**Section 1285.240 Standards**

a) Dishonorable, Unethical or Unprofessional Conduct

1) In determining what constitutes dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud or harm the public, the Medical Board shall consider whether the questioned activities:

A) Violate the standards as set forth for physicians promulgated by national associations and/or societies regarding the practice of medicine;

B) Cause actual harm to any member of the public; or

C) Are reasonably likely to cause harm to any member of the public in the future.

2) Questionable activities include, but are not limited to:

A) Being convicted of any crime an essential element of which is dishonesty, fraud, misstatement or moral turpitude;

B) Delegating patient care responsibility to any individual when the physician has reason to believe that the person may not be competent;

C) Misrepresenting educational background, training, credentials, competence, or medical staff memberships;

D) Failing to properly supervise subordinate health professional and paraprofessional staff under the licensee's supervision and control in patient care responsibilities;

E) Committing of any other act or omission that breaches the physician's responsibility to a patient according to accepted medical standards of practice;

F) Adverse action taken by an entity listed in this subsection (a)(2)(F) that proper documentation of any adverse action by that entity will be used as prima facie evidence. Entities that may find adverse actions include any:

i) peer review body;

ii) health care institution;

iii) professional society or association related to practice under the Act;

iv) governmental agency;

v) law enforcement agency; or

vi) court for acts or conduct similar to acts or conduct which would constitute grounds for discipline under the Act;

G) Surrender of a license or authorization to practice as a medical doctor, a doctor of osteopathy, a doctor of osteopathic medicine, or doctor of chiropractic medicine in another state or jurisdiction, or surrender of membership on any medical staff or in any medical or professional association or society, while under disciplinary investigation by any of those authorities or bodies, for acts or conduct similar to acts or conduct which would constitute grounds for discipline under the Act. Proper documentation of the action taken by the respective entity will be used as prima facieevidence;

H) Restriction, suspension, or revocation of, or any other adverse action taken against clinical, hospital or practice privileges relating to patient care. Proper documentation of the action taken by the respective entity will be used as prima facieevidence;

I) Termination, restriction, suspension, exclusion, or revocation of, or any other adverse action taken against, provider status from any health care program, including but not limited to private insurance carriers, Medicare, Medicaid, and Tricare. Proper documentation of the action taken by the respective entity will be used as prima facieevidence;

J) Adverse action taken against Federal Drug Enforcement Administration (DEA) Registration, including but not limited to voluntary surrender, consent decree, and revocation. Proper documentation of the action taken by DEA will be used as prima facieevidence;

K) Making gross or deliberate misrepresentations or misleading claims as to professional qualifications or of the efficacy or value of the licensee's treatments or remedies, or those of another practitioner;

L) Practicing or offering to practice beyond one's competency or qualifications (for example, providing services or using techniques for which one is not qualified by education, training, and experience);

M) Submission of fraudulent claims for services to any health insurance company or health service plan or third-party payor;

N) If practicing at an Ambulatory Surgical Treatment Center, failure to maintain privileges as required by the Ambulatory Surgical Treatment Center Act and its rules;

O) Failing to maintain proper sanitary conditions in any facility or place a physician has direct responsibility for sanitations (e.g., owning a practice); or

P) Failing to generate medical records for any patient encounter and/or care as specified by accepted medical standards, the presumption being that proper documentation should occur with each encounter.

3) The Division hereby incorporates by reference the "Strategies for Prescribing Opioids for the Management of Pain", Federation of State Medical Boards, April 2024, 400 Fuller Wiser Road, Suite 300, Euless TX 76039. No later amendments or editions are included.

b) Immoral Conduct

1) Immoral conduct in the commission of any act related to the licensee's practice means conduct that:

A) Abuses the physician/patient relationship by taking unfair advantage of a patient's vulnerability; and

B) Is committed in the course of the practice of medicine.

2) In determining immoral conduct in the commission of any act related to the licensee's practice, the Medical Board shall consider, but not be limited to, the following standards:

A) Taking advantage of a patient's vulnerability by committing an act that violates established codes of professional behavior expected on the part of a physician;

B) Unethical conduct with a patient that results in the patient engaging in unwanted personal, financial, or sexual relationships with the physician;

C) Conducting human experimentation or utilizing unproven drugs, medicine, surgery, or equipment to treat patients, except as authorized for use in an approved research program pursuant to rules of the Illinois Department of Public Health authorizing research programs (77 Ill. Adm. Code 250.130) or as otherwise expressly authorized by law;

D) Committing an act, in the practice of persons licensed under the Act, of a flagrant, glaringly obvious nature, that constitutes conduct of such a distasteful nature that accepted codes of behavior or codes of ethics are breached;

E) Committing an act in a relationship with a patient so as to violate common standards of decency or propriety; or

F) Any other behavior that violates established codes of physician behavior or that violates established ethical principles commonly associated with the practice of medicine.

c) In determining what constitutes gross negligence, the Medical Board shall consider gross negligence to be an act or omission that is evidence of recklessness or carelessness toward or a disregard for the safety or well-being of the patient, and that results in injury to the patient.

(Source: Amended at 48 Ill. Reg. 18129, effective December 13, 2024)