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Primum

"Primum non nocere"

Arizona Medical Board and Arizona Regulatory Board of Physician Assistants

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Note:

The Arizona Medical Board approved Substantive Policy Statement #11 in 2006 that sets the deadline for submission of additional materials for Board consideration to three weeks prior to a Board meeting.

New MAP Contract Awarded

After a competitive bid process, the Arizona Medical Board awarded Greenberg and Sucher, PC, the contract to administer the State Monitored After Care Program (MAP). Greenberg and Sucher, PC, had managed the program under the previous contract. The new contract went into place on January 1, 2007. The MAP has not changed much from the way it has been administered in the past. The major change in the new MAP contract is that all day-today management of program has now been shifted to the vendor. Once in the program, the physician does not have any routine contact with the Board. The Medical Board's role is to monitor the administration of the program and the participant's progress in the program. Also, some of the fees for participation and other aspects of the program increased under the new contract.

Under the new contract there are two independent stages – determining if a physician qualifies for MAP participation and monitoring the physician's recovery. Upon a physician coming to the Board' attention, either through a self-report or a report by another, the Board determines if an assessment, evaluation or treatment is necessary. Upon the successful completion of treatment (in-patient or out-patient) the Board will determine if a physician qualifies to participate in MAP. If so, the Board will then order the physician into MAP and the program takes over mentoring recovery from that point. The Board receives regular reports on the treatment, compliance and progress of physicians in the program. The program must immediately notify the board of any physician's violation of a Board Order or relapse. Upon notice of the violation or relapse, the Board once again takes responsibility for the physician's case and determines how best to proceed. A physician may be ordered back to treatment or the Board may revoke the physician's license.

The Arizona MAP is unique in some regards. In many other states the Monitored Aftercare Programs or Physician Health Programs may be funded in part by licensees fees, but the program is operated completely independently of the Board and the Board may not know the identify of the physicians in the program. In Arizona, all physicians enter into MAP pursuant to a Board order and the program is closely monitored by the Board.

Dr. David Greenberg states unequivocally "Arizona continues to have the best program for public safety."

Dr. Michel Sucher says that during the past five years the success rate of MAP has been in the 85-90% range. "That's in line with or better than the top programs in the country," he explains. "It's indicative of a very highly structured and accountable program."

If you have any questions regarding the MAP, please call Greenberg and Sucher, PC, at (480)-990-3111.

Letter from the AMB Chair, by Robert P. Goldfarb, M.D., FACS

Dear Colleagues:

I am often asked what is the responsibility of the Arizona Medical Board and where does it get its authority? The answer is that the Board was created by the state Legislature to protect the public from unprofessional conduct by physicians as enumerated in the state's medical practice statutes. The Board responds to complaints lodged by patients, peer review committees, hospital medical staffs, health plans, physicians and others who are usually within the health care field.

Approximately 4-5 complaints per day are lodged against physicians with the Board. In addition, plaintiff verdicts in medical malpractice cases as well as out of court medical malpractice settlements must be reported to the Board and only the full Board can dismiss a case in which a judgment was entered against a physician.

During the past year, the Medical Board has made substantial progress in the timely processing of these complaints.

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Letter from the Medical Board Chair, continued

(Continued from page 1)

The Board has been able to reduce its backlog of cases by 58% over the past twelve months. There were 370 open cases as of December 31, 2006, compared to 893 open cases on the last day of 2005. Board Staff completed 1,811 investigations during the year, or 150 per month on average. The goal of the Medical Board has been to complete investigations of cases in less than 180 days from the time of filing of the complaint. Staff successfully achieved this goal in eleven of the twelve months during the 2006 calendar year. In fact, the average completion rate for the year is 155 days.

"We have an obligation as physicians to perform conscientious peer review among our members in order to protect the public."

During 2006, the Board updated one substantive policy statement and developed another. The Board updated its substantive policy statement for the use of controlled substances in the treatment of the chronic pain patient and developed a substantive policy statement regarding the establishment of a proper physician-patient relationship prior to prescribing medications. These Statements are published on the Board's Web site for the purpose of clarifying the Board's position and providing guidance for physicians. I would urge you to review these recent Statements.

The Board appreciates the time and expertise of those of you who have served as Outside Medical Consultants by reviewing cases and rendering your opinions to the Board regarding standard of care questions. We have an obligation as physicians to perform conscientious peer review among our members in order to protect the public.

On behalf of the Medical Board, I would like to take this opportunity to wish you and your families a healthy 2007.

Dr. Goldfarb is the Chair of the Arizona Medical Board. He is Board-certified in neurological surgery and practices in a Tucson Neurosurgery/ Neurology group.

This article reflects the views of the author. Unless noted, it does not necessarily reflect the views of the Arizona Medical Board or any other Member of the Arizona Medical Board.

Letter from the ARBoPA Chair, by Albert Ray Tuttle, P.A.-C

"The responsibility to maintain the integrity of the PA profession in the State of Arizona is the responsibility of all practicing and future PAs in the State."

The Holiday Season is over and as the New Year begins it is often a time that we take stock of the past and look forward to the future. In the process of looking back over the past year's accomplishments at the Arizona Regulatory Board of Physician Assistants, I feel that the Physician Assistant profession in the State of Arizona is experiencing some growing pains. During the eight years I have served on the Board, I have noticed changes in the profession, some good, some not so good. The general educational background of PAs has increased and many more PAs have gained a significant amount of experience. These and other factors have led a number of PAs to believe that they can practice independently. This desire to practice more independently has resulted in an increase in PAs being disciplined for not having adequate supervision.

My experience with the Board has shown me that the current members of the Board are fair-minded individuals who want to have as much information as possible before reaching a decision. The Board is charged by statute with protecting the public and this is what it will do regarding PA practice.

The PA profession in this State is in a position at this point to reinforce the dependent nature of PA practice in this state as spelled out in the statutes. We as practicing PAs need to continue to emphasize the concept that PAs work with and under the supervision of a Physician in order to continue to have the strong backing of the MD and DO associations in this State.

Thanks to the hard work of committee members, much has been accomplished by subcommittee work in the past year. Great strides have been made toward bringing our rules in line with statutes. The minor surgery subcommittee has also accomplished much toward clarifying the definition of minor surgical procedures. The responsibility to maintain the integrity of the PA profession in the State of Arizona is the responsibility of all practicing and future PAs in the State. It is your responsibility to know the statutes and rules and to follow them. If, as a profession we want to make a change, this must be done in the proper manner through legislative action. To continue to receive the strong support of the MD and DO associations, the PA profession must continue to be perceived as able to regulate itself as it has in the past.

Another area of "growing pains" that I have noticed has been the increasing number of PAs who have been disciplined for inappropriate prescribing, such as controlled drugs to immediate family members, or prescribing without having a documented professional relationship with the patient. There is no excuse for this to happen. The privilege to prescribe is one that comes with responsibility. I began my PA career in a

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What Every Physician and PA Needs to Know About Consent
By Timothy C. Miller

While physicians are familiar with informed consent, there are actually three types of consent - general consent, limited consent and informed consent which are distinct, but equally important legal concepts that all physicians (MD's) and physician assistants (PA's) should understand. The failure to obtain both general consent, whether limited or not, and informed consent may lead to liability exposure for MD's and PA's.

GENERAL CONSENT

Simply put, general consent is the patient's permission to be touched. General consent can be implied or explicit. Health care providers routinely obtain implied consent when treating a patient. For instance, a health care provider may ask a patient to turn their head in order to exam the ear. If the patient turns his or her head, this is implied consent to examine the ear. Whether implied or explicit, obtaining general consent is necessary.

Arizona recognizes the tort of medical battery. A battery is the offensive or harmful touching of another person without consent. While medical battery is not a new concept in Arizona, it was only applied when there was no consent for a particular procedure; for instance, when a physician performed a hysterectomy without the patient's consent. This was obvious enough.

LIMITED CONSENT

However, in 2002 the Arizona Supreme Court extended medical battery to cases where there was limited consent. In Duncan v. Scottsdale Medical Imaging, LTD, the Arizona Supreme Court held that injecting a patient with a drug that the patient specifically refused constituted a battery not malpractice. In this case, the patient stated that she would only consent to the use of Demerol or morphine. Initially, the nurse was preparing to use fentanyl, but the patient told the nurse she did not consent to fentanyl. Still, the nurse, allegedly, knowingly injected fentanyl. The patient sued for the ensuing damages.

The court concluded that the patient suffered a battery because there was no consent for the use of fentanyl. Even though the patient consented to an injection, that consent was limited to the type of medication being injected. The court concluded that because the patient

placed a limitation on her consent, there was no general consent for the fentanyl; thus the intentional touching of the patient with fentanyl constituted a battery. It is important to remember that the Court's decision was predicated on the assumption that the nurse knowingly administered fentanyl, not that the nurse negligently administered the wrong medicine. This case illuminates the importance for health care providers to obtain general consent before treating a patient and to adhere to any limitations placed upon that consent.

This principle also extended to other types of limitations placed upon consent. Patient may also limit who can touch them. If the patient consents to one particular surgeon touching him or her, no other surgeon may touch that patient without the patient's consent, except in emergencies. Further, a patient may want to condition consent to exclude particular individuals, females, males, medical students or residents.

This does not mean; however, that the health care provides must necessarily acquiesce to all limitations requested by a patient. If the physician finds the limitations unacceptable or impractical, then, barring other extenuating circumstances, the physician may choose to terminate the physician-patient relationship.

INFORMED CONSENT

General consent by itself may not be enough to begin a course of treatment. Health care providers must also obtain informed consent for treatments and procedures that have risks. Informed consent has several elements. The health care provider should explain to the patient the risks and benefits of the treatment, alternative treatments and their risks and benefits, the risks of no treatment and any risks involved with discontinuing treatment prematurely. The actual content of the information provided to the patient depends upon the circumstances of each case.

Beyond providing information regarding the risks of a procedure, it may be prudent to provide additional information so the patient can make a fully informed decision. Occasionally, the health care provider may wish to provide the patient with information necessary for the patient to choose the location of a procedure or treatment. For instance, in the Arizona Medical Board's proposed office based surgery rules, the physician must obtain the patient's consent for a surgical procedure being performed in an office rather than at an ambulatory surgical center or hospital. Also, it is helpful to explain the differences between specialties before a patient chooses one. For instance, a patient may need information to decide between an interventional radiologist and a cardiologist or between a dermatologist and a plastic surgeon.

Obtaining consent is fundamental to the practice of medicine. Patients have a right to be informed before making health care decisions. Consent can be tricky, so it is wise when treating a patient to get consent for person, place and thing.

The intent of this article is to make physician and physician assistants aware of consent issues. This article is not intended to be legal advice or to establish the standard of care for obtaining consent. As consent can be a tricky legal issue, physicians and physician assistants should obtain legal advice for any legal questions they may have.

The Waiting Room: The Patient's Role in Consent, by Timothy C. Miller

As the patient, you have the right to choose the people who treat you and choose the treatment you receive. This approval is obtained through your consent. There are different types of consents you should know.

General consent

General consent is the term used to describe your right to choose who treats you and how that person treats your health care needs. Under the law, before anyone can touch you, they must have your permission. This is true in the health care setting as well. You can expressly give your consent by saying, "you may examine me." You can also imply your consent by cooperating with a physical exam. Often you may be asked to sign a broad consent form agreeing that any health care provider on staff may treat you. This is very common and expeditious, but occasionally you may want to limit your consent.

"To ensure you receive adequate information, you must listen carefully and ask questions."

Limited consent

You have the right to limit your consent. There are many different types of limitations that you can place upon consent. You may want to limit which health care provider treats you, you may prefer only men or only women touching you, or you may want to exclude particular forms of treatment (such as limit types of medications). This is called limited consent. Limited consent is not uncommon, for instance, prohibiting certain types of medicines due to allergies is a common limitation. You may also have personal or religious reasons for limiting your consent.

It is your responsibility to express your limitations. You must let every one who treats you know of your limitations as well as any facility where you receive care. This is particularly important if at any time during your care, you will be rendered unconscious and no longer able to express your limitations. You must clearly indicate your limitations and ensure all the appropriate people know of your requests. Once adequately expressed, it is the duty of health care providers and health care facilities to follow your limitations.

However, your health care providers and health care facilities do not have to continue treating you if they cannot comply with your limitations. For instance, if you are admitted to a teaching hospital for surgery, and you refuse to consent to residents taking part in your surgery, it may not be possible for the hospital to accommodate your limitation and you would have to choose a different hospital. Thus, it is important that at the initial phase you discuss your limitation requirements with your health care provider and the health care facility to determine if your limitations can be accommodated.

Informed consent

When consenting to a particular course of treatment, the health care provider must provide you with sufficient information so that you may make an intelligent decision. This is called "informed consent." And as the patient, you need to make sure you receive enough information to feel confident in consenting to a particular treatment.

Informed consent is a two-way street. Health care providers must explain the treatment or procedure to you, its risks and benefits, and alternative treatments as well as their risks and benefits. They must also inform you about the risks of no treatment and the risks of early termination of treatment. Only you know; however, if you received enough information to make an intelligent decision.

To ensure you receive adequate information, you must listen carefully and ask questions. Your active participation in discussing treatment alternatives is necessary to ensure you are fully informed. You may have concerns or preferences of which your physician is not aware. You need to express these so your physician can address them. Also, the spoken language is not precise and often people ascribe different meanings to the same terms. For instance, your physician may state that the pain-killer will alleviate your pain. The physician may mean "ease the pain" and you may hear "eliminate the pain". If you are not sure what your physician means , you must ask.

These rights regarding consent come with responsibilities. To receive the best care possible, it is imperative that you take an active role in your medical care. The modern practice of health care uses a team approach. The primary care provider, ancillary staff, occasionally another specialist and you all have responsibilities in ensuring the success of your care. As the patient, you are the most important person on the team and you need to be well informed and actively involved to help obtain the best possible outcome for yourself.

Timothy C. Miller is the Executive Director of the Arizona Medical Board.

The waiting room is a series of articles intended to educate patients on different aspects of health care. This article is not intended to be legal advice. For such advice, please consult a lawyer.

An Opportunity to Help Fellow Licensees

Specialties Needed:

Hematology-Oncology

Neurosurgery/Neurology

Peer review is essential for fair evaluations of complaints that come to the Arizona Medical Board involving standard of care.

The Board relies on the community of physicians in our state to act as Outside Medical Consultants and review cases.

Chief Medical Consultant Dr. Mark Nanney is always looking for physicians in a variety of specialties and sub-specialties who can opine on cases involving doctors in their field.

Although any physician can offer their expertise, Dr. Nanney is seeking assistance from those in the specialties of hematology-oncology and neurosurgery/neurology.

All Outside Medical Consultants receive Continuing Medical Education credits for reviewing cases.

If you would like to help, contact Dr. Nanney at (480) 551-2736. The Board pays a stipend per case.

The scalpel is as old as civilization. The ancient Egyptians made incisions for embalming their pharaohs with scalpels of sharpened Obsidian and some are even used in modern times. Obsidian is a type of naturally occurring glass, produced by volcanoes.

Obsidian blade edges can reach almost molecular thinness.

Scalpels made of Obsidian, Titanium or ceramic are used when performing surgery under MRI guidance because they are non-magnetic.

Physicians on the Indian subcontinent made scalpels from bamboo splinters for the practice of Ayurvedic medicine. (Source: Wikipedia)

1935 Medical Directory

The then-Arizona Board of Medical Examiners (BOMEX) published its first medical directory 72 years ago.

The following message from J.H. Patterson, M.D., Secretary of the Board, served as the introduction:

"It is with a great deal of pleasure that the Arizona State Board of Medical Examiners compiled a list of the active members of the profession now practicing in Arizona. It is only with the aid of the annual registration that we were able to compile this data.

We feel that it will be of interest to everyone in this state to know how many physicians are in active practice in each locality in this state. It will be of further interest to know that there is only one physician in this state who has not complied with this annual registration. The name will not be given in this bulletin of anyone not registered because of the possibility of embarrassment to them. However, in each succeeding bulletin in all probability the names will be given if there are any.

It is our intention in the future to give a list of the candidates who have successfully passed the requirements of our Board.
The Doctors of this state will no doubt be pleased to hear of several new rulings of the Board, among these is the requirement that each candidate for licensure must appear personally before the Board in order that we may properly identify him and give him more personal scrutiny. Each candidate for reciprocity or examination must also now be subjected to an oral quiz by the Board Members, excepting the Secretary. It is not our intention to make it difficult for any individual to obtain a license in this state, but rather to try to be selective in the type of man that is granted a license.

We know that these rulings do not make us infallible, but we do feel that it will be helpful in our grading and passing of each individual. We hope that this will meet with the approval of the Medical Profession of Arizona."

After the Arizona Board of Medical Examiners stopped administering tests for licensure, the name of the agency no longer applied. In 2002, the State Legislature approved the change to the Arizona Medical Board.—Roger Downey

Letter , continued

(Continued from page 2)

state that required all prescriptions by a PA to be signed by the Physician. We have made huge strides in this regard in Arizona and we must constantly be on guard to ensure that PAs are following the statutes regarding prescribing.

PA Tuttle works for a medical practice in Safford, Arizona and chairs the Arizona Regulatory Board of Physician Assistants.

This article reflects the views of the author. Unless noted, it does not necessarily reflect the view of the Arizona Regulatory Board of Physician Assistants or any other member of the Arizona Regulatory Board of Physician Assistants.

Recent MB and ARBoPA Actions and Orders

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants have legal authority to revoke, suspend, restrict, fine, reprimand or censure, require monitoring or additional education, or impose other remedial measures on the license of an allopathic physician (M.D.) or PA if the licensee has committed unprofessional conduct or is mentally or physically unable to safely engage in the practice of medicine.

A recent change in state law also allows the Medical Board, at its discretion, to issue a non-disciplinary order for additional Continuing Medical Education courses.

The Boards have recently taken the following actions:

AMB

Abdol R. Arjmandfard, MD

(Internal Medicine)

Arizona License No. 33227

Stayed Revocation.

Richard Carino, MD

(Port Richey, FL—Family Practice/Pain Medicine)

Arizona License No. 25808

Revocation.

W. Neil Chloupek, MD

(Phoenix—Family Practice)

Arizona License No. 4553

Revocation.

Mitchell R. Halter, MD

(Tucson—Pain Management/Neurology)

Arizona License No. 29626

A 2 year Probation, restricting him from implanting pain management related devices until he has obtained further training.

King T. Leung, MD

(Apache Junction-Family Practice)

Arizona License No. 10262

Summary Suspension pending a Formal Hearing

Martin L. Meyers, MD

(Emergency Medicine)

Arizona License #27197

Surrendered his license.

Kenley M. Remen, MD

(Anesthesiology)

Arizona License No. 30159

Revocation.

John M. Ritland, MD

(OB-GYN)

Arizona License No. 17268

Revocation—Stayed; 10-year Probation; Must have a licensed female medical professional present in all settings with patients under the age of 18. The order is based on a Court of Appeals remand.

Alan Chasby Sacks, MD

(Phoenix—Plastic Surgery)

Arizona License No. 9475

5-year Probation to include presence of a licensed female medical professional during all interactions with female patients.

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Explanation of Terms

Revocation — Termination of a licensee's right to practice medicine or perform health care tasks in Arizona. A referral to a formal hearing is necessary.

Suspension — The Board may suspend a license for 12 months or less without a formal hearing. A suspension of more than 12 months may be issued after a formal hearing. A suspension may be used as a punishment to restrict financial gain.

Decree of Censure — Not defined in statute, but is identified as an "official action against the license..." A Decree of Censure may be issued by itself or in conjunction with terms of probation. A Decree of Censure may also include a requirement that restitution be paid to a patient.

Letter of Reprimand — A disciplinary order issued by the Board informing the licensee that his/her conduct violates state or federal law and may require the Board to monitor the license. It may be issued by itself or in conjunction with terms of probation.

Advisory Letter — Non-disciplinary letter that notifies a licensee that he/she has committed either a minor technical violation or that there is not enough evidence to take a disciplinary action.

Recent AMB and ARBoPA Actions and Orders

(Continued from page 6)

AMB Stats

At its two-day October 2006 meeting, the Arizona Medical Board approved:

- 1 Surrender of active license
- 2 Revocations
- 1 Stayed Revocation
- 2 Decrees of Censure
- 11 Letters of Reprimand
- 16 Advisory Letters
- 1 Invitation to formal interview
- 1 Dismissal
- 6 Executive Director Dismissals Upheld
- 1 Denial of Request for Rehearing or Review

At its one-day November 2006 meeting, the Arizona Medical Board approved:

- 1 Summary Suspension
- 1 Referral to Formal Hearing
- 1 Letter of Reprimand
- 4 Advisory Letters
- 1 Request for Termination of Board Order Denied
- 1 Dismissal

At its two-day December 2006 meeting, the Arizona Medical Board approved:

- 1 Revocation
- 2 Surrenders of Active License
- 1 Appeal of Executive Director Referral to Formal Hearing Denied
- 2 Decrees of Censure
- 10 Letters of Reprimand
- 23 Advisory Letters
- 4 Motions for Rehearing or Review denied
- 1 Motion for Rehearing or Review Granted
- 4 Dismissals
- 22 Executive Director Dismissals Upheld
- 1 Request for Termination of Probation granted

ARBoPA

During meetings on November 15, 2006, the Arizona Regulatory Board of Physician Assistants took the following actions:

Kevin D. Earlywine, P.A.-C

(Lakeside)

Arizona License No. 2140

Summarily restricted the PA's license to see adult patients, 18 years and older, and only when the supervising physician is physically in the office. Shall not prescribe controlled II and III substances. All patient notes to be countersigned by the supervising physician daily.

Denise M. Stassen, P.A.-C

Arizona License No. 2742

Summary Suspension

Franklin A. Trejos, P.A.-C

(Phoenix)

Arizona License No. 3137

Summary Suspension

Reasons for Medical Board Actions

Knowing why physicians have come to the attention of the Medical Board may be helpful information to other licensees.

The Board approved **Decrees of Censure** for knowingly making false or fraudulent statements in connection with the practice of medicine and failing to adequately follow up on abnormal lab tests; for mismanagement of a drug-seeking patient, failure to supervise a medical assistant and inadequate medical records.

Board Members approved **Letters of Reprimand** for failure to recognize fetal distress and failure to deliver infant in a timely manner resulting in the death of the infant; for performing surgery while impaired; for failure to recognize signs and symptoms of myocardial origin and for failure to obtain an EKG; for failure to appropriately refer a patient with suspected melanoma; for engaging in a sexual relationship with a former patient within six months after the last consultation; and for failure to adequately care for a patient with critical carotid artery stenosis.

Many of the non-disciplinary **Advisory Letters** approved by the Board cited inadequate medical records or the failure to document properly. Other factors that resulted in Advisory Letters include failing to perform a proper history and physical; failure to timely recognize a complication of surgery; failure to recognize a mass on a CT scan; not reporting impairment of a physician assistant; excessive billing and unbundling of medical codes; and failure to diagnose rib fractures.

L to R, Dr. Tim B. Hunter and Dr. Robert P. Goldfarb

Medical Board Says Fond Farewell to Member

Tim B. Hunter, M.D., FACR, completed his term with the Arizona Medical Board, attending his last meeting in December.

Dr. Hunter was originally appointed to the Board in April 1997 by then-Governor Fife Symington, finishing the rest of the term for a physician who had left after a year. In July 2001, then-Governor Jane Hull appointed him for another five-years.

During his nearly decade long experience on the Board, Dr. Hunter served as Chairman during 2005.

Fellow Tucson physician, Robert P. Goldfarb, M.D., FACS, the current chairman of the Arizona Medical Board, presented Dr. Hunter with a certificate signed by Governor Janet Napolitano, thanking him for his service.

Dr. Hunter is a tenured professor and Vice-Chairman of the Department of Radiology at the University of Arizona. Previously, he served as chief of staff of University Medical Center and was the founder and first director of the Tucson Breast Center. A prolific author and speaker, Dr. Hunter is a Fellow of the American College of Radiology.

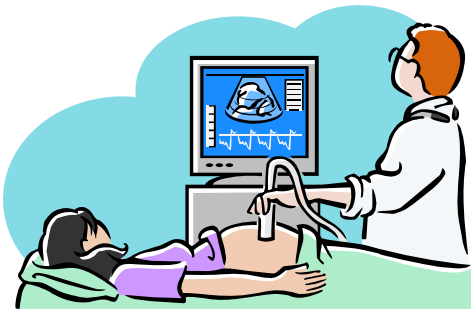
Dr. Amy Schneider

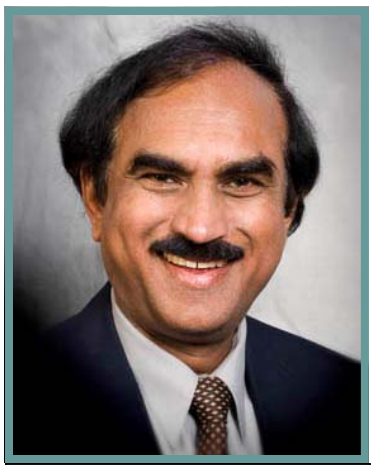
Tucson Physician Named to Medical Board

The Arizona Medical Board welcomes Amy Schneider, M.D. The Board-certified obstetrician-gynecologist was appointed by Governor Janet Napolitano to a five-year term.

Dr. Schneider has practiced in Tucson since 2001. She received her medical degree from Tulane University School of Medicine in New Orleans, Louisiana in 1997.

Dr. Schneider did her residency in OB-GYN at the University of Arizona Health Sciences Center in Tucson.





Dr. Ram Krishna

Board Member Elected to Prestigious Post

Ram Krishna, M.D., a member of the Arizona Medical Board for nearly 13 years, has been elected to serve as the representative of the Federation of State Medical Boards (FSMB) on the Board of Directors for the Educational Commission for Foreign Medical Graduates (ECFMG).

The ECFMG assesses the readiness of International Medical Graduates (IMG) to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

The ECFMG Board next meets in the Spring of this year.

Dr. Krishna, who came to this country as an IMG in 1975, said he is "really excited" about being chosen to represent all the medical boards in the United States on the ECFMG Board. "Even being nominated was great," Dr. Krishna added. "I never though I'd be appoint to this position."

The ECFMG recently celebrated its 50th anniversary. In 2006, it certified 6,500 IMG candidates for post-medical school

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training positions after checking their curriculum and education. The ECFMG evaluates applicants from 1,500 foreign medical schools to fill those positions. Most, but not all, complete their training in the United States and then practice here. An estimated 25% of all American physicians first went to medical schools outside the United States and Canada.

Because there are so many foreign medical schools, individual physician regulatory boards in this country cannot analyze the curriculum and instruction at each of them. Dr. Krishna served on an FSMB committee that studied the licensure issue involving foreign medical students and hopes he can help the ECFMG develop information about the quality of medical schools for licensing boards.

Dr. Krishna remembers taking the ECFMG exam. Then, it was all about theory of medicine, he says. Now, in his mind, it's better because they also test students' clinical knowledge.

Trained as an orthopedic surgeon, Dr. Krishna has his medical practice in Yuma. He has had an Arizona medical license since 1984 and has been a member of the Arizona Medical Board since his appointment in 1994. He served as Board Chairman in 1998.

FSMB Studies Interstate Practice

(Dallas) - Suppose a physician in Pittsburgh wants to practice medicine in Arizona. Even though he already has a medical license in Pennsylvania, he must go through the application process again from scratch to satisfy the statutory requirements here in Arizona. The same holds true for other states.

Much of the time it takes to process his license application is spent gathering the necessary documents, verifying his education, training, and employment history. What if an organization developed a centralized database that would allow the Arizona Medical Board to access the same verification documents he provided to Pennsylvania or any other medical licensing jurisdiction? The general consensus is such a system would streamline the process for both the physician and regulatory boards.

The Federation of State Medical Boards (FSMB), headquartered in Dallas, Texas, will soon pilot different models for a database to reduce licensure barriers affecting telehealth and multi-state medical practice. In September of last year, the FSMB received a grant from the U.S. Health Resources and Services Administration's Office for the Advancement of Telehealth for that purpose.

The grant money will fund two proposals by medical boards in the northeastern and western regions of the United States. Representing the northeastern U.S. in the project are medical boards from Maine, Massachusetts, Vermont, Connecticut, Rhode Island and New Hampshire. Boards from North Dakota, Kansas, Colorado, Minnesota, Iowa, Idaho, Oregon and Wyoming make up the western region study group. The information-sharing system that results from the study is expected to reduce the amount of time and paperwork required to issue medical licenses and encourage more physicians to participate in telehealth networks.

The initiative is also aimed at helping facilitate the mobilization of physicians in the event of a natural disaster or an act of terrorism when there is need for medical boards to share accurate physician information immediately.

Have You Moved or Changed Your Phone Number(s)?

Notifying the applicable Board needs to be on the checklist when a physician or physician's assistant moves to a new residence or office or changes phone numbers.

"The Board may assess the costs incurred by the Board in locating a licensee and in addition a penalty of not to exceed **one hundred dollars** against a license who fails to comply within 30 days from the date of change."

Physicians—A.R.S. § 32-1435 (A) and (B).

Physician Assistants—A.R.S. § 32-2527 (A) and (B).

Also, it is an act of unprofessional conduct not to inform the Board of an address change.

Please FAX or send your new address and phone numbers by regular mail to the Arizona Medical Board or the Arizona Regulatory Board of Physician Assistants.

Number of Licensed Physicians:

18,661

Number of Licensed Physician Assistants

1,560

Arizona Medical Board and Arizona Regulatory Board of Physician Assistants

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The Arizona Medical Board is committed to serving the public through the honest, fair, and judicious licensing and regulation of allopathic physicians (MDs). As it has in the past, the Arizona Medical Board will continue to gain public respect and trust by focusing on the issues that will shape positive healthcare environments.

As the utilization of physician extenders, such as physician assistants, continually increases, the Arizona Regulatory Board of Physician Assistants stays in touch with community needs and implements health care policy reforms to protect the public and provide guidance to its licensees. Within the last few years, the Board has systematically revised its laws and rules to stay abreast of healthcare trends.