

SUMMARY: Title 32 M.R.S.A. § 2581 requires that every two years the osteopathic physician obtain 100 hours of continuing medical education, at least 40% of which must be osteopathic medical education as defined by the Board. This chapter defines what continuing medical education primary care physicians and osteopathic specialists must obtain in order to satisfy this statutory requirement and sets forth other provisions related to compliance with Section 2581.

§ 1 DEFINITIONS

1. "AOA" is the American Osteopathic Association.
2. "ACGME" is the American College of Graduate Medical Education.
3. "AMA" is the American Medical Association.
4. "Board" is the Board of Osteopathic Licensure.
5. "CME" is continuing medical education.
6. "Continuing medical education" is any educational activity that is designated as Category 1 and 2 by the AOA or by the ACGME or the AMA.
7. "Osteopathic medical education" for primary care physicians is CME designated by the AOA as Category 1. For osteopathic specialists, osteopathic medical education is considered CME designated as Category 1 by the AOA or the ACGME or the AMA..
8. "Osteopathic specialists", for the purpose of these rules, means any doctor of osteopathy not considered a primary care physician as defined below.
9. "Primary care physicians" means family or general practitioners, general internists, and general pediatricians.
10. "Satisfactory evidence" means a print out from the AOA, sponsor generated documentation evidencing attendance or completion of a CME program, completed and scored CME quiz, or other appropriate documentation acceptable to the Board.

§ 2 CONTINUING MEDICAL EDUCATION

1. Biennial Reports to the Board. As part of the renewal application, each physician licensed by the Board of Osteopathic Licensure pursuant to Title 32, chapter 36, must append satisfactory evidence or complete a form prescribed by the board certifying that the physician has obtained 100 hours of continuing medical education during the two years preceding the renewal of the physician's license. At least 40 of the 100 hours of continuing medical education obtained must be osteopathic medical education, as defined by the Board in Section 1, sub-section 6.
2. Failure to provide evidence. If the physician fails to report to the Board by January 1 of each even numbered year that the physician has obtained the number of hours of continuing medical education and osteopathic medical education required the Board will send notice of this deficiency to the physician by first class mail after January 1st of that year.
3. Lapse of license. The physicians license will lapse on the 31st day following the receipt of the notice letter from the Board, referred to in sub-section 2 unless the physician provides the Board with satisfactory evidence that he has obtained the required CME described in Section 2, sub-sections 1 or the physician has filed a petition in accordance with Section 2, sub-section 5, within 30 days of receipt of the notice letter.

A physician whose license has lapsed in accordance with this sub-section, is not authorized to practice osteopathic medicine in Maine beginning on the 31st day after receipt of the notice letter described in the previous sub-section, until the Board reinstates the physician's license.

4. Reinstatement of license. Provided all other requirements for renewal have been met, the physicians license may be reinstated by the Board upon submission of satisfactory evidence that the physician has completed the number of continuing medical education hours required by these rules. Depending on the period of time before reinstatement is requested, the Board may require that the physician file a new application for renewal and pay a new renewal fee.
5. Illness, hardship or military service. If the physician has been unable to obtain the number of hours of continuing medical education required for renewal due to illness, hardship or military service, or other good cause, the physician may petition the Board in writing to either waive the requirement or to enter into a consent agreement which will allow the physician additional time to obtain the required CME hours.
 - A. The petition must be supported by appropriate documentation to demonstrate the reason for the CME deficiency and, if an extension is requested, must be accompanied by a proposal for when and how the physician proposes to make up the deficiency.

- B. The Board will review the petition and notify the physician of its decision to grant or deny the petition or it may offer the physician the opportunity to attend an informal conference prior to acting upon the petition.
- C. If the physician is aggrieved by the Board's decision regarding the petition, the physician may request, within 30 days of receipt of the Board's decision regarding the petition, that the Board hold an adjudicatory hearing regarding the physician's petition, in accordance with the Maine Administrative Procedure Act.
- D. If the physician fails to appeal the notice of denial or, if the Board denies the petition after hearing, the physician's license will lapse and must be reinstated in accordance with subsection 4.

§ 3 RANDOM AUDITS.

1. In each odd numbered year, the Board will conduct a random audit of 10% of the licensed physicians to verify the information regarding continuing medical education contained on the reporting form submitted pursuant to Section 2, subsection 1, of these rules.
2. When the renewal application is sent to the physician, the Board will inform physicians of the requirement of the random audit and the necessity of retaining satisfactory evidence to verify the information reported to the Board regarding continuing medical education.
3. Within 30 days of the receipt of the request from the Board, each physician selected to participate in the random audit is required to produce satisfactory evidence of having obtained the hours reported to the Board at the time of the previous renewal.
4. If the physician is not able to produce satisfactory evidence of compliance with 32 M.R.S.A. § 2581, the Board will notify the physician of the deficiency. The procedures in Section 2, sub-sections 3 through 5, are applicable, except that a new application and a new renewal fee will be required prior to any reinstatement.
5. The Board may also take any other disciplinary action authorized by law, as appropriate.

STATUTORY AUTHORITY: 32 M.R.S.A. §§ 2562 & 2581.

EFFECTIVE DATE:

July 27, 1998

AMENDED:

November 8, 1999