Alabama State Board of Medical Examiners
Newsletter and Report
www.albme.org
Volume 21, Number 1

Inside:

Prescription Drug Monitoring Program
Physicians found not to be in compliance with the Prescription Drug Monitoring Program may incur a penalty.
– page 2

Professionalism in the Practice of Medicine
What is professionalism and why must physicians aspire to high standards of practice?
– page 6

Ensuring Quality in the Collaborative Practice
A CME course is available in 2006 to teach the responsibilities of and resources for physicians and nurse practitioners in a collaborative practice agreement.
– page 8

Public Action Reports of the Medical Licensure Commission and Board of Medical Examiners
Public Actions for the time period November 2005 through January 2006.
– page 9

Upcoming CME Opportunities
Make a note of these opportunities to earn CME.
– page 12

Using mid-level medical practitioners in your medical practice

The State of Alabama allows physicians to extend their practices by collaborating with a Certified Registered Nurse Practitioner (CRNP) or by having a Physician Assistant (PA) registered to them. These mid-level practitioners may see patients for and with the physician in accordance with the applicable statutes and rules. In Alabama, when mid-level practitioners examine and treat patients, they do so under **the physician's medical license**. Even federally qualified rural health facilities and clinics must adhere to these rules. Agencies such as the Veteran's Administration, Public Health, Acute Care Hospitals and Licensed Skilled Facilities have specific and limited exceptions. The physician has the responsibility to ensure, inasmuch as possible, that the quality of care administered by the collaborating CRNP or PA registered to his license is equivalent to the care that would have been given had the physician performed the treatment personally.

The physician has the responsibility to ensure, inasmuch as possible, that the quality of care administered by the collaborating CRNP or PA registered to his license is equivalent to the care that would have been given had the physician performed the treatment personally.

- Because the physician's license is directly affected by the actions of the CRNP or PA, the physician should always be comfortable with and knowledgeable of the capabilities of the mid-level practitioner.
- Physicians must continually monitor the practice patterns of the CRNP or PA and the specific care and treatment that they give to ensure that the quality and standard of care that is provided is acceptable.
- A CRNP or PA who is hired by and paid by a clinical or corporate entity may not perform clinical duties without the benefit of a collaborative agreement (CRNP) with a physician or being registered (PA) to a physician. The physician's license is vulnerable, even if the physician does not hire or pay the mid-level practitioner's salary.
- The rules for collaborating with a CRNP are somewhat different from those for a PA registration. Physicians should carefully study the specific rules for each mid-level practitioner category and review them periodically to verify that they, as well as the CRNP or PA, are in compliance. New laws and rules are posted at the Board's website in addition to articles published in the Board's newsletter.
- The rules and requirements for a **covering** physician are different from those for a **collaborating** physician or those for a physician who has a **PA registered** to them.
- The physician who collaborates with a CRNP or who registers a PA must have a current, unrestricted license to practice medicine in the state of Alabama. If the physician is certified by or eligible for board certification by a specialty board approved by the

(continued on page 3)

Alabama Board of Medical Examiners

Craig H. Christopher, MD, Chairman
Birmingham

Jorge Alsip, MD, Vice Chairman
Mobile

Kenneth Aldridge, MD
Tuscaloosa

James G. Chambers, III, MD
Huntsville

Edward C. Facundus, MD
Huntsville

Richard M. Freeman, MD
Auburn

Steven P. Furr, MD
Jackson

Allan Goldstein, MD
Birmingham

David P. Herrick, MD
Montgomery

Alcus Ray Hudson, MD
Jasper

Juan Johnson, MD
Birmingham

Ross Bob Mullins, Jr., MD
Valley

Marsha D. Raulerson, MD
Brewton

George C. Smith, Jr., MD
Ashville

Pamela D. Varner, MD
Birmingham

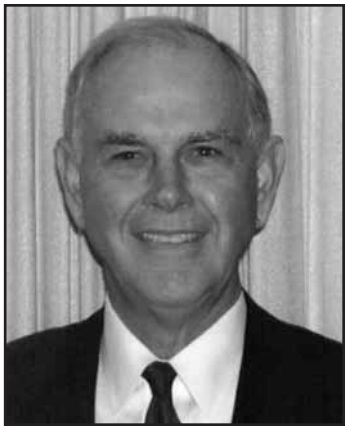
Larry Dixon, Executive Director

Patricia Shaner, General Counsel

A Message from the Executive Director

Prescription Drug Monitoring Program – Board Rules

by Larry Dixon



Larry Dixon

At its Feb. 15, 2006, meeting, the Alabama Board of Medical Examiners approved an emergency rule requiring Dispensing Physicians* to report to the Prescription Drug Monitoring Program established by law and administered by the Alabama Department of Public Health all dispensed controlled substances, Schedules II-V, in the manner and within the time frame required by state law and the Health Department's rules.

All Dispensing Physicians have been required for some time to register with the Alabama Board of Medical Examiners; however, there has never been a penalty provision for failure to do so. The state law establishing the Controlled Substances Prescription Database requires each licensing agency to ensure that its licensees provide the information required by the Prescription Drug Monitoring Program. The Alabama Board of Medical Examiners has determined that the only way to assure compliance is to have a penalty provision for physicians who are found not to be in compliance. Therefore, the emergency rule approved at the Feb. 15, 2006, Board meeting authorizes the Board to assess administrative fines, up to $10,000 per violation, against any physician who acts as a dispensing physician, but who has not registered as such with the Board and against any physician who does not report to the Controlled Substances Prescription Database as required by state law.

> **The state law establishing the Controlled Substances Prescription Database requires each licensing agency to ensure that its licensees provide the information required by the Prescription Drug Monitoring Program.**

Through a mailing to every physician in Alabama holding an Alabama Controlled Substances Certificate and articles at the Board's web site and in this newsletter, the Board has defined the meaning of "Dispensing Physician" and informed licensed physicians of the importance of registering with the Board as dispensing physicians, if applicable, and of complying with the laws governing the Controlled Substances Prescription Database. [For more information concerning dispensing Physicians, see the **Newsletter Links section of www.albme.org.**]

**A Dispensing Physician is one who distributes to a patient any controlled substance, except pre-packaged samples or starter packs, which have been purchased by the physician.*

Using mid-level medical practitioners in your medical practice

continued from page 1

American Medical Association or the American Osteopathic Association, the physician must have practiced medicine for at least one year to be eligible for collaboration or registration.

If the physician is not board certified or eligible for certification, the requirement is at least three years of active medical practice.

- Because a Retired Senior Volunteer Program (RSVP) license is a restricted license, an RSVP physician may not serve as a collaborating physician for a CRNP or in a registration with a PA. A retired physician may serve as a **covering** physician for either type of mid-level practitioner if she/he is registered with the Board.
- Each **covering** physician for a mid-level practitioner must be listed individually by name and license number with the Board and should be aware of the responsibilities involved in this association; "blanket" coverage cannot be given. For example, an emergency room that hires mid-level practitioners must link each practitioner to a collaborating physician (CRNP) or have the PA registered to a specifically named and licensed physician in order for a covering agreement to be valid.

- A physician may collaborate (CRNP) or be registered (PA) with more than one mid-level practitioner; this is guided by the total number of hours worked by the practitioners, not by the actual number of mid-level practitioners. (An exception is for a surgical specialty: no more than two PAs per physician are allowed.)
- For a *locum tenens* physician to collaborate with a CRNP or a PA associated with the practice that employs this physician for coverage, the *locum tenens* physician must register with Board.
- If the mid-level practitioner will work at a site away from that of the collaborating, registered or covering physician ("remote site"), an application for each such site must be made and approved. Special rules apply to this practice. *Remote site rules apply to a physician's primary practice location when the physician is not present and the mid-level practitioner is seeing patients.*
- **A CRNP or a PA may NOT WRITE prescriptions for controlled substances.**
- When the collaborative practice with a CRNP or the registered practice with a PA is terminated for any reason, the Board of Nursing must be notified **promptly** about the CRNP and the Board of Medical Examiners about the PA and physician.

Below are summaries of the requirements for collaboration with a CRNP or registration with a PA.

Certified Registered Nurse Practitioners

The Board of Nursing of the State of Alabama (ABN) licenses and oversees the activities of nurses in the state. Registered Nurses who have taken additional training and a certification examination may perform examinations and treatments beyond those permitted by Registered Nurses. To function in this manner, the CRNP must collaborate with a physician. A joint committee of nurses and physicians appointed by the Board of Nursing and the Board of Medical Examiners establishes the rules for collaborative practices and the allowed duties of CRNPs.

A Certified Registered Nurse Practitioner or a Physician Assistant may NOT WRITE prescriptions for controlled substances.

To establish a collaborative practice, the CRNP must apply to the Nursing Board and the physician must notify the Board of Medical Examiners (BME) that a collaborative agreement is contemplated. Initial and temporary approval is granted by the ABN. Final approval for the collaborative practice is granted by the Joint Committee. Subsequently, either Board may review the collaborative practice. If deficiencies are found, the respective Boards adjudicate the licenses of the CRNP and of the physician.

If you have a collaborative practice with a CRNP or are considering one, you should:

- Review the rules of the state of Alabama that govern a collaborative practice with a CRNP. [See the **Newsletter Links section at www.albme.org**.]
- Verify that the CRNP with whom you plan to collaborate is knowledgeable of these rules.
- Establish procedures for emergency situations and verify that you, the CRNP, and all covering physicians understand and are comfortable with them.

(continued on page 4)

Using mid-level medical practitioners in your medical practice

continued from page 3

- Discuss with your CRNP how you wish to be contacted regarding questions about patient care and procedures. *It is important that the CRNP be comfortable in discussing issues with you so that the CRNP does not make decisions beyond her/his capabilities for fear of annoying you.*
- When either of you obtains CME it would be wise to have a time for mutual discussion of what you learned, especially if it may affect how you evaluate and treat medical conditions. Document this discussion.
- Schedule a regular time for chart review and discussion of cases. Document this time, the discussion and the charts reviewed.
- Schedule time for collaboration to verify progress toward meeting the requirements to maintain your respective licenses and your collaborative practice. Document your discussions and the time.
- Keep the following in a readily accessible file:
  - A copy of your collaborative agreement (the actual application) and the approval letter from the ABN;
  - The CRNP's license, including its current renewal;
  - The CRNP's certification, including its current renewal;
  - Verification that each physician associated with this CRNP has an unencumbered license;
  - Verification that each physician associated with this CRNP has been in practice for at least one year; if not, an explanation for each such physician;
  - Documentation of whether any of the physicians associated with this CRNP has collaboration agreement(s) with other CRNPs; if so, current collaborative agreements should be listed;
  - Maintain written documentation of medical oversight of the CRNP as specified by the collaborative agreement;
  - Maintain a written time log of collaboration time, excluding the previously noted documentation time logs; and
  - Develop a Quality Assurance program and maintain a written document of your program.
- If the CRNP is located at a site remote from the physician's practice location, the following documentation must be maintained:
  - The number of hours per week the CRNP is at the remote site;
  - Written verification of approval by the Board for this remote site location;
  - The number of hours per week that the physician is present with the CRNP at the remote clinic;
  - Documentation of an emergency plan for the remote site;
  - A copy of the collaborative agreement at **each** remote site; and
  - A list of the skills approved for the CRNP at each practice area.

When a collaborative practice is conducted properly, the health care of our citizens is improved and the physician is able to practice more efficiently. However, nurse practitioners are not as extensively trained as physicians and must be appropriately directed to ensure the safety of the public. It is necessary to have written documentation of this physician direction.

[For a more intensive and specific list of requirements for physician responsibilities, please refer to 540-X-8-.08, Requirements for Collaborative Practice by Physicians and Certified Registered Nurse Practitioners, accessible through the ***Newsletter Links section at www.albme.org****.]*

Your Medical License

As a physician, your license to practice medicine in the State of Alabama is one of your most important assets.
It allows you to apply what you learned during years of school and post-graduate training to earn a livelihood to support your family.
Exercise care to protect this asset.

Physician Assistants

Physician Assistants (PAs) earn their education through a post-collegiate accredited training program. Once they satisfactorily complete the program, they take the Physicians Assistance National Certification Examination (PANCE). When the PA has successfully passed the examination, the Board of Medical Examiners can issue a Physician Assistant license. After completion of PA training, yet before completion of the PANCE, the Board may issue a temporary license for the PA to work with a physician.

The Board of Medical Examiners has established a set of procedures that a qualified PA can perform. In certain instances, a physician may request that a registered PA

(continued on page 5)

Using mid-level medical practitioners in your medical practice

continued from page 4

be allowed to develop certain skills beyond the basic ones learned in PA training. Upon approval by the BME, the PA may study and train in these skills and, when the PA demonstrates competence to the satisfaction of the BME, the privileges are extended.

If you employ a PA or are considering one, you should consider:

- Review the rules of the state of Alabama that govern the practice of medicine with a PA. [See the **Newsletter Links section of www.albme.org**.]
- Verify that the PA whom you plan to register to your license is knowledgeable of these rules.
- Establish procedures for emergency situations and verify that the PA, you and all covering physicians understand and are comfortable with these procedures.
- Discuss with the PA how you wish to be contacted regarding questions about patient care and procedures. *It is important that the PA be comfortable in discussing issues with you so that the PA does not make decisions beyond her/his capabilities for fear of annoying you.*
- When either of you obtains CME it would be wise to have a time for mutual discussion of what you learned, especially if it may affect how you evaluate and treat medical conditions. Document this discussion.
- Schedule a regular time for chart review and discussion of cases. Document the time, the subjects discussed and the cases reviewed.
- Schedule time for collaboration to verify progress toward meeting the requirements to maintain your respective licenses and your registration agreement. Document your discussions and the time.
- Keep the following immediately available for review:
  - A copy of the registration agreement (*the actual application including the formulary and formulary guidelines*) and the approval letter from the Board;
  - A copy of the PA's license and current certificate of renewal;
  - A written plan for the review of medical records and patient outcomes (Quality Assurance) and the written documentation that the plan is followed; and
  - Documentation of requests to train for additional skills, a copy of the Board's approval letter, a copy of documentation of proof of training and a copy of the Board's letter recognizing the training and issuing authorization to perform the requested duties.
- If the PA is located at a site remote from the physician's practice location, permission must be obtained from the Board. The following requirements must be met in this case:
  - The PA and physician communicate daily about any complications or unusual cases;
  - The supervising physician personally visits the clinic during operating hours at least once a week to observe and provide medical direction and consultation;
  - The supervising physician, during an on site clinic visit, reviews records of complications and unusual problems;
  - An appropriate physician personally diagnoses or treats patients requiring physician follow-up care; and
  - The following documentation must be maintained:
    - The number of hours per week the PA is at the remote site;
    - Written verification of approval by the Board for this remote site location;
    - The number of hours per week that the physician is present with the PA at the remote clinic;
    - Documentation of an emergency plan for the remote site;
    - Documentation of the daily consultation with the supervising physician about complications and unusual problems; and
    - Documentation of joint chart review by the PA and the supervising physician.

[For a more intensive and specific list of requirements for physician responsibilities, please refer to 540-X-7 Assistants to Physicians, accessible through the ***Newsletter Links section at www.albme.org****.]*

Pain Management Guidelines can be found at the Board of Medical Examiners' website, www.albme.org.

Follow the Newsletter Links section.

Professionalism in the Practice of Medicine

by Craig H. Christopher, MD, Chairman

Craig H. Christopher, MD

The Alabama Board of Medical Examiners and Medical Licensure Commission of Alabama are designated by state law to regulate the practice of medicine in Alabama and to protect the health and safety of Alabama's citizens by upholding standards of professionalism in the practice of medicine.

What is professionalism and why must physicians aspire to high standards of practice?

Professionalism can be defined as the continued pursuit of excellence in a body of knowledge through education and practice, with a duty and responsibility to serve individuals and society. The traditional professions are medicine, law, and the clergy. The qualities that allow the medical profession to have a special covenant with the public are many, but two are especially important: Altruism and Self-governance.

Altruism is the placement of the welfare of others above one's self interest. In medicine the moral understanding is that the course of treatment shall be in the best interest of the patient, rather than the financial or personal interest of the physician, and dates historically to Hippocrates and Plato.

Plato, in *The Republic* states, "No physician, insofar as he is a physician, considers his own good in what he prescribes, but the good of his patient; for the true physician is also a ruler, having the human body as a subject, and is not a mere moneymaker."

Self-governance suggests accountability for the conduct of one's peers. If a profession does not govern its own standards, it risks surrendering this function to outside control.

> *"No physician, insofar as he is a physician, considers his own good in what he prescribes, but the good of his patient; for the true physician is also a ruler, having the human body as a subject, and is not a mere moneymaker."*
>
> *– Plato*

What happens when the values of altruism and self-governance are not upheld?

Recently, the Catholic Church suffered the loss of public trust because of its lack of accountability and governance over priests accused of molesting young parishioners. The lack of altruistic principles in the practice of law by some attorneys leaves that profession at the bottom of the list of the most admired professions and frequently causes the adjective "greedy" to be affixed before their names.

It is instructive to look at what constitutes "unprofessional" behavior to better understand the meaning of "professional" behavior. The Board of Medical Examiners has seen the following acts of unprofessional conduct, many resulting in disciplinary actions:

Common Acts of Unprofessional Conduct:

- Greed
- Impairment
- Disruptive or Inappropriate Behavior
- Abuse of Power
- Misrepresentation
- Lack of Quality of Care or Conscientious Care

GREED

Medicine is both a business and a profession, but money should never be the focus or guiding force in a physician's practice.

- Performing tests or procedures that have no medical indication
- Billing fraud: for example, charging excessive fees or filing fraudulent claims
- Unethical referral arrangements

IMPAIRMENT

The physician is unable to give proper care because of an altered mental or physical condition.

- Dependence on or abuse of drugs or alcohol with refusal to submit to evaluation or treatment as needed
- Relapse of drug or alcohol use, especially when actively practicing medicine (Level III relapse)
- Having untreated mental or physical conditions which affect one's ability to practice medicine

DISRUPTIVE OR INAPPROPRIATE BEHAVIOR

This includes arrogant or narcissistic actions by the physician that interfere with the delivery of proper health care.

(continued on page 7)

Professionalism in the Practice of Medicine

continued from page 6

- Demeaning comments to patients, colleagues, or health care workers
- Loud, arrogant, or abusive behavior in the practice of medicine
- Overconfidence in one's ability to treat complex medical problems without benefit of assistance or consultation

ABUSE OF POWER

There is an inherent trust in the doctor-patient relationship. Examples of violation of this trust include:

- Breach of confidentiality
- Proselytizing an unsolicited point of view unrelated to the practice of medicine
- Sexual or romantic relationships with patients

MISREPRESENTATION

This is knowingly telling an untruth (lying) or misrepresenting the facts with the intent to mislead (fraud).

- Not filling out licensing application truthfully
- Misrepresenting educational history or qualifications
- Altering charts
- Untruthful statements concerning results of proposed treatment
- False advertising

LACK OF QUALITY OF CARE OR CONSCIENTIOUS CARE

The majority of patient complaints to the Board result from the perceived lack of appropriate or compassionate care, frequently occurring when the physician does not satisfy his/her responsibility to the patient.

- Gross incompetence occurs, but is uncommon
- Failure to keep up with medical advances
- Poor charting or lack of documentation of care
- Not discussing fully the physician's diagnosis and plan of care for the patient with the patient and family, or not returning phone calls in a timely manner
- Failure to request an appropriate consultation; failure to accept a patient's request for a second opinion.
- Failure to treat or diagnose
- Abandoning patients

In summary, a physician's obligation as a professional is best expressed by Policy Perspectives, *JAMA*, May 17, 1995, entitled "Patient-Physician Covenant":

"Medicine is, at its center, a moral enterprise grounded in a covenant of trust. This covenant obliges physicians to be competent and to use their competence in the patient's best interests. Physicians, therefore, are both intellectually and morally obliged to act as advocates for the sick wherever their welfare is threatened and for their health at all times. . . ."

The Board of Medical Examiners will continue to investigate objectively and thoroughly all complaints against physicians in order to preserve the public's trust and insure their safety.

[The author gives credit to the Oregon Board of Medical Examiners' Spring/ Summer 2005 edition of their B.M.E. Report *for examining this subject in great detail.]*

Change of Address

The code of the state of Alabama requires that every licensed physician notify the Board of Medical Examiners in writing within 15 days of a change of the physician's practice location address and/or mailing address.

From the Editor...

Dr. Christopher's article on Medical Professionalism reminds me of another Alabamian who revered the Profession of Medicine. I cannot think of a better complement to Dr. Christopher's thoughts than Dr. Tinsley R. Harrison's Introduction to his book, *Harrison's Principles of Internal Medicine*. The first and last paragraphs of the introduction are:

"No greater opportunity, responsibility or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering he needs technical skill, scientific knowledge and human understanding. He who uses these with courage, with humility and with wisdom will provide a unique service for his fellow man, and will build an enduring edifice of character within himself. The physician should ask of his destiny no more than this; he should be content with no less."

"Tact, sympathy and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs and disturbed emotions. He is human, fearful and hopeful, seeking relief, help, and reassurance. To the physician, as to the anthropologist, nothing human is strange or repulsive. The misanthrope may become a smart diagnostician of organic disease but he can scarcely hope to succeed as a physician. The true physician has a Shakespearian breath of interest in the wise and the foolish, the proud and the humble, the stoic hero and the whining rogue. He cares for people."

Ensuring Quality in the Collaborative Practice:

Responsibilities and Resources for Physicians and Nurse Practitioners

A CME program presented by:
The Medical Association of the State of Alabama
The Alabama Board of Medical Examiners
The Alabama Board of Nursing

Course Details

Who should attend?
Doctors of Medicine and Osteopathy, and Advanced Practice Nurses including Certified Registered Nurse Practitioners and Certified Nurse Midwives involved in a collaborative practice agreement.

What will you learn?
1. The application, approval and renewal requirements for CRNP/CNMs and required credentials.
2. The responsibilities of both physicians and nurses in a collaborative practice. Common problems seen and methods to correct them.
3. The regulations for prescribing drugs, quality assurance review, remote sites and specific practice settings.

Tuition is only $75 and includes all course materials. In addition, each attendee will receive a resource manual containing the laws governing collaborative agreements, sample forms, checklists, and QA resources!

Course Registration Form

Name _____

Address _____

City/State/Zip _____

Phone _____ **Email** _____

Payment: ❑ **Check (made payable to MASA)** ❑ **Charge** **Amount** _____

Card # _____ **Exp. Date** _____

Session you will attend: (check one)

March 21 – Dothan, Troy Univ. Sony Auditorium	❑ **9 a.m. – Noon**	**OR**	❑ **1 – 4 p.m.**
April 27 – Mobile, Springhill Hospital	❑ **9 a.m. – Noon**	**OR**	❑ **1 – 4 p.m.**
June 29 – Huntsville, Huntsville Marriott	❑ **9 a.m. – Noon**	**OR**	❑ **1 – 4 p.m.**
August 5 – Birmingham, Birmingham Marriott	❑ **9 a.m. – Noon**	**OR**	❑ **1 – 4 p.m.**
October 26 – Live Satellite and Webcast	❑ **10 a.m. – Noon**		

(Instructions for viewing will be sent to you prior to the broadcast.)

Copy this form and send to:

MASA Education Department
19 South Jackson Street
Montgomery, AL 36104
Phone: (334) 954-2500 • (800) 239-6272 • Fax: (334) 269-5200

Public Action Reports of the Medical Licensure Commission and Board of Medical Examiners

Medical Licensure Commission November 2005

◆ On Nov. 17, 2005, the Commission entered an Order summarily suspending the license to practice medicine in Alabama of **Zev-David Nash, M.D.**, license number MD.00022079, Montgomery, AL, until such time as the Administrative Complaint shall be heard by the Commission and a decision rendered thereon.

◆ On Nov. 17, 2005, the Commission entered an Order summarily suspending the license to practice medicine in Alabama of **Lloyd A. Manchikes, M.D.**, license number MD.00013075, Mayuslick, KY, until such time as the Administrative Complaint shall be heard by the Commission and a decision rendered thereon.

◆ On Nov. 29, 2005, the Commission entered an Order denying the application for reinstatement of license of **Robert H. Carlson, M.D.**, license number MD.00008549, Birmingham, AL.

◆ On Nov. 29, 2005, the Commission entered an order revoking the license to practice medicine in Alabama of **Robert P. Heuermann, M.D.**, license number MD.00026018, Hartselle, AL, in accordance with the request of the Department of Human Resources and the requirements of Ala. Code §§30-3-170 through 30-3-179.

Board of Medical Examiners November 2005

◆ On Nov. 16, 2005, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Ronald C. McGaugh, Jr., M.D.**, license number MD.00026262, Muscle Shoals, AL.

◆ On Nov. 16, 2005, the Board voted to deny the application for a certificate of qualification to practice medicine in Alabama of **Naiyer Imam, M.D.**, Roanoke, VA.

◆ On Nov. 16, 2005, the Board voted to deny the application for a certificate of qualification to practice medicine in Alabama of **Frank J. Lochetto, M.D**., Plymouth Meeting, PA.

◆ On Nov. 16, 2005, the Board accepted the Voluntary Restrictions entered by **Joel P. Laughlin, M.D.**, license number MD.00027030, Foley, AL.

◆ On Nov. 16, 2005, the Board accepted the Voluntary Restrictions entered by **Timothy A. Gooden, M.D.**, license number MD.00027029, Warrior, AL.

Medical Licensure Commission December 2005

◆ On Dec. 27, 2005, the Commission entered an Order reprimanding the license to practice medicine in Alabama of **William T. Hall, Jr., M.D.**, license number MD.00008930, Birmingham, AL, assessing an administrative fine, extending the limitation on his Alabama Controlled Substances Certificate previously imposed by the Board of Medical Examiners, and requiring notification of successful completion of certain continuing medical education courses.

◆ On Dec. 27, 2005, the Commission entered an Order that the license to practice medicine in Alabama of **Richard O. Gritzmacher, M.D.**, license number MD.00025674, Castle Rock, CO, shall not be renewed for the

(continued on page 10)

Do You Perform Surgery, Treatments or Examinations under Sedation in Your Office?

If so, you may be required to register with the Alabama Board of Medical Examiners. Check the Newsletter Links section of the Alabama Board of Medical Examiners website at www.albme.org to determine whether your practice is required to register.

Public Action Reports of the Medical Licensure Commission and Board of Medical Examiners

continued from page 9

year 2006, and he shall not file an application for reinstatement of the license prior to May 19, 2010.

Board of Medical Examiners December 2005

◆ On Dec. 14, 2005, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Zev-David Nash, M.D.**, license number MD.00022079, Montgomery, AL.

◆ On Dec. 14, 2005, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Charles L. Hillis, M.D.**, license number MD.00012585, Henagar, AL.

◆ On Dec. 14, 2005, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Dennis L. Olive, M.D.**, license number MD.00012526, Huntsville, AL.

Medical Licensure Commission January 2006

◆ On Jan. 25, 2006, the Commission entered an Order reinstating the license to practice medicine in Alabama of **Robert P. Heuermann, M.D.**, license number MD.00026018, Hartselle, AL, in accordance with the request of the Department of Human Resources and the requirements of Ala. Code §§30-3-170 through 30-3-179.

◆ On Jan. 30, 2006, the Commission issued a conditional license to **Cecil C. Waddell, M.D.**, license number MD.00005142, Alexander City, AL, subject to the conditions in the Nov. 21, 2005, Order of the Board of Medical Examiners which issued a certificate of qualification subject to the terms that he not engage in any clinical practice and not prescribe any medications.

Board of Medical Examiners January 2006

◆ On Jan. 17, 2006, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Glen D. Sockwell, M.D.**, license number MD.00003030, Florence, AL.

◆ On Jan. 18, 2006, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine in Alabama of **Lloyd Andrew Manchikes, M.D.**, license number MD.00013075, Mayslick, KY.

◆ On Jan. 18, 2006, the Board entered a Consent Order which restricted the certificate of qualification without examination pursuant to Ala. Code §34-24-75(b) of **Robert B. Hunter, Jr., M.D.**, license number L.2475, Montgomery, AL.

Opinions of the Alabama Board of Medical Examiners can be found at the Board website, www.albme.org.
Follow the Newsletter Links section.

Reminder: Medical Records

The Alabama Board of Medical Examiners' Rules and Regulations (540-X-9-.10) state:

(1) Physicians should maintain legible well documented records reflecting the history, findings, diagnosis and course of treatment in the care of a patient. Medical records should be maintained by the treating physician for such period as may be necessary to treat the patient and for such additional time as may be required for medical-legal purposes.

(2) Access. On the request of a patient, and with the authorization of the patient, a physician should provide a copy or a summary of the medical record to the patient or to another physician, attorney or other person designated by the patient.

By state law, a physician is allowed to condition the release of copies of medical records on the payment by the requesting party of the reasonable costs of reproducing the record.

Reasonable cost as defined by law may not exceed $1 per page for the first 25 pages, 50 cents per page for each page in excess of 25 pages, a search fee of $5 plus the actual cost of mailing the record. In addition, the actual cost of reproducing x-rays or other special records may be included.

Records subpoenaed by the State Board of Medical Examiners are exempt from this law.

Physicians charging for the cost of reproduction of medical records should give primary consideration to the ethical and professional duties owed to other physicians and to their patients, and waive copying charges when appropriate.

Board Encourages Prevention

by Greg Skipper, MD, Medical Director, Alabama Physician Health Program

"An Ounce of Prevention is Worth a Pound of Cure." This certainly applies to physician disciplinary issues addressed by the Alabama Board of Medical Examiners and the Medical Licensure Commission. Almost every problem that physicians encounter that brings them before these regulatory agencies could have been prevented. It appears, however, that as conscientious as physicians might be at recommending self-care for their patients, they are not always very good at providing it for themselves.

Weardown and burnout are common these days and are thought to be chief among the causes of impairment related conditions. The best prevention for physician burnout is to promote personal and professional well-being on all levels: physical, emotional, psychological, and spiritual. This must occur throughout the professional life cycle of physicians; from medical school through retirement. (Spickard A, Gabbe SG, Christensen JF. Mid-Career Burnout in Generalist and Specialist Physicians. JAMA, 2002;288(12): 1447-1450.) It's been suggested that the majority of our experience has been with "impaired physicians" and as a result we know much about physicians' disease and despair, their substance misuse, burnout, and dysfunctional relationships, but very little about what keeps them feeling well. (Yamey G, Wilkes M. Promoting wellbeing among doctors. BMJ. 2001;322:252-253.)

The Board of Medical Examiners through its Impaired Physicians Committee has developed a new independent non-profit corporation, the Caduceus Foundation. The purpose of the new foundation is to "promote physician well-being." The foundation's goal is to do this in several ways:

1) Fund research to better understand physician stressors and how to improve physician health;
2) Promote educational programs and workshops on topics such as "Finding Balance" and others and to promulgate information on physician health; and
3) To develop a fund to assist individual physicians in crisis.

If you would like more information about the Caduceus Foundation, if you would like to make a donation, or to contribute ideas and get involved please contact us at (334) 954-2596 or www.caduceusfoundation.com.

Mark your calendar to attend the 2nd Annual Conference "Finding Balance: Life Issues for the Practicing Physician," Oct. 20- 22, 2006, at the Sandestin Resort.

The Caduceus Foundation held its first conference, *Finding Balance: Life Issues for the Practicing Physician*, last fall. The meeting, co-sponsored by the Board of Medical Examiners, was well attended and a big success. The next in this series of meetings is being planned to occur this fall at the Sandestin Resort, Oct. 20-22. Mark your calendar to attend. Topics to be addressed include: *Reexamining Priorities and Goals*, *Reassess Your Practice Style*, *Think About What Drives You*, *Is It Even Possible To Find Happiness as a Physician Today?* and others. Family participation is encouraged.

Contact:
The Caduceus Foundation
19 S Jackson St
Montgomery, AL 36104
(334) 954-2596
www.caduceusfoundation.com

Closing a Practice or Retiring from a Practice

Physicians who are closing their practice or who are contemplating retiring from their practice should read the Board's Guidelines accessible through the **Newsletter Links section at www.albme.org.** Rule 540-X-9-.10(3) is similar to the AMA's Council on Ethics and Judicial Affairs' Opinion E-7.03, and states, "When a physician retires, terminates employment or otherwise leaves a medical practice, he or she is responsible for ensuring that active patients receive reasonable notification and are given the opportunity to arrange for the transfer of their medical records. A physician or physician group should not withhold information from a departing physician which is necessary for notification of patients. A physician or the estate of a deceased physician transferring records in connection with the sale of a medical practice should notify the physician's active patients that the records are being transferred and should provide the patient with information sufficient to secure the transfer of the medical record."

Alabama State Board of Medical Examiners
Newsletter and Report

Alabama Board of Medical Examiners
P.O. Box 946
Montgomery, AL 36102-0946

STANDARD
PRESORTED
U.S. POSTAGE
PAID
Montgomery, AL
Permit No. 417

Important news from your Board of Medical Examiners

Upcoming CME Opportunities

Have You a Plan for Your Required CME in 2006?

Avoid looking for last minute CME at the time of your license renewal. The Board of Medical Examiners, the Medical Association of the State of Alabama, many hospitals and many specialty societies sponsor programs that qualify for CME. Some upcoming CME events are:

- **Ensuring Quality in the Collaborative Practice: Responsibilities and Resources for Physicians and Nurse Practitioners**
  March 21 – Dothan
  April 27 – Mobile
  June 29 – Huntsville
  August 5 – Birmingham
  October 26 – Live Satellite and Webcast
  To register, contact MASA's Education Department at (334) 954-2500 or (800) 239-6272.

- **Medical Association of the State of Alabama Annual Session: The Future of Alabama's Healthcare is in Our Hands**
  May 4-7, Sandestin Golf and Beach Resort
  To register, contact MASA's Education Department at (334) 954-2500 or (800) 239-6272.

- **2nd Annual Finding Balance Symposium: Life Issues for the Practicing Physician**
  October 20-22, Sandestin Golf and Beach Resort
  To register, contact the Caduceus Foundation at (334) 954-2500 or (800) 239-6272.