

# **Sanctioning** **Reference Points** **Instruction Manual**

## **Board of Pharmacy**

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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.

After interviewing Board of Pharmacy's members and staff, a committee of board members, staff, and research consultants assembled a research agenda involving the most exhaustive statistical study of sanctioned Pharmacists ever conducted in the United States. The analysis included collecting over 100 factors on all Board of Pharmacy sanctioned cases in Virginia over a six 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 Pharmacy and staff, analysts developed a usable sanction worksheet 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 outcomes related to the Board of Pharmacy resulted in several changes to the Sanctioning Reference Points worksheet. 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 (BHP) 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 Pharmacy (BOP), this manual contains background on the project, the goals and purposes of the Sanctioning Reference Points (SRP) system, and a revised offense-based worksheet and grid 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 Pharmacy. 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 original SRP system was comprised of a single worksheet created for use in cases involving a Pharmacist. Since adoption of the SRP system in 2007, the BOP has begun regulating the work of Pharmacy Technicians. During the interview process, it became clear that Pharmacists and Pharmacy Technicians were involved in different types of cases and, consequently, were sanctioned differently. Thus, these two groups would need to be studied separately which would result in separate worksheets.

The SRP worksheet used for Pharmacists, as well as the worksheet used for Pharmacy Technicians, scores case type and offense and respondent factors identified using statistical analysis. Both were built upon the Department's effort to maintain standards of practice over time. The factors were isolated and tested in order to determine their influence on sanctioning outcomes. Sanctioning thresholds found on each worksheet recommend a range of sanctions from which the board may select in a particular case.

In addition to this instruction booklet, separate coversheets and worksheets are available to record the respondent's score, recommended sanction, actual sanction and any reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the SRPs.

These instructions and the use of the SRP system fall within current DHP and BOP 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 April of 2001, BHP approved a work plan to conduct an analysis of health regulatory board sanctioning and to consider the appropriateness of developing historically-based sanctioning reference points for health regulatory boards, including the BOP. In 2010, 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 sought to examine whether or not the SRPs were successful, and if not, which areas required 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 BOP. This manual is the result of those adopted changes.

## Goals

In 2001, BHP and the BOP 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 BOP members 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 question 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 2007 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 BOP members and staff. Researchers also had informal conversations with representatives from the Attorney General’s office and the Executive Director of BHP. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further guide 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 BOP disciplinary cases ending in a violation between 1997 and 2002; approximately 361 sanctioning “events” covering close to 450 cases. Over 100 different factors were collected on each case in order 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 that is 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. These factors and weights were formulated into a sanctioning worksheet with three thresholds, which became the SRPs.

During the Effectiveness Study, researchers used 72 Pharmacist SRP worksheets and coversheets previously completed by board members to create a database. Additionally, researchers collected data on approximately 100 Pharmacy Technician cases. 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, making more variables eligible for analysis. The resulting Pharmacy Technician database was analyzed to determine which factors had an influence on sanctioning outcomes and the Pharmacist database was analyzed to determine any changes in board sanctioning that may have had an effect on the worksheet recommendations.

Offense factors such as patient injury, financial gain, and case type were analyzed as well as prior history factors such as substance abuse and previous board orders. Some factors were deemed inappropriate for use in a structured sanctioning reference system. For example, respondent age or region are considered “extra-legal” factors, and were explicitly excluded from the sanction reference points. 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 goal is to achieve more neutrality in sanctioning by making sure the board considers the same set of “legal” factors in every disciplinary case ending in a violation.

# Characteristics of the SRP System

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## Wide Sanctioning Ranges

The Sanctioning Reference Points consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the board with a sanction range that encompasses roughly 79% of historical practice for Pharmacists and roughly 88% for Pharmacy Technicians. This means that 21% (Pharmacists) and 12% (Pharmacy Technicians) of past cases had received sanctions either higher or lower than what the reference points indicate, acknowledging 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.

## Voluntary Nature

The SRP system should be viewed as a decision-aid to be used by the Board of Pharmacy. 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 Conference or Pre-Hearing Consent Order. This includes cases resolved at an informal conference and those resolved using prehearing consent orders offered by staff or board members. The coversheet and worksheets will be used only after a violation has been determined.

## Coversheets and Worksheets

Coversheets are 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, "Yes"

should be checked and a short explanation should be recorded on the coversheet. The explanation should identify the factors and reasons for departure. 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

## Worksheet Not Used In Certain Cases

The Sanctioning Reference Points will not be 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 Pharmacy, the board often attempts to mirror the sanction handed down by the other board. The Virginia Board of Pharmacy 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 Agreements (CCA) – SRPs will not be used in cases settled by CCA.
- Continuing Education (CE)
- Formal Hearings — Sanction Reference Points 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 pharmacist or pharmacy technician must be suspended. The sanction is defined by law and is therefore excluded from the Sanctioning Reference Point system.

**Sanctioning Reference Points  
for Pharmacists Only**

# Using the SRP System for Pharmacists

## Case Types Covered by the Sanctioning Reference Points

Pharmacists are scored on one SRP worksheet for all case types. The case types are grouped into 3 categories: Inability to Safely Practice, Professional Practice Issues and Prescription Error. This organization is based on the most recent historical analysis of board sanctioning. The SRP factors found on the 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, which encompasses the

entire event. In these instances, the worksheet completed is selected according to the case type group which appears highest on the following table and receives the most points. For example, a pharmacist found in violation of both a labeling error and personal use would receive seventy points, since Inability to Safely Practice is above Prescription Error on the list and receives the most points. If an offense type is not listed, find the most analogous offense type and use the appropriate score. The case type that has been selected from the list below is the only case type that receives points on the sanctioning worksheet.

## Sanctioning Reference Points Case Type Table

Inability to Safely Practice	<p>Impairment due to use of alcohol, illegal substances, or prescription drugs, or incapacitation due to mental, physical or medical conditions</p> <p>Dispensing in violation of DCA (to include dispensing for non medicinal purposes, not in accordance with dosage, filling an invalid prescription, or dispensing without a relationship), prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients, or personal use</p>	70
Professional Practice Issues	<p>Falsification/alteration of patient records Business Practice Issues</p> <p>Advertising, default on guaranteed student loan, solicitation, records, audits, required report not filed or disclosure</p> <p>Failure to maintain security of controlled substances Disclosing unauthorized client information without permission or necessity</p>	25
Prescription Error	<p>Labeling, dispensing, and administration errors Failure to provide counseling</p> <p>Standard of Care - Other: cases involving patient care that cannot fit adequately into any other case type</p>	10

## Two Sets of Sanctioning Factors

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 case type as well as offense and respondent factors impacted sanction outcomes. Subsequently, the SRP worksheet for Pharmacists makes use of two sets of factors that combine for a

sanctioning outcome that lies within one of three thresholds. The first dimension assesses factors related to case type, the second assesses factors related to the offense and respondent. So a respondent before the board for a Prescription Error case may also receive points for having had substance abuse problems, or for having a history of disciplinary violations.



## Determining a Specific Sanction

The thresholds have three separate sanctioning outcomes: No Sanction/Reprimand/CE, Monetary Penalty, and Treatment/Monitoring/ Recommend Formal. The table below lists the most frequently cited sanctions under the three sanctioning outcomes that

are part of the sanction threshold. After considering the sanction recommendation, the board should fashion a more detailed sanction(s) based on the individual case circumstances.

## Expanded Sanctioning Grid Outcomes

Worksheet Threshold	Available Sanction	Fine Amounts
No Sanction/Reprimand/CE	No Sanction Reprimand Continuing Education	N/A
Monetary Penalty	Monetary Penalty	\$250 to \$1500
Treatment/Monitoring/ Recommend Formal	Probation Stayed Suspension Revocation Suspension Revoke Right to Renew Suspend Right to Renew Recommend Formal Terms: Begin/ continue AA, NA, Caduceus, HPMP Random drug screenings Drug, alcohol, mental or physical evaluation Quarterly self reports Quarterly performance evaluation from employer Written notification to PIC Inform board of any changes in employment Notarized affidavit attesting to read/follow Ch.25.2 of Code of VA Take/pass VA Drug Law Exam Shall not be Pharmacist in Charge Inform board upon resuming practice Inspection Written evidence to board of proper recordation of ingredients of compounded drugs Report any medication errors to board within 10 days of occurrence Other practice restriction	\$1000 and up

**Sanctioning Reference Points  
Coversheet, Worksheet and  
Instructions for  
Pharmacists Only**

# Sanctioning Reference Points Coversheet for Pharmacists

Case Number(s): 

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Respondent Name: \_\_\_\_\_

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

Sanction  0-35  
 Threshold  36-115  
 Level:  116 and up

Imposed Sanction(s):  No Sanction  
 Reprimand  
 Continuing Education  
 Monetary Penalty  
 Probation: \_\_\_\_\_ duration in months  
 Stayed Suspension: \_\_\_\_\_ duration in months  
 Revocation  
 Suspension  
 Revoke Right to Renew  
 Suspend Right to Renew  
 Recommend Formal  
 Other Sanction: \_\_\_\_\_  
 Terms: \_\_\_\_\_

Was imposed sanction a departure from the recommendation?  No  Yes, give reason below

Reasons for Departure from Sanction Grid Result: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Case Type (score only one)	<u>Points</u>	<u>Score</u>
A. Inability to Safely Practice	70	_____
B. Professional Practice Issues	25	_____
C. Prescription Error	10	_____

Offense and Repsondent (score all that apply)	Points	Score
A. Financial/Material gain	60	_____
B. Respondent impaired during incident	50	_____
C. Any past substance abuse or treatment	50	_____
D. Multiple violations associated with case	35	_____
E. Act of commission	35	_____
F. Patient injury	15	_____
G. Any prior violations	5	_____

Total Worksheet Score

Score	Sanctioning Recommendations	Fine Amounts
0-35	No Sanction/Reprimand/CE	N/A
36-115	Monetary Penalty	\$250 to \$1500
116 and up	Treatment/Monitoring/Recommend Formal	\$1000 and up

Respondent Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Case Type**
**Step 1:** (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list.

- A. Enter “70” if case involves an Inability to Safely Practice. These cases include:
- Inability to Safely Practice: Impairment due to use of alcohol, illegal substances, or prescription drugs, or incapacitation due to mental, physical or medical conditions
  - Drug Related – Patient Care: Dispensing in violation of DCA (to include dispensing for non-medicinal purposes, excessive prescribing, not in accordance with dosage, filling an invalid prescription, or dispensing without a relationship), prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients, or personal use
- B. Enter “25” if the case involves Professional Practice Issues. These cases include:
- Business Practice Issues: records, audits, required report not filed, or disclosure
  - Drug Related – Security: Failure to maintain security of controlled substances
  - Fraud – Patient Care: falsification/alteration of patient records
  - Confidentiality Breach: disclosing unauthorized client information without permission or necessity
- C. Enter “10” if the case involves a Prescription Error. These cases include:
- Standard of Care – Medication/Prescription: labeling, dispensing, and administration errors, failure to provide counseling as well as other medication/prescription related issues
  - Standard of Care – Other

**Offense and Respondent**
**Step 2:** (score all that apply)

- A. Enter “60” if there was financial or other material gain from the offense.
- B. Enter “50” if the respondent was impaired at the time of the incident. Impairment can include drugs, alcohol, mental and/or physical.
- C. Enter “50” if the respondent has had any past difficulties or treatment in any of the following areas: drugs, alcohol, mental health and/or physical health. Difficulties in these areas must be relevant to the current case and treatment must have been provided by a bona fide health care practitioner.
- D. Enter "35" if there are two or more concurrent founded violations during the same proceeding. This includes two or more cases against a respondent heard at the same time, with violations for each case.
- E. Enter “35” if there was an act of commission. An act of “commission” is interpreted as purposeful, intentional, or clearly not accidental.
- F. Enter “15” if the patient was injured. Patient injury includes any injury reported by the consumer regardless of follow up treatment.
- G. Enter “5” if the respondent has had one or more prior board violations.

**Step 3:** Combine all for Total Worksheet Score. Locate the Total Worksheet Score with the Sanction Threshold Levels table at the bottom of the worksheet. The scores correspond to one of the three SRP recommendations.

The use of the Sanction Reference Points is voluntary. In addition, the worksheet sanction result may be combined with sanctions from lower sanction thresholds. For example, should a respondent fall within the “Monetary Penalty” area with a score of 40, the board may choose a sanction package that includes a “Monetary Penalty” and a “Reprimand” and still be in agreement with the SRP recommendation.

**Sanctioning Reference Points  
for Pharmacy Technicians Only**

# Using the SRP System for Pharmacy Technicians

## Case Types Covered by the Sanctioning Reference Points

Pharmacy Technicians are scored on one SRP worksheet for all case types. The case types are grouped into 3 categories: Inability to Safely Practice, Standard of Care and Professional Practice Issues. This organization is based on the most recent historical analysis of board sanctioning. The SRP factors found on the 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. In these instances, the worksheet completed is selected according to the case type group which appears highest on the following table and receives the most points. For example, a pharmacy technician found in violation for both unlicensed activity and personal use would receive thirty five points, since Inability to Safely Practice is above Standard of Care on the list and receives the most points. If an offense type is not listed, find the most analogous offense type and use the appropriate score. The case type that has been selected from the list below is the only case type that receives points on the sanctioning worksheet.

## Sanctioning Reference Points Case Type Table

Case Types	Points
<p><b>Inability to Safely Practice</b></p> <p>Impairment due to use of alcohol, illegal substances, or prescription drugs, or incapacitation due to mental, physical or medical conditions.</p> <p>Prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients, or personal use.</p> <p>Felony or misdemeanor conviction.</p>	35
<p><b>Standard of Care</b></p> <p>Medication/Prescription: Labeling or dispensing process errors.</p> <p>Exceeding Scope: practicing outside the permitted functions of registration granted.</p> <p>Confidentiality Breach: disclosing unauthorized patient information without permission or necessity.</p>	25
<p><b>Professional Practice Issue</b></p> <p>Drug Related – Security: Unauthorized access to controlled substances.</p> <p>Unlicensed Activity: Practicing a profession or occupation without holding a valid registration as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired registration.</p> <p>Fraud – Non-Patient Care: Falsification of licensing/renewal documents.</p>	5

## Two Sets of Sanctioning Factors

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 case type as well as offense and respondent factors impacted sanction outcomes. Subsequently, the SRPs make use of two sets of factors

that combine for a sanctioning outcome that lies within one of three thresholds. The first dimension assesses factors related to case type, the second assesses factors related to the offense and respondent. So a respondent before the board for a Prescription Error case may also receive points for having had substance abuse problems, or for having a history of disciplinary violations for other types of cases.

### Determining a Specific Sanction

The Sanction thresholds have three separate sanctioning outcomes: No Sanction/Reprimand/Monetary Penalty, Treatment/Monitoring, and Loss of License/Refer to Formal. The table below lists the most frequently cited sanctions under the three

sanctioning outcomes that are part of the sanction threshold. After considering the sanction recommendation, the board should fashion a more detailed sanction(s) based on the individual case circumstances.

### Expanded Sanctioning Grid Outcomes

<b>Worksheet Threshold</b>	<b>Available Sanction</b>	<b>Fine Amounts</b>
No Sanction/ Reprimand/ Monetary Penalty	No Sanction Reprimand Monetary Penalty	\$50-\$250
Treatment/ Monitoring	Stayed Suspension Probation Terms: HPMP CE Inform board upon resuming practice Inform board of any changes in employment Quarterly performance evaluation from employer Begin/continue AA or NA Chemical dependency/ psychological/ mental/ physical evaluation Continue in therapy and therapist provides quarterly reports Written notification to PIC Quarterly self reports	N/A
Loss of License/ Refer to Formal	Revocation Suspension Surrender Refer to Formal	N/A



**Sanctioning Reference Points  
Coversheet, Worksheet and  
Instructions for  
Pharmacy Technicians Only**

# Sanctioning Reference Points Coversheet for Pharmacy Technicians

Case Number(s):

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Respondent Name: \_\_\_\_\_

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

Sanction Threshold Level: \_\_\_\_\_ 0-60  
 \_\_\_\_\_ 61-90  
 \_\_\_\_\_ 91 and up

Imposed Sanction(s): \_\_\_\_\_ No Sanction  
 \_\_\_\_\_ Reprimand  
 \_\_\_\_\_ Monetary Penalty  
 \_\_\_\_\_ Probation: \_\_\_\_\_ duration in months  
 \_\_\_\_\_ Stayed Suspension: \_\_\_\_\_ duration in months  
 \_\_\_\_\_ Revocation  
 \_\_\_\_\_ Suspension  
 \_\_\_\_\_ Recommend Formal  
 \_\_\_\_\_ Other Sanction: \_\_\_\_\_  
 \_\_\_\_\_ Terms: \_\_\_\_\_

Was imposed sanction a departure from the recommendation? \_\_\_\_\_No \_\_\_\_\_Yes, give reason below

Reasons for Departure from Sanction Grid Result: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Date Worksheet Completed: \_\_\_\_\_

Case Type (score only one)	Points	Score
A. Inability to Safely Practice	35	_____
B. Standard of Care	25	_____
C. Professional Practice Issues	5	_____

Offense and Respondent Factors (score all that apply)		
A. Financial/Material gain	70	_____
B. Respondent impaired during incident	55	_____
C. Any Patient Involvement	35	_____
D. DCA Violation	30	_____
E. Case involved any type of drug	25	_____
F. Case involved opioids	30	_____
G. Any prior violations	15	_____

**Total Respondent Score**

Score	Sanctioning Recommendations	Fine Amounts
0-60	No Sanction/Reprimand/Monetary Penalty	\$50-\$250
61-90	Treatment/Monitoring	N/A
91 and up	Loss of License/Refer to Formal	N/A

Respondent Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Case Type

#### Step 1: (score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the one most serious case type that is highest on the list.

- D. Enter “35” if case involves an Inability to Safely Practice. These cases include:
- Impairment due to use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical or medical conditions.
  - Prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients, or personal use.
  - Felony or misdemeanor conviction.
- E. Enter “25” if the case involves Standard of Care. These cases include:
- Medication/Prescription: Labeling or dispensing process errors.
  - Exceeding Scope: practicing outside the permitted functions of registration granted.
  - Confidentiality Breach: disclosing unauthorized patient information without permission or necessity.
- C. Enter “5” if the case involves Professional Practice Issues. These cases include:
- Drug Related – Security: Unauthorized access to controlled substances.
  - Unlicensed Activity: Practicing a profession or occupation without holding a valid registration as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired registration.
  - Fraud – Non-Patient Care: Falsification of licensing/renewal documents.

### Offense and Respondent Factors

#### Step 2: (score all that apply)

- H. Enter “70” if there was financial or other material gain from the offense.
- I. Enter “55” if the respondent was impaired at the time of the incident. Impairment can include drugs, alcohol, mental and/or physical.
- J. Enter “35” if there was any patient involvement. Patient involvement may include an error in the delivery of a drug to a patient.
- K. Enter "30" if the case involves prescription forgery, drug adulteration, patient deprivation, stealing drugs from patients, or personal use.
- L. Enter "25" if the case involved any type of prescription drug.
- M. Enter “30” if the case involved an Opioid. This factor is scored in addition to the previous factor, "Case involved any type of Drug."
- N. Enter “15” if the respondent has had one or more prior board violations.

**Step 3:** Combine all for Total Worksheet Score. Locate the Total Worksheet Score with the Sanction Threshold Levels table at the bottom of the worksheet. The scores correspond to one of the three SRP recommendations.

The use of the Sanction Reference Points is voluntary. In addition, the worksheet sanction result may be combined with sanctions from lower sanction thresholds. For example, should a respondent fall within the “Treatment/Monitoring” area with a score of 75, the board may choose a sanction package that includes a Probation and a Monetary Penalty and still be in agreement with the SRP recommendation.