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CONTINUING MEDICAL EDUCATION

100.001 Formation of Accreditation Council for Continuing Medical Education (ACCME)

The FSMB's Board of Directors approved the formation of [ACCME](#), its budget, [Essentials](#) and [bylaws](#).¹
BD, October 1980

100.002 Mandating Continuing Medical Education

The FSMB believes mandatory continuing medical education is a matter reserved for the individual state jurisdictions.
HD, April 1980

100.003 Post-residency Skills and Procedures-based Retraining

The FSMB will assist state medical boards in identifying and developing—in conjunction with other organizations—new post-residency skills and procedures retraining programs in specialties dependent on skills and procedures competencies.
HD, April 1996

100.004 Point of Care Learning

The FSMB recommends that continuing medical education credits be given for point of care learning, described as practice-based learning that takes place in support of specific patient care and that publishers and vendors of information resources be encouraged to incorporate time-keeping or automated use-recording into their products.
HD, May 2005

MEDICAL EDUCATION

110.001 Medical School Curriculum

The FSMB opposes attempts by legislative bodies to mandate specific details of the curriculum of accredited medical schools in the United States and Canada. This should remain the responsibility of the faculties of these schools and the accrediting body, to permit and encourage adaptation of medical student education to the future challenges medical students will face as physicians in the rapidly changing practice of medicine.
HD, April 1985

110.002 Medical Students Attending Board Meetings

The FSMB recommends that medical students enrolled in an approved medical school be encouraged to attend either their state medical board meeting or a meeting sponsored by their state medical board for the purpose of educating medical students regarding the responsibilities as a licensed physician and the specific ramifications of violating medical regulations.
HD, April 2000

110.003 Report on Licensure of Physicians Enrolled in Postgraduate Training Programs

The FSMB approves as policy the recommendations contained in the report, [Licensure of Physicians Enrolled in Postgraduate Training Programs](#), developed by the FSMB's Legislative and Legal Advisory Committee.
HD, April 1996

110.004 Education of Medical Students, Interns, Residents and Related Faculty on Licensure and Attendant Good Conduct Requirements

The FSMB shall continue to provide access to new and existing presentation materials for boards to use to educate medical students, interns, residents and appropriate faculty on medical licensure and regulation. The FSMB shall seek funding for the development of educational modules to be used in medical schools and residency programs.

HD, April 2003

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¹ FSMB holds a seat on the ACCME Board of Directors and three seats on the ACCME Accreditation Review Committee.

110.005 Report of the Special Committee on the Evaluation of Undergraduate Medical Education
The FSMB adopts as policy the recommendations contained in the report, [Special Committee for the Evaluation of Undergraduate Medical Education](#).
HD, April 2006

110.006 Medical Education in Substance Abuse
Resolved, that the FSMB develop methods and/or modules of information to be used to educate medical students, residents and practicing physicians regarding the identification of substance use disorders, intervention and the proper prescribing of controlled substances.
HD, May 2007

EXAMINATIONS

120.001 English Administration of Licensing Exams
The FSMB reaffirms its policy that licensing examinations for U.S. jurisdictions be administered in English only.
BD, May 1979
BD, October 1995, Revised

120.002 Special Purpose Examination (SPEX) Use Statement
The FSMB accepts as policy the following statement for SPEX use:
SPEX is a cognitive examination to assist licensing jurisdictions in their assessment of current competence requisite for general, specialty-undifferentiated medical practice by physicians who hold or have held a valid unrestricted license in a United States or Canadian jurisdiction.
BD, April 1987

120.003 Release of SPEX Score Reports
The FSMB endorses the release of SPEX score performance profile information, including information regarding limitations of the performance information, to the examinee and the sponsoring state medical boards.
HD, April 1998

120.004 Clinical Skills Assessment as Part of Licensure Process
The FSMB supports and encourages the development and use of an evaluation of clinical skills as a component of the physician licensure process for all medical students.
BD, October 1987

120.005 Single Examination for Medical Licensure
The FSMB reaffirms its commitment to establish a single examination for medical licensure in collaboration with other concerned organizations and adopts as an official FSMB position paper the document A Proposal for a Single Examination for Medical Licensure.
HD, April 1989

The FSMB reaffirms its policy that USMLE be the single pathway to licensure for all U.S. physicians.
HD, April 1999

120.006 Enhancement of the USMLE
The FSMB endorses the Strategic Plan for Enhancement of the USMLE adopted by the USMLE Composite Committee.²
HD, April 1995

² Completed with implementation of the Clinical Skills Examination.

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120.007 Hybrid Examination Combinations

The FSMB approves the following guidelines relevant to FLEX 1 and 2:

1. Candidates, who passed FLEX Component 1 before 1994 and pass the USMLE Step 3 within seven years of the original FLEX pass, will be recommended as having met acceptable licensing examination requirements.
2. Candidates (likely only international medical graduates) who have passed NBME Part I or USMLE Step 1 and NBME Part II or USMLE Step 2 before 1994, and who pass FLEX Component 2 before 1994, will be recommended as having met acceptable licensing examination requirements.

BD, February 1992

120.008 Examination History

The FSMB receives a request from any state for examination history; the FSMB will attach a Board Action Data Bank report to all transcripts that contain a disciplinary history.

In reporting the results from all queries of the FSMB Data Bank, the board action history report will include licensing history as a standard informational element on all reports, in addition to any reportable disciplinary history when it exists for an individual physician.

HD, April 1984

HD, May 2009, revised

120.009 Common Examination System

The FSMB recognizes the [USMLE](#) and [COMLEX-USA](#) as valid exams for their intended purposes. To assure the public that all physicians are meeting a uniform standard for purposes of medical licensure, the FSMB may collaborate with interested parties to develop a common licensing examination system that advances both osteopathic and allopathic medical licensure while maintaining the distinctiveness of both professions.

HD, April 2001

HD, May 2008, Revised

120.010 Inclusion of Pain, Pain Assessment and Pain Management Questions on National Standardized Licensure Examinations

The FSMB will encourage the [NBME](#), the [NBOME](#) and other appropriate organizations to ensure that questions related to pain mechanisms, pain assessment, and pain management be included in all standardized medical licensing examinations, emphasizing the importance of appropriate pain management in quality medical care.

HD, April 2002

120.011 Evaluation of Licensure Examinations

The FSMB will develop a mechanism for continuous evaluation of the evidence developed by the [USMLE](#) and [COMLEX-USA](#) programs to support the validity of decisions being made by state medical boards on the basis of test scores, and that reports regarding the outcomes of such evaluation be provided to the membership on a regular basis.

HD, May 2004

120.012 Report of Committee to Evaluate the USMLE Program (CEUP) (HD)

The member boards of the Federation of State Medical Boards resolve:

1. To adopt the Final Report and Recommendations of CEUP as a conceptual framework for the continued improvements in the USMLE examination program;
2. To make a clear commitment to incorporate into the USMLE program the following enhancements (described in CEUP Recommendations 1, 2, and 3) at such point when models and methodologies have been developed and tested and the results of this testing indicate that such enhancements will provide assessments that meet reasonable standards of validity, reliability, and practicality;

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Enhancement 1: The USMLE program shall be a series of assessments that are specifically intended to support decisions about a physician's readiness to provide patient care at each of two patient-centered points: a) at the interface between undergraduate and graduate medical education (supervised practice), b) at the beginning of independent (unsupervised) practice.

Enhancement 2: USMLE shall adopt a general competencies schema (such as the six general competencies identified by the Accreditation Council on Graduate Medical Education) for the overall design, development, and scoring of USMLE, using a model consistent with national standards. Further, as the USMLE program evolves, it should foster a research agenda that explores new ways to measure those general competencies important to medical practice and licensure which are difficult to assess using current methodologies.

Enhancement 3: USMLE shall emphasize the importance of the scientific foundations of medicine in all components of the assessment process. The assessment of these foundations should occur within a clinical context or framework, to the greatest extent possible.

3. To make a clear commitment to support the development of methodologies and instruments to enhance testing methods to assess clinical skills, as reflected in CEUP Recommendation #4, and to consider approaches to for design and implementation of a testing format to assess an examinee's ability to recognize and define a clinical problem, to access appropriate reference resources in order to find the scientific and clinical information needed to address the problem ,and to interpret and apply that information in an effective manner, consistent with CEUP Recommendation #5;

4. To delegate monitoring and final approval of such enhancements to the Composite Committee and the Board of Directors of the Federation of State Medical Boards in concert with the Executive Board of the National Board of Medical Examiners; and

5. To affirm the principle that the parents recognize that such enhancements will require shared investment of financial resources and that this investment will be recovered via revenues generated by the USMLE program over time.

HD, May 2009

SPECIALTY BOARD CERTIFICATIONS

130.001 Licensure by Specialty

The FSMB opposes licensure by specialty.

HD, April 1982

130.002 License Restriction/Board Certification

License Restriction/Board Certification

It is the position of the FSMB that a physician who has a restricted license and is allowed to practice clinical medicine under board supervision and is complying with all the terms and conditions of his/her license restriction,

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should be allowed to be a candidate for specialty board certification, re-certification or maintenance of certification.

HD, April 1992

HD, May 2005, Revised

130.003 License Restrictions and Specialty Board Certification

The FSMB shall establish an ongoing dialogue with allopathic and osteopathic specialty boards regarding restrictions on medical licenses due to a mental or physical disability and specialty board certification. The primary purpose would be to develop mechanisms allowing physicians with physical or mental disabilities to obtain and maintain specialty board certification without compromising public protection.

HD, April 1998

The FSMB will continue discussions with the [American Board of Medical Specialties](#) and the [American Osteopathic Association](#) regarding the issue of eligibility for specialty recertification of physicians with licensure restrictions. The FSMB will explore the possibility of developing alternate mechanisms which would allow physicians to be eligible for specialty recertification while preserving medical board oversight of their recovery program.

HD, April 1999

TELEMEDICINE and LICENSE PORTABILITY

140.001 [A Model Act to Regulate the Practice of Medicine Across State Lines](#)

The FSMB approves as policy [A Model Act to Regulate the Practice of Medicine Across State Lines](#).

HD, April 1996

140.002 [Report of the Special Committee on License Portability](#)

The FSMB adopts as policy the recommendations contained in the [report of the Special Committee on License Portability](#).

HD, April 2002

140.003 [Disaster Preparedness and Licensing](#)

The FSMB will cooperate with federal and state legislators, agencies, and organizations in facilitating the movement of properly licensed physicians among FSMB member licensing jurisdictions in support of necessary emergency medical response

HD, April 2002

140.004 [License Portability During a Public Health Emergency](#)

Resolved that state medical boards cooperate and support each other to further license portability in the event of a public health emergency and assist FSMB in verifying licensure and qualifications by regularly providing FSMB with licensure and contact information on all licensees; and that the FSMB study issues relative to license 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.

HD, April 2006

140.005 [Telemedicine Model Policy](#)

Resolved that the FSMB House of Delegates recognizes the value of “telemedicine” technologies in current and future medical practice; and that the FSMB House of Delegates believes that a common and consistent [definition of “telemedicine”](#) should be adopted by all members of the FSMB; and that the FSMB House of Delegates directs that a task force, commission, or other appropriate entity be formed and charged with establishing a “telemedicine” model policy for use by all members of this FSMB; and that this model policy statement should be ready for distribution to the member boards on or before the FSMB 2008 Annual Meeting.

HD, May 2007

140.006 [Interstate Mobility of Physicians](#)

Resolved, that the Federation of State Medical Boards takes steps to assist its member boards to evaluate their own statutes, rules and regulations and where necessary and appropriate modify those statutes, rules and regulations to provide for the rapid research, training or unique clinical care.

140.007 [Definition of Telemedicine](#)

“Telemedicine” is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider.

HD, May 2009

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LICENSURE REQUIREMENTS

150.001 Requirements Unrelated to the Practice of Medicine

The FSMB opposes enactment by any jurisdiction of requirements for initial physician licensure not reasonably related to the qualifications and fitness of individuals to practice medicine, and, instead, have in view the implementation of social, economic or political policies of the jurisdiction at a particular moment, however well-intentioned or justified those policies may appear.

HD, April 1987

HD, April 1997, Revised

150.002 Report of the Ad Hoc Committee on Licensure by Endorsement

The FSMB adopts as policy the recommendations contained in the report, [Licensure by Endorsement](#).

HD, April 1995

150.003 Criminal Record Check

The FSMB reaffirms its policy that all state medical boards conduct criminal record checks as part of the licensure application process. The FSMB encourages all state medical boards to require any applicant with a criminal history report to appear before the board for questioning to evaluate the applicant's degree of risk to the public in determining fitness for licensure. The FSMB will develop legislative or administrative approaches that will assist member boards who wish to have the authority to require criminal background checks for applicants for professional licensure.

HD, April 2001

OTHER

160.001 Military/Government Employed Physicians

All physicians, other than those in training, be required to have a full and unrestricted license in at least one state and that exemptions not be made for physicians in the armed forces, Public Health Service or other governmental agencies.

BD, December 1977

BD, July 1996, Revised

160.002 Liability Insurance

Professional liability insurance is an economic issue, not to be linked with medical licensure.

HD, April 1995

160.003 Verifying Credentials of Physicians in Postgraduate Training Programs

The FSMB urges its member boards to bring reasonable procedures and rules into effect or encourage enactment of laws which would ensure thorough verification and authentication of the credentials of all medical school graduates in training programs and who do not hold a full and unrestricted license to practice medicine.

The FSMB recommends that, in those jurisdictions that provide for credentials verification by the directors of medical education of the training institutions, deans of the medical schools, hospital administrators, or other responsible individuals involved with medical school graduates, such verification be certified to the state medical board or, where the state medical board has no authority, to an appropriate state agency.

HD, April 1985

160.004 Federation Credentials Verification Service (FCVS) and Educational Commission on Foreign Medical Graduated (ECFMG) to Expedite Licensure

The FSMB, through the [FCVS](#), pursue cooperative efforts with the [ECFMG](#) to reduce duplication of efforts and redundancy in primary source verification.

HD, April 2003

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160.005 Credentials Verification for International Medical Graduates

The FSMB shall continue to monitor and encourage the progress of the FCVS/ECFMG initiative, and for the FSMB and its member boards to strongly recommend that International Medical Graduates establish an FCVS profile for the purpose of securing and protecting their medical school credentials for a lifetime of license portability and practice.

HD, April 2006

IMPAIRED PHYSICIANS

170.001 Report of the Ad Hoc Committee on Impaired Physicians

The FSMB adopts as policy the recommendations contained in the [Report of the Ad Hoc Committee on Physician Impairment](#).

HD, April 1995

170.002 AMA Report on the Use of Alcohol by Physicians

The FSMB accepts the AMA Board of Trustee Report Y (June 1991) regarding the use of alcohol by physicians and supports the guidelines established by the AMA regarding patient care and physicians' ingestion of alcohol.

HD, April 1993

170.003 Addressing Sexual Boundaries: Guidelines for State Medical Boards

The FSMB adopts as policy: [Addressing Sexual Boundaries: Guidelines for State Medical Boards](#), superceding the Report on Sexual Boundary Issues.

HD, April 1996

HD, April 2006, Revised

170.004 Credit Against License Suspensions or Restrictions

The FSMB recommends to all member boards that, for cases of license suspension or restriction, any time during which a disciplined physician practices in another jurisdiction without comparable restriction should not be credited as part of the period of suspension or restriction.

HD, April 1993

NATIONAL DATA BANKS

180.001 Centralized Database of Licensing Profiles

The FSMB recognizes the need for a centralized database displaying the licensing profile of all practicing physicians and the need of the individual state medical boards for ready access to such a file, as well as the value of such a centralized database for analysis of practice trends, especially designation and distribution of physicians and the dynamics of geographical distributional changes of physicians.

The FSMB endorses efforts in conjunction with the NBME to obtain appropriate funding to design and engage in a process leading to the development and implementation of a computerized national tracking system containing longitudinal data relevant to the licensure status of all physicians within the licensing jurisdictions of the United States.

Representatives of the constituent medical boards of the FSMB endorse the concept of the centralized computerized database and express their intent to participate in the implementation of the process by the individual state medical boards.

HD, April 1980

180.002 Reporting to the Board Action Data Bank (BADB)

The FSMB encourages all state medical boards to report all board actions to the FSMB's Board Action Data Bank, including denials and/or withdrawals for cause, as quickly as possible but no later than 30 days after actions are taken.

HD, April 1996

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The FSMB encourages all member boards to include disclosure language in all board orders.
BD, October 1997

All state licensing boards report all formal board actions to BADB, including non-prejudicial actions.
BD, January 1980

The FSMB will expand its database to include all licensed physicians.
BD, October 1997

The FSMB encourages all state medical boards enacting emergency actions to immediately contact the FSMB Physician Data Center to provide information on individuals who are subject to these actions. The FSMB encourages state medical boards taking emergency action to immediately transmit a copy of the emergency order to the FSMB Physician Data Center so that notification can be immediately transmitted to all other states wherein the physician is licensed, applying for licensure, or in post-graduate training and/or residency.

The FSMB Physician Data Center will provide timely notification to member boards of disciplinary actions taken by other state medical boards through a Disciplinary Alert Report. The FSMB encourages all state medical boards to provide data files and timely updates to the FSMB Physician Data Center, so that there will exist a national database comprised of current and complete information which can be accessed by all states in which a physician is licensed or seeking licensure. The FSMB encourages the executive directors of all medical boards in states enacting emergency actions to immediately determine all other states of licensure for individuals subject to such emergency actions. The director of the board enacting the emergency action shall then immediately advise those directors of other boards where the licensee is known to hold another medical license about the emergency action. This contact should occur as close to the same day of the board action as is possible. This will ensure optimal public protection and the most timely notification possible while processes for drafting, serving and disseminating legal orders for the emergency action take place.
HD, April 2001

180.003 National Practitioner Data Bank (NPDB)

The FSMB supports continued monitoring of the progress and development of the National Practitioner Data Bank (NPDB) and continued dialogue with the Health Resources Services Administration staff regarding potential future modifications in the NPDB.³
BD, April 1991

³ NPDB was established in 1994 and the FSMB holds seat on Executive Committee.
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180.004 Public Access

The FSMB approves an initiative to develop a means to provide public access to national physician data base information.⁴

BD, February 1998

CONDUCT AND ETHICS

190.001 Report of the Special Committee on Professional Conduct and Ethics

The FSMB adopts as policy the recommendations contained in the [Report of the Special Committee on Professional Conduct and Ethics](#).

HD, April 2000

190.002 Model Guidelines for the Appropriate Use of the Internet in Medical Practice

The FSMB adopts as policy the [Model Guidelines for the Appropriate Use of the Internet in Medical Practice](#).

HD, April 2002

INTERNATIONAL MEDICAL REGULATION

200.001 Clinical Clerkships for Foreign Medical Graduates

The FSMB encourages all member boards to bring rules into effect or to encourage enactment of laws authorizing the respective state boards of medical examiners or appropriate state agency to regulate the clinical clerkships of those students from medical schools not approved by the Liaison Committee on Medical Education or the American Osteopathic Association, where such rules or laws are not already in effect.

HD, April 1985

200.002 International Association of Medical Regulatory Authorities (IAMRA)

The FSMB and its representatives to the [IAMRA](#) be encouraged to seek opportunities to share information with the international community on matters related to education, training and licensure for both osteopathic and allopathic physicians in the United States. At the time that a formal membership structure is established, the IAMRA Office of the Secretariat forward information regarding associate membership to the [AMA](#), [AOA](#), [ACGME](#), [LCME](#), [ABMS](#) and other appropriate organizations.

HD, April 2001

SCOPE OF PRACTICE

210.001 National Commission on Certification of Physician Assistants (NCCPA) Examination

The FSMB urges state boards that regulate physician assistants to formulate rules and regulations that would permit acceptance of the examination of the [NCCPA](#) in the authorization of physician assistants in their respective states.

BD, February 1976

210.002 Participation in the NCCPA

The FSMB supports continued participation on the [NCCPA](#) Board of Directors and encourages and supports the [NCCPA](#).

BD, October 1990

210.003 Non-physician Duties and Scope of Practice

A non-physician should be permitted to provide medical services delegated to him or her by a supervising physician consistent with state law, as long as those medical services are within his or her training and

⁴ www.docinfo.org was created in January 2001.

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experience, form a usual component of the supervising physician's practice of medicine, and are provided under the direction of the supervising physician.

BD, July 1998

210.004 Scope of Practice Information for Paraprofessionals

The FSMB will maintain information on scopes of practice of mid-level practitioners and licensed non-physician health care providers and make the information available to member medical boards.

HD, April 2000

210.005 Delegation of Medical Functions to Unlicensed Individuals

The FSMB will maintain new and existing legislation/regulations and other information on the delegation of medical functions and make the information available to member medical boards and other interested parties.

HD, April 2003

210.006 Expanding Scope of Practice of Non-Physicians

The FSMB shall establish a special committee to enumerate issues to be considered by state medical boards and legislative bodies in addressing scope of practice expansion for persons without a license to practice medicine.

HD, April 2003

210.007 Assessing Scope of Practice in the Delivery of Health Care: Critical Questions in Assuring Public Access and Safety

The FSMB adopted as policy: Assessing Scope of Practice in the Delivery of Health Care: Critical Questions in Assuring Public Access and Safety.

HD, May 2005

210.008 Use of "Doctor" Title in Clinical Settings

The FSMB will work towards the development of a uniform national standard through the development of model guidelines regarding the use of the "Doctor" title with collaboration from other stakeholder groups such as the National Council of State Boards of Nursing.

HD, May 2009

MEDICAL BOARDS: STRUCTURE AND FUNCTION

220.001 Elements of a Modern State Medical Board

The FSMB adopts as policy the [third edition](#) of the Elements of a Modern State Medical Board.

BD, October 1989

HD, May 1998, Revised

HD, April 2006, Revised

HD, [May 2009](#), Revised

220.002 Essentials of a Modern Medical Practice Act

The FSMB adopts as policy the [twelfth edition](#) of the Essentials of a Modern Medical Practice Act.

BD, February 1956

BD, February 1970, Revised

BD, February 1977, Revised

BD, February 1985, Revised

BD, October 1987, Revised

BD, February 1991, Revised

BD, February 1994, Revised

HD, April 1997, Revised

HD, April 2000, Revised

HD, April 2003, Revised

HD, April 2006, Revised

HD, May 2009, Revised

HD, [May 2010](#), Revised

220.003 Maintaining State-based Medical Licensure and Discipline: A Blueprint for Uniform and Effective Regulation of the Medical Profession

The FSMB adopts as policy the recommendations contained in [Maintaining State-based Medical Licensure and Discipline: A Blueprint for Uniform and Effective Regulation of the Medical Profession](#) from the Special Committee on Uniform Standards and Procedures.

HD, April 1998

220.004 Funding

The FSMB urges state legislatures to provide their state medical licensing boards adequate resources to properly discharge their responsibilities and duties.

BD, January 1980

220.005 Report of the Special Committee on Physician Profiling

The FSMB adopts as policy the recommendations contained in the [Report of the Special Committee on Physician Profiling](#).

HD, April 2000

HD, April 2002, Revised

220.006 Information Exchange Between Boards

The FSMB policy adopted in 1998 and reaffirmed in the [Report of the Special Committee on License Portability](#) encourages member boards to share investigative information at the early stages of a complaint investigation in order to reduce the likelihood that a licensee may become licensed in one state while under investigation in another state. The FSMB will collaborate with other interested organizations and agencies in addressing communication barriers resulting from variances in state confidentiality laws. The FSMB will maintain and distribute information related to state confidentiality laws to its member medical boards.

HD, April 2002

STATE MEDICAL BOARDS: RELATIONSHIPS WITH OTHER AGENCIES

230.001 Drug Enforcement Agency (DEA)

The FSMB strongly urges the [DEA](#) to promptly report all violations by physicians to the Board(s) of Medical Examiners of the state in which the physician practices and to the FSMB's Board Action Data Bank.

BD, February 1965

BD, October 1995, Revised

230.002 Peer Review Organizations

The FSMB encourages state boards to cooperate with peer review organizations on issues of medical discipline.

BD, February 1990

230.003 Federal Facilities

The FSMB encourages the federal government to have federal facilities use state boards of medical examiners in the states in which such facilities are located to ensure that fraudulent or incompetent physicians are not allowed to practice at those facilities; encourages states to require federally-employed physicians to possess a current active license in a state or territory, and recommends that within each state or territorial possession in which a federal facility exists, a liaison committee be established consisting of a representative of the federal facility and the state licensing board.

HD, April 1988

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QUALITY OF CARE and COMPETENCY

240.001 Report of the AMA and the FSMB : Ethics and Quality of Care

The FSMB adopts as policy the recommendations contained in the [Report of the American Medical Association and the FSMB: Ethics and Quality of Care](#).

HD, April 1995

240.002 Report of the Special Committee on Quality of Care and Maintenance of Physician Competence

The FSMB adopts as policy the recommendations contained in the [Report of the Special Committee on Quality of Care and Maintenance of Physician Competence](#).

HD, April 1998

HD, April 1999, Revised

240.003 Remedial Education

The FSMB will identify available remedial educational resources and [publish a comprehensive directory](#) of such resources for its member boards; foster regional expansion of assessment centers throughout the country in support of member boards' efforts; and encourage development of centers capable of assessing specialty practice performance.

HD, April 1999

240.004 Post-Licensure Assessment System

When physician competence is called into question, state medical regulatory boards should consider using the [Post-Licensure Assessment System](#) (PLAS) established by the FSMB and National Board of Medical Examiners. State medical regulatory boards should work with relevant medical organizations in their states to encourage development of educational programs designed to address physicians' learning needs as identified through assessment programs. The FSMB, when requested, will assist and support any member board in its effort to utilize PLAS, including, but not limited to, providing informational resources, research studies and suggested policies on identifying and referring physicians for assessment, evaluating assessment programs, stimulating development of need-based educational programs and continuing improvement of the post-licensure assessment and education effort.

HD, April 1999

240.005 Review of FSMB Model Guidelines for the Use of Controlled Substances for the Treatment of Pain

The FSMB will develop a process for review of its policy, [Model Guidelines for the Use of Controlled Substances for the Treatment of Pain](#), and consider whether it might be strengthened in the light of new medical insights during the past five years, particularly focusing in issues surrounding the undertreatment of pain.

HD, April 2003

240.006 Model Policy for the Use of Controlled Substances for the Treatment of Pain

The FSMB adopts as policy the, [Model Policy for the Use of Controlled Substances for the Treatment of Pain](#), superceding the [Model Guidelines for the Use of Controlled Substances for the Treatment of Pain](#).

HD, April 1998

HD, May 2004, Revised

240.007 Prevention of HIV/HBV/HVC Transmission to Patients

The FSMB adopts as policy the following position statement related to the prevention of HIV/HBV/HVC transmission.

The medical practice act, other appropriate statutes and/or the rules of the state medical board should include provisions dealing with preventing the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HVC) to patients. These statutes or rules should implement or be consistent with the following FSMB recommendations:

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- A. Persons under the jurisdiction of the Board should comply with the guidelines established by the Centers for Disease Control (CDC) for preventing the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HVC) to patients.
- B. State medical boards should have the powers and responsibilities
- to encourage physicians and other health care providers to know their HIV, HBV and HVC status;
 - to require reporting to the state medical board and/or the state public health department of HIV-, HBV- and HVC-infected practitioners;
 - to ensure confidentiality of those reports received by the state medical board and/or state health department under No. 2 above;
 - to establish practice guidelines for HIV-, HBV- and HVC-infected practitioners; and
 - to monitor or to assist the state public health department to monitor the practices and health of HIV-, HBV- and HVC-infected practitioners.
- C. The state medical board should be authorized to discipline all persons under its jurisdiction who violate the statute(s) or rule(s) establishing or otherwise implementing requirements related to preventing transmission of HIV, HBV and/or HVC to patients.

HD, April 1992

HD, April 1996, Revised

240.008 Report of the Special Committee on Questionable and Deceptive Health Care Practices

The FSMB adopts as policy the recommendations contained in the Report of the Special Committee on Questionable and Deceptive Health Care Practices, previously published as the [Report on Health Care Fraud](#).

HD, April 1997

HD, April 1999, Revised

240.009 Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice

The FSMB adopts as policy the [Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice](#).

HD, April 2002

240.010 Report of the Special Committee on Managed Care

The FSMB adopts as policy the recommendations contained in the [Report of the Special Committee on Managed Care](#).

HD, April 1998

The FSMB reaffirms its recommendation, as stated in the “[Report of the Special Committee on Managed Care](#),” to encourage state medical boards to communicate with state agencies responsible for regulating managed care organizations on issues relating to quality of care.

HD, April 2001

240.011 Outpatient Surgery

The FSMB shall charge an established committee or create a special committee to: (1) study and evaluate the problem of outpatient surgery and anesthesia as it related to public safety, (2) develop and promulgate recommendations as to the best method of regulating such practices to better protect the public, and (3) report their findings and recommendations to the FSMB House of Delegates for adoption as public policy.

HD, April 2001

240.012 Report of the Special Committee on Outpatient (Office-Based) Surgery

The FSMB adopts as policy the three pathways for regulation of office-based surgery as contained in the [Report of the Special Committee on Outpatient Surgery](#).

HD, April 2002

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240.013 Model Policy Guidelines for Opioid Addiction Treatment in the Medical Office
The FSMB adopts as policy the [Model Policy Guidelines for Opioid Addiction Treatment in the Medical Office](#).
HD, April 2002

240.014 Communication Between Physicians and Patients
The FSMB supports continued and improved effective means of communication between patients and physicians. The FSMB will develop an inventory of resources that promotes effective communication to provide to patients and professional communities.
HD, May 2009

Maintenance of Licensure

250.001 Continued Competence
State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure.
HD, May 2004

250.002 Guiding principles for future activities related to Maintenance of Licensure

Guiding principles for future activities related to Maintenance of Licensure:

- Maintenance of licensure should support physicians' commitment to lifelong learning and facilitate improvement in physician practice.
- Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders. The authority for establishing maintenance of licensure requirements should remain within the purview of state medical boards.
- Maintenance of licensure should not compromise patient care or create barriers to physician practice.
- The infrastructure to support physician compliance with maintenance of licensure requirements must be flexible and offer a choice of options for meeting requirements.
- Maintenance of licensure processes should balance transparency with privacy protections.

HD, May 2008

HD, May 2010, Revised

250.003 Dissemination of Maintenance of Licensure Information

The FSMB through its Board of Directors and staff be instructed by the House of Delegates to continue to more broadly, openly, regularly and in a timely manner disseminate all information to and seek input from all concerned parties including state medical boards, executive directors of state medical boards, the public, all national and state medical and osteopathic medical societies and associations, and other interested parties regarding any proceedings, deliberations and actions of the FSMB's House of Delegates, Board of Directors, special committees and any ad hoc committees that relate to the MOL concept.

HD, May 2009

250.004 Maintenance of Licensure

The FSMB adopts as policy the following maintenance of licensure framework and recommendations as stated in the Report of the Advisory Group on Continued Competence of Licensed Physicians.

The FSMB adopt the following maintenance of licensure framework and recommendations as proposed by the Advisory Group on Continued Competence of Licensed Physicians as policy.

Maintenance of Licensure Framework

As a condition of license renewal, physicians should provide evidence of participating in a program of professional development and lifelong learning that is based on the general competencies model:

- medical knowledge
- patient care
- interpersonal and communication skills

- practice based learning
- professionalism
- systems based practice

The following requirements reflect the three major components of what is known about effective lifelong learning in medicine.

1. Reflective Self Assessment (What improvements can I make?)

Physicians must participate in an ongoing process of reflective self-evaluation, self-assessment and practice assessment, with subsequent successful completion of appropriate educational or improvement activities.

2. Assessment of Knowledge and Skills (What do I need to know and be able to do?)

Physicians must demonstrate the knowledge, skills and abilities necessary to provide safe, effective patient care within the framework of the six general competencies as they apply to their individual practice.

3. Performance in Practice (How am I doing?)

Physicians must demonstrate accountability for performance in their practice using a variety of methods that incorporate reference data to assess their performance in practice and guide improvement.

Recommendations

Documentation

Licensees should be expected to provide documented evidence of compliance with the state medical board's maintenance of licensure requirements. State medical boards should provide guidance to licensees as to the types of evidence deemed acceptable and not acceptable for purposes of meeting maintenance of licensure requirements.

Licensed Physicians not in Active Clinical Practice

Physicians not in active clinical practice who wish to maintain an active license should be expected to comply with all maintenance of licensure requirements adopted by the state medical board.

Physicians with Inactive Licenses

Physicians whose licenses are inactive or have lapsed should be expected to meet maintenance of licensure requirements upon reentering active clinical practice.

Practice Profile Data

State medical boards should require licensees to report information about their practice as part of the license renewal process. Such information may include: area of current practice, type of practice (to include location, supervisory responsibilities), status (e.g., full-time, part-time, number of hours worked per week), whether they are actively seeing patients, specialty board certification or recertification status, and what activities they are engaged in if they are not engaged in clinical practice (e.g., research, administration, non-medical work, retired, etc.). Licensees should keep the board apprised of their practice status by reporting any subsequent changes to the board within a specified timeframe as determined by the board.

Practice Performance Data

Practice performance data collected and used by physicians to comply with maintenance of licensure requirements should not be reported to state medical boards. Third party attestation of collection and use of such data (as part of a professional development program) will satisfy reporting requirements.

Research

The Federation of State Medical Boards and its member state medical boards should work with other stakeholder organizations to develop research aimed at assessing the impact of maintenance of licensure programs on physician practice and patient care.

Assessment Resources

Assessment tools used to meet maintenance of licensure requirements should be:

- valid, reliable, and feasible
- credible with the public and the profession
- provide adequate feedback to the licensee to facilitate practice improvement

Professional Development Activities

Individual learning plans should address any identified needs and should include educational and improvement activities that are shown to improve performance and include plans to assess the impact of the educational and improvement activities on each physician's practice.

Board Certification in the Context of MOL

Maintenance of licensure is separate and distinct from Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC). However, state medical boards at their discretion may determine that participation in MOC and OCC represents substantial compliance with maintenance of licensure requirements. Physicians who are not participating in the maintenance of certification/osteopathic continuous certification processes may meet maintenance of licensure requirements by providing evidence of participation in available MOC or OCC activities or by participating in other approved maintenance of licensure requirements.

HD, May 2010

FSMB Role

260.001 State Medical Board Representation

The FSMB reaffirms FSMB as the organization representing state medical boards in the legislative, policy development and spokesperson arenas.

BD, February 1998

260.002 Policy Comment Period

The FSMB shall include a comment period on draft reports of special committees, as feasible, so that the comments received from member medical boards and other interested parties may be taken into consideration prior to submission to the Board of Directors for approval and recommendation to the House of Delegates.

HD, April 2001

260.003 Bylaws

Resolved, that the Oregon Medical Board respectfully requests the Federation of State Medical Boards (FSMB) undertake, at the earliest possible opportunity, a thorough review of the FSMB Bylaws, individually and as a unified document.

HD, May 2008

HD, [May 2009](#), Revised

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