



D.C. Board of Medicine

INFORMATION FOR THE MEDICAL COMMUNITY AND THE PUBLIC FROM THE D.C. BOARD OF MEDICINE

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YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

Health Professional
Licensing Administration
Department of Health
717 14th Street NW
Suite 600
Washington, DC 20005

LICENSURE RENEWAL

See page 5.



Government of the District of Columbia
Adrian M. Fenty, Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.
May 2010
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LETTER FROM THE CHAIR

My first 90 days as the Chair of the DC Board of Medicine have been an interesting mix of reviewing the policies and procedures in place to perform our duties in licensing and discipline to protect the citizens of DC, Board meetings, meeting the dedicated and talented staff of the agency, and learning the experience and strengths of the public and physician members of the Board of Medicine. Here are some of the issues before the Board:

1. **Federation of State Medical Boards (FSMB) meeting**

was held in Chicago on April 22-24, 2010. The DC Board of Medicine has gained a reputation at the FSMB as a Board which is aggressively changing and improving. As I was reviewing one exhibitor's material, another delegate looked at my name tag and remarked, "Chair of the DC Board of Medicine, that's the Board which has become the rising star." The DC Board of Medicine won an honorable mention for a project on potentially expanding membership to include physicians in training. Drs. Watson, Rankin, Kamdar and I attended workshops and meetings on improving the Board's function. We were joined

by Aisha Williams, one of our licensing specialists. One important matter to come before the FSMB is the issue of Maintenance of License (MOL) through an active program. The FSMB voted to begin the study and process to develop and recommend a mandatory program for MOL in all states. Much like the recertification process now in place for all physician board certification the FSMB is considering a similar process of documentation of continual learning, procedure proficiency and improved humanistic communication. The MOL discussion brought significant debate to the meeting. The DC Board of Medicine will be participating in the national discussion and look forward to local discussions on the subject.

2. **Recovering Physicians and Providers**—The DC Board of Medicine has embarked on a review of the current processes used for evaluating and monitoring the impaired but recovering physician and provider. The Board has had robust discussions with the DC Medical Society on its physician health committee and the role it plays in this area. The



Janis M. Orlowski, MD
Chairperson
DC Board of Medicine

Board is in the process of reviewing and updating all of its procedures. The Board has also surveyed other state boards to determine best practices. Recently, the Virginia board of medicine visited DC and shared with us their changes in this process. The Board has begun to invite all physicians and providers currently under supervised monitoring to evaluate full compliance with consent decrees. The Board sees as its highest priority the verification of abstinence and continued treatment for those individuals in the program.

(continued on page 3)

From Where I Sit

by Jacqueline A. Watson, DO, MBA
Executive Director, DC Board of Medicine

What a difference a year makes! This past March, as I celebrated my one year milestone as the Executive Director of the DC Board of Medicine, and we witnessed the historic passage of the landmark healthcare reform bill in Congress, I could not help but wonder how this "reform" will impact the world of medical regulation, the practice of medicine, and ultimately my role as a regulatory administrator.

Well, as luck would have it, the 98th Annual FSMB conferences in Chicago, aptly themed, **Connect and Lead: Strategies for a New Era of Medical Regulation**, took place in April, preceded by the AIM (Administrators in Medicine) conference and provided the necessary insight into what's to come for state medical boards (SMBs) as a result of health system change.

Last year, I vividly remember attending the conference as a newcomer to the world of medical regulation. But this year, I returned with my new board chair, and several board members, and a staff representative, feeling like a seasoned regulator, and honored to also participate as a member of faculty, having been asked by the Federation to present on the topic: Elements of an Effective State Medical Board. My presentation allowed me to highlight the deliberate efforts being made by our Board to become a model state medical board (SMB) in the nation's capital.

We were briefed by a series of experts on the potential impact, challenges and opportunities the health reform bill will undoubtedly present for SMBs and the strategies needed to meet them. Key areas of focus predicted for SMBs to address are:

Maintenance of Licensure (MOL) which will require physicians to periodically provide evidence of reflective self-evaluation, assessment of knowledge and skills, and performance in practice; **Telemedicine and License Portability**; **Impaired Physicians and Physician Health Program Management**; **Electronic Health Records implementation** and **Collecting, Analyzing and Disseminating Data** to adequately predict healthcare workforce needs.

Since our last publication in January several other important activities have occurred and are ongoing.

ACTIVITIES:

- **AIM Award.** I was proud to accept an award from AIM while in Chicago, for our **DC Reaches Out Initiative**.

The Board requested an expansion in its membership earlier this year and agreed with my suggestion to have one of the new member slots reserved for a qualified senior post-graduate physician/fellow in training. This will further expand the outreach efforts of the Board and to serve as a mentor to physicians in training and cultivate physician leaders in health regulation. AIM acknowledged that this was an innovative way to include new physicians in being advocates for protecting the safety and welfare of the public, and something to be modeled by other SMBs. The DC board awaits approval of this legislative request from the City Council.

- **Board Retreat:** In April the Board held an all day retreat hosted by the FSMB DC Advocacy office and facilitated by the president of the FSMB Foundation, Nancy Achin Audesse. It was the first opportunity the "new Board" had to col-

lectively reflect on their mission and purpose, and outline strategies for achieving short- and long-term goals for becoming a best practice board.

- **Virginia Board of Medicine Visit:** In my ongoing efforts to keep in close communication with my regional regulatory colleagues (MD/VA), and as a follow up to my visit with my Virginia colleagues last year, the VA Executive Director and VA Board Chair paid DC a visit. They shared best practice information around Physician Health Program management and board structure. In June, the three Executive Directors (MD, DC and VA) will meet and begin to discuss a regional initiative we can collaborate on, to further protect the safety of all our residents.

- **Postgraduate Physicians In Training Programs (PPTs):** It's that time of year when new residents will prepare to begin their postgraduate training in the 8 accredited hospitals in the District. BoMed staff will once again kick start our **DC Board Takes the Show on the Road Initiative**, started last year, and go in to hospitals, as requested by Graduate Medical Educators, to educate new and continuing residents about the enrollment program rules, update them on the status of the Boards request to convert the PPT enrollment program in to a medical training license (MTL) and on the full licensure application process. St. Elizabeth's Hospital and Howard University Hospital have requested presentations thus far.



DC BOARD WINS AWARD: Dr. Watson accepts an award from ADMINISTRATORS IN MEDICINE (AIM) on the behalf of BoMed for their "DC Reaches Out" initiative. The mission of AIM is to assist and support administrators for medical licensing and regulatory authorities to achieve administrative excellence and ultimately advance public safety.

- **Renewals in 2010:** This year we will focus on capturing critical information to assist the Board and the city with adequate health care workforce planning. The Board heard from the Director of the Centers for the Workforce Studies at the Association of American Medical Colleges last month and will hear from experts later this month on how best to facilitate collecting this information during the renewal cycle.

I continue to enjoy **TEA**, with the board and staff, as we work to incorporate activities that will prove to make us more **Transparent, Efficient, and Accountable** and ultimately a best practice state medical board, in spite of tight budgetary restrictions. Improvements to our license processing, monitoring and disciplinary management and oversight, open session meetings, communication channels, technology capabilities, staff training and board development have already begun and are all making a significant impact.

Our work continues and I remain energized with the tremendous possibilities ahead of us.

Enjoy your summer until our next issue in September.

FSMB MEETING IN CHICAGO



In April, several DC Board of Medicine members and staff attended the Federation of State Medical Board's annual meeting in Chicago. Above, Physician Member Dr. Marc Rankin participates in session.



Left to right: Board ED Dr. Jacqueline Watson; Physician Member Dr. Marc Rankin; Board Chairperson Dr. Janis Orlowski, Licensing Specialist Aisha Williams; and Physician Board Member Dr. Shivani Kamdar. Consumer Member Melissa Musiker not pictured.

BOARD RETREAT AT FSMB IN DC



In April, the Board held a retreat at the FSMB offices. Members and staff focused on strategic visioning as well as current policies and processes. Members discussed BoMed's short and long term goals as a best-practice board. The meeting was facilitated by **Nancy Achin Audesse** (at center in photo), Chair of the FSMB Foundation and former Executive Director of the Massachusetts Board of Registration in Medicine.

DC BOARD OF MEDICINE MISSION STATEMENT

"To **protect** and enhance the health, safety, and well-being of District of Columbia residents by **promoting** evidence-based best practices in health regulation, high standards of quality care and implementing policies that **prevent** adverse events."

Letter From The Chair (continued from page 1)

3. **Strategic Planning—**

The Board of Medicine participated in a full-day strategic planning process on April 28, 2010 to discuss our current programs and to develop priorities for the coming year. The strategic planning process was facilitated by Nancy Achin Audesse, the president of the FSMB Foundation. The Board developed areas for continued work in its upcoming meetings. Included in the list of top priorities is the evaluation

of our current process of complaints to assure an efficient and effective process for adjudicating these concerns; development of a dashboard to monitor operational excellence and timeliness; develop a finance committee to oversee the use of licensing fees for appropriate resources of staff and performance improvement projects; and develop a Board communication plan. We look forward to completing this strategic

plan and presenting it to the community for comment.

4. **Call for physician and public participation.** The Board of Medicine discussed the need for expert peer review panels as well as the development of ad hoc committees to improve the performance of the Board in its mission. [If you would be interested in serving on an ad hoc committee please send me a quick note at \[Janis.M.Orlowski@medstar.net\]\(mailto:Janis.M.Orlowski@medstar.net\)](#)

5. **Finally, did you know?**

Did you know that the Health Occupations Revision Act (HORA) of 2009 is available on-line? This Act is the basis for the Board of Medicine's actions guiding the legal underpinnings of our decisions. You can go to <http://hpla.doh.dc.gov/hpla>, under the "information" category to find the newly revised HORA 2009.

— Janis M. Orlowski, MD
Chairperson
DC Board of Medicine

HONESTY IS THE BEST POLICY: REPORTING DWIs, DUIs, AND OWIs

by Melissa Musiker, MPP, RD, LD, Consumer Member

According to a 2009 National Highway Transportation Safety Administration report, in 2008, an estimated 11,773 people died in drunk driving crashes involving a driver with an illegal Blood Alcohol Content (0.08 or greater). These deaths constitute 31.6 percent of the 37,261 total traffic fatalities in 2008. There are increasing reports of people who think “driving while buzzed” is not as dangerous as driving while intoxicated. This is not the case. In Washington, DC any amount of drinking and driving can be cause for legal action.

Washington, DC has three different types of “drunk driving” violations:

1. **Driving While Intoxicated (DWI)** is the act of operating or being in physical control of a motor vehicle with a blood alcohol level of 0.08 or higher.
2. **Driving Under the Influence (DUI)** is the act of operating or being in physical control of a motor vehicle “under the influence of alcohol” and this can mean a blood alcohol level as low as 0.05 or if you show
3. **Operating While Impaired (OWI)** is the act of operating or being in physical control of a motor vehicle while

that you are impaired by alcohol to an “appreciable degree.”

you are so affected by the consumption of alcohol that it impairs your ability to operate a motor vehicle in the same way a reasonably careful and prudent driver, not so impaired, would operate a vehicle in similar circumstances.

VIRGINIA BOARD MEMBERS VISIT DC WORKING TOGETHER ACROSS STATE LINES

Board members and staff of the Virginia Board of Medicine visited the DC Board this spring and provided an overview of the Virginia Board’s operations. Executive Director William L. Harp, MD, spoke to BoMed about the composition of the VA board and staff.

In addition, he described the board’s major committees—executive committee, legislative committee, law and regulation, credentials (screens applications) and the Joint Board of Nursing and Medicine (licenses nurse practitioners).

Dr. Harp spoke about the advisory boards also.



Left to right: BoMed ED Dr. Jacqueline Watson; BoMed Chair Dr. Janis Orlowski; Dr. Jane E. Piness (center), Chairperson of the Virginia Board of Medicine; Dr. Jennifer Lee, Virginia Board Member; and Dr. William Harp, ED of VA Board.

PHYSICIAN HEALTH PROGRAM

Dr. Harp dedicated a large portion of his talk to discussing the Virginia Department of Health Professions’ [Health Practitioners Monitoring Program](#) (HPMP), which offers an

alternative to disciplinary action for licensees. Dr. Harp spoke about the composition of the HPMP committee; the core monitoring activities; and how they obtain assessments and get medical, psychiatric and/or substance abuse

treatment needs met.

He also explained the process of ongoing monitoring; screening for specified substances; conditions necessary for return to practice; work site monitoring; and the elements of the HPMP participant contract.

Most people are probably familiar with DWI and DUI, however they may not be aware of the OWI law in DC. One need not have an illegal BAC or fail a field sobriety test to be convicted of an OWI. OWI is the easiest of the three types of “drunk driving” violations for a prosecutor to prove and as a result the penalties for an OWI conviction are lighter than those for a DUI or DWI.

Question 7b on the application for licensure asks if you have ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations). Despite the low threshold for proof, an OWI conviction or investigation must be reported on your application for licensure. The DC Board of Medicine takes an OWI conviction just as seriously as we would a conviction for a DWI or DUI. Answering “yes” to question 7b is not cause for automatic exclusion from licensure. Each application for licensure that has a “yes” to question 7b is reviewed individually. As always, honesty is the best policy.

2010 LICENSURE RENEWAL

This is the year to Renew! All licensees will be able to begin to access renewal forms online beginning in October. This year, the renewal process will include an additional step which will allow us to capture critical demographic and practice information necessary to assist us with better understanding our physician workforce and facilitating informed decision making about our licensees.

Please remember that only CMEs/CEs obtained in the two years immediately preceding the application date will be accepted. CMEs/CEs are not required for those who are first time renewal applicants who were licensed by exam or were enrolled in an approved training program during any part of the two year period prior to approval. **The renewal period ends on December 31, 2010. BoMed will conduct random CME/CE audits immediately following the 2010 renewal period.**

Renewal notices and detailed instructions will be mailed to all licensees in September.

GETTING A LICENSE IN DC: NEW RULES

PHASE 1 - PROCESSING: Application, photos and fees, made payable to "DC Treasurer", must be submitted, and all supporting documents required must be received by the processing department within 120 calendar days of submission of an application. **Loose documents, without an associated application form, will be discarded.** Notifications regarding missing documentation will be sent at the 30-, 60-, and 90-day mark. Once all documents have been received, an applicant will have successfully completed phase 1 and the application is then referred to the Health Licensing Specialist (HLS) for analysis. **Incomplete applications (without all supporting documents), pending after 120 days, will be closed.**

PHASE 2 - ANALYSIS: The HLS will conduct a more detailed review of all the documents provided. If necessary, further information may be requested from the applicant in order for the HLS to complete the analysis phase. Once phase 2 is completed, the application is marked as **pending board approval** and referred to the Board of Medicine (the Board) for review.

PHASE 3 - DECISION: All applications for licensure are thoroughly reviewed by the Board and/or designated staff. Once an application has been reviewed by the Board, and found to be in accordance with the statutes and regulations for licensure in the District, the privilege to practice medicine is granted and a license certificate is mailed to the applicant.

ON AVERAGE, ONCE AN APPLICANT HAS SUCCESSFULLY COMPLETED PHASE 1, NOTIFICATION OF A DECISION IS PROVIDED WITHIN TWO TO FOUR WEEKS.

UPDATE YOUR ONLINE PHYSICIAN PROFILE

Physicians must report changes related to:

- Employment Address
- Settlements, judgments, and convictions
- Disciplinary actions by other jurisdictions
- Final orders of any regulatory board of another jurisdiction
- Restriction or termination of privileges as a result of a peer review action
- Disciplinary action taken by a federal health institution or federal agency.

To update your profile, login to our online system at:

<https://app.hpla.doh.dc.gov/mylicense/>

Questions? Call the Board of Medicine at (202) 724-8800.

Keep your profile updated, either by updating it yourself or by reporting items to the Board of Medicine when the changes relate to settlements, judgments, conviction of a crime, or any disciplinary action by other jurisdictions. The changes to your profile need to be reported at the time your application is approved for licensure, within thirty (30) days of renewal or within thirty (30) days of a change to the data in your profile. Know what has to be reported for your profile.

PRIMARY CARE BUREAU CHIEF PROPOSES COLLABORATION WITH BOARD

On March 31, 2010, Lauren Ratner, Chief of the Primary Care Bureau in the DC Department of Health's Community Health Administration, presented to the Board of Medicine on the District's Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA) designations, **proposing that the Board and the Primary Care Bureau collaborate on the designations process.** HPSAs and MUAs, Ms. Ratner explained, are areas that have been designated by the federal government as having a measurable shortage of personal health services—including primary care, dental care and mental health care—available to the areas' residents. The designations impact a jurisdiction's eligibility for various Federal health care resource programs:

- Federally Qualified Health Center Program
- National Health Service Corps Scholar and Loan Repayment Programs
- J-1 Visa Waiver/Conrad30 Program
- State Loan Repayment Program
- Medicare Incentive Program, and
- many discretionary grants.

Under the auspices of these programs, there are currently over 100 health care professionals providing health services to the District's underserved residents.

The Primary Care Bureau is the District's entity responsible for the designations process and has recently initiated the process of renewing and identifying the need for new shortage designations. This process requires a provider census including detailed information on provider practices in the District. The census includes approximately: 1,400 primary care physicians, 600 dentists and 2,500 mental health practitioners practicing in the District (according to 2009 HRLA data). The Bureau has initiated survey efforts to gather this information from health centers and individual providers and Ms. Ratner requested that the Board assist the Bureau in encouraging participation in the survey.

In addition, Ms. Ratner proposed to the Board that the Bureau and the Board/HRLA coordinate the Bureau's survey and the Board's licensing efforts so as to routinize the collection of this information through the licensing process. Such an arrangement, Ms. Ratner proposed, would enhance the accuracy and reliability of the District's provider data, reduce duplicative data collection efforts on the part of the Department of Health, and reduce the response burden on District physicians. The Bureau hopes to develop a similar partnership with the Allied Health Boards.

For any individuals or organizations that would like more information on the District's shortage designations and provider data collection activities, please contact Lauren Ratner at Lauren.Ratner@dc.gov or phone 202-442-9350.



*Lauren Ratner
Chief of the Primary Care Bureau
COMMUNITY HEALTH ADMINISTRATION*

*Ms. Ratner is also the DOH
designee to the Acupuncture
Advisory Committee for BoMed.*



DISTRICT GLBT OFFICE DIRECTOR PROPOSES GUIDELINES AT BOARD MEETING

Christopher Dyer, Director of the Mayor's Office of Gay, Lesbian, Bisexual and Transgender (GLBT) Affairs, recently spoke with BoMed members regarding proposed guidelines for physicians treating GLBT patients. He emphasized that these guidelines are to be educational, not regulatory. The Mission of the Mayor's Office of GLBT Affairs is to provide constituent services and information to the GLBT communities through community outreach, public education activities and to advise the Mayor and the DC Government on the needs of the GLBT residents. Washington, DC has one of the largest and most diverse GLBT communities in the nation.

THE BoMed WEB ADDRESS: WWW.HPLA.DOH.DC.GOV/BOMED

BoMed needs your help! Complete the BoMed survey at <http://www.surveymonkey.com/s/dcbomed>.

BOARD THANKS OUTGOING ATTORNEY JOHN GREENHAUGH; WELCOMES ACTING LEGAL ADVISOR CARLA WILLIAMS

The Board acknowledged the dedicated service of board legal advisor Senior Assistant Attorney General John C. Greenhaugh, Esq., who has accepted a position that allows him to interface with the federal government.

In appreciation for the many years of dedicated service he provided to the board, BoMed Chairperson Dr. Janis Orlowski presented him with a plaque at the March board meeting.

The board's acting advisor is Ms. Carla M. Williams, Esq. Although Assistant Attorney General Williams is "new" to the Board of Medicine, she is not new to the Health Professional Licensing Administration. She has previously served as attorney for the following HPLA Boards: Pharmacy, Pharmaceutical Control, Dentistry, Social Work, Respi-

ratory Care, Dietetics and Nutrition, Nursing Home Administration, Optometry, and Marriage & Family Therapy.

BoMed members and staff look forward to working with Ms. Williams.



Mr. Greenhaugh & Dr. Orlowski. Ms. Carla Williams (right), BoMed's new legal advisor.

PHYSICIAN WORKFORCE TRENDS

by Mahlet (Mimi) Goitom, Esq., Medical-Legal Policy Fellow

On April 15, 2010, Edward Salsberg, Director of the Center for Workforce Studies at the Association of American Medical Colleges, presented to the DC Board of Medicine on the topic of "Physician Workforce Trends and the Role of Licensing Boards." The Center for Workforce Studies was established to collect and analyze data to assess future physician workforce needs and to advise the medical community, policy makers, and the public of those needs.

Mr. Salsberg explored the reasons why physician workforce issues need to be addressed. Factors such as health care reform, baby boomers beginning to reach 65 within the year, improvement

of survival rates, impact of increased rates in obesity, poor diets, sedentary life styles, the need to address disparities in care, and outcomes for the poor and minorities all play a role in the increased demand and need for physicians.

Additionally, the large cohort of baby boomer physicians that are reaching retirement age, gender and generational changes, desire for retirement, and the increase of enrollment at medical and osteopathic schools, but the lack of graduate medical education (GME) growth, are also factors that affect the supply aspect of the physician workforce.

Mr. Salsberg identified increasing GME programs, as the key to increasing the

supply of new physicians in the workforce. Furthermore, the need for data collection and analysis of workforce trends was listed as a critical component to identify physician attrition rates from the active workforce.

Mr. Salsberg also discussed the role that BoMed could play in obtaining this data. It was recommended that questions regarding a physician's specialty, type of practice, location, number of clinical practice hours worked, and any plans to retire be included in the licensure renewal process.

For more information please visit <http://www.aamc.org/workforce/cfws.htm>

ACADEMIC DETAILING

At the Board's May meeting, physician Chu Chu Onwuachi-Saunders, MD, MPH, will update the Board about the DC Academic Detailing Program, the Independent Drug Information Service (iDiS). The goal of academic detailing is to close the gap between the best available evidence and actual prescribing practice, so that each prescription is based only on the most current and accurate evidence about efficacy, safety, and cost-effectiveness.

Program objectives:

- Optimize therapy for DC-supported beneficiaries (Safety, efficacy, cost)
- Facilitate good therapeutic decision-making by physicians (Evidence-based; independent, unbiased, commercial-free)
- Establish a viable, sustainable educational model
- Emphasis on quality of care, not just cost

iDiS Contact Information

TOLL FREE NUMBER

1-877-410-5750

WEB www.RxFacts.org

EMAIL info@RxFacts.org

PHYSICIAN CLINICAL SUPPORT SYSTEM

The Physician Clinical Support System (information online at www.PCSSmentor.org) provides clinical tools and short focused guidance on topics related to prescribing opioids. *This project is funded by a grant from The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT).* **PCSS-METHADONE** is a free program through which health care providers needing information and mentoring on methadone treatment for **opioid addiction and/or pain** can connect with experts in the field. PCSS-M Mentors provide telephone, email and on-site support. **PCSS-BUPRENORPHINE** is a free program designed to assist practicing physicians, in accordance with the Drug Addiction Treatment Act of 2000, in incorporating into their practices the treatment of prescription **opioid and heroin dependent** patients using buprenorphine.

ADVISORY COMMITTEE SPEAKERS ADDRESS BOARD

ANESTHESIOLOGIST ASSISTANTS



Anesthesiologist Assistants Committee Chair Rudy Hamad, AA

BoMed Anesthesiologist Assistants Advisory Committee Chairperson Rudy Hamad spoke to board members about the statistics on where AAs are employed; possible revisions for the AA registration process; the duties of the AA versus the nurse anesthetist; AAs and the administration of narcotics.

PHYSICIAN ASSISTANTS



President Elect of the DC Academy of Physician Assistants Drew Maurano, PA-C

DC Academy of PAs' President Elect Drew Maurano spoke with board members regarding four proposed changes for PA regulations in the District:

- the scope of practice
- who may pronounce death
- reducing countersignatures for routine and minor multiple orders (which may be burdensome for the supervising physician)
- emergency declaration.

POLYSOMNOGRAPHERS



Polysomnographers Advisory Committee Members Philip Cameron, RPSGT, and Jonathan Prince, RPSGT, CRT

BoMed Polysomnographers Advisory Committee Members Philip Cameron and Jonathan Prince spoke to the Board and offered recommendations regarding the impending regulation of polysomnographers in the District. The law became effective in July 2009 to have polysomnographers regulated by the Board of Medicine.

PHYSICIANS WANTED to serve on several BoMed Advisory committees. See page 10.

BOARD WELCOMES NEW PHYSICIAN ASSISTANTS ADVISORY COMMITTEE MEMBER DEE DEE HERRMANN

The Board welcomes Dee Dee Herrmann, MPH, MSHS, PA-C, who was recently appointed to serve on the Advisory Committee for Physician Assistants with the DC Board of Medicine.

Ms. Herrmann is a 2001 graduate of the George Washington University PA/MPH Program. After graduation, she joined a community health center practicing outpatient adult medicine in rural West Virginia to fulfill her National Health Service Corps Scholar commitment.

In 2004, she moved back to Washington, DC, to practice full-time in Emergency

Medicine for Emergency Medicine Associates.

From 2004 to 2007, Ms. Herrmann was an adjunct faculty member at the GWU PA program where she started and directed the GWU Advance Surgical Preparedness Curriculum.

In January of 2007, she joined the GWU PA Program faculty full-time as the Associate Director of the Academic Curriculum.

She continues to work on an as-needed basis for Emergency Medicine Associates and is completing coursework for the Master Teacher Leadership Development Program



Dee Dee Herrmann with DC Mayor Adrian M. Fenty.

through the GWU Graduate School of Education and Human Development.

She lives with her husband Freddie, son Woody, and dog in Capitol Hill.

LEGISLATION ON PPT ENROLLMENT AND MEDICAL TRAINING LICENSE FOR RESIDENTS

The DC Board of Medicine's (BoMed) legislation request to sunset the Postgraduate Physician Training (PPT) enrollment program and require all residents in training in accredited hospitals in the District of Columbia to apply for a Medical Training License (MTL) is awaiting approval by the City Council. A final decision is expected within a few months. Therefore the anticipated June 2010 implementation start date will be delayed. However, for the 2010-2011 training year BoMed will be strictly enforcing the PPT Enrollment program requirements.

In an effort to fully comply with the DCMR § 4611.4- §4611.5 (b), and adopt best practice guidelines outlined by the Federation of State Medical Boards (FSMB), all residents in training must be approved by the Board, **prior to beginning, or continuing**, their training program for the next training year (2010-2011).

Graduate Medical Education (GME) Directors must have all signed PPT enrollment forms for residents, and explanations for any "Yes" responses to screening questions, returned to BoMed by:

1. **Friday, May 14, 2010** for all residents and fellows beginning or continuing their training in June 2010 and by
2. **Monday June 14, 2010** for all residents and fellows beginning or continuing their training in July 2010.

Please note, if all documents are not received by the indicated dates as outlined above, the start date of a resident's training program may be delayed.

PPT PROGRAM: BOMED TEAM MEETS WITH ST. ELIZABETH'S HOSPITAL



In an initiative that began last year, "DC Board Takes the Show on the Road", BoMed staff will go in to the hospitals to make presentations to PPTs, GMEs, and other hospital staff as requested regarding licensure rules, regulations, and other relevant BoMed matters.

This month, BoMed staff made a presentation to the St. Elizabeth's Hospital Residents-in-training to educate them about the Postgraduate Physician Training (PPT) Enrollment program, and about the tentative launch of the new DC Medical Training License (MTL).

Left to right: Dr. Farooq Mohyuddin, MD, Director, Psychiatry Residency Training Program; Lisa Robinson, BoMed Health Licensing Specialist; Aisha Williams, BoMed Health Licensing Specialist, and Aissa Seck, LLM, Residency Monitor Analyst at St. Elizabeth's Hospital.

REMINDER TO PAs & SUPERVISING PHYSICIANS: DELEGATION AGREEMENTS FOR PHYSICIAN ASSISTANTS

by Aisha Williams, Health Licensing Specialist for the Advisory Committee on Physician Assistants

The Physician Assistants (PA) Advisory Committee, under the purview of the DC Board of Medicine (BoMed), requires that PAs must submit Delegation Agreement (DA) forms to BoMed prior to the start of employment. The DA form requires that

a primary supervising physician is listed along with other additional supervising physicians. PAs are not eligible to begin employment without a DA form on file with BoMed (See DCMR §4915.1).

Furthermore, any changes

to the DA form must be filed with BoMed within 10 days of that change. Examples of changes include: additions or deletions of supervising physicians, termination of a DA, or a PA's change in employment status. It is important to note that primary

supervising physicians are also required to file a DA form with BoMed. Additionally, if there is a change of employment or termination of the DA, the primary supervising physician is also required to notify BoMed.

STILL LOOKING FOR A FEW GOOD DOCTORS!

Are you interested in assisting the Board of Medicine (BoMed) with achieving its goal of protecting the public? The Advisory Committees of the Board have several physician vacancies that need to be filled.

The Board continues to work to have all BoMed advisory committees fully operational and all physician and member vacancies filled by the end of this fiscal year. Advisory committee members advise the full board on new guidelines and regulations to consider implementing with respect to the other health professions under the board's authority. Advisory committees meet in person on average twice per year. If you are interested in volunteering your time to be a physician advisory committee member, or would like to recommend a candidate, please see vacancies listed below and contact the Mayor's Office of Boards and Commissions (OBC) at 202-727-1372. All members are appointed by the Mayor and must be residents of the District of Columbia.

INTERESTED PARTIES MUST:

1. Be a resident of the District of Columbia.
2. Be in practice a minimum of 3 years and in Good Standing with the Board.
3. Contact the Mayor's Office of Boards and Commissions for information on applying (see below).

ACUPUNCTURISTS :

- 1 Physician with acupuncture experience

ANESTHESIOLOGIST ASSISTANTS:

- 1 Anesthesiologist with experience working with Anesthesiologist Assistants

NATUROPATHIC PHYSICIANS:

- 1 Physician with naturopathic medicine experience

PHYSICIAN ASSISTANTS:

- 1 Physician with experience working with Physician Assistants

POLYSOMNOGRAPHERS:

- 2 Physicians certified by national accrediting body as sleep specialists

SURGICAL ASSISTANTS:

- 1 Surgeon with experience working with Surgical Assistants
- 3 Licensed Surgical Assistants

TO APPLY TO SERVE, GO ONLINE AT WWW.OBC.DC.GOV AND DOWNLOAD AN APPLICATION, OR CALL THE OFFICE OF BOARDS AND COMMISSIONS AT (202) 727-1372.

BOARD MEETING SCHEDULE

UPCOMING MEETINGS:

MAY 26

JUNE 30

JULY 28

AUGUST-NO MEETING

SEPTEMBER 29

*The Board of Medicine (full board)
meets on the last Wednesday of
every month.*

BoMed STATS

Total Active Licenses as of May 15, 2010

MEDICINE AND SURGERY	9,455
OSTEOPATHY AND SURGERY	161
PHYSICIAN ASSISTANTS	519
ACUPUNCTURISTS	167
ANESTHESIOLOGIST ASSISTANTS	21
NATUROPATHIC PHYSICIANS	20
SURGICAL ASSISTANTS	53
POLYSOMNOGRAPHERS	0
TOTAL	10,396
POSTGRADUATE PHYSICIANS IN TRAINING (PPT ENROLLMENT)	1,224

HAVE A COMMENT FOR US?

SEND AN EMAIL TO DCDOCSPEAK@DC.GOV

OUR NEW WEB ADDRESS: WWW.HPLA.DOH.DC.GOV/BoMed

BOARD ORDERS

February 1, 2010 - May 15, 2010

Revoked

Qurton, Helmy (M.D.) (5/10/10) The physician's license was revoked based on his surrender of license while under investigation. The investigation began based on actions in other jurisdictions, where he did the same. [Pediatrics]

Summarily Suspended

Akhigbe, Ehigiator (M.D.) (3/22/10) The physician's license was summarily suspended based on a felony conviction for Medicaid fraud. [Pediatrics]

Fined

Fitzgerald, Michael (M.D.) (3/11/10) The physician was fined by consent order and ordered to two CME courses, for failure to meet the standard of care. [Emergency Medicine]

Kerr, Paul B. (M.D.) (5/10/10) The physician was fined by Consent Order and also reprimanded for failing to disclose two disciplinary actions to the Board, and for treating an individual with controlled substance without forming a physician-patient relationship. [Neurology/Surgery]

Reprimanded

Aranmolate, Babatunde (Not licensed) (5/10/10) – The physician was reprimanded for filing two false Postgraduate Physician Trainee Enrollment forms, omitting that he had been disciplined in Great Britain and dismissed from a training program, also in Great Britain. The physician is also barred from applying for residency, fellowship, or licensure in the District until the revoked medical license in Great Britain is restored. [Unlicensed]

Probation Terminated

Vaughn, William S. (M.D.) (3/12/10 – retroactive to 12/31/08) The physician satisfied the terms of his prior order dated January 22, 2008. [Emergency Medicine]

Williams, Cleveland (M.D.) (2/26/10) – The physician satisfied the terms of his prior order dated January 30, 2008. [Preventive Medicine/Public Health]

FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed DC physician or other licensee under the authority of the Board, simply write a letter that describes your complaint. The letter must be signed, and you should attach copies of any pertinent documents that you may have. The letter must also include your address, so we may contact you as necessary and notify you of any findings.

Please note: You can print a complaint form from our website at www.hpla.doh.dc.gov/bomed

You should mail the complaint to:

DC Board of Medicine
717 14th Street, NW
Suite 600
Washington, DC 20005

You can also fax the complaint to the Board at (202) 724-8677.

If your complaint alleges unlicensed activity, you should address your complaint to:

Supervisory Investigator
717 14th Street, NW
Suite 1000
Washington, DC 20005

You can also fax your complaint about unlicensed activity to (202) 724-8677.

Please be advised that the Board of Medicine does not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.

D.C. BOARD OF MEDICINE
717 14th Street, NW
Suite 600
Washington, DC 20005



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Government of the District of Columbia
Adrian M. Fenty, Mayor



DC BOARD OF MEDICINE

Address

Health Professional
Licensing Administration
Department of Health
717 14th Street NW
Suite 600
Washington, DC 20005

Phone numbers

(202) 724-4900
(877) 672-2174
Office Hours: 8:15 am to 4:45 pm,
Monday - Friday (except District holidays).

Fax number

(202) 724-5145

Email address

hpla@dc.gov

Web page

www.hpla.doh.dc.gov/BoMed

Health Professional
Licensing Administration

Janis M. Orlowski, MD,
Physician Member and Chairperson

Wayne A.I. Frederick, MD, FACS,
Physician Member

Shivani Kamdar, DO, Physician Member

John J. Lynch, MD, Physician Member

Lawrence A. Manning, MD, Physician Member

Miriam A. Markowitz, MSc, Consumer Member

Melissa Musiker, MPP, RD, LD, Consumer Member

Marc Rankin, MD, Physician Member

Ronald Simmons, PhD, Consumer Member

Robert B. Vowels, MD, MPH, representing
Pierre N. D. Vigilance, MD, MPH,
Statutory Member

Cheryl R. Williams, MD, Physician Member

Director, Department of Health
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