The Past is Prologue: FSMB and the Evolution of Medical Regulation in the United States

David Johnson, M.A.
Sr. Vice President, Assessment Services
1830’s America
The rise of alternative philosophies of medicine

- Physio-medicalism
- Homeopathic medicine
- Eclectic medicine
- and later…Osteopathic medicine

Coincided with demise of earliest licensing laws and absence of effective therapeutics in disease management
Prior to FSMB Founding, cont.

- North Carolina Medical Board established in 1859
- Rebirth of licensing laws in 1870s
- Multiple licensing boards or ‘sectarian’ representation in many states
Prior to FSMB Founding, cont.

Dr. John Rauch, Illinois Board of Health

OFFICERS AND MEMBERS OF THE BOARD.

Indiana State Board of Medical Registration and Examination

W. T. Gott, M. D., President.................Crawfordsville.
Examiner in Obstetrics, and in Homeopathic Materia Medica and Therapeutics, and Theory and Practice of Medicine.

W. A. Spurgeon, M. D., Vice-President.. .......Muncie.
Examiner in Anatomy and Physiology, and in Physio-Medical Materia Medica and Therapeutics, and Theory and Practice of Medicine.

W. F. Curryer, M. D., Secretary ...............Indianapolis.
Examiner in Gynecology, and in Eclectic Materia Medica and Therapeutics, and Theory and Practice of Medicine.

James M. Dinnen, M. D., Treasurer..............Fort Wayne.
Examiner in Chemistry and Surgery.

J. C. Webster, M. D.........................Lafayette.
Examiner in Regular Materia Medica and Therapeutics, and Theory and Practice of Medicine.
FSMB Predecessors, 1890-1911

National Confederation of State Medical Examining and Licensing Boards, 1890-1912

Dr. William Warren Potter (New York)

Focus: Raising standards for medical education & licensure

American Confederation of Reciprocating Examining and Licensing Boards, 1902-1912

Dr. Beverly Drake Harrison (Michigan)

Focus: License portability
Merger Talks, 1910-1911

Prompted by…

- concerns for duplicated effort
- limited resources
- need for unified action
- “push” from AMA and the AAMC

“You gentlemen…ought to organize a body that will bring together all the states.”

AMA Council on Medical Education
The Critical Meeting

Key meeting leading to merger took place at Congress Hotel in Chicago on February 25, 1911.
Original Charter Member Boards of FSMB Enrolled in 1913

Arkansas Eclectic Medical Board
Illinois State Board of Health
Louisiana Board of Medical Examiners
Massachusetts Board of Registration in Medicine
Minnesota State Board of Medical Examiners
New Jersey State Board of Medical Examiners
North Dakota State Board of Medical Examiners
Oregon State Board of Medical Examiners
Rhode Island State Board of Health
Utah State Board of Medical Examiners
Virginia State Board of Medical Examiners
Arkansas Regular Medical Board
Iowa State Board of Health
Maryland Regular Board of Medical Examiners
Michigan State Board of Registration in Medicine
Montana State Board of Medical Examiners
New York State Board of Medical Examiners
Ohio State Board of Medical Examiners
Pennsylvania Bureau of Medical Education and Licensure
South Carolina State Board of Medical Examiners
Vermont State Board of Medical Registration
Wisconsin State Board of Medical Examiners
FSMB Early Leadership

Dr. Charles Cook (Massachusetts)
1912-16

Dr. David Strickler (Colorado)
1916-1925

Dr. Walter Bierring (Iowa)
1915-1961
1920’s: Licensing Examinations

- Cultural shift in understanding the term “medical examiner”
- 1907: All states mandate a licensing examination
- 1917: Practical examinations in 16 states

Dr. William Rodman
NBME Founder

- 1915: FSMB champions establishment of the National Board of Medical Examiners & its certifying exam
1920’s: Discipline

_Federation Bulletin_ reported convictions, license revocations, etc.

Case studies showing how frauds, imposters had circumvented the system

Growing need for “Central Bureau”

State board disciplinary role--almost entirely _exclusionary_ and aimed at criminal activity or outliers
Exclusionary Focus of State Board Disciplinary Efforts

Unlicensed Practitioners Arrested.—The New Jersey Board of Medical Examiners reports the prosecution recently of the following persons for practicing medicine without a license:

Joshua A. Brooksie, Trenton, chiropractor, paid a penalty.
William P. Bohne, West New York, druggist, paid a penalty.
Joseph Tulligowitz, Newark, naturopath, paid a penalty.
Dominick Rubino, Bloomfield, druggist, paid a penalty.
Douglas C. Ramsey, New Providence, unlicensed physician, paid a penalty.
Harry La Bar, Jersey City, druggist, paid the penalty.
Panayiotis Panoulas, Jersey City, paid the penalty.
Evelyn Wiencziewicz, Irvington, naturopath, paid the penalty.
Frank Hirsch, Elizabeth, chiropractor, case pending.
Freda Korte, Atlantic City, naturopath, paid the penalty.
Harold Bardsey, Egg Harbor, chiropractor, paid the penalty.
T. Harry Cronk, unlicensed physician, paid the penalty.
Emma Gehret, Camden, licencée, paid the penalty.
Moritz H. Fleischman, Newark, paid the penalty.
Borman F. Jones, Newark, refused to pay penalty, committed to jail.
Alfonso De Murcio, Bayonne, druggist, paid the penalty.
John Heil, Irvington, naturopath, paid the penalty.
Leon J. Nightingale, Bloomfield, chiropractor.
John P. Fisher, Clifton, “rheumatism specialist,” paid the penalty.
Paul B. Haebler, Union City, naturopath, paid the penalty.
Gustav Uetz, Union City, naturopath, paid the penalty.
Luke Henderson, Asbury Park, paid the penalty.
Harry Galosh, Singnac, druggist, paid the penalty.
Joseph Ilaria, Singnac, druggist, paid the penalty.

Criminal activity included “illegal operations”, i.e. abortion.

Source: Federation Bulletin November 1927
1920’s: Medical Education

1923-25 Diploma Mill Scandal

Kansas City College of Medicine and Surgery

Impacted Arkansas & Connecticut Eclectic boards; Missouri medical board

State boards eliminated proprietary (Class C) medical schools

1929 FSMB House of Delegates
Adopted resolution calling for state law to conform with AAMC principles and member schools

Indiana Evening Gazette  March 10, 1926
1950’s: FSMB Resurgence

Historical desire for greater uniformity but reluctant to enter legislative waters

1952: FSMB forms special committee

Chairman Bruce Underwood (Kentucky) finds much of the inter-state variance masked by “able administration”

Rejects notion of “uniform” legislation in favor of those “essentials” to serve as a template

1956: Essentials of a Modern Medical Practice Act
Now in its 11th edition
1950’s Resurgence - Evaluating IMG Preparedness

• Post-WWII influx of IMGs seeking US training and licensure

• 1949: Committee on Foreign Medical Credentials (FSMB, Illinois, Minnesota, New York, Wisconsin)

• 1954: Major conference at which FSMB recommends shifting evaluative efforts to individuals rather than schools

  Michigan’s “oral screening board” cited as example

• 1956: Educational Commission for Foreign Medical Graduates
1950’s Resurgence - Examination Institutes

Examination Institutes, 1957-1964

**Purpose**
- Improve medical licensing exams
- Place licensure in definite relation to medical education
- Foster licensure by endorsement

**Weakness**
- Predicated upon essay style questions

Permanent Committee

- Stiles Ezell, MD
  - New York
- Andrew M. Gehret, MD
  - Delaware
- Harold Jervey, MD
  - South Carolina
- Frank Peterson, MD
  - Iowa
- Sam Poindexter, MD
  - Idaho

Andrew Gehret
1960’s: Era of New Expectations

1962 – 1st permanent FSMB offices and staff in Fort Worth, Texas

Housed in Medical Arts Building with space donated by Texas Medical Board

Sustained by initial gift and continuing support from the AMA

Harold Jervey, MD (South Carolina) 1977-1984

McKinley Crabb, MD (Texas) 1962-1977
1960’s: New Expectations – Disciplinary Role

Greatest challenge

Changing the mindset of board members

Boards’ willingness to fully embrace their disciplinary function

Robert Derbyshire, MD (New Mexico)
Championed progressive action by boards
1960s: New Expectations, cont.

From paper 1960s

To electronic 1980s
Evolution of a National Database of State Medical Board Disciplinary Actions

1915
FSMB creates board action database

1962
FSMB distributes monthly board action reports

1971
For the 1st time, all state boards report to board action databank

1981
FSMB computerizes board action databank

1984
FSMB issues standardized reporting form

1986
State boards can query board action databank via computer

1989
FSMB creates disciplinary alert service

2000

Federation Bulletin publishes board actions
1960’s: End of State Specific Medical Licensing Exams

- Introduced in 1968

- 1st nationally administered licensing examination open to all candidates (US and international)

- Eight (8) pioneering boards: Illinois, Maine, Nebraska, New Mexico, Ohio, Oregon, West Virginia, Wyoming

- Full acceptance by 1979
FLEX Committee
Frederick Merchant, MD, Ohio
Ray Casterline, MD Oregon
Lall Montgomery, MD, Indiana

Leo Haywood, MD, Nebraska
Arthur Wright, MD, New York
FEDERATION MEMBERSHIP OFFERED TO INDEPENDENT BOARDS OF OSTEOPATHIC EXAMINERS

Those who practice allopathy and those practicing osteopathy share equally the privileges and responsibilities of the practice of medicine in many licensing jurisdictions. The D.O., following a scientific method in his practice, avoiding the traditional cultistic practices of his predecessors in osteopathy, now occupies an important position in medicine in this country. Although the number of osteopaths in practice is overshadowed by the number of M.D.’s, statutory recognition in many states has given them equal status under the law. And rightly so. For in this time of “physician shortages” or “physician maldistribution,” the petty prejudices so rampant several decades ago should be re-cycled into cooperative co-existence among those legally licensed to practice allopathy or osteopathy.

Recognizing that D.O. licensure in a number of states traditionally has been regulated by independent osteopathic boards, many within the Federation have expressed interest in inviting such boards and their members to membership in the corporation. Thus, an ad hoc committee of the Federation was appointed by President Merchant following the 1970 annual meeting. That committee was charged with the responsibility of studying the proposal to invite osteopathic boards to Federation membership. During the final session of the 1971 annual meeting, the result of the deliberations and the recommendation of the committee were reported by Arthur W. Wright, M.D., New York, Chairman.

1973: FSMB adds osteopathic members boards

1970’s-80’s: Accelerating Pace of Change
Notable Firsts in FSMB History

1982: FSMB holds its first stand alone annual meeting

Hormoz Rassekh, MD (IA)
1st IMG elected FSMB Chair

Anthony Cortese, DO (OR)
1st osteopathic physician elected as FSMB Chair

Susan Behrens, MD (WI)
1st woman elected FSMB Chair

Susan Spaulding (VT)
1st public member elected FSMB Chair
1990’s – Major Growth for FSMB

• USMLE
• FCVS
• All-licensed physicians initiative
• Collaboration with IAMRA
• Policy work including… ethics, telemedicine, physician impairment, licensure endorsement, physician profiles
1990’s – Major Growth, cont.
1990’s – Major Growth, cont.

USMLE
United States Medical Licensing Examination

USMLE
• Joint program of FSMB and NBME

• 1.5 million test administrations since 1992

• Since its inception, 126 current and former state board members and staff have participated in USMILE

• In 2011-2012, members & staff from 42 state boards participated with USMLE
2000’s – Heightened Expectations

Physician Competence

1971 – New Mexico is 1st state to require CME for license renewal

2004 – FSMB HoD adopts resolution re: state board responsibility to ensure ongoing competence of physicians seeking relicensure

2012 - MOL pilot projects set to begin
FSMB as National Voice for State Medical Boards

Bryant Galusha, MD  
1984 - 1989

James Winn, MD  
1989 - 2001

James Thompson, MD  
2002 - 2008

Humayun Chaudhry, DO  
2009 - present
For more on the history of the FSMB & America’s medical licensing system read...

Medical Licensing and Discipline in America: 
A History of the Federation of State Medical Boards

by David Johnson & Humayun Chaudhry

Available on Amazon and from our publisher

Lexington Books, a subsidiary of Rowman and Littlefield Publishing Group
## Physician Population Characteristics in 2010

<table>
<thead>
<tr>
<th>Physicians with an Active License to Practice Medicine in the US</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>850,085</td>
<td>100.0%</td>
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<tr>
<td><strong>Degree Type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor of Medicine (MD)</td>
<td>789,788</td>
<td>92.9%</td>
</tr>
<tr>
<td>Doctor of Osteopathic Medicine (DO)</td>
<td>58,329</td>
<td>6.9%</td>
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<tr>
<td>Unknown</td>
<td>1,968</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Medical School Type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US or Canada</td>
<td>641,815</td>
<td>75.5%</td>
</tr>
<tr>
<td>International Medical Graduates</td>
<td>188,402</td>
<td>22.2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>19,868</td>
<td>2.3%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>568,501</td>
<td>66.9%</td>
</tr>
<tr>
<td>Female</td>
<td>246,314</td>
<td>29.0%</td>
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<tr>
<td>Unknown</td>
<td>35,270</td>
<td>4.1%</td>
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<tr>
<td><strong>Certified by an ABMS specialty board</strong></td>
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<tr>
<td>Yes</td>
<td>633,208</td>
<td>74.5%</td>
</tr>
<tr>
<td>No</td>
<td>216,352</td>
<td>25.5%</td>
</tr>
</tbody>
</table>

**Discipline in 2010**

2,407 physicians with a board action resulting in loss of license or restriction

0.2% of all physicians with an active license

Source: 2010 FSMB Census of Licensed US Physicians
Evolution of Medical Discipline in America

- **1870s-1901**: Self-regulation
  - Establishing professional control

- **1900-1961**: Self-regulation
  - Boundary maintenance

- **1961-1986**: Public “accountability”

- **1986-present**: Consumerism and transparency
Disciplinary Actions Taken by State Medical Boards, 1950-1959, as reported in the *Federation Bulletin*

<table>
<thead>
<tr>
<th>Year</th>
<th>Revocation</th>
<th>Suspension</th>
<th>Probation</th>
<th>Other (censure, reprimand, fine)</th>
<th>License restored or reinstated</th>
<th>Total Actions</th>
<th># of states reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
<td>26</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>14</td>
<td>60</td>
<td>21</td>
</tr>
<tr>
<td>1951</td>
<td>26</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>46</td>
<td>22</td>
</tr>
<tr>
<td>1952</td>
<td>62</td>
<td>11</td>
<td>2</td>
<td>---</td>
<td>11</td>
<td>86</td>
<td>30</td>
</tr>
<tr>
<td>1953</td>
<td>76</td>
<td>12</td>
<td>5</td>
<td>---</td>
<td>16</td>
<td>109</td>
<td>32</td>
</tr>
<tr>
<td>1954</td>
<td>62</td>
<td>12</td>
<td>4</td>
<td>4</td>
<td>10</td>
<td>92</td>
<td>24</td>
</tr>
<tr>
<td>1955</td>
<td>79</td>
<td>19</td>
<td>6</td>
<td>4</td>
<td>24</td>
<td>132</td>
<td>27</td>
</tr>
<tr>
<td>1956</td>
<td>87</td>
<td>42</td>
<td>15</td>
<td>9</td>
<td>18</td>
<td>171</td>
<td>28</td>
</tr>
<tr>
<td>1957</td>
<td>79</td>
<td>34</td>
<td>5</td>
<td>6</td>
<td>39</td>
<td>163</td>
<td>25</td>
</tr>
<tr>
<td>1958</td>
<td>94</td>
<td>47</td>
<td>2</td>
<td>30</td>
<td>30</td>
<td>203</td>
<td>31</td>
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<tr>
<td>1959</td>
<td>64</td>
<td>20</td>
<td>5</td>
<td>3</td>
<td>24</td>
<td>116</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>655</strong></td>
<td><strong>212</strong></td>
<td><strong>51</strong></td>
<td><strong>62</strong></td>
<td><strong>198</strong></td>
<td><strong>1,178</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Approximately 250,000 physicians in 1960*
Board Actions Reported to FSMB by Member Boards and Total Number of Physicians with a Board Action, 1980-2000

Note: Board action and physician counts reflect reportable actions from FSMB member boards; "notices" and "accusation actions" are excluded.