



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Consumer Protection & Commerce
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By

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And

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HB 1813 HD1 – RELATING TO HEALTH

Chair Takumi, Vice Chair Ichiyama, and members of the committee:

HB 1813 HD1 establishes a three-year pilot program to create a new category of professional licensure for “assistant physicians”. The intent of the measure is to permit recent medical school graduates who have yet to be placed into a residency program to provide primary care in medically underserved areas under the supervision of a licensed physician in Hawai'i.

The University of Hawai'i John A. Burns School of Medicine (JABSOM) shares the concern regarding the challenges of insufficient primary care providers on the neighbor islands and parts of O'ahu. One of the greatest challenges we collectively face is attaining a sufficient number of graduate medical education (residency) positions in Hawai'i for medical students to complete their training toward independent practice. JABSOM has very few graduates (estimated to be about 1% on average in a given year) who do not immediately attain a residency training position in the US upon graduation. Hence given this excellent record of residency placement, additional state support for expansion of the size of JABSOM's entering class would greatly contribute to the licensed and fully-trained physician workforce need in Hawai'i. Creation of an “assistant physician” role for accredited medical/osteopathic school graduates who are unable to attain a US residency training position may benefit some of the approximately 5% of US medical/osteopathic students nationally who are unable to attain a residency program upon graduation. Moreover, we are experiencing a decline in the number of licensed physicians who are willing to act as preceptors (or teachers) for our residents, and are concerned that an “assistant physician” program that relies on licensed physicians to act as supervisors will further tax those who currently serve as preceptors.

Subsection (m)(3) tasks the dean of JABSOM together with primary care residency program directors to develop educational methods and programs to be undertaken by the “assistant physician” that would lead to credit toward future residency placement.

We note that no residency program or specialty board based in the United States will allow such continuing education (CME) to be applied toward residency completion. Additionally, the graduate medical education programs do not have the capacity to offer more formal educational (clinical) programs. While the “assistant physician” participating in and keeping track of these CME programs may help their chances of getting into a residency program, they will not receive any “credit” toward a graduate medical education program by service as an “assistant physician”.

JABSOM would be supportive of this concept with the following caveats:

- To guarantee a quality educational background and training prior to service as an “Assistant Physician”, only graduates of LCME accredited medical schools or AOA accredited osteopathic schools in North America should be considered for such responsibility.
- As the "Assistant Physician" would not have been through a graduate medical education training program required for independent practice, the "Assistant Physician" should be required to practice within a Hawai'i-based federally qualified health center through which onsite clinical supervision and support services will be provided.
- As the "Assistant Physician" should proceed toward an independent practice, the "Assistant Physician" provisional license should be available for a maximum of three years, after which the license will not be renewed.
- It is expected that individuals who are capable of developing into an independent practitioner via this program would apply for and enter an accredited residency training program that will permit progress toward full licensure.

Thank you for the opportunity to provide testimony on this matter.