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**Government of the  
District of Columbia**  
 Vincent C. Gray, Mayor

## LETTER FROM THE CHAIR



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### IS YOUR INFORMATION UP TO DATE?

UPDATE YOUR ONLINE  
PHYSICIAN PROFILE.  
(SEE PAGE 11.)

Happy New Year to all. I hope that 2012 will be a joyous and productive year for you.

#### Board Membership:

The Board waits anxiously for new members to be appointed. Several slots remain open on the Board and several Board members have continued to work beyond their original appointment. The Mayor's Office has received several recommendations from the Board of Medicine regarding potential members and hopefully will be making appointments in the near future. If you are interested, you may fill out an application which can be found online at [www.obc.dc.gov](http://www.obc.dc.gov).

#### Continuing Medical Education (CME):

Councilman David Catania has recommended in a proposed new bill that all physicians licensed in the District obtain 3 hours of Continuing Medical Education (CME) credit per year on HIV. He is proposing that the bill

set sunset in 3 years. The Board of Medicine has discussed this bill and believes that CME requirements should be reviewed and updated. As chair of the Board, I testified that there are several other illnesses in the District that have a significant impact on the health of the residents of the District including diabetes, heart disease, obesity and violence. The Board reported to Councilman Catania that we would review the overall requirements. Specialty board recertification requirements in many specialties provide a comprehensive review of that specialty, as well as general information that is recommended for the health of the community. These recertification programs are a model of life long learning that each physician must undertake and may provide a good model for the Board of Medicine in studying minimum requirements needed to remain competent to be actively licensed. The Board of Medicine will undertake a



*Janis M. Orlowski, MD, MACP  
Chair, DC Board of Medicine*

review and update CME requirements. I invite you to share your thoughts regarding this important subject.

**Resident Licensing:** The Board of Medicine has recommended and the DC Council has passed a bill that will require all residents trained in the District to obtain a residency training license. This will take the place of the current Postgraduate Physician Training (PPT) forms that register each resident through their current training program.

**(continued on page 3)**

### 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."

# From Where I Sit

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



Jacqueline Watson, DO, MBA

**H**appy 2012! I personally love each new year and what it signifies. It brings new energy and ideas and a fresh opportunity to set goals. Our new fiscal year began on October 1, 2011, on the heels of hosting a successful healthcare workforce symposium. We received very positive feedback about the conference, and plans for the 2012 licensure renewal cycle have already begun. The 2010 survey provided us with some very insightful information. **Did you know that though there are roughly 10,000 physician licensees in the District, only about 58% actually practice in the District? And further, less than 4,200 (42%) provide more than 20 hours of clinical care in the District per week.** These numbers suggest that there is a pressing need to further study the practice characteristics of our current physicians and physician assistants so that the information obtained may be used by the appropriate agencies to inform planning decisions.

## HIGHLIGHTS

I was invited to make presentations to the DC Hospital Association (DCHA) government affairs committee and the medical directors committee about the data we obtained and our plans for future surveys. We will be assembling a workforce survey workgroup part two—to assist us with developing the new set of survey questions for the 2012

renewal cycle. The new set of questions will allow us to drill down and zero in on specific areas of the workforce we need to better understand and data to track. If you are interested in participating in the workforce survey workgroup please send an email to [cheryl.harris2@dc.gov](mailto:cheryl.harris2@dc.gov).

## Citizens Advocacy:

Sr. Deputy Director, Dr. Feseha Woldu, Health Licensing Specialist Lisa Robinson and I attended the annual Citizens Advocacy Center (CAC) Conference in DC titled "Achieving Regulatory Excellence". CAC works to enhance the effectiveness and accountability of health care professional boards. The conference highlighted the important role consumer members play on health professional licensing boards and encouraged members to strive for achieving regulatory excellence by being proactive in protecting the public and advocating for policies that improve health care quality and link re-licensure to evidence of current competence.

Currently, the Board of Medicine has two vacant consumer member slots. If you know someone that may be interested in being a consumer member of the Board, please have them contact the Mayor's Office of Boards and Commissions, [www.obc.dc.gov](http://www.obc.dc.gov).

**Taskforces:** The three taskforces established by the Board—  
(i) Cosmetic/Medispa;  
(ii) Social Media; and  
(iii) Telemedicine, held their first meeting in December. Each taskforce will provide recommendations to the Board that will assist us in developing the regulatory language that will guide the practice of these areas of medicine. We would like to thank all physicians who have volunteered to participate on these taskforces.

## Criminal Background

**Check (CBC):** Throughout the year we have been informing you that criminal background checks are now a requirement for licensure. During the upcoming renewal period (October 1 - December 31, 2012), all licensees will be required to undergo a CBC in order to be renewed. In addition to doing CBC with the MPD, a vendor has been selected to assist with the processing of CBCs. Stay tuned for more information on the CBC process and you may visit the website [www.hpla.doh.dc.gov](http://www.hpla.doh.dc.gov) to learn more.

**GWU Fellows Visit:** Fellows from The George Washington University School of Public Health and Health Services (SPHHS) Residency Fellowship in Health Policy met in our offices for information about health licensure and regulatory policy.

## Uniform Applications (UA):

President and CEO of the Federation of State Medical Boards (FSMB), Hank Chaudhry, DO, FACP, made a presentation to the board in October advocating for adopting Uniform Licensing Applications and promoting it as an effective way to standardize the licensing process across states, while leaving state-based licensure and control intact. Uniform Applications (UA) has a standard set of questions that would be asked of all applicants in all states. Physicians fill out the UA online application once, then use the application whenever they apply for licensure in another state. Each state would have supplemental applications that query applicants on issues relevant to their individual state laws. UA is seen as a way to simplify and streamline the licensure application process for physicians.

**CMEs:** Our 2010 renewal CME audit was completed at the end of the 2010 calendar year. There was a 77% compliance rate. Physicians who are out of

compliance will be sanctioned by the Board and barred from renewing during the 2012 renewal period if the matter is not resolved. The Board has been closely examining our CME requirement policy and will be making comprehensive updates. The Board will be considering limiting the number of online hours, and requiring hours in specific areas, such as professionalism and ethics, as well as health related topic areas of significance to improving health outcomes in the District. Councilmember Catania currently has pending legislation B19-0510 that will require all District physicians to do 3 hours of HIV education. Board Chair Janis Orlowski, MD, testified on behalf of the Board and provided our recommendations on how best to address the CME issue. Her testimony can be viewed at [http://hpla.doh.dc.gov/hpla/lib/hpla/medicine/bom\\_orlowski\\_cme\\_testimony.pdf](http://hpla.doh.dc.gov/hpla/lib/hpla/medicine/bom_orlowski_cme_testimony.pdf).

**Collaborations:** The Board of Pharmacy and the Board of Medicine have been working together to improve care-coordination for residents in the District. The Board approved an expansion of vaccination authority for licensed pharmacists under a practice protocol.

**Customer Satisfaction:** We want to know what you think. New licensee customer satisfaction surveys have been developed and are located online. We are trying to gauge how we are doing with respect to our licensing process. If you were recently licensed, within the last 6 months, we ask that you take a few minutes to complete the survey at [www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed). Your feedback will be used to help us improve our services to you. For additional information, please refer to page 12.

Our focus continues on achieving operational excellence and being more transparent, efficient and accountable. Our next issue will be published in May. Until then, Be well.

## LETTER FROM THE CHAIR (continued from page 1)

The Board of Medicine's staff is working diligently to have the new licenses available for the new training year, July 2012. More details will follow.

**Reentry into practice:** The Board of Medicine has recently reviewed recommendations for physicians who have practiced medicine and then, for personal, family or health reasons, taken a leave from active practice. A subcommittee of the Board of Medicine has recommended a path to reenter active licensure by demonstrating competence in current practice by successfully

completing the SPEX exam (Special Purpose Examination) or specialty specific board exam. In addition recommendations have also been made to consider retraining to access competency and currency. These recommendations will be reviewed and submitted for public comment prior to developing a formal policy.

The Board of Medicine is pleased to announce that we have completed a formal Memorandum of Understanding between the Board and the Medical Society of the District of Columbia (MSDC) Physician Health Committee. There

has been a long and successful relationship between the Board of Medicine and MSDC in supporting the recovery of a physician with health problems including alcohol and/or substance abuse. Standards for minimum treatment oversight and regular reporting to the BOM have been formalized to assure that the public is safe and to encourage an active supportive environment for the recovering physician.

The Board of Medicine looks forward to a very productive year!

Best regards,

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

## YOUR DUTY TO REPORT

The HORA at §3-1205.13a imposes the obligation on licensed health care professionals to notify the Board of Medicine of a judgment or confidential settlement against the health care professional in a malpractice case. Health care professionals have 60 days from the date of notification to inform the Board of the outcome. Failure by the health care professional to comply with these requirements will subject the health care professional to Board review and possible sanctioning by the Board.

### Health care professionals should communicate the information in writing to:

D.C. Board of Medicine  
899 North Capitol Street NE, 2nd Floor  
Washington, DC 20002

The Board encourages all health care professionals to ensure that they are in compliance with §3-1205.13a to avoid disciplinary action.

Questions should be directed to the Disciplinary Monitor, Lisa Robinson, at (202) 724-8802 or [lisaa.robinson@dc.gov](mailto:lisaa.robinson@dc.gov).

## Counsel's Column

# COMPLAINT PROCESSING

By Eugene E. Irvin, Esq., Senior Assistant Attorney General & Board Legal Advisor

Complaints are seldom viewed in a positive light by medical professionals, probably because the only time they are given much thought at all is when a medical professional is informed that he or she is the subject of one. Yet for the Board of Medicine complaints provide a ground level read on the areas where attention need be best directed. A better understanding for how these simple tools service the Board might aid in gaining a better appreciation for the role they play.

The applicable legal guidance does not offer a specific definition of the term "complaint", but it can be safely viewed as a simplified methodology for informing the Board of Medicine of one's dissatisfaction with the conduct or performance of a medical professional. From the legal literature it is clear that the intent of the drafters was to encourage the Board to operate in a way that would allow the greatest access to those feeling disappointed in some aspect of a medical interaction. So even though 17 DCMR 4101.2 lists including the name and address of the complainant as a component element of a complaint, 17 DCMR 4101.3 gives the Board the discretion to dispense with this requirement in reviewing or investigating a matter. The aim here is for the Board to use this process to the maximum extent possible in discharging its responsibility to protect the public's health and safety. In this regard the complaint can and does serve a means of informing the Board of how well or how poorly constituent medical professionals are doing in providing medical services to the public. In furtherance of this principle, every complaint received is thoroughly processed to the extent the law permits. A complaint can originate from anyone with knowledge of the situation that forms the basis for the complaint. The rules do not limit this right to the patient and his or her relatives. For example, complaints are often submitted by non-attending medical professionals, including pharmacists, nurses, and physicians performing follow up treatment or providing follow on services. Each complaint, no matter who is the originator, is processed entirely on the basis of its own merit. Complaints may be submitted electronically as well as in any written form. No specific format is required. As long as the Board can discern the issues to be addressed the submission will be deemed acceptable. Board website does provide a complaint form which anyone can use to fill out and submit, but it is recommended not required.

Upon receipt of a complaint it is routed to the Executive Director of the Board who conducts the

initial screen of the correspondence. She ensures that the correct identifying data is entered in the system and assesses the administrative sufficiency of the complaint's contents. Based on her assessment, she makes suggestions as to ways to bulk up the complaint, such as a call back to the complainant for more legible documents or referrals to HRLA investigators for obtaining clarifying materials. The next step in the process is evaluation by the Board Attorney for legal sufficiency. Under the stricture of 17 DCMR 4101.3, to pass muster for legal sufficiency the complaint must allege conduct or a performance failing by the cited medical practitioner that would provide the basis for disciplinary action under the HORA. If no HORA violation exists, then the Board attorney prepares a letter explaining that the matter will be closed for that reason. A common problem giving rise to this result is where the complaint's sole concern is a billing dispute between the patient and the medical professional. The Board has no authority under the HORA to mediate or resolve those matters and must, therefore, close out the complaint without any attempt at resolving the cited concern.

Where legal sufficiency is evident the Board Attorney, in consultation with the Executive Director, determines what the next processing steps should be. The options are varied, including referral for further investigation, obtaining additional documentation, and interviewing individuals, but the most common action is to recommend that the cited medical professional be directed to answer the allegations put forth in the complaint. At this point an Order to Answer is issued from the Chairperson of the Board. The medical practitioner then has 10 days from the receipt of the Order to respond. It is incumbent upon every medical professional in receipt of an Order to Answer to give the Order a high priority, for failure to respond promptly is unfavorably viewed by the Board and can provide the basis for disciplinary action. Furthermore, it is in the health professional's best interest to be as thorough and as comprehensive as possible in explaining their account of the circumstances surrounding the complained of event. Of course, that the health care professional is expected to be honest and accurate in the retelling goes without saying. It is also permissible to append copies of any material the healthcare practitioner feels will aid the Board in making the correct decision. Lastly, the Board would appreciate knowing of any improvements or

(continued on page 5)

**“As a caring healthcare professional it may be somewhat disheartening to be informed that a complaint has been filed against you, but the Board would encourage recipients to also look upon the event as an opportunity to have some insight into how the health professional’s activities are viewed by their consumers. It may provide a chance to correct a previously undisclosed flaw in operations.”**

(continued from page 4)

changes that have been implemented with the intent to prevent recurrence of such incidents.

Once the health professional’s answer is received, the Health Licensing Specialist packages it along with the original complaint materials for evaluation and decision by the Board. The Health Licensing Specialist then insures the case materials are included on the agenda for the Board’s next formal session. Upon final determination by the Board, the Board’s decision is generally communicated in writing to both parties.

As a caring healthcare professional it may be somewhat disheartening to be informed that a complaint

has been filed against you, but the Board would encourage recipients to also look upon the event as an opportunity to have some insight into how the health professional’s activities are viewed by their consumers. It may provide a chance to correct a previously undisclosed flaw in operations. So seize the opportunity to take a hard look at your procedures and practices before answering, and be sure that you are not being short-sighted in the face of a real problem in need of correction. The Board truly appreciates responses that reflect a forthright and careful appraisal of the facts and circumstances at issue and that convey a willingness to ensure that the real needs and concerns of patients are given a high priority in the structuring of service delivery.

## BOARD OUTREACH



**GWU Health Policy Fellows Visit:** As part of their Health Policy Fellowship requirements, residents from **George Washington University** met with Board Executive Director Dr. Jacqueline Watson, at the HRLA office, to learn more about health licensure and regulatory policy in the District. The residents found the visit to be interesting and informative. The feedback from participants was overwhelmingly positive and the Health Policy Residency group has asked us to continue to support this learning experience for their residents.



**GUH Residents Attend BoMed Information Session:** Board of Medicine staff made a presentation to **Georgetown University Hospital’s** in-coming Residents, at the French embassy in DC.

Staff briefed residents on both licensure requirements and disciplinary matters. Residents had the opportunity to ask questions about their areas of concern, and found the presentation to be informative. GUH staff have expressed interest in continued Board outreach opportunities for residents.

## DC CANCER REGISTRY STRESSES MANDATORY PHYSICIAN REPORTING

The DC Cancer Registry (DCCR) will be seeking to enforce mandatory cancer reporting in accordance with the Code of D.C. Municipal Regulations, Title 22, Chapter 1, CDCR 22-125 (effective October 1, 2011).

**All cancer cases diagnosed and/or treated within the District shall be reported to the DC Cancer Registry by the physician or other person(s) responsible for care of a patient.**

**Electronic (Efax) submission is temporarily available at 202-729-3775.**

Please contact Ms. Kathleen Rogers, CTR Program Manager at (202)442-5878 or [kathleen.rogers@dc.gov](mailto:kathleen.rogers@dc.gov) with any questions you have regarding this reporting requirement.

## FETAL ALCOHOL SPECTRUM DISORDER (FASD) CPS NOTIFICATION REQUIREMENT

By Cheryl R. Williams, MD, Deputy Director  
Office of Clinical Practice, DC Child and Family Services Agency

### What is FASD?

The FASD acronym refers to a larger population of children than those who are affected by fetal alcohol syndrome (FAS). The "spectrum" covers a broad range of symptoms associated with a child's pre-natal exposure to alcohol. According to the Centers for Disease Control, FASDs are a leading known cause of intellectual disability and birth defects. This spectrum includes physical (craniofacial) abnormalities associated with FAS, but also more subtle cognitive and/or developmental issues that manifest themselves as the child ages. Many of these symptoms are not evident immediately after birth.

### Overview of the New CAPTA Requirement

In its December 2010 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA), the US Congress introduced a new requirement that health care providers notify their local child protective services (CPS) system when they are involved in the delivery or care of infants affected by a Fetal Alcohol Spectrum Disorder (FASD). In affirmation of the federal requirement, the DC Council in September 2011 passed the Child Abuse Prevention and Treatment Emergency Amendment Act of 2011, which requires licensed health professionals to make a report to the District's Child and Family Services Agency (CFSA) Child Protective Services Hotline when providing services to a child under the age of 12 months old who is diagnosed with a FASD. The local legislation updated the mandated reporter statute (at DC Official Code § 4-1321) to include this notification requirement, but it did not update the statutory definition of a "neglected child" to include a child born with a FASD. The local legislation simply requires medical professionals to call CFSA's CPS Hotline (202-671-SAFE), which is the District's single point of entry for abuse and neglect reports as well as referral and information inquiries, when they recognize that a child in their care is affected by a FASD.

### Legislative Summary and Federal Intent

Citing numerous studies concluding that early intervention and treatment can improve outcomes for children affected by FASDs, the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect published A Call to Action: Advancing Essential Services and Research on Fetal Alcohol Spectrum Disorders. Within the report, the Task Force made ten recommendations to improve and expand efforts regarding early identification, diagnostic services, and quality research on interventions for individuals with FASDs and their families, one of which was to add prenatal alcohol exposure to the existing CAPTA provision requiring social services and health care professionals to refer drug exposed infants to child protective services systems for early intervention. Ultimately, Congress updated the CAPTA language with reference to FASD, which is narrower in scope than "prenatal alcohol exposure." CAPTA's FASD provisions for CPS notification are specific to symptoms that are detectable in infants, and are generally on the higher end of the spectrum. The provisions do not require child protective service agencies to determine FASD-affected newborns to be neglected children and subjects of CPS investigations. Rather, the CAPTA provisions are intended to promote early intervention services for these children and to improve safety and well-being outcomes.

### FASD Resources

For more information on FASDs, please contact the District's Perinatal and Infant Healthline at **1-800-MOM-BABY (666-2229)**.

## REPORTING TO VITAL RECORDS DIVISION

By Willis R. Bradwell, Jr., Registrar

The Department of Health Vital Records Division is the agency responsible for registering every District of Columbia birth and death that occurs in Washington, DC. Hospitals, birthing centers, nursing homes, funeral homes and others report birth and death record information to the Vital Records Division via its Electronic Birth Registration System (EBRS) and its Electronic Death Registration System (EDRS).

Approximately 14,000 births and 7,000 deaths are reported annually to the Vital Records Division.

In addition to registering birth and death record information, the Vital Records Division is also responsible for issuing certified copies of birth and death record information to both walk-in and mail-in customers. Vital Records is also responsible for reporting birth and death record information to the Social Security Administration and to the National Center for Health Statistics.

There are legal requirements for reporting to the Vital Records Division birth and death record information that facilities and physicians are required to adhere to. **DC Code Section 7-205 (a)** states that births are to be reported within 5 days after such birth. **Section 7-205 (b)** states "the physician or other person in attendance at or immediately after the birth shall provide the medical information required in the certificate and certify to the facts of birth within 72 hours after birth." If the physician, or other person in attendance at or immediately after the birth, does not certify to the facts of birth within the 72 hour period, the person in charge of the institution or his or her designee shall certify to the facts of birth and complete the certificate.

**DC Code Section 7-211 (b)** states that a certificate of death which occurs in the District shall be filed within 5 days after death and before final disposition. **Section 7-211 (e)** states that within 48 hours after death, the physician in charge of a patient's care

for the condition which resulted in death shall complete, sign, and return the medical certification portion of the death certificate to the funeral director.

There are legal requirements for reporting to the Vital Records Division birth and death record information that facilities and physicians are required to adhere to.

In the absence of such physician or with his or her authorization, the certificate may be completed and signed by his or her associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, if that individual has access to the medical history of the case, views the deceased at or after death, and death is due to natural causes.

**It is critically important that facilities and physicians report birth and death record information to the Vital Records Division in a timely manner, and within the prescribed legal requirement.** Delays in reporting birth and death record information impacts on the Vital Records Division's ability to register and issue certified copies of these events to families, and results in delays in reporting to the Social Security Administration and to the National Center for Health Statistics. With all of the issues associated with homeland security, illegal immigration and identity theft, this becomes a very serious matter.

The Vital Records Division will be launching a Field Services Program and will be working more closely with HRLA to help ensure that birth and death reporting is done in accordance with legal requirements.

### LICENSURE RENEWAL BEGINS OCTOBER 1, 2012 NEW CBC FINGERPRINTING SERVICE: L-1 ENROLLMENT

In addition to Criminal Background Check (CBC) services provided by the DC Metropolitan Police Department, health professionals applying for licensure or renewing their license in the District can now also receive live scan CBC services with L-1 Enrollment Services. For more information on how to receive a live scan CBC via L-1 Enrollment Services, visit: [www.L1ENROLLMENT.com](http://www.L1ENROLLMENT.com) or call **1-877-783-4187**. Applicants choosing to use L-1 for the CBC will pay the \$50.00 fee to L-1 directly for this service.

Applicants have two options for scheduling fingerprinting appointments with L-1 Enrollment Services: (1) 24-hour on-line Live-Scan Scheduling via [www.L1ENROLLMENT.com](http://www.L1ENROLLMENT.com), (2) Call Center Scheduling, available Monday - Friday, 9am - 5pm EST at **877-783-4187**. Applicants who are physically unable to go to a location to be fingerprinted may use L-1's Card Scan Processing Program. Applicants must go online to the L-1 Enrollment website, [www.L1ENROLLMENT.com](http://www.L1ENROLLMENT.com), or call 1-877-783-4187.

## WORKFORCE SURVEY REPORT PRESENTATION TO DCHA

Board of Medicine Executive Director Dr. Jacqueline Watson was invited to make a presentation at the DC Hospital Association (DCHA) regarding the Board of Medicine's Workforce Survey Report.

In December 2011, Dr. Watson met with the members of the DCHA Government Affairs Committee, to provide an update on Board activities, especially the health care workforce report which served as the focus of the Board's September symposium.

Later in December, Dr. Watson was joined by HRLA Senior Deputy Director Dr. Feseha Woldu at the DCHA's Medical Directors' Committee meeting.



Dr. Jacqui Watson



Dr. Feseha Woldu



L. to R.: R. Malson, J. Watson, BoMed Attorney E. Irvin, and DCHA member Clarence Brewton.

### ACHIEVING REGULATORY EXCELLENCE



In October 2011, Board of Medicine ED Dr. Watson (left), with Health Regulation and Licensing Administration (HRLA) Senior Deputy Director Dr. Feseha Woldu, and Health Licensing Specialist Lisa A. Robinson, attended the Citizen Advocacy Center's annual meeting, entitled "Achieving Regulatory Excellence," which focused on the disciplinary process.

Ms. Robinson (second from right) says: "The CAC annual meeting was very informative—always interesting to hear how other states are handling the same regulatory or disciplinary issues we are having, and gives us an idea who the 'best practice' states are to model ourselves after."

Also pictured is Concheeta Wright (right) of the Board of Nursing.

### MARYLAND'S EXECUTIVE DIRECTOR PAYS A VISIT



Dr. Watson and HRLA Senior Deputy Director Feseha Woldu speak with Maryland Board of Medicine Executive Director C. Irving Pinder. Both EDs discussed regulatory matters impacting our region, and pledged to continue to work together to ensure protecting the citizens of Maryland and the District.

## HOSPITAL OFFICIALS SPEAK TO THE BOARD



### CNMC Seeks Pathway for Foreign Docs & Fellows

Children's National Medical Center Vice Chair of Education, **Dr. Mary Ottolini** (standing at center with microphone), and **Dr. Roberta Dibiasi** (seated at far left), Program Director of the Infectious Disease Fellowship program, offered a presentation to the Board and asked members to consider developing a pathway for approving non-accredited fellowship requests of foreign-trained physicians seeking to train in the District, for a limited period of time, to then return to their country of origin. Dr. Ottolini asked for clarification of the rules, saying that many physicians have been placed in the wrong enrollment status, such as "PPT Enrollment", as there was no other category for them. In response, the Board made it clear the regulations have always stated that "fellows" are not eligible for PPT Enrollment and must obtain licenses, but acknowledged the confusion brought on by foreign trainees who did not qualify for DC licenses.

The Board will discuss the matter further with the Policy Committee and Board attorney, however, it was made clear that no further assignment of foreign doctors into fellowships should occur without the proper qualifications for fellowship.

### CNMC Requests Regulation of Trauma Technologists



James Chamberlain, MD

With emergency departments becoming more busy and crowded, emergency department directors have been investigating new methods of service delivery.

**Dr. James Chamberlain**, Division Chief, Emergency Medicine and Trauma Services at Children's National Medical Center, requested that the Board consider regulating trauma technologists, a group not currently licensed or registered in the District.

Dr. Chamberlain told Board members that the use of trauma technologists in the emergency room has been very effective in freeing attending physicians so they may offer care to more patients. Trauma technologists can carry out the technical skills for the physician, thus greatly contribute to the efficiency of the emergency department.

### GUH Seeks "Observership License" for Foreign Docs

Georgetown University Hospital (GUH) Director of Quality **Helen Turner** presented to the Board at its December meeting, requesting that the Board create an "Academic Observership License" category for foreign physicians. This would enable foreign doctors to come and observe/train/assist in fellowships, surgeries, etc. They do not qualify for licenses or the PPT enrollment program. The Board agreed to take the matter under advisement, and will evaluate how to create an appropriate avenue for these types of requests.



GUH Director of Quality Helen Turner

## ISSUES CONCERNING PHYSICIAN ASSISTANTS



Physician Assistant Drew Maurano speaks to the Board.



Sharon Lewis, PhD, RNC, MSA, CPM, Program Manager for facilities.



Dee Dee Hermann, Chair of PA Advisory Committee.

Physician Assistant (PA) Advisory Chair Dee Dee Hermann, and District of Columbia Academy of Physician Assistants (DCAPA) President Drew Maurano met with the Board on November 30, 2011. They have been in continuous communication with the Board, recommending that the PA countersignature be eliminated from the regulations. Mr. Maurano explained that countersignature within 30 days does not ensure that the physician actually saw the patient or reviewed the charts. Ultimately, it becomes a burden to both the physician and physician assistant.

DOH Program Manager of Health Care Facilities Division (HCFD), Dr. Sharon Lewis, requested that the Board include her division in their decision-making process because of some overlap. Dr. Lewis indicated that the removal of the countersignature could affect her role of oversight for public safety and public health. When deficiencies are found in dates, timing, or physician oversight, the facility is cited. She indicated that with no countersignature the surveyors, would not be able to determine if there was proper supervision.

The Board requested that the PA community meet with HCFD to come up with an alternative within 60 days.

## FSMB UNIFORM APPLICATION PROGRAM



Federation of State Medical Boards (FSMB) President & CEO Humayun "Hank" Chaudry, DO, spoke to Board of Medicine and requested that members consider incorporating the FSMB uniform application program (UA) as a means to improve our licensing process, and make it more convenient for applicants.

Dr. Chaudry stated that approximately 40 of the 70 FSMB member boards are currently engaged in the UA program in some manner. He informed the Board that several enhancements have been made to the UA program, and that it facilitates a standard approach to medical licensure.

Board Chair Janis Orlowski conveyed the Board's interest in working with FSMB and in exploring the feasibility of the District adopting the program.

### HAVE A COMMENT FOR US?

Send an email to our e-suggestion box at: [dcdocsspeak@dc.gov](mailto:dcdocsspeak@dc.gov)  
Please do not use this address to communicate personal licensure or disciplinary queries.

## TASKFORCE MEETINGS



Welcome from Executive Director



Social Media Taskforce

On December 8, 2011, the Board of Medicine held the first meeting of its three Taskforce groups. Each taskforce has been established to assist the Board in developing the regulatory framework and language that will guide the practice of these areas of medicine in the District of Columbia. Executive Director Dr. Jacqueline Watson welcomed and thanked all taskforce members for volunteering their time. Dr. Watson then provided an overview of the activities of the Board, and outlined the role the taskforce members will play in assisting the Board in develop regulations concerning these areas.



Telemedicine Taskforce



Cosmetic/MediSpa Taskforce

**IT'S FLU SEASON!** The CDC recommends an annual influenza vaccine for everyone 6 months of age and older as the first and most important step in protecting the public. For further information about influenza vaccines visit the CDC website at [www.cdc.gov/flu/professionals/vaccination/vax-summary.htm](http://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm)

## HOW ARE WE DOING? — NEW LICENSEES SURVEY

**NEW LICENSEES:** The Board of Medicine has developed a customer satisfaction form, for new licensees, so they may provide us with feedback on their experience with our licensure process. **Candid feedback is appreciated.** All information obtained will be used to help us improve the services we provide. A sample of the on-line questionnaire is provided at right, and is available through our website: [www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed)

### New Licensee Customer Satisfaction Evaluation Form

Name: \_\_\_\_\_ (Optional)

\* **Physician Licensure Approval Process** – Refers to questions 4, 5 and 6.

**Phase 1:** Application submission and receipt of supporting documents; **Phase 2:** Health licensing specialist analysis; **Phase 3:** Board approval.

PLEASE RATE THE QUESTIONS BELOW USING THE SCALE.						
	Excellent	Very Good	Good	Fair	Poor	N/A
1) The application and instructions were clear and easy to understand.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2) The information requested on the application was done in a logical manner.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3) The checklist was a beneficial tool in assisting me through the application process.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
*4) During Phase 1, my questions/concerns were addressed to my satisfaction.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
*5) During Phase 2, my questions/concerns were addressed to my satisfaction.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
*6) What would you consider a reasonable time frame for approving of your license once all your supporting documentation is received? (Phase 1)	5 2 weeks <input type="checkbox"/>	4 4 weeks <input type="checkbox"/>	3 6 weeks <input type="checkbox"/>	2 8 weeks <input type="checkbox"/>	1 Greater than 8 weeks <input type="checkbox"/>	
7) If an online universal application were available I would use it.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
8) How would you describe the timeliness of the current licensure process?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
9) If you have a license to practice medicine in another state, how did the DC licensure process compare with your previous experience?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
10) I would rate my overall experience with the DC licensing process as.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

If you have additional comments or suggestions for improving this program, please enter them below:

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## BoMed's Healthcare Workforce Workgroup

If you are interested in serving on the DC Board of Medicine's Workforce Survey Workgroup, please contact Health Licensing Assistant Cheryl Harris at:  
[cheryl.harris2@dc.gov](mailto:cheryl.harris2@dc.gov)

## BoMed STATS

Total Active Licenses as of January 25, 2012

MEDICINE AND SURGERY	9,718
OSTEOPATHY AND SURGERY	183
PHYSICIAN ASSISTANTS	585
ACUPUNCTURISTS	162
ANESTHESIOLOGIST ASSISTANTS	26
NATUROPATHIC PHYSICIANS	27
SURGICAL ASSISTANTS	59
POLYSOMNOGRAPHERS	0
<b>TOTAL</b>	<b>10,760</b>
POSTGRADUATE PHYSICIANS IN TRAINING (PPT ENROLLMENT)	1,725

## Looking for Good Doctors

Physicians and Consumers wanted to fill vacancies on the DC Board of Medicine and Advisory Committees to the Board. Applicants must be DC residents, and Physician Members must be practicing for a minimum of 3 years and be in good standing with the Board.

### VACANCIES ON THE BOARD OF MEDICINE

Preferred Specialties:

- Emergency Medicine
- Family Medicine
- Psychiatry
- OB/GYN
- Pediatrics

To apply to serve on the **BOARD** or an **ADVISORY COMMITTEE**, go online at [www.obc.dc.gov](http://www.obc.dc.gov) and download an application, or call the Office of Boards and Commissions at (202) 727-1372.

### VACANCIES ON BOARD ADVISORY COMMITTEES

ACUPUNCTURISTS:

- 1 Physician with acupuncture experience

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

## BOARD ORDERS

October 1, 2011 to January 15, 2012

### Probation

**Gaviria, Maria C.** (12/29/11) The physician's license was placed on probation for 1 year retroactive to 3/1/11, and was assessed a fine, based on an action by another jurisdiction for internet prescribing. **[Internal Medicine]**

### Probation Terminated

**Carandang, Francis R.** (10/31/11) The physician satisfied the terms of the 12/16/09 Probation Order. **[Emergency Medicine]**

**Pishdad, Bahram** (10/26/11) The physician satisfied the terms of the 2/27/06 Probation Order. **[Pathology/Family Medicine]**

**Greene, Peter** (10/24/11) The physician satisfied the terms of the 8/11/08 Probation Order. **[Dermatology]**

**Acevedo, Paul** (10/26/11, retro to 8/25/10) The physician satisfied the terms of the 5/10/10 Order. **[Neurology]**

### Other

**O'Brien, Michael J.** (10/24/11) Termination of the 1/23/05 Suspension Order, and reinstatement of DC license. **[Anesthesiology]**

### Board Welcomes Cheryl Harris



The Board of Medicine welcomes new Health Licensing Assistant Cheryl Harris.

### Board Welcomes Ben Foster, MPA



The Board of Medicine welcomes new Health Licensing Specialist Benjamin Foster, MPA.

## FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed DC physician or other licensee under the authority of the Board, go to [www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed) to download and complete the complaint form and mail to:

DC Board of Medicine  
899 North Capitol Street NE  
First Floor  
Washington, DC 20002

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:

Timothy Handy, Esq., Supervisory Investigator  
Health Regulation and Licensing Administration  
899 North Capitol Street NE  
First Floor  
Washington, DC 20002

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

*Please Note: Complaints may take up to 120 business days (5 months) to be resolved.*

*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.*

## UPDATE YOUR ONLINE PHYSICIAN PROFILE

As part of your professional obligation as a licensee you are required to report to the Board, in writing, within 30 days, any pertinent changes to your occupational status as outlined in statute §3.1205.13 and § 3.1205.13 (a).

You may provide changes online by accessing your physician profile at:

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

If you have never created an on-line user name or password, or if you have forgotten your user name, please follow the directions for "new users". If you need assistance, please contact Yonatan Behre at (202) 724-8930 or Jeffrey Butler at (202) 741-7689. Failure to provide updates, in a timely manner, can result in disciplinary action.

## CALLING ALL POLYSOMNOGRAPHERS!

DC Municipal Regulation: 17DCMR8100

Statute: § 3.1202.03

All polysomnographers (technologists, technicians, and trainees) are now required to be licensed/registered in the District of Columbia as of January 2, 2012. All eligible applicants must submit their applications for licensure by March 30, 2012 or they will be in violation of DC law and subject to disciplinary action.

# KNOW YOUR HORA?

(Health Occupations Revision Act)

## YOUR DUTY TO ANSWER AN ORDER TO ANSWER

Licensees are required to answer to the Board in response to an Order to Answer or be in violation:

### § 3-1205.14. Revocation, suspension, or denial of license or privilege; civil penalty; reprimand.

(a) Each board, subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a majority of a quorum of its appointed members may take one or more of the disciplinary actions provided in subsection (c) of this section against any applicant for a license, registration, or certification, an applicant to establish or operate a school of nursing or nursing program, or a person permitted by this subchapter to practice a health occupation regulated by the board in the District who:

(27) Violates an order of the board or the Mayor, or violates a consent decree or negotiated settlement entered into with a board or the Mayor.



Government of the District of Columbia  
Vincent C. Gray, Mayor



### DC BOARD OF MEDICINE Est. 1879

#### Address

Health Professional  
Licensing Administration  
Department of Health  
899 North Capitol Street NE  
First Floor  
Washington, DC 20002

#### 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

#### Web page

[www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed)

### Current Members of the District of Columbia Board of Medicine

**Janis M. Orlowski, MD, MACP**  
Physician Member and Chairperson

**Wayne A.I. Frederick, MD, FACS,**  
Physician Member, Vice Chair

**Anitra Denson, MD,**  
Statutory Member representing  
Mohammad N. Akhter, MD, MPH

**John J. Lynch, MD,** Physician Member

**Lawrence A. Manning, MD,** Physician Member

**Marc Rankin, MD,** Physician Member

**Miriam A. Markowitz, MSc,** Consumer Member

**Ronald Simmons, PhD,** Consumer Member

Director, Department of Health  
**Mohammad N. Akhter, MD, MPH**

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