Review of Rhode Island Physician Loss-of-Licensure Cases, 2009–2019

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ABSTRACT

Disciplinary actions against physicians are uncommon, and loss of license is less common. This unmatched, case-control, and descriptive study reviews disciplinary actions involving physician loss-of-license cases from January 1, 2009, to December 31, 2019. There were 82 physician loss-of-license cases involving 66 physicians, which were categorized by age, sex, and specialty and were compared to 4,347 non-disciplined controls. In this study, males (OR 4.69, p<0.001) were associated with an increased risk of loss of license; age was a separate risk factor (OR 1.24, p<0.05). Preventive strategies are discussed to reduce future physician loss of license.

INTRODUCTION

The practice of medicine, perhaps unlike any other profession, is predicated on the establishment and sustainability of trust. Physicians provide an altruistic service to the community they serve and in exchange, are allowed the privilege of self-regulation.[1] Physicians, as mediators of this trust, are held to high standards of character, competence, and integrity in their professional practice.

The mission of the Rhode Island Board of Medical Licensure and Discipline (BMLD) is to protect the public through enforcement of standards for medical licensure and ongoing clinical competence.[2] Carrying out this mission requires the BMLD, like other state medical boards, to protect the public through investigation of complaints about physicians regarding allegations of professional misconduct. When these allegations are substantiated or there is a violation of a rule, regulation, or law, there will be a disciplinary action and rarely, loss of license.[3,4] The removal of a physician's license is the most serious action and may bring finality to a career or set the stage for reinstatement after remediation.

There is significant investment to train new physicians, and individual physicians generally sacrifice a great deal in order to attain a license; however, there is little published information regarding characteristics of disciplined physicians. This case-control study seeks to describe the characteristics of disciplined physicians and to describe preventive measures available to at-risk physicians to mitigate their risk.

METHODS

Cases of physician disciplinary action were extracted from the publicly available list on the Rhode Island Department of Health's (RIDOH) website.[5] Data were categorized by physician loss-of-license cases for the specific time period of January 1, 2009, to December 31, 2019 and compiled for review. Licensing information regarding physician age, specialty, and sex was compiled from RIDOH's physician licensing database, and the main reason for disciplinary action was summarized. The control group, chosen from physicians with active licenses in 2017 in Rhode Island, was limited to 4,347 physicians where demographic information, including age, sex, and self-reported specialty was available.

Mean age of disciplined and non-disciplined physicians was analyzed using the t test. Multivariate logistic regression was done to evaluate the relationship between age, sex, specialty, and disciplinary status. Stata version 14 was used for the reported analyses.

To increase statistical power, specialties representing less than 5% of the physician population were grouped with larger similar specialties, and all other specialties without a larger similar category were grouped together as other specialties. The resulting categories used for analysis were emergency medicine, internal medicine, family medicine, pediatrics, psychiatry, radiology, surgical specialties, and other specialties. Internal medicine was used as reference, as it was the largest category.

Data were also categorized by number of cases in a year, average age of loss of licensure individuals in years, and time (in months) for physician reinstatement for repeat offenders. Application from RIDOH's Institutional Review Board (IRB) occurred on October 15, 2019, for expedited review, and approval was received on October 30, 2019.

RESULTS

A review of disciplinary actions from 2009 to 2019 revealed 82 physician loss-of-license cases, involving 66 physicians. Ten of the physicians lost their license more than once.

The highest number of loss-of-license cases adjudicated by the full Board was in 2013. The rate of physician loss of licensure in 2013 was 4.5 of every 1,000 physicians licensed in Rhode Island. The lowest rate of loss of licensure, in 2015, was 0.7 out of every 1,000 physicians. **Figure 1** illustrates the number of loss-of-license cases per year.

Of these 82 losses of license cases, 30 were primarily related to improper controlled substance prescribing, 18 were primarily related to physician impairment, and 11 were due to noncompliance with existing consent orders. Seven licenses were lost because of criminal activity, including criminal activities related to narcotics, sexual assault, and other sex offenses. Boundary violations accounted for 8 loss-of-license cases, and were primarily made up of inappropriate relationships with patients, including inappropriate romantic relationships, and sexual misconduct. **Figure 2** illustrates the main reason for loss of license.

Loss of license varied by type of disciplinary action. During the 10-year period, there were 18 license surrenders/voluntary agreements not to practice medicine (VANTPM) and 22 Summary Suspensions (**Figure 3**). License surrenders/VANTPM represent an action where a physician voluntarily surrendered a license, whereas a summary suspension represents an emergency action of the Director of Health to protect the public.

The current license status of the 66 unique physicians involved in these 82 actions is that 21 were reinstated. **Table 1** illustrates the percentage of physician licenses reinstated, after loss of license, for some of the more common reasons for loss of license.

Disciplinary action resulting in loss of license was taken against 60 males and 6 females between 2009–2019. Ninety-one (91%) were male physicians; the difference was statistically significant. Disciplined physicians were older, with an average age of 59 years old versus 55 years old among controls.

Using the logistic regression model adjusted for sex, age, and specialty, only age and sex remained a statistically significant risk for disciplinary action with an odds ratio of 1.24 and 4.69, respectively.

DISCUSSION

Twenty-one (21) out of 60 physicians were able to reinstate their license after additional training and remediation of the underlying cause. Although it is a rare event, loss of a license protects the public from further physician misconduct, and remediation is often achieved via an agreement between the physician and the BMLD. Objective, third-party observers are included in remediation through monitoring

Figure 1. Number of Physician Lose-of-License Cases, Rhode Island, 2009–2019

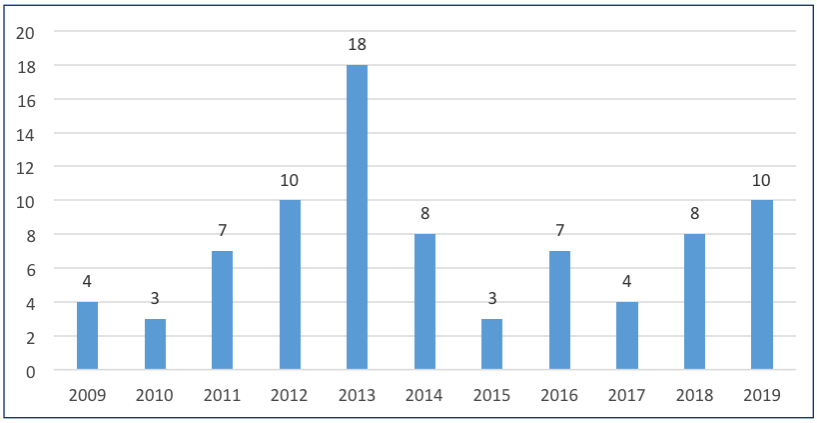

Figure 2. Primary Reason for Physician Loss of License, Rhode Island, 2009–2019

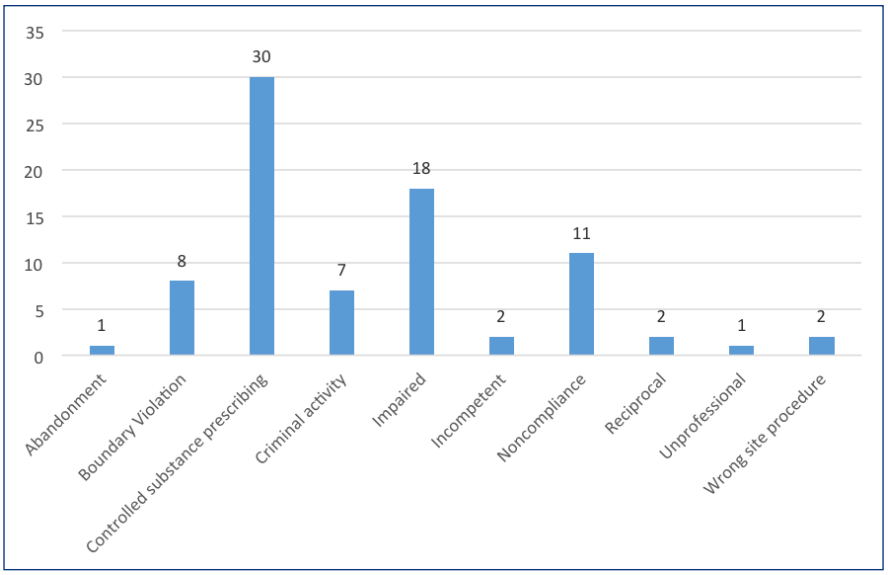

Figure 3. Specific Disciplinary Action for Loss of License, Rhode Island, 2009–2019

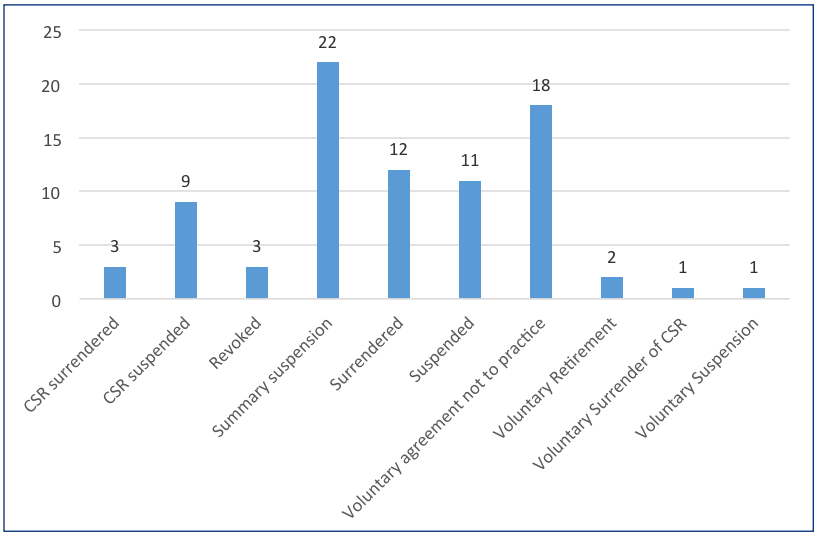

Table 1. Percentage of Physician Licenses Reinstated, Rhode Island, 2009–2019

Reason for Loss of License	Definition	Number of Cases	Percent reinstated
Controlled Substance Registration (CSR) Summary Suspension	CSR is suspended for an indefinite period of time without completely affording due process. Imminent harm is needed to be shown by Director of Health.	9	67%
CSR Surrendered	CSR is surrendered. Imminent harm is not needed to be shown by Director of Health.	3	33%
Summary Suspension	License is suspended for an indefinite period of time, without completely affording due process. Imminent harm is needed to be shown by Director of Health	22	14%
Suspension	License is suspended for a defined or indefinite period of time, while completely affording due process. Imminent harm is not needed to be shown by Director of Health	11	45%
Revocation	License is no longer active due to a disciplinary reason and is considered terminated. (The physician may reapply for licensure in five years.)	3	33%
Surrender	An agreement from the respondent to give up their license because of a disciplinary action.	12	8%
Voluntary Agreement Not to Practice Medicine	An agreement from the respondent to give up their license because of a disciplinary action.	18	28%
Stayed Suspension	A license is suspended for a period of time, yet the suspension is not in effect as long as certain conditions are met. If a condition is not met, the license becomes suspended as agreed upon in the original consent order for a specified period of time.	N/A	

Table 2. Sex and Self-Reported Specialty Distribution for Physician Loss of Licensure, Rhode Island, 2009–2019

Specialty	Number of loss-of-license cases	Number/1000	Number of male physicians disciplined	Number of female physiciansdisciplined	Number of physicians in specialty (2017)
Internal Medicine	17	17	16	1	1019
Family Practice	11	32	10	1	348
Psychiatry	8	31	6	2	259
Emergency Medicine	6	23	5	1	257
Surgical specialties	12	20	12	0	612
Other specialties	7	6	6	1	1,153
Radiology	**4**	11	**4**	**0**	**349**
Pediatrics	**1**	3	**1**	**0**	**350**
Total	**66**		**60**	**6**	**4,347**

*2017 is baseline for rates.

Table 3. Odds Ratios from the Logistic Regression Model

Variable	Odds Ratio (95% confidence interval)	P value
Males	4.58 (1.98-11.09)	<0.01
Age, by decade	1.24 (1.01-1.40)	0.04
Emergency Medicine	1.34 (0.52-3.43)	0.560
Family Medicine	2.14 (0.99-4.65)	0.052
Pediatrics	0.23 (0.03-1.76)	0.157
Psychiatry	1.84 (0.78-4.34)	0.157
Radiology	0.61 (0.20-1.82)	0.374
Surgical specialties	0.82 (0.37-1.81)	0.622
Other specialties	0.39 (0.17-0.83)	0.028

actions and educational efforts to ensure that remediation is occurring and the physician is fit to return to the practice of medicine.

The year with the highest number of loss of licenses cases was 2013, which reflected a RIDOH emphasis on addressing overprescribing of opioids and coincided with previously vacant Board leadership positions being filled. The remainder of this 10-year period does not reflect any significant variation.

The most common reason for a loss of license during the 10-year period was related to controlled substance prescribing. This does reflect the larger public health concern of the opioid epidemic and the potential harm to the public if controlled substances are overprescribed.

The second most common reason for loss of license was an impaired physician. A physician can be classified as impaired for a variety of reasons, including inability to practice effectively due to age, substance misuse, or other impairment. It should be emphasized that had these physicians first come to the attention of the Rhode Island Medical Society's (RIMS) Physicians Health Program (PHP), disciplinary action could be avoided, as the BMLD recognizes the value of a physician demonstrating insight and following the recommendations of the PHP. Physicians that self-recognize issues regarding their practice of medicine that may result from an impairment can seek help from the PHP before an issue arises with the BMLD. The BMLD is not notified of a physician's voluntary attendance in a PHP because the PHP evaluates each physician confidentially and coordinates appropriate treatment. Physicians who self-report to the PHP can enter into a private agreement with the PHP not to practice medicine while they undergo treatment.

There were 11 physicians whose loss of license occurred due to noncompliance with an existing consent order. These physicians had previously agreed to disciplinary action via a consent order that was intended to bring their practice back into compliance with accepted standards. A consent order is an agreement with the BMLD, and it stipulates facts of the complaint, violations of relevant statutes, and agreed-upon sanctions. Physicians agree to consent orders to avoid the uncertainty of an administrative hearing and to avoid the risk of a more severe sanction than what would be agreed upon in a consent order. As part of the terms of all consent orders with the BMLD, if physicians do not comply with their consent order, they agree that the Director may suspend their license.

Our logistic regression model looked at age, sex, and specialty against license status. An increased risk association with age and prior disciplinary action has been previously described, and other analyses have suggested this may be more directly related to years out of training. Our analysis, adjusted for sex and specialty, showed a small but statistically significant increased risk with increasing age. It is not clear from the current review why male physicians are at increased risk for disciplinary action when adjusted for age and specialty, yet a prior RIDOH study[6] regarding controlled substance disciplinary actions also showed males to be more commonly affected.

Prior analysis has shown specialty may be a risk for disciplinary actions.[7] This study did not demonstrate any significant difference by specialty, likely because of the relatively smaller sample size of 66 physicians disciplined in the period observed.

Physician loss of license is largely preventable throughout one's career. One of the benefits of rules and regulations is there is an established, agreed-upon standard to follow. Adhering to the Pain Management regulations[8] is a sensible way to prevent misconduct relevant to the highest risk area, controlled substance prescribing. Physicians are also reminded that reaching out to the PHP (https://www.rimedicalsociety.org/physician-health-program.html),[9] prior to an allegation of professional misconduct, is wise to protect the physician's career and the patients' health and wellbeing.

The BMLD is comprised of 13 members, 7 physicians and 6 public members appointed by the Governor. Anyone interested in opportunities to be considered for appointment to the BMLD should contact RIDOH.

References

1. Cruess SR, Cruess RL. The medical profession and self-regulation: A current challenge. Virtual Mentor. 2005;7(4):320-324. doi:10.1001/virtualmentor.2005.7.4.oped1-0504
2. Board of Medical Licensure and Discipline 2016 Annual Report. https://health.ri.gov/publications/annualreports/2016BoardOfMedicalLicensureAndDiscipline.pdf. Published 2016.
3. Guidelines for the Structure and Function of a State Medical and Osteopathic Board. http://www.fsmb.org/siteassets/advocacy/policies/guidelines-for-the-structure-and-function-of-a-state-medical-and-osteopathic-board.pdf. Published 2018.
4. Carlson D, Thompson JN. The role of state medical boards. Virtual Mentor. 2005;7(4):311-314. doi:10.1001/virtualmentor.2005.7.4.pfor1-0504
5. "Find Disciplinary Actions." State of Rhode Island: Department of Health. www.health.ri.gov/lists/disciplinaryactions/index.php?prof=200.
6. Barre L, Gallo J, McDonald JV. Review of Disciplinary Actions Regarding Controlled Substances, Rhode Island 2012–2017. J Med Regul. 2019;105(1):22-27. doi:10.30770/2572-1852-105.1.22
7. Kohatsu ND, Gould D, Ross LK, Fox PJ. Characteristics Associated with Physician Discipline: A Case-Control Study. Arch Intern Med. 2004. doi:10.1001/archinte.164.6.653
8. Pain Management, Opioid Use and Registration of Distributors of Controlled Substances in Rhode Island." Rhode Island Department of Health
9. Physician Health Program. https://www.rimedicalsociety.org/physician-health-program.html. Accessed January 21, 2020.

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