
Physician Licensure: The Dos and Don'ts

American Association of Physicians
of Indian Origin

Business of Medicine Symposium

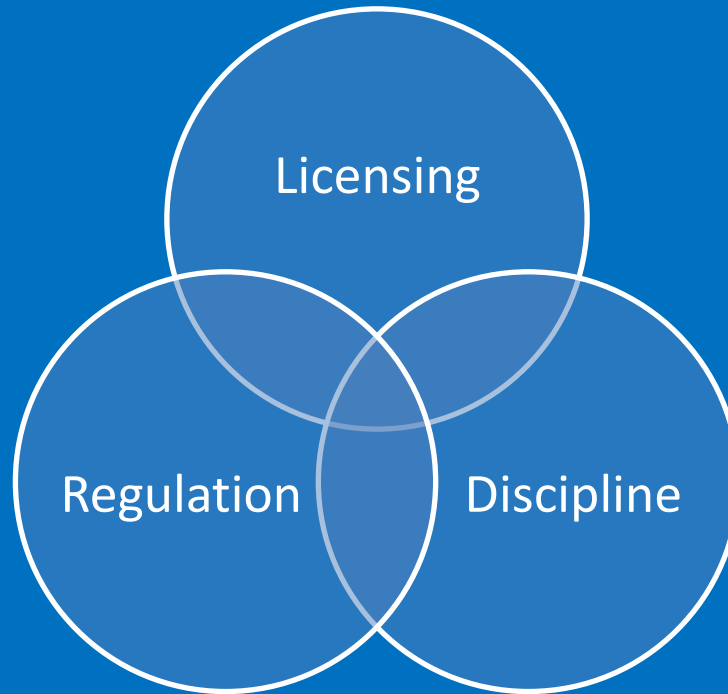
July 5, 2019



West Virginia
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Board President

Medical Board Functions



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Medical Boards

- 70 allopathic (MD) and osteopathic (DO) medical boards in the U.S., including territories and the District of Columbia.
- 14 states have both an MD board and a DO board.



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Example – WV Board

- Meets 6x/year – Jan., March, May, July, Sept., Nov.
- 16 members:
 - Appointed by the Governor:
 - 8 MDs
 - 2 DPMs
 - 2 PAs
 - 3 lay members
 - State health officer (ex officio).



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Board Committees

- Complaint Committee
- Executive / Management Committee
- Legislative Committee
- Licensure Committee
- Personnel Committee
- Physician Assistant Committee



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Staff

- Administration
- Licensing, Certification & Renewals
- Investigation, Complaints and Compliance

- Total – 17



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By the Numbers

- Active licensees:

- MD – 6,889

- DPM – 116

- PA - 9 974



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Budget

- Fiscal 2018-19: \$2.4 million
- Financially self-sufficient.
- No General Revenue Fund appropriations.



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How to Stay in Compliance

- What draws the attention of a state medical board?
- What steps can you take to ensure you meet your professional and ethical responsibilities as a licensed physician?



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Complaints

- Most are submitted by patients or patients' families.
- “Unprofessional or dishonorable conduct”



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Common Reason for Complaints

- Dishonesty in the licensing application process;
- Poor record keeping
- Poor communication
- Physician sexual misconduct
- Prescribing issues
- Disruptive behavior (aggressive or passive-aggressive; condescending language or tone)
- Substandard care
- Substance abuse, impairment, mental health issues



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Licensing Application Process

- Fill out the medical license application yourself
- If you designated someone else to complete the application on your behalf, carefully review the entries
- YOU are responsible for any omissions or errors



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Poor Record Keeping

- Often signals other problems – impairment, fraud, over-prescribing, substandard care
- Written and electronic documentation:
 - Reflects thorough examination;
 - Solid clinical reasoning;
 - Plan of care.



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Medical Records

- Should be:
 - Timely;
 - Accurate;
 - Complete.
- Should NOT be:
 - Altered or misrepresented;
 - Copied and pasted from previous visits.



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Poor Communication

- Patients object to:
 - “Flippant” or “condescending” tone;
 - “Being scolded;”
 - Being “ignored” or “not heard;”
 - Too much medical “jargon.” (avoid acronyms)



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Strong Communication

- Listen more, talk less
- Show empathy
- Maintain appropriate eye contact
- Slow down
- Keep it simple – use readily understood words (Again: avoid jargon, acronyms)



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Physician Sexual Misconduct

- Patients share personal/intimate details
- Inherent power imbalance
- Exploitation through sexual or financial relationship can lead to:
 - State medical board sanctions
 - Criminal and/or civil charges



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Prescribing Issues - Causes

- Physician empathetic to a fault
- Solo practitioners – “on an island”
- Inadequate physical exam and data
- Inadequate knowledge of alternatives
- Polypharmacy – multiple prescriptions
- Failure to stay current on CE requirements



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Prescribing Issues - Causes

- Treatment or prescribing for family member or close friend
- Prescribing outside the normal physician-patient relationship
- Unprofessional conduct – particularly when prescribing controlled substances



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Prescribing Issues - Remedies

- Prescription drug monitoring programs – PDMPs
- Physicians required to register
- Physicians required to query when prescribing certain drug classes with a potential for abuse



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Disruptive Behavior

- Aggressive:
 - Yelling
 - Threatening gestures
 - Invading another's space
- Passive-Aggressive:
 - Condescending language
 - Impatience
 - Sarcasm



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Disruptive Behavior - Causes

- Physicians experiencing other issues – fatigue, stress, anger management
- Compounded by “self-coping” with alcohol or drugs
- Solution – Physician Help Program (PHP)



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Substandard Care

- Failure to maintain complete/accurate medical records
- Deviating from accepted standards of care without justifiable rationale
- Practicing outside scope of specialty or practice-focus



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