STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

MEDICAL BOARD OF CALIFORNIA – Division of Licensing
1428 Howe Avenue, Suite 56, Sacramento, CA 95825
(916) 263-2382 Fax (916) 263-2487 www.mbc.ca.gov

MEMBERS OF THE DIVISION

Hedy Chang, Vice President
Gary Gitnick, M.D., Secretary
Richard D. Fantozzi, M.D
Gerrie Schipske, R.N.P., J.D.

DIVISION OF LICENSING QUARTERLY MEETING

November 2, 2007

Hilton San Diego Mission Valley
Newport Ballroom
901 Camino del Rio South
San Diego, CA 92108
(619) 543-9000

Action may be taken on any item listed on the agenda.

Friday, November 2, 2007

AGENDA

8:00 a.m. – 10:00 a.m.
(or until completion of business)

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

Open Session:

1. Call to Order/Roll Call

Closed Session:

2. Application Review Committee (Govt. Code §11126(c)(2)) – Dr. Fantozzi, Dr. Gitnick, and Ms. Schipske

3. Special Programs Committee (Govt. Code §11126(c)(2)) – Ms. Chang and Dr. Gitnick

4. Full Division Closed Session
   A closed session will be held pursuant Govt. Code §11126(c)(3) to deliberate on Proposed Stipulations for Probationary Licenses, Proposed Decisions, and Petitions for Penalty Relief

Reconvene to Open Session:

5. Report on Actions Taken in Closed Session – Ms. Chang

6. Approval of Minutes from the July 27, 2007 Meeting – Ms. Chang

7. President's Report – Ms. Chang

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

8. Legislation and Regulation Update (No verbal report necessary for Items A and B, refer to legislative binder and regulation matrix.) – Ms. Whitney
    A. 2007 Legislation
    B. Status of Regulatory Actions
    C. Proposals for 2008 Legislation
    D. Proposals for 2008 Regulations
        1. General Clean-Up
        2. Continuing Medical Education Audit
        3. Equivalent Psychoanalytic Institutes

9. Physician Assistant Committee – Elberta Portman, Executive Officer
    A. Update
    B. Request to Set Regulatory Hearing for Proposed Amendment to Title 16 Section 1399.540 of the California Code of Regulations Regarding Delegation of Services Agreement

10. Action on Recommendation of Special Faculty Permit Review Committee – Dr. Gitnick

11. Cultural and Linguistic Physician Competency Program Workgroup Update – Ms. Chang

12. Midwifery Committee Report – Ms. Chang
    A. Midwifery Advisory Council Report – Ms. Burns and Ms. Gibson, L.M.
    B. Midwifery Advisory Council Position Appointment Process – Mr. Qualset

13. Recognition of International Medical School Programs – Mr. Qualset
    A. Kigezi International School of Medicine – Cambridge, England

14. Division Chief's Report – Mr. Qualset

15. Public Comment on Items Not on the Agenda

16. Adjournment

NOTICE: The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting shall make a request to the Board no later than five working days before the meeting by contacting Teresa Schaeffer at (916) 263-2389 or sending a written request to Ms. Schaeffer at the Medical Board of California, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825. Requests for further information should be directed to the same address and telephone number.

Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Board, but the President may apportion available time among those who wish to speak.
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For additional information, contact the Licensing Program at (916) 263-2382.

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Division of Licensing
Quarterly Meeting

Embassy Suites
Union Square/Ghirardelli Room
250 Gateway Boulevard
South San Francisco, CA 94080

July 27, 2007

MINUTES

Agenda Item 1 Call to Order/Roll Call

Dr. Gregg called the meeting to order on July 27, 2007, at 8:07 a.m. A quorum was present and notice had been sent to all interested parties.

Members Present:

Laurie Gregg, M.D., President
Hedy Chang, Vice President
Gary Gitnick, M.D., Secretary
Richard Fantozzi, M.D.
Gerrie Schipske, R.N.P., J.D.

Members Absent:

Mitchell S. Karlan, M.D.

Staff Present:

Gary Qualset, Chief, Licensing Program
Curt Worden, Staff Services Manager I, Licensing Program
Stacie Berumen, Staff Services Manager I, Licensing Program
Kathi Burns, Staff Services Manager I, Licensing Program
Billie Baldo, Administrative Assistant, Licensing Program
Anita Scuri, Supervising Senior Staff Counsel, Department of Consumer Affairs
Kevin Schunke, Regulation Coordinator, Legislative/Regulatory Unit
Linda Whitney, Chief, Legislative/Regulatory Unit
Kelly Nelson, Analyst, Legislative/Regulatory Unit
Cindi Oseto, AGPA, Licensing Program
Patricia Park, AGPA, Licensing Program
Armando Melendez, Business Services Assistant, Business Services Office
Scott Johnson, Business Services Assistant, Business Services Office

Members of the Audience:

Faith Gibson, L.M., Chair, Midwifery Advisory Council (MAC)
Karen Ehrlich, L.M., MAC
Joanne Michelin, California Medical Association (CMA)
Joanne Witkowski, M.D., UCR/UCLA Biomedical Science Medical School Program

Shabnam Balali
Brett Michelin, CMA
Lis Worcester, L.M.

Agenda Item 2 Committee Appointments

Dr. Gregg appointed Ms. Schipske to the Application Review Committee. Dr. Gregg appointed Ms. Chang and Dr. Gitnick to the Special Programs Committee.

The meeting went into closed session at 8:07 a.m. to consider agenda items 3, 4, and 5, with open session reconvening at 9:19 a.m.

In order to remain consistent with the record, the agenda items presented in these minutes are listed in the order discussed at the July 27, 2007, meeting.

Agenda Item 6 Report on Actions Taken in Closed Session

Dr. Gregg reported the Application Review Committee met and reviewed two application files. Both applicants were directed to satisfy the examination and medical education requirements required by law.

Dr. Gregg reported the Special Programs Committee met and reviewed two applications for appointment to Section 2113 faculty service. Both applications were approved.

Dr. Gregg reported the Special Programs Committee also reviewed one application for appointment to Section 2111 clinical fellowship. The application was denied.

Dr. Gregg reported the full Division of Licensing (DOL or division) met in closed session and reviewed two Petitions for Termination of Probation and one Stipulation for Probationary License.

Agenda Item 7 Approval of Minutes from the April 27, 2007 Meeting

It was M/S/C (Gitnick/Fantozzi) to approve the minutes of the April 27, 2007, meeting.

Agenda Item 8 President's Report

Dr. Gregg reported that several board members and staff attended the Federation of State Medical Boards annual conference held in San Francisco in early May.

She reported the Special Faculty Permit Review Committee held their first meeting on June 6th, the Midwifery Advisory Council met on June 12th, and the Cultural and Linguistic Physician Competency Workgroup met on June 26th.

Dr. Gregg met with Licensing staff, Physician Assistant Committee staff, and other interested parties on July 18th to discuss the regulation packet on Delegation of Services Agreements between physician supervisors and physician assistants.

Agenda Item 9 Legislation and Regulation Update

Ms. Whitney presented the following:

A. 2007 Legislation

A legislative proposal was introduced that would allow applicants for licensure to be placed into disabled status with practice limitations similar to what is currently available to licensed physicians and surgeons pursuant to Business and Professions Code Section 2441.

The applicant would meet all requirements for licensure and undergo a medical evaluation, if deemed necessary, to determine the level of limitation. Any limitation associated with the license would appear on the Board's web site. If the applicant violated the terms of the limited license, the physician would be subject to discipline for unprofessional conduct.

Dr. Gitnick asked if the application for such a license would come before the board for approval or if it would be approved at the staff level. Ms. Whitney stated that senior staff would make the determination, utilizing the board's Application Review Committee when necessary.

It was M/S/C (Fantozzi/Gitnick) to support the legislative proposal to issue a limited license to applicants with disabilities that would otherwise qualify for licensure.

B. Status of Regulatory Actions

The members were referred to the regulations matrix.

Agenda Item 10 Physician Assistant Committee

A. Update

Dr. Gregg reported that currently there are approximately 6,800 licensed Physician Assistants in California.

Dr. Gregg stated that at the last Physician Assistant Committee (PAC) meeting it was discussed how to hold disciplinary decisions for further discussion, and whether to establish a requirement that physician assistants complete mandatory continuing medical education in order to renew their license, which is currently not required. The next PAC meeting is scheduled for August 30, 2007, in Los Angeles.

Dr. Gregg met with Licensing staff, PAC staff, and interested parties to discuss Delegation of Services Agreements between physician supervisors and physician assistants. The PAC concluded that the supervising physician(s) may sign each physician assistant's Delegation of Services Agreement. Proposed language for the regulation was submitted to the Department of Consumer Affairs for legal review. Once approved by the PAC, the language will be brought before the division at its November 2007 meeting for review and a regulatory hearing would be requested to be scheduled for the February 2008 meeting.

Additionally, the PAC discussed issues regarding offices with multiple physicians and physician assistants.

B. Clarification of the Jurisdiction of Division of Licensing and Physician Assistant Committee for Adopting Regulations

Mr. Qualset reviewed with the board members the flow chart provided in the meeting packet outlining the regulatory process and existing law.

Agenda Item 11 Cultural and Linguistic Physician Competency Program Workgroup Meeting Update

Ms. Chang reported that a presentation regarding the implementation of AB 1195, which mandates the incorporation of cultural and linguistic competency (CLC) components into continuing medical education (CME), would be presented by representatives from the Institute for Medical Quality (IMQ) at the Full Board Meeting. The presentation will feature a demonstration of their web site.

Ms. Chang commended Licensing staff for their continuing work in this area and indicated that staff attended an IMQ CME provider workshop in May and a future CLC workgroup meeting was scheduled for later this year.

Agenda Item 12 Midwifery Committee Report

Staff was directed to add an agenda item to the next DOL meeting to establish a process to fill vacancies on the MAC when member terms expire.

The MAC was directed to assist Licensing staff in identifying or developing a program for the retraining/re-entry to practice of midwives and to consider using information learned from reviewing disciplinary history and complaints against midwives to develop measures to prevent future violations.

Staff was directed to add an agenda item to the next MAC meeting to facilitate discussion on future meeting topics for the MAC to consider.

A. Midwifery Advisory Council Report

Mr. Qualset reported that the coding system and related forms were developed and reviewed by the MAC and OSHPD which was brought to the Midwifery Committee meeting on July 25, 2007 for approval.

B. Midwife Annual Report Coding System Recommendation

Ms. Chang reported that the Midwifery Committee approved, in concept, the Midwife Annual Report Coding System recommended by the MAC and Licensing staff. The committee requested the division do the same and authorize the MAC to make any needed revisions and to issue final approval of the coding system after review at its September 6, 2007, meeting.

It was M/S/C (Chang/Gitnick) to approve the Midwife Annual Report Coding System, in concept, and authorize the MAC to approve the final coding system.

C. Annual Reporting Form

The MAC will review and finalize the Annual Reporting Form and related instructions at its September 6, 2007, meeting, considering input from OSHPD and Licensing staff.

Agenda Item 13 Recognition of International Medical School Program

A. Jagiellonian University Medical College (English Program) – Krakow, Poland

Mr. Qualset presented the recommendation of Medical Consultant, Dr. Simon and Division staff, to DOL members that the Jagiellonian University Medical College English Programs be recognized as a medical school meeting the requirements of Business and Professions Code Sections 2089 and 2089.5, and Title 16, CCR, Section 1314.1 retroactive to the date of inception of the programs in 1994 without requiring a site visit.

It was M/S/C (Fantozzi/Gitnick) to grant recognition to Jagiellonian University Medical College English Programs without requiring a site visit and to make that recognition retroactive to the inception of the program in 1994.

Agenda Item 14 Division Chief's Report

Mr. Qualset reported that for fiscal year 2006/2007 the Medical Board received a total of 6,034 new physician and surgeon applications and issued 5,285 more physician and surgeon licenses this year compared to last year, or an increase of 5.3%. Initial application review processing times were reduced by 56% for U.S/Canadian graduates and 39% for international graduates. Mr. Qualset recognized management and staff for the substantial improvement over this past year.

Mr. Qualset reported that calls received by the Consumer Information Unit have continued to rise with an average of 311 calls per business day.

For fiscal year 2006/2007 it was reported that 11 licensed midwife applications were received, 9 licenses were issued, and 4 applications remained pending. No applications were denied. As of June 30, 2007, 171 licenses were current and renewed, with 17 in delinquent status and 14 in cancelled status.

Mr. Qualset reported on the status of the American Board of Cosmetic Surgery (ABCS) lawsuit. On June 28, 2007, a notice of appeal was filed in Sacramento Superior Court. ABCS has until September 26, 2007, to file its opening brief at which time the Medical Board has twenty days to file a reply. Currently, the Division of Licensing's decision denying the ABCS' application to be approved as a Specialty Board remains in place.

Mr. Qualset provided the following meeting information: The PAC will meet August 30, 2007, to discuss the regulations regarding the Delegation of Services Agreement; the MAC will meet on September 6, 2007, to finalize the Midwife Annual Report Coding System and related documents; the CLC Workgroup will meet September 25, 2007, to further facilitate development of cultural and linguistic competency courses for physicians; and the Special Faculty Permit Review Committee will meet October 17, 2007, to review applications.

Dr. Gregg thanked Mr. Qualset and staff for assisting her on a variety of projects and for the efficiency established within the licensing program.

Agenda Item 15 Agenda Items for November 2007 Meeting

No items offered by members.

Agenda Item 16 Public Comment on Items Not on the Agenda

None.

Agenda Item 17 Adjournment

Dr. Gregg adjourned the meeting at 10:05 a.m.

_____ _____

Hedy Chang, Vice President Gary Gitnick, M.D., Secretary

Refer to Your

Legislative Binder for

Status of Legislative Proposals

and 2007 Legislation

Sent under a separate cover

MEDICAL BOARD OF CALIFORNIA
Status of Pending Regulations

Subject	Current Status	Date Approved by Division	Date Notice Published by OAL	Date of Public Hearing	Date of Final Adoption	Date to DCA for Review *	Date to OAL for Review **	Date to Sec. of State
Licensing Special Programs for Foreign Trained Physicians	Filed with Secretary of State 9/3/07; effective 30 days thereafter	Text modified at hearing 2/2/07; no adverse comments received by close of public comment period (3/15/07), so adopted	12/8/06	2/2/07	2/2/07	4/6/07	7/17/07	9/3/07
Licensing Special Programs for Foreign Trained Physicians-FEES	Filed with Secretary of State 9/3/07; effective 30 days thereafter	No comments at public hearing 2/2/07, so adopted	12/8/06	2/2/07	2/2/07	4/6/07	7/17/07	9/3/07
Physician Assistant Comm. (Section 100 changes)	Filed with Secretary of State 8/3/07; effective 30 days thereafter	Since non-substantive changes, Divisions will not need to approve	publication not required	hearing not required	adoption not required	review by DCA not required	5/26/07	8/3/07
Oral and Written Arguments	Public comment period closes 10/23/07; set for hearing 11/2/07	7/28/07	9/7/07	11/2/07				
Non-substantive changes from all units (Section 100 changes)	Next review of MBC regulations pending Fall 2007							

* - DCA is allowed 30 calendar days for review
** - OAL is allowed 30 working days for review

Prepared by Kevin A. Schunke
Updated September 24, 2007
For questions, call (916) 263-2368

To be Included

In Legislative Binder

Sent under a separate cover

To be Included

In Legislative Binder

Mailing

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MEMORANDUM

DATE	October 11, 2007
TO	Members, Division of Licensing
FROM	Kathi Burns, Manager K Burns Licensing Operations Section
SUBJECT	**Proposed Regulations Relating to Continuing Medical Education Audits; Title 16, California Code of Regulations Sections 1336 and 1339**

In order to insure the continuing competence of physicians and surgeons (licensees) Business and Professions Code section 2190 requires licensees to complete continuing medication education (CME) and to demonstrate to the Medical Board of California (Board) satisfaction of such requirements at intervals of not less than four nor more than six years.

ISSUE 1:

Background:

Title 16, California Code of Regulations (CCR) section 1336 directs each licensee to complete an average of at least 25 hours of CME each calendar year. Title 16, CCR section 1338 directs the Division of Licensing (Division) to conduct an audit of licensees not more than once every four years.

The Division has performed three audits of CME over the past few years. These audits have uncovered two issues causing confusion among staff and licensees. The first is related to the requirement that each licensee complete 100 hours of CME during *a four year period* and the second is related to the requirement that the licensee complete an average of 25 hours of CME during *each calendar year.*

The current regulation is problematic because it directs calculation of CME to be based upon time periods that do not line up with a licensee's renewal period. A license expires *every two years upon the expiration date of the license*, NOT at the end of each calendar year. The MBC selects a four year period to audit, based upon the four (calendar) year period prior to the expiration date of the licensee. However, that may not be the same four year period the licensee has been using to calculate their 100-hour requirement, since licensees typically calculate hours based upon renewal cycle, not calendar year.

Recommendation:

Staff recommends that section 1336 of the regulations be modified to clarify that licensees complete at least 50 hours of approved CME during the two-year period preceding the expiration of the license (which is equivalent to the current requirement of 25 hours per year for a total of 100 every four years). This would clarify that the four year period being audited includes the two prior renewal cycles and eliminates the calculation of CME hours by calendar year.

ISSUE 2:

Background:

Title 16, CCR section 1339 addresses waivers of CME requirements.

Currently, there is no requirement that a licensee complete any CME prior to renewing their license from a CME EXEMPT status. This means that a licensee could go into an ACTIVE status without completing any CME. Since Title 16, CCR section 1339.5 requires a licensee in an INACTIVE status to complete 50 hours of CME prior to restoring the license to ACTIVE status, the same requirement should exist for becoming ACTIVE from a CME EXEMPT status.

Recommendation:

Staff recommends that a paragraph be added to section 1339 of the regulations to require a licensee in a CME EXEMPT status to complete 50 hours of CME prior to restoring the license to ACTIVE status.

Attachments: Proposed Regulation Language

California Code of Regulations
Title 16, Division 13
Chapter 1, Article 11

§ 1336. Continuing Education Required.

(a) Each physician is required to complete not less than 50 ~~an average of at least 25~~ hours of approved continuing education during each two year period immediately preceding the expiration date of the license ~~calendar year~~. If an initial license was issued for less than 13 months, only 25 hours of continuing education are required.

(b) Each physician renewing his or her license under the provisions of Article 19 (commencing with Section 2420) of the Medical Practice Act may be required to submit proof satisfactory to the division of compliance with the provisions of this article a minimum of every four (4) years.

(c) Each physician in order to renew his or her license at each renewal thereof shall report progress towards compliance with the continuing education requirement.

(d) Any physician who does not ~~cannot~~ complete a rrinimum of 50~~100~~ hours of approved continuing education during the two-year period immediately preceding the expiration date of the license ~~a four (4) year period~~ shall be ineligible for renewal of his or her license under Section 1338 unless such physician applies for and obtains a waiver pursuant to Section 1339 below.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2005, 2190 and 2420, Business and Professions Code.

§ 1339. Waiver of Requirement~~.~~; Restoration to Active Status

(a) The division, in its discretion may exempt from the continuing education requirements, any licensee who for reasons of retirement, health, military service, or undue hardship cannot meet those requirements. Applications for waivers shall be submitted on a provided form to the division for its consideration.

(b) Any physician who submits an application for a waiver which is denied by the division, shall be ineligible for renewal of his or her license to practice medicine unless such physician complies with the provisions of Section 1338.

(c) A physician who has received a waiver pursuant to this section shall be eligible to restore his or her license to active status if the physician has completed a minimum of fifty (50) hours of continuing education within two (2) years immediately preceding the date of application to restore the license to active status.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2190, Business and Professions Code

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MEMORANDUM

DATE	October 11, 2007
TO	Members, Division of Licensing
FROM	Kathi Burns, Manager KBurns Licensing Operations Section
SUBJECT	**Equivalent Psychoanalytic Institutes**

Recently, an application for registration as a student research psychoanalyst was received by the Division of Licensing (Division) from an applicant presently enrolled in a psychoanalytic institute not authorized in statute or deemed equivalent by the Division, pursuant to Business and Professions Code section 2529. In order for a student research psychoanalyst registration to be granted, the institute of attendance must be authorized in statute or deemed equivalent by the Division. As such, an application seeking equivalency was submitted from the referenced psychoanalytic institute.

The psychoanalytic institute met some, but not all, of the criteria for equivalency. Therefore, the institute and the associated application for registration as a student research psychoanalyst were denied.

The applicant and institute claim that while the institute does not meet all criteria specified in regulation, the training at the institute (and others like it) exceeds the criteria in several areas and the institute is considered to be a highly reputable psychoanalytic training institute, specifically because it is accredited by the American Board for Accreditation in Psychoanalysis, Inc. (ABAP), a psychoanalytic accrediting body.

Subsequent to the denial, the institute submitted a petition for regulatory change pursuant to section 11340.6 of the Government Code, requesting the Division consider the institute and other ABAP accredited institutes to be authorized in regulation as equivalent institutions. The petition was incomplete and at staff's request was withdrawn by the institute. Staff anticipates it may be resubmitted at a later date, if necessary.

Staff plans to research the request and the ABAP accrediting body and bring information and a recommendation to the Division at a future meeting.

STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

MEMORANDUM

TO: Chairperson and Members of the Division of Licensing
Medical Board of California

FROM: Elberta Portman, Executive Officer
Physician Assistant Committee

DATE: October 2, 2007

SUBJECT: Regulatory Proposal for Title 16, California Code of Regulations, section 1399.540

Please see the attached proposed language to amend Title 16 of the California Code of Regulations section 1399.540.

The Physician Assistant Committee is respectfully presenting this language to you for your consideration and approval. The Committee is also requesting that a regulatory hearing be scheduled for the Board's February 2008 meeting.

The purpose of this regulatory change is to formally recognize the writing which delegates the medical services from the physician to the physician assistant as a "Delegation of Services Agreement" and require that it be signed and dated by both the supervising physician and the physician assistant.

Also attached for your review is background information regarding this proposed regulatory change.

On behalf of the Committee, I wish to thank you for taking the time to consider this important matter.

Attachment(s):
Background information
Proposed language

Physician Assistant Committee
Regulatory Proposal for Title 16, California Code of Regulations, Section 1399.540

BACKGROUND INFORMATION

On February 15, 2007, the Physician Assistant Committee (Committee) took action to amend Title 16, California Code of Regulations, section 1399.540. The Committee reviewed and approved the proposed regulatory change and the rulemaking file was submitted to Office of Administrative Law for their consideration.

During its review, OAL determined that the Committee lacked legal authority to adopt the regulation because it was considered a scope of practice issue affecting the practice of both physicians and physician assistants. The OAL opined that the authority to amend this regulation falls under the authority granted to the Medical Board of California under Business and Professions Code section 3510. On April 4, 2007, OAL disapproved the regulatory action.

On April 26, 2007, the Committee's Executive Officer made a presentation to the members of the Division of Licensing to request that they consider regulatory action on this matter.

After discussion, members of the Board requested that the Division of Licensing staff schedule a working group to discuss the proposed regulatory change and address concerns raised at the Board's meeting.

Following that direction, the working group meeting was held on July 18, 2007. Key members from the Medical Board, Division of Licensing, Board Legislative/Regulatory Unit, Physician Assistant Committee, Department of Consumer Affairs Legal Office, California Medical Association and the California Academy of Physician Assistants participated in this meeting. Participants suggested changes to the language and staff was assigned to draft the language.

The proposed language was then presented to members of the Physician Assistant Committee at its August 30, 2007 meeting. At the meeting, the Committee adopted the proposed language and requested staff forward the proposed language to the Medical Board of California for their review and possible regulatory action. Other parties, however, did not receive the proposed language prior to the Physician Assistant Committee meeting but the oversight has been rectified.

##

DELEGATION OF SERVICES AGREEMENT REGULATION
SPECIFIC LANGUAGE OF PROPOSED CHANGES

Amend Section 1399.540 to read as follows:

1399.540. Limitation on Medical Services.

(a) A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant's education, training, and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant.

(b) The writing which delegates the medical services shall be known as a delegation of services agreement. A delegation of services agreement shall be signed and dated by the physician assistant and each supervising physician. A delegation of services agreement may be signed by more than one supervising physician only if the same medical services have been delegated by each supervising physician. A physician assistant may provide medical services pursuant to more than one delegation of services agreement.

(c) The committee or division or their representative may require proof or demonstration of competence from any physician assistant for any tasks, procedures or management he or she is performing.

(d) A physician assistant shall consult with a physician regarding any task, procedure or diagnostic problem which the physician assistant determines exceeds his or her level of competence or shall refer such cases to a physician.

NOTE: Authority: Sections 2018, 3502 and 3510, Business and Professions Code. Reference: Section 3502, Business and Professions Code.

Staff Memo will be Available at the Division Meeting

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Agenda Item 13A

MEMORANDUM

DATE	October 10, 2007
TO	Members, Division of Licensing
FROM	Gary Qualset, Chief Division of Licensing
SUBJECT	**Recognition of International Medical School Program, Kigezi International School of Medicine – Cambridge, England**

ISSUE

Should the Division of Licensing (Division) disapprove Kigezi International School of Medicine?

BACKGROUND

Kigezi International School of Medicine ("Kigezi") was a proprietary for-profit medical school, founded by several American physicians that operated from leased facilities in Cambridge, England between 1996-2004. The four-year curriculum provided basic sciences instruction in Cambridge and clinical rotations in various countries. An optional year of premedical education was available for high school graduates and others who lacked the requisite premedical courses.

Kigezi held a charter to operate from Ugandan authorities, but not British authorities. The school's web site in 1997 described its status in Uganda as a tax-exempt nongovernmental charity organization that was authorized to grant the M.D. degree by the Ministry of Education and Ministry of Health of Uganda. Kigezi did not have a campus in Uganda, and the Cambridge facility was not a branch campus of an existing Ugandan medical school. In accordance with California regulations, Title 16, California Code of Regulations (CCR), Section 1314.1 (a)(2), a medical school must be chartered by the jurisdiction in which it is domiciled in order to be eligible for recognition.

Medical schools in the United Kingdom are accredited by the General Medical Council (GMC). The GMC did not accredit, review, recognize, approve, or regulate Kigezi in any fashion. However, in 2005 after the GMC observed that a growing number of offshore schools were opening campuses in the London area, the GMC disqualified graduates of Kigezi and several other schools from taking the PLAB (Professional and

Linguistic Assessment Board) written licensing exam and obtaining licensure in England.

Kigezi closed abruptly in October 2004 due to a funding crisis. According to the Educational Commission on Foreign Medical Graduates, the Ugandan National Council for Higher Education revoked Kigezi's charter to operate on June 27, 2005.

As a free-standing school, Kigezi's medical school was not part of an existing university in either England or Uganda. No Ugandan or British accrediting body or government ministry retained the school's academic records after the medical school closed. Therefore, no registrar or governmental official is available to authenticate transcripts and diplomas or complete and certify the Board's official forms for former Kigezi students. After the school closed, its academic records were transferred to a private law firm in Cambridge, England as the acting or effective custodian of records. The school's former Registrar still has the school seal in his possession. He signs and seals transcripts for former students. Since he is now a private individual, his certification does not serve as a reliable method for receiving primary source verification of student records.

Title 16, CCR, section 1314.1 indicates that an international medical school's resident course of instruction shall be deemed equivalent to the curriculum and clinical instruction requirements of California Business and Professions Code sections 2089 and 2089.5 if the school offers such coursework and also meets the requirements of either subsection (a)(1) or (a)(2) of section 1314.1. Subsection (a)(1) of Section 1314.1, in part, requires a medical school to be owned and operated by the government of the country where the school is located, and that its primary purpose be educating its own citizens to practice medicine in that country. The Division does not need to formally review these "(a)(1)" medical schools. Subsection (a)(2) of Section 1314.1 requires a medical school to be chartered by the jurisdiction in which it is domiciled, and to meet educational program standards set forth in subsection (b) of Section 1314.1. Copies of Business and Professions Code sections 2089 and 2089.5 and Title 16, CCR, section 1314.1 are attached for your reference.

In order for Kigezi to be recognized or deemed equivalent by the Division, it would have had to apply for recognition and be subject to a site inspection. However, Kigezi would not have satisfied the criteria of either subsection (a)(1) or (a)(2) of Section 1314.1 noted above. Kigezi was not owned and operated by the government of the country in which it was located, and its primary purpose was not to train Ugandan or British citizens to practice medicine in either of those countries. In addition, Kigezi did not satisfy the first criterion in subsection (a)(2) because the school had no charter from England to operate a medical school in England, the jurisdiction where it was domiciled. In order to comply with subsection (a)(2), Kigezi would have had to relocate its campus to Uganda or relocate the school to another country and obtain a charter from that country's government to operate a degree-granting medical school.

California regulations do not provide for recognition of an international medical school to be located outside the country that granted its charter. Therefore, had Kigezi officials applied to the Division for recognition, the Division would not have been able to recognize it and would have had to disapprove the school without a site inspection. Although Kigezi officials contacted staff in 1997, and again in 2000, to obtain the application for recognition, they did not follow through and submit the application. Now that Kigezi is closed, the issue of its non-compliance with subsections (a)(1) or (a)(2) is moot. When the school closed abruptly in 2004, it was out of compliance with either criterion for consideration by the Division.

Kigezi will remain in unrecognized status permanently unless the Division disapproves the school. Subsection (c) of Section 1314.1 authorizes the Division to determine, on its own, whether an institution meets the requirements of subsections (a) or (b). Therefore, the Division has the discretion to disapprove an international medical school without school officials requesting the Division to review the school's educational program.

The Division has a precedent for disapproving an unrecognized, closed offshore school. In July 1998, the Division disapproved the Universidad Federico Henriquez y Carvajal in the Dominican Republic, after learning that the Dominican government had closed the school due to its academic deficiencies.

Section 2102 of the Business and Professions Code allows the Division to disapprove any foreign medical school if the professional instruction is not equivalent to that required in Article 4 of Chapter 5 (commencing with Section 2080). This includes Sections 2089 and 2089.5 previously mentioned. Disapproving a medical school eliminates any ambiguity about a medical school's status. It informs the public that the school's graduates are ineligible for licensure in California, that coursework obtained at the university does not count toward licensure, and additionally helps to dissuade the public from enrolling in unrecognized, potentially substandard medical schools. Disapproving Kigezi will confirm that no coursework completed at Kigezi can be applied toward the requirements to train in or be licensed in California. If Kigezi is not disapproved, the Division would have to continue to expend its resources addressing the question of whether coursework completed in this unrecognized, closed medical school satisfies California's licensing requirements each time that a former Kigezi student applies for licensure in California.

RECOMMENDATION

Staff recommends that the Division of Licensing disapprove Kigezi International School of Medicine pursuant to the authority in Business and Professions Code Section 2102, Article 4 of Chapter 5 of the Code (commencing with Section 2080), and Title 16, CCR, section 1314.1 (c).

If you have any questions about this agenda item, please contact me at (916) 263-2365.

Attachments:

Business and Professions Code Section 2089
Business and Professions Code Section 2089.5
Business and Professions Code Section 2102
Title 16, California Code of Regulations, Section 1314.1
General Medical Council web page regarding Private UK based medical colleges (www.gmc-uk.org)

Business and Professions Code
Division 2 – Healing Arts, Chapter 5 – Medicine
Article 4 – Requirements for Licensure
Sections 2089 and 2089.5

Section 2089 – Proof of Completion of Medical Curriculum; Curriculum Requirements

2089. (a) Each applicant for a physician's and surgeon's certificate shall show by official transcript or other official evidence satisfactory to the Division of Licensing that he or she has successfully completed a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction, in a medical school or schools located in the United States or Canada approved by the division, or in a medical school or schools located outside the United States or Canada which otherwise meets the requirements of this section. The total number of hours of all courses shall consist of a minimum of 4,000 hours. At least 80 percent of actual attendance shall be required. If an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received prior to the granting of the degree.

(b) The curriculum for all applicants shall provide for adequate instruction in the following subjects:

Alcoholism and other chemical substance dependency, detection and treatment.
Anatomy, including embryology, histology, and neuroanatomy.
Anesthesia.
Biochemistry.
Child abuse detection and treatment.
Dermatology.
Geriatric medicine.
Human sexuality.
Medicine, including pediatrics.
Neurology.
Obstetrics and gynecology.
Ophthalmology.
Otolaryngology.
Pain management and end-of-life care.
Pathology, bacteriology, and immunology.
Pharmacology.
Physical medicine.
Physiology.
Preventive medicine, including nutrition.
Psychiatry.
Radiology, including radiation safety.
Spousal or partner abuse detection and treatment.
Surgery, including orthopedic surgery.
Therapeutics.
Tropical medicine.
Urology.

(c) The requirement that an applicant successfully complete a medical curriculum that provides instruction in pain management and end-of-life care shall only apply to a person entering medical school on or after June 1, 2000.

Section 2089.5 – Clinical Instruction; Affiliation Requirements

2089.5. (a) Clinical instruction in the subjects listed in subdivision (b) of Section 2089 shall meet the requirements of this section and shall be considered adequate if the requirements of subdivision (a) of Section 2089 and the requirements of this section are satisfied.

(b) Instruction in the clinical courses shall total a minimum of 72 weeks in length.

(c) Instruction in the core clinical courses of surgery, medicine, family medicine, pediatrics, obstetrics and gynecology, and psychiatry shall total a minimum of 40 weeks in length with a minimum of eight weeks instruction in surgery, eight weeks in medicine, six weeks in pediatrics, six weeks in obstetrics and gynecology, a minimum of four weeks in family medicine, and four weeks in psychiatry.

(d) Of the instruction required by subdivision (b), including all of the instruction required by subdivision (c), 54 weeks shall be performed in a hospital that sponsors the instruction and shall meet one of the following:
(1) Is a formal part of the medical school or school of osteopathic medicine.
(2) Has an approved residency program in family practice or in the clinical area of the instruction for which credit is being sought.
(3) Is formally affiliated with an approved medical school or school of osteopathic medicine located in the United States or Canada. If the affiliation is limited in nature, credit shall be given only in the subject areas covered by the affiliation agreement.
(4) Is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada.

(e) If the institution, specified in subdivision (d), is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada, it shall meet the following:
(1) The formal affiliation shall be documented by a written contract detailing the relationship between the medical school, or a school of osteopathic medicine, and hospital and the responsibilities of each.
(2) The school and hospital shall provide to the division a description of the clinical program. The description shall be in sufficient detail to enable the division to determine whether or not the program provides students an adequate medical education. The division shall approve the program if it determines that the program provides an adequate medical education. If the division does not approve the program, it shall

provide its reasons for disapproval to the school and hospital in writing specifying its findings about each aspect of the program that it considers to be deficient and the changes required to obtain approval.

(3) The hospital, if located in the United States, shall be accredited by the Joint Commission on Accreditation of Hospitals, and if located in another country, shall be accredited in accordance with the law of that country.

(4) The clinical instruction shall be supervised by a full-time director of medical education, and the head of the department for each core clinical course shall hold a full-time faculty appointment of the medical school or school of osteopathic medicine and shall be board certified or eligible, or have an equivalent credential in that specialty area appropriate to the country in which the hospital is located.

(5) The clinical instruction shall be conducted pursuant to a written program of instruction provided by the school.

(6) The school shall supervise the implementation of the program on a regular basis, documenting the level and extent of its supervision.

(7) The hospital-based faculty shall evaluate each student on a regular basis and shall document the completion of each aspect of the program for each student.

(8) The hospital shall ensure a minimum daily census adequate to meet the instructional needs of the number of students enrolled in each course area of clinical instruction, but not less than 15 patients in each course area of clinical instruction.

(9) The division, in reviewing the application of a foreign medical graduate, may require the applicant to submit a description of the clinical program, if the division has not previously approved the program, and may require the applicant to submit documentation to demonstrate that the applicant's clinical training met the requirements of this subdivision.

(10) The medical school or school of osteopathic medicine shall bear the reasonable cost of any site inspection by the division or its agents necessary to determine whether the clinical program offered is in compliance with this subdivision.

Section 2102 – Proof of Qualification by Citizen or Person Seeking Naturalization; Examinations

2102. Any applicant whose professional instruction was acquired in a country other than the United States or Canada shall provide evidence satisfactory to the division of compliance with the following requirements to be issued a physician's and surgeon's certificate:

(a) Completion in a medical school or schools of a resident course of professional instruction equivalent to that required by Section 2089 and issuance to the applicant of a document acceptable to the division that shows final and successful completion of the course. However, nothing in this section shall be construed to require the division to evaluate for equivalency any coursework obtained at a medical school disapproved by the division pursuant to this section.

(b) Certification by the Educational Commission for Foreign Medical Graduates, or its equivalent, as determined by the division. This subdivision shall apply to all applicants who are subject to this section and who have not taken and passed the written examination specified in subdivision (d) prior to June 1, 1986.

(c) Satisfactory completion of the postgraduate training required under Section 2096. An applicant shall be required to have substantially completed the professional instruction required in subdivision (a) and shall be required to make application to the division and have passed steps 1 and 2 of the written examination relating to biomedical and clinical sciences prior to commencing any postgraduate training in this state. In its discretion, the division may authorize an applicant who is deficient in any education or clinical instruction required by Sections 2089 and 2089.5 to make up any deficiencies as a part of his or her postgraduate training program, but that remedial training shall be in addition to the postgraduate training required for licensure.

(d) Pass the written examination as provided under Article 9 (commencing with Section 2170). If an applicant has not satisfactorily completed at least two years of approved postgraduate training, the applicant shall also pass the clinical competency written examination. An applicant shall be required to meet the requirements specified in subdivision (b) prior to being admitted to the written examination required by this subdivision.

Nothing in this section prohibits the division from disapproving any foreign medical school or from denying an application if, in the opinion of the division, the professional instruction provided by the medical school or the instruction received by the applicant is not equivalent to that required in Article 4 (commencing with Section 2080).

TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 13. MEDICAL BOARD OF CALIFORNIA
CHAPTER 1. DIVISION OF LICENSING
ARTICLE 4. SCHOOLS AND COLLEGES OF MEDICINE

1314.1. International Medical Schools.

(a) For purposes of Article 5 of Chapter 5 of Division 2 of the code (commencing with Section 2100), a medical school's resident course of instruction that leads to an M.D. degree shall be deemed equivalent to that required by Sections 2089 and 2089.5 of the code if the medical school offers the curriculum and clinical instruction described in those sections and meets one of the following:

(1) The medical school is owned and operated by the government of the country in which it is located, the country is a member of the Organization for Economic Cooperation and Development, and medical school's primary purpose is educating its own citizens to practice medicine in that country; or
(2) the medical school is chartered by the jurisdiction in which it is domiciled and meets the standards set forth in subsection (b) below.

(b)(1) Mission and Objectives.
The institution shall have a clearly stated written purpose or mission statement and objectives that include:

(A) The institution's broad expectations concerning the education students will receive;
(B) The role of research as an integral component of its mission, including the importance, nature, objectives, processes and evaluation of research in medical education and practice; and
(C) Teaching, patient care, and service to the community.
The institution shall have institutional objectives that are consistent with preparing graduates to provide competent medical care.

(2) Organization.
The institution shall be organized as a definable academic unit responsible for a resident educational program that leads to the M.D. degree. The manner in which the institution is organized shall be set forth in writing.

(3) Curriculum.
The structure and content of the educational program shall provide an adequate foundation in the basic and clinical sciences and shall enable students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care.

(4) Governance.
The administrative and governance system shall allow the institution to accomplish its

objectives (i.e. its statements of the items of knowledge, skills, behavior and attitude that students are expected to learn). An institution's governance shall give faculty a formal role in the institution's decision-making process. A student enrolled in the program shall not serve as an instructor, administrator, officer or director of the school.

(5) Faculty.
The faculty shall be qualified and sufficient in number to achieve the objectives of the institution. A "qualified" faculty member is a person who possesses either a credential generally recognized in the field of instruction or a degree, professional license, or credential at least equivalent to the level of instruction being taught or evaluated. The institution shall have a formal ongoing faculty development process that will enable it to fulfill its mission and objectives.

(6) Admission and promotion standards.
The institution shall have and adhere to standards governing admission requirements and student selection and promotion that are consistent with the institution's mission and objectives.

(7) Financial Resources.
The institution shall possess sufficient financial resources to accomplish its mission and objectives.

(8) Facilities.
The institution shall have, or have access to, facilities, laboratories, equipment and library resources that are sufficient to support the educational programs offered by the institution and to enable it to fulfill its mission and objectives. If an institution utilizes affiliated institutions to provide clinical instruction, the institution shall be fully responsible for the conduct and quality of the educational program at those affiliated institutions.

(9) Quality Assurance System.
If the institution provides patient care, it shall have a formal system of quality assurance for its patient care program.

(10) Records.
The institution shall maintain and make available for inspection any records that relate to the institution's compliance with this section for at least five years, except, however, that student transcripts shall be retained indefinitely.

(11) Branch Campuses.
An institution with more than one campus shall have written policies and procedures

governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty at the other locations. These policies shall be consistent with the institution's mission and objectives. The institution shall be fully responsible for the conduct and quality of the educational program at these sites. If an institution operates a branch campus located within the United States or Canada, instruction received at that branch campus shall be deemed to be instruction received and evaluated at that institution. For purposes of this section, the term "branch campus" means a site other than the main location of the institution but does not include any hospital at which only clinical instruction is provided.

(c) The division may, on its own or at the request of an institution, determine whether that institution meets the requirements of subsections (a) and (b). The division shall have the sole discretion to determine whether a site visit is necessary in order to verify the accuracy and completeness of the data provided and to conduct an in-depth review of the program to determine whether the institution is in compliance with this regulation.

(d) An institution's failure to provide requested data regarding its educational program or to cooperate with a site team shall be grounds for disapproval of its educational program.

(e) If the division determines that a site visit is necessary, it shall appoint a site inspection team to conduct a comprehensive, qualitative onsite inspection and review of all aspects of the institution's operations to determine whether the institution complies with the requirements of subsections (a) and (b).

The fee for a site visit is all reasonable costs incurred by the board staff and the site team, payable in estimated form in advance of the site visit. If the cost of the site visit exceeds the amount previously paid, the board shall bill the institution for the remaining amount and shall not take action to determine the institution's equivalency until such time as the full amount has been paid. If the amount paid exceeds the actual costs incurred, the board shall remit the difference to the institution within 60 days.

The site team shall prepare and submit to the division a report that includes

(1) Its findings regarding the institution's compliance with the requirements of the law and this regulation;
(2) Its assessment of the quality of the institution as a whole and the quality of the institution's educational program, including any deficiencies; and
(3) Its recommendation whether or not the institution's resident course of instruction leading to an M.D. degree should be deemed equivalent to that required by Sections 2089 and 2089.5 of the code, including a recommendation regarding the correction of any deficiencies identified in the report. A copy of the report shall be provided to the institution, which shall have60 days following the date of the report in which to respond to board staff as to any errors of fact or erroneous findings.

(f) If an institution wishes to retain the division's determination that its resident course of instruction leading to an M.D. degree is equivalent to that required by Sections 2089 and 2089.5 of the code, or if it is currently being evaluated for such equivalency, it shall do the following:

(1) It shall notify the division in writing no later than 30 days after making any change in the following:

(A) Location;
(B) Mission, purposes or objectives;
(C) Change of name;
(D) Any change in curriculum or other circumstance that would affect the institution's compliance with subsections (a) and (b).
(E) Shift or change in control. A "shift or change in control" means any change in the power or authority to manage, direct or influence the conduct, policies, and affairs of the institution from one person or group of people to another person or group of people, but does not include the replacement of an individual administrator with another natural person if the owner does not transfer any interest in, or relinquish any control of, the institution to that person.

(2) Every seven years, it shall submit documentation sufficient to establish that it remains in compliance with the requirements of this section and of Sections 2089 and 2089.5 of the code.

(g) The documentation submitted pursuant to subsection (f)(2) shall be reviewed by the division or its designee to determine whether the institution remains in compliance with the requirements of these regulations and of Sections 2089 and 2089.5 of the code.

(h) The division may at any time withdraw its determination of equivalence when an institution is no longer in compliance with this section. Prior to withdrawing its determination of equivalence, the division shall send the institution a written notice of its intent to withdraw its determination of equivalence, identifying those deficiencies upon which it is proposing to base the withdrawal and giving the institution 120 days from the date of the notice within which to respond to the notice. The division shall have the sole discretion to determine whether a site visit is necessary in order to ascertain the institution's compliance with this section. The division shall notify the institution in writing of its decision and the basis for that decision.

(i) The division may evaluate any institution described in subsection (a)(1) to determine its continued compliance with Sections 2089 and 2089.5 of the code if, in its sole discretion, the division has reason to believe that the institution may no longer be in compliance.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2018, 2089, 2089.5, 2102 and 2103, Business and Professions Code.

HISTORY

1. New section filed 11-13-2003; operative 12-13-2003 (Register 2003, No. 46).

Private UK based medical colleges

The following schools claim that the course of study undertaken substantially or wholly in the UK leads to a Primary Medical Qualification awarded by an overseas University. The GMC does not register graduates who have been awarded primary medical qualifications in such circumstances nor does it give any entitlement to book or sit the PLAB test.

The list below contains institutions that we are currently aware of - it may not be exhaustive. Therefore the GMC accepts no liability for the reliance placed on these institutions or for any action or decision taken.

European College of Medicine, London (ECM)

Grace University School of Medicine, London

London College of Medicine

London School of Medicine

London Medical School

School of Health and Neural Sciences, Nottingham

American International School of Medicine, UK satellite campus

St. Christopher's College of Medicine, Luton

Kigezi International School of Medicine, Cambridge

Medical College London, Montserrat

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DIVISION OF LICENSING
CHIEF'S REPORT

MBC BOARD MEETING
November 2, 2007

FISCAL YEAR 07/08
STATISTICS

Meeting Month/Year	Physician's & Surgeon's Applications	Number of Calendar Days to Initial Review (Low)	Number of Calendar Days to Initial Review (High)	Number of Calendar Days to Initial Review (Average)
November-07	US/CAN	18	50	30
November-07	IMG	37	87	65
July-07	US/CAN	25	43	38
July-07	IMG	21	61	46
April-07	US/CAN	34	55	43
April-07	IMG	15	56	33
February-07	US/CAN	26	39	32
February-07	IMG	26	58	40
November-06	US/CAN	21	29	23
November-06	IMG	49	21	36
Historial Information				
February-06	US/CAN	Not Available	Not Available	127
February-06	IMG	Not Available	Not Available	117

FY 07/08	Number of Physician's & Surgeon's Applications Received	Number of Physician's & Surgeon's Licenses Issued
1st Quarter	1,465	1,271
2nd Quarter		
3rd Quarter		
4th Quarter		
TOTAL	1,465	1,271

FY 06/07	Number of Physician's & Surgeon's Applications Received	Number of Physician's & Surgeon's Licenses Issued
TOTAL	6,034	5,285

Special Program FY 07/08	2111 Applications Processed	2112 Applications Processed	2113 Applications Processed	2168 Applications Processed
1st Quarter	24	1	17	1
2nd Quarter				
3rd Quarter				
4th Quarter				
TOTAL	24	1	17	1

Special Program FY 07/08	2072 Applications (Correctional Facility) Processed	Hospital 1327 Renewals/Site Visits	Medical School 2111/2113 Site Visits
1st Quarter	0	1	0
2nd Quarter			
3rd Quarter			
4th Quarter			
TOTAL	0	1	0

Consumer Information Unit Activity FY 07/08	Number of Calls Answered	Number of Callers Connected to an Operator Immediately	Percent of Callers Who Experienced a Two Minute or Less Wait Time
1st Quarter	17,269	9,686	56%
2nd Quarter			
3rd Quarter			
4th Quarter			
TOTAL	17,269	9,686	NA

LICENSED MIDWIFE ACTIVITY 2007/2008			
Licenses Issued	Applications Received	Applications Pending	Applications Denied
5	4	3	0

Licenses Current/Renewed (as of August 30, 2007)	Licenses Delinquent (as of August 30, 2007)	Licenses Canceled (as of August 30, 2007)
172	20	14