



FEDERATION OF STATE MEDICAL BOARDS

# HISTORICAL CHANGES OF DISCIPLINARY EFFORTS BY STATE MEDICAL BOARDS IN THE UNITED STATES

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## PURPOSE

- The U.S. physician disciplinary system has evolved from an era of self-regulation focusing on establishing professional control (1870s-1901) and boundary maintenance (1901-1961) to public accountability and increasing transparency (1961-present).<sup>1</sup>
- Measuring quantitative shifts in state medical board discipline reflect the changing regulatory narrative overtime.

## DATA & METHODS

- Data came from the Federation of State Medical Boards' Physician Data Center.
- Historical disciplinary actions changes by decade were analyzed from three aspects: overall disciplined physician population, action categories and reasons for actions.

Percentage of Licensed Physicians with Disciplinary Actions, 1960s-2010s

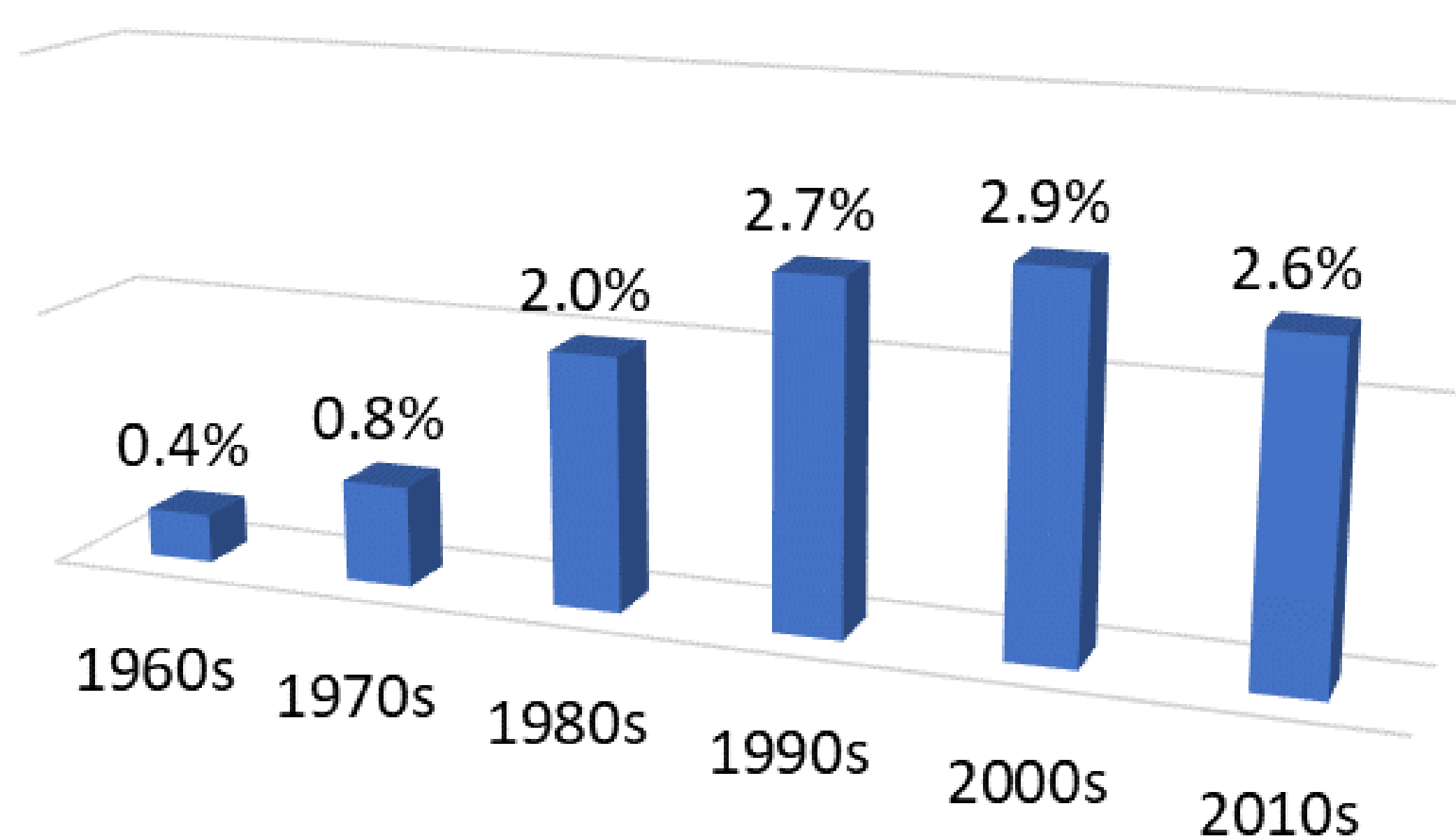


Figure 1. Licensed Physicians with Disciplinary Actions

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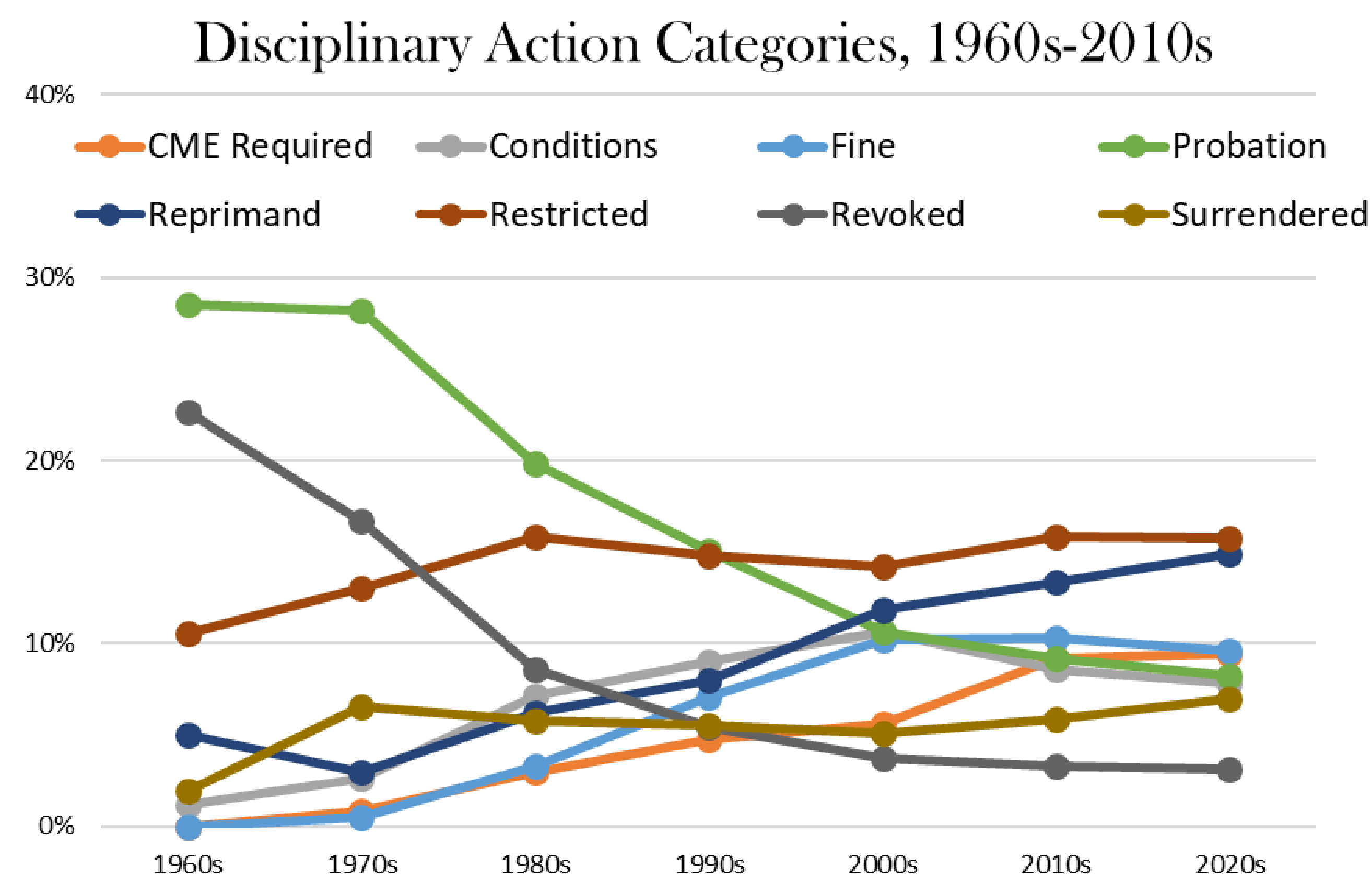


Figure 2. Disciplinary Action Categories<sup>2</sup>

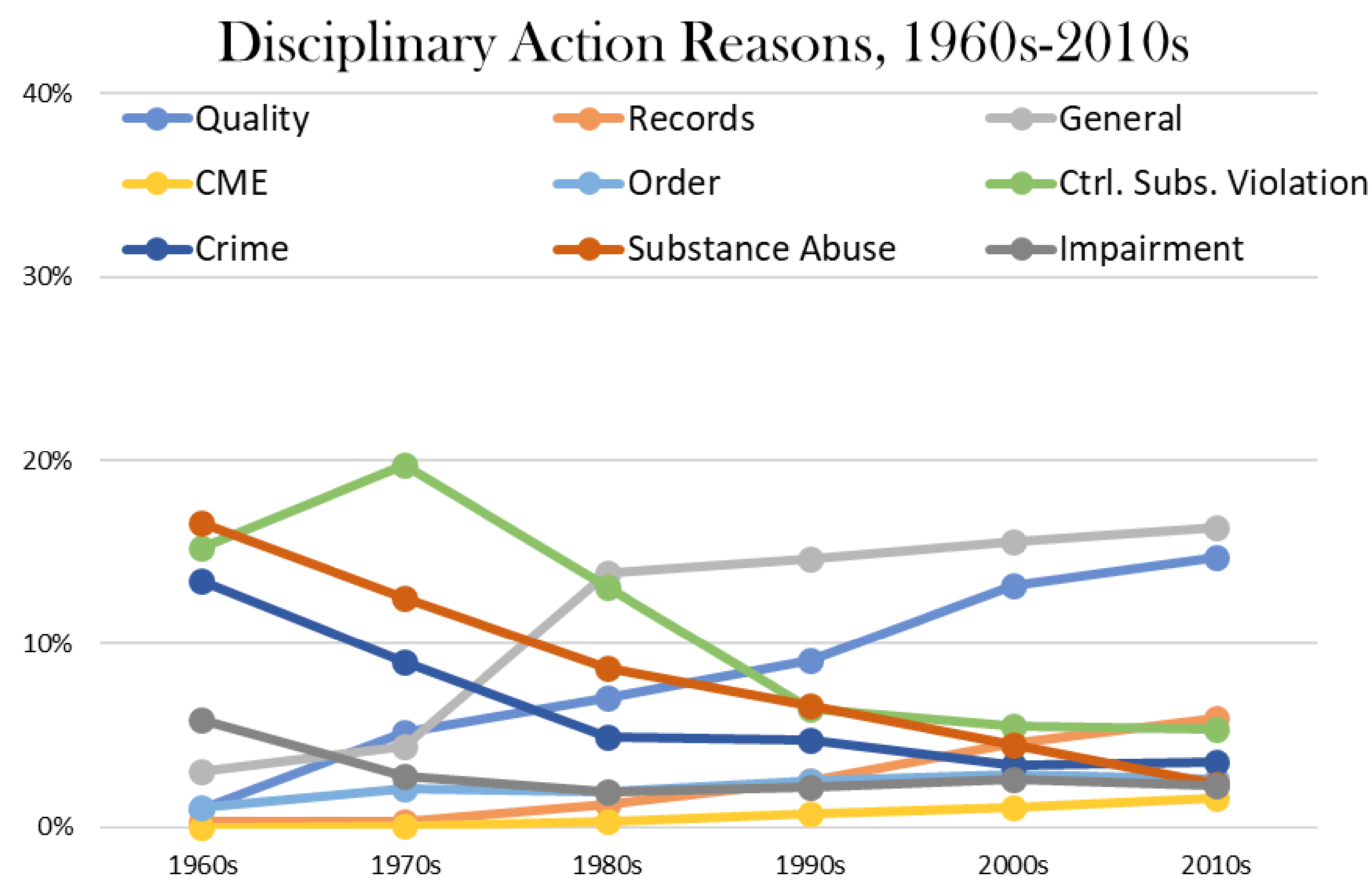


Figure 3. Disciplinary Action Reasons<sup>2</sup>

## RESULTS

- The percentage of licensed physicians disciplined has increased from 0.4% to 2.6% from 1960s-2010s, peaking at 2.9% in 2000s (Figure 1).
- Less severe actions (e.g., CME required and fines) increased from 0% to 9%-10% from 1960s-2010s; while more severe actions (e.g. licensure revocation and probation) decreased from 23%-29% to 3-8% during that same time frame (Figure 2).
- While actions due to crime, substance abuse and controlled substance violations have decreased, actions related to quality of care, record-keeping violations and general reasons (i.e., reciprocal actions, failure to meet requirements) have increased since the 1960s (Figure 3).

## IMPLICATIONS

- Historical changes in medical board actions reflect shifts in regulatory approaches to U.S. physician discipline. Medical boards relied more on severe actions during early eras with high self-regulation within the profession and used a wider array of actions for a broader spectrum of misconduct during recent decades.
- It is difficult to determine disciplinary trends are primarily due to changes in board regulation or other factors, e.g., changes to state statutes and practice/lifestyle patterns of physicians.

<sup>1</sup>Johnson, D & Chaudhry, H. (2012). *Medical Licensing and Discipline in America: A History of the Federation of State Medical Boards*. Lexington Books.

<sup>2</sup>Not all categories shown due to space constraints.