Oregon Medical Board

Analyzing Board Actions for Consistency

DRAFT June 3, 2026

Executive Summary

The Oregon Medical Board is committed to fair and consistent case outcomes. Discipline must be proportionate to the severity of each violation, considering aggravating and mitigating factors. Similar violations under similar circumstances should produce similar outcomes, and any departure from established patterns must be justified.

The Board adopted OMB Disciplinary Guidelines in April 2025 and will conduct an annual review of case resolutions to evaluate whether the outcomes are within the guidelines. Consistent outcomes and a transparent review process uphold the trust of licensees and the public.

This is the first annual analysis of Board Actions. A review of the 24 Board actions issued between July 2025 and April 2026 (4 Corrective Action Agreements, 20 Stipulated Orders, and no Final Orders) found case outcomes to be consistent with the OMB Disciplinary Guidelines. Every case was resolved with the correct action type based on the facts and aggravating and mitigating factors. Outcomes that include license relinquishment are not limited to Board-ordered revocations; they include voluntary retirements, surrenders, and application withdrawals made while under investigation.

This first annual review identified two needed clarifications to the Disciplinary Guidelines regarding prior Corrective Action Agreements and impairment while practicing medicine.

Background

In April 2023, the Oregon Secretary of State opened an audit of the Board's disciplinary process to assess the consistency of its decisions. The findings were released in January 2024 in, To Protect Patients and Maintain Public Trust, the Oregon Medical Board Should Further its Efforts to Address the Risk of Inequitable Disciplinary Decisions. The report set out recommendations to implement sanctioning guidelines, categorize cases, develop a written procedure, and conduct reviews of past cases to establish ongoing analysis of consistency in Board actions.

Implement Sanctioning Guidelines. OMB staff reviewed investigative guidance from peer state medical boards and other organizations. The Board also hired a graduate intern in biostatistics to conduct a five-year retrospective review of investigative case outcomes. Drawing on this work, staff drafted an initial guidelines document. In August 2024, the Board convened a workgroup that included licensee attorneys, patient-safety advocates, professional associations, members of the public, and Board members. The workgroup held public meetings to refine the draft, and its recommendations were reviewed by the Administrative Affairs Committee and the full Board throughout the process. The OMB Disciplinary Guidelines were adopted on April 3, 2025.

Categorize Cases. Staff created a statutory violation field in the agency's database that is populated by the Executive Director, in consultation with the Assistant Attorney General and the Investigations Manager, and allows designation of a primary and secondary statutory violation. Data collection began with Board actions taken at the meeting on July 10, 2025.

Develop Written Procedure. Board staff developed a written procedure for analyzing disciplinary decisions for equity and consistency, effective January 1, 2026.

Conduct Review of Past Cases. Applying the written procedure, the analysis below covers Board action decisions over a one-year period from Board meetings held between July 2025 and April 2026.

Prior Case Analysis

Categorization of Actions and Violations

Between July 2025 and April 2026 and the Board issued 24 actions: 4 Corrective Action Agreements, 20 Stipulated Orders, and 0 Final Orders.

The following Primary and Secondary violations gave rise to the 24 actions:

Statutory Violation	**#1**	**#2**
677.190(13)(b): Repeated Negligence	7	4
677.190(17)(c): Violation of Board Order	4	1
677.190(13)(a): Gross Negligence	2	2
677.190(24): Prescribing Controlled Substances w/o Accepted Medical Purpose	2	0
677.190(7): Impairment	2	1
677.190(1)(a), 677.188(4)(a)(i): Unethical Conduct	1	2
677.190(1)(a), 677.188(4)(a)(ii): Conduct Danger to the Health or Safety of Public	1	2
677.190(1)(a), 677.188(4)(a)(iii): Impairing Condition	1	0
677.190(1)(a), 847-010-0073(3)(b)(F)(ii): Sexual Misconduct/Impropriety	1	1
677.190(17)(a): Violation of Statute	1	0
677.190(6): Conviction of an Offense Punishable by Incarceration	1	0
677.190(8): Fraud or Misrepresentation in Procuring Licensure	1	1
677.190(17)(b): Violation of Board Rule	0	1
677.100(1)(c): Failure to Meet the Qualifications for a License	0	1

Consistency of Outcomes – Type of Action

The four Corrective Action Agreements mostly met the Disciplinary Guidelines' eight criteria for non-disciplinary, remedial agreements. One outlier was a Corrective Action Agreement issued to a licensee who had a prior Corrective Action Agreement for a similar violation more than seventeen years ago. The Disciplinary Guidelines do not specify a time limit on prior Board actions for the same/similar concerns.

All of the 20 Stipulated Orders were appropriately resolved with disciplinary action. None of the Stipulated Orders met the eight criteria for resolution by a Corrective Action Agreement. In addition, eight of the cases reviewed included violations of sexual misconduct, criminal activity, non-compliance (with Board orders, investigations, or interviews), or failure to qualify for licensure; all eight were resolved with a Stipulated Order in keeping with the Disciplinary

Guidelines which state that these violations may only be resolved with disciplinary action (not remediation).

Consistency of Outcomes – Terms

The terms of each Agreement or Order were consistent with the terms outlined in the Disciplinary Guidelines.

The four Corrective Action Agreements all required educational coursework; three also required the licensee to engage in formal mentorship or general collegial support. If the facts of the case involved prescribing, the Corrective Action Agreement also required adherence to the Centers for Disease Control and Prevention (CDC) Guidelines or no-notice chart audits by the Board.

Of the 20 Stipulated Orders, 15 (75%) resulted in the licensee relinquishing their license or an applicant not being granted a license. Under the OMB Disciplinary Guidelines, many of these cases could have been resolved with less severe outcomes, such as suspension, probation, practice limitations, or civil penalties. In each instance, however, the licensee or applicant chose to end the investigation by indicating they preferred to retire or surrender their license while under investigation. Conversely, no case appeared to receive a less severe outcome than the facts warranted.

The remaining five Stipulated Orders, in which the licensee continued to practice, all fell within the OMB Disciplinary Guidelines for appropriate discipline.

- Two Orders required participation in the Health Professionals' Services Program (HPSP), a monitoring program designed to ensure safe practice for those with impairing substance use or mental health conditions, based on a finding of impairment while practicing medicine.
- Two Orders imposed $10,000 civil penalties and a structured educational plan for findings of repeated acts of negligence in the practice of medicine
- One Order imposed a $5,000 civil penalty and reprimand for violating the statutory prohibition on contacting the complainant in an investigation.

Analysis of Deviations

Across the 24 cases, the Board did not deviate from the outcomes provided by the OMB Disciplinary Guidelines. As noted above, in 15 Stipulated Orders where the licensee no longer practices or, in the case of an applicant, was not granted a license, the outcome may have been more severe than the Guidelines alone would have indicated. In each of these cases, the file includes documentation that the licensee chose to retire or surrender their license, or to withdraw an application, while under investigation. These outcomes therefore reflect the licensee's own decision to exit practice rather than a Board-imposed sanction beyond what the Guidelines provide.

Consistency of Applying Aggravating and Mitigating Factors

To assess consistency, each of the 24 case files was reviewed against the aggravating and mitigating factors described in the Disciplinary Guidelines. For every case, staff identified which factors were documented in the order or in the supporting record and compared their application across cases with similar underlying violations. Across all cases, the aggravating and mitigating factors were applied consistently, and no instance was identified in which a comparable fact pattern produced a materially different outcome.

Recommended Revisions to the Disciplinary Guidelines

Three clarifications to the Disciplinary Guidelines are recommended:

1. **Prior Corrective Action Agreements.** Clarify if there is a time limit for prior Corrective Action Agreements to disqualify a licensee from resolving a new matter through a Corrective Action Agreement.
2. **Impairment While Practicing.** Clarify that when a licensee was impaired while practicing medicine, the matter must be resolved through a Stipulated Order rather than a Corrective Action Agreement, because disciplinary action is required.
3. **Unlicensed Practice of Medicine.** Although not at issue in the current set of cases reviewed, the Guidelines do not include a reference to the unlicensed practice of medicine.

Prior Case Data

Corrective Action Agreements	Agreement Outcome	Corrective Action Agreement Criteria							
		Minor Violation	Not Long-term Pattern of Substandard Practice	No Prior Board Actions	Can be Corrected through Remediation	Not Malicious	Resolution does not Restrict Licensee's Practice	No Reprimand or Fine for Unethical or Inappropriate Conduct	Not Sexual Misconduct
1. **Prescribing controlled substances/Repeated Negligence**	Educational Courses, Mentor, Adopt CDC Guidelines	✓	✓	**Prior CAA Closed in 2008**	✓	✓	✓	✓	✓
2. **Prescribing controlled substances/Repeated Negligence**.	Educational Courses, Mentor, No Notice Aduits	✓	✓	✓	✓	✓	✓	✓	✓
3. **Repeated Negligence**	Educational Courses	✓	✓	✓	✓	✓	✓	✓	✓
4. **Gross/Repeated Negligence**	Educational Courses, Collegial Supports	✓	✓	✓	✓	✓	✓	✓	✓

Stipulated Orders Primary & Secondary Violations	Order Terms	Not CAA Reason	Aggravating/Mitigating Factors
5. **677.190(13) Repeated Negligence**	$10,000 fine, CPEP education, Preceptor	Consistent pattern of substandard practice	Mental health provider whose documentation practices consistently lacked information on medical decision making or treatment plans; conduct posed potential danger to the health and safety of patients including the prescribing or psychiatric medications that may be contraindicated; vulnerable patients. No prior history of discipline; no indication of malice.
6. **677.190(13) Repeated Negligence, 677.190(13) Gross Negligence**	$10,000 fine, CPEP education	Prior Board Action	Prior Stipulated Order; actual or potential harm to patients; disregard for patient wellbeing; practicing outside the scope of training and specialty; pattern of negligent medical decision making and inadequate follow-up care for complications.
7. **677.190(13) Repeated Negligence, 677.190(1)(a) Conduct which does or might pose a Danger to Health or Safety of Patients and Public**	Surrender, never reapply	Consistent pattern of substandard practice	Vulnerable patient population; disregard for patient wellbeing, including inability to justify the care provided or psychiatric medications prescribed via telemedicine; indifference to Oregon medical regulation; failure to take accountability; failure to demonstrate competency to practice medicine. Licensee requested to surrender as quickly as possible.
8. **677.190(13) Repeated Negligence, 677.190(17) Violation of statute (informed consent)**	Retire under investigation	Prior Board Action	Licensee has extensive experience in the practice of medicine; requested to retire; already retired and has no intention of returning to practice. No evidence of malice; Licensee demonstrated accountability.

Stipulated Orders **Primary & Secondary Violations**	**Order Terms**	**Not CAA Reason**	**Aggravating/Mitigating Factors**
9. **677.190(13) Repeated Negligence, 677.190(17) Violation of Board Order**	Surrender under investigation	Non-Compliance with Board Order	Violation of current CAA; Licensee requested to surrender under investigation; no intention of returning to practice in Oregon.
10. **677.190(13) Repeated Negligence**	Retire under investigation	Licensee request to retire in lieu of the investigation	Licensee has extensive experience in the practice of medicine; requested to retire; did not attempt to renew his OMB license. No evidence of malice; Licensee self-reported to the OMB.
11. **677.190(17) Violation of Board Order**	Revocation; never reapply	Non-Compliance with Board Order	Licensee had extensive experience in the practice of medicine; placed in a position of power and authority over other physicians; exploited the power differential over trainees; failed to cooperate with the investigation and refused to participate in a Board-ordered evaluation.
12. **677.190(17) Violation of Board Order**	Surrender under investigation; demonstrate competency, monitoring program, and re-entry plan to reapply	Non-Compliance with Board Order	Noncompliance with prior Board Order; Licensee request to surrender under investigation.
13. **677.190(17) Violation of Board Order, 677.190(1)(a) Conduct or Practice which does or might pose a Danger to Health or Safety of Patients or Public**	Retire under investigation, agree to never reapply	Non-Compliance w/ Board Order	Noncompliance with prior Board Order; pattern of behavior; Licensee request to retire under investigation.
14. **677.190(17) Violation of Board Order**	Retire under investigation	Non-Compliance w/ Board Order	Prior Board Order (2016); Licensee's personal factors include a possible medical condition.
15.**677.190(13) Gross Negligence, 677.190(1)(a) Conduct Contrary to Recognized Standards of Ethics**	Retire under investigation, agree to never reapply, reprimand	Sexual Misconduct Vulnerable patient	Repeated acts of gross negligence, sexually coded communications, inappropriate boundaries, vulnerable patient, pattern of similar conduct.
16. **677.190(7) Impairment, 677.190(1)(a) Conduct Which Does/Might Impair Practice**	HPSP Enrollment	Impairment in practice	No prior history of discipline; evidence of remorse and accountability.

Stipulated Orders **Primary & Secondary Violations**	**Order Terms**	**Not CAA Reason**	**Aggravating/Mitigating Factors**
17. **677.190(7) Impairment, 677.190(1)(a) Conduct Which Does/Might Impair Practice**	HPSP Enrollment, reprimand	Impairment in practice	No prior history of discipline; evidence of resistance or defensiveness.
18. **677.190(1)(a) Conduct Contrary to Recognized Standards of Ethics, 677.190(13) Repeated Negligence**	Revocation, $10,000 fine	Prior Board Action Sexual Misconduct	Prior Board action for similar conduct; multiple investigations resolved with one order; Licensee's personal factors include fitness to practice.
19. **677.190(1)(a) Conduct Dangerous to Health or Safety**	Agree to not renew or reapply	Prior Board Action	Prior discipline; request to never practice in Oregon again.
20. **677.190(1)(a) Conduct which Does or Might Impair Practice, 677.190(24) Inappropriate Prescribing**	Surrender under investigation	Request to surrender	No prior history of discipline.
21. **677.190(1)(a) Sexual Misconduct**	Retire under investigation	Sexual Misconduct	No prior history of discipline.
22. **677.190(17) Violation of ORS 677.320, 677.190(17) Violation of OAR 847-001-0024**	Reprimand, $5,000 fine	Prior Board Action	Prior discipline; willfulness of actions.
23. **677.190(6) Conviction of an Offense Punishable by Incarceration, 677.190(24) Inappropriate Prescribing**	Surrender under investigation	Criminal Activity	Multiple felony convictions with a nexus to the practice of medicine; failure to self-report under ORS 676.150(3). No prior history of discipline.
24. **677.190(8) Fraud or Misrepresentation in Procuring Licensure, 677.100(1)(c) Failure to Qualify for Licensure**	Withdraw in Lieu of Denial	Failure to Qualify for Licensure	Failed to disclose a malpractice claim on application; declined the offer to withdraw the application; denied accountability. Agreed to withdraw under investigation without requesting a contested case hearing.