

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2018-010

In the Matter of)
)
)

THOMAS R. MAYO, M.D.)
_____)

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Thomas R. Mayo, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 16-234.

Findings of Fact

1. The Respondent was born in June of 1976. He graduated from Tufts University School of Medicine in 2010 and specializes in Anesthesiology. The Respondent has been licensed to practice medicine in Massachusetts under certificate number 259001 since 2014.
2. On May 10, 2016, the Respondent worked an overnight shift in the Anesthesiology Department at Beth Israel Deaconess Medical Center (hereinafter "BIDMC").
3. At approximately 3:00 or 4:00 a.m. on May 11, 2016, while the Respondent was still on duty, he obtained and self-administered a quantity of the medication propofol.

4. At some point between 7:00 and 8:00 a.m., the Respondent was scheduled to participate in a kidney transplant surgery.
5. When the Respondent did not appear for the procedure members of the surgical team attempted to reach him by contacting him on his personal pager.
6. The Respondent, who was asleep in the on-call room, did not hear his pager ringing.
7. A short time later, a member of the surgical team went to the on-call room and knocked on the door but received no answer.
8. The Respondent eventually heard the knocking and woke up.
9. The Respondent proceeded to the operating room where he participated in the kidney transplant surgery as scheduled.
10. At some point on the morning of May 11, 2016 the Respondent met with his supervisors and admitted to diverting and self-administering quantities of propofol which he obtained during his shifts in the Anesthesiology Department at BIDMC.
11. BIDMC leadership immediately placed the Respondent on leave from his position at BIDMC.
12. On May 22, 2016, the Respondent entered in-patient treatment for substance abuse issues.
13. On July 10, 2016, the Respondent was discharged after successfully completing his inpatient program.
14. On July 11, 2016, the Respondent entered into a Voluntary Agreement not to Practice Medicine (VANP) which was ratified by the Board on July 14, 2016.

15. From July 13 2016 through July 27, 2016 the Respondent participated in a partial hospital program focused on substance abuse issues.

16. On August 8, 2016, the Respondent entered into a contract with Physician Health Services (PHS), which requires strict testing requirements, monitoring, and support groups.

17. The Respondent has not consumed drugs or alcohol since August 8, 2016.

18. The Respondent has been compliant with his PHS contract.

Conclusion of Law

A. The Respondent has violated 243 CMR 1.03(5)(a)(4) by engaging in the practice of medicine while his ability to do so was impaired by drugs or alcohol.

B. The Respondent has violated 243 CMR 1.03(5)(a)18 by engaging in misconduct in the practice of medicine.

C. The Respondent has engaged in conduct which undermines the public's confidence in the integrity of the medical profession. *See Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982); *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979).

Sanction and Order

The Respondent's license is hereby indefinitely suspended. The Respondent may be allowed to petition to stay the indefinite suspension upon documentation of his consistent compliance for eighteen (18) months with his PHS Substance Abuse Monitoring contract. Any stay of the suspension would be at the Board's discretion and contingent upon the Respondent entering into a 5-year Probation Agreement. The terms of the Probation Agreement shall include the following:

1. Obtain a Board-approved workplace monitor who will submit quarterly reports to the Board regarding the Respondent's fitness to practice;
2. Obtain a Board-approved healthcare monitor who will submit quarterly reports to the Board regarding the Respondent's fitness to practice and overall health;
3. Remain compliant with his existing PHS contract and continue with regular urine screens, individual psychotherapy and meetings;
4. Sign a limited waiver allowing PHS to provide the Board with quarterly compliance reports and immediate reports concerning any positive or missed urine screens and/or any relapses;
5. Agree not to petition the Board for an early termination of the 5-year Probation Agreement; and
6. Submit a Board-approved transitional practice plan.

Execution of this Consent Order


Complaint Counsel, the Respondent, and the Respondent's counsel agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order, in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

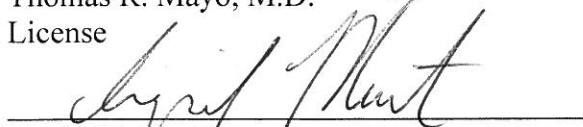
The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order and Probation Agreement with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated for the duration of his suspension and Probation Agreement. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.


Thomas R. Mayo, M.D.
License

2/22/18
Date


Ingrid Martin, Esq.
Attorney for the Licensee

2/22/18
Date

Lisa L. Fuccione
Lisa L. Fuccione
Complaint Counsel

2/22/18
Date

So ORDERED by the Board of Registration in Medicine this 22nd day of February, 2018.

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Board Chair