A University of California program combines data and gut instincts to determine if—and when—physicians who have been disciplined can start practicing again

By LAURA LANDRO

After the Medical Board of California accused physician Juan F. Lizarraga of negligence in the care of 11 patients, it suspended his license in 2004 and placed him on probation. Though he never harmed a patient, the board charged in an administrative complaint that he demonstrated a lack of medical knowledge and consistently failed at basic requirements of care: taking adequate medical histories, performing thorough physical exams and keeping accurate records.

Combined with a drinking problem that had resulted in an earlier arrest for drunken driving and a hospitalization for acute alcohol intoxication, Dr. Lizarraga was facing an end to his medical career. But in 2007, he was able to return to practice, after successfully completing the Physician Assessment and Clinical Education Program, or PACE, at the University of California, San Diego, and entering an alcohol recovery program. Working part time now, he plans to work full time when his probation ends next year.

The primary mission of PACE is to evaluate the competence of troubled doctors whose infractions range from serious medical error and negligence to sloppy record keeping and anger management. Using a mix of computer-based simulations, multiple-choice exams, cognitive-function screenings and hands-on observation, PACE faculty and staff tests doctors’ knowledge, skills and judgment, providing remedial courses and a weeklong mini-residency supervised by UCSD medical faculty.

In the end, the teams add their gut instincts to make a final call: Can this doctor be safely returned to practice?

Chronic Problem

The demand for such programs is growing as health care comes to grips with one of its thorniest issues: how to deal with incompetent or troubled doctors.
Harvard University patient-safety expert Lucian Leape estimates that as many as 10% of the nation's 750,000 physicians will demonstrate "significant deficiencies in knowledge or skills" at some point in their career. Combine that with other problems, including abusive behavior toward colleagues and patients, drug and alcohol dependency, stress-related mental-health issues and age-related cognitive decline, and at least a third of physicians will have a problem that poses a threat to safe patient care at one time or another, Dr. Leape says. The Joint Commission, which accredits hospitals, recently began requiring hospitals to have programs in place to identify and manage disruptive or impaired physicians.

But with a growing shortage of physicians, medical regulators say putting doctors back into practice with a honed set of skills and a better grasp of professional standards is better for patients in the long run, especially when access to care is a growing problem in poor and underserved communities.

Dr. Lizarraga, who earned his medical degree in Mexico, serves many patients in the Latino community in the Los Angeles area where he now works. The 59-year-old doctor did not contest the medical-board charges when they were filed and declines to comment on them. The board reinstated his license 2½ months after suspending it, but he was required to pass the PACE program before returning to practice—and he failed twice before passing on a third try.

'I Needed to Learn'

"I acted in good faith toward my patients, and thought I was giving them the best care," he says now. "But I needed to learn more about some things, and PACE gave me the opportunity to do that."

While a handful of other competency-assessment programs exist, PACE is widely regarded as the largest and most comprehensive, and is serving as the model for similar programs under development.

Started in 1996 by San Diego family physician William Norcross, PACE initially focused on serving the California medical board. The board often requires participation in PACE or an equivalent program for doctors who have been disciplined or had their licenses suspended, or those with malpractice settlements in excess of $30,000 who have been determined by the board to be incompetent or negligent. Doctors generally pay for the PACE program, which can cost from $6,900 to $17,000, out of their own pocket, and may pay thousands of dollars for their own legal counsel.

In California, a spokeswoman for the medical board says, "We believe PACE provides an excellent evaluation of the physician's competence." Deputy Attorney General Sanford Feldman, a lawyer for the board, says that if PACE finds a physician incompetent, he or she can contest the findings in court; if the findings are upheld, the board will revoke the license or in some cases limit the physician's practice or require further training.

PACE has performed over 1,000 competency assessments. About 10% of the physicians have failed the assessment program, and most of them have surrendered their licenses, had them
revoked or had clinical privileges at hospitals restricted. About half were found to be completely competent with no need for remedial training, while the remaining 40% had deficiencies that required weeks or months of remedial education, Dr. Norcross says. (Some doctors take remedial courses without being assessed for competency—for instance, in anticipation of a disciplinary action. In all, PACE has provided the courses to more than 2,300 doctors.)

Dr. Norcross says a number of older doctors have been found to be unfit to continue practicing, such as a 74-year-old primary-care physician who demonstrated confusion and disorientation during the PACE sessions and an 80-year-old vascular surgeon whose patient died after surgery from complications that may have been preventable.

PACE is also increasingly used by other state medical boards and by hospitals. In Texas, the state board often requires that disciplined doctors take anger-management, medical record-keeping or prescribing courses, and may refer doctors who have had sexual relationships with patients to a professional-boundaries course. "We are trying to find a way to allow these physicians to practice, but in a safe way for the public," says Mari Robinson, executive director of the Texas Medical Board.

David Birdsall, chief of staff at the John Muir Hospital campus in Concord, Calif., says the hospital has sent several doctors to PACE who "come back changed people," with better professional standards and people skills. With physicians facing more sources of stress than ever before, he says, some doctors stretch the limits of tolerable behavior or become risks to patients, "and we send them there for their own good before they get to the point of loss of licensure."

**An Exhaustive Exam**

PACE assessments start out by evaluating participants' skills with a battery of tests, and use faculty and volunteers who role-play as patients. Over the course of the two-day program, doctors also take a test that screens for cognitive impairment, as well as exams based on their practice specialty, ethics and other areas.

Depending on their specific issues, participants then may take courses in areas such as prescribing drugs and medical record keeping, and are required to do a medical research project to hone their skills at keeping up with medical literature. In an interactive test developed by the National Board of Medical Examiners, doctors use a computer to navigate through eight simulated patient-management scenarios and decide what kind of treatment to begin; the patient can get better or worse, depending on what the doctor decides.

Last month, Daniel Rose, a Los Angeles physician, began the PACE program after the medical board charged him in a 2008 complaint with "repeated negligent acts and incompetence" in the care of four patients, including prescribing drugs to an addict, prescribing without a good-faith examination and failure to maintain adequate records. His license was revoked, but the revocation was stayed and he was put on three years' probation.

Dr. Rose did not contest the medical board's action. But he says some accusations were unjust and resulted from complaints by troubled patients with an ax to grind. "Doctors can get sucked into these things by other than serious charges," he says. But he says he found the PACE program "very rigorous" and ultimately helpful.
PACE family-medicine faculty doctor Martin Schulman pretended to be four different patients, while PACE associate director David Bazzo observed. Dr. Rose was given only each patient's chief complaint and vital signs and had to perform an appropriate history and physical exam, and then order pertinent tests to diagnose and treat each patient's condition. At the end of the exams, Drs. Schulman and Bazzo independently scored the physician's performance. (Results of his assessment aren't yet complete, Dr. Norcross says.)

After his clinical test, Dr. Rose took courses in prescribing and chronic-pain management, and learned to perform more accurate charting and use electronic medical records. "I did have a deficiency there, and it really brought me into the 21st century," Dr. Rose says. "I'm not going to tell you I really loved doing it, and it's very expensive, but they run a tight ship and do an excellent job of assessing physicians so if there has been a disciplinary problem, the public can feel safe."

**Back to Resident**

It can take four to six weeks to evaluate the results from the first round of testing and tailor the second phase to the individual doctor. In this phase, PACE participants go through a week-long mini-residency at UCSD under the supervision of a faculty physician. Finally, Dr. Norcross and his team at PACE review the test results and get feedback from supervising faculty.

Not every doctor who goes through the program comes out a fan. Raymond Leung, a 54-year-old general surgeon in Orange County, Calif., was ordered to undergo the PACE assessment in 2008 by the state medical board, which charged him with negligence in failing to provide a clot-busting drug to a female emergency-room patient who later had a heart attack. Dr. Leung, who was filling in for the shorthanded emergency department, says he decided to withhold the drug because her chest pains were not excessive and he was concerned the drug would create further complications if she were to need a pacemaker. The board concluded that given the patient's symptoms, the standard of care required timely administration of the drug. However, the board also concluded that the patient presented "challenges" in diagnosis, and that Dr. Leung showed no shortcomings in his regular practice of surgery. As a result, the board said, it issued a lower form of discipline, a "letter of reprimand."

Dr. Leung, who passed the PACE assessment and says he now sticks to his surgery practice, says the tests on anatomy, physiology and pharmacology are overly difficult, requiring doctors to recall details they may have learned decades ago that aren't necessarily relevant to their competence to practice. "It would be very challenging for the average doctor off the street to take these tests and see how they do," he says. "I don't think it is a really good measure of how well a physician can do on the outside."

Dr. Norcross acknowledges that the tests are intensive but says they are largely based on basic skills doctors need to master to get through medical school. And factors besides test results are taken into account, such as faculty members' observations about a doctor's fitness for practice.

If a doctor passes, there are three types of grades in PACE: pass without further action, pass with minor recommendations and pass with major recommendations. The latter are the most difficult calls, Dr. Norcross says. "They may not be doctors you or I would want to go to, but that is the reality of the world—not all doctors are outstanding." Medical boards may keep them on probation and appoint a monitor.
Willing to Be Flexible

Dr. Norcross may work with some doctors who fail the program to attempt the assessment again. Dr. Lizarraga, for example, was popular with his Latino patients, and deeply committed to returning to practice after being unable to work for two years, Dr. Norcross says. The PACE faculty was persuaded he had overcome his drinking problem; Dr. Lizarraga says he is no longer consuming alcohol. (PACE doesn't deal with drug or alcohol abuse or depression, and a California program to help doctors with substance-abuse problems was eliminated in 2008. But PACE may help doctors find help or monitor clinical competence while they are in recovery.)

PACE created a customized assessment for Dr. Lizarraga to concentrate on areas he had failed. After he failed a second time, Dr. Norcross offered his own textbooks and let Dr. Lizarraga participate at no charge in a review course PACE created for the state prison health system. In 2007, on his third try, Dr. Lizarraga passed, with recommendations that he have a practice monitor for the remainder of his probation.

Dr. Lizarraga is happy for the chance to put the past behind him. "I came to this country to be a success, and I just wanted to practice medicine again," he says. "Dr. Norcross made it possible for me to return."

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