



ASAM

American Society of Addiction Medicine

Public Policy Statement on Recovering Physicians, Medical Licensure Boards, Specialty Board Certification and Professional Society Membership

(This is the tenth in a set of eleven policy statements of the American Society of Addiction Medicine addressing Healthcare and Other Licensed Professionals with Addictive Illness)

Background

In the United States, a medical license issued by a state regulatory agency/ licensure board assures the public a physician has met competency requirements to diagnose and treat patients. Licensure Boards are Regulatory Agencies of state or territorial governments, and independent from jurisdiction to jurisdiction. Medical specialty boards are responsible for setting the standards of quality practice in a particular medical specialty. Board Certification by a medical specialty board assures the public and other stakeholders that a physician in that specialty has successfully completed an approved educational and residency training program in that specialty. Additionally, a peer evaluation and testing process has occurred which included components designed to assess the medical knowledge, judgment, professionalism, as well as the clinical and communication skills required to provide quality patient care in a designated specialty. Board certification represents a statement of peer review endorsement to other professionals, organized medicine and the public. It is an important consideration for potential employers, malpractice carriers, insurance payors, credentialing organizations, managed care and others of the physician's good standing within their chosen field of specialization. Similarly, professional society membership reflects good standing within the medical community.

Recovering physicians who have sought assistance and been treated for potentially impairing illness such as addiction and psychiatric disorders are occasionally faced with public disciplinary action taken on their license by a Regulatory Agency (such as a State Medical Licensure Board). Licensure restrictions, suspensions, revocations, and other public Licensure Board actions are reportable to the National Practitioner Data Bank. In some instances, this reportable event resulted from actions or behaviors on the part of the now-recovering physician which occurred during their undiagnosed, untreated active stage of illness (e.g., drug diversion for self-use). In some instances, Regulatory Agencies have automatically taken public action based solely on the existence of an addictive and/or psychiatric illness. Unfortunately, Professional Societies and Specialty Boards occasionally use the history of a publicly reportable adverse action(s) by a Licensure Board to declare physicians unworthy of and ineligible for: membership, certification, recertification, or continued participation in maintenance of certification programs. Fortunately,

some Licensure Boards have become more proactive and take into account addiction as a treatable, chronic medical illness amenable to treatment and successful remission. Knowledge that a once-actively-addicted physician is engaged with a PHP evaluation/treatment/monitoring process provides the Regulatory Agency with greater discretion regarding reportable board disciplinary action. Notwithstanding, the existence of a Regulatory Agency public order related to a history of addiction or psychiatric illness should not automatically disqualify eligibility for Specialty Board certification or Society membership.

Professional Medical Specialty Societies are membership organizations of physicians (and others) whose clinical focus is within a special area of medical practice. Membership is voluntary and members must apply and pay dues to retain membership in good standing. Professional/Specialty Societies may also use a history of publicly reportable adverse actions by a Regulatory Agency to declare physicians ineligible for membership. The existence of a Regulatory Agency public order related to a history of addiction or psychiatric illness should not automatically disqualify eligibility for Specialty Society membership.

Recovering physicians experiencing loss of their Specialty Society membership standing and/or Specialty Board certification status find their professional life and continued recovery complicated in many ways. There is potential loss of hospital credentialing, insurance provider panel membership, and all too often employment/employability. There may be denial of participation in managed care contracts or other insurance provider panels. Professional liability insurance carriers may place a higher premium rating status or cancel existing coverage. At the time of a recovering physician's greatest need for support, the good will of their specialty and healthcare community; the recovering physician can be left disenfranchised and feeling despairingly alone. Facing such stresses, the ability and even the opportunity to effectively treat patients can be adversely impacted.

Barring other factors such as inadequate training, diminished skills, or other features of demonstrated incompetence to practice, recovering physicians are not "impaired" (See Public Policy Statement # 2; *"Illness versus Impairment in Healthcare and other Licensed Professionals"*). These professionals have been carefully evaluated, received indicated treatment, and are ideally participating in the monitoring and scrutiny of their state's Professionals Health Program to ensure their illness remains in remission. As such, they warrant the continued respect and support of their colleagues, Professional Societies and Specialty Boards. It should remain the purview of the physician's Regulatory Agency /Licensure Board to determine their ability to practice medicine with reasonable skill and safety. Should the Licensure Board/Regulatory Agency determine continued licensure – with or without restrictions – is warranted, recovering physicians should receive from their physician colleagues the same consideration we afford our patients – our support, encouragement, compassion, and care.

Specialty Societies and Specialty Boards should work with their state PHP to develop processes regarding their physician colleagues with addictive and/or psychiatric illness or other potentially impairing health conditions that have been reported to the National Practitioner Data Bank. Consideration of the remedial efforts the physician has made since the events leading to the report should be taken into account in their deliberations. Recovering Physicians who have earned the advocacy of their state PHP should be accorded full privileges of the profession of

medicine and not limited in their activities solely on the basis of past behavior or the existence of a disease that is now in remission.

A Specialty Society or Specialty Board considering suspension, revocation of membership or inhibition of board certification, based on a limitation imposed on a medical license should undertake appropriate due process in ascertaining the warranting of privileges removal, membership or board certification. Individual cases should be provided consideration of the opinions of treatment professionals and appropriate others including Professionals Health Programs.

The American Society of Addiction Medicine recommends:

- 1) Professional and Specialty Societies, Specialty Certification Boards and State Regulatory Agencies /Licensure Boards understand addictive and psychiatric illnesses are not issues of moral turpitude, personal character or professionalism. They are chronic medical illnesses to which physicians are susceptible, just as are their patients.
- 2) Barring other substantive issues, successful completion of the administrative process of a Regulatory Agency and associated re-licensure - with or without restriction - should obviate the need for Specialty Boards, Professional Societies and Specialty Societies to undertake denials of certification, eligibility for recertification, and/or membership.
- 3) Physicians who are or who have been successful participants in a Professionals Health Program should be recognized to be in a state of fitness for duty rather than an automatically “unfit” status representing a risk to the public that they serve.
- 4) Specialty Society membership, Specialty Board certification should not be withdrawn retrospectively based solely upon a diagnosis of a potentially impairing illness, such as addictive and/or psychiatric illness. Specialty Boards should not withdraw, prevent, prohibit or otherwise interfere with a physician’s board Certification based solely on these same issues. In the absence of cause beyond illness, continuation of Specialty Society membership and privileges and board certification should be maintained.
- 5) Professionals Health Programs and other experts in the evaluation, treatment and continuing care of physicians should be utilized and input respected in all specialty society membership and/or board certification decisions related to appeals of adversarial rulings of physicians recovering from addiction and/or psychiatric illness.
- 6) Continued discriminatory loss of specialty society membership and/or specialty board certification is not reflective of the philosophical principles and practice of medicine in general, is a dated carryover of an antiquated moral model of addiction and is no longer appropriate based on current knowledge and efficacy of addictive and/or psychiatric illness treatment and chronic disease management.