



## De-Stigmatizing Mental Disorders in Medical Practitioners

### Inside:

J. Bruce Williams  
1933-2001

Board Member  
Changes

OHSU Online Library

Physician Registration  
Begins

Joseph D. Bloom, MD  
Professor of Psychiatry and Dean Emeritus,  
School of Medicine  
Oregon Health and Sciences University  
and Consultant to the Board of Medical Examiners

Efforts by organized medicine and state boards of medical examiners to come to grips with “troubled physicians” date to a 1972 AMA Council of Mental Health report, published in JAMA in 1973 as *The Sick Physician: Impairment by Psychiatric Disorders including Alcoholism and Drug Dependence*.<sup>1</sup>



Joseph D. Bloom, M.D.

This seminal report highlighted organized medicine’s responsibility to the public regarding impaired physicians. It reviewed available literature on the prevalence of mental disorders, substance abuse, and suicide among physicians, and described pioneering programs by state medical societies and boards to develop programs to aid the “sick doctor.”

The Council also recommended a referral pattern that began with informally trying to persuade the physician to seek help, and progressed through the hospital medical staff, and state or county medical societies, to the state licensing body. (Please see sidebar for current reporting requirements.)

### Oregon an early leader

Oregon helped lead early efforts to deal with physician impairment, with significant involvement by Oregon physicians in

program planning at both the local and national levels. We owe a debt of gratitude to Rogers Smith, MD, Ralph Crawshaw, MD, Kent Neff, MD, and James Shore, MD. These Oregon physicians worked with the

Oregon Medical Association, and with John Ulwelling and the Board of Medical Examiners, to form The Friends of Medicine, which was cited in the AMA report as a model program. This program was soon followed by an OMA-sponsored substance abuse treatment program, and later by the Board’s Diversion Program for Health Professionals (Oregon Health Professionals Program),

which is located several miles from the Board offices, provides confidential diver-

continued on page 4

## Reporting Requirements Concerning Impaired Licensees

The referral pattern recommended in the AMA Council of Mental Health report *The Sick Physician: Impairment by Psychiatric Disorders Including Alcoholism and Drug Dependence* (see this issue’s lead article), established an excellent foundation for dealing with certain disorders among medical practitioners.

However, Oregon’s reporting require-

continued on page 3

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## From the Executive Director



# J. Bruce Williams, MD — 1933-2001

I report with great regret that past Board of Medical Examiners member J. Bruce Williams, MD, passed away

August 15 at his home in Corvallis, after a long illness. Dr. Williams was a personable, dedicated Board member, mentor and friend. He was a great asset to me in many ways, including his representing the Board at the Legislature.

Dr. Williams was a member of the Board of Medical Examiners from 1993 to 2001. He served a term as its chair in 1997-98, and an additional partial term in 1999. He also served the Board well as chair of its Investigative and Administrative Affairs committees.

Dr. Williams had practiced internal medicine, specializing in pulmonary disease, in Corvallis since 1968. He was a past staff president of Good Samaritan Hospital, and a past president of the Benton County Medical Society.

Dr. Williams also served in several offices, including delegate and trustee, of the Oregon Medical Association. OMA Executive Director Robert Darnedde, who originally recommended Dr. Williams as a member of the Board of Medical Examiners, describes him as "a great doctor and a good board member."

Dr. Williams served as a clinical instructor in medicine at OHSU, as a consultant to the U.S. Veterans

Administration Hospital in Portland, and as an instructor in Oregon State University's College of Pharmacy. An avid sports fan, he also served as an assistant physician for several OSU athletic teams.

Besides sports, Dr. Williams' other hobbies and interests included travel, walking and cycling. He was also an avid reader, and enjoyed music, particularly classical music.



J. Bruce Williams, M.D.

A native of Kentucky, Dr. Williams earned a bachelor's degree in pharmacy from the University of Kentucky and a medical degree from the University of Louisville (Ky.), where he later also earned a master's degree in physiology and served a teaching fellowship. He served his internship and residency at Louisville General Hospital.

Dr. Williams also served in the U.S. Naval Reserve Medical Corps, reaching the rank of lieutenant.

He was a member of the Rho Chi pharmacy honorary, and won the University of Louisville Hospital Resident's Research Award and the American College of Chest Physicians Young Investigator's Award.

He is survived by his wife, Carol; his sons, J. Bruce Williams, MD, of Edmonds, Washington, and David Williams of Portland; daughters Jennifer Andrews of Bend and Nancy Taylor of Temecula, California; three grandsons and one granddaughter; and his sister, Margaret Johnson of Springfield, Kentucky.

Current Board of Medical Examiners Chair James D. Scott, MD, says of Dr. Williams' passing:

"The Board of Medical Examiners, the physicians and the people of Oregon have lost a very good friend. Bruce spent his adult life caring for patients, and volunteered his time serving on the BME for the past eight years, working to ensure that the rights of both patients and physicians were protected.

"He was truly a 'Kentucky gentleman' in all his dealings, both personal and professional, and put the betterment of the medical profession at the front of his list of important things to do.

"When I first came on the Board and served on the Investigative Committee, Bruce was a mentor to me. I will always remember his clear thinking, his quiet wit, his compassion, his passion for reading and the movies, and his love of walking.

"He will certainly be missed by all of us. Thanks, Bruce, for all you did for your friends, colleagues and the patients of Oregon."

*Kathleen Daley*



## Statement of Purpose

The *BME Report* is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.

# Board Member Changes



David Grube, M.D.



Joseph Thaler, M.D.



Sheridan Thiringer, D.O.

**T**his spring the Board of Medical Examiners welcomed three new members.

David Grube, M.D., a family practitioner, has lived and practiced in Philomath since 1977. He is president of the Oregon Academy of Family Physicians (OAFP) Foundation.

Dr. Grube serves as a clinical associate professor in the Oregon Health and Sciences University (OHSU) Department of Family Medicine, and as an associate professor of religion at Oregon State University. He is a graduate of Lewis and Clark College and the University of Oregon Medical School (now OHSU).

Joseph Thaler, M.D., an internist practicing in Salem, is a partner-manager in The Doctors Clinic (south campus), where he has practiced since 1978. He is also affiliated with Salem Hospital, where he has been active in mentoring and residency training programs for office-based physicians. He has served as a clinical instructor in Legacy Hospital's Internal Medicine program since 1996, and is a Fellow of the American College of Physicians.

Dr. Thaler is a graduate of Harvard University and the Case Western Reserve University Medical School.

Sheridan Thiringer, D.O., a family medicine specialist, has been in private practice in Columbia and Washington counties since 1964. He serves as medical director for the North Plains Medical Clinic and Tuality Home Health, both affiliated with the Hillsboro-based Tuality Healthcare group. In addition, he chairs the Tuality Forest Grove Hospital Board of Directors, and is a medical coordinator for the hospital's Center for Geriatric Psychiatry.

Dr. Thiringer is a graduate of Gonzaga University in Spokane and the College of Osteopathic Medicine and Surgery in Des Moines, Iowa. He came to Portland in 1963, and interned at Eastmoreland Hospital before entering private practice in Vernonia a year later.

## Outgoing Board Members

The Board of Medical Examiners also bid farewell and "thank you" to three veteran members this spring.

James Daskalos, DO, came to the Board in 1997. He is a Roseburg practitioner presently affiliated with Mercy Medical Center and the Cow Creek Band of Umpqua Indians' Health and Wellness Center. He is a graduate of the University of Portland and Kirksville (Mo.) College of Osteopathic Medicine and Surgery.

George Porter, MD, joined the BME in 1994, and served as Board chair in 1999-2000. A Graduate of Oregon State University and OHSU, he is also a veteran professor of medicine at OHSU, where he is a former chair of the Department of Medicine. He has served on numerous boards and panels concerning kidney, cardiovascular, and urologic disease.

J. Bruce Williams, MD joined the Board in 1993, and served a term as chair in 1997-98, plus a partial term in 1999. Members and staff of the Board were deeply saddened to learn of Dr. Williams' death on August 15. Please see Executive Director Kathleen Haley's tribute to Dr. Williams on page 2 of this issue.

## Reporting Requirements Concerning Impaired Licensees *(continued from page 1)*

ments, established by law in the interests of public safety, go beyond the 1973 recommendation. These requirements make the medical profession responsible for protecting the public and for assisting its own members by reporting certain illnesses and behaviors to the Board. According to ORS 677.415 (2) and (3), it is mandatory for persons licensed by the Board, and for health care facilities, to report licensees who appear to be mentally impaired or to be abusing drugs or alcohol. Oregon law also grants certain immunities to those who truthfully report or testify in such cases

### Statutes available on Web

For current statutes and administrative rules administered by the Board of Medical Examiners, please visit the Board's Web site and click on **Links**. Under **Oregon Revised Statutes** go to Chapter 677, and under **Oregon Administrative Rules** go to Chapter 847. The chief statutes concerning reporting requirements are ORS 677.415 (2) and (3) on reporting to the Board; ORS 677.335 (2) on immunity of the complainant; and ORS 677.225 (1) (a) and (2) (a) and (b) on automatic suspension for mental illness.

## De-Stigmatizing Mental Disorders in Medical Practitioners (continued from page 1)

sion services, and enables licensees to seek recovery from substance abuse disorders without coming to the attention of the Board. Only a small number of recovering licensees are now required to be under the BME's direct supervision.

We have developed successful substance abuse monitoring through the Health Professionals Program. However, the complexities of mental impairment make it difficult to arrive at effective monitoring programs for mental problems experienced by health professionals.

### Mental disorders and the Board

The Board sees relatively few licensees with major mental illness. Those referred most commonly have either organic mental disorders, bipolar disorders, or various types of character problems.<sup>2</sup>

Licensees with character problems usually come to the Board's attention as a result of negative behaviors in the work setting. They generally don't get along with colleagues or staff, have poor inter-

personal skills, and have anger outbursts. They are few in number, but very difficult to deal with for all involved, including the BME.

Licensees with organic mental disorders usually come before the Board following either a known traumatic brain injury or a stroke. Some are referred to the Board because of suspected problems with medical competency, and upon evaluation demonstrate findings of organic mental disorder.

A small number of licensees come to the Board's attention (and even fewer are placed on formal probation) for bipolar illness. This usually occurs following a hypomanic episode in which the individual's illness becomes apparent to colleagues, staff, and often the general public. Probation generally involves regular monitoring by an approved psychiatrist who reports to the Board. Other licensees enter into voluntary agreements with the Board for psychiatric monitoring of their bipolar illness, with provision for

periodic reports.

The Board sees few licensees suffering from other major mental illnesses. In the twelve years I served as psychiatric consult to the Board, only one physician was considered to suffer from schizophrenia. There have been several referrals of individuals with later onset paranoid disorders.

Licensees with depressive disorders rarely come to the Board's attention, although this is on the rise and occasionally happens following a major suicide attempt, usually associated with hospitalization and/or major acting out. Psychiatric hospitalizations are not reportable to the Board unless the licensee is civilly committed, is hospitalized for longer than 25 days, or (under the general reporting section of the Medical Practice Act) is reported by the attending physician as potentially impaired in the practice of medicine. Such reports are very rare.

Presentation to the Board because of anxiety disorders is also rare, except when identified during evaluation as associated with other mental disorders. The most prevalent mental disorders in the general population, depression and anxiety disorders are not a major focus for the BME.

### Board questions then and now

Practitioners with mental disorders usually come to the Board's attention during initial licensure, during registration (license renewal), or as a result of a clinical episode that may be associated with hospitalization.

Both the initial application and the registration forms contain questions about possible mental disorders and impairment. Prior to 1994, these questions were very

## Board Considers Monitoring

The Board of Medical Examiners is considering confidential intervention and monitoring for licensees suffering from mental disorders as a possible future expansion of its current well-established Health Professionals Program (HPP) for licensees with substance abuse disorders.

The HPP, located in separate offices several miles from the Board to ensure confidentiality, was established in 1989 to allow licensees with alcohol or drug problems to seek treatment and participate in long-term recovery programs without coming to the Board's attention. It is both an excellent

means of public protection (because it encourages early treatment of substance abuse among medical professionals) and one of the most important services the Board offers to licensees. It also offers colleagues and families of substance-abusing licensees a place to turn for help.

If the Board determines that it can and should use this route to offer similar services to licensees with mental disorders, a proposal to expand the Health Professionals Program will probably be placed before the 2003 Legislature as part of the budget request for the following biennium. Future developments will be reported in the *BME Report*.

broadly phrased, seeking information about any and all contacts with therapists or counselors. In 1994, the Board's questions regarding possible impairment were modified to be less global, less intrusive into private lives, and less likely to deter licensees from seeking help on their own. There are now five questions that focus on identifying the more serious illnesses, either physical or mental, that might affect mental functioning or the ability to practice safely and competently. With certain limitations explained in the instructions to applicants, answers to these questions are exempt from public disclosure.

These questions were changed during a time when many states made such changes, partially in response to the 1990 passage of the Americans with Disabilities Act.<sup>3,4</sup> The Oregon Board made several key changes, including limiting inquiry to a five-year time frame and choosing not to make a distinction between physical and mental disorders that potentially could cause impairment. Placing mental and physical illness on a par in regard to potential impairment was an important step in reducing the stigma associated with mental illness.

### Looking ahead

Oregon's BME and the OMA have been leaders in the national movement to break the "conspiracy of silence" and focus on recognition and treatment of substance abuse among medical professionals. For a variety of reasons, state physician health programs were initially focused primarily on substance abuse disorders and slow to focus on identifying and treating mental disorders. (Substance abuse is more readily identifiable and more amenable to a monitored treatment approach, and it is easier to

determine the success or failure of an intervention.) At present, the Oregon Board confines its activities concerning mental disorders to the more serious illnesses and the possible impairment often associated with them.

There is now a national trend toward further de-stigmatization, coupled with national and local efforts to achieve parity in insurance coverage for mental illnesses. To support this movement, physicians and medical organizations have much to offer in effective treatment of mental disorders. According to surveys by the Federation of State Physician Health Programs and the Oregon Board's own Health Professionals Program, the majority of states now provide services for licensees with mental health disorders as well as for those with substance abuse disorders.

The Oregon BME is now in the process of considering its own role in meeting the needs of licensees with mental disorders.\* Oregon must seriously consider the problems of mental illness (not only for licensees who come to the attention of the BME, but for all health care professionals and for society in general) and determine how best to help practitioners recognize these problems within themselves and seek appropriate help.

### Background material and further reading:

1. Council on Mental Health, The Sick Physician: Impairment by Psychiatric Disorders, Including Alcoholism and Drug Dependence. *JAMA* 223: 684-687, 1973.
2. Bloom JD, Resnick M, Ulwelling JJ, Shore JH, Williams MH, Rhyne C: Psychiatric Consultation to a State Board of Medical Examiners. *American Journal of Psychiatry* 148: 1366-1370, 1991.

3. Hansen TE, Goetz RR, Bloom JD, Fenn DS.: Changes in Questions About Psychiatric Illness Asked on Medical Licensure Applications Between 1993 and 1996. *Psychiatric Services* 49: 202-206, 1998.
4. Rich CF: Physician Licensing and the Americans With Disabilities Act. *Minnesota Medicine* 82: 30, 1999

\* Please see "Board Considers Monitoring" on page 4

## About the Author

Joseph D. Bloom, MD, received his MD degree from the Albert Einstein College of Medicine in 1962. This was followed by a residency in psychiatry at the Massachusetts Mental Health Center in Boston, and a teaching fellowship in psychiatry at Harvard Medical School. Before coming to what is now the Oregon Health and Sciences University in 1977, Dr. Bloom worked and taught for a number of years in Alaska. He left his position as Chairman of OHSU's Department of Psychiatry in 1994 to serve as Dean of the School of Medicine at OHSU, a position he held until returning to the Department of Psychiatry as a professor of psychiatry in June of this year.

Dr. Bloom was certified by the American Board of Psychiatry and Neurology in 1971 and the American Board of Forensic Psychiatry in 1979, and received an added qualification in forensic psychiatry from the American Board of Psychiatry and Neurology in 1995.

Dr. Bloom is well known in the medical community as a public speaker, and is extensively published in his field. He has served as consultant to numerous organizations both in the United States and abroad, and as psychiatric consultant to the Board of Medical Examiners since 1985.

# Online Library Collection Available from OHSU

By Steve Teich

OHSU Library Coordinator for Outreach Services

The OHSU Library has signed an agreement with Teton Data Systems to provide access for all Oregon licensed physicians to STAT!Ref, an online medical reference library, effective August 15, 2001. There are presently 30 titles in the STAT!Ref library. You will be able to use them from any computer with an Internet connection.

To obtain the STAT!Ref user name and password, go to the OHSU Library Web site, [www.ohsu.edu/library](http://www.ohsu.edu/library), click on **Online Request Forms**, and then click on the **STAT!Ref Signup** form. After verification of the information you've submitted, the user name and password will be sent to you via e-mail. To use STAT!Ref, go to the OHSU Library Web site, click on **Off-campus access**, and then click on **STAT!Ref for Oregon Physicians**.

Funding for STAT!Ref comes from the state-mandated \$10 portion of your annual Board of Medical Examiners license registration fee that goes to the OHSU Library "...for the purpose of maintaining a circulating collection of books and publications for use by physicians around the state" (ORS 677.290 (3)). Those funds have been used to support book purchases and to provide up to four free interlibrary loans per year per physician. Now that Internet-based information is widely accessible, the Library believes it is in everyone's best interest to make more information available more easily and in a more timely manner than traditional interlibrary loan service allows. OHSU Library will continue to provide subsidized interlibrary loans to Oregon physicians until July 1, 2002, after which the usual charges will be in effect.

The OHSU Library also offers other online information sources. Any Oregon-licensed health professional may obtain a free password to the Library's Ovid databases (Medline, HealthStar, a pharmacology database, a nursing/allied health database, three evidence-based medicine databases, and 29 full-text journals) by calling 1-800-328-2422 (503-494-2222 in Portland). In addition, each of Oregon's rural hospitals already has an institutional Ovid password for use by anyone on the hospital or medical staff.

If you are interested in an on-site demonstration of STAT!Ref and OHSU Library's other services, or would like more information, please contact Steve Teich at 503-494-3444 or [teich@ohsu.edu](mailto:teich@ohsu.edu).

## Appropriate Prescribing Workshops

Twice a year, usually in May and October, the Board of Medical Examiners holds a two-day Appropriate Prescribing Workshop for those who seek a better understanding of current trends in dealing with difficult or drug-seeking patients. Topics covered include:

- Chronic pain management.
- Ethical considerations involved in prescribing controlled substances.
- Current legal requirements for controlled substance management and record keeping.

The workshop also provides the practitioner with an increased self-awareness of personal strengths and weaknesses that may lead to inappropriate prescribing.

The program is sponsored by Providence Portland Medical Center for Category 1 CME credits, with the number of credit hours determined by Providence for each workshop. Because the curriculum is very interactive, only twelve registrations are accepted for each session. Participants have commented that they consider the program very worthwhile and enjoyable, and one even suggested videotaping it for distribution to hospitals for staff viewing.

The \$400 fee includes registration and books, plus lunches and morning and afternoon snacks for both days. Lodging, other meals, and transportation are not included.

For more information, please contact Glen Campbell, Compliance Officer, at 503-229-5873, ext. 220, or e-mail at [glen.campbell@state.or.us](mailto:glen.campbell@state.or.us)

## Board Actions – April 2001-July 2001

*Following is a summary of the actions taken by the Oregon Board of Medical Examiners between January 19, 2001 and July 13, 2001. To find a glossary of the terms used in this article, go to the Board's Web site [www.bme.state.or.us](http://www.bme.state.or.us), click on **Board Actions**, and click on **glossary of terms**.*

**BRISTOL, Thomas**, MD09602, Salem, OR

A corrective action order was entered on April 13, 2001. Licensee will attend the Appropriate Prescribing Workshop; licensee will provide the Board with a copy of any evaluation of his practice conducted by his employer; licensee will use the standard format for patient record keeping.

**BROWN, Timothy M.**, MD12786, Portland, OR

A final order was entered on April 13, 2001. The major terms of the order were as follows: Licensee's license to practice medicine in Oregon is revoked but the revocation is stayed. Licensee was placed on probation for five years; licensee was reprimanded; licensee was fined \$2,500 and his practice is restricted to dermatology.

**CASSIM, Muthalib M.**, MD11038, Salem, OR

A final order was entered on July 13, 2001. The Board withdrew the complaint and notice dated February 10, 1999, and found there was no violation of the Medical Practice Act.

**CHAMBERS, Charles E.**, MD23022, Hood River, OR

A stipulated order was entered into on April 13, 2001, granting licensure with conditions. The conditions are as follows: Licensee shall only interpret OB ultrasounds at a facility that is accredited in obstetric ultrasound; licensee shall practice under a supervising physician; licensee shall obtain a second opinion on hysterectomies; licensee shall perform major gynecological surgery with either a physician board certified in OB/GYN or a board certified surgeon; licensee may not exceed being on call more than 10 days in any month; licensee shall report to the Board at its regularly scheduled quarterly meetings; licensee shall give written notice of the existence of this order to any hospital, clinic or employer.

**CORDES, Kathleen K.**, MD16009, Eugene, OR

A stipulated order was entered into on July 12, 2001. Licensee's license to practice medicine in Oregon is revoked. However, that revocation is stayed, and licensee was placed on probation with the following conditions: licensee is fined \$2,000; licensee must consult with a pain specialist before treating patients with controlled substances for chronic pain; licensee must remain under care of a primary care physician, and if said physician prescribes medication, licensee must inform the Board within 72 hours; licensee shall engage in psychotherapy; licensee will enroll in a continuing medical education course related to doctor/patient relationships; licensee shall enroll in and complete the Appropriate Prescribing Workshop; licensee will participate in the Triplicate Prescription Program; licensee will not assume care of any new chronic pain patients until completion of medical training; and licensee shall report to the Board on a quarterly basis.

**DOPSON, Warren F.**, MD16288, Eugene, OR

A stipulated order was entered into on April 13, 2001. The major terms of the order were as follows: Licensee was reprimanded; licensee shall not self-medicate with prescription drugs; licensee will abstain from using any mood altering

or potentially addictive controlled substance; licensee will also provide random urine samples at the Board's request.

**DROTTAR, Beverly, B.**, MD, LL10066, Portland, OR

A corrective action order was entered on April 13, 2001, granting a limited license so licensee can complete a fellowship program.

**ENGHAUSER, Thomas M.**, PA00408, Sutherlin, OR

A final order was entered on April 13, 2001, revoking Mr. Enghauser's license to practice as a physician assistant.

**EPLEY, John M.**, MD06685, Portland, OR

A final order was entered on July 13, 2001. The Board withdrew the complaint and notice dated August 25, 1997, and found there was no violation of the Medical Practice Act.

**GALLANT, James D.**, MD12529, Corvallis, OR

A stipulated order was entered into on July 12, 2001. Licensee was reprimanded.

**HATCH, William, H.**, PA00731, Hillsboro, OR

A stipulated order was entered into on April 13, 2001, granting licensure on the condition that licensee completes twenty hours of CME in EKG interpretation and twenty hours of CME in diagnosis of coronary ischemia/acute myocardial infarction by February 6, 2002.

**HAYES, Daniel P.**, MD08354, West Linn, OR

A final order was entered on April 13, 2001 denying re-licensure.

**HUFF, Patrick E.**, DO11184, Dallas, OR

A corrective action order was entered on April 13, 2001. At the time licensee reactivates his license to practice medicine, licensee shall enroll in the Oregon Medical Association's Physicians Evaluation Education Renewal program (PEER) and complete PEER no later than 20 months from enrollment.

**MCLARTY, Charles A.**, MD15863, Portland, OR

A stipulated order was entered into on April 13, 2001. Licensee surrenders his license to practice medicine in lieu of further investigation.

**MCQUEEN, Robert J.**, MD14655, Newberg, OR

A stipulated order was entered into on July 12, 2001. Licensee was reprimanded; licensee must complete a course on physician/patient boundary issues within one year; licensee must continue treatment with a mental health professional.

**NEIL, Edwin J.**, MD13693, Portland, OR

A stipulated order was entered into on July 12, 2001. Licensee agreed to surrender his license to practice medicine in lieu of further investigation.

**SURMAN, Dusan Josip**, MD06713, Forest Grove, OR

A stipulated order was entered into on March 28, 2001. Licensee agreed to voluntarily withdraw from practice pending the completion of the Board's investigation into his competency to practice medicine. On July 13, 2001, a corrective action order was entered returning licensee to practice on the conditions that he limit the number of hours he works and has random chart reviews.

**WIELENGA, Glenn A.**, MD19802, Plains, MT

A final order was entered on April 13, 2001 revoking Dr. Wielenga's license to practice medicine.

***It's the law! You must notify the BME within 30 days of changing your practice address or mailing address. To help ensure that you receive your license renewals and other important information on time, call the BME for an address change form, or print the form from [www.bme.state.or.us/forms.html](http://www.bme.state.or.us/forms.html).***

## BIENNIAL Physician Registration Begins

**B**iennial registration renewal of MD and DO licenses will begin when the BME sends out packets in mid-September. This is the only packet you will receive, unless you call and request another.

If you have not renewed your license by December 1, the Board will send you a reminder, which will serve as second and final notice. Registration materials are actually due by December 1, to allow the BME adequate time to process forms and resolve problems. If your registration materials do not reach the BME by the end of the work day on Monday, December 31, your license will lapse, and you will be required to pay a late fee in addition to the regular registration fee to restore your license to its regular status.

If you do not receive your registration materials by the first week in October, please call 503/229-5770 as soon as possible and ask for the Registration Department. Thank you.

Remember: Answers to most registration questions may be found on the Board's Web site. Enter [www.bme.state.or.us/answertoreg.html](http://www.bme.state.or.us/answertoreg.html).

## New Licensees Listed on Web

**T**o give hospitals, credentialing services, and licensees prompt access to the information they need to start credentialing, the Board of Medical Examiners now posts a list of newly licensed physicians, podiatrists, and physician assistants on its Web site the second day of each two-day Board meeting at which licenses are granted. (These meetings are held in January, April, July and October). The information given includes names, license numbers, dates on which licenses expire, and a statement that the licensees listed are in good standing.

Within a week to ten days, the Board follows up with another list providing the status of each new licensee, and adding the names of those whose initial registration forms and fees were not received until after the Board meeting.

It takes Board staff a week to ten days after each board meeting to process the data on all new licensees into the database from which certificates of registration are printed and mailed. The Board hopes that swifter access to basic credentialing information will be helpful to the people it serves.