

CHAPTER 11  
CONTINUING EDUCATION AND MANDATORY TRAINING  
FOR IDENTIFYING AND REPORTING ABUSE

[Prior to 5/4/88, see 470—135.101 to 470—135.110 and 135.501 to 135.512]

**653—11.1(272C) Definitions.**

“*ABMS*” means the American Board of Medical Specialties, which is an umbrella organization for at least 24 medical specialty boards in the United States that assists the specialty boards in developing and implementing educational and professional standards to evaluate and certify physician specialists in the United States. The board recognizes specialty board certification by ABMS.

“*Accredited provider*” means an organization approved as a provider of category 1 activity by one of the following board-approved accrediting bodies: Accreditation Council for Continuing Medical Education, Iowa Medical Society, or the Council on Continuing Medical Education of the AOA.

“*Active licensee*” means any person licensed to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy in Iowa who has met all conditions of licensure and maintains a current license to practice in Iowa.

“*AMA*” means the American Medical Association, a professional organization of physicians and surgeons.

“*AOA*” means the American Osteopathic Association, which is the representative organization for osteopathic physicians (D.O.s) in the United States. The board approves osteopathic medical education programs with AOA accreditation; the board approves AOA-accredited resident training programs in osteopathic medicine and surgery at hospitals for graduates of accredited osteopathic medical schools. The board recognizes specialty board certification by AOA. The board recognizes continuing medical education accredited by the Council on Continuing Medical Education of AOA.

“*Approved abuse education training program*” means a training program using a curriculum approved by the abuse education review panel of the department of public health or a training program offered by a hospital, a professional organization for physicians, or the department of human services, the department of education, an area education agency, a school district, the Iowa law enforcement academy, an Iowa college or university, or a similar state agency.

“*Approved program or activity*” means any category 1 activity offered by an accredited provider or any other program or activity meeting the standards set forth in these rules.

“*Board*” means the Iowa board of medicine.

“*Carryover*” means hours of category 1 activity earned in excess of the required hours in a license period that may be applied to the continuing education requirement in the subsequent license period; carryover may not exceed 20 hours of category 1 activity per renewal cycle.

“*Category 1 activity*” means any formal education program which is sponsored or jointly sponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, or the Council on Continuing Medical Education of the AOA that is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. Activities designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed credit by the American Academy of Family Physicians are accepted as equivalent to category 1 activities.

“*Committee*” means the licensure and examination committee of the board.

“*COMVEX-USA*” means the Comprehensive Osteopathic Medical Variable-Purpose Examination for the United States of America. The National Board of Osteopathic Medical Examiners prepares the examination and determines its passing score. A licensing authority in any jurisdiction administers the examination. COMVEX-USA is the current evaluative instrument offered to osteopathic physicians who need to demonstrate current osteopathic medical knowledge.

“*Continuing education*” means education that is acquired by a licensee in order to maintain, improve, or expand skills and knowledge present at initial licensure or to develop new and relevant skills and knowledge.

“*Hour of continuing education*” means a clock hour spent by a licensee in actual attendance at or completion of an approved category 1 activity.

“*Inactive license*” means any license that is not a current, active license. Inactive license may include licenses formerly known as delinquent, lapsed, or retired. A physician whose license is inactive continues to hold the privilege of licensure in Iowa but may not practice medicine under an Iowa license until the license is reinstated.

“*Licensee*” means any person licensed to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy in the state of Iowa.

“*Mandatory training for identifying and reporting abuse*” means training on identifying and reporting child abuse or dependent adult abuse required of physicians who regularly provide primary health care to children or adults, respectively. The full requirements on mandatory reporting of child abuse and the training requirements are in Iowa Code section 232.69; the full requirements on mandatory reporting of dependent adult abuse and the training requirements are in Iowa Code section 235B.16.

“*Service charge*” means the amount charged for making a service available on line and is in addition to the actual fee for a service itself. For example, one who renews a license on line will pay the license renewal fee and a service charge.

“*SPEX*” means Special Licensure Examination prepared by the Federation of State Medical Boards and administered by a licensing authority in any jurisdiction. The passing score on SPEX is 75.

#### **653—11.2(272C) Continuing education credit and alternatives.**

**11.2(1)** Continuing education credit may be obtained by attending category 1 activities as defined in this chapter.

**11.2(2)** The board shall accept the following as equivalent to 50 hours of category 1 activity: participation in an approved resident training program or board certification or recertification by an ABMS or AOA specialty board within the licensing period.

**653—11.3(272C) Accreditation of providers.** The board approves the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, and the Council on Continuing Medical Education of the AOA as organizations acceptable to accredit providers of category 1 activity.

**653—11.4(272C) Continuing education and training requirements for renewal or reinstatement.** A licensee shall meet the requirements in this rule to qualify for renewal of a permanent or special license or reinstatement of a permanent license.

**11.4(1)** *Continuing education and mandatory training for identifying and reporting abuse.*

*a. Continuing education for permanent license renewal.* Except as provided in these rules, a total of 40 hours of category 1 activity or board-approved equivalent shall be required for biennial renewal of a permanent license. This may include up to 20 hours of credit carried over from the previous license period and category 1 activity acquired within the current license period.

(1) To facilitate license renewal according to birth month, a licensee’s first license may be issued for less than 24 months. The number of hours of category 1 activity required of a licensee whose license has been issued for less than 24 months shall be reduced on a pro-rata basis.

(2) A licensee desiring to obtain credit for carryover hours shall report the carryover, not to exceed 20 hours of category 1 activity, on the renewal application.

(3) A licensee shall maintain a file containing records documenting continuing education activities, including dates, subjects, duration of programs, registration receipts where appropriate and any other relevant material, for four years after the date of the activity. The board may audit this information at any time within the four years.

*b. Continuing education for special license renewal.* A total of 20 hours of category 1 activity shall be required for annual renewal of a special license. No carryover hours are allowed.

*c. Mandatory training for identifying and reporting abuse for permanent or special license renewal.* The licensee shall complete the training as part of a category 1 activity or an approved training program. The licensee may utilize category 1 activity credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1) "a."

(1) A licensee who regularly provides primary health care to children shall indicate on the renewal application the completion of two hours of training in child abuse identification and reporting in the previous five years. "A licensee who regularly provides primary health care to children" means all emergency physicians, family practitioners, general practice physicians, pediatricians, and psychiatrists, and any other physician who regularly provides primary care to children.

(2) A licensee who regularly provides primary health care to adults shall indicate on the renewal application the completion of two hours of training in dependent adult abuse identification and reporting in the previous five years. "A licensee who regularly provides primary health care to adults" means all emergency physicians, family practitioners, general practice physicians, internists, obstetricians, gynecologists, and psychiatrists, and any other physician who regularly provides primary care to adults.

(3) A licensee who regularly provides primary health care to adults and children shall indicate on the renewal application the completion of training on the identification and reporting of abuse in dependent adults and children. This training may be completed through separate courses as identified in subparagraphs (1) and (2) above or in one combined two-hour course that includes curricula for identifying and reporting child abuse and dependent adult abuse. "A licensee who regularly provides primary health care to children and adults" means all emergency physicians, family practitioners, general practice physicians, internists, and psychiatrists, and any other physician who regularly provides primary care to children and adults.

(4) A licensee shall maintain a file containing records documenting mandatory training for identifying and reporting abuse, including dates, subjects, duration of programs, and proof of participation, for five years after the date of the training. The board may audit this information at any time within the five-year period.

**11.4(2) Exemptions from renewal requirements.**

*a.* A licensee shall be exempt from the continuing education requirements in subrule 11.4(1) when, upon license renewal, the licensee provides evidence for:

(1) Periods that the licensee served honorably on active duty in the military;

(2) Periods that the licensee resided in another state or district having continuing education requirements for the profession and the licensee met all requirements of that state or district for practice therein;

(3) Periods that the licensee was a government employee working in the licensee's specialty and assigned to duty outside the United States; or

(4) Other periods of active practice and absence from the state approved by the board.

*b.* The requirements for mandatory training on identifying and reporting abuse for license renewal shall be suspended for a licensee who provides evidence for:

(1) Periods described in paragraph 11.4(2) "a," subparagraph (1), (2), (3), or (4); or

(2) Periods that the licensee resided outside of Iowa and did not practice in Iowa.

**11.4(3) Extension for completion of or exemption from renewal requirements.** The board may, in individual cases involving physical disability or illness, grant an extension of time for completion of, or an exemption from, the renewal requirements in subrule 11.4(1).

*a.* A licensee requesting an extension or exemption shall complete and submit a request form to the board that sets forth the reasons for the request and has been signed by the licensee and attending physician.

*b.* The board may grant an extension of time to fulfill the requirements in subrule 11.4(1).

*c.* The board may grant an exemption from the educational requirements for any period of time not to exceed one calendar year.

*d.* If the physical disability or illness for which an extension or exemption was granted continues beyond the period of waiver, the licensee must reapply for a continuance of the extension or exemption.

*e.* The board may, as a condition of any extension or exemption granted, require the applicant to make up a portion of the continuing education requirement by methods it prescribes.

**11.4(4) Reinstatement requirement.** An applicant for license reinstatement shall provide proof of successful completion of 80 hours of category 1 activity completed within 24 months prior to submission of the application for reinstatement or proof of successful completion of SPEX or COMVEX-USA within one year immediately prior to the submission of the application for reinstatement.

**11.4(5) Cost of continuing education and mandatory training for identifying and reporting abuse.** It is the responsibility of each licensee to finance the costs of continuing education and training.

**653—11.5(272C) Failure to fulfill requirements for continuing education and mandatory training for identifying and reporting abuse.**

**11.5(1)** Disagreement over whether material submitted fulfills the requirements specified in rule 11.4(272C).

*a.* Staff will attempt to work with a licensee or applicant to resolve any discrepancy concerning credit for renewal or reinstatement.

*b.* When resolution is not possible, staff shall refer the matter to the committee.

(1) In the matter of a licensee seeking license renewal, staff shall renew the license if all other matters are in order and inform the licensee that the matter is being referred to the committee.

(2) In the matter of an applicant seeking reinstatement, staff shall reinstate the license if all other matters are in order and inform the applicant that the matter is being referred to the committee.

*c.* The committee shall consider the staff's recommendation for denial of credit for continuing education or mandatory training for identifying and reporting abuse.

(1) If the committee approves the credit, it shall authorize the staff to inform the licensee or applicant that the matter is resolved.

(2) If the committee disapproves the credit, it shall refer the matter to the board with a recommendation for resolution.

*d.* The board shall consider the committee's recommendations.

(1) If the board approves the credit, it shall authorize the staff to notify the licensee or applicant for reinstatement if all other matters are in order.

(2) If the board denies the credit, it shall:

1. Close the case;

2. Send the licensee or applicant an informal, nonpublic letter of warning, which may include recommended terms for complying with the requirements for continuing education or mandatory training for identifying and reporting abuse; or

3. File a statement of charges for noncompliance with the board's rules on continuing education or mandatory training for identifying and reporting abuse and for any other violations which may exist.

**11.5(2) Informal appearance for failure to complete requirements for continuing education or mandatory training for identifying and reporting abuse.**

*a.* The licensee or applicant may, within ten days after the date that the notification of the denial was sent by certified mail, request an informal appearance before the board.

*b.* At the informal appearance, the licensee or applicant will have the opportunity to present information, and the board will issue a written decision.

**653—11.6(17A,147,148E,272C) Waiver or variance requests.** Waiver or variance requests shall be submitted in conformance with 653—Chapter 3.

These rules are intended to implement Iowa Code chapters 147 and 272C and sections 232.69 and 235B.16.

- [Filed 2/5/79, Notice 11/29/78—published 2/21/79, effective 3/29/79]
- [Filed 2/27/81, Notice 1/7/81—published 3/18/81, effective 4/22/81]
- [Filed 4/9/82, Notice 2/3/82—published 4/28/82, effective 6/2/82]
- [Filed 6/14/82, Notice 4/28/82—published 7/7/82, effective 8/11/82]
- [Filed 11/5/82, Notice 9/29/82—published 11/24/82, effective 12/29/82]
- [Filed emergency after Notice 4/28/83, Notice 2/2/83—published 5/25/83, effective 4/28/83]
- [Filed 9/9/83, Notice 8/3/83—published 9/28/83, effective 11/2/83]
- [Filed 1/13/84, Notice 12/7/83—published 2/1/84, effective 3/7/84]
- [Filed emergency 3/8/85—published 3/27/85, effective 3/8/85]
- [Filed emergency 8/9/85—published 8/28/85, effective 8/9/85]
- [Filed 5/30/86, Notice 3/26/86—published 6/18/86, effective 7/23/86]
- [Filed emergency 7/25/86—published 8/13/86, effective 7/25/86]
- [Filed 9/3/86, Notice 7/16/86—published 9/24/86, effective 10/29/86]
- [Filed 10/1/86, Notice 8/13/86—published 10/22/86, effective 11/26/86]
- [Filed 1/23/87, Notice 12/17/86—published 2/11/87, effective 3/18/87]
- [Filed 9/2/87, Notice 7/29/87—published 9/23/87, effective 10/28/87]
- [Filed emergency 4/15/88—published 5/4/88, effective 4/15/88]
- [Filed 4/25/89, Notice 2/22/89—published 5/17/89, effective 6/21/89]
- [Filed 5/11/90, Notice 3/7/90—published 5/30/90, effective 6/6/90]
- [Filed 8/2/90, Notice 5/30/90—published 8/22/90, effective 9/26/90]
- [Filed 1/2/91, Notice 11/14/90—published 1/23/91, effective 2/27/91]
- [Filed 6/7/91, Notice 5/1/91—published 6/26/91, effective 7/31/91]
- [Filed 4/24/92, Notice 2/19/92—published 5/13/92, effective 6/17/92]
- [Filed 11/19/93, Notice 10/13/93—published 12/8/93, effective 1/12/94]
- [Filed 1/10/94, Notice 11/24/93—published 2/2/94, effective 3/9/94]
- [Filed 4/1/94, Notice 2/2/94—published 4/27/94, effective 6/1/94]
- [Filed 2/23/96, Notice 9/27/95—published 3/13/96, effective 4/17/96]
- [Filed 2/23/96, Notice 1/3/96—published 3/13/96, effective 4/17/96]
- [Filed 10/4/96, Notice 4/24/96—published 10/23/96, effective 11/27/96]
- [Filed 12/13/96, Notice 10/23/96—published 1/1/97, effective 2/5/97]
- [Filed 5/2/97, Notice 3/12/97—published 5/21/97, effective 6/25/97]
- [Filed 12/1/97, Notice 9/24/97—published 12/17/97, effective 1/21/98]
- [Filed 6/12/98, Notice 4/8/98—published 7/1/98, effective 8/5/98]
- [Filed 11/10/99, Notice 9/22/99—published 12/1/99, effective 1/5/00]
- [Filed emergency 12/8/99 after Notice 11/3/99—published 12/29/99, effective 12/8/99]
- [Filed 11/28/00, Notice 10/18/00—published 12/27/00, effective 1/31/01]
- [Filed 12/1/00, Notice 10/18/00—published 12/27/00, effective 1/31/01]
- [Filed 5/11/01, Notice 4/4/01—published 5/30/01, effective 7/4/01]
- [Filed 2/14/02, Notice 11/28/01—published 3/6/02, effective 4/10/02]
- [Filed 4/12/02, Notice 3/6/02—published 5/1/02, effective 6/5/02]
- [Filed 6/6/02, Notice 5/1/02—published 6/26/02, effective 7/31/02]
- [Filed 12/14/06, Notice 11/8/06—published 1/17/07, effective 2/21/07]
- [Filed emergency 2/8/07 after Notice 1/3/07—published 2/28/07, effective 3/1/07]