

**VERMONT BOARD OF MEDICAL PRACTICE**  
**Minutes of the July 10, 2019 Board Meeting**  
**Gifford Medical Center, Randolph, Vermont**

**Approved**

**1. Call to Order; Call the Roll; Acknowledge Guests:**

William K. Hoser, PA-C, called the meeting to order at 12:12PM

**Members Present:**

Richard Bernstein, MD; Brent Burgee, MD; Richard Clattenburg, MD; Francis J. Heald; Rick A. Hildebrant, MD; Leo LeCours; David Liebow, DPM; Sarah McClain; Christine Payne, MD; Judy Rosenstreich; Ryan Sexton, MD; Marga Sproul, MD; Robert E. Tortolani, MD.

**Others in Attendance:**

David Herlihy, Executive Director; Paula Nenner, Investigator; Scottie Frenner, Board Investigator; Karen LaFond, Operations Administrator; Margaret Vincent, AAG; Bill Reynolds, AAG.

**2. Public Comment:**

None

**3. Approval of the Minutes of the June 5 and June 19, 2019 Board Meetings:**

Dr. Hildebrant moved to accept the minutes of the June 5, 2019 meeting. Dr. Liebow seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

Dr. Hildebrand moved to accept the minutes of the June 19, 2019 meeting. Mr. Heald seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

**4. Board Issues (Mr. Hoser):**

Mr. Hoser informed members that representatives from the Federation of the State Medical Boards (FSMB) will be attending the October meeting to provide an overview and update on current issues.

**5. Administrative Update (Mr. Herlihy):**

Mr. Herlihy thanked members for being flexible and willing to attend the meeting at VTEC. Members expressed interest in pursuing VTEC as a location to hold the monthly meetings. Ms. LaFond said she would be happy to make the inquiry about options going forward.

Mr. Herlihy alerted members to the changes in the regular meeting days due to the monthly meeting shifting to the second Wednesday for July.

**6. Presentation of Applications:**

Applications for physician and physician assistant licensure, and certifications of radiologist and anesthesiologist assistants were presented and acted upon as detailed in Appendix A, incorporated by reference into these minutes.

Ms. Vincent Addressed the board summarizing the facts leading up to the Request to Withdraw a Physician Application from Aubrey Camacho, MD. Mr. Heald made a motion to approve the Request to Withdraw a Physician Application. Dr. Tortolani seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

**7. Recess; Convene hearing to discuss any stipulations or disciplinary matters that are before the Board:**

**8. Reconvene meeting; Executive Session to Discuss:**

- **Investigative cases recommended for closure**
- **Other matters that are confidential by law, if any**

Ms. McClain made a motion at 12:30 p.m. to go into Executive Session to discuss confidential matters related to investigations. Dr.Hildebrant seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

**9. Return to Open Session; Board Actions on matters discussed in Executive Session:**

Dr. Liebow made a motion at 1:24 p.m. to return to Open Session. Ms. McClain seconded the motion. The motion passed; opposed: none; recused: none; abstained: none.

**Mr. LeCours, North Investigative Committee, asked to close:**

MPN 013-0219 – Special Letter #1  
MPN 116-1018 – Special Letter #1  
MPN 029-0219 – Letter #1

Dr. Clattenburg made a motion to close the cases presented. Mr. Heald seconded the motion. The motion passed; opposed: none; abstained: none; recused: North Investigative Committee.

**Dr. Sexton, Central Investigative Committee, asked to close:**

MPC 106-0918 – Letter #1; Mr. Hoser recused  
MPC 044-0419 – Letter #1  
MPC 059-0519 – Letter #1  
MPC 086-0519 – Special Letter #1; Mr. Hoser recused  
MPC 045-0419 – Letter #1  
MPC 053-0618 – Letter #1  
MPC 147-1218 – Special Letter #1  
MPC 038-0219 – Letter #1; Dr. Sproul recused  
MPC 123-1018 – Letter #1

Dr. Hildebrant made a motion to close the cases presented. Mr. LeCours seconded the motion. The motion passed; opposed: none; abstained: none; recused: 2 and Central Investigative Committee.

**Dr. Liebow, South Investigative Committee, asked to close:**

MPS 019-0219 – Special Letter #1  
MPS 065-0519 – Letter #1  
MPS 053-0419 – Letter #1; Dr. Sproul recused

Dr. Sexton made a motion to close the cases presented. Ms. McClain seconded the motion. The motion passed; opposed: none; abstained: none; recused: South Investigative Committee.

**10. Other Business:**

**Approval Standard for Foreign Medical Schools:**

Mr. Herlihy led a discussion of a proposal to amend the Board Rule regarding the standard for approval of foreign medical schools. The informational memorandum (Appendix B) written by Mr. Herlihy accurately captures the information the members reviewed and discussed in consideration of establishing an Emergency Rule.

Ms. Rosenstreich made a motion to approve the amendment of Board Rules using the emergency rulemaking processes would encompass the following standards for accepting medical education at a foreign medical school when that school meets any of the following standards:

- (1) The foreign medical school has been evaluated by the Educational Commission for Foreign Medical Graduates (ECFMG) or one of the ECFMG-authorized foreign medical school accreditation agencies and deemed to meet the minimum requirements substantially equivalent to the requirements of medical schools accredited by the Liaison Committee on Medical Education or the Committee on Accreditation of Canadian Medical Schools.*
- (2) At the time of graduation, the applicant's foreign medical school was on the California list of approved medical schools and not on the California list of disapproved schools.*

*(3) For an applicant who holds American Board of Medical Specialties board certification, or who meets all eligibility requirements for such certification except for current licensure, a foreign medical school approved by the United States National Committee on Foreign Medical Education and Accreditation.*

Dr. Sproul seconded the motion. The motion passed; opposed: none; abstained: 2; recused: none.

**Board Retreat – Discussion of topics for a retreat meeting.**

Mr. Herlihy proposed to move the date of the retreat to a month in 2020. The theme of the retreat would be focused on Trauma Informed Investigations and the expert he is hoping to invite is not available until 2020. Members were supportive of rescheduling the retreat to a later date.

Ms. Rosenstreich requested the staff develop an acronym list that would be updated over time and serve as a resource for members.

**11. Upcoming Board meetings, committee meetings, hearings, etc.: (Locations are subject to change. You will be notified if a change takes place.)**

- **July 18, 2019, North Investigative Committee Meeting, 12 p.m., Vermont Department of Health, 108 Cherry Street, Conference Room 2C, Burlington, VT**
- **July 19, 2019, Central Investigative Committee Meeting, 9 a.m., Central Vermont Medical Center, Conf. Rm. 2, Berlin, VT**
- **July 24, 2019, Board meeting on pending applications, 12:10 p.m., Board of Medical Practice office, 108 Cherry Street, 2<sup>nd</sup>, Floor Burlington, VT (and via telephone)**
- **July 24, 2019, South Investigative Committee Meeting, 12:00 p.m., Asa Bloomer State Office Building, 4th Floor, Room #492, Rutland, VT**
- **August 7, 2019, Licensing Committee Meeting, 10:30 a.m., Gifford Medical Center, Red Clover Conference Room, Randolph**
- **August 7, 2019, Board Meeting, 12 p.m., Gifford Medical Center, Red Clover Conference Room, Randolph**

**12. Open Forum:**

None

**13. Adjourn:**

Mr. Hoser declared the meeting adjourned at 2:57 p.m.

**Attachments: Appendix A**  
**Appendix B**

**APPENDIX A**

**Presentation of Applications**

**Mr. Hoser moved for the issuance of physician licenses and physician assistant licenses for:**

Sumera Ahmad, MD	Devin Alexander, MD	Kianoush Banaei-Kashani, MD
Phillip Camp, Jr, MD	Varsha Chandamouli, MD	Jonathan Charnin, MD
Benjamin Daxon, MD	Andrew Doering, MD	Frank Dumont, MD
Elizabeth Dunne, PA-C	Samuel Evenson, MD	Ognjen Gajic, MD
Kell Giffin, PA-C	Marilyn Hajar, MD	Nathan Hemmer, MD
Caroline Hesko, MD	Karen Himebaugh, MD	Jennifer Horton, MD
Ronald Long, MD	Angela McGuire, MD	Anna Nguyen, MD
Richard Oeckler, MD	Joseph Pepitone, MD	Ashley Pilgrim, MD
Troy Potthoff, MD	Jonathan Riddell, MD	Pail Scanlon, MD
Bernardo Selim, MD	Matthew Sexton, MD	Michael Stutzman, MD
John Taylor, Jr, MD	Joseph Todaro, MD	Beth Zigmund, MD

Recommended by Dr. Bernstein for licensure. Seconded by Dr. Tortolani. The motion passed; opposed: none; abstained: none; recused: none.

**Mr. Hoser moved for the issuance of limited temporary licenses to practice medicine for:**

Einstein Juma, MD LTL

Recommended by Mr. Heald for licensure. Seconded by Dr. Liebow. The motion passed; opposed: none; recused: none; abstained: none.

## Appendix B

To: Licensing Committee and Board of Medical Practice  
From: David Herlihy, Executive Director  
Date: July 2, 2019

Re: Vermont Board of Medical Practice Standard for Approval of Medical Schools

1. The Board needs to consider medical school education standards for schools outside the United States and Canada. There are two reasons why this is now an issue. First, the Board's standard for international medical schools relies on the California Medical Board's standard, which is changing effective January 1, 2020. Second, an applicant who received her MD degree from a school that does not meet the current Board standard has requested a waiver.

It would be possible to act on the waiver request without resolving the broader question about how to respond to the California changes. However, I recommend you discuss both the pending request and the broader issue at this time. There is overlap in what is relevant to both discussions.

The background about the "California list," information about other states' practices, and a survey of international organizations tied to medical school accreditation are all relevant to both discussions. Likewise, examination of the accreditation status of the schools presented in the waiver will provide a good example for members of the new and evolving systems for accreditation of international medical schools, and that may be helpful as well for determining our future standards. Finally, recruitment of physicians and decisions by physicians of where they will practice do not happen in the days or weeks before a relocation takes place, so if the Board can arrive at a decision regarding the broader question of which medical schools will be accepted going forward it makes sense to start the process of changing our Rule now.

This memo will begin with the following general information about this subject:

- Current Vermont Board of Medical Practice requirements for medical education.
- The California Medical Board standards.
- Other states' requirements.
- A survey of programs that accredit or compile information about medical schools.
- Changes in medical training that bear on this issue.

Finally, the discussion will turn to the pending request.

### 2. Current Vermont Standard.

The Board's medical school standards are defined by law and regulation. The applicable law, 26 V.S.A. § 1396(a)(2), includes in the list of requirements: "Be a graduate of a medical college

approved by the board or approved by an accrediting body satisfactory to the board.”<sup>1</sup> Board Rules tell us which school and accrediting bodies are approved.

*2.2 “Accredited Medical School” means a medical school accredited by the LCME or the Canadian equivalent.*

*2.6 ““Board-approved medical school” means a medical school that appears on the official California Recognized Medical Schools list and that also does not appear on the California Medical Board list of “Disapproved or Under Review” schools.*

Those terms are used in Section 15.1.4, which lists all the requirements for medical licensure, including the medical education standard: *A graduate of a Board-approved medical school, or a medical school accredited by the LCME or CACMS.* There is no provision in the Rules for waiver of the requirement for medical education. In contrast, there is a provision for waiver of the standards for time and numbers of attempts to pass the USMLE. Section 16.2. As the Rule stands now, the Board cannot consider a request for the waiver of the standard.

### 3. California Medical Board List

For decades the Medical Board of California has maintained two lists of foreign medical schools: one of schools it has determined to be approved, and another of schools it has reviewed and determined to be disapproved. Vermont and a number of other states have long relied on the California lists. Vermont’s requirement actually is more stringent than California’s, in that their law includes a waiver process for graduates of unrecognized or disapproved schools. California Business and Professions Code Section 2135.7. Vermont adopted California’s lists, but not the waiver process.

California law was changed with the 2017 enactment of a law that will be effective January 1, 2020. SB-798, October 13, 2017. Once SB-798 is effective, California will no longer approve international schools, and their list will become obsolete as it ages, because the bill amended Section 2084 of the California Business and Professions Code to read:

*(a) Medical schools accredited by a national accrediting agency approved by the board and recognized by the United States Department of Education shall be deemed approved by the board.*

*(b) The board shall determine a foreign medical school to be a recognized medical school if the foreign medical school meets any of the following requirements:*

*(1) The foreign medical school has been evaluated by the Educational Commission for Foreign Medical Graduates (ECFMG) or one of the ECFMG-*

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<sup>1</sup> The pending bill proposed to revise the Board statutes would change this to: “(C) has graduated from a medical school accredited by an organization that is acceptable to the Board, or from a medical school that has been approved by the Board by rule, with a degree of doctor of medicine or an equivalent as may be determined by the Board.”

*authorized foreign medical school accreditation agencies and deemed to meet the minimum requirements substantially equivalent to the requirements of medical schools accredited by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation.*

*(2) The foreign medical school is listed on the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER) World Directory of Medical Schools joint directory or the World Directory of Medical Schools.*

*(3) The foreign medical school had been previously approved by the board. The prior approval shall only be valid for a maximum of seven years from the date of enactment of this section.*

*(c) This section shall become operative on January 1, 2020.*

Information about the Educational Commission for Foreign Medical Graduates, the World Federation for Medical Education, and other organizations mentioned in the California law appears below in section 5.

#### 4. How Do Other Boards Assess Foreign Medical Education?

Of the 55 boards that license MDs,<sup>2</sup> only California and 5 other states still use the California list of approved medical schools (Arkansas, Indiana, New Mexico, Rhode Island, and Vermont), per the FSMB 2018 report on US Medical Regulatory Trends and Actions. 33 states report that they do not maintain or follow a list of approved medical schools. 12 report that they maintain or follow a list, but do not specify what that is. 5 states report using a list such as that maintained by the World Health Organization. As discussed below, the World Health Organization no longer maintains a listing of medical schools. When it did maintain such a list, it was only a list and not a verification of the quality of education. I do not have historical data about how states evaluated foreign medical schools in the past, but it is clear that the majority of US medical boards now do not employ a process that relies on direct assessment of foreign medical schools. The organizations and processes that are available to boards, in lieu of direct assessment of foreign medical schools, are discussed in the following section.

#### 5. Organizations Involved with Assessment of International Medical Schools

Many organizations (and acronyms) come up in any discussion of international medical schools.

a. World Health Organization – WHO long maintained a list of medical schools, but no longer does. Being on the list did not constitute accreditation; it was simply an index of existing schools. The WHO list has effectively been replaced by the World Directory of Medical Schools, which is a joint venture by two international NGOs, WFME and FAIMER.

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<sup>2</sup>The boards of 50 states, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, and Commonwealth of the Northern Mariana Islands.

b. Educational Commission for Foreign Medical Graduates - ECFMG is a private, non-profit that has certified international medical graduates coming to the United States since 1958. ECFMG certification is a requirement for IMGs to enter US residency programs. One role of ECFMG is to certify validity of medical school documentation. This Board currently requires IMGs to provide an ECFMG Certificate and has had that requirement for many years. ECFMG also used to administer a test of proficiency in English, but language proficiency is now covered by the USMLE Clinical Skills test. ECFMG is a partner with NBME in that test. In 2010, ECFMG announced that beginning in 2023, IMGs would have to attend an accredited medical school in order to obtain ECFMG certification. ECFMG will not be assessing schools, but has created a framework for recognition of accrediting bodies, which is further explained in the next section. Note that the California law, quoted above, demonstrates that California will be relying on the ECFMG process, which now incorporates accreditation of the medical school into the individual IMG's ECFMG Certificate.

c. World Federation for Medical Education – WFME is an NGO headquartered in France that is focused on education and training of MDs. WFME has established standards for medical education and a program for evaluating accrediting bodies to verify that schools accredited by those bodies meet the established norms for quality. ECFMG has evaluated the WFME and at this time WFME is the only organization that ECFMG accepts to grant recognition to medical school accrediting agencies.

d. Foundation for Advancement of International Medical Education and Research – FAIMER was established in 2000 by the ECFMG for the purpose of improving world health through education. Its programs include the partnership with WFME to maintain the World Directory of Medical Schools and the organization's own Directory of Organizations that Recognize/Accredit Medical Schools (DORA).

e. National Committee on Foreign Medical Education and Accreditation – the NCFMEA is part of the US Department of Education. The NCFMEA was created with the mission to evaluate the standards of accreditation applied to foreign medical schools and to make determinations of comparability of those standards to US accreditation standards. Like WMFE, the NCFMEA does not evaluate medical schools, but rather evaluates the standards and processes used by accrediting agencies.<sup>3</sup> **NCFMEA was not created for the purpose of verifying medical education quality for the purpose of licensing.** The agency was tasked with making comparability determinations for the purpose of determining which foreign medical schools could participate in the US medical school loan program, such that US citizens attending the schools could finance their education with federal loans. Although the impetus for creation of this verification process was not support to licensing bodies, the process they use appears rigorous, is for an important purpose, and is subject to audit as part of a federal program. Thus, the Board could reasonably choose to include NCFMEA in some way in its medical school standards.

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<sup>3</sup> Some of the materials about the NCFMEA mention only comparability of standards, but the organization's guidelines make it clear that they also examine the processes/practices of the accrediting bodies. <https://sites.ed.gov/ncfmea/files/2017/05/NCFMEA-Guidelines-Revised-5.15.17.pdf>

f. Caribbean Accreditation Authority for Education in Medicine and Other Health Professions – the CAAM-HP is the regional accrediting body for the Caribbean. CAAM-HP is recognized by ECFMG, which means schools accredited by the organization qualify IMGs for ECFMG Certification. CAAM-HP has been evaluated by NCFMEA and found to use accreditation standards comparable to US standards. That means students from the US can use federal medical school loan programs to pay for schools accredited by CAAM-HP. The organization has adopted the standards and processes of the Liaison Committee on Medical Education (LCME), which is the accrediting body for medical schools in the United States.

#### 6. The Evolving Context of Foreign Medical School Accreditation for IMGs in the US

The developments in training and licensing of IMG physicians are a factor for the Board to consider when setting a new standard for approving international medical schools. When the Board originally adopted the California list many years ago it was a high standard, as it featured direct assessment and verification by a United States medical board. That high standard was well-justified at a time when medical school graduates could become fully licensed after just a one-year internship, and licensing examinations were not as robust as the current four-part USMLE. Vermont now requires IMGs to complete three years in an approved GME program. They also must pass the USMLE, which has expanded to include a broader range of knowledge and skills, including the ability to communicate with patients and create records in English. The testing and training have become rigorous enough that any deficiencies in a physician's education are likely to be exposed before completion of residency. Thus, accreditation of international medical schools might not be as critical a part of the process as it once was. The enhancements to GME training and USMLE testing of physicians now provide added confirmation of the individual applicant's knowledge and readiness to practice medicine.

#### 7. Proposal for a Standard Going Forward

The Board needs to be prepared to consider applications from IMGs in 2020. Because most decisions about where to seek licensure are made months in advance of a planned move, and because the process of obtaining a license can take months, it is recommended that we establish revised standards well before January 1, 2020. Making our standards work for IMGs is critical to ensuring an adequate physician workforce. Just under 30% of physicians in the US with an active license are IMGs. Because of the time required to go through the regular rulemaking process, it is recommended that the revision initially be established through the emergency rulemaking process.

Practices regarding accreditation of medical schools are obviously transitioning, so it will not be possible to use a single standard for some time. Although it appears likely that ECFMG Certification will quickly become the leading standard, for years to come there will still be a need to be provision for applicants who attended medical school in the past. Also, as noted above in section 6, there are reasons why this Board could make its standard for acceptance of medical education slightly less stringent without compromising patient safety or quality of care.

Accordingly, it is proposed that the Licensing Committee recommend to the full Board that it authorize amendment of this part of the Board Rules using the emergency rulemaking process, and that the amendment provide for accepting medical education at a foreign medical school that meets any of the following standards:

- (1) The foreign medical school has been evaluated by the Educational Commission for Foreign Medical Graduates (ECFMG) or one of the ECFMG-authorized foreign medical school accreditation agencies and deemed to meet the minimum requirements substantially equivalent to the requirements of medical schools accredited by the Liaison Committee on Medical Education or the Committee on Accreditation of Canadian Medical Schools.*
- (2) At the time of graduation, the applicant's foreign medical school was on the California list of approved medical schools and not on the California list of disapproved schools.*
- (3) For an applicant who holds American Board of Medical Specialties board certification, or who meets all eligibility requirements for such certification except for current licensure, a foreign medical school approved by the United States National Committee on Foreign Medical Education and Accreditation.*

#### 8. The Pending Request

The following is a summary of the applicant's education, GME training, examination history, and references.

##### a. Medical Education

The applicant in question attended two medical schools. Both are on St. Vincent, a Caribbean island nation. She was first at Saint James Medical School from 2011 to 2014. She then transferred to Trinity School of Medicine in 2014 and was there until 2016 when she obtained her MD degree. It is the accreditation status of the degree-granting institution that matters. The Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP) granted Provisional Accreditation to Trinity School of Medicine in 2015 for the period from 2015 to 2017. Thus, the applicant's medical school had accreditation when she graduated. Although status of the school after her graduation does not affect her status, it is noted that Trinity received Accreditation with Conditions for 2017-2019 and in 2018 CAAM-HP issued a positive report regarding progress by the school and announcing a full accreditation review this year.

What is the significance of the CAAM-HP accreditation? First, because CAAM-HP has been recognized by the WFME, and because ECFMG accepts medical school accreditation authorities recognized by WFME, physicians graduating from Trinity School of Medicine after its accreditation date would qualify for ECFMG certification. Therefore, on this basis alone, the applicant will meet the California requirement for medical education as of January 1, 2020. Second, US students who attend Trinity School of Medicine can use federal medical school loan programs.

b. Graduate Medical Education

The applicant just completed a three-year residency in family medicine at St. Elizabeth Youngstown Hospital. The program has been continually accredited since 1977. Information found online indicates that 100% of clinical program staff is board certified in family medicine and 100% of participants have obtained board certification in family medicine.

c. Licensing Examination

The applicant passed each step of the USMLE on the first attempt.

d. References

The applicant provided complete, positive recommendations from the program director and two other staff physicians with the St. Elizabeth residency program.