

## LAST ISSUE OF THE BME REPORT!

... **But** ... it's not the last issue of this newsletter!

On January 1, 2008, the Oregon Board of Medical Examiners will become the Oregon Medical Board. The 2007 Legislature approved the name change at the BME's request.

Consequently, your Winter 2008 newsletter will be the first issue of the *OMB Report*. The name will be different, but the only difference with regard to content will be a renewed commitment to providing the reader with important healthcare and licensure-related information.

Likewise, as the name "Board of Medical Examiners" is retired after 118 years, the members and staff of the newly-named Oregon Medical Board – the OMB – will renew their shared commitment of service to the people of the state of Oregon.

See *"'07 Session Review," page 2.*



## Physician Assistant panel seeks candidates

The Board of Medical Examiners (BME) and its Physician Assistant (PA) Committee are seeking letters of interest and curricula vitae (CV) from PAs interested in serving on the committee.

A new position for a PA member of the committee will be open January 1, 2008, when Senate Bill (SB) 531 takes effect. SB 531 added a third PA to the committee, and removed the pharmacist member position from the panel.

Effective January 1, 2008, the PA Committee will be comprised of three PAs, one physician who supervises a PA, and a member of the Board. Committee members serve three-year terms, and may be reappointed to serve second terms. The committee holds four regular meetings each year, with occasional telephone conference call meetings.

Candidates must be actively practicing as PAs. The Board's Administrative Affairs Committee (AAC) will review letters of interest and CVs from PA Committee candidates at the December 12, 2007 AAC meeting. The AAC will forward three nominees to the Board, which will appoint a new PA member to the committee at its regular meeting January 10-11, 2008.

Application materials must be submitted to the Board at 1500 S.W. First Ave., Suite 620, Portland, OR 97201, or by e-mailing [diana.dolstra@state.or.us](mailto:diana.dolstra@state.or.us), by November 29, 2007.



**THE BOARD • CHAIR** David Grube, MD, Philomath • **VICE CHAIR** Patricia Smith (*public member*), Bend • **SECRETARY** John Stiger, DO, Milwaukie • Sarojini Budden, MD, Lake Oswego • Lisa Cornelius, DPM, Corvallis • Clifford Deveney, MD, Portland • Ramiro Gaitán (*public member*), Portland • Nathalie Johnson, MD, Portland • Douglas Kirkpatrick, MD, Medford • Gary LeClair, MD, Springfield • Lewis Neace, DO, Hillsboro •

**STAFF • EXECUTIVE DIRECTOR** Kathleen Haley, JD • **MEDICAL DIRECTOR** Philip Parshley, MD • **BME REPORT EDITOR** Mike Sims

**Before**



## *From the Executive Director*

# '07 Session Review

## *Legislative activity means changes are in store for the BME*

**By Kathleen Haley, JD  
Executive Director, BME**

Oregon's 2007 legislative session was one of the shortest in recent memory, but was no less productive or memorable, particularly for the Oregon Board of Medical Examiners – which will become the Oregon Medical Board on New Year's Day.

Perhaps the most memorable of this year's BME bills, Senate Bill (SB) 147, mandated the name change. The Board requested the bill in order to reflect the fact that the BME no longer examines candidates for licensure, and to eliminate possible confusion with the State Medical Examiner. SB 147, and the name change, take effect January 1, 2008.

Of course, the 2007 Legislature considered bills with far more substantive effects upon the BME, its licensees and their patients. SB 337 not only addressed malpractice reporting, but also the BME's investigative and disciplinary roles.

Under SB 337, the BME may not post on its website reports of malpractice claims without money judgments, awards or settlements, or findings or admissions of liability. The bill also delineates what information the BME may require of persons reporting licensee conduct to the BME.

The bill also granted the BME civil enforcement authority for the Medical Practice Act (ORS Chapter 677), and increased the BME's maximum civil penalty from \$5,000 to \$10,000. Those provisions were folded into SB 337 from two BME-proposed bills, SBs 146 and 148.

Sen. Alan Bates, DO (D-Ashland) played a big role in this process as facilitator of a work group of representatives from the BME, OMA and the Oregon Association of Hospitals and Health Systems (OAHHS).

SB 337 took effect when the Governor signed it into law on July 17, 2007. It represented a great deal of cooperative effort toward a bill that would increase patient safety.

The Health Professionals Program (HPP) will begin offering mental health services in 2009, thanks to SB 145, which the BME proposed after several years of work toward this end. This was another bill whose success depended upon cooperation and compromise among several parties – each well-intentioned, each having at heart the best interests of its constituency and of the people of Oregon.

SB 145 increases the size of the HPP Supervisory Council from five (5) to seven (7) members, including a public member. The bill also formally changes in statute the name of the program from "Diversion Program for Health Professionals" to "Health Professionals Program," reflecting common usage. All provisions of SB 145 become effective January 1, 2009.

*(Continued on Page 3)*

## '07 Session Report *(continued from page 2)*

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Two key bills affect specific BME licensee groups.

SB 531 will change the size and makeup of the Physician Assistant (PA) Committee. The bill increases the number of PAs on the Committee from two (2) to three (3), and eliminates the pharmacist member of the Committee. We would like to salute and thank Committee Chair Darrel Purkerson, RPh of St. Helens, for his 13 years of outstanding service to the PA Committee. Mr. Purkerson will leave the Committee at the end of the year, due to SB 531.

SB 531 also provides that the Board will directly appoint members of the PA Committee, rather than the Oregon Society of Physician Assistants (OSPA). The bill requires the Board to consider OSPA nominees when making appointments. SB 531 takes effect January 1, 2008.

Lawmakers also approved SB 751, which will allow the Board's podiatric physician member to vote on all matters coming before the Board, not just those items involving podiatrists. SB 751 also becomes effective on New Year's Day.

The BME has a solid 2007-09 budget with which to carry out its mission. The biennial budget totals approximately \$8 million and contains no new fees or fee increases.

The 2007 legislative session was one of the least contentious in many years. This lack of contention and discord helped create an atmosphere that was much more conducive to finding solutions that better serve and protect the people of Oregon.

We are glad that we could emerge from the legislative session with a workable two-year budget and authorization to do those things we wish to do (such as mental health services and civil enforcement authority), in order to fulfill the Board's mission of public protection.



## **Behavioral clinic director Maynard appointed to HPP council**

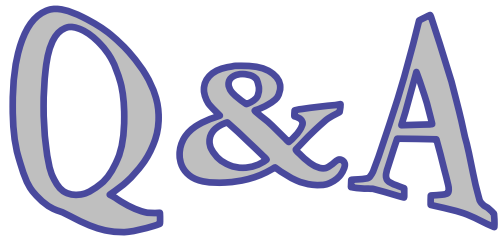
Glenn Maynard, LPC, Portland, has been appointed to the Health Professionals Program (HPP) Supervisory Council. The Board appointed Mr. Maynard to the Council in July, to complete the unexpired term of Andris Antoniskis, MD, Portland.

Dr. Antoniskis left the Council in May after 10 years of service, and six years as chair. His term expires June 30, 2008, and Mr. Maynard will be eligible for reappointment to the Council at that time.

Mr. Maynard is director of the Behavioral Health Clinic and an assistant professor of psychiatry at Oregon Health and Science University (OHSU). As clinic director, he provides clinical and administrative leadership for an outpatient mental health and addiction treatment program. He is responsible for program development, community relations, clinical training and supervision, and quality of care.

Mr. Maynard has been in private practice in Portland since 1980, providing individual, marital and family counseling to adults and adolescents. In addition to being a Licensed Professional Counselor (LPC), he is also certified as a National Certified Counselor and a Master Addictions Counselor.

He has offered specialized evaluation and counseling services for substance abuse disorders, and also provides consultation and training to health care organizations.



## What is a visiting physician or a visiting acupuncturist?

On occasion, a physician or acupuncturist is approved to come into the state of Oregon for the sole purpose of obtaining or providing training – the practitioner will not otherwise practice medicine or acupuncture in the state.

In such cases, the BME may grant approval for a visiting physician or visiting acupuncturist to practice for up to 10 days, no more than three times a year.

**The Visiting Physician** is also referred to by many hospitals and facilities as receiving courtesy privileges. The visiting physician's practice is limited to a specific procedure or set of procedures for training or teaching purposes only, and these procedures must take place in a hospital or accredited facility. The hospital or accredited facility must submit a request and supporting documentation to the BME.

To help ensure a smooth, expedient process, the Oregon hospital or accredited facility should submit all required materials to the BME two weeks prior to the date(s) of Oregon practice of the visiting physician. Hospitals and facilities should also provide complete contact information (name, phone and fax numbers, email and mailing addresses) of the person coordinating the credentialing process.

A complete listing of visiting physician requirements may be found in Oregon Administrative Rule (OAR) 847-010-0066.

**The Visiting Acupuncturist's** situation is similar to that of the visiting physician. The BME may grant approval for a visiting acupuncturist to demonstrate acupuncture needling as part of:

- A seminar, conference, or workshop sponsored by an Oregon school or an Oregon school's program of acupuncture or Oriental medicine, or a professional organization of acupuncture; or
- Any seminar, conference, or workshop approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) to provide continuing education training.

The approval may be granted for a period up to 10 days no more than three times a year. An Oregon licensed acupuncturist must be in attendance at the seminar, conference or workshop.

A complete listing of visiting acupuncturist requirements may be found in OAR 847-070-0033.

## How do I become an approved acupuncture clinical supervisor?

The BME periodically gets inquiries regarding the requirements to become a Board-approved acupuncture clinical supervisor. To qualify, a practitioner must meet one of the following requirements:

- Be an actively licensed Oregon acupuncturist who has practiced acupuncture for at least five (5) years and is in good standing with the Board.
- Be an actively licensed Oregon physician who has passed a qualifying exam for acupuncture, has practiced acupuncture for at least five (5) years and is in good standing with the Board.

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## **Q&A: Acupuncture Clinical Supervisor** (continued from page 4)

▪ Be an acupuncturist or physician actively licensed in another jurisdiction who has practiced acupuncture for at least five (5) years and is in good standing with that jurisdiction. The practitioner must have been certified by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) or have passed a qualifying exam for acupuncture.

Practitioners approved as clinical supervisors by the Board may supervise no more than two (2) acupuncture trainees in an informal private clinical setting. Trainees or students may only perform acts that constitute the practice of acupuncture under the direct supervision of a Board-approved acupuncture clinical supervisor.

These requirements may be found in OAR 847-070-0017.

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## **FDA offers product safety e-resources for physicians**

**WASHINGTON** – The U.S. Food and Drug Administration (FDA) has started offering Web-based safety information for health care providers and their patients at the point of care.

Physicians and other practitioners can now receive clinically useful safety information regarding medical products directly from the FDA. They can subscribe to the FDA's MedWatch listserve notification, or RSS news feeds, at [fda.gov/medwatch/elist.htm](http://fda.gov/medwatch/elist.htm).

The FDA's MedWatch website can also be accessed and bookmarked at [fda.gov/medwatch/safety.htm](http://fda.gov/medwatch/safety.htm). Audio podcasts of the information can be downloaded from the website.

These are the latest steps the FDA has taken toward its goal of an electronic environment for all of its regulatory activities, according to Janet Woodcock, MD, deputy commissioner and chief medical officer. For example, she said, in January 2006 the FDA began making updated prescription labels available to physicians free of charge through the National Library of Medicine's DailyMed website – [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov).

Dr. Woodcock added that last spring, the FDA hosted a public meeting to explore ways to work with private healthcare organizations toward a nationwide cyber network for dealing with adverse events involving medical products. She explained that such a network would support rapid access to, and analysis of, such events, as well as dissemination of timely risk communications.

"I believe it is critical that FDA work with healthcare organizations ... to expand our risk communication activities as part of the agency's larger patient safety effort," Dr. Woodcock said.

### **STATEMENTS OF PURPOSE**

**The mission of the Oregon Board of Medical Examiners is to protect the health, safety and well being of Oregon citizens by regulating the practice of medicine in a manner that promotes quality care.**

**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.**

## Oregon Administrative Rules (OAR)

*Reviewed and Adopted by the Board of Medical Examiners*

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### TEMPORARY RULES (First Review of permanent rules)

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The Board adopted this rule by temporary rule adoption on October 12, 2007, and approved the First Review of this rule at the same time. Rules approved by temporary rule adoption must follow the same procedure for regular rule adoption, by going through a First and a Final Review within the 180 days allowed by the temporary rule adoption procedure before being permanently adopted:

#### *Podiatric Physicians (DPM)*

**OAR 847-080-0037, Administrative Medicine** – The proposed rule would allow podiatric physicians to practice Administrative Medicine under the designated license status.

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### ADOPTED RULES (Final Review)

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The Board at its October 11-12, 2007 meeting adopted the following amendments to Oregon Administrative Rules (OAR), Chapter 847:

#### *Medical and Osteopathic Physicians (MD/DO)*

**OAR 847-008-0065, Use of Name** – The proposed rule amendment removes reference to a fee that is no longer required for change of a licensee's legal name.

**OAR 847, Division 020, Basic Requirements for Licensure: Foreign Medical Graduates (-0130); Documents and Forms to be Submitted for Licensure (-0150); Written Examination (-0170); Endorsement or**

**Reciprocity (-0180), SPEX or COMVEX Examination and Personal Interview (-0183)** – The proposed rules:

1) Would require foreign medical school graduates to provide the Board with documentation substantiating that the medical school from which the applicant graduated provided a resident course of professional instruction equivalent to that provided in an approved medical school in the United States or Canada;

2) Would allow for American Board of Medical Specialties (ABMS) specialty board dispensation toward postgraduate training requirements for foreign medical school graduates;

3) Would move the requirement to pass open-book exams to the rule that addresses documents and forms to be submitted for licensure;

4) Consolidate rule language regarding requirements for the Special Purpose Examination (SPEX) and personal interview to reduce redundancy in the rule language; and

5) Add language regarding requirements for osteopathic physicians to pass the Comprehensive Osteopathic Medical Variable Purpose Examination (COMVEX).

#### *Medical, Osteopathic and Podiatric Physicians (MD, DO, DPM)*

**OAR 847-015-0025, Dispensing Physicians and Podiatric Physicians and Surgeons** – The proposed rule amendment adds podiatric physicians to licensees who can dispense drugs.

#### *Emergency Medical Technicians (EMT)*

**OAR 847-035-0030, Scope of Practice** – The proposed rule amendment would add the administration of fentanyl to the EMT-Intermediate (EMT-I) scope of practice.

*(Continued on Page 7)*

*OARs (continued from page 6)*

*Physician Assistants (PA)*

**OAR 847-050-0031, Use of Name; OAR 847-050-0035, Grounds for Discipline; OAR 847-050-0045, Termination of Approval** – The proposed rule amendments would remove references to a fee that is no longer required for a name change, and remove some of the listed reasons as grounds for discipline, in order to eliminate redundancy between statutory language (ORS 677.190) and the rule language.

*Acupuncturists (LAc)*

**OAR 847-070-0018, Use of Name; OAR 847-070-0022, Documents to be Submitted for Licensure; OAR 847-070-0036, Limited License, Special; OAR 847-070-0037; Limited License, Postgraduate; OAR 847-070-0050, Acupuncture Advisory Committee** – The adopted rule amendments remove references to fees and requirements that are no longer required by the Board, update a reference to another rule within Division 70 to be consistent with the current numbering, specify that the Limited License, Postgraduate expires if the licensee fails the acupuncture certification examination given by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), and remove specifications for committee member term ending dates that are now in the past.

*Podiatric Physicians (DPM)*

**OAR 847-080-0001, Definitions; OAR 847-080-0018, Endorsement, Competency Examination and Personal Interview** – The adopted rule adds waivers to the podiatrist rules similar to those applying to medical and osteopathic physicians.

Podiatric physicians who become board-certified will be granted waivers for the requirement to pass Parts I, II and III of the National Board of Podiatric Medical Examiners

(NBPME) examination within seven (7) years, and for the requirement to pass Part III of the examination within four (4) attempts.

**PROPOSED RULES  
(First Review)**

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

*ALL LICENSEES*

**OAR 847-010-0073, Reporting Incompetent or Impaired Licensees to the Board** – Proposed amendments to OAR 847-010-0073 were drafted to reflect statutory changes to ORS 677.415. The Legislature approved the changes in SB 337, which became law when the Governor signed it on July 17, 2007.

**OAR 847-020-0155, State and Nationwide Criminal Records Checks, Fitness Determinations** – Proposed rule amendment adds requirement that licensees reactivating their license submit a fingerprint card to determine their fitness to practice. Current rule regarding criminal records checks includes applicants for initial licensure, licensees renewing their license, and licensees under investigation.

*Medical and Osteopathic Physicians (MD, DO)*

**OAR 847-005-0005, Fees; OAR 847-010-0060, Limited License, Special, Limited License, SPEX/COMVEX, and Limited License Postgraduate; OAR 847-010-0064, Limited License, SPEX/COMVEX; OAR 847-010-0070, Competency Examination; OAR 847-020-0183, SPEX or COMVEX Examination and Personal Interview; OAR 847-023-0005, Qualifications** –

*(Continued on Page 8)*

*OARs (continued from page 7)*

DIVISIONS 005, 010, 020, 023:

The proposed language would add references to the Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX) wherever the Special Purpose Examination (SPEX) is referenced. The Board added the COMVEX as an exam that may be required of DOs to demonstrate current medical competency.

**OAR 847-008-0037, Administrative Medicine; OAR 847-008-0055, Reactivation from Locum Tenens/Inactive/Emeritus/Active-Military to Active/Locum Tenens Status –**

The proposed rule amendments would add podiatric physicians to the Administrative Medicine status, and delete a requirement for reactivation of licensure that corresponds with a previous OAR amendment regarding streamlining of initial licensure.

*Physician Assistants (PA)*

**OAR 847-050-0020, Qualifications** – The proposed rule amendment establishes attempt limits for the Physician Assistant National Certifying Examination (PANCE).

Comments concerning the proposed rules must be made to the Board in writing by Friday, December 28, 2007. The Board will make Final Review of the proposed rules and rule amendments at its January 10-11, 2008 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) or call (971) 673-2700.**

*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.

**Calendar of Meetings**

**DECEMBER**

- 6 – Thurs. .... **Investigative Committee**, 8 a.m.; **Board of Medical Examiners** (*conference call*), 4 p.m.
- 11 – Tue. .... **Health Professionals Program (HPP) Supervisory Council**, 9 a.m.
- 12 – Wed. .... **Administrative Affairs Committee**, 4 p.m.
- 12 – Wed. .... **Joint Meeting: Board of Medical Examiners, HPP Supervisory Council**, 6:30 p.m.
- 13 – Thu. .... **Physician Assistant (PA) Committee**, 9:30 a.m.

**JANUARY 2008**

- 10-11 – Thurs.-Fri. .... **Oregon Medical Board** (*formerly Board of Medical Examiners*), 8 a.m.
- 12 – Sat. .... **Retreat, Oregon Medical Board**, 8:30 a.m.

## *Board Actions – August 16 to October 12, 2007*

### **STIPULATED AND FINAL ORDERS**

*Reportable to the  
National Practitioner Data Bank (NPDB)*

**GEARHART, Mark R., MD13080;  
Lake Oswego, Ore.**

The Licensee on September 6, 2007 signed and entered into a Stipulated Order, through which he agreed to withdraw from the practice of medicine pending the conclusion of the Board's investigation into his competency to practice. The Order became effective upon the Licensee's signature. The Board approved the Order on September 12, 2007.

**MALETZKY, Barry M., MD07737;  
Portland, Ore.**

The Board on October 11, 2007 issued a Default Final Order denying the Applicant's application for Oregon licensure.

**MOHAMMED, Mohammed S.E., MD17525;  
Corvallis, Ore.**

The Licensee on October 12, 2007 entered into an Interim Stipulated Order, through which he agreed to withdraw from practice pending the conclusion of the Board's investigation.

**NIEMANN, Petra S., MD25428;  
Munich, Germany**

The Board on September 6, 2007 issued a Default Final Order revoking the Licensee's Oregon medical license and fining the Licensee \$10,000.

**SHOEMAKER, David W., MD17620;  
Walla Walla, Wash.**

The Board on October 11, 2007 issued an Order denying the Licensee's request to stay the Final Order of August 2, 2007.

**SIAW, Caleb, MD11165; Boring, Ore.**

The Board on September 6, 2007 issued a Default Final Order revoking the Licensee's Oregon medical license and fining the Licensee \$10,000.

**SOLIS, Jose A., DO21474;  
Cottage Grove, Ore.**

The Board on September 6, 2007 issued a Default Final Order revoking the Licensee's Oregon medical license and fining the Licensee \$10,000.

**WILSON, Erika L., PA00478; The Dalles, Ore.**

The Licensee on October 11, 2007 entered into a Stipulated Order, through which she surrendered her Oregon physician assistant license while under investigation.

**WINTER, Brooke C., LAc; AC00120;  
Portland, Ore.**

The Licensee on September 6, 2007 entered into an Interim Stipulated Order, through which she agreed to withdraw from the practice of acupuncture pending the conclusion of the Board's investigation into her competency to practice.

**YEAGER, Dean A., MD17697; Stayton, Ore.**

The Licensee on October 11, 2007 entered into an Interim Stipulated Order, through which he agreed to stop supervising physician assistants (PA) by November 1, 2007, and to make specific efforts to transfer his current PAs to other Board-approved supervising physicians. The Order will remain in effect until the conclusion of the Board investigation.

*(Continued on Page 10)*

***Registration renewals are due to the BME  
no later than 5 p.m. December 31, 2007!***

*Board Actions (continued from page 9)* \_\_\_\_\_

**VOLUNTARY LIMITATIONS**

*Voluntary Limitations are not disciplinary actions, but are reported to the National Practitioner Data Bank (NPDB).*

**RETZLAFF, John A., MD06359; Medford, Ore.**  
The Licensee on September 12, 2007 entered into a Voluntary Limitation which grants him Emeritus license status, limited to ophthalmology. The Licensee is limited to non-clinical consultations, and may not see or treat patients.

**CORRECTIVE ACTION ORDERS**

*Corrective Action Orders are not disciplinary actions, but are public orders issued with the goal of remediating problems in licensees' individual practices. They are not reported to the National Practitioner Data Bank (NPDB).*

**HILSINGER, Katherine L., MD20046; Klamath Falls, Ore.**  
The Licensee on October 11, 2007 entered into a Corrective Action Order, in which she agreed to take two courses in surgical techniques and in obstetric complications and deliveries. According to the Order, the courses must be pre-approved by the BME Medical Director.

**JENSEN, Susan S., MD21665; La Grande, Ore.**  
The Licensee on October 11, 2007 entered into a Corrective Action Order in which she was directed to complete a Board-approved retraining program as a condition of returning to the practice of obstetrics.

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CONTACT FILES!**  
Beginning January 1, 2008,  
it's the  
**OREGON MEDICAL BOARD**

**PRIOR ORDERS MODIFIED  
OR TERMINATED**

**CASPERSEN, LeRoy S., MD05863; Tigard, Ore.**  
The Board on October 11, 2007 terminated the Licensee's October 18, 2001 Corrective Action Order.

**KNOWLTON, David A., MD20529; Eugene, Ore.**  
The Board on October 11, 2007 terminated Term 4.1 of the Licensee's May 8, 2007 Corrective Action Order.

**LEVIN, Dina J., MD20540; Portland, Ore.**  
The Board on October 11, 2007 terminated the Licensee's January 11, 2007 Corrective Action Order.

**LITWER, Lawrence R., MD16741; Salem, Ore.**  
The Board on September 6, 2007 issued an order terminating the Licensee's October 16, 2006 Stipulated Order.

**RUFF, Ron H., MD17527; Lake Oswego, Ore.**  
The Board on October 11, 2007 terminated the Licensee's July 9, 2004 Stipulated Order.

**TOLIVER, George S., DO16685; Yakima, Wash.**  
The Board on October 11, 2007 terminated the Licensee's October 16, 2003 Stipulated Order.

**WILSON, Benjamin R., MD12349; Salem, Ore.**  
The Licensee on October 11, 2007 entered into an Order Modifying Stipulated Order. Through the Order, the Board added three additional terms to the Licensee's April 17, 2003 Stipulated Order.

*NOTE: Copies of most Board orders issued from 1998 to the present are available for viewing on the BME Website: [www.oregon.gov/BME](http://www.oregon.gov/BME).*

## Questions raised: Supervising physicians' contact time with EMTs and First Responders

By Paul S. Rostykus, MD, MPH

Chair, Emergency Medical Technician (EMT) Advisory Committee

The 1998 Oregon EMT-Paramedic Recertification study guide and exam contained a multiple-choice question: "In Oregon, an EMS medical director (supervising physician) is required to spend a minimum of \_\_\_ hours of contact time per year with EMTs under their direction."

The answer choices were two, eight, 12 and 24 hours. The correct answer was two hours.

The Board of Medical Examiners' OAR 847-035-0025 (3) states, "Nothing in this section shall limit the number of EMTs and First Responders that may be supervised by a supervising physician so long as the supervising physician can meet with the EMTs and First Responders under his/her direction for a minimum of two hours each calendar year." (*The italics and underlining are mine.*)

What does this requirement mean? Does the underlined "can" mean only that it is possible for the supervising physician to meet with the EMTs? Or does it mean that he or she "must" meet with them?

Can this contact be with a surrogate or representative of the "supervising physician," such as a supervising physician agent, another physician, nurse, or EMT?

Dr. Don McNeill, who was a member of the EMT Advisory Committee for many years, remembered that this was written to require some minimal contact, as some EMTs did not know the name of their supervising physicians, let alone ever have met them in person.

For supervising physicians with a few small agencies this contact can be easily doable. However, those supervising physicians with larger agencies and many personnel, and those who live in very rural or frontier parts of the state, may have difficulty arranging face-to-face contact time.

Supervising physicians already have multiple responsibilities in both their emergency medical services (EMS) lives and non-EMS lives. Is this just one additional bureaucratic "hoop to jump through?" How is this enforced? Is this a requirement of the supervising physician to enforce? What leverage does the supervising physician have, besides "pulling" an EMT's certificate, which can lead to significant union and labor concerns?

If it is the responsibility of the EMT or First Responder, why is this requirement not written in OAR Chapter 333, Division 265 with the rest of the EMT recertification requirements?

Does anyone enforce it? I have chosen to do so for the EMTs and First Responders I supervise in Jackson County. EMS personnel can meet this requirement in a number of ways, including attendance at Case Reviews (which I hold monthly), at agency drill nights I attend, at classes I teach, and at EMS meetings I attend.

At recertification time, every two years, EMTs must be able to document four hours of contact time with me, before I will sign their recertification forms. Documentation is tracked by their agencies and our local EMS office.

*(Continued on Page 12)*

*‘Contact time’ with EMTs (continued from page 11)*

Is this a hassle? It is time-consuming and one additional “hoop” for the EMTs to complete for recertification. I think that it is important, and the agencies support me by enforcing it, so that the EMTs and First Responders have some idea of who I am, how I think, and how I want them to practice EMS.

Unfortunately, I don’t remember every EMT or First Responder’s name or face, although almost all of them can recognize me. It does force me to make efforts to get out and meet the EMS personnel on their “turf.”

I brought the subject of the contact hour requirement at our May and August EMT Advisory Committee meetings, to learn what happens with regard to this around the state. The Committee referred the matter to the State EMS Committee in June for consideration of adding this requirement to OAR Chapter 333, Division 265, pertaining to EMT certification and recertification.

The conclusion of our EMT Advisory Committee discussion was that the meaning and enforcement of this requirement should be up to the interpretation of the individual supervising physician.

*Paul S. Rostykus, MD, MPH chairs the BME’s EMT Advisory Committee, and has served on the Committee since 2003. He also serves as a supervising physician for emergency medical services in Jackson County. Dr. Rostykus lives and practices in Ashland.*

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For more information, call the BME at (971) 673-2700,  
or toll free in Oregon: 1-877-254-6263.

**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: (971) 673-2700 or print the form from [www.oregon.gov/BME/forms.shtml](http://www.oregon.gov/BME/forms.shtml).

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