



TENNESSEE BOARD OF MEDICAL EXAMINERS

RE-ENTRY TASKFORCE

Teleconference

Thursday, May 5, 2016

MINUTES

The Re-entry Taskforce meeting of the Tennessee Board of Medical Examiners was called to order by teleconference at 4:00p.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243. Ms. Martin acted as meeting moderator.

Members Present: W. Reeves Johnson, MD
 Melanie Blake, MD
 Deborah Christiansen, MD

Staff Present: Andrea Huddleston, JD, Chief Deputy General Counsel
 Maegan Carr Martin, JD, Executive Director
 Rene Saunders, MD, Medical Consultant, BME

The formalities required to convene a meeting by teleconference were observed and the requirements met.

I. **Trigger for application of re-entry policy**

Dr. Christiansen, who was tasked with reviewing this topic and related issues further and reporting back to the group with specific recommendations, read a prepared statement into the record. Dr. Christiansen's research caused her to make the following recommendations:

- The Board should continue to use the two year trigger. There is some support from other professions and boards in the state of Tennessee as well as others that is time limit is appropriate.
- The group should begin its efforts to define "clinically active" with the following: "Clinically active is defined as any amount of direct or consultative care provided in the preceding 24 months." It may be more appropriate to eliminate the reference to consultative care. (ABMS MOC).

The group agreed that it does not intend for someone to practice for a few hours every two years and be considered clinically active.

II. Assessing clinical competence

Dr. Blake was tasked with reviewing this topic and related issues further and reporting back to the group with specific recommendations. Dr. Blake shared her research regarding the programs, including availability, costs, etc. Her research caused her to make the following recommendations:

- The Board should consider using the SPEX examination to evaluate competency.
- If an applicant has completed recent training, then the presumption may be made that he or she is clinically competent. The group should return to the issue of determining how recent the training must be; however, whether an applicant's training is recent enough for him or her to remain board eligible might be an appropriate parameter.

Dr. Blake thinks that any of the programs she mentioned would be acceptable, but acknowledged that there are several others she hasn't mentioned that would also be appropriate. She referred the group to the FSMB's website which has an overview of all post-licensure assessment programs.

III. Types of re-entry programs that should be available to applicants

Dr. Johnson was tasked with reviewing this topic and related issues further and reporting back to the group with specific recommendations. Dr. Johnson's research resulted in the following recommendations:

- There may not be a meaningful difference between a preceptor and a mentor; however, all preceptors/mentors should be vetted by the Board or medical consultant to ensure that there are no disciplinary or other issues. The preceptor/mentor does not have to be board certified, but should be working in the same area as the applicant's intended practice and should not have a close relationship with the applicant which would prevent him or her from exercising independent judgment. Whether the preceptor/mentor should be compensated is not an issue for the Board but to be worked out between the preceptor/applicant.
- The preceptor/mentor will determine what is required of the applicant and memorialize the terms of the arrangement in an agreement. That will make it important for the preceptor/mentor to understand what the Board expects the preceptor/mentor to evaluate. Dr. Johnson also noted that he would not want to see a preceptor/mentor named in a lawsuit because he or she wrote a letter stating that a physician is competent.
- The group should consider setting a timeframe for completion of a program, perhaps 6-9 months or 12 months as appropriate.

Dr. Johnson thinks that it will be important to preserve latitude to craft plans to each applicant.

Dr. Johnson asked whether the group would be interested in hearing from a contact in North Carolina who can answer questions about their program. The group asked that Ms. Martin reach out to Dr. Kirby to see if he would be available on Monday, May 16th.

The meeting adjourned at 5:41 p.m.