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**PENNSYLVANIA ACADEMY  
OF FAMILY PHYSICIANS**

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SEP 30 2004

**DOS LEGAL COUNSEL**

September 27, 2004

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Joanne T. Troutman  
Health Licensing Division  
Bureau of Professional and Occupational Affairs  
PO Box 2649  
Harrisburg, PA 17105-2649

Re: Proposed Rulemaking of the State Board of Medicine  
Amendments to 49 Pa. Code Chapter 17, Subchapter A, §§ 17.1, 17.2 and 17.5  
Licensure of Medical Doctors

Dear Ms. Troutman:

On behalf of the over 4,800 members of the Pennsylvania Academy of Family Physicians (PAFP), I am writing in support of the proposed rulemaking of the State Board of Medicine published at 34 Pa. B. 4887 (September 4, 2004) concerning licensure requirements for international medical graduates ("IMGs").

The PAFP agrees with the Board's observation that the current excessive and inflexible mandatory minimum medical curriculum, clinical rotation and examination requirements for IMGs have put Pennsylvania at a competitive disadvantage in attracting the most talented IMG applicants. Elimination of these requirements, which are redundant to existing standards of the ECFMG, the nationally recognized certification and examination body for IMGs, will bring Pennsylvania in line with most, if not all, jurisdictions that license physicians in the United States.

Because of the unnecessary hurdles in current regulations, many highly experienced and extremely qualified IMGs have been precluded from practicing medicine in Pennsylvania and from qualifying for graduate training in Pennsylvania hospitals under the supervision and evaluation of licensed experienced physician educators who direct, in particular, Family Practice Residency Programs.

This in turn reduces the ability of Pennsylvania Family Practice Residency Programs to continue to provide quality care to the patients they serve, particularly indigent populations for whom the residency programs may be the only source of medical care.

This is of particular concern because the percentage of positions in Pennsylvania Family Practice Residency Programs filled by United States medical school graduates has

steadily declined over the last four years from 65.2% in 1999 to 47.5% in 2002. Available evidence suggests that this trend may continue. Qualified IMGs therefore represent an increasingly important segment of Pennsylvania Family Practice residents, representing 21.5% of the resident pool in 1999 and 38.4% in 2002.

The amendments that have been proposed by the Board will help to eliminate unnecessary barriers to the delivery of healthcare in Pennsylvania by qualified IMGs who have already met the exacting standards of the ECFMG. Those persons will now be able to bring their expertise to Pennsylvania and enhance the provision of healthcare to Pennsylvania citizens and residents.

For all of the foregoing reasons, I appreciate this opportunity to articulate the support of the PAFP for the Board's proposed regulatory changes.

Sincerely,

A handwritten signature in black ink, reading "Timothy M. Heilmann MD". The signature is fluid and cursive, with the "MD" written in a slightly larger, more formal script at the end.

Timothy M. Heilmann, MD  
President

TMH/ALM/AS

cc: Richard A. Neill, MD – PAFP President-Elect  
John S. Jordan, CAE – PAFP Executive Vice-President  
Charles I. Artz, Esq. – PAFP General Counsel  
April L. McClaine, Esq. – PAFP Counsel  
Andrew Sandusky – PAFP Director of Governmental Affairs

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FEDERATION OF STATE MEDICAL BOARDS  
OF THE UNITED STATES, INC.

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**DOS LEGAL COUNSEL**

September 27, 2004

Charles D. Hummer, Jr., MD  
Chairman  
Pennsylvania State Board of Medicine  
PO Box 2649  
Harrisburg, PA 17105

Attn: Joanne Troutman, Administrative Officer

Dear Dr. Hummer:

I am writing this letter in support of proposed regulation 16A-4917, *Licensure of Medical Doctors*, to allow applicants for medical licensure to use the Federation Credentials Verification Service (FCVS) to verify their credentials to the Pennsylvania State Board of Medicine.

The Federation of State Medical Boards established FCVS in 1996 to provide a centralized, uniform process for state medical boards, as well as private and governmental entities, to obtain a verified, primary source record of a physician's core medical credentials. This service is designed to increase the efficiency of credentialing staff and reduce the duplication of effort by gathering, verifying and permanently storing credentials in a centralized repository for physicians and physician assistants.

The FCVS obtains primary source verification of medical education, postgraduate training, licensure examination history, board action history, and identity. This repository of information allows an individual to establish a confidential, lifetime professional portfolio that can be forwarded at the individual's request to any interested party, including, but not limited to, state medical boards, hospitals, managed care plans, and professional societies.

The FCVS has proven to be a strong service benefiting both applicants for licensure and the medical boards that accept it. Currently, fifty-nine (59) licensing boards accept FCVS physician profiles, ten (10) of which require licensees to use FCVS. To date, over 44,000 physicians have had their credentials verified by FCVS. Physicians applying for licensure in Pennsylvania often request FCVS send their physician profiles to the Board and express frustration when advised that the Board does not currently accept the FCVS information.

The Federation encourages quick adoption of the proposed regulation and looks forward to working closely with the Board to implement a process for accepting FCVS physician profiles.

Thank you for allowing the Federation to comment on regulation 16A-4917. If you would like additional information regarding FCVS, please contact Kevin Caldwell, Director of FCVS, at 817-868-5001 or [kcaldwell@fsmb.org](mailto:kcaldwell@fsmb.org).

Sincerely,

A handwritten signature in cursive script that reads "James N. Thompson".

James N. Thompson, MD  
President and Chief Executive Officer