

Actions by the House of Delegates May 2, 2009

1. **APPROVED** minutes of the HOD 2008 business meeting.
2. **ACCEPTED** the report of the Rules Committee.
3. **APPROVED** the FY 2010 budget.
4. Elections:

Chair-elect: Freda M. Bush, MD (2009-2010)
[by acclamation]

Treasurer: James M. Andriole, DO (2009-2012)

Directors-at-Large: Galicano F. Inguito, Jr., MD, MBA (2009-2012)
Ram R. Krishna, MD (2009-2012)
Jon V. Thomas, MD, MBA (2009-2010)
Cheryl A. Vaught, JD (2009-2012)

Nominating Committee: Raymond L. Moore, Sr., MEd (2009-2011)
Mary Lynn Moran, MD (2009-2011)
Gregory B. Snyder, MD, DABR (2009-2011)

5. **Proposed Amendment #1** to the FSMB Bylaws as contained in the Report of the Bylaws Committee was **ADOPTED**.

Chapter I. Classes of Membership, Election and Membership Rights, Section C, Honorary Fellows to read:

Thirty-six months after completion of service on a Member Medical Board, Fellows shall become Honorary Fellows of the corporation and may be appointed by the Chair to serve as members of all committees or in other appointive capacities, ~~except that they shall serve on standing committees without vote.~~

6. **Proposed Amendment #2** to the FSMB Bylaws as contained in the Report of the Bylaws Committee was **NOT ADOPTED**.

Chapter II, Officers, Elections and Duties, Section B, Election of Officers to read:

Only individuals who are Fellows current members of a member medical board at the time of their election or appointment shall be eligible for election or appointment as Officers of the corporation, except for the position of Secretary.

The position of Secretary shall be an ex-officio office, without vote, and the President shall serve as Secretary.

7. **Proposed Amendment #3** to the FSMB Bylaws as contained in the Report of the Bylaws Committee was **ADOPTED**.

Chapter III, Board of Directors, Section A(1), Membership, Election and Terms to read:

1. Membership: The Board of Directors shall be composed of the officers, the Immediate Past Chair, nine Directors-at-Large and two Associate Members. At least two members of the Board, who are not Associate Members, shall be non-physicians, at least one of whom shall be a public/consumer member. Nominations for ~~an~~ Associate Member positions ~~will~~ shall be accepted from Member Boards, the Board of Directors and Administrators in Medicine (AIM). ~~An~~ Associate Members shall be selected by the Board of Directors in accordance with policies and procedures established by the Board of Directors.

8. **Proposed Amendment #4** to the FSMB Bylaws as contained in the Report of the Bylaws Committee was **ADOPTED**.

Chapter III, Board of Directors by adding Section C. Removal from Office

SECTION C. REMOVAL FROM OFFICE

1. Removal: Any officer or member of the Board of Directors may be removed as such officer or member for any cause deemed sufficient by an affirmative vote of two-thirds (2/3) of the total members of the Board of Directors entitled to vote and who are not subject to removal from office. Any officer or member of the Board of Directors being considered for possible removal shall be notified in writing, setting out the reason or reasons for removal in summary form. Such written notice shall be provided to the individual at least fifteen (15) days prior to the meeting during which the removal is to be considered.
2. Appeal: Any officer or member of the Board of Directors removed by the Board of Directors may appeal to the House of Delegates at its next business meeting. Such individual may be reinstated by a two-thirds (2/3) vote of the House of Delegates.
3. Procedures: The procedure for removal and appeal shall be conducted in accordance with the Manual of Disciplinary Procedures, which shall be available from the Federation upon written request of any member.

9. **The Revised Proposed Amendment #5** to the FSMB Bylaws as proposed by the Bylaws Committee was **ADOPTED**.

Chapter VI, Standing and Special Committees, Section A, Standing Committees, and Section D, Finance Committee to read:

SECTION A. STANDING COMMITTEES

1. The Standing Committees of the corporation shall be:
 - a. Bylaws Committee
 - b. Editorial Committee
 - c. ~~Finance and Audit~~ Committee
 - d. Nominating Committee
 - e. Program Committee

SECTION D. ~~FINANCE AND AUDIT~~ COMMITTEE

The ~~Finance and Audit~~ Committee shall be composed of five Fellows, including the Treasurer as chair. The Committee shall review and present a budget to the Board of Directors for its recommendation to the House of Delegates at the Annual Meeting, review the financial statement and audit of the corporation, advise the Board of Directors on fiscal policy to ensure the continuing financial strength of the corporation, and review the corporation's investments.

10. Proposed Amendment #6 to the FSMB Bylaws as contained in the Report of the Bylaws Committee was **ADOPTED**.

Chapter VI, Standing and Special Committees, Section C, Editorial Committee to read:

SECTION C. EDITORIAL COMMITTEE

An Editorial Committee, ~~composed of six Fellows,~~ not to exceed twelve Fellows, shall advise the Editor-in-Chief on editorial policy for the Federation'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.

- ~~1. Elected Members: Three members of the Editorial Committee shall be elected, one each year for a three year term by a plurality vote of the House of Delegates.~~
- ~~2. Appointed Members: Three members of the Editorial Committee shall be appointed, one member to be appointed annually for a three year term by the Chair, with the approval of the Board of Directors, immediately following the Annual Meeting of the House of Delegates.~~
- ~~3. Ex Officio Member: The Editor shall be an ex-officio member and chair of the Editorial Committee.~~
4. 1. Service on the Editorial Committee by appointment and/or by election shall be limited to two full terms. is by nomination and appointment with the approval of the Board of Directors, immediately following the Annual Meeting of the House of Delegates. Candidates are allowed to express their interest in serving on the Committee through self-nomination. Committee members shall serve staggered 3-year terms and shall be limited to two full terms.

2. The Editorial Committee will elect its Chair, who will serve as the Editor-in-Chief of the *Journal of Medical Licensure and Discipline*. The Editor-in-Chief will serve without compensation and will coordinate decisions on the Journal content, among other duties to be determined by the Bylaws Committee.

11. Proposed Amendment #7 to the FSMB Bylaws as contained in the Report of the Bylaws Committee was **ADOPTED**.

Chapter VI, Standing and Special Committees, Section A, Standing Committees, and Section F, Program Committee to read:

SECTION A. STANDING COMMITTEES

1. The Standing Committees of the corporation shall be:
 - a. Bylaws Committee
 - b. Editorial Committee
 - c. Finance *and Audit* Committee
 - d. Nominating Committee
 - e. ~~Program~~ Education Committee

SECTION F. ~~PROGRAM~~ EDUCATION COMMITTEE

The ~~Program~~ Education Committee shall be composed of eight members, to include the Chair as chair, the Immediate Past Chair and the Chair-elect. The Committee shall be responsible for ~~the preparation of the educational program accompanying the Annual Meeting of the House of Delegates~~ assisting in the development of educational programs for the Federation.

12. Proposed Amendment #8 to the FSMB Bylaws as contained in the Report of the Bylaws Committee was **ADOPTED**.

Chapter VI, Standing and Special Committees, Section H, Representatives to Other Bodies to read:

SECTION H. REPRESENTATIVES TO OTHER ~~BODIES~~ ORGANIZATIONS AND ENTITIES

All Representatives of the corporation to ~~the National Board of Medical Examiners (NBME), Educational Commission for Foreign Medical Graduates (ECFMG), American Board of Medical Specialties (ABMS), Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Graduate Medical Education (ACGME), and National Commission on Certification of Physician Assistants (NCCPA)~~ other official organizations or entities shall be appointed or nominated by the Chair, with the approval of the Board of Directors, and shall serve for a term of three years unless the other organization shall specify some other term of appointment. Representatives to these organizations or entities shall be Fellows, Honorary Fellows, Associate Members, or Courtesy Members at the time of their appointment or nomination.

13. Resolution 09-2, Bylaws Amendment: Elections offered by the Alabama Board of Medical Examiners was **NOT ADOPTED**:

Resolved, that the Alabama Board of Medical Examiners respectfully requests The House of Delegates of the Federation of State Medical Boards to instruct the Bylaws Committee to bring a bylaws amendment effecting a change for all candidates for office to require current membership on their state member board as a qualification for office; and be it further

Resolved, the bylaws change shall allow for any elected official to serve out the remainder of any Federation of State Medical Boards elected term even though their state board membership has ended.

14. Proposed revisions contained in **BRD RPT 09-3, Annual Review of the FSMB Public Policy Compendium** were **ADOPTED** and the remainder of the report filed:

1. Sunset Public Policy 120.002, Attempts to Subvert the Medical Licensing Examination Process.

2. Amend Public Policy 120.009, Examination History to read as follows:

The FSMB receives a request from any state for examination history; the FSMB will attach a Board Action Data Bank report to all transcripts that contain a disciplinary history. (HD 1984)

In reporting the results from all queries of the FSMB Board Action Data Bank, the board action history report will include licensing history as a standard informational element on all reports, in addition to any reportable disciplinary history when it exists for an individual physician.

15. The policy document *Elements of a Modern State Medical and Osteopathic Board* contained in **BRD RPT 09-5** was **ADOPTED AS AMENDED**.

16. Section XVII, Physician Assistants, of the policy document *A Guide to the Essentials of a Modern Medical and Osteopathic Practice Act* contained in **BRD RPT 09-6** was referred to the Board of Directors for further study and the remainder of the policy **ADOPTED AS AMENDED**.

17. A substitute resolution was ADOPTED in lieu of Resolution 09-7, Assuring Confidentiality to Allow for Greater Sharing of Information Between Licensing Boards offered by the Texas Medical Board:

Resolved, that the Federation of State Medical Boards reaffirm its policy encouraging state medical boards to share investigative information at the early stages of a complaint investigation and further, that the Federation of State Medical Boards will develop and implement strategies that enable state medical

boards to share investigative information while maintaining the confidentiality of the originating state medical board.

18. Resolution 09-5, Reporting of Withdrawals of Licensure Applications to the Federation of State Medical Boards offered by the Texas Medical Board was **ADOPTED**:

Resolved, that the Texas Medical Board respectfully requests the Federation of State Medical Boards undertake, at the earliest possible opportunity, a thorough review of the reporting of withdrawals by each member board and draft a policy to ensure consistent reporting of these or any level of withdrawals by each member board that will advise member boards of a physician's history of withdrawals in other states.

19. The definition of "Telemedicine" as contained in BRD RPT 09-1, Report on Resolution 07-2; Telemedicine Model Policy, was ADOPTED:

"Telemedicine" is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider.

20. The resolution recommended in BRD RPT 09-4, Comprehensive Review of the United States Medical Licensing Examination (USMLE) Program was ADOPTED:

Now therefore, the member boards of the Federation of State Medical Boards resolve:

1. To adopt the Final Report and Recommendations of CEUP as a conceptual framework for the continued improvements in the USMLE examination program;
2. To make a clear commitment to incorporate into the USMLE program the following enhancements (described in CEUP Recommendations 1, 2, and 3) at such point when models and methodologies have been developed and tested and the results of this testing indicate that such enhancements will provide assessments that meet reasonable standards of validity, reliability, and practicality;

Enhancement 1: The USMLE program shall be a series of assessments that are specifically intended to support decisions about a physician's readiness to provide patient care at each of two patient-centered points: a) at the interface between undergraduate and graduate medical education (supervised practice), b) at the beginning of independent (unsupervised) practice.

Enhancement 2: USMLE shall adopt a general competencies schema (such as the six general competencies identified by the Accreditation Council on Graduate Medical Education) for the overall design, development, and scoring

of USMLE, using a model consistent with national standards. Further, as the USMLE program evolves, it should foster a research agenda that explores new ways to measure those general competencies important to medical practice and licensure which are difficult to assess using current methodologies.

Enhancement 3: USMLE shall emphasize the importance of the scientific foundations of medicine in all components of the assessment process. The assessment of these foundations should occur within a clinical context or framework, to the greatest extent possible.

3. To make a clear commitment to support the development of methodologies and instruments to enhance testing methods to assess clinical skills, as reflected in CEUP Recommendation #4, and to consider approaches to for design and implementation of a testing format to assess an examinee's ability to recognize and define a clinical problem, to access appropriate reference resources in order to find the scientific and clinical information needed to address the problem ,and to interpret and apply that information in an effective manner, consistent with CEUP Recommendation #5;
4. To delegate monitoring and final approval of such enhancements to the Composite Committee and the Board of Directors of the Federation of State Medical Boards in concert with the Executive Board of the National Board of Medical Examiners; and
5. To affirm the principle that the parents recognize that such enhancements will require shared investment of financial resources and that this investment will be recovered via revenues generated by the USMLE program over time.

21. **The five recommendations** contained in **BRD RPT 09-2, Assuring the Ongoing Competence of Licensed Physicians** were **ADOPTED** and the results of such work to be reported back to the House of Delegates at the Spring 2010 Annual Meeting:

1. Conduct, collect and disseminate research on and give additional consideration to the evidence for the need for initiating an MOL program and the effects of such a program on patient care and physician practice.
2. Conduct further analysis of outstanding issues which surfaced as a result of the MOL impact analysis report and state medical board and other stakeholders feedback to this report;
3. In collaboration with appropriate stakeholders, develop recommendations for how MOL, maintenance of certification, and other continuous improvement activities could be aligned to support state medical boards in achieving a regulatory system that assures the public of a physician's competence while minimizing duplication and burden on the physician community;
4. In collaboration with appropriate stakeholders, support/fund one or more pilot projects centering on issues relevant to MOL discussions;

5. Actively engage state medical boards, the public, physicians and other stakeholders in discussions about MOL and solicit their input in the evolution and development of related policy recommendations.

22. Resolution 09-6, Dissemination of Maintenance of Licensure Information offered by the Florida Board of Medicine was **ADOPTED AS AMENDED**:

Resolved, that the FSMB through its Board of Directors and staff be instructed by the House of Delegates to continue to more broadly, openly, regularly and in a timely manner disseminate all information to and seek input from all concerned parties including state medical boards, executive directors of state medical boards, the public, ~~the American Medical Association, the American Osteopathic Association~~, all national and state medical and osteopathic medical societies and associations, and other interested parties regarding any proceedings, deliberations and actions of the FSMB's House of Delegates, Board of Directors, special committees and any ad hoc committees that relate to the MOL concept.

23. Resolution 09-3, Recognition of Distinguished Service of James N. Thompson, MD offered by the North Carolina Medical Board was **referred to the Awards Committee of the FSMB Board of Directors**:

Resolved, that the membership of the Federation of State Medical Boards join in a unanimous commendation of the distinguished services rendered by James N. Thompson, MD throughout his professional career to the FSMB and to the field of medical education, licensure and regulation.

24. Resolution 09-4, Communication Between Physicians and Patients offered by the North Carolina Medical Board was **ADOPTED**:

Resolved, that the Federation of State Medical Boards supports continued and improved effective means of communication between patients and physicians; and be it further

Resolved, that the Federation of State Medical Boards develop an inventory of resources that promotes effective communication to provide to patients and professional communities.

25. Resolution 09-1, Use of the "Doctor" Title in Clinical Settings offered by the Rhode Island Board of Medical Licensure and Discipline was **ADOPTED**:

Resolved, that the Rhode Island Board of Medical Licensure and Discipline respectfully requests the Federation of State Medical Boards to work towards the development of a uniform national standard through the development of model guidelines regarding the use of the "Doctor" title with collaboration from other stakeholder groups such as the National Council of State Boards of Nursing.