

**VIRGINIA BOARD OF MEDICINE  
Ad Hoc Committee on Competency**

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Friday, November 19, 2010      Department of Health Professions      Richmond, VA

**CALL TO ORDER:**            The meeting convened at 10:15 a.m.

**MEMBERS PRESENT:**      Claudette Dalton, MD, Chair  
   Madeline Stark, JD

**MEMBERS ABSENT:**        Richard Hoffman, MD  
   Roderick Mathews, JD  
   Wayne Reynolds, DO  
   David Swankin, JD

**STAFF PRESENT:**            William L. Harp, MD, Executive Director  
   Ola Powers, Deputy Executive Director, Licensing  
   Colanthia Morton Opher, Operations Manager

**OTHERS PRESENT:**        Karah Gunther, HDJN  
   David Whitehead, MD

**EMERGENCY EGRESS INSTRUCTIONS**

Dr. Dalton gave verbal emergency egress instructions.

**ROLL CALL**

A quorum was not declared.

**REVIEW OF MINUTES FROM NOVEMBER 23, 2009**

In the absence of a quorum, Dr. Dalton began by reviewing the minutes of the November 23, 2009 meeting.

**PUBLIC COMMENT**

There was no public comment.

## SUMMARY

Dr. Dalton opened the discussion by referring to an article from the *Journal of Continuing Education in the Health Professions*, which describes the Center for Personalized Education for Physicians (CPEP) clinical competency assessments and educational programs for physicians, including those returning to practice after a hiatus.

The article pointed out that “The CPEP Reentry Program involves an initial skills assessment in the physician’s area of intended practice. If education or remediation is indicated, a supportive and structured educational process is set up to take place while the physician returns to practice.” The article described a cohort of 19 practitioners who had been out of practice from 1-5 years and who were assessed by the program. Of the 19, seven demonstrated a readiness to return to practice and 12 were deemed in need of moderate to extensive education needs. None of those in the cohort demonstrated global educational deficits that required remediation by residency training. Dr. Dalton noted that the Federation of State Medical Boards (FSMB) acknowledges that re-entry is currently a high priority on the national level, but for the purposes of this Committee, the focus will continue to center on continuing competence.

Dr. David Whitehead, for many years the leader of continuing education efforts at Rockingham Memorial Hospital, and Karah Gunther, JD of HDJN joined in the Committee’s discussion about the importance of maintenance of licensure and what steps should be taken to ensure a program that would be viable and successful.

It was noted that Virginia’s current requirement for continuing competency can easily be met by most licensees, but that physicians practicing in rural communities and at small hospitals may not have access to a structured continuing education program due to lack of resources. The Committee believed this was a challenge that needed to be considered as it addressed continuing competency requirements.

The Committee discussed past attempts to develop and implement maintenance of licensure; the pitfalls to avoid were also discussed, including unnecessarily burdensome requirements or requirements that may not enhance competence. The discussion covered self-assessment, measurable performance improvement, tracking capabilities, medical management, peer review, relevant CME practice topics, course availability in the metropolitan vs. rural areas, and an increase to 100 hours of CME each biennium for license renewal.

Dr. Dalton advised that FSMB had disseminated a draft of its Maintenance of Licensure report to all stakeholders, providing them with a guideline of how to implement a successful program. Dr. Harp informed the Committee that FSMB has asked the state boards to provide comment on the proposed model.

The Committee then proceeded with a review of the three main recommendations in the report.

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- Component One: Reflective Self-Assessment:

Recommendation: State medical and osteopathic boards should require each licensee to complete accredited Continuing Medical Education, a substantial portion of which is practice-relevant and supports performance improvement.

The Committee agreed with this recommendation.

- Component Two: Assessment of Knowledge and Skills

Recommendation: State medical and osteopathic boards should require licensees to undertake objective knowledge and skills assessments to identify learning opportunities and guide improvement activities.

The Committee agreed with this component in principle. Concern was expressed as to how such assessments would be implemented and how the results would be handled. It was also stated that this should not be an onerous or burdensome process.

- Component Three: Performance in Practice

Recommendation: State medical and osteopathic boards should require licensees to assess the quality of care they provide compared to peers and national benchmarks and then apply best evidence or consensus recommendations to improve and subsequently reassess their care.

The Committee discussed that implementation may be problematic, but agreed with the principle.

Dr. Harp will provide the Committee's comments on the components to FSMB.

The idea of peer review of physician practices was discussed. Some members of the Committee felt that consistency and validity in peer review could only be achieved with a trained group of physician volunteers. Reviewers would have immunity for a good faith review/report. Following the review of a physician, a report of the findings would be provided to the Board for its review and action if necessary. There was comment that volunteers might not be in great supply, and funding to pay a large group of review physicians might be prohibitive. The Committee suggested that the current workforce survey in the renewal process for physicians could include a question about whether licensees would be willing to volunteer for the review effort.

Dr. Harp told the Committee that he had spoken with the North Carolina Board regarding the funds NCMB had received for its continuing competency program; it was determined that Virginia was unable to join the NCMB pilot. A call to Todd Phillips, CFO at FSMB, was encouraging of a Virginia proposal for a pilot program that could be

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submitted to the FSMB Foundation for consideration of grant support. Dr. Harp suggested that a well-designed, Board-sponsored program that involved specialty-specific peer review of a practitioner's clinical practice and professionalism could well be that pilot.

The Committee decided to take up how to make the discussion of such a pilot the main agenda item at the next meeting; date to be determined.

With no other business to conduct, the meeting adjourned at 12:22 p.m.

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Claudette Dalton, MD, Chair

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William L. Harp, M.D.  
Executive Director

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Colanthia M. Opher  
Recording Secretary