

BOARD OF MEDICAL EXAMINERS

ANNUAL NEWSLETTER

Tennessee becomes 19th state to adopt Interstate Medical Licensure Compact

On May 11, 2017, Governor Haslam signed Public Chapter 365 making Tennessee the 19th state to join the Interstate Medical Licensure Compact. Although enacted, this legislation will not become effective until January 1, 2019, which means that you cannot, at this time, obtain a Tennessee medical license through the Compact.

The Interstate Medical Licensure Compact ("IMLC") is a voluntary expedited pathway to physician licensure. The IMLC's stated mission is to "increase access to health care for

patients in underserved or rural areas and allowing them to more easily connect with medical experts through the use of telemedicine technologies."

How does it work?

The IMLC allows qualifying physicians to obtain expedited licensure in one or more compact states after an eligibility determination is made by the physician's State of Principle License. Your State of Principle License consider your application, query national healthcare databanks and complete a criminal background check in

order to determine whether you qualify for licensure under the Compact. Once you receive your letter of qualification, you may apply to one or more compact states for licensure. A licensure fee will be required for each state of application, but you will not have to provide any qualifying information to support your application (e.g., transcripts, proof of training); only the letter of qualification from your state of principle license.

Once your desired state(s) of licensure is selected and your fee(s) paid, a

Continued on next page

Collaborative Pharmacy Practice Allows Pharmacists to Prescribe Hormonal Contraceptives

In 2016, [Public Chapter 942](#) passed which allows licensed pharmacists to provide hormonal contraceptives directly to patients when such provision is pursuant to a valid collaborative pharmacy practice agreement containing a nonpatient-specific prescription order.

The legislation directed the Boards of Medicine, Pharmacy and Osteopathic Examination to collaborate in the development of rules to govern this practice. Representatives from

each board formed a taskforce and met to consider the appropriate requirements for training, recordkeeping, and the patient interaction. The result of these meetings was a set of [proposed rules](#) which will be considered in a rulemaking hearing at the Board's administrative office on January 30th, 2018 at 9:00 a.m. All rulemaking hearings are open to the public. Interested parties are encouraged to attend.

Continued on next page



Hormonal Contraceptives

Continued from Page 1

With the passage of Public Chapter 942, Tennessee joined a number of states who have passed or are considering similar legislation, including Colorado, California, Oregon, South Carolina and Hawaii. New Mexico promulgated regulations, rather than legislation, to permit the practice.

Tennessee's legislation requires a collaborative pharmacy agreement, but most other states with similar legislation do not have such a requirement

and have granted pharmacists independent authority to prescribe and dispense hormonal contraceptives directly to patients without any physician oversight.

The Board worked with the Boards of Osteopathic Examination and Pharmacy to identify appropriate minimum standards for the practice. The proposed rules, if adopted, will be codified in the Board of Pharmacy's chapter of rules.

According to the proposed rules, pharmacists who plan to prescribe and dispense hormonal contraceptives must complete TDH-approved education and training and notify their Board of the authorizing collaborative practice agreement. Additional requirements exist for the practice including the use of a TDH-approved self-screening risk assessment and recordkeeping requirements.



- *Members of the Board of Medical Examiners are appointed by the Governor and serve five year terms.*
- *The Board of Medical Examiners meets for regular business every other month of the year, beginning each January. The meetings are open to the public and [streamed online](#).*
- *You can "opt-in" to receive all communication from the Board via email or other electronic means through the Board's [online portal](#). You can also update your address and other information at any time from the portal.*

Interstate Medical Licensure Compact

Continued from page 1

license will be issued within days, rather than weeks, of your application. You may apply for additional licenses at any time within 365 days of the issuance of your letter of qualification.

Who is eligible?

Physicians who satisfy ALL of the following requirements:

1. Hold a full, unrestricted medical

- license in a compact state;
2. Have graduated from an accredited medical school listed in the International Medical School Directory;
3. Have successfully completed AC-GME or AOA accredited graduate medical education;
4. Have passed each component of the USMLE, COMLEX-USA, or equivalent in no more than three attempts;
5. Are ABMS or AOABOS board certified;
6. Have never been disciplined;
7. Do not have any criminal history;

8. Do not have any history of controlled substance actions toward their license; and who
9. Are not currently under investigation.

What is the Cost?

Application cost is a \$700.00 fee PLUS the cost of a license(s) selected to practice. If after you first selection of compact states you desire to select more states there is a \$100.00 handling fee. All fees are non-refundable.

For more information, visit <http://www.imlcc.org/>.

Navigating Physician Reentry to Clinical Practice

Returning to Practice in Tennessee After an Extended Leave



“As different scenarios arose, the Board realized that a more organized approach was needed. Doctors need to know what pathways are in place to ensure competency and what to expect in preparation for any possible leave from clinical practice.”

By Deborah Christiansen, MD

Consider Susan, a pediatrician, who after residency and 4 years in practice, gave birth to triplets. Each one had a variety of medical issues and ultimately Susan decided that she needed to be a “stay-at-home mom” for a period of time. Fast forward 7 years and three vibrant children are now in school. Susan would like to resume practice after a break of 7 years.

Consider Tom, a urologist with 20 years of experience who took an opportunity to work for a large insurance company developing policy. After 2 years, he decided that the corporate world was not for him and would like to resume his surgical practice.

Susan and Tom are fictional doctors but they represent some of the situations that have come before the Tennessee Board of Medical Examiners (the Board) in recent years. Each situation is different, and the Board is tasked with licensing these physicians within its mission to protect the health and safety of the people of Tennessee. Thus the Board is concerned about competency of the physicians who practice in our state.

Physicians have more options for career and life choices than ever before and these choices can sometimes lead to a hiatus in clinical practice. A physician may choose a more administrative path or something in the ever-evolving technological field. Sometimes a career is interrupted for time to raise children or to care for elderly parents. The pursuit of another degree that is not in the medical field like a law degree or a nonclinical degree like epidemiology will also cause a break in clinical practice. Often a retirement is either not as enjoyable as

anticipated or financially not as possible as originally thought and a return to clinical practice will occur. Issues with health or lapses related to disciplinary action are also possible. Medicine is a dynamic discipline and change is inevitable. Staying current is a primary focus of continuing medical education, but CME is often given based on the assumption that active clinical practice coincides and by itself may not be all that is necessary to maintain skills. Certainly the requirement for CME for ongoing re-licensure reflects its importance for those in active practice. Should the physician who has left clinical practice regardless of the reason, at a future date, desire to return to clinical practice, it causes concern for whether adequate skills and knowledge exist.

As different scenarios have arisen and been considered by the Board, we have realized that a more organized approach was needed. Doctors need to know what pathways are in place to insure competency and what to expect in preparation for any possible leave from clinical practice. Hence a taskforce set out to address these issues.

The taskforce reviewed other states’ regulations and policy on the topic, and consulted policy resources adopted by and research available through national medical organizations like the Federation of State Medical Boards (FSMB), the American Medical Association (AMA) and others. It quickly became obvious that numerous boards were grappling with the same issue, and that there is no one pathway that will fit every scenario. This led the taskforce to recognize a need to be flexible and creative in developing reentry programs. In furtherance of that goal, we set out to identify many of the individual circumstances of a reentering physician’s

Continued on page 4

Attention Supervising Physicians!

If you supervise physician assistants (PAs) or advanced practice registered nurses (APRNs) you may now update your supervisory relationships through our online system. Instructions on reviewing, modifying and terminating a supervisory relationship are available through the supervisory portal: https://www.tn.gov/content/dam/tn/health/documents/Reviewing_a_Supervisory_Request.pdf.

1. You will receive written notification each time a PA or APRN identifies you as their supervising/collaborating physician.
2. From the supervisory portal, you will be asked to create a username and password.
3. Once you have successfully entered the portal, you should select “manage supervisory requests”.
4. All pending requests will be listed on the next screen. Select “view” to see the request you would like to manage.
5. On the next screen you will have the option to approve the request as-is, change information reported by the requesting supervisee, or reject the request.

PHYSICIAN REENTRY *continued*

leave that will be considered in crafting an appropriate, and individualized, reentry program. Those circumstances might include things like, the length of the hiatus, the particular specialty, the time spent in practice before the break, continuing medical education activities and ongoing board recertification.

Multiple meetings resulted in the Board's [Reentry Report](#) and corresponding [reentry diagram](#). These documents are intended to formalize the Board's process, create greater transparency for physicians who are considering a break from clinical practice and to educate physicians on what they might expect during the reentry process. Physicians considering a break from clinical practice are encouraged to ask themselves the following questions:

1. **How long do I anticipate being out of practice?**

The Board's reentry policy and rules specify that a physician applicant for licensure who has been out of clinical practice for two or more years will be subject to the Board's reentry policy. A physician is considered out of clinical practice when he or she has NOT provided any amount of direct patient care in the two years immediately preceding the submission of an application for licensure.

2. **How will I ensure my continued competence during my absence from clinical practice?**

Every physician's pathway to reentry looks a little different because every physician's situation is a little different. In its report, the Board's Taskforce sought to create an ap-

proach that adaptable to a physician's individual circumstances but also uniform enough so that fairness and a reasonable degree of predictability is ensured. In pursuance of this goal, the Taskforce developed “bands” that correspond to one or more specific assessment tools. For example, a physician who has been out of practice for more than 2 years but less than 5 years may be asked to successfully complete the SPEX examination to demonstrate his or her competency while someone who has been out of practice for more than 10 years will nearly always be required to undergo a formal clinical assessment. For more information about assessment tools endorsed by the Taskforce, please consult pages 3 -5 of the Board's report.

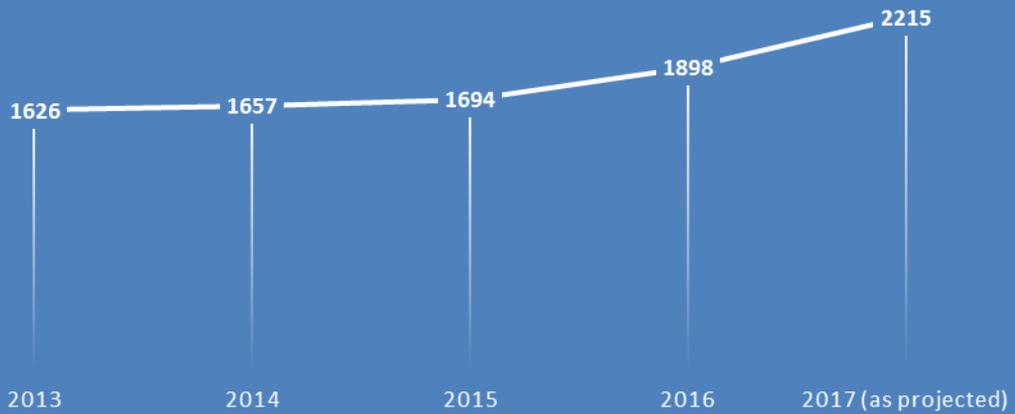
3. **Am I prepared to commit the time and financial resources that might be necessary to reenter clinical practice?**

Depending on a physician's individual circumstances, the road to reentry could be long and expensive. The Board is sensitive to these concerns but must remain loyal to its mission to protect the public. To the extent there is tension between these two concerns, the Board is duty-bound to favor the public. While CME and the SPEX examination are relatively inexpensive, formal clinical assessment can, in some cases, cost more than \$10,000 and take several months.

Please consult the Board's work in this area if you are considering a leave from clinical practice: <https://www.tn.gov/health/health-program-areas/health-professional-boards/>

APPLICATIONS RECEIVED ANNUALLY (2013-2017)

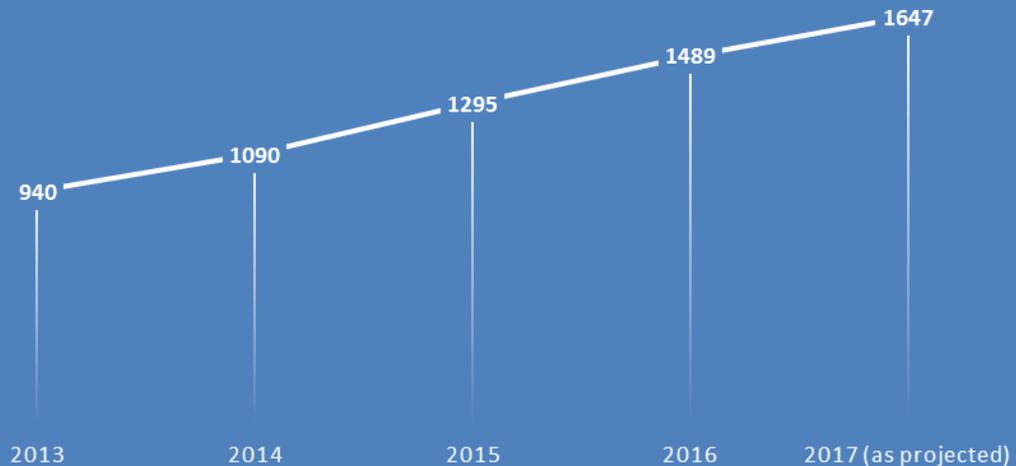
— Total Applications Received Annually (2013-2017)



The Board's administrative staff continues to observe significant increases in application numbers. The administrative staff project the issuance of more than 1,600 new physician licenses by year's end.

TOTAL LICENSES ISSUED ANNUALLY (2013-2017)

— Total Licenses Issued Annually (2013-2017)



Surgical Assistants to be Certified in Tennessee

In 2017, the Tennessee General Assembly enacted [Public Chapter 410](#) which requires individuals who are working as and seeking to assume the title of “registered surgical assistant”, to register with the Tennessee Board of Medical Examiners as a surgical assistant. Registration is only required if the surgical assistant wishes to assume the title “registered surgical assistant” and is only available to those who qualify under one of the following pathways:

Certification Pathway

Surgical assistant holds current certification by the National Board of Surgical Technology and Surgical Assisting or the National Commission for Certification of Surgical Assistants.

Training Pathway

Surgical assistant has successfully completed a surgical assisting training program as a member of a branch of the United States armed forces.

Experience Pathway

The surgical assistant practiced as a surgical assistant between January 1, 2017 and June 30, 2017.

The Board’s administrative office is actively working towards implementation of this legislation. More information, including the application and registration requirements, will be made available [here](#) as it becomes available.

Board’s New Online Application Complements Online Renewal System

In April of 2017, the Tennessee Department of Health’s Division of Health Related Boards launched its online application system. Physicians are now able to submit their initial application for medical licensure using the Division’s new licensure system: LARS.



The online application system is a complement to the Division’s existing online renewal system. Licensees who want to

use the online system to renew their medical license can do so from the online renewal portal: <https://apps.tn.gov/hlrs/>. From the home screen, you will be prompted to select your profession from a dropdown and enter your license number, and, 1) if you are receipt of a paper or electronic renewal notice, enter your renewal number; or 2) enter your date of birth AND social security number.

On the next screen you will be asked to verify all information on record for you. This screen will also give you the option to “Opt-in”. Opting in means that you will no longer receive paper correspondence from the Board. All communication will be delivered by to the email address on file for you.

You cannot renew your license more than sixty days in advance of your license expiration date. Additionally, if you have not paid your professional privilege tax you will be unable to renew your medical license until your account is in good standing.

Of the 10,404 physician licensees who have, as of this writing, renewed their Tennessee medical licenses in 2017, 8,314, or 80%, of them have done so through the Board’s online renewal system.

If you need to update your contact or other information on file for you, you may do so at any time from this screen. You do not have to have an open renewal in order to access this screen.

Users who wish to apply online should visit <https://lars.tn.gov/datamart/login.do;jsessionid=sjWSRHMBq7YIUUBlqhAvH6nh>. From the home page, users will be required to create a login and password. Many documents required in order to complete a licensing application can be submitted through this online system.

These important enhancements will improve your experience in performing the tasks related to the maintenance of your medical license.

TDH Spotlight: Advisory Issued on Fentanyl

The Tennessee Department of Health, Tennessee Department of Mental Health and Substance Abuse Services, the Tennessee Department of Safety and Homeland Security and the Tennessee Bureau of Investigation have issued a public health and safety advisory on fentanyl and fentanyl-laced substances. The advisory urges Tennesseans to have heightened awareness about misuse of fentanyl and the risks for overdose deaths associated with improper use.

The advisory cites the U.S. Drug Enforcement Administration (DEA) which has reported “in many cases, the shape, colorings and markings were consistent with authentic prescription medications and the presence of fentanyl was only detected after laboratory analysis.”

Law enforcement officials in Tennessee have seized fentanyl analogues across Tennessee, in forms such as heroin and numerous counterfeit versions of hydrocodone, oxycodone, Percocet and others commonly abused controlled substances.

From 2013 to 2015 in Tennessee, the appearance of fentanyl in drugs associated with overdose deaths has more than doubled, from five percent (5%) in 2013 to twelve percent (12%) in 2015.

These counterfeit drugs can be very convincing. Tennessee residents should exercise extreme caution when handling an unknown substance or found pill. The safest action in these cases is to notify local law enforcement for safe disposal. Drugs should never be flushed down toilets or sinks.

From 2013 to 2015 in Tennessee, the appearance of fentanyl in drugs associated with overdose deaths has more than doubled.

[The Public Health & Safety Advisory on Fentanyl](#) is available on the Department of Health website.

Assistance is available to help Tennessee residents with substance use disorders. The Tennessee REDLINE (1-800-889-9789) is a toll-free information and referral line coordinated by the Tennessee Association of Alcohol, Drug & Other Addiction Services (TAADAS) and funded by the Tennessee Department of Mental Health and Substance Abuse Services.

If You Need Help

The demands of the medical profession are high. It's important to remember to maintain your own well-being. Physicians suffering from mental, emotional or addictive challenges put their patients—and themselves—at risk of harm. If you sus-

dition which impairs the practice of medicine, the Tennessee Medical Foundation can help. TMF administers Tennessee's Physician Health Program. The program offers consultation referral and monitoring for physicians whose practice is compromised by the use of drugs, alcohol or a psychological or physiological condition. You may self-report directly to TMF or you may make a confidential referral on

Participation in the PHP does not trigger disciplinary action and may not interrupt your medical practice.

pect that you, or a member of your profession, has a chemical dependency or other psychological or physiological con-

dition which impairs the practice of medicine, the Tennessee Medical Foundation can help. TMF administers Tennessee's Physician Health Program. The program offers consultation referral and monitoring for physicians whose practice is compromised by the use of drugs, alcohol or a psychological or physiological condition. You may self-report directly to TMF or you may make a confidential referral on behalf of a colleague or friend. Participation in the PHP is not an automatic trigger for disciplinary action and may not inter-



rupt your medical practice.

Please call (615) 467-6411 or visit <https://e-tmf.org/> today for more information.

2017 Legislative Summary Available

For the first time, the Board's administrative staff generated a [legislative summary for physician licensees](#) which sought to identify all legislation of interest to physician licensees and to gather each public chapter in a single document. The summary, which spans 122 pages in total, seeks to educate physician licensees on legislative changes that may impact their practice or the maintenance of their medical license. Although every effort was made to include all relevant legislation, the administrative staff cannot guarantee that the summary is exhaustive.



The Board of Medical Examiners is not a political entity, and does not customarily take positions on proposed legislation. Board members may engage in the legislative process as private citizens.

The Tennessee General Assembly convenes for legislative business every January. Because the body's 90 legislative days are divided between the two years of its terms, the General Assembly is scheduled to adjourn in April of each year. That date may be extended as necessary.

Members of the Board of Medical Examiners

Subhi D. Ali, MD	President	General Surgery	Middle Tennessee
W. Reeves Johnson, MD	Vice President	Family Medicine	East Tennessee
Melanie Blake, MD	Secretary	Internal Medicine	East Tennessee
Neal Beckford, MD	Member	Otolaryngology	West Tennessee
Deborah Christiansen, MD	Member	Pediatrician	East Tennessee
Jennifer Claxton	Member	Citizen Member	Middle Tennessee
Julianne Cole	Member	Citizen member	East Tennessee
Robert Ellis	Member	Citizen member	East Tennessee
John Hale	Member	Family Medicine	West Tennessee
Charles Handorf, MD	Member	Pathologist	West Tennessee
Phyllis Miller, MD	Member	Obstetrics & Gynecology	East Tennessee
Michael Zanolli, MD	Member	Dermatologist	Middle Tennessee