



# Alabama Board of Medical Examiners Newsletter and Report

www.albme.org

Volume 21, Number 3

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## Investigations of the BME:

### *What to expect if a representative of the Board visits your office*

by Ed Munson, Investigator for the Alabama Board of Medical Examiners,  
and Arthur F. Toole, MD, former member of the Alabama Board of Medical Examiners

The Alabama Board of Medical Examiners, by Alabama law, is the agency charged with physician oversight. One of its duties is to investigate situations brought to the Board's attention when there appear to be problems with medical care. The most common way for the Board to become involved is when a patient contacts it with a complaint about a physician. Another situation that may trigger an investigation is when a medical facility, such as a hospital, invokes restrictions, removes privileges or dismisses a physician from its staff involuntarily. There are other, less frequent, causes for an investigation.

When the Board receives a written complaint against a physician, an investigator contacts the complainant and discusses the situation. Often, this discus-

**The Board of Medical Examiners is charged with assuring, to the extent possible, competent medical care for the citizens of Alabama.**

sion leads to a resolution that satisfies the complainant and the matter goes no further. At times it may be necessary for the investigator to contact the physician and obtain additional information, but, fre-

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## Physician responsibilities when managing reports from screening agencies

by Allan R. Goldstein, M.D., Member of the Board of Medical Examiners

Screening patients in order to find early disease has become more common in the past five to ten years.

There are several screening types. The first type is one that is available to patients at their own expense, at malls, churches, exercise centers and other sites. It may include studies to detect vascular disease, pulmonary diseases, diabetes and/or hypercholesterolemia or other disease states.

A second type of screening is one that is required by a federal agency, such as OSHA, and usually includes studies related to a potential occupational risk for a specific industry. These studies may include chest x-rays, EKGs, pulmonary functions, and/or specific blood work.

A third screening type is that performed for medical/legal purposes. Examples of this are coal workers pneumoconiosis, silicosis, and asbestosis.

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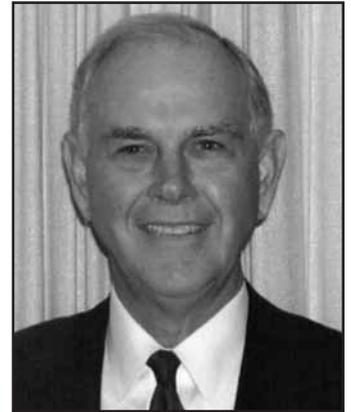
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Editor

## **A Message from the Executive Director Medical License Portability**

by *Larry Dixon*

At the Federation of State Medical Boards, House of Delegate's meeting on April 22, 2006, In Boston, Massachusetts, the Alabama Board of Medical Examiners introduced a Resolution which discussed the recent events of hurricanes Katrina and Rita and the number of physicians who tried to volunteer in states where they are not licensed. The Resolution ended with “. . .Resolved; that the Federation of State Medical Boards study issues relative to licensure portability during an emergency, including but not limited to, joining with other organizations or entities to determine the best manner to provide necessary medical care and maintain licensure autonomy for the individual states.”



Larry Dixon

The Resolution was adopted by the Federation of State Medical Boards' House of Delegates and is currently being fulfilled by the Federation's Board of Directors and administrative staff. The Federation will convene a group to identify, develop and examine all issues relating to license portability and physician mobility during a natural disaster or public health emergency.

This information has been provided to the Agency for Health Care Research and Quality, members of the United States Congress, the House Committee on Ways and Means, the Senate Health Education Labor and Pensions Committee, the United States Senate Subcommittee on Bio-terrorism and Public Health Preparedness, the Senior Health Policy Adviser to President Bush and the House Judiciary Committee Staff.

All of the above entities have either begun an individual initiative or, in the case of the Congressional Committees held hearings or instructed their staff to explore licensure mobility and physician mobility during emergencies, not restricted to natural disasters.

The Alabama Board's interest is several fold. First, the Board recognizes the tremendous strain on adjacent medical centers and medical staff following an emergency such as Rita and Katrina. Second, the Board recognizes the tremendous number of physicians who either need to relocate or wish to volunteer their services in emergency areas where they are not currently licensed. Third, the Board understands the absolute need to keep medical licensure a state responsibility rather than a federal government project.

It is the Alabama Board of Medical Examiners' desire that a system designed to expedite and facilitate the safe delivery of emergent care and volunteer medical services is quickly identified, adopted and in place in preparation for the next disaster this country will face.

### **Your Medical License**

**As a physician, your license to practice medicine in the State of Alabama is one of your most important assets. It allows you to apply what you learned during years of school and post-graduate training to earn a livelihood to support your family. Exercise care to protect this asset.**

## Medical License Renewal:

### *Physicians should take full responsibility for accuracy of renewal application*

by Randy Moore, Director of Physician Extender Services

The time to renew your Alabama Medical License is between Oct. 1 and Dec. 31, 2006. The renewal may be by hard copy or online. In either case, you, the renewing physician, should personally review the renewal form that you submit, even if you allow an office employee to fill it out. There are items in the application that only you may know. If the application is not completed accurately you could be subject to an action by the Medical Licensure Commission.

Among items frequently submitted incorrectly are certification of continuing medical education hours and the report of malpractice judgments and settlements. For CME, you are required to earn 12 Category 1 hours every 12 months and maintain documentation of these hours for a minimum of three years. *See the CME article on page 8.*

All cases of alleged malpractice against a physician licensed in the state of Alabama, whether practicing within the borders of the state or not, in which there has been a monetary award or other sanction against the physician, are reviewed by the Board. These are reviewed to determine whether the case was a recognized complication, an unexpected event or whether there are concerns about the quality of

medicine or osteopathy practiced. These cases will come to the Board through administrative channels eventually; there is no reason to conceal this information on your renewal form. When the Board receives the case for review, it will request information from you about it. It is wise to keep your records until the Board reviews your case and makes a disposition.

Again, your medical license is one of your most valuable possessions. You have the responsibility to assure that every question on the renewal

form is accurate. That the form was filled in by an office employee is not a valid excuse for an error and you could have an action against your license if it happens. Personally complete and submit all of your renewal forms. If you leave the task of completion to someone else, at least review the form and then submit it yourself. It would be a shame to have an action against your license because you did not take the 10 or 15 minutes needed to renew it properly.

#### **Section 34-24-56**

#### **Report of malpractice judgments and settlements – Filing; contents; sanction for failure to make report.**

(a) Every physician or surgeon who holds a license, certificate or other similar authority issued under the provisions of this article and every professional corporation or professional association of a physician or surgeon shall, during the first 30 days of each calendar year, report to the State Board of Medical Examiners any final judgment rendered against such physician, surgeon, or the professional corporation or professional association of any such physician or surgeon during the preceding year, or any settlement in or out of court during the preceding year, resulting from a claim or action for damages for personal injuries caused by an error, omission or negligence in the performance of medical professional services, or in the performance of medical professional services without consent.

(b) The report rendered under this section shall include the name of the physician or surgeon against whom the claim was made or asserted, the name of the claimant, a summary of the allegations made, the injuries incurred by the claimant, and the terms of the judgment or settlement. In the event that the judgment or settlement is entered against a professional corporation or a professional association, the report shall also include the name of the physician or physicians employed by or rendering medical services on behalf of the corporation against whom the claim was made or asserted.

(c) The failure to make the report required by this section shall constitute grounds for the imposition of disciplinary sanctions by the Medical Licensure Commission against the license of the physician or surgeon responsible for making such report. Those sanctions may include suspension or revocation or such other sanctions as may be authorized under Section 34-24-361(h) and Section 34-24-381. In the case of a judgment or a settlement entered against a professional corporation or a professional association, each physician owning shares of the voting stock of a professional corporation and each physician member of a professional association shall be individually and jointly responsible for insuring that the report is rendered on behalf of the corporation or association.

## BME issues opinion on Pain Pump Refills

by Jorge A. Alsip, MD, Chairman, and Patricia Shaner, General Counsel

In 2004 the Alabama Legislature passed a law (Act 2004-443 of the Code of Alabama) creating the Alabama Department of Public Health's Prescription Drug Monitoring Program (PDMP) data bank. This law requires that all controlled substances dispensed for use off premises be reported to the PDMP data bank.

All physicians who dispense controlled substances for use off premises are required to register as a dispensing physician with the Alabama Board of Medical Examiners (ABME). The ABME does not require a physician who refills a pain pump to register as a dispensing physician; however, the Prescription Drug Monitoring Program Advisory Committee interpreted Act 2004-443 to include these physicians among the entities required to report to the PDMP. Upon learning of this difference in classification by the ABME and PDMP, State Health Officer Dr. Donald Williamson requested the ABME to issue an opinion on the issue, whether the refilling of a pain pump is considered an injection. The Board of Medical Examiners opined that the refilling of a pain pump reservoir is considered to be an injection.

The Prescription Drug Monitoring Program Advisory Committee considered the ABME opinion and determined that physicians who are providing this service and not dispensing controlled substances for use off premises would not be required to report the controlled substances used to refill pain pump reservoirs to the PDMP. Individual physicians should consider the following to determine whether they are required to register with the ABME as a dispensing physician and report controlled substances to the PDMP:

- If the physician orders a controlled substance and uses it to refill a patient's pain pump, registration with the ABME as a dispensing physician and reporting of this medication to the PDMP are not required. However, the physician's records should reflect this administration in the

narcotic logs and in the patient record.

- If a physician performs the refill procedure in his office, clinic or other personal place of practice with a controlled substance purchased by the patient using a prescription from a physician, registration with the ABME

as a dispensing physician and reporting of this medication to the PDMP are not required. The dispensing pharmacist will report the patient's controlled substance prescription to the PDMP. However, the physician should carefully and accurately document these actions in the patient's record.

- If the physician gives a measured dose of medication to the patient or caretaker of the patient to refill the pain pump or otherwise administer off-site, the physician must register with the ABME as a dispensing physician and report this medication to the PDMP.

### REFERENCES:

- Alabama Department of Public Health ([www.adph.org](http://www.adph.org)): 420-7-2-.11 and 420-7-2-.12.
- Alabama Board of Medical Examiners ([www.albme.org](http://www.albme.org)): Rule 540-X-4-.04.
- Alabama Board of Medical Examiners Newsletter links to "Drug Database" and to "Registration as a dispensing physician."

*All physicians who dispense controlled substances for use off premises are required to register as a dispensing physician with the Alabama Board of Medical Examiners.*

## Do You Perform Surgery, Treatments or Examinations with any Sedation?

If so, you may be required to register with the Alabama Board of Medical Examiners and maintain specific equipment, procedures and records in your office or clinic. Check the ~~Newsletter Links~~ section of the Alabama Board of Medical Examiners website at [www.albme.org](http://www.albme.org) to determine whether your practice is required to register.

[www.albme.org/obs.html](http://www.albme.org/obs.html)

# Internet Prescribing

by Jorge A. Alsip, MD, Chairman



Jorge A. Alsip MD

The rapid advance in information technology offers significant opportunities to enhance the delivery of healthcare, but it has also given rise to a cottage industry of rogue Internet websites making a market in the illegal sale of controlled substances and other dangerous drugs. Many Alabama physicians have been contacted with offers to act as “consultants” to consumers wishing to purchase medications through these websites. The process typically involves the review of an online patient questionnaire by the physician, after which the physician determines whether or not to prescribe the requested medication. A portion of the fees consumers are charged by these websites is a consultation fee paid to the physician for each prescription he or she authorizes.

Since first studying the issue of Internet prescribing in April 2000 it has been the position of the Board that prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is inappropriate and unprofessional. Whether the setting is the physician’s office, the hospital or a telephone or Internet encounter, a proper physician-patient relationship requires:

- Performing an appropriate patient history and physical examination,
- Performing any indicated diagnostic and laboratory testing in order to establish a diagnosis and the need for the medication to be prescribed,

- Making a good faith effort to verify the identity of the patient requesting medications,
  - Discussing with the patient the results of their evaluation, the diagnosis, the risks and benefits of various treatment options, and the recommended course of treatment, and
  - Providing follow-up evaluation and insuring availability of the physician or another appropriate healthcare provider for any complications that might arise.
- There are certain circumstances under which prescribing for a patient whom the physician has not personally examined may be suitable.

These may include, but not be limited to:

- Admission orders for a patient newly admitted to a health care facility,
- Prescribing for a patient of another physician for whom the prescriber is taking call, or
- Continuing medication on a short-term basis for a new patient prior to the patient’s first appointment.

Established patients may not require a new history and physical examination for each new prescription, and many physicians are utilizing e-mail communication for estab-

lished patients requesting refills, appointments or other non-urgent information. This can be an appropriate use of information technology if proper privacy safeguards are in place and policies are established by the physician’s practice to ensure the timeliness of responses to patient e-mail.

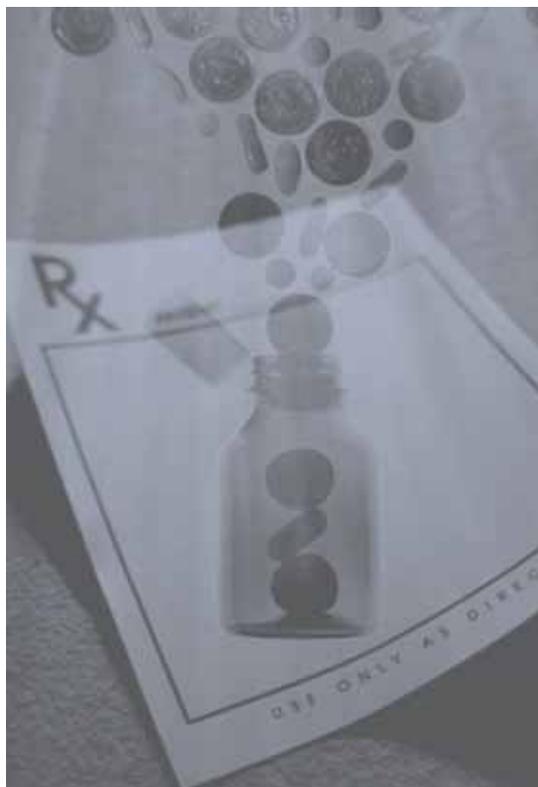
The Board, in conjunction with the Drug Enforcement Administration, the Food and Drug Administration, and the Federation of State Medical Boards, actively investigates suspected rogue websites operating within the state. Several Alabama physicians have lost their medical licenses as a result of unethical and illegal Internet

prescribing and also face federal drug trafficking charges, which could result in fines and imprisonment.

The Board supports the appropriate use of technology to improve healthcare delivery, but physicians are cautioned not to

become involved with Internet prescribing that fails to comply with state and federal prescribing rules and regulations.

Visit [www.albme.org](http://www.albme.org) or contact the Board’s staff for additional information.



## Investigations of the BME

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quently, the matter can be resolved without a formal investigation. If the complainant is not satisfied with these procedures, it is necessary for the Board to conduct a formal investigation. This begins with an interview of the person making the complaint. Depending on the results of the interview, the investigator will, at some point, interview the physician. The investigator may need to seek collateral information before or after meeting with the physician.

The investigators for the Alabama Board of Medical Examiners are experienced in medical inquiries. Each one has at least twenty years of performing formal investigations and each has had additional training for medical investigations. Additionally, the Board has two registered nurse inspectors for inspection and investigation of collaborative practice situations. These ladies and gentlemen will present themselves to your office or clinic in a courteous and professional manner.

When an investigator for the Board calls on a physician, he or she will provide a written copy of the complaint to the physician and provide a succinct explanation of the alleged problem. If he can, the investigator will answer questions from the physician. Based upon his interview with the complainant, the investigator may be able to answer questions more completely and, possibly, provide some pertinent

information not contained in the written complaint. After a brief interview, which is documented as a part of his investigation, the investigator will ask the physician(s) to review the chart(s) and other pertinent documents and to write a letter to the Board explaining his or her version of the situation. Meanwhile the investigator will obtain documents pertaining to the investigation from other physicians, pharmacies, hospitals, insurance companies, etc., as may be necessary to conduct a full investigation.

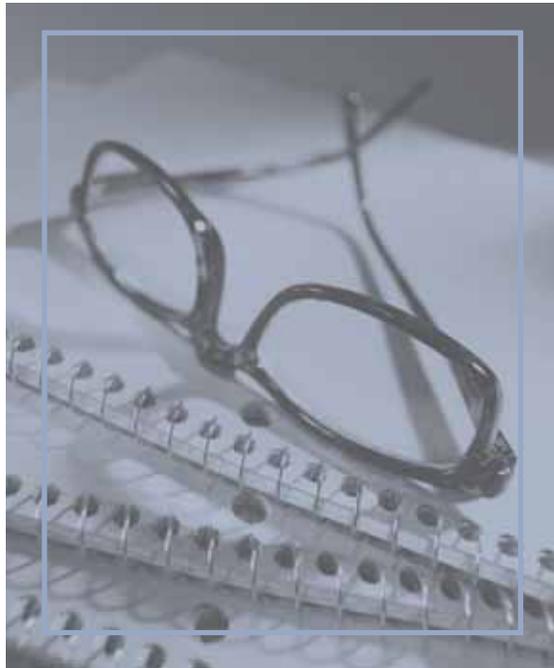
The investigator presents pertinent material from his investigation to all of the members of the Alabama Board of Medical Examiners in a written report. This Board is composed of fifteen actively practicing physicians. A committee of the Board reviews the investigation thoroughly. One member of the committee has access to every item obtained in the investigation and, after an exhaustive review, presents his or her findings to the committee. The committee discusses the investigation at length and usually decides on a recommendation to the full Board. When the committee presents its report to the full Board there is an opportunity for further discussion and review of the complaint before the Board makes a decision.

Various employees and consultants to the Board may contribute to the discussion, but only the physicians of the Board make the decisions.

Sometimes the physician reviewer, or the committee, believes that they need more information. The Board may invite the involved physician(s) to attend a committee meeting to explain and answer questions concerning the situation, or to explain the decision-making processes involved, or to present other information to help the committee understand the issue. This interview allows the physician(s) an opportunity to discuss a complex situation with the physician members of the committee and helps the Board to make a fair and objective determination.

The Board of Medical Examiners is charged with assuring, to the extent possible, competent medical care for the citizens of Alabama. When the quality of medical care or the ethics or morality of a physician is questioned, the Board must investigate the issue to try to ascertain the truth. In this way the Board is working for

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**Pain Management Guidelines  
can be found at the  
Board of Medical Examiners'  
website, [www.albme.org](http://www.albme.org).**

**[www.albme.org/paincontrol.html](http://www.albme.org/paincontrol.html)**

***Follow the Newsletter Links section.***

## Investigations of the BME

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the public. The Board, as physician peers, understands the vagaries, imponderables and problems with the practice of medicine and tries to put a true perspective on the perceived problem. It does not “whitewash” the actions of physicians but, when possible, uses the event for education and reflection by the physician on his or her practice. Even when punishment is deemed necessary, the Board makes every effort to educate and rehabilitate physicians.

### **Why does an investigator come to the physician's office without an appointment or prior notification?**

The Board has seven investigators and two registered nurse inspectors. These investigators and inspectors must cover the entire state, conducting, in a recent average year, over 500 investigations. Most full investigations include the need to visit hospitals for records and/or interviews with the staff, pharmacies to obtain prescription records, interviews with other physicians or persons tangentially associated with the complaint, insurance records, etc. While each of these elements of the investigation could, theoretically, be scheduled, it would significantly lengthen the time of an investigation and if there is a breakdown in the schedule there would be a delay for those with subsequent appointments.

The investigator requests to see the physician personally so that he can review the complaint with the doctor and answer, if possible, his or her questions about it. He can explain the process the physician needs to take next. Often the information received by the investigator in this initial interview is beneficial to the physician. The written complaint gives the views of the complainant; this is an opportunity for you, the physician, to express your view of the concern so that the investigator can use this information in further investigation of the issue. If it is

prohibitively inconvenient for the doctor to meet briefly with the investigator or if the doctor is out of town, the complaint can be left in a sealed envelope for the physician to review and call the investigator at his or her earliest opportunity.

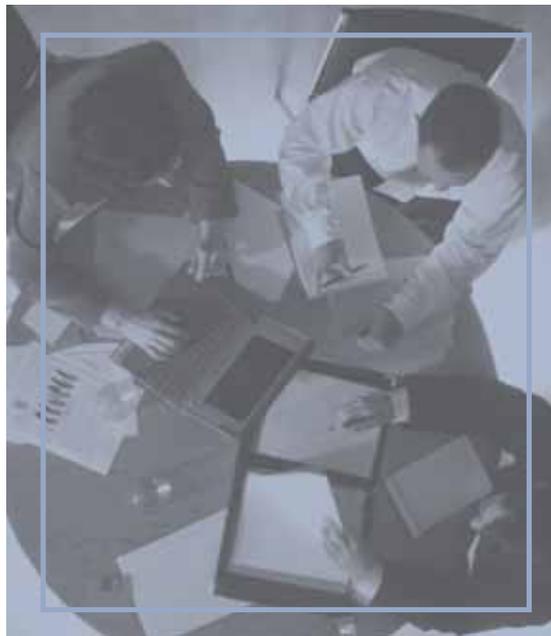
### **Some complaints appear ridiculous on the surface. Why does the Board waste time and money investigating them?**

The Board realizes this but there is always a reason for a complaint. The Board currently receives over 500 complaints in a calendar year. The investigators screen all by discussions with the complaining person; approximately 350 to 375 are resolved without further investigation. The remaining complaints, 150 or so, are investigated fully.

### **What should I do if a Board Investigator comes to me with a complaint against me?**

Cooperate fully with the investigator and with subsequent interactions with the Board. Try to understand that the goal of the investigator and of the Board is to conduct a fair and objective review of the events leading to the complaint. The purpose of the Board of Medical Examiners is not to drive physicians from practice; rather, it is to ensure, as much as possible, that quality

medical care is practiced by licensed physicians and is available to the citizens of Alabama. If an event occurred that could have been performed differently, and, perhaps, better, the Board will use the occasion to try to educate the physician how to avoid such problems in the future. The members of the Board who will review your responses are actively practicing physicians. They will understand your response to the complaint. Cooperation and understanding of the process will facilitate a fair resolution of the process.



**OPINIONS OF THE ALABAMA BOARD OF MEDICAL EXAMINERS**  
can be found at the Board website, [www.albme.org/opinions](http://www.albme.org/opinions).

## Keep Your CME Current and Documented

by Amy Dorminey, Medical Licensure Commission Executive Assistant, and Carla Kruger, Board of Medical Examiners Administrative Assistant

Almost every year, the Medical Licensure Commission issues public reprimands and administrative fines against physicians who did not meet the annual continuing medical education requirements. These reprimands and fines are not only for not earning sufficient hours, but for being unable to produce sufficient documentation of the CMEs earned or for not producing the documentation in a timely manner when formally requested.

You can avoid unnecessary penalties and aggravation by following these simple guidelines:

- It is YOUR responsibility to ensure you have earned or accrued the minimum hours of required Category 1 CME and to maintain adequate documentation. If you delegate this responsibility to another individual, you should check with that person periodically to be sure that you can produce documentation of your CME quickly and accurately upon a Board request.
- KEEP A FILE containing the documentation of your CME hours earned. You must keep CME documentation for at least three years. Do not send your CME certificates with your medical license renewal application—they will be discarded. If the Board or Commission wants to see your documentation, you will be provided with a formal notification.
- Be sure you have adequate documentation BEFORE certifying and submitting your medical license renewal application. You cannot certify to hours you have not yet received; if you have an activity planned for December, do not renew your license until you have completed the activity and have earned the requisite hours. DON'T WAIT until you have received a letter from the Board!
- If you are unable to complete the CME requirement for a *legitimate* reason, you should contact the Board *in writing* as soon as possible, give your reason and request a waiver. You should do this prior to submitting your medical license renewal application so that you will correctly complete the CME certification portion.
- BE CERTAIN that your documentation is adequate:
  - Adequate documentation means you have a document that states the entity that sponsored the educational activity, the date the activity was completed, your name, and the number of Category 1 or equivalent hours earned. If you were not issued a document after completion of an activity, contact the sponsoring entity to obtain one.
  - Acceptable CME hours are “Category 1” (AMA/MASA), “Category 1-A” (AOA), “pre-

scribed hour” (AAFP), or “cognates” (ACOG). Activities designated as “CEUs,” “Category 2,” or something other are not acceptable for license renewal.

- If you receive formal notification from the Board to submit your documentation, respond immediately. If you have a question that your documentation is insufficient, call the Board’s office personally. Never *assume* that your documentation has been properly maintained or submitted by another individual.
- Inform your staff to immediately and personally deliver any correspondence from the Board of Medical Examiners or Medical Licensure Commission. Often such correspondence is mistaken for “junk” mail or placed in a full “In box,” never to be seen again.
- Just because you have retired from the active practice of medicine, you are not exempt from the CME requirement.
- *Don’t assume* you have hours from previous years that will cover you for any particular year. If you intend to use “carryover” hours, *be sure* you know how the carryover works.

### CME Requirement

When you sign the certifying statement on your medical license renewal application for 2007 you are attesting that you earned or accrued at least 12 hours of Category 1 CME, or its equivalent.

Hours earned in excess of 12 in 2005 may be carried forward to meet the 2006 requirement.

*Example:*

2005: 24 hours earned

2006: 12 hours earned

*Bring the 12 excess hours earned in 2005 forward to meet the 2006 requirement; the 12 hours earned in 2006 may be carried forward to 2007.*

Only hours sufficient to meet the requirement may be carried forward to the next year; any additional hours are lost.

Please see ~~Newsletter Links~~ section of the BME website at [www.albme.org](http://www.albme.org) for a more detailed explanation of the CME requirement.

[www.albme.org/cme.html](http://www.albme.org/cme.html)

**IF YOU INTEND TO USE THE ROLLOVER PROVISION, BE ABSOLUTELY CERTAIN YOU UNDERSTAND HOW IT WORKS BEFORE CERTIFYING CME ON YOUR RENEWAL APPLICATION!**

## Reports from screening agencies

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The fourth type of screening is generated by a physician for his or her patient. This includes cancer screening (mammography, pap smears, PSAs, fecal occult blood testing), cardiovascular tests, blood work for organic and endocrinological conditions, etc. This is the only screen where the patient's physician orders the studies and receives the reports.

The physician has the responsibility to report the results of studies that he or she orders for his or her patient. The reason for this is obvious: to make certain that abnormal results are investigated appropriately.

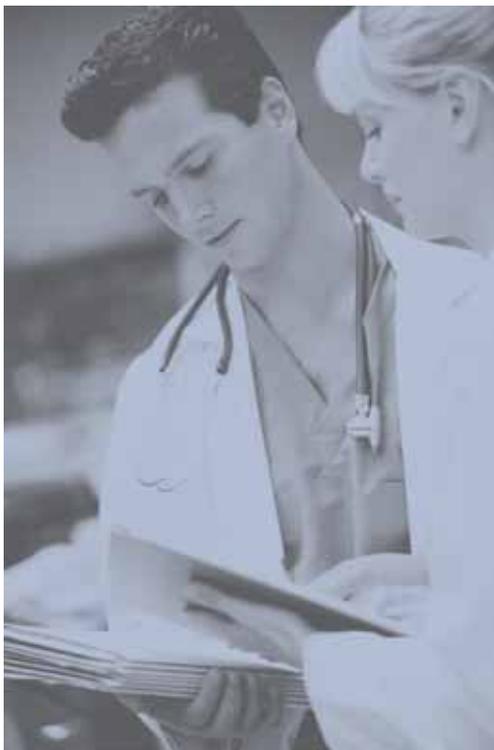
Physicians may receive reports from screening companies that fall into the entrepreneurial category or from those generated by companies complying with statutes. The screeners request that patients give the name of their personal physician to the screening entities. Some screening tests require the oversight of a physician. When this is the case, **the Board considers that the physician overseeing the test or study has assumed a physician-patient relationship with the tested person and is responsible for notifying the patient directly and/or notifying the listed personal physician of the test results. If a patient does not have a personal physician, then the doctor overseeing the test has a responsibility to ensure that the patient has appropriate follow-up. Furthermore, the physician responsible for the procedure must be licensed in the state where the test is performed.**

What is your responsibility, as the patient's personal physician, when you receive a report from a study that you did not order? Once you are aware of any *abnormality* that has been discovered during the screening process, it is your ethical responsibility to follow-up with your patient.

Frequently, the findings on screens are false-positive and lead to an increase in cost and, potentially, complications from procedures. But, failure to follow-up these reported abnormalities violates the patient-physician relationship. When evaluating the reported abnormalities, it is important that physicians notify appropriate regulators if a specific screening company refers an inordinately large number of false-positives. This allows the regulatory system to assure that the quality of the screening companies is maintained.

The screening that is done for litigation presents a unique situation. There are screening companies that do mass screenings of employees in certain occupations. The

screenings may include chest x-rays, pulmonary functions, physical examinations, EKGs, and/or blood work. At times physicians are asked to be on-site to do physical examinations. Each physician must decide if it is what he or she



wants to do. Keep in mind that if you do a physical examination as part of this screening, you must have a license in the state in which the examination is performed. If you do not have a license, you may be charged with the practice of medicine without a license in that state. Also, importantly, a physician may discover that a patient of his or hers is involved in a screening program and that the diagnoses rendered are different from the diagnoses for which the physician sees the patient. This case should cause the physician to become suspicious and request the study results that led to the differing

diagnoses. If, in your opinion, the diagnoses were "created" you should notify the Board of Medical Examiners.

If you, the primary physician, order a study you have the responsibility to report the results to your patient. If someone else orders the study, you receive the results, and, if you are the patient's physician, you have the responsibility to report *abnormalities* to your patient and to recommend appropriate follow-up and further investigation. And, if you agree to be a part of a medical screening process, whether by direct history and physical examination or by "overseeing" a test **you** have the responsibility to assure that the person tested receives follow-up care for any abnormal results. Some screening examinations have requirements for the company performing the test to follow in the state of Alabama. (*Alabama Department of Public Health Rule 420-5-8.*)

If you agree to a contract with a company involved with screening exams you should carefully evaluate whether the company is committed to quality patient care and that it carefully follows all regulations and ethics.

## Public Action Reports of the Medical Licensure Commission and Board of Medical Examiners

### Medical Licensure Commission June 2006

- ◆ On June 1, the Commission entered an Order reinstating the license to practice medicine in Alabama of **Pascual Herrera Jr., MD**, license number MD.00013663, Leesburg, AL, subject to indefinite probation and certain terms and conditions.
- ◆ On June 22, the Commission entered an Order withdrawing previous Orders and reinstating the license to practice medicine in Alabama of **Scott Randon Fisher, MD**, license number MD.00016319, Alpharetta, GA, subject to the condition that he be limited to administrative medicine only with no prescriptive authority.
- ◆ On June 28, based on the stipulation of the parties, the Commission entered a Consent Order reprimanding the license to practice medicine in Alabama of **Warren E. Koffler, MD**, license number MD.00007398, Mobile, AL, and assessing an administrative fine based on failure to comply with continuing medical education requirements.
- ◆ On June 28, based on the stipulation of the parties, the Commission entered a Consent Order reprimanding the license to practice medicine in Alabama of **John Boyd Douglas, MD**, license number MD.00002920, Fairhope, AL, and assessing an administrative fine based on failure to comply with continuing medical education requirements.
- ◆ On June 28, based on the stipulation of the parties, the Commission entered a Consent Order concern-

ing the license to practice medicine in Alabama of **Youssef W.**

**Guergues, MD**, license number MD.00020417, Daytona Beach, FL, which assesses an administrative fine and requires certain community service and continuing medical education.

- ◆ On June 28, based on the stipulation of the parties, the Commission entered a Consent Order placing on probation the license to practice medicine in Alabama of **Leonides V. Santos, MD**, license number MD.00008441, Russellville, AL, assessing an administrative fine, requiring certain continuing medical education and disallowing utilization of collaborative practice agreements.

### Board of Medical Examiners June 2006

- ◆ On June 2, **David E. Sherman, MD**, license number MD.00014338, Hoover, AL, voluntarily surrendered his certificate of qualification and license to practice medicine in Alabama.
- ◆ On June 21, upon the stipulation of the parties, the Board entered a Consent Order reprimanding the license to practice as a physician assistant in Alabama of **Michael A. Rankins, PA**, license number PA.126, Birmingham, AL, assessing an administrative fine and requiring additional continuing medical education, based on failure to comply with continuing medical education requirements.
- ◆ On June 23, the Board entered an Order removing the voluntary restrictions attached to the certifi-

cate of qualification and license to practice medicine in Alabama of **James Oscar Colley III, MD**, license number MD.00006101, Troy, AL, subject to certain conditions.

### Medical Licensure Commission July 2006

- ◆ On July 6, the Commission entered an Order denying the application for reinstatement of license of **Seyed B. Moayedpardazi, MD**, license number MD.00011144, Decatur, AL.
- ◆ On July 6, the Commission entered an Order placing on probation the license to practice medicine in Alabama of **Julian H. Fields, MD**, license number MD.00023125, Gilbertown, AL, disallowing any practice of obstetrics, assessing an administrative fine, and requiring completion of certain continuing medical education.
- ◆ On July 31, the Commission entered an Order rescinding its previous Order of Feb. 4, 2006, which revoked the license to practice medicine in Alabama of **Phillip B. Robertson, MD**, license number MD.00013307, Chattanooga, TN. Dr. Robertson voluntarily surrendered his certificate of qualification and license to practice medicine on July 11, 2006.

### Board of Medical Examiners July 2006

- ◆ On July 19, the Board accepted the voluntary surrender of the certificate of qualification and license to practice medicine of **Matthew**

*(continued on page 11)*

## Ensuring Quality in the Collaborative Practice: Responsibilities and Resources for Physicians and Nurse Practitioners

**A CME program presented by: The Medical Association of the State of Alabama, The Alabama Board of Medical Examiners, and The Alabama Board of Nursing**

This highly successful CME program has been offered throughout the state with rave reviews. **A final opportunity to participate will be Oct. 26 from 10 a.m. till noon via a live satellite and Web cast.**

### Who should participate?

Doctors of Medicine and Osteopathy, and Advanced Practice Nurses including Certified Registered Nurse Practitioners and Certified Nurse Midwives involved in a collaborative practice agreement.

### What will you learn?

1. The application, approval and renewal requirements for CRNP/CNMs and required credentials.
2. The responsibilities of both physicians and nurses in a collaborative practice. Common problems seen and methods to correct them.
3. The regulations for prescribing drugs, quality assurance review, remote sites and specific practice settings.

**Tuition is \$75 and includes all course materials. In addition, each attendee will receive a resource manual containing the laws governing collaborative agreements, sample forms, checklists, and QA resources!**

**Contact MASA's Department of Education at (334) 954-2500 or (800) 239-6272 for more information.**

## Public actions

### continued from page 7

**A. Warner, MD**, license number MD.00025884, Destin, FL. Dr. Warner is no longer authorized to practice medicine in Alabama.

- ◆ On July 31, the voluntary surrender of the certificate of qualification and license to practice medicine of **William S. Fleet, MD**, license number MD.00012869, Mobile, AL, became effective. Dr. Fleet is no longer authorized to practice medicine in Alabama.

an Order reprimanding the license to practice medicine in Alabama of **Mark R. Crowell, MD**, license number MD.00009224, Bay Minette, AL, and assessing an administrative fine for failure to meet continuing medical education requirements.

- ◆ On Aug. 4, the Commission entered an Order assessing an administrative fine against **Jon Rice Moody, MD**, license number MD.00015098, Huntsville, AL, for failure to meet continuing medical education requirements.

- ◆ On Aug. 4, the Commission entered an Order assessing an administrative fine against **Arvind K. Patel, MD**, license number MD.00011691, Auburn, AL, for failure to meet continu-

ing medical education requirements.

- ◆ On Aug. 5, the Commission entered an Order assessing an administrative fine against **Rex A. Rawls, MD**, license number MD.00025511, Mobile, AL, for failure to meet continuing medical education requirements.

On Aug. 5, the Commission entered an Order assessing an administrative fine against **Michael D. Dick, MD**, license number MD.00021873, Decatur, AL, for failure to meet continuing medical education requirements.

## Medical Licensure Commission August 2006

- ◆ On Aug. 4, the Commission entered an Order modifying the previous Order of July 6, 2004, so as to delete all conditions on the license to practice medicine in Alabama of **Joseph H. Hastie Jr., MD**, license number MD.00022943, Uria, AL.
- ◆ On Aug. 4, the Commission entered

## Change of Address

The code of the state of Alabama requires that every licensed physician notify the Board of Medical Examiners in writing within 15 days of a change of the physician's practice location address and/or mailing address.



Alabama Board of Medical Examiners  
P.O. Box 946  
Montgomery, AL 36102-0946

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**Important news from your  
Board of Medical Examiners**

## *Calendar of Events*

Avoid looking for last minute CME at the time of your license renewal. The Board of Medical Examiners, the Medical Association of the State of Alabama, many hospitals and many specialty societies sponsor programs that qualify for CME. Some upcoming CME events are:

◆ **2nd Annual Finding Balance Symposium: Life Issues for the Practicing Physician**

October 20-22, Sandestin Golf and Beach Resort  
*To register, contact the Caduceus Foundation at (334) 954-2500 or (800) 239-6272.*

◆ **Ensuring Quality in the Collaborative Practice: Responsibilities and Resources for Physicians and Nurse Practitioners**

October 26 – Live Satellite and Webcast  
*To register, contact MASA's Education Department at (334) 954-2500 or (800) 239-6272.*

◆ **December 31, 2006**

- Alabama Medical License renewals are due
- Alabama Controlled Substance Certificate renewals are due. There is no grace period. CME hours for the calendar year 2006 are due. Remember, by Alabama Code you must maintain the certificates of your CME hours for a minimum of three years.

◆ **January 30, 2007**

- Alabama Medical License renewals are delinquent! Non-renewed licenses are revoked after this date for non-payment of fees.