

MEDICINE BOARD[653]

Notice of Intended Action

Proposing rule making related to nonaccredited resident training and providing an opportunity for public comment

The Board of Medicine hereby proposes to amend Chapter 9, “Permanent and Administrative Medicine Physician Licensure,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 147.76.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 148.3.

Purpose and Summary

In recent years, the Board has witnessed a marked increase in applications by individuals who lack two years of accredited postgraduate training but who nonetheless possess the skill to safely and effectively practice medicine. While the Board still maintains that accreditation is a significant factor in determining whether a program is suitable for the Board’s postgraduate education requirements, the Board recognizes that not all appropriate programs have the necessary accreditation for reasons unrelated to their overall quality. For example, a program may be very well established outside of the United States or Canada but lack accreditation, or the field may be so highly specialized that the program has not sought accreditation. In recent years, the Board has issued numerous waivers of its current postgraduate training provisions to account for this gap.

This proposed rule making would permit the Board more leeway in approving appropriate postgraduate training without the need for formal rule waivers. This would greatly expedite the licensure process for these applicants, many of whom are international graduates or practice in highly specialized fields where more practitioners are needed.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 653—Chapter 3.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rule making. Written or oral comments in response to this rule making must be received by the Board no later than 4:30 p.m. on July 20, 2022. Comments should be directed to:

Joseph Fraioli
Iowa Board of Medicine
400 SW Eighth Street, Suite C
Des Moines, Iowa 50309
Phone: 515.281.3614
Email: joseph.fraioli@iowa.gov

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

Amend paragraph **9.3(1)“c”** as follows:

c. Have successfully completed one year of resident training in a hospital-affiliated program approved by the board at the time the applicant was enrolled in the program. An applicant who is a graduate of an international medical school shall have successfully completed 24 months of such training.

(1) For those required to have 12 months of training, the program shall have been 12 months of progressive training in not more than two specialties and in not more than two programs approved for resident training by the board. For those required to have 24 months of training, the program shall have been 24 continuous months of progressive training in not more than two specialties and in not more than two programs approved for resident training by the board.

(2) Resident training approved by the board shall be accredited by an accrediting agency recognized by the board for the purpose of accrediting resident training programs.

(3) The board approves resident training programs accredited by:

1. ACGME;
2. AOA;
3. RCPSC; and
4. CFPC.

(4) The board or the board’s designee may accept resident training that is not accredited as specified in subparagraph 9.3(1)“c”(3) on a case-by-case determination. In making this determination, the board may consider any relevant factors, including but not limited to the following:

1. The length of time the program has been in existence;
2. The location of the program;
3. The institution or organization that administers the program;
4. The reason that the program is not accredited; and
5. Whether the program is accredited or recognized by any agency other than those listed in subparagraph 9.3(1)“c”(3).

(4) (5) The board shall accept each 12 months of practice as a special licensee as equivalent to one year of resident training in a hospital-affiliated program approved by the board.

(5) (6) The board may accept a current, active ABMS or AOA board certification obtained through an alternate pathway as equivalent to resident training in a hospital-affiliated program approved

by the board. The alternate pathway must be a minimum of 24 months completed at an institution with a program approved by the board as specified in subparagraph 9.3(1) “c”(3).