

TITLE 216 – DEPARTMENT OF HEALTH

CHAPTER 40 – PROFESSIONAL LICENSING AND FACILITY REGULATION

SUBCHAPTER 05 – PROFESSIONAL LICENSING

PART 1 – Licensure and Discipline of Physicians

1.1 Authority and Incorporated Materials

1.1.1 Authority

These Regulations are promulgated pursuant to the authority conferred under R.I. Gen. Laws §§ 5-37-1.4(5) and 5-19.2-3, and are established for the purpose of updating prevailing standards governing the licensure and discipline of physicians in Rhode Island.

1.1.2 Incorporated Materials

These Regulations hereby adopt and incorporate by reference the Centers for Disease Control ("CDC") "Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care" (September 2016), not including any further editions or amendments thereof, and only to the extent that the provisions therein are not inconsistent with this Part.

1.2 Definitions

- A. Wherever used in this Part, the terms listed below shall be construed in the following manner:
1. "Acupuncture" means the insertion of needles into the human body by piercing the skin of the body, for the purpose of controlling and regulating the flow and balance of energy in the body. For the purposes of this Part; "medical acupuncture" means acupuncture as practiced by physicians licensed under the provisions of R.I. Gen. Laws Chapter 5-37.
 2. "Act" means R.I. Gen. Laws Chapter 5-37 entitled "Board of Medical Licensure and Discipline."
 3. "Board" means the Rhode Island Board of Medical Licensure and Discipline or any committee or subcommittee thereof established under the provisions of R.I. Gen. Laws § 5-37-1.1.
 4. "Chief administrative officer" means the administrator of the Rhode Island Board of Medical Licensure and Discipline.

5. "Collaborative pharmacy practice" means that practice of pharmacy whereby a pharmacist with advanced training and experience relevant to the scope of collaborative practice agrees to work in collaboration with one (1) or more physicians for the purpose of drug therapy management of patients, such management to be pursuant to a protocol or protocols authorized by the physician(s) and subject to approval by the Department and any conditions and/or limitations as set forth by the Department thereto. A health care professional who has prescribing privileges and is employed by a collaborating physician may be in such an agreement.
6. "Compounding" means the act of combining two (2) or more ingredients as a result of a practitioners prescription or medication order occurring in the course of professional practice based upon the individual needs of a patient and a relationship between the practitioner, patient and pharmacists. Compounding does not mean the routine preparation, mixing, reconstitution or assembling of drug products that are essentially copies of a commercially available product. Pharmacy compounding includes the preparation of drugs or devices pursuant to a prescription or medication order or in anticipation of prescription or medication orders based upon routine, regularly observed prescribing patterns.
7. "Compounding sterile preparations" or "CSPs" means a sterile drug or nutrient compounded in a licensed pharmacy or other healthcare-related facility pursuant to the order of a licensed prescriber; the article may or may not contain sterile products.
68. "Department" means the Rhode Island Department of Health.
79. "Director" means the Director, Rhode Island Department of Health.
810. "Doctor of acupuncture" means a person who has been licensed under the provisions of R.I. Gen. Laws Chapter 5-37.2 to practice the art of healing known as acupuncture.
911. "Drug therapy management" means the review, in accordance with a collaborative practice agreement, of drug therapy regimen(s) of patients by a pharmacist for the purpose of rendering advice to one (1) or more physicians that are party to the agreement, or their physician designees, regarding adjustment of the regimen. Decisions involving drug therapy management shall be made in the best interests of the patient. In accordance with a collaborative practice agreement, drug therapy management may include:
- a. Modifying and managing drug therapy;
 - b. Collecting and reviewing patient histories;

- c. Obtaining and checking vital signs, including pulse, temperature, blood pressure, and respiration; and
- d. Under the supervision of, or in direct consultation with a physician, ordering and evaluating the results of laboratory tests directly related to drug therapy when performed in accordance with approved protocols applicable to the practice setting and providing such evaluation does not include any diagnostic component.

~~40~~12. "Foreign medical graduate" means a physician (individual) whose basic medical degree or qualification was conferred by an allopathic medical school located outside the United States, Canada and Puerto Rico.

~~44~~13. "Good standing" means a licensee has an unrestricted license to practice medicine.

~~42~~14. "Intern, resident, or fellow" means a physician in training in an accredited postgraduate training program.

~~43~~15. "License" is synonymous with registration certificate.

~~44~~16. "Medical malpractice" or "malpractice" means any tort, or breach of contract based on health care or professional services rendered, or which should have been rendered, by a physician, dentist, hospital, clinic, health maintenance organization or professional service corporation providing health care services and organized under R.I. Gen. Laws Chapter 7-5.1, to a patient or the rendering of medically unnecessary services except at the informed request of the patient.

~~45~~17. "Medical record" means a record of a patient's medical information and treatment history maintained by physicians and other medical personnel, which includes, but is not limited to, information related to medical diagnosis, immunizations, allergies, x-rays, copies of laboratory reports, records of prescriptions, and other technical information used in assessing the patient's health condition, whether such information is maintained in a paper or electronic format.

~~46~~18. "Non-ablative treatment" means any laser/intense pulsed light treatment or other energy source, chemical, or modality that is not expected or intended to remove, burn, or vaporize tissue. This shall include treatments related to laser hair removal.

~~47~~19. "Person" means any individual, partnership, firm corporation, (including, but not limited to, associations, joint stock companies, limited liability companies, and insurance companies), trust or estate, state or political subdivision or instrumentality of a State.

~~18~~20. "Physician" means any person licensed to practice allopathic or osteopathic medicine pursuant to the provisions of R.I. Gen. Laws Chapter 5-37.

~~19~~21. "Postgraduate training" means satisfactory training after earning the medical degree at an accredited program, or its equivalent as determined by the Board, including internship, residency and fellowship. Such training shall include one (1) year of internship and one (1) or two (2) years of progressive residency or comparable fellowship.

~~20~~22. "Practice of medicine" means the practice of allopathic and osteopathic medicine. Any person shall be regarded as practicing medicine within the meaning of the Act who holds himself or herself out as being able to diagnose, treat, perform surgery, use a laser/intense pulsed light, or prescribe for any person for disease, pain, injury, deformity or physical or mental condition or prescribe for any person ill or alleged to be ill with disease, pain, injury, deformity or abnormal physical or mental condition, or who shall either profess to heal, offer or undertake, by any means or method, to diagnose, treat, perform surgery, or prescribe for any person for disease, pain, injury, deformity or physical or mental condition. In addition, one who attaches the title M.D., physician, surgeon, D.O., osteopathic physician and surgeon, or any other similar word or words or abbreviation to his or her name indicating that he or she is engaged in the treatment or diagnosis of the diseases, injuries or conditions of persons shall be held to be engaged in the practice of medicine. Non-ablative treatment is part of the practice of medicine.

23. "Prescriber" means a health care provider who is licensed in the State of Rhode Island who has prescribing privileges.

~~21~~24. "Surgery" is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reductions for major dislocations or fractures, or otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife, or scalpel.

25. "Telemedicine" means, as defined in R.I. Gen. Laws § 27-81-3, the delivery of clinical healthcare services by use of real time, two (2) way synchronous audio, video, telephone-audio-only communications or

electronic media or other telecommunications technology including but not limited to: online adaptive interviews, remote patient monitoring devices, audiovisual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare deliver, which facilitate the assessment, diagnosis, counseling an prescribing treatment and care management of a patient's healthcare while such patient is at an originating site and the healthcare provider is at a distant site, consistent with applicable Federal laws and Regulation. Telemedicine does not include an email message or facsimile transmission between the provider and patient, or an automated computer program used to diagnose and/or treat ocular or refractive conditions.

1.3 License Requirements

1.3.1 Generally

- A. No person, unless licensed to practice medicine in Rhode Island, shall practice allopathic or osteopathic medicine or surgery or attempt to practice allopathic or osteopathic medicine or surgery, or any of the branches of allopathic or osteopathic medicine or surgery after having received therefore or with the intent of receiving therefore, either directly or indirectly, any bonus, gift or compensation or who shall open an office with intent to practice allopathic or osteopathic medicine or shall hold himself or herself out to the public as a practitioner of allopathic or osteopathic medicine, whether by appending to his or her name the title of doctor or any abbreviation thereof, or M.D., or D.O. or any other title or designation implying a practitioner of allopathic or osteopathic medicine.
 - 1. All physicians who are licensed to practice medicine in Rhode Island must obtain and sustain medical malpractice coverage prior to seeing patients. Proof of malpractice insurance shall be provided to the Board upon request. It is incumbent upon the licensee to ensure that malpractice coverage does not lapse while engaged in the practice of medicine.

1.3.2 Practice of Medical Acupuncture

- A. Any physician licensed in Rhode Island under the provisions of the Act who seeks to practice medical acupuncture as a therapy shall comply with the following:
 - 1. Meet the requirements for licensure as a doctor of acupuncture set forth in Part 8 of this Subchapter, Licensing Doctors of Acupuncture and Oriental Medicine promulgated by the Rhode Island Department of Health; or
 - 2. Successfully complete a course offered to physicians that has been approved by the American Board of Medical Acupuncture (ABMA).

- B. Any physician licensed in Rhode Island under the provisions of the Act who seeks to practice acupuncture limited to the ear shall complete an approved course of at least four (4) hours duration.

1.3.3 Visiting Physicians

Notwithstanding the provisions of § 1.3.1 of this Part, the exceptions to licensure requirements are pursuant to R.I. Gen. Laws [§ 5-37-16.2](#).

1.3.4 Limited Medical Registration Requirements for Interns, Residents or Fellows

- A. Except for physicians licensed pursuant to R.I. Gen. Laws Chapter 5-37, no person shall perform the duties of an intern, resident or fellow in Rhode Island without holding a limited medical registration certificate pursuant to R.I. Gen. Laws § 5-37-16.
 - 1. Limited medical registration shall only be granted to individuals appointed as intern, resident or, fellow in a hospital licensed in Rhode Island, or other institution or clinic pursuant to R.I. Gen. Laws § 5-37-16 for the purpose of obtaining training in a medical program accredited by the Accreditation Council for Graduate Medical Education, (ACGME), the American Osteopathic Association, (AOA), or other accrediting body approved by the Board, or to a fellow for the purpose of teaching, research and/or training in conjunction with a medical education program in a medical school accredited by the Liaison Committee for Medical Education (LCME) or by the Commission on Osteopathic College Accreditation (COCA).
- B. A limited medical registration certificate (for postgraduate training) shall entitle the holder thereof to practice medicine in the hospital or other institution designated on the certificate of limited registration, or outside such hospital or other institution for the treatment under the supervision of one of its medical staff who is a duly licensed physician [i.e. full licensure], of persons accepted by it as patients, or in any hospital, institution, clinic or program affiliated for training purposes with the hospital, institution or clinic designated on such certificate, which affiliation is approved by the Department. In all cases the practice of medicine under a limited medical registration shall be in accordance with policies and procedures established by the hospital, institution or other clinic designated on the certificate.
 - 1. It shall be the responsibility of each hospital, clinic or other institution to submit, on or before April 1 of each year to the Department for its approval, a list of affiliated hospitals, institutions, clinics or programs providing training programs for interns, residents or, fellows.

2. Any hospital, clinic or institution providing training programs for interns, residents, or fellows, that are subject to statutory licensure in Rhode Island, shall hold a current license.
- C. Once a full license to practice medicine in the State of Rhode Island has been granted, all concurrent limited medical registration privileges shall cease.
- D. Physicians who have a full license in this or another jurisdiction who come to a Rhode Island graduate medical education program.
1. Physicians who are fully licensed in Rhode Island or in an alternate jurisdiction, and who are entering or re-entering an accredited graduate medical education program (training program) are eligible for limited medical registration (training license). The limited medical registration shall be granted annually for the duration of training.
 2. If the physician chooses to practice outside of the accredited graduate medical education program at any time during the period of training, a full medical license is required.
- E. A physician in training greater than five (5) years shall obtain a full, unrestricted license to practice medicine in Rhode Island, unless the physician remains in an accredited training program and has successfully passed all three (3) parts of the United States Medical Licensing Examination (USMLE) or all three (3) levels of the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA).

1.4 Qualifications

1.4.1 Allopathic Physicians

- A. Graduates of Schools Located in the United States and Puerto Rico. An applicant seeking licensure to practice medicine in Rhode Island must:
1. Be of good moral character;
 2. Have graduated from a medical school accredited by the Liaison Committee for Medical Education (LCME);
 3. Have satisfactorily completed two (2) years of progressive post graduate training, internship and residency, in a program accredited by the Accreditation Council for Graduate Medical Education;
 4. Have satisfactorily passed an examination approved by the Board; and
 5. Meet such other requirements as set forth by Regulation or as may be established by the Board.

- B. Graduates of Schools Located in Canada. An applicant seeking licensure to practice medicine in Rhode Island must:
1. Be of good moral character;
 2. Have graduated from a medical school accredited by the Liaison Committee for Medical Education (LCME);
 3. Have satisfactorily completed two (2) years of progressive post graduate training in a program accredited by the Accreditation Committee of the Federation of the Medical Licensing Authority of Canada or the Royal College of Physicians and Surgeons of Canada;
 4. Have satisfactorily passed an examination approved by the Board; and
 5. Meet such other requirements as set forth by Regulation or as may be established by the Board.
- C. Foreign Medical Graduates. An applicant seeking licensure to practice medicine in Rhode Island who is a Foreign Medical Graduate must:
1. Be of good moral character;
 2. Have graduated from a medical school located outside the United States which is recognized by the World Health Organization and the Board;
 3. Have received certification by the Education Commission for Foreign Medical Graduates (ECFMG);
 4. Applicants must have satisfactorily completed two (2) years of progressive postgraduate training, internship and residency or a comparable fellowship in a training program accredited by the Accreditation Council for Graduate Medical Education (ACGME). The Board may grant up to twelve (12) months of credit at the internship level to an applicant with a minimum of three (3) years of progressive international postgraduate training when advanced standing is also granted by the American Board of Medical Specialties.
 5. Have satisfactorily passed an examination approved by the Board; and
 6. Meet such other requirements as set forth by Regulation or as may be established by the Board.
- D. Foreign Medical Graduates/United States Citizens (Fifth [5th] Pathway). An applicant seeking licensure to practice medicine in Rhode Island and who is a Foreign Medical Graduate and a United States citizen at the time of attendance at said foreign school and who has completed all of the formal requirements of said medical school except internship and/or social services must:

1. Be of good moral character;
2. Have successfully completed a course of study from a medical school located outside the United States which is recognized by the World Health Organization and the Board;
3. Have satisfactorily passed the Educational Commission for Foreign Medical Graduates Examinations;
4. Have attained a score satisfactory to a medical school approved by the Liaison Committee on Medical Education on a qualifying examination acceptable to the State Board for Medicine;
5. Applicants shall have satisfactorily completed two (2) years of progressive postgraduate training, internship and residency or fellowship in a training program accredited by the Accreditation Council for Graduate Medical Education.
6. Have satisfactorily passed an examination approved by the Board; and
7. Meet such other requirements as set forth by Regulation or as may be established by the Board.

E. Waiver of Training Requirements – Allopathic Physicians

1. Notwithstanding the requirements of § 1.4.1(A)(3) of this Part, all or some of the postgraduate training requirement for graduates of schools located in the United States and Puerto Rico may be waived, at the discretion of the Board, for graduates who hold a full and unrestricted medical license in another State/jurisdiction for at least five (5) years and are certified by an American Board of Medical Specialty (ABMS) Board.
2. Notwithstanding the requirements of § 1.4.1(B)(3) of this Part, all or some of the postgraduate training requirement for graduates of schools located in Canada may be waived, at the discretion of the Board, for graduates who hold a full and unrestricted medical license in another State/jurisdiction for at least five (5) years and are certified by an ABMS Board.
3. Notwithstanding the requirements of § 1.4.1(D)(4) of this Part, all or some of the postgraduate training requirement for foreign medical graduates may be waived, at the discretion of the Board, for international graduates with advanced international postgraduate training, who hold full and unrestricted medical licensure in another State/jurisdiction, and five (5) years of clinical practice experience in good standing in the alternate jurisdiction.

1.4.2 Osteopathic Physicians

- A. Graduates of Schools of Osteopathic Medicine. An applicant seeking licensure to practice Osteopathic Medicine in Rhode Island must:
1. Be of good moral character;
 2. Have graduated from an osteopathic medical school located in the United States that is accredited by the American Osteopathic Association;
 3. Have satisfactorily completed two (2) years of progressive post graduate training, internship and residency in a program approved by the American Osteopathic Association or the Accreditation Council for Graduate Medical Education;
 4. Have satisfactorily passed an examination approved by the Board; and
 5. Meet such other requirements as set forth by Regulations or as may be established by the Board.
- B. Waiver of Training Requirements – Osteopathic Physicians. Notwithstanding the requirements of § 1.4.2(A) of this Part, all or some of the postgraduate training requirement for graduates of schools of osteopathic medicine may be waived, at the discretion of the Board, for graduates who hold a full and unrestricted license to practice osteopathic medicine in another State/jurisdiction for at least five (5) years and are certified by the AOA or an ABMS Board.

1.4.3 Licensure by Endorsement

- A. The Board may grant expedited full and unrestricted licensure to applicants with a verified full and unrestricted licensure in another State with administrative approval from the Chief Administrative Officer provided that the candidate shall:
1. Have no formal disciplinary actions or active or pending investigations; past, pending, public or confidential restrictions or sanctions, by the board of medicine, licensing authority, medical society, professional society, hospital, medical school or institution staff sanctions in any State, country or jurisdiction. A disciplinary action includes, but is not limited to, the refusal to issue or renew a license to practice medicine by any aforementioned entity.
 2. Hold unrestricted licenses in every jurisdiction that the candidate holds a license.
 3. Meet minimum requirements for a license in the State of Rhode Island.
 4. Have submitted a completed application, in the English language or accompanied by a certified translation thereof into English for reciprocal licensure. Such licenses shall be considered provisional until ratified at a meeting of the full Board. Willful violation of the provisions of this section

by a licensing candidate shall be grounds for immediate license suspension.

1.4.4 Temporary Post-Graduate License

- A. Licensure. A temporary post-graduate license is a full unrestricted license that can be granted after one (1) year of post-graduate training and may not be renewed more than once. The Board may grant a temporary post-graduate license to practice medicine in Rhode Island as a physician to an individual who meets all of the following requirements:
1. Have successfully completed one (1) year of post graduate training in an accredited Rhode Island training program.
- B. Issuance and Renewal
1. Fees. The fee for a temporary post-graduate physician license is the same as a full license (since valid for one (1) year is pro-rated fifty percent (50%)). The Fee for a temporary post-graduate physician license may be waived (for initial license and renewal) if within nine (9) months of issuance of this license the physician supplies to the Department proof of obtaining a DEA waiver ("X" number) to treat patients with medication assisted treatment. Physicians who receive a fee waiver who do not supply evidence of aforementioned DEA waiver ("X" number) within nine (9) months will be billed for the full license fee. Physicians who do not pay the balance within three (3) months will be referred to the Board for unprofessional conduct.
 2. A temporary post-graduate physician license is valid for one (1) year from issue date may be renewed only once, the fee upon renewal is the same as a physician license and may be waived, if physician has submitted evidence to the department of DEA waiver ("X" number).
- C. Continuing medical education (CME) shall be required in accordance with § 1.5.5(A) of this Part, participation in an accredited post-graduate medical education program shall satisfy the requirements of CME.

1.4.5 Volunteer Physicians

- A. Licensure. The Board may grant a license to practice medicine in Rhode Island as a volunteer physician to an individual who meets all of the following requirements:
1. Be otherwise qualified for licensure as a physician pursuant to this Part.
 2. Be retired from the active practice of medicine and whose only clinical activities will be volunteering in clinics and other facilities that provide medical care to underinsured or uninsured patients.

3. Receive no monetary or in-kind compensation for any clinical services provided as a physician.
4. Submit documentation to the Board from an IRS-approved 501(c)(3) organization, or other similar entity, providing care for underinsured or uninsured patients, attesting to the physician's status as a volunteer physician and the absence of compensation (monetary or in-kind).
5. Separate documentation shall be provided for each organization where the applicant intends to provide services as a volunteer physician.
6. Submit documentation to the Board that malpractice insurance will be provided, either by the organization or by the applicant.

B. Issuance and Renewal

1. Fees. There shall be no licensure fee for a volunteer physician license.
2. Upon completion of the requirements contained in § 1.4.5(A) of this Part, the Director may issue a volunteer physician license in accordance with § 1.5.6(A) of this Part.
3. A volunteer physician license may be renewed in accordance with § 1.5.6(B) of this Part.

C. Continuing Education. A volunteer physician shall be required to complete continuing medical education in accordance with § 1.5.5(A) of this Part.

~~**D. Restrictions and Limitations.** Physicians who have academic and/or administrative jobs, and who wish to volunteer, are not eligible for a volunteer physician license.~~

ED. Conversion to Full/Unrestricted License. A physician with a volunteer license who wishes to resume active practice may convert the license to full/unrestricted license by paying the ~~initial~~ licensure fee as set forth in [Part 10-05-2](#) of this Title, Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health.

1.4.6 Academic Faculty

The requirements for limited registration of academic faculty are pursuant to R.I. Gen. Laws [§ 5-37-16.1](#).

1.5 Application for License & Fees

1.5.1 Application

- A. Application for licensure shall be made on forms provided by the Board which shall be completed, including the physician's signature and a recent identification photograph of the applicant, head and shoulder front view, approximately two by three inches (2" x 3") in size submitted to the Board.
- B. Such application shall be accompanied by the following documents and fee (non-refundable and non-returnable):
 - 1. The applicant must submit a self-query of the National Practitioner Data Bank.
 - 2. Each license application, except from an applicant who qualifies for a license by endorsement pursuant to § 1.4.3(A) of this Part, must also include a completed Federation Credentials Verification Form (FCVS) from the Federation of State Medical Boards of the United States, Inc.
 - 3. A statement from the Board of Examiners in Allopathic or Osteopathic Medicine in each State in which the applicant has held or holds licensure to be submitted to the Board of this state attesting the licensure status of the applicant during the time period applicant held licensure in said State;
 - 4. The application examination fee, as set forth in [Part 10-05-2](#) of this Title, Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health;
 - 5. Such other information as may be deemed necessary and appropriate by the Board.
- C. The Board, at its discretion, reserves the right to require any or all applicants to appear before the Board for an interview.
- D. An applicant shall not be eligible for licensure by endorsement if the Board finds that the applicant has engaged in any conduct prohibited by this Part.
- E. Granting of licensure after a lapse for non-disciplinary reasons. If a physician has not engaged in the active practice of medicine for two (2) years or more the Board shall establish clinical competency of the applicant prior to reactivation or reinstatement. The Board may establish clinical competency based on any or all of the following:
 - 1. Documentation of appropriate continuing medical education;
 - 2. Evidence of maintenance of certification from an American Board of Medical Specialty or American Osteopathic Association Board;
 - 3. An evaluation of clinical competency by a Board approved organization, such as the Center for Personalized Education for Physicians (CPEP). The applicant is responsible to report the results of an evaluation from a

Board approved organization and follow the recommendations for ongoing competence; and

4. Successfully passing a Board approved exam.
- F. Granting of licensure after a lapse for disciplinary reasons. If a physician has not engaged in the active practice of medicine for two (2) years or more based on a disciplinary action from the Board or any other jurisdiction, the Board shall establish clinical competency based on any or all of the following:
1. An evaluation of clinical competency by a Board approved organization, such as the Center for Personalized Education for Physicians (CPEP). The applicant is responsible to report the results of an evaluation from a Board approved organization and follow the recommendations for ongoing competence; and
 2. Successfully passing a Board approved exam.
- G. Applicants whose physician licenses either are or have been suspended or revoked in another jurisdiction must submit a letter of good standing to the Board from the originating jurisdiction prior to their application being considered in Rhode Island.

1.5.2 Interns, Residents, or Fellows

- A. An application for limited medical registration as an intern, resident or fellow be made on forms provided by the Board, shall be submitted through the hospital, institution, clinical facility, or medical practice, and shall be accompanied by the following documents and fee (non-refundable and non-returnable):
1. Being eighteen (18) years of age or older;
 2. Good moral character;
 3. Successful graduation and completion of no less than two (2) years of study in a medical school accredited by the LCME or COCA and having power to grant degrees in medicine or osteopathic medicine;
 4. Appointment as an intern, resident or fellow in an accredited training program pursuant to § 1.3.4(A) of this Part; and
 5. The application fee, as set forth in [Part 10-05-2](#) of this Title, Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health;
 6. Such other information as may be deemed necessary by the Board.

- B. Furthermore, each applicant from an accredited training program or its equivalent shall have the application for limited medical registration signed by:
 - 1. The Administrator/Chief Executive Officer of the hospital, clinic, or other institution that has granted the appointment as an intern, resident or fellow; and
 - 2. The program director attesting to the provisions of § 1.5.2(A)(3) of this Part.
- C. Applicants from foreign medical schools shall present evidence of valid certification by the Educational Commission for Foreign Medical Graduates (ECFMG) including the provisions of § 1.5.2(B)(1) of this Part.
 - 1. This requirement may be waived at the discretion of the Board for candidates approved by the Board who are participating in a short-term [less than six (6) month duration] postgraduate experience as part of a formal program administered by the director of an ACGME or AOA accredited residency or fellowship.

1.5.3 Academic Faculty

- A. Application for limited registration for "academic faculty" shall be made on forms provided by the Department which shall be completed and submitted to the Board at least thirty (30) days prior to the scheduled date of Board meeting.
- B. Such application shall be accompanied by the following documents and fee (non-refundable and non-returnable):
 - 1. For U.S. citizens: a certified copy of birth certificate; or
 - 2. For foreign medical physicians: if a certified copy of birth certificate cannot be obtained, immigration papers or resident alien card or such other birth verifying papers acceptable to the Board;
 - 3. One (1) recent photograph of the applicant, head and shoulder front view approximately two by three inches (2" x 3") in size;
 - 4. A statement from the board of examiners in medicine in each State in which the applicant holds or has held a license confirming the applicant to be or have been in good standing. Such statement shall be submitted to the Board;
 - 5. A certified copy of medical diploma;
 - 6. A complete *curriculum vitae*;

7. A written statement from the dean of the medical school attesting that an offer has been made to the individual for a full-time senior level academic appointment, including the recommendation that the applicant is a person of professional rank (i.e., associate or full professor) whose knowledge and special training will benefit the medical school; and
 8. The application fee, as set forth in [Part 10-05-2](#) of this Title, Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health.
- C. All documents not written in the English language shall be accompanied by certified translations.

1.5.4 Examination

- A. By Examination for Allopathic & Osteopathic Physicians: Applicants shall be required to pass such examination as the Board deems necessary to test the applicant's knowledge and skills to practice medicine in Rhode Island pursuant to the Act and this Part.
- B. For written examinations, the Board requires applicants to successfully pass the following:
1. The National Board of Allopathic or Osteopathic Medical Examination (NBME) or (NBOME); or
 2. The United States Medical Licensing Examination (USMLE);
 3. The Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA)
 4. The Licentiate Medical Council of Canada (LMCC);
 5. Or any combination of examinations acceptable to the Board and as recommended by the United States Medical Licensing Examination;
 6. The passing score for each section of the above examinations must be seventy-five (75) or more (The Board does not accept averaging of the separate components.)
 7. Applicants for licensure in Rhode Island must pass each section of the required examination by the third (3rd) attempt. In the event of a third (3rd) failure, opportunity for re-examination(s) shall be subject to the applicant's completion of additional requirements as recommended by the Board on a case by case basis.

1.5.5 Continuing Education

- A. Every physician licensed to practice allopathic or osteopathic medicine in Rhode Island under the provisions of the Act and this Part, shall on or before the first (1st) day of June of every even-numbered year, on a biennial basis, earn a minimum of forty (40) hours of AMA PRA Category 1 Credit™/AOA Category 1a continuing medical education credits and shall document this to the Board.
 - 1. A physician's participation in an American Board of Medical Specialty's (ABMS) Maintenance of Certification program will be considered equivalent to meeting CME requirement.
 - 2. A physician's participation in the AOA's Osteopathic Continuous Certification (OCC) program will be considered equivalent to meeting CME requirement.
- B. The application shall include evidence satisfactory to the Board of completion of a prescribed program of continuing medical education established by the appropriate medical or osteopathic society. Participation by duly appointed members of the Board in regular Board meetings and investigating committee meetings shall be considered acceptable on an hours served basis in lieu of AMA PRA Category 1 Credit™/AOA Category 1a continuing medical education hours.
- C. The Board may extend for only one (1) six (6) month period such educational requirements pursuant to the provisions of R.I. Gen. Laws § 5-37-2.1.
- D. It shall be the sole responsibility of the individual physician to obtain documentation from the approved sponsoring or co-sponsoring organizations, agencies or other, of his or her participation in a learning experience and the number of dated credits earned.
 - 1. Those documents must be safeguarded, for a period of three (3) years, by the physician for review by the Board if required. Only a summary list of those documents, not the documents themselves, shall be submitted with the application for renewal of the certification.
- E. Licensure renewal shall be denied to any applicant who fails to provide satisfactory evidence of continuing medical education as required by this Part.

1.5.6 Issuance and Renewal of License and Fee

- A. Upon completion of the aforementioned requirements and upon submission of the initial licensure fee as set forth in [Part 10-05-2](#) of this Title, Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health, the Director may issue a license to those applicants found to have satisfactorily met all the requirements of this Part. Said license unless sooner suspended or revoked shall expire biennially on the first (1st) day of July of the next even-numbered year.

B. Every physician licensed during the current year who intends to practice allopathic or osteopathic medicine during the ensuing two (2) years shall file with the Board, before the first (1st) day of July of each even-numbered year, a renewal application, on such forms as the Chief Administrative Officer deems appropriate, and duly executed together with the renewal fee as set forth in [Part 10-05-2](#) of this Title, Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health on or before the first (1st) day of July in each even-numbered year. Payment shall be postmarked on or before July 1.

~~C. Notwithstanding the provisions of § 1.5.6(B) of this Part, a physician shall be eligible for a reduced renewal fee, as set forth in [Part 10-05-2](#) of this Title, the Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health, if the physician complies with the following requirements:~~

~~1. Successful completion of the Physician Professional Education Program for the current renewal cycle, as established by the Director; and~~

~~a. For the renewal period ending June 30, 2014, documentation of successful completion of the Physician Professional Education Program for the current renewal cycle is filed with the Board before May 1, 2014;~~

~~b. For renewal periods ending June 30, 2016 and later, documentation of successful completion of the Physician Professional Education Program for the current renewal cycle is filed with the Board before the first (1st) day of April of each even-numbered year; and~~

~~2. Payment is received on or before the first (1st) day of July of each even-numbered year.~~

~~D.~~ Upon receipt of a renewal application and payment of fee, a license renewal, subject to the terms of the Act and this Part, shall be issued, effective for two (2) years, unless sooner suspended or revoked.

~~E.~~ The licenses (registration certificates) of all allopathic or osteopathic physicians whose renewals, accompanied by the prescribed fee, are not filed on or before the first (1st) day of July shall be automatically lapsed. The Board may in its discretion and upon the payment by the physician of the current licensure (registration) fee, plus an additional fee, as set forth in [Part 10-05-2](#) of this Title, Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health reinstate any license (certificate) lapsed under the provisions of R.I. Gen. Laws § 5-37-10 and § 1.5.6(E) of this Part.

~~F.~~ Every person to whom a license to practice medicine in Rhode Island has been granted by the duly constituted licensing authority in Rhode Island and who

intends to engage in the practice of medicine during the ensuing two (2) years, shall register his or her license by filing with the Board such application duly executed together with such registration form and fee as established by the Director.

GF. In order to update for the profile the information initially supplied to the Board by the physician at initial application for licensure, each physician shall provide the following information through the questionnaire:

1. Specialty board certification;
2. Number of years in practice in any State;
3. Name(s) of the hospital(s) where the physician has privileges in any State, and
4. The location of the physician's primary practice setting.

HG. A limited medical registration certificate as an intern, resident or fellow shall be valid for a period of not more than one (1) year from the date of issuance and may be renewed annually for not more than four (4) consecutive years by the Department, except as provided in § 1.3.4(E) of this Part.

IH. A limited registration certificate for academic faculty shall be valid for a period of not more than one (1) year, expiring on the 30th day of June following its initial effective date and may be renewed for not more than five (5) consecutive years by the Board, provided however, such registration shall automatically expire when the holder's relationship with the medical school is terminated or substantially changes. The holder shall reapply for limited registration in accordance with the requirements of §§ 1.5.3(A) through (C) of this Part if the relationship with the medical school substantially changes. After the fifth (5th) consecutive renewal, a physician may reapply for limited registration in accordance with the provisions of §§ 1.5.3(A) through (C) of this Part.

1.5.7 Refusal of License

The Director at the direction of the Board, after due notice and hearing, in accordance with the procedures set forth in R.I. Gen. Laws §§ 5-37-5.2 to 5-37-6.2, may refuse to grant the original license to any physician and/or applicant who fulfills the grounds for such refusal pursuant to R.I. Gen. Laws § [5-37-4](#).

1.5.8 Inactive List

A. The requirements regarding the physician inactive list are pursuant to R.I. Gen. Laws § [5-37-11](#). During the period of inactive status referenced in the Act, the physician may not practice medicine, as defined in § 1.2(A)(20) of this Part.

- B. Any physician whose name has been included in the inactive list pursuant to § 1.5.8(A) of this Part shall be restored to active status by the Director upon the filing of a written request accompanied by the registration form and fee as set forth in [Part 10-05-2](#) of this Title, Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health. Furthermore, at the discretion of the Board, the applicant may be required to appear before the Board for an interview.
- C. Reactivation or Reinstatement of an inactive or expired license after a lapse for non-disciplinary reasons is processed pursuant to § 1.5.1(E) of this Part.
- D. Reinstatement of a license after a lapse for disciplinary reasons is processed pursuant to § 1.5.1(F) of this Part.

1.5.9 Unprofessional Conduct

- A. The Director is authorized to deny or revoke any license to practice allopathic or osteopathic medicine or otherwise discipline a licensee upon finding by the Board that the person is guilty of unprofessional conduct which shall include, but not be limited to those items, or combination thereof, listed in R.I. Gen. Laws § 5-37-5.1.
- B. Licenses that have been revoked by the Director shall not be eligible for consideration for re-instatement for a period of five (5) years. Re-instatement of revoked licenses shall be at the discretion of the Board.
- C. Physician Self-treatment or Treatment of Immediate Family Members. A physician is not authorized to prescribe a controlled substance to ~~one self~~him or herself or an immediate family member under any circumstances. However, a physician may prescribe a non-controlled substance for him or herself or an immediate family member for less than thirty (30) days, with appropriate documentation.
- D. Discharging a Patient from a Practice. Periodically, a physician/practice may need to terminate the physician-patient relationship. This shall be done via written notice, which shall be documented in the medical record. The physician/practice must be available to the patient for thirty (30) days for medication refills, urgent or emergent conditions. A physician does not have to refill controlled substances if there is a suspicion of diversion.
- E. Boundary Violations
 - 1. Physicians shall not engage in a romantic or sexual relationship with a current patient.
 - 2. Psychiatrists shall not engage in a romantic or sexual relationship with a current or former patient ever.

- F. Gifts. Physicians may not receive as a gift from any patient greater than one hundred dollars (\$100.00) in cash, or the market value equivalent thereof in goods or services, per calendar year.
- G. Compounding of Sterile Products. Non-sterile and sterile compounding performed by practitioners must conform to current standards of practice for the compounding of pharmaceuticals set forth in § 15-1.7 of this Subchapter and the United States Pharmacopeia ("USP").
- H. Standard of Care
 - 1. Infection Prevention. The Board accepts the CDC's "Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care" (September 2016) incorporated by reference at § 1.1.2 of this Part, and any successor documents, as the prevailing standard of care regarding infection prevention.
 - 2. Telemedicine. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in face-to-face settings. Therefore, consistent with the definition of telemedicine, provided in § 1.2(A)(25), treatment, including issuing a prescription, based solely on an online questionnaire without an appropriate evaluation does not constitute an acceptable standard of care and is considered unprofessional conduct. Asynchronous evaluation of a patient, without contemporaneous real-time, interactive exchange between the physician and patient, is not appropriate.
- I. Issuing of fines for disciplinary actions
 - 1. The Board is authorized to issue monetary fines, in addition to other sanctions.
 - 2. The Board will not issue a fine based on the first count or charge, and will not issue a fine that exceeds one thousand dollars (\$1,000.00) for the second count or charge, and will not issue a fine for subsequent counts or charges that exceeds five thousand dollars (\$5,000.00) per count or charge.
 - 3. The Board will consider various factors, yet is not limited to these factors, when assessing fines, such as:
 - a. Prior complaints of similar nature
 - b. Prior disciplinary actions
 - c. Impact of violation on patient safety

d. Impact of violation on public safety

e. Willingness of physician to ensure further violations do not occur

1.5.10 Closing a Medical Practice

- A. In the event of a planned voluntary closure of a medical practice, the physician shall, at least ninety (90) days before closing his or her practice, give public notice as to the disposition of patients' medical records in a media venue with, at a minimum, statewide influence, and shall notify the Rhode Island Medical Society and the Board of the location of the records. The public notice shall include the date of the ~~physician's retirement~~office closure, and where and how patients may obtain their records both prior to and after closure of the physician's practice.
1. At least ninety (90) days before voluntary closure of his or her practice, the physician shall send notice to the last known address (mail and/or email) of each patient seen within two (2) years of the actual or expected date of closure, which notice must include, at minimum, the actual or expected date of closure and instructions for obtaining patient medical records before and after closure.
- B. The heirs or estate of a deceased physician who had been practicing at the time of his or her death shall, within ninety (90) days of the physician's death, give public notice as to the disposition of patients' medical records in a media venue with a statewide circulation, and shall notify the Rhode Island Medical Society and the Board of the location of the records.
- C. Any physician closing his or her practice, or the heirs or estate of a deceased physician who had been practicing at the time of his or her death, shall store the physician's patient records in a location and manner so that the records are maintained and accessible to patients.
- D. Any person or corporation or other legal entity receiving medical records of any retired physician or deceased physician who had been practicing at the time of his or her death, shall comply with and be subject to the provisions of R.I. Gen. Laws Chapter 5-37.3, the Confidentiality of Health Care Information Act, and shall be subject to the Rules and Regulations promulgated in accordance with R.I. Gen. Laws § 23-1-48 and with the provisions of R.I. Gen. Laws §§ 5-37-22(c) and (d), even though this person, corporation, or other legal entity is not a physician.

1.5.11 Mammography and Medical Records Mammography

- A. All aspects of mammography services shall be performed in accordance with the Mammography Quality Standards Reauthorization Act of 1998, Pub. Law 105-248, and 21 C.F.R. Part 900.

- B. The requirements for retention of mammography x-rays by health care providers are pursuant to R.I. Gen. Laws [§ 23-4.9-1](#).

1.5.12 Medical Records

- A. Medical records and medical bills may be requested by the patient or the patient's personal representative. All medical record requests to physicians shall be made in writing through a properly executed Authorization for Release of Health Care Information.
- B. Reimbursement
1. Reimbursement to the physician for responding to a patient a copy of their medical record, regardless of format, shall be consistent with Federal law specifically 45 C.F.R. § 164.524.
 2. Physicians are prohibited from charging ~~a~~ a patient's who requests their own records a retrieval or certifying fee for duplicating medical records.
 3. The physician may not require prior payment of charges for medical services as a condition for obtaining a copy of the medical record. The physician may not require prepayment of charges for duplicating or retrieving records as a condition prior to fulfilling the patient's request for the medical record if the request is for the purpose of continuity of care. Copying of X-rays or other documents not reproducible by photocopy shall be at the physician's actual cost plus reasonable fees for clerical service not to exceed twenty-five dollars (\$25.00). Charges shall not be made if the record is requested for immunization records required for school admission or by the applicant or beneficiary or individual representing an applicant or beneficiary for the purposes of supporting a claim or appeal under the provision of the Social Security Act or any Federal or State needs-based program such as Medical Assistance, Rlte Care, Temporary Disability Insurance and Unemployment compensation.
 4. No fees shall be charged to an applicant for benefits in connection with a Civil Court Certification Proceeding or a claim under the Worker's Compensation Act, R.I. Gen. Laws § 28-29-38 as reflected in R.I. Gen. Laws § 23-17-19.1(16).
 5. Requested records must be provided within thirty (30) days of the receipt of the written request or signed authorization for records. Requests for medical records made by authorized third (3rd) parties (e.g., attorneys representing the patient, attorneys not representing the patient, a patient's estate on behalf of the patient, or insurance companies) submitting a properly executed Authorization for Release of Information shall be billed at not more than two dollars and fifty cents (\$2.50) per page for the first ten (10) pages, then seventy-five cents (\$0.75) per page for the next fifty

(50) pages, then fifty cents (\$0.50) per page. An additional charge to reflect actual cost of postage is permissible.

6. Should instances arise relating to the retrieval and copying of medical records which are not specifically covered by this Part, a fee structure consistent with that described above shall apply.
 7. No fees shall be charged when a medical record is being sent from one (1) provider to the next in the context of a consultation.
 8. When a patient requests in writing that his or her medical records be transferred to another physician, the original physician shall promptly honor such request. The physician shall be reimbursed for reasonable expenses (as defined in § 1.5.12(B) of this Part) incurred in connection with copying such medical records.
- C. Medical Records shall be stored by physicians or their authorized agents for a period of at least seven (7) years unless otherwise required by law or Regulation.
- D. Medical Records shall be legible and contain the identity of the physician or physician extender and supervising physician by name and professional title who is responsible for rendering, ordering, supervising or billing each diagnostic or treatment procedure. The records must contain sufficient information to justify the course of treatment, including, but not limited to: active problem and ~~medication~~ medication lists; patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.
- E. A medical record in paper or electronic format must be available in a completed format available for review by another healthcare provider for purposes of continuity of care in a timely manner. Failure to have the medical record in a completed format will be deemed to be grounds for unprofessional conduct.

1.5.13 Patient Disclosure

- A. The requirements regarding patient disclosures are pursuant to R.I. Gen. Laws [§ 5-37-22](#).
1. A physician who practices medical acupuncture as a therapy shall provide full written disclosure to his/her patient receiving medical acupuncture that the physician's qualifications to practice medical acupuncture are not equivalent to those of doctors of acupuncture licensed in accordance with R.I. Gen. Laws Chapter 5-37.2. Further, a physician integrating medical acupuncture into his/her medical practice shall disclose to the patient the type of pathway (i.e., pain management, primary care) in which the physician was trained.

1.5.14 Collaborative Pharmacy Practice

- A. A physician/pharmacist may engage in a collaborative practice agreement with a Rhode Island licensed pharmacist/physician, or group of pharmacists/physicians, pursuant to a collaborative practice agreement.
1. All collaborative practice agreements must be approved by the Board of Pharmacy ("BOP"), the Board of Medical Licensure and Discipline ("BMLD"), and the Director, each of which may request revisions to any proposed collaborative practice agreement as a condition of approval. Each proposed collaborative practice agreement must first be submitted to the BOP. Upon BOP approval, the collaborative practice agreement will be forwarded to the BMLD. Upon BMLD approval, the collaborative practice agreement will be forwarded to the Director for approval.
- B. No collaborative practice may commence unless and until the corresponding collaborative practice agreement is approved by the Director. The Director may also terminate a collaborative practice agreement at any time.
- C. All collaborative practice agreements must include the following:
1. Purpose of the agreement;
2. Citation of the authority to establish the agreement;
3. Identification and signatures of all parties to the agreement, as well as date of signature;
4. Site and settings where the collaborative practice is to take place;
- a. The agreement shall specify the site(s) and setting(s) where the collaborative practice occurs. All services provided pursuant to a collaborative practice agreement shall be performed in a setting that ensures patient privacy and confidentiality.
- b. Any site locations must have secure access to an Electronic Health Record (EHR) that ensures patient privacy and confidentiality.
- c. Signatories to the collaborative practice agreement shall keep a copy of the agreement on file at their primary place(s) of practice.
5. Authorization of specific patient care functions;
- a. The physician shall approve all protocols and activities for pharmacist driven drug therapy management, provide written protocols that describe the activities in which a pharmacist is authorized to engage, including but not limited to the procedures, decision criteria, and plan a pharmacist shall follow when providing medication therapy management.

b. The pharmacist shall have prescriptive privileges including but not limited to initiating, adjusting, monitoring or discontinuing medication therapy.

(1) The pharmacist(s) shall document each initiation, modification, or discontinuation of medication therapy in the patient's electronic medical record. Documentation shall also include other pertinent information including but not limited to changes in conditions, telephone encounters, test results, and patient assessment.

c. A physician or other prescriber shall be allowed to override a collaborative practice decision made by the pharmacist when appropriate.

6. Scope of conditions or diseases to be managed;

A description of the types of diseases and/or conditions, medication categories involved, and medication therapies management;

7. Training and education requirements of all parties, as agreed upon by the signing parties and not inconsistent with any applicable training and education requirements for professional licensure;

8. An attestation form that all parties have professional liability insurance;

All parties shall have professional liability insurance during the term of the agreement. Proof of liability insurance must be available to the Department upon request.

9. Communication requirements between parties;

Care provided to the patient by the pharmacist will be in coordination with the provider.

10. Cross coverage and continuity of care plan;

In the event either party is unable to continue the agreement, an appropriate qualified provider must be available for consultation during business hours.

11. Provisions for review and revisions to the collaborative practice agreement;

a. Collaborative practices may review or revise their collaborative practice agreements at any time at the request of the signatories. However, the agreement must be reviewed by the signatories at

least once every two (2) years. Any changes to the agreement must be signed and dated by all signatories.

b. In the event substantive or material changes are made to the agreement, such as addition of new disease states or conditions to be managed, the collaborative practice agreement shall be resubmitted to for BOP, BMLD, and Director approval.

(1) No substantive changes to any collaborative practice agreements may be implemented without prior approval from BOP, BMLD, and the Director.

(2) Addition or removal of physicians, pharmacists and other qualified provider does not require BOP, BMLD, or Director approval.

c. New participants in the collaborative practice agreement shall be kept up to date with names and signatures at the practice site.

12. Provisions relative to signatory withdrawal from the agreement;

a. A signatory may withdraw from the agreement at any time; provided, however, that in the event that withdrawal of such signatory would result in failure of the agreement for want of a party, a new party must contemporaneously be substituted consistent with the provisions of § 1.5.14 of this Part.

b. A patient may withdraw from treatment under the agreement at any time.

D. The Department may request additional information as required to determine compliance with this Part.

~~A. A physician may engage in a collaborative pharmacy practice with a Rhode Island licensed pharmacist pursuant to a collaborative practice agreement, provided that the physician has completed a residency training program, is eligible for certification, or is certified by a member board of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists in the area(s) of medicine included in the practice agreement, and provided that the pharmacist is qualified pursuant to rules and regulations of the Rhode Island Board of Pharmacy.~~

~~B. Any physician engaging in a collaborative pharmacy practice shall execute a written agreement with a pharmacist which shall include, but is not limited to, the following:~~

~~1. Identification, qualifications, and signatures of the parties to the agreement, the date of signing of the agreement and the term of the~~

~~agreement. An initial agreement shall be valid for a period not to exceed two (2) years.~~

- ~~2. A termination clause specifying the responsibilities of each party for records confidentiality and continuity of care, a requirement for written notice and a minimum termination notice period.~~
 - ~~3. The procedures for obtaining informed consent from each patient involved in services pursuant to the agreement.~~
 - ~~4. The role(s) of any health care professional with prescriptive privileges employed by or collaborating with the physician.~~
 - ~~5. The quality assurance procedures of the collaboration.~~
 - ~~6. Proof of liability insurance for all parties to the agreement.~~
 - ~~7. The scope of conditions or diseases to be managed and the practice protocols for management shall be specified as set forth in § 1.5.14(F) of this Part.~~
- ~~C. All services provided pursuant to a collaborative practice agreement shall be consistent with said agreement and shall be performed in a setting that ensures patient privacy and confidentiality.~~
- ~~D. A patient shall be fully informed of the collaborative nature of drug therapy management for his/her medical conditions.~~
- ~~E. A patient may decline to participate in a collaborative pharmacy practice and may withdraw at any time without terminating the physician-patient relationship.~~
- ~~F. A separate practice protocol shall be written for each disease or condition to be managed in the collaborative pharmacy practice. The protocol(s) shall be appended to the collaborative practice agreement, and may be revised from time to time by mutual agreement of the parties without affecting the term of the agreement. Practice protocols shall provide, at a minimum:~~
- ~~1. A description of the type of disease or condition, the drugs or drug categories involved, and the drug therapy management decisions the pharmacist is authorized to engage in.~~
 - ~~2. The procedures, decision criteria and/or plan the physician and pharmacist will follow in providing drug therapy management.~~
 - ~~3. The documentation requirements for the physician and pharmacist.~~
 - ~~4. The reporting and consultation requirements for the physician and pharmacist.~~

- ~~5. The communication required when a pharmacist decision is over-ridden by the physician.~~
- ~~6. A provision for review of the outcomes of treatment for patients managed pursuant to the protocol.~~
- ~~7. The date(s) adopted and/or amended.~~
- ~~G. Collaborative pharmacy practice protocols shall only be used for conditions or diseases with generally accepted standards of care. The scope of the collaborative practice shall not include research, clinical or investigational trials.~~
- ~~H. Each signatory of a collaborative pharmacy practice agreement shall keep a copy of the agreement with appendices on file at his/her primary place of practice.~~
- ~~I. Each patient receiving care pursuant to a collaborative pharmacy practice agreement shall have an authorized prescriber's order in the primary medical record and on file with the pharmacist authorizing the implementation of drug therapy management.~~
- ~~J. A file of completed, signed patient consent forms authorizing release of medical information among the health professionals in the collaborative pharmacy practice shall be maintained at the physician practice site and on file with the pharmacist.~~
- ~~K. The physician establishing a collaborative practice shall notify the board in writing within thirty (30) days of the effective date of the collaborative practice. The notice shall be submitted on a prescribed form and shall include, at a minimum the principals in the collaborative and the drug therapies to be managed. The Department may request additional information as required to determine compliance with this Part.~~

1.6 Practices and Procedures

1.6.1 Rules Governing Practices and Procedures

All hearings and reviews required under the provisions of the Act and this Part shall be held pursuant to R.I. Gen. Laws §§ 5-37-5.3 and 5-37-5.4.