

NEW DIRECTIONS *Shaping the Future of Medical Regulation*



About the Federation of State Medical Boards

The 10th Amendment of the United States Constitution authorizes states to establish laws and regulations protecting the health, safety and general welfare of their citizens. To protect the public from the unprofessional, improper, unlawful or incompetent practice of medicine, each of the states and territories making up the United States has a medical practice act that defines the practice of medicine within their borders and delegates the authority to enforce the law to a state medical board.

FSMB represents the 70 medical and osteopathic boards within the United States and its territories. It assists these boards as they go about their mandate of protecting the public's health, safety and welfare through proper licensing and disciplining of physicians and, in some jurisdictions, other health care professionals.

AT A TIME OF GREAT CHANGE IN THE HEALTH CARE SYSTEM, FSMB IS COMMITTED TO PROTECTING THE PUBLIC, ENSURING QUALITY IN THE PRACTICE OF MEDICINE, AND SERVING STATE MEDICAL AND OSTEOPATHIC BOARDS. OVER THE LAST YEAR, FSMB HAS EMBARKED ON IMPORTANT *new directions* IN PURSUIT OF THIS GOAL.

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“THIS ANNUAL REPORT provides a comprehensive view of the steps we are taking in this environment of change — as an organization with a focused vision and mission.”

2010-2011 PROVED TO BE AN IMPORTANT YEAR in FSMB’s historical role as the voice of state medical and osteopathic boards. With a new strategic plan, a new leadership team, and the launch of several promising new initiatives, we are on the cusp of an exciting era of growth and prestige as a vital part of the nation’s health care system.

In this environment, we believe “**New Directions**” is a fitting way to describe our momentum over the last year. At the same time, it describes what is going on around us in the public arena: Despite an intense national debate about the future of our health care system in 2010 and passage of health reform legislation, many huge issues still remain to be sorted out a year later.

This annual report provides a comprehensive view of the steps we are taking in this environment of change — as an organization with a focused vision and mission. By supporting our state/territorial medical and osteo-

Strengthened.

pathic boards in their efforts to protect the public and enhance the quality of medical care, we believe we can have an impact at a time when leadership in these areas is needed.

At the core of our efforts over the last year has been a revised and updated strategic plan — perhaps the most important of our “new directions” — which you can see on page 28 of this report and which is organized around six strategic goals:

Advocacy and Policy Leader: Strive to enhance the role of state medical boards in an evolving health care environment by leading, anticipating and responding to trends in medical regulation.

Consistent Standards: Effectively lead, assist and support state medical boards to develop and use standards, language, definitions and tools.

Information Resource: Be recognized by the public and policymakers as a valued informational and educational resource for medical licensure and regulation.

Organizational Improvement: Enhance our organizational vitality and nimbleness, broaden our financial resources, and provide a technology platform adequate for the evolving needs of FSMB.

Partnerships: Engender greater participation and engagement among our member boards and more effective relationships with national and international organizations as a trusted and reliable partner.

Support for State Medical Boards: Offer relevant policy, programs, education and services to state medical boards that result in improved quality and safety of patient care through effective and fair medical regulation and discipline.

By adhering to this strategic framework in all that we do, we believe we can extend the breadth and value of our products and services, both for the boards we directly serve and for the public in general.

Served.

Among our strategic initiatives are enhanced advocacy efforts — starting with the launch of our new Washington, D.C. office in January 2010. By maintaining an ongoing presence in our nation’s capital as well as connection at the state level, FSMB is a more effective champion and advocate for our boards, while helping raise awareness and public understanding of the important work boards do. Our efforts were strengthened by the creation of a new senior executive leadership structure in 2010 that provides better alignment between strategic advocacy goals and day-to-day operations. (New team members include Chief Operating Officer Sandra Waters, MEM; Chief Financial Officer Todd Phillips, MBA; and Chief Information Officer Michael Dugan, MBA). You can learn more about our advocacy efforts — which include hosting a recent major symposium on telemedicine — on page 5.

For nearly 100 years, the FSMB has been a leader in licensure, credentialing and assessment, and over the last year we made a significant leap forward in our capacity and capabilities. At the top of the list are major improvements to our Federation Credentials Verification Service (FCVS), which is now faster and more effective than ever. We remain deeply committed to building stronger systems for the transmission of vital physician data among institutions in the regulatory community; this is a core goal that impacts health care and public safety. You can read about our significant investment in new technology on page 9, along with our strengthened commitment to creating more portable medical licensure and to enhancing and improving the USMLE (United States Medical Licensing Exam) medical examination process.

2010 proved to be a seminal year for our Maintenance of Licensure (MOL) initiative, under which state boards could require physicians to periodically attest to participation in activities to promote lifelong learning and ongoing clinical competence. FSMB has created and distributed a formal framework for this concept and is now actively encouraging interested state boards to partner with FSMB in a pilot implementation project that will begin later this year. Our effort at raising awareness of concepts such as MOL is just one part of our commitment to provide educational resources for our stakeholders. You can read more about MOL on page 6, and much more news about our many other educational initiatives on page 13.

As FSMB prepares for its Centennial in 2012, we have renewed our historically deep and rich connection with the 70 state and territorial boards that make up our membership. The innovations and achievements of our partners are represented on page 17, where you will learn about how these dedicated public servants are impacting medicine.

Our report is rounded out by news from our communications division, including a major redesign of our website, on page 21. We also offer a retrospective of the first full year of our re-launched FSMB Foundation, including exciting news about its project to encourage public board membership, on page 23. Finally, on pages 24–27, we list our Board and the individuals who served over the last year on FSMB’s many committees and task forces.

We are proud of the work of FSMB staff members, FSMB’s elected leadership and volunteers, and our partners at state and territorial boards, who have made all of our accomplishments over the last year possible. They are the true engine moving us forward in these new directions, and for their efforts we are grateful.



Freda M. Bush, MD, FACOG
Chair, Board of Directors



Humayun J. Chaudhry, DO, FACP
President and CEO



POLICY AND ADVOCACY



Impact: A Visible Agenda

“ With a presence in Washington, D.C., FSMB is in the center of policy making at a time when it is critical for our voice to be heard. Major changes are coming and we must help shape the debate. ”

Freda M. Bush, MD, FACOG | 2010-2011 Chair, *FSMB Board of Directors*

AS THE REPRESENTATIVE OF the 70 state and territorial medical and osteopathic boards, FSMB plays a central role in the nation’s health care policy dialogue. We help identify and address the key strategic policy issues that impact our state-board partners, ensuring the regulatory community’s voice is heard.

In 2010 FSMB made significant changes to create a stronger advocacy capability. Humayun J. Chaudhry, DO, FACP, completed his first full year as FSMB’s chief executive officer, putting an emphasis on increased advocacy outreach and engagement with FSMB partners as a part of his organizational priorities.

In January 2010, FSMB opened its Washington, D.C. office under the direction of Lisa Robin, MLA, senior vice president of advocacy and member services. The Washington, D.C. office now serves as the centerpiece of our work with federal legislators, regulators, policymakers, and key health care stakeholders. Over the last year, FSMB has established an ongoing presence in the nation’s capital, serving as a resource to Congress and the Executive Branch.

Among the new office’s major achievements in 2010 was the creation of a grassroots advocacy network for our state member boards. The network has grown to include 180 members in its first year. The *FSMB Advocacy Newsletter* was launched and provides federal and state legislative and regulatory updates.

Federal and state outreach efforts are an important part of FSMB’s advocacy activities. During 2010-2011, Dr. Chaudhry and members of his new senior leadership team visited 25 state boards and represented FSMB at a variety of national forums. A sampling of the advocacy issues the new Washington, D.C., team focused on during 2010-2011 includes:

Making licenses more portable. FSMB is in the second year of a multi-year license portability project funded by a federal grant. It is aimed at improving the licensure process by reducing the burden for physicians in obtaining a medical license in multiple states through the Uniform Application for Physician State Licensure (UA) and Federation Credentials Verification Service (FCVS). Minnesota, Montana and Nevada recently became the latest member boards to formally adopt the UA, bringing the total states engaged in some way with the UA program to 38.

Helping define policies for access to pain care. FSMB’s landmark *Model Policy for the Use of Controlled Substances for the Treatment of Pain* has been adopted by more than 40 state boards. FSMB continues to expand distribution of *Responsible Opioid Prescribing: A Physician’s Guide*, which translates the *Model Policy* into a practical clinical setting. Since 2007, more than 160,000 copies have been distributed to physicians by 22 state boards. FSMB has partnered with Congressional leaders and a coalition of stakeholders to promote prescriber and patient education and research. Over the past year, we worked closely on this effort with the Drug Enforcement Administration (DEA), Food and Drug Administration (FDA), Substance Abuse and Mental Health Services Administration (SAMHSA), and the White House Office of National Drug Control Policy (ONDCP).

Where We’ve Been	Where We’re Going
<ul style="list-style-type: none"> • Established a permanent FSMB presence in Washington, D.C. • Developed relationships with senior legislative and regulatory policymakers on Capitol Hill and in the Administration • Launched FSMB Grassroots Advocacy Network and organized Congressional Hill visits and outreach in Washington, D.C. and local districts • Hosted national telemedicine symposium 	<ul style="list-style-type: none"> ➤ Continue advocacy for MOL and license portability ➤ Demonstrate FSMB’s capabilities as a policy and data resource for Congress, agencies, and major health care organizations ➤ Expand Grassroots Advocacy Network membership and operations ➤ Continue outreach activities to ensure the role and authority of state medical and osteopathic boards is strengthened

Enhancing Medicare/Medicaid program integrity.

The Washington, D.C. office has sought to educate Congressional leaders, health care agencies, and federal regulators on the role of state medical boards and how licensure and disciplinary data can be utilized to combat waste, fraud, and abuse in Medicare and Medicaid by improving provider screening procedures. FSMB has established an ongoing dialogue with key leadership at the Centers for Medicare and Medicaid Services (CMS) on these issues.

Improving reporting of physician discipline. In an effort to improve the flow of information between hospitals and state member boards regarding physician disciplinary matters, FSMB and several state medical boards launched an initiative with the National Practitioner Data Bank (NPDB) in 2010 in which the states are receiving adverse hospital-privileging data from the NPDB to check against their own data for accuracy.

New Phase for Maintenance of Licensure (MOL) Concept

FSMB's advocacy for the Maintenance of Licensure (MOL) concept reached a milestone in April 2010 when the FSMB House of Delegates approved a framework for MOL that has now been passed on to the boards. This new concept of skills development and maintenance is built on the idea that physicians should periodically attest to their engagement in activities that promote lifelong learning and ongoing clinical competence. By making lifelong learning a requirement for licensure, the MOL concept provides added assurance to the public that physicians maintain strong skills and are engaged in the very latest techniques and procedures in a

profession that is changing rapidly. MOL will move one step closer to national adoption in 2011, when implementation recommendations for this concept are distributed nationally. FSMB is the leading national proponent for MOL on behalf of its state boards and is communicating closely with organizations such as the American Medical Association (AMA) and the American Osteopathic Association

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(AOA) as it begins to flesh out the framework's design. We also met with international peer organizations, including regulators from the United Kingdom, Ireland, Australia, New Zealand and Canada to learn more about their work in implementing similar MOL systems.

In August 2010, FSMB CEO Humayun Chaudhry, DO, FACP, participated in a national forum on Electronic Health Records (EHRs), hosted by the Health Industry Forum of Brandeis University and *Health Affairs*. At the event, he discussed how EHRs can serve as an infrastructure component that will help the Maintenance of Licensure concept succeed.

POLICY AND ADVOCACY



FSMB Worked Closely with IAMRA in 2010

FSMB CEO Humayun J. Chaudhry, DO, FACP, led an FSMB team that worked with delegates during a meeting of the International Association of Medical Regulatory Authorities (IAMRA). FSMB serves as the Secretariat of IAMRA, assisting in development of a set of global best practices for medical regulators. In September, FSMB was co-host for IAMRA's biennial meeting in Philadelphia.

Practice Reentry: Rising Physician Workforce Issue

In June 2010, Board Chair Freda Bush, MD, FACOG, appointed the Special FSMB Committee on Reentry to Practice, with a mandate to develop specific recommendations for use by state boards in their licensure processes. Ensuring physicians are qualified to reenter practice after a period of clinical inactivity is a complex undertaking, with implications for educational testing, monitoring and regulatory processes. We believe this will be an important issue for medicine going forward as demographic shifts and economic trends create more “churn” in the physician workforce than we have experienced in the past. In early 2011, the AMA released new guidelines on physician reentry, which were based in part on a collaborative conference on the topic in 2010 organized by the AMA, FSMB and the American Academy of Pediatrics.

Telemedicine Symposium Explores Access, Safety, Quality

In an effort to advance the national dialogue on the growing impact of telemedicine, FSMB hosted an invitational symposium in Washington, D.C., in early 2011, titled “Balancing Access, Safety and Quality in a New Era of Telemedicine.”

We convened a diverse mix of participants — ranging from state medical and osteopathic board members and government policymakers to physicians, payers and consumers — for a full day of panel presentations and small-group discussions to examine the opportunities and challenges in telemedicine.

Conference participants identified gaps in knowledge, policy and structural resources that must be

Voiced: We identify and address the key strategic policy issues that impact our state-board partners.

addressed in order to facilitate telemedicine’s adoption and expansion — while ensuring patient safety and medical quality as key priorities. A publication summarizing the proceedings will be released later in 2011.

Keynote presenters included Sachin H. Jain, MD, MBA, acting deputy director of policy and programs at the Center for Medicare and Medicaid Innovation, and Rep. Erik Paulsen (R-MN), co-chair of the House of Representatives Medical Technology Caucus.

Since the 1990s, FSMB has played an active role in establishing policies for telemedicine. A 2010 survey of its member boards on the topic found wide interest in telemedicine and a belief among the boards that it will continue to rank as an important policy item on their agendas.

Lisa Robin, MLA, FSMB’s senior vice president for advocacy and member services, noted that regulators should seek to find a balance between the “many potential benefits of telemedicine, including improved care for underserved and rural communities and lowered costs, and the need to take steps to ensure patient safeguards, privacy of medical information and regulatory and licensing standards.”



FSMB hosted a major national symposium on telemedicine in March 2011, titled “Balancing Access, Safety and Quality in a New Era of Telemedicine.” National experts discussed policy measures to help ensure patient safeguards and medical quality.





LICENSURE, CREDENTIALING, ASSESSMENT



Impact: Improved Service

“ The new and improved FCVS offers significant advantages in credentialing efficiency, speed and accuracy for our member boards, medical professionals and our employees. ”

Sandra Waters, MEM | Chief Operating Officer, *FSMB*

SINCE ITS BEGINNING NEARLY A CENTURY AGO, FSMB has worked to develop what today serves as the nation’s most comprehensive verified central repository of U.S. physician licensing, credentialing and disciplinary information. This information forms the core of FSMB’s Federation Physician Data Center (FPDC) and the Federation Credentials Verification Service (FCVS), which together include data on more than 850,000 licensed U.S. physicians.

FSMB’s data and supporting operations and technology teams are the hub of an information exchange network that involves an array of organizations, ranging from state boards to governmental agencies and international medical licensing authorities. During 2010-2011, we made significant strides in our long-term strategic goal of improving and modernizing our products and services and our capacity for data exchange to better serve the health care community and the public.

Our credentialing services, in particular, have been the focus of major upgrades over the last year. Early in 2011 we formally launched our new and improved version of FCVS, with new features that make the credential verification process faster and more effective than ever before.

This multi-million dollar investment and the project known as the Fast Track entailed a redesign of FCVS work processes, updated data management systems and improved communications with state boards and applicants. One of its key features is a new user-friendly but highly powerful web portal that streamlines FCVS processes significantly.

The FCVS Fast Track project spanned nearly 18 months and consumed more than 120,000 hours of working time by FSMB staff and consultants.

More than 132,000 physicians and physician assistants have used FCVS since its inception in 1996, and we expect that number to continue to grow with our new advanced services. By the end of 2010, 63 of our 69 state boards that license physicians had become users of FCVS, and 14 require it for licensure processing.

Other features — such as GME Connect® and MedEd Connect™ — also were improved and created as a part of the FCVS Fast Track project and are in various phases of implementation to facilitate communication between FSMB and graduate and undergraduate medical education programs. These features are expected to improve response times.

Customer input for the project was derived from a user team composed of state boards, licensees and Administrators in Medicine (AIM), which represents medical and osteopathic board executive directors, as well as through continuous electronic surveys completed by member boards and physicians using FCVS.

We are confident that these substantial changes will help move forward our long-term goal of helping guide medical regulation into a new era of technological efficiency and effectiveness.

Where We’ve Been	Where We’re Going
<ul style="list-style-type: none"> • Major technology investments to FCVS completed; new products and services launched • Federal grant received for additional improvements to FSMB information and data services • SPEX blueprint and content overhauled and improved • UA usage growing; new progress on license portability in Iowa 	<ul style="list-style-type: none"> ➤ Expand FCVS visibility and usage nationally ➤ Increase advocacy for UA; encourage more states to adopt ➤ Raise public awareness of FSMB resources such as <i>DocInfo</i> (www.docinfo.org, 817-868-4000)

Important New Strides in Uniform Application (UA) and License Portability

FSMB's licensure, credentialing and assessment division played a crucial role in FSMB's overall advocacy during 2010-2011 as it worked to improve license portability and streamline licensure processes. Staff from this area of FSMB has been instrumental in helping build support for the Uniform Application for Physician State Licensure (UA), which provides a uniform application form physicians can use when applying between states engaged in this program. While the concept was developed several years ago, the UA is now gaining in visibility and acceptance as a way to speed up administrative processes. It contains a core series of requirements that are common to all state license applications and incorporates unique, customized state-level requirements in an addendum. Since data entered into the UA is saved electronically, it can be easily updated and accessed by physicians. FSMB maintains the UA and thus offloads the administrative burden experienced by participating member boards.

When a physician elects to use the UA in conjunction with FCVS, further efficiencies are realized as the UA is pre-populated from the FCVS application (the FCVS application can also be pre-populated with UA physician data) and the credentials verification process is reengaged when licensure is sought in additional states.

Among the highlights of our license portability efforts in 2010-2011:

- Three additional states went online with UA — Minnesota, Montana and Nevada. To date,

38 state boards are engaged in the UA program in some manner: 12 are using the UA, 12 are working actively to develop a state-specific addendum and 14 are engaged in discussions with FSMB to assess the benefits of the UA program for their boards. We anticipate that several more boards will fully implement UA in 2011.

- In May 2010, FSMB staff worked closely with the Iowa Medical Board in developing a new administrative rule that allows certain applicants to follow an "expedited endorsement" track, which means a board can issue a license based on the acceptance of an applicant's core credentials

FSMB'S DATA, supporting operations and technology teams are the hub of an information exchange network that involves an array of organizations.

that have been verified by another state's licensing board.

- In August 2010, FSMB hosted a major gathering of representatives from 21 state medical and osteopathic boards at its headquarters to discuss policy coordination and advocacy to bolster the long-term license portability project.

LICENSURE, CREDENTIALING, ASSESSMENT



FSMB staff worked closely with member boards over the last year to advance adoption of the Uniform Application for Physician State Licensure (UA). The UA is a Web-based application designed to standardize, simplify, streamline and improve processing times for state medical boards' licensure applications. Thirty eight states are now involved at some level with UA implementation.

- Also in 2010, FSMB received a Licensure Portability Special Initiative Grant issued under the American Recovery and Reinvestment Act of 2009 (ARRA). The two-year grant is designed to assist FSMB and state licensing boards' current license portability projects, including the UA and further enhancements to FCVS.

Enhanced SPEX Gains Power As an Assessment Tool

FSMB continued to work closely over 2010-2011 with the National Board of Medical Examiners (NBME) in enhancing the United States Medical Licensing Examination (USMLE) and our Special Purpose Examination (SPEX) — the latter aimed at providing objective assessments of physicians for whom there is a question regarding clinical competence.

A newly enhanced SPEX debuted in April 2010 with a stronger focus on patient care. The SPEX blueprint and content were completely overhauled by the PLAS Program Committee, made up of physicians from the practice, academic and state board communities, to bolster the exam's relevance to the current practice of medicine.

The one-day, computerized SPEX exam is designed to evaluate currency of general clinical knowledge for undifferentiated practice. Situations in which a medical board may require a physician to take the SPEX include endorsement of licensure, reinstatement or reactivation of a license after a period of inactivity. Each year, approximately 300 physicians take the SPEX; approximately 53 percent are board-sponsored and 47 percent are self-nominated.

Qualified: We help ensure quality medical care with the nation's most comprehensive central repository of physician licensing, credentialing and disciplinary data.

Physicians taking the exam are primarily seeking licensure by endorsement.

Federation Physician Data Center Processes Record Numbers

FSMB was historically the first organization to publish and distribute the names of the nation's disciplined physicians. That information is now disseminated electronically via its powerful Federation Physician Data Center (FPDC). Physician profiles from the center include information on disciplinary sanctions, education, medical specialty, licensure history and locations.

In 2010, FSMB responded to more than 300,000 inquiries regarding board action and licensure data on U.S. physicians, and it responded to thousands of additional public requests for information from its *DocInfo* database. FSMB also continued to help medical boards identify disciplined physicians who relocate to another jurisdiction without detection through its Disciplinary Alert Service.



FCVS's powerful technology infrastructure makes possible collection and storage of

high-quality, primary-source verified core credentials — ranging from physician identity to disciplinary history. ■

Verifying credentials is an essential building block of medical regulation — and FSMB enhanced this core service with improvements to FCVS in 2010-2011. ■

Verified.

Verifying credentials is an essential building block of medical regulation — and FCVS leads the way with permanent records and data security.

Federation of STATE MEDICAL BOARDS

Permanent records and data security for the medical community. **Verified.**

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE



EDUCATION



Impact: Understanding the Issues

“ Education is critical and precedes everything we do as patient-protection advocates and public servants. With clear, accurate information and a solid understanding of the issues, we enhance our effectiveness. ”

Martin Crane, MD | 2009-2010 Chair, FSMB Board of Directors

FSMB OFFERS A VARIETY OF EDUCATIONAL FORUMS, products and services designed to assist state medical and osteopathic boards in carrying out their mission of public protection. We also provide resources intended to help the public better understand the role and function of state boards as a part of the health care system.

In 2010-2011, FSMB expanded its efforts in several key areas of education, most notably in terms of its Annual Meeting — the premier educational forum offered to the medical regulatory community. The 2010 Annual Meeting, held in Chicago and themed “Connect and Lead: Strategies for a New Era of Medical Regulation,” provided an intensive three-day program featuring national experts and a focus on issues related to health reform.

The meeting included FSMB’s first-ever “virtual” educational session: Participants nationwide were able to log-in to a live online program featuring the opening-session presentations. Included in the morning’s activities was a live forum on health reform, featuring a panel of experts moderated by FSMB CEO Humayun J. Chaudhry, DO, FACP. Plans are underway for a follow-up virtual session to be held at the 2011 Annual Meeting in Seattle, Washington.

In another first, FSMB offered supplementary educational materials for meeting registrants based on the “Connect and Lead” theme — including a “Leadership Survival Kit” that featured a variety of tips and resources intended to help develop management skills. Similar supplementary materials are being prepared for the 2011 meeting in Seattle, which will be themed “The New Face of Medicine: A Workforce in Transition.”

Keynote speakers during the 2010 meeting included author Rosemary Gibson, MSc, discussing “The Role of State Medical Boards in Health System Change,” and U.S. Assistant Secretary for Health Howard K. Koh, MD, who delivered a “Health Reform Report from Washington.” Dan Crippen, PhD, delivered the Dr. Bryant L. Galusha Lecture, titled “How to Fix America’s Ailing Health Care.”

During the Chicago meeting FSMB also released its comprehensive publication titled “Emergency Disaster and Preparedness Plan: A Guide for State Boards,” a tool that helps state medical and osteopathic boards develop their own customized emergency and disaster preparedness plans.

The development of this publication first began in the wake of Hurricane Katrina in 2005, when FSMB established a special Readiness and Response Workgroup to begin evaluating and assessing issues in emergency preparedness, particularly as it related to the licensing and credentialing of physicians.

In early January 2010, the FSMB contacted each of the state medical and osteopathic boards to determine the types of emergency plans state boards followed during certain conditions and scenarios, finding that a majority of respondents did not have a specific state board plan in place. “Emergency Disaster and Preparedness Plan: A Guide for State Boards,” compiled under the auspices of its Readiness and Response Workgroup, provides an important new resource to help.

Where We’ve Been

- **Hosted expanded Annual Meeting, with new value-added features**
- **Launched new educational activities to raise awareness of physician health and impairment issues**
- **Distributed new disaster and emergency preparedness guide**

Where We’re Going

- **Offer increased electronic access to Annual Meeting and other educational activities**
- **Create new educational opportunities for state board staffs**
- **Raise understanding and awareness of key issues for physicians, ranging from physician reentry to pain-prescribing and opioid-use**

Online Prescriber Education Network (OPEN) Continues to Educate Physicians

FSMB continued to promote its Online Prescriber Education Network (OPEN) in 2010-2011, providing more than 30 interactive Continuing Medical Education (CME) courses on prescribing and drug industry practices through an online portal available via the FSMB website.

The OPEN project, funded by the U.S. Attorney General’s Consumer and Prescriber Education Grant Program, educates health care professionals about pharmaceutical industry marketing practices and provides tools for accessing information about prescription drugs. The program’s web-based portal provides accredited CME courses to help licensed physicians better understand the impact industry marketing techniques can have on prescribing practices. Many of the courses are free.

In addition to CME courses, the site offers access to relevant state and federal statutes and databases of information about the safety and efficacy of prescription medications, making it a valuable repository of information for researchers as well as physicians.

The project was made possible by a substantial grant created as part of a 2004 U.S. Attorney General consumer protection settlement with Warner-Lambert, a division of Pfizer, Inc. The settlement resolved allegations of “deceptive off-label” marketing of the drug Neurontin.

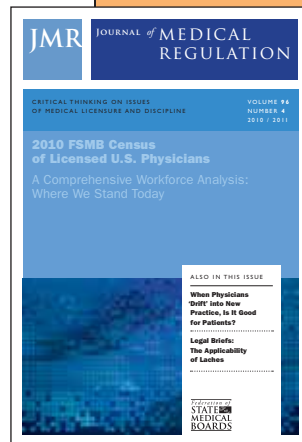
Banner Year for Responsible Opioid Prescribing Book

In early 2011 Iowa became the latest state to offer FSMB’s book, “Responsible Opioid Prescribing:

FSMB AUTHORS

In addition to its work in organizing educational events in 2010-2011, FSMB board members and staff contributed scholarly articles and other published works during the year — adding to the knowledge-base of the regulatory community. Just a sampling includes:

- Caldwell K, Johnson DA, Thompson JT. “Medical Licensing and Credentials.” Guide to Medical Education in the Teaching Hospital. Irwin, PA: Association for Hospital Medical Education, 2010.
- Chaudhry HJ, Rhyne J, Cain FE, Young A, Crane M and Bush F. Maintenance of Licensure: Protecting the Public, Promoting Quality Health Care. *J Med Reg.* 96(2):13-20. 2010.
- Chaudhry HJ. The Important Role of Medical Licensure in the United States. Letter. *Academic Medicine.* 85(11):1657-1658. November, 2010.
- Crane M, Chaudhry HJ. Physician Maintenance of Licensure. *AAOS Now: The Official Publication of the American Academy of Orthopedic Surgeons.* October, 2010.
- Johnson, DA. “An Assessment of USMLE Examinees Found to Have Engaged in Irregular Behavior, 1992-2006.” *J Med Reg.* Vol. 95, No. 4, 2010.
- Miller T. Informed Consent: A Medical Board Analysis. *J Med Reg.* 96(3):16-21. 2010/2011.
- Thomas J, Van Etta L. Physician Competence. *Minnesota Physician.* February 2011.



A Physician’s Guide,” free of charge to its physicians, distributing copies through the Iowa Board of Medicine. More than 160,000 copies of the book have now been distributed in 22 states, making it one of FSMB’s most important educational initiatives.

“Responsible Opioid Prescribing: A Physician’s Guide” offers physicians effective strategies for reducing risk of addiction, abuse and diversion of opioids. The book translates FSMB’s Model Policy for the Use of Controlled Substances for the Treatment of Pain into pragmatic steps for risk reduction and improved patient care.

EDUCATION



Howard K. Koh, M.D., assistant secretary for health for the U.S. Department of Health and Human Services (HHS) provided insights into the administration’s health reform policies during the FSMB 2010 Annual Meeting educational session that was webcast live for the first time to a national audience.

Board Attorney Workshops and Other Seminars Provide Specialized Training

FSMB's educational division hosted another installment of its influential Board Attorney Workshop series in 2010 and is planning new content for 2011. The annual symposium is designed specifically for the counsel and legal staff of state medical and osteopathic boards, as well as individuals involved in the investigation and prosecution of physician licensure and disciplinary cases. During this two-day event, attendees focused on the issues pertinent to the attorneys of state boards and shared valuable information on case experiences, best practices and current challenges.

FSMB continues to manage and maintain the widely used Board Attorney list-serv, allowing participants to exchange information online and ask questions on a wide array of legal matters.

Our Certified Investigator Training Seminar, co-hosted with Administrators in Medicine (AIM), provided new tools to help state boards implement more effective investigations. FSMB also facilitated web seminars on USMLE in 2010-2011 to inform regulators of USMLE-related issues and trends.

FSMB Roundtables: Free Access to Expert Advice

FSMB hosted monthly "FSMB Roundtable" conference calls during 2010-2011 as part of its effort to provide free educational resources and facilitate communication among state boards and with FSMB staff. The program of monthly teleconference calls and webinar meetings is sponsored by FSMB and the agenda is developed with input from member boards. The calls provide regular

FSMB published an emergency preparedness guide in April — a tool that helps state boards develop their own customized emergency and disaster preparedness plans. The focus at FSMB's 2010 Annual Meeting was on leadership development; in addition to special discussion forums, participants received a customized "Leadership Survival Kit."

Informed:

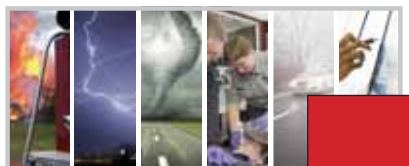
Our educational forums, products and services help our members learn and grow.

opportunities for member boards to communicate among themselves on current issues, public policy and legislative trends. The calls are free and open to all state board staff, and call recordings are maintained on FSMB's Members-Only web page.

Physician Health and Impairment Educational Activity Expands

FSMB focused on helping state boards address physician health and impairment issues in 2010-2011, with education and awareness-building in the forefront of our efforts.

We continued our collaborative work with the Federation of State Physician Health Programs (FSPHP), offering joint Continuing Medical Education coursework for physicians. Additionally, an Impaired Physicians Workgroup was established by FSMB Chair Freda Bush, MD, FACOG, including representation from member boards as well as experts in addiction and behavioral treatment. As a part of its work, the group will review FSMB policy, national guidelines and research in development of recommendations that will help FSMB as we seek to expand awareness and educate the medical community on this important topic.

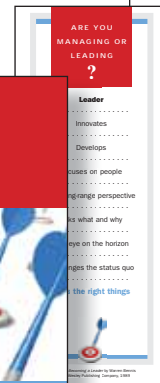
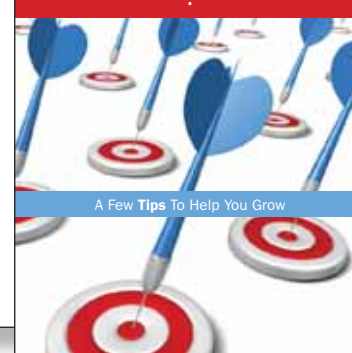


Emergency and Disaster Preparedness Plan:

A Guide for State Medical Boards

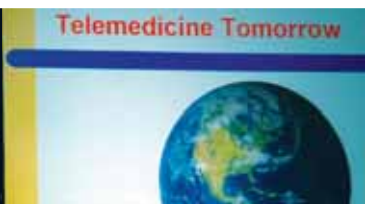
Federation of
STATE
MEDICAL
BOARDS

LEADERSHIP SURVIVAL GUIDE





STATE BOARD INNOVATION



Impact: Shared Knowledge Base

“ One of the unique strengths of FSMB is the role it plays in helping facilitate communication between boards. By sharing our knowledge, we all benefit. ”

Janelle A. Rhyne, MD, MACP | 2011-2012 Chair, *FSMB Board of Directors*

FSMB REPRESENTS THE 70 MEDICAL AND OSTEOPATHIC BOARDS within the United States and its territories, assisting these boards as they go about their mandate of protecting the public’s health, safety and welfare through proper licensing and disciplining of physicians and other health care professionals. Thousands of individuals make up the medical regulatory community in this country — ranging from board staff members to investigators and appointed officials. FSMB’s success as an organization is a direct reflection of their hard work, innovations, ideas and commitment to public service. In this section of our annual report, we highlight just a sampling of the many successful programs implemented recently by these dedicated public servants as they go about their day-to-day work. These programs are contributing to more effective medical regulation while ensuring patient protection and medical quality.

Alabama: Helping physicians and nurses comply with collaborative practice rules

After the Alabama Board of Medical Examiners (ABME) conducted an audit of collaborative-practice agreements in Alabama to review physicians’ compliance with its collaborative-practice rules, it found that approximately 80 percent of those practices had violations. Since that audit in 2003, ABME has taken steps to address the problem, including a new series of seminars for physicians, nurse practitioners and administrative staff.

“The seminars present, very plainly, the do’s and don’ts in collaborative-practice between nurses and physicians to ensure compliance with the rules and to offer suggestions about the ways this can be achieved,” said ABME Executive Director Larry Dixon. Approximately 1,000 people have attended the seminars to date. ABME also offers on-site “courtesy visits” to help physicians and nurses improve their collaborative-practice process.

Arizona: New tools identify and train medical consultants

Medical consultants — sometimes known as “reviewers”— play an important role in medical regulation: They are the community physicians who review complaints filed against licensees. But finding and orienting good medical consultants can be challenging. The Arizona Medical Board addressed this issue with a website that helps physicians apply to become medical consultants and provides those selected with resources and training materials to help them be more effective. The website helps candidates quickly determine their eligibility and then provides background on elements of the investigation process, such as confidentiality, testimony and conflicts of interest. Sample reports and do’s and don’ts are also included. Executive Director Lisa Wynn says that the website has “increased Arizona’s pool of qualified consultants and enhanced the quality of clinical reviews.”

Arizona: Osteopathic medical students required to attend regulatory board meetings

At the School of Osteopathic Medicine in Arizona (SOMA), medical students are required to attend a state medical board meeting to view firsthand the regulatory issues that physicians can face — the result of innovative efforts by the Arizona Board of Osteopathic Examiners in Medicine and Surgery. The recently added requirement at the school builds on an outreach program the board says is aimed at building strong professional habits at the earliest stages of medical education. It has been well received by students, according to Scott Steingard, DO, president of the board and a member of FSMB’s Board of Directors. “It is our hope that this exposure to the board reminds them about the importance of professionalism,” he said. “As we tell the students before they leave the meeting: ‘We don’t want to see you here again.’”

Where We’ve Been	Where We’re Going
<ul style="list-style-type: none"> • Completed framework for Maintenance of Licensure (MOL) — approved by FSMB House of Delegates • Shared ideas to create a customizable template for emergency preparedness — ensuring physicians are available to help in disasters • Shared information about physician disciplinary actions via FSMB’s Disciplinary Alert Service — reducing chance of unqualified physicians relocating 	<ul style="list-style-type: none"> › Work together to increase license portability from state to state, ensuring more efficiency for all boards › Raise visibility of the critical role state boards play in protecting the public › Advocate together for protection of state-level funding for resources needed to ensure boards can achieve their mission of public protection › Implementing MOL through pilot programs

Delaware: Increasing vigilance and awareness of child abuse

After a horrific case of child abuse by a pediatrician in Delaware, the state responded with a variety of swift actions, including a new requirement by the Delaware Board of Medical Licensure and Discipline that each Delaware physician licensee complete mandatory training on how to recognize child sexual and physical abuse, exploitation and domestic violence. Additionally, physicians are now required to understand their reporting obligations under the Medical Practice Act.



The mandatory training is just one part of a massive statewide effort that the board assisted with, aimed at raising awareness among stakeholders across multiple sectors — not just health care. “The theme of our statewide effort is ‘See the Signs, Make the Call,’” said Gayle MacAfee, the board’s executive director. “Physicians have to be vigilant and take action when needed.”

Iowa: Slide presentation raises awareness through humor

In an effort to raise awareness of the role the Iowa Board of Medicine (IBM) plays in medical regulation and public protection in the state, Executive

THOUSANDS of individuals make up the medical regulatory community in this country — ranging from board staff members to investigators and appointed officials.

Director Mark Bowden provides frequent presentations to the public, physicians and other stakeholders in the state’s health care system. He has found that his presentations are best received when they are customized to the audience — and include a touch of humor. “Many times, I am the last speaker on a day-long workshop, when attention-spans are short and getting shorter,” he said. “Consequently, I developed the ‘Top 10 Reasons Physicians Stumble’ with a humorous twist to gain attention and increase retention of the important information imparted.” The popular slide presentation, which looks at the variety of complaints IBM receives and the issues that can be troublesome for licensees, is part of a multi-pronged communication effort that includes website postings, news releases and social networking.

Indiana: Digital certification letters provide faster, less costly service

A new online service of the Medical Licensing Board of Indiana allows physicians to receive certification letters and license status information digitally, saving postal costs and speeding up the verification process. Users of the

STATE BOARD INNOVATION



Members of the North Dakota State Board of Medical Examiners took a break during a long day of meetings with FSMB staff and board visitors in 2010. FSMB offered a variety of forums for interactions between board members over the last year, including educational forums and monthly “roundtable” conference calls that allow boards to share ideas.

state's new Online Verification Service (OVS) receive a digital certification letter and license status information in PDF form, which include a U.S. postal mark to verify authenticity as of the date shown on the documents. The digital forms can be forwarded by email to institutions and other state licensing boards and are admissible in all courts. "Like all states, Indiana is faced with cost and budget constraints," said Board Director Kristen Kelly. "This new procedure is accurate, efficient, can easily be verified as authentic, is cost-effective for the practitioner and for the state, and is much faster than paper sent via regular mail."

North Carolina: An extra verification step pays dividends

Regulators in North Carolina are taking extra steps to ensure public information they receive from licensees is accurate. A state law that took effect in 2007 directs the North Carolina Medical Board (NCMB) to collect information from licensees in 13 categories, including hospital suspensions, actions by other medical boards and health regulatory agencies and convictions. The NCMB allows physicians and physician assistants to upload their information online, "but we found that the details submitted weren't always as accurate and complete as we might hope," said Public Affairs Director



Representatives of state boards contributed expertise and input into a number of FSMB initiatives in 2010-2011, including development of a framework for the Maintenance of Licensure (MOL) concept and special initiatives on physician reentry to practice and telemedicine.

Shared: FSMB helps facilitate the exchange of ideas and initiatives among state boards.

Jean Fisher Brinkley. In response, NCMB last year began a program in which a part-time staffer proactively checks licensee-submitted information for licensees with out-of-state agency actions and other flagged information against public records. "We are not required by law to take this step, but we view it as a service to both the public and our licensees," said Brinkley, adding that "licensee response to the program has been very positive."

Washington, D.C.: Special effort aims to engage physicians in training

The D.C. Board of Medicine, like other boards, is experimenting with ways to develop physicians-in-training as stronger advocates and participants in the medical regulatory process. "We believe that it is essential to build a positive lifelong professional relationship and that means reaching out to physicians early in their careers," said the board's executive director, Jacqueline Watson, DO, MBA. To help achieve this, the board voted to add two new board-member slots reserved for qualified senior postgraduate physicians/fellows-in-training; the request is pending with the District of Columbia. The board has also stepped up its efforts to educate residents and medical students about medical regulation and licensure, introducing a new outreach program that provides speakers and slide presentations to residents in the eight residency hospitals and students in the three medical schools in the District.





COMMUNICATIONS AND OUTREACH



Impact: A Stronger Network

“FSMB has been a great source of help for us as we have worked to increase our communications outreach to the public in our state. It’s important for boards to present their mission clearly to the people they serve.”

Timothy Turner | Secretary Treasurer, *Texas Medical Board*
Member, *FSMB Foundation Board of Directors*

AS THE VOICE OF THE NATION'S STATE MEDICAL AND OSTEOPATHIC BOARDS,

FSMB produces and distributes a variety of communications materials that articulate the basic mission and purpose of the boards, while raising visibility and awareness of their activities. Our goal is to offer a wide range of tools and resources to help state boards as they interact with various stakeholders — from physicians to the public. FSMB strives to help tell the story of the vital service that boards provide: protecting the public and maintaining the integrity of medicine. In 2010, FSMB introduced an array of new communications products and initiatives to achieve this goal — including a major update of its visual brand identity and several communications tools. Among the highlights:

- FSMB eNews.** In February 2010, we introduced *FSMB eNews*, a concise email newsletter that summarizes news and developments in the regulatory community and provides links to breaking news stories and resources from FSMB. Published twice a week, *eNews* helps connect state board members and staff with each other — encouraging exchange of information and ideas. *FSMB eNews* is complemented by its more in-depth partner publication, *Newsline*, distributed bi-monthly to state board staffs.
- FSMB website.** In November 2010, we launched a redesigned website, with streamlined navigation and better organized content. Visitors to www.fsmb.org have access to background information, statistics and data about state medical boards. The site provides model policies, news releases and other resources to help state medical and osteopathic boards as they communicate with internal and external audiences.
- Journal of Medical Regulation.** Formerly known as the *Journal of Medical Licensure and Discipline*, FSMB's peer-reviewed journal was re-launched as the *Journal of Medical Regulation* in 2010. The redesigned journal is more reader-friendly and includes new features to widen its impact as a forum for discussion of issues and trends in medical regulation. Susan R. Johnson, MD, MS, an obstetrics and gynecology professor at the University of Iowa, was named editor in chief in 2010.
- State and Regional Visits.** Person-to-person contact is an essential part of FSMB's communications activities. In order to build stronger relationships and keep Federation members better apprised of its advocacy on their behalf, FSMB increased its outreach in 2010, scheduling multiple board visits.
- Media Relations.** FSMB staff worked closely with many state boards as they responded to media calls from national media outlets in 2010-2011, such as the Associated Press, *The New York Times*, *USA Today* and CBS News. With informational publications such as "What Is a State Medical Board?" FSMB continued its long-term effort of helping the public better understand the role state boards play in the health care system.



Conveyed.

Where We've Been

- Launched new brand identity and strategic plan
- Redesigned website and peer-reviewed journal
- Created new publications, including *FSMB eNews*

Where We're Going

- Expand access to online communications support materials for members
- Raise visibility and awareness of advocacy issues of importance to state boards
- Promote awareness of FSMB's 2012 Centennial celebration



FSMB FOUNDATION



Impact: Adaptability

“ Medical regulation must grow and change as the environment around it changes. The Foundation contributes to this effort by supporting the vital research and education needed to shape a constantly adapting profession. ”

Cheryl A. Vaught, JD | President, *FSMB Foundation*
Member, *Oklahoma State Board of Osteopathic Examiners*

THE FSMB FOUNDATION IS THE PHILANTHROPIC ARM of the Federation of State Medical Boards, supporting research and education initiatives that advance the work of the nation’s state medical and osteopathic board system. FSMB Foundation funding and support helps state boards work more effectively, raising awareness of the role they play in protecting the public and strengthening the medical profession.

In 2009 the Foundation implemented a new strategic plan and governance structure designed to increase its effectiveness. In 2010 it completed its first full operational year under its new charter.

The Foundation’s new “Seek, Share, Serve” initiative offers three distinct modes of support for state boards, including funding research (Seek), providing resources for education (Share) and creating programs to help individuals who serve on state boards (Serve).

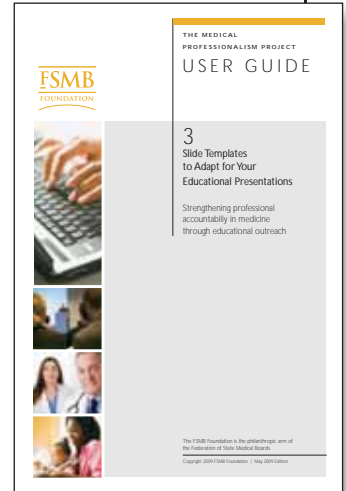
The Foundation’s key initiative in 2010-2011 was the launch of a new project intended to raise the visibility and importance of the role public members can play on medical and osteopathic boards.

Though most state medical and osteopathic board members are physicians, nearly all of the nation’s boards include members who are not medically trained. Over the last several decades, public membership on boards has increased, with boards seeking to give greater voice and representation of the views and perspectives of consumers. The Foundation’s initiative will produce a variety of resources, including several videos featuring consumer advocates and public members of boards discussing the important role that public members play. The Foundation also began publishing online chapters of a “primer” for public board members in 2010-2011 — a comprehensive manual that will provide extensive background on topics ranging from medical credentialing and professionalism to the malpractice process.

In addition to its Public Members Project, the Foundation continued to promote its Medical Professionalism Project in 2010-2011, undertaken in collaboration with Administrators in Medicine (AIM), which provides customizable slide decks and other materials that can be used by state boards to help them explain their role and activities to the public.

It also worked in partnership with FSMB to promote the Online Prescriber Education Network (OPEN), which educates health care professionals about pharmaceutical industry marketing practices, and “Responsible Opioid Prescribing: A Physician’s Guide,” a book the Foundation helped develop that offers physicians effective strategies for reducing the risk of addiction, abuse and diversion of opioids.

For more information about these programs, visit www.fsmb.org/foundation.html.



Nurtured.

Where We’ve Been

- **Launched new brand identity and strategic plan**
- **Introduced Public Members Project**
- **Promoted “Responsible Opioid Prescribing: A Physician’s Guide” and OPEN project**

Where We’re Going

- **Distribute Public Members Project video modules, featuring advice and commentary from public members and others**
- **Publish additional chapters of the online Public Members guidebook**
- **Fund new research and educational projects to benefit regulatory community**

**FEDERATION OF STATE MEDICAL BOARDS
2010-2011 LEADERSHIP**

The Federation of State Medical Boards represents a community of dedicated public servants, spread throughout the United States. Their commitment to protecting the public and ensuring the highest standards of medical quality is the key to the successful operation of the nation's medical regulatory system.

In this section of our annual report, we acknowledge the work of the many individuals who make up our committees, councils and boards. We thank them for their important contributions.

Board of Directors

Freda M. Bush, MD, FACOG

Chair
Mississippi

Janelle A. Rhyne, MD, MACP

Chair-elect
North Carolina

Martin Crane, MD

Immediate Past Chair and Acting Treasurer
Massachusetts

Humayun J. Chaudhry, DO, FACP

Secretary
FSMB President/CEO

Directors-at-Large

James M. Andriole, DO*

Florida Osteopathic

Hedy L. Chang

California Medical

Donald H. Polk, DO

Tennessee Osteopathic

Galicano F. Inguito, Jr., MD, MBA

Delaware

Scott A. Steingard, DO

Arizona Osteopathic

Ram R. Krishna, MD

Arizona Medical

Lance A. Talmage, MD

Ohio

Randal C. Manning, MBA, CMBE

Maine Medical

Jon V. Thomas, MD, MBA

Minnesota

Bruce W. McIntyre, JD

Rhode Island

Tully C. Patrowicz, MD

Florida Medical

Cheryl A. Vaught, JD*

Oklahoma Osteopathic

FSMB Foundation

Board of Directors

Cheryl A. Vaught, JD

President

Freda M. Bush, MD, FACOG

Director

Hedy L. Chang

Director

Humayun J. Chaudhry, DO, FACP

Secretary

Stephen E. Heretick, JD

Vice President

Susan M. Rose, DO

Treasurer

Timothy J. Turner

Director

FSMB Senior Staff

Humayun J. Chaudhry, DO, FACP

President and Chief Executive Officer

Sandra Waters, MEM

Chief Operating Officer

Todd Phillips, MBA

Chief Financial Officer

Michael P. Dugan, MBA

Chief Information Officer

Lisa A. Robin, MLA

Senior Vice President, Advocacy and
Member Services

Rita Hou-Mohsin, MBA

Vice President, Information Services

David A. Johnson, MA

Vice President, Assessment Services

*Leave of absence

**FSMB COMMITTEES
2010-2011 MEMBERSHIP**

Freda M. Bush, MD, FACOG
Chair

Audit Committee
1-year term, 5 Fellows

Martin Crane, MD
FSMB Acting Treasurer (Chair)
Massachusetts

Rohit K. Agrawal, DO
Pennsylvania Osteopathic

Subhi D. Ali, MD
Tennessee Medical

Guy L. Fish, MD, MBA
Massachusetts

Frank M. Hensley, MBA
Washington Medical

Carmela Torrelli
New York PMC

Gayle L. MacAfee, MS
(Associate Member)
Delaware

Ex Officio:

Freda M. Bush, MD
Chair
Mississippi

Janelle A. Rhyne, MD, MACP
Chair-elect
North Carolina

Finance Sub-Committee

*1-year term
5 Fellows and 2 Directors-at-Large*

Martin Crane, MD
FSMB Acting Treasurer (Chair)
Massachusetts

J. Daniel Gifford, MD, MPH
Alabama

LaSharn Hughes, MBA
Georgia

Galicano F. Inguito, Jr., MD, MBA
Delaware

Douglas D. Lee, MD
Arizona Medical

Tammy McGee, MBA
Minnesota

Geraldine T. O'Shea, DO
California Osteopathic

Scott A. Steingard, DO
Arizona Osteopathic

Ex Officio:

Freda M. Bush, MD, FACOG
Chair
Mississippi

Janelle A. Rhyne, MD, MACP
Chair-elect
North Carolina

Bylaws Committee
1-year term; 5 Fellows

Ralph C. Loomis, MD
Chair
North Carolina

Anne Britton
Arkansas

Joseph A. DiPietro, Esq.
Rhode Island

Wayne J. Reynolds, DO
Virginia

Thomas H. Ryan, JD, MPA
(Associate Member)
Wisconsin

Barbara Yaroslavsky
California Medical

Ex Officio:

Freda M. Bush, MD, FACOG
Chair
Mississippi

Janelle A. Rhyne, MD, MACP
Chair-elect
North Carolina

Board Liaison:

Cheryl A. Vaught, JD
Oklahoma Osteopathic

Editorial Committee
3-year term; eligible for 2 terms

Susan R. Johnson, MD, MS
Editor in Chief
Iowa, 2nd term

John W. Graves, JD
Kentucky, 1st term

Rebecca J. Hafner-Fogarty, MD
Minnesota, 1st term

Michael K. Helmer
Michigan Medical, 1st term

Ruth Horowitz, PhD
New York PMC, 1st term

C. Grant La Farge, MD
New Mexico Medical, 2nd term

Michael E. Norins, MD, MP
North Carolina, 2nd term

Sandra L. Osborn, MD
Wisconsin, 2nd term

Sindy Paul, MD
New Jersey, 1st term

Leticia J. San Diego, PhD
Michigan, 1st term

Danny M. Takanishi, Jr., MD
Hawaii, 2nd term

William A. Walker, MD
North Carolina, 1st term

Education Committee
1-year term, 8 members

Freda M. Bush, MD, FACOG
FSMB Chair (Chair)
Mississippi

Janelle A. Rhyne, MD, MACP
FSMB Chair-elect
North Carolina

Martin Crane, MD
FSMB Immediate Past Chair
Massachusetts

Deborah J. Bruce, JD
Oklahoma Osteopathic

Robert P. Fedor, DO
Florida Osteopathic

W. Gene Musser, MD
Wisconsin

Dinesh Patel, MD
Massachusetts

Janet K. Salomonson, MD
California Medical

Robert M. Vanecko, MD
Illinois

Richard A. Whitehouse, Esq.
(Associate Member)
Ohio

Barbara S. Schneidman, MD, MPH
(Honorary Fellow)
Washington Medical

Nominating Committee

2-year term. 7 Fellows, including Immediate Past Chair. At least 1 Fellow to be a non-physician

Martin Crane, MD
Immediate Past Chair (Chair)
Massachusetts

C. Deborah Cross, MD
New York PMC

Marion O'Neill Lee, Jr., MD, MBA
Georgia

Ernest E. Miller, Jr., DO
West Virginia Osteopathic

Raymond L. Moore, Sr., MS
Delaware

Mary Lynn Moran, MD
California Medical

Gregory B. Snyder, MD, DABR
Minnesota

Special Committee on Reentry to Practice

Barbara S. Schneidman, MD, MPH
Chair
Washington Medical

Ronald R. Burns, DO
Florida Osteopathic

Claudette E. Dalton, MD
Virginia

Kathleen Haley, JD
Oregon

Ellen J. Harder, PA
Washington Medical

Robert C. Leivers, DMin
Colorado

Mark Lyles, MD
Association of American
Medical Colleges

William R. Martin, III, MD
American Academy of
Orthopaedic Surgeons

Holly J. Mulvey, MA
American Academy of Pediatrics

W. Gene Musser, Jr., MD
Wisconsin

John E. Prescott, MD
Association of American
Medical Colleges

Stancel M. Riley, Jr., MD, MPH
Massachusetts

Michael Sheppa, MD
North Carolina

Facilitator:
Kathleen R. Henrichs, PhD
Henrichs & Associates

Ex Officio:
Freda M. Bush, MD, FACOG
Chair
Mississippi

Janelle A. Rhyne, MD, MACP
Chair-elect
North Carolina

FSMB Maintenance of Licensure (MOL) Implementation Group

Steven J. Stack, MD
Chair
American Medical Association

John Becher, DO
AtlantiCare Regional Medical Center

Hedy L. Chang
California Medical

Rosemary Gibson, MSc

Margaret Hansen, PA-C, MPAS
South Dakota

Richard Hawkins, MD
American Board of Medical
Specialties

Peter Katsufraakis, MD
National Board of Medical
Examiners

William S. Mayo, DO
Mississippi

Robert L. Phillips, Jr., MD
Robert Graham Center

Richard Whitehouse, JD
Ohio

Ex Officio:
Freda M. Bush, MD, FACOG
Chair

Janelle A. Rhyne, MD, MACP
Chair-elect

Martin Crane, MD
Immediate Past Chair and
Acting Treasurer

Humayun J. Chaudhry, DO, FACP
FSMB President/CEO

Facilitator:
Kathleen R. Henrichs, PhD
Henrichs & Associates

FSMB Telemedicine Workgroup Steering Committee

Freda M. Bush, MD
FSMB Chair (Chair)

Dale C. Alverson, MD
University of New Mexico

Robert J. Corona, Jr., DO
Welch Allyn, Inc.

Lynn D. Fleisher, PhD, JD
Sidley Austin LLP

Ram R. Krishna, MD
Arizona Medical

Gregory B. Snyder, MD
Minnesota

Timothy J. Turner
Texas

Advisors:

James M. Andriole, DO
Florida Osteopathic

Deborah J. Bruce, JD
Oklahoma Osteopathic

Robert M. Vanecko, MD
Illinois

FSMB Impaired Physicians (PHP) Workgroup

James A. Bolton, PhD
Chair

Michael R. Arambula, MD, PharmD
Texas

Keith H. Berge, MD
Minnesota

Richard D. Fantozzi, MD
California Medical

P. Bradley Hall, MD
West Virginia Medical

Dianna D. Hegeduis, Esq.
Nevada Osteopathic

Warren Pendergast, MD
North Carolina Physicians
Health Program

Judy S. Rivenbark, MD
Florida Professionals Resource
Network, Inc.

William V. Roeder, JD
New Jersey

Consultants:

Gary D. Carr, MD
Mississippi Professionals Health
Network, Inc.

Norman T. Reynolds, MD

Ex-Officio:
Freda M. Bush, MD, FACOG
Chair

Board Liaison:
Scott A. Steingard, DO
Arizona Osteopathic

Post-Licensure Assessment System Governing Committee

*FSMB members – 4 appointments
3-year term; eligible for 2 terms*

R. Russell Thomas, Jr., DO, MPH
Chair
Texas, 2nd term

William S. Mayo, DO
Mississippi, 1st term

Lee E. Smith, MD
West Virginia Medical, 2nd term

Ex Officio:
Humayun J. Chaudhry, DO, FACP
FSMB President/CEO

Post-Licensure Assessment System Program Committee
3-year term; eligible for 2 terms

David R. Grube, MD
Chair
Oregon, 2nd term

Philip J. Burstein, MD
2nd term

Randolph J. Canterbury, II, MD
2nd term

Laurie K. Davies, MD
Florida Medical, 2nd term

Kimberly Ephgrave, MD
2nd term

John G. Gianopoulos, MD
1st term

David R. Grube, MD
Chair
Oregon, 2nd term

Cecilia Mouton, MD
2nd term

Carl M. Myers, MD
Missouri, 2nd term

David J. Rydell, DO
Maine Osteopathic, 1st term

Harry J. Sauer, MD
Michigan Medical, 2nd term

USMLE Composite Committee
FSMB Members – 5 appointments plus 1 alternate. 3-year term; eligible for 2 terms; term limitation waived for CEO

Daniel R. Kimball, MD
Pennsylvania Medical, 2nd term

Martin Crane, MD
Massachusetts, 1st term

Bruce H. Hasenkamp, JD
California Medical, 1st term

N. Stacy Lankford, MD
Indiana, 1st term

Humayun J. Chaudhry, DO, FACP
FSMB President/CEO

Alternate:
Freda M. Bush, MD, FACOG
Mississippi

USMLE Step 3 Committee
3-year term; eligible for 2 terms

Patricia S. Beach, MD
Chair
2nd term

Steven I. Altchuler, MD, PhD
Minnesota, 1st term

Cynthia S. Cooper, MD
New Hampshire, 2nd term

Michael Czarnecki, DO
2nd term

John G. Gianopoulos, MD
1st term

Galicano F. Inguito, Jr., MD, MBA
Delaware, 2nd term

Daniel B. Kimball, Jr., MD
Pennsylvania Medical, 2nd term

Kim Edward LeBlanc, MD, PhD
Louisiana, 2nd term

Peter Madras, MD
1st term

David Munter, MD
1st term

Janelle A. Rhyne, MD, MACP
North Carolina, 1st term

Tully C. Patrowicz, MD
Florida Medical, 1st term

Patricia Whitley-Williams, MD
1st term

USMLE Budget Committee
FSMB Members. Term is open-ended; 2 years recommended. Chair alternates between CEOs; 5 FSMB/5 NBME

Humayun J. Chaudhry, DO, FACP
FSMB President/CEO

Freda M. Bush, MD, FACOG
FSMB Chair

Janelle A. Rhyne, MD, MACP
FSMB Chair-elect

Martin Crane, MD
FSMB Acting Treasurer

Todd A. Phillips, MBA
FSMB Chief Financial Officer

American Board of Medical Specialties (ABMS)
4-year term as Liaison

Jon V. Thomas, MD, MBA
Minnesota, 1st term

Accreditation Council for Continuing Medical Education (ACCME)
3-year term

Harold J. Sauer, MD
Michigan Medical, 2nd term

Kim Edward LeBlanc, MD, PhD
Louisiana, partial term

Followed by full term

ACCME Accreditation Review Committee (ARC)

Initial 2-year term followed by 2nd term specified by the ACCME Board, not to exceed a total of 6 years

Linda Gage-White, MD
Louisiana, 1st term

Ronald L. Johnson, MD
Illinois, 1st term

Surinder K. Kad, MD
Kentucky, 1st term

Accreditation Council for Graduate Medical Education (ACGME)
4-year term as Liaison

J. William McCord, DO
Tennessee Osteopathic, 2nd term

Educational Commission for Foreign Medical Graduates (ECFMG)
4-year term

Thomas D. Kirksey, MD, FACS
Texas, 2nd term

Ram R. Krishna, MD
Arizona Medical, 1st term

National Board of Medical Examiners (NBME)
4-year term; eligible for 2 terms

Peter B. Ajluni, DO, FACOS
Past President, AOA, 1st term

Doris C. Brooker, MD
Minnesota, 2nd term

Barbara S. Schneidman, MD, MPH
Washington Medical, 1st term

William R. Martin, III, MD
Arizona Medical, 1st term

Cheryl E. Winchell, MD, PA
Maryland, 2nd term

National Commission on Certification of Physician Assistants (NCCPA)
4-year term

Ellen J. Harder, PA
Washington Medical, 2nd term

MISSION

FSMB leads by promoting excellence in medical practice, licensure, and regulation as the national resource and voice on behalf of state medical boards in their protection of the public.

VALUES

FSMB, an organization of state medical boards, embraces these equally important values:

Public Protection: Promotes public health, safety and welfare through its member boards.

Leadership: Demonstrates innovation, cooperation and responsiveness.

Integrity: Incorporates honesty, ethical behavior, reliability and transparency in all its operations and services.

Excellence: Promotes and maintains high standards of performance and a commitment to continuous improvement, efficiency and effectiveness.

Commitment to Service: Provides support and high quality service to its member boards.

STRATEGIC GOALS

Advocacy and Policy Leader: Enhance the role of state medical and boards in an evolving health care environment by leading, anticipating and responding to trends in medical regulation.

Consistent Standards: Effectively lead, assist and support state medical boards to develop and use consistent standards, language, definitions, and tools.

Information Resource: Be recognized by the public and policymakers as a valued informational and educational resource for medical licensure and regulation.

Organizational Improvement: Enhance its organizational vitality and nimbleness, broaden its financial resources, and provide a technology platform adequate for the evolving needs of the FSMB.

Partnerships: Engender greater participation and engagement among its member boards and more effective relationships with national and international organizations as a trusted and reliable partner.

Support for State Medical Boards: Offer relevant policy, programs, education and services to state medical boards that result in improved quality and safety of patient care through effective and fair medical regulation and discipline.



We Help.

Federation of State Medical Boards

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