



# Physician Discipline: Remedial CME & Reducing Recidivism



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## Abstract

State medical boards in the United States oversee the licensing and discipline of physicians. They can issue sanctions depending on the nature of the incident, and remedial continuing medical education (CME) is sometimes required as part of the disciplinary process. Our study evaluated if CME serves as an effective remedial tool, as evidenced by reducing the likelihood of physician recidivism. The national sample included 4,061 physicians in the U.S. who received their first action by medical boards between 2011 and 2015. Findings indicate 36% (n = 1,449) were required to complete remedial CME and 35% (n = 1,426) received another sanction within five years. Furthermore, logistic regression revealed physicians who were required to complete remedial CME were less likely to receive additional sanctions (OR = 0.597,  $p < 0.001$ ) within five years compared to physicians not required to complete CME. Our study provides data-driven evidence that CME can be a helpful remedial tool to reduce disciplinary recidivism.

## Purpose



Outcomes of physician discipline can impact public safety and clinical practice when there is a repeated history of incompetent or inappropriate behavior.



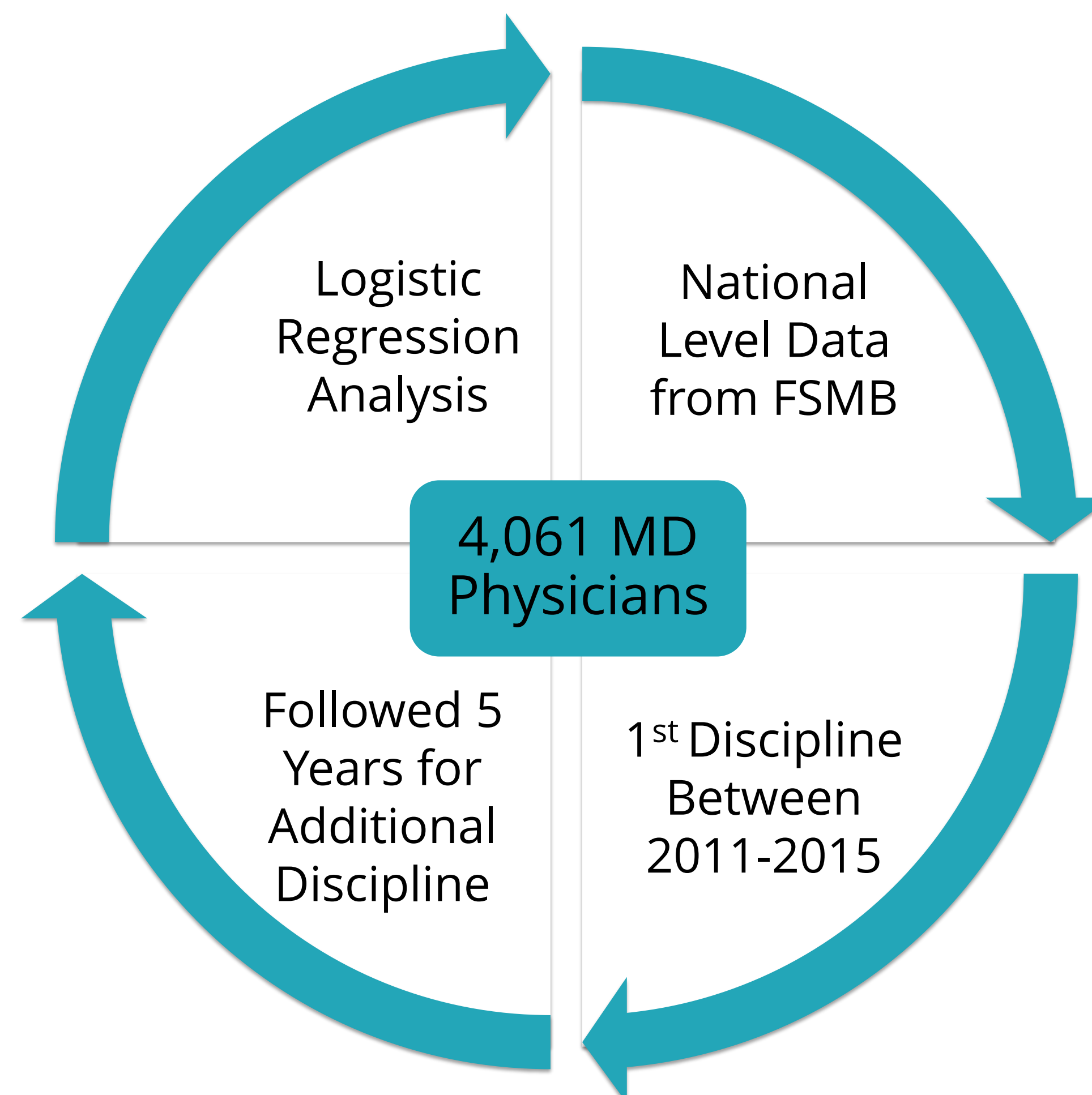
State medical boards can require remedial continuing medical education (CME) as a disciplinary measure; however, little research has looked at CME and additional discipline.

## Research Question



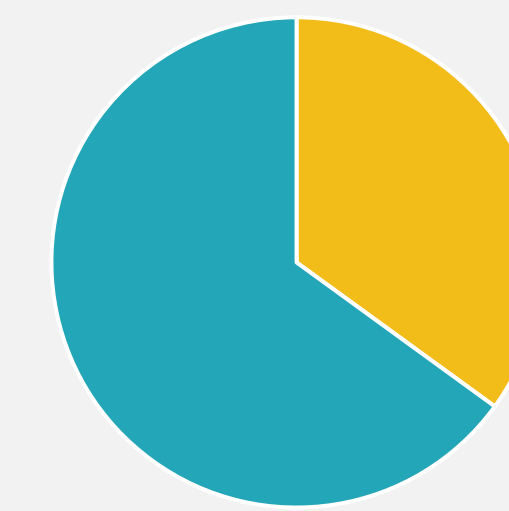
Do physicians who have their medical license restricted, placed on probation, or conditions imposed have a decreased likelihood of receiving additional discipline if they are required to complete remedial CME?

## Data & Methods

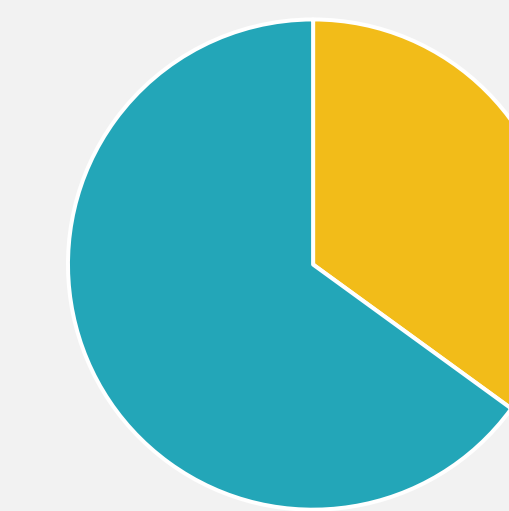


## Results

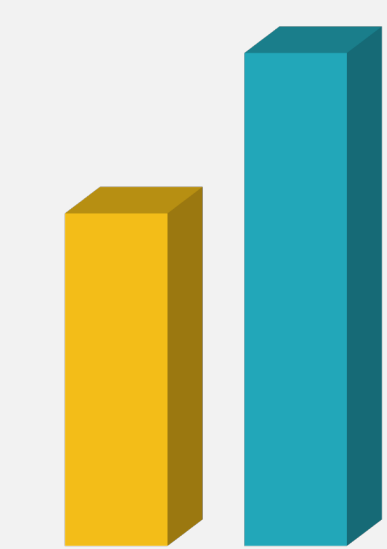
Characteristic	Sample	2020 Physician Population <sup>b</sup>
Men	81%	63%
Average Age in Years	54	52
International Medical Graduate	29%	23%
Specialty Board Certified	61%	83%



36% of disciplined physicians required to complete remedial CME



35% of disciplined physicians became recidivists within 5 years



27% of physician recidivists had remedial CME required compared to 40% of non-recidivists



Even after accounting for several physician variables, physicians required to complete remedial CME were less likely to be recidivists. (OR = 0.597,  $p < 0.001$ )

## Conclusion

Among a national sample of disciplined physicians, requiring remedial CME as part of the disciplinary process can reduce the likelihood of receiving additional sanctions.

## Scan to See More Disciplinary Trends



## References

- <sup>a</sup> Federation of State Medical Boards
  - <sup>b</sup> Young, A., et al. (2021). FSMB Census of Licensed Physicians in the United States, 2020. *JMR*, 107(2), 57-64.
- IRB Reviewed & Approved by American Institutes for Research