

COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN MEDICINE

MIDDLESEX, ss.

Docket No. 18-167

2023-009

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In the Matter of )  
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 )

Ashok K. Joshi, M.D. )  
\_\_\_\_\_) )

**PROBATION AGREEMENT**

**I. COMPLIANCE WITH AGREEMENT**

The Respondent agrees that violation of this Probation Agreement ("this Agreement"), including such provisions which survive this Agreement, shall constitute sufficient grounds for the immediate suspension of the Respondent's license to practice medicine, or any such lesser sanction as the Board may deem fit to impose, without prior notice to the Respondent. The Respondent hereby waives any claim or defense to any subsequent action by the Board to suspend the Respondent's license or impose such other lesser sanction, for any such violation or violations of this Agreement, except that the Respondent shall be entitled to defend against the assertion of a violation of this Agreement. The Respondent acknowledges and agrees that by entering into this Agreement, the Respondent is relinquishing important procedural and substantive rights.

**II. PARTIES**

The parties to this Agreement are the Board of Registration in Medicine ("the Board") and, Ashok K. Joshi, M.D. ("the Respondent").

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### **III. JURISDICTION**

The parties agree that the Board has the authority to enter into this Agreement, and that the Board may enforce the terms of this Agreement in accordance with applicable laws and regulations and the provisions of this Agreement.

### **IV. CONDITIONS OF PROBATION**

During the probationary period, which shall be effective on the date the Board accepts this Agreement, the Respondent shall comply with each of the following requirements:

A. The Respondent agrees to undergo monitoring by the Board for at least five years from the date of the Board's acceptance of this Agreement and for such further period thereafter as the Board shall for reasonable cause order. No early termination of the Agreement will be allowed. Any periods during which the Respondent is not practicing medicine during the probationary period, shall extend the probationary period.

B. The Respondent completed a skills assessment conducted by the Center for Personalized Education for Professionals (CPEP) on March 22-23, 2021. The CPEP Report makes findings and recommendations regarding the Respondent's continued practice of medicine. The Respondent must comply with all recommendations in the CPEP Report listed on page 3 of the Report, except for those that pertain to the practice of Emergency Medicine. Those recommendations are contained in Exhibit A – CPEP Assessment Report, pages 2-4, attached hereto and incorporated by reference herein.

C. Pursuant to the CPEP report recommendations, the Respondent shall participate in an Educational Intervention Plan and shall engage, through CPEP, an Educational Preceptor, and otherwise participate in all other necessary requirements of the Educational Intervention Plan.

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D. The Respondent shall have a Board-approved worksite monitor. The Respondent shall document his/her remediation of any deficiencies identified by the skills assessment through quarterly monitoring reports filed by a Board-approved monitor. The Respondent's practice of medicine will be monitored by Sarah E. Gilbert, M.D. who shall file quarterly reports to the Board on a form provided by the Board.

E. All agreements whereby third parties are to provide written reports, releases, records or any other information to the Board, including, but not limited to reports of any assessment or audit under this Probation Agreement shall be submitted to the Board for approval within thirty (30) days after the Probation Agreement is approved by the Board. The Respondent agrees to submit to the Board the results of any audit or clinical skills assessment and/or documentation of completion of any required continuing medical education credits. The Respondent agrees to waive any privileges he/she may have concerning such reports and disclosures to the Board by any such auditor, assessor, or evaluator.

F. In the event that the Respondent seeks licensure to practice medicine in another state, the Respondent shall notify the Board of such fact and shall disclose to the licensing authority in such state his status with this Board. The Respondent shall submit to the Board copies of all correspondence and application materials submitted to another state's licensing authority.

G. In the event the Respondent should leave Massachusetts to reside or practice out of the state, the Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside Massachusetts will not apply to the reduction of any period of the Respondent's probationary licensure, unless the Respondent enters into a monitoring agreement, approved by the Board, in the new location.

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H. The Respondent shall appear before the Board or a committee of its members at such times as the Board may request, upon reasonable advance notice, commensurate with the gravity or urgency of the need for such meeting as determined by the Board or such committee.

I. The Respondent, and not the Board, shall be responsible for the payment of any fee or charge occasioned by the Respondent's compliance with this Probation Agreement.

J. The Respondent may request that the Board modify any of the conditions set forth above. The Board may, in its discretion, grant such modification. Except for requests for modifications related to the identity of the Respondent's employment, the Respondent may make such a request not more than once in any one year period, nor any sooner than one year from the date of this Probation Agreement.

K. The Respondent shall provide a complete copy of this 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 he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; the Drug Enforcement Administration, Boston Diversion Group; Department of Public Health Drug Control Program, and the state licensing boards of all states in which he has any kind of license to practice medicine. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this Agreement. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive. The Board expressly reserves the authority to independently notify,

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at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

## V. TERMINATION OF PROBATION

A. If the Respondent complies with his or her obligations as set forth above, the Board, at the expiration of the five-year period, shall, upon petition by the Respondent, terminate the Respondent's probationary period and probation with the Board, unless the Respondent's probation is extended in accordance with paragraph IV(A).

B. If the Respondent fails to comply with his or her obligations as set forth above, the Respondent's license to practice medicine may be immediately suspended, as agreed in Section I.

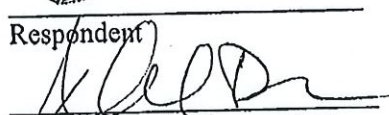
January 8, 2023

Date

1/10/23  
Date



Respondent



Attorney for the Respondent

Accepted this 2nd day of February, 2023, by the Board of Registration in Medicine.



Julian Robinson, M.D.  
Chair

# EXHIBIT A

## **I. Executive Summary**

### **A. Background**

CPEP, the Center for Personalized Education for Professionals, designed this Assessment for Ashok K. Joshi, M.B.B.S., to evaluate him in outpatient adult general practice, including topics pertinent to the emergency room setting. The CPEP Medical Director and staff reviewed information that the Massachusetts Board of Registration (Board) and Dr. Joshi provided for the Assessment. According to Dr. Joshi, he was required to complete a clinical skills Assessment by the Board. He reported that he has not worked in the emergency room setting since September 2020.

### **B. Assessment Findings and Overall Recommendations**

During this Assessment, Dr. Joshi demonstrated several strengths as well as areas of educational need primarily concentrated in the areas of medical knowledge and clinical judgment and reasoning.

The educational needs identified in this Assessment are listed in *Section III. Assessment Findings*.

No health conditions were identified that should interfere with Dr. Joshi's medical practice. His cognitive function screen results were within normal limits.

### **C. Considerations Related to Assessment Findings**

Dr. Joshi reported that he sees approximately 15 to 20 patients per day in the outpatient setting and 70 to 80 patients per month in long-term care facilities. If Dr. Joshi were to resume work in the emergency department in addition to his outpatient and long-term care patient responsibilities, this represents a heavy patient volume. Dr. Joshi should determine if this volume allows him to provide optimal care to patients.

### **D. Educational Recommendations**

Based on the findings of this Assessment, CPEP recommends Dr. Joshi participate in a structured, individualized Educational Intervention to address the identified areas of need. Such an intervention would likely require moderate time and effort on the part of Dr. Joshi. Dr. Joshi should be able to address his educational needs while he continues in practice.

CPEP opines that physicians who receive a recommendation for structured Educational Intervention should be able to address their educational needs while they continue to practice.

The following educational recommendations provide the foundation for the Educational Intervention. Further detailed educational planning may include additional activities.

- **Educational Preceptor:** Dr. Joshi should establish a relationship with an experienced educational Preceptor in (1) family medicine or internal medicine and (2) emergency medicine. This involves regularly scheduled meetings to review cases and documentation, discuss decisions related to those cases, review specific topics, and make plans for future learning. The Preceptor serves as an educator and is not intended to function as a practice monitor. Initially, these meetings should be at least weekly and, in addition to that previously described, should include:
  - *Emergency Medicine*
    - ~~Initial-Intensive-Emergency-Medicine-Chart-Review:~~ Dr. Joshi should initially review at least half of his emergency patient charts each week with a Preceptor to discuss organization, development of broad differential diagnoses, and assessment of the acuity of illness.
    - ~~Initial-Intensive-Emergency-Medicine-Coaching:~~ Dr. Joshi should participate in intensive coaching from a preceptor on how to approach and manage emergent conditions in the emergency room, including but not limited to, acute coronary syndrome, cerebrovascular accident, congestive heart failure exacerbation, ingestion, and trauma with intraabdominal bleeding. This may include review of hypothetical scenarios.
  - *General Practice*
    - **Initial Intensive Learning Experience in Prescribing and Managing Controlled Substances:** Dr. Joshi should participate in a clinical experience to provide the necessary support for prescribing any or all of the following three classes of controlled substances: opioids, benzodiazepines, stimulants.
      - Dr. Joshi should initially engage in a structured review of the profile of each patient taking controlled substances, and present all patients for whom he intends to prescribe or refill controlled substances to a Preceptor to discuss overall management of patients on controlled substances, screening for substance abuse and other risks prior to and while prescribing, potential for iatrogenesis, and monitoring.
      - Subsequently, Dr. Joshi should review all patients for whom he plans to initiate controlled substances or increase the dosage of existing medications with the Preceptor.
- **Continuing Medical Education (CME) and Self-Study:** Dr. Joshi should engage in CME courses and self-study that include, but are not limited to, the topics indicated in areas of demonstrated need. This includes, but is not limited to, the following:
  - **Electrocardiogram (ECG) interpretation course:** Dr. Joshi should have all ECGs over-read at the time of patient care until he demonstrates appropriate ability to interpret ECGs.
  - **Advanced Cardiovascular Life Support (ACLS) certification.**
- **Communication:** Communications course or coaching.

CPEP can provide information about the development of an Educational Intervention including educational objectives reflective of Dr. Joshi's areas of need, specific educational activities,



timeframes, and evaluation processes. A CPEP Associate Medical Director would actively monitor progress and compliance with the plan, notifying both Dr. Joshi and the Board on an ongoing basis.

***Limitations***

CPEP's findings are based on the performance of the participant during the Assessment process. No direct observation of the participant in the procedural setting occurs. Therefore, conclusions address only whether the participant possesses the knowledge and judgment necessary to perform, without predicting actual behavior. CPEP is unable to evaluate whether a participant possesses the technical skills required in a procedural setting. Such concerns need to be addressed through direct observation of the participant's abilities by peer professionals. Concerns about complication rates should be addressed through comparison with published data.

The Assessment is not designed to provide an in-depth evaluation of fraudulent or unethical practice patterns, inappropriate behavior with patients, or the participant's boundaries with patients; nor is it designed to evaluate the consequences of physical or mental health disorders.

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