



IDAHO STATE BOARD OF MEDICINE

# THE REPORT

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## **MAINTENANCE OF LICENSURE: BEYOND CME, ASSURING ONGOING MEDICAL COMPETENCE**

By WILLIAM F. GANZ, M.D.

### **1. WHAT IS MAINTENANCE OF LICENSURE?**

Maintenance of Licensure (MOL) is a process by which licensed physicians periodically provide, as a condition of license renewal, evidence that they are actively participating in a program of continuing professional development relevant to their areas of practice. This process encourages and supports life-long learning by all physicians and creates a system to confirm practice improvement efforts.

### **2. WHY MAINTENANCE OF LICENSURE?**

The health care system in the United States of America is under increasing scrutiny because of increasing cost, public awareness of issues related to patient safety, the perceived lack of transparency regarding patient outcomes and medical errors. This has led the medical specialty boards, government agencies, and the general public to demand measurement and reporting of quality outcomes, improvement in medical systems and processes, and general enhancement of patient safety. Part of this process is focused on the necessity and benefits of ongoing continuous physician quality improvement. The increasing volume of medical information, rapidly evolving technologies to treat disease, and increased specialization within medicine has created a need for physicians to stay up to date and maintain competencies through continuing medical education. Research suggests that physicians may develop deficits in knowledge and critical skills the further away they get from medical school and residency.

Most medical specialty boards have responded by developing Maintenance of Certification (MOC) programs for their specialties which are comprehensive evaluations of medical knowledge, technical competence, and overall practice-specific performance measured by formal testing, case reviews, and independent evaluations of the practices by peers, as well as outcome, measurements, and evaluations.

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### 3. A MODEL OF MAINTENANCE OF LICENSURE:

Maintenance of Licensure is being developed by the Federation of State Medical Boards (FSMB) to accomplish the same evaluation of all physicians including those not involved in Maintenance of Certification programs to assure the public that physicians are staying current and competent and to improve health care quality, decrease medical errors, and improve patient safety through professional development. The FSMB has made this model available to all state medical boards as a starting point for the development of individual Maintenance of Licensure programs.

Although, the initial evaluation for new medical licensure is rigorous here in the state of Idaho, ongoing evaluation of knowledge and skills competence is less comprehensive. Currently in most states, including Idaho, physicians must show that they have obtained a certain number of CME's for license renewal. These CME's, however, do not necessarily have to be specific to the physician's practice and they are not required to demonstrate to the State Licensing Board what they have learned from the CME activity. To assure the public that ongoing practice-specific continuing medical education is occurring, the FSMB is advocating for a Maintenance of Licensure model that will demonstrate skills and knowledge in a physician's particular practice in an ongoing basis throughout their careers. Specifically it will assess a physician's ongoing program of lifelong learning in areas such as: 1) medical knowledge; 2) patient care; 3) interpersonal and communications skills; 4) practice-based learning and improvement; 5) professionalism; and 6) systems-based practice.

The model set forth by the FSMB has proposed three major components to this evaluation:

1. Reflective self-assessment or "*What improvements can I make?*" Basically this is the ongoing identification of areas of educational need and then successful completion of CME's. An example of this is a physician who may be unfamiliar with a new class of antibiotics and therefore would read an article or summary and then complete a quiz on the topic.
2. Assessment of knowledge and skills or "*What do I need to know and be able to do?*" This is when a physician will be asked to demonstrate knowledge, skills and abilities necessary to provide safe and effective care within the areas of their individual practice within the six competencies listed above. An example of this evaluation process might include complications data from hospitalizations, independent evaluation of practice by peers, and performance data routinely collected by hospitals.
3. Performance and practice or "*How am I doing?*" Here a physician must demonstrate accountability for performance in their practice that incorporates comparative reference data to accepted benchmarks of performance and document improvement. For example, a physician/surgeon could measure outcomes and complications after surgical procedures and then compare to accepted benchmarks for each procedure.

The Maintenance of Licensure model does not include or recommend a comprehensive written examination for evaluation. The majority of physicians are already pursuing continuing medical education and training to keep their knowledge and skills current in most cases through specialty boards. Physicians who complete Maintenance of Certification (or OCC for osteopathic physicians) will fulfill their compliance with Maintenance of Licensure. Hospital accreditation and privileging will fulfill many of the Maintenance of Licensure requirements. It is the intent of the Maintenance of Licensure programs

(Maintenance of Licensure continued)

to be flexible and specific to individual niches of practice for those not already covered by Maintenance of Certification within their specialties. This model is not meant to limit or burden physicians' practice but rather to provide a verifiable system in which physicians can demonstrate their commitment to lifelong learning. It is not designed with the intent to identify and remove "bad" doctors from practice.

By implementing Maintenance of Licensure, state medical boards encourage individual practice improvement efforts and serve as a foundation for a culture of continued continuous professional development during the entire career of a physician. This model has not been adopted by any state medical board at this time, but likely will be adopted in some form by each state over the next ten to fifteen years.

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## SUPERVISING PHYSICIANS

It is renewal time for supervising and directing physicians. If you supervise residents, interns, externs, physician assistants, athletic trainers, or cosmetic/laser personnel your supervising/directing physician registration will expire on December 31, 2012.

Click on this link for your [On-Line Renewal](#)

## Change of Address

Every year following the annual license renewal period the Board receives multiple emails and calls wanting to know "where is my license". Each year multiple licenses are sent to addresses that are no longer valid or current and the licensee is delayed in obtaining his or her license card.

In order to be eligible for renewal, a licensee must provide a current address to the Board and must notify the Board of any change of address prior to the renewal period.

To change or update your address click on this link [Address Change](#) or visit the Board of Medicine web site.

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## BOARD ACTIONS

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Details of disciplinary actions are available on the [Board of Medicine web site](#)

#### PLEASE NOTE

Some physicians have similar names, please verify information by license number on our web site.

#### Explanation of terms:

- Stipulation: an agreement, admission, or concession.
- Stipulation and Order: an agreement between the Board and the practitioner regarding authorization to practice or placing terms or conditions on the authorization to practice.
- Suspension: temporary withdrawal of authorization to practice.
- Reprimand: a formal admonishment of conduct or practice.
- Revocation: cancellation of the authorization to practice.

Stephen Fritz, MD  
M-10364 Boise  
Action: Reprimand

Scott Bressler, MD  
M-5615 Caldwell  
Action: Order Terminated

Stacey Porterfield, DO  
O-0604 Pocatello  
Action: License Surrendered

William Fitterman, DO  
Applicant Wyoming  
Action: License Denied

Steve Skoumal, MD  
M-7677 Pocatello  
Action: License Surrendered

Richard Maxwell, MD  
M-8610 Utah  
Action: Fine Imposed

John Peterson, MD  
M-11386 Oregon  
Action: Satisfaction of Order (Fine)

Cynthia Satterfield, AT  
AT-123 Boise  
Action: License Revoked

#### ACTIONS YEAR TO DATE (ALL PROFESSIONS)

Complaints Rcvd-334  
Investigations/Cases-214  
Letters of Concern-8  
License Surrendered-3  
License Denied-1  
License revoked-1  
Stipulations-20

## Proposed Rule Changes

### IDAPA 22.01.12 Rules Related to Health Care Workers

At its March 2012 meeting the Board of Medicine acted to seek repeal of these rules as the rules are outdated and redundant of language existing in current laws and rules of the Board.

### IDAPA 22.01.14 Rules Relating To Complaint Investigation

The Board of Medicine proposes to update and clarify the rules relating to complaint investigations.

### IDAPA 22.01.01 Rules Of the Board of Medicine to Practice Medicine and Surgery and Osteopathic Medicine and Surgery

Clarifies the role of the physician panelist in pre-litigation hearings and requires birth certificate or passport on application to comply with FBI and local law enforcement for fingerprint requirements.

### IDAPA 22.01.02 Rules of the Board of Medicine for the Registration of Externs, Interns and Residents

Provides for annual renewal requirement for each registration and requires notification of changes in supervising physicians.

### 22.01.11- Rules for the Licensure of Respiratory Therapists and the Permitting of Polysomnographers in Idaho

Provides for enhanced supervision of trainees, prohibits polysomnography technicians from applying for a temporary permits as trainees.

### 22.01.13 Rules for the Licensure of Dietitians

Provides grounds for denial , suspension, revocation or refusal to renew a license and amends the fee schedule.

The Board proposes changes to the Medical Practice Act and IDAPA 22.01.09 Rules for the Licensure of Physician Assistants to allow members of the Physician Assistant Advisory Committee to opt out of the Public Employee Retirement System of Idaho (PERSI) and provide for a temporary license.

### Idaho Code 54-1814

Proposed changes to the grounds for discipline related to drug and alcohol charges, arrests or convictions and violations of orders entered by the Board.

Changes are available on the Board of Medicine [website](#) links.

## Board Welcomes New Members

The Board of Medicine welcomes new members:

**Travis Williams**, Public Member, Respiratory Licensure Board

### REMINDERS



#### **Directing and Supervising Physicians**

Supervising and directing physicians your registrations will expire December 31, 2012. If you supervise athletic trainers, physician assistants, residents, interns, externs, or cosmetic personnel please see our website for your [on-line renewal](#). Cosmetic supervising physicians renewals include a questionnaire.

#### **Controlled Substances**

Non-medical use of prescription drugs is a growing national problem. Physicians always walk the fine line between providing adequate pain relief and being vigilant for signs of misuse or abuse of prescription medications. While there is no single solution to the problem, one of the tools available in Idaho is the [Idaho Board of Pharmacy Prescription Monitoring Program](#) (PMP) which allows a physician to review the medications prescribed to a patient by all providers.

#### **Physician Assistants**

Do you have a current delegation of services agreement for each practice location? Have you changed supervising physicians? Any change in supervising physicians must be reported to the Board within two weeks. Make sure that all change notifications to the Board are up to date. Click on [forms](#) to select the appropriate notification forms.

#### **Unlicensed Practice**

Thinking of hiring an athletic trainer, respiratory therapist, or polysomnographer? Make sure that your applicant is licensed or registered in the state prior to offering the position. Check the Idaho Board of Medicine web site for licensure information.

## IDAHO STATE BOARD OF MEDICINE

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Joseph Williams, MD, Member

*Please note if you are submitting a response to a Board inquiry or a completed application, the completed material must be received in the Board office at least 20 days before the scheduled meeting date. Materials not received in that time frame will be added to the next regularly scheduled meeting agenda.*

Board meetings are posted on the [Idaho Board of Medicine web site](#)

## COMMITTEE ON PROFESSIONAL DISCIPLINE

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