CODE REVISER USE ONLY



RULE-MAKING ORDER EMERGENCY RULE ONLY

CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

OFFICE OF THE CODE REVISER STATE OF WASHINGTON **FILED**

DATE: November 09, 2023

TIME: 12:04 PM

WSR 23-23-071

Agency: Department of Health – Washington Medical Commission
Effective date of rule:
Emergency Rules
□ Later (specify)
Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?
☐ Yes ⊠ No If Yes, explain:
Purpose: Removing postgraduate medical training barriers to physician licensing. The Washington Medical Commission (commission) is extending its emergency rule that amends WAC 246-919-330 to eliminate the outdated requirement for consecutive years of training in no more than two programs. This change will remove a barrier for qualified applicants to obtain a physician license.
Due to the practitioner shortage, multiple pathways to board certification eligibility have been opened by the University of Washington (UW), the Accreditation Council for Graduate Medical Education (ACGME), and the American Board of Medical Specialties (ABMS). Multiple ABMS boards have programs that specifically target international medical graduates and place them in four-year training programs, with only years one and three ACGME accredited. The outcome of these programs would be physicians who are ineligible for a license through the commission, despite four years of postgraduate training through the UW.
Separately and recently, applications have come through where the physician has six years of postgraduate training from their efforts to become dually licensed as a physician and a dentist. This clause has resulted in denial of those applications since parts of the training are accredited under ACGME and the rest under the Commission on Dental Accreditation (CODA), the dental profession equivalent of ACGME.
This rule continues the initial emergency rule filed on July 13, 2023 under WSR 23-15-056. The commission will continue this emergency rule until the post graduate medical training standards are adopted through the permanent rule making process.
Citation of rules affected by this order:
New: None
Repealed: None
Amended: WAC 246-919-330 Suspended: None
Statutory authority for adoption: RCW 18.71.017 and 18.130.050
Other authority: None
EMERGENCY RULE
Under RCW 34.05.350 the agency for good cause finds:
☐ That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health,
safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
\Box That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.
Reasons for this finding:
The continuation of this emergency rule and the immediate amendment of WAC 246-919-330 is necessary for the

qualified physicians, make it essential that qualified applicants are able to obtain a license. This action will result in increasing

preservation of public health, safety, and general welfare. Continued demand for health care professionals, especially

the quantity of health care professionals able to respond to current and ongoing staffing demands. Observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to protecting

immediate public interests. The commission has begun rule making under a CR101 filed on August 23, 2023 under WSR 23-18-005 to consider permanently adopting these amendments.

Note: If any category is left blank, it will be calculated as zero. No descriptive text.

Count by whole WAC sections only, from the WAC number through the history note. A section may be counted in more than one category.								
The number of sections adopted in order to compl	y with:							
Federal statute:	New	0	Amended	0	Repealed	0		
Federal rules or standards:	New	0	Amended	0	Repealed	0		
Recently enacted state statutes:	New	0	Amended	0	Repealed	0		
The number of sections adopted at the request of a	a nongo	vernmen	tal entity:					
	New	0	Amended	0	Repealed	0		
The number of sections adopted on the agency's c	wn initi	ative:						
	New	0	Amended	1	Repealed	0		
The number of sections adopted in order to clarify	, stream	lline, or r	eform agency p	rocedu	ures:			
	New	0	Amended	0	Repealed	0		
The number of sections adopted using:								
Negotiated rule making:	New	0	Amended	0	Repealed	0		
Pilot rule making:	New	0	Amended	0	Repealed	0		
Other alternative rule making:	New	0	Amended	1	Repealed	0		
Date Adopted: November 9, 2023		Signatu	Signature:					
Name: Kyle Karinen			Kyr	cS,	<u> </u>			
Title: Executive Director			1					

AMENDATORY SECTION (Amending WSR 20-22-003, filed 10/21/20, effective 11/21/20)

- WAC 246-919-330 Postgraduate medical training. (1) Postgraduate medical training means clinical training approved by the commission in general medicine or surgery, or a specialty or subspecialty in the field of medicine or surgery as recognized by the American Board of Medical Specialties listed in the 2017-2018 ABMS Board Certification Report and new specialties or subspecialties approved by the commission.
- (2) The commission approves only the following postgraduate clinical training courses:
- (a) Programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) at the time of residency.
- (b) Programs accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC), or programs accredited by the RCPSC or CFPC at the time of residency.
- (3) Postgraduate medical training includes, but is not limited to, internships, residencies and medical or surgical fellowships.
- (4) A physician must complete two ((consecutive)) years of post-graduate medical training ((in no more than two programs)). The physician must acquire this training after completion of a formal course of undergraduate medical instruction outlined in RCW 18.71.055. The commission will accept only satisfactory clinical performance evaluations.

[1] OTS-4663.1