Fields of Opportunities

STATE OF IOWA

TERRY BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN, EXECUTIVE DIRECTOR

FOR IMMEDIATE RELEASE: April 6, 2015
CONTACT: Mark Bowden, (515) 242-3268 or mark.bowden@iowa.gov

Board issues 2014 annual report on licensure, regulatory activities

DES MOINES, IA – The Iowa Board of Medicine has issued its 2014 annual report on the agency's licensure and regulatory activities. In 2014, the Board:

- Administered active licenses for 11,538 physicians and 52 licensed acupuncturists.
- Received 647 complaints and mandatory reports and completed reviews or investigations of 726 case files.
- Took 66 public disciplinary actions and issued 90 confidential letters of warning and education.
- Filed charges against 34 physicians and issued six public consent agreements.
- Assessed civil penalties totaling $65,000 involving 16 cases.
- Amended or promulgated three administrative rules, including one to expedite licensure of veterans who are qualified to practice medicine or acupuncture.
- Held seven two-day administrative meetings, five teleconference meetings, and two disciplinary hearings.

An Executive Branch state agency, the Board is funded entirely with licensure fees.

The full report is attached and can also be downloaded at **http://www.medicalboard.iowa.gov/images/pdf/2014%20Annual%20Report%20-%20Final.pdf**

IOWA BOARD of MEDICINE

2014 ANNUAL REPORT

ABOUT THE BOARD

The 21st General Assembly created the State Board of Medical Examiners in 1886 to license physicians and regulate the practice of medicine. Initially, the Board issued licenses to several classes of physicians, including medical (M.D.), homeopaths, and eclectics.

The Board did not issue licenses for osteopathic physicians until 1902. In 1921, the 39th General Assembly created a separate board to license and regulate osteopaths. In 1963, the 60th General Assembly abolished the osteopathic board and redefined the State Board of Medical Examiners, making it a composite board to license allopathic physicians (M.D.s) and osteopathic physicians (D.O.s).

In 2007, the 81st General Assembly changed the board's name to the Board of Medicine.

Since 1994, the Board has registered, licensed and regulated acupuncturists. Over the past 129 years, the Board has directly or indirectly been responsible for licensure or regulation of other health care providers, including nurses, advanced emergency medical technicians, paramedics, and physician assistants. All of these professions are now licensed and regulated by their own boards.

In 1996, the Legislature authorized the Board to establish the Iowa Physician Health Committee, which administers a program to advocate for and monitor the recovery and rehabilitation of impaired physicians.

Non-physician "public" members have been on the-10 member Board since 1975.

The Board regulates the practice of medicine and surgery and acupuncture under the authority of Iowa Code chapters 147, 148, 148E and Section 653 in the Iowa Administrative Code.

The Board is charged with enforcing these laws and rules to protect the public from licensees who do not practice medicine and acupuncture within prevailing and acceptable standards of care.

The Board is an Executive Branch agency within the Iowa Department of Public Health. The Board is funded entirely with licensure fees.

IOWA BOARD OF MEDICINE
400 SW Eighth Street, Suite C
Des Moines, Iowa 50309-4686

HOURS: 8 a.m. to 4:30 p.m., Monday through Friday
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MEMBERS OF THE BOARD OF MEDICINE, MAY 1, 2014, TO APRIL 30, 2015: (front row from left): Allison Schoenfelder, M.D., Akron; Diane Cortese, Urbandale; Diane Clark, Lake Mills; Julie Perkins, M.D., Carroll; and Julie Carmody, M.D., Clive. (Back row from left): Msgr. Frank Bognanno, Des Moines; Michael Thompson, D.O., Pella; Ronald Cheney, D.O., Carroll; and Hamed Tewfik, M.D., Iowa City. (Robert Bender II, M.D., Clive, who appointed to the Board in 2013, resigned on June 5, 2014, because he had taken a new job and was no longer available for Board service.)

BOARD MEMBERS

The 10-member Board of Medicine is composed of seven physicians (five M.D.s and two D.O.s) and three non-physicians who represent the public. Members are appointed by the Governor and confirmed by a two-thirds' majority vote in the Iowa Senate for a full three-year term or to complete the unexpired term of a member who resigned. Members can serve up to nine years. Members receive a per diem and expenses. The Board annually elects a chairperson, vice chairperson and secretary and is organized into four standing committees, each with five members: Executive, Licensure, Monitoring, and Screening, which reviews complaints about licensees.

2014 MEMBERS & OFFICERS	APPOINTED	TERM EXPIRES
Hamed Tewfik, M.D., Iowa City, Chairman	2011, 2014	April 30, 2017
Michael Thompson, D.O., Pella, Vice Chairman	2012	April 30, 2015
Allison Schoenfelder, M.D., Akron, Secretary	2013	April 30, 2016
Robert Bender II, M.D., Clive*	2013	April 30, 2016
Frank Bognanno, Des Moines	2012	April 30, 2015
Ronald Cheney, D.O., Carroll	2014	April 30, 2017
Diane Cortese, Urbandale	2014	April 30, 2017
Diane Clark, Lake Mills	2011, 2014	April 30, 2017
Julie Carmody, M.D., Clive	2013	April 30, 2016
Julie Perkins, M.D., Carroll	2012	April 30, 2015

***Dr. Bender resigned from the Board on June 5, 2014.**

EXECUTIVE DIRECTOR'S REPORT

The Iowa Board of Medicine takes seriously its fundamental responsibility to serve the citizens of Iowa by ensuring that physicians and acupuncturists are qualified to practice and that they are adhering to laws, rules and standards that regulate their practices.

In 2014, the Board:

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- Received 647 complaints and mandatory reports and completed reviews or investigations of 726 case files.
- Took 66 public disciplinary actions and issued 90 confidential letters of warning and education.
- Filed charges against 34 physicians and issued six public consent agreements.
- Assessed civil penalties totaling $65,000 involving 16 cases.
- Amended or promulgated three administrative rules, including one to expedite licensure of veterans who are qualified to practice medicine or acupuncture.
- Held seven two-day administrative meetings, five teleconference meetings, and two disciplinary hearings.
- Continued a robust educational outreach program to the public and licensees, health care stakeholders, and state and federal government officials.
- Participated in training activities and regulatory discussions offered by the Federation of State Medical Boards and the Administrators in Medicine.

The Board places great emphasis on completing timely, fair and complete investigations that result in appropriate action. Concurrently, the Board provides assistance and guidance to licensees through the adoption of rules and regular communications on disciplinary actions and a variety of issues relating to their practices.

In addition, the Board remains a strong supporter of the Iowa Physician Health Program, which facilitates the intervention and rehabilitation of physicians who have mental, physical or chemical dependency issues that, if left untreated or not monitored, could impair their ability to practice safely.

All programs and activities of the Board are funded solely by fees paid by licensees.

This brief report is a statistical tabulation of the Board's work during 2014. Behind these numbers are the hard work of a devoted and professional staff and the exceptional public service of dedicated Board members. Every day, the Board and its staff are engaged in important work that protects the public.

The Board has a long history of transparency regarding its licensure, disciplinary and regulatory work, making all public documents easily available on the Board's website. In addition, the agency has provided annual reports such as this one for several decades. Do you want to know more about the Board? Please visit us online at www.medicalboard.iowa.gov or contact me.

APRIL 1, 2015

MARK E. BOWDEN, M.P.A.
EXECUTIVE DIRECTOR, IOWA BOARD OF MEDICINE
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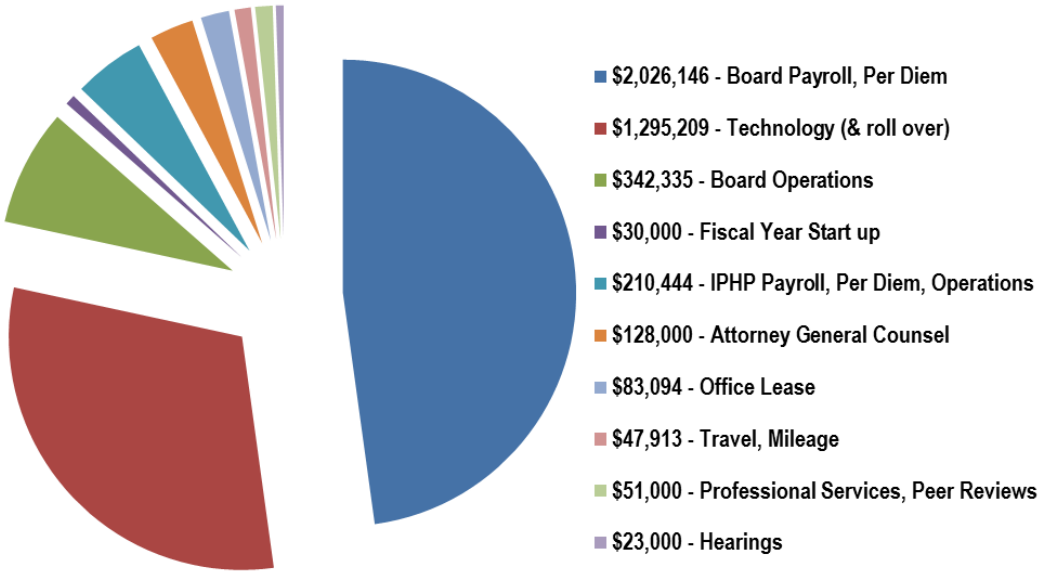
FY2015 EXPENSE BUDGET



BOARD OF MEDICINE'S EXPENSE BUDGET FOR FISCAL YEAR 2015 (JULY 1, 2014, THROUGH JUNE 30, 2015): $4,237,141. The FY2015 expense budget includes roll-over funds for operations and to cover one-time expenses to fund the Board's new database and technology upgrades. The Board's anticipated revenue from licensure fees in FY2015 is $2,907,265. The Board is funded entirely with licensure fees, which have not been increased since FY2007. In FY2014, the Board voted to reduce licensure fees.

2014 MEETING SCHEDULE

MEETINGS
January 23-24
March 6-7
April 17-18
June 5-6
August 7-8
October 2-3
December 4-5

TELECONFERENCES
February 13
May 8
July 10 (2)
November 6

Find agendas and minutes at www.medicalboard.iowa.gov

ALTERNATE MEMBERS

Alternate members of the Board of Medicine play an important role in contested case hearings. Up to three alternates can serve on a six-member panel for a hearing when a quorum (six members) of the 10 current members of the Board is not available. Since it was authorized by law in 2008 and implemented in 2009, the Alternate pool is routinely tapped for hearings. Alternates are recommended by the Board, but must be approved by the Governor. An Alternate's term is nine years. Alternates receive a per diem and expenses. **Alternates serving in 2014 were:**

ALTERNATE MEMBERS	APPOINTED
Carole Frier, D.O., Des Moines	March 25, 2011
Analisa Haberman, D.O., Mason City	August 21, 2012
Bruce Hughes, M.D., Des Moines	March 25, 2011
John Marshall, M.D., Council Bluffs	August 21, 2012
Jeff Snyder, M.D., Crescent	September 26, 2013
Paul Thurlow, Dubuque	November 14, 2011
Janece Valentine, Fort Dodge	July 8, 2012
Joyce Vista-Wayne, M.D., Clive	September 26, 2013
Allen Zagoren, D.O., Clive	March 19, 2009

CONTESTED CASE HEARINGS

The Board of Medicine may file a statement of charges if it finds probable cause that a licensee violated Iowa law or the Board's rules. The case is referred to the Iowa Attorney General's Office and an assistant attorney general is assigned to prosecute the case. The Board office schedules a hearing for the licensee and the state to present evidence related to the charges to a hearing panel of Board members. State law encourages the Board to enter into informal settlement negotiations prior to the initiation of a hearing. In most circumstances the state makes a settlement offer. If no settlement is attempted or reached, the case proceeds to hearing. A panel of at least six Board members, three of whom can be alternate members, will hear the case at the Board's office. An administrative law judge from the Iowa Department of Inspections and Appeals presides over the hearing, rules on matters of law and assists the Board in preparing the findings of fact, conclusions of law, decision, and order of the Board based on the evidence presented during the hearing.

HEARINGS	2011	2012	2013	2014
Hearings	4	8	4	2
Hearings using Alternates	3	6	3	1
Total hearing days	4	9	5	3
Cases settled without hearings	38	40	47	34

ADMINISTRATIVE RULES

The Board of Medicine's administrative rules, which have the weight of law, are found in Section 653 of the Iowa Administrative Code. Before the Board can adopt a new rule or amend an existing rule, the intended action item must be published in the Administrative Bulletin and reviewed at a public hearing. The proposed change can also be subject to review by the Administrative Rules Review Committee.

These amendments were noticed by the Board in 2014:

- **CHAPTER 13, STANDARDS OF PRACTICE AND PRINCIPLES OF MEDICAL ETHICS – ARC1708C.** The proposed amendment addressed a recommendation from the National Transportation Safety Board (NTSB) that states adopt guidelines for physicians to discuss with patients the effects of patients' medical conditions and prescribed medications on patients' ability to safely operate a vehicle in any mode of transportation. The Board noticed the proposed amendment on October 3, 2014, and then abandoned the rulemaking on December 5, 2014, determining that a press release to physicians about the importance of counseling patients would be sufficient to address the NTSB recommendation. **NOTICED 10/3/2014**

- **CHAPTER 13, STANDARDS OF PRACTICE AND PRINCIPLES OF MEDICAL ETHICS – ARC1769C.** This amendment defined the standards of practice for physicians who use telemedicine, which is the practice of medicine using electronic communication, information technology or other means of interaction between a licensee in one location and a patient in another location with or without an intervening health care provider. **NOTICED 10/3/2014**

- **CHAPTER 18, MILITARY SERVICE AND VETERAN RECIPROCITY – ARC1632C.** The amendment established a new Chapter 18 to implement the licensing provisions of the 2014 Iowa Acts Chapter 1116, Section 34, Home Base Iowa Act. The rules allow the Board to recognize certain verified military education, training or service toward any experience or educational requirement for licensure if the applicant is in active military service or is a military veteran. The amendment also provides that a veteran with an unrestricted license in another jurisdiction may apply for licensure in Iowa through reciprocity. **NOTICED 8/7/2014 | ADOPTED 12/5/2014 | EFFECTIVE 1/28/2015**

LEGISLATION

The Board of Medicine will seek legislation to amend existing laws or to establish new laws that are relevant to the licensure and regulation of the practices of medicine and surgery and acupuncture in Iowa. The Board's authority is defined in Iowa Code chapters 147, 148, 148E.

This legislation was approved in 2014:

- **SF2196, DIVISION VIII -** Allows the Board of Medicine to use more "Alternate" members (see page 6) for disciplinary hearings. The new law increases the number of Alternates allowed on a six-member disciplinary hearing panel from two to three.

LICENSURE

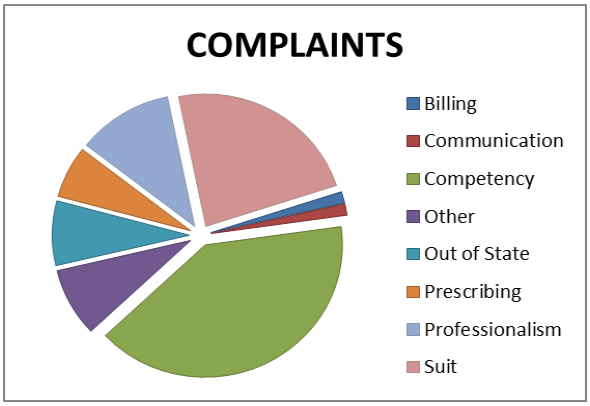
JANUARY 1 TO DECEMBER 31	2012	2013	2014
Active M.D. licenses	9,468	9,852	9,756
Active D.O. licenses	1,666	1,764	1,782
TOTAL ACTIVE	**11,134**	**11,616**	**11,538**
M.D.s residing in Iowa with active license	5,478	5,549	5,477
D.O.s residing in Iowa with active license	1,222	1,280	1,333
TOTAL ACTIVE RESIDING IN IOWA	**6,700**	**6,829**	**6,810**
Permanent physician licenses issued			
By endorsement	418	481	470
By expedited endorsement	145	195	143
By examination	252	281	296
TOTAL PHYSICIAN LICENSES ISSUED	**815**	**957**	**909**
Physician licenses that were denied	0	0	0
Physician licenses renewed	5,223	5,123	5,398
Physician licenses that went inactive	589	618	788
Physician licenses reinstated	93	103	76
Resident (training) physician licenses			
Licenses issued	276	286	288
Licenses renewed	4	0	13
TOTAL ACTIVE RESIDENT LICENSES	**691**	**736**	**720**
Special physician licenses			
Licenses issued	2	1	0
Licenses renewed	28	26	25
Licenses that went inactive	4	1	0
TOTAL ACTIVE SPECIAL LICENSES	**29**	**29**	**24**
Temporary physician licenses			
Licenses issued	7	10	14
Licenses renewed	0	0	4
Licenses that went inactive	5	4	5
TOTAL ACTIVE TEMPORARY LICENSES	**6**	**13**	**11**
Acupuncturist licenses			
Licenses issued	5	4	8
Licenses renewed	44	0	47
Licenses that went inactive	0	6	9
Total Active Acupuncture Licenses	**46**	**50**	**52**

IOWA MEDICAL LICENSES

Permanent – A license to practice in any setting in Iowa. It's a 2 year license that can be renewed.	**Resident** – A license to practice in a board-approved resident training program in Iowa. The license is issued for the duration of the training program.	**Special** – A license to practice by a highly specialized physician who is a faculty member who does not meet qualifications for permanent licensure.	**Temporary** – A license authorizing a physician to practice in a short-term board-approved practice, e.g. medical director of a summer camp.

ENFORCEMENT

JANUARY 1 TO DECEMBER 31	2011	2012	2013	2014
COMPLAINTS, MANDATORY REPORTS				
Complaints received	636	723	493	497
Reports received	110	81	168	150
TOTAL COMPLAINTS, REPORTS	**746**	**792**	**661**	**647**
Complaint files closed	670	604	683	683
Report files closed	108	81	115	115
TOTAL FILES CLOSED	**778**	**685**	**798**	**726**
Complaint investigations open on 12/31	562	704	659	659
Report investigations open on 12/31	2	3	4	4
TOTAL INVESTIGATIONS OPENED	**564**	**707**	**663**	**584**
INFORMAL DISCIPLINARY ACTION				
Letter of warning	80	81	87	58
Letter of education	13	11	14	32
TOTAL INFORMAL ACTION	**93**	**92**	**101**	**90**
CHARGES, CONSENT AGREEMENTS	**34**	**32**	**44**	**40**
FORMAL DISCIPLINARY ACTION				
License revocation/surrender	7	9	20	9
License suspension	5	9	1	1
License probation	10	14	11	7
Civil penalty	23	33	16	16
Citation and warning	24	33	31	26
Practice restriction	6	9	13	7
TOTAL FORMAL ACTION	**75**	**107**	**92**	**66**
CEASE AND DESIST LETTERS	**1**	**1**	**0**	**2**
MONITORING CASES ON 12/31	**195**	**205**	**206**	**191**



This chart shows the major categories of complaints and mandatory reports the Board received in 2014.

ENFORCEMENT SUMMARY – 2014 CHARGES/CONSENTS

In 2014, the Board of Medicine filed charges against 34 physicians involving issues related to their practices in Iowa or related to adverse actions taken against them by another state's medical licensing board. Total charges listed below exceed 34 because some physicians were charged with more than one count. The Board also issued six consent agreements as a condition for granting a permanent Iowa license, publicly recognizing adverse actions taken against applicants by another state's licensing board.

CHARGES

Disruptive behavior - 1
Failure to comply with a board order - 2
Improper prescribing - 2
Inadequate or improper medical recordkeeping - 1
Inappropriately accessing a patient's medical records - 2
Inappropriate or inadequate pain management - 2
Practice harmful or detrimental to the public - 1
Professional incompetency - 1
Sexual harassment - 1
Unethical or unprofessional conduct - 5
Violation of a law relating to the practice of medicine - 1
Violation of Physician Health Program contract - 1
Wrong site surgery - 3
Sanctioned by another state's licensing board - 17

- Convicted of a felony - 1
- Improper prescribing - 4
- Inadequate or improper medical care - 4
- Inadequate patient evaluation - 1
- Inappropriate relationship with patient - 1
- Practicing while impaired - 3
- Substance abuse - 1
- Surgical complications - 1
- Unethical or unprofessional conduct - 1

OUTCOMES: Complaints are most often handled in one of three ways:

1. No action. This is the result when no violation of laws, rules or medical care standards has occurred. The licensee is notified and the information is kept on file.

2. Informal action. There may be no violation of laws, rules or medical care standards that warrants public action, but the Board is nonetheless concerned about some aspect of the licensee's conduct or performance. The Board will issue a confidential letter of education or warning cautioning the licensee against repeating similar conduct.

3. Public charges filed. The Board determines there is a violation of laws, rules or medical care standards and files public charges and a disciplinary hearing is scheduled.

CONSENT AGREEMENTS FOR LICENSURE

Failure to report an adverse action taken by a healthcare entity - 1
Inappropriate prescribing - 1
Inappropriately accessing a patient's medical records - 1
Professional incompetency - 2
Substance abuse - 1

ENFORCEMENT SUMMARY – 2014 INFORMAL ACTIONS

When the Board of Medicine determines that probable cause does not exist to take formal, public disciplinary action the Board may send a confidential, nondisciplinary letter to a licensee expressing concerns and requesting that a licensee take corrective action. In 2014, the board issued 90 confidential letters in the following categories:

A patient did not receive test results in a timely manner
Amended medical records without an explanation
Anticoagulation management
Clinical judgment and clinical care
Delayed response / failed to respond to Board inquiry
Evaluation of an elderly patient with a fractured hip
Examination of a child without presence of family member and poor communication
Failed to adequately explain risks to patient regarding a surgery
Failed to appropriately manage a serious groin infection
Failed to arrange proper call coverage
Failed to complete death certificates in a timely manner
Failed to diagnose a hematoma and failed to document a patient visit
Failed to inform an infant's mother about available vaccinations
Failed to maintain adequate medical records for a patient
Failed to perform an appropriate examination
Failed to properly address an employee's prescription drug fraud
Failure to recognize and address a patient's dangerous drug interaction
Failed to refer a patient to an oncologist
Failed to refer a patient to the hospital
Failed to timely diagnose a patient's squamous cell carcinoma
Failed to wear sanitary gloves while treating patients
Inappropriate prescribing
Management of a high-risk pregnancy
Neurological evaluation
Offered to perform liposuction surgery on a patient with history of bulimia and anorexia
Oncology practice and physician engaged in a pattern of unprofessional conduct
Out of state discipline
Over-utilized endoscopy procedures
Performed surgery on a patient without appropriate training and experience
Post-operative care
Post-operative management
Prescribing without adequate examination or documentation
Surgical complications / postoperative care
Transected a patient's common bile duct during gallbladder surgery
Treatment of a patient with diabetes
Treatment of a patient with recurring diverticulitis
Treatment of a patient's heart disease
Unprofessional communication with patients and staff
Violated appropriate professional boundaries with a coworker
Violated physician-patient boundaries & improperly disposed of prescribed medications

PEER REVIEWS

In addition to three public members, the Board of Medicine includes seven physicians, representing at most seven specialties. Complaints about Iowa physicians, however, cross the spectrum of specialties, from anesthesiology to urology. Therefore, in competency issues expertise in a given case may not be available on the Board when the case is discussed. If, after a case has been investigated and discussed at the Board level, specialty expert opinion is needed to fairly determine if the standard of care has or has not been met, a formal peer review may be requested. John Olds, M.D., the Board's medical advisor, will recruit physicians to serve on a committee to review a case file, which includes the investigative report, interviews with the complainant, witnesses and the physician involved, and pertinent medical records. The peer reviewers then discuss their findings and determinations amongst themselves and submit a formal report to the Board for consideration. Iowa physicians who are interested in serving as a peer reviewer may contact Dr. Olds at (515) 242-3229. An instruction manual for peer reviewers is available at **www.medicalboard.iowa.gov**

PEER REVIEWS						
	2009	**2010**	**2011**	**2012**	**2013**	**2014**
Ordered	8	6	7	9	11	16
Completed	9	6	8	9	7	9

CIVIL PENALTIES

Iowa Code 148.6(1) provides that the Board of Medicine, after due notice and hearing, may issue an order to discipline a licensee, including imposing a civil penalty not to exceed $10,000. All penalties are deposited in the general fund of the State of Iowa. The Board does not financially benefit from the penalties it imposes. The Board is funded entirely with licensure fees.

CIVIL PENALTIES						
	2009	**2010**	**2011**	**2012**	**2013**	**2014**
LICENSEES	19	24	23	29	16	16
AMOUNTS						
1,000	4	1	2	3	2	0
2,000	0	0	0	1	0	0
2,500	7	5	7	6	6	7
4,000	0	1	0	0	0	0
5,000	4	13	9	5	4	8
7,500	1	0	1	4	1	1
10,000	3	4	4	11	3	0
TOTALS	**78,500**	**122,500**	**112,000**	**185,000**	**74,500**	**65,000**

Since 2007, the Board has deposited $790,500 in civil penalties in Iowa's general fund.

IOWA PHYSICIAN HEALTH PROGRAM

The Iowa Physician Health Program (IPHP) was established in 1996 to support physicians who self-report mental health issues, physical disabilities or substance use disorders. The advocacy and confidential monitoring program is administered by the Iowa Physician Health Committee, which is appointed by the Board of Medicine. Participants sign contracts agreeing to adhere to the strict guidelines. The program's overarching goals are supporting physicians who seek the program's assistance, protecting the public by carefully monitoring physicians with diagnosed impairments that may affect their abilities to practice, and maintaining credibility with the Board and the public by accountability and responsible application of authority. The committee and program are defined in Iowa Administrative Code 653 Chapter 14. Committee members receive a per diem and expenses.

The committee held 6 meetings in 2014 and met with 65 program participants. The program's budget of $210,444 in FY2015 is funded entirely with licensure fees. Licensees do not pay additionally to participate in the program, but they are responsible for all costs associated with drug screening, therapy, treatment and so forth.

Staff members of the Board manage the program, and the committee's co-chairs and legal counsel provide guidance on case issues. **Members of the committee in 2014:**

- Laura Van Cleve, D.O., Grinnell, co-chair
- Lester Yen, M.D., West Des Moines, co-chair
- Raymond Harre, M.D., Davenport
- Sasha Khosravi, D.O., Grimes
- Jeff Kerber, Ph.D., West Des Moines, licensed marriage and family therapist
- Lynn Martin, Ph.D., Des Moines, licensed marriage and family therapist
- Doug Peters, M.Div., Iowa City
- Julie Scheib, B.A.S., Spirit Lake, alcohol and drug counselor
- Mark Bowden, M.P.A., executive director, Board of Medicine

Amy Van Maanen is the program's coordinator and case manager. Sara Scott, an assistant Iowa Attorney General, provides legal counsel for the program.

IPHP http://iphp.iowa.gov/

(Totals on December 31)	2013	2014		2013	2014
Participants	79	84	Chemical dependency	12	11
Male	62	61	Mental health	23	17
Female	17	23	Physical disability	10	10
M.D.	60	61	Chemical & mental	24	23
D.O.	19	22	Physical & mental	2	3
L.Ac.	0	1	New participants	40	39
Avg. age	46.6	47.6	Discharged	41	40
Avg. years in IPHP	1.8	2	Noticed for violations	8	6

IOWA PHYSICIAN WORKFORCE

2012				
	State Population:	**3,074,186**	**Total Female Physicians:**	**1,775**
	Population ≤ age 18:	**765,833**	**Total Medical or Osteopathic Students:**	**1,546**
	Total Active Physicians:	**6,414**	**Total Residents:**	**827**
	Primary Care Physicians:	**2,569**		

		IA	IA Rank
Physician Supply	Active Physicians per 100,000 Population, 2012	208.6	**41**
	Total Active Patient Care Physicians per 100,000 Population, 2012	182.4	**42**
	Active Primary Care Physicians per 100,000 Population, 2012	83.6	**33**
	Active Patient Care Primary Care Physicians per 100,000 Population, 2012	76.0	**33**
	Percent Active Female Physicians, 2012	27.7%	**34**
	Percent of Active Physicians who are International Medical Graduates, 2012	18.0%	**26**
	Percentage of Active Physicians Who Are Age 60 or Older, 2012	25.1%	**39**
Undergraduate Medical Education (UME)	Students Enrolled in Medical or Osteopathic School per 100,000 Population, AY 2012-2013	50.3	**7**
	Students Enrolled in *Public* Medical or Osteopathic Schools per 100,000 Population, AY 2012-2013	21.3	**19**
	Percent Change in Students Enrolled in Medical or Osteopathic Schools (2002-2012)	7.3%	**40**
	Percent of Medical School Matriculants from In-State, AY 2012-2013	64.7%	**27**
Graduate Medical Education (GME)	Total Residents/Fellows in ACGME Programs per 100,000 Population as of 12/31/11	27.0	**24**
	Total Residents/Fellows in Primary Care ACGME Programs per 100,000 Population as of 12/13/11	11.4	**22**
	Percentage of International Medical Graduates in ACGME Programs as of 12/31/11	23.9%	**22**
	Ratio of Residents and Fellows (GME) to Medical and Osteopathic Students (UME), AY 2011-2012	0.6	**41**
	Percent Change in Residents and Fellows in ACGME-Accredited Programs, 2001-2011	12.5%	**40**
Retention	Percent of Physicians Retained in State from Undergraduate Medical Education, 2012	22.2%	**39**
	Percent of Physicians Retained in State from Undergraduate Medical Education (*Public*), 2012	31.0%	**39**
	Percent of Physicians Retained in State from Graduate Medical Education, 2012	36.4%	**44**
	Percent of Physicians Retained in State from UME and GME Combined, 2012	**61.4%**	**34**

Source: Association of American Medical Colleges, 2013 State Physician Workforce Data Book

IOWA PHYSICIAN WORKFORCE

			Female		Age 60 or Older	
Specialty	Total Active	People Per Physician	Number	Percent	Number	**Percent**
All Specialties	6,414	479	1,775	27.7		**25.1**
Allergy & Immunology	29	106,006	*	*	*	*
Anatomic/Clinical Pathology	129	23,831	41	31.8	58	**45.0**
Anesthesiology	312	9,853	57	18.3	72	**23.2**
Cardiovascular Disease	151	20,359	21	13.9	47	**31.1**
Child & Adolescent Psychiatry**	51	15,016	23	45.1	11	**21.6**
Dermatology	74	41,543	25	33.8	22	**29.7**
Emergency Medicine	201	15,294	41	20.5	54	**27.1**
Endocrinology, Diabetes & Metabolism	32	96,068	10	31.3	*	*
Family Medicine/General Practice	1,620	1,898	534	33.0	389	**24.1**
Gastroenterology	82	37,490	*	*	18	**22.0**
General Surgery	228	13,483	27	11.8	58	**25.4**
Geriatric Medicine	21	146,390	*	*	*	*
Hematology & Oncology	99	31,052	26	26.3	28	**28.3**
Infectious Disease	43	71,493	17	39.5	10	**23.3**
Internal Medicine	583	5,273	186	32.0	157	**26.9**
Internal Medicine/Pediatrics**	*	*	*	*	*	*
Neonatal-Perinatal Medicine**	35	21,881	12	34.3	*	*
Nephrology	56	54,896	13	23.2	15	**26.8**
Neurological Surgery	30	102,473	*	*	*	*
Neurology	98	31,369	25	25.8	30	**30.6**
Obstetrics & Gynecology	252	12,199	123	48.8	47	**18.7**
Ophthalmology	150	20,495	36	24.2	32	**21.3**
Orthopedic Surgery	170	18,083	*	*	53	**31.2**
Otolaryngology	91	33,782	11	12.1	23	**25.3**
Pediatrics**	335	2,286	180	53.7	79	**23.7**
Physical Medicine & Rehabilitation	46	66,830	13	28.3	12	**26.1**
Plastic Surgery	37	83,086	*	*	*	*
Preventive Medicine	50	61,484	17	34.0	16	**32.0**
Psychiatry	231	13,308	68	29.6	83	**35.9**
Pulmonary Disease & Critical Care	97	31,693	17	17.5	23	**23.7**
Radiation Oncology	43	71,493	14	33.3	14	**32.6**
Radiology & Diagnostic Radiology	207	14,851	23	11.1	63	**30.4**
Rheumatology	32	96,068	*	*	*	.
Thoracic Surgery	40	76,855	*	*	13	**32.5**
Urology	71	43,298	*	*	20	**28.2**
Vascular Surgery	**32**	**96,068**	*	*	*	*

Source: Association of American Medical Colleges, 2013 State Physician Workforce Data Book

** Counts for specialties with fewer than 10 physicians are not shown*
*** Only those 18 years or younger are included in People Per Physician*

The Board of Medicine is fortunate to have dedicated, competent personnel who take their jobs – and the Board's mission – seriously. Every day, these men and women perform licensure and regulatory enforcement duties that enable the Board to protect the health of Iowans.

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COVER ARTWORK: A cardiogram shows muscle activity in the heart. *Shutterstock*