

Minutes of the Meeting of the
NYS Medicine Board
December 8, 2023
1411 Broadway NY, NY

Board Members Present: Dr. Berger, Dr. Boursiquot, Dr. Epstein, Dr. Grayson, Dr. Guthrie, Dr. Kasinathan, Brenton LaRiccia PA, Dr. Mark, Dr. Papa, Dr. Plummer, Dr. Raju, Dr. Rehman, Dr. Romanelli, Dr. Sapio, Dr. Shah, Dr. Sharma, Dr. Shelat, Dr. Walther, and Dr. Wlody; Gregg Shutts PA; and public member Marian Goldstein.

Board Members Absent: Dr. Autz and Dr. Sahgal; and public member JoAnn Marino.

Guests Present: Dr. James Arrighi and Dr. Thomas Nasca of the ACGME/I, Cassandra Pineda and Tim Johnson of the Greater New York Hospital Association, public observer Al Watermaker, David Besser, chair of BPMC, and Dr. Carmen Renee Green, Dean of CUNY School of Medicine.

Staff Members Present: Stephen Boese, Executive Secretary to the Board; Carla Wells, Education Program Assistant 2; Lee Fitzgerald, Education Program Assistant 1, and Michelle Pawlowski, Education Credential Specialist 2.

Meeting is called to order by Dr. Epstein at 9:30 am.

Motion to Accept Minutes: Motion is made, seconded, and passed to accept the minutes from the September 2023 meeting.

Chair's Report:

Dr. Epstein proposed several changes to the Utilization of Medical Assistants document posted on the SED website. The key points are preparing and maintaining a sterile field, removing IV's and catheters, and drawing blood. On the line about inserting and removing IV's and catheters, there is a unanimous vote to change the language about removing IV's to "permitted to remove peripheral IVs in patients not on anticoagulant medication with proper training." Removing catheters still not allowed. Sterile field changes printed for distribution (see attachment) approved.

Executive Secretary's Report:

Mr. Boese provides an update from the Office of the Professions.

The IMS Advisory Council meeting occurred in October. The 7-year renewals for Lublin and Silesia were approved. 1-year extensions for Fatima and AUA were approved. The committee voted to change question 10 on the Annual Report from "What is your policy for the COVID vaccine?" to "What is your policy on vaccines?" The committee voted to change standard 8.1.3

to include “academic outcomes” to more clearly tie admission standards to academic performance and attrition rates. Clinical site visits as part of the school site visits have begun.

The IMG Workgroup has reviewed 28 applications since the previous meeting.

Mr. Boese introduces Michelle as new staff in the office and what her role will be.

We have received question concerning medical students in Israel who may want to do clinical rotations in New York schools, motivated by the sudden war. We have explained the rules regarding clinical clerkships in NYS. This includes two Israeli medical schools that are approved for long-term clinical clerkships and the status of the School of Medicine at Tel Aviv University (formerly Sackler) which is a registered by NYSED as a licensure qualifying program for physicians. We have received no further questions.

The second terms of Drs. Autz, Epstein, and Mark, as well as public member Marion Goldstein will all expire next year, so all board members are encouraged to nominate recommended candidates or have them contact us if they are interested in serving on the board.

There will soon be a change in accreditation status for Canadian medical schools. Effective late June 2024, Canadian Medical schools will no longer be accredited by the US-accreditor for MD degree programs, the Liaison Committee on Medical Education (LCME). This change means ECFMG and USMLE will categorize Canadian medical students and graduates as international candidates required to obtain ECFMG Certification. The Canadian medical school accreditor is the Committee on Accreditation of Canadian Medical Schools (CACMS). NYSED is considering that we will consider the CACMS to be an accrediting organization acceptable to the department in accordance with section 60.1(a)(2). The other currently NYSED accepted accreditors are the LCME and the COCA. The result should be that graduates of CACMS medical programs will be considered to have an acceptable medical education for physician licensure. Such graduates will not ordinarily require Comp Ed review of their education.

Leadership Elections:

Dr. Epstein remains as chair, Drs. Papa and Shelat remain as co-chairs, and Dr. Raju will be the new liaison to the FSMB, all with no opposition.

Report on the FSMB USMLE Orientation Session:

Dr. Plummer presents her experience at the session. They had discussed the change in exam attempt limits from 6 to 4, the upcoming changes in Canadian accreditation, and they are looking for volunteers to contribute to writing a new portion of the Step 3 exam where they will read part of a research paper and have to write essay question responses.

Presentations from the ACGME and the ACGME-I:

Dr. Arrighi and Dr. Nasca discuss the purpose and methods of the ACGME-I. Both organizations provide accreditation and set standards for post-graduate training. Their main goals are assurance

and quality improvement. He reviews their standards, processes, milestones, transparency, and program requirements. There is a discussion about if ACGME-I is equivalent to ACGME and Dr. Arrighi explains that this is not now and never was the intention of the ACGME-I. The full PowerPoint presentation is on the Board for Medicine webpage for the December 8 meeting.

Presentation on CUNY School of Medicine and Diversity in Medicine:

Dr. Green presents on diversity in medical education and how it is being addressed at CUNY. There has been a lot of focus in the last 10 years on diversity in patient care, but little attention on diversity in medical education. Women, African Americans, Native Americans, and Latinos/as are the least represented populations. The least represented are black men. The current number/percentage of black male physicians is currently the same as it was in the late 1960's/early 1970's. The Sophie Davis program was an accelerated 3-year pre-med bachelor's and then graduates would go to an affiliated medical school, but they recently converted to a full 7-year integrated program with the 3-year bachelor's and 4-year medical school within the same program. There were 2,500 alumni of the Sophie Davis program that is now closed. The current program had a 100% match last year. 70% stay in NYC and a greater number stay in NYS to practice. 85% of students are low-income, 50% have a predicted family contribution to education of \$0. 80% are bilingual because they come from a multi-generational immigrant family. One third of the student population are first generation to go to college. 52% go into primary care and there was a 100% match rate for last year's June cohort. Diversity, health equity, and social justice are woven into the curriculum.

They have a holistic admissions process that seeks to minimize social deterrents to medical education like language barriers and financial barriers. Therefore, they don't require the MCAT or other milestones that other medical schools do that create barriers of finances, transportation, or language. They also address diversity in the faculty of medical education, so 75% of the executive team at the school are from underrepresented populations, largely women.

Next Meeting Dates:

The next meetings are set for 3/1/24, 6/7/24, 9/6/2024, and 12/6/24 at 9:30 am.

Meeting adjourned at 12:45 pm.

Draft respectfully submitted,

Carla Wells
Education Program Assistant 1