

The Financial Impact of Professional Discipline on Clinicians: A Case for Preventive Education

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Introduction:

Limited research explores the financial repercussions of professional discipline on clinicians. PBI developed a 26-item questionnaire to explore both direct (i.e., required as part of the board action) and indirect (i.e., downstream consequences) financial costs as a result of their experience of being held to account by their regulator.

Results:

- 191 (3.9%) participants opted in, with 132 submitting completed questionnaires, a 2.7% completion rate. Participant demographics appear in Table 1.
- The average direct and indirect financial costs reported by study participants are shown in Graph 1. Direct costs include those directly related to the board investigation and action (e.g., fines, hearing costs, mandated monitoring, coursework). Indirect costs include the downstream impact (e.g., loss of wages, relocation expenses, therapy).
- New expenditures or losses describing the financial downstream impact are reported in Table 2. Figures shown are amounts reported by individual study participants, except for counseling or therapy, which shows the range reported by multiple study participants.

Discussion:

Licensees must be held to account for their wrongdoing. **But if the goal of positively changing licensee behaviors carries with it tremendous burdens, a better approach may be to turn toward preventive education.**

Proactive prevention of professional misdeeds is preferable to reactive responses—not only for preventing the tangible and intangible costs, but for keeping otherwise valuable clinicians in the workforce, and especially for protecting the public from a wide variety of harms that result from professional wrongdoing.

Suggestions for Implementation:

1. Mandate one-time education in professionalism topics, either through working with lawmakers to write new legislation or through the rule-making process.

Example: The State of Georgia passed HB 458: Proactive education in ethics, professionalism, boundaries, sexual misconduct, communication during physical exams, and other related topics for physicians, medical students, dentists, board members, and board staff.

2. Mandate periodic education (e.g., during the relicensure process) in professionalism topics through the rule-making process.

Limitations:

- The survey response rate was low. Recipients of the survey invitation may have moved on and been disinterested in participating in something that could cause them to relive a very difficult time in their lives.
- Responses to the survey were self-reports that might have been subject to recall bias. However, it is also possible that the full extent of financial and other repercussions could only be fully realized and reported after much time had passed.

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Table 1: Participant Demographics

GENDER (n = 132)	n (%)	SPECIALTY or PROFESSION (n = 94)	n (%)
Male	82 (62.1)	Primary care	24 (25.5)
Female	50 (37.9)	Mental health	13 (13.8)
AGE (n = 132)	n (%)	Non-physician	13 (13.8)
26-35	12 (9.1)	Surg, incl subspecialties	13 (13.8)
36-45	25 (18.9)	Medical subspecialties	9 (9.6)
46-55	42 (31.8)	Other	22 (23.4)
56-65	34 (25.8)	CURRENTLY PRACTICING (n = 132)	n (%)
66-75	17 (12.9)	Yes	108 (81.8)
>75	2 (1.5)	No	24 (18.2)

Graph 1: Average Direct/Indirect Financial Impact

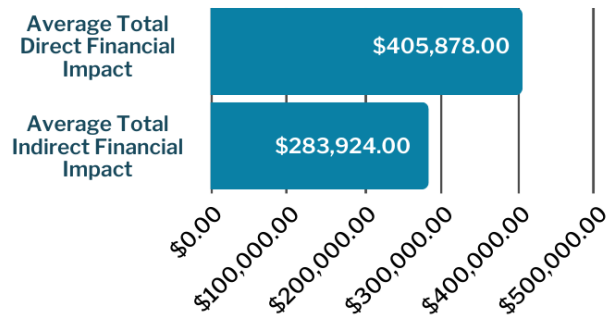


Table 2: Representative Examples of Indirect Costs

Amount Reported	Details
\$2,000 - \$100,000	Counseling or therapy
\$27,500	7.5K repayment of retention bonus, 20K paid employer back bonus upon loss of job
\$40,000	Credit card debt
\$80,000	Decrease in salary
\$115,000	100K living off retirement and 15K credit card debt
\$425,000	10K commuting to another city, 400K moving, 15K coaching
\$710,000	80K credit card debt, 220K line of credit, 150K sold house at loss, 260K penalty