

Rules Relating to the Profession

The enabling statute has been amended since these rules were written. As a result, there may be inconsistencies between the statute and the rules. To the extent there are inconsistencies, the statute, not the rule governs.

PART 1.1. THE BOARD AND ITS PURPOSE

1.1.1. PURPOSE

The Board of Osteopathic Physicians and Surgeons has been created and given powers by Vermont law. The Board's purpose is to protect the public health, safety and welfare. The Board does this by setting standards for issuing licenses, licensing only qualified applicants, disciplining and regulating the practices of license holders. The Board presumes that every osteopathic physician has notice of these rules and expects that he or she will practice medicine in accordance with them.

The Board's business location is 26 Terrace Street, Montpelier, Vermont. The mailing address is the Board of Osteopathic Physicians and Surgeons, 109 State Street, Montpelier, Vermont 05609-1106 - Telephone: (802) 828-2373.

1.1.2. BOARD MEMBERS AND OFFICERS

The Board has a total of five members, each member having been appointed by the governor. Three members of the Board are osteopathic physicians, and two are public members. These Board members are appointed to five year terms. A list of Board members is available from the Board or by accessing the Board's Web site at <http://www.vtprofessionals.org/osteopaths>.

1.1.3. REGULAR, SPECIAL AND EMERGENCY MEETINGS

The Board generally meets quarterly. The chair or a majority of the members may call a special or emergency meeting if it is deemed necessary. Three members of the Board constitute a quorum for all meetings. Information on meeting times and places may be obtained from the Board.

1.1.4. LAWS THAT GOVERN THE BOARD

The Board is governed by 26 VSA Chapter 33, which establishes the Board's responsibilities for setting standards, issuing licenses and regulating osteopathic physicians. In addition, the Board is obligated to comply with several other state laws such as the Administrative Procedure Act (3 VSA §§ 801-847), the Law of Professional Regulation (3 VSA §§ 121-131), the Right to Know Law (1 VSA §§ 312-313) and the

Access to Public Records Law (1 VSA §§ 315- 320). These laws set forth the rights of applicants, license holders or members of the public when dealing with the Board.

Anyone wishing to read the complete text of any of these laws should contact a town clerk or library. "Vermont Statutes Online" are also available on the Internet at <http://www.leg.state.vt.us>. In addition, the specific statutes and rules governing the Board may be accessed through the Board's Web site at <http://www.vtprofessionals.org/osteopaths> .

1.1.5. FEES

Fees for applicants and licensees are set by statute (26 VSA § 1794). The statute lists fees for initial application for licensure, application for limited temporary license, biennial license renewal, and annual limited temporary license renewal.

PART 1.2. ABBREVIATIONS AND DEFINITIONS OF COMMONLY USED TERMS

1.2.1. DEFINITIONS

As used in these rules:

- 1. "ABMS" means the American Board of Medical Specialties.**
- 2. "ACGME" means the Accreditation Council for Graduate Medical Education;**
- 3. "AOA" means the American Osteopathic Association.**
- 4. "Board" means the Board of Osteopathic Physicians and Surgeons created by 26 V.S.A. Chapter 33.**
- 5. "COMLEX" means the Comprehensive Osteopathic Medical Licensing Examination administered by the NBOME.**
- 6. "COMVEX" means the Comprehensive Osteopathic Medical Variable purpose Examination administered by the NBOME.**
- 7. "FCVS" means the Federation Credentials Verification Service administered by the Federation of State Medical Boards.**
- 8. "FLEX" means the Federation Licensing Examination administered by the Federation of State Medical Boards.**
- 9. "FSMB" means the Federation of State Medical Boards.**
- 10. "Limited temporary permit" means a permit issued for the purpose of completing postgraduate training, which allows the holder to practice under the direct supervision and control of a licensed physician in a hospital program of postgraduate training, or in clinics affiliated with that hospital.**
- 11. "National Boards" means the examination given by the National Board of Medical Examiners or the examination given by the National Board of Osteopathic Medical Examiners.**
- 12. "NBME" means the National Board of Medical Examiners.**
- 13. "NBOME" means the National Board of Osteopathic Medical Examiners.**
- 14. "RRC" means the Residency Review Committee of the ACGME.**

15. "Specialty Board certification" means successfully completing the educational and examination requirements of a specialty board of the American Board of Medical Specialties or the AOA.

16. "SPEX" means the Special Purpose Examination administered by the Federation of State Medical Boards.

17. "USMLE" means the United States Medical Licensing Examination.

18. "VSA" means Vermont Statutes Annotated.

CHAPTER 2. OSTEOPATHIC PHYSICIANS

PART 2.1. OSTEOPATHIC PHYSICIANS' LICENSES

2.1.1. LICENSE REQUIRED

No one may practice osteopathic medicine in the state unless licensed by the Board, or when exempt under the provisions contained in 26 VSA §1753.

2.1.2. GENERAL REQUIREMENTS FOR LICENSING

In order to be granted a license to practice osteopathic medicine the applicant must present evidence satisfactory to the Board that the applicant:

1. Is at least 18 years of age;
2. Is a graduate of an accredited school or college of osteopathic medicine;
3. Has satisfactorily completed one year's post-graduate training in a rotating internship program approved by the AOA or has satisfactorily completed three years of post-graduate training in an AOA or ACGME-approved residency program;
4. Has taken and passed the COMLEX with a standard score of at least 400 on Level 1 or Level 2 and a standard score of at least 350 on Level 3, or has taken and passed the National Boards (the former three-part NBOME examination series) with a standard score of 400 on Part 1 or Part 2 and a standard score of at least 350 on Part 3, or has taken and passed the FLEX with a weighted average score of at least 75%, or has taken and passed the USMLE with a score of at least 75 on each of the three steps of the USMLE; and
5. Has presented reference letters as to good character and professional competence.

The Board accepts credentials verification from the FCVS. An applicant may obtain information about the FCVS credentials verification procedure from the Board or by contacting the FSMB directly at its Web site (<http://www.fsmb.org>).

2.1.3. APPLICATION FOR COMLEX

The Board does not administer COMLEX. Applications for COMLEX are available from the National Board of Osteopathic Medical Examiners. The address, telephone number, and fax number of the NBOME are available from the Office by calling 802-828-2373 or by accessing the Board's Web site. The NBOME also has a Web site (<http://www.nbome.org>).

All three COMLEX examinations (Levels 1, 2, and 3) must be completed in sequential order within seven years of the successful completion of Level 1/Part 1 ("Seven Year Rule").

2.1.4. APPLICATION FOR USMLE EXAMINATION

The Board does not administer the USMLE Step 3 but recognizes FLEX and USMLE scores when the examination was administered in another state or at a computerized testing site.

To be eligible for licensure by the route of USMLE only, an applicant must successfully complete USMLE Steps 1, 2, and 3 within seven years.

Examination scores will be reported using a two-digit scaled score. A score of 75 or better on each step shall constitute a passing score on that step. Rounding up of scores shall not be allowed; rather, scores shall be truncated to the right of the decimal. Each USMLE step must be passed individually to complete the USMLE sequence. Individual step scores shall not be averaged to compute an overall score.

A failure of any USMLE step, regardless of the jurisdiction in which the examination was administered, shall be considered a failure of that step for purposes of Vermont licensure.

The USMLE is designed to supersede and replace the FLEX and the National Boards over time for graduates of U.S. and foreign medical schools. Some medical students and physicians may have already successfully completed part of the FLEX or National Boards. To facilitate a smooth transition to USMLE and to avoid undue burden on applicants for licensure, the Board will consider the following combinations and passing scores comparable to the existing examinations:

NBME Part I (passing score = 75) or USMLE Step 1 (passing score = 75)

plus

NBME Part II (passing score = 75) or USMLE Step 2 (passing score = 75)

plus

NBME Part III (passing score = 75) or USMLE Step 3 (passing score = 75)

OR

FLEX Component 1 (passing score = 75)

plus

USMLE Step 3 (passing score = 75)

OR

NBME Part I (passing score = 75) or USMLE Step 1 (passing score = 75)

plus

NBME Part II (passing score = 75) or USMLE Step 2 (passing score = 75)

plus

FLEX Component 2 (passing score = 75)

For applicants seeking licensure for the first time in any jurisdiction, the Board will recognize only COMLEX and USMLE after the year 2000.

2.1.5. APPLICATION FOR CANDIDATES WHO HOLD A CERTIFICATE OF COMPLETION FROM THE NBOME

The Board may license without examination an applicant who holds a certificate of completion (formerly referred to as a "diplomate") from the National Board of Osteopathic Medical Examiners (NBOME). A candidate who holds a certificate of completion from the NBOME is an individual who has passed all three parts of COMLEX, the licensing examination administered by the NBOME, or all three parts of the former NBOME examination series (referred to as the "National Boards" for osteopathic physicians).

2.1.6. APPLICATION BY ENDORSEMENT

An applicant who holds a license from another jurisdiction may be licensed in Vermont without further examination if the other jurisdiction has substantially equivalent standards for licensure and if the applicant has been granted a diploma by an accredited school or college of osteopathic medicine. The applicant must present a certificate of medical licensure from the licensing jurisdiction and may be required to appear for a personal interview before the Board.

The Board also accepts credentials verification from the FCVS. An applicant may obtain information about the FCVS credentials verification procedure from the Board or by contacting the FSMB directly at its Web site (<http://www.fsmb.org>).

2.1.7. APPLICATION FOR LIMITED TEMPORARY PERMIT

A limited temporary permit is issued for the purpose of completing postgraduate training, and allows the holder to practice under the direct supervision and control of a licensed osteopathic or allopathic physician in a hospital program of postgraduate training, or in clinics affiliated with that program. The applicant must be enrolled in an AOA, ACGME, or RRC-approved program of postgraduate training, or in a sub-specialty clinical fellowship program in a hospital that has an AOA, ACGME, or RRC-approved program in the parent specialty. Permits are issued for one year or less, and may be renewed on their expiration date. A maximum of four renewals will be allowed.

Application for a limited temporary permit must include with the application the required fee, a certified copy of the applicant's medical school diploma, and a supervising physician's statement, acknowledging statutory responsibility for the applicant's negligent or wrongful acts or omissions. The diploma must be from an accredited osteopathic medical school or college.

2.1.8. APPLICANT'S RIGHT TO A WRITTEN DECISION

The Board must make all decisions on whether the applicant is granted or denied a license in writing. If the Board denies the applicant a license, it must give the applicant its specific reasons and the applicant has a right to a hearing.

2.1.9. AN APPLICANT'S RIGHT TO APPEAL

If an applicant is not satisfied with the Board's decision, the applicant may appeal but must do so within 30 days of the written decision.

PART 2.2. OSTEOPATHIC PHYSICIANS' PROFESSIONAL STANDARDS

2.2.1. GROUNDS FOR DISCIPLINE

Grounds for osteopathic physician discipline are set forth in 26 VSA §1843. Additional grounds are set forth in 3 VSA §§129 and 129a. The Board may refuse to issue a physician's license or may suspend, revoke, or otherwise take action against a licensee for any of the reasons set forth in those statutes.

2.2.2. LICENSE REINSTATEMENT AFTER DISCIPLINARY ACTION

A licensee who has been disciplined by the Board may petition for license reinstatement following rehabilitation and further training, if necessary. In addition to any restrictions or conditions on reinstatement imposed by the Board in its disciplinary order, an applicant must complete a reinstatement application. An investigating committee will review the application and make a recommendation to the full Board. The Board may hold a hearing to determine whether reinstatement should be granted.

An applicant may be required to successfully complete either a post-licensure assessment

program (which may include SPEX) designed to assess current competence required for general, undifferentiated medical practice, or COMVEX, or both. COMVEX is an evaluation instrument for license reinstatement candidates who must demonstrate current osteopathic medical knowledge.

PART 2.3. INFORMATION FOR LICENSED OSTEOPATHIC PHYSICIANS

2.3.1. RENEWING A LICENSE

An osteopathic physician must renew his or her license before it expires. The expiration date is printed on the license. Before the expiration date, the Board will mail each licensed physician a renewal application and notice of the renewal fee. If a physician does not return the renewal application completed in full and fee to the Board by the expiration date the physician's license will expire automatically beginning 14 days after the expiration date of the license.

Licensees have a continuing obligation during each two-year renewal period to promptly notify the Board of any change in response to any of the licensure questions contained in renewal application.

2.3.2. REINSTATING A LICENSE AFTER IT HAS EXPIRED

An osteopathic physician may not legally practice medicine in Vermont after his or her license has expired. To be reinstated after failing to renew, a physician must pay the renewal fee plus an additional penalty and must comply with continuing medical education requirements for license renewal.

If a license is lapsed more than one year, the osteopathic physician must complete a reinstatement application in full and pay the application fee. A reinstatement application provides information on the osteopathic physician's professional activities in any other jurisdiction during the period the license has lapsed, including a letter from the chief of staff of each hospital where the physician has privileges, a license verification from each state where the physician holds an active license, and appearing for a personal interview. Reinstatement may be denied for good cause.

An applicant may be required to successfully complete either a post-licensure assessment program (which may include SPEX) designed to assess current competence required for general, undifferentiated medical practice, or COMVEX, or both. COMVEX is an evaluation instrument for license reinstatement candidates who must demonstrate current osteopathic medical knowledge.

2.3.3. CHANGE OF NAME OR ADDRESS

An osteopathic physician is responsible for notifying the Board immediately of any change of name or address.

2.3.4. MEDICATIONS BROUGHT INTO THE INSTITUTION BY PATIENTS

Notwithstanding Board of Pharmacy Rule 4.520, it is acceptable medical practice for medications brought into the institution by a patient to be used by the patient while the patient is in the institution providing the medication is identified by an attending physician, another prescribing practitioner, or a pharmacist according to the institution's policy and there is a written order from the practitioner responsible for the patient to administer the drugs.

2.3.5. CONTINUING MEDICAL EDUCATION REQUIREMENTS

All persons licensed to practice osteopathic medicine in Vermont must complete a minimum of 30 hours of continuing medical education during the two-year renewal period and must report these hours to the Board at the time of license renewal. At least 40 percent of these hours (i.e., 12 hours) must be osteopathic medical education.

The continuing medical education requirement does not apply for the renewal period during which a person initially obtained licensure. It will begin with the first full two-year renewal period.

"Continuing medical education" means the direct participation of a licensed osteopathic physician in a structured educational or supervisory program directly related to competency in medicine or protection of patients from harm, or both. Continuing medical education hours are calculated in the following manner:

- (1) one contact hour equals one continuing medical education hour.**
- (2) one hour spent in a workshop equals one continuing medical education hour.**
- (3) one quarter college credit equals ten continuing medical education hours.**
- (4) one semester college credit equals fifteen continuing medical education hours.**

At the time of license renewal, each licensee must certify on the Board renewal form that he or she has complied with the continuing medical education requirements. The Board or the Board's designee may randomly audit licensees to ensure compliance. A licensee who is audited will be notified in writing by the Board or its designee and will be required to produce written documentation verifying successful completion of the 30 hours of continuing medical education during the two-year period at issue.

2.3.6. FAILURE TO MEET CONTINUING MEDICAL EDUCATION REQUIREMENTS

A licensee who fails to comply with the continuing medical education requirements for license renewal may be required to develop and complete a specific corrective action plan within 90 days, prior to license renewal.

2.3.7. COMPLAINT PROCEDURE

The Board has a procedure for receiving, investigating, and acting on complaints of unprofessional conduct. Copies of the procedure are available from the Board.

This rule replaces the rule last amended February 19, 1990. All prior rules adopted by the Board are repealed.

Effective date: February 1, 2000