approval of the Board of Directors. The Committee chair shall be appointed by the Chair. All members of the Step 3 Committee shall be appointed for staggered three year terms, and no member shall serve more than two consecutive terms.~~ **be made consistent with the FSMB/NBME Agreement Establishing the USMLE.**

SECTION B. The President shall provide FSMB advice and consent to the NBME for NBME's appointments to the USMLE **Management Step 1 and Step 2** Committees, ~~and the President shall provide FSMB advice and consent to the Step 3 Committee for its appointments to the Step 3 Test Materials Development Committee. Such appointments shall be based on recommendations and nominations provided by the NBME. and/or any appointments made jointly under the FSMB/NBME Agreement Establishing the USMLE.~~

10. A **substitute resolution** offered in lieu of Resolution 14-1; Establish Study Group Regarding Collateral Consequences of Board Actions submitted by the North Carolina Medical Board was **ADOPTED**:

Resolved; That the Federation of State Medical Boards (FSMB) ~~establish a study group of the FSMB,~~ **will continue to communicate with** credentialing bodies, and other entities that use public board action reports as a basis for their actions to ~~find common ground in their pursuit of high quality patient care, which allows all groups~~ **explore ways** to accomplish their missions while taking measured, appropriate and proportionate action in response to public board actions involving a physician.

11. Resolution 14-2; Key State Decision Maker’s Education: Legislators, Governors, Health Agency Administration submitted by the Oklahoma State Board of Medical Licensure and Supervision was **ADOPTED**:

Resolved; that the Federation of State Medical Boards (FSMB) encourages each state medical and osteopathic board to assess their budgets to consider sending the *JMR* (at a reduced rate subscription) to their respective legislators and Governor.

12. The Framework on Professionalism in the Adoption and Use of Electronic Health Records contained in BRD RPT 14-1 was **ADOPTED**.

13. The Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine contained in BRD RPT 14-2 was **ADOPTED**, superseding the “Model Guidelines for the Appropriate Use of the Internet in Medical Practice” (HOD 2002).

14. Recommendations #1 and #2 contained in BRD RPT 14-3; Report of the FSMB Workgroup on Innovations in State-based Licensure were **ADOPTED AS PRESENTED** and **ADOPTED AS AMENDED**, respectively:

- 1) A recommendation that sports team physicians are held exempt from the state licensure requirement, as follows:

A physician licensed in another state, territory or jurisdiction of the United States I exempt from the licensure requirements in (state) if the physician is employed or formally designated as the team physician by an athletic team visiting (state) for a specific sporting event and the physician limits the practice of medicine in (state) to medical treatment of the members, coaches and staff of the sports entity that employs (or has designated) the physician.

- 2) A recommendation that the FSMB Essentials of a State Medical and Osteopathic Practice Act be amended to expand the circumstances in which a board may consider special purpose licenses, as follows:

D. Special Licensure: The Board should be authorized to issue conditional, restricted, probationary, limited or otherwise circumscribed licenses as it determines necessary. It is to the discretion of the state medical board to set the criteria for issuing special purpose licenses. This provision should include, **but not be limited to, the ability to issue a special license for the following purposes:**

- to practice medicine across state lines;
 - to provide medical services to a traveling sports team, coaches and staff for the duration of the sports event;
 - to provide volunteer medical services to under-insured/uninsured patients;
 - to provide medical services to youth camp enrollees, counselors and staff for the duration of the youth camp;
 - to engage in the limited practice of medicine in an institutional setting by a physician who is licensed in another jurisdiction *in the United States.*
15. BRD RPT 14-4; Report on Resolution 13-4; Mandated Employer Reporting of Diversion to Licensing Boards was **FILED FOR INFORMATION** and no further action was necessary.
16. BRD RPT 14-5; Report on Resolution 13-5; Development of an Interstate Compact to Expedite Medical Licensure and Facilitate Multi-State Practice was **FILED FOR INFORMATION** and no further action was necessary.
17. BRD RPT 14-6; Report of the Maintenance of Licensure Task Force on Continuous Professional Development Activities was **FILED FOR INFORMATION** and no further action was necessary.

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Janie Brischke, Beth Cramton and Pam Stach Division of Legal Services and Compliance		Date When Request Submitted: May 6, 2014 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards 	
Name of Board, Committee, Council: Medical Examining Board			
Board Meeting Date: May 21, 2014	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Medical Examining Board Historical Decisions and Orders Data Analysis Report	
Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Case Advisor(s), if required:	
Describe the issue and action the Board should address: Board to review Historical Decisions and Orders Data Analysis Report, adopted by the Disciplinary Guidelines Committee on 4/16/14. MOTION: Timothy Swan moved, seconded by Greg Collins, to adopt the Medical Examining Board Historical Decisions and Orders Data Analysis Report, to request DSPS staff continue collecting Medical Examining Board final decision and order and non-disciplinary disposition data, to continuously maintain and update a ten-year historical data analysis report, and to present the data to the Board on an annual basis. Motion carried unanimously.			
Authorization:			
Signature of person making this request		Date	
Supervisor signature (if required)		Date	
Executive Director signature (indicates approval to add late items to agenda)		Date	
<u>Directions for including supporting documents:</u> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board's Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN

DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES

MEDICAL EXAMINING BOARD

FINAL DECISIONS and ORDERS HISTORICAL DATA ANALYSIS

(Based on data from January 1, 2003 – December 31, 2013)



WISCONSIN MEDICAL EXAMINING BOARD

FINAL DECISIONS and ORDERS HISTORICAL DATA REPORT

March 2014

Information to consider when reviewing the attached report:

1. The report represents 11 years of Final Decisions and Orders by the Medical Examining Board. The Orders were issued between January 1, 2003 and December 31, 2013.
2. The data represents actions involving MD's and DO's.
3. This report includes Non-disciplinary options available to the Board such as Administrative Warnings, Remedial Education Orders and Surrender Orders without a finding of a violation. *Note: Administrative Warning data is reflected for the years 2010 – 2013. Administrative Warnings may have been issued during the years 2003 – 2009 but were not included in this study.*
4. Orders without findings (in which Respondent keeps license but surrenders registration and may not practice) may include :
 - Surrender/Agreement not to renew;
 - Retirement from the practice of medicine and surgery
5. Surrenders with findings are disciplines and may include the following:
 - Surrender/ Agreement permanent;
 - Surrender/ Agreement – renew upon conditions being met such as: payment of costs, passage of time, in-depth training, proof of successful behavior changes;
 - Surrender/ Agreement – reapply Board may impose limitations, including proof of maintenance of competence.
6. The various forms of disciplines ordered are identified in the “Disciplinary” section below the “Maximum” and “Minimum” disciplines for each Wisconsin Administrative Code provision.
7. A discipline with an asterisk (*) indicates that the discipline issued also involved other rule or statute violations.

MEDICAL EXAMINING BOARD OF WISCONSIN

AGGRAVATING and MITIGATING FACTORS

After a violation has been established, the Board may consider aggravating and mitigating circumstances in deciding the appropriate discipline. The aggravating and mitigating factors set forth below are some of the factors the Board may consider. The Board may take into consideration other factors in aggravation or mitigation offered by the parties.

AGGRAVATING CIRCUMSTANCES

Aggravating circumstances are any factors or evidence regarding the respondent or the violation that might justify an increase in the degree of discipline to be imposed. Aggravating factors may include, but are not limited to:

- a) Prior disciplinary history/actions.
- b) Multiple violations involved in the case
- c) Pattern of similar violations (prior discipline and prior similar discipline)
- d) Significant harm (financial or physical) to a patient, institution, a consumer or others
- e) Failure/refusal to correct misconduct when warranted
- f) Evidence that the violation was willful or intentional
- g) Evidence that the violation was grossly negligent
- h) Failure to exercise due diligence in the supervision of others
- i) Refusal to acknowledge/admit violation
- j) Lack of cooperation with investigation
- k) Submission of false statements or evidence, or other deceptive practices (e.g., creating or adding to a record, document file after investigation initiated)
- l) Intimidation of or threats to witnesses or others involved with the investigation
- m) Dishonest or selfish motive
- n) Use/abuse of position of trust, or of licensee status, to accomplish the deception, theft, boundaries violation or other misconduct.
- o) Where an individual has a duty to disclose information to the Board, the extent of delay in disclosing all or part of the information, including the failure to self-report relapse immediately to the Board as required.

MITIGATING CIRCUMSTANCES

Mitigating circumstances are any factors or evidence regarding the respondent or the violation that might justify a reduction in the degree of discipline to be imposed.

Mitigating factors may include, but are not limited to:

- a) Length of time since the date of violation
- b) No prior disciplinary history
- c) No other complaints currently pending against licensee
- d) No pattern of similar offenses
- e) No evidence that the violation was willful or intentional
- f) No evidence that the violation was grossly negligent
- g) License level at the time of violation (length of experience in profession)
- h) Licensee was under the supervision of another professional at the time (e.g., trainees)
- i) Additional education taken and/or experience gained after violation occurred
- j) Full cooperation with the Board/investigation
- k) Little or no financial or physical harm to patient, client, consumer or others
- l) Timely mitigation or correction of deficiency or loss
- m) Understanding and acknowledgement of violation
- n) Personal problems such as physical, mental or emotional problems or substance abuse at the time of the violation that have since been addressed
- o) Isolated incident unlikely to recur
- p) Full and free disclosure to Board when done in a timely manner.
- q) Interim rehabilitation or remedial measures

WISCONSIN MEDICAL EXAMINING BOARD
HISTORICAL FINAL DECISIONS and ORDERS DATA ANALYSIS
MARCH 2014

(Based on Orders issued to MD's and DO's from January, 1 2003 – December 31, 2013)

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(a) Violating or attempting to violate ch. 448, Stats., or any provision, condition, or term of a valid rule or order of the board.

Disciplinary

- Maximum: Revocation
- Minimum: Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Limitation restricting practice						1					
1	Limitation restricting practice (Interim Order)*							1				
1	Limitation; Maintain compliance with each term of another state order			1								
1	Reprimand								1			
1	Reprimand*										1	
1	Reprimand; Limitation - Maintain compliance with each term of another state order. Upon commencement of the practice of medicine and surgery in the State of Wisconsin, license shall be suspended and limited*	1										
4	Reprimand; Limitation requiring education/testing									1	3	
3	Reprimand; Limitation requiring education/testing*			2	1							
1	Reprimand; Limitation requiring education/testing, mentor/supervision, restricting practice*								1			
1	Reprimand; Limitation requiring education/testing, restricting practice, treatment*					1						
1	Reprimand; Limitation requiring education/testing, restricting practice			1								
1	Reprimand; Maintain compliance with each term of another state order			1								
1	Revocation	1										
2	Revocation*					1						1
2	Surrender			1					1			
3	Surrender*	1		1					1			
6	Suspension	5				1						
1	Suspension (Stayed); Limitation – Maintain compliance with each term of another state order*		1									
1	Suspension (Summary)				1							
1	Suspension (Summary) cont'd – Limitation requiring education/testing, mentor/supervision, reports, restricting practice*		1									
2	Suspension (Summary)*		1				1					
1	Suspension*	1										
1	Suspension; Limitation requiring education/testing, mentor/supervision, restricting practice*				1							
38	Total	9	3	7	3	3	2	1	4	1	4	1

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
2	Administrative Warning (AW)		1	1		n/a						
3	Administrative Warning (AW)*	1	1		1	n/a						
1	Surrender*	1										
6	Total	2	2	1	1	0	0	0	0	0	0	0

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(b) Knowingly engaging in fraud or misrepresentation or dishonesty in applying, for or procuring a medical license, by examination for a medical license, or in connection with applying for or procuring periodic renewal of a medical license, or in otherwise maintaining such licensure.

Disciplinary

- **Maximum:** Surrender
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand		1									
1	Reprimand*		1									
2	Reprimand; Limitation requiring education/testing*		1						1			
2	Surrender*		1				1					
1	Suspension*					1						
7	Total	0	4	0	0	1	1	0	1	0	0	0

Non-Disciplinary

(There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Administrative Warning (AW)				1	n/a						
1	Total	0	0	0	1	0	0	0	0	0	0	0

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(c) Knowingly giving false, fraudulent, or deceptive testimony while serving as an expert witness.

Disciplinary: None

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

* indicates that the discipline issued involved other rule or statute violations

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(d) Employing illegal or unethical business practices.

Disciplinary

- **Maximum:** Revocation
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand*				1							
4	Reprimand; Limitation requiring education/testing*				1	1		1	1			
1	Reprimand; Limitation requiring education/testing, mentor/supervision, reports, restricting practice*					1						
1	Reprimand; Limitation requiring education/testing, restricting practice, treatment*					1						
1	Reprimand; Limitation requiring education/testing, treatment			1								
1	Revocation*					1						
3	Surrender*	2						1				
1	Suspension (Stayed)*					1						
1	Suspension (Summary)*							1				
1	Suspension*					1						
1	Suspension; Limitation requiring education/testing, compliance with terms of Judgment in criminal case*	1										
1	Suspension; Limitation requiring education/testing, mentor/supervision, restricting practice*				1							
1	Suspension; Limitation requiring education/testing, restricting practice*	1										
18	Total	4	0	1	3	6	0	3	1	0	0	0

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(e) Knowingly, negligently, or recklessly making any false statement, written or oral, in the practice of medicine and surgery which creates an unacceptable risk of harm to a patient, the public, or both.

Disciplinary

- **Maximum:** Revocation
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Limitation requiring education/testing, mentor/supervision, restricting practice*										1	
1	Reprimand*		1									
2	Revocation*										1	1
1	Surrender*	1										
1	Suspension; Limitation requiring education/testing, restricting practice*	1										
6	Total	2	1	0	0	0	0	0	0	0	2	1

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(f) Engaging in any act of fraud, deceit, or misrepresentation, including acts of omission to the board or any person acting on the board's behalf.

Disciplinary

- **Maximum:** Reprimand; Limitation restricting practice, shall not re-register
- **Minimum:** Reprimand; Limitation requiring testing or undergo an assessment and comply with requirements

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand; Limitation requiring education/testing, mentor/supervision, reports, restricting practice*	1										
1	Reprimand; Limitation requiring testing or undergo an assessment and comply with requirements*	1										
1	Reprimand; Limitation restricting practice, shall not re-register*	1										
3	Total	3	0	0	0	0	0	0	0	0	0	0

Non-Disciplinary: None for the years 2010 – 2013 (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(g) Obtaining any fee by fraud, deceit, or misrepresentation.

Disciplinary

- **Maximum:** Reprimand; Limitation requiring education/testing
- **Minimum:** Surrender

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
2	Reprimand; Limitation requiring education/testing*		1						1			
1	Reprimand; Limitation requiring education/testing, restricting practice*						1					
2	Surrender*	1								1		
1	Suspension (Summary)							1				
1	Suspension; Limitation requiring education/testing, compliance with terms of Judgment in criminal case*	1										
1	Suspension; Limitation requiring education/testing, restricting practice*	1										
1	Suspension; Limitation requiring treatment*							1				
9	Total	3	1	0	0	0	1	2	1	1	0	0

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Administrative Warning (AW)			1		n/a						
1	Total	0	0	1	0	0	0	0	0	0	0	0

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(h) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, unless allowed by law. This prohibition does not preclude the legal functioning of lawful professional partnerships, corporations, or associations.

Disciplinary

- **Maximum:** Surrender*
- **Minimum:** Reprimand*

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand*	1										
1	Surrender*	1										
1	Suspension; Limitation requiring education/testing, restricting practice*	1										
3	Total	3	0	0	0	0	0	0	0	0	0	0

Non-Disciplinary: None for the years 2010 – 2013 (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(i) Representing or claiming as true the appearance that a physician possesses a medical specialty certification by a board recognized certifying organization, such as the American Board of Medical Specialties, or the American Osteopathic Association, if it is not true.

Disciplinary: None

Non-Disciplinary: None for the years 2010 – 2013 (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(j) Engaging in uninvited in-person solicitation of actual or potential patients who, because of their particular circumstances, may be vulnerable to undue influence.

Disciplinary: None

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

* indicates that the discipline issued involved other rule or statute violations

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(k) Engaging in false, misleading, or deceptive advertising.

Disciplinary: None

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(L) Failure to adequately supervise delegated medical acts performed by licensed or unlicensed personnel.

Disciplinary

- **Maximum:** Suspension; Limitation requiring education/testing, restricting practice*
- **Minimum:** Suspension; Limitation requiring education/testing, restricting practice*

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Suspension; Limitation requiring education/testing, restricting practice*	1										
1	Total	1	0	0	0	0	0	0	0	0	0	0

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(a) Practicing or attempting to practice under any license when unable or unwilling to do so with reasonable skill and safety. A certified copy of an order issued by a court of competent jurisdiction finding that a person is mentally incompetent is conclusive evidence that the physician was, for any period covered by the order, unable to practice medicine and surgery with reasonable skill and safety. (Impairment)

Disciplinary

- **Maximum:** Revocation
- **Minimum:** If reapply Board may impose limitations*

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	If reapply Board may impose limitations*		1									
1	Limitation – Maintain compliance with each term of another state order*											1
1	Limitation requiring education/testing, mentor/supervision, restricting practice,	1										
1	Limitation requiring education/testing, reports*	1										
2	Limitation restricting practice					1				1		
1	Limitation restricting practice (Interim Order)*							1				
1	Limitation restricting practice, treatment							1				
1	Reprimand						1					

* indicates that the discipline issued involved other rule or statute violations

Med 10.03(2)(a) – Disciplinary continued

	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand; Limitation - Maintain compliance with each term of another state order. Upon commencement of the practice of medicine and surgery in the State of Wisconsin, license shall be suspended and limited*	1										
2	Reprimand; Limitation – Maintain compliance with each term of another state order*	1	1									
1	Reprimand; Limitation requiring education/testing, mentor/supervision, reports, screens, treatment*		1									
1	Reprimand; Limitation restricting practice, shall not re-register*	1										
1	Revocation*	1										
3	Surrender			1	1	1						
6	Surrender*	2	2		1	1						
2	Suspension	1				1						
1	Suspension (Interim Order)	1										
1	Suspension (Stayed)										1	
3	Suspension (Stayed)*					1					1	1
2	Suspension (Stayed); Limitation – Maintain compliance with each term of another state order*		2									
1	Suspension (Stayed); Limitation requiring education/testing, mentor/supervision, reports, screens, treatment*			1								
2	Suspension (Stayed); Limitation requiring reports, restricting practice, screens, treatment*	1	1									
2	Suspension (Stayed); Limitation requiring treatment*							2				
2	Suspension (Stayed); Limitation requiring reports, screens, treatment*	1	1									
3	Suspension (Summary)			1		2						
1	Suspension (Summary) cont'd – Limitation requiring education/testing, mentor/supervision, reports, restricting practice*		1									
5	Suspension (Summary)*	1	1	1		1	1					
7	Suspension*	1	3			2	1					
1	Suspension; Limitation requiring assessment, reports, screens, treatment*		1									
1	Suspension; Limitation requiring mentor/supervision, reports, restricting practice, screens, treatment				1							
2	Suspension; Limitation requiring reports, restricting practice, screens, treatment*	2										
3	Suspension; Limitation requiring reports, screens, supervision, treatment*				1							
4	Suspension; Limitation requiring treatment*							2				2
65	Total	16	15	4	4	10	3	6	0	1	2	4

Non-Disciplinary (No Administrative Warnings were issued for the years 2010 – 2013. There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
2	Comply with all aspects of treatment and testing required by the program in which currently enrolled*		2									
1	Limitation requiring assessment/psychological exam, restricting practice (Interim Order)			1								
1	Limitation restricting practice (Interim Order)*							1				
9	Surrender	2		1	2	1		1			1	1
1	Surrender*	1										
14	Total	3	2	2	2	1	0	2	0	0	1	1

* indicates that the discipline issued involved other rule or statute violations

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(b) Departing from or failing to conform to the standard of minimally competent medical practice which creates an unacceptable risk of harm to a patient or the public whether or not the act or omission resulted in actual harm to any person. (Danger rule)

Disciplinary

- **Maximum:** Revocation
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Let license lapse					1						
1	Limitation requiring assessment				1							
1	Limitation requiring assessment, education/testing, mentor/supervision, reports											1
16	Limitation requiring education/testing		1		1	1		2	2	3	5	1
1	Limitation requiring education/testing*		1									
1	Limitation requiring education/testing, mentor/supervision*						1					
1	Limitation requiring education/testing, mentor/supervision, restricting practice						1					
2	Limitation requiring education/testing, mentor/supervision, restricting practice*							1			1	
1	Limitation requiring education/testing, reports				1							
1	Limitation requiring education/testing, reports*	1										
3	Limitation requiring education/testing, restricting practice							2		1		
1	Limitation requiring mentor/supervision											1
1	Limitation requiring mentor/supervision, testing								1			
3	Limitation restricting practice					2					1	
1	Limitation restricting practice (Interim Order)*		1									
31	Reprimand	4	5	5	2	3	3	2	4	2		1
10	Reprimand*	5	2		1		2					
1	Reprimand: Limitation requiring assessment											1
1	Reprimand: Limitation requiring assessment, education/testing							1				
1	Reprimand: Limitation requiring assessment, education/testing, mentor, reports, restricting practice*		1									
1	Reprimand: Limitation requiring assessment, restricting practice*											1
52	Reprimand: Limitation requiring education/testing	5	4	7	5	5	2	4	9	8	2	1
17	Reprimand: Limitation requiring education/testing*	2	6	2	1		1	3	2			
2	Reprimand: Limitation requiring education/testing, mentor/supervision, reports, restricting practice*	1				1						
4	Reprimand: Limitation requiring education/testing, mentor/supervision			1	1						2	
1	Reprimand: Limitation requiring education/testing, mentor/supervision, restricting practice			1								
1	Reprimand: Limitation requiring education/testing, mentor/supervision, reports, screens, treatment*		1									
1	Reprimand: Limitation requiring education/testing, restricting practice					1						
6	Reprimand: Limitation requiring education/testing, restricting practice*		3	1				2				
1	Reprimand: Limitation requiring education/testing, restricting practice, treatment*					1						
1	Reprimand: Limitation requiring mentor/supervision, reports		1									
1	Reprimand: Limitation requiring mentor/supervision, reports, restricting practice, treatment		1									
1	Reprimand: Limitation requiring mentor/supervision, restricting practice, testing*								1			
1	Reprimand: Limitation requiring mentor/supervision, restricting practice*		1									
1	Reprimand: Limitation requiring testing or undergo an assessment and comply with requirements*	1										

* indicates that the discipline issued involved other rule or statute violations

	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
7	Reprimand; Limitation restricting practice	2	1		1		1			1		1
2	Reprimand; Limitation restricting practice*	1						1				
1	Reprimand; Limitation restricting practice, shall not re-register*	1										
1	Reprimand; Suspension; Limitation requiring education/testing*		1									
1	Reprimand; Suspension; Limitation requiring education/testing, restricting practice*										1	
2	Reprimand; The board recognizes education completed by Respondent as an equivalent of the education the Board would have otherwise ordered*		2									
2	Reprimand; The Board recognizes medical education courses as the equivalent of the education the Board would have otherwise required		2									
1	Reprimand; The Board recognizes the education/course equivalent of the education the Board would have otherwise required			1								
1	Revocation										1	
7	Revocation*	1		3					1		1	1
6	Surrender			1	2		1	1	1			
9	Surrender*	1	3		1		2	1		1		
1	Surrender; Limitation until surrender takes effect*	1										
1	Suspension											1
1	Suspension (Stayed)*					1						
1	Suspension (Stayed); Limitation requiring education/testing, mentor/supervision, reports, treatment				1							
2	Suspension (Stayed); Limitation requiring reports, restricting practice, screens, treatment*	1	1									
1	Suspension (Stayed); Limitation requiring reports, screens, treatment*	1										
1	Suspension (Summary)				1							
1	Suspension (Summary) cont'd – Limitation requiring education/testing, mentor/supervision, reports, restricting practice*		1									
7	Suspension (Summary)*	2	1	2				1		1		
9	Suspension*	1	3			2	2		1			
1	Suspension; Limitation requiring assessment*	1										
2	Suspension; Limitation requiring assessment, education/testing							1				1
1	Suspension; Limitation requiring education/testing			1								
1	Suspension; Limitation requiring education/testing, mentor/supervision, restricting practice*				1							
2	Suspension; Limitation requiring education/testing, restricting practice*	2										
1	Suspension; Limitation requiring reports, restricting practice*								1			
1	Suspension; Limitation requiring reports, screens, mentor/supervision, treatment*				1							
1	Suspension; Limitation requiring treatment*								1			
1	Suspension; Limitation restricting practice*						1					
1	The Board recognizes R's conduct in working on a system wide basis to prevent any recurrence of a similar loss of continuity of care as significant mitigation of the need for the imposition of discipline against R							1				
247	Total	34	43	25	21	18	18	22	24	17	14	11

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
41	Administrative Warning (AW)	15	16	4	6	n/a						
3	Administrative Warning (AW)*	3				n/a						
2	If reapply, Board may impose limitations					1	1					
2	Limitation requiring assessment										1	1
1	Limitation requiring consulting services, reports									1		
1	Limitation requiring education/testing										1	
5	Limitation restricting practice		2				1	1			1	
27	Remedial Education		6	3	1		1	5	7	1	3	
2	Remedial Education*		1					1				
1	Remedial Education; Limitation requiring mentor								1			
2	Shall not practice/Shall not renew		2									
1	Shall not register for an active license to practice medicine and surgery in the State of Wisconsin					1						
12	Surrender	1	1	2	1		2		1	3	1	
4	Surrender*	3	1									
104	Total	22	29	9	8	2	5	7	9	5	7	1

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(c) Prescribing, ordering, dispensing, administering, supplying, selling, giving, or obtaining any prescription medication in any manner that is inconsistent with the standard of minimal competence.

Disciplinary

- **Maximum:** Revocation
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	If reapply Board may impose limitations*		1									
1	Limitation requiring education/testing, mentor/supervision, restricting practice*							1				
1	Limitation requiring education/testing, mentor/supervision*						1					
2	Limitation restricting practice (Interim order)*	1	1									
1	Reprimand – The Board recognizes the successful completion of all terms of the Final Orders imposed by another state Board and does not feel additional disciplinary action is required*		1									
5	Reprimand*	1	2				2					
1	Reprimand; Limitation - aintain compliance with each term of another state order. Upon commencement of the practice of medicine and surgery in the State of Wisconsin, license shall be suspended and limited*	1										
1	Reprimand; Limitation – Maintain compliance with each term of another state order*		1									
2	Reprimand; Limitation – Maintain compliance with each term of another state order, restricting practice*	1	1									

* indicates that the discipline issued involved other rule or statute violations

	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand; Limitation requiring assessment, education/testing*							1				
1	Reprimand; Limitation requiring assessment, education/testing, mentor/supervision, reports, restricting practice*		1									
1	Reprimand; Limitation requiring education/testing		1									
5	Reprimand; Limitation requiring education/testing*	1	3				1					
1	Reprimand; Limitation requiring education/testing, mentor/supervision, reports, restricting practice*					1						
1	Reprimand; Limitation requiring education/testing, mentor/supervision, restricting practice*	1										
1	Reprimand; Limitation requiring education/testing, reports, screens, treatment*		1									
1	Reprimand; Limitation requiring education/testing, restricting practice									1		
3	Reprimand; Limitation requiring education/testing, restricting practice*		1					2				
1	Reprimand; Limitation requiring mentor/supervision, restricting practice*		1									
1	Reprimand; Limitation requiring testing or undergo an assessment and comply with requirements*	1										
1	Reprimand; Limitation restricting practice								1			
1	Reprimand; Limitation restricting practice*							1				
1	Reprimand; Limitation restricting practice, shall not re-register*	1										
1	Reprimand; Suspension; Limitation requiring education/testing*		1									
1	Reprimand; Suspension; Limitation requiring education/testing, restricting practice*										1	
1	Reprimand; The board recognizes education completed by Respondent as an equivalent of the education the Board would have otherwise ordered*		1									
2	Revocation*		1						1			
6	Surrender*	2	2		1							1
1	Surrender; Limitation until surrender takes effect*	1										
1	Suspension (Stayed)*											1
1	Suspension (Stayed): Limitation requiring reports, screens, restricting practice, treatment*	1										
1	Suspension (Stayed): Limitation requiring reports, screens, treatment*		1									
1	Suspension (Summary)								1			
4	Suspension (Summary)*	1	1					1		1		
2	Suspension*	1	1									
1	Suspension; Limitation requiring assessment*	1										
1	Suspension; Limitation requiring education, restricting practice*	1										
2	Suspension; Limitation requiring reports, screens, restricting practice, treatment*	2										
61	Total	18	23	0	1	1	4	6	3	2	1	2

Non-Disciplinary (No Administrative Warnings were issued for the years 2010 – 2013. There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Limitation requiring education/testing; restricting practice					1						
2	Remedial Education		1			1						
2	Remedial Education*		2									

* indicates that the discipline issued involved other rule or statute violations

	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
3	Shall not reapply		1	1		1						
3	Surrender*	1	1			1						
11	Total	1	5	1	0	4	0	0	0	0	0	0

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(d) Performing or attempting to perform any surgical or invasive procedure on the wrong patient, or at the wrong anatomical site, or performing the wrong procedure on any patient.

Disciplinary

- **Maximum:** Surrender
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
2	Reprimand								1			1
1	Reprimand*		1									
2	Reprimand; Limitation requiring education/testing*				1			1				
2	Surrender*	1					1					
1	Suspension (Stayed); Limitation requiring education/testing, mentor/supervision, reports, restricting practice*		1									
1	Suspension (Stayed); Limitation requiring treatment*							1				
9	Total	1	2	0	1	0	1	2	1	0	0	1

Non-Disciplinary *(There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)*

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
4	Administrative Warning (AW)	1	1	1	1	n/a						
1	Comply with all aspects of treatment and testing required by the program in which respondent is enrolled*		1									
2	Remedial Education			1								1
1	Surrender*		1									
8	Total	1	3	2	1	0	0	0	0	0	0	1

continued



* indicates that the discipline issued involved other rule or statute violations

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(e) Administering, dispensing, prescribing, supplying, or obtaining a controlled substance as defined in s. 961.01 (4), Stats., other than in the course of legitimate professional practice, or as otherwise permitted by law.

1. Except as otherwise provided by law, a certified copy of a relevant finding, order, or judgment by a state or federal court or agency charged with making legal determinations shall be conclusive evidence of its findings of facts and conclusions of law.
2. A certified copy of a finding, order, or judgment demonstrating the entry of a guilty plea, nolo contendere plea or deferred adjudication, with or without expungement, of a crime substantially related to the practice of medicine and surgery is conclusive evidence of a violation of this paragraph.

Disciplinary

- Maximum: Revocation
- Minimum: Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Limitation requiring education/testing, mentor/supervision, restricting practice*							1				
1	Limitation restricting practice (Interim Order)*							1				
1	Reprimand									1		
3	Reprimand*		1		1			1				
1	Reprimand; Limitation requiring assessment, education/testing, mentor/supervision, reports, restricting practice*		1									
1	Reprimand; Limitation requiring education/testing			1								
3	Reprimand; Limitation requiring education/testing*				1			1	1			
2	Reprimand; Limitation requiring education/testing, mentor/supervision, reports, restricting practice*					2						
1	Reprimand; Limitation requiring education/testing, mentor/supervision, reports, screens, treatment*		1									
1	Reprimand; Limitation requiring education/testing, restricting practice									1		
1	Reprimand; Limitation requiring education/testing, restricting practice*			1								
1	Reprimand; Limitation requiring education/testing, restricting practice, treatment*					1						
1	Reprimand; Limitation restricting practice*							1				
3	Revocation*		1			1			1			
3	Surrender*					1		1	1			
1	Suspension (Stayed)*					1						
3	Suspension (Stayed); Limitation requiring treatment*			2				1				
2	Suspension (Summary)*					1		1				
4	Suspension*		2			1			1			
1	Suspension, Limitation requiring education/testing, restricting practice*	1										
1	Suspension; Limitation requiring assessment, reports, screens, treatment*		1									
1	Suspension; Limitation requiring education/testing, mentor/supervision, reports, restricting practice, screens, treatment				1							
1	Suspension; Limitation requiring education/testing, reports, restricting practice, treatment*				1							
1	Suspension; Limitation requiring treatment								1			
3	Suspension; Limitation requiring treatment*							2	1			
42	Total	1	7	4	4	8	0	10	6	2	0	0

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
2	Administrative Warning (AW)	1		1		n/a						
2	Administrative Warning (AW)*	1	1			n/a						
4	Total	2	1	1	0	0	0	0	0	0	0	0

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(f) Engaging in sexually explicit conduct, sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient, a patient's immediate family, or a person responsible for the patient's welfare.

1. Sexual motivation may be determined from the totality of the circumstances and shall be presumed when the physician has contact with a patient's intimate parts without legitimate medical justification for doing so.
2. For the purpose of this paragraph, an adult receiving treatment shall be considered a patient for 2 years after the termination of professional services.
3. If the person receiving treatment is a child, the person shall be considered a patient for the purposes of this paragraph for 2 years after termination of services or for 2 years after the patient reaches the age of majority, whichever is longer.

Disciplinary

- **Maximum:** Revocation
- **Minimum:** Reprimand; Limitation requiring compliance with each term of another state order*

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand; Limitation requiring compliance with each term of another state order*	1										
1	Reprimand; Limitation requiring education/testing, treatment*									1		
1	Revocation*	1										
1	Surrender		1									
3	Surrender*		2					1				
1	Suspension (during the pendency of disciplinary matter)*		1									
1	Suspension (Interim Order)*	1										
1	Suspension (Stayed)					1						
2	Suspension (Stayed); Limitation requiring education/testing, mentor/supervision, reports, treatment			1	1							
1	Suspension (Stayed); Limitation requiring education/testing, mentor/supervision, reports, screens, treatment*			1								
2	Suspension (Stayed); Limitation requiring education/testing, reports, restricting practice, treatment*		1		1							
1	Suspension (Stayed); Limitation requiring mentor/supervision, treatment			1								
1	Suspension (Stayed); Limitation requiring reports, treatment					1						
4	Suspension (Summary)*	1				2				1		
5	Suspension*					2	2		1			
1	Suspension; Limitation restricting practice*						1					
27	Total	4	5	3	2	6	3	1	1	2	0	0

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary (No Administrative Warnings were issued for the years 2010 – 2013. There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
3	Surrender		1	1	1							
2	Surrender*	1	1									
1	Surrender; Limitation restricting practice until surrender takes effect*	1										
1	Suspension (Interim Order)			1								
7	Total	2	2	2	1	0	0	0	0	0	0	0

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(g) Engaging in any sexual contact or conduct with or in the presence of a patient or a former patient

Disciplinary

- **Maximum:** Surrender
- **Minimum:** Suspension (Summary)

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Surrender				1							
1	Suspension (Summary)					1						
2	Total	0	0	0	1	1	0	0	0	0	0	0

Non-Disciplinary

(No Administrative Warnings were issued for the years 2010 – 2013. There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Surrender*	1										
1	Total	1	0	0	0	n/a						

continued



* indicates that the discipline issued involved other rule or statute violations

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(h) Engaging in repeated or significant disruptive behavior or interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.

Disciplinary

- Maximum: Limitation requiring education/testing, reports*
- Minimum: Reprimand*

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Limitation requiring education/testing, reports*	1										
1	Reprimand*							1				
2	Total	1	0	0	0	0	0	1	0	0	0	0

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(i) Knowingly, recklessly, or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

Disciplinary

- Maximum: Surrender
- Minimum: Reprimand; Limitation requiring education

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Surrender		1									
1	Reprimand; Limitation requiring education/testing*					1						
2	Total	0	1	0	0	1	0	0	0	0	0	0

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
2	Administrative Warning (AW)	1			1	n/a						
1	Limitation requiring assessment, restricting practice						1					
3	Total	1	0	0	1	0	1	0	0	0	0	0

continued



* indicates that the discipline issued involved other rule or statute violations

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(j) Performing an act constituting the practice of medicine and surgery without required informed consent under s. 448.30, Stats.

Disciplinary

- **Maximum:** Revocation
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
2	Reprimand	1		1								
2	Reprimand*		1				1					
1	Reprimand, Limitation requiring education/testing, mentor/supervision, reports, restricting practice*					1						
6	Reprimand; Limitation requiring education/testing*	1	2	1	1				1			
1	Reprimand; Limitation requiring testing or undergo an assessment and comply with requirements*	1										
2	Reprimand; Limitation restricting practice*	1						1				
1	Revocation*											1
1	Suspension*						1					
16	Total	4	3	2	1	1	2	1	1	0	0	1

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Administrative Warning (AW)		1			n/a						
2	Administrative warning (AW)*			1	1	n/a						
1	Notice to patients						1					
1	Remedial Education							1				
1	Surrender*	1										
6	Total	1	1	1	1	0	1	1	0	0	0	0

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(k) Aiding or abetting the practice of medicine by an unlicensed, incompetent, or impaired person or allowing another person or organization to use his or her license to practice medicine. This provision does not prohibit a Wisconsin physician or any other practitioner subject to this chapter from providing outpatient services ordered by a physician licensed in another state, if the physician who wrote the order saw the patient in the state in which the physician is licensed and the physician who wrote the order remains responsible for the patient.

Disciplinary

- **Maximum:** Suspension, Limitation requiring education, restricting practice
- **Minimum:** Reprimand; Limitation requiring assessment, education, restricting practice

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand; Limitation requiring assessment, education/testing, restricting practice*				1							
1	Reprimand; Limitation requiring education/testing, mentor/supervision, reports, restricting practice*					1						

* indicates that the discipline issued involved other rule or statute violations

	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Suspension, Limitation requiring education/testing, restricting practice*	1										
1	Total	1	0	0	1	1	0	0	0	0	0	0

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
2	Administrative Warning (AW)	1			1	n/a						
2	Total	1	0	0	1	n/a						

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(L) Violating the practice standards under s. Cos 2.03 to practice medicine and surgery while serving as a medical director or physician who delegates and supervises services performed by non-physicians, including aiding or abetting any person's violation of s. Cos 2.03

Disciplinary

- **Maximum:** Reprimand; Limitation requiring education/testing, restricting practice
- **Minimum:** Reprimand; Limitation requiring education/testing, restricting practice

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand; Limitation requiring education/testing, restricting practice*		1									
1	Total	0	1	0	0	0	0	0	0	0	0	0

Non-Disciplinary: None for the years 2010 – 2013 (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(m) Prescribing a controlled substance to oneself as described in s. 961.38 (5), Stats.

Disciplinary

- **Maximum:** Suspension (Stayed); Limitation requiring treatment
- **Minimum:** Reprimand; Limitation requiring education/testing, restricting practice, treatment

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand; Limitation requiring education/testing, restricting practice, treatment*					1						
1	Suspension (Stayed), Limitation requiring reports, screens, treatment*		1									
1	Suspension (Stayed); Limitation requiring reports, restricting practice, screens, treatment*	1										
1	Suspension (Stayed); Limitation requiring treatment*							1				
1	Suspension (Summary)*	1										
5	Total	2	1	0	0	1	0	1	0	0	0	0

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(n) Practicing medicine in another state or jurisdiction without appropriate licensure. A physician has not violated this paragraph if, after issuing an order for services that complies with the laws of Wisconsin, his or her patient requests that the services ordered be provided in another state or jurisdiction.

Disciplinary

- **Maximum:** Reprimand; Limitation requiring assessment, education/testing, restricting practice
- **Minimum:** Reprimand; Limitation requiring assessment, education/testing, restricting practice

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand; Limitation requiring assessment, education/testing, restricting practice*				1							
1	Total	0	0	0	1	0	0	0	0	0	0	0

Non-Disciplinary: None for the years 2010 – 2013 (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(2) Direct Patient Care Violations

Med 10.03(2)(o) Patient abandonment occurs when a physician without reasonable justification unilaterally withdraws from a physician-patient relationship by discontinuing a patient's treatment regimen when further treatment is medically indicated and any of the following occur:

1. The physician fails to give the patient at least 30 days notice in advance of the date on which the physician's withdrawal becomes effective.
2. The physician fails to allow for patient access to or transfer of the patient's health record as required by law.
3. The physician fails to provide for continuity of prescription medications between the notice of intent to withdraw from the physician-patient relationship and the date on which the physician-patient relationship ends, if the prescription medications are necessary to avoid unacceptable risk of harm.
4. The physician fails to provide for emergency care during the period between the notice of intent to withdraw from the physician-patient relationship and the date on which the physician-patient relationship ends. Nothing in this section shall be interpreted to impose upon the physician a greater duty to provide emergency care to a patient than otherwise required by law.

Disciplinary

- **Maximum:** Surrender
- **Minimum:** Surrender

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Surrender*		1									
1	Total	0	1	0	0	0	0	0	0	0	0	0

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Administrative Warning (AW)		1			n/a						
1	Surrender*		1									
2	Total	0	2	0	0	0	0	0	0	0	0	0

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(a) Failing, within 30 days, to report to the board any final adverse action taken against the licensee's authority to practice medicine and surgery by another licensing jurisdiction concerned with the practice of medicine and surgery.

Disciplinary: None

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(b) Failing, within 30 days, to report to the board any adverse action taken by the Drug Enforcement Administration against the licensee's authority to prescribe controlled substances.

Disciplinary

- **Maximum: Surrender**
- **Minimum: Reprimand**

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
3	Reprimand*		3									
2	Reprimand; Limitation – Maintain compliance with each term of another state order*		2									
1	Reprimand; Limitation – Maintain compliance with each term of another state order, restricting practice*		1									
1	Reprimand; Limitation requiring education/testing*		1									
1	Reprimand; The Board recognizes successful completion of all terms of the Orders imposed by other state Boards and does not feel additional disciplinary action is required*		1									
4	Surrender*		4									
1	Suspension (Stayed); Limitation – Maintain compliance with each term of another state order*		1									
1	Suspension (Summary)*		1									
2	Suspension*		2									
16	Total	0	16	0	0	0	0	0	0	0	0	0

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary - (No Administrative Warnings were issued for the years 2009 – 2013. There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Shall not practice/Shall not renew*		1									
1	Total	0	1	0	0	0	0	0	0	0	0	0

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(c) Having any credential pertaining to the practice of medicine and surgery or any act constituting the practice of medicine and surgery become subject to adverse determination by any agency of this or another state, or by any federal agency or authority. (Adverse Action)

Disciplinary

- **Maximum:** Revocation
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
7	Limitation – Maintain compliance with each term of another state order	1		2					2		1	1
2	Limitation – Maintain compliance with each term of another state order*			1								1
1	Limitation requiring assessment*											1
3	Limitation restricting practice					1	1		1			
18	Reprimand	1		9	3	1				3	1	
1	Reprimand – The Board recognizes the successful completion of all terms of the Final Orders imposed by another state Board and does not feel additional disciplinary action is required*		1									
1	Reprimand – The Board recognizes the successful completion of all terms of the Final Orders imposed by another state Board and does not feel additional disciplinary action is required			1								
7	Reprimand*	4	2					1				
1	Reprimand; Limitation - Maintain compliance with each term of another state order. Upon commencement of the practice of medicine and surgery in the State of Wisconsin, license shall be suspended and limited*	1										
5	Reprimand; Limitation – Maintain compliance with each term of another state order*	3	2									
6	Reprimand; Limitation – Maintain compliance with each term of another state order			1	1				1		3	
1	Reprimand; Limitation requiring education/testing*		1									
1	Reprimand; Limitation requiring education/testing, reports			1								
1	Reprimand; Limitation requiring education/testing, restricting practice*						1					
1	Reprimand; Limitation restricting practice*	1										
2	Revocation					1			1			
5	Revocation*	1	1	1					1		1	
10	Surrender		1	3	1				1	3	1	
9	Surrender*	3	1	1		2	1					1
3	Suspension									1	2	

* indicates that the discipline issued involved other rule or statute violations

	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Suspension (Stayed)*											1
1	Suspension (Stayed); Limitation – Maintain compliance with each term of another state order*		1									
1	Suspension (Stayed); Limitation requiring education/testing, mentor/supervision, reports, restricting practice*		1									
1	Suspension (Stayed); Limitation requiring reports, restricting practice, screens, treatment*		1									
3	Suspension*	1				1			1			
1	Suspension, Limitation requiring education/testing, reports, restricting practice, treatment*				1							
1	Suspension; Limitation – Maintain compliance with each term of another state order								1			
2	Suspension; Limitation requiring treatment*							1				1
96	Total	16	12	20	6	6	3	2	9	7	9	6

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
4	Administrative Warning (AW)	3		1		n/a						
1	Comply with all aspects of treatment and testing required by the program in which currently enrolled*		1									
1	Limitation – Maintain compliance with each term of another state order	1										
1	Limitation restricting practice											1
5	Surrender	1		2						2		
5	Surrender*	3	1			1						
17	Total	8	2	3	0	1	0	0	0	2	0	1

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(d) Failing to comply with state and federal laws regarding access to patient health care records.

Disciplinary

- **Maximum:** Reprimand; Limitation restricting practice, shall not re-register
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Limitation requiring mentor/supervision, reports									1		
1	Reprimand								1			
1	Reprimand; Limitation – Maintain compliance with each term of another state order*	1										
1	Reprimand; Limitation restricting practice, shall not re-register*	1										
4	Total	2	0	0	0	0	0	0	1	1	0	0

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Administrative Warning (AW)		1			n/a						
1	Administrative Warning (AW)*			1		n/a						
2	Total	0	1	1	0	n/a						

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(e) Failing to establish and maintain timely patient health care records, including records of prescription orders, under s. Med 21.03, or as otherwise required by law

Disciplinary

- **Maximum:** Revocation
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Limitation requiring compliance with each term of another state order*											1
1	Limitation requiring education/testing		1									
1	Limitation requiring education/testing, mentor/supervision, restricting practice*							1				
1	Limitation requiring mentor/supervision, maintain the services of a third party health care billing service			1								
2	Limitation restricting practice (Interim order)*	1						1				
1	Reprimand							1				
1	Reprimand – The Board recognizes the successful completion of all terms of the Final Orders imposed by another state Board and does not feel additional disciplinary action is required*		1									
4	Reprimand*	1	1					2				
1	Reprimand; Limitation – Maintain compliance with each term of another state order*		1									
1	Reprimand; Limitation requiring assessment, education/testing, mentor/supervision, reports, restricting practice*		1									
1	Reprimand; Limitation requiring assessment, education/testing, reports*				1							
1	Reprimand; Limitation requiring assessment, restricting practice											1
1	Reprimand; Limitation requiring assessment, restricting practice*											1
14	Reprimand; Limitation requiring education/testing		5	8								1
1	Reprimand; Limitation requiring education/testing or undergo an assessment and comply with requirements*	1										
5	Reprimand; Limitation requiring education/testing*		2		1			2				
1	Reprimand; Limitation requiring education/testing, mentor/supervision				1							
2	Reprimand; Limitation requiring education/testing, mentor/supervision, restricting practice*	1	1									
1	Reprimand; Limitation requiring education/testing, mentor/supervision, reports, restricting practice*	1										
1	Reprimand; Limitation requiring education/testing, mentor/supervision, reports, screens, treatment*		1									
3	Reprimand; Limitation requiring education/testing, restricting practice*		1					2				

* indicates that the discipline issued involved other rule or statute violations

	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand; Limitation requiring education/testing, restricting practice, treatment*					1						
1	Reprimand; Limitation requiring mentor/supervision, restricting practice*		1									
2	Reprimand; Limitation restricting practice*	1								1		
1	Reprimand; limitation restricting practice, shall not re-register*	1										
1	Reprimand; Suspension; Limitation requiring education/testing*		1									
1	Reprimand; Suspension; Limitation requiring education/testing, restricting practice*										1	
2	Revocation*			1					1			
3	Surrender*	1					2					
1	Suspension (Stayed); Limitation requiring education/testing, reports, restricting practice, treatment*				1							
1	Suspension (Stayed); Limitation requiring treatment*							1				
1	Suspension (Stayed); Limitation requiring, reports, screens, treatment*		1									
4	Suspension (Summary)*		1	1		1				1		
1	Suspension*	1										
1	Suspension; Limitation requiring assessment*	1										
1	Suspension; Limitation requiring education/testing, restricting practice			1								
1	Suspension; Limitation requiring education/testing, restricting practice*	1										
1	Suspension; Limitation requiring reports, restricting practice*								1			
1	Suspension; Limitation requiring treatment*							1				
70	Total	11	19	12	4	2	2	11	2	2	1	4

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
12	Administrative Warning (AW)		7	4	1	n/a						
3	Remedial Education*		1					2				
1	Surrender*	1										
16	Total	1	8	4	1	0	0	2	0	0	0	0

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(f) Violating the duty to report under s. 448.115, Stats.

Disciplinary

- **Maximum:** Limitation restricting practice (Interim Order)
- **Minimum:** Limitation restricting practice (Interim Order)

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Limitation restricting practice (Interim Order)*							1				
1	Total	0	0	0	0	0	0	1	0	0	0	0

* indicates that the discipline issued involved other rule or statute violations

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(g) After a request by the board, failing to cooperate in a timely manner with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has not acted in a timely manner.

Disciplinary

- **Maximum:** Surrender
- **Minimum:** Reprimand

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Reprimand*				1							
1	Reprimand; Limitation requiring education/testing*		1									
1	Reprimand; Limitation requiring education/testing, restricting practice*						1					
1	Reprimand; Limitation restricting practice, shall not re-register*	1										
1	Surrender*						1					
1	Suspension (Stayed); Limitation requiring education/testing, mentor/supervision, reports, screens, treatment*			1								
1	Suspension (Summary)*					1						
1	Suspension*					1						
1	Suspension; Limitation restricting practice				1							
9	Total	1	1	1	2	2	2	0	0	0	0	0

Non-Disciplinary (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
2	Administrative Warning (AW)	1	1			n/a						
2	Total	1	1	0	0	n/a						

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(h) Failing, within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgment of conviction.

Disciplinary: None

Non-Disciplinary: None for the years 2010 – 2013. (There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

* indicates that the discipline issued involved other rule or statute violations

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(i) Except as provided in par. (i), a violation or conviction of any laws or rules of this state, or of any other state, or any federal law or regulation that is substantially related to the practice of medicine and surgery.

1. Except as otherwise provided by law, a certified copy of a relevant decision by a state or federal court or agency charged with determining whether a person has violated a law or rule relevant to this paragraph is conclusive evidence of findings of facts and conclusions of law contained therein.
2. The department has the burden of proving that the circumstances of the crime are substantially related to the practice of medicine and surgery.

Disciplinary

- Maximum: Reprimand
- Minimum: Revocation

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Comply with all aspects of treatment and testing required by the program in which respondent is enrolled*		1									
2	Limitation – Maintain compliance with each term of another state order*			1								1
1	Limitation requiring assessment*											1
1	Limitation requiring education/testing, mentor/supervision, restricting practice*							1				
2	Limitation restricting practice (Interim Order)*							2				
3	Reprimand	1		1						1		
2	Reprimand*		1					1				
1	Reprimand: Limitation – Maintain compliance with each term of another state order*		1									
1	Reprimand; Limitation - Maintain compliance with each term of another state order. Upon commencement of the practice of medicine and surgery in the State of Wisconsin, license shall be suspended and limited*	1										
1	Reprimand; Limitation requiring assessment, education/testing, mentor/supervision, reports, restricting practice*		1									
2	Reprimand; Limitation requiring education/testing				1							1
1	Reprimand; Limitation requiring education/testing*							1				
1	Reprimand; Limitation requiring education/testing, restricting practice										1	
1	Reprimand; Limitation requiring education/testing, treatment*									1		
2	Reprimand; Limitation restricting practice*							1		1		
1	Reprimand; Suspension; Limitation requiring education/testing, restricting practice*										1	
5	Revocation*		1		1						2	1
3	Surrender							3			1	
10	Surrender*	2	3	1			3	1				
1	Suspension (Stayed)									1		
2	Suspension (Stayed)*										1	1
1	Suspension (Stayed), Limitation – requiring reports, screens, treatment*		1									
1	Suspension (Stayed), Limitation requiring education/testing, mentor/supervision, reports, restricting practice*		1									
1	Suspension (Stayed); Limitation requiring education/testing, reports, restricting practice, treatment*		1									
1	Suspension (Stayed); Limitation requiring mentor/supervision, screens, treatment				1							

* indicates that the discipline issued involved other rule or statute violations

	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
4	Suspension (Stayed); Limitation requiring treatment*			2				2				
2	Suspension (Summary)*						1	1				
2	Suspension*	1	1									
2	Suspension, Limitation requiring education/testing, restricting practice*	2										
1	Suspension; Limitation requiring assessment, reports, screens, treatment*		1									
1	Suspension; Limitation requiring education/testing, compliance with terms of Judgment in criminal case	1										
1	Suspension; Limitation requiring mentor/supervision, restricting practice, treatment				1							
1	Suspension; Limitation requiring reports, screens, mentor/supervision, treatment				1							
5	Suspension; Limitation requiring treatment*							2			1	2
67	Total	8	13	5	5	0	4	15	0	4	7	7

Non-Disciplinary (No Administrative Warnings were issued for the years 2010 – 2013. There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
2	Comply with all aspects of treatment and testing required by the program in which currently enrolled*		2									
1	Remedial Education									1		
1	Surrender	1										
1	Surrender*		1									
1	Surrender; Limitation restricting practice until surrender takes effect*	1										
6	Total	2	3	0	0	0	0	0	0	1	0	0

continued



* indicates that the discipline issued involved other rule or statute violations

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(i) Violating or being convicted of any of the conduct listed in Table 10.03, any successor statute criminalizing the same conduct, or if in another jurisdiction, any act which, if committed in Wisconsin would constitute a violation of any statute listed in Table 10.03:

Table 10.03

940.01 First degree intentional homicide	940.295 Abuse and neglect of patients and residents
940.02 First degree reckless homicide	948.02 (1) or (2) First and second degree sexual assault of a child
940.03 Felony murder	948.03 (2) Physical abuse of a child, intentional causation of bodily harm
940.05 Second degree intentional homicide	948.05 Sexual exploitation of a child
940.12 Assisting suicide	948.051 Trafficking of a child
940.19 (2), (4), (5), or (6) Battery, substantial battery, or aggravated battery	948.055 Causing a child to view or listen to sexual activity
940.22 (2) or (3) Sexual exploitation by therapist; duty to report	948.06 Incest with a child
940.225 (1), (2), or (3) First, second, or third degree sexual assault	948.07 Child enticement
940.285 (2) Abuse of individuals at risk	948.08 Soliciting a child for prostitution
940.29 Abuse of residents of penal facilities	948.085 Sexual assault of a child placed in substitute care

Disciplinary

- **Maximum:** Revocation
- **Minimum:** Suspension (during the pendency of the disciplinary matter)

Total	Discipline	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
3	Revocation*	1		1	1							
1	Surrender			1								
1	Surrender*				1							
1	Suspension (during the pendency of disciplinary matter)*		1									
2	Suspension (Interim Order)*	1					1					
8	Total	2	1	2	2	0	1	0	0	0	0	0

Non-Disciplinary (No Administrative Warnings were issued for the years 2010 – 2013. There may have been Administrative Warnings issued during the years 2003 – 2009 but they were not included in this study)

Total	Other Action	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003
1	Surrender*		1									
1	Total	0	1	0	0	0	0	0	0	0	0	0

* indicates that the discipline issued involved other rule or statute violations

** indicates that the discipline issued involved other rule or statute violations*

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: May 2, 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: May 21, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of Preliminary Draft of 165-Med 18 Informed Consent	
7) Place item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will review and approve the preliminary draft of 165-Med 18 relating to physicians and informed consent for posting for EIA comments and submission to the Clearinghouse.			
11) Shawn Leatherwood Signature of person making this request		Authorization May 2, 2014 Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Medical Examining Board to amend Med 18.02 (3), 18.04 (3) and (5) and 18.05; to repeal and recreate Med 18 (title) and 18.03 (title), relating to physicians and informed consent.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.30, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 448.40 (2) (a), Stats., 2013 Wisconsin Act 111

Explanation of agency authority:

Examining boards are authorized by s. 15.08 (5) (b), Stats., to promulgate rules that will provide guidance within their profession. Section 227.11 (2) (a), Stats., grants authority to boards to promulgate rules interpreting the statutes it enforces or administers as long as the proposed rule does not exceed proper interpretation of the statute. This proposed rule will interpret s. 448.30, Stats., which sets forth the guidelines physicians must follow in order to properly inform their patients regarding alternate modes of treatment. Section 448.40 (2) (a), Stats. grants express authority from the legislature to the Medical Examining Board to draft rules regarding informed consent.

Related statute or rule:

None.

Plain language analysis:

Recent legislation, 2013 Wisconsin Act 111, significantly impacted s. 448.30, Stats., and ch. Med 18. Before the Act, physicians had a duty to inform their patients, under s.

448.30, Stats., of all alternate viable medical modes of treatment and about the benefits and risks of those treatments. After the passage of Act 111, physicians are required to inform their patients of reasonable alternate medical modes of treatment. The latter standard is not as broad as the former standard and in fact lessens the burden on physicians.

Another major change is the reasonable physician standard has replaced the reasonable patient standard. The reasonable physician standard requires doctors to disclose only the information that a reasonable physician in the same or similar medical specialty would know and disclose under the circumstances. The reasonable patient standard requires a physician to disclose information necessary for a reasonable person to make an intelligent decision with respect to the choices of treatment. The reasonable physician standard is a more objective approach and is the standard that Wisconsin physicians must now adhere to.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: Illinois does not have a comparable statute or rule.

Iowa: Iowa statutes create a presumption that informed consent was given if it is documented in writing. "A consent in writing to any medical or surgical procedure or course of procedure in patient care which meets the requirements of this section shall create a presumption that informed consent was given." IOWA CODE § 147.137.

Michigan: Michigan's statute has comparable language which is directed towards physicians who are treating breast cancer patients. Physicians are required to inform patients verbally and in writing about alternative modes of treatment of cancer. The statute sets forth the reasonable physician standards. "A physician's duty to inform a patient under this section does not require disclosure of information beyond what a reasonably well-qualified physician licensed under this article would know." MCLS §333.17013 (6).

Minnesota: Minnesota does not have comparable statute or rule.

Summary of factual data and analytical methodologies:

No factual data was required for the rule-making in this proposal, due to the changes being necessitated by the passage of 2013 Wisconsin Act 111. For that reason, no factual data or analytical methodologies were used in the preparation of these proposed rules.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4438; email at Shancethealea.L Leatherwood@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Shancethea.L Leatherwood@wisconsin.gov. Comments must be received on or before July 16, 2014 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Chapter Med 18 (title) is repealed and recreated to read:

CHAPTER MED 18 (title)

INFORMED CONSENT

SECTION 2. Med 18.02 (3) is amended to read:

Med 18.03 (3) ~~“Viable”~~ “Modes of treatment” as used in s. 448.30, Stats., ~~to modify the term “medical modes of treatment” means modes of treatment~~ means treatment, including diagnostic procedures, generally considered by the medical profession to be within the scope of current, acceptable standards of care.

SECTION 3. Med 18.03 (title) is repealed and recreated to read:

Med 18.03 (title) Informed Consent. Any physician who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician standard is the standard for informing a patient. The reasonable physician standard requires disclosure only of information that a reasonable physician in the same or a similar medical specialty would know and disclose under the circumstances.

SECTION 4. Med 18.04 (3) and (5) are amended to read:

Med 18.04 (3) A physician is not required to communicate any mode of treatment ~~which is not viable~~ which is not a reasonable alternate mode of treatment or which is experimental.

Med 18.04 (5) A physician may simplify or omit communication of ~~viable~~ reasonable alternate modes of treatment if the communication would unduly confuse or frighten a patient or if a patient refuses to receive the communication.

SECTION 5. Med 18.05 is amended to read:

Med 18.05 Recordkeeping. A physician shall indicate on a patient's medical record he or she has communicated to the patient reasonable alternate ~~viable~~ modes of treatment.

SECTION 6. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Medical Examining Board

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: May 5, 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ■ 8 work days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: May 21, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review and Discussion of Scope Statement for 165 Med 1,3, and 5	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will review and approve the scope statement on 165 Med 1, 3, and 5 relating to physician licensure for submission to the Governor's Office and publication in the administrative register and to authorize the chair to approve the scope for implementation no less than 10 days after publication.			
11) Signature of person making this request Shawn Leatherwood		Authorization May 5, 2014	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATEMENT OF SCOPE

MEDICAL EXAMINING BOARD

Rule No.: 165-Med 1,3 and,5

Relating to: Physician licensure

Rule Type: Permanent and Emergency

1. Finding/nature of emergency (Emergency Rule only):

2013 Wisconsin Act 240 has a delayed effective date of April 1, 2015. Emergency rules are needed to ensure that the proposed rules will be in effect by the April 1, 2015 date. Furthermore, the Legislature by Section 39 of 2013 Wisconsin Act 240 provides an exemption from a finding of emergency in promulgating the proposed rules.

2. Detailed description of the objective of the proposed rule:

The purpose of the proposed rule is to bring current Wisconsin Administrative Code § Med 1, 3, and 5, in line with recent legislation, specifically 2013 Wisconsin Act 114 and 2013 Wisconsin Act 240.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The passage of 2013 Wisconsin Act 240 had a major impact on physician licensure in Wisconsin. The legislation changed current rules regarding eligibility for a regular license, licensure for graduates of foreign medical schools, temporary educational permits and temporary license for visiting professors. Currently, applicants for any class of license to practice medicine and surgery must provide evidence to the Medical Examining Board (Board) that he or she is a graduate of a medical or osteopathic college approved by the Board and has completed 12 months of postgraduate training in a facility approved by the Board. Act 240 now requires applicants for a regular license to successfully complete 24 months of postgraduate training or the applicant must be currently enrolled in a post-graduate training program and successfully complete 12 months of post graduate training and has received an unrestricted endorsement from the postgraduate training program director that the applicant is expected to complete at least 24 months of postgraduate training.

Act 24 also requires graduates of a foreign medical school applying for a regular license to practice medicine and surgery, be a graduate of a foreign medical college credentialed by an agency approved by the Board, obtain certification by the Educational Council for Foreign Medical Graduates, or a successor organization, pass all the steps of the United States Medical Licensing Examination (USMLE), and successfully complete 24 months of postgraduate training. If the foreign medical school graduate has not completed 24 months of postgraduate training, he or she may successfully complete 12 months of postgraduate training and receive an unrestricted endorsement from the postgraduate training program director that the applicant is expected to complete at least 24 months of postgraduate training.

The former temporary license for visiting professor has been recreated as the new restricted license to practice as a visiting physician. The visiting professor license was restricted to foreign medical school graduates who were invited to serve on the academic staff of a medical school. The visiting physician license is open to any physician outside of Wisconsin. The holder of the license must limit his or her practice of medicine to the medical education facility, research facility, or college where the holder is teaching, performing research, or practicing. The former temporary educational permit has been transformed into the new resident educational license. Unlike the temporary educational permit, the resident educational license grants an educational license to residents upon entry into their first year of post-graduate training and restricts the license holder to the practice of medicine and surgery only within the scope his or her duties under their postgraduate training program.

Lastly, the legislation has created a new licensure class, the administrative physician license. The administrative physician licensee must meet the same licensure requirements as a regular license holder to practice medicine and surgery. However, the administrative physician licensee may not engage in the practice of medicine except as authorized by s. 448.03 (2), Stats.

As a result of the changes instituted by Act 240, the Medical Examining Board is promulgating the proposed rule to amend Wis. Admin. Code § Med 1, 3, and 5 and to create additional chapters as necessary.

2013 Wisconsin Act 114 mandates that the Department of Safety and Professional Services and its attached boards must refrain from requiring the completion of postsecondary education before the person is eligible to take an examination for any credential. In accordance with Wis. Admin. Code § Med 1.04, completed applications for a license to practice medicine and surgery must include verified documentary evidence of graduation from a medical or osteopathic school. By requiring the completed application include the verified documentary evidence of graduation from a school of medicine or osteopathy, the Board is in fact requiring applicants to complete their postsecondary education as a condition of taking the United States Medical Licensing Exam (USLME) Step 3. This requirement must be removed in keeping with Act 114. The proposed rule will institute this change by amending Wis. Admin. Code § Med 1.04.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.08 (5) (b), Stats., provides examining boards, “shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .” The proposed rule seeks to provide guidance on future licensure classes and licensure examination requirements.

Section 227.11 (2) (a), Stats., discusses the parameters of an agency’s rule-making authority, stating an agency, “may promulgate rule interpreting provisions of statute, but a rule is not valid if it exceeds the bounds of correct interpretation. . .” This section allows an agency to promulgate administrative rules which interpret the statutes it enforces or administers as long as the proposed rule does not exceed proper interpretation of the statute.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

State employees will spend approximately 50 hours developing the proposed rule.

6. List with description of all entities that may be affected by the proposed rule:

Persons who will be affected by the proposed rule include applicants for licensure as a physician.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule is not likely to have a significant impact on small businesses.

Contact Person: Shawn Leatherwood 608-261-4438 Shancethea.L Leatherwood@wisconsin.gov

Authorized Signature

Date Submitted

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: May 9, 2014 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date:</small> <ul style="list-style-type: none"> ▪ 8 business days before the meeting 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: May 21, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Public Hearing on Clearinghouse Rule 14-033 relating to continuing education audits. Review and respond to Clearinghouse Report and Public Hearing comments.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Hold Public Hearing at 9:30 A.M. Discuss any public hearing comments. Review, discuss and respond to any Clearinghouse comments.			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%; text-align: center;"> <i>Shawn Leatherwood</i> <hr/> <small>Signature of person making this request</small> </div> <div style="width: 35%; text-align: center;"> May 9, 2014 <hr/> <small>Date</small> </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%; text-align: center;"> <small>Supervisor (if required)</small> </div> <div style="width: 35%; text-align: center;"> <small>Date</small> </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%; text-align: center;"> <small>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</small> </div> <div style="width: 35%; text-align: center;"> <small>Date</small> </div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



**WISCONSIN LEGISLATIVE COUNCIL
RULES CLEARINGHOUSE**

Scott Grosz and Jessica Karls-Ruplinger
Clearinghouse Co-Directors

Terry C. Anderson
Legislative Council Director

Laura D. Rose
Legislative Council Deputy Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE 14-033

AN ORDER to amend Med 13.06, relating to continuing education audits.

Submitted by **DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**

04-17-2014 RECEIVED BY LEGISLATIVE COUNCIL.

05-08-2014 REPORT SENT TO AGENCY.

SG:BL

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]
Comment Attached YES NO
2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]
Comment Attached YES NO
3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]
Comment Attached YES NO
4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]
Comment Attached YES NO
5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]
Comment Attached YES NO
6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]
Comment Attached YES NO
7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]
Comment Attached YES NO

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Medical Examining Board to amend Med 13.06 relating to continuing education audits.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.13 (1m), Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), 448.13, Stats.

Explanation of agency authority:

Pursuant to ss. 15.08 (5) (b) and 227.11 (2) (a), Stats., the Medical Examining Board (Board) is generally empowered by the legislature to promulgate rules that will provide guidance within the profession and rules that interpret the statutes it enforces or administers. The Board administers s. 448.13, Stats., which sets forth the Board's authority to conduct random audits of continuing education compliance. The proposed rule seeks to require the performance of audits every two years in accordance with s. 448.13 (1m), Stats. Therefore, Board is both generally and specifically empowered to promulgate the proposed rule.

Related statute or rule:

None.

Plain language analysis:

The Medical Examining Board reviewed its administrative rules and determined that there was no mechanism to require regular audits of licensee's compliance with continuing education requirement specified s. Med 13.02 (1). The Board sought to rectify the matter by requiring a random audit of licensee's continuing education compliance

every two years. Auditing licensee's compliance with the continuing education requirement will act as a deterrent to non-compliance and ensure licensees are maintaining their skills in keeping with the highest standards within the profession.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: Licensees in Illinois have a 36 month renewal cycle in which they must complete 150 hours of continuing medical education. Applicants are required to certify on their renewal application that they have complied with the continuing education requirement. It is the responsibility of each renewal applicant to retain or otherwise produce additional evidence of compliance in case of a random audit. ILL. ADMIN. CODE tit. 68 §1285.110 d).

Iowa: Licensees are required to maintain documentation evidencing completion of continuing education for five years after the date of continuing education and training. Conducting an audit is not compulsory but if an audit is conducted the licensee must respond within 30 days of a request made by the board. IOWA ADMIN. CODE r. 653-11.4 (7).

Michigan: Licensees must complete 150 hours of continuing education in 3 years. Licensees certify at the time of renewal that they have completed the required continuing education and must retain evidence of his or her compliance for a period of 4 years from the date of application. MICH. ADMIN. CODE r. 388.2381.

Minnesota: Minnesota has a 3 year cycle in which to complete 75 hours of continuing education. Licensees provide a signed statement to the board indicating compliance. Licensees that fail to comply are subject to discipline. Minn. R. 5605.0100.

Summary of factual data and analytical methodologies:

The Board reviewed its current administrative rules and observed that the rules did not require a standardized audit of licensee's compliance with continuing education requirement. The proposed rule seeks to address this concern. No other factual data or analytical methodologies were used. The Board ensures the accuracy, integrity, objectivity and consistency of data were used in preparing the proposed rule and related analysis.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

The proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-4438; email at Shancethea.L Leatherwood@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to Shancethea.L Leatherwood@wisconsin.gov. Comments must be received on or before May 21st 2014 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. MED 13.06 is amended to read:

Med 13.06 The board shall conduct a random audit of licensees on a biennial basis for compliance with continuing education requirements stated in s. Med 13.02 (1). The board may require any physician to submit his or her evidence of compliance with the continuing education requirements to the board during the biennium for which 30 hours of credit are required for registration to audit compliance.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Medical Examining Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

Med 13.06

3. Subject

Continuing education audits

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

20.165(1) (hg)

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses (if checked, complete Attachment A)

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

The Medical Examining Board reviewed its administrative rules concerning continuing education and determined that licensees were not being regularly audited for compliance with the continuing education requirement specified in s. Med 13.02 (1). The Board concluded that mandatory audits should take place every two years to ensure that licensees are acquiring the required 30 hours of continuing education. The proposed rule will amend s. Med 13.06 to reflect that change.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

The rule was posted on the Department of Safety and Professional Service's website for 14 days in order to solicit comments from businesses, associations representing businesses, local governmental units and individuals that may be affected by the rule. No comments were received.

11. Identify the local governmental units that participated in the development of this EIA.

No local governmental units participated in the development of this EIA.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

This proposed rule will not have a significant impact on specific businesses, business sectors, public utility rate payers, local governmental units or the state's economy as a whole.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit of implementing the rule ensures that licensees will maintain their skill level and knowledge base by maintaining their required 30 hours of continuing education.

14. Long Range Implications of Implementing the Rule

Implementing the proposed rule will act as a deterrent to non-compliance with the continuing education requirement.

15. Compare With Approaches Being Used by Federal Government

None.

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: Licensees in Illinois have a 36 month renewal cycle in which they must complete 150 hours of continuing medical education. Applicants are required to certify on their renewal application that they have complied with the continuing education requirement. It is the responsibility of each renewal applicant to retain or otherwise produce additional evidence of compliance in case of a random audit. ILL. ADMIN. CODE tit. 68 §1285.110 d).

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17. Contact Name Shawn Leatherwood	18. Contact Phone Number 608-261-4438
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This document can be made available in alternate formats to individuals with disabilities upon request.