

## Important Licensure Renewal Information

We are quickly nearing the end of the Board's current renewal cycle, January 1, 2015, to December 31, 2016. All licenses under the Medical Board will expire on December 31, 2016. In order to renew your license, you must complete two (2) hours of Board-approved Child Abuse Reporting and Recognition training. This requirement applies to all health-related licensees, regardless of whether they may qualify for an exemption from all other continuing education requirements. [Child Abuse Continuing Education Provider Information can be found here.](#) Two (2) hours of Child Abuse Reporting and Recognition training is required for each biennial renewal. **If you choose to complete a three (3) hour course in child abuse recognition and reporting, the additional hour cannot be used towards fulfilling your other continuing education requirements.**

If you are required to complete additional continuing education requirements to renew your license, [click here](#) and select your profession to review the specific educational requirements.

You are required to maintain all continuing education course certificates, including the Child Abuse Reporting and Recognition course, for two years after the end of the renewal period.

The following are options that you may choose in lieu of keeping your license active. All status change requests will be held for processing until January 1. On January 1, the license will reflect the new status that you have selected. **The Board may require licensees who have not actively practiced for four or more years and are requesting reactivation of an expired/inactive/active-retired license to successfully complete a clinical skills evaluation and/or retraining program. This may delay the reactivation of the license until an approved skills evaluation and/or retraining program has been successfully completed.**

- **Inactive** – A licensee who will not be engaging in any aspect of the practice of medicine. If you choose this option, you may check the inactive box on the renewal notice you receive and return it to the Board Office. You may also inactivate the license through the online renewal process. If your license is in an inactive status, you will **NOT** need to maintain malpractice insurance, meet continuing education requirements or pay the biennial license renewal fee.
- **Active-Retired (Physicians Only)** – A physician who no longer engages in the public practice of medicine, but who wishes to continue to treat and write prescriptions for only themselves and immediate family members living in the same household (spouse, children, parents, siblings who live with you). If you choose this option, you may select the active-retired status during the online renewal process. If your physician and surgeon license is on an active-retired status, you are excused from maintaining malpractice insurance and meeting all other continuing education requirements except for the completion of the two (2) hours of continuing education in Board-approved child abuse recognition and reporting. **You will be required to pay the biennial renewal fee.**

## **Implementation of Pennsylvania Drug Monitoring Program**

The Pennsylvania Department of Health recently announced the implementation of the Pennsylvania Prescription Drug Monitoring Program (PA PDMP), an initiative to deal with opioid abuse. All prescribers (including those licensed as active retired) who prescribe a controlled substance must be registered with the PA PDMP system. All prescribers must access and search the PA PDMP system for each patient when the patient is prescribed a controlled substance for the first time, and/or when there is a clinical concern that the patient may be suffering from the disease of addiction or diverting a controlled substance. A prescriber may grant access to any delegate under their employment or supervision to query the system on their behalf. More information and a tutorial are available on the Department of Health's website at [www.doh.pa.gov/PDMP](http://www.doh.pa.gov/PDMP).

## **Evidence That Pilots Are Increasingly Using Over-the-Counter, Prescription, and Illicit Drugs**

The National Transportation Safety Board (NTSB) recently analyzed toxicology tests from 6,677 pilots who died in a total of 6,597 aviation accidents between 1990 and 2012. The results demonstrate a significant increase in the use of a variety of potentially impairing drugs.

The study found significantly increasing trends in pilots' use of all drugs, potentially impairing drugs (those with a US Food and Drug Administration warning about sedation or behavior changes in routine use), controlled substances, and illicit drugs (those defined as Schedule I by the US Drug Enforcement Administration). In this study, the pilot was considered to be positive for a drug if it could be qualitatively or quantitatively identified in blood or tissue; drugs identified only in urine or used as part of resuscitative efforts were excluded.

Overall, 98% of the study pilots were male, and 96% were flying privately rather than for commercial purposes. The average age of study pilots increased from 46 to 57 years over the study period.

Over the course of the study, for fatally injured pilots, the following was found:

The proportion of pilots testing positive for at least one drug increased from 10% to 40%.

More than 20% of all pilots from 2008-2012 were positive for a potentially impairing drug, and 6% of all pilots were positive for more than one potentially impairing drug.

Overall, the most common potentially impairing drug pilots had used was diphenhydramine, a sedating antihistamine (the active ingredient in many Benadryl and Unisom products).

During the most recent 5 years studied, 8% of all pilots tested positive for controlled substances; hydrocodone and diazepam each accounted for 20% of the positive findings.

The percentage of pilots testing positive for marijuana use increased to about 3% during the study period, mostly in the last 10 years.

The large increase in the proportion of fatally injured pilots with evidence of potentially impairing drugs suggests an increasing risk of impairment in general aviation. Aviation is the only transportation mode in which a fatally injured operator (pilot) routinely undergoes extensive toxicology testing; no similar testing is routinely performed for fatally injured operators of boats, trains, trucks, or cars. Given the general increase in drug use in the population, it is likely that there has been a similar trend in drug use among operators across all modes of transportation.

These results highlight the importance of routine discussions between health care providers and pharmacists and their patients about the potential risks that drugs and medical conditions can create when patients are operating a vehicle in any mode of transportation.

### **Suggested Articles for Reading**

The members of the Board have found the information in the following articles to be very informative and wish to share this information with all licensees.

Wellness, Burnout:

[From burnout to balance \(Emergency Physicians Monthly, July 19, 2016\)](#)

[The role of personal accomplishment in physician burnout \(AMA Wire, March 29, 2016\)](#)

Use Of Social Media:

[Why Your Doctor Won't Friend You On Facebook \(NPR, Aug. 25, 2015\)](#)

[Should You 'Friend' Your Doctor? \(US News and World Report, May 22, 2014\)](#)

[Online Medical Professionalism: Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards \(Annals of Internal Medicine, April 16, 2016\)](#)

Boundaries, Sexual Misconduct:

[Crossing professional boundaries in medicine: the slippery slope to patient sexual exploitation \(Journal of the American Academy of Psychiatry and the Law Online, January 2012\)](#)

[Physician Boundary Violations in a Physician's Health Program: A 19-Year Review \(Journal of the American Academy of Psychiatry and the Law Online, January, 2012\)](#)