

Arizona Medical Board

CONCLUSION: The Arizona Medical Board (Board) regulates the practice of medicine in the State by licensing allopathic physicians (also known as “doctors of medicine,” or MDs); investigating and resolving complaints against licensees; providing information to the public, such as MDs’ license status and disciplinary history; and administering the Physician Health Program (PHP) for MDs suffering from substance abuse, medical, and mental health issues. We found that the Board issued licenses, permits, and registrations to qualified applicants, and did so in a timely manner. However, the Board should continue its efforts to ensure that license renewal applicants comply with continuing medical education (CME) requirements. Additionally, the Board appropriately investigated and adjudicated complaints we reviewed, but some complaint resolutions experienced delays. Therefore, the Board should continue its efforts to improve complaint resolution timeliness. The Board also provided appropriate, accurate, and timely information about licensees to the public. Finally, the Board administers the PHP to help ensure that MDs are able to safely practice medicine, and is seeking additional PHP contractors.

Board issued licenses, permits, and registrations to qualified applicants within required time frames

Board issued licenses, permits, and registrations to qualified applicants—We reviewed random samples of 26 MD license applications the Board received in calendar years 2015 and 2016, and 5 applications for post-graduate training permits and 5 dispensing registration applications the Board received in calendar year 2016, and found that the Board issued these licenses, permits, and registrations only to qualified applicants.¹

Board should continue efforts to ensure compliance with CME requirements—MDs must meet various requirements every 2 years in order to renew their licenses, including attesting that they have met the 40 hours of required CME, providing a statement regarding history of professional conduct, and submitting the required fee. To help ensure MDs complete the required CME hours, the Board randomly selects and then audits 10 percent of its licensees for compliance with CME requirements. MDs selected for audit must submit documentation to demonstrate compliance with the CME requirements to renew their licenses. We reviewed a random sample of 30 of the 107 MD license renewal applications selected for CME audit on November 1, 2016, and found that 26 MDs complied with CME requirements and their licenses were appropriately renewed. However, the Board renewed two licenses without auditing the MDs’ CME, and the remaining two licenses were renewed even though the MDs did not provide proof of completing the required number of CME hours. Based on this finding, the Board enhanced its training for staff who are new to processing license renewal applications to include experienced staff reviewing trainees’ work.

Board issued and renewed licenses in a timely manner—The Board issued licenses and renewals that we reviewed within the time frames specified in rule. We analyzed board data for the 2,693 MD license applications that were received in calendar years 2015 and 2016 and approved as of February 23, 2017, and reviewed the random sample of 30 MD renewal applications selected for CME audit, and found that these licenses and renewals were processed within the time frames allowed by board rules.

Recommendation

The Board should continue to use its newly implemented training review procedure to ensure that license renewal applicants meet all requirements in statute and rule, including ensuring that all applicants who are chosen for CME audit are audited, and if audited, ensuring that applicants submit proof of meeting CME requirements.

¹ A post-graduate training permit is a 1-year permit that allows a person to practice medicine in the supervised setting of a teaching hospital’s internship, residency, or fellowship training program. A dispensing registration allows an MD to dispense prescription drugs.

Board appropriately resolved complaints, but should continue its efforts to improve timeliness

Board uses multi-step process to resolve complaints against MDs—The Board is responsible for investigating and resolving complaints against MDs. The complaint-handling process involves several steps, including an investigation to determine whether the complaint allegations are supported by evidence, a review of relevant medical information by an internal or outside medical consultant, and a review by a Staff Investigational Review Committee (SIRC) for substantiated complaints that require board action. Ultimately, the Board may dismiss a complaint or take nondisciplinary or disciplinary action against a licensee, as appropriate.

Board appropriately investigated and adjudicated complaints—The Board has implemented adequate controls to guide its complaint investigation and adjudication process. We reviewed a sample of 30 complaints received in calendar years 2015 and 2016 that were resolved or in interim status as of February 2017, and determined that the Board appropriately investigated and resolved these complaints.²

Some complaint resolutions delayed, but Board has taken steps to improve timeliness—Our review of the 30 complaints indicated that, although complaints were investigated and adjudicated appropriately, some experienced delays during various phases of the complaint-handling process. Specifically, these complaints were resolved or placed in interim status between 21 and 531 days after receipt. In addition, we analyzed board data for the 1,413 complaints the Board received in calendar year 2016. Fifty-two percent of these complaints were resolved in 180 days or fewer, while 24 percent took longer than 180 days to resolve, and 24 percent of the complaints were still open as of March 28, 2017, with just over half of these complaints having been open for more than 180 days. Although we identified some delays in complaint handling, we did not identify any potential negative impact on public health and safety as a result of those delays for the 30 complaints reviewed. For example, we observed that board staff assigned a high priority to complaints that posed a potential or imminent threat to public health and safety. Further, the Board has taken steps to mitigate the causes for delays, such as creating additional SIRCs and holding additional board meetings.

Recommendation

The Board should continue to implement the measures it adopted to address delays in its complaint resolution process, assess the impact of these measures on complaint resolution timeliness, and take additional actions, as needed, if resolvable delays persist.

Board generally provided accurate, appropriate, and timely information to the public

The Board provides information to the public on its website and over the phone. We reviewed 29 randomly selected profiles of MDs on the Board's website and placed 8 phone calls to request information about licensees. Information provided on the website and over the phone was generally accurate, appropriate, and timely.

Board administers the Physician Health Program (PHP)

The PHP is a board-sponsored program, operated by an outside contracted medical group, to perform assessments and post-treatment monitoring of MDs who may suffer from substance abuse, medical, and mental health disorders that may affect their ability to safely practice medicine or perform healthcare tasks. According to board management, since 1992, a single contractor has operated the PHP because it has been the sole respondent each time the contract has been bid. However, the Board is seeking additional PHP contractors to avoid the potential for conflict of interest that may result from having a single contractor recommend treatment and then be paid to perform post-treatment monitoring and to provide more options for performing assessments. Further, we obtained information regarding similar programs in five other states and found that these states' programs vary considerably.

² Interim statuses are agreements between the Board and MDs that include practice restrictions and stipulated rehabilitation agreements to ensure public health and safety while a complaint is being resolved.