

Rhode Island Board of Medical Licensure and Discipline 2018 Annual Report

JANUARY 2019



Introduction

The Board of Medical Licensure and Discipline (BMLD) is an essential component of the Rhode Island Department of Health (RIDOH). The mission of the BMLD is to protect the public through enforcement of standards for medical licensure and ongoing clinical competence.

The BMLD is composed of 13 members. Six members represent the public, and seven members are physicians. BMLD members receive no compensation and donate hundreds of hours each month to protect the public and to ensure professional standards.

BMLD Members	
Nicole Alexander-Scott, MD, MPH	Director, Rhode Island Department of Health, Chair
Jennifer Barry Esq.	Public member, plaintiff attorney
Steven L. Blazar, MD	Physician (Allopathic)
Alexios Carayannopoulos DO	Physician (Osteopathic)
Sandra Coletta	Public member, hospital administrator
Joan Crawley	Public member
Catherine DeGood, DO	Physician (Osteopathic)
Joseph Dowling, MD	Physician (Allopathic)
Helen Drew	Public member
Leonard Green	Public member
David Kroessler, MD	Physician (Allopathic)
James Monti, MD	Physician (Allopathic, full-time faculty)
Vacant	Public member

The BMLD extends its thanks to outgoing Board members David Krieger and Dr. James Griffin.

The BMLD welcomed new member Dr. Catherine DeGood, and currently has a vacancy for one public member.

The BMLD meets the second Wednesday of each month at the Rhode Island Department of Health in Providence, and the open session of each meeting begins at 8:30 a.m. Any member of the public can attend the open session.

BMLD Staff	
James V. McDonald, MD, MPH	Chief Administrative Officer
Steve Morris, Esq.	Senior Legal Counsel
Lauren Dixon-Lasso	Administrative Officer
Linda Julian	Board Investigator
Angela Phengsavatdy	Licensing Officer

Licensing

Licensing of physicians by examination or by endorsement represents one of the essential functions of the BMLD. Ensuring that physicians who are allowed to practice medicine in Rhode Island are competent, ethical, and professional is critical to the licensing process.

Physician Licensing				
	2015	2016	2017	2018
Physician licenses issued	377	478	430	477
Physician license applications withdrawn	0	3	3	5
Physician license applications denied	0	0	0	0
Average number of days to receive physician license	29.5	25	31	25
Percentage of licenses approved in less than three days after receipt of final documents	95	99	97	93

Physician Licenses, By Type				
	As of 12/31/2015	As of 12/31/2016	As of 12/31/2017	As of 12/31/2018
Allopathic physicians	4,836	4,616	5,024	4,710
Osteopathic physicians	335	316	365	340
Physicians (MD and DO) with a Controlled Substance Registration	4,303	3,324	4,238	3,934
Limited license (Training) ¹	781	808	843	829
Volunteer license ²	2	15	15	16
Academic faculty, limited license ³	4	4	4	3
Temporary Post Graduate license ⁴	N/A	N/A	N/A	16

¹Limited License: a physician, in accordance with regulation 1.3.4; in an approved accredited graduate medical education program 216-RICR-40-05-1 <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/8700.pdf>

²Volunteer License: a physician, in accordance with regulation 1.4.5; retired; receives no financial compensation; practices at a 501(c)(3) and has proof of malpractice coverage 216-RICR-40-05-1 <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/8700.pdf>

³Academic Faculty License: a physician, in accordance with regulation 1.4.6; physician of noteworthy and recognized professional attainment who is clearly an outstanding physician and who has been offered a full time academic appointment by the dean of an accredited medical school in Rhode Island. 216-RICR-40-05-1 <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/8700.pdf>

⁴Temporary Post Graduate License: a physician, in accordance with regulation 1.4.4; new in 2018. 216-RICR-40-05-1 <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/8700.pdf>

Policy Statements

The BMLD approves policy statements about important or emergent public health issues when it believes a knowledge gap exists in the physician population. There were no new policy statements approved in 2018. Existing policy statements are available at <http://health.ri.gov/licenses/detail.php?id=200/> The BMLD has refrained from issuing new policy statements since 2017 and instead, incorporates important changes into rules and regulations.

Current Policy Statements of the BMLD

- [Considerations Regarding Pharmaceutical Stimulant Prescribing for Attention Deficit Disorders \(ADD\)/Attention Deficit Hyperactivity Disorder \(ADHD\) in Adolescents and Adults \(2015\)](#)
- [Guidelines Regarding Scope of Practice, Supervision, and Minimum Expectations of Conduct of Medical Assistants \(2014\)](#)
- [Appropriate Use of Social Media and Social Networking in Medical Practices \(2013\)](#)
- [Appropriate Use of Telemedicine and the Internet in Medical Practices \(2012\)](#)
- [Minimum Standards for Authorizing Medical Marijuana \(2011\)](#)

Rules and Regulations for Licensure and Discipline of Physicians

In 2018, rules and regulations for physicians <https://rules.sos.ri.gov/regulations/part/216-40-05-1> were revised and promulgated on October 31, 2018. The revisions reflect several significant changes for physicians in Rhode Island. Changes were made regarding granting of licenses if there are gaps in clinical practice of two years or more in section 1.5.1 section E and F. The requirements differ depending on if the gap was for non-disciplinary or for disciplinary reasons and add measures for the BMLD to ensure competency of clinical skills. Another significant change was in section 1.5.1 section G, which requires a physician whose license is suspended or revoked in another jurisdiction to obtain a letter of good standing prior to their application in Rhode Island being considered complete.

Changes were made to section 1.5.12 B regarding medical records that reflected changes regarding medical record reimbursement based on actual labor cost in concert with the federal statute, rather than page count.

Health Connections

The BMLD uses *Health Connections*, RIDOH's e-newsletter to communicate matters of importance to all physicians. The newsletter is emailed to physicians who provide an email to RIDOH, and it is posted on RIDOH's website. The topics covered in 2018 can be reviewed at <http://us2.campaign-archive2.com/home/?u=ece9b1661b3bf3b864a6894d1&id=51f4d694b8> . It is the expectation of the BMLD that all licensees review each issue of Health Connections.

Continuing Medical Education (CME) Activities

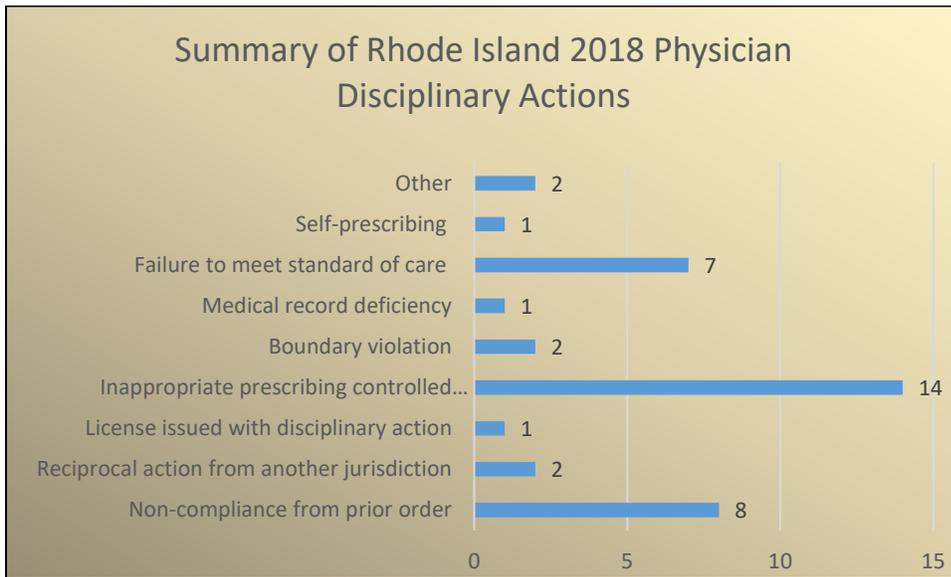
The BMLD, in conjunction with RIDOH, sponsored several CME events in 2018 that specifically addressed the opioid crisis, responsible prescribing, and appropriate treatment of pain. The program, [Buprenorphine for Chronic Pain](#) was offered at Brown's Alpert School of Medicine on September 25. (An online version of the training is posted online at) The BMLD and RIDOH continue to go to extraordinary lengths to educate physicians on the importance of understanding addiction, appropriate treatment of pain, and responsible prescribing of controlled substances.

Complaints and Disciplinary Actions

Another essential role of the BMLD is to investigate and adjudicate complaints. The BMLD continues to be the Board at RIDOH with the highest volume of cases. Complaints come from a variety of sources, including patients, patient advocates, notices of litigation, licensed facilities, pharmacists, physicians, and other healthcare professionals. Each complaint is reviewed prior to being opened for complete investigation. The complaint process for physicians is detailed in a flow chart at <http://health.ri.gov/complaints/physician/>.

Summary of Annual Complaint Activity				
	2015	2016	2017	2018
Complaints received	422	514	320	597
Complaints opened for investigation	200	168	122	256
Complaints adjudicated by full Board	211	200	137	169
Suspensions	1	0	3	7
Voluntary agreements not to practice medicine/surrender of license	4	7	1	3
License reinstatements/ activations with disciplinary actions	7	4	3	1
Reprimands and related sanctions	20	18	19	27
Revocations	0	1	0	0
Public adverse actions	32	30	26	38

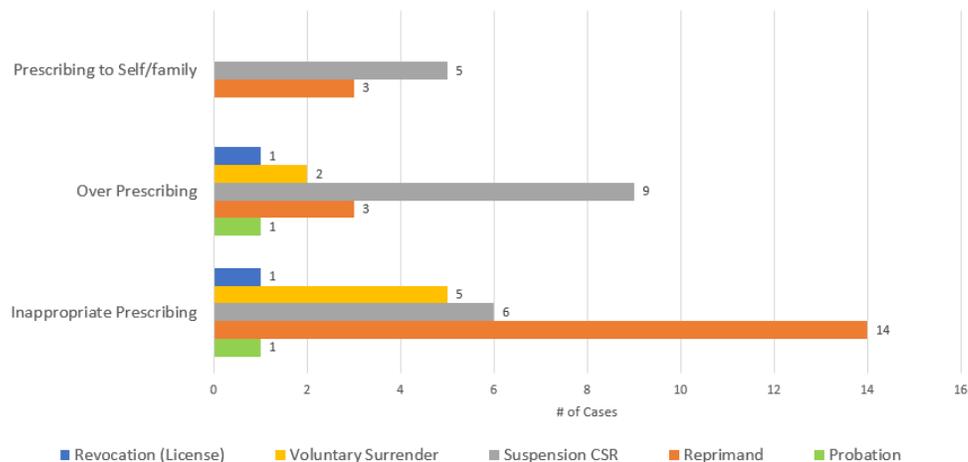
An illustration of the types of public disciplinary actions for 2018 are shown here:



In 2018, the issue most frequently cited in physician disciplinary actions was inappropriate prescribing of controlled substances. This area of discipline is consistent with prior years and reflects the BMLD’s continued concern and vigilance regarding appropriate prescribing of controlled substances, specifically, prescription opioids. The next most common issue cited in disciplinary actions was non-compliance with prior orders of the BMLD, followed by failing to meet the minimum standard of care. The aggregate total number of public disciplinary actions in 2018 was higher than in prior years, with a total of 38 public actions.

Reviews of two specific topic areas of disciplinary actions were presented to the BMLD this year. Justin Gallo, a public health scholar (intern) with BMLD, presented his findings regarding his review of controlled substance related disciplinary sanctions. Visiting fellow Dr. Bianca Melo and BMLD staff member Linda Julian presented their findings of a review of complaints regarding boundary violations.

Controlled Substance Disciplinary Sanctions (2012-2017)



Review of Boundary Violations in Rhode Island 2012-2018

Bianca Melo DO, MPH; Linda Julian, BA, James McDonald, MD, MPH
Board of Medical Licensure and Discipline

Introduction

Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they are free men or slaves
--Hippocrates

The mission of the Rhode Island Board of Medical Licensure and Discipline (BMLD) is to protect the public and ensure professional practice standards. Periodically, the board receives complaints alleging an improper relationship between a physician and a patient.

As physicians, we hold a unique position in our culture. We are afforded certain privileges, and the most paramount of these privileges is to evaluate and manage patients. The physician-patient relationship is built and maintained on trust.¹ As part of this trust, there are certain obligations, including adhering to professional boundaries. This is required to maintain a therapeutic relationship that promotes healing.²

Boundary violations, specifically when a physician engages in a sexual relationship, are prohibited by Rhode Island law.³

Methods

- All disciplinary actions involving Rhode Island licensed physicians from 2012 through 2018 were reviewed.
- All disciplinary actions were categorized by: type of boundary violation, gender of physician, specialty, disciplinary action, and disciplinary outcomes.

Results

- The specialty most commonly having boundary violations was psychiatry (31.3%).
- 94% of boundary violations involved matters related to sexual misconduct.
- 87% of sexual misconduct violations were by male physicians.
- Of the physicians who had loss of license, 36% were successful in having their license reinstated.

Discussion

- Physician-patient relationship is established when the physician affirmatively acts in the patient's case and examines, diagnoses, treats, or agrees to commence any of these activities.⁴
- Boundary violations, particularly those involving sexual misconduct, represent some of the most serious allegations and threats to the general public.
- Reasons for sexual misconduct include physician impairment, undiagnosed psychopathology, and character flaws.
- The American Psychiatric Association indicates that it is never acceptable for a psychiatrist to engage in a romantic relationship with a former patient⁵.
- The BMLD adopted a position similar to the American Psychiatric Association and promulgated a regulation for it in October 2018.
- Physicians who find themselves in a romantic relationship with a patient should terminate the physician-patient relationship immediately and arrange for a responsible transition of care for the patient.
- Physicians are also advised to self-report to the Rhode Island Medical Society Physicians Health Program for an evaluation.

References

- Dorr Gould, S and M Ujedin. "The doctor-patient relationship: challenges, opportunities, and strategies" *Journal of general internal medicine* vol. 14, Suppl 1, Suppl 1 (1999): S26-33.
- Physician-Patient Relationship." *Chicano Movement Geography*, depts.washington.edu/bioethx/topics/physpt.html.
- TITLE 5 Businesses and Professions." 11-12-1, webever.rti.in.state.n.us/Statutes/TITLE5/5-37-5-1.1.HTM
- Blake, Valerie. "When is a Patient-Physician Relationship Established?" *Journal of Ethics | American Medical Association*, American Medical Association, 1 May 2012. journalofethics.ama-assn.org/article/when-patient-physician-relationship-established/2012-05
- American Psychiatric Association, APA Commentary on Ethics in Practice, 2015, Therapeutic Boundary Keeping 3.2.6

Conclusion

The BMLD was established in 1986, (replacing the Board of Medical Review – which was established in 1898) and 2018 reflects the close of 33 years of protecting the public and ensuring the highest standards of the medical profession. The BMLD is composed of highly respected and committed volunteers who give of themselves and their time to carry out its mission. The BMLD is vigilant and consistent in its mission to protect the public and does so in the spirit of equity and justice for all.