

# Georgia Composite Medical Board

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LaSharn Hughes, MBA



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## NOTICE OF INTENT TO AMEND AND ADOPT RULES

TO ALL INTERESTED PARTIES:

Notice is hereby given that pursuant to the authority set forth below, the Georgia Composite Medical Board (hereinafter "Board") proposes amendments to the Georgia Composite Medical Board Rules by amending Rule 360-2-.01 "Requirements for Licensure," and Rule 360-2-.14 "Requirements for Approval of International Medical Schools." Exact copies of the proposed rules are attached to this Notice.

This notice, together with an exact copy of the proposed rules and a synopsis of the proposed amendments may be reviewed between 8:00 a.m. and 4:00 p.m., Monday through Friday, except official state holidays, at 2 Peachtree Street, NW., 6<sup>th</sup> Floor, Atlanta, GA 30303. These documents can also be reviewed online at <http://medicalboard.georgia.gov/notice-intent-amendadopt-rules>.

A public hearing is scheduled to begin at **8:00 a.m.** on **September 12, 2019** at 2 Peachtree Street, N.W., 5th Floor, Atlanta, Georgia 30303 to provide the public an opportunity to comment upon and provide input into the proposed rules. At the public hearing, any interested person may present data, make a statement or comment, or offer a viewpoint or argument orally or in writing. Lengthy statements and statements of a considerable technical or economic nature, as well as previously recorded messages, must be submitted for the official record. Oral statements should be concise and will be limited to 5 minutes per person. Additional comments should be presented in writing. To ensure their consideration, submit all written comments by **September 2, 2019** to **LaSharn Hughes**, [lhughes@dch.ga.gov](mailto:lhughes@dch.ga.gov) or to the Georgia Composite Medical Board Rules Committee at 2 Peachtree Street, N.W., 6<sup>th</sup> Floor, Atlanta, Georgia 30303.

The Board voted to adopt this Notice of Intent on **August 8, 2019**. Upon conclusion of the public hearing on **September 12, 2019**, the Board will consider whether the formulation and adoption of these proposed rule amendments imposes excessive regulatory costs on any license or entity, and whether any cost to comply with the proposed rule amendments could be reduced by a less expensive alternative that accomplishes the objectives of the statutes which are the basis of the proposed rule. Additionally, the Board will consider whether it is legal or feasible in meeting the objectives of the applicable laws to adopt or implement differing actions for businesses as listed in O.C.G.A. § 50-13-4(3)(A),(B),(C), and (D).

This Notice is adopted and posted in compliance with O.C.G.A. § 50-13-4 of the Georgia Administrative Procedures Act. A synopsis of the proposed rules and an economic impact statement are attached to this Notice. The authority for promulgation of these rules is O.C.G.A. Secs. 43-1-17, 43-34-5, 43-34-21, 43-34-24, 43-34-24.1, 43-34-26, 43-34-27, 43-34-37, 43-34-41.

Issued this day August 12, 2019.

LaSharn Hughes, MBA  
Executive Director  
Georgia Composite Medical Board

## ECONOMIC IMPACT AND SYNOPSIS FOR

### **RULE CHAPTER 360-2**

#### ECONOMIC IMPACT:

The attached rules are promulgated under the authority of the Medical Practice Act, Title 43, Chapter 34. The Georgia Composite Medical Board licenses and regulates nine professions. The formulation and adoption of these rules do not impose excessive regulatory cost on any licensee, and any cost to comply with the proposed rule cannot be reduced by a less expensive alternative that fully accomplishes the objectives of Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated. Additionally, it is not legal or feasible to meet the objectives of the Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated to adopt or implement differing actions for businesses listed in O.C.G.A. §50-13-4(a)(3)(A), (B), (C) and (D).

#### **RULE SYNOPSIS:**

##### **Rule 360-2-.01. Requirements for Licensure**

##### **Rule 360-2-.14. Requirements for Approval of International Medical Schools**

**Purpose/Main Features:** The purpose of the proposed amendments is to allow another entity, other than the Board, to evaluate foreign medical schools, due to the logistical and expertise requirements for conducting an adequate review. The determination was made to rely on an analysis by a federally established accrediting organization, the National Committee on Foreign Medical Education and Accreditation (“NCFMEA”).

Authority O.C.G.A. Sec. 43-1-17, 43-34-5, 43-34-21, 43-34-24, 43-34-24.1, 43-34-26, 43-34-27, 43-34-37, 43-34-41.

## **Rule 360-2-.01. Requirements for Licensure**

- (1) An applicant for a medical license must provide:
  - (a) An affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.
  - (b) An application that is complete, including all required documentation, signatures, seals, and fees. An application shall expire one year from the date of receipt. Any subsequent application must be accompanied by submission of appropriate documentation and application fee.
  - (c) Evidence of good moral character. Reference Forms shall be valid for six months from the date of signature. If the application is not approved during the six-month period, the Board may require a new and more current reference.
  - (d) Verification of licensure from every state in which the applicant has ever held any type of medical license.
  - (e) Verification of a passing score on one of the following examinations approved by the Board:
    - i. Steps 1, 2 and 3 of the United States Medical Licensing Examination (USMLE)
    - ii. Federation Licensing Examination (FLEX taken on or before June 1, 1985) (combined scores from different FLEX administrations between January 1, 1978 and January 1, 1985 are not accepted)
    - iii. FLEX Components I and II (FLEX taken after June 1, 1985)
    - iv. National Board of Medical Examiners (NBME)
    - v. State Medical Board of Examinations taken before June 30, 1973
    - vi. Medical Council of Canada Qualifying Examination (MCCQE) for graduates of Canadian medical schools who completed post-graduate training in Canada
    - vii. National Board of Osteopathic Medical Examiners (NBOME)
    - viii. Comprehensive Osteopathic Medical Licensing Examination (COMLEX)
    - ix. The certifying examination of the Puerto Rico Medical Board, for graduates of Puerto Rican medical schools who completed post-graduate training in Puerto Rico.
  - (f) Verification of medical education by submitting an official transcript of all medical education directly to the Board from the school where such education was taken. If the transcript is in a foreign language, a certified English translation must be furnished. The transcript shall include the dates the applicant attended the school and the grades received in all courses taken to fulfill the requirements of the degree granted. At the Board's discretion, the medical school transcript requirement may be

waived and the results of the Federation of State Medical Boards (FSMB) verification service may be accepted if the applicant adequately demonstrates that all diligent efforts have been made to secure transcripts from the school. In such a case, the Board may require the applicant to appear for a personal interview before the Physician Licensure Committee of the Board.

- i. Medical schools in the United States, Puerto Rico and Canada must require a minimum of two years of pre-medical education and be approved by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association Commission on Osteopathic College accreditation (AOA COCA), or the Committee on Accreditation of Canadian Medical Schools (CACMS).
  - ii. A medical school located outside the United States, Puerto Rico and Canada and Fifth Pathway programs must have a program of education in the art and science of medicine leading to a medical doctor degree or the medical doctor equivalent that requires a minimum of two (2) years of pre-medical education and includes at least 130 weeks of instruction. Applicants must have official transcripts that include at least 130 weeks of instruction.
- (g) Verification of post-graduate/residency training as follows:
- i. Graduates of approved medical schools must show completion of one year of postgraduate training in a program approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC). The Board may consider current certification of any applicant by a member board of the American Board of Medical Specialties (ABMS) as evidence that such applicant's postgraduate medical training has satisfied the requirements of this paragraph. Approved Medical Schools are those located in the United States, Puerto Rico, and Canada, those listed on the *Medical Schools Recognized by the Medical Board of California* (effective February 4, 2010, adopted by reference), and schools that have been approved by a regional accreditation authority with standards equivalent to LCME and approved by the National Committee on Foreign Medical Education and Accreditation (NCFMEA). ~~those approved by the Board.~~
  - ii. Graduates of medical schools not approved by the Board must show completion of three years of postgraduate training in a program approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), the Royal College of Physicians and Surgeons of Canada (RCPSC), or the College of Family Physicians of Canada (CFPC). The Board may consider current certification of any applicant by a member board of the American Board of Medical Specialties (ABMS) as evidence that such applicant's postgraduate medical training has satisfied the requirements of this paragraph.
  - iii. Applicants who were licensed in another State on or before July 1, 1967 are not required to supply proof of any postgraduate/residency training.
- (h) Verification of residence in the United States for one year, except for graduates of Canadian medical schools, if the applicant is an alien.
- (i) Graduates of foreign medical schools outside of Canada must provide proof of certification by the Educational Commission for Foreign Medical Graduates (ECFMG) unless they were licensed by another state before March 1, 1958. This requirement does not apply to foreign-trained students who furnish proof of the following:

- (i) successful completion of AMA approved Fifth Pathway program, and
  - (ii) passing the ECFMG qualifying medical component examination with a score of 75 or above.
- (2) The Board in its discretion may require an applicant for licensure to take and pass the Special Purposes Examination (SPEX) prepared by the Federation of State Medical Boards of the United States, or other Board-approved competency assessment. The circumstances under which the Board may require a competency examination include, but are not limited to applicants for licensure who have been the subject of disciplinary action in another state; or who would be subject to disciplinary action or corrective action in this state based upon their conduct or condition; or who have previously engaged in the practice of medicine and who have not practiced for a period greater than thirty (30) consecutive months.
- (3) Nothing in this rule shall be construed to prevent the Board from denying or conditionally granting an application for licensure.

**Authority: O.C.G.A. Secs.** 43-1-17, 43-34-5, 43-34-21, 43-34-24, 43-34-24.1, 43-34-26, 43-34-27, 43-34-37, 43-34-41.

## **Rule 360-2-.14. Requirements for Approval of International Medical Schools**

- (1) An international medical school seeking Board approval pursuant to O.C.G.A. 43-34-26 shall provide the Board with the following:
  - (a) A completed application and application fee.
  - (b) Completed self-assessment form that establishes or demonstrates that:
    - (i) MD Degree or equivalent. The medical school's educational program leads to an MD degree or the international equivalent, and the medical school's core curriculum and clinical instruction meets the standards of schools accredited by the Liaison Committee on Medical Education and one of the following:
      - (A) The medical school is owned and operated by the government of the country in which it is located, and the country in which it is located and the medical school's primary purpose is educating its own citizens to practice medicine in that country; or
      - (B) The medical school has a charter or registration by the jurisdiction in which it is domiciled and meets the standards set forth in subsections (b) (ii)-(xi) below.
    - (ii) Mission and objectives. The institution shall have a clearly-stated written purpose and mission statement, and have institutional objectives that are consistent with preparing graduates to provide competent medical care. These must include:
      - (A) Teaching, patient care, and service to the community;
      - (B) The expectations concerning the education students will receive; and
      - (C) The role of basic science and clinical research as an integral component of its mission, including the importance, processes, and evaluation of research in medical education and practice.
    - (iii) Organization. The institution shall be organized as a definable academic unit responsible for a resident educational program that leads to the MD degree.
    - (iv) 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.
    - (v) Governance. The administration and governance structure system shall allow the institution to accomplish its mission and objectives.
    - (vi) Faculty. The faculty shall be qualified and sufficient in number to achieve the institution's objectives. 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.

- (vii) 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.
  - (viii) Financial resources. The institution shall possess sufficient financial resources to accomplish its mission and objectives.
  - (ix) 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 the 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.
  - (x) 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 that student transcripts shall be retained indefinitely.
  - (xi) 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 of 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 programs 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 the purpose 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.
- (2) The Board may, on its own or at the request of an institution, determine whether an institution meets the requirements of subsections 1(a) and 1(b). The Board shall have the 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 these regulations.
- (3) The Board may receive, review, evaluate, and process any materials and visit the facilities of an institution seeking approval of their program, or the Board may contract with an independent company or agency to perform those services for and make recommendations to the Board. The Board shall make the final decision regarding the approval of an institution and its program. All costs related to the evaluation and review process, including costs for a site visit, must be paid by the institution under review and be negotiated with the Board or the company selected by the Board to perform the evaluation.
- (4) An institution's failure to provide requested data regarding its educational program or to cooperate with a site visit team shall be grounds for disapproval of its educational program.
- (5) If an institution receives and wishes to retain the Board approval of its educational program, it shall do the following:
- (a) Notify the Board, in writing, no later than 30 days after making any changes to the following:
    - (i) Location;

- (ii) Mission, purpose, or objectives;
  - (iii) Change of name;
  - (iv) Any change in curriculum or other circumstances that would affect the institution's compliance with subsections (a) and (b);.
  - (v) Shift of change in control. A "shift or change in control" means any change in the power or 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. This does not include the replacement of an administrator with another person, if the owner does not transfer any interest in, or relinquish any control of, the institution to that person.
- (b) Every seven years, the institution shall submit to the Board documentation sufficient to establish that it remains in compliance with the requirements of this section.
- (c) The documentation submitted pursuant to subsection (5)(b) shall be reviewed by the Board or its designee to determine whether the institution remains in compliance with the requirements of this section. The Board shall make the decision if the institution remains in compliance.
- (6) The Board may, at any time, withdraw its determination of approval when an institution is no longer in compliance with this section. Prior to withdrawing its determination of approval, the Board shall send the institution a written notice of its intent to withdraw its approval, identifying those deficiencies upon which it is proposing to base the withdrawal, and giving the institution 120 days from the date of the notice to respond to the notice. The Board 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 Board shall notify the institution of its decision and the basis for that decision.
- (7) The approval process outlined in this rule does not apply to medical schools that have already been classified as "Approved Medical Schools" in Rule 360-2-.01(1)(g)(i). Pursuant to Rule 360-2-.01(1)(g)(i), "Approved Medical Schools" are medical schools located in the United States, Puerto Rico, and Canada and those listed on the Medical Schools Recognized by the Medical Board of California (effective February 4, 2010, adopted by reference) and schools that have been approved by a regional accreditation authority with standards equivalent to LCME and approved by the National Committee on Foreign Medical Education and Accreditation (NCFMEA)."

**Authority: O.C.G.A 43-34-26(a)(1)(B).**