

# Board Memo

To: Committee Members, Participants  
From: Kelli Stevens, General Counsel  
Date: August 1, 2013  
Re: Medical Education Subcommittee Report from meeting on July 18, 2013

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The Board's Medical Education Subcommittee met on July 18<sup>th</sup> to continue discussion of regarding possible amendments to the Healing Arts Act statutes and corresponding regulations relating to approved healing arts schools and requirements for licensure. Several stakeholders participated in-person or by teleconference and provided input to the Subcommittee on specific issues which had previously been identified as requiring stakeholder feedback. A general summary of the issues discussed and recommendations are as follows:

## **K.S.A. 65-2873-license by examination**

(c)(2) Participants questioned the validity of the "15-year rule" as a standard for accepting applicants from unaccredited (but not disapproved) schools. Participants expressed that the individual's qualifications were more important than that of the school. The general consensus was that the 15-year rule be maintained, but that an alternative standard be added so that the Board could consider applicants based on their individual qualifications (e.g. have their ECFMG certificate, passed steps 1 and 2 of the USMLE, and be eligible for step 3) in the event their school did not meet the 15-year rule. This would not affect the prohibition on accepting applicants from schools which have been specifically disapproved.

## **K.A.R. 100-6-3- requirements for medical school approval**

Participants discussed the difficulty and possible negative ramifications to having the Board define specific curriculum contents or reference particular schools as the standards. Participants generally concluded that the regulation should set forth essential content areas without specifics. It was suggested that the Board approve schools that require an undergraduate degree for acceptance or that grant that degree during medical school as well as meet standards comparable to those required by the LCME, AOA, and ECFMG.

## **K.A.R. 100-7-1(b)(1) examinations**

Participants discussed the removal of the 10-year rule for completion of USMLE and the Subcommittee's recommendation that it be replaced with a limitation on attempts for each step. Participants reached a general consensus that maintaining the 10-year rule while adding an alternative standard of 7 total attempts for passing all 3 steps would assist applicants who faced unforeseen obstacles to completing all 3 steps in 10 years.

## **K.A.R. 100-6-2- qualifications for license**

**Graduates of accredited schools-** Participants discussed whether the current postgraduate education requirements were sufficient to ensure adequate training to warrant full licensure. Due to the recent ACGME limits on duty hours, the amount of actual clinical training obtained in the first year is much less. The Subcommittee expressed that while there may not have been any problem cases yet, the Board should be proactive in increasing the amount of training required for full licensure. The Subcommittee's recommendation is that the training requirement be increased from 1 year to 3 years. The Subcommittee also expressed that some form of interim certificate should be granted to physicians after their first year of postgraduate training which would allow them to moonlight and do locum tenens work as part of their training program. Participants generally expressed that this would be a viable solution. Participants reached a consensus that to ensure qualitative protection of patients, issuance of the interim certificate should require physicians to continue to be in a training program and also have their proposed practice plan and specific areas of competence approved by their program director. This license would become void if the resident resigns or is removed from the training program.

Participants then discussed the potential burden on training programs and potential employers of physicians with interim certificates. Stakeholders expressed that program directors would need very clear requirements. The question was raised as to whether program directors could potentially be exposed to liability for the care provided by an interim certificate holder. More information is needed on this. Participants also questioned whether the interim certificate would qualify as a "full and unrestricted license" required by many hospitals. More information is needed on this too.

**Graduates of unaccredited schools-** Participants generally agreed that the current requirement of 2 years of ACGME training is sufficient, with an increase to a total of 3 years training required for full licensure. The question remains whether this should be changed to 3 years of ACGME training to be consistent with accredited school graduates.

## **K.S.A. 65-2833- Licensure by endorsement**

Another area discussed was determining what specific, if any, definition could be placed on the requirement of "the active practice of medicine". Some suggested that one year of practice without reported issues would be sufficient. However, it becomes difficult to then evaluate what would be expected from that one year (e.g. part-time vs. full-time employment). This will require further discussion.

**Next steps-** Board staff will obtain further information where such a need was identified and determine which changes can be made through regulation amendment and which must be made in statutory amendments this next legislative session. Another meeting will be scheduled for late September.