

From: [BPL-BoardSupport](#)
To: [MacIntosh, Weston \(LARA\)](#)
Subject: FW: Moonlighting Appeal to the State of Michigan
Date: Tuesday, June 14, 2022 6:58:01 AM
Attachments: [Moonlighting Appeal Letter - N Amadi May 26 2022.docx](#)

From: Nwonukwuru Amadi <NAmadi-gme@authorityhealth.org>
Sent: Monday, June 13, 2022 9:09 PM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Cc: Christopher Salazar-Fields <csalazar-fields-gme@authorityhealth.org>
Subject: Re: Moonlighting Appeal to the State of Michigan

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3031 W. Grand Blvd
Detroit, MI 48202
June 13, 2022

To the Michigan Board of Medicine,

Good day,

My name is Nwonukwuru Amadi, MD. I am currently a first year Internal Medicine resident at Authority Health GME Consortium in Detroit, MI. I am writing to you to address a disparity that exist between Allopathic and Osteopathic medical trainees.

In 2020, the ACGME GME MD-DO merger took place which according the ACGME website states the following:

Benefits of Single GME

The ACGME, Association of American Colleges of Osteopathic Medicine (AACOM), and American Osteopathic Association (AOA) are in the process of implementing a single GME accreditation system by the year 2020 in order to:

- **Provide high-quality uniform graduate medical education accreditation** that enhances opportunities for residents/fellows and provides transparency to the federal government, licensing boards, US and international credentialing committees, and most importantly the public.
- **Increase collaboration among the medical education community** to address the challenges facing graduate medical education for the benefit of all medical residents and fellows, and for the benefit of their patients.
- **Reduce costs and increase efficiencies** by eliminating duplicative accreditation costs and reporting.

- **Eliminate need for programs to choose** either an allopathic (MD) or osteopathic (DO) accreditation pathway, or face undue burden to be dually accredited by the ACGME and AOA.
- **Provide consistency** across all residency/fellowship programs in evaluation methods and accountability standards, using specialty-specific Milestones for assessing the competency of residents/fellows graduating from all US graduate medical education programs.
- **Offer all US medical school graduates a uniform graduate medical education pathway,** allowing them to seek admission into any residency and fellowship program.
- **Preserve and protect osteopathic medical education** in essential dimensions of the osteopathic tradition, including through AOA board certification, accreditation of colleges of osteopathic medicine, and osteopathic licensing examinations.
- **Increase opportunities for osteopathic graduate medical education and recognition** for all ACGME-accredited programs. Provide education in Osteopathic Principles and Practice to all allopathic (MD) and osteopathic (DO) medical school graduates; programs can receive designation for their osteopathic curricula through ACGME Osteopathic Recognition.

(<https://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System/Benefits-of-Single-GME>)

I believe the intentions of the merger was to bring consistency and equality to both the MD and DO GME programs. I myself am training currently in a program that was traditionally a DO program as an MD. However, as a resident physician when it comes to experience and financial opportunities such as Moonlighting, all residents are not equal as Michigan MD licensure requires 2 years of post graduate medical training, compared to Michigan DO licensure which only requires 1 year of post graduated training as stated in R 338.123 and R 338.2423, which are listed below. This creates situations where residents who start at the same time, in the same residency program, receiving the same training and didactics, will be deemed competent to receive full licensure on identical metrics except the 2 initials following their name recognizing them as a Doctor of Medicine or Osteopathy. This creates a division of classism where MDs have less privileges and opportunities compared to their DO peers. Today, I am asking the Board of Medicine to consider revision to R 338.2423 to reflect the following:

- R 338.2423 (d) ~~Have completed~~ **Provide proof verifying completion of** a minimum of ~~2~~ **years 1 year** of postgraduate clinical training in a program that satisfies the requirements of **under** R 338.2421(2), (3), ~~(4), or (5):~~ **or (4).**

I believe this would bring equality and fairness to MD resident physicians wishing to obtain their full licensure after satisfying the same requirements that DO resident physicians are held to. Secondly, being able to see and recognize MD residents as equally competent to their DO peers after completing the same length of training, which is also consistent with the stated purpose of the 2020 ACGME MD-DO merger. I believe that are education are equivalent at the end of 1 year of post graduate training. I do believe that an MD would be able to fulfill the needs and duties that would be required by a moonlighting resident. Additionally, this would also make Michigan residents equal to their colleagues across sates lines. As of today, neighboring states of Illinois, Indiana, and Ohio also only require 1 year of post graduate training to be eligible to apply for full licensure, supporting documentation listed

below. If our neighboring states have adapted to this policy, I do not see why the state of Michigan cannot as well

For these reasons, I hope the Board of Medicine considers and passes this revision without delay.

Best regards,

Nwonukwuru Amadi, MD

PGY-1 Internal Medicine Resident

Authority Health GME

(SUPPORTING DOCUMENTATION BELOW)

STATE OF MICHIGAN

R 338.123 Licensure by examination. (DO Licensure)

Rule 23. An applicant for licensure by examination, in addition to satisfying the requirements of the code, shall satisfy all of the following requirements:

- (a) Submit the required fee and a completed application on a form provided by the department.
- (b) Possess a degree from a school of osteopathic medicine that satisfies the standards set forth in R 338.121(1).
- (c) Have passed all parts of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) adopted under R 338.129.
- (d) Have completed a minimum of 1 year of postgraduate clinical training in a program that satisfies either of the following requirements:
 - (i) A postgraduate training program that satisfies the requirements of R 338.121(2) at a training institution that satisfies the requirements of R 338.121(3).
 - (ii) A postgraduate training program approved by the board in R 338.121(4).
- (e) Submit a certificate of completion of the postgraduate training required under subdivision (d) of this rule to the department no more than 15 days before the scheduled date of completion.

R 338.2423 Medical doctor; license requirements; United States and Canadian graduates.

Rule 123. An applicant for a medical license who graduated from a medical school located inside the United States, its territories, or the Dominion of Canada, in addition to satisfying the requirements of the code, shall satisfy all of the following requirements:

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- (b) Possess a degree from a medical school that satisfies the standards set forth in R 338.2421(1).
- (c) Have passed all parts of the United States Medical Licensing Examination (USMLE) adopted under R 338.2431.
- (d) Have completed a minimum of 2 years of postgraduate clinical training in a program that satisfies

the requirements of R 338.2421(2), (3), (4), or (5).

(e) Submit a certificate of completion of the postgraduate training required under subdivision (d) of this rule to the department no more than 15 days prior to the scheduled date of completion.

Other states

STATE OF ILLINOIS

Section 1285.70 Application for a License on the Basis of Examination

a) Each applicant for a license to practice medicine in all of its branches on the basis of examination must submit to the Division:

1) A fully completed application signed by the applicant, on which all questions have been answered and all programs of medical education attended by the applicant have been identified, including dates of attendance;

2) Proof that the applicant is of good moral character. Proof shall be an indication on the application that the applicant has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;

3) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a);

4) Fee as required by Section 21 of the Act;

5) An official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum medical education requirements of the Act;

6) Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 and proof of current ECFMG certification as set forth in Section 1285.20(k) for those applicants who are applying under Section 11(A)(2)(a) of the Act;

7) Proof of satisfactory completion of an approved program of clinical training in accordance with Section 1285.40;

8) Proof of the successful completion of the examination set forth in Section 1285.60. Scores shall be submitted to the Division directly from the testing entity;

9) A certification from the jurisdiction of original licensure and current licensure stating:

A) The date of issuance of the license; and

B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;

10) Documentation of professional capacity, as set forth in Section 1285.95, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application; and

11) Verification of fingerprint processing from the Illinois Department of State Police (ISP), an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor

agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

Section 1285.95 Professional Capacity Standards for Applicants Having Graduated More Than 2 Years Prior to Application

Pursuant to Section 9(B)(4) of the Act, in determining professional capacity for individuals who have not been actively engaged in the practice of medicine or as a medical, osteopathic, or chiropractic student or who have not been engaged in a formal program of medical education during the 2 years immediately preceding application, the individual may be required to complete such additional testing, training, or remedial education as the Licensing Board may deem necessary to establish the applicant's present capacity to practice medicine with reasonable judgment, skill and safety. In determining professional capacity, the Board shall consider, but not be limited to, the following activities:

- a) Medical research that is human clinical research consistent with the requirements of the Federal Food and Drug Administration (21 CFR 50) (2001, no further amendments or additions included) and the Consumer Product Safety Commission (16 CFR 1028) (2001, no further amendments or additions included) or other equivalent medical research.
- b) Specialized training or education that is clinical training or clinical education such as, or equivalent to, the following:
 - 1) Clinical training that takes place in a residency training program in accordance with the requirements set forth in Section 1285.40 of this Part or the equivalent (e.g., residency training in another state or jurisdiction).
 - 2) Clinical medical practice in the National Health Service or its equivalent.
 - 3) Continuing medical education (CME) recognized by the Accreditation Council on Continuing Medical Education (ACCME), the American Osteopathic Association (AOA), American Chiropractic Association (ACA), or continuing medical education in accordance with Section 1285.110 of this Part.
 - 4) Post-graduate education in basic or related medical sciences in any state or jurisdiction.
- c) Publication of original work in clinical medicine published in medical or scientific journals that are listed by the Cumulative Index Medicus (CIM).
- d) Clinical research or professional clinical medical practice in public health organizations (e.g., World Health Organization (WHO), Malaria Prevention programs, United Nations International Children's Emergency Fund (UNICEF) programs, both national and international).
- e) Having been engaged in clinical research or clinical medical practice at a veterans, military, or other medical institution operated by the federal government.
- f) Other professional or clinical medical activities or chiropractic activities, such as, or equivalent to, the following:
 - 1) Presentation of papers or participation on panels as a faculty member at a program approved or recognized by the American Medical Association (AMA) or its affiliates, the American Osteopathic Association (AOA) or its affiliates, the American Chiropractic Association (ACA) or its affiliates, or a recognized specialty society or equivalent recognized by the medical

community; or

2) Experience obtained as a Visiting Professor in accordance with Section 18(A) of the Act.

g) Clinical medical practice obtained in violation of the Act shall not be considered by the Board in determining professional capacity for the purposes of this Section.

h) Each applicant for temporary licensure, in accordance with this Section, shall submit a certificate of acceptance form signed by the program director of an approved residency training program, in accordance with Section 1285.40 of this Part, attesting that the applicant will be accepted for specialty/residency training, if, upon the evaluation of medical education and clinical skills by the Division, the applicant is found to be eligible for temporary licensure.

i) In determining eligibility, the Board will consider any and all documentation of activities submitted by the applicant.

(Source: Amended at 29 Ill. Reg. 18823, effective November 4, 2005)

SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE

Moonlighting Policy

I. Preamble

The term “resident” is inclusive of all trainees at SIU School of Medicine, whether training in a residency or fellowship program. The goals of this policy are to outline:

- the allowable parameters for moonlighting
- the steps required to apply for moonlighting approval

Residents will accept no responsibilities for professional activities outside the scope of the Residency Program (including, but not limited to "moonlighting") unless approved in writing by the employing hospital via the Office of Graduate Medical Education (OGME) and the Program Director, who shall have discretion as to whether or not such outside professional activities are permitted. Residents must not be required to engage in “moonlighting.”

If a program chooses to allow moonlighting, there must be an internal policy established with the specific parameters for the program.

Section I: External Moonlighting

This is defined as voluntary, compensated, medically–related work performed outside the training program. With regard to those residency programs in which outside professional activities may be permitted, the following shall apply:

- a. The professional activities must be of educational value and must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- b. The professional activities must have the approval of the Program Director. The Program Director must acknowledge this approval in writing, and a copy of that acknowledgement must be included in the resident’s file.
- c. The professional activities must have approval of the employing hospital.*
- d. The professional activities must not detract from the Residency Program or interfere in any way with the educational experience, performance or responsibilities of the resident. If such moonlighting activities are approved, the Program Director must monitor the resident for the

effect of moonlighting activities upon performance. Adverse effects may lead to withdrawal of permission.

e. All time spent moonlighting must be entered into New Innovations in a timely and accurate manner and counted toward the 80 hour weekly limit on work hours. Moonlighting on vacation does not need to be recorded, however the residents must ensure they are adequately rested and fit to provide the services required by their patients when returning to duty.

f. PGY-1 residents are not permitted to moonlight.

(<https://www.siumed.edu/gme/policies/moonlighting-policy>)

UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

Graduate Medical Education Policies and Procedures Policy on Moonlighting

PURPOSE: To assure an environment which balances learning and service, and protects patient safety and physician well-being.

POLICY: Moonlighting is not a requirement. Moonlighting must not interfere with resident progress in the program.

Moonlighting is after hours professional care activity that is not a part of a written curriculum and is independent of the residency program.

It is the responsibility of the resident to assure that licensing and liability insurance are appropriate for work outside the residency program. Resident moonlighting hours must be approved in advance and reported to the program director and when combined with residency duty hours may not exceed 80 hours per week.

PGY-1 Residents are not permitted to moonlight.

(https://www.med.illinois.edu/depts_programs/gme/policies/moonlighting.php)

STATE OF OHIO

Section 4731.09 | Qualifications for license to practice medicine and surgery or osteopathic medicine and surgery.

Ohio Revised Code/Title 47 Occupations-Professions/Chapter 4731 Physicians; Limited Practitioners

Effective:

October 9, 2021

Latest Legislation:

House Bill 263 - 133rd General Assembly

(A) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery must meet all of the following requirements:

(1) Be at least eighteen years of age;

(2) Possess a high school diploma or a certificate of high school equivalence or have obtained the equivalent of such education as determined by the state medical board;

(3) Have completed two years of undergraduate work in a college of arts and sciences or the equivalent of such education as determined by the board;

(4) Meet one of the following medical education and graduate medical education requirements:

(a) Hold a diploma from a medical school or osteopathic medical school that, at the time the diploma was issued, was a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association and have successfully completed not less than twelve months of graduate medical education through the first-year level of graduate medical education or its equivalent as determined by the board;

(b) Hold certification from the educational commission for foreign medical graduates and have successfully completed not less than twenty-four months of graduate medical education through the second-year level of graduate medical education or its equivalent as determined by the board;

(c) Be a qualified graduate of a fifth pathway training program as recognized by the board under section 4731.091 of the Revised Code and have successfully completed, subsequent to completing fifth pathway training, not less than twelve months of graduate medical education or its equivalent as determined by the board.

(5) Have successfully passed an examination prescribed in rules adopted by the board to determine competency to practice medicine and surgery or osteopathic medicine and surgery;

(6) Comply with section 4731.08 of the Revised Code;

(7) Meet the requirements of section 4731.142 of the Revised Code if eligibility for the license applied for is based in part on certification from the educational commission for foreign medical graduates and the undergraduate education requirements established by this section were fulfilled at an institution outside of the United States.

(B) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery shall submit to the board an application in the form and manner prescribed by the board. The application must include all of the following:

(1) Evidence satisfactory to the board to demonstrate that the applicant meets all of the requirements of division (A) of this section;

(2) An attestation that the information submitted under this section is accurate and truthful;

(3) Consent to the release of the applicant's information;

(4) Any other information the board requires.

(C) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery shall include with the application a fee of three hundred five dollars, no part of which may be returned. An application is not considered submitted until the board receives the fee.

(D) The board may conduct an investigation related to the application materials received pursuant to this section and may contact any individual, agency, or organization for recommendations or other information about the applicant.

(E) The board shall conclude any investigation of an applicant conducted under section 4731.22 of the Revised Code not later than ninety days after receipt of a complete application unless the applicant agrees in writing to an extension or the board determines that there is a substantial question of a violation of this chapter or the rules adopted under it and notifies the applicant in writing of the reasons for continuation of the investigation. If the board determines that the applicant is not in violation of this chapter or the rules adopted under it, the board shall issue a license not later than forty-five days after making that determination.

THE STATE OF INDIANA

Physician/Osteopathic Physician

[Application for licensure as a physician/osteopathic physician](#)

[Application Instructions/Checklist](#) - IMPORTANT!

We ask that you please allow up to two weeks from the submission of an application for review by our staff. You will be notified via mail or email if there are any missing documents or issues with your application. **You may also check the status of your application by clicking [here](#).** If you have not received a status update after two weeks, you may email us at pla3@pla.in.gov.

General Information

To be eligible for a Physician or Osteopathic Physician license, applicants must have received all of their medical school education from and graduated from a medical school recognized or approved by the Medical Licensing Board. Prior to submitting an application, please refer to the following links to verify that your medical school or training location is recognized or approved:

- [Approved/Disapproved Foreign Medical Schools](#)
- [Approved Allopathic U.S./Canadian Medical Schools](#)
- [Approved Osteopathic U.S. Medical Schools](#)
- [Approved ACGME-accredited postgraduate training programs](#)
- [Approved AOA-accredited postgraduate training programs](#)
- [Approved Royal College of Physicians and Surgeons of Canada postgraduate training programs](#)

If you did not attend or graduate from a recognized or approved medical school or postgraduate training program, you may still submit an application for licensure and request a waiver in writing. Waiver requests are reviewed on a case-by-case basis, and may require a personal appearance before the Medical Licensing Board. In determining whether to grant a waiver, the Medical Licensing Board will consider an applicant's training, experience, and credentials.

[General Questions about Licensure](#)

[How Long Does it Take to Get a License?](#)

[Questions Regarding Examinations](#)

[Questions Regarding Criminal Background Checks](#)

[Questions about Criminal Convictions](#)

[Questions Regarding Recognized Medical Schools](#)

[Questions about Translations of Documents](#)

[Helpful Links](#)

General Questions about Licensure

Q. How much training must I complete before I am eligible for licensure?

A. U.S./Canadian graduates must complete 12 months of approved postgraduate training in the U.S. or Canada. An International Medical Graduate must complete 24 months of approved postgraduate training in the U.S. or Canada.

Q. Should I report incomplete postgraduate training on the application?

A. Yes. You are required to document all postgraduate training (internship, residency, fellowship) on the application, whether or not the program was completed or credit was granted. You must have each postgraduate training program verify your dates of training for each program.

Q. What are the costs related to licensure?

A. The fee for the application is \$250. If you also require a controlled substances registration, that application fee is \$60. All fees should be paid my cash, check or money order and submitted with your application. Checks and money orders should be made payable to the Indiana Professional Licensing Agency. We do not accept credit card payments.

Q. When should I apply for licensure?

A. Since a U.S./Canadian medical school graduate is not eligible for licensure until one year of training has been completed, you should not submit your application until after six months of training have been completed.

Further, documentation relating to your application can be submitted at any time; you do not need to wait until your application has been submitted. The Board will retain documents for 6 months.

Q. Should I take Step 3 before I apply for licensure?

A. You are not required to take and pass the USMLE Step 3/COMLEX Step 3 before you apply; however, a license will not be issued to any applicant until they have passed all three steps. In Indiana, you must pass all three steps of the USMLE within 10 years, with a maximum attempt of three times per step. For osteopathic physicians, all three steps must be passed within 7 years, with a maximum attempt of fives times per step.

Applicants who fail to pass all the steps within the required timeframe or within the maximum number of attempts may stil apply for licensure and request a waiver. Waiver requests are reviewed on a case-by-case basis, and may require a personal appearance before the Medical Licensing Board. In determining whether to grant a waiver, the Medical Licensing Board will consider an applicant's training, experience, and credentials. Additional conditions, such as agreeing to work in an underserved area, may be required if a waiver is granted.

Q. How long is my license valid?

A. Upon issuance of your license, your license will remain valid through October 31 of each odd year.

[\(https://www.in.gov/pla/professions/medical-licensing-board-of-indiana/physicianosteopathic-physician/\)](https://www.in.gov/pla/professions/medical-licensing-board-of-indiana/physicianosteopathic-physician/)

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Dr. Nwonukwuru (Onu) Amadi, MD
PGY-1 Internal Medicine

Authority Health GME Consortium
3031 W. Grand Blvd, Suite 600
Detroit, MI 48201
Phone: (313) 871-3751



www.authorityhealth.org

FOLLOW US AT:



3031 W. Grand Blvd
Detroit, MI 48202
June 13, 2022

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- 3) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a);
- 4) Fee as required by Section 21 of the Act;
- 5) An official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum medical education requirements of the Act;
- 6) Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 and proof of current ECFMG certification as set forth in Section 1285.20(k) for those applicants who are applying under Section 11(A)(2)(a) of the Act;
- 7) Proof of satisfactory completion of an approved program of clinical training in accordance with Section 1285.40;
- 8) Proof of the successful completion of the examination set forth in Section 1285.60. Scores shall be submitted to the Division directly from the testing entity;
- 9) A certification from the jurisdiction of original licensure and current licensure stating:
 - A) The date of issuance of the license; and
 - B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;
- 10) Documentation of professional capacity, as set forth in Section 1285.95, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application; and
- 11) Verification of fingerprint processing from the Illinois Department of State Police (ISP), an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

Section 1285.95 Professional Capacity Standards for Applicants Having Graduated More Than 2 Years Prior to Application

Pursuant to Section 9(B)(4) of the Act, in determining professional capacity for individuals who have not been actively engaged in the practice of medicine or as a medical, osteopathic, or chiropractic student or who have not been engaged in a formal program of medical education during the 2 years immediately preceding application, the individual may be required to complete such additional testing, training, or remedial education as the Licensing Board may deem necessary to establish the applicant's present capacity to practice medicine with reasonable judgment, skill and safety. In determining professional capacity, the Board shall consider, but not be limited to, the following activities:

- a) Medical research that is human clinical research consistent with the requirements of the Federal Food and Drug Administration (21 CFR 50) (2001, no further amendments or additions included) and the Consumer Product Safety Commission (16 CFR 1028) (2001, no further amendments or additions included) or other equivalent medical research.
- b) Specialized training or education that is clinical training or clinical education such as, or equivalent to, the following:
 - 1) Clinical training that takes place in a residency training program in accordance with the requirements set forth in Section 1285.40 of this Part or the equivalent (e.g., residency training in another state or jurisdiction).
 - 2) Clinical medical practice in the National Health Service or its equivalent.
 - 3) Continuing medical education (CME) recognized by the Accreditation Council on Continuing Medical Education (ACCME), the American Osteopathic Association (AOA), American Chiropractic Association (ACA), or continuing medical education in accordance with Section 1285.110 of this Part.
 - 4) Post-graduate education in basic or related medical sciences in any state or jurisdiction.
- c) Publication of original work in clinical medicine published in medical or scientific journals that are listed by the Cumulative Index Medicus (CIM).
- d) Clinical research or professional clinical medical practice in public health organizations (e.g., World Health Organization (WHO), Malaria Prevention programs, United Nations International Children's Emergency Fund (UNICEF) programs, both national and international).
- e) Having been engaged in clinical research or clinical medical practice at a veterans, military, or other medical institution operated by the federal government.
- f) Other professional or clinical medical activities or chiropractic activities, such as, or equivalent to, the following:
 - 1) Presentation of papers or participation on panels as a faculty member at a program approved or recognized by the American Medical Association (AMA) or its affiliates, the American Osteopathic Association (AOA) or its affiliates, the American Chiropractic Association (ACA) or its affiliates, or a recognized specialty society or equivalent recognized by the medical community; or
 - 2) Experience obtained as a Visiting Professor in accordance with Section 18(A) of the Act.
- g) Clinical medical practice obtained in violation of the Act shall not be considered by the Board in determining professional capacity for the purposes of this Section.
- h) Each applicant for temporary licensure, in accordance with this Section, shall submit a certificate of acceptance form signed by the program director of an approved residency training program, in

accordance with Section 1285.40 of this Part, attesting that the applicant will be accepted for specialty/residency training, if, upon the evaluation of medical education and clinical skills by the Division, the applicant is found to be eligible for temporary licensure.

i) In determining eligibility, the Board will consider any and all documentation of activities submitted by the applicant.

(Source: Amended at 29 Ill. Reg. 18823, effective November 4, 2005)

SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE

Moonlighting Policy

I. Preamble

The term “resident” is inclusive of all trainees at SIU School of Medicine, whether training in a residency or fellowship program. The goals of this policy are to outline:

- the allowable parameters for moonlighting
- the steps required to apply for moonlighting approval

Residents will accept no responsibilities for professional activities outside the scope of the Residency Program (including, but not limited to "moonlighting") unless approved in writing by the employing hospital via the Office of Graduate Medical Education (OGME) and the Program Director, who shall have discretion as to whether or not such outside professional activities are permitted. Residents must not be required to engage in “moonlighting.”

If a program chooses to allow moonlighting, there must be an internal policy established with the specific parameters for the program.

Section I: External Moonlighting

This is defined as voluntary, compensated, medically-related work performed outside the training program. With regard to those residency programs in which outside professional activities may be permitted, the following shall apply:

- a. The professional activities must be of educational value and must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- b. The professional activities must have the approval of the Program Director. The Program Director must acknowledge this approval in writing, and a copy of that acknowledgement must be included in the resident’s file.
- c. The professional activities must have approval of the employing hospital.*
- d. The professional activities must not detract from the Residency Program or interfere in any way with the educational experience, performance or responsibilities of the resident. If such moonlighting activities are approved, the Program Director must monitor the resident for the effect of moonlighting activities upon performance. Adverse effects may lead to withdrawal of permission.
- e. All time spent moonlighting must be entered into New Innovations in a timely and accurate manner and counted toward the 80 hour weekly limit on work hours. Moonlighting on vacation does not need to be recorded, however the residents must ensure they are adequately rested and fit to provide the services required by their patients when returning to duty.

f. PGY-1 residents are not permitted to moonlight.

(<https://www.siumed.edu/gme/policies/moonlighting-policy>)

UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

Graduate Medical Education Policies and Procedures

Policy on Moonlighting

PURPOSE: To assure an environment which balances learning and service, and protects patient safety and physician well-being.

POLICY: Moonlighting is not a requirement. Moonlighting must not interfere with resident progress in the program.

Moonlighting is after hours professional care activity that is not a part of a written curriculum and is independent of the residency program.

It is the responsibility of the resident to assure that licensing and liability insurance are appropriate for work outside the residency program. Resident moonlighting hours must be approved in advance and reported to the program director and when combined with residency duty hours may not exceed 80 hours per week.

PGY-1 Residents are not permitted to moonlight.

(https://www.med.illinois.edu/depts_programs/gme/policies/moonlighting.php)

STATE OF OHIO

Section 4731.09 | Qualifications for license to practice medicine and surgery or osteopathic medicine and surgery.

Ohio Revised Code/Title 47 Occupations-Professions/Chapter 4731 Physicians; Limited Practitioners

Effective:

October 9, 2021

Latest Legislation:

House Bill 263 - 133rd General Assembly

(A) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery must meet all of the following requirements:

- (1) Be at least eighteen years of age;
- (2) Possess a high school diploma or a certificate of high school equivalence or have obtained the equivalent of such education as determined by the state medical board;
- (3) Have completed two years of undergraduate work in a college of arts and sciences or the equivalent of such education as determined by the board;
- (4) Meet one of the following medical education and graduate medical education requirements:
 - (a) Hold a diploma from a medical school or osteopathic medical school that, at the time the diploma was issued, was a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association and have successfully completed not less than twelve months of graduate medical education through the first-year level of graduate medical education or its equivalent as determined by the board;
 - (b) Hold certification from the educational commission for foreign medical graduates and have successfully completed not less than twenty-four months of graduate medical education through the second-year level of graduate medical education or its equivalent as determined by the board;
 - (c) Be a qualified graduate of a fifth pathway training program as recognized by the board under section 4731.091 of the Revised Code and have successfully completed, subsequent to completing fifth pathway training, not less than twelve months of graduate medical education or its equivalent as determined by the board.
- (5) Have successfully passed an examination prescribed in rules adopted by the board to determine competency to practice medicine and surgery or osteopathic medicine and surgery;
- (6) Comply with section 4731.08 of the Revised Code;

(7) Meet the requirements of section 4731.142 of the Revised Code if eligibility for the license applied for is based in part on certification from the educational commission for foreign medical graduates and the undergraduate education requirements established by this section were fulfilled at an institution outside of the United States.

(B) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery shall submit to the board an application in the form and manner prescribed by the board. The application must include all of the following:

(1) Evidence satisfactory to the board to demonstrate that the applicant meets all of the requirements of division (A) of this section;

(2) An attestation that the information submitted under this section is accurate and truthful;

(3) Consent to the release of the applicant's information;

(4) Any other information the board requires.

(C) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery shall include with the application a fee of three hundred five dollars, no part of which may be returned. An application is not considered submitted until the board receives the fee.

(D) The board may conduct an investigation related to the application materials received pursuant to this section and may contact any individual, agency, or organization for recommendations or other information about the applicant.

(E) The board shall conclude any investigation of an applicant conducted under section 4731.22 of the Revised Code not later than ninety days after receipt of a complete application unless the applicant agrees in writing to an extension or the board determines that there is a substantial question of a violation of this chapter or the rules adopted under it and notifies the applicant in writing of the reasons for continuation of the investigation. If the board determines that the applicant is not in violation of this chapter or the rules adopted under it, the board shall issue a license not later than forty-five days after making that determination.

THE STATE OF INDIANA

Physician/Osteopathic Physician

[Application for licensure as a physician/osteopathic physician](#)

[Application Instructions/Checklist](#) - IMPORTANT!

We ask that you please allow up to two weeks from the submission of an application for review by our staff. You will be notified via mail or email if there are any missing documents or issues with your application. **You may also check the status of your application by clicking [here](#).** If you have not received a status update after two weeks, you may email us at pla3@pla.in.gov.

General Information

To be eligible for a Physician or Osteopathic Physician license, applicants must have received all of their medical school education from and graduated from a medical school recognized or approved by the Medical Licensing Board. Prior to submitting an application, please refer to the following links to verify that your medical school or training location is recognized or approved:

- [Approved/Disapproved Foreign Medical Schools](#)
- [Approved Allopathic U.S./Canadian Medical Schools](#)
- [Approved Osteopathic U.S. Medical Schools](#)
- [Approved ACGME-accredited postgraduate training programs](#)
- [Approved AOA-accredited postgraduate training programs](#)
- [Approved Royal College of Physicians and Surgeons of Canada postgraduate training programs](#)

If you did not attend or graduate from a recognized or approved medical school or postgraduate training program, you may still submit an application for licensure and request a waiver in writing. Waiver

requests are reviewed on a case-by-case basis, and may require a personal appearance before the Medical Licensing Board. In determining whether to grant a waiver, the Medical Licensing Board will consider an applicant's training, experience, and credentials.

[General Questions about Licensure](#)

[How Long Does it Take to Get a License?](#)

[Questions Regarding Examinations](#)

[Questions Regarding Criminal Background Checks](#)

[Questions about Criminal Convictions](#)

[Questions Regarding Recognized Medical Schools](#)

[Questions about Translations of Documents](#)

[Helpful Links](#)

[General Questions about Licensure](#)

Q. How much training must I complete before I am eligible for licensure?

A. U.S./Canadian graduates must complete 12 months of approved postgraduate training in the U.S. or Canada. An International Medical Graduate must complete 24 months of approved postgraduate training in the U.S. or Canada.

Q. Should I report incomplete postgraduate training on the application?

A. Yes. You are required to document all postgraduate training (internship, residency, fellowship) on the application, whether or not the program was completed or credit was granted. You must have each postgraduate training program verify your dates of training for each program.

Q. What are the costs related to licensure?

A. The fee for the application is \$250. If you also require a controlled substances registration, that application fee is \$60. All fees should be paid by cash, check or money order and submitted with your application. Checks and money orders should be made payable to the Indiana Professional Licensing Agency. We do not accept credit card payments.

Q. When should I apply for licensure?

A. Since a U.S./Canadian medical school graduate is not eligible for licensure until one year of training has been completed, you should not submit your application until after six months of training have been completed.

Further, documentation relating to your application can be submitted at any time; you do not need to wait until your application has been submitted. The Board will retain documents for 6 months.

Q. Should I take Step 3 before I apply for licensure?

A. You are not required to take and pass the USMLE Step 3/COMLEX Step 3 before you apply; however, a license will not be issued to any applicant until they have passed all three steps. In Indiana, you must pass all three steps of the USMLE within 10 years, with a maximum attempt of three times per step. For osteopathic physicians, all three steps must be passed within 7 years, with a maximum attempt of five times per step.

Applicants who fail to pass all the steps within the required timeframe or within the maximum number of attempts may still apply for licensure and request a waiver. Waiver requests are reviewed on a case-by-case basis, and may require a personal appearance before the Medical Licensing Board. In determining whether to grant a waiver, the Medical Licensing Board will consider an applicant's training, experience, and credentials. Additional conditions, such as agreeing to work in an underserved area, may be required if a waiver is granted.

Q. How long is my license valid?

A. Upon issuance of your license, your license will remain valid through October 31 of each odd year.

(<https://www.in.gov/pla/professions/medical-licensing-board-of-indiana/physicianosteopathic-physician/>)

From: BPL-BoardSupport
To: [MacIntosh, Weston \(LARA\)](mailto:MacIntosh,Weston(LARA))
Subject: FW: Petition to Appeal the 2yr MD requirement for full licensure
Date: Thursday, June 16, 2022 8:28:25 AM

-----Original Message-----

From: Bernard Hardy <bhardy-gme@authorityhealth.org>
Sent: Wednesday, June 15, 2022 11:24 PM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Subject: Petition to Appeal the 2yr MD requirement for full licensure

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Good evening,

My name is Bernard Hardy II, MD and I am currently completing my intern year at the moment, and looking forward to the responsibilities of a 2nd-year senior resident. I would like the committee to consider the consequences of limiting the ability of its MD residents to moonlight. I see moonlighting as an opportunity to gain more experience by managing more patients, seeing different cases, and being placed in different hospital systems and environments -- becoming more involved with the patient population and more familiar with future colleagues. One thing that troubled me most during the most recent COVID resurgence, was how such an eager and knowledgeable group of rising healthcare professionals were limited in their ability to lend a hand! Residents are an under-utilized healthcare workforce that could certainly fill-in some of the gaps in healthcare delivery to the underserved; and the more we are utilized, the better we can become (and quicker!!) Limiting us only stifles our learning, cripples our ability to serve our communities, and overall decreases the quality of physician being produced and the quality of care being delivered (in my most humble opinion). These residency years are our formative years, and they would be better spent keeping busy and increasing exposure to our hospital systems and patient populations. And this is why I am calling for a reconsideration of the loss of an invaluable moonlighting year. Once all national board examinations have been passed, and 1 year of supervised patient management has been completed with satisfaction, continuing to hold back residents does everyone a disservice. This is especially odd since its DO residents are given such privileges, so the amount of time training doesn't seem to be the issue. It appears to be a mere matter of convention -- an inequity in experience and opportunity that I hope gets overturned.

Thank you for your time and consideration.

~Bernard L. Hardy II, MD
Authority Health GME
Internal Medicine Resident (PGY-1)

From: [BPL-BoardSupport](#)
To: [MacIntosh, Weston \(LARA\)](#)
Subject: FW: Bureau of Professional Licensing Public Hearing June 17, 2022 - Comment on proposed changes to Administrative Rule Medicine (MOAHR #2021-044 LR)
Date: Friday, June 17, 2022 4:37:59 PM
Attachments: [image006.png](#)
[image007.png](#)
[image008.png](#)

From: Stephanie Ottenwess <SOttenwess@OttenwessLaw.com>
Sent: Friday, June 17, 2022 4:37 PM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Cc: BPLHelp <BPLHelp@michigan.gov>; Stephanie Ottenwess <SOttenwess@OttenwessLaw.com>
Subject: Re: Bureau of Professional Licensing Public Hearing June 17, 2022 - Comment on proposed changes to Administrative Rule Medicine (MOAHR #2021-044 LR)

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Please consider the following comment-

The proposed revisions to the Medicine General Rules include a revision to R 338.2431(3) by changing the three (3) attempt limitation to pass any part of the USMLE to four (4) attempts to follow the four (4) attempt policy that the Federation of State Medical Boards allows on the USMLE.

The USMLE Composite Committee, the governing body of USMLE, set the limit at four (4) attempts to protect the integrity of the USMLE. Specifically, the Committee relied on information showing that individuals with no more than four (4) attempts to pass the USMLE Steps are more likely than those to require more than four (4) attempts to complete the examination sequence successfully, gain access to postgraduate training and ultimately receive a license to practice medicine in the United States.

In addition, the Committee set the attempt limit at four (4) to more closely match the USMLE attempt limits imposed by the majority of state medical boards.

The Michigan rule should follow the policy of the Federation of State Medical Boards for these same reasons. Allowing up to four (4) attempts would not compromise the purpose or integrity of the USMLE. The majority of states have recognized this fact. Moreover, if this change is not made, the practical impact is that individuals who are deemed qualified by the Federation of State Medical Boards to complete the examination sequence successfully and move on to postgraduate training would be precluded from obtaining a medical license in Michigan. Thus, Michigan would lose out on physicians who are deemed qualified for licensure by the Federation and the majority of other states.

Thank you

Stephanie P. Ottenwess | Ottenwess Law, PLC

Managing Partner

3000 Town Center, Ste. 2500 | Southfield, MI 48075 | P 313.965.2121 | F 313.965.7680 | D 313.788.7022

sottenwess@ottenwesslaw.com | www.ottenwesslaw.com

Sent from my iPhone

On Jun 17, 2022, at 6:47 AM, BPL-BoardSupport <BPL-BoardSupport@michigan.gov> wrote:

I'm sorry, but the Public Hearing is in person without an option for remote attendance. If you wish to make a comment, please submit it via email to this email address by 5:00 p.m. today to be considered.

Thank you,
Stephanie Wysack
Departmental Technician
Boards and Committees Section
Bureau of Professional Licensing
Michigan Department of Licensing and Regulatory Affairs
Phone: 517-241-7500
Email: BPL-BoardSupport@michigan.gov

Spread Hope

GET VACCINATED

Save Michigan Lives.



PROTECT PEOPLE &
PROMOTE BUSINESS

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From: Stephanie Ottenwess <SOttenwess@OttenwessLaw.com>

Sent: Thursday, June 16, 2022 4:53 PM

To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>; BPLHelp <BPLHelp@michigan.gov>

Cc: Stephanie Ottenwess <SOttenwess@OttenwessLaw.com>

Subject: Bureau of Professional Licensing Public Hearing June 17, 2022

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Hello –

Is there a link to join by web or a phone number to call into the public hearing being held by the Dept of Licensing and Regulatory Affairs on June 17, 2022 at 9:00?

Thank you!

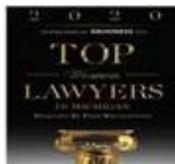


STEPHANIE P. OTTENWESS | Ottenwess Law, PLC

Managing Partner

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From: [BPL-BoardSupport](#)
To: [MacIntosh, Weston \(LARA\)](#)
Subject: FW: changes to MD PGY2s licensure
Date: Friday, June 17, 2022 1:36:00 PM

Hi Wes,

Does this go to you?

Thank you,
LeAnn Payne
Departmental Technician
Boards and Committees Section
Bureau of Professional Licensing
Michigan Department of Licensing and Regulatory Affairs
Phone: 517-342-4808
Email: BPL-BoardSupport@michigan.gov

-----Original Message-----

From: Felicia Randolph <feliciarandolph@mac.com>
Sent: Friday, June 17, 2022 12:45 PM
To: [BPL-BoardSupport <BPL-BoardSupport@michigan.gov>](mailto:BPL-BoardSupport@michigan.gov)
Subject: changes to MD PGY2s licensure

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Dear Board Members,

I write to provide support to the proposed changes that would allow MD residents full licensure and moonlighting capabilities equivalent to DO residents.

Respectfully,

Felicia Randolph, MD
Associate Program Director
Authority Health-IM

Sent from my iPhone

From: [BPL-BoardSupport](#)
To: [MacIntosh, Weston \(LARA\)](#)
Subject: FW: Public Hearing Comments - Administrative Rules for Medicine - General Rules
Date: Monday, May 23, 2022 11:28:56 AM
Attachments: [Moonlighting Appeal Letter.docx](#)
[image002.png](#)

This is the gentleman that spoke during public comment at the medicine meeting last week.

Thank you,
Stephanie Wysack
Departmental Technician
Boards and Committees Section
Bureau of Professional Licensing
Michigan Department of Licensing and Regulatory Affairs
Phone: 517-282-9332
Email: BPL-BoardSupport@michigan.gov



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From: Christopher Salazar-Fields <csalazar-fields-gme@authorityhealth.org>
Sent: Monday, May 23, 2022 11:18 AM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Cc: jappel@med.wayne.edu; 'Felicia Randolph' <feliciarandolph@mac.com>; BPLHelp <BPLHelp@michigan.gov>; Ernie Yoder <eyoder-gme@authorityhealth.org>
Subject: Public Hearing Comments - Administrative Rules for Medicine - General Rules

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To the Michigan Board of Medicine,

My name is Chris Salazar-Fields, MD and I am a first year internal medicine resident in the Authority Health GME Consortium. I am writing to you to address a disparity that exist between Allopathic and Osteopathic medical trainees.

In 2020, the ACGME GME MD-DO merger took place which according the ACGME website states the following:

Benefits of Single GME

The ACGME, Association of American Colleges of Osteopathic Medicine (AACOM), and American Osteopathic Association (AOA) are in the process of implementing a single GME accreditation system by the year 2020 in order to:

- **Provide high-quality uniform graduate medical education accreditation** that enhances opportunities for residents/fellows and provides transparency to the federal government, licensing boards, US and international credentialing committees, and most importantly the public.
- **Increase collaboration among the medical education community** to address the challenges facing graduate medical education for the benefit of all medical residents and fellows, and for the benefit of their patients.
- **Reduce costs and increase efficiencies** by eliminating duplicative accreditation costs and reporting.
- **Eliminate need for programs to choose** either an allopathic (MD) or osteopathic (DO) accreditation pathway, or face undue burden to be dually accredited by the ACGME and AOA.
- **Provide consistency** across all residency/fellowship programs in evaluation methods and accountability standards, using specialty-specific Milestones for assessing the competency of residents/fellows graduating from all US graduate medical education programs.
- **Offer all US medical school graduates a uniform graduate medical education pathway**, allowing them to seek admission into any residency and fellowship program.
- **Preserve and protect osteopathic medical education** in essential dimensions of the osteopathic tradition, including through AOA board certification, accreditation of colleges of osteopathic medicine, and osteopathic licensing examinations.
- **Increase opportunities for osteopathic graduate medical education and recognition** for all ACGME-accredited programs. Provide education in Osteopathic Principles and Practice to all allopathic (MD) and osteopathic (DO) medical school graduates; programs can receive designation for their osteopathic curricula through ACGME Osteopathic Recognition.

<https://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System/Benefits-of-Single-GME>

•
I believe the intentions of the merger was to bring consistency and equality to both the MD and DO GME programs. I myself am training currently in a program that was traditionally a DO program as an MD. However, as a resident physician when it comes to experience and financial opportunities such as Moonlighting, all residents are not equal as Michigan MD licensure requires 2 years of post graduate

medical training, compared to Michigan DO licensure which only requires 1 year of post graduated training as stated in R 338.123 and R 338.2423, which are listed below. This creates situations where residents who start at the same time, in the same residency program, receiving the same training and didactics, will be deemed competent to receive full licensure on identical metrics except the 2 initials following their name recognizing them as a Doctor of Medicine or Osteopathy. This creates a division of classism where MDs have less privileges and opportunities compared to their DO peers.

I am asking the Board of Medicine to consider revision to R 338.2423 to reflect the following:

R 338.2423 (d) ~~Have completed~~ **Provide proof verifying completion of** a minimum of **2 years 1 year** of postgraduate clinical training in a program that satisfies the requirements ~~of~~ **under** R 338.2421(2), (3), ~~(4), or (5); or (4).~~

I believe this would bring equality and fairness to MD resident physicians wishing to obtain their full licensure after satisfying the same requirements that DO resident physicians are held to, and recognize MD residents as equally competent to their DO peers after completing the same length of training, which is also consistent with the stated purpose of the 2020 ACGME MD-DO merger. Additionally, this would also make Michigan residents equal to their colleagues across sates lines as the states of Illinois, Indiana, and Ohio also only require 1 year of post graduate training to be eligible to apply for full licensure, supporting documentation listed below.

For these reasons, I hope the Board of Medicine considers this revision.

(SUPPORTING DOCUMENTATION BELOW)

STATE OF MICHIGAN

R 338.123 Licensure by examination. (DO Licensure)

Rule 23. An applicant for licensure by examination, in addition to satisfying the requirements of the code, shall satisfy all of the following requirements:

- (a) Submit the required fee and a completed application on a form provided by the department.
- (b) Possess a degree from a school of osteopathic medicine that satisfies the standards set forth in R 338.121(1).
- (c) Have passed all parts of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) adopted under R 338.129.
- (d) Have completed a minimum of 1 year of postgraduate clinical training in a program that satisfies either of the following requirements:
 - (i) A postgraduate training program that satisfies the requirements of R 338.121(2) at a training institution that satisfies the requirements of R 338.121(3).
 - (ii) A postgraduate training program approved by the board in R 338.121(4).
- (e) Submit a certificate of completion of the postgraduate training required under subdivision (d) of this rule to the department no more than 15 days before the scheduled date of completion.

R 338.2423 Medical doctor; license requirements; United States and Canadian graduates.

Rule 123. An applicant for a medical license who graduated from a medical school located inside the United States, its territories, or the Dominion of Canada, in addition to satisfying the requirements of the code, shall satisfy all of the following requirements:

- (a) Submit the required fee and a completed application on a form provided by the department.
- (b) Possess a degree from a medical school that satisfies the standards set forth in R 338.2421(1).
- (c) Have passed all parts of the United States Medical Licensing Examination (USMLE) adopted under R 338.2431.
- (d) Have completed a minimum of 2 years of postgraduate clinical training in a program that satisfies

the requirements of R 338.2421(2), (3), (4), or (5).

(e) Submit a certificate of completion of the postgraduate training required under subdivision (d) of this rule to the department no more than 15 days prior to the scheduled date of completion.

STATE OF ILLINOIS

Section 1285.70 Application for a License on the Basis of Examination

a) Each applicant for a license to practice medicine in all of its branches on the basis of examination must submit to the Division:

1) A fully completed application signed by the applicant, on which all questions have been answered and all programs of medical education attended by the applicant have been identified, including dates of attendance;

2) Proof that the applicant is of good moral character. Proof shall be an indication on the application that the applicant has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;

3) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a);

4) Fee as required by Section 21 of the Act;

5) An official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum medical education requirements of the Act;

6) Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 and proof of current ECFMG certification as set forth in Section 1285.20(k) for those applicants who are applying under Section 11(A)(2)(a) of the Act;

7) Proof of satisfactory completion of an approved program of clinical training in accordance with Section 1285.40;

8) Proof of the successful completion of the examination set forth in Section 1285.60. Scores shall be submitted to the Division directly from the testing entity;

9) A certification from the jurisdiction of original licensure and current licensure stating:

A) The date of issuance of the license; and

B) Whether the records of the licensing authority contain any record of disciplinary action taken or pending;

10) Documentation of professional capacity, as set forth in Section 1285.95, for applicants who have not been engaged in the active practice of medicine or have not been enrolled in a medical program for 2 years prior to application; and

11) Verification of fingerprint processing from the Illinois Department of State Police (ISP), an ISP live scan vendor whose equipment has been certified by ISP, or a fingerprint vendor agency licensed by the Division. Out-of-state residents unable to utilize the ISP electronic fingerprint process may submit to ISP one fingerprint card issued by ISP, accompanied by the fee specified by ISP. Fingerprints shall be taken within the 60 days prior to application.

Section 1285.95 Professional Capacity Standards for Applicants Having Graduated More Than 2 Years Prior to Application

Pursuant to Section 9(B)(4) of the Act, in determining professional capacity for individuals who have not been actively engaged in the practice of medicine or as a medical, osteopathic, or chiropractic student or who have not been engaged in a formal program of medical education during the 2 years immediately preceding application, the individual may be required to complete such additional testing, training, or remedial education as the Licensing Board may deem necessary to establish the applicant's present capacity to practice medicine with reasonable judgment, skill and safety. In determining professional capacity, the Board shall consider, but not be limited to, the following activities:

- a) Medical research that is human clinical research consistent with the requirements of the Federal Food and Drug Administration (21 CFR 50) (2001, no further amendments or additions included) and the Consumer Product Safety Commission (16 CFR 1028) (2001, no further amendments or additions included) or other equivalent medical research.
- b) Specialized training or education that is clinical training or clinical education such as, or equivalent to, the following:
 - 1) Clinical training that takes place in a residency training program in accordance with the requirements set forth in Section 1285.40 of this Part or the equivalent (e.g., residency training in another state or jurisdiction).
 - 2) Clinical medical practice in the National Health Service or its equivalent.
 - 3) Continuing medical education (CME) recognized by the Accreditation Council on Continuing Medical Education (ACCME), the American Osteopathic Association (AOA), American Chiropractic Association (ACA), or continuing medical education in accordance with Section 1285.110 of this Part.
 - 4) Post-graduate education in basic or related medical sciences in any state or jurisdiction.
- c) Publication of original work in clinical medicine published in medical or scientific journals that are listed by the Cumulative Index Medicus (CIM).
- d) Clinical research or professional clinical medical practice in public health organizations (e.g., World Health Organization (WHO), Malaria Prevention programs, United Nations International Children's Emergency Fund (UNICEF) programs, both national and international).
- e) Having been engaged in clinical research or clinical medical practice at a veterans, military, or other medical institution operated by the federal government.
- f) Other professional or clinical medical activities or chiropractic activities, such as, or equivalent to, the following:
 - 1) Presentation of papers or participation on panels as a faculty member at a program approved or recognized by the American Medical Association (AMA) or its affiliates, the American Osteopathic Association (AOA) or its affiliates, the American Chiropractic Association (ACA) or its affiliates, or a recognized specialty society or equivalent recognized by the medical community; or
 - 2) Experience obtained as a Visiting Professor in accordance with Section 18(A) of the Act.
- g) Clinical medical practice obtained in violation of the Act shall not be considered by the Board in determining professional capacity for the purposes of this Section.
- h) Each applicant for temporary licensure, in accordance with this Section, shall submit a certificate of acceptance form signed by the program director of an approved residency

training program, in accordance with Section 1285.40 of this Part, attesting that the applicant will be accepted for specialty/residency training, if, upon the evaluation of medical education and clinical skills by the Division, the applicant is found to be eligible for temporary licensure.

i) In determining eligibility, the Board will consider any and all documentation of activities submitted by the applicant.

(Source: Amended at 29 Ill. Reg. 18823, effective November 4, 2005)

SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE

Moonlighting Policy

I. Preamble

The term “resident” is inclusive of all trainees at SIU School of Medicine, whether training in a residency or fellowship program. The goals of this policy are to outline:

- the allowable parameters for moonlighting
- the steps required to apply for moonlighting approval

Residents will accept no responsibilities for professional activities outside the scope of the Residency Program (including, but not limited to "moonlighting") unless approved in writing by the employing hospital via the Office of Graduate Medical Education (OGME) and the Program Director, who shall have discretion as to whether or not such outside professional activities are permitted. Residents must not be required to engage in “moonlighting.”

If a program chooses to allow moonlighting, there must be an internal policy established with the specific parameters for the program.

Section I: External Moonlighting

This is defined as voluntary, compensated, medically–related work performed outside the training program. With regard to those residency programs in which outside professional activities may be permitted, the following shall apply:

- a. The professional activities must be of educational value and must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- b. The professional activities must have the approval of the Program Director. The Program Director must acknowledge this approval in writing, and a copy of that acknowledgement must be included in the resident’s file.
- c. The professional activities must have approval of the employing hospital.*
- d. The professional activities must not detract from the Residency Program or interfere in any way with the educational experience, performance or responsibilities of the resident. If such moonlighting activities are approved, the Program Director must monitor the resident for the effect of moonlighting activities upon performance. Adverse effects may lead to withdrawal of permission.
- e. All time spent moonlighting must be entered into New Innovations in a timely and accurate manner and counted toward the 80 hour weekly limit on work hours. Moonlighting on vacation does not need to be recorded, however the residents must ensure they are adequately rested and fit to provide the services required by their patients when returning to duty.

f. PGY-1 residents are not permitted to moonlight.

(<https://www.siumed.edu/gme/policies/moonlighting-policy>)

UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

Graduate Medical Education Policies and Procedures Policy on Moonlighting

PURPOSE: To assure an environment which balances learning and service, and protects patient safety and physician well-being.

POLICY: Moonlighting is not a requirement. Moonlighting must not interfere with resident progress in the program.

Moonlighting is after hours professional care activity that is not a part of a written curriculum and is independent of the residency program.

It is the responsibility of the resident to assure that licensing and liability insurance are appropriate for work outside the residency program. Resident moonlighting hours must be approved in advance and reported to the program director and when combined with residency duty hours may not exceed 80 hours per week.

PGY-1 Residents are not permitted to moonlight.

(https://www.med.illinois.edu/depts_programs/gme/policies/moonlighting.php)

STATE OF OHIO

Section 4731.09 | Qualifications for license to practice medicine and surgery or osteopathic medicine and surgery.

Ohio Revised Code/Title 47 Occupations-Professions/Chapter 4731 Physicians; Limited Practitioners

Effective:

October 9, 2021

Latest Legislation:

House Bill 263 - 133rd General Assembly

(A) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery must meet all of the following requirements:

- (1) Be at least eighteen years of age;
- (2) Possess a high school diploma or a certificate of high school equivalence or have obtained the equivalent of such education as determined by the state medical board;
- (3) Have completed two years of undergraduate work in a college of arts and sciences or the equivalent of such education as determined by the board;
- (4) Meet one of the following medical education and graduate medical education requirements:

(a) Hold a diploma from a medical school or osteopathic medical school that, at the time the diploma was issued, was a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association and have successfully completed not less than twelve months of graduate medical education through the first-year level of graduate medical education or its equivalent as determined by the board;

(b) Hold certification from the educational commission for foreign medical graduates and have successfully completed not less than twenty-four months of graduate medical education through the second-year level of graduate medical education or its equivalent as determined by the board;

(c) Be a qualified graduate of a fifth pathway training program as recognized by the board under section 4731.091 of the Revised Code and have successfully completed, subsequent to completing fifth pathway training, not less than twelve months of graduate medical education or its equivalent as determined by the board.

(5) Have successfully passed an examination prescribed in rules adopted by the board to determine competency to practice medicine and surgery or osteopathic medicine and surgery;

(6) Comply with section 4731.08 of the Revised Code;

(7) Meet the requirements of section 4731.142 of the Revised Code if eligibility for the license applied for is based in part on certification from the educational commission for foreign medical graduates and the undergraduate education requirements established by this section were fulfilled at an institution outside of the United States.

(B) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery shall submit to the board an application in the form and manner prescribed by the board. The application must include all of the following:

(1) Evidence satisfactory to the board to demonstrate that the applicant meets all of the requirements of division (A) of this section;

(2) An attestation that the information submitted under this section is accurate and truthful;

(3) Consent to the release of the applicant's information;

(4) Any other information the board requires.

(C) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery shall include with the application a fee of three hundred five dollars, no part of which may be returned. An application is not considered submitted until the board receives the fee.

(D) The board may conduct an investigation related to the application materials received pursuant to this section and may contact any individual, agency, or organization for recommendations or other information about the applicant.

(E) The board shall conclude any investigation of an applicant conducted under section 4731.22 of the Revised Code not later than ninety days after receipt of a complete application unless the applicant agrees in writing to an extension or the board determines that there is a substantial question of a violation of this chapter or the rules adopted under it and notifies the applicant in writing of the reasons for continuation of the investigation. If the board determines that the applicant is not in violation of this chapter or the rules adopted under it, the board shall issue a license not later than forty-five days after making that determination.

THE STATE OF INDIANA

Physician/Osteopathic Physician

[Application for licensure as a physician/osteopathic physician](#)

[Application Instructions/Checklist - IMPORTANT!](#)

We ask that you please allow up to two weeks from the submission of an application for review by our staff. You will be notified via mail or email if there are any missing documents or issues with your application. **You may also check the status of your application by clicking [here](#).** If you have not received a status update after two weeks, you may email us at pla3@pla.in.gov.

General Information

To be eligible for a Physician or Osteopathic Physician license, applicants must have received all of their medical school education from and graduated from a medical school recognized or approved by the Medical Licensing Board. Prior to submitting an application, please refer to the following links to verify that your medical school or training location is recognized or approved:

- [Approved/Disapproved Foreign Medical Schools](#)
- [Approved Allopathic U.S./Canadian Medical Schools](#)
- [Approved Osteopathic U.S. Medical Schools](#)
- [Approved ACGME-accredited postgraduate training programs](#)
- [Approved AOA-accredited postgraduate training programs](#)
- [Approved Royal College of Physicians and Surgeons of Canada postgraduate training programs](#)

If you did not attend or graduate from a recognized or approved medical school or postgraduate training program, you may still submit an application for licensure and request a waiver in writing. Waiver requests are reviewed on a case-by-case basis, and may require a personal appearance before the Medical Licensing Board. In determining whether to grant a waiver, the Medical Licensing Board will consider an applicant's training, experience, and credentials.

[General Questions about Licensure](#)

[How Long Does it Take to Get a License?](#)

[Questions Regarding Examinations](#)

[Questions Regarding Criminal Background Checks](#)

[Questions about Criminal Convictions](#)

[Questions Regarding Recognized Medical Schools](#)

[Questions about Translations of Documents](#)

[Helpful Links](#)

General Questions about Licensure

Q. How much training must I complete before I am eligible for licensure?

A. U.S./Canadian graduates must complete 12 months of approved postgraduate training in the U.S. or Canada. An International Medical Graduate must complete 24 months of approved postgraduate training in the U.S. or Canada.

Q. Should I report incomplete postgraduate training on the application?

A. Yes. You are required to document all postgraduate training (internship, residency, fellowship) on the application, whether or not the program was completed or credit was granted. You must have each postgraduate training program verify your dates of training for each program.

Q. What are the costs related to licensure?

A. The fee for the application is \$250. If you also require a controlled substances registration, that application fee is \$60. All fees should be paid by cash, check or money order and submitted with your application. Checks and money orders should be made payable to the Indiana Professional Licensing Agency. We do not accept credit card payments.

Q. When should I apply for licensure?

A. Since a U.S./Canadian medical school graduate is not eligible for licensure until one year of training has been completed, you should not submit your application until after six months of training have been completed.

Further, documentation relating to your application can be submitted at any time; you do not need to wait until your application has been submitted. The Board will retain documents for 6 months.

Q. Should I take Step 3 before I apply for licensure?

A. You are not required to take and pass the USMLE Step 3/COMLEX Step 3 before you apply; however, a license will not be issued to any applicant until they have passed all three steps. In Indiana, you must pass all three steps of the USMLE within 10 years, with a maximum attempt of three times per step. For osteopathic physicians, all three steps must be passed within 7 years, with a maximum attempt of five times per step.

Applicants who fail to pass all the steps within the required timeframe or within the maximum number of attempts may still apply for licensure and request a waiver. Waiver requests are reviewed on a case-by-case basis, and may require a personal appearance before the Medical Licensing Board. In determining whether to grant a waiver, the Medical Licensing Board will consider an applicant's training, experience, and credentials. Additional conditions, such as agreeing to work in an underserved area, may be required if a waiver is granted.

Q. How long is my license valid?

A. Upon issuance of your license, your license will remain valid through October 31 of each odd year.

(<https://www.in.gov/pla/professions/medical-licensing-board-of-indiana/physicianosteopathic-physician/>)

Best regards,

Chris Salazar-Fields, MD

Internal Medicine Resident

Authority Health

3031 W. Grand Blvd., Suite 600

Detroit, MI 48201

To the Michigan Board of Medicine,

My name is Chris Salazar-Fields, MD and I am a first year internal medicine resident in the Authority Health GME Consortium. I am writing to you to address a disparity that exist between Allopathic and Osteopathic medical trainees.

In 2020, the ACGME GME MD-DO merger took place which according the ACGME website states the following:

Benefits of Single GME

The ACGME, Association of American Colleges of Osteopathic Medicine (AACOM), and American Osteopathic Association (AOA) are in the process of implementing a single GME accreditation system by the year 2020 in order to:

- **Provide high-quality uniform graduate medical education accreditation** that enhances opportunities for residents/fellows and provides transparency to the federal government, licensing boards, US and international credentialing committees, and most importantly the public.
- **Increase collaboration among the medical education community** to address the challenges facing graduate medical education for the benefit of all medical residents and fellows, and for the benefit of their patients.
- **Reduce costs and increase efficiencies** by eliminating duplicative accreditation costs and reporting.
- **Eliminate need for programs to choose** either an allopathic (MD) or osteopathic (DO) accreditation pathway, or face undue burden to be dually accredited by the ACGME and AOA.
- **Provide consistency** across all residency/fellowship programs in evaluation methods and accountability standards, using specialty-specific Milestones for assessing the competency of residents/fellows graduating from all US graduate medical education programs.
- **Offer all US medical school graduates a uniform graduate medical education pathway**, allowing them to seek admission into any residency and fellowship program.
- **Preserve and protect osteopathic medical education** in essential dimensions of the osteopathic tradition, including through AOA board certification, accreditation of colleges of osteopathic medicine, and osteopathic licensing examinations.
- **Increase opportunities for osteopathic graduate medical education and recognition** for all ACGME-accredited programs. Provide education in Osteopathic Principles and Practice to all allopathic (MD) and osteopathic (DO) medical school graduates; programs can receive designation for their osteopathic curricula through ACGME Osteopathic Recognition.

<https://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System/Benefits-of-Single-GME>

I believe the intentions of the merger was to bring consistency and equality to both the MD and DO GME programs. I myself am training currently in a program that was traditionally a DO program as an MD. However, as a resident physician when it comes to experience and financial opportunities such as Moonlighting, all residents are not equal as Michigan MD licensure requires 2 years of post graduate medical training, compared to Michigan DO licensure which only requires 1 year of post graduated training as stated in R 338.123 and R 338.2423, which are listed below. This creates situations where residents who start at the same time, in the same residency program, receiving the same training and didactics, will be deemed competent to receive full licensure on identical metrics except the 2 initials

following their name recognizing them as a Doctor of Medicine or Osteopathy. This creates a division of classism where MDs have less privileges and opportunities compared to their DO peers.

I am asking the Board of Medicine to consider revision to R 338.2423 to reflect the following:

R 338.2423 (d) ~~Have completed~~ **Provide proof verifying completion of** a minimum of ~~2 years~~ **1 year** of postgraduate clinical training in a program that satisfies the requirements ~~of~~ **under** R 338.2421(2), (3), ~~(4), or (5).~~ **or (4).**

I believe this would bring equality and fairness to MD resident physicians wishing to obtain their full licensure after satisfying the same requirements that DO resident physicians are held to, and recognize MD residents as equally competent to their DO peers after completing the same length of training, which is also consistent with the stated purpose of the 2020 ACGME MD-DO merger. Additionally, this would also make Michigan residents equal to their colleagues across sates lines as the states of Illinois, Indiana, and Ohio also only require 1 year of post graduate training to be eligible to apply for full licensure, supporting documentation listed below.

For these reasons, I hope the Board of Medicine considers this revision.

(SUPPORTING DOCUMENTATION BELOW)

STATE OF MICHIGAN

R 338.123 Licensure by examination. (DO Licensure)

Rule 23. An applicant for licensure by examination, in addition to satisfying the requirements of the code, shall satisfy all of the following requirements:

(a) Submit the required fee and a completed application on a form provided by the department.

(b) Possess a degree from a school of osteopathic medicine that satisfies the standards set forth in R 338.121(1).

(c) Have passed all parts of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) adopted under R 338.129.

(d) Have completed a minimum of 1 year of postgraduate clinical training in a program that satisfies either of the following requirements:

(i) A postgraduate training program that satisfies the requirements of R 338.121(2) at a training institution that satisfies the requirements of R 338.121(3).

(ii) A postgraduate training program approved by the board in R 338.121(4).

(e) Submit a certificate of completion of the postgraduate training required under subdivision (d) of this rule to the department no more than 15 days before the scheduled date of completion.

R 338.2423 Medical doctor; license requirements; United States and Canadian graduates.

Rule 123. An applicant for a medical license who graduated from a medical school located inside the United States, its territories, or the Dominion of Canada, in addition to satisfying the requirements of the code, shall satisfy all of the following requirements:

- (a) Submit the required fee and a completed application on a form provided by the department.
- (b) Possess a degree from a medical school that satisfies the standards set forth in R 338.2421(1).
- (c) Have passed all parts of the United States Medical Licensing Examination (USMLE) adopted under R 338.2431.
- (d) Have completed a minimum of 2 years of postgraduate clinical training in a program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).
- (e) Submit a certificate of completion of the postgraduate training required under subdivision (d) of this rule to the department no more than 15 days prior to the scheduled date of completion.

STATE OF ILLINOIS

Section 1285.70 Application for a License on the Basis of Examination

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 - 2) Proof that the applicant is of good moral character. Proof shall be an indication on the application that the applicant has not engaged in any conduct or activities that would constitute grounds for discipline under Section 22 of the Act. Applications of individuals who answer affirmatively to any question on the personal history portion of the application or who have engaged in activities that would constitute grounds for discipline shall be forwarded to the Enforcement Division of the Division of Professional Regulation for further investigation and action by the Medical Licensing Board as provided in Section 9(B)(4) of the Act;
 - 3) An official transcript of a course of instruction in a college, university or other institution as required by Section 1285.20(a);
 - 4) Fee as required by Section 21 of the Act;
 - 5) An official transcript and diploma or an official transcript and certification of graduation from the medical education program granting the degree that shall be evidence that the applicant has met the minimum medical education requirements of the Act;
 - 6) Certification on forms provided by the Division that the core clerkship rotations were completed in accordance with Section 1285.20 and proof of current ECFMG certification as set forth in Section 1285.20(k) for those applicants who are applying under Section 11(A)(2)(a) of the Act;
 - 7) Proof of satisfactory completion of an approved program of clinical training in accordance with Section 1285.40;
 - 8) Proof of the successful completion of the examination set forth in Section 1285.60. Scores shall be submitted to the Division directly from the testing entity;
 - 9) A certification from the jurisdiction of original licensure and current licensure stating:
 - A) The date of issuance of the license; and

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4) Post-graduate education in basic or related medical sciences in any state or jurisdiction.

c) Publication of original work in clinical medicine published in medical or scientific journals that are listed by the Cumulative Index Medicus (CIM).

d) Clinical research or professional clinical medical practice in public health organizations (e.g., World Health Organization (WHO), Malaria Prevention programs, United Nations International Children's Emergency Fund (UNICEF) programs, both national and international).

- e) Having been engaged in clinical research or clinical medical practice at a veterans, military, or other medical institution operated by the federal government.
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 - 2) Experience obtained as a Visiting Professor in accordance with Section 18(A) of the Act.
- g) Clinical medical practice obtained in violation of the Act shall not be considered by the Board in determining professional capacity for the purposes of this Section.
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- b. The professional activities must have the approval of the Program Director. The Program Director must acknowledge this approval in writing, and a copy of that acknowledgement must be included in the resident's file.
- c. The professional activities must have approval of the employing hospital.*
- d. The professional activities must not detract from the Residency Program or interfere in any way with the educational experience, performance or responsibilities of the resident. If such moonlighting activities are approved, the Program Director must monitor the resident for the effect of moonlighting activities upon performance. Adverse effects may lead to withdrawal of permission.
- e. All time spent moonlighting must be entered into New Innovations in a timely and accurate manner and counted toward the 80 hour weekly limit on work hours. Moonlighting on vacation does not need to be recorded, however the residents must ensure they are adequately rested and fit to provide the services required by their patients when returning to duty.
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UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

Graduate Medical Education Policies and Procedures

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(4) Meet one of the following medical education and graduate medical education requirements:

(a) Hold a diploma from a medical school or osteopathic medical school that, at the time the diploma was issued, was a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association and have successfully completed not less than twelve months of graduate medical education through the first-year level of graduate medical education or its equivalent as determined by the board;

(b) Hold certification from the educational commission for foreign medical graduates and have successfully completed not less than twenty-four months of graduate medical education through the second-year level of graduate medical education or its equivalent as determined by the board;

(c) Be a qualified graduate of a fifth pathway training program as recognized by the board under section 4731.091 of the Revised Code and have successfully completed, subsequent to completing fifth pathway training, not less than twelve months of graduate medical education or its equivalent as determined by the board.

(5) Have successfully passed an examination prescribed in rules adopted by the board to determine competency to practice medicine and surgery or osteopathic medicine and surgery;

(6) Comply with section 4731.08 of the Revised Code;

(7) Meet the requirements of section 4731.142 of the Revised Code if eligibility for the license applied for is based in part on certification from the educational commission for foreign medical graduates and the undergraduate education requirements established by this section were fulfilled at an institution outside of the United States.

(B) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery shall submit to the board an application in the form and manner prescribed by the board. The application must include all of the following:

(1) Evidence satisfactory to the board to demonstrate that the applicant meets all of the requirements of division (A) of this section;

(2) An attestation that the information submitted under this section is accurate and truthful;

(3) Consent to the release of the applicant's information;

(4) Any other information the board requires.

(C) An applicant for a license to practice medicine and surgery or osteopathic medicine and surgery shall include with the application a fee of three hundred five dollars, no part of which may be returned. An application is not considered submitted until the board receives the fee.

(D) The board may conduct an investigation related to the application materials received pursuant to this section and may contact any individual, agency, or organization for recommendations or other information about the applicant.

(E) The board shall conclude any investigation of an applicant conducted under section 4731.22 of the Revised Code not later than ninety days after receipt of a complete application unless the applicant agrees in writing to an extension or the board determines that there is a substantial question of a violation of this chapter or the rules adopted under it and notifies the applicant in writing of the reasons for continuation of the investigation. If the board determines that the applicant is not in violation of this chapter or the rules adopted under it, the board shall issue a license not later than forty-five days after making that determination.

THE STATE OF INDIANA

Physician/Osteopathic Physician

[Application for licensure as a physician/osteopathic physician](#)

[Application Instructions/Checklist](#) - IMPORTANT!

We ask that you please allow up to two weeks from the submission of an application for review by our staff. You will be notified via mail or email if there are any missing documents or issues with your application. **You may also check the status of your application by clicking [here](#).** If you have not received a status update after two weeks, you may email us at pla3@pla.in.gov.

General Information

To be eligible for a Physician or Osteopathic Physician license, applicants must have received all of their medical school education from and graduated from a medical school recognized or approved by the Medical Licensing Board. Prior to submitting an application, please refer to the following links to verify that your medical school or training location is recognized or approved:

- [Approved/Disapproved Foreign Medical Schools](#)
- [Approved Allopathic U.S./Canadian Medical Schools](#)
- [Approved Osteopathic U.S. Medical Schools](#)
- [Approved ACGME-accredited postgraduate training programs](#)
- [Approved AOA-accredited postgraduate training programs](#)
- [Approved Royal College of Physicians and Surgeons of Canada postgraduate training programs](#)

If you did not attend or graduate from a recognized or approved medical school or postgraduate training program, you may still submit an application for licensure and request a waiver in writing. Waiver requests are reviewed on a case-by-case basis, and may require a personal appearance before the Medical Licensing Board. In determining whether to grant a waiver, the Medical Licensing Board will consider an applicant's training, experience, and credentials.

[General Questions about Licensure](#)

[How Long Does it Take to Get a License?](#)

[Questions Regarding Examinations](#)

[Questions Regarding Criminal Background Checks](#)

[Questions about Criminal Convictions](#)

[Questions Regarding Recognized Medical Schools](#)

[Questions about Translations of Documents](#)

[Helpful Links](#)

[General Questions about Licensure](#)

Q. How much training must I complete before I am eligible for licensure?

A. U.S./Canadian graduates must complete 12 months of approved postgraduate training in the U.S. or Canada. An International Medical Graduate must complete 24 months of approved postgraduate training in the U.S. or Canada.

Q. Should I report incomplete postgraduate training on the application?

A. Yes. You are required to document all postgraduate training (internship, residency, fellowship) on the application, whether or not the program was completed or credit was granted. You must have each postgraduate training program verify your dates of training for each program.

Q. What are the costs related to licensure?

A. The fee for the application is \$250. If you also require a controlled substances registration, that application fee is \$60. All fees should be paid by cash, check or money order and submitted with your application. Checks and money orders should be made payable to the Indiana Professional Licensing Agency. We do not accept credit card payments.

Q. When should I apply for licensure?

A. Since a U.S./Canadian medical school graduate is not eligible for licensure until one year of training has been completed, you should not submit your application until after six months of training have been completed.

Further, documentation relating to your application can be submitted at any time; you do not need to wait until your application has been submitted. The Board will retain documents for 6 months.

Q. Should I take Step 3 before I apply for licensure?

A. You are not required to take and pass the USMLE Step 3/COMLEX Step 3 before you apply; however, a license will not be issued to any applicant until they have passed all three steps. In Indiana, you must pass all three steps of the USMLE within 10 years, with a maximum attempt of three times per step. For osteopathic physicians, all three steps must be passed within 7 years, with a maximum attempt of five times per step.

Applicants who fail to pass all the steps within the required timeframe or within the maximum number of attempts may still apply for licensure and request a waiver. Waiver requests are reviewed on a case-by-case basis, and may require a personal appearance before the Medical Licensing Board. In determining whether to grant a waiver, the Medical Licensing Board will consider an applicant's training, experience, and credentials. Additional conditions, such as agreeing to work in an underserved area, may be required if a waiver is granted.

Q. How long is my license valid?

A. Upon issuance of your license, your license will remain valid through October 31 of each odd year. (<https://www.in.gov/pla/professions/medical-licensing-board-of-indiana/physicianosteopathic-physician/>)

Best regards,

Chris Salazar-Fields, MD

Internal Medicine Resident

Authority Health

3031 W. Grand Blvd., Suite 600

Detroit, MI 48201

From: [BPL-BoardSupport](#)
To: [MacIntosh, Weston \(LARA\)](#)
Subject: FW: Public Hearing Comment - General Rules
Date: Thursday, June 2, 2022 7:10:35 AM
Attachments: [image002.png](#)

Thank you,
Stephanie Wysack
Departmental Technician
Boards and Committees Section
Bureau of Professional Licensing
Michigan Department of Licensing and Regulatory Affairs
Phone: 517-241-7500
Email: BPL-BoardSupport@michigan.gov

Spread *Hope*

GET VACCINATED

Save Michigan Lives.



PROTECT PEOPLE &
PROMOTE BUSINESS

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From: Eman Talia <etalia-gme@authorityhealth.org>
Sent: Wednesday, June 1, 2022 4:40 PM
To: BPL-BoardSupport <BPL-BoardSupport@michigan.gov>
Subject: Public Hearing Comment - General Rules

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Dear board of Medicine,

I am emailing you to give my comments about changing the requirement for full licensing for physician to have MD to be allowed to obtain full licensing after completing one year of residency instead of two years. Doing so will have it fair and equal to the fellow physician who have a DO degree.

I urge the board of medicine to look into this and hopefully make the right decision to make DO and MD have the same requirements especially now they both have merged together and work side to side in residencies, hospitals and clinics.

Thank you for your understanding,

Eman Talia, MD
PGY 2 Internal medicine
Authority health program