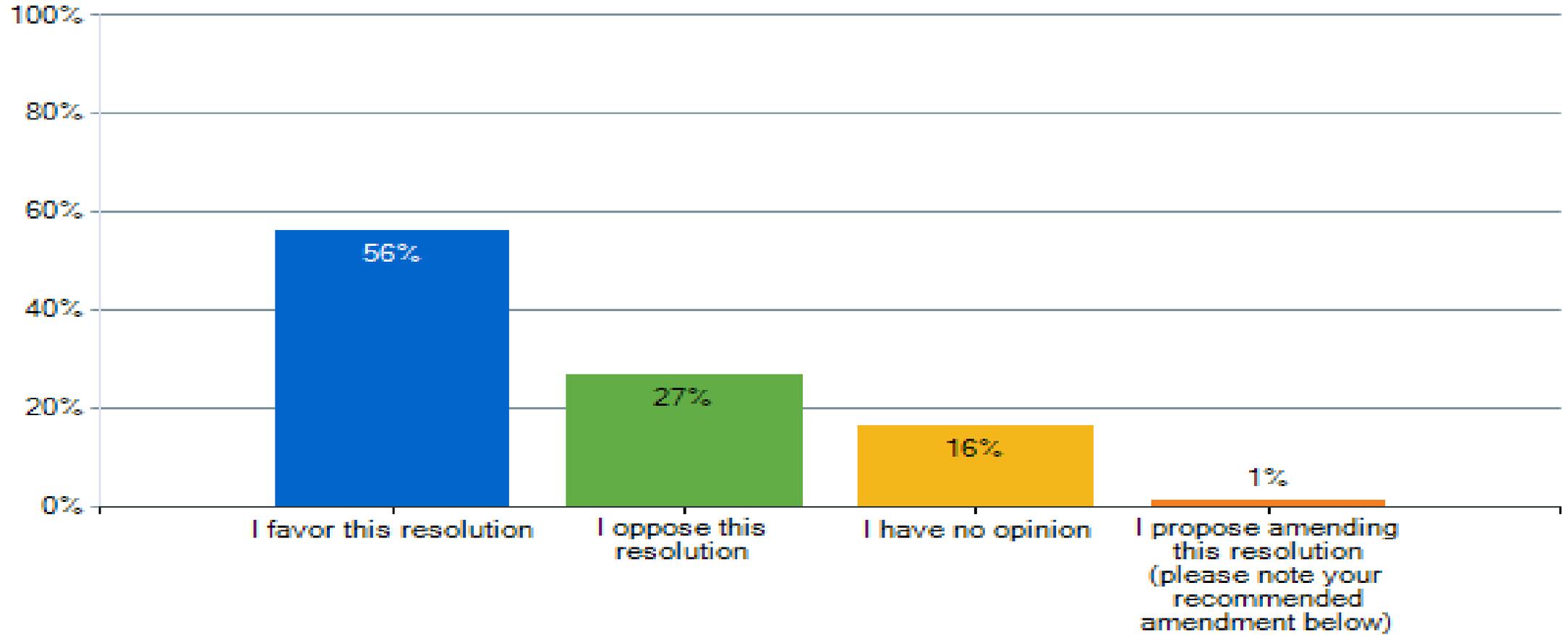
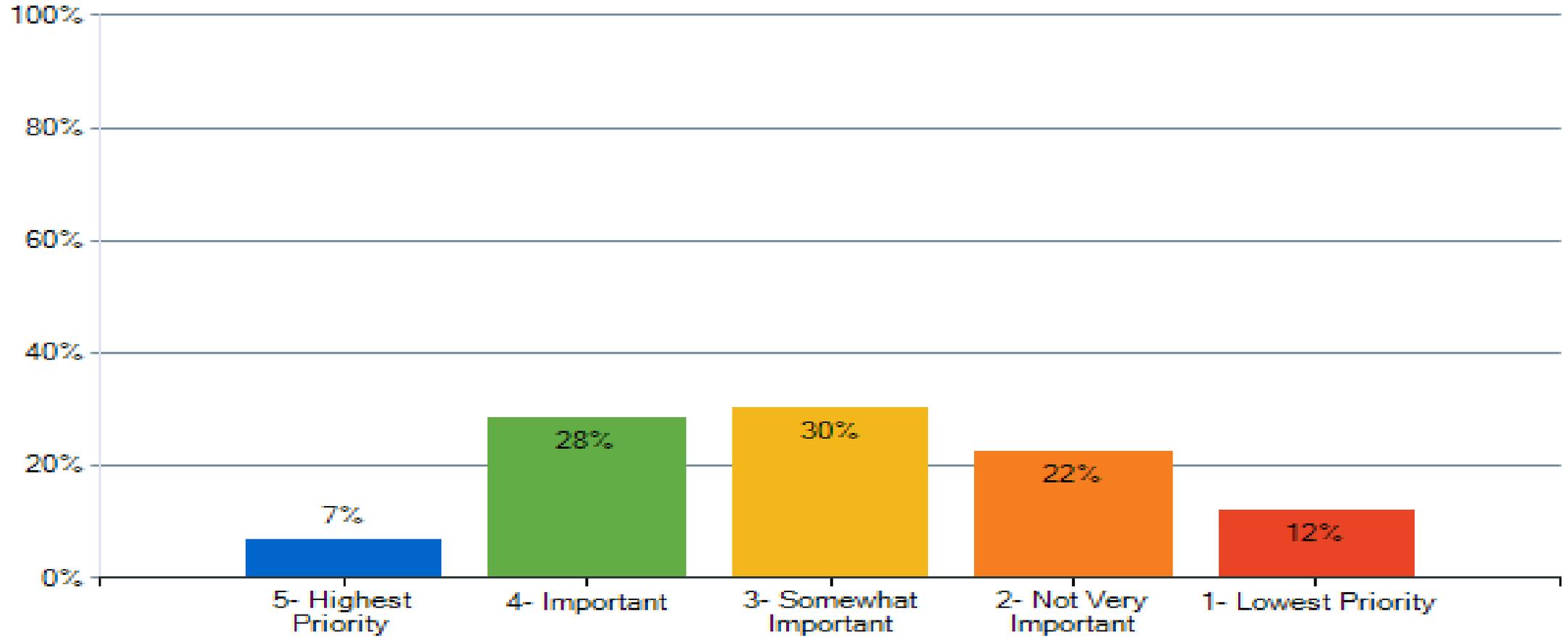


Administrative Medical License



Please indicate your view of this resolution as an ISMS priority.



116 responses

Q1. Comments

SR No.	Response No.	Response Text
1	2	Exactly what we need - more administrators. If you want to be an administrator be an administrator -- if you want to be a physician -- than practice medicine.
2	13	It is unclear how this resolution relates to the ability to serve as a medical expert. What is the path for an individual who has given up an unrestricted medical license or a administrative medical license to once again return to having an unrestricted medical license.
3	14	I see no reason to require Illinois State oversight/license for this job description. Less government is best.
4	22	I don't think it is necessary to have a separate license.
5	23	I'm sorry but I don't see the need. If a physician wishes to retire from active practice and only administrate, what is the reason? Do nonphysician administrators need the same license or a different license? If it's a different license then "ex" physician should just get that one.
6	24	It's a good idea, but needs further clarity. Can an administrative physician employ practicing physicians? Can they perform FPPE and OPPE? Are they immune from malpractice suits? There are likely other similar questions that need to be addressed. And are we in the habit of pulling the licenses of those that haven't touched a patient in two years? Not arguing that last point, but I'm not sure that's widely known
7	27	You don't need a license to do this. You can let your physician license lapse and do only administrative things. Or keep your license and do administrative things. This is super dumb.
8	45	Why require a previous unrestricted license. I knew someone with an MD degree who only wanted to do illustration and could probably administrate. Person never practiced medicine
9	47	Good idea
10	50	Agree this is a necessary addition.
11	54	agree with resolutions
12	69	Seems reasonable if needed
13	79	I am concerned about opening the Medical Practice Act for this revision as others may have their own changes which they would want to insert into the Medical Practice Act
14	81	Why is this needed? Seems silly.
15	86	The Resolves do not cover educational requirements. Does the licensee need to have any evidence of "specialty training" in administration or hours of Continuing Education in the field for renewal? If so, would they be of any specific nature? Ethical training hours required?

16	98	While useful for the subset of physicians no longer providing direct patient care, it seems like a possibly dangerous move to introduce something like this when we're simultaneously fighting against encroaching scope of practice from mid levels.
17	100	I am against this resolution because I fear a physician who is not fully licensed in the State to practice medicine would be able to deny treatments or payment for them requested by practicing physicians. Stephen Kappel, MD St. Clair County Medical Society
18	113	We Educate MDs to take care of sick patients: TOO many are adminisrtrators--We need practicing Docs--WE have a shortage of practicing Docs.--Maybe easy salaried life.
19	119	Any one fitting the criteria should be fully licensed to practice medicine; therefore, category is not necessary.
20	123	I would advocate that such a license also be available to practicing physicians who play an important role in the counsel and advisement of their organization. It would provide additional legitimacy to physicians hold important and time-consuming committee positions and physician-leader roles within any organizational paradigm.
21	125	Does this intend to modify the CME requirements? So the two year threshold without practicing is when this might apply? what happens if they want to restart clinical practice?
22	129	Physicians who are making decisions about utilization and reimbursement and other factors that involve practicing physicians should be fully licensed as physicians with all the benefits and risks that such a position demands.
23	162	I suppose there are some members who do only administrative work and would like a restricted license to do this.
24	136	Physicians in Illinois have received desirable administrative job offers in medical businesses, government and insurance organizations. Often the accomplished physician administrator has been a full time administrator for their entire career and has had no clinical work for many years or even decades. The physician's expert skill set is in administration and has no intention of practicing clinical medicine. The job description to be eligible for these opportunities typically requires that the applicant have a State of Illinois medical license. However, in Illinois, according to the MPA, a physician must have been in active practice within the prior two years to be eligible for a license. There are other considerations that may mitigate the circumstances of lack of practice of medicine but these additional factors that imply clinical competence are ill-defined and potentially fail to substantiate clinical competence. This "deficiency" is noted by the IDFPR which then causes delay, restrictions, CME mandates or even rejection of the applicant for a license because the MPA

standard is not met. An Administrative License will satisfy the need for an appropriate designation for expert physician administrators that have not practiced medicine and do not intend to practice medicine. It will facilitate bringing in competent, respected and talented administrators when an Illinois medical license is part of the prerequisite qualifications for the job. It will remove the burden from the IDFPR of separating out and adjudicating these "deficient" applications. Importantly, it will help administrative physicians avoid unnecessary restrictions, CME mandates or even rejection imposed by the IDFPR when they have not met the requirements set in the current MPA for the available licensure categories.

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| 25 | 140 | I am totally in support of this resolution. |
| 26 | 142 | I am in favor of this resolution as long as this type of license is granted only after a regular license has been earned and honorably maintained for a certain amount of time while actually practicing medicine. |
| 27 | 143 | Why is this necessary. The resolves do not make that clear. Is this license less costly, have different associated requirements (CME hours, etc.). Many entities hiring physician consultants or employees require an active medical license and this category may not qualify. I oppose this because of the ambiguity and prefer we all are licensed with the same criteria. |
| 28 | 170 | Would an administrative medical license still require CME? My concern is that becoming too detached from clinical medicine could drastically alter administrative policies and procedures. Clinicians need administrators who are familiar with clinical medicine and are prepared to protect their clinician colleagues from the burdens of administration. Would the creation of this license further separate the administration-clinician divide? |
| 29 | 171 | Not sure if giving a physician in Illinois a license which does not include practicing medicine is a good idea. |
| 30 | 172 | Inappropriate and dilutes and diminishes the professionalism of medicine for anyone with an MD title to not be held to professional account of all aspects of a fully qualified, residency trained/board certified physician and surgeon in our state and compromises public trust in the profession of Medical Doctors. |