

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2023-004

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In the Matter of )  
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NEJI TANGBAN, M.D. )  
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**STATEMENT OF ALLEGATIONS**

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Neji Tangban, M.D., ("Respondent") has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 21-413.

**Biographical Information**

1. The Respondent graduated from the University of Ibadan in 1997. He was previously certified by the American Board of Medical Specialties in family medicine, however that certification expired on September 8, 2021. The Respondent has been licensed to practice medicine in Massachusetts under license number 238780 since 2009.

**Factual Allegations**

2. The Respondent was employed as a hospitalist at Nashoba Valley Medical Center ("NVMC") until July 2021. His last day of work at NVMC began on the night of June 28, 2021, through the morning of June 29, 2021. The Respondent and NVMC mutually agreed to

terminate his contract on October 19, 2021.

3. On June 30, 2021, Respondent, who was not working that day, arrived at NVMC and went to the Emergency Department (“ED”) looking for a specific patient.

4. When told the patient had been discharged, Respondent did not believe staff and searched for the patient in the waiting room and other patients’ rooms.

5. Respondent said he had never met the patient he was looking for, but he had received a message from God instructing him to come to the hospital to pray for them.

6. NVMC has a policy that doctors may not access patient medical records when they are not working.

7. On June 30, 2021, Respondent, while at the hospital in a non-working capacity, utilized NVMC’s electronic record system to access the records of Patients A & B.

8. On July 1, 2021, long after visiting hours ended, Respondent, who was not working that day, returned to the ED at NVMC without a work-related purpose.

9. Respondent told staff he was told by God to go to NVMC to pray for the patient in Room 5.

10. While there, Respondent looked through patients’ charts, which contained information such as their names, demographics, labs needed, and room numbers.

11. Staff were able to divert Respondent, getting him to leave the building.

12. Respondent waited in his car for about an hour, before reportedly receiving a message from God to go back into NVMC and pray for the patient.

13. Upon his re-entry, the nursing staff escalated the issue of his presence to the nursing supervisor.

14. Respondent, when asked to leave the floor by nursing staff, became increasingly

confrontational.

15. Eventually, while still at NVMC, Respondent had a phone conversation with NVMC's CEO, who informed Respondent that he must leave the premises.

16. After the phone conversation, Respondent agreed to leave NVMC, but stated he would return if God instructed him to do so.

17. Hospital security escorted Respondent out of the building. Respondent's hospital access badge was deactivated to prevent his access to certain areas of the hospital.

#### Legal Basis for Proposed Relief

- A. Pursuant to G.L. c. 112, § 5, eighth par. (c) and 243 C.M.R. 1.03(5)(a)(3), the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has engaged in conduct which calls into question his competence to practice medicine.
- B. Pursuant to G.L. c. 112, § 5, eighth par. (d) and 243 C.M.R. 1.03(5)(a)(4), the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has practiced medicine while his ability to practice was impaired by alcohol, drugs, physical disability or mental instability.
- C. Pursuant to 243 C.M.R. 1.03(5)(a)(11), the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has violated any rule or regulation of the Board, including Board Policy 01-01, Disruptive Physician Behavior (Adopted June 13, 2001).
- D. The Respondent engaged in conduct that undermines the public 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).

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training, or other restrictions upon Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline Respondent for the conduct described herein.

By the Board of Registration in Medicine,



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Julian N. Robinson, M.D.  
Board Chair

Date: 1/19/2023  
nunc prob tunc for 1/5/2023