

# **Sanctioning**

## **Reference Points**

### **Instruction Manual**

  

#### **Board of Medicine**

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Dear Interested Parties:

In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members..." The purposes and goals of the study were consistent with state statutes which specify that the Board of Health Professions (BHP) periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

The Board of Medicine was chosen as the first board to test a set of sanction reference points. After interviewing Board of Medicine members and staff, a committee of board members, staff, and research consultants assembled a research agenda involving the most exhaustive statistical study of sanctioned physicians ever conducted in the United States. The analysis included collecting over 100 factors on all Board of Medicine sanctioned cases in Virginia over a 6 year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanctioning reference points. Using both the data and collective input from the Board of Medicine and staff, analysts developed a usable set of sanction worksheets as a way to implement the reference system.

In 2010, BHP recommended that the SRPs be evaluated to determine if the program had met the objectives set forth in 2001. The result was several changes to the Board of Medicine's Sanctioning Reference Points worksheets. This manual is the product of those adopted changes.

Sincerely yours,

Dianne L. Reynolds-Cane, M.D.  
Director  
Virginia Department of Health Professions

Cordially,

Elizabeth A. Carter, Ph.D.  
Executive Director  
Virginia Board of Health Professions

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# GENERAL INFORMATION

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## Overview

The Virginia Board of Health Professions has spent the last 10 years studying sanctioning in disciplinary cases. The study has examined all of the Department of Health Professions' (DHP) 13 health regulatory Boards. Focusing on the Board of Medicine (BOM), this manual contains background on the project, the goals and purposes of the Sanctioning Reference Points (SRP) system, and three revised offense-based worksheets and grids used to help Board members determine how similarly situated respondents have been treated in the past.

This SRP system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Medicine. Moreover, the worksheets and grids have not been tested or validated on any other groups of persons. Therefore, they should not be used to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The current SRP system is comprised of a series of worksheets which score a number of offense and respondent factors identified using statistical analysis and built upon the Department's effort to maintain standards of practice over time. The original BOM SRP Manual was adopted in June 2004, and has been applied to cases closed in violation for a period of 7 years.

These instructions and the use of the SRP system fall within current DHP and BOM policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes. If an SRP worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policy supersedes the worksheet recommendation.

## Background

In 2010, the Board of Health Professions (BHP) recommended that the SRPs be evaluated to determine if the program had met the objectives set forth in 2001. The purpose of this study was to evaluate the SRP system against its own unique set of objectives. The SRPs were designed to aid board members, staff and the public in a variety of ways. This Effectiveness Study seeks to examine whether or not the SRPs were successful, and if not, which areas require improvement.

The Effectiveness Study relied heavily on the completed coversheets and worksheets which record the offense score, respondent score, recommended sanction, actual sanction and any reasons for departure (if applicable). The study resulted in changes to the manual for the BOM. This manual is the result of those adopted changes.

## Goals

In 2001, The Board of Health Professions and the Board of Medicine cited the following purposes and goals for establishing SRPs:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for BOM and those involved in proceedings
- “Neutralizing” sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Reducing the influence of undesirable factors—e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services and terms

## Methodology

The fundamental dilemma when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a descriptive approach) or whether it should be developed normatively (a prescriptive approach). A normative approach reflects what policymakers feel sanction recommendations should be, as opposed to what they have been. SRPs can also be developed using historical data analysis with normative adjustments. This approach combines information from past practice with policy adjustments, in order to achieve a more balanced outcome. The SRP manual adopted in 2004, was based on a descriptive approach with a limited number of normative adjustments. The Effectiveness Study was conducted in a similar manner, drawing from historical data to inform worksheet modification.

## Qualitative Analysis

Researchers conducted in-depth personal interviews with BOM members and Board staff, as well as holding informal conversations with representatives from the Attorney General's office and the Executive Director of the Board of Health Professions. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further frame the Effectiveness Study's analysis.

Additionally, interviews helped ensure the factors that Board members consider when sanctioning continued to be included during the quantitative phase of the study.

Previous scoring factors were examined for their continued relevance and sanctioning influence.

## Quantitative Analysis

In 2002, researchers collected detailed information on all BOM disciplinary cases ending in a violation between 1996 and 2001; approximately 250 sanctioning "events" covering close to 500 cases. Over 100 different factors were collected on each case to describe the case attributes Board members identified as potentially impacting sanction decisions.

Researchers used data available through the DHP case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the offense and respondent factors which were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the significant factors along with their relative weights were derived. Those factors and weights were formulated into sanctioning worksheets and grids, which became the SRPs.

During the Effectiveness Study, researchers used the 130 SRP worksheets and coversheets previously completed by Board members to create a database. The worksheets' factors, scores, sanction recommendations, sanctions handed down, and departure reasons (if any) were coded and keyed over the course of several weeks, creating a database. That database was then merged with DHP's data system L2K, adding more unique variables for analysis. The resulting database was analyzed to determine any changes in Board sanctioning that may have had an effect on the worksheet recommendations.

The original Medicine SRP manual made use of 5 offense based worksheets. This manual eliminated 2 worksheets by combining their unique characteristics into other existing worksheets. The first change was made by adding Unlicensed Activity circumstances to the Fraud/Deception/Misrepresentation worksheet. The next change was adding Inappropriate Relationship/Sexual Abuse to the Patient Case worksheet.

Offense factors such as patient harm, patient vulnerability and case severity (priority level) were analyzed, as well as respondent factors such as substance abuse, impairment at the time of offense, initiation of self-corrective action, and prior history of the respondent. Researchers re-examined factors previously deemed "extralegal" or inappropriate for the SRP system. For example, respondent's attorney representation, physical location (region), age, gender, and case processing time were considered "extra-legal" factors.

Although, both "legal" and "extra-legal" factors can help explain sanction variation, only those "legal" factors the Board felt should consistently play a role in a sanction decision continued to be included on the worksheets. By using this method, the hope is to achieve more neutrality in sanctioning, by making sure the Board considers the same set of "legal" factors in every case.

# Characteristics of the SRP System

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## Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanctioning model that encompasses roughly 70% of historical practice. This means that approximately 30% of past cases receive sanctions either higher or lower than what the reference points indicate, recognizing that aggravating and mitigating factors play a role in sanctioning. The wide sanctioning ranges allow the Board to customize on a particular sanction within the broader SRP recommended range.

## Two Dimensional Sanctioning Grid

The Board indicated early in the SRP study that sanctioning is not only influenced by circumstances directly associated with the case, but also by the respondent's past history. The empirical analysis supported the notion that both offense and respondent factors impacted sanction outcomes. Subsequently, the SRPs make use of a two-dimensional scoring grid; one dimension scores factors related to the current violation(s), while the other dimension scores factors related to the respondent.

In addition, the first dimension assigns points for circumstances related to the violation that the Board is currently considering. For example, the respondent may

receive points for inability to safely practice due to impairment at the time of the offense or, if there were multiple patients involved. The second dimension assigns points for factors that relate to the respondent. For example, a respondent before the Board for an unlicensed activity case may also receive points for having a history of disciplinary violations for other types of cases. That same respondent would receive more points if the prior violation was similar to the current one being heard.

## Voluntary Nature

The SRP system should be viewed as a decision-aid to be used by the Board of Medicine. Sanctioning within the SRP ranges is "totally voluntary"- , meaning that the system is viewed strictly as a tool and the Board may choose any sanction outside the recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences or Pre-Hearing Consent Orders. The coversheet and worksheets will be referenced by Board members during executive session only after a violation has been determined.

# Using the SRP System

## Case Types Covered by the SRPs

The revised SRP worksheets are grouped into 3 offense types: Impairment, Patient Care, and Fraud/Unlicensed Activity. This organization is based on the most recent historical analysis of Board sanctioning. The SRP factors found on each worksheet are those which proved important in determining sanctioning outcomes.

When multiple cases have been combined for disposition by the Board into one order, only one coversheet and worksheet is completed that encompasses the entire event. If a case has more than one offense type, one coversheet

and worksheet is selected according to the type of worksheet which appears furthest to left on the following table. For example, a licensee found in violation of both an advertising and a treatment-related offense would have their case scored on a Patient Care worksheet, since Patient Care is to the left of Fraud/Unlicensed Activity on the table. The table also assigns the various case types brought before the Board to one of 3 worksheets. If a case type is not listed, the most analogous offense type is found and use the appropriate scoring worksheet is used.

## Case Types Covered Within Worksheets

Impairment Worksheet		Patient Care Worksheet		Fraud/Unlicensed Activity Worksheet	
Drug Related	Drug adulteration Obtaining Drugs by Fraud Patient deprivation Personal use Prescription forgery	Abuse	Any sexual assault Mistreatment of a patient	Advertising	Claim of Superiority Deceptive/Misleading Fail to Disclose Full Fee when Advertising Improper Use of Trade Name Omission of Required Wording/Ad Element Other
Impairment	due to use of alcohol, illegal substances, or prescription drugs	Inappropriate Relationship	Dual, sexual or other boundary issue Inappropriate touching Inappropriate written or oral communications	Business Practice Issues	Default on guaranteed student loan Disclosure Inappropriate Use of Specialty or Board Certification
Incapacitation	due to mental, physical or medical conditions	Patient Care - Diagnosis/Treatment	Alternative Treatment Delayed or unsatisfactory diagnose/treat Failure to diagnose/treat Improper diagnose/treat Other diagnosis/treatment issues	Fraud	Falsification/alteration of patient records  Falsification of licensing/renewal documents Improper patient billing Performing unwarranted/unjust services
		Patient Care - Drug Related	Failure to provide counseling Improper management of patient regimen Inappropriate or Excessive Prescribing/Dispensing Improper patient management	Unlicensed Activity	Aiding/abetting unlicensed activity No valid license - not qualified to practice No valid license - qualified to practice Practicing beyond the scope of license Practicing on a revoked, suspended, or expired license
		Patient Care - Surgery	Improper/unnecessary performance of surgery Other surgery-related issues Inspection Deficiencies/Facility Violation		
		Patient Care - Other	Medical Record Keeping Records release		
		Supervision/Neglect	Failure to do what a reasonable person would Leaving a patient unattended in a health-care environment		

## Worksheets Not Used in Certain Cases

The SRPs are not applied in any of the following circumstances:

- Action by Another Board - When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Medicine, the Board often attempts to mirror the

sanction handed down by the other Board. The Virginia Board of Medicine usually requires that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply to cases previously heard and adjudicated by another Board.

- Compliance/Reinstatement - The SRPs should be applied to new cases only.

- Confidential Consent Agreement (CCA) - SRPs will not be used in cases settled by CCA.
- Formal Hearings - SRPs will not be used in cases that reach a Formal Hearing level.
- Mandatory Suspensions - Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the license of a physician must be suspended. The sanction is defined by law and is therefore excluded from the Sanctioning Reference Point system.

### Completing the SRP Coversheet & Worksheet

Ultimately, it is the responsibility of the BOM to complete the SRP coversheet and worksheet in all applicable cases.

The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the Board and the respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. Additionally, the manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: [www.dhp.state.va.us](http://www.dhp.state.va.us) (paper copy also available on request).

### Worksheets

Scoring instructions are contained adjacent to each of the 3 worksheets in subsequent sections of this manual. Detailed instructions are provided for each factor on a worksheet and should be referenced to ensure accurate scoring. When scoring, the scoring weights assigned to a factor on the worksheet cannot be adjusted. The scoring weights can only be applied as 'yes or no' with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board has final authority in how a case is scored.

### Coversheet

The coversheet (shown on page 12) is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for continued system monitoring, evaluation and improvement.

If the Board feels the sanctioning grid does not recommend an appropriate sanction, the Board should depart either

high or low when handing down a sanction. If the Board disagrees with the sanction grid recommendation and imposes a sanction greater or less than the recommended sanction, a short explanation should be recorded on the coversheet. The explanation could identify the factors and reasons for departure (see examples below). This process ensures worksheets are revised to reflect current Board practice and to maintain the dynamic nature of the system. For example, if a particular reason is continually cited, the Board can examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Age of prior record
- Dishonesty/Obstruction
- Motivation/Intent
- Remorse
- Extreme patient vulnerability
- Restitution/Self-corrective action
- Multiple offenses/Isolated incident

A space is provided on the coversheet to record the reason(s) for departure. Due to the uniqueness of each case, the reason(s) for departure may be varied. Sample scenarios are provided below:

#### Departure Example #1

Sanction Grid Result: Recommend Formal/Accept Surrender

Imposed Sanction: Probation with Terms - practice restriction

Reason(s) for Departure: Respondent was particularly remorseful and had already begun corrective action.

#### Departure Example #2

Sanction Grid Result: Reprimand

Imposed Sanction: Probation with Terms - practice monitoring

Reason(s) for Departure: Respondent may be trending towards future violations, implement oversight now to avoid future problems.

## Determining a Specific Sanction

The Sanction Grid has four separate sanctioning outcomes: Recommend Formal or Accept Surrender, Treatment/Monitoring, Reprimand and No Sanction. The table below lists specific sanction types under the four SRP grid

recommendations. After considering the sanction grid recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

## Expanded Sanctioning Grid Outcomes

SRP Sanction Outcome	Eligible Sanction Types
Recommend Formal/ Accept Surrender	Recommend Formal Hearing Accept Surrender C.O. for Suspension C.O. for Revocation
Treatment/Monitoring	Stayed Suspension Probation Terms: Mental or Physical Evaluation Continuing education Audit of practice Chart/record review Special examine (SPEX) Prescribing log Evaluation HPMP Chaperone Oversight by monitor/supervisor Therapy Other
Reprimand	Monetary Penalty Reprimand
No Sanction	No Sanction

# **Coversheet, Worksheets and Instructions**

# Sanctioning Reference Points Coversheet

1. Choose the appropriate worksheet
2. Complete the Offense Score and Respondent Score sections.
3. Determine the Recommended Sanction based on the scoring results and grid.
4. Complete this coversheet, noting a reason for departure if applicable.

Case Number(s): 

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

Respondent Name: \_\_\_\_\_  
Last First Title

License Number: \_\_\_\_\_

Worksheet Used:  
 Impairment  
 Patient Care  
 Fraud/Unlicensed Activity

Sanction Grid Result:  
 No Sanction - Reprimand  
 Reprimand - Treatment/Monitoring  
 Treatment/Monitoring  
 Treatment/Monitoring - Recommend Formal/Accept Surrender  
 Recommend Formal/Accept Surrender

Imposed Sanction(s):  
 No Sanction  
 Reprimand  
 Monetary Penalty: \$\_\_\_\_\_ enter amount  
 Probation: \_\_\_\_\_ duration in months  
 Stayed Suspension: \_\_\_\_\_ duration in months  
 Recommend Formal  
 Accept Surrender  
 Revocation  
 Suspension  
 Other sanction: \_\_\_\_\_  
 Terms: \_\_\_\_\_

Reasons for Departure from Sanction Grid Result (if applicable): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Worksheet Preparer's Name: \_\_\_\_\_ Date Worksheet Completed: \_\_\_\_\_

## Offense Score

### Step 1: Case Circumstances (score all that apply)

- Enter "30" if the offense involves multiple patients.
- Enter "25" if the respondent was unable to safely practice at the time of the offense due to illness related to substance abuse, or mental/physical impairment.
- Enter "20" if the patient is especially vulnerable. Patients in this category must be at least one of the following: under age 18, over age 65, or mentally/physically handicapped.
- Enter "20" if there was financial or other material gain from the offense.

### Step 2: Patient Injury Level (score only if applicable)

If a is scored, b and c cannot be scored; if a is not scored, b and/or c may be scored; skip if none are applicable.

Score injury level for the patient with the most serious injury.

- Enter "100" if a death occurred. Score if death was the result of an action by the respondent.
- Enter "50" if physical injury occurred. Physical injury includes any injury requiring medical care, ranging from first-aid treatment to hospitalization.
- Enter "50" if mental injury occurred. Mental injury includes any mental health care, such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

### Step 3: Priority Level (must score one)

A priority level must be scored. If more than one case is being sanctioned at the same time, score the case with the highest priority level.

- Enter "75" in cases where an individual may have committed an act or is highly likely to commit an act that constitutes significant and substantial danger to the health and safety of any person (Priority A).
- Enter "30" in cases where an individual may have committed a harmful act to another person but does not pose an imminent threat to public safety (Priority B) or where an individual may have committed an act that could be harmful or is considered substandard (Priority C).
- Enter "20" in cases where an individual has committed an act that does not harm the patient but may result in the loss of property or chattel, misleads or causes inconvenience (Priority D).

### Step 4: Obtain a Total Offense Score

Combine the scores from Steps 1, 2, and 3 for a Total Offense Score. This score is used to locate the correct horizontal row on the sanctioning recommendation grid.

## Respondent Score

### Step 5: Respondent Circumstances and Prior Board History (score all that apply)

- Enter "60" if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- Enter "60" if the respondent has had one or more prior Board violations.
- Enter "50" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Impairment," which include Drug Related, Impairment and Incapacitation (see pg. 5 for a complete list).
- Enter "50" if the respondent has been diagnosed or treated for mental health problems by a bona fide health care professional in the past for a condition affecting his/her ability to function safely or properly.
- Enter "50" if the respondent has been diagnosed or treated for inappropriate relationship or sexual boundary problems by a bona fide health care professional in the past.
- Enter "25" if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.
- Enter "25" if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items d through g can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

### Step 6: Combine all for Total Respondent Score

Combine the scores from Steps 5 for a Total Respondent Score which will be used to locate the correct vertical column on the sanctioning recommendation grid.

## Sanctioning Grid

### Step 7: Identify SRP Recommendation

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where row and column scores intersect displays the sanctioning recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell - "Treatment/Monitoring-Recommend Formal or Accept Surrender".

### Step 8: Coversheet

Complete the coversheet, including the grid sanction, the imposed sanction and the reasons for departure if applicable.

Offense Score	Points	Score
Case Circumstances (score all that apply)		
a. Multiple patients involved	30	_____
b. Impaired - Inability to practice	25	_____
c. Patient especially vulnerable	20	_____
d. Financial or material gain from offense	20	_____
Patient Injury Level (score only if applicable)		
a. Physical Injury - death	100	_____
b. Physical Injury - medical care	50	_____
c. Mental Injury	50	_____
Priority Level (must score one)		
a. Priority A	75	_____
b. Priority B or C	30	_____
c. Priority D	20	_____
Total Offense Score		<input style="width: 60px; height: 20px;" type="text"/>

Respondent Score	Points	Score
Respondent Circumstances and Prior Board History (score all that apply)		
a. Concurrent action	60	_____
b. One or more prior board violations	60	_____
c. Any prior "similar" board violations	50	_____
d. Past mental health problems	50	_____
e. Past inappropriate relationship/sexual problems	50	_____
f. Past alcohol problems	25	_____
g. Past drug problems	25	_____
Total Respondent Score		<input style="width: 60px; height: 20px;" type="text"/>

		Offense Score		
		0-50	51-100	101 or more
Respondent Score	0-50	No Sanction  Reprimand	Reprimand  Treatment/ Monitoring	Treatment/ Monitoring  Recommend Formal/ Accept Surrender
	51-100	Treatment/Monitoring	Treatment/ Monitoring  Recommend Formal/ Accept Surrender	Treatment/ Monitoring  Recommend Formal/ Accept Surrender
	101 or more	Treatment/ Monitoring  Recommend Formal/ Accept Surrender	Recommend Formal/ Accept Surrender	Recommend Formal/ Accept Surrender

### Offense Score

**Step 1:** Case Type (score only one; score “0” if not applicable)

- Enter “50” if the case involves sexual abuse.
- Enter “25” if the case involves physician performance. Cases of this type include patient treatment such as Patient Care - Diagnosis/ Treatment, Patient Care - Drug Related and Patient Care - Surgery.
- Enter “25” if the case involves an inspection deficiency or facility violation.

**Step 2:** Case Circumstances (score all that apply)

- Enter “20” if the patient is especially vulnerable. Patients in this category must be at least one of the following: under age 18, over age 65, or mentally/physically handicapped.
- Enter “20” if there was financial or other material gain from the offense.
- Enter “30” if the case involves multiple patients.

**Step 3:** Patient Injury Level (score only if applicable)

If a is scored, b and c cannot be scored; if a is not scored, b and/or c may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.

- Enter “100” if a death occurred. Score if death was the result of action by the respondent.
- Enter “50” if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- Enter “50” if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

**Step 4:** Priority Level (must score one)

A priority level must be scored. If more than one case is being sanctioned at the same time, score the case with the highest priority level.

- Enter “75” in cases where an individual may have committed an act or is highly likely to commit an act that constitutes significant and substantial danger to the health and safety of any person (Priority A).
- Enter “30” in cases where an individual may have committed a harmful act to another person but does not pose an imminent threat to public safety (Priority B) or where an individual may have committed an act that could be harmful or is considered substandard (Priority C).
- Enter “20” in cases where an individual has committed an act that does not harm the patient but may result in the loss of property or chattel, misleads or causes inconvenience (Priority D).

**Step 5:** Obtain a Total Offense Score

Combine the scores from Steps 1, 2, 3, and 4 for a Total Offense Score. This score is used to locate the correct horizontal row on the sanctioning recommendation grid.

### Respondent Score

**Step 6:** Respondent Circumstances and Prior Board History (score all that apply)

- Enter “60” if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- Enter “60” if the respondent has had one or more prior Board violations.
- Enter “50” if the respondent has had any “similar” violations prior to this case. Similar violations include any cases that are also classified as “Patient Care,” which includes Abuse, Inappropriate Relationship, Neglect, Patient Care - Diagnosis/Treatment, Patient Care - Drug Related, Patient Care - Surgery and Patient Care - Other (see pg. 5 for a complete list).
- Enter “50” if the respondent has been diagnosed or treated for mental health problems by a bona fide health care professional in the past for a condition affecting his/her ability to function safely or properly.
- Enter “50” if the respondent has been diagnosed or treated for inappropriate relationship or sexual boundary problems by a bona fide health care professional in the past.
- Enter “25” if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.
- Enter “25” if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items d through g can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

**Step 7:** Combine all for Total Respondent Score

Combine the scores from Steps 6 for a Total Respondent Score which will be used to locate the correct vertical column on the sanctioning recommendation grid.

### Sanctioning Grid

**Step 8:** Identify SRP Recommendation

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where row and column scores intersect displays the sanctioning recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell - “Treatment/Monitoring.”

**Step 9:** Coversheet

Complete the coversheet, including the grid sanction, the imposed sanction and the reasons for departure if applicable.

Offense Score	Points	Score
Case Type (score only one)		
a. Sexual abuse	50	_____
b. Physician performance, patient related	25	_____
c. Inspection deficiency/facility violation	25	_____
Case Circumstances (score all that apply)		
a. Multiple patients involved	30	_____
b. Patient especially vulnerable	20	_____
c. Financial or material gain from offense	20	_____
Patient Injury Level (score only if applicable)		
a. Physical Injury - death	100	_____
b. Physical Injury - medical care	50	_____
c. Mental Injury	50	_____
Priority Level (must score one)		
a. Priority A	75	_____
b. Priority B or C	30	_____
c. Priority D	20	_____
		Total Offense Score <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>

Respondent Score		
Respondent Circumstances and Prior Board History (score all that apply)		
a. Concurrent action	60	_____
b. One or more prior board violations	60	_____
c. Any prior "similar" board violations	50	_____
d. Past mental health problems	50	_____
e. Past inappropriate relationship/sexual problems	50	_____
f. Past alcohol problems	25	_____
g. Past drug problems	25	_____
		Total Respondent Score <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>

		Offense Score		
		0-50	51-100	101 or more
Respondent Score	0-50	No Sanction  Reprimand	Reprimand  Treatment/ Monitoring	Treatment/ Monitoring  Recommend Formal/ Accept Surrender
	51-100	Treatment/Monitoring	Treatment/Monitoring	Treatment/ Monitoring  Recommend Formal/ Accept Surrender
	101 or more	Treatment/ Monitoring  Recommend Formal/ Accept Surrender	Treatment/ Monitoring  Recommend Formal/ Accept Surrender	Recommend Formal/ Accept Surrender

## Offense Score

### Step 1: Case Circumstances (score all that apply)

- Enter “30” if the case type is “Claim of Superiority”.
- Enter “20” if the case involves one of the following “Financial Offenses”: Fraud, Patient billing issues, Student loan default or tax related cases.
- Enter “20” if there was financial or other material gain from the offense.
- Enter “20” if the patient is especially vulnerable. Patients in this category must be at least one of the following: under age 18, over age 65, or mentally/physically handicapped.

### Step 2: Patient Injury Level (score only if applicable)

If a is scored, b and c cannot be scored; if a is not scored, b and/or c may be scored; skip if none are applicable. Score injury level for the patient with the most serious injury.

- Enter “100” if a death occurred. Score if death was the result of an action by the respondent.
- Enter “50” if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization.
- Enter “50” if mental injury occurred. Mental injury includes any mental health care such as psychiatric, psychological or any type of counseling provided by a bona fide health care professional.

### Step 3: Priority Level.

A priority level must be scored. If more than one case is being sanctioned at the same time, score the case with the highest priority level.

- Enter “100” in cases where an individual may have committed an act or is highly likely to commit an act that constitutes significant and substantial danger to the health and safety of any person (Priority A).
- Enter “40” in cases where an individual may have committed a harmful act to another person but does not pose an imminent threat to public safety (Priority B) or where an individual may have committed an act that could be harmful or is considered substandard (Priority C).
- Enter “20” in cases where an individual has committed an act that does not harm the patient but may result in the loss of property or chattel, misleads or causes inconvenience (Priority D).

### Step 4: Obtain a Total Offense Score

Combine the scores from Steps 1, 2, and 3 for a Total Offense Score. This score is used to locate the correct horizontal row on the sanctioning recommendation grid.

## Respondent Score

### Step 5: Respondent Circumstances and Prior Board History (score all that apply)

- Enter “60” if the respondent has a concurrent civil, malpractice, or criminal action related to the current case.
- Enter “60” if the respondent has had one or more prior Board violations.
- Enter “50” if the respondent has had any “similar” violations prior to this case. Similar violations include any cases that are also classified as Fraud/Unlicensed Activity” which include Advertising, Business Practice Issues, Fraud, and Unlicensed Activity (see pg. 5 for a complete list)
- Enter “50” if the respondent has been diagnosed or treated for mental health problems by a bona fide health care professional in the past to care for a condition affecting his/her ability to function safely or properly.
- Enter “50” if the respondent has been diagnosed or treated for inappropriate relationship or sexual boundary problems by a bona fide health care professional in the past.
- Enter “25” if the respondent has been diagnosed or treated for alcohol problems by a bona fide health care professional in the past.
- Enter “25” if the respondent has been diagnosed or treated for drug problems by a bona fide health care professional in the past.

Note: Items d through g can be scored if the Board has evidence that another entity had determined that the respondent has had problems with substance abuse, mental health or sexual boundaries.

**Step 6: Combine all for Total Respondent Score**  
Combine the scores from Steps 5 for a Total Respondent Score which will be used to locate the correct vertical column on the sanctioning recommendation grid.

## Sanctioning Grid

### Step 7: Identify SRP Recommendation

Locate the Offense and Respondent scores within the correct ranges on the top and left sides of the grid. The cell where row and column scores intersect displays the sanctioning recommendation.

Example: If the Offense Score is 70 and the Respondent Score is 90, the recommended sanction is shown in the center grid cell - “Treatment/Monitoring”.

### Step 8: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

Offense Score	Points	Score
Case Circumstances (score all that apply)		
a. Claim of Superiority	30	_____
b. Financial Offenses (see list)	20	_____
c. Financial or material gain from offense	20	_____
d. Patient especially vulnerable	20	_____
Patient Injury Level (score only if applicable)		
a. Physical Injury - death	100	_____
b. Physical Injury - medical care	50	_____
c. Mental Injury	50	_____
Priority Level (must score one)		
a. Priority A	100	_____
b. Priority B or C	40	_____
c. Priority D	20	_____
Total Offense Score		<div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>

Respondent Score		
Respondent Circumstances and Prior Board History (score all that apply)		
a. Concurrent action	60	_____
b. One or more prior board violations	60	_____
c. Any prior “similar” board violations	50	_____
d. Past mental health problems	50	_____
e. Past inappropriate relationship/sexual problems	50	_____
f. Past alcohol problems	25	_____
g. Past drug problems	25	_____
Total Respondent Score		<div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>

		Offense Score		
		0-50	51-100	101 or more
Respondent Score	0-50	No Sanction  Reprimand	Reprimand  Treatment/ Monitoring	Treatment/ Monitoring  Recommend Formal/ Accept Surrender
	51-100	Treatment/Monitoring	Treatment/Monitoring	Treatment/ Monitoring  Recommend Formal/ Accept Surrender
	101 or more	Treatment/ Monitoring  Recommend Formal/ Accept Surrender	Treatment/ Monitoring  Recommend Formal/ Accept Surrender	Recommend Formal/ Accept Surrender