



MEDICAL EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
June 18, 2014

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

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda**
- B) Welcome New Members
- C) Approval of Minutes of May 21, 2014 (6-14)**
- D) Appearances Requested in the Matter of Disciplinary Proceedings Against Zulfiqar Ali, M.D., DHA Case Number SPS-12-0064; DLSC Case Number 11 MED 299 (223-277)**
 - 1) **8:00 A.M. – APPEARANCE** – Zulfiqar Ali, M.D.
 - 2) **8:00 A.M. – APPEARANCE** – Sandra Nowack, DLSC Attorney
- E) Administrative Updates
 - 1) Staff Updates
 - 2) Appointments/Reappointments/Confirmations
- F) Federation of State Medical Boards (FSMB) Matters**
 - 1) Visit by FSMB Executive Staff: **(15-71)**
 - a) **8:05 A.M. – APPEARANCE** – Gregory Snyder, M.D., Liaison Director
 - b) **8:05 A.M. – APPEARANCE** – Lisa Robin, M.L.A., Chief Advocacy Officer

- G) Legislative/Administrative Rule Matters:**
- 1) Current and Future Rule Making and Legislative Initiatives
 - 2) Administrative Rules Report
 - 3) Review of Legislative Report CR 14-033, Relating to Continuing Education Audits **(72-77)**
 - 4) Review and Discussion of Requirements for Documenting and Retaining Records of Physician Assistants' Supervising Physician **(78-85)**
 - 5) Review and Discussion of Scope Statement for 165-MED 3 and 5, Relating to Physician Licensure **(86-89)**
- H) Newsletter Matters
- I) Speaking Engagement(s), Travel, or Public Relation Request(s)
- J) Informational Items**
- 1) International Association of Medical Regulatory Authorities (IAMRA) – 11th International Conference on Medical Regulation **(90-93)**
- K) Licensing Committee Report
- L) Disciplinary Guidelines Committee Report
- M) Screening Panel Report
- N) Items Added After Preparation of Agenda:
- 1) Introductions, Announcements and Recognition
 - 2) Administrative Updates
 - 3) Education and Examination Matters
 - 4) Credentialing Matters
 - 5) Practice Matters
 - 6) Legislation/Administrative Rule Matters
 - 7) Liaison Report(s)
 - 8) Informational Item(s)
 - 9) Disciplinary Matters
 - 10) Presentations of Petition(s) for Summary Suspension
 - 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 12) Presentation of Proposed Decisions
 - 13) Presentation of Interim Order(s)
 - 14) Petitions for Re-Hearing
 - 15) Petitions for Assessments
 - 16) Petitions to Vacate Order(s)
 - 17) Petitions for Designation of Hearing Examiner
 - 18) Requests for Disciplinary Proceeding Presentations
 - 19) Motions
 - 20) Petitions
 - 21) Appearances from Requests Received or Renewed
 - 22) Speaking Engagement(s), Travel, or Public Relation Request(s)

- O) Public Comments
- P) Board Consideration of a Motion to Invite Federation of State Medical Boards (FSMB) Executive Staff into Closed Session

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

Q) Full Board Oral Examination of Candidates for Licensure:

- 1) **9:40 A.M. – APPEARANCE – Christian Maduoma, M.D. (94-144)**

R) Monitoring Matters

- 1) **9:50 A.M. – APPEARANCE – Robert C. Turner, M.D. – Requesting Removal of Limitations and Return to Full Licensure (148-175)**
- 2) Carol T. Haughey, P.A. – Requesting Initial Stay of Suspension **(176-200)**
- 3) Jesse Van Bommel, M.D. – Requesting Reinstatement of Stay of Suspension **(201-222)**

S) Deliberation on Proposed Decision and Order of the Administrative Law Judge in the Matter of Disciplinary Proceedings Against Zulfqar Ali, M.D., DHA Case Number SPS-12-0064; DLSC Case Number 11 MED 299 (223-277)

T) Presentation and Deliberation on Proposed Decision and Order of the Administrative Law Judge in the Matter of Disciplinary Proceedings Against Guiditta Angelini, M.D., DHA Case Number SPS-14-0027; DLSC Case Number 11 MED 315 (278-285)

U) Presentation and Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC):

- 1) Vallie M. Kaprelian, M.D. – 12 MED 327 **(286-292)**
 - a) Case Advisor: Carolyn Ogland Vukich, M.D.
- 2) Nader I. Salti, M.D. – 13 MED 006 **(293-298)**
 - a) Case Advisor: Rodney Erickson, M.D.
- 3) Paul A. Kornaus, M.D. – 13 MED 059 **(299-304)**
 - a) Case Advisor: Mary Jo Capodice, D.O.
- 4) Barry I. Spiegel, D.O. – 13 MED 190 **(305-311)**
 - a) Case Advisor: Rodney Erickson, M.D.

V) Presentation and Deliberation on Complaints for Determination of Probable Cause

- 1) Steven G. Meress, M.D. – 11 MED 219 and 12 MED 039 **(312-331)**

W) Presentation and Deliberation on Administrative Warnings

- 1) 12 MED 433 (D.L.) **(332-334)**
- 2) 12 MED 446 (T.M.P.) **(335-337)**
- 3) 13 MED 012 (R.J.D.) **(338-340)**
- 4) 13 MED 226 (K.J.B.) **(341-343)**
- 5) 13 MED 241 (C.L.K.) **(344-345)**

X) Case Status Report (346-352)

Y) Case Closing(s)

- 1) 12 MED 434 (D.J.D.) **(353-355)**
- 2) 12 MED 443 (M.A.) **(356-357)**
- 3) 13 MED 257 (R.L.) **(358-363)**
- 4) 13 MED 392 (J.K.) **(364-368)**
- 5) 13 MED 442 (R.R.E.) **(369-372)**
- 6) 13 MED 455 (G.C.B.) **(373-379)**
- 7) 13 MED 462 (V.K.M.; Y.S.P.) **(380-386)**
- 8) 13 MED 475 (R.E.) **(387-395)**
- 9) 13 MED 476 (S.A.A.) **(396-401)**
- 10) 14 MED 061 (A.P.B.) **(402-405)**

Z) Deliberation of Items Added After Preparation of the Agenda

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

AA) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

DD) Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM 121A, B, C, AND 199B

12:30 P.M., OR IMMEDIATELY FOLLOWING FULL BOARD MEETING

CLOSED SESSION – Reviewing applications and conducting oral examinations of seven (7) candidates for licensure – Drs. Capodice, Yale, Vasudevan, and Phillips

**MEDICAL EXAMINING BOARD
MEETING MINUTES
May 21, 2014**

PRESENT: Mary Jo Capodice, D.O; Greg Collins; Rodney Erickson, M.D.; Jude Genereaux; Carolyn Ogland, M.D.; Kenneth Simons, M.D.; Timothy Swan, M.D.; Sridhar Vasudevan, M.D.; and Timothy Westlake, M.D.

PRESENT VIA GOTOMEETING: Michael Phillips, M.D.

EXCUSED: James Barr, M.D.; Suresh Misra, M.D.; Russell Yale, M.D.

STAFF: Tom Ryan, Executive Director; Pam Stach, Legal Counsel; Daniel Agne, Bureau Assistant; and other Department staff

CALL TO ORDER

Kenneth Simons, Chair, called the meeting to order at 8:00 A.M. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

Amendments:

- **REMOVE:** **Item W.1** – Final Decision and Order in the Matter of 12 MED 327 – Vallie M. Kaprelian, M.D.
- **CORRECT:** The page numbering on the following items:
 - **Item Z.2** – Seeking Equivalency for the 12 Months of ACGME Approved Post-Graduate Training – Mohamed Etafy, M.D. – pg. 445-469
 - **Item Z.3** – Seeking Equivalency for the 12 Months of ACGME Approved Post-Graduate Training – Osayande S. Izeiyamu, M.D. – pg. 470-605

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

APRIL 14, 2014

MOTION: Sridhar Vasudevan moved, seconded by Greg Collins, to approve the minutes of April 14, 2014 as published. Motion carried unanimously.

APRIL 16, 2014

Corrections:

- **CORRECT:** The words “to perform” to “perform” in the National Practitioner Data Bank Continuous Query Motion

MOTION: Carolyn Ogland moved, seconded by Greg Collins, to approve the minutes of April 16, 2014 as corrected. Motion carried unanimously.

**CONTINUING EDUCATION AND ACCREDITATION COUNCIL FOR CONTINUING
MEDICAL EDUCATION (ACCME) DISCUSSION**

Timothy Westlake joined the meeting at 8:07 A.M.

MOTION: Timothy Swan moved, seconded by Jude Genereaux, to write a letter of support for Deputy Secretary Bill Wendle's candidacy for the public member position on the ACCME Board of Directors. Motion carried unanimously.

**MEDICAL BOARD OF CALIFORNIA'S LIST OF RECOGNIZED MEDICAL SCHOOLS AND
PROCEDURE FOR INTERNATIONAL APPLICANTS – BOARD DISCUSSION**

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to direct the Licensure Committee to research approaches to approving medical schools not accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA) or both, and to report to the Board. Motion carried unanimously.

**REQUIREMENTS FOR DOCUMENTING AND RETAINING RECORDS OF
PHYSICIANS SUPERVISING PHYSICIAN ASSISTANTS,
AND OTHER MATTERS RELATED TO PHYSICIAN ASSISTANT PRACTICE**

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, to table this matter to the June Board meeting. Motion carried unanimously.

**FEDERATION OF STATE MEDICAL BOARDS (FSMB) MATTERS – DISCUSSION AND
CONSIDERATION**

**APPOINTMENT OF SRIDHAR VASUDEVAN TO
FSMB EDUCATION COMMITTEE, 2014-2015 – BOARD CONSIDERATION**

MOTION: Timothy Swan moved, seconded by Mary Jo Capodice, to endorse Sridhar Vasudevan to serve on the FSMB Education Committee. Motion carried unanimously.

**APPOINTMENT OF KENNETH SIMONS TO CHAIR FSMB
STATE MEDICAL BOARDS' APPROPRIATE REGULATION OF TELEMEDICINE
(SMART) II COMMITTEE – BOARD CONSIDERATION**

MOTION: Sridhar Vasudevan moved, seconded by Carolyn Ogland, to endorse Kenneth Simons to chair the FSMB SMART II Committee. Motion carried unanimously.

DISCIPLINARY GUIDELINES COMMITTEE REPORT

MEDICAL EXAMINING BOARD HISTORICAL DECISIONS AND ORDERS DATA ANALYSIS REPORT

MOTION: Carolyn Ogland moved, seconded by Greg Collins, to adopt the Medical Examining Board Historical Decisions and Orders Data Analysis Report, post the Report to the internal Board SharePoint site, request the Department continually update and maintain a ten-year historical data analysis report, and to present the report to the Board on an annual basis. Motion carried unanimously.

SCREENING PANEL REPORT

Jude Genereaux reported that 56 cases were reviewed, 20 cases were opened, 3 ten-day letters were sent, and one case was held for further review.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS:

REVIEW OF PRELIMINARY DRAFT OF 165-MED 18, RELATING TO PHYSICIANS AND INFORMED CONSENT

MOTION: Timothy Swan moved, seconded by Carolyn Ogland, to approve the preliminary draft revisions to 165-MED 18, relating to physicians and informed consent, for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

9:30 A.M. – PUBLIC HEARING – CLEARINGHOUSE RULE 14-033, AMENDING MED 13.06, RELATING TO CONTINUING EDUCATION AUDITS

*The Public Hearing was called to order by Kenneth Simons, Chair, at 9:41 A.M.
No comments were made. No action was taken.*

CLOSED SESSION

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

The Board convened into Closed Session at 9:47 A.M.

RECONVENE TO OPEN SESSION

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to reconvene in Open Session at 1:35 P.M. Motion carried unanimously.

PRESENTATION AND DELIBERATION OF REQUEST TO REVIEW BOARD DECISION IN THE MATTER OF THE FULL-BOARD ORAL EXAMINATION OF BHARAT PAL, M.D.

MOTION: Timothy Westlake moved, seconded by Timothy Swan, that the request of Bharat Pal, M.D., for reconsideration of the failure of the examination and denial of the license is denied. **REASON FOR DENIAL:** Unable to practice with reasonable skill and safety. Motion carried.

Sridhar Vasudevan voted no in the above matter.

REVIEW OF ADMINISTRATIVE WARNING IN THE MATTER OF 13 MED 302 – (T.S.O.)

MOTION: Sridhar Vasudevan moved, seconded by Timothy Westlake, to rescind the Administrative Warning issued in DLSC case number 13 MED 302 against T.S.O. Motion failed.

MOTION: Greg Collins moved, seconded by Timothy Swan, to affirm the Administrative Warning issued in DLSC case number 13 MED 302 against T.S.O. Motion failed.

REVIEW OF ADMINISTRATIVE WARNING IN THE MATTER OF 13 MED 274 – (J.R.V.)

MOTION: Mary Jo Capodice moved, seconded by Rodney Erickson, to rescind the Administrative Warning issued in DLSC case number 13 MED 274 against J.R.V., and to close the case for prosecutorial discretion. Motion carried.

ORAL INTERVIEW FOR VISITING PROFESSOR LICENSURE – TOSHIO TAKAYAMA, M.D.

MOTION: Timothy Westlake moved, seconded by Mary Jo Capodice, to grant the request of Toshio Takayama, M.D., for Visiting Professor Licensure pursuant to Wis. Admin. Code ch. MED 3.02(8). Motion carried unanimously.

MONITORING MATTERS

MICHAEL V. BAICH, M.D. – REQUESTING LIMITATIONS BE REMOVED FROM LICENSE

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to grant the request of Michael V. Baich, M.D., to remove the limitations from his license. Motion carried unanimously.

Pam Stach, Legal Counsel, recused herself and left the room for deliberations and voting in the above matter.

PROPOSED STIPULATIONS, FINAL DECISIONS, AND ORDERS:

**12 MED 422
JANE D. BYRD, M.D**

MOTION: Mary Jo Capodice moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order, in the matter of 12 MED 422 – Jane D. Byrd, M.D. Motion carried unanimously

**13 MED 018
JASON T. GENGERKE, M.D.**

MOTION: Mary Jo Capodice moved, seconded by Sridhar Vasudevan to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order, in the matter of 13 MED 018 – Jason T. Gengerke, M.D. Motion carried unanimously

**13 MED 129
STEPHEN A. CULLINAN, M.D.**

MOTION: Mary Jo Capodice moved, seconded by Sridhar Vasudevan to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order, in the matter of 13 MED 129 – Stephen A. Cullinan, M.D. Motion carried unanimously

**13 MED 169
NANCY L. MOYER, M.D.**

MOTION: Mary Jo Capodice moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order, in the matter of 13 MED 169 – Nancy L. Moyer, M.D. Motion carried unanimously

**13 MED 179
PATRICK L. BRUNO, M.D.**

MOTION: Mary Jo Capodice moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order, in the matter of 13 MED 179 – Patrick L. Bruno, M.D. Motion carried unanimously

**13 MED 383
MOHAMMED A. KAISERUDDIN, M.D.**

MOTION: Mary Jo Capodice moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order, in the matter of 13 MED 383 – Mohammed A. Kaiseruddin, M.D. Motion carried unanimously

13 MED 478
STEVEN W. STEINMETZ, M.D.

MOTION: Mary Jo Capodice moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order, in the matter of 13 MED 478 – Steven W. Steinmetz, M.D. Motion carried unanimously

13 MED 534
GOVINDARAJU SUBRAMANI, M.D.

MOTION: Mary Jo Capodice moved, seconded by Sridhar Vasudevan, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order, in the matter of 13 MED 534 – Govindaraju Subramani, M.D. Motion carried unanimously

13 MED 401
RAKESH JAGETIA, M.D.

MOTION: Timothy Swan moved, seconded by Greg Collins, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order, in the matter of 13 MED 401 – Rakesh Jagetia, M.D. Motion carried unanimously

ADMINISTRATIVE WARNINGS

MOTION: Sridhar Vasudevan moved, seconded by Mary Jo Capodice, to issue administrative warnings and to close the cases in the matter of case numbers:
1) 12 MED 381 (C.W.D.)
2) 13 MED 334 (T.A.D.)
Motion carried unanimously.

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to issue an administrative warning and to close the case in the matter of case number 13 MED 217 (J.A.F.). Motion carried unanimously.

PRESENTATION AND DELIBERATION ON PETITIONS FOR EXTENSIONS OF TIME

MOTION: Sridhar Vasudevan moved, seconded by Rodney Erickson, to authorize the Division of Legal Services and Compliance to seek permission from the Secretary of the Department of Safety and Professional Services to extend the time in which the Division may commence legal action in the matter of 13 MED 152 (J.W.I) for six months from the date of a signed Order for Extension. Motion carried unanimously.

MOTION: Sridhar Vasudevan moved, seconded by Rodney Erickson, to authorize the Division of Legal Services and Compliance to seek permission from the Secretary of the Department of Safety and Professional Services to extend the time in which the Division may commence legal action in the matter of 13 MED 155 (N.H.R.) for six months from the date of a signed Order for Extension. Motion carried unanimously.

SEEKING EQUIVALENCY FOR THE 12 MONTHS OF ACGME APPROVED POST-GRADUATE TRAINING BASED ON EDUCATION AND TRAINING

SAMI ALNAFI, M.D.

MOTION: Timothy Swan moved, seconded by Timothy Westlake, to find that the training and education of Sami Alnafi, M.D. is substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried unanimously.

MOHAMED ETAFY, M.D.

Mary Jo Capodice left the room at 12:49 P.M.

MOTION: Timothy Swan moved, seconded by Timothy Westlake, to find that the training and education of Mohamed Etafy, M.D. is substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2), and to route the file to the licensing liaisons for further review regarding the possibility of a personal interview. Motion carried unanimously.

OSAYANDE S. IZEIYAMU, M.D.

Mary Jo Capodice returned to the meeting at 12:52 P.M.

MOTION: Timothy Swan moved, seconded by Timothy Westlake, to affirm the denial of equivalency of training and education of Osayande S. Izeiyamu, M.D. Motion carried unanimously.

MOTION: Timothy Westlake moved, seconded by Jude Genereaux, to deny the application of Osayande S. Izeiyamu, M.D. for licensure to practice medicine and surgery. **Reason for Denial:** Lack of equivalency of education and training. Motion carried unanimously.

KUYLHEE KIM, M.D.

MOTION: Timothy Westlake moved, seconded by Carolyn Ogland, to find that the training and education of Kuylhee Kim, M.D. is substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried.

Kenneth Simons recused himself and left the room for deliberations and voting in the above matter.

GUOQIONG K. QU, M.D.

MOTION: Mary Jo Capodice moved, seconded by Jude Genereaux, to find that the training and education of Guoqiong K. Qu, M.D. is substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2), and to route the file to the licensing liaisons for further review regarding the possibility of a personal interview. Motion failed.

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to find that the training and education of Guoqiong K. Qu, M.D. is not substantially equivalent to the requirements set forth in Wis. Stat. § 448.05(2). Motion carried.

CASE CLOSINGS

MOTION: Jude Genereaux moved, seconded by Timothy Westlake, to close the following cases according to the recommendations by the Division of Legal Services and Compliance:

- 1) 12 MED 241 (A.B.) for prosecutorial discretion (P3)
- 2) 12 MED 242 (S.J.) for insufficient evidence (IE), as corrected
- 3) 13 MED 114 (R.H.) for no violation (NV)
- 4) 13 MED 128 (C.A.L.) for prosecutorial discretion (P1)
- 5) 13 MED 221 (D.A. and J.D.) for no violation (NV), as corrected
- 6) 13 MED 237 (F.T.I.) for no violation (NV)
- 7) 13 MED 255 (G.G.D.) for prosecutorial discretion (P7)
- 8) 13 MED 335 (M.Y.) for no violation (NV)
- 9) 13 MED 380 (M.M.) for lack of jurisdiction (L2)
- 10) 14 MED 045 (C.D.) for prosecutorial discretion (P5)

Motion carried unanimously.

MOTION: Greg Collins moved, seconded by Timothy Westlake, to close case number 12 MED 381 (A.N. and C.L.) for no violation (NV). Motion carried unanimously.

Kenneth Simons recused himself and left the room for deliberations and voting in the above matter.

MOTION: Sridhar Vasudevan moved, seconded by Greg Collins, to close case number 12 MED 445 (A.J.C.) for prosecutorial discretion (P5), and to place a **hold** on the credential. Motion carried unanimously.

MOTION: Timothy Swan moved, seconded by Sridhar Vasudevan, to keep case number 13 MED 012 (R.J.D.) open. Motion carried unanimously.

MOTION: Greg Collins moved, seconded by Timothy Westlake, to close case number 13 MED 033 (R.J.A.) for no violation (NV). Motion carried unanimously.

MOTION: Timothy Swan moved, seconded by Jude Genereaux, to close case number 13 MED 156 (R.T.) for no violation (NV). Motion carried unanimously.

Carolyn Ogland recused herself and left the room for deliberations and voting in the above matter.

**VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION,
IF VOTING IS APPROPRIATE**

MOTION: Sridhar Vasudevan moved, seconded by Jude Genereaux, to affirm all Motions made and Votes taken in Closed Session. Motion carried unanimously.

RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Carolyn Ogland moved, seconded by Rodney Erickson, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Sridhar Vasudevan moved, seconded by Jude Genereaux, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:36 P.M.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 6/3/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 6/18/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation by the Federation of State Medical Examining Boards (FSMB)	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Presentation from visiting FSMB representatives, including Dr. Greg Snyder, Liaison Director, and Lisa Robin, Chief Advocacy Officer			
11) Authorization			
Daniel Agne			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**PROMOTING THE HIGHEST STANDARDS FOR
MEDICAL LICENSURE AND PRACTICE**



Protecting
Advocating
Serving

Protecting
Advocating
Serving

The FSMB At Your Service

Gregory B. Snyder, MD

Board of Directors, Federation of State Medical Boards

Lisa A. Robin

Chief Advocacy Officer, Federation of State Medical Boards

Wisconsin Medical Examining Board

June 18, 2014



Greetings from the FSMB Board of Directors

Donald H. Polk, DO, Chair



Federation of State Medical Boards (FSMB)

- Founded in 1912, offices in TX and Washington, DC
- 70 state medical and osteopathic boards
- Co-manages, with the NBME, the USMLE program
- Physician Data Center
- *Journal of Medical Regulation*, since 1915
- Continuing Medical Education Activities
- Federation Credentials Verification Service (FCVS)
- Uniform Application (UA) for Licensure
- Secretariat for the International Association of Medical Regulatory Authorities (IAMRA)
- FSMB Foundation



FSMB Offices in Euless, Texas and Washington DC



FSMB Vision & Mission 2010-2015

Vision

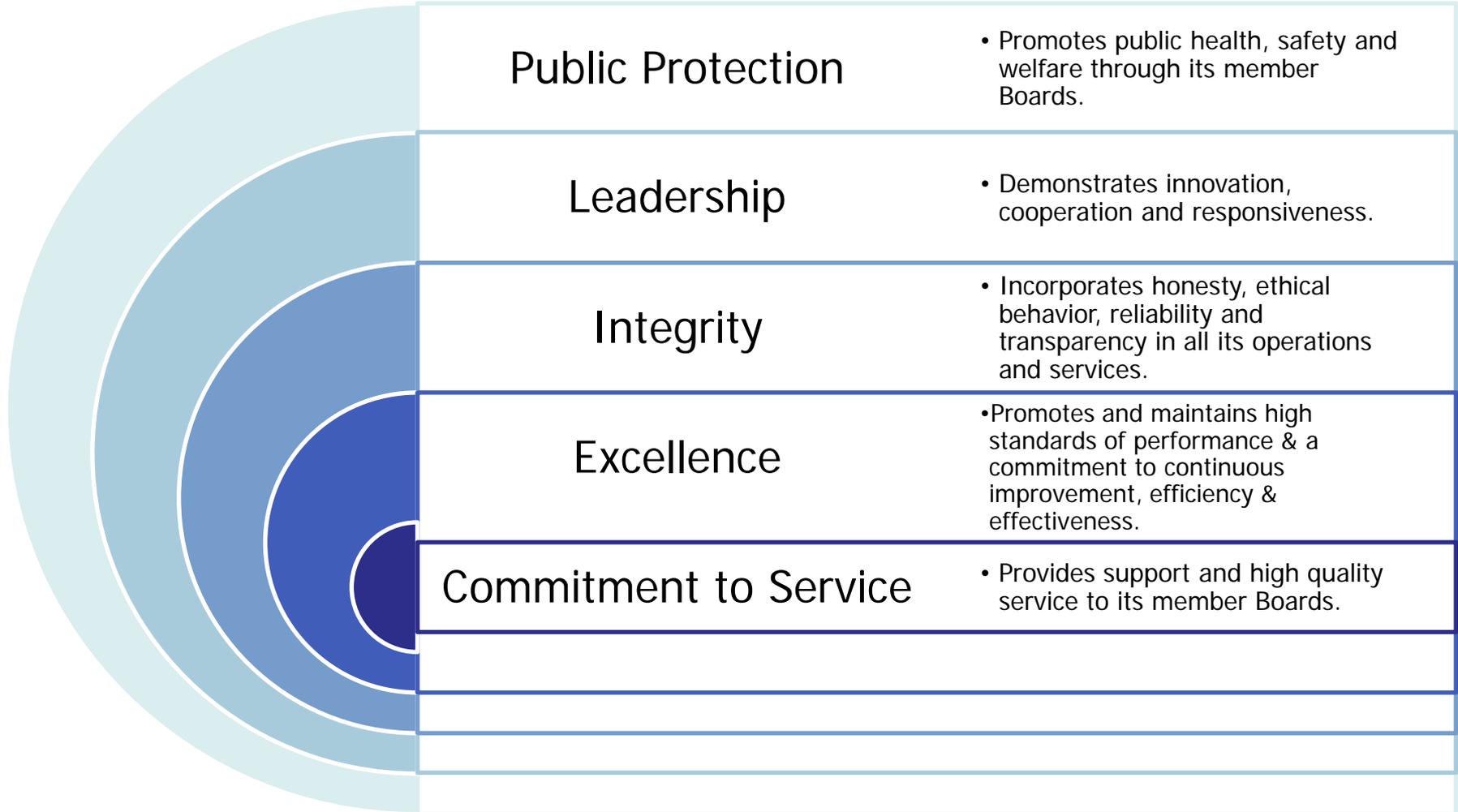
The Federation of State Medical Boards is the leader in medical regulation, serving as an innovative catalyst for effective policy and standards.

Mission

FSMB leads by promoting excellence in medical practice, licensure, and regulation as the national resource and voice on behalf of state medical boards in their protection of the public.



FSMB Values



Advocacy and Policy Leader

Enhance the role of state medical boards in an evolving health care environment by leading, anticipating and responding to trends in medical regulation

Support for State Medical Boards

Offer relevant policy, programs, education and services to state medical boards that result in improved quality and safety of patient care through effective and fair medical regulation and discipline.

Information Resource

Be recognized by the public and policymakers as a valued informational and educational resource for medical licensure and regulation.

FSMB Strategic Goals

Consistent Standards

Effectively lead, assist and support state medical boards to develop and use consistent standards, language, definitions, and tools.

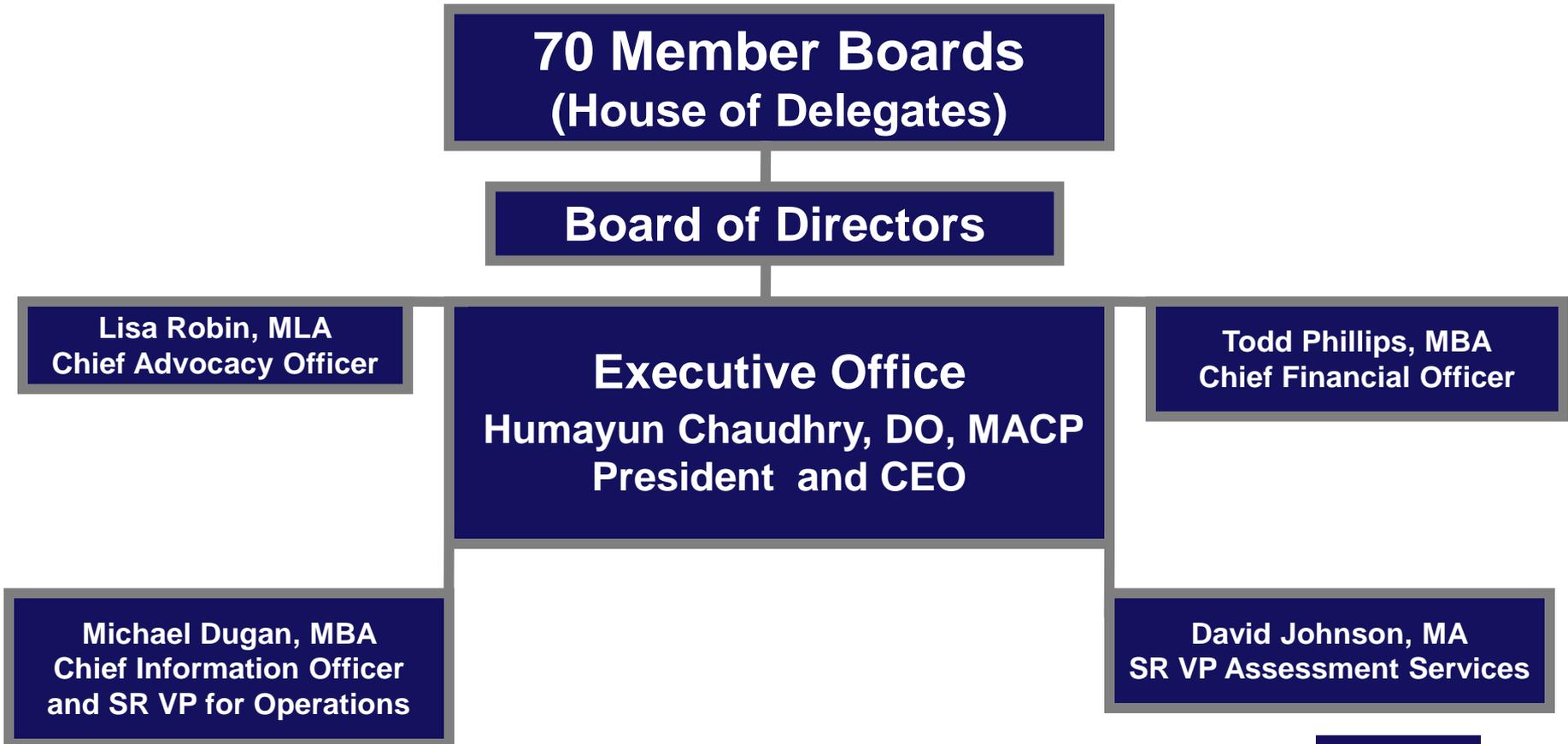
Partnerships

Engender greater participation and engagement among its member boards and more effective relationships with national and international organizations as a trusted and reliable partner.

Organizational Improvement

Enhance its organizational vitality and nimbleness, broaden its financial resources, and provide a technology platform adequate for the evolving needs of the FSMB.

Governance Structure



FSMB Committee & Workgroup Structure

Committees Reporting to the House of Delegates

Bylaws

Reference

Nominating

Rules

Committees & Workgroups Reporting to the Board of Directors

Standing Committees:

Audit
 Editorial
 Education
 Ethics & Professionalism
 Finance

Workgroups:

Interstate Compact Taskforce
 Workgroup on Telemedicine Consultations

Special Committee on Strategic Positioning

Advisory

Advisory Council of Board Executives

FCVS Advisory Council



FSMB policy priorities

- Development of an Interstate Medical Licensure Compact
- *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine*
- *Framework on Professionalism in the Adoption and Use of Electronic Health Records*
- *Maintenance of Licensure (MOL) Task Force on Continuous Professional Development (CPD) Activities*
- *Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice*
 - Policies available at www.fsmb.org

New This Year

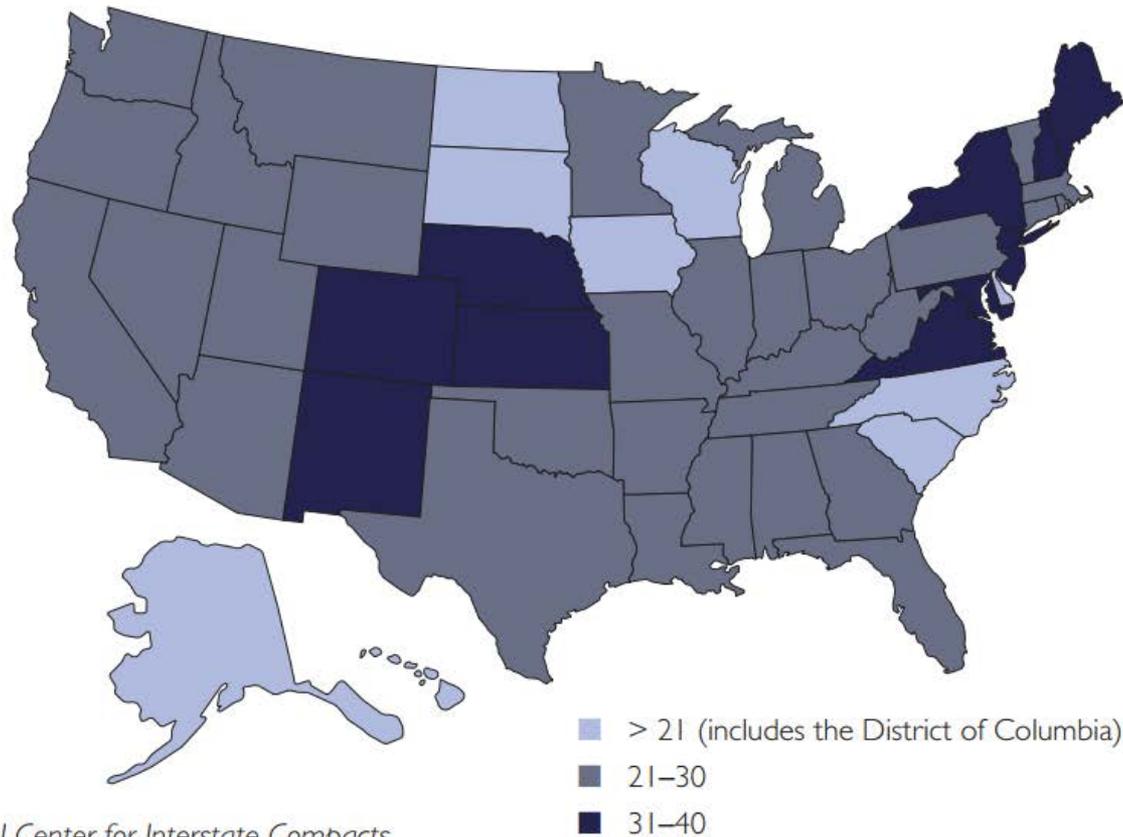
- Special Committee on Strategic Positioning
- Taskforce to define “consultations” using telemedicine technologies
- Supporting states’ adoption of the Interstate Medical Licensure Compact

INTERSTATE MEDICAL LICENSURE COMPACT

Interstate Compacts

- **Response to issues of national concern without 'nationalization' of the issue**
- **Contractual arrangement between states**
- **Retains state sovereignty and control**
- **Constitutionally derived power of states**
- **Over 200 Active Compacts**
 - 22 are national in scope

State-by-State Interstate Compact Membership

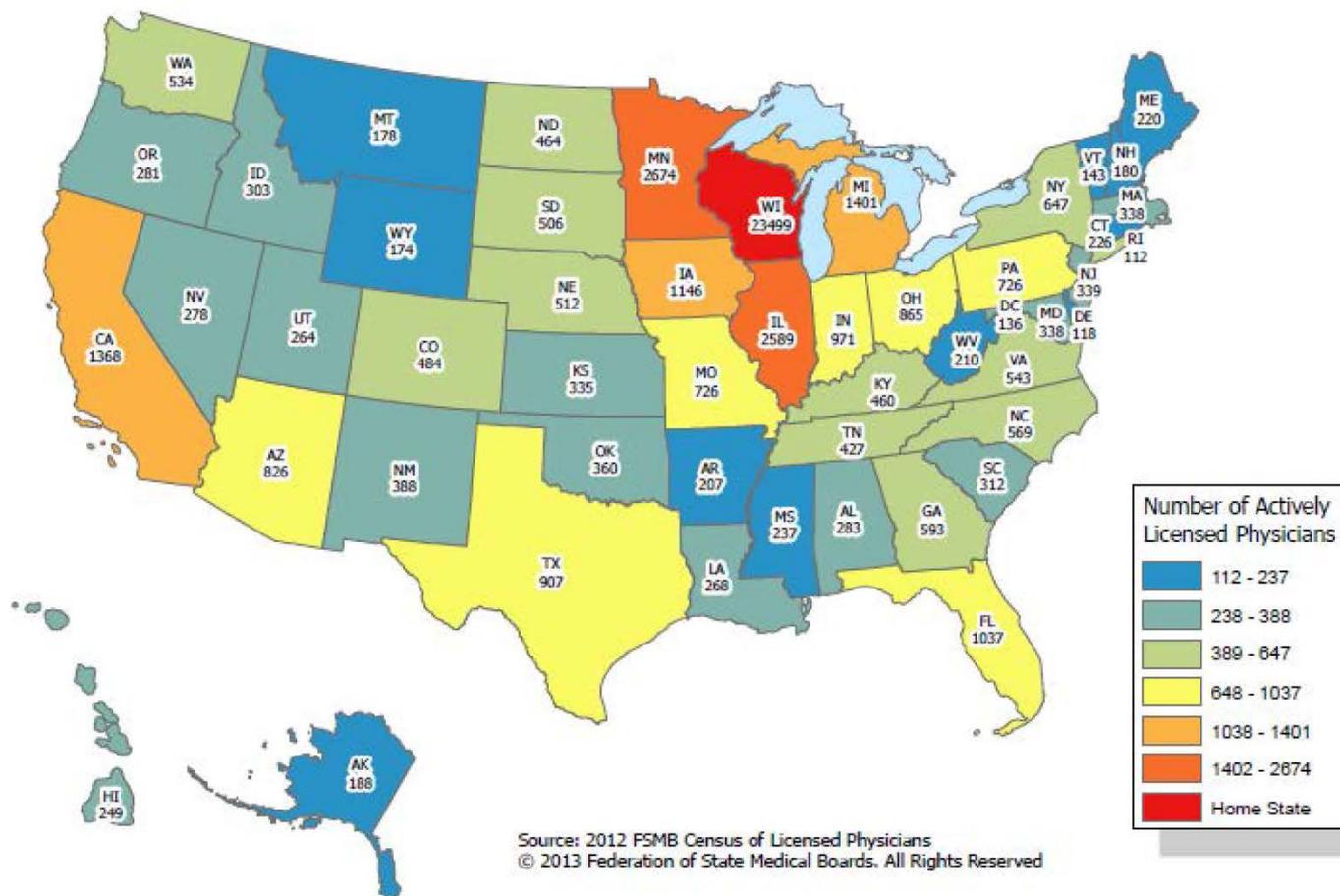


Source: National Center for Interstate Compacts.

Resolution 13-5 (FSMB House of Delegates 2013)

- **Development of an Interstate Compact to Expedite Medical Licensure and Facilitate Multi-State Practice**
- **Directs FSMB to convene representatives from state medical boards and special experts to explore the formation of an interstate compact to enhance license portability**

Wisconsin Medical Examining Board Actively Licensed Physicians with Multi-State Licenses



Interstate Compact Principles

- **State participation strictly voluntary**
- **Creates another pathway for licensure, but does not otherwise change a state's existing Medical Practice Act**
- **Does not create a "national license"**
- **A "commission" will be established to coordinate and administer the Compact**

Interstate Compact Principles

- **Regulatory authority remains with the participating state medical board**
- **Creates a mechanism for participating boards to share disciplinary and investigative information**
- **License to practice can be revoked by any compact state where the physician is practicing**

Who Would Be Eligible?

- **Not all physicians will be eligible for expedited licensure**
- **Must meet the following requirements:**
 - Possession of one full and unrestricted license
 - Successful completion of a GME program
 - Achievement of specialty certification
 - No discipline on any state medical license
 - No discipline related to controlled substances
 - Not under investigation by any agency or law enforcement

State of Principal License

- **Serves as entry point for eligible physician**
 - Physician must obtain full unrestricted license
 - State must be a Compact State
- **What state could serve as state of principal license?**
 - State of physician's primary residence
 - State where 25% medical practice occurs
 - Location of physician's employer
 - State designated for federal income taxes

Proposed Licensure Pathway

Step 1

- Eligible Physician receives License in a Compact State (State of Principal License)

Step 2

- Eligible Physician applies for expedited licensure in State of Principal License
- State of Principal license verifies eligibility

Step 3

- State of Principal License sends attestation to Commission
- Eligible physician transmits fees to Commission

Proposed Licensure Pathway

Step 4

- Compact Commission sends fees and physician information to other Compact states indicated by Physician

Step 5

- Indicated member states issue physician a license

Step 6

- ONGOING: Commission used as clearinghouse for shared discipline and investigatory information

Impact of Expedited License

- **Expedited License has same effect as license granted through current process**
- **Physician must abide by all rules and regulations governing licenses in that state**
- **CME, renewal and other requirements will apply**

Impact of Disciplinary Actions

- **Any disciplinary action on a license issued by a member state may be subject to discipline by other member states**
 - Major Actions
 - Minor Actions
- **Coordinated discipline will be issued in accordance with the laws of each individual state**

Joint Investigations

- **Member Boards may participate with other member boards in joint investigations of physicians licensed by the member boards**
- **Boards may share information and other materials**
- **Subpoenas issued by member states enforceable in other member states**

Coordinated Information System

- **Commission to establish database of all physicians who apply or are licensed through Compact**
- **Member Boards will report complaint / disciplinary information to the Commission**
- **Increased permissive sharing of complaints and other investigatory information**

STANDARDS FOR TELEMEDICINE

Evolving FSMB Telemedicine Standards

- **Model Policy for the Appropriate Use of the Internet in Medical Practice (2002)**
- **State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup (Spring 2013 – Spring 2014)**
 - Guide the development of model guidelines for use by SMBs in evaluating the appropriateness of care as related to the use of telemedicine
 - Goal: Remove regulatory barriers to widespread appropriate adoption of telemedicine technologies for delivering care while ensuring patient safety
- **Model Policy for the Appropriate Use of Telemedicine Technologies in Medical Practice (2014)**

Model Policy

- A guidance document for SMBs –
 - Regulating the use of telemedicine technologies in the practice of medicine
 - Educating licensees as to the appropriate standards of care when delivering health care services directly to patients via telemedicine
 - Although written primarily for physicians, it is in large part applicable to physician assistants or other health professionals that may be regulated by the medical board

Model Policy Guidelines

- **Patient-Physician relationship established upon agreement for diagnosis and treatment**
 - Can be established via telemedicine provided the standard of care is met
 - Major shift in approach from face-to-face
- **Physician discouraged from care without**
 - Verifying patient identity and location
 - Disclosing credentials and identity
 - Obtaining consent from the patient

Model Policy Guidelines

- **Licensure**
 - Physician is under the jurisdiction of the SMB in the state where patient is located
 - Practice of medicine in state where patient is located at the time telemedicine technologies are used
- **Evaluation and Treatment**
 - Physician must collect relevant clinical history
 - Treatment held to same standards as face-to-face
- **Prescribing**
 - Held to same standards as other treatments
 - Sole use of online questionnaire not acceptable

Model Policy Guidelines

- **Informed Consent**
 - Identification of individuals and technologies
 - Types of transmissions permitted
 - Patient agreement as to the discretion of the physician to determine whether or not the condition is appropriate for a telemedicine encounter
- **Continuity of Care**
 - Patient access to follow up care or information from the provider of telemedicine services
- **Referral for emergency services**
 - Written protocol appropriate to services rendered

MAINTENANCE OF LICENSURE

Maintenance of Licensure (MOL) FSMB HOD Adopts Policy in 2004

“State medical boards have a responsibility to the public to ensure the ongoing competence of physicians seeking relicensure.”

MOL Framework and Recommended

<p>COMPONENT 1: <i>Reflective self-assessment</i></p>	<ul style="list-style-type: none"> • MOC/OCC • CME in practice area
<p>COMPONENT 2: <i>Assessment of knowledge and skills</i></p>	<ul style="list-style-type: none"> • Practice-relevant MCQ exams (MOC/OCC) • Standardized patients • Computer-based case simulations • Patient/peer surveys • Procedural hospital privileging • Observation of procedures
<p>COMPONENT 3: <i>Performance in practice</i></p>	<ul style="list-style-type: none"> • Performance improvement CME/Projects (SCIP, IHI, IPIP, HEDIS) • MOC/OCC • AOA BOS Clinical Assessment Program • 360° evaluations • Patient reviews • Analysis of practice data • CMS measures

Four Important Points about MOL

1. There will not be a mandatory, high stakes exam.
2. State medical boards will not require specialty board certification, MOC or OCC as a condition for licensure.
3. MOL is not the same as MOC or OCC.
 - though all value the concept of physician accountability and continued professional development
4. Participation in MOC or OCC should substantially count toward any state's MOL requirements.

MOL Pilot Board Discussions

- Staff are preparing to engage in in-depth discussions and interviews with pilot boards about their **license renewal processes** in order to determine whether and how such processes might be impacted by implementation of MOL requirements.
- Staff will also be discussing with them ways to obtain information about licensees practicing in **rural or remote locations** to better understand the unique needs of this population with regards to access to (and participation in) CME/CPD activities, and determine the extent to which these needs are met.

SERVING STATE MEDICAL BOARDS

Education Events

- **Annual Meeting**
 - Board Member Workshops
- **Annual Educational Series**
- **Board Attorney Workshops**
 - (Fall and Spring)
- **New Executives Orientation**
- **Monthly Roundtable**
- **Executive Institute Program***
- **Board Investigator Certification Program***

** Programs administered by AIM and supported by FSMB*



Multiple Channels/Multiple Audiences

- FSMB Annual Report
- *Journal of Medical Regulation*
- *Newsline*
- *FSMB eNews*
- Website - www.fsmb.org



NEWS CLIPS

Frequent E2 users often have
staircase, doctors (American
Medical News, April 8, 2010)

Doctors and patients, set in
staircase (New York Times, April
8, 2010)

FDA wants: Far-reaching new
steps are reforming (National
Public Health, April 7, 2010)

How physicians try to prevent
doctor shortages (CNN, April 7

MESSAGE FROM THE CEO

For the first time ever, the FSMB's Annual Meeting will include a live webcast as part of our outreach efforts on behalf of state medical and osteopathic boards. Anyone wanting to watch the Opening Session, to be held in Chicago on Thursday, April 22, from 8 a.m. to noon CDT, can do so on their computers for free by pre-registering now at: www.fsmb.org/events/fsmb100422. Speakers that morning will include Rosemary Gibson, Assistant HHS Secretary Howard Koh, M.D., and ADA President Larry Wickless, D.D.

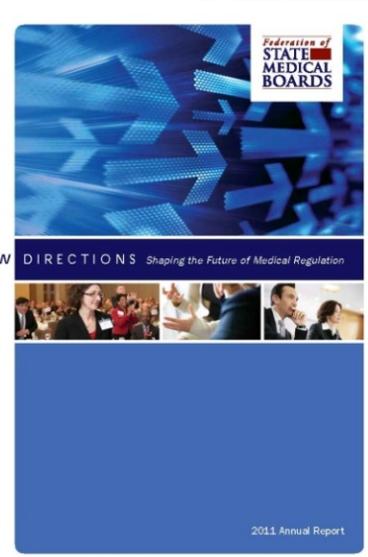


CRITICAL THINKING ON ISSUES OF MEDICAL LICENSURE AND DISCIPLINE

VOLUME 95 NUMBER 4 2009 / 2010

Physicians' Health

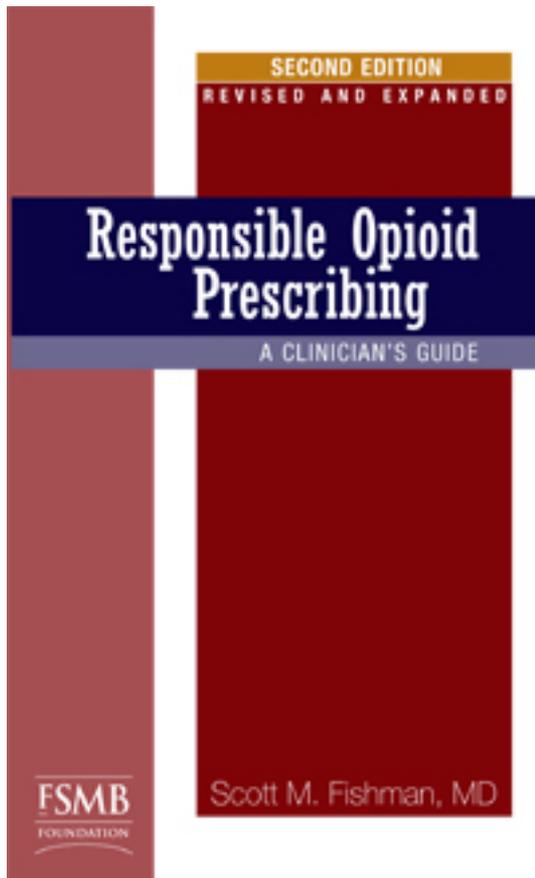
Standard



Providing Resources for Safe Prescribing of Opioid Analgesics and Addiction Treatment

- **FSMB, with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), is offering two online enduring CME activities to education state medical boards and their licensees about recently released policies,**
 - *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*
 - *Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office*
- **Each activity has been accredited for 1 AMA PRA Category 1 Credit(s)**
- **Free of charge to learners**
- **Access: www.fsmb.org/pain**

FSMB Foundation



Responsible Opioid Prescribing: A Clinician's Guide, by pain expert Scott M. Fishman, MD

Educational Grants to State Medical Boards on Responsible Opioid Prescribing (ER/LA)

- Awarded 26 \$10,000 grants in 2014
- FSMB Foundation Luncheon on Friday, April 25, was held in conjunction with the 2014 Annual Meeting

FEATURED ACTIVITY

Extended-Release and Long-Acting Opioids: Assessing Risks, Safe Prescribing

LAUNCH ACTIVITY



If you have been contacted by FSMB to apply for a grant

CLICK HERE

Why Should I Participate in This Activity?

ER/LA opioids are approved to treat severe persistent pain. The misuse and abuse of these drugs have resulted in a serious public health crisis of addiction, overdose, and death. On July 9, 2012, FDA approved a risk evaluation and mitigation strategy (REMS) for extended-release (ER) and long-acting (LA) opioid medications.

The goal of this REMS is to reduce serious adverse outcomes resulting from inappropriate prescribing, misuse, and abuse of extended-release or long-acting (ER/LA) opioid analgesics while maintaining patient access to pain medications.

Click here for more information on FDA REMS:

<http://www.fda.gov/drugs/drugsafety/informationbydrugclass/ucm163647.htm>

About the Activity

AMA PRA Category 1 Credits™

This activity consists of 6 modules. All modules must be completed in order to receive credit.



Assessing Patients for Treatment with ER/LA Opioid Analgesic Therapy

- Scope of the problem
- Screening tools
- Clinical interview



Initiating Therapy, Modifying Dosing, and Discontinuing Use of ER/LA Opioid Analgesics

- Trial strategy
- Switching opioids
- Exit strategies
- Tapering, cautions



Managing Therapy with ER/LA Opioid Analgesics

- Setting goals
- Written agreements
- Monitoring, UDT
- Screening for abuse



Counseling Patients and Caregivers about the Safe Use of ER/LA Opioid Analgesics

- Drug-drug interactions
- Medication reconciliation
- Diversion
- Tapering, disposal



General Drug Information for ER/LA Opioid Analgesic Products

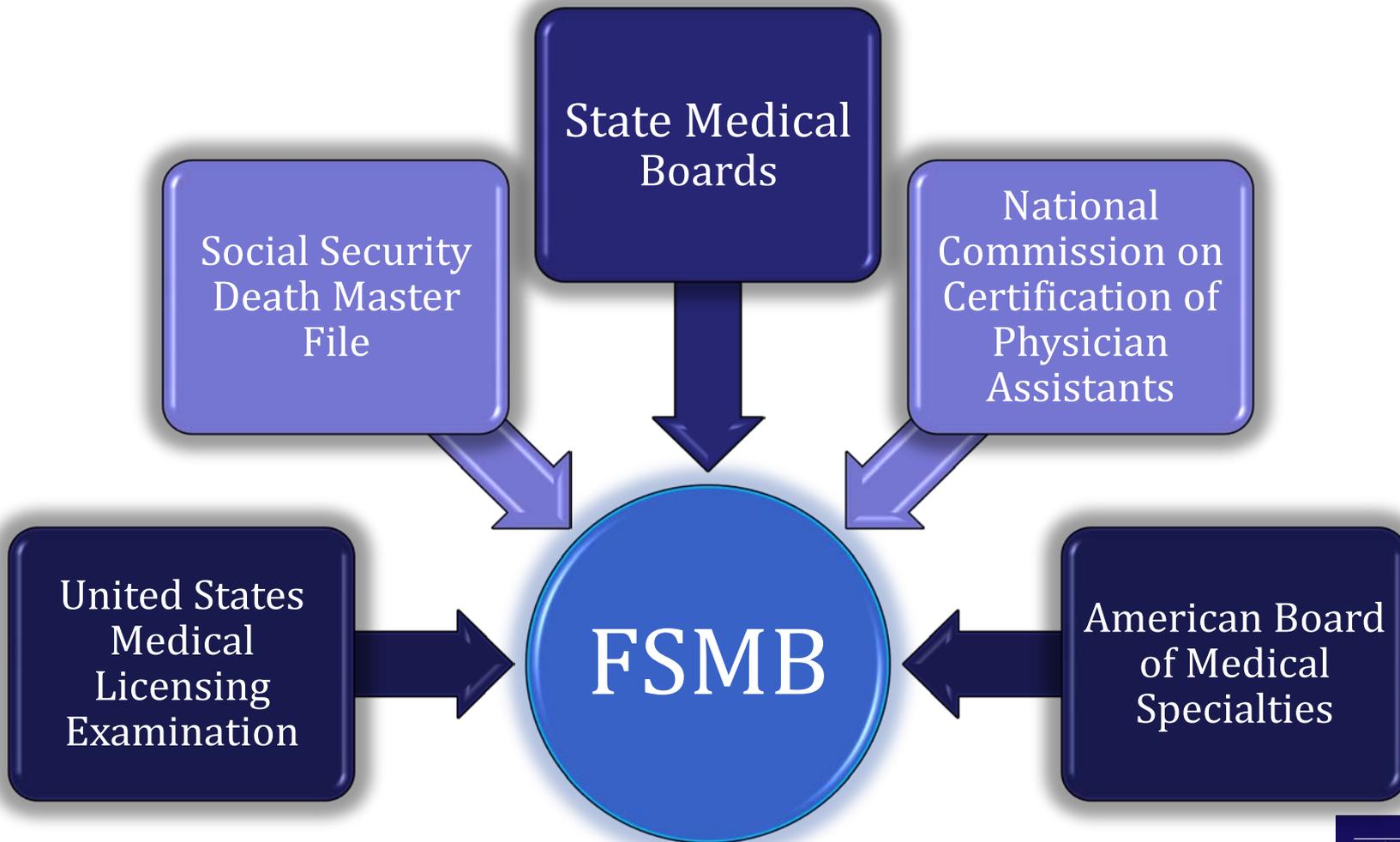
- Common considerations, instructions
- Side effects
- Drug interactions



Specific Drug Information for ER/LA Opioid Analgesic Products

- Considerations in choosing a drug
- Specific drugs, clinical pearls

FSMB Information Sources





PRACTITIONER PROFILE

Prepared for: National Wellness Hospital As of Date: 11/15/2013

PRACTITIONER IDENTIFICATION

Name: Rebecca Lee Andrews
 Alternate Name(s): Rebecca Andrews Campbell
 DOB: 04/05/1971
 Medical School: University of Connecticut School of Medicine
 Farmington, Connecticut, USA
 Year of Grad: 2001
 Degree Type: MD

BOARD ACTIONS

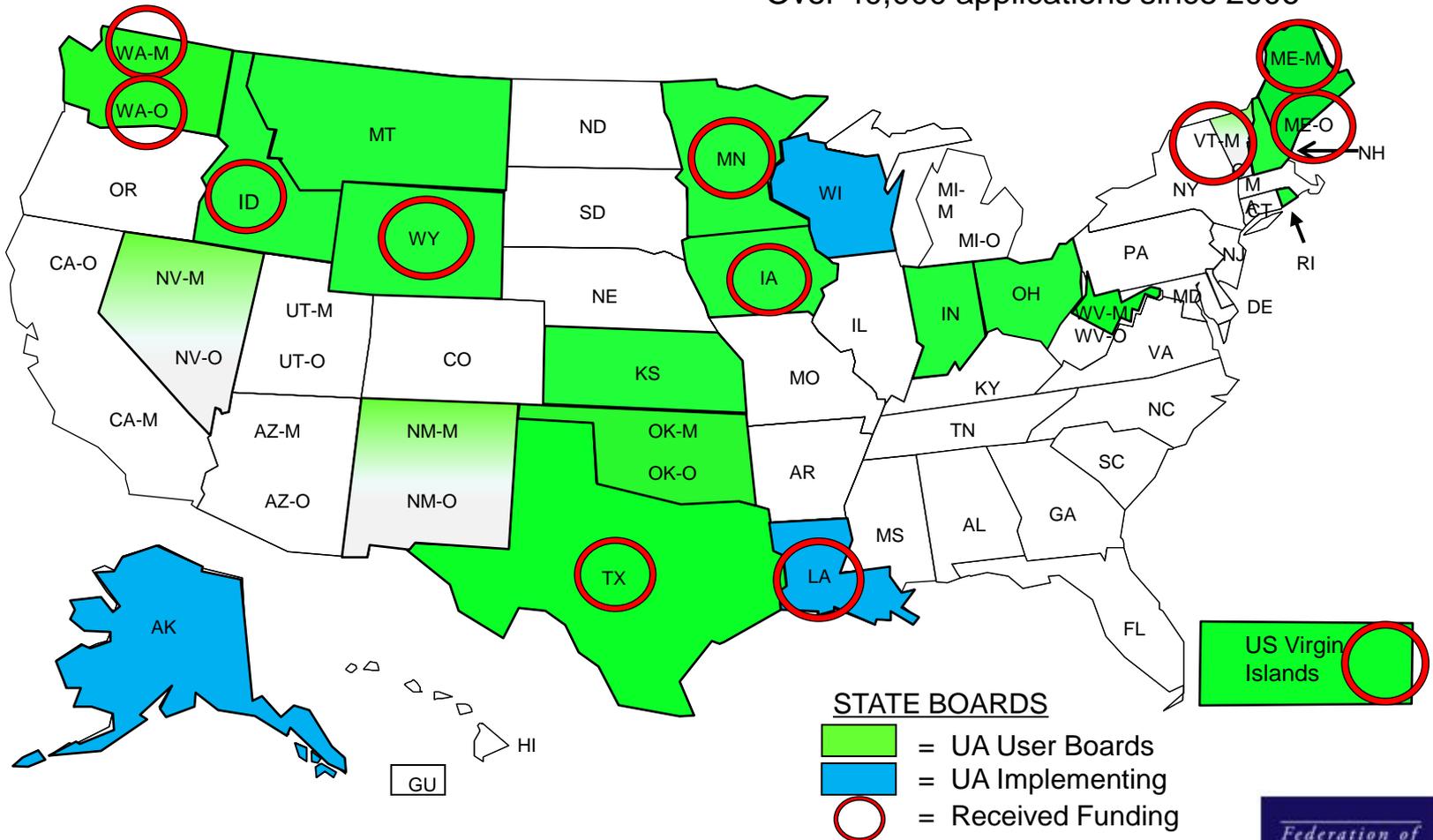
To date, there have been no actions reported to the FSMB.

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Reported
Nebraska	21741	03/29/2001	10/01/2014	10/13/2013
Illinois	036145218	08/08/2000	07/31/2002	10/15/2013

States using or actively adopting the UA

23 SMBs using UA
Over 40,000 applications since 2006



Federation Credentials Verification Service (FCVS)

- **Primary Source Verification of Core Credentials**
- **Accepted by 67 of 69 Licensing Boards**
- **175,000+ MDs, DOs and PAs Enrolled**
- **Implementation of Fast Track in 2011**
 - Redesigned Work Groups
 - Improved Data Repository
 - Improved Communication with Boards and Physicians
- **NCQA Certification**



USMLE

Drivers of change and need to enhance

- Better support licensing decisions (supervised /independent practice)
- Reinforce prominence of foundational sciences
- Introduce additional measures related to competencies
- Reflect changes in information technology and usage
- Build on experience from Step 2 Clinical Skills (CS)

Comprehensive Review of USMLE

Committee to Evaluate the USMLE Program (CEUP) • Summary of the Final Report and Recommendations

EXECUTIVE SUMMARY

This document is a summary of the work and recommendations of the Committee to Evaluate the USMLE Program (CEUP), a committee constituted by the USMLE Composite Committee and comprising students, residents, clinicians, and members of the licensing, graduate, and undergraduate education communities. The goal of the committee was to determine if the mission and purpose of USMLE were effectively and efficiently supported by the current design, structure, and format of the USMLE. This process was to be guided, in part, by an analysis of information gathered from stakeholders, and was to result in recommendations to USMLE governance. The CEUP worked from 2006 to early 2008.

The USMLE examination program was designed in the late-1980s and introduced during the period 1992 to 1994. The program replaced the NBME Part Examination program and the Federation Licensing Examination (FLEX) program, which were the widely accepted medical licensing examination programs at that time. Since the introduction of USMLE, one major change in format/delivery and one major addition to the examination sequence have been implemented; these were, respectively, the transition from paper-based to computer delivery in 1999 and the introduction of a standardized patient examination in 2004. Except for these changes, and for the gradual evolution of content that occurred in response to shifts in medical practice and education, the overall structure and focus of the Step examinations have remained relatively unchanged.

To understand the rationale behind the recommendations described in this document, it is important to recognize and understand the nature of the framework that supports USMLE design, structure, and process. The values and priorities of the profession and the patients and society it serves should be reflected in the knowledge and skills tested within the licensing examination. When USMLE was first designed, early planners were clear to note that the structure of the Step examinations would reflect the knowledge and skills expected to have been acquired by students and residents as they move successfully through their training toward initial medical licensure. In recent years, educational leaders have more formally recognized and prioritized competencies that extend beyond the domains of medical science and clinical skills—competencies that are deemed important to the profession and the patients they serve but more difficult to assess using standard tools. At the same time, knowledge is expanding progressively, and the expectation that clinicians be able to draw on these fundamental insights in their approach to patients has become ever more critical. The desire to elevate the breadth and quality of assessment to meet the expectations of the broader profession and the public was a major theme in the committee's deliberations, and it has had a significant impact on the recommendations that resulted. The committee also acknowledged that any new or additional assessment tools implied by the recommendations must be rigorous, and should respect the balance between cost and value to the examinee and licensing authorities.

Adopted by FSMB House
of Delegates in 2009

Medical Board Participation in USMLE

- Item Writing and Test Development
- Standard setting
- Governance committees
- Quality Assurance Program
- Special committees and projects



**I WANT YOU
FOR USMLE !**

NEAREST RECRUITING STATION

FSMB Washington, D.C. Office

- Houses both Federal and State Policy staff
- Serves as a leading legislative and regulatory resource to Member Boards, Congress, Administration, & health care associations
- New office space in Dupont Circle (April 2013)
- Meets regularly with Members of Congress and the Administration to discuss issues of importance and highlight the important work of state boards
- Coordinates meetings for State Medical Board Members and Executive Directors in Washington, D.C. and Home Districts
- Serves as the “National Home” for Member Boards, and facilitates Capitol Hill and district meetings
- Manages Advocacy Network and Advocacy Alert e-newsletter to 200+ members

State Government Relations

- **FSMB staff monitors, tracks and analyzes relevant legislation and regulations**
- **Updating and improving FSMB research and policy documents**
- **Respond to legislative and research inquiries from state boards and other stakeholders**
- **Supporting state medical boards in enhancing and/or creating policies**
 - Oral and written testimony on behalf of medical boards' interests;
 - Preparing policy and legal analysis and providing draft language, FSMB model policies, and other resources
 - Facilitating the sharing of information among the state boards

Protecting Advocating Serving

Thank you!



**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: June 3, 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>									
3) Name of Board, Committee, Council, Sections: Medical Examining Board											
4) Meeting Date: June 18, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review of Legislative Report CR 14-033 Med CE Audit									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A									
10) Describe the issue and action that should be addressed: The Board will discuss and approve the legislative report and final draft of the rule for CR 14-033 for submission to the Governor's Office and Legislature.											
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Shawn Leatherwood</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: right;">June 3, 2014</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Shawn Leatherwood	June 3, 2014	Signature of person making this request	Date	Supervisor (if required)	Date	Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date	
Shawn Leatherwood	June 3, 2014										
Signature of person making this request	Date										
Supervisor (if required)	Date										
Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date											
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											

**STATE OF WISCONSIN
MEDICAL EXAMINING BOARD**

**IN THE MATTER OF RULEMAKING :
PROCEEDINGS BEFORE THE : REPORT TO THE LEGISLATURE
MEDICAL EXAMINING BOARD : CR 14-033**

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

None.

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA are attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

The Medical Examining Board initiated this proposed rule after determining that licensees were not being audited for compliance with the continuing education requirement specified in Wis. Admin. Code s. Med 13.02 (1) on a consistent basis. Section 448.13 (1m), Stats., allows the Board to verify the accuracy of any proof submitted by a licensee of attendance at continuing education program. This proposed rule advances statutory goals by mandating regularly conducted audits during each biennial renewal period. By putting this mechanism in place, the Board will be able to confirm that licensees have completed the required 30 hours of continuing education.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The Medical Examining Board held a public hearing on May 21, 2014. No one testified at the hearing or submitted written comments. The Board did not make any modifications to the proposed rule as a result of comments made by the public.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

Legislative Council staff did not make any recommendations on the proposed rule.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:

N/A

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE 14-033)

PROPOSED ORDER

An order of the Medical Examining Board to amend Med 13.06 relating to continuing education audits.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.13 (1m), Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 448.13, Stats.

Explanation of agency authority:

Pursuant to ss. 15.08 (5) (b) and 227.11 (2) (a), Stats., the Medical Examining Board, (Board), is generally empowered by the legislature to promulgate rules that will provide guidance within the profession and rules that interpret the statutes it enforces or administers. The Board administers s. 448.13, Stats., which sets forth the Board's authority to conduct random audits of continuing education compliance. The proposed rule seeks to require the performance of audits every two years in accordance with s. 448.13 (1m), Stats. Therefore, the Board is both generally and specifically empowered to promulgate the proposed rule.

Related statute or rule:

None.

Plain language analysis:

The Medical Examining Board reviewed its administrative rules and determined that there was no mechanism to require regular audits of licensees' compliance with the continuing education requirement specified s. Med 13.02 (1). The Board sought to rectify the matter by requiring a random audit of licensees' continuing education compliance

every two years. Auditing licensees' compliance with the continuing education requirement will act as a deterrent to non-compliance and ensure licensees are maintaining their skills in keeping with the highest standards within the profession.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: Licensees in Illinois have a 36 month renewal cycle in which they must complete 150 hours of continuing medical education. Applicants are required to certify on their renewal application that they have complied with the continuing education requirement. It is the responsibility of each renewal applicant to retain or otherwise produce additional evidence of compliance in case of a random audit. ILL. ADMIN. CODE tit. 68 §1285.110 d).

Iowa: Licensees are required to maintain documentation evidencing completion of continuing education for five years after the date of continuing education and training. Conducting an audit is not compulsory but if an audit is conducted the licensee must respond within 30 days of a request made by the board. IOWA ADMIN. CODE r. 653-11.4 (7).

Michigan: Licensees must complete 150 hours of continuing education in 3 years. Licensees certify at the time of renewal that they have completed the required continuing education and must retain evidence of his or her compliance for a period of 4 years from the date of application. MICH. ADMIN. CODE r. 388.2381.

Minnesota: Minnesota has a 3 year cycle in which to complete 75 hours of continuing education. Licensees provide a signed statement to the board indicating compliance. Licensees that fail to comply are subject to discipline. Minn. R. 5605.0100.

Summary of factual data and analytical methodologies:

The Board reviewed its current administrative rules and observed that the rules did not require a standardized audit of licensees' compliance with continuing education requirement. The proposed rule seeks to address this concern. No other factual data or analytical methodologies were used. The Board ensures the accuracy, integrity, objectivity and consistency of data were used in preparing the proposed rule and related analysis.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis are attached.

Effect on small business:

The proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Tom.Engels@wisconsin.gov, or by calling (608) 266-8608.

Agency contact person:

Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-4438; email at Shancethea.L Leatherwood@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Shawn Leatherwood, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to Shancethea.L Leatherwood@wisconsin.gov. Comments must be received on or before May 21st 2014 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. MED 13.06 is amended to read:

Med 13.06 The board shall conduct a random audit of licensees on a biennial basis for compliance with the continuing education requirement stated in s. Med 13.02 (1). The board may require any physician to submit evidence of compliance with the continuing education requirement to the board during the biennium for which 30 hours of credit are required for registration to audit compliance.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

This Proposed Order of the Medical Examining Board is approved for submission to the Governor and Legislature.

Dated _____

Agency _____

Chair
Medical Examining Board

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: May 28, 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: June 18, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review and Discuss requirements for documenting and retaining records of physician assistants' supervising physician	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>The Board will review form #2594 and discuss the recommended changes regarding physician assistants identifying his or her supervising physician including adding the following to form #2594.</p> <p>Med 8.02 (6) "Supervision" means to coordinate, direct, and inspect the accomplishments of another, or oversee with powers of direction and decision the implementation of one's own or another's intention.</p> <p>Med 8.10 (2) Physician to physician assistant ratio. A supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunication or other means.</p> <p>Med 10.02 (1) "Adequate supervision" means a physician should be competent to perform the delegated medical act, and must have reasonable evidence that the supervised individual is minimally competent to perform the act under the circumstances.</p>			
11) Shawn Leatherwood <hr/> Signature of person making this request		Authorization May 28, 2014 <hr/> Date	
<hr/> Supervisor (if required)		<hr/> Date	
<hr/> Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

MEDICAL EXAMINING BOARD

CHANGE IN SUPERVISING PHYSICIAN – PERMANENT OR SUBSTITUTE

Med 8.07(1) Practice. (1) Scope and Limitations. In providing medical care, the entire practice of any physician assistant shall be under the supervision of a licensed physician.

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Med 8.05(4) Licensure; Renewal. At the time of licensure and each biennial registration of licensure thereafter, a physician assistant shall list with the board the name and address of the supervising physician and shall notify the board within 20 days of any change of a supervising physician.

Renewal **Med 8.10(2) Employment requirements; supervising physician responsibilities.** Another licensed physician may be designated by the supervising physician to supervise a physician assistant for a period not to exceed 8 weeks per year. Except in an emergency, the designation shall be made in writing to the substitute supervising physician and the physician assistant. The supervising physician shall file with the board a copy of the substitution agreement before the beginning date of the period of his or her absence.

Complete the following and return to the Medical Examining Board at the address listed below.

PHYSICIAN ASSISTANT

NAME (Please Print):	LICENSE NUMBER:
----------------------	-----------------

PREVIOUS SUPERVISING PHYSICIAN OF RECORD

NAME (Please Print):	LICENSE NUMBER:
STARTING DATE:	ENDING DATE:

Check the type of Supervising Physician change and complete Supervising Physician/s information below:

Renewal **SUBSTITUTE SUPERVISING PHYSICIAN/S** (Attach copy of Substitution Agreement) – See Med 8.10(2) above

NEW PRIMARY SUPERVISING PHYSICIAN/S - See Med 8.05(4) above

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

Return completed form to:

Department of Safety and Professional Services
Health Professions
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Department of Safety and Professional Services

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

NAME (Please Print):	SIGNATURE:	DATE:
LICENSE NUMBER:		
STARTING DATE:	ENDING DATE (For Substitute Only):	

**State of Wisconsin
 Department of Safety and Professional Services
 PHYSICIAN ASSISTANT RENEWAL**

Credential Renewal Fee Schedule:

due before 3/1/2014

**Total Owed: \$166.00
 Total Paid: \$0.00
 Balance Owed: \$166.00**

It is time to renew your credential from the Department of Safety and Professional Services.

- Processing time is approximately 10 working days. Respond by February 10th if you would like to have the new credential prior to the expiration date, and to avoid delays that may occur in the mailing process.
- The fee is determined by the date your renewal is received, NOT by the date of mailing (as indicated by a postmark).
- **Please SEE REVERSE SIDE for additional information and requirements for renewal.**

Internet renewal is available at <http://dsps.wi.gov> under "Online Services".

- Avoid delays in your renewal due to incomplete or missing information. Renewing online is fast, easy and secure.
- You will need your credential number and PIN that appear on the coupon **below** to access online renewal.
- Even if you renew by mail, you are encouraged to log-in and participate in a brief **workforce survey**.

If you prefer to renew in the traditional method, please follow the instructions below.

- Make **name and address** changes in the white space below your name/address on the renewal form below.
 - Name and address information provided to the Department is available for public inspection under Wisconsin law.
 - You may substitute a business address as your address of record on file with the Department.
 - You may also check the box on the form below to declare that your street address and/or PO Box # not be disclosed on any list of ten or more individuals that the department furnishes to another person per Wis. Stat. § 440.14.
- Fill in the gray boxes on the form below to show the **amount paid**.
- Please pay by credit card, check or money order **made payable to DSPS (Department of Safety and Professional Services)**.

023R11/13CH.440

Detach and return coupon with payment

STATE OF WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

Physician Assistant

CREDENTIAL NO: STATUS: TOTAL DUE: DUE DATE: PIN: AMT PD. \$ 

ACTIVE \$166.00 2/28/2014 HPBJXH

VISA MASTERCARD AMEX DISCOVER

CARD #: _____

EXP. DATE: _____

SIGNATURE: _____

Do not disclose my street address/PO Box # on lists

STATE OF WISCONSIN
 DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
 PO BOX 2974
 MILWAUKEE WI 53201-2974

DO NOT WRITE BELOW THIS POINT

02300032980001410000166006

THIS
STUB
MUST
BE
DETACHED
BEFORE
MAILING

PLEASE PRINT NAME/ADDRESS
 CHANGES IN THE SPACE BELOW

Additional Requirements for Renewal

- Check, sign and date the **Certification of Legal Status** below.
- Sign and date the **Supervising Physician Statement** below.
- The rules of the Medical Examining Board require that a physician assistant list with the board at the time of registration the name of the primary supervising physician. **Please list this information on the renewal coupon below.** You are further required to notify the board of any change of your supervising physician within twenty (20) days of the change.
- Form 2594 should be used to notify the board of a change in supervising physician

IMPORTANT NOTICE:

- If you do not renew before March 1, 2014, **you may not practice until you renew.**
- If you fail to renew within five years after license expiration, you may be required to complete additional requirements to restore your credential.

023R11/13CH.440

PLEASE COMPLETE THE FOLLOWING INFORMATION WHICH IS REQUIRED IN ORDER TO RENEW YOUR LICENSE:

Certification of Legal Status (check one, sign and date below) I declare under penalty of law that I am:

- a citizen or national of the United States, or
 a qualified alien or non-immigrant lawfully present in the United States

Date: _____ Signature: _____

Name and License Number of Primary Supervising Physician:

Name (print): _____

License #: _____

add Date: _____ Signature: _____

Chapter Med 8

PHYSICIAN ASSISTANTS

Med 8.01	Authority and purpose.	Med 8.056	Board review of examination error claim.
Med 8.02	Definitions.	Med 8.06	Temporary license.
Med 8.03	Council.	Med 8.07	Practice.
Med 8.04	Educational program approval.	Med 8.09	Employee status.
Med 8.05	Panel review of applications; examinations required.	Med 8.10	Physician to physician assistant ratio.
Med 8.053	Examination review by applicant.		

Note: Chapter Med 8 as it existed on October 31, 1976 was repealed and a new chapter Med 8 was created effective November 1, 1976. Sections Med 8.03 to 8.10 as they existed on July 31, 1984 were repealed and recreated effective August 1, 1984.

Med 8.01 Authority and purpose. (1) The rules in this chapter are adopted by the medical examining board pursuant to authority in ss. 15.08 (5), 227.11, 448.04 (1) (f) and 448.40, Stats., and govern the licensure and regulation of physician assistants.

(2) Physician assistants provide health care services as part of physician-led teams, the objectives of which include safe, efficient, and economical health care. The realities of the modern practice of medicine and surgery require supervising physicians and physician assistants to use discretion in delivering health care services, typically at the level of general supervision. The constant physical presence of a supervising physician is often unnecessary. The supervising physician and the physician assistant are jointly responsible for employing more intensive supervision when circumstances require direct observation or hands-on assistance from the supervising physician.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. Register, April, 1981, No. 304, eff. 5-1-81; am. Register, July, 1984, No. 343, eff. 8-1-84; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: renum. to (1), cr. (2) Register February 2014 No. 698, eff. 3-1-14.

Med 8.02 Definitions. (1) "Board" means the medical examining board.

(2) "Council" means the council on physician assistants.

(3m) "DEA" means the United States drug enforcement administration.

(4) "Educational program" means a program for educating and preparing physician assistants which is approved by the board.

(5) "Individual" means a natural person, and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(5m) "License" means documentary evidence issued by the board to applicants for licensure as a physician assistant who meet all of the requirements of the board.

(6) "Supervision" means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one's own or another's intentions.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; am. (6) and (7) (b) to (e), Register, June, 1980, No. 294, eff. 7-1-80; r. (7), Register, July, 1984, No. 343, eff. 8-1-84; am. (2), (3) and (4) and cr. (3m), Register, October, 1996, No. 490, eff. 11-1-96; renum. (3) to be (5m) and am., am. (6), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.03 Council. As specified in s. 15.407 (2), Stats., the council shall advise the board on the formulation of rules on the education, examination, licensure and practice of a physician assistant.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96; am. Register, December, 1999, No. 528, eff. 1-1-00; correction made under s. 13.92 (4) (b) 7., Stats., Register August 2009 No. 644.

Med 8.04 Educational program approval. The board shall approve only educational programs accredited and approved by the committee on allied health education and accreditation of the American medical association, the commission for accreditation of allied health education programs, or its successor agency.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1994, No. 466, eff. 11-1-94; am. Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.05 Panel review of applications; examinations required. The board may use a written examination prepared, administered and scored by the national commission on certification of physician assistants or its successor agency, or a written examination from other professional testing services as approved by the board.

(1) APPLICATION. An applicant for examination for licensure as a physician assistant shall submit to the board:

(a) An application on a form prescribed by the board.

Note: An application form may be obtained upon request to the Department of Safety and Professional Services office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(b) After July 1, 1993, proof of successful completion of an educational program, as defined in ss. Med 8.02 (4) and 8.04.

(c) Proof of successful completion of the national certifying examination.

(cm) Proof that the applicant is currently certified by the national commission on certification of physician assistants or its successor agency.

(d) The fee specified in s. 440.05 (1), Stats.

(e) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken no more than 60 days prior to the date of application which has on the reverse side a statement of a notary public that the photograph is a true likeness of the applicant.

(2) EXAMINATIONS, PANEL REVIEW OF APPLICATIONS. (a) All applicants shall complete the written examination under this section, and an open book examination on statutes and rules governing the practice of physician assistants in Wisconsin.

(b) An applicant may be required to complete an oral examination if the applicant:

1. Has a medical condition which in any way impairs or limits the applicant's ability to practice as a physician assistant with reasonable skill and safety.

2. Uses chemical substances so as to impair in any way the applicant's ability to practice as a physician assistant with reasonable skill and safety.

3. Has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

4. Has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants.

5. Has not practiced as a physician assistant for a period of 3 years prior to application, unless the applicant has been graduated from an approved educational program for physician assistants within that period.

6. Has been found to have been negligent in the practice as a physician assistant or has been a party in a lawsuit in which it was

alleged that the applicant has been negligent in the practice of medicine.

7. Has been diagnosed with any condition that may create a risk of harm to a patient or the public.

8. Has within the past 2 years engaged in the illegal use of controlled substances.

9. Has been subject to adverse formal action during the course of physician assistant education, postgraduate training, hospital practice, or other physician assistant employment.

(c) An application filed under this chapter shall be reviewed by an application review panel of at least 2 council members designated by the chairperson of the board to determine whether an applicant is required to complete an oral examination or a personal appearance or both under par. (b). If the application review panel is not able to reach unanimous agreement on whether an applicant is eligible for licensure without completing an oral examination or a personal appearance or both, the application shall be referred to the board for a final determination.

(d) Where both written and oral examinations are required they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

(e) The board may require an applicant to complete a personal appearance for purposes of interview or review of credentials or both. An applicant's performance at a personal appearance is satisfactory if the applicant establishes to the board's satisfaction that the applicant has met requirements for licensure and is minimally competent to practice as a physician assistant.

(3) EXAMINATION FAILURE. An applicant who fails to receive a passing score on an examination may reapply by payment of the fee specified in sub. (1) (d). An applicant may reapply twice at not less than 4-month intervals. If an applicant fails the examination 3 times, he or she may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe.

Note: There is no provision for waiver of examination nor reciprocity under rules in s. Med 8.05.

(4) LICENSURE; RENEWAL. At the time of licensure and each biennial registration of licensure thereafter, a physician assistant shall list with the board the name and address of the supervising physician and shall notify the board within 20 days of any change of a supervising physician.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (intro.), r. and recr. (2), Register, October, 1989, No. 406, eff. 11-1-89; am. (1) (b), cr. (1) (cm), Register, July, 1993, No. 451, eff. 8-1-93; am. (intro.), (1) (intro), (cm), (2) (b) 4., 5., 6., (c) and (4), Register, October, 1996, No. 490, eff. 11-1-96; am. (2) (a), (b) (intro.) and 3. to 5., r. and recr. (2) (b) 1. and 2., cr. (2) (b) 7. to 11., Register, February, 1997, No. 494, eff. 3-1-97; am. (intro.), (1) (intro.) and (cm), (2) (b) 5., (c), (d) and (4), r. (2) (b) 10. and 11., Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (2) (b) 7., (c), cr. (2) (e) Register February 2014 No. 698, eff. 3-1-14.

Med 8.053 Examination review by applicant. (1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review the oral examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be per-

mitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97.

Med 8.056 Board review of examination error claim.

(1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

(a) The applicant's name and address.

(b) The type of license for which the applicant applied.

(c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. SPS 1.05.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97; correction in (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

Med 8.06 Temporary license. (1) An applicant for licensure may apply to the board for a temporary license to practice as a physician assistant if the applicant:

(a) Remits the fee specified in s. 440.05 (6), Stats.

(b) Is a graduate of an approved school and is scheduled to take the examination for physician assistants required by s. Med 8.05 (1) or has taken the examination and is awaiting the results; or

(c) Submits proof of successful completion of the examination required by s. Med 8.05 (1) and applies for a temporary license no later than 30 days prior to the date scheduled for the next oral examination.

(2) (a) Except as specified in par. (b), a temporary license expires on the date the board grants or denies an applicant permanent licensure. Permanent licensure to practice as a physician assistant is deemed denied by the board on the date the applicant is sent notice from the board that he or she has failed the examination required by s. Med 8.05 (1) (c).

(b) A temporary license expires on the first day of the next regularly scheduled oral examination for permanent licensure if the applicant is required to take, but failed to apply for, the examination.

(3) A temporary license may not be renewed.

(4) An applicant holding a temporary license may apply for one transfer of supervising physician and location during the term of the temporary license.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1) (b) and (c), Register, October, 1989, No. 406, eff. 11-1-89; am. (2) (a), Register, January, 1994, No. 457, eff. 2-1-94; am. (1) (intro.) and (2) (a), Register, October, 1996, No. 490, eff. 11-1-96; am. (1) (intro.) and (b) to (3), cr. (4), Register, December, 1999, No. 528, eff. 1-1-00.

Med 8.07 Practice. (1) SCOPE AND LIMITATIONS. In providing medical care, the entire practice of any physician assistant shall be under the supervision of one or more licensed physicians or physicians exempt from licensure requirements pursuant to s. 448.03 (2) (b), Stats. The scope of practice is limited to providing

medical care as specified in sub. (2). A physician assistant's practice may not exceed his or her educational training or experience and may not exceed the scope of practice of the physician providing supervision. A medical care task assigned by the supervising physician to a physician assistant may not be delegated by the physician assistant to another person.

(2) MEDICAL CARE. Medical care a physician assistant may provide include:

(a) Attending initially a patient of any age in any setting to obtain a personal medical history, perform an appropriate physical examination, and record and present pertinent data concerning the patient.

(b) Performing, or assisting in performing, routine diagnostic studies as appropriate for a specific practice setting.

(c) Performing routine therapeutic procedures, including, but not limited to, injections, immunizations, and the suturing and care of wounds.

(d) Instructing and counseling a patient on physical and mental health, including diet, disease, treatment, and normal growth and development.

(e) Assisting the supervising physician in a hospital or facility, as defined in s. 50.01 (1m), Stats., by assisting in surgery, making patient rounds, recording patient progress notes, compiling and recording detailed narrative case summaries, and accurately writing or executing orders.

(f) Assisting in the delivery of medical care to a patient by reviewing and monitoring treatment and therapy plans.

(g) Performing independently evaluative and treatment procedures necessary to provide an appropriate response to life-threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health-care facilities, agencies and resources.

(i) Issuing written prescription orders for drugs provided the physician assistant has had an initial and at least annual thereafter.

review of the physician assistant's prescriptive practices by a physician providing supervision. Such reviews shall be documented in writing, signed by the reviewing physician and physician assistant, and made available to the Board for inspection upon reasonable request.

(3) IDENTIFYING SUPERVISING PHYSICIAN. The physician providing supervision must be readily identifiable by the physician assistant through procedures commonly employed in the physician assistant's practice.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (2) (i), Register, July, 1994, No. 463, eff. 8-1-94; am. (1) and (2) (intro.), Register, October, 1996, No. 490, eff. 11-1-96; am. (1), (2) (intro.), (c), (e), (f) and (i), Register, December, 1999, No. 528, eff. 1-1-00; CR 12-005: am. (1), (2) (a), (e), (f), cr. (3) Register February 2014 No. 698, eff. 3-1-14.

Med 8.09 Employee status. No physician assistant may be self-employed. If the employer of a physician assistant is other than a licensed physician, the employer shall provide for, and may not interfere with, the supervisory responsibilities of the physician, as defined in s. Med 8.02 (6) and required in ss. Med 8.07 (1) and 8.10.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. Register, October, 1996, No. 490, eff. 11-1-96.

Med 8.10 Physician to physician assistant ratio.

(1) No physician may supervise more than 4 on-duty physician assistants at any time unless a written plan to do so has been submitted to and approved by the board. Nothing herein shall limit the number of physician assistants for whom a physician may provide supervision over time. A physician assistant may be supervised by more than one physician while on duty.

(2) A supervising physician shall be available to the physician assistant at all times for consultation either in person or within 15 minutes of contact by telecommunication or other means.

History: Cr. Register, July, 1984, No. 343, eff. 8-1-84; am. (1), Register, December, 1999, No. 528, eff. 1-1-00; CR 09-006: am. (3) Register August 2009 No. 644, eff. 9-1-09; CR 12-005: r. and recr. Register February 2014 No. 698, eff. 3-1-14.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood		2) Date When Request Submitted: May 28, 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: June 18, 2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review and Discussion of Scope Statement for 165 Med 3 and 5	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>The Board will review and approve the scope statement on 165 Med 3 and 5 relating to physician licensure for submission to the Governor's Office and publication in the administrative register and to authorize the chair to approve the scope for implementation no less than 10 days after publication.</p>			
11) Shawn Leatherwood <small>Signature of person making this request</small>		Authorization May 28, 2014 <small>Date</small>	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATEMENT OF SCOPE

MEDICAL EXAMINING BOARD

Rule No.: 165-Med 3 and,5

Relating to: Physician licensure

Rule Type: Permanent and Emergency

1. Finding/nature of emergency (Emergency Rule only):

2013 Wisconsin Act 240 has a delayed effective date of April 1, 2015. Emergency rules are needed to ensure that the proposed rules will be in effect by the April 1, 2015 date. Furthermore, the Legislature by Section 39 of 2013 Wisconsin Act 240 provides an exemption from a finding of emergency in promulgating the proposed rules.

2. Detailed description of the objective of the proposed rule:

The purpose of the proposed rule is to bring current Wisconsin Administrative Code s. Med 3 and 5 in line with recent legislation, specifically 2013 Wisconsin Act 240.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

The passage of 2013 Wisconsin Act 240 had a major impact on physician licensure in Wisconsin. The legislation changed current rules regarding eligibility for a regular license, licensure for graduates of foreign medical schools, temporary educational permits, and temporary license for visiting professors. Currently, applicants for any class of license to practice medicine and surgery must provide evidence to the Medical Examining Board (Board) that he or she is a graduate of a medical or osteopathic college approved by the Board and has completed 12 months of postgraduate training in a facility approved by the Board. Act 240 now requires applicants for a regular license to successfully complete 24 months of postgraduate training or the applicant must be currently enrolled in a post-graduate training program and successfully completed 12 months of post graduate training and has received an unrestricted endorsement from the postgraduate training program director that the applicant is expected to complete at least 24 months of postgraduate training.

2013 Wisconsin Act 240 also requires graduates of a foreign medical school applying for a regular license to practice medicine and surgery, be a graduate of a foreign medical college credentialed by an agency approved by the Board, obtain certification by the Educational Council for Foreign Medical Graduates, or a successor organization, pass all the steps of the United States Medical Licensing Examination (USMLE), and successfully complete 24 months of postgraduate training. If the foreign medical school graduate has not completed 24 months of postgraduate training, he or she may successfully complete 12 months of postgraduate training and receive an unrestricted endorsement from the postgraduate training program director that the applicant is expected to complete at least 24 months of postgraduate training.

The former temporary license for visiting professor has been recreated as the new restricted license to practice as a visiting physician. The visiting professor license was restricted to foreign medical school graduates who were invited to serve on the academic staff of a medical school.

The visiting physician license is open to any physician outside of Wisconsin. The holder of the license must limit his or her practice of medicine to the medical education facility, research facility, or college where the holder is teaching, performing research, or practicing. The former temporary educational permit has been transformed into the new resident educational license. Unlike the temporary educational permit, the resident educational license grants an educational license to residents upon entry into their first year of post-graduate training and restricts the license holder to the practice of medicine and surgery only within the scope his or her duties under their postgraduate training program.

Lastly, the legislation has created a new licensure class, the administrative physician license. The administrative physician licensee must meet the same licensure requirements as a regular license holder to practice medicine and surgery. However, the administrative physician licensee may not engage in the practice of medicine except as authorized by s. 448.03 (2), Stats. As a result of the changes instituted by Act 240, the Medical Examining Board is promulgating the proposed rule to amend Wis. Admin. Code ss. Med 3 and 5 and to create additional chapters as necessary.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.08 (5) (b), Stats., provides examining boards, “shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .” The proposed rule seeks to provide guidance on future licensure classes and licensure examination requirements.

Section 227.11 (2) (a), Stats., discusses the parameters of an agency’s rule-making authority, stating an agency, “may promulgate rule interpreting provisions of statute, but a rule is not valid if it exceeds the bounds of correct interpretation. . .” This section allows an agency to promulgate administrative rules which interpret the statutes it enforces or administers as long as the proposed rule does not exceed proper interpretation of the statute.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

State employees will spend approximately 50 hours developing the proposed rule.

6. List with description of all entities that may be affected by the proposed rule:

Persons who will be affected by the proposed rule include applicants for licensure as a physician.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule is not likely to have a significant impact on small businesses.

Contact Person: Shawn Leatherwood 608-261-4438 Shancethea.L Leatherwood@wisconsin.gov

Authorized Signature

Date Submitted

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 6/3/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards									
3) Name of Board, Committee, Council, Sections: Medical Examining Board											
4) Meeting Date: 6/18/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? International Association of Medical Regulatory Authorities (IAMRA) – 11 th International Conference on Medical Regulation									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:									
10) Describe the issue and action that should be addressed: Informational Item – IAMRA 11 th International Conference on Medical Regulation, Sept 9-12, 2014 in London.											
11) Authorization											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black;">Daniel Agne</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Daniel Agne		Signature of person making this request	Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
Daniel Agne											
Signature of person making this request	Date										
Supervisor (if required)	Date										
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date											
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											



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11th International Conference on Medical Regulation

Medical Regulation - Evaluating risk and reducing harm to patients

Start Date: 9 September 2014 | **End Date:** 12 September 2014

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Welcome ✖

The [International Association of Medical Regulatory Authorities \(IAMRA\)](#) and the [General Medical Council](#) are pleased to invite you to the 11th International Conference on Medical Regulation, which will be held in London, United Kingdom.

The IAMRA conference will focus on *Medical Regulation - Evaluating risk and reducing harm to patients* and will take place from **Tuesday 9 to Friday 12 September 2014** at [200 Aldersgate, St Paul's, London](#).

The [programme](#) will be based around the key functions of medical regulation:

- Registration
- Education and training standards
- Quality assurance
- Professional standards
- Fitness to practise / Disciplinary processes
- Revalidation / Continuous competence assessment

The conference also features an afternoon dedicated to the *Fundamentals of Medical Regulation*. This will be open to all conference participants and focus on the basics of regulation through a series of practical workshops.

More than 300 participants from more than 30 countries are expected to attend. The programme has been designed to appeal to all participants irrespective of levels of expertise or resources. Presenters and panelists include leading medical regulators, policy makers and academics. We've also included dedicated time to a varied social programme, so participants can enjoy the delights of London's many tourist attractions.

We are inviting the submission of abstracts to be considered for workshops, oral and poster presentations at the conference. Abstracts should address either the overall conference theme or one of the key functions of medical regulation outlined above. Please visit the [Call for Abstracts](#) section on this website for more information.

Please see below for our short promotional video

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If you are a **new user** and haven't yet registered with us, you can **start the registration process** now by clicking the **registration tab** above and **completing the form**.

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There are 5 Frequently Asked Questions for this event.

1. [What is the pricing structure of IAMRA 2014?](#)
2. [What is the Conference Cancellation Policy?](#)
3. [I am not a UK resident, can I reclaim the 20% Valued Added Tax \(VAT\) on the conference fee?](#)
4. [Can you provide me with a letter for visa purposes?](#)
5. [What are the conditions of booking?](#)

1. What is the pricing structure of IAMRA 2014?

Registration fees

The IAMRA 2014 conference registration fees follow the gradation of IAMRA's membership categories. A full list of countries grouped by IAMRA categories is available on the IAMRA [website](#).

Please note that you do not need to be a member of IAMRA to register / attend the conference.

IAMRA membership categories	Early bird registration (before 18 July 2014)	Registration fee (after 18 July 2014)
Category 4	£630	£700
Category 4 – academic rate*	£475	£525
Category 3	£260	£290
Category 2	£160	£180
Category 1	£100	£110

The registration fees listed in the table above exclude 20% UK Value Added Tax. UK VAT can be reclaimed by conference participants from Her Majesty's Customs and Revenue after the event. Participants may also be able to reclaim VAT refunds on hotels, food and drink. Her Majesty's Customs and Revenue provide information on how to reclaim VAT: - Non EU organisations/Individuals should visit: [Reclaiming VAT \(Non EU\)](#) - EU organisations/Individuals should visit: [Reclaiming VAT \(EU\)](#)

* The *academic rate* only applies to full time academics or students from category 4 nations who have an abstract selected for the conference. To qualify for the discounted rate, you must 1) be either a current, full-time employee of a higher education institution; or a current, full-time student of a higher education institution; 2) register with your education institution email address; and 3) show your education institution / student ID when registering onsite. Failure to present your institution / student ID when registering onsite will result in charging the full category 4 registration fee. Please note that conference places at this reduced rate are limited and will be allocated on a 'first come, first served' basis.

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2. What is the Conference Cancellation Policy?

You can cancel your booking for the conference or the conference dinner at any time.

Before Friday 1 August 2014, you will be entitled to a full refund, minus an administration fee of £50.

If you cancel your booking on or after Friday 1 August 2014, we will not be able to give you a refund.

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3. I am not a UK resident, can I reclaim the 20% Valued Added Tax (VAT) on the conference fee?

UK VAT can be reclaimed by conference participants from Her Majesty's Customs and Revenue after the event. Participants may also be able to reclaim VAT refunds on hotels, food and drink.

Her Majesty's Customs and Revenue provide information on how to reclaim VAT:

- Non EU **organisations/Individuals** should visit: [Reclaiming VAT \(Non EU\)](#)
- EU **organisations/Individuals** should visit: [Reclaiming VAT \(EU\)](#)

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4. Can you provide me with a letter for visa purposes?

Yes. If you need a VISA to enter the UK for the conference, please indicate this in the 'Additional Information' section when you register for the conference.

Once you have registered for the conference and paid the registration fee, we will email you a letter that you can use to apply for your UK visa. The letter will indicate that you are registered to come to the IAMRA Members General Assembly and/or the 11th International Conference on Medical Regulation, taking place on 9-12 September 2014 in London, and will include the name of the participant in whose name the conference booking is made. Please note that this must match the name on your passport.

The letter will be emailed at the email address you've provided when you have registered within 72 hours after you've registered.

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5. What are the conditions of booking?

Booking Conditions

1 Registration fees must be paid in full before you can be admitted to the conference. If there is an outstanding balance on your account when you arrive at the conference, you will be asked to settle your account by credit card, cheque, cash or money order

2. Registration fees include 20% UK Value Added Tax (VAT) and are charge in Pound Sterling (GPB.)

3. If you wish to cancel your conference place and conference dinner registration, please inform the conference secretariat in writing at iamra2014@gmc-uk.org. For cancellations received before Friday 1 August 2014, we will refund the registration fee minus an administration fee of £50. After this date we are unable to offer refunds.

4. If you wish to transfer you conference place and conference dinner registration to another participant, please email us at iamra2014@gmc-uk.org before Friday 29 August 2014. We will not charge an administration fee to transfer your registration to another person.

5. Credit card payments can be made using Visa, Mastercard and American Express.

6. A confirmation notice detailing your registration and a receipt will be sent to you within 10 working days of receipt of your completed registration

7. Completion of this form constitutes binding agreement to the policies listed above, please tick the box below to confirm your acceptance of these conditions.

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