Executive Director Report

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Retirement from Practice in the Context of Health Issues

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As the calendar year winds to a close, I want to highlight a legal issue the Commission is working to address, but I also want to acknowledge Dr. Claire Trescott. In October, Dr. Trescott stepped down from the Commission. During her two terms with the Commission, she was heavily involved in the adoption of the revised opioid prescribing rules, was a stalwart member of multiple hearing panels and Case Management Team meetings, and reviewed hundreds of cases. A very heartfelt thanks, Claire. You will be missed, but you will not be forgotten.

As mentioned above, there are a handful of issues the Commission keeps tabs on. I want to highlight one in particular here: retirement from practice in the context of health issues. It may seem counter-intuitive, but as the practice acts for physicians and physician assistants currently stand, there is no mechanism for licensees to relinquish their licenses. A licensee may choose to let their license expire, but as they do, they still retain the ability to reactivate that license. That ability – reactivation of an expired license – exists in perpetuity with few exceptions. One of those exceptions is when a licensee permanently surrenders their license to the Commission through a stipulated agreement under the Uniform Disciplinary Act. But again, there is no legal mechanism for physicians and physician assistants to simply relinquish their licenses permanently.

The Washington Physicians Health Program (WPHP) approached the Commission in 2024 regarding a path for licensees who are engaged with WPHP and WPHP has concluded that it cannot endorse a licensee to practice with reasonable skill and safety due to health issues. There is a statutory duty for WPHP to notify the Commission (and the other disciplinary authorities that fall under the contract between the Department of Health and WPHP) of its inability to endorse a licensee. In many cases, WPHP makes this notification due to a health issue that can be addressed with treatment, but there is a small subset of these instances where a health condition has permanently impacted a licensee's ability to practice safely. It is this last set of instances that represent one of the most difficult situations the Commission encounters. For example, please imagine a 70-year-old physician who has taken care of patients for 30 or 40 years with no issues, but who might be experiencing cognitive decline. They may have reached a point in their career where they simply cannot practice safely.

Typically, the notification begins a process where the Commission will open an investigation into the circumstances underlying WPHP's conclusion. That investigation process is done pursuant to the provisions of the Uniform Disciplinary Act and if there is a surrender, that notification is posted on the Department's Provider Credential Search and reported to the National Practitioner Data Bank. For that hypothetical physician I mentioned above, it might be terribly difficult to go through an investigation. On top of that, potentially having their own medical condition made a permanent – and public – part of their career when they simply want to be able to step away from a lifetime of taking care of patients and being remembered for that. It would simply be better for all involved if there was a pathway for physicians and physician assistants in this situation to notify the Commission that they wish to relinquish their licenses. That is not the case currently. The Commission acknowledges this difficult situation and the emotional toll it may take on those going through it but unfortunately there is no alternative legal mechanism.

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