

GUAM BOARD OF MEDICAL EXAMINERS

Friday, February 21, 2025, at 3:00 pm

Join Zoom Meeting:

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Meeting ID: 837 7228 2526

Passcode: 955212

MINUTES

Topic	DECISION(S) / ACTION(S) MADE	Responsible Party		Status
I.	Call to Order	Meeting Chaired by: Dr. Berg		Chair 1541 Called to Order
	<p>A. Roll Call: GBME <u>Present at HPLO</u> <input checked="" type="checkbox"/> Nathaniel B. Berg, M.D., Chairperson <input checked="" type="checkbox"/> Joleen Aguon, M.D. <u>Present Virtually at Remote location:</u> <input checked="" type="checkbox"/> Alexander D Wielaard, M.D. <input checked="" type="checkbox"/> Verrad Kwai Nyame, M.D. <u>Absent:</u> <input type="checkbox"/> Luis G. Cruz, M.D.</p>	OTHERS PRESENT:	<p><u>Present at HPLO Conference Room:</u> Baltazar (Tre) Hattori III, HPLO <u>Present Virtually at Remote location:</u> Breanna Sablan, HPLO</p>	Chair 1541 Quorum Established
	<p>B. Confirmation of Public Notice Dr. Berg reviewed and found it to be in conformance with current laws.</p>			Chair 1541 Confirmed
	<p>C. Election of Board Officers The election of board officers began with a nomination by Dr. Aguon for Dr. Berg as chairperson. The nomination was seconded by Dr. Wielaard and approved by all members present. Dr. Berg accepted the role and expressed gratitude for the confidence placed in him, committing to performing the duties of chairperson to the best of his ability.</p> <p>Dr. Aguon was nominated by Dr. Berg for vice chair, and the nomination was seconded by Dr. Wielaard. No other nominations were made, and Dr. Aguon was unanimously elected as vice chair.</p> <p>Dr. Wielaard inquired about the responsibilities of treasurer and secretary. B. Sablan explained both roles. After a brief discussion, Dr. Wielaard expressed comfort with either role and indicated a preference for the treasurer</p>			1542 New Officers Were Elected

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		<p>position. He was nominated by Dr. Berg and seconded Dr. Aguon for treasurer, and the motion was approved unanimously.</p> <p>Following this, Dr. Berg nominated Dr. Cruz, in his absence, for secretary, which was seconded Dr. Aguon. The motion was also approved unanimously, and Dr. Cruz was elected secretary.</p>			
II.	Adoption of Agenda	<p><i>Motion to Adopt the Agenda: Dr. Berg.</i></p> <p>A motion was made to adopt the agenda as presented, with one alteration. The alteration involved the temporary removal of an item from “New Business” related to Dr. Dawson's application, as she is currently undergoing a reentry to practice program that has not yet been completed. The request to withdraw the item was noted by B. Hattori. No objections were raised, and the agenda was adopted with this modification.</p>	GBME	1553	Adopted with Modification
III.	Review and Approval of Minutes	<p>Draft Minutes dated December 11, 2024 (Reconvened January 15, 2025).</p> <p><i>Motion to Approve: Dr. Berg.</i></p>	GBME	1554	Unanimously Approved
IV.	Treasurer’s Report	No Report	GBME	1555	No Report
V.	HPLO Administrator’s Report	B. Sablan provided an update on the annual board orientation, which is planned for August 2025. The event will include a purchase order, and more details will be shared soon. It is intended to benefit new board members, though it was suggested that current members, especially those re-nominated for a second term, should also attend. She confirmed that the orientation is required for all board and commission members, both new and existing.	HPLO	1555	Noted
VI.	Chairperson’s Report	Dr. Berg reported a letter was received concerning concerns with pharmacists and controlled substances, which highlighted jurisdictional determinations by the Pharmacy Board of Guam. He proposed sending letters to all licensees, along with a reminder that a working email is required as part of the board’s policy. If a licensee’s email bounces back, they should be contacted and reminded of the policy. If no response is received after multiple attempts, a discussion on potential penalties could be added to the next agenda. He also planned to review policies from other states, such as Florida and Texas, for guidance on how to handle similar situations.	Dr. Berg	1556	Noted
VII.	Old Business	A. Complaint(s):		1559	
		1. GBME-CO-20-005 – Received: 09/18/2020. No Update	Dr. Cruz		In Progress
		2. GBME-CO-2022-010 – Received: 06/21/2022. The memo is still with the Attorney General’s (AG) office, and the board is awaiting their response. It was noted that this has been an ongoing item, with the status remaining unchanged. A reference number has been obtained, and the board discussed preparing a letter requesting that the memo be made available, if possible, by the next month.	B. Hattori		In Progress
		A. Accusation: GBME-001-2023 In this portion of the meeting, Dr. Berg excused himself while the board discussed the issue of Dr. Berg's recusal from this case. Dr. Berg had initially recused himself due to the perception of a conflict of interest, as he	B. Sablan		Unanimously Tabled

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	<p>had previously worked in close proximity with the provider involved in the case. However, since the provider is no longer working in that building, Dr. Berg is considering whether to "unrecuse" himself.</p> <p>Dr. Nyame and Dr. Wielaard both agree that the proximity and previous interactions with the provider aren't sufficient grounds for Dr. Berg to recuse himself. Dr. Aguon supports Dr. Berg's involvement, noting that Dr. Berg's initial recusal seemed based more on perception than actual conflict, and that moving forward, he should be involved in the discussion.</p> <p>In this part of the meeting, Dr. Berg is officially "unrecused" and is allowed to participate in the discussion again. Dr. Nyame emphasizes the need to review all documents in the case thoroughly before making a decision, stating that the file is extensive and that there are multiple accusations involved, which will require significant time to understand. The board agrees that they need to review the case more thoroughly before making any decisions and that also acknowledge the complexity of the case and the time required to review all the related documents. Dr. Berg asks for a month to review and calls for a motion to table the case. <i>Motion to Unrecuse Dr. Berg from This Case: Dr. Wielaard; 2nd: Dr. Aguon.</i> <i>Motion to Table Accusation for Board to Review File: Dr. Nyame; 2nd: Dr. Berg.</i></p>		
	<p>B. Application(s) for Full Licensure</p> <p>1. Roxanna A. Sadri</p> <p>Dr. Berg discussed the qualifications of Dr. Sadri, an emergency physician who practiced in New Zealand for six years and holds an active license in California. However, she had not initially disclosed her recent practice history in Hawaii, where she began working in October 2024. The board debated whether Dr. Sadri qualifies for licensure based on the requirement to have practiced in the U.S. within the last two years. The concern was whether it was necessary for both an active license and recent practice within the U.S. to meet the qualifications. The board noted that certain states, like New York and California, allow license renewals without active practice, but Guam does not permit this. Most states require both an active license and recent practice within a specific time frame, typically within the last two to three years. The discussion also included hypothetical scenarios where someone could potentially bypass certain requirements. It was acknowledged that Dr. Sadri had been practicing in a jurisdiction with high standards, similar to those in the U.S., and had worked for eight years as a full-time physician at Christchurch Hospital in New Zealand, which follows similar regulatory standards. Given this, it was considered acceptable for Dr. Sadri to qualify based on her extensive experience.</p> <p>Dr. Nyame reviewed Dr. Sadri's licensure process, noting that she obtained a medical license in Hawaii in July 2024, despite not having worked in the U.S. for the past two years. She then secured a job at Kona in Hawaii in October 2024 and worked there for five months before applying for a medical license in Guam. Dr.</p>	GBME	Unanimously Tabled. HPLO will Clarify on the Requirements for Guam's CME Requirements.

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	<p>Sadri used her recent six-month work experience in Hawaii to support her application for licensure in Guam. The timeline of her license and work experience was clarified, with the board noting the discrepancy in her work duration, as it was actually five months rather than six.</p> <p>Dr. Berg clarified that practicing outside the United States for the past two years disqualifies a physician from licensure consideration, which was initially the case for Dr. Sadri. However, she obtained a license in Hawaii in July 2024 and started working in Hawaii in October 2024. There was concern about the length and nature of her work, given it had been only five months. The discussion included the possibility of obtaining more information from Queens-North Hawaii Community Hospital regarding Dr. Sadri's work performance and whether she was meeting standard care requirements. It was suggested that a letter or reference from her supervisor could be requested to confirm her current qualifications and the nature of her practice. The board also considered the possibility of Dr. Sadri having undergone a re-entry program, similar to a PACE program.</p> <p>Dr. Wielaard raised the question of Hawaii's participation in the Interstate Medical Licensure Compact, which allows for the mutual recognition of licenses between compact states. It was suggested that, given Hawaii is a compact state, the compact could address some of the concerns about licensure. The point was made that not all states have the same standards, but the trend is moving toward mutual recognition through the compact, which may simplify the licensure process for physicians holding a license in a compact state. Dr. Aguon clarified that, as of January 1, 2025, Hawaii is now a member of the Interstate Medical Licensure Compact. However, it was also noted that physicians in Hawaii cannot use the state as their SPL for the compact. This means that while Hawaii is part of the compact, physicians like Dr. Sadri cannot apply to use Hawaii as their SPL to facilitate licensure in other compact states like Guam. B. Hattori and Dr. Berg also discussed the requirements for selecting a primary state for compact licensure, including the amount of time a physician must practice in a state before choosing it as their SPL. The exact time frame for this requirement was uncertain, and the board agreed to double-check the details. Lastly, Dr. Sadri is planning to work at GRMC.</p> <p>Dr. Nyame discussed the application of a candidate who had previously been denied but found a way to reapply. There was no indication of subterfuge in her actions, but caution was advised in moving forward. The main concern was the completeness of the applicant's CME credentials, as she did not have US-based CME, unless submitted later. It was noted that the applicant had provided documentation from the ACEM, which does not count as AMA Category 1 credit, potentially disqualifying her.</p> <p>Dr. Berg acknowledged that, while the applicant had now secured US-based employment, the CME issue remained unresolved. The board suggested requesting additional documentation from her employers in Hawaii to confirm her work as an emergency room doctor and verify that she had seen a full load of patients.</p>			

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	<p>Furthermore, the applicant’s performance needed to be reviewed, as she had not practiced in the US for nine years. There was a broader discussion about the standards for recognizing international medical credentials, particularly regarding whether practices from countries like New Zealand could be considered similar enough to US standards. The importance of objective criteria for assessing foreign medical training and experience was emphasized, with the mention of the IAMRA working toward more uniformity in recognizing international qualifications.</p> <p>Dr. Aguon asked if the board agreed to have Dr. Sadri complete the required CME credits from a US institution, specifically AMA Category 1 credits, with a focus on ensuring that she meets the 100-hour requirement for the last two years. In addition, the verification of her employment at the North Whitehead Community was deemed necessary, confirming that at least 150 hours of her CME were Category 1. A proposal was made by Dr. Wielaard to consider her eligibility for licensure if she meets the CME and employment verification requirements. It was also noted that while her training was nine years ago, the board acknowledged that she had practiced internationally in New Zealand and is now working in Hawaii, indicating an attempt to fulfill the necessary criteria. Ultimately, if she satisfies the outlined conditions, there were no objections to her eligibility for licensure.</p> <p>Dr. Nyame emphasized that the only obstacle preventing her from qualifying for licensure is the completion of the required CME. She has met the criteria for working in the U.S. over the past two years. However, it was emphasized that further verification is needed to ensure she has been genuinely practicing and not just reporting minimal shifts on paper. Her medical school information is appropriate, and she is a U.S. citizen, though there are concerns regarding the lack of data from the National Data Bank due to her practicing abroad. The board proposed requesting a report from the New Zealand equivalent of the National Data Bank to further investigate her history.</p> <p>The board stressed their discretion in protecting the public, particularly because Dr. Sadri has not practiced in the U.S. for the last nine years, and there is uncertainty about the extent of her practice in New Zealand. They Agreed that the applicant must complete her CME requirements before moving forward. In the meantime, the board plans to ask for verification from her employer and consider further research, including looking into New Zealand's data reporting system and potentially contacting the FSMB for more information. The board also decided to wait for a month before making a final decision, allowing time to gather additional information. A motion was proposed to send a letter requesting clarification on her work in Hawaii over the past four months. Dr. Wielaard discussed the possibility of obtaining a national practitioner databank summary from New Zealand to verify the applicant’s practice history. If that is not feasible, he suggested contacting the hospital where she practiced for most of her time in New Zealand to inquire about any</p>			

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	<p>concerns regarding her practice. This would help provide additional content and clarity on her qualifications. <i>Motion for HPLO to Advise of the Need to Meet Guam’s CME Requirements: Dr. Berg; 2nd: Dr. Wielaard.</i></p> <p>B. Seeking Guidance on Laboratory Orders for Patients Temporarily in Guam with Mainland Providers:</p> <p>1. Guidance is needed on whether laboratory orders from a mainland primary care provider (PCP) — assuming the PCP is not licensed to practice in Guam and the patient is not seeing a provider in Guam — can be accepted and honored for service in Guam.</p> <p>Dr. Berg reported that on January 27th, a meeting was held with the chair of the Allied Health Board, the chair of the Nursing Board, other representatives from the Nursing Board, and the chairwoman for the HPLO regarding the DLS issue. It was agreed that each board member would have time to discuss the matter within their respective boards, with the minutes to be shared among all participants. The creation of the Commission on Healing Arts was also discussed, although there was some reluctance from the members to express firm opinions. There was general agreement that, in situations like these, it was acceptable to proceed if a professional was involved, ensuring minimum standards such as licensure within the relevant jurisdiction were documented. However, further discussions would need to be held within the boards, meaning this issue would likely be revisited next month. It was noted that quarterly meetings were scheduled for ongoing discussions. The concept of the Commission on Healing Arts has been challenging, with attempts to revive it over the past few years; however, there has been little attendance beyond the initial meetings. Moving forward, there may be an effort to revitalize it, though the success of this initiative remains uncertain. Dr. Berg offered Dr. Wielaard the opportunity to further the discussion or wait until the other boards had completed their discussions.</p> <p>Dr. Wielaard shared that, after conducting extensive research, he was surprised by the lack of existing guidelines on a common issue they had encountered in practice. Despite expectations, he found little to no guidance from other medical or allied health boards, particularly beyond prescriptions and medication-related regulations, which are influenced by federal laws. Dr. Wielaard expressed disbelief over this gap and continued researching before finally sharing his findings. He suggested that the board might have an opportunity to create clarity on this issue by developing the first set of guidelines, which could later serve as a foundation for other boards to build upon. He also highlighted the intersection of this matter with telehealth and telemedicine practices, indicating that the issue was broader and involved several emerging trends. Dr. Wielaard proposed the creation of a unified Healing Arts Commission guideline or at least a policy from the GBME to provide necessary direction and prevent future stakeholders from facing the same uncertainty.</p> <p>Dr. Berg discussed about attending the FSMB event. While the likelihood of attendance was uncertain, there was a shared interest in participating. It was emphasized that the FSMB is effective in addressing issues when they are raised, particularly when specific gaps are identified, as demonstrated by a past experience with a</p>		<p>Noted. Dr. Berg will Acquire more Information on the Subject at the Upcoming FSMB Conference.</p>

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	<p>licensee from the Philippines. Dr. Chaudhry was mentioned as someone who takes such concerns seriously and works to resolve them. A distinction was made between board members, with one individual noting that they were a voter at national FSMB meetings. The importance of ensuring Guam's participation in FSMB was stressed, with the belief that FSMB's responsiveness contrasts with the often static nature of other institutions, such as Congress. Dr. Berg suggested that FSMB could address the issue through both national policy and potentially developing local legislation. Dr. Wielaard was encouraged to emphasize in their communication the impact FSMB involvement could have on Guam, highlighting that FSMB allows for real action when concerns are brought to their attention.</p> <p>Dr. Wielaard shared his concerns regarding the varying scope of practice across states, particularly in relation to chiropractors and their ability to order MRIs. It was noted that some states allow chiropractors to order MRIs, while others do not. The conversation raised the question of whether this gap could be addressed and filled. He expressed surprise that the issue had not yet been addressed and suggested raising it at the upcoming FSMB meeting in April to seek clarification or guidance on the matter.</p>				
VIII	New Business	<p>A. Application for Full Licensure:</p> <ol style="list-style-type: none"> <li data-bbox="394 699 1733 767">1. Caleb King Withdrawn from Agenda. <li data-bbox="394 772 1733 1070">2. Deidre Chang Anastas Dr. Anastas is a Peds. Critical Care and Peds. Cardiology Fellowship-trained physician currently holding a temporary license. She trained at St. George's Medical School in Grenada and was placed on probation from January to May 2012 due to failing a physiology course, which was attributed to the passing of her grandmother. She retook the course and successfully passed. There are no reports in the data bank regarding her. Currently, she is performing well at GMH. Dr. Anasats recently completed a fellowship therefore does not require CME. The recommendation was made to extend a full license to her, replacing her temporary one. <i>Motion to Approve: Dr. Berg.</i> <li data-bbox="394 1075 1733 1310">3. Scott J. Sandy Dr. Sandy is a teleradiologist who currently works for the VA. He answered all attestation questions with the exception of question five, indicating that he has worked for the military and public health, which does not disqualify him. He completed his training in 2024 and, therefore, does not require CME. There are no reports in the data bank related to him. The recommendation was made to grant Dr. Sandy a full license, replacing his current temporary license. <i>Motion to Approve: Dr. Berg.</i> <li data-bbox="394 1315 1733 1374">4. Timothy H. Tweito Dr. Tweito is a fellowship-trained ophthalmologist specializing in retinal surgery and currently holds 	<p>GBME</p> <p>Dr. Nyame</p> <p>Dr. Nyame</p> <p>Dr. Nyama</p>	1653	<p>Withdrawn from Agenda</p> <p>Unanimously Approved</p> <p>Unanimously Approved</p> <p>Unanimously Approved</p>

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	<p>a temporary license. He works at Island Eye and answers no to the attestation questions, with no reports in the data bank. He has completed 110 hours of CME, all through AMA category one. The only concern mentioned is that his board certification will expire at the end of the year; however, since board certification is not required to obtain a license in Guam, this was considered irrelevant to the discussion. B. Hattori was then asked by Dr. Berg to include a note on applications for individuals with a current temporary license, ensuring that it is clearly marked as "current" or "temporary" to indicate that the board had already issued it.</p> <p><i>Motion to Approve: Dr. Berg.</i></p>		
	<p>5. Wael M. Sankar Dr. Sankar was born in Syria but holds a U.S. passport and is well-trained. He attended Ross Medical School in Barbados and later studied Internal Medicine at the University of Central Florida for three years. He is now seeking to work as a remote Internal Medicine doctor. While his CME and National Practitioner Data Bank records are in good standing, there was a discrepancy in the FCBS regarding his medical education at Ross University. This discrepancy arose because he took time off to study for his exams, such as the USMLE part one. This was not a significant issue, and the school had no negative remarks about it, but it needed to be corrected in the FCBS to avoid any further discrepancies. Dr. Berg emphasized that if discrepancies in FCBS records are found, the applicant is responsible for correcting them, and it is not the board's duty to investigate them. If discrepancies are not resolved, no license will be issued. B. Hattori was asked to ensure that the individual corrects the discrepancy in his FCBS records before the license is granted. Additionally, Dr. Sankar was given a mandate to show evidence within 30 days that an effort has been made to correct discrepancies in the FCBS.</p> <p><i>Motion to Conditionally Approve Pending Discrepancy Correction: Dr. Berg.</i></p>	Dr. Berg	Unanimously Conditionally Approved
	<p>6. Karl R. Meier Dr. Meier is currently practicing at a U.S. military base in Korea, which counts as practicing within the United States. He completed his Bachelor of Science at Rancher Polytech and attended their medical school. He completed his family medicine training at Darnell Army Medical Center and in North Carolina. He graduated in 2024 and is seeking to moonlight at GRMC. This is a common practice for some medical professionals stationed in Japan or Korea, as mentioned by Dr. Willard, who is familiar with such arrangements, where some are dependents of army doctors.</p> <p>Dr. Wielaard said that many individuals with experience in ED or acute care settings, often from military backgrounds, prefer to come to Guam to work in higher acuity environments like emergency departments. This is a common trend, as they seek to gain experience in more complex healthcare settings compared to the clinic environments they are used to.</p>	Dr. Berg	Unanimously Approved

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	<p>Dr. Berg considered Dr.Meier, well-qualified to practice medicine, and it was expressed that full support is given for him to receive a full license. <i>Motion to Approve: Dr. Berg.</i></p>		
	<p>7. Hung Bryant Nguyen Dr. Nguyen has a strong background, having completed his undergraduate and medical education at UC Irvine, followed by ER training at Henry Ford and ICU/critical care training. He is highly qualified in ER, ICU, and critical care. His application is well-documented, including a legal name change, which has been clarified with supporting documentation. His FCVS is also in order, reflecting the name change and all other qualifications. Based on his thorough and complete application, full support was expressed for granting him a license. <i>Motion to Approve: Dr. Berg.</i></p>	Dr. Berg	Unanimously Approved
	<p>8. Takehide Umeda In this case, Dr. Takehide Umeda, a Japanese citizen and board-certified internal medicine and critical care physician, has completed his training at reputable institutions (Rhode Island Brown for internal medicine, University of Minnesota for critical care). However, after returning to Japan, he exceeded the two-year limit and, upon re-entry to the U.S., was required to participate in the PACE program. He passed the program with a Category One recommendation, which signifies good to excellent performance and competency, but there were some concerns.</p> <p>The program suggested that Dr. Umeda continue self-study and CME to improve his knowledge, which is a standard recommendation for all physicians. The second recommendation was a neuropsychological evaluation, with the reasoning that jet lag may have impacted his cognitive testing performance. The language and structure of the recommendation closely resemble a previous case involving a similar situation. The board's recommendation, based on the PACE program's suggestion, is that Dr. Umeda undergo a neuropsychological evaluation to ensure no underlying cognitive issues are present. While the test results don't raise significant concerns, this evaluation would serve as a safeguard for public protection. It's recommended that the neuropsychological testing be completed by a licensed U.S. neuropsychologist, and it can be done remotely if necessary to avoid undue burden on Dr. Umeda.</p> <p>Overall, despite the minor recommendation for a neuropsychological evaluation, Dr. Umeda's application appears to be strong, with a clean record and all necessary documentation in order. The evaluation would address the PACE program's concerns and ensure full competency for licensure. The recommendation is for the board to approve his license contingent on completing the neuropsychological testing. Dr. Wielaard expressed the need for caution regarding an alternative</p>		Unanimously Tabled to Reconsider Application After Reviewing Neuropsychological Evaluation

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	<p>pathway, as it is part of the Guam code but not commonly used. He mentioned being surprised by the situation, noting that he had met the individual in question and did not expect any issues. He acknowledged that the recommendation to proceed with caution might be out of an abundance of caution, but he agreed with the approach. He also highlighted that the PACE program serves as a surrogate for the usual pathway, given that they lack access to the NPDB for more comprehensive selection.</p> <p>Dr. Berg clarified that he did not perceive any bias in the current situation. He emphasized that the board's actions were not punitive but rather a response to the PACE program's recommendations. He suggested that it would be helpful to communicate this message to the applicant, ensuring they understand that the board is making efforts to avoid burdening them unnecessarily. Dr. Wielaard mentioned that he would disclose any potential conflicts of interest if he disagreed, but he expressed his agreement with the approach being taken. Dr. Nyame was welcomed back, and a brief summary of the ongoing discussion was provided. It was noted that there are currently three individuals in re-entry programs, which would provide valuable experience for the board. Furthermore, Dr. Berg pointed out that a significant portion of the applicants (four out of seven) were non-U.S. born, suggesting that it is likely the trend will continue, with more people practicing both inside and outside the U.S.</p> <p>Dr. Wielaard expressed enthusiasm about Guam's growing reputation and ability to attract healthcare professionals to the island. She emphasized the importance of expanding access to care while maintaining safety. He highlighted the board's responsibility to strike a balance between bringing in qualified individuals and ensuring that the care provided meets high standards. Dr. Berg agreed with the recommendation and emphasized that it should not be overly burdensome on the applicant. He suggested that the neuropsychological testing could potentially be done remotely to avoid requiring the applicant to fly back to the U.S., which would cause additional jet lag. Dr. Berg also reassured that no bias was present in Dr. Wielaard's involvement and highlighted that it was crucial to communicate the board's concerns in a manner that does not imply there is a psychological issue with the applicant, but rather that further evaluation was necessary due to discrepancies noted in standard testing. The motion was made for Dr. Wielaard to notify the applicant of the need to undergo neuropsychological testing with a licensed professional in the U.S. Dr. Berg clarified that remote testing would be acceptable, and if the evaluation found no persistent concerns, the applicant would be granted a license, fulfilling the board's requirements.</p> <p><i>Motion to Reconsider Application After Reviewing Neuropsychological Evaluation: Dr. Berg; 2nd: Dr. Aguon.</i></p>			

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	<p>9. Jasmine Sinkhada Dr. Sinkhada is an emergency physician born in Nepal. She completed her undergraduate studies and medical degree at the University of North Carolina. Dr. Sinkhada then trained in internal medicine and emergency medicine at North Shore Long Island Jewish Hospital. She is currently practicing in the emergency room. Her license is in good standing, and there were no issues regarding her passport name, which matches the name used in her professional documentation. <i>Motion to Approve: Dr. Berg.</i></p>		Unanimously Approved
	<p>B. Application(s) for Limited Licensure:</p> <p>A discussion was held regarding applications for limited licensure, emphasizing the importance of accuracy in completing forms. Concerns were raised about applicants' inattention to detail, particularly regarding the inconsistency of names used across documents. One applicant, for example, provided only part of their full name, leading to discrepancies when cross-referenced with the National Practitioner Data Bank and the Federation Credentials Verification Service. It was noted that such inconsistencies could result in misidentification and delays in the licensure process. To address this issue, the board proposed adding a cover sheet to applications with clear instructions on the necessity of using full legal names as they appear on official documents. The matter will be revisited in the next meeting for further discussion on potential changes to the application process.</p> <p>Dr. A. Aguon recommended implementing an initial screening process to check applications for errors before they reach the board. In response, Dr. Berg explained that the current process primarily ensures all required documents are submitted but does not specifically screen for discrepancies. However, it was suggested that a checklist be developed to highlight common errors, particularly inconsistencies in names across documents such as the FCVS, passports, and medical school diplomas. The board discussed the importance of clearly defining these requirements and including a notice at the top of the application, emphasizing that omissions or errors could result in the denial of a license.</p> <p>Dr. A. Aguon sought clarification on whether applications could be delayed solely due to name discrepancies, even if all other aspects were correct and no issues were found in the National Practitioner Data Bank. Concern was expressed that the current process might lack a dedicated position to conduct an initial screening within the Guam Board of Medical Examiners. It was suggested that this screening should go beyond a basic checklist to ensure that names on passports and other documents match those on the application. Additionally, this process would align with other verification responsibilities, such as confirming that Continuing Medical Education (CME) credits are U.S. accredited.</p> <p>A discussion was held regarding potential improvements to the application review process. Dr. Berg reflected on the</p>	GBME	Noted

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	<p>importance of fresh perspectives in identifying overlooked inefficiencies, drawing a comparison to how new physicians can spot issues that long-term staff might no longer notice. Dr. Aguon had previously questioned why certain key documents were not prioritized in applicant files, highlighting an area for improvement. In agreement, Dr. Berg suggested holding a special meeting to review existing processes and explore ways to enhance application handling. This meeting would not involve voting but would focus on refining procedures, including clarifying expectations for staff involved in the review process.</p> <p>Dr. Berg and Dr. Aguon discussed the possibility of holding a special work session to review and refine the application review process. B. Hattori provided insight into how another board operates, where members determine agenda items rather than leaving such decisions to staff. Dr. Aguon and Dr. Berg supported the idea of a dedicated session—potentially virtual—where members could collaboratively discuss process improvements.</p> <p>Dr. Berg also raised the issue of streamlining applications by prioritizing key documents, such as passports, to quickly determine eligibility. Additionally, the discussion touched on the potential benefits of digital applications. Phil Flores had expressed willingness to donate digital devices to facilitate this transition, but current regulations prohibit the board from accepting donations. Dr. Berg suggested that over the next several months, the board could compile proposed changes and present them to the legislature, including a request to allow the GBME to accept donations.</p> <p>Dr. Berg discussed the possibility of setting up a workgroup to review and refine board processes, emphasizing that such a meeting would focus solely on procedural matters rather than applications or voting. The upcoming April conference was mentioned as an opportunity to observe best practices from other boards.</p> <p>Members also considered holding a work session in Seattle, where many would already be present for the conference. It was clarified that while such meetings do not need to be publicly announced or open to the public, they should still be recorded for transparency. The session would allow for discussions on rules, regulations, and procedures, with a summary report provided afterward.</p> <p>Dr. Berg stated that applicants for limited licensure do not require a vote but instead undergo a review by a board member. Dr. Berg and Dr. Huggins reviewed all such applications. Following their assessment, Dr. Berg moved to grant full unrestricted licenses to Dr. Anastas, Dr. Sandy, Dr. Tweito, Dr. Sankar, Dr. Meyer, Dr. Nguyen, and Dr. Sinkhada.</p> <p>A discrepancy in Dr. Sankar’s application was noted regarding a gap taken for study purposes that was not reflected in the FCVS. The board decided to approve his license with the condition that he provide evidence within 30 days of having corrected this discrepancy. The motion to grant unrestricted licenses, including this condition, was approved unanimously.</p> <p>Regarding Dr. Umeda, the board determined that his application did not currently have any discrepancies but would</p>			

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	<p>be reconsidered pending his agreement to undergo a neuropsychological evaluation. The evaluation must be conducted by a licensed neuropsychologist actively licensed in the United States. The board approved this motion, and it was noted that Dr. Willard would contact Dr. Umeda before any official notice is sent regarding his application.</p> <p>Dr. Berg noted that applicants with limited licensure were discussed. He mentioned that a neurosurgical resident is expected to rotate through GMH within a few months, specifically Dr. Nyame.</p> <p>Dr. Berg and other board members discussed the potential for securing a neurosurgical resident from Loma Linda, as the institution already has a process in place for sending medical professionals to Guam. It was mentioned that Loma Linda might also provide housing for these residents. Dr. Berg clarified a previous statement regarding SDA, noting that while SDA does not currently have a neurosurgical resident, they could hypothetically sponsor one.</p> <p>Dr. Nyame confirmed that Loma Linda has a paediatric neurosurgeon, which suggests they likely have an adult neurosurgeon as well. He stated he would reach out to Dr. Tan to explore the possibility of securing a fellow or resident. The discussion extended to the process of bringing specialists into Guam, emphasizing the importance of sponsorships and housing provisions for visiting residents.</p> <p>Board members considered the feasibility of using this approach to bring in other specialists, such as a rheumatology fellow, to work under the supervision of existing specialists at GRMC. They noted that Loma Linda's program to support SDA with medical professionals could be leveraged to attract specialists in other fields, such as dermatology and pathology. Housing availability was identified as a key factor in recruiting residents, as short-term housing remains a challenge for those rotating in Guam for limited periods. The board viewed these initiatives as an opportunity to spark interest in Guam as a potential destination for medical professionals in the future.</p> <p>Dr. Berg stated that B. Hattori would be holding at least a telephonic meeting with representatives from SDA to address minor discrepancies found in several applications. He noted that some applications contained issues such as sloppy handwriting, cross-outs instead of properly lined-out and initialed corrections.</p> <p>Dr. Berg emphasized the importance of applicants being diligent in completing their paperwork while acknowledging the board's efforts to help address these issues. He reiterated that while the board supports bringing professionals to Guam, applicants need to be more careful in how they fill out their forms to prevent delays in the process.</p>		
	<p>1. Ashli B. Moore <i>Motion to Approve: Dr. Berg.</i></p>	Dr. Berg	Unanimously Approved
	<p>2. Matthew Y. Chang <i>Motion to Approve: Dr. Berg.</i></p>		Unanimously Approved
	<p>3. Daniel Zarrate <i>Motion to Approve: Dr. Berg.</i></p>		Unanimously Approved

Topic		DECISION(S) / ACTION(S) MADE	Responsible Party		Status
		4. Fatima Z. Hallak <i>Motion to Approve: Dr. Berg.</i>			Unanimously Approved
		5. Christian Soeharsono The application is currently incomplete, and the individual will be given the opportunity to complete it.			Tabled
		6. Ruth H. Ramoñ <i>Motion to Approve: Dr. Berg.</i>			Unanimously Approved
IX.	Announcement	Next regularly scheduled board meeting: Wednesday March 12, 2025 at 3:00 pm.	GBME	1736	Set Meeting Time
X.	Adjournment	<i>Motion to Adjourn: Dr. Berg</i>	GBME	1737	Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc.

Date Submitted: 3/2/2025

Submitted by the GBME Secretary:

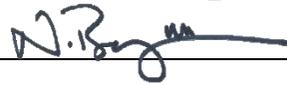
Date:

Approved by the GBME with or without changes:



Date: 3/19/2025

Certified by or Attested by the Chairperson:



Date: 3/19/2025