

64B8-13.005 Continuing Education for Biennial Renewal.

(1) Every physician licensed pursuant to Chapter 458, F.S., shall be required to complete 40 hours of continuing medical education courses approved by the Board in the 24 months preceding each biennial renewal period as established by the Department.

(a) As part of every third biennial renewal licensure period, all licensees shall complete two (2) hours of training in domestic violence which includes information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. Home study courses approved by the above agencies will be acceptable.

(b) Upon a licensee's first renewal of licensure, the licensee must document the completion of one (1) hour of Category I American Medical Association Continuing Medical Education which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; the modes of transmission, including transmission from healthcare worker to patient and patient to healthcare worker; infection control procedures, including universal precautions; epidemiology of the disease; related infections including TB; clinical management; prevention; and current Florida law on AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Any hours of said CME may also be counted toward the CME license renewal requirement. In order for a course to count as meeting this requirement, licensees practicing in Florida must clearly demonstrate that the course includes Florida law on HIV/AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Only Category I hours shall be accepted.

(c) Completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement. The course must include information relating to the five most mis-diagnosed conditions during the previous biennium, as determined by the Board. While wrong site/wrong procedure surgery continues to be the most common basis for quality of care violations, the following areas have been determined as the five most mis-diagnosed conditions: cancer related issues; neurological related issues; cardiac related issues; timely responding to complications during surgery and post-operatively; urological related issues.

(2)(a) For purposes of this rule, risk management means the identification, investigation, analysis, and evaluation of risks and the selection of the most advantageous method of correcting, reducing or eliminating identifiable risks.

(b) Five hours of continuing medical education in the subject area of risk management or medical ethics may be obtained by attending one full day or eight (8) hours, whichever is more, of disciplinary hearings at a regular meeting of the Board of Medicine in compliance with the following:

1. The licensee must sign in with the Executive Director of the Board before the meeting day begins.
2. The licensee must remain in continuous attendance.
3. The licensee must sign out with the Executive Director of the Board at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. A licensee may receive CME credit in risk management or medical ethics for attending the disciplinary portion of a Board meeting only if he or she is attending on that date solely for that purpose; he or she may not receive such credit if appearing at the Board meeting for another purpose. A member of the Board of Medicine may obtain 10 hours of continuing medical education per biennium in the subject area of risk management or medical ethics for attendance at the disciplinary portion of Board meetings.

(3) During the license renewal period of each biennium, an application for renewal will be mailed to each licensee at the last address provided to the Board. Failure to receive any notification during this period does not relieve the licensee of the responsibility of meeting the continuing education requirements. The application for renewal shall include a form on which the licensee shall state that he has completed the required continuing education. The licensee must retain such receipts, vouchers, certificates, or other papers, such as the physician's recognition awards issued by the AMA, as may be necessary to document completion of the continuing education listed on the renewal form for a period of not less than 4 years from the date the course was taken. The Board

will audit at random a number of licensees as is necessary to assure that the continuing education requirements are met.

(4) Failure to document compliance with the continuing education requirements or the furnishing of false or misleading information regarding compliance shall be grounds for disciplinary action up to and including license revocation.

(5) The following courses are approved by the Board:

(a) Organized courses approved for American Medical Association Category I Continuing Medical Education credits or accepted for the American Medical Association physician recognition award.

(b) Any postgraduate training program accredited by the Accreditation Council for Graduate Medical Education.

(c) The following specialty training: American College of Emergency Physicians, Category I; American Academy of Family Physicians prescribed credit; American College of Obstetricians and Gynecologists cognates; and study courses required by those specialty certification boards approved by the Board for the purpose of sitting for specialty recertification examinations.

(6) In addition to the continuing medical education credits authorized above, any volunteer expert witness who is providing expert witness opinions for cases being reviewed pursuant to Chapter 458 or 468, F.S., shall receive 5.0 hours of credit in the area of risk management for each case reviewed up to a maximum of 15 hours per biennium. In this regard, volunteer expert witnesses are encouraged to perform a literature survey in conjunction with a review of cases for the Board.

(7) In addition to the continuing medical education credits authorized above, current and former Board members shall receive up to a maximum of 5 hours of credit per biennium in the area of risk management for serving on the Board's probable cause panel.

(8) In addition to the continuing medical education credits authorized above, a physician who serves as a supervising physician for a licensed physician who is under direct supervision for a period of at least one year, shall be entitled to receive 6 hours of continuing medical education credit in risk management. Any physician who serves as a monitoring physician for a licensed physician who is under indirect supervision for a period of at least one year, shall be entitled to receive 3 hours of continuing medical education credit in risk management.

(9) In addition to the continuing medical education credits authorized above, up to 5 hours, per biennium, of continuing education credit may be fulfilled by performing pro bono medical services, for an entity serving the indigent or underserved populations or in areas of critical need within the state where the licensee practices. The standard for determining indigency shall be low-income (no greater than 150% of the federal poverty level) or uninsured persons. Credit shall be given on an hour per hour basis.

(a) The Board approves for credit under this rule, the following entities:

1. The Department of Health;

2. Community and Migrant Health Centers funded under section 330 of the United States Public Health Service Act; and

3. Volunteer Health Care provider programs contracted to provide uncompensated care under the provisions of Section 766.1115, F.S., with the Department of Health.

(b) For services provided to an entity not specified under this rule, a licensee must apply for prior approval in order to receive credit. In the application for approval, licensees shall disclose the type, nature and extent of services to be rendered, the facility where the services will be rendered, the number of patients expected to be served, and a statement indicating that the patients to be served are indigent. If the licensee intends to provide services in underserved or critical need areas, the application shall provide a brief explanation as to those facts.

(c) Unless otherwise provided through Board order, no licensee who is subject to a disciplinary action that requires additional continuing education as a penalty, shall be permitted to use pro-bono medical services as a method of meeting the additional continuing education requirements.

(10) Upon request by the Board or Department, the licensee must submit satisfactory documentation of compliance with the requirements set forth above.

Rulemaking Authority 456.013(6), (7), 456.031(4), 456.033, 458.309, 458.319 FS. Law Implemented 456.013(6), (7), 456.031(1)(a), (3), 456.033, 458.319(4) FS. History—New 9-7-86, Amended 11-17-87, 11-15-88, 1-31-90, 9-15-92, Formerly 21M-28.002, Amended 12-5-93, Formerly 61F6-28.002, Amended 3-1-95, 1-3-96, 1-26-97, Formerly 59R-13.005, Amended 5-18-99, 2-7-01, 6-4-02, 10-8-03, 5-4-04, 5-20-04, 4-5-05, 4-25-06, 12-26-06, 1-16-08, 5-6-08, 11-25-08, 7-6-09, 2-23-10, 4-3-12, 3-12-14.