

Biennial requirements
Due to ASU 10/15/2010

A. Health-Related Licensing Board Reports

Statutory Requirement

214.07, Subd. 1b

Subdivision 1b. Health-related licensing board reports.

Each health-related licensing board must prepare a report by October 15 of each even-numbered year. The report must be submitted to the administrative services unit serving the boards. The report must contain the following information for the two-year period ending the previous June 30:

Requirement (1): the number and type of credentials issued or renewed

Minnesota Board of Medical Practice

Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010			Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2010		
	Type	Active Licensed/ Renewed	Newly Issued	Type	Online Renewals	%
25,946	Acupuncturist	796	95	Acupuncturist	623	83.23%
	Athletic Trainer	1288	134	Athletic Trainer	993	81.33%
	Traditional Midwife	27	3	Traditional Midwife	N/A	N/A
	Naturopathic Doctor	21	21	Naturopathic Doctor	N/A	N/A
	Physician Assistant	2862	321	Physician Assistant	2553	94.50%
	Physician and Surgeon	38882	2233	Physician and Surgeon	34559	91.51%
	Respiratory Therapist	3454	202	Respiratory Therapist	2768	82.55%
	Telemedicine	533	165	Telemedicine	201	44.62%
	Resident Permit	1630	1630			

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008			Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2008		
	Type	Active Licensed/ Renewed	Newly Issued	Type	Online Renewals	%
24,724						

	Acupuncturist	667	81		Acupuncturist	507	76.01%
	Athletic Trainer	1189	156		Athletic Trainer	828	69.64%
	Traditional Midwife	29	2		Traditional Midwife	N/A	N/A
	Physician Assistant	2359	303		Physician Assistant	2023	85.76%
	Physician and Surgeon	37062	2293		Physician and Surgeon	30377	81.96%
	Respiratory Therapist	3291	244		Respiratory Therapist	2768	84.11%
	Telemedicine	414	103		Telemedicine	N/A	N/A
	Resident Permit		1676				

Total Number of persons licensed or registered as of June 30, 2006	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2006			Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2006		
23,273	Type	Active Licensed/ Renewed	Newly Issued	Type	Online Renewals	%
	Acupuncturist	560	80	Acupuncturist	411	79.04%
	Athletic Trainer	1059	140	Athletic Trainer	703	71.08%
	Traditional Midwife	25	7	Traditional Midwife	N/A	N/A
	Physician Assistant	1929	243	Physician Assistant	1536	84.98%
	Physician and Surgeon	35362	1969	Physician and Surgeon	22970	66.82%
	Respiratory Therapist	3079	217	Respiratory Therapist	2371	79.82%
	Telemedicine	299	102	Telemedicine	N/A	N/A
	Resident Permit		1618			

Total Number of persons licensed or registered as of June 30, 2004	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2004			Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2004		
21,466	Type	Active Licensed/ Renewed	Newly Issued	N/A		
	Acupuncturist	401	70			

	Athletic Trainer	857	137	
	Traditional Midwife	15	1	
	Physician Assistant	1555	169	
	Physician and Surgeon	33864	2113	
	Respiratory Therapist	2738	169	
	Telemedicine	135	86	
	Resident Permit		1451	

Total Number of persons licensed or registered as of June 30, 2002	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2002			Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2002
21,164	Type	Active Licensed/Renewed	Newly Issued	N/A
	Acupuncturist	332	65	
	Athletic Trainer	818	130	
	Traditional Midwife	18	7	
	Physician Assistant	1346	198	
	Physician and Surgeon	32305	2151	
	Respiratory Therapist	3454	205	
	Resident Permit		1452	

Note that all types license renewing annually, except resident permit.

Requirement (2): the number of complaints received

Minnesota Board of Medical Practice

Number of Complaints Received

Number of Complaints Received (opened) by type in biennium ending June 30, 2010	Number of Complaints Received online
Actions by another jurisdiction 100 Incompetency/Unethical Conduct 1415 Unprofessional Conduct 1233 Illness 162 Non-Jurisdictional 42 Medical Records 253 Becoming Addicted 79 Prescribing 662 sexual Misconduct 73 Miscellaneous 324	N/A
Number of Complaints Received: FY 2009: 890 FY 2010: 817	

Number of Complaints Received (opened) by type in biennium ending June 30, 2008	Number of Complaints Received online
Actions by another jurisdiction 67 Incompetency/Unethical Conduct 1461 Unprofessional Conduct 1432 Illness 145 Non-Jurisdictional 39 Medical Records 212 Becoming Addicted 67 Prescribing 568 sexual Misconduct 82 Miscellaneous 381	N/A
Number of Complaints Received: FY 2007: 823 FY 2008: 868	

Number of Complaints Received (opened) by type in biennium ending June 30, 2006	Number of Complaints Received online
Actions by another jurisdiction 68 Incompetency/Unethical Conduct 1407 Unprofessional Conduct 1291 Illness 117 Non-Jurisdictional 44 Medical Records 161 Becoming Addicted 57 Prescribing 376	N/A

sexual Misconduct	67	
Miscellaneous	443	
Number of Complaints Received:		
FY 2005: 780		
FY 2006: 770		

Number of Complaints Received (opened) by type in biennium ending June 30, 2004	Number of Complaints Received online
Actions by another jurisdiction	N/A
Incompetency/Unethical Conduct	
Unprofessional Conduct	
Illness	
Non-Jurisdictional	
Medical Records	
Becoming Addicted	
Prescribing	
sexual Misconduct	
Miscellaneous	
Number of Complaints Received:	
FY 2003: 941	
FY 2004: 890	

Number of Complaints Received (opened) by type in biennium ending June 30, 2002	Number of Complaints Received online
Actions by another jurisdiction	N/A
Incompetency/Unethical Conduct	
Unprofessional Conduct	
Illness	
Non-Jurisdictional	
Medical Records	
Becoming Addicted	
Prescribing	
sexual Misconduct	
Miscellaneous	
Number of Complaints Received:	
FY 2001: 775	
FY 2002: 835	

Requirement (3) the number and age of complaints open at the end of the period

Minnesota Board of Medical Practice

Number and age of complaints open at the end of the period

Number of Complaints Closed in biennium ending June 30, 2010	Number of Complaints Open as of June 30, 2010 [listed by < one year or > One year]
FY2007: 750 FY2008: 779 Total: 1529	197 < 1 year 128 > 1 year

Number of Complaints Closed in biennium ending June 30, 2008	Number of Complaints Open as of June 30, 2008 [listed by < one year or > One year]
FY2007: 750 FY2008: 779 Total: 1529	436 < 1 year 168 > 1 year

Number of Complaints Closed in biennium ending June 30, 2006	Number of Complaints Open as of June 30, 2006 [listed by < one year or > One year]
FY2005: 716 FY2006: 621 Total: 1337	383 < 1 year 124 > 1 year

Number of Complaints Closed in biennium ending June 30, 2004	Number of Complaints Open as of June 30, 2004 [listed by < one year or > One year]
FY2003: 877 FY2004: 936 Total: 1813	299 < 1 year 73 > 1 year

Number of Complaints Closed in biennium ending June 30, 2002	Number of Complaints Open as of June 30, 2002 [listed by < one year or > One year]
FY2001: 863 FY2002: 805 Total: 1668	379 < 1 year 60 > 1 year

Requirement (4) receipts, disbursements, and major fees

Minnesota Board of Medical Practice

Receipts, Disbursements and Major Fees

Fees 2010 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2010
\$9,335,076	\$7,770,120

Fees 2008 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2008
\$9,084,669	\$7,310,960

Fees 2006 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2006
\$8,687,292	\$7,545,914

Fees 2004 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2004
\$8,323,026	\$8,307,901

Fees 2002 [list by license type / renewal term (e.g., annual, biannual)]	Disbursements FY 2002
\$7,976,400	\$6,202,554

Refer to next page for detail RECEIPT AND DISBURSEMENT OF BOARD FUNDS.

	<u>FY2001</u>	<u>FY2002</u>	<u>FY2003</u>	<u>FY2004</u>	<u>FY2005</u>	<u>FY2006</u>	<u>FY2007</u>	<u>FY2008</u>	<u>FY2009</u>	<u>FY2010</u>
TOTAL DISBURSEMENTS (DIRECT & INDIRECT COSTS)	3,105,100	3,097,454	4,749,117	3,558,784	3,950,965	3,594,949	4,029,415	3,281,545	4,392,310	3,377,810

TOTAL FEE RECEIPTS	3,864,224	4,112,176	4,105,064	4,217,962	4,383,653	4,303,639	4,427,542	4,657,127	4,843,566	4,491,510
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SOURCE CODES	DESCRIPTION	ACTUAL RECEIPTS FY2002	ACTUAL RECEIPTS FY2002	ACTUAL RECEIPTS FY2003	ACTUAL RECEIPTS FY2004	ACTUAL RECEIPTS FY2005	ACTUAL RECEIPTS FY2006	ACTUAL RECEIPTS FY2007	ACTUAL RECEIPTS FY2008	ACTUAL RECEIPTS FY2009	ACTUAL RECEIPTS FY2010
5192	TELEMEDICINE REGISTRATION	0		8,100	3,200	5,900	6,300	5,300	5,700	4,500	14,800
5193	TELEMEDICINE CERTIFICATION	0		6,225	7,050	10,608	13,075	14,346	17,190	16,135	27,583
5194	MIDWIFERY CERTIFICATION	0		0	200	1,350	3,175	3,375	1,550	2,075	1,275
5195	MIDWIFERY LATE FEE	0	0	25	0	0	0	50	25	0	0
5196	MIDWIFERY TEMP PERMIT	0	0	75	0	225	150	75	75	150	150
5197	MIDWIFERY ANNUAL LICENSE	0	0	0	0	75	0	0	0	0	75
5198	MIDWIFERY INACTIVE STATUS	800	1,300	400	1,100	1,800	1,500	1,600	1,100	1,300	1,400
5199	MIDWIFERY APPLICATION	0	0	0	0	0	0	0	0	0	0
5200	MD ANNUAL REGISTRATION	200	100	0	300	300	200	100	0	200	300
5201	MD APPLICATION FEE	3,035,438	3,254,997	3,227,297	3,394,304	3,498,377	3,466,012	3,561,586	3,668,248	3,767,424	3,844,464
5202	EXAM ADMINISTRATIVE FEE	231,326	230,400	216,800	215,200	206,400	222,000	234,200	240,675	237,800	236,600
5203	MD TEMPORARY LICENSE	0	0	0	0	0	0	0	0	0	0
5204	MD ENDORSEMENT FEE	38,100	39,180	36,360	33,900	35,540	38,400	39,300	39,000	37,200	35,760
5205	MD CERTIFICATION	1,270	1,230	1,865	1,520	535	2,470	2,070	1,000	1,670	835
5206	MD VERIFICATION	55,900	54,660	57,605	60,045	54,680	52,950	48,440	58,235	60,895	65,760
5207	MD LATE FEES	0	0	0	0	0	0	0	0	0	0
5208	MD RESIDENCY PERMIT	43,800	42,480	36,000	32,660	28,860	31,472	35,040	33,180	30,960	27,420
5209	DEFERMENT FEE	15,415	15,385	15,975	15,935	16,310	16,795	16,380	17,355	16,670	16,285
5210	EMERITUS REGISTRATION	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a

5211	PA ANNUAL REG w/PRES	450	850	700	650	1,050	650	750	900	1,242	850
5212	PA APPLICATION FEE	72,557	103,721	106,109	114,134	133,545	143,464	151,396	175,798	195,369	208,749
5216	PA CERTIFICATION FEE	10,920	13,680	8,520	11,550	14,040	17,400	16,320	21,120	19,680	22,440
5217	PA VERIFICATION FEE	1,725	1,550	1,325	1,200	1,950	1,450	1,575	1,700	1,750	3,050
5218	PA LATE FEE	0	0	0	0	0	0	0	0	0	0
5226	RT'S ANNUAL LICENSE RENEWAL	2,200	4,450	3,900	2,510	1,350	1,950	1,510	1,500	1,450	1,000
5227	RT'S APPLICATION FEE	118,860	135,360	136,019	131,260	144,402	138,127	146,166	156,186	157,003	160,369
5229	RT'S CERTIFICATION FEE	10,400	11,300	11,200	7,400	11,700	12,600	13,500	12,500	9,200	10,700
5230	RT'S TEMPORARY PERMIT	1,020	1,725	1,650	2,450	1,650	1,575	2,750	2,300	1,675	1,525
5231	RT'S LATE FEE	2,460	2,460	2,940	1,740	3,300	3,360	4,200	3,600	2,940	4,440
5232	AT ANNUAL REGISTRATION	3,250	3,750	2,410	3,050	2,450	2,100	3,036	3,000	2,300	1,450
5233	AT APPLICATION FEE	34,131	57,232	51,137	48,101	57,002	53,628	53,991	64,500	65,064	62,680
5234	AT TEMPORARY PERMIT	3,600	3,313	4,000	3,400	3,200	4,450	3,300	4,500	3,050	3,400
5235	AT CERTIFICATION FEE	1,800	1,150	1,650	1,300	1,350	2,250	1,750	2,600	1,800	2,100
5236	AT LATE FEE	725	625	475	350	475	325	500	550	500	775
5237	CIVIL PENALTIES	900	1,425	895	720	645	915	945	1,215	855	765
5238	MISCELLANEOUS	29,379	42,482	75,573	37,340	73,670	28,801	25,569	14,161	94,368	41,712
5239	DUPLICATES	21,884	4,989	2,294	1,815	1,840	811	487	1,361	593	575
5240	EDUCATION APPROVAL	2,520	2,660	2,960	3,440	3,720	3,460	4,625	4,400	4,020	4,120
5241	COMPETITIVE ATHL EVENT	0	0		0	0	0	0	0	0	0
5242	MEDICAL CORP ANNUAL	0	50	0	50	50	150	0	0	0	0
5243	CORP APPLICATION	12,575	12,350	12,725	9,425	12,950	12,825	13,025	12,300	10,925	11,700
5245	ACUPUNCTURE ANNUAL REG	2,500	2,600	3,300	2,200	3,700	2,800	2,020	2,300	3,000	3,000
5246	ACUPUNCTURE APPL	23,600	29,275	32,600	34,825	45,204	43,254	48,576	54,038	57,954	63,414
5247	ACUPUNCTURE CERTIFICATN	5,250	4,200	4,800	5,700	7,050	5,250	6,150	6,150	7,050	6,900
5248	ACUPUNCTURE LATE FEE	175	150	100	375	375	300	425	275	450	450
5249	ACUPUNCTURE TEMPORARY	450	450	650	300	310	600	900	1,250	1,400	1,050

5250	ACUPUNCTURE INACTIVE STATUS	1,020	1,080	1,260	1,620	2,040	1,380	2,040	2,220	2,400	2,280
5251	PA ANNUAL REG / NO PRES	150	200	100	50	50	50	0	0	0	0
5252	PA TEMPORARY PERMIT	5,368	6,594	5,520	5,694	1,419	1,110	5,002	2,415	854	3,450
5253	PA TEMPORARY REG	4,380	5,965	3,780	4,800	5,035	7,260	6,420	9,410	8,345	9,180
5254	PA LOCUM TENENS PERMIT	2,990	2,875	2,530	2,360	1,840	1,840	690	1,150	690	0
5255	RCP TEMP REGISTRATION	0	0	25	0	0	0	0	0	0	0
5256	RCP INACTIVE STATUS	1,650	1,830	2,310	2,610	3,480	2,970	2,340	3,690	2,340	900
5257	REPORT GENERATION	50	150	150	50	50	50	100	150	0	0
5258	AT TEMP REGISTRATION	0	11,655	14,330	9,780	10,127	8,180	5,875	5,980	8,020	7,795
5259	PRIMARY VERIFICATION	100	300	400	300	300	300	300	400	200	300
5265	NATUROPATHIC CERTIFICATION FEE	0					175	150	175	100	125
5266	NATUROPATHIC APPLICATION	0									0
5267	NATUROPATHIC ANNUAL REGISTRATION	0									5,200
5268	NATUROPATHIC LATE FEE	0									3,900
5269	NATUROPATHIC INACTIVE STATUS	0									0
5270	NATUROPATHIC TEMPORARY PERMIT	0									0
5271	NATUROPATHIC EMERITUS	0									125
8215	ENT LICENSURE SURCHARGE	0									(431,665)
8310	EZGOV FEE	0									0
8346	CRDT CRD CLR	0	0	0	0	(5,060)	(7,953)	(8,012)	0	0	0
		0	0	0	0	(23,566)	(48,717)	(52,692)	0	0	0
5244	SEMINAR/WORKSHOP	62,936									
	TOTAL FEE RECEIPTS	3,864,224	4,112,176	4,105,064	4,217,962	4,383,653	4,303,639	4,427,542	4,657,127	4,843,566	4,491,510

Minnesota Board of Medical Practice

BMP Mission

The board's mission is to protect the public by extending the privilege to practice to qualified applicants, and investigating complaints relating to the competency or behavior of individual licensees or registrants.

The Board of Medical Practice is made up of 11 physicians and 5 public members, all of whom are appointed by the governor. Approximately 17,100 physicians are licensed by the Board of Medical Practice and the board also regulates acupuncturists, athletic trainers, physician assistants, respiratory care practitioners, traditional midwives, and professional firms.

Currently, graduates from US medical schools must complete a one year residency program and pass the national standardized examination to be licensed in Minnesota. Foreign graduates must pass their examinations and complete two years of residency training in the United States or Canada. The board also considers other information provided by the applicant and may conduct interviews before a license is granted.

BMP Functions

Setting and administering educational and examination standards for initial and continuing licensure or registration for each health profession regulated by the Board

- ◆ Setting licensure requirements through the legislative process.
- ◆ Selecting the licensing examination to assure an adequate candidate knowledge base.
- ◆ Reviewing individual applicant/licensee documentation to determine eligibility for initial and continuing licensure.
- ◆ Constantly reviewing statutes as well as working with professional organizations to assure current, up-to-date-laws, keeping pace with new or continuously changing professions.
- ◆ Working with Advisory Councils to set standards for initial and continuing licensure for each health profession regulated.
- ◆ Ensuring that initial and continuing licensure activities comply with relevant federal laws (e.g. Americans with Disabilities Act).

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports

- ◆ Providing applicants and licensees education to improve practice and assure compliance with the statutes.
- ◆ Conducting audits of continuing education to assure continuing competency as well as compliance with the law.
- ◆ Working with Advisory Councils to direct and review investigations and provide advice in resolving issues and enforcing the statutes.

Providing information and education about licensure requirements and procedures and standards of practice to the public, the health care community, and other interested clientele

- ◆ Providing information to the health care community and other interested clientele concerning licensure requirements as well as information on licensees.
- ◆ Providing information about licensure requirements to prospective applicants for licensure.
- ◆ Providing information to licensees to assure compliance with the law through newsletters, websites, and meetings.

- ◆ Providing information to licensees, health care community, the general public, and other interested clientele regarding licensure laws as well as related laws.
- ◆ Working with the Advisory Councils to disseminate information to licensees, general public, health care facilities and other interested clientele.

Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- ◆ Accepting complaints and reports from the public, health care providers, and regulators.
- ◆ Deciding whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- ◆ Referring inquiries and complaints to other investigative, regulatory or assisting agencies.
- ◆ Responding to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding.

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports

- ◆ Setting standards of conduct and a basis for disciplinary action through the rules process.
- ◆ Seeking information directly from the licensee and securing investigative and fact finding information from other agencies in response to complaints or inquiries.
- ◆ Holding conferences with licensees to identify their role and responsibility in a matter under investigation.
- ◆ Providing applicants and licensees education to improve practice and prevent recurrence of problems.
- ◆ Obtaining disciplinary action through either voluntary agreement or through a due process, contested case hearing and potential court action.

BMP Major Activities During the Biennium

Stakeholder Surveys

As part of the Board's strategic plan, surveys of complainants and licensees who had been through the boards' complaint review and disciplinary process were conducted in 2009.

Board staff surveyed 100% of licensees who had licenses unconditionally reinstated from disciplinary action or who had satisfied Agreements for Corrective Action one to two years prior to the survey. Almost 50% of the licensees who received a survey submitted responses. Most responders agreed or strongly agreed that they were treated professionally and fairly throughout the investigative and compliance processes.

100% of licensees who participated in a Medical Coordinator Conference as a result of complaints were surveyed. 25% percent of licensees who received a survey submitted a response. Responders uniformly agreed or strongly agreed that they were treated professionally and fairly by the Medical Coordinator and board and the Attorney General's Office staff during the investigative process.

10% of licensees who were subject to a closed or dismissed complaint one to two years prior were randomly selected to be surveyed. Approximately 20% of licensees who received the surveys submitted a response. Most responders agreed or strongly agreed that they were treated professionally, had an adequate opportunity to address the complaints and found the overall process satisfactory.

10% of complainants whose complaints had been resolved one to two years prior were randomly selected to be surveyed. Almost 30% of complainants who received surveys submitted a response. Because of data

practice limitations, which prevent the board from sharing complete investigative data and deliberative information with complainants, it was not surprising that some complainants criticized the board for failing to provide more detailed information. Some responders accused the board of protecting regulated professionals and implied or stated that the board fails to protect patients and the public. Half of the responders indicated that they were treated in a professional manner by board staff and the Attorney General's Office and some responders were highly complimentary of the board.

Educational Outreach

In this biennium, board members and staff have delivered six speaker bureau presentations on behalf of the Minnesota Board of Medical Practice on the topic of the use of Opioids in pain management. These Presentations were made in:

- July 2008 St. Luke's Hospital, Duluth, MN
- May 2009 Northpoint Medical Clinic, Minneapolis, MN
- October 2009 St. Luke's Hospital, Duluth, MN
- October 2009 Allina Clinic, Minneapolis, MN
- March 2010 Board Offices, Minneapolis, MN
- April 2010 Board Offices, Minneapolis, MN

Over 160 physicians attended these seminars.

The Board has undertaken educational outreach in this area because of the number of complaints and resulting disciplinary actions seen by its Complaint Review Committees resulting from the inappropriate use of Opioids in the treatment of chronic pain.

BMP Website features:

Health professional database online search, physician and physician assistant profile search with disciplinary action document posting, physician specialty search, online license renewal, online address update and profile update, physician license verification, physician initial application via FSMB (Federation State Medical Board), application forms download, news release, public board meeting announcement/meeting minutes posting, Statute and rules posting.

Emerging Issues

Although there is no data to show that physician incompetence is a real problem, there is a growing perception that physicians should be required to demonstrate competence on a regular basis and that the enforcement of this responsibility should be placed within the jurisdiction of state medical boards.

In 2003 the Federation of State Medical Boards authorized a Special Committee on Maintenance of Licensure to make recommendations on what requirements, other than the current CME requirements, should be placed on state medical boards for renewal of physician licenses.

In 2005 the Minnesota Board of Medical Practice formed a Taskforce on Continuing Competency and Maintenance of Licensure to address this issue. The Taskforce met eight times between August 2006 and October 2008. The Taskforce recommendations are set forth in a paper written by the Taskforce Chair, former Board Member Linda L. Van Etta, MD, FACP, entitled The Evolving Paradigm – Tying Physician Demonstration of Continuing Competency to Maintenance of Licensure: What Minnesota Learned. In that report, Dr. Van Etta

stated the Taskforce recommendations. “The Taskforce recommended that no changes be made at present to the requirements for licensure in the State of Minnesota. Rather, the Minnesota Board should closely monitor and influence the ongoing maintenance of licensure initiatives at the Federation of State Medical Boards. Because no body of data currently exists showing that board recertification results in improved patient care and outcomes, any changes to maintenance of licensure requirements should be evolutionary, not revolutionary.”

The Minnesota Board of Medical Practice’s Taskforce on Maintenance of Licensure and Continuing Competency will continue to monitor and study this issue. The Taskforce is scheduled to meet in October 2010 to review the recommendations of the Federation of State Medical Boards’ Special Committee on Maintenance of Licensure. Once that meeting is held, the Taskforce will decide on future actions.

Contested Case Activity

The Board of Medical Practice began this biennium with eight contested cases on file with the Office of Administrative Hearings. During the biennium, the board filed an additional fourteen Notices of Hearing.

During the biennium, twelve of those cases resulted in a settlement for disciplinary action (stipulation and order) either prior to, or as a result of mediation.

Four cases received a hearing with the Office of Administrative Hearing and oral arguments before the board. Each of the four contested cases argued before the board resulted in a disciplinary order.

At the end of the biennium, three cases were pending with the Office of Administrative Hearings. The remaining three cases filed in the biennium are not yet scheduled for hearing.

National Leadership

The Minnesota Board of Medical Practice continues to provide leadership at the national level.

In 2009 board member Jon Thomas, MD, MBA was re-elected to the Board of Directors of the Federation of State Medical Boards for a three-year term. Board member Gregory Snyder, MD, DABR, was elected to the Federation of State Medical Boards’ Nominating Committee. Board member Steven Altchuler, MD, Ph.D, was appointed to the Board of Directors of the Federation of State Medical Boards’ Foundation. The Board’s Executive Director Robert A. Leach, JD, continued eight years of service on the National Board of Medical Examiners Committee on Irregular Behavior and Score Validity for the United States Medical Licensing Examination.

Board Members

The board is comprised of 16 members; ten members must be Minnesota licensed physicians with doctor of medicine degrees. One member must be a doctor of osteopathy, and the remaining five members are members of the public. Board members are appointed by the governor. Also, the overall make-up of the Board must reflect a state geographic balance, and the physician members must reflect the broad mix of expertise of physicians practicing in Minnesota. All members serve terms of four years; no member may serve more than eight consecutive years.

The Board holds regular business meetings every other month, with dates reserved on the alternate months for disposition of special legal issues. The full Board meets on Saturdays scheduled one year in advance.

Complaint Review Committee

Committee members review complaints filed against health professionals regulated by the Board, and make decisions regarding the investigation of the complaints and make decisions and recommendations regarding the proper disposition of the complaints. The Complaint Review Committees typically meet monthly on weekdays, with the specific dates of the meetings established by committee members. Complaint Review Committees are comprised of two physician members and one public member.

Licensure Committee

Committee members review applications for licensure or registration made by health professionals regulated by the Board, and make decisions and recommendations regarding the granting of licensure or registration. The Licensure Committee typically meets every other month on weekdays or weekday evenings. The Licensure Committee is comprised of four physician members and one public member.

Policy and Planning Committee

Committee members review and make decisions and recommendations regarding policy issues facing the Board, including legislative matters, promulgation of administrative rules, educational outreach, public information resources, etc. The Policy and Planning Committee meets quarterly, typically on weekday evenings. The Policy and Planning Committee is comprised of at least two physician members and at least two public members.

Designated Board Member Activities

Board members are asked to meet periodically with licenses that are under Board disciplinary orders. Responsibilities typically include:

- Meeting quarterly with the assigned licensee;
- Reviewing the Board Order with the licensee to ensure compliance, and;
- Completing appropriate report forms after each meeting, and providing the forms and information on any possible violations of the Order to the Board staff after each meeting.
- Board members typically serve on one committee and the total time commitment ranges from three to four days per month.

BMP Members Fiscal Years 2009 and 2010 (7/1/2008 through 6/30/10)

Board Member Name	Residence	Occupation	Professional Member / Public Member	Date of Appointment	Date of Reappointment
Alfred Anderson, MD, DC	Prior Lake	Medical Doctor	Physician	09/03	04/07
Keith Berge, MD	Rochester	Medical Doctor	Physician	09/08	Term not over
Debbie Boe	Chaska	Administrator	Public member	03/10	Term not over
Robert Brown, PhD	Roseville	Administrator	Public member	07/06	Did not apply for reappointment
Mark Eggen, MD	Shoreview	Medical Doctor	Physician	04/09	Term not over
V. John Ella, JD	Robbinsdale	Attorney	Public member	03/10	Term not over
Sarah Evenson, JD, MBA	Plymouth	Attorney	Public member	04/09	Term not over
Jack Geller, PhD	Mankato	Educator	Public member	07/06	Not reappointed
Rebecca Hafner-Fogarty, MD, MBA	Avon	Medical Doctor	Physician	06/06	1/10*
Subbarao Inampudi, MD	Minnetonka	Medical Doctor	Physician	04/09	Term not over
Bradley S. Johnson, MD	Woodbury	Medical Doctor	Physician	03/04	8/08
Kelli Johnson, MBA	St. Paul	Administrator	Public member	08/08	Term not over**
Ernest Lampe, II, MD	Mankato	Medical Doctor	Physician	03/04	8/08
James Langland, MD	Thief River Falls	Medical Doctor	Physician	07/04	08/08
Tammy McGee, MBA	Maple Grove	Administrator	Public member	04/07	Term not over
James Mona, DO	Hutchinson	Doctor of Osteopathy	Physician	07/03	04/07
Carl Smith, MD	Minnetonka	Medical Doctor	Physician	02/01	04/05
Gregory Snyder, MD	Minnetrista	Medical Doctor	Physician	06/06	03/10
Jon Thomas, MD, MBA	Vadnais Heights	Medical Doctor	Physician	04/05	3/9/10***
Tracy Tomac, MD	Duluth	Medical Doctor	Physician	04/09	Term not over
Linda Lee Van Etta, MD	Duluth	Medical Doctor	Physician	02/01	04/05

*Rebecca Hafner-Fogarty, MD, MBA, was initially appointed to the board in January of 1998 and was reappointed in January of 2002. Dr. Hafner Fogarty resigned from the board in September of 2003. Dr. Hafner-Fogarty was again appointed to the board in March of 2004 and was reappointed in June of 2006.

**Kelli Johnson was initially appointed to the board in July of 2004 and reappointed in August of 2008. Due to a move from Minneapolis to St. Paul, Ms. Johnson was no longer eligible to serve on the board effective November of 2008. Ms. Johnson was reappointed to the board in March of 2010 representing St. Paul.

***Jon Thomas, MD, MBA was initially appointed to the board in February of 2001 and reappointed in April of 2005 and served an eight year term. Dr. Thomas was again appointed to the board in March of 2010 serving.

BMP Staff

Total Number of Employees: 24

Board staff name and job title:

<u>NAME</u>	<u>TITLE</u>
Anderson, David	Network Administrator
Auld, Richard	Assistant Director
Boswell, Wendy	Licensure Specialist
Chelgren, Vicki	Licensure Specialist
Chu, Mark	Database Administrator
Dressel, Barb	Receptionist
Erickson, Mary	Senior Medical Regulation Analyst
Hayes, Pat	Licensure Coordinator
Hoffman, Jeanne	Licensure Supervisor
Hoye, Polly	Legal Analyst
Huntley, Elizabeth	Senior Medical Regulations Analyst
Huntley, Hilary	Student Worker
Kauppila, Lois	Office Manager
Kohanek, Cheryl	E.D. Administrative Assistant
Leach, Rob	Executive Director
LeClair, Maura	CRU Assistant
Luecke, Paul	Licensure Specialist
Marczewski, Bill	Medical Regulations Analyst
Martinez, Ruth	Complaint Review Unit Supervisor
Milla, Debbie	Accounting Officer
Patrikus, Helen	Medical Regulations Analyst
Prokop, Rachel	Licensure Specialist
Stuart, Karen	CRU Assistant
Wijesinha, Tony	Medical Regulations Analyst

Statement of the Executive Director
Minnesota Board of Medical Practice

In 2008, the Minnesota Board of Medical Practice culminated 1 ½ years effort by adopting a new strategic plan. I am proud to report that in this biennium, we were able to achieve a number of goals which were set forth in that plan.

Over the past two years, we have increased the training and educational opportunities for board members and board staff. We have provided educational outreach for the practicing clinician in the area of the use of Opioids in the treatment of chronic pain. We generated surveys for both credentialed professionals who had been subjects of complaints and disciplinary actions as well as for members of the public who filed complaints with our office. These surveys provided valuable feedback on the kind of job we were doing from both perspectives.

I am also proud to report that we were once again successful in having two of our board members elected to office with the Federation of State Medical Boards, the national organization of state medical regulatory agencies. In addition, another board member was appointed to serve on the Federation of State Medical Boards Foundation. These elections and appointments continue a long history of leadership at the national level for our board.

The Board's Taskforce on Continuing Competency and Maintenance of Licensure continued its work to achieve a proactive approach to medical regulation. The Taskforce issued its report on the future of continuing competency in Minnesota written by Taskforce Chair Dr. Linda Van Etta, M.D., F.A.C.P. The Taskforce findings were presented at the Federation of State Medical Boards' Annual Meeting in Chicago, Illinois in April 2009. The Taskforce will continue in its efforts to find ways to ensure physician competency and public protection as a compliment to the historical reactive approach of complaint review and discipline.

Robert A. Leach, J.D.
Executive Director
Minnesota Board of Medical Practice
October 2010