

# BME REPORT

WINTER 2006 • Portland, Oregon



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## Riding out the storm: A Board review is not ‘The End’

**It’s not a pleasant thing to contemplate:** that letter from the Board of Medical Examiners (BME), informing you that you are the object of a complaint about your professional practice.

After all, you know that the BME issued you your professional license, and has the authority to take it away or restrict it. You know that in today’s world, investigations and discipline of doctors often become The Latest Thing with the mass media. And you know that in today’s social climate, an accusation often equals guilt in the public mind.

Still, a Board review of your practice is not the disaster you may fear it to be, if you have made advance preparations for your response, and that of your staff, to a complaint. And of course, the best advance action is taking all possible measures to avoid being the object of a Board review.

Through it all, keep your perspective. The BME is required by law to investigate all complaints – but of the total number of investigations closed in 2005, only about 13 percent resulted in Board disciplinary actions reportable to national databanks. In calendar 2005, the BME received 474 written complaints regarding its licensees, and closed 225 investigations with no findings of violations of the Medical Practice Act.

The number of complaints the Board received in 2005 represented a five-year low – proof that ever-improving preventive and remedial measures work. The Board’s primary mission is to safeguard the people of Oregon. The Board also feels a responsibility to help ensure quality healthcare not just by disciplining its licensees, but by helping them return to the safe and skilled healing arts.

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**Patient Safety ■ New Board Officers**  
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## *From the Executive Director*

By Kathleen Haley, JD

# Patient Safety: A work always in progress

**Walt Disney once said that Disneyland would never be completed – it would “continue to grow as long as there is imagination in the world.”**

Likewise, as long as there are disease and injury in the world, and as long as there is imagination to be applied toward better and safer treatment, the quest for greater patient safety will never be completed.

The Board of Medical Examiners (BME or “Board”) is a partner with many agencies and groups, public and private, in the ongoing patient safety process.

The BME works with healthcare professional associations on policy matters related to their shared mission: the health and well-being of the people of Oregon.

For example, Board members recently met with members of the Oregon Medical Association’s (OMA) Executive Committee to discuss several patient safety-related issues. These included improved communications between hospitals and healthcare systems, and the BME, regarding impaired or incompetent physicians.

The BME and OMA representatives also discussed participation in a regional pilot project aimed at streamlining the licensing process for physicians coming to practice in Oregon from out of state, particularly in emergency situations.

The Federation of State Medical Boards (FSMB) is facilitating the license portability project, in which the BME is a participant.

With the next legislative session less than a year away, the BME is mulling possible patient safety-related legislation. Proposals for the 2007 Legislature’s consideration may include increased postgraduate education requirements and the addition of remedial services for licensees with mental disorders.

In addition, the Board has engaged an outside agency to evaluate its investigative process. Evaluators’ recommendations will be incorporated into the BME’s 2007-09 budget request, and its legislative agenda.

The BME seeks input and support from its stakeholder groups as it prepares its legislative agenda, and these combined efforts often result in more positive results for the patients who depend upon us all.

The Joint Commission on Accreditation of Healthcare Organizations (JCHAO) is another important BME partner in patient safety. JCHAO, or “jay-koe,” recently issued six patient safety goals for 2006:

**Improve the accuracy** of patient identification by using at least two identifiers, neither of which is the patient’s room number, in any procedure (administering medication and blood products, sample and specimen collecting, surgery or other treatment procedures).

**Improve effectiveness of communications** between caregivers when giving orders or reporting critical test results are done verbally (the recipient’s complete “read-back” confirmation of the order or report).

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## **Patient Safety** *Continued from page 2*

**Measure, assess and take** any appropriate action to improve the timeliness of reporting, and of receipt by the responsible licensed caregiver, of critical test results and values.

**Implement a standardized approach** to “hands off” communications, including giving patients the opportunity to ask and respond to questions.

**Label all medications**, medication delivery devices and containers (*i.e.* syringes, medicine cups, basins) and other solutions. This goal applies whether on or off the sterile field, in perioperative and other procedural settings.

**Communicate complete lists** of medications to patients’ next healthcare service provider(s), whenever patients are referred or transferred to other settings, services, practitioners or care levels. This goal applies whether patients are transferred within, or out of, healthcare organizations.

The BME regards JCHAO as an important informational resource.

These are proactive measures the BME takes toward patient safety in Oregon. There are many such measures that you, the practitioner, can take as well – to preserve and enhance patient safety, and avoid a Board investigation and sanctions. **See ‘Riding Out the Storm ...’ on page 1.**

Sometimes, the BME will encounter “system errors” in the course of investigating individual licensees. These are problems within healthcare institutions that may contribute to practitioner errors.

Such problems may involve doctor-patient ratios, charting and recordkeeping, communications and personnel conflicts, prescribing errors, scheduling problems and lack of follow-up.

When the BME notes such situations, the Medical Director writes “system letters” to chiefs of staff or department heads. Through these letters, institutions are advised of system errors, remedial steps are suggested and Board assistance offered. The BME sends an average of five (5) system letters each year.

When preparedness is not enough, the BME patient safety process also involves investigating complaints against its licensees and taking appropriate action. The BME takes these steps not only to protect patients – its top priority – but also to correct possible future errors and return licensees to safe practice.

It’s worth noting that while the Board is required by law to investigate each complaint it receives, after thorough investigations, only about 50 final orders are issued each year.

For 117 years, the BME has worked with the physicians of Oregon in the pursuit of healthcare excellence. We remain optimistic that this continuing pursuit, in keeping with the Board’s mission of patient safety, will continue to benefit the people of Oregon.

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### **New BME Phone Numbers**

**Main Desk**

**(971) 673-2700**

**Fax**

**(971) 673-2670**

**Our toll-free (in Oregon) number  
hasn’t changed:**

**1-877-254-6263**

***First, avoid Board reviews***

Proactive measures and common sense go a long way toward greatly lowering the possibility that you will be the object of a complaint, investigative or disciplinary action. There are lots of potential stumbling-blocks for physicians and other healthcare professionals and their practices, and even more suggestions for avoiding them, but for now, they can be summarized in these simple categories:

**Recordkeeping** – Document everything, and insist that your employees do the same! Remember that non-medical professionals may eventually need to review your records and patient charts, so make sure your documentation is legible. Don't try to recount patient visits if they are not properly documented; making up information or altering records will only compound the problem. Document good practices, especially as they relate to end-of-life issues and prescribing controlled substances. Maintain electronic and paper copies of all patient records, both at your practice location and off-site if possible. Do the same for your professional practice as a business.

**Business and Financial** – As with any business, keep all financial transactions on a “by the book” professional plane, whether with patients, colleagues, other healthcare institutions and systems, or vendors. Institute a compliance and risk management program in your office, to keep yourself, colleagues and staff aware of changes in all applicable state and federal regulations. From time to time, conduct internal audits to make sure that “all your bases are covered.” And again: Document everything; require your employees to do likewise.

**Competency, Education** – Physician competency is maintained by continuing education and training, formal and informal, throughout your career. Keep abreast of all requirements for CME, including the types and amounts of coursework to be completed, and the

time frames in which to complete them.

Know the Medical Practice Act (Oregon Revised Statutes [ORS] Chapter 677) and Oregon Administrative Rules (OAR) Chapter 847, which govern medical practice in Oregon, and which the BME enforces. You can find the statutes and rules on the BME Website, [www.oregon.gov/BME](http://www.oregon.gov/BME), along with regular updates on any changes. This newsletter contains constant updates and guidance on healthcare policies, and may also be accessed on the BME Website.

The BME has adopted Statements of Philosophy regarding professionalism, physician-patient relations and other topics of interest. These are available on the BME Website as well.

**Surgery** – Take all necessary steps to ensure that you are operating on the correct hip, kneecap or big toe. Mark with a big ‘X’ the parts of the body that are to be cut into, or off.

**Prescribing** – Keep careful records of all prescriptions written, particularly for controlled substances, and of any inventories of medication you may have at your practice location(s). It is not advisable to prescribe medication for yourself or family members. If prescribing for family members, chart as you would for other patients. Maintain your education regarding medication and prescribing. Continuing Medical Education (CME) in pain management is now required under Oregon law for physicians.

**Impairment** – Be aware of any signs that you may be abusing, or becoming dependent upon, alcoholic beverages and/or drugs. Seek help as soon as possible, from a trusted professional counselor or clinic. Contact the BME's Diversion Program for Health Professionals (HPP) for confidential assistance, by calling (503) 620-9117.

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## **‘What if the Board calls?’** *Continued from page 4*

**Physician-Patient Relations** – Treat all patients with equal professional consideration and courtesy. A new patient from Boston may not appreciate the friendly “Hon” that has endeared you to your longtime patients in small-town Oregon. Be honest and thorough in explaining procedures and possible outcomes, and make sure that you and your patients, and their advocates, are “on the same page.” Show compassion without undue familiarity; observe proper physician-patient boundaries.

Specifically, with regard to physician-patient relations:

**Sexual Boundaries** – Heed this simple advice: “A patient is never a lover. A lover is never a patient.” Offer chaperones to patients for intimate exams. Make proper use of draping and other measures for patient privacy and comfort when examining intimate areas of the body.

**Cultural Competency** – Educate yourself regarding any cultural differences you may encounter, for courtesy’s sake, and to meet each patient’s needs as thoroughly as possible.

Be aware that cultural differences aren’t just related to race, ethnicity or language. Such differences may also be based on age, sexual orientation, marital status, socio-economic status and even the part of the U.S. from which patients come to Oregon.

Offer or allow translators for patients who are not conversant in English, as required by law. When possible, allow family members to remain with patients throughout examinations and other procedures.

### ***What if the Board calls?***

If, despite your best efforts, you come under Board investigation, the following actions are recommended:

**First and foremost**, take the complaint seriously. The BME does. It investigates each and every complaint it receives.

**Remember that BME investigative and disciplinary processes** themselves are not criminal in nature, but are responses to alleged violations of the Medical Practice Act.

**Remember that most investigations** stem from allegations of professional misconduct, rather than adverse outcomes and malpractice suits.

In 2005 the five most common complaints against BME licensees were, in order: inappropriate care and/or incompetence, unprofessional conduct, inappropriate prescribing, violation of state or federal laws, and mental illness and/or licensee impairment.

**Develop a formal contingency plan** for yourself and any colleagues, staff and associates, for use should you become the object of a Board investigation

Remember how you were taught to behave in the event of a fender-bender. Keep a cool head. Don’t get defensive and proclaim your innocence.

**If the case proceeds to an interview** with the Board’s Investigative Committee, get legal counsel, preferably an attorney with experience in administrative law and healthcare. Counsel will assist you in preparing an accurate, sufficiently detailed response to the complaint(s), and to appropriately collect and forward information.

**Be completely honest** with everyone you encounter in the course of the process: your attorney, BME members and staff. Even if you’re innocent, playing even a little bit fast and loose with the truth will do far more harm than good. And don’t exaggerate or minimize anything.

**Provide** a concise, logical, and clear description of what occurred; preferably in chronological order. Explain your rationale for what happened, any relevant extenuating circumstances, and what you have learned from the experience.

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## Board review not ‘The End’ *Continued from page 5*

Don't refuse BME requests for information except when your legal counsel advises you to do so. Never ignore requests for information by an investigator.

Make sure you understand everything that is happening during the process. Ask questions! It's OK to talk with BME investigators, who are dedicated and fair-minded professionals, skilled in the arts of collecting and presenting the facts of cases assigned to them.

### *When the investigation's over*

Regardless of the outcome of an investigation, document what you've learned along the way. This is a good time for that audit of your practice, to see what might be done to prevent the problem from occurring again, and improve your practice. It is, of course, imperative that you fully comply with any final actions the Board may take regarding your case. Not all cases require reportable disciplinary action – some are closed with directives for CME or other remediation.

Corrective Action Orders, Stipulated Orders and emergency license suspensions are public records. The BME reports such orders and suspensions to the Federation of State Medical Boards (FSMB), the National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB).

The Board actions are also printed in this newsletter, and posted on the BME Website.

Failing to comply with any part of a Board order is a violation of the Medical Practice Act, and usually results in stronger disciplinary action.

The Board may opt to send to you a “Letter of Concern,” outlining concerns about your practice that do not rise to the level of a violation of the Medical Practice Act.

Letters of Concern contain Board recommendations for improvement in your professional practice.

Remember that orders for psychiatric evaluations, the actual complaints received by the BME, information regarding cases closed with no findings of violations, and information regarding ongoing investigations, are confidential under state law.

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## Board selects 2006-07 officers

David Grube, MD, Philomath, was elected to a one-year term as chair of the Board of Medical Examiners, at the Board's January regular meeting.

Board members also elected David Watt, MD as vice chair. Clifford Deveney, MD, was elected Board secretary. Both live and practice in Portland.

Dr. Grube was appointed to the Board in 2001 and reappointed in 2004. He served as vice chair in 2005-06, and previously chaired the Board's Investigative and Administrative Affairs committees. A Board-certified family practitioner, he has lived and practiced in Philomath since 1977. He also serves as a clinical associate professor in the Oregon Health and Science University (OHSU) Department of Family Medicine.

Dr. Grube is past president of the Oregon Academy of Family Physicians (OAFP) Foundation, and is a past president of the OAFP, which elected him Oregon's Family Physician of the Year in 1986. He also is a past president of the Benton County Medical Society, the county's Physicians for Social Responsibility chapter, and the medical staff of Good Samaritan Hospital in Corvallis.

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## **New Board officers** *Continued from page 6*

Dr. Grube earned his medical degree from the University of Oregon Medical School (now OHSU), after graduating *cum laude* from Lewis and Clark College in Portland.

Dr. Watt co-chairs the Investigative Committee in addition to his duties as vice chair. He was appointed to the Board in 2004. An anesthesiologist, Dr. Watt has been on the staff of Kaiser Permanente since 1991. He has worked with Kaiser's pain management group and served as a department chief at the Bess Kaiser Medical Center in north Portland.

Dr. Watt also served as vice chair of Kaiser's National Product Council, and as physician director of Kaiser's Department of Provider Contracts and Relations from 2001 to 2003. Prior to joining Kaiser's Portland staff, Dr. Watt served as a staff anesthesiologist at the Kaiser medical center in Sacramento, Calif.

He is president of the Medical Society of Metropolitan Portland (MSMP), has been a member of the MSMP Board of Trustees since 1999, and served as its secretary-treasurer in 2003. Dr. Watt is also a trustee of the Oregon Medical Association (OMA) and a delegate to its House of Delegates.

He is a graduate of the John A. Burns School of Medicine at the University of Hawaii, Honolulu. Dr. Watt holds a master's degree in public health from the University of San Francisco, and a bachelor's degree from St. Mary's College, Moraga, Calif.

Dr. Deveney, new Board secretary, also chairs the Board's Legislative Advisory Committee. He is chief of OHSU's Division of General Surgery, and has been on the OHSU faculty since 1987. He also serves on the staffs of Tuality Community Hospital, Hillsboro, and the Portland Veterans Administration (VA) Medical Center.

He was chief of surgical service at the Portland and Philadelphia VA medical facilities, and a staff member and associate at the San Francisco VA Medical Center. He served two years in the U.S. Army Medical Corps, rising to the rank of major.

Dr. Deveney has also practiced and taught at the University of California Medical School, San Francisco, and the University of Pennsylvania Medical School, Philadelphia.

A Board member since 2003, Dr. Deveney was recently appointed to a second three-year term. He graduated from the University of California Medical School, and earned his undergraduate degree from Stanford University.

The Board in January also reappointed John Stiger, DO, Milwaukie, as chair of the Administrative Affairs Committee (AAC). Dr. Stiger is owner-physician of Oak Grove Family Medical Clinic, where he has practiced since 1974. He also practiced at Eastmoreland Hospital, Portland, and at Dwyer Memorial (now Providence Milwaukie) Hospital as an emergency room physician.

Dr. Stiger was appointed to the Board in 2002.

Joseph Thaler, MD, Salem, was appointed to co-chair the Investigative Committee with Dr. Watt. Dr. Thaler is the immediate past chair of the Board, and chaired the Investigative Committee in 2004-05.

An internist, Dr. Thaler has practiced at The Doctors Clinic in Salem for 28 years. He has served on the Board since 2001.

# **BOARD ACTIONS** *October 8, 2005 – January 13, 2006*

## **ARNAEZ ZAPATA, Gerardo E., MD23611; Seaside, Ore.**

The Licensee on January 12, 2006 entered into a Corrective Action Order, through which he agreed to enroll in and complete a course on pain and suffering within six months of the date of the Order. The Licensee must also complete the Board's Appropriate Prescribing Workshop (APW) as soon as possible.

## **BERNARDO, Peter A., MD17631; Salem, Ore.**

The Licensee on January 12, 2006 entered into a Corrective Action Order, through which he agreed to complete the Physicians Evaluation Education and Renewal (PEER) program within 24 months of the date of the Order.

## **CAHN, Paul J., MD19037; Beaverton, Ore.**

The Licensee on January 13, 2006 entered into a Stipulated Order, through which he was reprimanded and ordered to undergo psychiatric therapy, with quarterly reports to be made to the Board. The terms of the Licensee's Stipulated Order of July 9, 2004 remain in full force and effect.

## **FREDRICKSON, Richard H., MD12780; Keizer, Ore.**

The Licensee on November 23, 2005 entered into an Interim Stipulated Order, through which he agreed to withdraw from practice pending the conclusion of the Board's investigation. The Licensee also agreed to undergo random urinalyses, and to a prohibition on self-medication. The Board approved the Order on January 12, 2006.

## **GILBERT, Judy L., MD12831; St Helens, Ore.**

The Licensee on January 13, 2006 entered into a Stipulated Order, through which she was reprimanded and placed on probation for five (5) years. Terms of probation include completing continuing medical education (CME) regarding patient records, and completing the Physicians Evaluation Education and Renewal (PEER) program. The Licensee also must undergo mental health therapy, with quarterly reports to be submitted by her therapist to the Board, and must report to the Board quarterly for probationer interviews. The Order also prohibits the Licensee from self-medication and self-prescribing of any prescription medication.

## **HELMAN, Manya B., MD16906; Salem, Ore.**

The Licensee on January 12, 2006 entered into a Corrective Action Order, through which she agreed to complete the Physicians Evaluation Education and Renewal (PEER) program within 24 months of the date of the Order.

## **INTILE, Joseph A., MD07107; Salem, Ore.**

The Licensee on January 12, 2006 entered into a Stipulated Order, through which he agreed to pay a \$2,500 fine within 30 days of the Order. The Licensee also agreed to refrain from prescribing medications for himself or others.

## **MCDUFFIE, Richard W. Jr., MD09112; Eugene, Ore.**

The Licensee on January 12, 2006 entered into a Stipulated Order, through which he retired his Oregon medical license while under investigation. The Licensee also agreed to never reapply to the Board for licensure.

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## **Board Actions** *Continued from page 8*

### **PEARSE, Brendan F., PA00829; Portland, Ore.**

The Licensee on January 12, 2006 entered into a Stipulated Order, through which he surrendered his license to serve as a physician assistant in the state of Oregon.

### **PLUEDEMAN, Carin K., MD18885; Tigard, Ore.**

The Licensee on January 12, 2006 entered into a Stipulated Order with the Board on January 12, 2006 through which she agreed to complete the Physicians Evaluation Education and Renewal (PEER) program within 24 months of the date of the Order. The Licensee also agreed to complete a charting course within 12 months, and to complete additional formal training prior to her return to the practice of obstetric medicine.

### **REILLY, Dennis E., DO13019; Newberg, Ore.**

The Licensee on January 12, 2006 entered into a Stipulated Order, through which he surrendered his Oregon medical license while under investigation. The Licensee also agreed to never reapply to the Board for licensure.

### **RUSSELL, Bruce A., MD18733; Beaverton, Ore.**

The Licensee on October 31, 2005 entered into an Interim Stipulated Order, in which he agreed to withdraw from practice pending the conclusion of the Board's investigation into his competency to practice medicine. The Board approved the Order on January 12, 2006.

### **SIGURDSSON, Hannes J.S., MD23721; Portland, Ore.**

The Licensee on January 12, 2006 entered into a Stipulated Order, through which he surrendered his Oregon medical license while under investigation. The Licensee also agreed to never reapply to the Board for licensure.

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## ***Acupuncture advisory panel has August vacancy for physician member***

The Board of Medical Examiners (BME) is seeking applicants for a soon-to-be vacant physician position on its Acupuncture Advisory Committee. The Board this spring will appoint a new member for a four-year term beginning August 2, 2006.

All actively-licensed physicians (MDs and DOs) are eligible and invited to apply. However, the BME prefers that the physician members of the acupuncture committee either practice, or have an interest in, acupuncture.

Physicians interested in appointment to the Acupuncture Advisory Committee are asked to submit a letter of intent and curriculum vitae to the BME by 5 p.m. Friday, March 17, 2006. Applicants are asked to state in their letters their education, training and practice experience in acupuncture and/or Oriental medicine; philosophical approaches to acupuncture and/or Oriental medicine; any committee or team experience that they will bring to the Committee; and why they are interested in serving as a physician member of the Committee.

Letters should be sent or delivered to the BME office, 1500 S.W. First Ave., Suite 620, Portland, OR 97201, or e-mailed to Candice Kramer, Acupuncture Program Coordinator, at [candice.kramer@state.or.us](mailto:candice.kramer@state.or.us). Applicants will be asked to appear for personal interviews at the Committee's next meeting, Friday, March 24, 2006, at 1 p.m. at the BME office.



**OREGON  
ADMINISTRATIVE  
RULES  
Reviewed and  
adopted by the Board**

**The Board at its January 12-13, 2006  
meeting reviewed the following  
proposals for amendments  
to Chapter 847 of the  
Oregon Administrative Rules (OAR):**

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**TEMPORARY RULES  
Adopted by the Board**

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The Board adopted these temporary rules to take effect immediately upon adoption. The Board also discussed the rules under First Review, and passed them to Final Review. For information and deadlines regarding public comment on these and other rule proposals, see "Proposed Rules."

*MDs / DOs*

**OAR 847-008-0023, Telemonitoring Registration** – The temporary rule creates a new license status of Active-Telemonitoring, to allow a physician who practices in a location outside of Oregon to provide intraoperative monitoring of data collected during surgery in Oregon. Such data would be electronically transmitted to the out-of-state monitoring physician for the purpose of allowing him or her to notify the Oregon operating team of changes that may have a serious effect on the outcome of the surgery and/or survival of the patient.

**OAR 847-020-0130, Basic Requirements for Licensure of a Foreign Medical School Graduate; OAR 847-020-0170, Written Examination, SPEX Examination and Personal Interview** – The temporary rules allow the following:

Licensure for graduates of foreign medical schools who have obtained four (4) years of practice in other states under licenses similar to the Board's Limited License, Medical Faculty;

Waiver of the three (3)-attempt limit for Step 3 of the United States Medical Licensing Examination (USMLE) for applicants who are certified by the American Board of Medical Specialties (ABMS);

Waiver of the seven (7)-year requirements for USMLE Steps 1, 2 and 3 for ABMS-certified applicants, or for applicants who have completed continuous postgraduate training equivalent to MD, DO or PhD programs.

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**ADOPTED RULES  
(Final Review)**

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*MDs / DOs*

**OAR 847-010-0052, Limited License, Visiting Professor** – The adopted rule makes a correction to the citation of another rule.

**OAR 847-020-0140 Limited License, Medical Faculty, and Limited License, Visiting Professor; OAR 847-020-0150, Documents and Forms to be Submitted for Licensure; OAR 847-020-0170, Written Examination, SPEX Examination and Personal Interview; OAR 847-020-0180, Endorsement or Reciprocity, SPEX Examination and Personal Interview** – The adopted rules correct the citation of a rule number in OAR 847-020-0140; Add to OAR 847-020-0150 the requirement that applicants must submit to the Board results of the Self-Query of the National Practitioner Data Bank (NPDB) and the Health Integrity and Protection Data Bank (HIPDB); Add to OAR 847-020-0170 language specifying procedures for applicants who fail three times one or both of the open-book examinations regarding the Oregon Medical Practice Act and U.S. Drug Enforcement Administration (DEA) regulations; and correct in rule language the name of the Oregon Health and Science University (OHSU).

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## Adopted OARs (Final Review) *Continued from page 10*

**OAR 847-031-0020 Protocol for Evaluation of Foreign Schools of Medicine** –The adopted rule makes a minor correction to the rule text by removing unnecessary text.

### *Physician Assistants (PAs)*

**OAR 847-050-0026, Limited License, Special; OAR 847-050-0041, Prescription Privileges; OAR 847-050-0065 Duties of the Committee** – The adopted rules:

Make a correction to the rules text regarding the length of time that the Limited License, Special is valid;

Add requirements regarding authority to manage chronic or intractable pain by using Schedule II medications;

Change the term “certification” to “licensure” for consistency in the rules; and

Add Schedule II controlled substances to the formulary for prescriptive privileges upon which the Physician Assistant Committee makes recommendations, per its duties as specified in rule.

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## PROPOSED RULES

### First Review

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The Board discussed these rule proposals on First Review, and passed them to Final Review:

### *MDs / DOs*

**OAR 847-008-0015, Active Registration** – The proposed rule specifies that licensees whose practice addresses are within 100 miles of the Oregon border, and who intend to practice in Oregon, may register under active status.

**OAR 847-020-0185 License Application Withdrawals** – The proposed rule identifies the circumstances under which applicants’ requests to withdraw applications for licensure will be considered. The proposed rule also specifies the circumstances under which the Board will report such withdrawals will be reported to the Federation of State Medical Boards (FSMB).

The proposed rule specifies that the Board will consider application-withdrawal requests if applicants are eligible for licensure, and if their application files contain no evidence of violation of any provision of the Medical Practice Act (Oregon Revised Statutes [ORS] Chapter 677).

The proposed rule further specifies that applicants may request application withdrawals if they are eligible for licensure, and if application files are complete and contain evidence that:

The applicant may have violated the Medical Practice Act, but the Board lacks sufficient basis to proceed to formal discipline; or

Another licensing body has imposed discipline for the same conduct, and that action has been reported to the NPDB and HIPDB.

The proposed rule further states that when applications are withdrawn under those circumstances, withdrawals must be reported to the FSMB.

**OAR 847-023-0000, Definitions; OAR 847-023-0005, Qualifications** – The proposed rules describe the licensure process for physicians who request Emeritus licenses allowing them to volunteer in health clinics.

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## **Proposed OARs (First Review)** *Continued from page 11*

### *Physician Assistants (PAs)*

**OAR 847-050-0010, Definitions** – The proposed rule defines “agent” as a physician, designated by a supervising physician of a physician assistant (PA), who provides supervision of the PA’s medical services for a predetermined period of time.

**OAR 847-050-0025, Interview and Examination** – The proposed rule states that applicants for PA licensure, and applicants’ supervising physicians not previously Board-approved to render such supervision, must pass an open-book examination on the Medical Practice Act and OAR Chapter 847, Division 050.

The proposed rule further establishes the consequences of failure to pass the open-book examination three times, and procedures the Board must follow in such cases.

### *Podiatrists (DPM)*

**OAR 847-080-0010, Requirements for Licensure; OAR 847-080-0017, Letters and Official Grade Certifications to be Submitted for Licensure; OAR 847-080-0018, Endorsement, Oral Examination, Competency Examination and Personal Interview** – The proposed rules specify requirements regarding Part III of the National Board of Podiatric Medical Examiners (NBPME) examination, for license applicants who took the examination on or after January 1, 1987. These requirements were previously established in the rule, but the proposed new language would clarify that the requirements only apply to applicants who took the NBPME examination on or after January 1, 1987.

The proposed rule language also states that qualifying applicants, as previously described, must submit an official grade certification of Part III; pass all three parts of the NBPME examination within a seven (7)-year period; and pass Part III of the NBPME examination within (3) three attempts, or complete one (1) additional year of postgraduate training in the United States prior to readmission to the examination for a fourth and final attempt.

***Comments concerning the proposed rules must be made to the Board in writing by Tuesday, March 21, 2006. The Board will make Final Review of the proposed rules and rule amendments at its April 13-14, 2006 meeting.***

***The Board’s mailing address is 1500 S.W. First Ave., Suite 620, Portland, OR 97201-5826. For more information on OARs, visit the BME Website at [www.oregon.gov/BME](http://www.oregon.gov/BME).***

### *About OARs*

The Board of Medical Examiners and other state regulatory agencies operate under a system of administrative rules, in order to ensure fairness and consistency in their procedures and decisions. Periodically, these Oregon Administrative Rules (OAR) must be amended and/or expanded in response to changing standards and circumstances.

OARs are written and amended in accordance with state laws (Oregon Revised Statutes or ORS), which may be enacted, amended or repealed only by the Legislature.

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