



THE REPORT

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Sexual Boundaries

By Vice Chairman, Robert Ward, MD

State medical boards are seeing a growing number of complaints regarding sexual boundary issues. Sexual misconduct can cause great harm to patients both mentally and physically. This misconduct exploits the physician patient relationship and is a violation of the public trust. Given that it is the Board of Medicine's primary responsibility to protect the welfare of the public, sexual misconduct will not be tolerated in any form. It doesn't matter whether the misconduct is viewed as emanating from an underlying form of impairment, mental disorder, sexual disorder, addictive disorder or life crisis. The board is tasked with taking appropriate steps to protect the public.

Sexual behavior between a provider and the patient is never diagnostic or therapeutic. The behavior may be verbal or physical. The Federation of State Medical Boards divides professional sexual misconduct into two main categories-sexual violation and sexual impropriety.

Sexual violation may include physical sexual contact between a patient and a physician whether or not initiated by the patient, and engaging in any conduct with the patient that is sexual or may be reasonably interpreted as sexual, including but not limited to:

- Sexual intercourse, genital to genital contact
- oral to genital contact
- oral to anal contact, genital to anal contact
- kissing in a romantic or sexual manner
- touching breasts, genitals, or any sexualized body part for any purpose other than appropriate examination or treatment, or whether the patient has refused or withdrawn consent
- encouraging the patient to masturbate in the presence of a physician or masturbation by the physician while the patient is present
- offering to provide practice related services such as drugs in exchange for sexual favors

(Continued on next page)

Sexual impropriety may compromise behavior, gestures, or expressions that are seductive, sexually suggestive, disrespectful of patient privacy, or sexually demeaning to the patient, that may include but are not limited to:

- Neglecting to employ disrobing or draping practices respecting the patient's privacy, or deliberately watching a patient dress or undress
- subjecting a patient to an intimate examination in the presence of medical students or other parties without the patient's informed consent or in the event of such informed consent has been withdrawn
- examination or touching of genital mucosal areas without the use of gloves
- inappropriate comments about or to the patient, including but not limited to making sexual comments about a patient's body or underclothing, making sexualized or sexually demeaning comments to a patient, criticizing the patient's sexual orientation, making comments about potential sexual performance during the examination
- using the physician-patient relationship to solicit a date or romantic relationship
- initiation by the physician of conversation regarding the sexual problems, preferences, or fantasies of the physician
- performing an intimate examination or consultation without clinical justification
- performing an intimate examination or consultation without explaining to the patient the need for such examination or consultation even when the examination or consultation is pertinent to the issue of sexual function or dysfunction
- requesting details of sexual history or sexual likes or dislikes when not clinically indicated for the type of examination or consultation

*Sexual behavior between a provider and the patient is **never** diagnostic or therapeutic*

The state Board of Medicine will take seriously and investigate any allegations of sexual violations that are reported. Appropriate action will be taken if the misconduct is substantiated. This may include license suspension or restriction.

Board Adopts the Federation of State Medical Boards Model Policy for the Use of Opioid Analgesics in the Treatment of Chronic Pain

At its September 6, 2014 meeting the Board of Medicine acted to adopt the model policy of the Federation of State Medical Boards (FSMB) for the use of opioid analgesics in treatment of chronic pain . The [full text including references](#) are available on the Board web site. A copy of the entire publication is available on the [FSMB web site](#).. The new policy includes updated background information on the risks of prescribing, new measures for evaluation and screening aimed at helping reduce risk; and guidelines to help ensure physicians who prescribe opioids do so in full compliance with state and federal regulations, accepted best clinical practices, and in a manner that is safe and reduces risk.

Board Welcomes New Members

Fran Symms, Public Member, to the Committee on Professional Discipline

The Board of Medicine has adopted the following temporary rule change to correct a
Idaho Code reference and the name of the certifying agency for Dietitians

IDAPA 22.01.13 Rules for the Licensure of Dietitians

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021. APPLICATION FOR LICENSURE.

01. Application. Each applicant for licensure shall submit a completed written application to the board on forms prescribed by the board, together with the application fee. The application shall be verified and under oath and shall require the following information: (12-28-94)

a. A certificate of successful completion of a program approved by the ~~American Dietetic Association~~ Academy of Nutrition and Dietetics or its successor and a certificate of successful completion of a dietetic internship or preprofessional program approved or accredited by the American Dietetic Association;

~~(12-28-94)~~ ()

b. The disclosure of any criminal conviction or charges against the applicant other than minor traffic offenses;

(12-28-94)

c. The disclosure of any disciplinary action against the applicant by any state professional regulatory agency or professional organization;

(12-28-94)

d. The disclosure of the denial of registration or licensure by any state or district regulatory body;

(12-28-94)

e. Not less than two (2) certificates of recommendation from persons having personal knowledge of the applicant's character;

(12-28-94)

f. Two (2) unmounted photographs of the applicant, no larger than three inches by four inches (3" x 4") (head and shoulders), taken not more than one (1) year prior to the date of the application;

(12-28-94)

g. A copy of any registration by the Commission on Dietetic Registration, if applicable;

(12-28-94)

h. A copy of examination results or the application to write the qualifying exam and the date the examination is scheduled;

(4-2-03)

i. Such other information as deemed necessary for the Board to identify and evaluate the applicant's credentials;
and

(4-2-03)

j. A Provisional License Dietitian/Monitor Affidavit, if applicable.

(4-2-03)

02. Personal Interview. The Board may, at its discretion, require the applicant to appear for a personal interview.

(12-28-94)

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Temporary Rule Changes

The Board of Medicine has adopted the following temporary rule change to comply with Board of Pharmacy laws and rules regarding Prescriber Drug Outlets:

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042. PRESCRIPTION WRITING.

01. Approval and Authorization Required. A physician assistant may issue written or oral prescriptions for legend drugs and controlled drugs, Schedule II through V only in accordance with approval and authorization granted by the Board and in accordance with the current delegation of services agreement and shall be consistent with the regular prescriptive practice of the supervising or alternate supervising physician. (4-9-09)

02. Application. A physician assistant who wishes to apply for prescription writing authority shall submit to the Board an application for such purpose on forms supplied by the Board. In addition to the information contained in the general application for physician assistant approval, the application for prescription writing authority shall include the following information: (3-16-04)

a. Documentation of all pharmacology course content completed, the length and whether a passing grade was achieved (at least thirty (30) hours). (7-1-93)

b. A statement of the frequency with which the supervising physician will review prescriptions written or issued. (3-16-04)

c. A signed affidavit from the supervising physician certifying that, in the opinion of the supervising physician, the physician assistant is qualified to prescribe the drugs for which the physician assistant is seeking approval and authorization. (3-16-04)

d. The physician assistant to be authorized to prescribe Schedule II through V drugs shall be registered with the Federal Drug Enforcement Administration and the Idaho Board of Pharmacy. (3-15-02)

03. Prescription Forms. Prescription forms used by the physician assistant must be printed with the name, address, and telephone number of the physician assistant and of the supervising physician. A physician assistant shall not write prescriptions or complete or issue prescription blanks previously signed by any physician. (3-16-04)

04. Record Keeping. The physician assistant shall maintain accurate records, accounting for all prescriptions issued and medication delivered. (3-16-04)

05. Pharmaceutical Samples. The physician assistant who has prescriptive authority may request, receive, sign for and distribute professional samples of drugs and devices in accordance with his current delegation of services agreement and consistent with the regular prescriptive practice of the supervising physician. (3-16-04)

06. Prescriber Drug Outlet. The physician assistant who has prescriptive authority may dispense prescriptive drugs or devices directly to patients under the direction of the supervising physician and in accordance with the Idaho State Board of Pharmacy's regulations for Prescriber Drug Outlets. ()

043. DELIVERY OF MEDICATION.

~~01. Pre-Dispensed Medication.~~ ~~The physician assistant may legally provide a patient with more than one (1) dose of a pre-dispensed medication upon obtaining formal prior approval from the Board. The pre-dispensed medications shall be provided for a limited period to be determined on the basis of individual circumstances.~~ (4-9-09)

~~02. Consultant Pharmacist.~~ ~~The physician assistant shall have a consultant pharmacist responsible for providing the physician assistant with pre-dispensed medication in accordance with federal and state statutes for packaging, labeling, and storage.~~ (3-19-99)

~~03. Limitation of Items.~~ ~~The pre-dispensed medication shall be limited to only those categories of drug identified in the delegation of services agreement and consistent with the regular prescriptive practice of the supervising physician, except a physician assistant may provide other necessary emergency medication to the patient as directed by a physician.~~ (4-9-09)

The Board of Medicine is proposing the following change to Idaho Code §54-1805 to provide for continuation of members until a replacement is named by the Governor and the new member is able to assume the duty of service to the Board

(b) All physician appointments to the board shall be for six (6) year terms. The physician members shall consist of six (6) members who are licensed to practice medicine and surgery in this state and one (1) member who is licensed to practice osteopathic medicine or osteopathic medicine and surgery in this state. Whenever a term of a member of the board who is licensed to practice medicine and surgery expires or becomes vacant, the Idaho medical association shall nominate three (3) persons licensed to practice medicine and surgery for each such vacancy, and forward such nominations to the governor who shall appoint from among such nominees, one (1) person to be a member of the board to fill such vacancy. Whenever a term of the member of the board who is licensed to practice osteopathic medicine or osteopathic medicine and surgery expires or becomes vacant, the Idaho osteopathic association shall nominate three (3) persons licensed to practice osteopathic medicine or osteopathic medicine and surgery for such vacancy, and shall forward the nominations to the governor who shall appoint from among such nominees one (1) person to be a member of the board to fill such vacancy. Members of the board shall hold office until expiration of their term to which the member appointed and until his successor has been duly appointed and qualified.

(c) All public members shall be appointed by the governor for three (3) year terms. Public members must reside in the state and be persons of integrity and good reputation who have lived in this state for at least five (5) years immediately preceding their appointment, who have never been authorized to practice a healing art, and who have never had a substantial personal, business, professional, or pecuniary connection with a healing art or with a medical education or health care facility, except as patients or potential patients. Public members of the board shall hold office until the expiration of their term to which the member appointed and until his successor has been duly appointed and qualified.

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.

Matthew Black, DO

0-0477 Mountain Home,
Idaho

Action- Stipulation and
Order Modified

Christopher Partridge, MD

M-8987 Nampa, Idaho

Action- Prior Stipulation
and Order terminated

Mark Rencher, MD

M-4486 Idaho Falls, Idaho

Action-Stipulation and
Order Modified

Vern McCready, PA

PA-201 Nampa, Idaho

Action-Stipulation and
Order modified



REMINDERS

Checked your patient's PMP lately?

The cheapest and fastest method to insure safe prescribing of controlled substance is to look at the pharmacy profile PMP (Prescription Monitoring Program) before prescribing. It is quick, simple and you may designate a staff member to obtain profiles for you. Need help or information on registering? Contact the Board of Pharmacy or email pmp@bop.idaho.gov.

Physician Assistants

IDAPA 22.01.03 Rules for the Licensure of Physician Assistants in Idaho requires that physician assistants practice be consistent with the expertise and regular scope of practice of the supervising and alternate supervising physician. For example a physician assistant in a family practice setting may not provide obstetric services unless it is consistent with the services provided by the supervising physician.

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.

Certification

Many professions require certification and re-certification on a periodic basis. Physician specialty boards require an on-going certification process or maintenance of certification. Allied health professions also require certification on a periodic basis and the licensing boards have incorporated these certification requirements into their rules for initial licensure and or renewal. If you are unsure of the certification requirements for your license renewal please check the rules on the [Board web site](#)

New Requirements for Medical Examiners

As a result of upcoming requirements enacted by the Federal Motor Carrier Safety Administration (FMCSA), Idaho medical examiners who perform DOT medical exams and issue DOT medical certificates will need to obtain certification through FMCSA by May 20, 2014 if they wish to continue performing such exams. For information visit the web site <https://nrcme.fmcsa.dot.gov/>

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Please note if you are submitting a re-sponse 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](#)

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