In Maryland, the practice of medicine was first regulated in 1888 (Chapter 429, Acts of 1888). The State Board of Health then licensed all physicians. In 1892, two Boards of Medical Examiners carried on this function. One represented the Medical and Chirurgical Faculty and the other the State Homeopathic Society (Chapter 296, Acts of 1892). The Legislature of 1957 abolished the Homeopathic Board. The practice of medicine in Maryland is now regulated solely by the State Board of Medical Examiners.

The Board tests and licenses physicians for the practice of medicine in the State. For certain causes, the Board may revoke the license of any physician. Candidates for licenses must be graduates of medical schools approved by the American Medical Association and the Association of American Medical Colleges or of foreign medical schools that offer an equivalent education. All graduates of foreign medical schools who apply must pass the examination given by the Educational Council for Foreign Medical Graduates. The Board determines qualifications for practice by the FLEX examination (Federal Licensing Examination), endorsement of licenses obtained in a reciprocating state, or endorsement of a certificate of the National Board of Medical Examiners. FLEX examinations are held in June and December of each year.

The Board also regulates the practice of medicine without a license by physicians' assistants, psychiatrists' assistants, cardiac rescue technicians, aviation trauma technicians, unlicensed medical practitioners, acupuncturists, medical radiation technologists, and nuclear medical technologists in approved medical training programs.

Since 1967 the Board has licensed certain osteopaths on the basis of endorsement, depending upon qualifications (Code Health Occupations Article, sec. 14–310).

Composed of ten members, the Board includes eight physicians in active practice elected from and by the members of the Medical and Chirurgical Faculty (State Medical Society). Two of these members are elected each year to serve four-year terms. The two remaining members are consumers who are not trained in medicine and have no financial interests in a related field. Consumer members are appointed by the Governor on recommendation of the Secretary of the Department of Health and Mental Hygiene with the advice and consent of the Senate.

Authorization for the Board continues until July 1, 1993 (Code Health Occupations Article, secs. 14–101 through 14–802).

Acupuncture Advisory Council

Chairperson: Robert M. Duggan

Ralph M. Coan, M.D.; Dianne M. Connelly, Ph.D.; Robert M. Duggan; Warren M. Ross, M.D.; Grace Wong, M.D. Terms expire 1988.

Established in 1982, the Acupuncture Advisory Council advises the State Board of Medical Examiners on the adoption of rules and regulations concerning the licensing of acupuncturists and the performance of acupuncture in the State (Chapter 644, Acts of 1982).

The Council consists of five members appointed by the Governor. Of these, two are licensed physicians and three are acupuncturists who are not licensed physicians (Code Health Occupations Article, sec. 14–605).

Physician Assistant Advisory Committee

Chairperson: Philip J. Ferris, M.D.

Donald J. Fuller; Richard A. Rowe; Robert Solomon; Thomas E. Winter; J. B. Zachary, M.D.; David J. Zajano, M.D. Terms expire 1987.

The Physician Assistant Advisory Committee was created within the State Board of Medical Examiners in 1986 (Chapter 759, Acts of 1986). The Committee recommends to the Board regulations concerning the certification of physician assistants. The Committee also recommends to the Board the approval, modification, or disapproval of an application for certification. The Committee may report to the Board any alleged unauthorized practice of a physician assistant, or any conduct of a supervising physician or a physician assistant that may be cause for disciplinary action.

To perform delegated medical acts, a physician assistant must obtain an approved job description from the State Board of Medical Examiners. The Committee evaluates the qualifications of the physician assistant for delegated medical acts to be performed under that job description. After a personal interview with the physician assistant and supervising physician, the Committee recommends that the Board approve, modify, or reject the application for a job description. The Board, on review of the Committee's recommendation, may approve, modify, or deny a request for certification.