



The RI Board of Medical Licensure and Discipline: 2008 Year in Review

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In 2008, despite a State budget crisis the Board of Medical Licensure and Discipline continued its functions unabated. We completed our second electronic biennial renewal of physician licenses, issued one position statement clarifying the requirements for completing death certificates when cross-covering a colleague, amended the licensing regulations to allow for provisional licensure by endorsement in certain circumstances, and continued to investigate and adjudicate complaints regarding unprofessional conduct in the practice of medicine.

THE RHODE ISLAND BOARD OF MEDICAL LICENSURE AND DISCIPLINE

As noted in last year's update,¹ The Board is an agency of state government established, by law, to protect the public and to assure high practice and professional standards in the nearly 5000-member physician community. The Board discharges these responsibilities primarily through the licensing process, receiving and investigating complaints, and serving as a disciplinary body as authorized by Chapter 5-37 of the RI General Laws [www.rilin.state.ri.us/Statutes/TITLE5/5-37/INDEX.HTM].²

BOARD ACTIVITIES

Licensing

In 2008 Rhode Island physicians completed biennial electronic license renewal for the second time. Of 4704 physician renewals, 4480 [95%] were processed electronically.

Effective January 2009, the Department will no longer issue wallet license cards to licensees at the time of renewal. Upon initial licensure the individual will receive written notification from the Department that a license was issued that will provide the license number, expiration date, and instructions on how to verify the license using our license verification website.

The Department of Health certifies that it maintains the information for the license verification function of its website, performs daily updates to the website, and considers the website to be a secure, primary source for licensure verification. Employers, licensees, and the public can access the verification website at www.health.ri.gov and clicking onto "Verify the License of a Health Professional." In 2008, the Board processed 764 license verifications.

In 2008 a total of 295 initial completed applications were processed. There were 279 MD and 14 DO licenses granted with 2 rejections. This compares to 332 applications, 320 MD, 11 DO and 1 rejection in 2007.¹ There were 266 new limited [training] licenses issued and a total of 717 active limited licenses. There was one limited academic faculty license.

The Board also streamlined the licensure process and encouraged "license portability." Rhode Island, along with the other

New England States and certain western states, are taking part in a "License Portability Demonstration Project" that is funded, in part, by the United States Department of Health and Human Services. The Board may now grant an expedited provisional license to applicants with a verified full and unrestricted license in another state with administrative approval from the Chief Administrative Officer provided that the candidate shall:

(1) have no formal disciplinary actions or active or pending investigations; past, pending, public or confidential restrictions or sanctions, by the board of medicine, licensing authority, medical society, professional society, hospital, medical school or institution staff sanctions in any state, country or jurisdiction. (2) hold unrestricted licenses in every jurisdiction that the candidate holds a license, (3) meet minimum requirements for a license in the state of Rhode Island, (4) have submitted a completed application. [www.health.state.ri.us/hsr/bmld/regulations.php]

Another phase of the License Portability Project is the **Common Licensure Application [CLAF]**. It is hoped that this application will become the template for licensure nationwide. Rhode Island is the 4th state to transition to this system effective December 18, 2008. Ohio, New Hampshire, and Kentucky have also switched to CLAF. The CLAF was developed in partnership with the **Federation of State Medical Boards [FSMB]** and the **United States Medical Licensing Examiners [USMLE]**. The CLAF is supported by the FSMB and therefore data fields related to the USMLE, ECFMG and FCVS [Federation Credentials Verification Service] will be populated directly and considered verified. Adoption of the CLAF by other states will clearly facilitate the process for physicians seeking subsequent licensure. Initially a secondary paper-based RI addendum will be required. Complete electronic submission is anticipated by January 2010.

COMPLAINTS AND DISCIPLINE

In 2008, the Board received and reviewed 263 new complaints. It opened 152 (58%) for investigation: 133 investigations closed, with an average time-to-close of 171 days; 69 were both opened and closed in 2008 with an average time-to-close of 63 days. In 2007, the Board received and reviewed 279 new complaints. It opened 182 for investigation: 126 closed with an average time-to-close of 117 days.¹

In recent years the Board has developed close relationships with professional boards for nursing, pharmacy and physician assistants. Joint investigations of complaints and consistent application of professional standards have become the norm. The Board continues to work with law enforcement for cases involving criminal conduct.

In many cases the Board makes a determination in favor of the physician; i.e., a finding of no unprofessional conduct, but still finds "areas of concern" relating to that physician's prac-

tice. Common examples include poor documentation, suboptimal prescribing, or ineffective communication with patients and families. In these cases the Board's first approach is with remediation, often requiring the submission of a corrective action plan or the completion of Board-directed continuing medical education (CME).

The Board continues to work closely with the Physicians Health Committee and play a supportive role in physician health while maintaining appropriate safeguards for patient care.

In 2008 the Board issued 13 public orders regarding physicians:*

- A physician received a reciprocal suspension relating to suspension in a neighboring state for medical negligence involving several patients.
- A physician who previously voluntarily surrendered his/her medical license while under investigation for inappropriately purchasing approximately 50,000 Vicodin tablets, not for patient use, was reinstated. This physician was prohibited from prescribing or otherwise purchasing narcotics.
- A physician was summarily suspended for insurance fraud and gross medical negligence. The physician was indicted by the Federal government for, amongst other things, billing of third-party payers for services that exceeded the number of hours in a day and for gross medical negligence relating to the care of patients with cancer, rheumatoid arthritis and Hepatitis C. This physician has fled the country.
- A physician was placed on probation for accepting payment for scheduled services that were not performed; without providing patient refunds.
- A physician received a 30-day suspension and 1 year probation for a relapse during a previous monitoring agreement with the Board and Physician's Health Committee.
- A physician received a reprimand for failure to report a hospital disciplinary action as required on his/her medical license renewal application.
- A physician previously summarily suspended agreed to license revocation for a felony conviction for open and gross lewdness.
- A physician voluntarily surrendered his/her license after writing fraudulent narcotics prescriptions for nonexistent patients, taking narcotics from certain patients for personal use and two felony counts of possession of controlled substances.
- A physician was licensed with a voluntary restriction to activities relating to post-graduate training program. This physician had required 8 attempts to pass part 1 of the USMLE and 5 to pass part 2. This physician will be eligible to reapply for an unrestricted license after successful completion of the fellowship program.
- A physician received a suspension for engaging in a sexual relationship with a patient.
- A physician received a reprimand for failing to adhere to the terms of a prior monitoring and treatment agreement with the Board and Physician's Health Committee.
- A physician received a reprimand for his/her role as attending surgeon in a wrong-site knee surgery.

- A physician received a reciprocal reprimand for prescribing controlled substances for self and family members without a legitimate physician-patient relationship in a neighboring state.

*These orders are public documents. [<http://www.health.state.ri.us/hsr/bmld/disciplinary.php>].

Orders are presented as gender neutral.

POLICY STATEMENTS

The Board disseminates policy statements, which interpret or clarify the standard of care. [<http://www.health.state.ri.us/hsr/bmld/positions.php>] RI licensed physicians are required to review these statements at least biannually with their license renewal.

In 2008 the Board articulated only one new statement.

Death Certificate Registration for Cross-Covering Attending Physicians

A cross-covering Attending Physician assumes applicable responsibility of the Attending Physician enumerated under RIGL 23-3-16 Section 2-C and "...shall immediately furnish for registration a completed standard certificate of death to a funeral director..." When appropriately required, allowance will be made for a reasonable opportunity for a patient record review.

CONCLUSION

The Board of Medical Licensure and Discipline continues to play a vital role in the regulation of the practice of medicine.

REFERENCES

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Disclosure of Financial Interests

The authors have no financial interests to disclose.

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