

**Responses to Survey - Board of Medical Examiners**

(summary)

Total responses:\*68 (30 reviewed here)

<p><b>Highest Compliment</b></p>	<p>Ability to monitor on behalf of licensees - 20                  Ability to keep profession from criticism because of bad actors - 7                  Other: Ability to protect the public safety by licensing qualified practitioners and helping decrease the practice of unlicensed practitioners or bad actors who make money at the risk of public health                  --Ability of the board to see through the "weaponization" of the regulations by people who make reports to the board for political and economic reasons. Unfortunately, there is not a measure for such people, often hospitals/hospital CEOs, to be sanctioned.</p>
<p><b>Biggest Complaint</b></p>	<p>Licensing fees too high - 5 Lack of Information - 1                  Licensing renewal timelines too strict - 1                  Other: -The board acts as a third party to demonstrate to the public a physician's willingness to be subject to a standard. It may provide reassurance to the medical consumer. It should not be a tool to create a self- interested monopoly of healthcare in the state and limiting the public's access to a much-needed supply of providers. It should not work to increase the cost of any medical care because of the artificial restriction in this supply of healthcare providers. As it stands now, the board does more harm than good.                  --If the Board of Medical Examiners actually had the ability to delineate the practice of medicine for all who do so, then it might be a good thing. However, I think the board is largely impotent. For example, nurse practitioners, who are practicing medicine, are exempt from the scrutiny of the Board of Medical Examiners because nurses call it nursing practice. Another serious issue in this state is corporate medical practice. More and more physicians are directly employed by hospitals. Frankly, this should be prohibited. When a doctor works for a hospital directly, the physician-patient relationship is replaced by a physician-employer relationship. In theory, the hospitals will claim that this does not interfere in medical practice. In reality it does and has. Butte and Helena are but two communities in this state where the hospital CEO has applied a heavy hand towards physicians who don't jump into various employed or contracted relationships, going so far to label physicians as aligned (good physicians) vs unaligned (bad physicians). - The hospitals claim that employed physicians and exclusive contracts don't interfere with the practice of medicine. This is corporate medical practice. Because the hospital does employ many physicians on the medical staff, a hospital can put pressure on a physician by subtle threats to their job...most employment contracts with hospitals contain at will termination clauses. It is the general sense in Butte that the Sisters of Charity Leavenworth Health Corp. is trying to employ all physicians who practice in Butte, and in subtle ways discouraging independent practitioners. It is the case that pharmaceutical companies and doctors who accept payments or trinkets from pharmaceutical companies may be a conflict of interest which should be banned, because the financial inducement of the pharmaceutical company may unduly influence a physician's practice. Yet there has been little discussion about the conflict of interest established when a hospital employs physicians, making the physician entirely economically dependent on a hospital/hospital CEO for their livelihood and even career. Employed physicians are strongly encouraged to utilize hospital facilities and other employed physicians over other independent practitioners for economic, and not quality reasons. The hospitals will argue that this is not true, that there is board oversight and the CEO and administration can look into allegations of such misconduct. In practice, the hospital board is a creature of the hospital CEO and sponsoring corporation, and the board is almost always constituted with well meaning people who know little about hospitals and medical practice and entirely rely on the hospital CEO for information. In addition, those doctors who are chosen by the hospital CEO to be on the board are almost invariably sympathetic to the hospital for economic reasons. Frankly, I think hospital CEO's should take an examination in this state and be overseen by the Board of Medical Examiners. Many CEO's don't understand or don't care about the boundary limits they routinely violate, and they can and do choose who will or will not practice in a community, and can and have overlooked or buried issues with their employed physicians. That would be in addition to a ban on corporate medical practice, and an open staff policy adopted by the Board of Medical Examiners. The arguments for employed physicians, and keeping community physicians out of a hospital because of a ill thought out and now routinely abused legal strategy which allows hospitals to exclusive contract physicians off the medical staff by paying lip service to a hospital's responsibility for "quality of care" is outmoded and now counterproductive. So is the artificial distinction between so called "hospital based physicians", such as Emergency Room, Radiology, Pathology and Anesthesiology. As more physicians are employed, hospitals may resort to calling all physicians hospital based and seek to bar independent physicians from their hospital practice. This is an issue which is nationwide. It would be refreshing if Montana could be a trendsetter and not only ban corporate medical practice but allow any licensed physician to practice on a hospital staff regardless of exclusive contracts.</p>

<p>Biggest complaints, continued</p>	<ul style="list-style-type: none"> <li>- Lack of response to questions or concerns - and personal agendas of board members -</li> <li>-not regulating nutritionist licensure and allowing trainers and alternative supplement/weight loss places to advertise as nutritionists</li> <li>-That licensing boards are not consistent from state to state.</li> </ul>			
<p><b>Reasons the board is important:</b> Monitors profession in all aspects. Higher authority to answer to. Communication w/ public &amp; other medical professions</p> <ul style="list-style-type: none"> <li>-Keeps quality of profession high and regulates those with unethical business practices. Ability to determine criteria to practice and serve the public safely</li> <li>Other: Can't have every Tom Dick and Harry practicing, taking \$, possibly hurting patients.</li> <li>--Allows professional members security that there is not professional encroachment by lay persons or unqualified individuals</li> <li>--The response time/action to complaints I reported - unlicensed individuals calling themselves "Nutritionist," "Dietitian," or offering clinical nutrition counseling - was immediate and professionally done. To prevent uncertified, uneducated, and uncredentialed charlatans from providing harmful information to the public.</li> <li>--Gives benchmark for maintaining nutritionist training/education standard for public safety. Ensures scope of practice maintained</li> <li>--It is a feeling of accomplishment. Sets you apart from other professionals that do not complete all the requirements to become licensed.</li> <li>--To prevent unqualified people from providing information that is not accurate and not safe. Organizes licensing.</li> <li>--Provides a complaint process in the event of harm or failure to follow the standard of care. The alternative-- civil remedies-- would be unaffordable for many people. Licensing of health professionals may be even more critical for reimbursement of their services as national health care reform is implemented.</li> <li>--Until we had licensure, anyone who sold a supplement, had read a "best seller" nutrition book or had a life changing experience related to food considered themselves an expert and hung up their shingle. Educational requirements were ignored and the vulnerable public suffered.</li> <li>-- I wish that MT had a law that individuals could not dispense or offer nutrition education in a paid or professional setting unless an individual is a Registered Dietitian or an MD.</li> <li>--Provides a way to ensure consumers are getting what they are paying for. A licensed person has a standard of credentials and this keeps the public safe. A licensed person can state a standard amount of education and scientific backing and the public can rely on that licensed person to protect their health. I am recognized by my profession and there is a uniformity that is maintained so that my reputation is protected.</li> <li>--Registered Dietitians work very hard to earn the credentials and are academically prepared to work with the public in a way that promotes health based on evidence, and work with scope of practice as well as ethical guidelines. Other individuals not trained in this way who would be allowed to call themselves "nutritionists" may not act in the public or an individual's best interest, with other motivators for business that are based on profit regardless of evidence based practices. With chronic disease becoming more widespread, it is important that nutritionists have the full biochemistry/physiology/ medical nutrition therapy background to provide nutrition services to those with complicated medical histories.</li> <li>-- RD licensure helps to insure the integrity of the profession and of the nutrition information and counseling provided to the public.</li> <li>--Necessary to ensure that those practicing have the degree and education required to do the work in a way that is safe for those that they treat.</li> <li>--Keeps people from claiming they are of a profession without the credentials to actually be that professional</li> <li>--In order to be licensed, we have to meet specific criteria that involves a specific knowledge base and the use of evidence based practice. Our licensure lets the consumers know that we are legitimate practitioners who follow specific guidelines and provide accurate information and are not just selling "snake oil" to make a buck! Our licensing board assures the public that we are legitimate professionals who have met specific requirements for practice and holds us to those requirements and standards. Keeps out imposters. Protects those who are licensed and all the education they go through to become a professional.</li> <li>-- Monitoring of non-licensed practicing individuals --</li> <li>--To provide accurate nutrition information for individuals. Too often professionals recommend fad diets that may take wt. off for a short time and the wt. returns because the diet is too hard to adhere to. Also, other professionals such as chiropractors push their supplements and refuse to give ingredients in the supplements to determine if they may be contraindicated to other medications the individual is on. Numerous individuals pass themselves off as professionals but do not have an education in nutrition &amp; convince others to take supplements that may be contraindicated or not have ingredients they're supposed to have.</li> </ul>				
<p><b>Public Health - 2</b></p>	<p><b>Public Welfare - 2</b></p>	<p><b>Public Safety - 5</b></p>	<p><b>None of these -</b></p>	<p><b>All or combination - 19</b></p>
<p><b>Scope of Practice:</b></p>	<p><b>Too Narrow - 1</b></p>	<p><b>Too Broad - 2</b></p>		<p><b>Just Right - 25</b></p>

**Problems with own or other professions' scope of practice - None 22**

--Allows too many individuals to classify themselves as a nutritionist in the state of Montana.

--My concerns are for 1) scope of practice creep where other professions dabble in the practice of nutrition ie. nurses, chiropractors, personal trainers and 2) the interpretation of "learned professional" to include dental hygienists and not dietitians.

--I resent that chiropractors, doctors, athletic trainers, weight loss clinics etc ALL practice nutrition without a degree of any kind

--The end clause of nutritionists' license opens the scope too wide.

--Some chiropractors practice nutrition counseling and recommend supplements, at times with apparent incomplete understanding of the patient's medical situation --opening the possibility of harm or overdose. The exemptions in the nutritionist statute condone this if the chiropractor is acting within his scope of practice. I understand that this scope of practice may be vague about nutrition.

--I believe that Physician Assistants should be able to practice without as strict of supervision as is currently required.

--For me, I wish various health programs would build in access to a registered dietitian. On our campus, any full-time student taking 7 or more credits is eligible for services at the Student Health Service because they have paid a health fee (paid by all, used by many, but not used by all). Other programs with "fees" such as health clubs, clinics, etc. should have an RD in place for any individual to consult - only those with ample resources to pay high fees have access much of the time. Or when the service is free, the RD's services are over extended and the RD cannot hold such a heavy load.

--Looking at increases in rates of chronic disease such as cancer, the morbidity and mortality of CHF, chronic pain and arthropathy, this is not the time to take a narrow approach to what constitutes healing. Narrow standards discourage creative, revolutionary approaches to health care. They encourage a disease management approach that benefits the pharmaceutical industry and self-centered, unprofessional physicians.

--There is a giant loophole in the regulations. Nurses practice medicine independently, but can insist on physician involvement in a case. If a physician believes that a nurse practitioner is improperly practicing medicine, the complaint is heard by the board of nursing. The reason is because technically, nurses don't practice medicine, they practice nursing. This is absurd. In addition, the board of nursing does not take complaints from physicians about their licensees seriously...as far as they are concerned, the scope of practice of nurse practitioners is open ended. The regulations need to be modified so that nurses who are practicing medicine cannot escape professional scrutiny by claiming that physicians have no oversight. Otherwise, you may as well just do away with the board of medicine...it becomes a farce.

--I filed a complaint against Nurse practitioners who were endangering patients by seeing patients on an emergency basis who clearly had problems outside of their competence level. I was actually sued over this issue along with other doctors. The nurse's position was that they could force me to be involved in their cases by ordering "tests". These tests were really diagnostic imaging studies of patients who had complicated diseases, and as a radiologist I am a consultant, not a tester. When I expressed misgivings about how some patients were being "worked up" by these Nurse Practitioners, I was basically told I had to do it. The board dropped the matter.

**What laws/regulations have caused the most problems? None - 12**

--State legislators who are trying to take away the nutrition licensure or broaden the scope to include everyone even those who have not studied nutrition.

--Exemptions from licensure requirements. This chapter does not prevent: (3) a person licensed under any other law from engaging in the profession or business for which the person is licensed if the person does not represent to the public that the person is a nutritionist; (7) a person from furnishing general nutrition information or disseminating literature if the person does not represent to the public that the person is a dietitian or a nutritionist. Exemptions 3 and 7 allow far too much nutrition assessment and nutrition counseling to be done by chiropractors and other licensed individuals for the purpose of selling "fad" diets and the products and supplements that go along with them. In my opinion this is a public health/safety issue especially in the midst of our nation's obesity crisis.

--It would be helpful if a group such as the Montana Dietetic Association could issue a complaint rather than a person who is then identified. Even though I may be aware of individuals who violate the licensure laws, I would be unlikely to report them because it cannot be done anonymously.

--Being able to renew a license for three years rather than the current two years is the only "problem" that occurs to me, and that is quite minor.

--The final Medical Marijuana law is problematic but does not impact me directly since I will not be involved in that.

--The current regulations adopted by the board should represent a choice, not an ultimatum.