

BOARD OF MEDICAL EXAMINERS

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SUBCHAPTER 1. MEDICAL SCHOOLS, COLLEGES, EXTERNSHIPS AND CLERKSHIPS

13:35-1.1 Observership program

(a) "Observer" shall mean an undergraduate medical student of an allopathic or osteopathic school accredited either by the Liaison Committee on Medical Education or the American Osteopathic Association or a foreign medical school listed in either the World Health Organization Directory published by the World Health Organization or the International Medical Education Directory (IMED) published by the Educational Commission for Foreign Medical Graduates (ECFMG) and whose graduates are accepted by the New Jersey Board of Medical Examiners as eligible to sit for the licensure examination. Observerships are limited to the student's vacation period in an extra-curricular professional experience as delineated in this section.

(b) An observership program shall be limited to:

1. Observation of operative procedures;
2. The taking of histories;
3. The performance of physical examinations;
4. The performance of non-invasive procedures under the direct supervision of and in the immediate presence of the supervising licensed physician; and
5. The participation in patient rounds and other organized patient care activities of the supervising physician.

(c) At no time shall the observer be delegated any responsibility for the care of the patient, the patient's diagnosis or any aspect of the patient's treatment, including the prescription of medication for the patient. An observer shall make no entries on the patient's permanent record.

(d) The observer shall at all times of patient contact wear an identifying badge inscribed "Medical Student."

(e) Prior to commencing participation in an observership program, the student shall have obtained written permission from the Chief of Staff and the Administration of the participating hospital and shall retain such letter.

(f) Under no circumstances shall the performance of any of the duties listed in (b) above by an observer, while engaged in such a program, be construed as the practice of medicine.

(g) The time spent in an observership program shall not be considered as part of or credited toward fulfillment of any statutory academic or clinical requirements for licensure.

“Podiatrist” means an individual holding a D.P.M. degree licensed pursuant to N.J.S.A. 45:5-1 et seq.

“Post-secondary education” means education obtained in a professional school, graduate medical education or continuing medical education consisting of courses with content deemed, by the Board, to be substantially equivalent to cultural competency curriculum criteria established by the Board.

“Practitioner” means a physician or a podiatrist.

(b) Each college of medicine in this State shall provide cultural competency training, as identified in (d) below, completion of which shall be required as a condition of receiving a diploma from a college of medicine in this State.

(c) Cultural competency training for CME credit shall be offered by each college of medicine in this State. The training shall satisfy the criteria for cultural competency training established by the Board.

(d) To be recognized in satisfaction of the cultural competency training requirement applicable to licensees, any CME program of instruction shall be of at least six hours duration, offered in the classroom, or through workshops, over the internet or through other venues, that provides:

1. A context for the training, common definitions of cultural competence, race, ethnicity and culture and tools for self-assessment;
2. An appreciation for the traditions and beliefs of diverse patient populations, at multiple levels — as individuals, in families and as part of a larger community;
3. An understanding of the impact that stereotyping can have on medical decision-making;
4. Strategies for recognizing patterns of health care disparities and eliminating factors influencing them;
5. Approaches to enhance cross-cultural clinical skills, such as those relating to history-taking, problem solving and promoting patient compliance; and
6. Techniques to deal with language barriers and other communication needs, including working with interpreters.

(e) A physician who was licensed to practice medicine prior to March 24, 2005, and who did not receive instruction in cultural competency training as part of the curriculum of a college of medicine shall, as a condition of the next renewal after March 24, 2008, document completion of CME or equivalent post-secondary education in cultural competency training pursuant to (d) above before being granted licensure renewal by the Board. Cultural competency training shall be in addition to the CME required by the Board at N.J.A.C. 13:35-6.15.

(f) A podiatrist who was licensed to practice podiatry prior to March 24, 2005, and who did not receive instruction in cultural competency training as part of the curriculum of a

college of medicine shall, as a condition of the next renewal after March 24, 2008, document completion of CME or equivalent post-secondary education in cultural competency training pursuant to (d) above before being granted licensure renewal by the Board. Cultural competency training may be included in the CME required by the Board at N.J.A.C. 13:35-6.15.

(g) A practitioner licensed to practice after March 24, 2005, but on or before June 29, 2007, who did not receive instruction in cultural competency training as part of the curriculum of a college of medicine, as a condition of the next renewal after March 24, 2008, shall document completion of CME or equivalent post-secondary education in cultural competency training pursuant to (d) above before being granted licensure renewal by the Board. Cultural competency training may be included in the CME required by the Board at N.J.A.C. 13:35-6.15.

(h) A practitioner licensed to practice on or after the date of the expiration of the next licensure cycle (June 30, 2007 for physicians and October 31, 2007 for podiatrists) who did not receive instruction in cultural competency training as part of the curriculum of a college of medicine, shall document completion of CME or equivalent post-secondary education in cultural competency training pursuant to (d) above by the end of the next complete renewal cycle after he or she was licensed. Cultural competency training may be included in the CME required by the Board at N.J.A.C. 13:35-6.15.

(i) The Board, or its designee, may waive the cultural competency training CME requirement for an applicant who is applying for relicensure and who can demonstrate to the satisfaction of the Board that he or she has attained the substantial equivalent of the cultural competency training CME requirement through completion of a similar course in his or her post-secondary education.

New Rule, R.2008 d.77, effective April 7, 2008.
See: 39 N.J.R. 2202(a), 40 N.J.R. 1889(b).

13:35-6.26 Procedures for physician ordered immunizations performed by licensed pharmacists

(a) A New Jersey licensed physician may participate in an immunization program with a licensed pharmacist pursuant to N.J.S.A. 45:14-63 of the Pharmacy Practice Act, provided that the pharmacist is authorized to engage in such activities by the Board of Pharmacy pursuant to N.J.A.C. 13:39-4.20, and provided the pharmacist administers vaccines and related emergency medications, which shall be limited to diphenhydramine and epinephrine, pursuant to:

1. A prescription for the vaccine, related emergency medications, and pharmacist administration of the vaccine that is patient specific; and/or

2. A physician's standing order for the vaccine, related emergency medications above, and administration instructions that are not patient specific.

(b) A physician shall supervise a licensed pharmacist who is participating in an immunization program implemented pursuant to the physician's standing order. Supervision by the delegating physician shall be deemed adequate if the delegating physician:

1. Is responsible for formulating or approving a standing order, which shall include compliance with Centers for Disease Control and Prevention (CDC) guidelines for vaccine administrations, set forth in Appendix D of "Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book: Course Textbook)," updated 10th edition, February 2007. The CDC vaccine administration guidelines are incorporated herein by reference, as amended and supplemented, and can be found at the CDC website, www.cdc.gov, specifically, <http://www.cdc.gov/vaccines/pub/pinkbook/downloads/appendices/appdx-full-d.pdf>. The standing order shall also include compliance with the American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (2005). The AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (2005) are incorporated herein by reference, as amended and supplemented, and can be found at the AHA website, www.americanheart.org, specifically, http://circ.ahajournals.org/content/vol112/24_suppl/. The order shall also include procedures which shall be followed for the reporting of adverse events. The delegating physician shall annually review the order and the services provided to patients under the order;

2. Is geographically located to be easily accessible to the pharmacy practice site and, if applicable, to the immunization location.

3. Is available through direct telecommunication for consultation, assistance, and direction; and

4. Receives annual status reports on the immunization program as administered by the pharmacist.

New Rule, R.2009 d.104, effective April 6, 2009.
See: 40 N.J.R. 1072(a), 41 N.J.R. 1493(a).

SUBCHAPTER 6A. DECLARATIONS OF DEATH UPON THE BASIS OF NEUROLOGICAL CRITERIA

13:35-6A.1 Purpose

(a) The rules in this subchapter are established pursuant to N.J.S.A. 26:6A-1 et seq. (P.L. 1991, c. 90), the New Jersey Declaration of Death Act, and set forth:

1. Requirements, by specialty or expertise, for physicians authorized to perform a clinical brain death examina-

tion and declare death upon the basis of neurological criteria; and

2. Accepted medical standards, including criteria, tests and procedures, to govern declarations of death upon the basis of neurological criteria.

13:35-6A.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

"Apnea" means the absence of respiration and a terminal PCO₂ greater than 60 mmHG or a terminal PCO₂ at least 20 mmHg over the initial normal baseline PCO₂.

"Brain death" means the irreversible cessation of all functions of the entire brain, including the brainstem.

"Examining physician" means a physician who performs a clinical brain death examination and meets the qualifying criteria set forth at N.J.A.C. 13:35-6A.3. The term "examining physician" may refer to one or more physicians involved in the clinical brain death examination.

13:35-6A.3 Requirements for physicians authorized to declare death on the basis of neurological criteria

(a) A physician performing a clinical brain death examination shall be plenary licensed and shall hold the following qualifications, dependent on the age of the patient upon whom a declaration of brain death is to be made:

1. Age below two months: When declarations of brain death are to be made upon children below two months of age, the examining physician shall be a specialist in neonatology, pediatric neurology or pediatric neurosurgery.

2. Age between two months and 12 months: When declarations of brain death are to be made upon children at or above two months of age, and at or below 12 months of age, the examining physician shall be a specialist in pediatric critical care, pediatric neurology or pediatric neurosurgery.

3. Age greater than 12 months: When declarations of brain death are to be made upon patients above 12 months of age, the examining physician shall be duly qualified by training and experience to declare brain death. For purposes of this section, neurologists, neurosurgeons, critical care specialists and trauma surgeons shall be deemed to be duly qualified physicians. In addition, any physician who has been granted privileges by a hospital to declare brain death may serve as the examining physician pursuant to this subchapter.