



QUESTIONS FOR MEDICAL EXAMINING BOARD NOMINEE - PHYSICIAN MEMBER

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CONNECTICUT MEDICAL EXAMINING BOARD (CGS § 20-8a)

The board, which is within the Department of Public Health (DPH), must (1) hear and decide matters concerning suspension or revocation of a practitioner's license, (2) adjudicate complaints against practitioners, and (3) impose sanctions where appropriate. The board must refer all charges filed with the board by DPH to a medical hearing panel within 60 days of receiving the charges. The board reviews the proposed final decisions of the medical hearing panels. It may adopt, modify, or remand the decisions for further review or the taking of additional evidence.

NOMINEE QUESTIONS

1. What do you consider the primary role and function of the Medical Examining Board? Is the board's primary responsibility to the medical community or health care consumers?
2. In 2012, legislation ([PA 12-62](#)) increased the board's size from 15 to 21 members and required representation of certain medical specialties on the board. In your opinion, how have these changes affected the board's ability to meet its statutory duties? Have the appointments changed the culture of the board?
3. The medical board has been publicly criticized for failing to render decisions or take action against physicians within an appropriate time frame. Has the increased membership alleviated these problems? How has the rate of investigation and decision making changed?

4. [PA 12-62](#) also allowed the DPH commissioner to waive up to 10 contact hours of continuing medical education for a physician who (a) serves on the board or a medical hearing panel or (b) helps DPH with its duties to its professional boards and commissions. Can you think of other ways to encourage physicians to engage in such service?
5. How do you view the relationship between the board and DPH? Do you think Connecticut would be better served by an independent investigation and review board?
6. The board is sometimes criticized for failure to discipline physicians in an appropriate manner or for treating physicians too leniently. Connecticut's rate of disciplining physicians generally ranks low among the other states. How do you react to this? Has the increased size of the board translated to improved oversight? What should be the board's approach to oversight and review of physician performance?
7. What are your views on the program that allows physicians, with the consent of DPH, to participate in appropriate rehabilitation programs?
8. What can medical practitioners do to minimize medical error and improve the overall quality of health care delivery in the state?
9. How does your practice or institution address complaints related to the performance and possible discipline of a physician?
10. Do you feel the use of consent orders speeds up the adjudication process or impedes the board in delivering appropriate decisions?
11. What is your opinion on the proposal, to be considered at the 2014 annual meeting of the Federation of State Medical Boards, to expedite the licensing process for doctors to practice across state borders? Do you see a future for interstate practice or telemedicine in Connecticut?

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