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Scott Walker, Governor
Dave Ross, Secretary

TELECONFERENCE/VIRTUAL MEETING
MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
December 16, 2015

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A) Adoption of Agenda (1-4)

B) Minutes of November 18, 2015 – Review and Approval (5-9)

C) Legislative/Administrative Rule Matters (10)
1) Eliminating the Respiratory Care Practitioner Temporary Certificate to Practice
2) Update on Pending and Possible Administrative Rules

D) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments

E) Administrative Updates
1) Department and Staff Updates
2) Board Members – Term Expiration Dates
   a) Mary Jo Capodice – 07/01/2018
   b) Greg Collins – 07/01/2016
   c) Rodney Erickson – 07/01/2015
   d) Suresh Misra – 07/01/2015
   e) Carolyn Ogland Vukich – 07/01/2017
   f) Michael Phillips – 07/01/2017
   g) David Roelke – 07/01/2017
   h) Kenneth Simons – 07/01/2018
   i) Sridhar Vasudevan – 07/01/2016
   j) Timothy Westlake – 07/01/2016
   k) Russel Yale – 07/01/2016
   l) Robert Zondag – 07/01/2018
3) Introductions, Announcements and Recognition
4) Wis. Stat. s 15.085 (3)(b) – Affiliated Credentialing Boards' Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest
5) Appoint Screening and Interview Panels, January – June 2016 **(11-12)**
6) Informational Items

F) Mammogram / Radiology Discussion – David Roelke

G) Legislative Report

H) Interstate Medical Licensure Compact (13)

1) Status
2) Chair Appointment of Commissioners

I) Federation of State Medical Boards (FSMB) Matters (14-15)

1) FSMB 2016 House of Delegates and Annual Meeting – April 28-30, 2016 in San Diego, CA – Consider Attendance
2) Consider MEB Recommendations for Nominations for 2016 FSMB Elections and Committee Appointments

J) Speaking Engagement(s), Travel, or Public Relation Request(s)

1) Report from Kenneth Simons on Wisconsin Hospital Association (WHA) Invitation for Dr. Simons to address WHA Quarterly Meeting of Executive Officers – December 2, 2015 in Madison, WI – Regarding Telemedicine

K) Screening Panel Report

L) Newsletter Matters

M) Informational Items

1) Physician Re-Entry **(16-29)**
   a) American Academy of Pediatrics' 'A Physician Re-Entry into the Workforce Inventory' **(30)**
2) White House Report on Occupational Licensing **(31)**

N) Items Added After Preparation of Agenda

1) Introductions, Announcements and Recognition
2) Administrative Updates
3) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
4) Education and Examination Matters
5) Credentialing Matters
6) Practice Matters
7) Future Agenda Items
8) Legislation/Administrative Rule Matters
9) Liaison Report(s)
10) Newsletter Matters
11) Annual Report Matters
12) Informational Item(s)
13) Disciplinary Matters
14) Presentations of Petition(s) for Summary Suspension
15) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
16) Presentation of Proposed Decisions
17) Presentation of Interim Order(s)
18) Petitions for Re-Hearing
19) Petitions for Assessments
20) Petitions to Vacate Order(s)
21) Petitions for Designation of Hearing Examiner
22) Requests for Disciplinary Proceeding Presentations
23) Motions

24) Petitions
25) Appearances from Requests Received or Renewed
26) Speaking Engagement(s), Travel, or Public Relation Request(s), and Reports

O) Future Agenda Items

P) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

Q) Amendment to October 21, 2015 Motion for Request for Waiver of C.E. Requirements – W.D.J. (32-33)
1) Consider Citation Correction

R) Request for Waiver of 24 Months of ACGME/AOA Approved Post Graduate Training – Toshio Takayama (34-72)
1) The Board Should Review the Application of Toshio Takayama to Determine if His Education and Training is Considered Substantially Equivalent to the Required Post-Graduate Training

S) Deliberation on Division of Legal Services and Compliance (DLSC) Matters
1) Petition for Extension of Time
a) 15 MED 002 – David Houlihan, M.D. and Ronda Davis, M.D. **(73-77)**
2) Complaints
a) 14 MED 466 – Robin M. Reichert, M.D. **(78-80)**
b) 14 MED 487 – Dale R. Tavris, M.D. **(81-83)**
c) 14 MED 610 – Daniel T. O'Connor, M.D. **(84-88)**
d) 15 MED 002 – David J. Houlihan, M.D. **(89-94)**
e) 15 MED 002 – Ronda D. Davis, M.D. **(95-100)**
f) 15 MED 034 – Robert J. DeFatta, M.D. **(101-107)**
3) Monitoring
a) Luann Moraski, D.O. – Requesting to Remove Limitations **(108-134)**
b) Michael Panzer, M.D. – Requesting to Remove Limitation and Rescind Reprimand **(135-151)**
c) Mark Petrovani, M.D. – Requesting Reduction of Drug Screens **(152-163)**
d) Jehn Riesch, M.D. – Requesting to Remove Limitations **(164-172)**
4) Administrative Warnings
a) 15 MED 228 – D.L.P., D.O. **(173-175)**
5) Proposed Stipulations, Final Decisions and Orders
a) 13 MED 251 – Madelaine T. Tully, M.D. **(176-181)**
b) 14 MED 015 – John G. Hoffmann, M.D. **(182-189)**
c) 14 MED 450 – Christopher Moore, M.D. **(190-196)**
d) 15 MED 141 – Daniel Royal, D.O. **(197-203)**
e) 15 MED 365 – Todd H. Chaffin, M.D. **(204-209)**
6) Case Closings
a) 13 MED 295 **(210-212)**
b) 13 MED 303 **(213-217)**
c) 13 MED 402 **(218-225)**
d) 14 MED 102 **(226-240)**
e) 14 MED 352 **(241-258)**

f) 15 MED 322 **(259-261)**

T) Consulting with Legal Counsel (262)

1) Planned Parenthood of Wisconsin Inc., et al., Plaintiffs-Appellees, v. Brad D. Schimel, Attorney General of Wisconsin, et al., Defendants-Appellants – Appeal from the United States District Court for the Western District of Wisconsin – Argued October 1, 2015 – Decided November 23, 2015

U) Deliberation of Items Added After Preparation of the Agenda

1) Education and Examination Matters
2) Credentialing Matters
3) Disciplinary Matters
4) Monitoring Matters
5) Professional Assistance Procedure (PAP) Matters
6) Petition(s) for Summary Suspensions
7) Proposed Stipulations, Final Decisions and Orders
8) Administrative Warnings
9) Proposed Decisions
10) Matters Relating to Costs
11) Complaints
12) Case Closings
13) Case Status Report
14) Petition(s) for Extension of Time
15) Proposed Interim Orders
16) Petitions for Assessments and Evaluations
17) Petitions to Vacate Orders
18) Remedial Education Cases
19) Motions
20) Petitions for Re-Hearing
21) Appearances from Requests Received or Renewed

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

V) Open Session Items Noticed Above not Completed in the Initial Open Session

W) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

X) Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

NEXT MEETING DATE JANUARY 20, 2016

MEDICAL EXAMINING BOARD
MEETING MINUTES
November 18, 2015

PRESENT: Mary Jo Capodice, D.O.; Greg Collins; Rodney Erickson, M.D.; Suresh Misra, M.D., Carolyn Ogland Vukich, M.D.; Michael Phillips, M.D.*(via phone;)* David Roelke, M.D.; Kenneth Simons, M.D.; Timothy Westlake, M.D.; Russell Yale, M.D., Robert Zondag

EXCUSED: Sridhar Vasudevan, M.D.;

STAFF: Tom Ryan, Executive Director; Nifty Lynn Dio, Bureau Assistant; and other Department staff

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 8:00 a.m. A quorum of eleven (11) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- *Add Case Number 13 MED 244 Under Item S*
- *Remove item U.3: Case Closing 13 MED 469*
- *Add: T.2 Westscott G. Krieger, M.D.*

MOTION: Suresh Misra moved, seconded by David Roelke, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Carolyn Ogland Vukich moved, seconded by Robert Zondag, to approve the minutes of September 16, 2015 as published. Motion carried unanimously.

INTERSTATE MEDICAL LICENSURE COMPACT

Consider Appointment of Compact Commissioners (As Needed)

MOTION: Robert Zondag moved, seconded by Greg Collins, to appoint Tom Ryan and Kenneth Simons as Compact Commissioners to the Interstate Medical Licensure Compact. Motion carried unanimously.

FEDERATION OF STATE MEDICAL BOARDS (FSMB) MATTERS

Consider MEB Recommendations for Nominations for 2016 FSMB Elections and Committee Appointments

MOTION: Russell Yale moved, seconded by Carolyn Ogland Vukich, to authorize Tom Ryan to seek appointment to an FSMB committee. Motion carried unanimously.

SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC RELATION REQUESTS

DRAFT

Wisconsin Hospital Association (WHA) Invitation for Dr. Simons to address WHA Quarterly Meeting of Executive Officers – December 2, 2015 in Madison, WI – Regarding Telemedicine

MOTION: Timothy Westlake moved, seconded by Robert Zondag, to designate Kenneth Simons to speak on the Board's behalf at the Wisconsin Hospital Association (WHA) on December 2, 2015 in Madison, WI regarding Telemedicine. Motion carried unanimously.

Mary Jo Capodice to Attend the American Association of Osteopathic Examiners Summit via Phone, January 7-8, 2016

MOTION: Russell Yale moved, seconded by Robert Zondag, to authorize Mary Jo Capodice to attend the American Association of Osteopathic Examiners Summit on January 7-8, 2016 in San Antonio, TX via Phone. Motion carried unanimously.

CLOSED SESSION

MOTION: Carolyn Ogland Vukich moved, seconded by Suresh Misra, to convene to Closed Session to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Mary Jo Capodice – yes; Greg Collins – yes; Rodney Erickson – yes; Suresh Misra – yes; Carolyn Ogland Vukich – yes; Michael Phillips – yes; David Roekle – yes; Kenneth Simons – yes; Timothy Westlake – yes; Russell Yale – yes, and Robert Zondag – yes. Motion carried unanimously.

The Board convened into Closed Session at 8:30 a.m.

RECONVENE TO OPEN SESSION

MOTION: Robert Zondag moved, seconded by Rodney Erickson, to reconvene in Open Session at 9:46 a.m. Motion carried unanimously.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Carolyn Ogland Vukich moved, seconded by Mary Jo Capodice, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

DELIBERATION ON COMPLAINTS FOR DETERMINATION OF PROBABLE CAUSE

14 MED 518 – Robert J. DeFatta, M.D.

MOTION: Carolyn Ogland Vukich moved, seconded by Suresh Misra, to find probable cause to believe that Robert J. DeFatta, M.D., DLSC case number 14 MED 518, has committed unprofessional conduct, and therefore to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3)(b). Motion carried.

(Russell Yale recused himself and left the room for deliberation and voting in the matter concerning Robert J. DeFatta, M.D., DLSC case number 14 MED 518)

DELIBERATION ON ADMINISTRATIVE WARNINGS

14 MED 362 – S.C.C.

MOTION: Robert Zondag moved, seconded by Rodney Erickson, to issue an Administrative Warning in the matter of DLSC case number 14 MED 362 – S.C.C. Motion carried.

(Russell Yale recused himself and left the room for deliberation and voting in the matter concerning S.C.C., DLSC case number 14 MED 362.)

15 MED 265 – R.S.S.

MOTION: Greg Collins moved, seconded by Suresh Misra, to issue an Administrative Warning in the matter of DLSC case number 15 MED 265 – R.S.S. Motion carried unanimously.

DELIBERATION ON PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS BY THE DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC)

11 MED 219, 11 MED 363 and 12 MED 039 – Steven G. Meress, M.D.

MOTION: David Roelke moved, seconded by Carolyn Ogland Vukich, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Steven G. Meress, M.D., DLSC case number 11 MED 219, 11 MED 363 and 12 MED 039. Motion carried unanimously.

15 MED 197 – Joseph C. Finley, M.D.

MOTION: Timothy Westlake moved, seconded by Suresh Misra, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Joseph C. Finley, M.D., DLSC case number 15 MED 197. Motion carried unanimously.

15 MED 201 – Garrick B. Olsen, M.D.

MOTION: David Roelke moved, seconded by Mary Jo Capodice, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Garrick B. Olsen, M.D., DLSC case number 15 MED 201. Motion carried unanimously.

13 MED 244 – Steven L. Armus, M.D.

MOTION: Carolyn Ogland Vukich moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings

DRAFT

against Steven L. Armus, DLSC case number 13 MED 244. Motion carried unanimously.

CASE CLOSING(S)

MOTION: Carolyn Ogland Vukich moved, seconded by Robert Zondag, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

1. 13 MED 200 – J.W.S. ***Prosecutorial Discretion (P1)***
2. 13 MED 252 – J.W.S. ***Prosecutorial Discretion (P3)***
3. 14 MED 222 – B.K. ***No Violation***
4. 14 MED 448 – B.K. ***No Violation***
5. 15 MED 038 – H.C.M. ***Prosecutorial Discretion (P1)***
6. 15 MED 051 – J.R.S. ***Prosecutorial Discretion (P1)***
7. 15 MED 119 – A.T.S. ***No Violation***
8. 15 MED 146 – R.P.R. ***Prosecutorial Discretion (P5 - FLAG)***
9. 15 MED 240 – J.S.B. ***No Violation***
10. 15 MED 275 – B.A.L. ***No Violation***
11. 15 MED 326 – D.J.O. ***Prosecutorial Discretion (P5 - FLAG)***

Motion carried unanimously.

DELIBERATION ON MOTITORING MATTERS

John Edward Kelly, M.D. – Requesting to Travel to India for Mission Trip

MOTION: Suresh Misra moved, seconded by Carolyn Ogland Vukich, to deny the request of John Edward Kelly, M.D. for interruption of testing for mission trip to India. **Reason for Denial:** Applicant must comply with the terms of the order (05/20/15.) Motion carried unanimously.

Westscott G. Krieger, M.D. – Requesting Initial Stay of Suspension

MOTION: Greg Collins moved, seconded by TimothyWestlake, to grant the request of Westscott G. Krieger, M.D. for an initial stay of suspension. Motion carried. Opposed: Yale

Paul Strapon III, M.D. – Requesting Removal of Mentoring

MOTION: David Roelke moved, seconded by Mary Jo Capodice, to grant the request of Paul Strapon III, M.D. for removal of mentoring. Motion carried unanimously.

Jesse Van Bommel, M.D. – Requesting Reduction or Eliminating of Drug Screens

MOTION: Suresh Misra moved to deny the request of Jesse Van Bommel, M.D. for elimination of drug screens. Motion failed due to lack of a second.

MOTION: Suresh Misra moved, seconded by Robert Zondag, to grant the request of Jesse Van Bommel, M.D. for reduction of drug screens to 12 tests per year and 1 hair test. Motion carried. Opposed: 4

DRAFT

(Kenneth Simons recused himself and left the room for deliberation and voting in the matter concerning Jesse Van Bommel, M.D.)

FULL BOARD INTERVIEW OF CANDIDATE FOR LICENSURE

Martin Cleary, M.D.

MOTION: Mary Jo Capodice moved, seconded by Russell Yale, to approve the License to Practice Medicine and Surgery application of Martin Cleary, M.D., once all requirements are met. Motion carried unanimously.

DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Suresh Misra moved, seconded by David Roelke, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Robert Zondag moved, seconded by David Roelke, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:22 a.m.

DRAFT

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Katie Vieira Administrative Rules Coordinator	11/3/2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Medical Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
11/18/2015	☐ Yes ☒ No	Legislative/Administrative Rule Matters • Eliminating the respiratory care practitioner temporary certificate to practice

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes (Fill out Board Appearance Request) ☒ No	N/A

10) Describe the issue and action that should be addressed:

The Board will discuss pursuing legislative change to eliminate the respiratory care practitioner temporary certificate to practice.

11) Authorization

Katie Vieira	**11/3/2015**
Signature of person making this request	Date
Supervisor (if required)	Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)	Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Revised 2/2015

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Nifty Lynn Dio, Bureau Assistant	2) Date When Request Submitted: 12/07/15 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Medical Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
12/16/15	☒ Yes ☐ No	Screening Panel and Oral Interview Schedule – January – June 2016

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes (Fill out Board Appearance Request) ☒ No	N/A

10) Describe the issue and action that should be addressed:

Please see attached for Screeing Panel and Oral Interview Schedules, January – June 2016

11) Authorization

Nifty Lynn Dio	12/07/15
Signature of person making this request	Date
Supervisor (if required)	Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)	Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Revised 2/2015

Screening Panels

January 5 – Zondag, Erickson, Phillips
January 19 – Zondag, Erickson, Phillips (day before January Board meeting)

February 2 – Collins, Westlake, Roelke
February 16 – Collins, Westlake, Roelke (day before February Board meeting)

March 1 – Zondag, Capodice, Yale
March 15 – Zondag, Capodice, Yale (day before March Board meeting)

April 5 – Collins, Erickson, Ogland Vukich
April 19 – Collins, Erickson, Ogland Vukich (day before April Board meeting)

May 3 – Zondag, Roelke Simons
May 17 – Zondag, Roelke, Simons (day before full Board meeting)

May 31 – Collins, Vasudevan, Phillips
June 14 – Collins, Vasudevan, Phillips (day before full Board meeting)

Oral Interviews

January – Westlake, Roelke, Simons, Capodice

February – Erickson, Ogland Vukich, Yale, Simons

March – Westlake, Roelke, Capodice, Phillips

April – Ogland Vukich, Yale, Vasudevan, Erickson

May – Erickson, Simons, Phillips, Ogland Vukich

June – Vasudevan, Erickson, Westlake, Roelke

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: 11/27/2015 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

Medical Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
12/16/2015	x Yes ☐ No	Interstate Medical Licensure Compact Legislation • Status • Chair Appointment of Commissioners

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
x Open Session ☐ Closed Session ☐ Both	No	

10) Describe the issue and action that should be addressed:

The Chair will appoint two Board members as Compact Commissioners.

11) Authorization

Signature of person making this request — Date

Supervisor (if required) — Date

Bureau Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Federation of STATE MEDICAL BOARDS

MEMORANDUM

DATE: December 1, 2015

TO: **Presidents/Chairs and Executive Directors**
Member Medical and Osteopathic Boards

FROM: Deanne Dooley
Meetings and Travel Associate

RE: **Scholarship Program for the**
FSMB 2016 House of Delegates and Annual Meeting

Preparations are underway for FSMB's Annual Meeting to be held April 28 – April 30, 2016, at the Manchester Grand Hyatt in San Diego, CA.

Reimbursement up to $1,800 in travel expenses will be provided for each member board's president/chair attending as the voting delegate at the FSMB's House of Delegates Meeting on Saturday, April 30, 2016. If the president/chair is unable to participate, an alternate member of the medical board may be selected by the president/chair to attend as the designated voting delegate. **Please see the attached letter from the FSMB's Chair and President/CEO stressing the importance of the role of the voting delegate.**

The FSMB will also reimburse the executive director of each member board up to $1,800 for expenses incurred in relation to his/her attendance at the Annual Meeting. In the event the executive director cannot participate, the president/chair may select another senior staff person to attend in the executive director's place.

Reimbursement for the voting delegate and the executive director will be made in accordance with the attached guidelines. Please complete the attached Scholarship Response Form identifying your board's scholarship recipients. **The deadline for returning the response form is February 1, 2016.** Upon receipt of the form, scholarship information and travel policies will be sent to the recipients.

Annual membership dues for member boards must be paid in full in order for both the voting delegate and the executive director to take advantage of the scholarship opportunity. A draft agenda for the 2016 Annual Meeting will be posted on the FSMB's website at www.fsmb.org. Should you have any questions, you may reach me at 817-868-4086.

TEXAS OFFICE: 400 FULLER WISER ROAD, SUITE 300 | EULESS, TX 76039 | TEL: (817) 868-4000 | FAX: (817) 868-4097 | WWW.FSMB.ORG
WASHINGTON, D.C. OFFICE: 1300 CONNECTICUT AVE, SUITE 500 | WASHINGTON, D.C. 20036 | TEL: (202) 463-4000 | FAX: (817) 868-8888

Federation of STATE MEDICAL BOARDS

December 1, 2015

Dear Colleagues:

Preparations are underway for FSMB's 2016 Annual Meeting scheduled for April 28-30 in San Diego, California. The FSMB's House of Delegates (HOD) business meeting is held on the last day of the Annual Meeting. FSMB member board participation at the HOD meeting is extremely important because it is the boards' unique opportunity to gain greater insight into the FSMB's work and to contribute to the organization's policymaking process. The role of the voting delegate in that process is especially important because the delegate represents his/her state medical board on matters of significance to the board and elects FSMB Fellows to assist in carrying out the FSMB's work.

In anticipation of the HOD business meeting, we ask that you consider which of your board members will be best suited to serve as your voting delegate. In order for the voting delegate to serve in a truly representative capacity, the delegate is asked to fulfill a number of responsibilities.

Before the HOD meeting, the voting delegate is asked to:

- Become familiar with the structure, purpose and history of the FSMB HOD as well as FSMB's policymaking and election processes
- Attend meetings of the state medical board the delegate represents to gain early information on statewide and national issues to be addressed at the HOD meeting
- Review all pre-meeting materials
- **Listen to a pre-recorded Voting Delegate Webinar to be distributed to the voting delegates no later than March 18, and participate, if necessary, in a follow-up Q&A teleconference on March 29 at either 3:00-3:30 pm CT or 6:30-7:00 pm CT to answer any questions the delegate may have**
- **Attend the Candidates Forum and Reference Committee meeting(s) at the Annual Meeting and provide Reference Committee testimony as necessary**
- Network with colleagues at the Annual Meeting for additional information and perspectives on issues

During the HOD meeting, the voting delegate is asked to:

- Follow the meeting rules as outlined by the Rules Committee
- Represent the position of the delegate's board during discussions as necessary
- Vote at the time requested

Following the meeting, the voting delegate is asked to:

- Report the results of the HOD meeting to the delegate's board
- Remain current on statewide and national issues affecting medical regulation in preparation for the next HOD meeting

As you can see, the role of the voting delegate should not be taken lightly. We therefore encourage you to give careful consideration in the selection of the individual who will be your representative at our 2016 meeting.

Sincerely,

J. Daniel Gifford, MD, FACP
Chair

Humayun J. Chaudhry, DO, MACP, MACOI
President and CEO

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039
(817) 868-4000 | FAX (817) 868-4098 | WWW.FSMB.ORG

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: 11/25/2015 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

Medical Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
12/16/2015	x Yes ☐ No	Informational Item – Physician Re-Entry

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
x Open Session ☐ Closed Session ☐ Both	No	

10) Describe the issue and action that should be addressed:

North Carolina Physician Re-Entry Program:

http://physician-reentry.org/north-carolina-medical-board-introduces-reentry-center-on-its-web-site/

FSMB Model Law:

http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/special_committee_reentry.pdf

Item is informational only. If the Board would like to discuss it, it could be added as a separately listed item on a future agenda.

11) Authorization

Signature of person making this request — Date

Supervisor (if required) — Date

Bureau Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Federation of STATE MEDICAL BOARDS

Report of the Special Committee on Reentry for the Ill Physician

April 2013

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Federation of STATE MEDICAL BOARDS

REPORT OF THE SPECIAL COMMITTEE ON REENTRY FOR THE ILL PHYSICIAN

EXECUTIVE SUMMARY

The Special Committee on Reentry for the Ill Physician was convened in 2012 by Federation of State Medical Boards (FSMB) Chair Lance Talmage, MD, to address the return to practice for physicians who have a licensure restriction due to physical or psychiatric illness, including addictive disease.

Reentry to clinical practice for ill physicians is a complex, multi-faceted issue. In addressing this issue, two key distinctions should be kept in mind:

1. a license restriction due to medical fitness to practice concerns is importantly different from a license restriction containing a restricted practice clause and does not necessarily imply a lack of professionalism on the part of the physician, nor that he or she is unable to practice safely, and
2. the terms "illness" and "impairment" are not synonymous. Illness is the term used to describe the existence of a disease state. It can be physical or psychiatric and can include addictive disease, injury and cognitive change. Impairment, however, is a functional classification that implies the inability of the person affected by a disease to perform activities specific to practice.[1]

Further, physicians who have made successful efforts to address their illness and are able to demonstrate the ability to practice safely should not feel further encumbered or penalized as a result of license restrictions that are interpreted negatively. It is also important that such restrictions not impact physicians' ability to obtain or maintain specialty board certification, malpractice insurance, medical insurance provider panel membership, hospital privileges or employment.

The Special Committee's primary goal is to ensure the capability of formerly ill physicians to provide safe, effective patient care. The recommendations in this report are presented to state medical boards, American Board of Medical Specialties (ABMS) and American Osteopathic Association Bureau of Osteopathic Specialists (AOA BOS)-approved specialty boards, health insurers, physician health programs, health care organizations and state government agencies to assist them in ensuring that physicians who have been ill are capable of practicing safely and may reenter the workforce, under adequate supervision and continued treatment, if necessary for their recovery. The recommendations encourage common standards and terminology around license restrictions and encourage these stakeholders to better understand state boards' positions on restricted licensure status as it relates to medical fitness to practice.

Specific recommendations include the following:

- Physicians seeking to return to clinical work following an illness should have their ability to practice considered on a case-by-case basis.

[1] FSPHP Public Policy Statement: Physician Illness vs. Impairment, 2008.

- A physician who has been out of practice for an extended period of time should be required to participate in a reentry plan as outlined in the 2012 report of the FSMB's Special Committee on Reentry to Practice.

- State boards should become familiar with the FSMB's Policy on Physician Impairment and consult state physician health programs for assessment and monitoring services in cases where further evaluation or assessment of an ill physician is required.

- Decisions about a physician's specialty board certification status, malpractice insurance, medical insurance provider panel membership, hospital privileges and/or employment should be based on a thorough review and consideration of all available information about the physician's illness and any relevant actions taken by state boards.

- Clear, common nomenclature is critical to ensuring that ill physicians are able to successfully return to clinical practice. The FSMB and state boards should look for opportunities to clarify and to standardize, to the extent possible, the language and information used as part of state boards' licensing and disciplinary processes.

- State boards may wish to consider the terminology used in board actions to determine whether the nature of the action is appropriately conveyed and is not open to misinterpretation by other entities.

I. BACKGROUND

The safe and effective practice of medicine requires physicians to be physically and mentally fit for the work they do. The impact of a physician's illness on medical practice is a complex, multi-faceted subject. In evaluating this issue, the Federation of State Medical Boards' (FSMB) Special Committee on Reentry for the Ill Physician recognizes the generally unique stressors faced by physicians in practice and also the impact that illness can have on a physician and his/her practice, patients, career, peers, and family. Factors such as burnout, depression, and suicide have been specifically identified as particular challenges within the physician community. Organizations such as the American Medical Association (AMA), Federation of State Physician Health Programs (FSPHP) and others have developed policy documents, recommendations and guidelines to assist physicians with addressing these challenges and to explore and clarify the issues surrounding physician illness and its impact (see **Appendix A** for a list of resources). Medical regulatory concepts of illness, however, have historically focused on addiction and depression. In addition, important distinctions between illness and impairment have not been emphasized.

In 1993, the FSMB convened an Ad Hoc Committee on Physician Impairment to evaluate current concepts regarding physician impairment and to develop strategies for the regulation and management of such physicians. Subsequently, in 1995, the FSMB House of Delegates (HOD) adopted as policy the Report of the Ad Hoc Committee on Physician Impairment[2], which identified elements of a model impaired physicians program for recommendation to state boards along with guidelines to promote uniformity in rules and regulations regarding impaired physicians. An updated Policy on Physician Impairment was adopted in 2011 following review and revision of the Report of the Ad Hoc Committee on Physician Impairment.[3] The revised policy document represents a vision for state boards and physician health programs based on current best practices to effectively assist ill physicians who are impaired or at risk for impairment.

The FSMB has also recently addressed the issue of reentry to practice for physicians who were neither ill nor have a license restriction, through the adoption in April 2012 of its Report of the Special Committee on Reentry to Practice.[4] This Report provides state boards with a framework of common standards and conceptual processes for physician reentry to the clinical practice of medicine.

Physicians whose illness has resulted in state board action often face unique challenges to reentry to practice, particularly in terms of the ability to obtain and/or retain specialty board certification, malpractice insurance and employment. Recognizing this fact, in summer 2012, FSMB Chair Lance Talmage, MD, convened a Special Committee on Reentry for the Ill Physician to address these issues and to provide recommendations to state boards for their consideration and adoption.

II. CHARGE TO THE SPECIAL COMMITTEE ON REENTRY FOR THE ILL PHYSICIAN

The Special Committee on Reentry for the Ill Physician was charged to address the return to practice for physicians who have a licensure restriction due to physical or psychiatric illness, including addictive disease.

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2 Federation of State Medical Boards. Report of the Ad Hoc Committee on Physician Impairment, April 1995. Available at: http://www.fsmb.org/pdf/1995_grpol_Physician_Impairment.pdf

3 Federation of State Medical Boards. Policy on Physician Impairment, April 2011. Available at: http://www.fsmb.org/pdf/grpol_policy-on-physician-impairment.pdf

4 Federation of State Medical Boards. Report of the Special Committee on Reentry to Practice, April 2012. Available at: http://www.fsmb.org/pdf/pub-sp-cmt-reentry.pdf

III. PREAMBLE / KEY ISSUES

In considering reentry to practice for the ill physician, the Special Committee noted the need for clarification of the distinction between illness and impairment. For example, many, if not most, physicians who go through Physician Health Programs (PHPs) are ill but not impaired; that is, the impairment involved is merely potential, rather than active. Illness is the term used to describe the existence of a disease state. It can be physical or psychiatric and can include addictive disease, injury and cognitive change. In contrast, impairment is a functional classification that implies the inability of the person affected by a disease to perform activities specific to practice.[5]

It is worthy to note that not all physicians who are ill will, or need to, come to the attention of a state board. In some instances, the physician is able to appropriately limit his or her practice and/or to obtain appropriate and successful treatment and remediation before the illness impacts the physician's ability to provide safe, effective patient care. In order to avoid treating all ill physicians as if they were impaired, and to avoid undue burdens on such physicians at the point of reentry to clinical practice, it is critical that the terms "illness" and "impairment" not be construed as interchangeable as part of regulatory processes.

Physicians who choose – or due to the severity of their illness are forced – to take time out of their medical practice to address their own health care needs often face significant challenges at the point of reentry to clinical practice. Some physicians, particularly those whose illness was significant enough to warrant attention by a state board, may find particular challenges to obtaining or retaining specialty board certification, malpractice insurance, employment, membership in medical insurance provider panels, or hospital privileges due to restrictions placed on their licenses as part of a board action and the reentry process. Such restrictions are primarily utilized by state boards to ensure public protection against unsafe practitioners. However, license restrictions may or may not include a condition of ***restricted practice***. In this context, there is often significant confusion and lack of understanding regarding the word "restriction" and how it affects an ill physician's ability to practice, a fact that sometimes is a detriment to physicians who are ill.

A license restriction due to medical fitness to practice concerns (e.g., practice monitoring, treatment monitoring by a PHP or other designated entity, including periodic drug screening) is importantly different from a license restriction containing a restricted practice clause (e.g. work hour limitation, loss of prescribing privileges, mandatory presence of a chaperone) and does not necessarily imply a lack of professionalism on the part of the physician, nor that he or she is unable to practice safely. In fact, such a restriction is different from a restricted practice clause in that it is meant to assure the public of the physician's medical fitness to practice within the Board's defined parameters. Further, engagement with a PHP may assist a physician in achieving and maintaining a safer practice than would be possible otherwise. Even in cases in which a physician's scope of practice is limited due to illness, this does not imply that he or she is incompetent or unsafe within the ***restricted*** scope of practice. For example, a surgeon who is restricted from providing procedural care due to a personal hand injury that impacts his or her ability to perform surgical procedures may limit his or her practice for a period of time to patient consultations. Similarly, an anesthesiologist who is undergoing treatment for a drug addiction and submits to periodic drug testing could be allowed to retrain in another field where drug exposure is not an issue. These restrictions are based on considerations of medical fitness to practice and are different from restrictions due to concerns about a physician's professionalism or competence.

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5 FSPHP Public Policy Statement: Physician Illness vs. Impairment, 2008.

In regard to the relationship between specialty board certification and licensure status, the 24 member boards of the American Board of Medical Specialties (ABMS) commonly use licensure status as one measure of professionalism. Specifically, Part I of the ABMS' Maintenance of Certification (MOC) program requires physicians to hold a valid, unrestricted medical license. However, there is variation in how the ABMS member boards address the issue of physicians with a restricted license status. Some boards revoke a physician's specialty board certification or do not allow the physician to participate in MOC, while others will allow the physician to maintain his or her specialty certification and to continue to participate in MOC. The decision as to whether the licensure restriction will impact the physician's specialty board certification status is based on a review of the nature of the restriction, as well as the reasons and their relevance to the physician's scope of practice. Revocation of a physician's specialty board certification can have further implications for the physician's license, ability to obtain employment, or ability to obtain or maintain hospital staff privileges, an issue of discussion among the ABMS, FSMB and state boards.

Similarly, the American Osteopathic Association Bureau of Osteopathic Specialists (AOA BOS) also requires an unrestricted medical license for initial specialty board certification, recertification and participation in Osteopathic Continuous Certification (OCC). Physicians with a restricted license are usually able to petition their specialty board to enter the certification or recertification process, however, based on a review of the reason for the restriction.

The Special Committee recognizes the value of physicians as a community and public resource, especially in underserved areas and in light of current concerns about physician shortages. As such, while the committee's primary goal is to ensure the capability of formerly ill physicians to provide safe, effective patient care, the committee also acknowledges the need to enable physicians who are capable of practicing safely to reenter the workforce, under adequate supervision and continued treatment, if necessary for their recovery.

IV. RECOMMENDATIONS

The following recommendations are intended to provide state boards, ABMS and AOA-approved specialty boards, health insurers, physician health programs, health care organizations and state government agencies with a framework for developing common standards and terminology around license restrictions. They also encourage these stakeholders to better understand state boards' positions on restricted licensure status as it relates to medical fitness to practice.

To the extent possible, the recommendations are intended to align with the recommendations set forth in the FSMB's Report of the Special Committee on Reentry to Practice, which was adopted as FSMB policy in April 2012. Readers are encouraged to read that report for detailed reentry recommendations for physicians without illness, impairment or disciplinary issues.

Determining Medical Fitness to Reenter Practice

Recommendation 1: Review on a Case-by-case Basis

Physicians seeking to return to clinical work following an illness that resulted in board action should have their ability to practice considered on a case-by-case basis. Decisions about whether the physician should demonstrate readiness to reenter practice should be based on a global review of the physician's situation, including nature of the illness, treatment and remediation received for the illness or impairment, processes in place for continued or follow up treatment or monitoring, length of time out of practice, prior and current (or

intended area) of specialization, disciplinary history and hospital privileges. Physicians, like non-physicians, demonstrate varying levels of resiliency in terms of being able to successfully cope with a range of illnesses, even those that do not compromise a physician's ability to practice safe, effective patient care. Therefore, state boards should adopt a holistic approach when evaluating a physician's ability to reenter practice and take into account factors such as the personal and professional support system available to the physician.

Recommendation 2: Familiarity with Relevant FSMB Policies and Other Resources

State boards should become familiar with the FSMB's *Policy on Physician Impairment* and consult state physician health programs for assessment and monitoring services in cases where the board determines the need for further evaluation or assessment of an ill physician. The list of resources provided in **Appendix A** may also be useful to the board and the individual physician.

Recommendation 3: Reentry Plan after Extended Time out of Practice

Exclusive of issues and challenges specific to the physician's illness, a physician who has been out of practice for an extended period of time should be required to participate in a reentry plan as outlined in the 2012 report of the FSMB's Special Committee on Reentry to Practice.[6]

Common Terminology and Review of Relevant Information

Recommendation 4: Common Terminology

Use of clear, common nomenclature among state boards is critical to ensuring that ill, or formerly ill, physicians are able to successfully return to clinical practice. Currently, use of language such as "license restriction" by a state board is often interpreted by other stakeholders (e.g., ABMS and AOA-approved specialty boards, insurers, physician health programs, health care organizations and government agencies) to mean that the action taken is disciplinary in nature or that the physician is incompetent, when it ought, in fact, to be an assurance that the physician is capable of practicing medicine safely.

In order to promote a clearer understanding of license restrictions and their implications, the FSMB should facilitate a dialogue among and with its member boards and other stakeholders about the terminology used as part of licensing and disciplinary processes. Central to this outreach should be the education of stakeholders about how restrictions on a physician's license do not necessarily imply the physician is unable to practice medicine safely, that he or she has displayed a lack of professionalism or that his or her scope of practice has been restricted in any way.

In addition, state boards may wish to consider using the term "license limitation" or some other standardized term which indicates a safe practitioner with some form of supervision or partial limitation, rather than "license restriction", and use terminology such as "letters of agreement", "consent agreement" or "agreement for corrective action" to better convey the nature of the action and in order to lessen misinterpretation of the action by other entities. The FSMB and its member boards should also look for opportunities to clarify and to standardize, to the extent possible, the language and information used as part of the state boards' licensing and disciplinary processes. As part of this effort, the FSMB may want to consider providing recommendations

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6 Federation of State Medical Boards. Report of the Special Committee on Reentry to Practice, April 2012. Available at: http://www.fsmb.org/pdf/pub-sp-cmt-reentry.pdf.
Note: More than two years away from practice is commonly accepted as the timeframe for when physicians should go through a reentry process, although some state medical board requirements range from one to five years.

for clarifying language as part of future revisions of its *Essentials of a State Medical and Osteopathic Practice Act* document.[7]

Recommendation 5: Sharing and Review of State Medical Board Orders

Given the potential for confusion and misinterpretation of language used as part of the medical licensing and disciplinary process, decisions by various stakeholders about a physician's specialty board certification status, malpractice insurance and/or employment should be based on a thorough review and consideration of all available information about the physician's illness and any relevant actions taken by state boards. The FSMB, via its board action reports and Disciplinary Alert Service, provides to the public, hospitals, ABMS and AOA-approved specialty boards, and other relevant stakeholders, information regarding public board actions taken by all state boards. Information regarding the general nature of the disciplinary action taken by the state board (e.g., revocation of medical license, license restored/reinstated with restrictions/limitations), as well as the basis for the action (e.g., impairment, sexual boundary violation), are included as part of the report. Upon receiving such a report from the FSMB, it is incumbent upon ABMS and AOA-approved specialty boards, insurers and employers to carefully review and consider the information before coming to a decision about a physician's ability to obtain or maintain specialty board certification, or obtain malpractice insurance or employment. Those reviewing these documents should determine whether or not the board action relates to medical fitness as opposed to professionalism or competence.

Currently, the board action reports and Disciplinary Alert Service notifications provided by the FSMB do not include the full details of the board's action, or findings of fact associated with the reported disciplinary action(s). In addition, the language and terminology used in board actions is not standardized across jurisdictions, or may be antiquated, resulting in confusion for external entities that receive and attempt to interpret board action reports. As such, and as noted above, consideration should be given to changing the nomenclature used as part of the medical licensing and disciplinary process to avoid confusion regarding illness, impairment and other reentry to practice issues. The FSMB and its member boards should also consider whether full board actions (sometimes also known as orders) and/or findings of fact should be included as part of the standard board action report and Disciplinary Alert Service notification. Such information might provide details useful in determining whether to allow a physician to obtain or maintain specialty board certification, malpractice insurance or employment. In the absence of such information, external stakeholders should consider requesting further clarification or explanation from the state board and/or physician in order to assist them in their informed decision-making process. Most state boards include full board orders as part of the disciplinary history information included as a component of the practice profile publically available on their state-based websites.

V. IMPLICATIONS FOR STATE MEDICAL BOARDS AND THE ROLE OF THE FSMB

The FSMB should engage in further education and communication outreach with external stakeholders, including ABMS and AOA-approved specialty boards, insurance companies, residency programs, hospitals and other employers, professional associations and the public, to ensure the value of the recommendations in this report. Such efforts can take place through multiple educational opportunities, including formal presentations, one-on-one conversations, communication toolkits (e.g., FAQs), and articles / editorials (in medical journals and other relevant publications such as insurance journals).

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[7] Federation of State Medical Boards. Essentials of a State Medical and Osteopathic Practice Act, April 2012. Available at: http://www.fsmb.org/pdf/GRPOL_essentials.pdf

The FSMB should also continue its dialogue and education efforts with the ABMS, the AOA BOS and individual ABMS and AOA-approved specialty boards about the relationship between specialty board certification and licensure and the intended and unintended impact of loss or restriction of one on the other.

VI. CONCLUSION

Reentry to clinical practice for ill physicians is a complex, multi-faceted issue. All physicians provide valuable resources to their communities and should not be routinely penalized as a result of past or current illness that does not currently impact their ability to practice safely. Physicians who have made successful efforts to address their illness and are able to demonstrate the ability to practice safely should not feel further encumbered or penalized as a result of license restrictions that are interpreted negatively and that impact their ability to obtain or maintain specialty board certification, malpractice insurance, medical insurance provider panel membership, hospital privileges or employment.

As the healthcare community continues to address the issue of the ill physician and his or her continuance of or return to practice, two key distinctions should be kept in mind: 1) the term restriction, when applied to a physician's license, does not necessarily imply that his or her scope of practice has been limited in any way, that he or she has displayed a lack of professionalism, or that he or she is unsafe when practicing within that scope, and 2) the terms "illness" and "impairment" are not synonymous. A physician who is or has been ill is not necessarily impaired and may be able to function effectively and practice safely, especially with participation in relevant treatment programs and ongoing monitoring, where appropriate. Engagement with a physician health program may even assist a physician in achieving and maintaining a safer practice than before.

APPENDIX A

Resources related to Physician Health, Illness and Impairment and Physician Reentry to Practice

American Medical Association. *AMA Healthier Life Steps: A Physician's Guide to Personal Health, Practical Steps to Resilience*, 2011, available at: http://www.ama-assn.org/resources/doc/public-health/steps-for-resilience.pdf

American Medical Association. Compendium of Policies on Physician Health, available at: http://www.ama-assn.org/resources/doc/physician-health/policies-physicain-health.pdf

American Medical Association, Council on Ethical and Judicial Affairs. *Physician Health and Wellness*, CEJA Report 5-I-03, available at: www.ama-assn.org/resources/doc/code-medical-ethics/9031b.pdf

American Medical Association, Council on Science and Public Health. *Physician Health Programs*, CSPH Report 2 (A-11), available at: http://www.ama-assn.org/resources/doc/csaph/a11csaph2.pdf

Federation of State Medical Boards. *Essentials of a State Medical and Osteopathic Practice Act*, April 2012. Available at: http://www.fsmb.org/pdf/GRPOL_essentials.pdf

Federation of State Medical Boards. Report of the Special Committee on Reentry to Practice, April 2012. Available at: http://www.fsmb.org/pdf/pub-sp-cmt-reentry.pdf

Federation of State Medical Boards. *Policy on Physician Impairment*, April 2011. Available at: http://www.fsmb.org/pdf/grpol_policy-on-physician-impairment.pdf

Federation of State Medical Boards. *Report of the Ad Hoc Committee in Physician Impairment*. April 1995. Available at: http://www.fsmb.org/pdf/1995_grpol_Physician_Impairment.pdf

Federation of State Physician Health Programs. FSPHP Public Policy Statement: Physician Illness vs. Impairment, 2008. Available at: http://www.fsphp.org/Illness_vs_Impairment.pdf

Federation of State Physician Health Programs. *Physician Health Program Guidelines*, December 2005 Edition, available at: http://www.fsphp.org/2005FSPHP_Guidelines.pdf

Health Law Institute, Faculty of Law, University of Alberta. Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients, available at: www.hli.ualberta.ca/ResearchandResearch-Publications/~/media/hli/Physicians_with_Health_Conditions_Complete.pdf

The Physician Reentry into the Workforce Project: http://physician-reentry.org/

Federation of State Medical Boards
400 Fuller Wiser Road, Suite 300 | Euless, TX 76039 | 817-868-4000 | www.fsmb.org
1300 Connecticut Avenue, NW, Suite 500 | Washington, DC 20036 | 202-463-4000

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: 11/24/2015 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

Medical Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
12/16/2015	x Yes ☐ No	Informational Item – American Academy of Pediatrics' 'A Physician ReEntry into the Workforce Inventory'

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
x Open Session ☐ Closed Session ☐ Both	No	

10) Describe the issue and action that should be addressed:

For informational purposes, here is the Inventory document:

http://physician-reentry.org/wp-content/uploads/AAPReentryInventory.pdf

11) Authorization

Signature of person making this request Date

Supervisor (if required) Date

Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: 12/4/2015 Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

Medical Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
12/16/2015	x Yes ☐ No	Informational Item – White House Report on Occupational Licensing

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
x Open Session ☐ Closed Session ☐ Both	No	

10) Describe the issue and action that should be addressed:

Item is informational only. If the Board would like to discuss it, it could be added as a separately listed item on a future agenda.

https://community.nabweb.org/system/files/licensing_report_final_nonembargo.pdf

11) Authorization

Signature of person making this request — Date

Supervisor (if required) — Date

Bureau Director signature (indicates approval to add post agenda deadline item to agenda) — Date