

1 VERMONT MEDICAL SOCIETY RESOLUTION

2
3 Uniform Regulatory Oversight and Standard of Practice for Medical Professionals

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5 *Adopted November 5, 2016*

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7 Whereas, Under the Department of Health, the Vermont Board of Medical Practice (VBMP)
8 licenses physicians,¹podiatrists,² and physician assistants;³ and

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10 Whereas, Under the Secretary of State’s Office of Professional Regulation (OPR), the Board of
11 Osteopathic Physicians and Surgeons licenses osteopathic physicians,⁴ the Vermont State Board of
12 Nursing (VSBN) licenses advanced practice registered nurses (APRN),⁵ and OPR licenses
13 naturopathic physicians;⁶ and

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15 Whereas, On February 26, 2014, The Accreditation Council for Graduate Medical Education
16 (ACGME), the American Osteopathic Association (AOA), and the American Association of Colleges
17 of Osteopathic Medicine (AACOM) agreed to a single accreditation system for graduate medical
18 education (GME) programs in the U.S;⁷ and

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20 Whereas, The single accreditation system will allow graduates of allopathic and osteopathic medical
21 schools to complete their residency and/or fellowship education in ACGME-accredited programs
22 and demonstrate achievement of common Milestones and competencies; and

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24 Whereas, ACGME CEO Thomas Nasca, MD, stated: "this uniform path of preparation for practice
25 ensures that the evaluation of and accountability for the competency of all resident physicians –
26 MDs and DOs – will be consistent across all programs;" and

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28 Whereas, Under 18 V.S.A. § 4289(a), each professional licensing authority for health care providers
29 shall develop evidence-based standards to guide health care providers in the appropriate
30 prescription of Schedules II, III, and IV controlled substances for treatment of acute pain, chronic
31 pain, and for other medical conditions to be determined by the licensing authority; and

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33 Whereas, The standards developed by the licensing authorities shall be consistent with rules
34 adopted by the Department of Health and the licensing authorities shall submit their standards to
35 the Commissioner of Health, who shall review for consistency across health care providers and
36 notify the applicable licensing authority of any inconsistencies identified; and

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38 Whereas, On January 9, 2008, VBMP sent a letter to the VSBN APRN Work Group urging its
39 consideration of 6 recommendations “To maximize the access of Vermonters to high-quality
40 medical care by APRNs;" and

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¹ 26 V.S.A. Chapter 23

² 26 V.S.A. Chapter 7

³ 26 V.S.A. Chapter 31

⁴ 26 V.S.A. Chapter 33

⁵ 26 V.S.A. Chapter 28

⁶ 26 V.S.A. Chapter 81

⁷ <http://www.acgme.org/portals/0/PDFS/Nasca-Community/SingleAccreditationRelease2-26.pdf>

1 Whereas, VBMP's 4th recommendation states: "4) Medical Professionals who are fully licensed to
2 provide primary medical care without supervision should be regulated by the Medical Practice
3 Board or, in the alternative, by a Board made up of primarily of medical professionals with at least
4 the same level of training as the professionals being regulated;" and
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6 Whereas, VBMP's 4th recommendation further states: "All statutory definitions of unprofessional
7 conduct for physicians should apply to APRNs practicing in an independent setting; and
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9 Whereas, VBMP's 4th recommendation further states: "If Vermont is going to address the shortage
10 of primary care providers by placing APRNs in the role of independent provider, then it must do so
11 in a manner that does not create a double standard of care and of professional regulation;" now
12 therefore be it
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14 **RESOLVED, VMS will urge the Vermont General Assembly to enact legislation ensuring**
15 **that all professionals engaged in the practice of medicine are subject to the same standard of**
16 **care and of professional regulation, which may include placing them under the Vermont**
17 **Board of Medical Practice.**