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## **Board of Medical Licensure & Discipline Policy Statements**

### **Death certificate registration for cross-covering attending physicians**

A cross-covering attending physician assumes applicable responsibility of the attending physician enumerated under RIGL 23-3-16 Section 2-C and "...shall immediately furnish for registration a completed standard certificate of death to a funeral director..." When appropriately required, allowance will be made for a reasonable opportunity for a patient record review.

### **Physician or advanced practice clinician patient visits in a hospital setting**

In general, when caring for inpatients in an acute general medicine/surgical hospital, at least daily visits by either the attending physician, his/her physician cross-coverage, or advanced practice clinician should occur, to every extent possible with very few exceptions, and be documented in the medical record.

### **The physician/patient relationship**

It is inappropriate to prescribe medications via the Internet or similar venue without an appropriate physician/patient relationship that would typically include:

1. Patient history,
2. Physical and/or mental health assessment,
3. Legitimate records,
4. Licensed and trained practitioners,
5. Elements of informed consent wherever appropriate and reasonable, and
6. Adherence to AMA/AOA code of ethics.

### **Physician self-treatment or treatment of immediate family members**

The Board endorses the [American Medical Association Statement E-8.19](#). Specifically, the Board emphasized that, "Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members."

### **Independent medical examination**

The Board considers it generally inappropriate for a physician to perform an Independent Medical Evaluation (IME)/Independent Insurance Evaluation and to offer or serve as the subsequent treating provider for a patient. If a physician who performs an IME is to serve as a treating provider, then a sufficient span of time must elapse such that no reasonable individual could conclude a contingent relationship between the IME determination and the decision to pursue subsequent care with the IME physician or the IME physician's practice group.

## Thermography

The Board endorses the [American Medical Association policy statement regarding thermography](#).

## Reinsertion of endoscopically or surgically placed feeding tubes (e.g. G Tube) by the professional registered nurse

The Boards of Medical Licensure and Discipline and Nurse Registration and Nursing Education, and the Office of Facilities Regulation, have determined the standard of care regarding reinsertion of an endoscopically or surgically placed feeding tube by the professional nurse is as follows:

1. The nurse shall inform the physician prior to reinsertion, and before resumption of feeding. The nurse must document the procedure in the medical record.
2. Within 30 days of initial placement (i.e., a "fresh" tube), a nurse shall not reinsert the tube.
3. After 30 days from initial placement (i.e., a "mature" tube), the tube may be reinserted by a nurse (RN) who has been deemed competent to perform the specific procedure by the facility or home care organization. The nurse shall discontinue an attempted reinsertion if undue resistance is encountered. The nurse shall confirm successful reinsertion by appropriate methods (e.g., pH testing of aspirated gastric contents, radiographic imaging) that are in concordance with written facility/agency policies and procedures.

Healthcare entities that treat patients with chronic G Tubes shall have a policy that stipulates the minimum training requirements and competency assessment of nurses for performing these procedures, and protocols for care of patients with endoscopically or surgically placed feeding tubes.

## Nonmedical fetal ultrasound

The Board of Medical Licensure and Discipline cautions patients against the use of nonmedical diagnostic ultrasound for entertainment purposes. The FDA has warned that there is insufficient evidence to conclude that the use of fetal ultrasound in nonmedical settings is safe. Patients are advised to consult their treating physician for advice.

## Limited licenses

Once a physician is granted a full license to practice medicine in Rhode Island, the physician is no longer eligible for a limited license in Rhode Island (limited registration for training purposes). Therefore, a physician may not place the full license on inactive status in order to resume or continue post-graduate training in Rhode Island. A physician with a full license is not required to have a limited registration if in post-graduate training. A physician may request that the full license be placed on inactive status if post-graduate training is to occur in another state.

## Office based esthetic procedures

Office based cosmetic or esthetic procedures that require the use of medical lasers, high-frequency radio waves, or injection of sclerosing chemicals or biologically active compounds (e.g. Botulinum toxin A, Botox) are medical procedures.

Therefore, prior to undergoing such procedures, patients must receive a medical evaluation for appropriateness by a licensed and qualified physician or other practitioner acting within his/her scope of practice. Although these procedures may be performed by an appropriately trained nonphysician working under the supervision and direction of a physician or other practitioner acting within his/her scope of practice, it is the supervising physician's (or other practitioner acting within his/her scope of practice)'s responsibility to assure that procedures are conducted appropriately; with appropriate assessment, consent and follow-up; upon appropriate patients; and that all patient records are maintained according to

standards applicable for medical records; and that patient privacy is protected. The supervising physician or other practitioner acting within his/her scope of practice is responsible for any procedures carried out by nonphysicians under his/her direction.

Physicians (or other practitioner acting within his/her scope of practice) who perform and supervise such procedures must be able to demonstrate appropriate training and experience. Such training and experience may include, but is not limited to, residency or fellowship. The physician or other practitioner acting within his/her scope of practice is responsible to assure and document adequate training for individuals under his/her supervision.

Additionally, other cosmetic procedures such as dermabrasion or the application of potentially scarring chemical treatments (e.g. so-called chemical peels) should meet this same standard.

### **Colonic irrigation by licensed and unlicensed healthcare practitioners**

Colonic irrigation is the practice of medicine. Colonic irrigation has no known medical benefit.