



# Oregon

Tina Kotek, Governor

**Oregon Medical Board**  
1500 SW 1st Ave. Ste 620  
Portland, OR 97201-5847  
**Voice (971) 673-2700**  
**FAX (971) 673-2670**  
[www.oregon.gov/OMB](http://www.oregon.gov/OMB)

## Public Materials

**ACUPUNCTURE ADVISORY COMMITTEE**  
**MEETING AGENDA**  
**VIDEOCONFERENCE**  
June 7, 2024  
Noon

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

### **Committee Members:**

Forrest Cooper, LAc, DAOM, Chair  
Dilip Babu, MD  
Diane Behall, LAc, DAOM  
Carli Gaines, LAc, RN  
Paul Yutan, MD  
Paula Lee-Valkov, MD, Board Liaison

### **Staff:**

Nicole Krishnaswami, JD, Executive  
David Farris, MD, Medical Director  
Elizabeth Ross, JD, Legislative & Policy Analyst  
Netia N. Miles, Licensing Manager  
Shayne J. Nylund, Committee Coordinator

**PUBLIC SESSION**

1	Call Meeting to Order – Introductions/Attendance	Cooper
---	--	--------

2	Executive Session Announcement	Cooper
---	--------------------------------	--------

*Pursuant to ORS 192.660(2)(f) and ORS 192.660(2)(L), the Acupuncture Advisory Committee of the Oregon Medical Board (OMB) will convene in Executive Session to consider information or records that are exempt by law from public inspection, including information received in confidence by the Board and Acupuncture Advisory Committee, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under federal or Oregon law. The Acupuncture Advisory Committee will reconvene in Public Session prior to taking any final action. Members of the news media may remain in the room during the Executive Session but are directed not to report on the specific information discussed during the Executive Session.*

**EXECUTIVE SESSION**

3	Applicant Review: Entity ID 1055012	Gaines
---	-------------------------------------	--------

**PUBLIC SESSION**

OREGON ADMINISTRATIVE RULES (OAR)

4	847-070-0016: Adding Occupational English Test (OET) as a Listed English Language Proficiency Examination	<b>FIRST REVIEW</b>	Behall
---	---	---------------------	--------

**The rule amendment adds the Occupational English Test as an approved exam to demonstrate basic English fluency if an acupuncturist did not pass the NCCAOM exam in English. The proposed amendment also adds the score required if an applicant chooses to take the TOEFL internet-based test (IBT).**

5	Public Comments	Cooper
---	-----------------	--------

DISCUSSION ITEMS

6	Scope of Practice Inquiry: Vitamin and Amino Acid Injections	Yutan
---	--	-------

INFORMATIONAL ITEMS

7	Investigative Update from Walt Frazier, Investigations Manager	Cooper
8	NCCAOM updated Code of Ethics and OAR 847-010-0073 Rulemaking	Behall
9	NCCAOM Sharing Information Agreement	Gaines
10	Review of Board-Approved Minutes from December 1, 2023	Cooper
11	Future Committee and Board Meeting Dates	Cooper

**ADJOURN**

## OREGON ADMINISTRATIVE RULES

### CHAPTER 847, DIVISION 70 – OREGON MEDICAL BOARD

#### First Review – July 2024

The rule amendment adds the Occupational English Test as an approved exam to demonstrate basic English fluency if an acupuncturist did not pass the NCCAOM exam in English. The Occupational English Test is an English language test for healthcare professionals, additional information is provided below.

Also, the proposed amendment adds the score required if an applicant chooses to take the TOEFL internet-based test (IBT).

#### **847-070-0016**

##### **Qualifications**

(1) An applicant for licensure as an acupuncturist must have:

(a) Graduated from an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), or its successor organization, or an equivalent accreditation body that are in effect at the time of the applicant's graduation. An acupuncture program may be established as having satisfied those standards by demonstration of one of the following:

(A) Accreditation, or candidacy for accreditation by ACAHM at the time of graduation from the acupuncture program; or

(B) Approval by a foreign government's Ministry of Education, or Ministry of Health, or equivalent foreign government agency at the time of graduation from the acupuncture program. Each applicant must submit their documents to a foreign credential equivalency service, which is approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) for the purpose of establishing equivalency to the ACAHM accreditation standard. Acupuncture programs that wish to be considered equivalent to an ACAHM accredited program must also meet the curricular requirements of ACAHM in effect at the time of graduation.

(b) Current certification in acupuncture by the NCCAOM. An applicant will be deemed certified by the NCCAOM in Acupuncture if the applicant has passed the NCCAOM Acupuncture Certification Examinations or has been certified through the NCCAOM Credentials Documentation Examination.

(A) The applicant must pass three (3) NCCAOM Certification exam components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location.

(B) The applicant has no more than four attempts to pass each component of the NCCAOM Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the NCCAOM Certification Exam within four attempts, the applicant is not eligible for licensure.

(C) An applicant who has passed each component of the NCCAOM Certification Exam but not within the four attempts required by this rule may request a waiver of this requirement if the applicant passed each component of the exam within five attempts and:

(i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or

(ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture as determined by the Board.

(2) An applicant who does not meet the criteria in OAR 847-070-0016(1) must have the following qualifications:

(a) Five years of licensed clinical acupuncture practice in the United States. This practice must include a minimum of 500 acupuncture patient visits per year. Documentation must include:

(A) Two affidavits from office partners, clinic supervisors, accountants, or others approved by the Board, who have personal knowledge of the years of practice and number of patient visits per year; and

(B) Notarized copies of samples of appointment books, patient charts and financial records, or other documentation as required by the Board; and

(b) Practice as a licensed acupuncturist in the U.S. during five of the last seven years prior to application for Oregon licensure. Licensed practice includes clinical practice, clinical supervision, teaching, research, and other work as approved by the Board within the field of acupuncture and oriental medicine. Documentation of this practice will be required and is subject to Board approval; and

(c) Successful completion of the ACAHM western medicine requirements in effect at the time of graduation from the acupuncture program, unless the applicant graduated from a non-accredited acupuncture program prior to 1989; and

(d) Current certification in acupuncture by the NCCAOM. An applicant will be deemed certified in Acupuncture by the NCCAOM if the applicant has passed the NCCAOM Acupuncture Certification Examinations or has been certified through the NCCAOM Credentials Documentation Examination.

(A) The applicant must pass three (3) NCCAOM Certification exam components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location.

(B) The applicant has no more than four attempts to pass each component of the NCCAOM Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the NCCAOM Certification Exam within four attempts, the applicant is not eligible for licensure.

(C) An applicant who has passed each component of the NCCAOM Certification Exam but not within the four attempts required by this rule may request a waiver of this requirement if the applicant passed each component of the exam within five attempts and:

(i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or

(ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture as determined by the Board.

(3) An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsections (1) or (2) of this rule because the required documentation is now unobtainable, may be considered eligible for licensure if it is established to the satisfaction of the Board that the applicant has equivalent skills and training and can document one year of training or supervised practice under a licensed acupuncturist in the United States.

(4) In addition to meeting the requirements in (1), (2) or (3) of this rule, all applicants for licensure must have the following qualifications:

(a) Licensure in good standing from the state or states of all prior and current health related licensure; and

(b) Have good moral character as those traits would relate to the applicant's ability properly engage in the practice of acupuncture; and

(c) Have the ability to communicate in the English language well enough to be understood by patients and physicians. This requirement is met if the applicant passes the NCCAOM written acupuncture examination in English, or if in a foreign language, must also have passed an English language proficiency examination; ~~such as TOEFL (Test of English as a Foreign Language), or TSE (Test of Spoken English). An applicant must obtain~~

**(A) a Test of English as a Foreign Language (TOEFL) score of 500 or more for the written TOEFL exam, and 173 or more for the computer based TOEFL exam, and 65 or more for the internet based TOEFL exam; or**

**(B) a Test of Spoken English (TSE) score of 200 or more prior to July 1995, and a score of 50 or more after July 1995; or**

**(C) A Occupational English Test score of at least 350 for speaking and at least 300 for reading, writing, and listening on any OET health-related profession.**

## Rule Process

### OMB Staff Draft

The OMB staff, Committee or Board will identify an issue that can be addressed by a rule. The rules coordinator drafts proposed language.

### First Review Committee

Once complete, the appropriate Committee will review the rule language. If the Committee approves the rule as written, it is forwarded to the full Board for review.

### First Review Board

The Board reviews the language and provides comments. If approved, the Board refers the rule back to the Committee for final review.

*After first review by the Board, the rule is filed with the Secretary of State and open to public comment.*

### Official Rule

The rules coordinator files the rule as permanent with the Secretary of State.

### Final Review Board

The Board reviews the rule language and public comments. If approved, the Board will formally adopt the rule.

### Final Review Committee

The Committee reviews the rule language and any public comments. If the Committee approves the rule as written, it is forwarded to the full Board for review.

**Note: If the Board or Committee makes significant changes to the rule at any point in the process, it will be sent back to the Committee as a first review.**

(d) An applicant who is certified through the NCCAOM Credentials Documentation Examination must also have passed an English proficiency examination **described in subsection (c)**.

Statutory/Other Authority: ORS 677.265 & ORS 677.759

Statutes/Other Implemented: ORS 677.265, ORS 677.759 & ORS 677.780





# The English language test for healthcare professionals



Commercial in confidence

May 2024

---

## Table of Contents

1. Overview of OET	3
Ensuring safe and effective care	3
Fit-for-purpose for Healthcare in the US	3
Valid and reliable	4
2. Why Organizations Choose OET	6
The global healthcare climate and the COVID pandemic	6
Worldwide recognition of OET	6
3. Why Candidates Choose OET	7
Success stories	7
4. Test network and Delivery Modes	8
5. The Structure and Content of OET	8
OET test format	8
Test format overview	8
Listening sub-test in brief	8
Reading sub-test in brief	9
Writing sub-test in brief	9
Speaking sub-test in brief	9
6. OET Results Reporting	10
OET scores reporting and level descriptors	11
Example of candidate's OET Statement of Results	12
Online results verification service	10
7. Candidate Engagement and Support	13
Start for Success Package	13
OET Ready online course	13
OET practice books	14
OET masterclass webinars	14
OET Facebook page	14
Preparation nurture campaign	14
Ongoing language support	15
OET Preparation Provider Program	15
8. Test Security	15
Candidate Identity checks	15
Paper based test venues	15
Computer based testing of OET and OET@Home	15

## 1. Overview of OET

OET (the Occupational English Test) was designed to assess the language proficiency of overseas-trained healthcare professionals seeking to register and practise in English-speaking environments.

The test was commissioned by the Australian Federal Government in the late 1980s, driven by a recognition of the unique importance of relevant communication skills in the healthcare sector and was designed at the University of Melbourne by Professor Tim McNamara, one of the original developers of the IELTS academic English test.

OET tests health practitioners from the following 12 professions:



Medicine



Nursing



Dentistry



Occupational Therapy



Optometry



Physiotherapy



Pharmacy



Radiography



Speech Pathology



Podiatry



Dietetics



Veterinary Science

OET assesses all four communication skills: Reading, Writing, Listening and Speaking. The tasks and materials included in the Writing and Speaking sub-tests are specific to the candidate's profession, while the Reading and Listening sub-tests are not profession specific but include content on general topics that are relevant to all healthcare professionals.

### Ensuring safe and effective care

OET uses real healthcare communication scenarios that candidates are likely to meet in the workplace. This ensures that healthcare professionals who have successfully completed OET have the necessary communication skills to provide safe and effective care.

### Fit-for-purpose for Healthcare in the US

OET test materials are developed by expert language test writers in collaboration with subject matter experts from each English-speaking region where the test operates. Subject matter experts may be experienced practicing or retired healthcare professionals or educators. Their input ensures that the test content, vocabulary, and scenarios are authentic and relevant in the context of each region in which the test is used.



**Cambridge Assessment  
English**



Since 2013, OET has been owned by Cambridge Boxhill Language Assessment Trust (CBLA), a not-for-profit joint venture, which is majority owned by Cambridge Assessment English in partnership with Box Hill Institute. CBLA is based in Melbourne, Australia.

### Cambridge Assessment English

Cambridge Assessment English, a not-for-profit department of Cambridge University in the UK, has been the world's leading provider of language assessment for learners and teachers of English for over 100 years. More than 5.55 million people take Cambridge English exams each year in more than 130 countries. Around the world, more than 20,000 organisations rely on its exams and qualifications as proof of their English language ability. Cambridge Assessment English exams are used by regulators, employers, educational institutions, and local and regional governments around the world. Cambridge Assessment English develops and produces the IELTS test which it co-owns in partnership with IDP Australia.

### Box Hill Institute

Based in Melbourne, Australia, Box Hill Institute is a leading public vocational and higher education provider known for its collaborative and creative approach to education in Australia and overseas.

### Valid and reliable

Backed by more than 30 years of research by the Language Testing Research Centre (LTRC) at the University of Melbourne, and since 2013 from the Research and Validation Department at Cambridge Assessment English, OET has undergone a continuous cycle of research, validation, and evaluation to ensure it is fit for purpose and relevant today. The most recent iteration of the test was released in September 2018.

Research and validation are provided by the Research and Validation Department at Cambridge Assessment English in the UK. An ongoing program of test validation research has been established by CBLA and LTRC. Research studies explore quality control issues related to such areas as rating specialist training, task design and the extent to which criteria currently used to assess test performance are aligned with the practical requirements of effective communication in the healthcare context. Research findings inform revisions to the test and test operations as required.

CBLA is committed to the commissioning of ongoing research into testing and question design; the following research projects have taken place between 2007 and 2021 (all research is available upon request):

#### **2021**

- OET vs. IELTS: Finding the most appropriate way to test language skills for medicine

#### **2017**

- Australian Research Council Linkage Project: Towards improved quality of written patient records: Development and validation of language proficiency standards for writing for non-native English-speaking health professionals

#### **2016**

- Re-trialling and stakeholder perceptions of OET Listening test
- Trialling and stakeholder perceptions of OET Reading test

#### **2014-2015**

- Towards improved quality of written patient records: language proficiency standards for non-native speaking health professionals: Australian Research Council Linkage Project
- Review of OET study data to verify revised checklist
- Verification of checklist items across professions
- Scoping study of cross-professional communication
- Trialling and stakeholder perceptions of proposed revised OET Listening test

#### **2013**

- Investigating the test impact of the OET: A qualitative study of successful OET candidates
- A comparison of the discourse produced at different Writing (and Speaking) score levels of the Occupational English Test
- Development of a common scale of item difficulty to support item banking and construction of pre-equated test forms
- Review and validation of the OET Speaking test design

#### **2010-2012**

- Investigating candidate processes and task difficulty in an ESP reading test
- Exploring writing demands in healthcare settings
- Towards improved healthcare spoken communications: Australian Research Council Linkage Project

#### **2009**

- OET Reading revision study
- Relating the Occupational English Test (OET) to the Common European Framework of Reference (CEFR)
- OET Writing Task Review

#### **2007**

- OET-IELTS benchmarking study

## 2. Why Organizations Choose OET

There are many compelling reasons to use OET as part of the healthcare profession licensing process.

### The global healthcare climate and the COVID pandemic

For many years, demographic trends, including ageing populations and chronic health conditions had been putting pressure on healthcare systems in many English-speaking countries<sup>1</sup>. The pandemic has greatly exacerbated those pressures.

An increasing number of foreign trained healthcare professionals are being recruited to fill those skill shortages<sup>2</sup>. This growing large-scale global mobility of healthcare professionals has made English language proficiency a critical clinical skill, essential to safeguarding patient safety and quality of care. The OET website is a significant resource for qualified, experienced healthcare professionals seeking work in English speaking countries and for employers and recruiters seeking access to that pool of talented professionals.

A review of patient complaints in healthcare systems published in the BMJ (British Medical Journal) and International Journal for Quality in Health Care found the most common issue, after 'treatment' (15.6%), is 'communication' (13.7%)<sup>3</sup>. In addition, a recent paper published by the Joint Commission International (JCI) states: "research shows that human failures cause 80% to 90% of errors. The most common root causes of sentinel events are human factors, leadership, and communication"<sup>4</sup>.

### Worldwide recognition of OET

OET is recognized by health regulators worldwide, including Australia, New Zealand, Singapore, the UK, Ireland and Canada. In the US, OET was adopted in July 2020 as the exclusive means of assessing English proficiency for international medical graduate applicants for ECFMG certification, and the test is recognized by HRSA, CGFNS and dozens of state nursing boards including the Oregon State Board of Nursing.

While there is not an Acupuncture-specific version, the Accreditation Commission for Acupuncture and Herbal Medicine lists OET, and as a result, over a dozen US acupuncture schools accept the test for admissions.

OET results are recognized by the following worldwide Medical, Acupuncture and Eastern Medicine educators and regulators:

- Medical Board of Australia
- Chinese Medicine Board of Australia
- Federation of Medical Regulatory Authorities of Canada
- Medical Council of Ireland
- Maldives Medical & Dental Council
- Malta Medical Council

<sup>1</sup> WHO (2013, Nov). *A Universal Trust: No health without a workforce*. Retrieved from <http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/>

<sup>2</sup> OECD. (2016). *OECD Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*. Retrieved from <http://www.oecd.org/publications/health-workforce-policies-in-oecd-countries-9789264239517-en.htm>

<sup>3</sup> Reader, T. G. (2014). *Patient Complaints in Healthcare Systems: A systematic review and coding taxonomy*. *BMJ Quality & Safety*. Retrieved from <http://qualitysafety.bmj.com/content/early/2014/05/29/bmjqs-2013-002437.full>

<sup>4</sup> JCI. (2015). *Human Factors Analysis in Patient Safety Systems*. Retrieved from <http://www.jointcommissioninternational.org/human-factors-analysis-in-patient-safety-systems/>

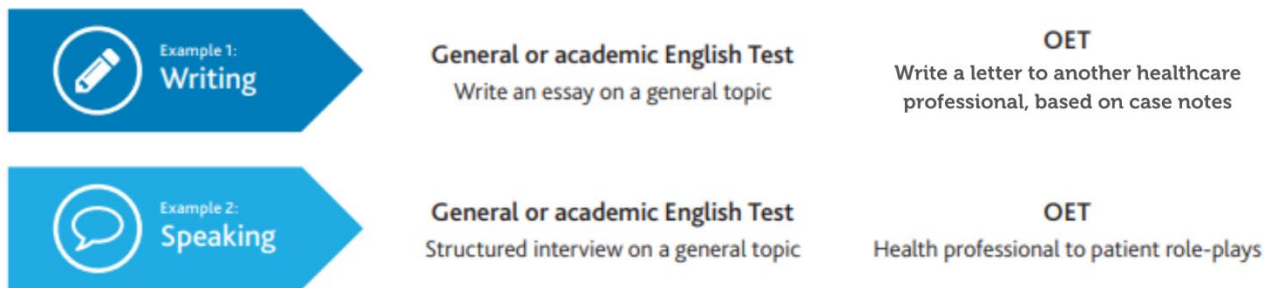


- Medical Council of New Zealand
- Singapore Medical Council
- Academy of Medical Royal Colleges (United Kingdom)
- General Medical Council (United Kingdom)
- Educational Commission for Foreign Medical Graduates (US)
- Michigan Licensing & Regulatory Affairs, Bureau of Professional Licensing - Acupuncturist licensing (US)
- Pennsylvania State Board of Medicine - Acupuncturist & Oriental Medicine Practitioner licensing (US)
- American College of Acupuncture & Oriental Medicine (US)

For a complete list of recognizing organizations worldwide please visit our website:  
<https://oet.com/discover/who-recognises-oet>

### 3. Why Candidates Choose OET

- OET is the preferred English proficiency test for healthcare professionals. Candidates prefer the relevance of the test content over general academic English tests which were designed to prepare candidates for academic study and general English use in everyday situations. Below are examples of the profession specific tasks OET candidates complete, compared with typical tasks in a general academic English test.



- The match between test content and candidate knowledge increases candidate confidence and lowers anxiety.
- OET is advocated by past test-takers as the most suitable of all English proficiency tests.
- The skills gained by taking OET provide the best preparation for practice immediately post-licensure and for long-term career benefits. Employers recognize and appreciate that OET specifically tests the ability to communicate effectively in the healthcare workplace.

#### Success stories

You can hear from healthcare professionals on why they chose OET via our website at OET Success Stories:  
<https://oet.com/discover/oet-stories>

## 4. Test network and Delivery Modes

OET is administered through a large network of highly professional venues in over 100 countries. There is also a remotely proctored test which allows test administration to reach nearly every country in the world. The staff at each venue are fully trained by OET in offering English language tests for high-stakes purposes.

OET is available via three different delivery modes to give candidates choice, convenience, and confidence:

- OET on paper at a test venue
- OET on computer. The written sub-tests are taken at a test venue and the speaking sub-test is taken online via Zoom with an online speaking test interlocutor.
- OET@Home – the “pandemic proof” option, both the candidate and the proctors and interlocutors are online at home for all sub-tests.

The extensive OET paper test venue network has expanded rapidly via the Cambridge partnership network. Our partner for OET on computer at test venues and OET@Home is Prometric, a world-leader in technology-enabled assessment.

## 5. The Structure and Content of OET

OET is an in-depth and thorough assessment of all areas of language ability: Listening, Reading, Writing and Speaking. OET was developed with a focus on the ability to communicate in the workplace.

Test specifications reflect common language demands on health practitioners in their working environment.

### OET test format

There is a separate sub-test for each skill area assessed by OET: Listening, Reading, Writing and Speaking.

### Test format overview

Sub-test (duration)	Content	Shows candidates can:
Listening (40 minutes)	3 parts Common to all 12 professions	Follow and understand a range of health-related spoken materials such as patient consultations and workplace communication.
Reading (60 minutes)	3 parts Common to all 12 professions	Read and understand different types of text on health-related subjects.
Writing (45 minutes)  Reading time: 5 minutes Writing time: 40 minutes	1 task Specific to each profession	Write a letter in a clear and accurate way which is relevant for the reader.
Speaking (20 minutes)	2 tasks Specific to each profession	Effectively communicate in a real-life context through role-plays.

### Listening sub-test in brief

The Listening sub-test consists of three parts:



**Part A Consultations:** Part A consists of an audio-recorded, simulated professional-to-patient consultation with gap-fill (short answer) questions, covering a partial case history.

**Part B Workplace Communication:** Part B consists of an audio-recorded exchange, professional-to-professional interaction with multiple-choice questions.

**Part C Short talk/interview:** Part C consists of an audio-recorded short talk or interview on a healthcare topic with multiple-choice questions.

The audio recordings include a wide range of English-speaking accents, including Australian, New Zealand, British, Irish, and North American voices and are checked for authenticity and approved by local subject matter experts.

## Reading sub-test in brief

The Reading sub-test consists of three parts:

**Part A Workplace Texts:** is a summary reading task on workplace text, requiring candidates to skim and scan 4 short texts (a total of about 650 words) related to a single health-related topic and to answer matching, gap-fill and short answer question types. Candidates are required to write responses for 25-35 gaps in total, within a (strictly monitored) time limit of 15 minutes. This expeditious reading task is designed to test the candidate's ability to source information from multiple texts, to synthesize information in a meaningful way and to assess skimming and scanning ability within a time limit.

**Part B & C Workplace Texts:** candidates are required to read two passages (600-800 words each) on general health topics and answer multiple choice questions for each text (a total of 16-20 questions) within a time limit of 45 minutes. Part B & C are designed to assess candidates' ability to read, in greater detail, general and specific information for comprehension.

## Writing sub-test in brief

The Writing sub-test involves a task in which candidates, via interaction with a set of clinical case notes, produce a letter to another health professional. The letter must record treatment offered to date and the issues to be addressed by the other professional, following instructions given within the test. The letter must take account of the stimulus material presented in the case notes.

The body of the letter must consist of approximately 180-200 words and be set out in an appropriate format (duration - 45 minutes). For certain professions, other professional writing tasks of equivalent difficulty may also be set (e.g., responding in writing to a complaint, or providing written information to a specified audience in the form of a letter).

[Download the OET Writing test assessment criteria](#)

## Speaking sub-test in brief

The OET Speaking sub-test is a test of the candidate's oral use of English language to communicate in a simulated health-related consultation.

The simulated consultation is between a patient and a health practitioner, with the candidate taking the role of the practitioner and the interlocutor taking the role of the patient or patient's relative or carer. The candidate and the interlocutor interact face-to-face. It consists of two simulated consultations in the form of two role-plays (duration - 20 minutes). Candidates are assessed 60% on language assessment criteria and 40% on clinical communication skills criteria.

## Clinical communication skills required in the speaking test



Candidates are assessed according to four linguistically oriented criteria and five clinical communication criteria.

[Download the OET Speaking test assessment criteria](#)

## 6. OET Results Reporting

OET candidates receive a separate grade for each sub skill of language proficiency – Listening, Reading, Writing and Speaking. Grades are scored on a numerical scale 0 – 500 alongside an alphabetic score range from A (highest) to E (lowest). There is no overall grade for OET. Results are released approximately 16 business days after the test.

### Online results verification service

Candidates log in to their secure online profile, via the digital platform to view results. Candidates are able to download a printable copy of their 'Statement of Results' and give permission for recognizing organizations of their choosing to log in and view their results.

All organisations accepting OET as proof of English language proficiency can register as official recognizing organizations which allows access to the OET Results Verification Portal. The service provides access to a secure, encrypted database through which candidates' results – across a period of three years – can be checked for authenticity.

## OET scores reporting and level descriptors

OET results to August 2018	OET score from September 2018	OET band descriptors	IELTS equivalent band score
A	500 490 480 470 460 450	Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language.	8.0 - 9.0
B	440 430 420 410 400 390 380 370 360 350	Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts.	7.0 - 7.5
C+	340 330 320 310 300	Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field of specialisation.	6.5
C	290 280 270 260 250 240 230 220 210 200		5.5 - 6.0
D	190 180 170 160 150 140 130 120 110 100	Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis- or overuse of technical language can cause strain in communication.	Less than 5.5
E	90 80 70 60 50 40 30 20 10 0	Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication.	

## Example of candidate's OET Statement of Results



The OET Centre  
 PO Box 16136  
 Collins Street West  
 VIC 8007 Australia  
 Tel: +61 3 8656 4000  
[www.occupationalenglishtest.org](http://www.occupationalenglishtest.org)

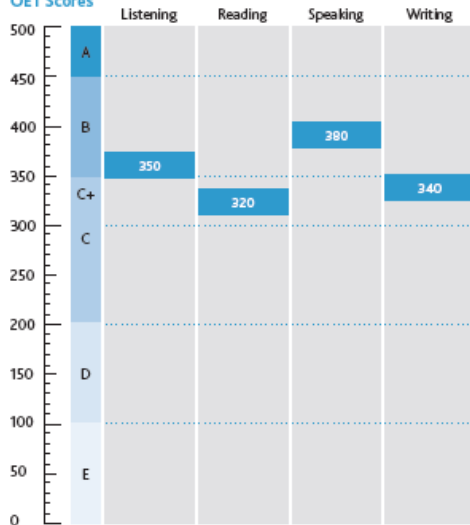
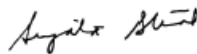
Address - Note: In this position for mailing purposes  
 XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX XXXXXX

### STATEMENT OF RESULTS

Candidate name XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX  
 Candidate number XXXXXXXXXXXXXXXXXXXX  
 Profession XXXXXXXXXXXXXXXXXXXX  
 Date of birth XX/XX/XXXX  
 Nationality XXXXXXXXXXXXXXXXXXXX  
 Gender M  
 Venue No. XXXXXXXXXXXX  
 Test date XX/XX/XXXX



### OET Scores

Sujata Stead  
 CEO, CBLA

Date of Issue: XX/XX/XXXX

Recognising organisations are required to validate this Statement of Results through our verification portal at <https://www.occupationalenglishtest.org/organisations/results-verification/>  
 OET is owned by Cambridge Boxhill Language Assessment Trust (CBLA), a venture between Cambridge English and Box Hill Institute.

## 7. Candidate Engagement and Support

CBLA provides various options to candidates preparing for the test. Preparation is key to success in any test. Our advice to OET candidates is to prepare thoroughly to achieve their desired grade.

The [Official OET Preparation Portal](#) offers a wide range of preparation materials, many of which are free of charge. As access to materials is online, candidates can prepare anytime, anywhere, at their own pace.

OET preparation material is available in multiple formats, from interactive Masterclasses and Facebook Live Q&As to books and complete courses.

**Preparation Portal**

Here you will find a large number of resources to help you prepare for the test, including many hours' worth of free material.

• Get advice if you're coming to OET from another English test

Free Preparation Material

**Start for Success Package**  
A comprehensive preparation package containing videos, lessons, sample answers, guides and more - all designed to help you prepare for success.  
[FIND OUT MORE](#)

**Sample tests**  
Prepare and practice by downloading free sample tests for your profession.  
[VIEW MATERIALS](#)

**OET Masterclass**  
Watch an online masterclass for expert advice on all four sub-tests.  
[WATCH NOW](#)

**Live Q&A**  
OET offers live Q&A sessions twice each month for candidates to ask questions from one of our OET experts.  
[FOLLOW US](#)

Below is a summary of both free and paid-for materials.

### Start for Success Package

Start for Success is a free online package available to all those interested in learning more about OET and/or preparing to take the test. Content includes:

- 24 video lessons
- OET sub-tests
- 300+ video-based grammar lessons (common errors) with quizzes
- 7 OET specific grammar lessons and activities
- OET writing guide
- 4 OET writing video explanations

### OET Ready online course

An 8-hour online preparation course which covers skills for the test as well as a full practice test. Students can prepare for all sub-tests - online, anytime.

- 30 days' access (from date of registering product)
- Two hours per skill of exercises and timed practice tests
- Authentic practice material, quality-assured by CBLA

- Automatic scoring for Reading plus answer keys and sample answers for Listening, Writing and Speaking
- Advice for doing your best on test day
- Practice tests can be taken a maximum of five times.
- Candidates have the option to upgrade their access to include a feedback voucher to receive feedback about their Writing and Speaking strengths and weaknesses from an authorised OET feedback provider.

## OET practice books

A range of books specific to each OET profession with practice tests covering the four skills of Listening, Reading, Writing & Speaking. These include advice for performing well on test day as well as helpful tips and detailed study guides. Books are available in print or digital format and available on Amazon.

*The Official Guide to OET*, a coursebook suitable for self-study and classroom use has been created in conjunction with Kaplan Test Prep and is available as a print or eBook.

## OET masterclass webinars



Free online and on demand Masterclass gives advice to candidates who are new to OET on the best way to approach OET preparation in a confident and effective way. There are four different classes, one for each sub-test.

## OET Facebook page

Launched in September 2017, the OET Facebook page offers candidates daily test tips and strategies, as well as other information on how to improve healthcare communication. The page has proved extremely popular, reaching more than 230 000 followers in its first year.

OET teaching experts also run live Masterclass Q&A sessions, broadcasting live twice monthly with recordings available to watch on demand.

Finally, the OET Facebook page also hosts “Prep Hour with Steve”, a bi-monthly class focusing on a different topic each time, delivered by an OET Premium Preparation Provider.

## Preparation nurture campaign

This campaign is a targeted series of five emails to guide all registered candidates through quality preparation in an engaging way leading up to test day.

## Ongoing language support

Language learning for overseas-trained professionals continues after the test has been taken. In a 2018 survey of OET alumni, 81% said they were likely or very likely to access ongoing communication support from OET. With this in mind, we offer OET alumni access to the **Healthcare Communication** bulletin.

There are more than 5600 subscribers to **Healthcare Communication**. The very high click through rates show that past and present candidates remain engaged with OET content, continuing to develop their healthcare communication skills after starting to practise in the workplace.

## OET Preparation Provider Program

The OET Preparation Provider Program is an online training course which provides OET preparation teachers with the knowledge and skills they need to run high quality OET preparation classes.

Preparation providers receive access to a library of OET practice tests, lessons and promotional tools, including an OET Preparation Provider Logo to display as a mark of quality to candidates.

Candidates can find OET Preparation Providers in their area on the OET website.

## 8. Test Security

OET has a holistic approach to test security where both test day security and post-test statistical analysis and irregularity checks are used to ensure that our security principles are implemented and that OET test results are a true reflection of a candidate's ability to communicate in English in the healthcare context. The results of each OET test undergo rigorous statistical analysis by the Research and Validation team in Cambridge (the largest department of its kind among all assessment organisations in the world) before being released to candidates. The results of each OET test undergo rigorous statistical analysis by the Research and Validation team in Cambridge (the largest department of its kind among all assessment organisations in the world) before being released to candidates.

### Candidate Identity checks

OET identification processes have been developed to meet the security requirements of all regulators who accept OET including the Australian Department of Immigration & Border Protection, Immigration New Zealand, the UK General Medical Council and others listed above.

Candidate test day photographs are compared with the ID photograph supplied at the time of booking via biometric software. This check is operated in all test types, at a venue or at home.

### Paper based test venues

OET test venues are carefully selected and trained to deliver the test and to store and transport materials securely. Venue audits are carried out on a regular basis and test venue compliance is carefully monitored by CBLA.

### Computer based testing of OET and OET@Home

Prometric has adapted its protocols to fit them to an online delivery model through their remote proctoring platform, *ProProctor*. Advanced surveillance technologies are integrated with standard exam-integrity procedures to provide a secure mode of delivery.



Security agents have total control over the test, including the ability to pause, stop, and resume; as well as instantaneous video rewind and playback capabilities that do not interfere with the recording of the existing session. Should a suspected breach in security be determined to have occurred, the security agent holds the power to terminate the test.

*ProProctor* has complete control over the computer environment and is the only application allowed to run while the candidate is testing. Advanced design prevents unauthorized activities, applications, and keyboard commands from occurring.



---

---

**MEMORANDUM**

---

---

**TO:** OMB Acupuncture Advisory Committee  
**SUBJECT:** Vitamin/Amino Acid Injections  
**DATE:** May 8, 2024

---

---

The Oregon Medical Board received the following question:

*May a licensed acupuncturist in Oregon administer vitamin/amino acid injections? This does not involve any pharmaceutical components.*

In ORS 677.757, “Acupuncture” means:

“An Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. “Acupuncture” includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:

- (A) Traditional and modern techniques of diagnosis and evaluation;
- (B) Oriental massage, exercise and related therapeutic methods; and
- (C) The use of Oriental pharmacopoeia, vitamins, minerals and dietary advice.”

For reference, in December 2012 a presentation to the Acupuncture Advisory Committee requested that Point Injection Therapy be added to the acupuncture scope of practice. Meeting notes are excerpted here:

**ACUPUNCTURE ADVISORY COMMITTEE**  
**December 7, 2012**

<b>3</b>	<b>Point Injection Therapy Presentation-Byron Leftwich, LAc</b>	<b>Shefi</b>
----------	---	--------------

Mr. Byron Leftwich gave a detailed presentation on Point Injection Therapy. Mr. Leftwich would like to see Point Injection Therapy added to the acupuncture scope of practice, as it is in some states.

Ms. Haley indicated that this may need to be a statutory change versus a rule change. There was discussion regarding acupuncture needles being defined as “solid” and likely would need to be changed to allow for injections.

The Committee discussed concern about the number and type of injectable substances that can be injected into patients which may result in side effects and open the profession up to litigation. The Committee asked about the adverse effects of some of the injectables, such as bee venom, particularly in patients who may have an allergy to bee venom.

Ms. Haley thanked Mr. Leftwich for his well-thought-out presentation. She also indicated that creating an additional license or certification for acupuncturists who are qualified to practice point injection therapy would require a statutory amendment. The Committee discussed concerns about obtaining certification, defining advanced certification versus regular training hours, maintaining certification and who would be responsible for verifying certification.

**COMMITTEE RECOMMENDATION:** Ms. Shefi asked Mr. Leftwich to come up with a proposal for statutory change and suggested working with OAAOM for future legislative proposals. She asked him to do more research on existing certification programs and provide a list of proposed injectable medications. The Committee also suggested Mr. Leftwich present his proposal to the Naturopathic Board.

**Does the Acupuncture Advisory Committee recommend the Board find that administering vitamin/amino acid injections is within the acupuncture scope of practice in Oregon?**

**If so, does the Committee have additional guidance, qualifications, or requirements specific to acupuncturists who wish to begin administering vitamin/amino acid injections in Oregon?**

---

---

## MEMORANDUM

---

---

**TO:** OMB Acupuncture Advisory Committee  
**SUBJECT:** NCCAOM Code of Ethics + OAR 847-010-0073 Rulemaking  
**DATE:** May 8, 2024

---

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession. The Board's rule, OAR 847-010-0073, incorporates by reference the ethics standards of the board's regulated professions. The Board may not delegate its authority and automatically incorporate future versions of these ethical standards; rather, the Board must review an updated standard and amend the rule to incorporate the updated standard.

The current rule references the National Certification Commission for Acupuncture and Oriental Medicine's (NCCAOM) 2016 Code of Ethics. In 2022, NCCAOM updated their code of ethics. On June 2, 2023, the OMB's Acupuncture Advisory Committee reviewed the update and expressed concern regarding the removal of "patient dignity." A committee member contacted the NCCAOM and they said the removal was not approved but an error during the review process. In November 2023, NCCAOM issued an updated code of ethics with "patient dignity" restored, provided below.

In April 2024, the Board initiated a rulemaking to amend OAR 847-010-0073 to incorporate the updated NCCAOM code of ethics. The Board plans to final review the amendments at the Board meeting on July 11, 2024.

The OAR 847-010-0073 rulemaking also includes amendments to update the definition of "unprofessional conduct" to include:

- *"In the practice of acupuncture, the failure to meet the standard of care of a reasonably prudent, careful, and skillful practitioner of acupuncture under the same circumstances, in the same or similar community. In the practice of acupuncture, errors of such repetition or magnitude that a willful disregard of practice standards or patient safety may be inferred."*

- *“In the practice of medicine, podiatry, or acupuncture, discrimination through unfair treatment characterized by implicit and explicit bias, including microaggressions, or indirect or subtle behaviors that reflect negative attitudes or beliefs about a non-majority group. Discrimination is differences in the quality of healthcare delivered that is not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”* This is an action item in the [Board’s Diversity, Equity, and Inclusion Action Plan](#).

# CODE OF ETHICS

As an NCCAOM® Certified Diplomate, I hereby pledge my aspiration and on-going commitment to the following principles to maintain the highest level of competency and ethical standards of my profession:

- *Respect the rights, privacy and dignity of my patients by maintaining confidentiality and professional boundaries at all times.*
- *Respect my colleagues, employees, students and mentees by maintaining appropriate boundaries.*
- *Treat within my lawful scope of my practice and training and only if I am able to safely, competently and effectively do so.*
- *Assist those seeking my services in a fair, nondiscriminatory and unbiased manner.*
- *Allow my patients to fully participate in decisions related to their healthcare by documenting and keeping them informed of my treatments and outcomes.*
- *Render the highest quality of care and make timely referrals to other health care professionals as may be appropriate.*
- *Continue to advance my knowledge through education, training and collaboration with my colleagues.*
- *Participate in activities that contribute to the betterment and wellness of my community.*
- *Support in the care and access of my medicine to underserved populations.*
- *Promote my profession's access to all people and its growth in the broad spectrum of health care.*



## OREGON ADMINISTRATIVE RULES

### CHAPTER 847, DIVISION 010 – OREGON MEDICAL BOARD

#### Final Review – July 2024

First, the rule amendment clarifies the timeframe in which a licensee and health care facility must report a voluntary withdrawal from practice, resignation, or limitation of privileges while the licensee is under investigation. ORS 677.415(6) requires “promptly” reporting to the Board. The rule amendment would provide that promptly means within 30 calendar days. The 30-day requirement aligns with the ORS 677.172(1) requirement that all licensees notify the Board of any practice address changes within 30 days.

Second, the amendment updates the National Certification Commission for Acupuncture and Oriental Medicine’s (NCCAOM) code of ethics. The rule holds Board licensees to recognized standards of ethics and must cite to a specific version that the Board has reviewed and is requiring licensees to follow. The Board must review any updated standards and amend the rule to incorporate the updated standard. The current rule references the NCCAOM’s 2016 Code of Ethics. NCCAOM updated their code of ethics in 2022 and issued a revision in November 2023, provided below. In 2023, the Board’s Acupuncture Advisory Committee reviewed the updated code of ethics.

Third, the rule amendment updates the definition of “unprofessional conduct” to include within the practice of acupuncture the failure to meet the standard of care.

Fourth, the rule amendment updates the definition of “unprofessional conduct” to include discrimination in the practice of medicine, podiatry, and acupuncture, which would make discrimination a ground for discipline under 677.190(1)(a) and 677.190(17). The amendment is an action item in the [Board’s Diversity, Equity, and Inclusion Action Plan](#).

Lastly, the rule amendment in OAR 847-010-0070 updates an outdated “Board of Medical Examiners” reference to the “Board.”

#### **847-010-0073**

##### **Reporting Requirements**

(1) Board licensees and health care facilities must report to the Board as required by ORS 676.150, 677.092, 677.190, and 677.415. These reports include, but are not limited to, the following:

(a) A licensee must self-report to the Board:

(A) Any conviction of a misdemeanor or felony or any arrest for a felony crime to the Board within 10 days after the conviction or arrest;

(B) Any adverse action taken by another licensing jurisdiction or any peer review body, health care institution, professional or medical society or association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as described in ORS chapter 677;

(C) Any official action taken against the licensee within 10 business days of the official action; or

(D) A voluntary withdrawal from practice, voluntary resignation from the staff of a health care facility or voluntary limitation of the licensee's staff privileges at a health care facility if the licensee's voluntary action occurs while the licensee is under investigation by the health care facility or its committee for any reason related to possible medical incompetence, unprofessional conduct or physical incapacity or impairment **within 30 calendar days.**

(b) A licensee who has reasonable cause to believe that another state licensed health care professional has engaged in prohibited or unprofessional conduct must report the conduct within 10 working days to the board responsible for the other professional unless disclosure is prohibited by state or federal laws relating to confidentiality or protection of health information.

(c) A licensee must report within 10 business days to the Board any information that appears to show that a licensee is or may be medically incompetent or is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with a physical incapacity.

(d) A health care facility must report to the Board:

(A) Any official action taken against a licensee within 10 business days of the date of the official action; or

(B) A licensee's voluntary withdrawal from practice, voluntary resignation from the staff of a health care facility or voluntary limitation of the licensee's staff privileges at a health care facility if the licensee's voluntary action occurs while the licensee is under investigation by the health care facility or its committee for any reason related to possible medical incompetence, unprofessional conduct or physical incapacity or impairment **within 30 calendar days.**

(2) For purposes of the statutes, reporting to the Board means making a report to the Board's Investigation Unit or the Board's Executive Director or the Board's Medical Director. Making a report to the Board's Health Professionals' Services Program (HPSP) or HPSP's Medical Director does not satisfy the duty to report to the Board.

(3) For the purposes of ORS chapters 676 and 677, the terms medical incompetence, unprofessional conduct, and impaired licensee have the following meanings:

(a) Medical Incompetence: A licensee who is medically incompetent is one who is unable to practice medicine with reasonable skill or safety due to lack of knowledge, lack of ability, or impairment. Evidence of medical incompetence shall include:



- (A) Gross or repeated acts of negligence involving patient care.
- (B) Failure to achieve a passing score or satisfactory rating on a competency examination or program of evaluation when the examination or evaluation is ordered or directed by the Board or a health care facility.
- (C) Failure to complete a course or program of remedial education when ordered or directed to do so by the Board or a health care facility, or a medical education or training program.
- (b) Unprofessional conduct: Unprofessional conduct includes the behavior described in ORS 677.188(4), defined as conduct which is unbecoming to a person licensed by the Board or detrimental to the best interest of the public, and which includes:
  - (A)(i) Any conduct or practice contrary to recognized standards of ethics of the medical, podiatric, or acupuncture professions, or
  - (ii) Any conduct which does or might constitute a danger to the health or safety of a patient or the public, to include a violation of patient boundaries, or
  - (iii) Any conduct or practice which does or might adversely affect a provider's ability to safely and skillfully practice medicine, podiatry, or acupuncture; or
  - (iv) Practicing with a condition that is adversely affecting a provider's ability to safely and skillfully practice medicine, podiatry, or acupuncture.
- (B) Willful performance of any surgical or medical treatment which is contrary to acceptable medical standards.
- (C)(i) Willful and repeated ordering or performance of unnecessary laboratory tests or radiologic studies; or
  - (ii) Administration of unnecessary treatment; or
  - (iii) Employment of outmoded, unproved, or unscientific treatments, except as allowed in ORS 677.190 (1)(b); or
  - (iv) Failing to obtain consultations when failing to do so is not consistent with the standard of care; or
  - (v) Otherwise utilizing medical service for diagnosis or treatment which is or may be considered inappropriate or unnecessary.
- (D) Fraud in the performance of, or the billing for, medical procedures.
- (E) Repeated instances of disruptive behavior in the health care setting that could adversely affect the delivery of health care to patients.



(F) Sexual misconduct: Licensee sexual misconduct is behavior that exploits the licensee-patient relationship in a sexual way. The behavior is non-diagnostic and non-therapeutic, may be verbal, physical or other behavior, and may include expressions of thoughts and feelings or gestures that are sexual or that reasonably may be construed by a patient as sexual. Sexual misconduct includes but is not limited to:

(i) Sexual violation: Licensee-patient sex, whether or not initiated by the patient, and engaging in any conduct with a patient or the patient's immediate family that is sexual or may be reasonably interpreted as sexual, including but not limited to:

(I) Sexual intercourse;

(II) Genital to genital contact;

(III) Oral to genital contact;

(IV) Oral to anal contact;

(V) Genital to anal contact;

(VI) Kissing in a romantic or sexual manner;

(VII) Touching breasts, genitals, or any sexualized body part for any purpose other than appropriate examination or treatment, or where the patient has refused or has withdrawn consent;

(VIII) Encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present; or

(IX) Offering to provide practice-related services, such as medications, in exchange for sexual favors.

(ii) Sexual impropriety: Behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient or the patient's immediate family, to include:

(I) Sexually exploitative behavior, to include taking, transmitting, viewing, or in any way using photos or any other image of a patient, their family or associates for the prurient interest of others.

(II) Intentional viewing in the health care setting of any sexually explicit conduct for prurient interests.

(III) Having any involvement with child pornography, which is defined as any visual depiction of a minor (a child younger than 18) engaged in sexually explicit conduct.

(IV) Sexually explicit communication in person, by mail, by telephone, or by other electronic means, including but not limited to text message, e-mail, video or social media.

(G) Conduct not otherwise allowed by Oregon law which is contrary to or inconsistent with recognized standards of ethics of the medical, podiatric, or acupuncture professions, specifically conduct that is contrary to or inconsistent with:

(i) Any principle, opinion, or provision of the American Medical Association's 2016 Code of Ethics.

(ii) Ethical standards established by a specialty board as defined in OAR 847-020-0100:

(I) In which the licensee is certified, and

(II) Which were in place at the time the conduct occurred.

(iii) Ethical standards established by the medical college or specialty society:

(I) In which the licensee practices or practiced at the time of the conduct, and

(II) Which were in effect as of April 7, 2022.

(iv) Any provision of the American Osteopathic Association's 2016 Code of Ethics.

(v) Any provision of the American Podiatric Medical Association's 2017 Code of Ethics.

(vi) Any provision of the 2008 (reaffirmed in 2013) American Association of Physician Assistants' Guidelines for Ethical Conduct for the Physician Assistant Profession.

(vii) Any provision of the Oregon Association of Acupuncture and Oriental Medicine's 2008 Code of Ethics.

(viii) Any provision of the National Certification Commission for Acupuncture and Oriental Medicine's **2016-2023** Code of Ethics.

(H) Intentionally contacting the known complainant or allowing any person authorized to act on behalf of the licensee to contact the known complainant in regard to the complaint or investigation unless and until the licensee has requested a contested case hearing and the Board has authorized the taking of the complainant's deposition pursuant to ORS 183.425.

**(I) In the practice of acupuncture, the failure to meet the standard of care of a reasonably prudent, careful, and skillful practitioner of acupuncture under the same circumstances, in the same or similar community. In the practice of acupuncture, errors of such repetition or magnitude that a willful disregard of practice standards or patient safety may be inferred.**

**(J) In the practice of medicine, podiatry, or acupuncture, discrimination through unfair treatment characterized by implicit and explicit bias, including microaggressions, or indirect or subtle behaviors that reflect negative attitudes or beliefs about a non-majority group. Discrimination is differences in the quality of healthcare delivered that is not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.**

(c) Licensee Impairment: A licensee who is impaired is a licensee who is unable to practice medicine with reasonable skill or safety due to factors which include, but are not limited to:

(A) The use of alcohol, drugs, prescribed medication, or other substances while on or off duty which causes impairment when on duty, including taking call or supervising other healthcare professionals, regardless of practice setting.

(B) Mental or emotional illness.

(C) Physical deterioration or long term illness or injury which adversely affects cognition, motor, or perceptive skills.

(4) For the purposes of the reporting requirements of this rule and ORS 677.415, licensees shall be considered to be impaired if they refuse to undergo an evaluation for mental or physical competence or chemical impairment, or if they resign their privileges to avoid such an evaluation, when the evaluation is ordered or directed by a health care facility or by this Board.

(5) For the purposes of the reporting requirements of this rule and ORS 677.415, official action does not include administrative suspensions of seven or fewer calendar days for failure to maintain or complete records. Administrative suspensions described in this section must be reported as an official action when the suspensions occur more than three times in any 12-month period.

(6) A report made by a board licensee or the Oregon Medical Association or other health professional association, to include the Osteopathic Physicians and Surgeons of Oregon, Inc, or the Oregon Podiatric Medical Association to the Board under ORS 677.415 shall include the following information:

(a) The name, title, address and telephone number of the person making the report;

(b) The information that appears to show that a licensee is or may be medically incompetent, is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with an impairment.

(7) A report made by a health care facility to the Board under ORS 677.415 (5) and (6) shall include:

(a) The name, title, address and telephone number of the health care facility making the report;

(b) The date of an official action taken against the licensee or the licensee's voluntary action withdrawing from practice, voluntary resignation or voluntary limitation of licensee staff privileges; and

(c) A description of the official action or the licensee's voluntary action, as appropriate to the report, including:

(A) The specific restriction, limitation, suspension, loss or denial of the licensee's medical staff privileges and the effective date or term of the restriction, limitation, suspension, loss or denial; or

(B) The fact that the licensee has voluntarily withdrawn from the practice of medicine or podiatry, voluntarily resigned from the staff of a health care facility or voluntarily limited the licensee's privileges at a health care facility and the effective date of the withdrawal, resignation or limitation.

(8) A report made under ORS 677.415 Section 2 may not include any information that is privileged peer review data, see ORS 41.675.

(9) All required reports shall be made in writing.

(10) Any person who reports or provides information in good faith as required by the statutes is immune from civil liability for making the report.

Statutory/Other Authority: ORS 677.265 & 677.417

Statutes/Other Implemented: ORS 676.150, 677.092, 677.190, 677.205, 677.265 & 677.415

### **847-010-0070**

#### **Competency Examination**

(1) Whenever the Board ~~of Medical Examiners~~ orders a medical competency examination pursuant to ORS 677.420, it may require or administer one, all, or any combination of the following examinations:

(a) The Special Purpose Examination (SPEX);

(b) The Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX);

(c) Oral examination;

(d) Any other examination that the Board determines appropriate.

(2) Failure to achieve a passing grade on any examination shall constitute grounds for suspension or revocation of examinee's license on the grounds of Manifest Incapacity to Practice Medicine as provided by ORS 677.190(15).

(3) If an oral examination is ordered by the Board, an Examination Panel shall be appointed. The examination shall include questions which test basic knowledge and also test for knowledge expected of a physician with a practice similar in nature to that of the examinee's. The panel shall establish a system for weighing the score for each question in the examination. After it is prepared, the examination shall be submitted to the Board for review and approval.

(4) Appointment of an Examination Panel is required only when administering an oral examination.

(5) The examinee shall be given no less than two weeks' notice of the date, time and place of any examination to be administered.

(6) The medical competency examination shall be paid for by the licensee.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.110

---

---

## MEMORANDUM

---

---

**TO:** OMB Acupuncture Advisory Committee  
**SUBJECT:** NCCAOM Request to Share Information Update  
**DATE:** May 8, 2024

---

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) national practitioner database is a resource for states and the public to access potential misconduct sanctions against acupuncture practitioners nationwide.

In June 2023, the Acupuncture Advisory Committee reviewed a request for the Oregon Medical Board to enter a formal agreement in which the NCCAOM and the Board share information with the goal of patient safety.

In late 2023, Board staff worked with the NCCAOM to enter an agreement to share information within the allowances of Oregon public records laws. Under this agreement, the Board provides NCCAOM publicly available information, final and interim board actions for acupuncture licensees.



# Cooperation Agreement Between NCCAOM and the State of Oregon

## to Improve Public Safety in Connection with Acupuncture and Oriental Medicine

Prepared By:

**Michael Taramina, Esq. NCCAOM® Chair of Professional Ethics and Disciplinary Committee**

Whereas the NCCAOM® and the State are mutually committed to:

Establishing, maintaining and enforcing the highest ethical standards for licensed acupuncturists and practitioners of Oriental Medicine;

Preventing unethical practitioners from moving between states without detection or knowledge of their past misconduct by state regulators;

Informing the public about unethical practitioners in the timeliest manner allowable by law;

Ensuring public safety by sharing state and national resources and expertise to investigate complaints of misconduct;

Therefore, the Parties hereby agree to work together by way of the following:

In the event NCCAOM® receives information or is made aware of misconduct allegations against a practitioner in the State, it shall immediately inform said State via the contact information below.

In the event the State has information or adjudicated decisions allowable for public disclosure, as it may exclusively determine, it agrees to share said information with the NCCAOM® via the contact information below as soon as practicable to the extent permissible by law. Any shared information, evidence or allegations shall be shared to the extent permissible by law and remain confidential between the parties if required by law

Contact for State of Oregon, Oregon Medical Board:

**Michele Sherwood**, Investigations Supervisor

(971) 673-2678

[michele.sherwood@omb.oregon.gov](mailto:michele.sherwood@omb.oregon.gov)

Contact for NCCAOM:

**Chris (CJ) Thompson**, PEDC Liaison

(202) 381-1133

[cthompson@thenccaom.org](mailto:cthompson@thenccaom.org)

**JANUARY**

- Board 4<sup>th</sup> 8:00 AM

**FEBRUARY**

- Investigative Committee 1<sup>st</sup> 8:00 AM
- EMS Advisory Committee 16<sup>th</sup> 9:00 AM

**MARCH**

- Investigative Committee 7<sup>th</sup> 8:00 AM
- Administrative Affairs Committee 13<sup>th</sup> 5:00 PM

**APRIL**

- Board 4<sup>th</sup> 8:00 AM

**MAY**

- Investigative Committee 2<sup>nd</sup> 8:00 AM
- EMS Advisory Committee 17<sup>th</sup> 9:00 AM

**JUNE**

- Investigative Committee 6<sup>th</sup> 8:00 AM
- Acupuncture Advisory Committee 7<sup>th</sup> 12:00 PM
- Administrative Affairs Committee 12<sup>th</sup> 5:00 PM

**JULY**

- Board 11<sup>th</sup> 8:00 AM

**AUGUST**

- Investigative Committee 1<sup>st</sup> 8:00 AM
- EMS Advisory Committee 16<sup>th</sup> 9:00 AM

**SEPTEMBER**

- Investigative Committee 5<sup>th</sup> 8:00 AM
- Administrative Affairs Committee 11<sup>th</sup> 5:00 PM

**OCTOBER**

- Board 3<sup>rd</sup> 8:00 AM

**NOVEMBER**

- Investigative Committee 7<sup>th</sup> 8:00 AM
- EMS Advisory Committee 15<sup>th</sup> 9:00 AM

**DECEMBER**

- Investigative Committee 5<sup>th</sup> 8:00 AM
- Acupuncture Advisory Committee 6<sup>th</sup> 12:00 PM
- Administrative Affairs Committee 11<sup>th</sup> 5:00 PM





Approved by Board January 4, 2024

**ACUPUNCTURE ADVISORY COMMITTEE**  
**MEETING MINUTES**  
**VIDEOCONFERENCE**  
December 1, 2023  
Noon

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

**Committee Members:**

Forrest Cooper, LAc, DAOM, Chair  
Diane Behall, LAc, DAOM  
Carli Gaines, LAc, RN  
Paul Yutan, MD  
Paula Lee-Valkov, MD, Board Liaison

**Staff:**

Nicole Krishnaswami, JD, Executive Director  
David Farris, MD, Medical Director  
Elizabeth Ross, JD, Legislative & Policy Analyst  
Netia N. Miles, Licensing Manager  
Shayne J. Nylund, Committee Coordinator

**Guests Present:**

Dilip Babu, MD – 12:05 p.m. – 12:13 p.m.  
Sonya Gregg, LAc, POCA Tech – 12:23 p.m. – 1:00 p.m.

**PUBLIC SESSION**

1	Call Meeting to Order – Introductions/Attendance	Cooper
---	--	--------

Dr. Cooper called the meeting to order at 12:04 p.m. and called the roll.

**Time Certain: 12:05 p.m.**

2	<b>Acupuncture Advisory Committee Open Physician Interview:</b> 1) Dilip Babu, MD	Cooper
---	--	--------

Due to Dr. Lisa Albanese’s departure from the Committee on August 25, 2023, the Committee interviewed Dilip Babu, MD, for the open physician position.

DISCUSSION ITEMS

3	Applicant Review: Gu, Zhen, AC	Entity ID: 1065450	Behall
---	--------------------------------	--------------------	--------

The Committee discussed the need for a Consent Agreement for Re-Entry to Practice requiring Applicant to complete a mentorship under a Board-approved mentor for 1,200 contact hours and submit documentation of 450 continuing education units (CEUs).

**COMMITTEE ACTION:** Dr. Behall moved that the Committee recommend granting an active license via a Consent Agreement for Re-Entry to Practice. Dr. Yutan seconded the motion. The motion passed 4-0-0-0.

*Note: All vote tallies are shown as follows: Ayes – Nays – Abstentions – Absentees.*

4	Applicant Review: Shaw, Dereck Desmond, AC	Entity ID: 1065050	Cooper
---	--	--------------------	--------

The Committee discussed the need for a Consent Agreement for Re-Entry to Practice requiring Applicant to complete a mentorship under a Board-approved mentor for 400 contact hours.

**COMMITTEE ACTION:** Dr. Yutan moved that the Committee recommend granting an active license via a Consent Agreement for Re-Entry to Practice. Dr. Behall seconded the motion. The motion passed 4-0-0-0.

OREGON ADMINISTRATIVE RULES (OAR)

5	OAR 847-070-0016: Qualifications	<b>FINAL REVIEW</b>	Behall
<p><b>First, the rule amendment updates the Accreditation Commission for Acupuncture and Herbal Medicine name change that was implemented in 2021.</b></p> <p><b>Second, the proposed rule amendment updates rule language to clarify the requirements for the NCCAOM Acupuncture Certification Examinations are four attempts on each of the 3 exam components. This would be consistent with the NCCAOM’s structure (although they allow 5 initial attempts).</b></p>			

Dr. Behall reviewed the proposed rule before the Committee.

**COMMITTEE ACTION:** Dr. Behall moved to adopt OAR 847-070-0016 as written. Ms. Gaines seconded the motion. The motion passed 4-0-0-0.

6	OAR 847-070-0017: Clinical Training	<b>FINAL REVIEW</b>	Cooper
<b>The rule amendments update language to clarify the requirements for clinical supervisors and for acupuncture students performing acupuncture in training situations.</b>			

Dr. Cooper reviewed the proposed rule before the Committee.

**COMMITTEE ACTION:** Dr. Cooper moved to adopt OAR 847-070-0017 as written. Dr. Behall seconded the motion. The motion passed 4-0-0-0.

7	Public Comments	Cooper
---	-----------------	--------

There were no comments from the public.

INFORMATIONAL ITEMS

8	Approved Clinical Supervisors	Cooper
---	-------------------------------	--------

Informational item only; no action taken.

9	Meeting Minutes – Board-Approved Minutes from June 2, 2023	Cooper
---	--	--------

Informational item only; no action taken.

10	Meeting Minutes – Board-Approved Minutes from August 25, 2023	Cooper
----	---	--------

Informational item only; no action taken.

11	Future Committee and Board Meeting Dates	Cooper
----	--	--------

Informational item only; no action taken.

12	Nominate New Committee Member	Behall
----	-------------------------------	--------

**COMMITTEE ACTION:** Dr. Behall moved that the Committee nominate Dilip Babu, MD, for the physician position. Ms. Gaines seconded the motion. The motion passed 4-0-0-0. The nomination will be reviewed at the upcoming Oregon Medical Board meeting.

**ADJOURN @ 1:00 p.m.**



Approved by the Board on October 5, 2023

## 2024 - 2025 BOARD AND COMMITTEE MEETING DATES

Meetings are held hybrid, virtual, or in person at  
Crown Plaza, 1500 S.W. 1st Ave., Suite 620, Portland, 97201

### BOARD

8:00 AM

1st Thursday of January, April, July, and October - at the call of the Chair (in person, hybrid, or virtual)

January 4, 2024	April 4, 2024	July 11, 2024	October 3, 2024
January 9, 2025	April 3, 2025	July 10, 2025	October 2, 2025

### INVESTIGATIVE COMMITTEE

8:00 AM

1st Thursday of every month without Board a meeting – in person

*Full Board Conference-Call Meeting, 5:00 PM*

February 1, 2024	March 7, 2024	May 2, 2024	June 6, 2024
August 1, 2024	September 5, 2024	November 7, 2024	December 5, 2024

### ADMINISTRATIVE ADVISORY COMMITTEE

5:00 PM

2nd Wednesday of March, June, September, and December - virtual

March 13, 2024	June 12, 2024	September 11, 2024	December 11, 2024
March 12, 2025	June 11, 2025	September 10, 2025	December 10, 2025

### ACUPUNCTURE ADVISORY COMMITTEE

12:00 PM

1st Friday of June and December - virtual

*Application Filing Deadline – 6 weeks in advance of meeting. File Completion Deadline – 3 weeks in advance of meeting.*

June 7, 2024	December 6, 2024	June 6, 2025	December 5, 2025
--------------	------------------	--------------	------------------

### EMERGENCY MEDICAL SERVICES(EMS) ADVISORY COMMITTEE

9:00 AM

3rd Friday of February, May, August, and November - virtual

February 16, 2024	May 17, 2024	August 16, 2024	November 15, 2024
February 21, 2025	May 16, 2025	August 15, 2025	November 21, 2025

### LEGISLATIVE ADVISORY COMMITTEE

TBD

Meets at the call of the Chair - virtually