



Board Welcomes New Medical Director, Thanks Dr. Parshley for His Dedicated Service

Dr. Jim Peck, a vascular surgeon, is the Oregon Medical Board’s new medical director. His predecessor, Dr. Phillip Parshley recently retired after serving the Board for the past ten years.

After ten years, the Oregon Medical Board is welcoming a new medical director. Philip Parshley, MD, is retiring from the position he has held since February 2000. His successor is Jim Peck, MD, a vascular surgeon from the Portland area.

Before coming to the Oregon Medical Board, Dr. Parshley had a surgical practice spanning more than 30 years, and was best known for his work with severe burns. During his tenure with the Board, Dr. Parshley served the state while working with 37 different Board members.



Dr. Jim Peck is the OMB's new medical director.

“Dr. Parshley is the consummate gentleman,” said Kathleen Haley, Executive Director of the OMB. “We will miss his quiet, balanced intellect. We are honored to have had his service for over a decade.”

Dr. Peck, who began at the OMB in June, earned his medical degree from the University of California, San Francisco School of Medicine in 1972, and completed his general surgery residency and vascular fellowship at Los Angeles County-USC Medical Center.

Continued on page 13

INSIDE...

- FAQs from the OMB..... page 2
- Responsibility Rests with Surgeon page 3
- Investigative Process Overview page 4
- Description of Board Order Terms..... page 5
- Acupuncture Scope of Practice..... page 6
- Re-Entering Practice page 6
- Five Things All Physicians Should Do..... page 7
- Board Actions page 8
- Oregon Administrative Rules,
Proposed and Adopted page 12

Oregon Medical Board

Chair

Lisa A. Cornelius, DPM
Corvallis

Vice Chair

Ralph A. Yates, DO
Portland

Secretary

Linda B. Johnson, MD
Turner

Ramiro Gaitán

Public Member

Portland

Donald Girard, MD
Portland

Douglas B. Kirkpatrick, MD
Medford

John P. Kopetski

Public Member

Pendleton

George Koval, MD
Portland

Roger McKimmy, MD
Eugene

Lewis D. Neace, DO
Portland

Keith A. White, MD
Independence

Kent Williamson, MD
Portland

Staff

Executive Director

Kathleen Haley, JD

Medical Director

Jim Peck, MD

OMB Report Editor

Brandy Trotter

OMB Report Designer

Kassie Boehringer

www.oregon.gov/OMB

FAQs from the OMB

Q: When do I have to report an encounter with the police?

A: ORS 676.150 and OAR 847-10-0073 requires licensees to report any arrest for a felony or any conviction for a misdemeanor or felony.

Q: Do I have to report if I am stopped by the police, but not arrested?

A: If the police stop you, but issue no citation, you do not have to report it. You also do not have to report minor traffic citations such as parking or speeding tickets.

Q: Do I have to report a DUII received while I wasn't on duty; what if it's later expunged?

A: The duty to report extends to licensees convicted of a misdemeanor or felony or who are arrested for a felony crime (ORS 676.150). Licensees are also required to report an "official action" taken against them, which includes any formal action taken against a licensee by a government agency based on a finding of medical incompetence, unprofessional conduct, physical incapacity or impairment (ORS 677.415(1)(b)).

Such offenses/arrests do NOT automatically result in license revocation, suspension, fine or discipline. The OMB just has to make sure that you don't have a condition that compromises your professional function and patient care.

Q: ORS 676.150 states if you have cause to believe another licensee has engaged in prohibited or unprofessional conduct, you must report it. If I see another health care professional

Continued on page 7

Submit Your Question

Do you have a question you'd like answered in an *Oregon Medical Board Report*? Send it in for an upcoming Frequently Asked Questions column.

Email your question to
OMBReport@state.or.us

Responsibility Rests With Surgeon

by Philip F. Parsbley, MD,

Medical Director, Emeritus, Oregon Medical Board

This article was originally printed in the Winter/Spring 2001 edition of the Board of Medical Examiners newsletter. Although our name has changed to the Oregon Medical Board, the information remains timely for licensees today.

If you have ever been in the military you will remember the saying, “You can delegate authority, but not responsibility.” In medicine, the physician is “captain of the ship,” and the Board of Medical Examiners takes a strong position that doctors are responsible for the patients under their care, whether that care is rendered directly or delegated to others.

This issue was brought to the fore when the Board of Optometry published new rules under Oregon Administrative Rules (OAR) 852-020-0050 (2) stating that it “...considers procedures to be within the scope of optometric practice, as defined in ORS Chapter 683, when all six of the questions listed in (a) through (f) below can be answered in the affirmative.” To paraphrase the material cited, if it involves the eye or the functions of the eye, and it can be done without invasive surgery, laser surgery, closure by suture, oral pharmaceuticals, or injectable pharmaceuticals, it is within the scope of practice of optometry. Otherwise, it is not.

The Board of Optometry also states in OAR 852-020-0050 (1) that optometrists may “...co-manage invasive surgery, laser surgery, and procedures involving oral or injected pharmaceutical agents with health care practitioners whose scope of practice allows them to do these procedures under their own license.”

These items were published under “Standards of Optometric Practice.”



At the July 2000 quarterly meeting, the Board recommended that Oregon’s ophthalmologists be informed that the BME expects operating ophthalmologists to be responsible for the total perioperative care of patients on whom they perform surgery and other invasive procedures, including “procedures that require oral or injectable pharmaceuticals.” This notification was carried out in a mailing, which said in part that the ophthalmologist’s responsibilities include “...an independent preoperative evaluation and diagnosis, a PARQ conference, the surgery/invasive procedure, and the postoperative care of the patient until this operative course is completed.” The letter emphasized

Continued on page 13

Anatomy of a Complaint: An Overview of the Investigative Process

The mission of the Oregon Medical Board is to regulate the practice of medicine in a manner that promotes quality care. Among its many responsibilities, the Board is charged with investigating complaints and imposing disciplinary actions if needed.

Each year, the Board opens between 300 and 400 formal investigations. Investigations follow a series of steps that are completed within 150 days on average. When the Board conducts an investigation, it is handled in a confidential and discrete manner as required by Oregon law. Information gathered during the investigation, including the identity of the complainant, is not considered a public record.

After receiving a complaint and collecting all of the information necessary to evaluate the allegations, the case is reviewed by the Board's medical director, executive director, and Investigative Committee. If the Investigative Committee determines that the complaint does not violate the Medical Practice Act (ORS 677), it is sent to the full Board for review. If the Board concurs, the case is closed and the licensee either receives a letter stating that no violation was found, or a letter of concern.

If the Investigative Committee finds that a violation may have taken place, they will gather additional information as needed and interview the licensee during one of its monthly meetings.

After the investigation is complete, the Board will review all of the information at a quarterly meeting. If the Board finds evidence in support of a violation of the Medical Practice Act, it will issue a Complaint and Notice of Proposed Disciplinary Action.

At this stage the licensee may request a contested case hearing. If a hearing is not requested within a set

time period, the Board will issue a final order. If the licensee requests a hearing, he or she can either enter into settlement discussions with the Board to find a mutually acceptable resolution, or have a contested case hearing presided over by an administrative law judge, who will draft a proposed order. The Board will then review the proposed order and determine the appropriate final action.

Terms of the final orders may include revocation, suspension, reprimand, probation, remedial education, monitoring, practice limitations, chaperone or fine. If the licensee disagrees with the action, he or she can seek appeal to the Oregon Court of Appeals and the Oregon Supreme Court.

More information on the investigative process can be found on the Oregon Medical Board website at www.oregon.gov/OMB. ♦

For more information about the Oregon Medical Board



Visit www.oregon.gov/OMB

Or contact the
Oregon Medical Board

In the Portland area: 971-673-2700
Toll free: 1-877-254-6263

1500 S.W. First Ave., Suite 620
Portland, OR 97201

Board Orders Description of Terms

Below is a description of the different orders issued by the Oregon Medical Board:

Order for Evaluation:

These orders are issued by the Board during an investigation and it compels the licensee or applicant to obtain a specific type of evaluation. These orders are not public and are not reportable.

Interim Stipulated Order (ISO):

These orders are issued while an investigation is in progress and imposes conditions on a licensee's practice until a final action is taken and the case is closed. In most ISO's, the licensee usually withdraws from practice during the investigation. The licensee agrees to this by signing the order. These orders are reportable and available to view on the OMB website.

Emergency Suspension (ES):

If the licensee is unwilling to sign an ISO (above) or the Board is unwilling to issue an ISO, the Board may issue this order, which immediately suspends the license pending the completion of the investigation. This is only done when the licensee poses an immediate threat to the safety and welfare of his or her patients. The Board imposes this on the licensee. This order is signed by the Board chair only. The licensee can challenge it however via a contested case hearing. These orders are reportable and available to view on the OMB website.

Complaint and Notice of Proposed Disciplinary Action (CN):

The Board finds evidence to support a violation(s) of the Medical Practice Act and proposes disciplinary action, and gives the Licensee 21 days

to request a Contested Case Hearing (CCH). If the licensee does not request a hearing, the Board issues a Default Final Order. If the Licensee does request a CCH, the case may settle with a Stipulated Order. A CN is not reportable. This is a document issued by the Board and signed by the Executive Director. These actions are available to view on the OMB website.

Proposed Order to Deny License/Renewal or Notice of Intent to Deny License/Renewal:

These orders are typically issued for applicants or licensee's reactivating their license. These orders function similarly to CNs, except that they give the licensee 60 days to request a CCH. These Orders are not reportable to the databank. These are documents issued by the Board and signed by the

Continued on page 14

Consultants Needed

The Board is searching for qualified medical consultants in various specialties. The individual contractor consultants will review cases and provide the Board with written reports; evaluate licensees to determine competency; serve as members of oral exam panels; testify at hearings, or provide other related professional consultative services. If you are interested in becoming an individual contractor with the Board, please send your resume and letter of intent to:

Jim Peck, MD, Medical Director
Oregon Medical Board
1500 S.W. First Avenue, Suite 620
Portland, Oregon 97201

Acupuncture Committee Acts on Scope of Practice Issues

The OMB's Acupuncture Advisory Committee has made important decisions regarding the following scope of practice issues.

Ordering Lab Tests

At its December meeting, the Acupuncture Advisory Committee concluded that the ordering and interpreting of medical laboratory findings is outside the scope of practices for acupuncturists. Dr. Gene Hong, a member of the committee, stated that “while many tests are interpreted by the laboratories, the interpretation of the tests are implied with the ordering. Any missed interpretation can be a liability for the acupuncturist.” In addition, students enrolled in Oregon acupuncture programs are not currently taught to read and interpret lab reports.

Dry Needling by Physical Therapists

Last fall, the Oregon Board of Physical Therapy (OBPT) voted to include dry needling as part of the physical therapy scope of practice. Dry needling refers to the technique of placing an acupuncture needle into a muscle trigger point rather than injecting the trigger point with lidocaine or cortisone. The procedure focuses on releasing muscle tension by treating specific trigger points, alleviating nerve tissue irritation by reducing the nerve impulse, or stimulating local blood supply where it may be naturally poor.

The Acupuncture Advisory Committee and the OMB concluded that by definition, dry needling is the practice of acupuncture—the insertion of acupuncture needles to treat disease and pain. The Board issued a statement explaining that physical therapists who perform dry needling procedures without an acupuncture license will be investigated. ♦

Re-Entering Practice After a Leave of Absence

Physicians wishing to re-enter practice after a leave of absence extending 24 months or more must submit a detailed and comprehensive plan to the OMB. There are several programs physicians may choose, but all plans must be approved by the Board prior to beginning the re-entry process.

All re-entry plans should address how the physician's medical skills and knowledge will be evaluated and by whom, how deficits observed in the evaluation will be addressed, and how and when the physician will obtain training.

Physicians may choose from the following options for inclusion in their plans:

- ◆ Enrollment in a structured training program such as an internship or residency;
- ◆ Passing the SPEX/COMVEX exam;
- ◆ Board certification or recertification by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS);
- ◆ Practice for a specified amount of time under a mentor or supervising physician with periodic reports to the Board.

To fulfill the obligations outlined in their plans, physicians may enroll in a re-entry program. The three most recognizable and most frequently used programs are:

The Center for Personalized Education for Physicians (CPEP) program: Based in Denver, Colo., this program includes tailored evaluations to

Continued on page 15

Five Things Every Physician Should Do

Below are five things every physician should keep in mind—not only to avoid complaints to the Oregon Medical Board, but also to provide better care for patients.

1. Learn and practice effective communication skills.

Miscommunication often leads to misunderstandings. Always take thorough notes, practice thorough charting, and above all—ask questions. Carefully explaining to patients what to expect during upcoming exams or procedures helps reduce both the patient's concerns and the likelihood of a negative reaction.

2. Stay current. Participate in formal continuing medical education relevant to your current medical practice. Also, read journals to help stay current with the latest research and developments in your field.

3. Know your professional boundaries.

It is crucial that you know your limits—if you are unsure, take a course. Always use chaperones when necessary, especially if patients are even the least bit uncomfortable, or you feel uncomfortable in any way.

4. Don't become isolated.

Get involved in your community. You can help yourself and others by serving on committees, boards, or other volunteer opportunities.

5. You're human—get help when needed.

If you think you might need outside help, ask for it. Talk to a friend or counselor, or ask if your employer can provide the resources you need. The Health Professionals' Services Program is an ideal place to turn for confidential treatment of substance abuse and mental health issues. ♦

FAQs from the OMB

Continued from page 2

engaged in unprofessional conduct, to whom do I report?

A: You must report to the healthcare licensing agency of the professional engaged in unprofessional activity. If you witness a physician, podiatrist, acupuncturist or physician's assistant you report to OMB, if you witness a nurse, you must report to the Oregon State Board of Nursing, etc.

Q: If I report, do I have civil liability?

A: No. Persons who make "good faith" reports regarding licensee actions are protected from civil liability.

Q: If I report, will the licensee I reported know my identity?

A: A report made by a reporting licensee is confidential under ORS 676.175.

Q: I witnessed unprofessional conduct by another licensee. What happens if I don't report what I witnessed?

A: If you fail to report, it will be considered a Class A misdemeanor. You could also be investigated and disciplined by the Board for failure to report. ♦

It's The Law

You must notify the OMB 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, visit our website at www.oregon.gov/OMB. Click on **Online Services** on the right side of the page to update your information.

Board Actions

March 16 to July 15, 2010

Disciplinary Orders

Reportable to the National Practitioner Data Bank (NPDB).

CHEN, Terry Michael, LAc; AC140947

Eugene, OR

Licensee entered into an Interim Stipulated Order on April 13, 2010. In this Order, Licensee agreed to withdraw from practice pending the conclusion of the Board's investigation.

DEAN, Janet Carol, MD; Applicant

Applicant entered into a Stipulated Order with the Board on July 8, 2010. This Order granted Applicant a license to practice medicine in Oregon under conditions that include probation, pre-approved practice settings, practice under a supervising physician, enrollment in the Health Professionals Program (or its successor), weekly peer conferences with other physicians, and no-notice compliance inspections.

GAMBEE, John Edwin, MD; MD09526

Junction City, OR

Licensee entered into an Interim Stipulated Order on March 18, 2010. In this Order, Licensee agreed to practice conditions related to prescribing or recommending thyroid and testosterone.

GRIMM, Robert John, MD; MD07075

Portland, OR

Licensee signed an Interim Stipulated Order on May 6, 2010. In this Order, Licensee agreed to voluntarily withdraw from practice pending the conclusion of the Board's investigation. This Order took effect at 5 p.m. on May 7, 2010.

HARRIS, Henry Freeman, MD; MD09151

Lake Oswego, OR

Licensee entered into an Interim Stipulated Order with the Board on May 27, 2010. In this Order, Licensee agreed to withdraw from practice until the conclusion of the Board's investigation.

KOVACHEVICH, Larry Lee, MD; MD09160

Salem, OR

Licensee entered into a Stipulated Order with the Board on July 8, 2010. In this Order, Licensee was placed on five years of probation with the following terms and conditions: reprimand, fine, quarterly Board reporting and enrollment in the Health Professionals Program's successor for as long as Licensee holds a license to practice medicine in Oregon. Licensee must establish and maintain a patient/physician relationship with a primary care physician and must not provide medical care and prescriptions to family members, co-workers, himself and/or friends.

LIDOR, Yaron Jacob, MD; MD27956

The Board issued an Order of Emergency Suspension on June 24, 2010. The Board took this action based on its immediate concerns regarding the safety and welfare of Licensee's current and future patients.

LITWER, Lawrence Ronald, MD; MD16741

Newberg, OR

The Board issued a Default Final Order on April 8, 2010. This Order reprimanded Licensee and revoked his Oregon medical license.

MCCLUSKEY, Edward Alan, MD; MD18356

Gresham, OR

Licensee entered into a Second Amended Interim Stipulated Order with the Board on June 22, 2010. This Order places practice restrictions on Licensee's practice. This order replaces Licensee's March 4, 2010, Interim

Stipulated Order and March 22, 2010, Order Modifying Interim Stipulated Order.

**MCDOUGALL, William Edwin, DO; DO24746
Brookings, OR**

Licensee entered into a Stipulated Order on April 8, 2010. In this Order, Licensee agreed to the following terms and conditions: reprimand; 10 years probation; mental health therapy with quarterly reports to the Board; abstinence from intoxicants, controlled substances, and psychoactive substances unless prescribed by treating physician; participation in the Health Professionals Program; work hours limited to 32 hours per every seven day work week and pass American Board of Internal Medicine recertification exam within 12 months of Order. This Order also terminated Licensee's October 9, 2009, Interim Stipulated Order.

**MEEKER, Stephen Randall, LAc; AC00127
Portland, OR**

The Board issued an Order of Emergency Suspension on April 8, 2010. This Order immediately suspended Licensee's Oregon acupuncture license.

**METZGER, Mark Steven, MD; MD23691
Portland, OR**

Licensee entered into an Interim Stipulated Order on March 17, 2010. In this Order, Licensee agreed to withdraw from practice pending the conclusion of the Board's investigation.

**MOREY, Peter Samuel, MD; MD24236
Portland, OR**

Licensee entered into a Stipulated Order with the Board on July 8, 2010. In this Order, Licensee surrenders his license while under investigation with the following terms and conditions: reprimand, fine and may not apply for licensure with the Board for a minimum of two years from the signing of this Order by the Board Chair.

**OGLE, David Jeffrey, MD; MD20318
Gresham, OR**

The Board issued a Final Order on April 8, 2010. This Order revoked Licensee's Oregon medical license, imposed a \$1,000 fine, and imposed the costs of the disciplinary action.

**QUIJANO, Lerma Ocapan, MD; MD10515
Salem, OR**

Licensee entered into a Stipulated Order on April 8, 2010. In this Order, Licensee agreed cease the practice of medicine effective on May 28, 2010. Licensee agreed to surrender her Oregon medical license under investigation effective on June 30, 2010. Licensee agreed to never reapply for an Oregon medical license. Licensee will assist her patients in transferring their care to other health care providers and ensure that patients have access to their medical records.

**QUIJANO, Oscar Manubag, MD; MD10220
Salem, OR**

Licensee entered into a Stipulated Order on April 8, 2010. In this Order, Licensee agreed cease the practice of medicine effective on May 28, 2010. Licensee agreed to surrender his Oregon medical license under investigation effective on June 30, 2010. Licensee agreed to never reapply for an Oregon medical license. Licensee will assist his patients in transferring their care to other health care providers and ensure that patients have access to their medical records.

**RAIFE, Michael James, MD; MD23162
Seaside, OR**

Licensee entered into an Interim Stipulated Order with the Board on July 13, 2010. In this Order, Licensee voluntarily withdraws from practice and his license is placed in Inactive status pending the completion of the Board's

Board Actions

Continued from page 9

investigation into his ability to safely and competently practice medicine.

RAWCLIFFE, Lynn, DPM; DP00358

Ashland, OR

Licensee entered into a Stipulated Order with the Board on June 3, 2010. This Order imposed the following conditions on Licensee: reprimand; fine; 10 years probation; mental health therapy, sexual addiction therapy and a course in peripheral vascular disease. This order may not be modified for at least three years.

REX, John Marvin, Jr., MD; MD13543

Tualatin, OR

Licensee entered into a Stipulated Order on April 8, 2010. In this Order, Licensee agreed to the following terms and conditions: indefinite probation; supervised practice setting pre-approved by the Board's Medical Director; practice under a clinical supervisor pre-approved by the Board's Medical Director; practice will meet or exceed the standard of care in internal medicine; complete PACE program; pass the Medical Knowledge Self Assessment Program in internal medicine and pass the American Board of Internal Medicine re-certifying examination.

RYE, Bruce Michael, MD; Applicant

The Board issued a Default Final Order on July 8, 2010. In this order, the application of Bruce Michael Rye, MD, for a license to practice medicine as a physician in Oregon was denied.

SUNDERLAND, Margaret Carol, MD; MD15042

Corvallis, OR

Licensee entered into an Interim Stipulated Order with the Board on June 11, 2010. In this Order, Licensee agreed to withdraw from

practice pending the conclusion of the Board's investigation.

VALENZUELA, Eduardo Rodolfo, PA; PA00950

Roseberg, OR

Licensee entered into an Interim Stipulated Order with the Board on May 5, 2010. In this Order, Licensee agreed to withdraw from practice pending the conclusion of the Board's investigation.

Corrective Action Agreements

Corrective Action Agreements are not disciplinary orders. They are public agreements with the goal or remediating problems in licensees' individual practices.

DEPWEGD, Ethan Reed, LAc; AC00376

Corvallis, OR

Licensee entered into a Corrective Action Agreement with the Board on May 6, 2010. In this agreement, Licensee agreed to complete a mentorship as a condition of his license reactivation.

DURAN, Michael Gordon, MD; MD27904

Hillsboro, OR

Licensee entered into a Corrective Action Agreement with the Board on July 8, 2010. In this Agreement, Licensee agreed to continue psychological care with a mental health professional approved by the Board's Medical Director and to complete 50 hours of community service no later than one year from the date this Order is signed by the Board Chair. This Agreement is not a disciplinary action.

HUEBNER, Mary Freericks, PA; PA00752

Medford, OR

Licensee entered into a Corrective Action Agreement on April 8, 2010. In this Agreement, Licensee agreed to enroll in the Health Professionals Program. This Agreement is not a disciplinary action.

JOHNSON, William Ellis, MD; MD20044**Portland, OR**

Licensee entered into a Corrective Action Agreement with the Board on May 5, 2010. In this agreement, Licensee agreed to complete 100 hours of documented community service pre-approved by the Board's Medical Director and to obtain psychotherapy by a mental health practitioner pre-approved by the Board's Medical Director. This Agreement is not a disciplinary action.

ONO, Alfred Kazuo, MD; MD08406**Portland, OR**

Licensee entered into a Corrective Action Agreement with the Board on July 8, 2010. In this Agreement, Licensee agreed to continue to participate in a structured, individualized educational program within 30 days from the date this Agreement is signed by the Board Chair. This Agreement is not a disciplinary action.

Voluntary Limitations

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

BETTS, Jay Gordon, DO; DO07540

Licensee entered into a Voluntary Limitation on April 8, 2010. In this Order, Licensee agreed to limit his practice to non-surgical ophthalmologic medicine. This Order is not a disciplinary action.

Prior Orders Modified or Terminated**DRUZDZEL, Maciej Janusz, MD; MD18563****Gold Beach, OR**

The Board issued an Order Terminating Stipulated Order on July 8, 2010. This Order terminates the Stipulated Order dated January 11, 2008.

HUEBNER, Mary Freericks, PA; PA00752**Medford, OR**

The Board issued an Order Terminating Interim Stipulated Order on April 8, 2010. This Order terminated Licensee's October 9, 2008, Interim Stipulated Order.

LARNER, Albert Ernest, MD; MD06331**Portland, OR**

The Board issued an Order Terminating Interim Stipulated Order on April 8, 2010. This Order terminated Licensee's March 3, 2010, Interim Stipulated Order in light of his recent retirement.

MASLONA, Andrew Rowe, MD; MD28259**Coos Bay, OR**

The Board issued an Order Modifying Corrective Action Order on July 8, 2010. This Order terminates Term 5.4 of Licensee's April 16, 2008, Corrective Action Order.

MYERS, Craig Gilpin, MD; MD15139**Beaverton, OR**

The Board issued an Order Terminating Corrective Action Order on April 8, 2010. This Order terminated Licensee's July 14, 2006, Corrective Action Order.

NEWTON, William Lee, MD; MD17615**Salem, OR**

The Board issued an Order Terminating Final Order on April 8, 2010. This Order terminated Licensee's November 1, 2007, Final Order.

Note: Copies of most Board Orders issued from 1998 to the present are available for viewing on the OMB website: www.oregon.gov/OMB. ♦

Oregon Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

Temporary Rules

First Review of permanent rules

The Board adopted these rules by temporary rule adoption on July 9, 2010, and the Board approved the first review of these rules 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 final review within the 180 days allowed by the temporary rule adoption procedure before being permanently adopted.

Physicians (MD, DO, DPM)

OAR 847-020-0130, Basic Requirements for Licensure of International Medical School Graduates

— The temporary rule removes the use of the California list and other related language to approve international medical schools.

Physician Assistants (PA)

OAR 847-050-0015, Application — The proposed rule amendment adds language to not have a supervising physician prior to licensure for Military/Public Health active status.

All Licensees

OAR 847-065-0010, 15, 20, 30, 35, 40, 45, 50, 55, 60 & 65, Health Professionals' Services Program

— The temporary rule allows the establishment of a Health Professionals Services Program effective July 1, 2010, to provide diagnosis and treatment to health professionals with substance use disorders, mental health disorders or both disorders.

Adopted Rules

Final Review

Physician Assistants (PA)

OAR 847-050-0020, Qualifications — The adopted rule allows waiver of requirement to pass the NCCPA certification exam within four attempts if applicant is currently certified by the NCCPA.

Physician Assistants (PA)

OAR 847-050-0029, Locum Tenens — The rule adds “emeritus” status so as to be consistent with other rule changes in Division 050.

Emergency Medical Technicians (EMT)

OAR 847-035-0030, Scope of Practice — The rule deletes the sunset date of June 30, 2010, from the rule amended language related to immunizations for EMT-Intermediates and EMT-Paramedics.

The Board's mailing address is 1500 S.W. First Ave., Suite 620, Portland, OR 97201-5826. For more information on OARs, visit the Oregon Medical Board website at www.oregon.gov/OMB, or call (971) 673-2700.

About OARs

The Oregon Medical Board 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. ◆

Responsibility

Continued from page 3

“This responsibility *cannot* be transferred to Doctors of Optometry.”

With this knowledge, why would any ophthalmologist turn over pre-operative evaluation, diagnosis, decision for surgery, and/or post operative care to a health provider who has neither the qualifications nor the skill to perform the procedure itself? The main reason is geography. More remote parts of the state may not have local ophthalmologists available. Patients from these areas either wait for an ophthalmologist to come to town to do their surgery, or they travel to larger towns and cities for the surgery and return home afterward.

It has become the custom in some of these areas for the local optometrist to provide the postoperative care. Thus the people in less populated areas can get their cataracts removed and do not have to spend time in a distant hospital or motel room, or travel long distances for follow-up.

However, the Board of Medical Examiners has stated very strongly that even if an optometrist is providing the pre-operative work up, making the decision for the procedure, and/or providing the follow-up after surgery, the BME will view the operating surgeon as responsible if something goes wrong at any time during the perioperative period.

While this article focuses on ophthalmologists, the principle is the same regardless of the specialty, particularly concerning surgical and other invasive procedures. Certain kinds of *authority* may be delegated, but the *responsibility* belongs to the operating surgeon. ◆

New Medical Director

Continued from page 1

Dr. Peck has numerous hospital appointments as well as a distinguished clinical list of publications. He also serves as clinical associate professor of surgery at Oregon Health & Science University.

Dr. Peck is a participant in Doctors without Borders, which has taken him to Liberia, Sri Lanka, and most recently Nigeria. He has also practiced in the Dominican Republic and India.

Dr. Peck is a member of several organizations including the Oregon Medical Association, Portland Surgical Society, Portland Vascular Society, American Medical Association, American College of Surgeons, among others. ◆

Statements of Purpose

The mission of the Oregon Medical Board 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 *OMB Report* is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.



Description of Terms

Continued from page 5

Executive Director. These orders are included on the OMB website.

Proposed Final Order:

These orders are issued after a CCH by an Administrative Law Judge (ALJ). This order is sent to the licensee/applicant and to the Board by the ALJ. The Board has the discretion to revise the order. The licensee can also submit written exceptions to the proposed order within 10 days. If written exceptions are submitted the licensee will be invited to appear for oral arguments. These orders are not included on the OMB website.

Amended Proposed Final Order:

This Order amends a Proposed Final Order issued by an Administrative Law Judge (ALJ) (see above). This order is issued only if the Board substantially revised the ALJ's Proposed Final Order. This amended version is signed by the Executive Director. It is essentially a new, but official draft of the final order. It gives the licensee the opportunity to respond to the amended order via written exceptions. These orders are not public, not reportable, and not included on the OMB website.

Stipulated Order (SO):

In this order the licensee stipulates that he/she violated the Medical Practice Act and agrees to specific terms or sanctions. Sometimes the licensee "neither admits nor denies" the violation, but agrees to the specified terms or conditions. This order is signed by both the licensee and Board Chair. These orders are reportable and available to view on the OMB website.

Corrective Action Order (CAO)/Corrective Action Agreement (CAA):

The Board and the licensee enter into a formal non-disciplinary order designed to modify, monitor and/or otherwise correct an identified problem. There are no findings of wrong doing, and usually the details of the concerns are light. These agreements are signed by both the licensee and Board Chair. The CAO is not longer used. These orders are not reported, but are included on the OMB website.

Voluntary Limitation (VL):

Licensee signs an agreement that restricts an area(s) of his/her practice. This is usually not a disciplinary action (no violation of the MPA cited). The agreement is signed by both the licensee and Board Chair. These orders are reportable available to view on the OMB website.

Final Order (FO):

Issued after a CCH, this order is signed only by the Board Chair and imposes action upon the licensee. A Final Order is issued subsequent to a Proposed Final Order and gives the Licensee an opportunity to file exceptions. They are usually fairly serious in nature and very often revoke a license. These orders are reportable and available to view on the OMB website.

Default Final Order (FO):

Issued if the licensee/applicant did not submit a request for a CCH after the Complaint and Notice or Notice to Deny was issued (or the licensee fails to appear at a hearing without good cause). This order is signed by the Board Chair and imposes action upon the licensee. They are usually fairly serious in nature and very often revoke a license.

These orders are reportable and available to view on the OMB website.

Termination or Modification Orders (TO/MO or TC/MC):

These are short orders that modify or terminate a previously issued order. If the original order was reported, then these orders are also reported as a revision to previous action. TC and MC are used only for Corrective Action Orders (Agreements). TO/MO are used for all other orders. This is done to keep them off the OMB website. These orders are included on the OMB website if there is not a CAA or CAO.

Cease and Desist Orders:

These are typically only used for non-licensees of the Board and are usually related to the practice of medicine/acupuncture without a license. They are used very rarely, and are usually filed with the Circuit Court and are signed by a Circuit Court judge. In this way, they are not truly an OMB order, but a public document. These orders can have names like Stipulated Judgment and Decree or Assurance of Voluntary Compliance. These orders are not posted on the OMB website because person is not a licensee.

Order to Rescind:

This order is used to rescind (take back or negate [does not erase]) an order previously issued by the Board. These orders are used very rarely. This order is signed by the Board Chair and is reportable only if the original action was reportable. The order is included on the OMB website if not a CAA or CAO or CN.

For more information, visit the Oregon Medical Board website at www.oregon.gov/OMB. ◆

Re-Entry Process

Continued from page 6

physicians' specialties, structured clinical interviews with board certified physicians and consultants, education experiences in physicians' local communities, transitional clinical experiences, and detailed progress reporting.

University of California San Diego's Physician Assessment and Clinical Evaluation (PACE):

This program is designed to thoroughly evaluate physicians' general clinical knowledge and judgment. PACE's determination of whether or not a physician passes the assessment program is based on the participant's demonstrated competency in each of the ACGME/ABMS core domains of clinical competence: patient care, medical knowledge, practice-based learning and improvement, communication and interpersonal skills, professionalism, and systems-based practice.

OHSU's Physician Re-Entry program: This program provides hands-on experience tailored to physicians' specific needs. Through collaboration between the division of Continuing and Graduate Medical Education, OHSU faculty, and partner intuitions, the program develops individualized curriculum for each physician. The length of training varies depending on the knowledge and skills of the physician and length of time out of practice.

For more information, visit the Oregon Medical Board website at www.oregon.gov/OMB. ◆

CALENDAR OF MEETINGS

August

5, Thursday
Investigative Committee
8 a.m.

27, Friday
EMT Advisory Committee
9 a.m.

September

2, Thursday
Investigative Committee, 8 a.m.

8, Wednesday
Administrative Affairs Committee
5 p.m.

9, Thursday
Physician Assistant Committee
9:30 a.m.

October

7 - 8, Thursday & Friday
Medical Board, 8 a.m.

November

4, Thursday
Investigative Committee
8 a.m.

19, Friday
EMT Advisory Committee
9 a.m.

December

2, Thursday
Investigative Committee
8 a.m.

December, cont.

3, Friday
**Acupuncture Advisory
Committee**
12 p.m.

8, Wednesday
Administrative Affairs Committee
5 p.m.

9, Thursday
Physician Assistant Committee
9:30 a.m.

*All meetings are at the
OMB offices in Portland,
unless otherwise indicated.
Meeting schedules are
subject to change.
Call 971-673-2700
for more information.*