

# 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. This project aims 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 regulator-mandated discipline.

## Methods

- PBI developed a 26-item questionnaire to explore the financial impacts
- 4,900 PBI course graduates who completed a course between January 2011 and December 2020 were invited to participate
- Louisiana State University Health Sciences Center at Shreveport Institutional Review Board approved study

## 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

Our survey data on the financial impact of being held to account serve as a marker for other adverse consequences of professional wrongdoing, such as debt, job loss, and mental health issues. The survey data presented here provide a more quantitative and detailed picture.

Of course, licensees must be held to account for their wrongdoing. **But if the goal of positively changing licensee behaviors and restoring public confidence in safer patient care carries with it tremendous burdens, a better approach may be to redouble efforts toward preventive education.** We believe that healthcare professionals and trainees, professional schools, employers, and regulators would all agree that proactive prevention of professional misdeeds is preferable to reactive responses—not only for preventing the cascade of 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.

Table 1: Participant Demographics

GENDER (n = 132)	n (%)
Male	82 (62.1)
Female	50 (37.9)
AGE (n = 132)	n (%)
26-35	12 (9.1)
36-45	25 (18.9)
46-55	42 (31.8)
56-65	34 (25.8)
66-75	17 (12.9)
>75	2 (1.5)

Full demographics presented on handout.

Graph 1: Average Direct/Indirect Financial Impact

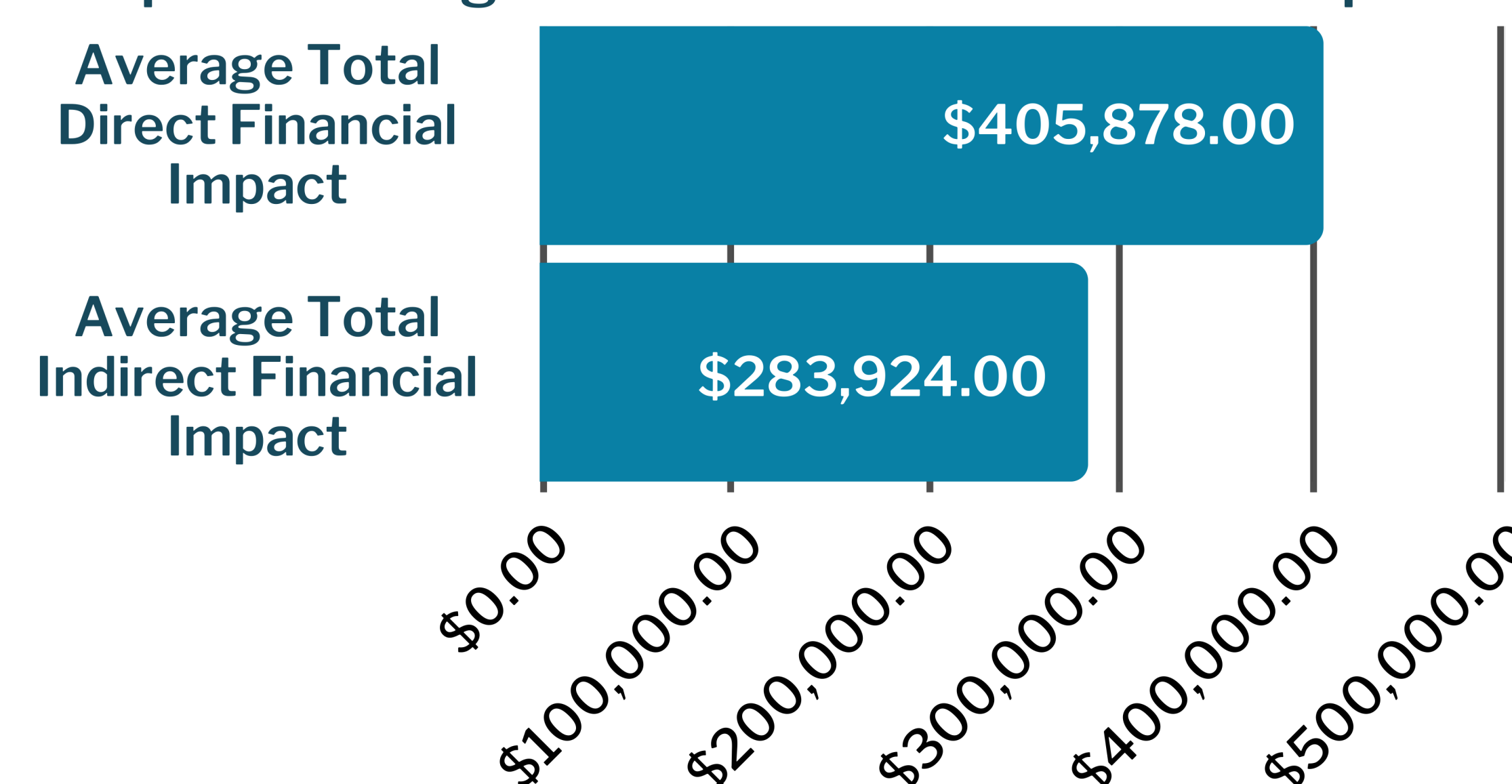


Table 2: Representative Examples of Indirect Costs

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

## Recommendations

Based on this survey data, we advocate for mandatory education in professionalism topics as a proactive measure to prevent future violations, similar to education in other topics that is mandated for initial licensure or relicensure.

Two suggestions for implementation include:

1. Mandate one-time education in professionalism topics, either through working with lawmakers to write new legislation, or establishing board requirements through the rule-making process.
  - Example: The State of Georgia: Legislators passed HB 458 that requires, as of January 1, 2022, 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. To avoid burdening licensees and staff with a seemingly overwhelming set of educational mandates, regulators could prioritize a range of professionalism topics that must be covered on a cyclical basis.

## Limitations

- At less than 3%, the survey response rate was low. We postulate that recipients of the survey invitation may have moved on personally and/or professionally 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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