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Policy Forum

The Role of State Medical Boards

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State medical boards are the agencies that license medical doctors, investigate complaints, discipline physicians who violate the medical practice act, and refer physicians for evaluation and rehabilitation when appropriate. The overriding mission of medical boards is to serve the public by protecting it from incompetent, unprofessional, and improperly trained physicians. Medical boards accomplish this by striving to ensure that only qualified physicians are licensed to practice medicine and that those physicians provide their patients with a high standard of care.

The right to practice medicine is a privilege granted by the state. Each state has laws and regulations that govern the practice of medicine and specify the responsibilities of the medical board in regulating that practice. These regulations are laid out in a state statute, usually called a medical practice act. State medical boards establish the standards for the profession through their interpretation and enforcement of this act.

Assembling a quality physician population to meet the needs of the public begins with licensure. During the process of evaluating applicants for medical licensure, state medical boards' primary focus is on a physician's qualifications, including undergraduate and graduate medical education, work history, and personal character. Candidates for licensure also must successfully complete a rigorous examination designed to assess their ability to apply knowledge, concepts, and principles of health and disease that constitute the basis for safe and effective patient care. The Federation of State Medical Boards of the United States, Inc., and the National Board of Medical Examiners (NBME) have collaborated to establish a single, 3-step examination for medical licensure in the United States, known as the United States Medical Licensing Examination (USMLE). The USMLE provides state medical boards with a common evaluation system for all licensure applicants. To assure the continued relevance of the exam, the NBME uses basic science and clinical faculty from the nation's medical schools as well as practicing physicians, some of whom serve on state medical boards, to generate the examinations.

The USMLE Examinations

Step 1 of the USMLE is usually administered after 2 years of medical education and assesses an applicant's ability to understand and apply basic science concepts fundamental to the practice of medicine, with special emphasis on principles and mechanisms that underlie health, disease, and modes of therapy. Step 1 ensures mastery of not only the sciences that provide a foundation for the safe and competent

practice of medicine in the present, but also the scientific principles required for lifelong learning.

USMLE Step 2, usually taken prior to graduation from medical school, assesses applicants' ability to apply—under supervision—medical knowledge, skills, and understanding of clinical sciences essential for the provision of patient care and tests their knowledge of health promotion and disease prevention practices. Step 2 ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine.

Step 3, usually taken after a year of postgraduate training, assesses a candidate's ability to apply medical knowledge and understanding of biomedical and clinical sciences essential for the *unsupervised* practice of medicine, emphasizing patient management in ambulatory settings. Step 3 provides a final assessment of physicians who are about to assume independent responsibility for delivering general medical care.

In 2004, the USMLE introduced a clinical skills component to Step 2 which tests applicants on their ability to take a focused history and physical examination, communicate with a standardized patient, and write a meaningful progress note. Similarly, the National Board of Osteopathic Examiners, which also has a 3-part examination process for doctors of osteopathy seeking medical licensure, will require passage of a clinical skills examination beginning in 2005.

Applying Standards of Professional Conduct

In addition to requiring an examination, medical boards also determine whether physicians have met recognized standards of professional conduct while in practice. Applicants who are licensed in 1 state and desire licensure in another must submit proof of prior education and training and provide details about their work history. Applicants must reveal some past medical history (including the use of habit-forming drugs and any physical or mental illness that could alter the ability to practice), arrests, and convictions. Medical boards then evaluate these disclosures and how effectively they've been addressed by the applicant.

After physicians are licensed in a given state, they must reregister periodically to maintain their active status. During this reregistration process, physicians are required to demonstrate that they have maintained acceptable standards of ethics and medical practice and have not engaged in improper conduct. In most states, physicians must also show that they have participated in a continuing medical education program.

The duty of the medical board, however, goes beyond the licensing and reregistration of physicians. The board is charged with the responsibility of evaluating whether a physician's professional conduct or ability to practice medicine warrants modification, suspension, or revocation of the license to practice. Board members devote a great deal of time and attention to overseeing the practice of physicians by reviewing complaints from patients, malpractice data, information from hospitals and other health care institutions, and reports from government agencies. When a board receives

a complaint about a physician, and there is reason to believe the physician has violated the medical practice act, the board has the power to investigate the claim, hold hearings, and if necessary, impose discipline.

The state statute commonly known as the medical practice act defines unprofessional conduct in each state. Although laws vary by jurisdiction some examples of unprofessional conduct include:

- physical abuse of a patient,
- inadequate record keeping,
- not recognizing or acting on common symptoms,
- prescribing drugs in excessive amounts without legitimate reason,
- impaired ability to practice due to addiction,
- failing to meet continuing medical education requirements,
- performing duties beyond the scope of a license,
- dishonesty,
- conviction of a felony,
- inappropriately delegating the practice of medicine to an unlicensed individual.

Minor disagreements do not fall under misconduct, nor does poor customer service. Medical boards focus on protecting the public, not on punishing physicians. While medical boards sometimes do find it necessary to suspend or revoke licenses, regulators believe that many problems can be resolved with additional education or training in appropriate areas. In other instances, it may be more appropriate to place physicians on probation or place restrictions on a physician's license. This compromise allows the public to be protected while maintaining a valuable community resource in the physician. Probation and restrictions of a medical license can also be in place while a physician receives further training or rehabilitation.

With changing technology, legislative interventions, and the rapid expanse of scientific information available, the challenges to state medical boards are significant. They are assisted in keeping abreast of these challenges by the Federation of State Medical Boards' staff who draft policies, manage a national database of physician disciplinary information, offer a credentials verification service to physicians and physician assistants, and inform the state medical boards of legislative initiatives both at the state and national level. And, along with the National Board of Medical Examiners, the Federation of State Medical Boards provides state-of-the-art assessment resources for physicians seeking initial licensure and a series of post-licensure assessment tools. All of these services are for the purpose of providing protection to patients while enhancing the quality of health care in this country.

Suggested Reading

Federation of State Medical Boards, *A Guide to the Essentials of a Modern Medical Practice Act*, 10th Edition, 2002.

Federation of State Medical Boards, *Elements of a Modern Medical Board*, 1998.

Federation of State Medical Boards and National Board of Medical Examiners, United States Medical Licensing Examination, *2005 Bulletin of Information*.

National Board of Osteopathic Medical Examiners, Inc., Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), *2004-2005 Bulletin of Information*.

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