Federation of State Medical Boards
Public Policy Compendium
2017-18

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Policies

CONTINUING MEDICAL EDUCATION

100.1 **Formation of Accreditation Council for Continuing Medical Education (ACCME)**

The FSMB Board of Directors approved the formation of the ACCME, its budget, Essentials, and bylaws.
BD, October 1980

100.2 **Mandating Continuing Medical Education**

The FSMB believes mandatory continuing medical education is a matter reserved for the individual state jurisdictions.
HD, April 1980

100.3 **Post-residency Skills and Procedures-based Retraining**

The FSMB will assist state medical boards in identifying and developing—in conjunction with other organizations—new post-residency skills and procedures retraining programs in specialties dependent on skills and procedures competencies.
HD, April 1996

100.4 **Point of Care Learning**

The FSMB recommends that continuing medical education credits be given for point of care learning, described as practice-based learning that takes place in support of specific patient care and that publishers and; vendors of information resources be encouraged to incorporate time-keeping or automated use-recording into their products.
HD, May 2005

100.5 **Participation in ABMS MOC and AOA BOS OCC Programs to Meet CME Requirements for License Renewal**

The Federation of State Medical Boards (FSMB) supports the use of, and encourages state boards to recognize, a licensee's participation in an ABMS MOC and/or AOA BOS OCC program as an acceptable means of meeting CME requirements for license renewal.
HD, April 2012

MEDICAL EDUCATION

110.1 Medical School Curriculum

The FSMB opposes attempts by legislative bodies to mandate specific details of the curriculum of accredited medical schools in the United States and Canada. This should remain the responsibility of the faculties of these schools and the accrediting body, to permit and encourage adaptation of medical student education to the future challenges medical students will face as physicians in the rapidly changing practice of medicine.
HD, April 1985

110.2 Medical Students Attending Board Meetings

The FSMB recommends that medical students enrolled in an approved medical school be encouraged to attend either their state medical board meeting or a meeting sponsored by their state medical board for the purpose of educating medical students regarding the responsibilities as a licensed physician and the specific ramifications of violating medical regulations.
HD, April 2000

110.3 Report on Licensure of Physicians Enrolled in Postgraduate Training Programs

The FSMB approves as policy the recommendations contained in the Report on Licensure of Physicians Enrolled in Postgraduate Training Programs, developed by the FSMB's Legislative and Legal Advisory Committee.
HD, April 1996

110.4 Education of Medical Students, Interns, Residents and Related Faculty on Licensure and Attendant Good Conduct Requirements

The FSMB shall continue to provide access to new and existing presentation materials for boards to use to educate medical students, interns, residents and appropriate faculty on medical licensure and regulation. The FSMB shall seek funding for the development of educational modules to be used in medical schools and residency programs.
HD, April 2003

110.5 Report of the Special Committee on the Evaluation of Undergraduate Medical Education

The FSMB adopts as policy the recommendations contained in the Report of the Special Committe on the Evaluation of Undergraduate Medical Education.
HD, April 2006

110.6 Medical Education in Substance Abuse

The FSMB will develop methods and/or modules of information to be used to educate medical students, residents and practicing physicians regarding the identification of substance use disorders, intervention and the proper prescribing of controlled substances.
HD, May 2007

110.7 Shortening Undergraduate Medical Education

The FSMB will work in collaboration with the AAMC, AACOM, AMA and the AOA to study the value of shortening the duration of undergraduate medical education from four years to three years and its impact collectively on access to care, patient outcomes, patient safety and medical student indebtedness.
HD, 2013

EXAMINATIONS

120.1 English Administration of Licensing Exams

The FSMB reaffirms its policy that licensing examinations for U.S. jurisdictions be administered in English only.
BD, May 1979
BD, October 1995, Revised

120.2 Special Purpose Examination (SPEX) Use Statement

The FSMB accepts as policy the following statement for SPEX use:
SPEX is a cognitive examination to assist licensing jurisdictions in their assessment of current competence requisite for general, specialty-undifferentiated medical practice by physicians who hold or have held a valid unrestricted license in a United States or Canadian jurisdiction.
BD, April 1987

120.3 Release of SPEX Score Reports

The FSMB endorses the release of SPEX score performance profile information, including information regarding limitations of the performance information, to the examinee and the sponsoring state medical boards.
HD, April 1998

120.4 Clinical Skills Assessment as Part of Licensure Process

The FSMB supports and encourages the development and use of an evaluation of clinical skills as a component of the physician licensure process for all medical students.
BD, October 1987

120.5 Single Examination for Medical Licensure

The FSMB reaffirms its commitment to establish a single examination for medical licensure in collaboration with other concerned organizations and adopts as an official FSMB position paper the document A Proposal for a Single Examination for Medical Licensure.
HD, April 1989

The FSMB reaffirms its policy that USMLE be the single pathway to licensure for all U.S. allopathic physicians.
HD, April 1999
HD, April 2012, Revised

120.6 Enhancement of the USMLE

The FSMB endorses the Strategic Plan for Enhancement of the USMLE adopted by the USMLE Composite Committee.
HD, April 1995

120.7 Hybrid Examination Combinations

The FSMB approves the following guidelines relevant to FLEX 1 and 2:

- Candidates, who passed FLEX Component 1 before 1994 and pass the USMLE Step 3 within seven years of the original FLEX pass, will be recommended as having met acceptable licensing examination requirements.
- Candidates (likely only international medical graduates) who have passed NBME Part I or USMLE Step 1 and NBME Part II or USMLE Step 2 before 1994, and who pass FLEX Component 2 before 1994, will be recommended as having met acceptable licensing examination requirements.

BD, February 1992

120.8 Examination History

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.

In reporting the results from all queries of the FSMB 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.
HD, April 1984

HD, May 29, revised

120.9 **Common Examination System**

The FSMB recognizes the USMLE and COMLEX-USA as valid exams for their intended purposes. To assure the public that all physicians are meeting a uniform standard for purposes of medical licensure, the FSMB may collaborate with interested parties to develop a common licensing examination system that advances both osteopathic and allopathic medical licensure while maintaining the distinctiveness of both professions.

HD, April 2001

HD, May 28, Revised

120.10 **Inclusion of Pain, Pain Assessment and Pain Management Questions on National Standardized Licensure Examinations**

The FSMB will encourage the NBME, the NBOME and other appropriate organizations to ensure that questions related to pain mechanisms, pain assessment, and pain management be included in all standardized medical licensing examinations, emphasizing the importance of appropriate pain management in quality medical care.

HD, April 2002

120.11 **Evaluation of Licensure Examinations**

The FSMB will develop a mechanism for continuous evaluation of the evidence developed by the USMLE and COMLEX-USA programs to support the validity of decisions being made by state medical boards on the basis of test scores, and that reports regarding the outcomes of such evaluation be provided to the membership on a regular basis.

HD, May 2004

120.12 **Report of Committee to Evaluate the USMLE Program (CEUP) (HD)**

The member boards of the Federation of State Medical Boards resolve:

To adopt the Final Report and Recommendations of CEUP as a conceptual framework for the continued improvements in the USMLE examination program;

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.

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;

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

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.

HD, May 2009

SPECIALTY BOARD CERTIFICATIONS

130.1 Licensure by Specialty

The FSMB opposes licensure by specialty.

HD, April 1982

130.2 **License Restriction/Board Certification**

It is the position of the FSMB that a physician who has a restricted license and is allowed to practice clinical medicine under board supervision and is complying with all the terms and conditions of his/her license restriction, should be allowed to be a candidate for specialty board certification, re-certification or maintenance of certification.

HD, April 1992

HD, May 25, Revised

130.3 **License Restrictions and Specialty Board Certification**

The FSMB shall establish an ongoing dialogue with allopathic and osteopathic specialty boards regarding restrictions on medical licenses due to a mental or physical disability and specialty board certification. The primary purpose would be to develop mechanisms allowing physicians with physical or mental disabilities to obtain and maintain specialty board certification without compromising public protection.

HD, April 1998

The FSMB will continue discussions with the American Board of Medical Specialties and the American Osteopathic Association regarding the issue of eligibility for specialty recertification of physicians with licensure restrictions. The FSMB will explore the possibility of developing alternate mechanisms which would allow physicians to be eligible for specialty recertification while preserving medical board oversight of their recovery program.

HD, April 1999

TELEMEDICINE and LICENSE PORTABILTY

140.1 **Report of the Special Committee on License Portability**

The FSMB adopts as policy the recommendations contained in the Report of the Special Committee on License Portability.

HD, April 2002

140.2 **Disaster Preparedness and Licensing**

The FSMB will cooperate with federal and state legislators, agencies, and organizations in facilitating the movement of properly licensed physicians among FSMB member licensing jurisdictions in support of necessary emergency medical response

HD, April 2002

140.3 **License Portability During a Public Health Emergency**

Resolved that state medical boards cooperate and support each other to further license portability in the event of a public health emergency and assist FSMB in verifying licensure and qualifications by regularly providing FSMB with licensure and contact information on all licensees; and that the FSMB study issues relative to license portability during an emergency including, but, not limited to, joining with other organizations or entities to determine the best manner to provide necessary medical care and maintain licensure autonomy for the individual states.

HD, April 2006

140.4 Interstate Mobility of Physicians

Resolved, that the Federation of State Medical Boards takes steps to assist its member boards to evaluate their own statutes, rules and regulations and where necessary and appropriate modify those statutes, rules and regulations to provide for the rapid research, training or unique clinical care.

140.5 Definition of Telemedicine

"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.
HD, May 2009

140.6 Development of an Interstate Compact to Expedite Medical Licensure and Facilitate Multi-State Practice

The FSMB will convene representatives from state medical boards and special experts as needed to aggressively study the development of an Interstate Compact model to facilitate license portability hereinafter known as the Medical License Portability Interstate Compact model and be it further that the this be initiated no later than July 2013.
HD, April 2013

140.7 Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine

The FSMB adopts as policy the Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine.
HD, April 2014

LICENSURE REQUIREMENTS

150.1 Requirements Unrelated to the Practice of Medicine

The FSMB opposes enactment by any jurisdiction of requirements for initial physician licensure not reasonably related to the qualifications and fitness of individuals to practice medicine, and, instead, have in view the implementation of social, economic or political policies of the jurisdiction at a particular moment, however well-intentioned or justified those policies may appear.
HD, April 1987
HD, April 1997, Revised

150.2 Report of the Ad Hoc Committee on Licensure by Endorsement

The FSMB adopts as policy the recommendations contained in the report, Licensure by Endorsement, developed by the Ad Hoc Committee on Licensure by Endorsement.
HD, April 1995

150.3 Criminal Record Check

The FSMB reaffirms its policy that all state medical boards conduct criminal record checks as part of the licensure application process. The FSMB encourages all state medical boards to require any applicant with a criminal history report to appear before the board for questioning to evaluate the applicant's degree of risk to the public in determining fitness for licensure. The FSMB will develop legislative or administrative approaches that will assist member boards who wish to have the authority to require criminal background checks for applicants for professional licensure.
HD, April 2001

150.4 Setting Higher Standards for Unrestricted Licensure

The FSMB will, in collaboration with other stakeholders, examine the benefits as well as the potential harms and unintended consequences that could occur as a result of requiring all applicants for licensure to have completed 36 months of progressive postgraduate medical training.
HD, April 2013

150.5 Sports Team Physicians

The FSMB adopts as policy the recommendation contained in the Report of the Workgroup on Innovations in State-based

Licensure that sports team physicians are held exempt from the state licensure requirement, as follows:

A physician licensed in another state, territory, or jurisdiction of the United States is exempt from the licensure requirements in (name of state) if the physician is employed or formally designated as the team physician by an athletic team visiting (name of state) for a specific sporting event and the physician limits the practice of medicine in (name of state) to medical treatment of the members, coaches and staff of the sports entity that employs (or has designated) the physician.
HD, April 2014

OTHER

160.1 **Military/Government Employed Physicians**
All physicians, other than those in training, be required to have a full and unrestricted license in at least one state and that exemptions not be made for physicians in the armed forces, Public Health Service or other governmental agencies.
BD, December 1977
BD, July 1996, Revised

160.2 **Liability Insurance**
Professional liability insurance is an economic issue, not to be linked with medical licensure.
HD, April 1995

160.3 **Verifying Credentials of Physicians in Postgraduate Training Programs**
The FSMB urges its member boards to bring reasonable procedures and rules into effect or encourage enactment of laws which would ensure thorough verification and authentication of the credentials of all medical school graduates in training programs and who do not hold a full and unrestricted license to practice medicine.

The FSMB recommends that, in those jurisdictions that provide for credentials verification by the directors of medical education of the training institutions, deans of the medical schools, hospital administrators, or other responsible individuals involved with medical school graduates, such verification be certified to the state medical board or, where the state medical board has no authority, to an appropriate state agency.
HD, April 1985

160.4 **Federation Credentials Verification Service (FCVS) and Educational Commission on Foreign Medical Graduates (ECFMG) to Expedite Licensure**
The FSMB, through the FCVS, pursue cooperative efforts with the ECFMG to reduce duplication of efforts and redundancy in primary source verification.
HD, April 2003

160.5 **Credentials Verification for International Medical Graduates**
The FSMB shall continue to monitor and encourage the progress of the FCVS/ECFMG initiative, and for the FSMB and its member boards to strongly recommend that International Medical Graduates establish an FCVS profile for the purpose of securing and protecting their medical school credentials for a lifetime of license portability and practice.
HD, April 2006

160.6 **Framework on Professionalism in the Adoption and Use of Electronic Health Records**
The FSMB adopts as policy the Framework on Professionalism in the Adoption and Use of Electronic Health Records
HD, April 2014

160.7 **Advocacy Efforts in Response to Antitrust Concerns of State Medical Boards**
The FSMB adopts a resolution calling for advocacy against the expanded application of antitrust principles that may compromise patient safety, and for FSMB to assist state boards facling litigation alleging antitrust violations.
HD, April 2016

IMPAIRED PHYSICIANS

170.1 AMA Report on the Use of Alcohol by Physicians

The FSMB supports the guidelines established by the American Medical Association (AMA) regarding physicians' ingestion of alcohol and patient care (H-30.960 Physician Ingestion of Alcohol and Patient Care).

HD, April 1993

HD, April 2012, Revised

170.2 **Addressing Sexual Boundaries: Guidelines for State Medical Boards**

The FSMB adopts as policy Addressing Sexual Boundaries: Guidelines for State Medical Boards, superseding the Report on Sexual Boundary Issues.

HD, April 1996

HD, April 2006, Revised

170.3 **Credit Against License Suspensions or Restrictions**

The FSMB recommends to all member boards that, for cases of license suspension or restriction, any time during which a disciplined physician practices in another jurisdiction without comparable restriction should not be credited as part of the period of suspension or restriction.

HD, April 1993

170.4 **Policy on Physician Impairment**

The FSMB adopts as policy the Policy on Physician Impairment, superseding the Report on Physician Impairment (HOD 1995).

HD, April 2011

170.5 **Report of the Special Committee on Reentry for the Ill Physician**

The FSMB adopts as policy the five recommendations contained in the Report of the Special Committee on Reentry for the Ill Physician.

HD, April 2013

NATIONAL DATA BANKS

180.1 **Centralized Database of Licensing Profiles**

The FSMB recognizes the need for a centralized database displaying the licensing profile of all practicing physicians and the need of the individual state medical boards for ready access to such a file, as well as the value of such a centralized database for analysis of practice trends, especially designation and distribution of physicians and the dynamics of geographical distributional changes of physicians. The FSMB endorses efforts in conjunction with the NBME to obtain appropriate funding to design and engage in a process leading to the development and implementation of a computerized national tracking system containing longitudinal data relevant to the licensure status of all physicians within the licensing jurisdictions of the United States. Representatives of the constituent medical boards of the FSMB endorse the concept of the centralized computerized database and express their intent to participate in the implementation of the process by the individual state medical boards.

HD, April 1980

180.2 **Reporting to the Board Action Data Bank (BADB)**

The FSMB encourages all state medical boards to report all board actions to the FSMB's Board Action Data Bank, including denials and/or withdrawals for cause, as quickly as possible but no later than 30 days after actions are taken.

HD, April 1996

The FSMB encourages all member boards to include disclosure language in all board orders.

BD, October 1997

All state licensing boards report all formal board actions to BADB, including non-prejudicial actions.

BD, January 1980

The FSMB will expand its database to include all licensed physicians.
BD, October 1997

The FSMB encourages all state medical boards enacting emergency actions to immediately contact the FSMB Physician Data Center to provide information on individuals who are subject to these actions. The FSMB encourages state medical boards taking emergency action to immediately transmit a copy of the emergency order to the FSMB Physician Data Center so that notification can be immediately transmitted to all other states wherein the physician is licensed, applying for licensure, or in post-graduate training and/or residency.

The FSMB Physician Data Center will provide timely notification to member boards of disciplinary actions taken by other state medical boards through a Disciplinary Alert Report. The FSMB encourages all state medical boards to provide data files and timely updates to the FSMB Physician Data Center, so that there will exist a national database comprised of current and complete information which can be accessed by all states in which a physician is licensed or seeking licensure. The FSMB encourages the executive directors of all medical boards in states enacting emergency actions to immediately determine all other states of licensure for individuals subject to such emergency actions. The director of the board enacting the emergency action shall then immediately advise those directors of other boards where the licensee is known to hold another medical license about the emergency action. This contact should occur as close to the same day of the board action as is possible. This will ensure optimal public protection and the most timely notification possible while processes for drafting, serving and disseminating legal orders for the emergency action take place.
HD, April 2001

180.3 National Practitioner Data Bank (NPDB)
The FSMB supports continued monitoring of the progress and development of the National Practitioner Data Bank (NPDB) and continued dialogue with the Health Resources Services Administration staff regarding potential future modifications in the NPDB.
BD, April 1991

180.4 Public Access
The FSMB approves an initiative to develop a means to provide public access to national physician data base information.
BD, February 1998

CONDUCT AND ETHICS
190.1 Report of the Special Committee on Professional Conduct and Ethics
The FSMB adopts as policy the recommendations contained in the Report of the Special Committee on Conduct and Ethics.
HD, April 2000

190.2 Model Guidelines for the Appropriate Use of the Internet in Medical Practice
The FSMB adopts as policy the Model Guidelines for the Appropriate Use of the Internet in Medical Practice.
HD, April 2002

190.3 Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice
The FSMB adopts as policy the Model Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice.
HD, April 2012

190.4 Best Practices in the Use of Social Media by Medical and Osteopathic Boards
At its 2016 Annual Meeting, the FSMB shall present information on current uses of social media by regulatory agencies and collect and disseminate information on best practices for regulatory agencies to follow in using social media and other forms of communication to publicize Board news and information, including public disciplinary actions.

HD, April 2015

190.5 **Position Statement on Practice Drift**
The FSMB adopts as policy the position contained in the Position Statement on Practice Drift.
HD, April 2016

190.6 **Position Statement on Duty to Report**
The FSMB adopts as policy the position contained in the Position Statement on Duty to Report.
HD, April 2016

190.7 **Position Statement on Sale of Goods by Physicians and Physician Advertising**
The FSMB adopts as policy the position contained in the Position Statement on Sale of Goods by Physicians and Physician Advertising.
HD, April 2016

INTERNATIONAL MEDICAL REGULATION

200.1 **Clinical Clerkships for Foreign Medical Graduates**
The FSMB encourages all member boards to bring rules into effect or to encourage enactment of laws authorizing the respective state boards of medical examiners or appropriate state agency to regulate the clinical clerkships of those students from medical schools not approved by the Liaison Committee on Medical Education or the American Osteopathic Association, where such rules or laws are not already in effect.
HD, April 1985

200.2 **International Association of Medical Regulatory Authorities (IAMRA)**
The FSMB and its representatives to IAMRA be encouraged to seek opportunities to share information with the international community on matters related to education, training and licensure for both osteopathic and allopathic physicians in the United States. At the time that a formal membership structure is established, the IAMRA Office of the Secretariat forward information regarding associate membership to the AMA, AOA, ACGME, LCME, ABMS and other appropriate organizations.
HD, April 2001

SCOPE OF PRACTICE

210.1 **National Commission on Certification of Physician Assistants (NCCPA) Examination**
The FSMB urges state boards that regulate physician assistants to formulate rules and regulations that would permit acceptance of the examination of the NCCPA in the authorization of physician assistants in their respective states.
BD, February 1976

210.2 **Participation in the NCCPA**
The FSMB supports continued participation on the NCCPA Board of Directors and encourages and supports the NCCPA.
BD, October 1990

210.3 **Non-physician Duties and Scope of Practice**
A non-physician should be permitted to provide medical services delegated to him or her by a supervising physician consistent with state law, as long as those medical services are within his or her training and experience, form a usual component of the supervising physician's practice of medicine, and are provided under the direction of the supervising physician.
BD, July 1998

210.4 **Scope of Practice Information for Non-Physician Health Care Professionals**
The FSMB will maintain information on scopes of practice of licensed non-physician health care professionals and make the information available to member medical boards.
HD, April 2000

HD, April 2012 Revised

210.5 Delegation of Medical Functions to Unlicensed Individuals

The FSMB will maintain new and existing legislation/regulations and other information on the delegation of medical functions and make the information available to member medical boards and other interested parties.

HD, April 2003

210.6 Use of "Doctor" Title in Clinical Settings

The FSMB work with the Scope of Practice Partnership and other stakeholders, including associations of health professional regulatory boards and patient advocacy groups, in supporting state legislation to provide transparency for patients seeking a health care professional;

The FSMB, through its advocacy network, support the Healthcare Truth and Transparency Act of 2010 or similar federal legislation designed to assure patients receive accurate information about the qualifications and licensure of health care professionals; and,

Adopted the following policy statement: Health care practitioners who provide health services to consumers and are legally authorized to use the term "doctor" or "physician" or any abbreviation thereof, should be required to simultaneously and clearly disclose and identify which branch of the healing arts for which they are licensed. Such disclosure should apply to written advertisements, identification badges, and any other form of practitioner/patient communications.

HD, May 2009

HD, April 2011

MEDICAL BOARDS: STRUCTURE AND FUNCTION

220.1 Elements of a State Medical and Osteopathic Board

The FSMB adopts as policy the sixth edition of the Elements of a State Medical and Osteopathic Board.

BD, October 1989

HD, May 1998, Revised

HD, April 2006, Revised

HD, May 2009, Revised

HD, April 2012, Revised

HD, April 2015, Revised

220.2 Essentials of a State Medical and Osteopathic Practice Act

The FSMB adopts as policy the fifteenth edition of the Essentials of a State Medical and Osteopathic Practice Act.

BD, February 1956

BD, February 1970, Revised

BD, February 1977, Revised

BD, February 1985, Revised

BD, October 1987, Revised

BD, February 1991, Revised

BD, February 1994, Revised

HD, April 1997, Revised

HD, April 2003, Revised

HD, April 2003, Revised

HD, April 2006, Revised

HD, May 2009, Revised

HD, April 2010, Revised

HD, April 2012, Revised

HD, April 2015, Revised

220.3 Maintaining State-based Medical Licensure and Discipline: A Blueprint for Uniform and Effective Regulation of the Medical Profession

The FSMB adopts as policy the recommendations contained in Maintaining State-based Medical Licensure and Discipline: A Blueprint for Uniform and Effective Regulation of the Medical Profession from the Special Committee on Uniform Standards and Procedures.
HD, April 1998

220.4 Funding

The FSMB urges state legislatures to provide their state medical licensing boards adequate resources to properly discharge their responsibilities and duties.
BD, January 1980

220.5 Report of the Special Committee on Physician Profiling

The FSMB adopts as policy the recommendations contained in the Report of the Special Committee on Physician Profiling.
HD, April 2000
HD, April 2002, Revised

220.6 Information Exchange Between Boards

The FSMB policy adopted in 1998 and reaffirmed in the Report of the Special Committee on License Portability encourages member boards to share investigative information at the early stages of a complaint investigation in order to reduce the likelihood that a licensee may become licensed in one state while under investigation in another state. The FSMB will collaborate with other interested organizations and agencies in addressing communication barriers resulting from variances in state confidentiality laws. The FSMB will maintain and distribute information related to state confidentiality laws to its member medical boards.
HD, April 2002

220.7 Reporting Withdrawals of Licensure Applications to the FSMB

The FSMB will 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.
HD, May 2009

220.8 Report of the Workgroup to Examine Composite Action Index (CAI) and Board Metrics

The FSMB adopts as policy the recommendations contained in the Report of the Workgroup to Examine Composite Action Index (CAI) and Board Metrics.
HD, April 2012

220.9 Report of the Workgroup to Define a Minimal Data Set

The FSMB adopts as policy the framework for a minimal physician data set as recommended in the Report of the Workgroup to Define a Minimal Data Set.
HD, April 2012

220.10 Reporting of Drug Diversion by Healthcare Employers

The FSMB will cooperate with other stakeholders, including similar associations of health professional regulatory boards, to study the feasibility of drafting model legislation addressing the duty of all healthcare workplace employers to report any discipline based on such diversion to health licensing boards and be it further that the FSMB support state medical boards in the study and development of legislation addressing the duty of healthcare workplace employers to report such diversion by healthcare licensees to the respective HLBS.
HD, April 2013

220.11 **Collateral Consequences of Board Actions**

The FSMB will continue to communicate with credentialing bodies, and other entities that use public board action reports as a basis for their actions to explore ways to accomplish their missions while taking measured, appropriate and proportionate action in response to public board actions involving a physician.

HD, April 2014

STATE MEDICAL BOARDS: RELATIONSHIPS WITH OTHER AGENCIES

230.1 **Drug Enforcement Agency (DEA)**

The FSMB strongly urges the DEA to promptly report all violations by physicians to the Board(s) of Medical Examiners of the state in which the physician practices and to the FSMB's Board Action Data Bank.

BD, February 1965

BD, October 1995, Revised

230.2 **Quality Improvement Organizations**

The FSMB encourages state boards to cooperate with state quality improvement organizations on issues of medical discipline.

BD, February 1990

BD, April 2012, Revised

230.3 **Federal Facilities**

The FSMB encourages the federal government to have federal facilities use state boards of medical examiners in the states in which such facilities are located to ensure that fraudulent or incompetent physicians are not allowed to practice at those facilities; encourages states to require federally-employed physicians to possess a current active license in a state or territory, and recommends that within each state or territorial possession in which a federal facility exists, a liaison committee be established consisting of a representative of the federal facility and the state licensing board.

HD, April 1988

230.4 **Memorandum of Understanding for Sharing Information Between the Department of Defense Medical System and State Medical Boards (HD)**

The Federation of State Medical Boards (FSMB) shall initiate dialogue and pursue a Memorandum of Understanding or other means with the Department of Defense Medical System and other uniformed health services to facilitate the sharing of information necessary to state medical and osteopathic boards in fulfilling their regulatory responsibilities.

HD, April 2011

230.5 **JMR to Key State Decision Makers**

The FSMB encourages each state medical and osteopathic board to assess their budgets to consider sending the JMR (at a reduced rate subscription) to their respective legislators and Governor.

HD, April 2014

230.6 **Regulatory Strategies for Achieving Greater Cooperation and Collaboration Among Health Professional Boards**

The FSMB adopts as policy Regulatory Strategies for Achieving Greater Cooperation and Collaboration Among Health Professional Boards.

HD, April 2017

QUALITY OF CARE and COMPETENCY

240.1 **Report of the AMA and the FSMB: Ethics and Quality of Care**

The FSMB adopts as policy the recommendations contained in Ethics and Quality of Care: Report of the American Medical Association and the Federation of State Medical Boards.

HD, April 1995

240.2 Report of the Special Committee on Quality of Care and Maintenance of Physician Competence

The FSMB adopts as policy the recommendations contained in the Report of the Special Committee on Quality of Care and Maintenance of Physician Competence.
HD, April 1998
HD, April 1999, Revised

240.3 Remedial Education

The FSMB will identify available remedial educational resources and publish a comprehensive directory of such resources for its member boards; foster regional expansion of assessment centers throughout the country in support of member boards' efforts; and encourage development of centers capable of assessing specialty practice performance.
HD, April 1999

240.4 Post-Licensure Assessment System

When physician competence is called into question, state medical regulatory boards should consider using the Post-Licensure Assessment System (PLAS) established by the FSMB and National Board of Medical Examiners. State medical regulatory boards should work with relevant medical organizations in their states to encourage development of educational programs designed to address physicians' learning needs as identified through assessment programs. The FSMB, when requested, will assist and support any member board in its effort to utilize PLAS, including, but not limited to, providing informational resources, research studies and suggested policies on identifying and referring physicians for assessment, evaluating assessment programs, stimulating development of need-based educational programs and continuing improvement of the post-licensure assessment and education effort.
HD, April 1999

240.5 Review of FSMB Model Guidelines for the Use of Controlled Substances for the Treatment of Pain

The FSMB will develop a process for review of its policy Model Guidelines for the Use of Controlled Substances for the Treatment of Pain and consider whether it might be strengthened in the light of new medical insights during the past five years, particularly focusing on issues surrounding the undertreatment of pain.
HD, April 2003

240.6 Model Policy for the Use of Controlled Substances for the Treatment of Pain

The FSMB adopts as policy the Model Policy for the Use of Controlled Substances for the Treatment of Pain, superseding the Model Guidelines for the Use of Controlled Substances for the Treatment of Pain.
HD, April 1998
HD, May 2004, Revised

240.7 Prevention of HIV/HBV Transmission to Patients

The State medical and osteopathic practice acts, other appropriate statutes and/or the rules of the state medical or osteopathic board should include provisions dealing with preventing the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HVC) to patients. These statutes or rules should be consistent with the following recommendations:

A. Persons under the jurisdiction of the Board should comply with the guidelines established by the Centers for Disease Control and Prevention for preventing the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HVC) to patients.
B. State medical boards should have the powers and responsibilities
   to encourage physicians and other health care providers to know their HIV and HBV status;
   to require reporting to the state board and/or the state public health department of HIV- and HBV -infected healthcare workers who perform invasive procedures;

3. to ensure confidentiality of those reports received by the state board and/or state public health
4. department under (2) above;
5. to establish practice guidelines for HIV- and HBV–infected practitioners; and
6. to monitor or to assist the state public health department to monitor the practices and health of HIV and HBV - infected practitioners who perform invasive procedures.

C. The state board should be authorized to discipline all persons under its jurisdiction who violate the statue(s) or rule(s) establishing or otherwise implementing requirements related to preventing transmission of HIV and HBV to patients.

HD, April 1992
HD, April 1996, Revised
HD, April 2012, Revised

240.8 **Report of the Special Committee on Questionable and Deceptive Health Care Practices**

The FSMB adopts as policy the recommendations contained in the Report of the Special Committee on Questionable and Deceptive Health Care Practices, previously published as the Report on Health Care Fraud.
HD, April 1997
HD, April 1999, Revised

240.9 **Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice**

The FSMB adopts as policy the Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice.
HD, April 2002

240.10 **Report of the Special Committee on Managed Care**

The FSMB adopts as policy the recommendations contained in the Report of the Special Committee on Managed Care.
HD, April 1998

The FSMB reaffirms its recommendation, as stated in the "Report of the Special Committee on Managed Care," to encourage state medical boards to communicate with state agencies responsible for regulating managed care organizations on issues relating to quality of care.
HD, April 2001

240.11 **Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office**

The FSMB adopts as policy the Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office.
HD, April 2002
HD, April 2013, Revised

240.12 **Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain**

The FSMB adopts as policy the Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain, superseding the Model Policy for the Use of Controlled Substances for the Treatment of Pain.
HD, April 2013

240.13 **Communication Between Physicians and Patients**

The FSMB supports continued and improved effective means of communication between patients and physicians. The FSMB will develop an inventory of resources that promotes effective communication to provide to patients and professional communities.
HD, May 2009

240.14 **Report of the Special Committee on Reentry to Practice**
The FSMB adopts as policy the twelve recommendations contained in the Report of the Special Committee on Reentry to Practice.
HD, April 2012

240.15 **Incorporating Quality Improvement Principles into Disciplinary Actions**
The FSMB will investigate ways in which medical boards can incorporate quality improvement principles into disciplinary actions when appropriate to do so, as part of their mission to protect the public and improve patient care.
HD, April 2013

240.16 **Model Guidelines for the Recommendation of Marijuana in Patient Care** (HD)
The FSMB adopts as policy the recommendations contained in Model Guidelines for the Recommendation of Marijuana in Patient Care.
HD, April 2016

240.17 **Physicians Use of Marijuana**
Given the lack of data supporting clinical efficacy and the difficulty of evaluating impairment, the FSMB adopted a resolution that state medical boards advise their licensees to abstain from the use of marijuana, for medical or recreational purposes, while actively engaged in the practice of medicine.
HD, April 2016

240.18 **Guidelines for the Chronic Use of Opioid Analgesics** (HD)
The FSMB adopts as policy Guidelines for the Chronic Use of Opioid Analgesics, superseding the Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain.
HD, April 2017

Maintenance of Licensure

250.1 **Continued Competence**
State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure.
HD, May 2004

250.2 **Guiding principles for future activities related to Maintenance of Licensure**
Guiding principles for future activities related to Maintenance of Licensure:

- Maintenance of licensure should support physicians' commitment to lifelong learning and facilitate improvement in physician practice.
- Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders. The authority for establishing maintenance of licensure requirements should remain within the purview of state medical boards.
- Maintenance of licensure should not compromise patient care or create barriers to physician practice.
- The infrastructure to support physician compliance with maintenance of licensure requirements must be flexible and offer a choice of options for meeting requirements.
- Maintenance of licensure processes should balance transparency with privacy protections.

HD, May 2008
HD, April 2010, Revised

250.3 **Dissemination of Maintenance of Licensure Information**
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, 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.
HD, May 29

250.4 Maintenance of Licensure

The FSMB adopts as policy the following maintenance of licensure framework and recommendations as stated in the Report of the Advisory Group on Continued Competence of Licensed Physicians.

The FSMB adopts the following maintenance of licensure framework and recommendations as proposed by the Advisory Group on Continued Competence of Licensed Physicians as policy.

Maintenance of Licensure Framework

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

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

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

Reflective Self-Assessment (What improvements can I make?)

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

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

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

Performance in Practice (How am I doing?)

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

Recommendations

Documentation

Licensees should be expected to provide documented evidence of compliance with the state medical board's maintenance of licensure requirements. State medical boards should provide guidance to licensees as to the types of evidence deemed acceptable and not acceptable for purposes of meeting maintenance of licensure requirements.

Licensed Physicians not in Active Clinical Practice

Physicians not in active clinical practice who wish to maintain an active license should be expected to comply with all maintenance of licensure requirements adopted by the state medical board.

Physicians with Inactive Licenses

Physicians whose licenses are inactive or have lapsed should be expected to meet maintenance of licensure requirements upon reentering active clinical practice.

Practice Profile Data

State medical boards should require licensees to report information about their practice as part of the license renewal process. Such information may include: area of current practice, type of practice (to include location, supervisory responsibilities), status (e.g., full-time, part-time, number of hours worked per week), whether they are actively seeing patients, specialty board certification or recertification status, and what activities they are engaged in if they are not engaged in clinical practice (e.g.,

research, administration, non-medical work, retired, etc.). Licensees should keep the board apprised of their practice status by reporting any subsequent changes to the board within a specified timeframe as determined by the board.

Practice Performance Data
Practice performance data collected and used by physicians to comply with maintenance of licensure requirements should not be reported to state medical boards. Third party attestation of collection and use of such data (as part of a professional development program) will satisfy reporting requirements.

Research
The Federation of State Medical Boards and its member state medical boards should work with other stakeholder organizations to develop research aimed at assessing the impact of maintenance of licensure programs on physician practice and patient care.

Assessment Resources
Assessment tools used to meet maintenance of licensure requirements should be:

- valid, reliable, and feasible
- credible with the public and the profession
- provide adequate feedback to the licensee to facilitate practice improvement

Professional Development Activities
Individual learning plans should address any identified needs and should include educational and improvement activities that are shown to improve performance and include plans to assess the impact of the educational and improvement activities on each physician's practice.

Board Certification in the Context of MOL
Maintenance of licensure is separate and distinct from Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC). However, state medical boards at their discretion may determine that participation in MOC and OCC represents substantial compliance with maintenance of licensure requirements. Physicians who are not participating in the maintenance of certification/osteopathic continuous certification processes may meet maintenance of licensure requirements by providing evidence of participation in available MOC or OCC activities or by participating in other approved maintenance of licensure requirements.
HD, April 2010

250.5 **Report of the MOL Workgroup on Clinically Inactive Physicians**
The FSMB adopts as policy the recommendations contained in the Report of the MOL Workgroup on Clinically Inactive Physicians.
HD, April 2013

FSMB Role
260.1 **State Medical Board Representation**
The FSMB reaffirms FSMB as the organization representing state medical boards in the legislative, policy development and spokesperson arenas.
BD, February 1998

260.2 **Policy Comment Period**
The FSMB shall include a comment period on draft reports of special committees, as feasible, so that the comments received from member medical boards and other interested parties may be taken into consideration prior to submission to the Board of Directors for approval and recommendation to the House of Delegates.
HD, April 2001

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