MONITORING PHYSICIANS

WHY USE MONITORS?
The Iowa Board of Medicine protects the public through proper licensing and regulation of physicians, and through objective enforcement of laws and rules establishing the standard of practice of medicine in Iowa. When a physician’s competency or conduct is called into question, the Board may order the physician (respondent) to prepare a plan to monitor the physician’s practice of medicine (“practice monitor”) and/or to monitor the physician’s professional conduct in the workplace (“worksite monitor”). The plan provides the detail on what aspect of the practice or conduct is monitored, how it will be monitored and who will serve as monitor. Practice monitors are responsible for providing oversight to ensure the Board the respondent is taking the corrective steps necessary and can demonstrate compliance with standards of practice of medicine. Worksite monitors are responsible for providing oversight to ensure the respondent is demonstrating professional performance in the workplace. Serving as a monitor is a rewarding professional experience and helps to maintain and strengthen the high quality of medicine practiced in Iowa. Physicians agreeing to serve as a practice monitor or a worksite monitor should not take this responsibility lightly.

WHAT IS EXPECTED OF RESPONDENTS?
Physicians who are being monitored in their practice of medicine or professional conduct can face additional practice restrictions or sanctions if they fail to comply with a Board order. The Board expects unconditional compliance with a monitoring order. Respondents must:

- File a proposed monitoring plan and recommend a monitor within thirty (30) days of the Board order unless otherwise provided in the order
- Meet deadlines for filing reports and paying monitoring fees
- Appear before the Board, or meet with Board staff, as requested
- Provide medical records and other documentation to the Board as requested.
- Ensure that the monitor’s reports are filed on time and in the appropriate format
- Assist the Board in securing appropriate “complication rates” from hospitals, clinics, etc. where respondent has privileges to practice
- Comply fully with drug screening, patient record audits, and practice reviews
HOW LONG IS A RESPONDENT MONITORED?
The duration of Board-ordered monitoring varies. When a monitor is ordered, the Board takes into consideration the specific concerns about a respondent’s competency and/or conduct, and the recommendations from counsel and staff, peer reviews of the respondent’s cases, competency evaluations and evaluations for mental health and substance abuse.

WHO SELECTS THE MONITOR?
The respondent is required to submit a monitoring plan, including the name and CV of a physician who is eligible and available to serve as monitor. The plan and proposed monitor must be provided in writing to the Board within thirty (30) days of an order unless otherwise provided in the order. The Board must approve the plan and the monitor. A member of the Board’s Monitoring Committee and/or the Board’s Executive Director or designee will interview the recommended practice monitor to review expectations set forth in this guidance. Once approved by the Board, the monitor must sign a statement accepting responsibility to serve.

WHO CAN SERVE AS A MONITOR?
While the respondent arranges the monitoring, monitors actually serve the Board, not the physician.

To ensure that their work is independent, objective and reliable, a practice monitor:

- Should not be in a business or corporate relationship with the respondent
- Cannot be a family member (by blood or marriage)
- Must be board certified in the same or similar area in which the respondent’s practice
- Cannot be a current member or an alternate member of the Iowa Board of Medicine or the Iowa Physician Health Committee
- Has not been the subject of a disciplinary action due to serious competence or conduct issues
- Cannot concurrently serve as a supervisor of more than one physician assistant
- Should work the same hours or work in the same location or in the vicinity of the respondent
- Must hold an active medical license
- Cannot be under the oversight of a practice monitor or worksite monitor

Given the assignment and purpose of a worksite monitor, the Board realizes that a worksite monitor may have in a business or corporate relationship with the respondent. A worksite monitor:

- Regularly observes and/or supervises the respondent in a practice setting
- Must hold an active medical license
- Cannot be a family member (by blood or marriage)
- Cannot be a current member or alternate member of the Iowa Board of Medicine or the Iowa Physician Health Committee
- Has not been the subject of a disciplinary action due to serious competence or conduct issues, and is not currently on probation with the Board
- Should work the same hours or work in the same location of the respondent
WHAT IS EXPECTED OF A MONITOR?
To ensure that their work is effective and credible, monitors must aggressively look for signs of substandard practice of medicine and/or unprofessional conduct by the respondent. A monitor will:

- Immediately report to the Board any concern about the respondent’s competence or professional conduct
- Be available to appear before the Board and/or meet with Board staff as requested by the Board or Board staff to discuss/evaluate the monitoring plan
- Complete a quarterly survey and provide a quarterly narrative on the monitoring plan
- Notify the Board at least 45 days in advance if the monitor cannot continue to serve the respondent

A **practice** monitor will maintain awareness of the respondent’s practice and performance by:

- Regular, on-going contact with the respondent
- Meeting with the respondent as provided in the Board order
- Reviewing patient records
- Observing procedures
- Imparting instruction

A **worksite** monitor will maintain awareness of the respondent’s practice and performance by:

- Regular, on-going contact with the respondent
- Meeting with the respondent as provided in the Board order

HOW MANY MONITORS MUST A RESPONDENT HAVE?
Depending on locations of the respondent’s practice, it may be necessary for a respondent to have more than one monitor. A respondent should discuss that possibility with Board staff before preparing a monitoring plan.

IS A MONITOR COMPENSATED OR ELIGIBLE FOR CME?
If a respondent finds it necessary to pay for monitoring services, this arrangement must be detailed in the monitor plan, which is subject to Board approval. At this time, serving as a monitor is not recognized as continuing medical education credit.

RESPONSIBILITY OF THE BOARD
The Board is not obligated to comply with /accept recommendations proffered by the monitor regarding modification of monitoring requirements. The Board will take into consideration such recommendations, but any changes, adjustments, etc. are still at the discretion of the Board.