Commonwealth of Massachusetts

Board of Registration In Medicine

Annual Report
~ 2011 ~

Commonwealth of Massachusetts
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880

His Excellency Deval L. Patrick
Governor of the Commonwealth
And the Honorable Members of the General Court

Dear Governor Patrick and Members of the General Court:

On behalf of the Board of Registration in Medicine I am pleased to announce the submission and availability of the Board's Annual Report for 2011. The full report can be found on the Board's website at www.mass.gov/massmedboard.

2011 saw another year of continued focus on patient safety. The Board's every effort is in service to patients, the physicians who care for them and the improvement of health care in the Commonwealth.

For these reasons the Board maintains the highest standards for licensing physicians to practice in the Commonwealth, and it holds licensees to the highest standards of competence and conduct. But those are only means to an end. Protecting patient safety and ensuring the delivery of quality health care is the ultimate goal, and the Board's vision and commitment are focused squarely on that goal.

Many individuals, agencies and institutions share this goal, and the Board is a proud partner with the Executive Office of Health and Human Services, the Department of Public Health, the Massachusetts Medical Society, the Massachusetts Hospital Association, individual hospitals, patient and health care advocates, and many others.

This Annual Report presents the empirical evidence of the Board's work: licenses issued, discipline imposed, reports received. The work of improving health care wherever it is practiced, however, is not merely statistics -- it is a process, and a never ending one. In addition to the numbers, this report highlights the Board's efforts to protect the public, serve as a thoughtful regulator of the practice of medicine, and advocate for health care quality.

Sincerely,

Peter Paige

Peter Glenn Paige, M.D.
Chair

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Mission Statement

The Board of Registration in Medicine's mission is to ensure that only qualified physicians are licensed to practice in the Commonwealth of Massachusetts and that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and support an environment that maximizes the high quality of health care in Massachusetts.

The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease.
~Thomas Edison

MEMBERS OF THE BOARD

Peter Glenn Paige, M.D., Chair, Physician Member
Dr. Paige was appointed to the Board in 2006 and reappointed in 2009. He is a Board-certified Emergency Medicine Physician, and a graduate of SUNY Health Science Center Medical School in Syracuse, NY. Dr. Paige completed his residency at the University of Massachusetts Medical Center in Worcester. He is Associate Chief Operating Officer at UMass Memorial Medical Center and Vice-Chair of the Department of Emergency Medicine and Clinical Associate Professor. He is very active in the community and was named Volunteer of the Year by the American Heart Association, Northeast Affiliate, for his hard work as Chairman of the Worcester Heart Ball. Dr. Paige is also Chairman of the Children's Injury Prevention and Pediatric Trauma fundraiser. He serves as Chair of the Board's Patient Care Assessment Committee.

Honorable Herbert H. Hodos, Vice Chair, Public Member
Judge Hodos graduated from Yale University in 1960 and from Boston College Law School in 1963. He practiced law in general practice in Springfield from 1964 to 1966 with the law firm of Robinson and Dibble and from 1966 to 1993 in Greenfield as a partner of the law firm of Levy, Winer. Judge Hodos was appointed to the Massachusetts Trial Court as a judge of the Greenfield District Court in 1993, and served as its first justice from 1995 until his retirement from the bench in 2008. Judge Hodos was appointed to the Board in 2008. He was presented with the judicial excellence award for the District Court by the Massachusetts Judges Conference in 2008. He has been involved in numerous civic, charitable and professional positions locally as well as statewide throughout his career. Judge Hodos is Chair of the Complaint Committee.

Mary Jo Harris, Esq., Secretary, Public Member
Attorney Mary Jo Harris was appointed to the Board in 2009. She has practiced in the Boston area since 1992. Ms. Harris's legal career has focused on civil rights and employment matters through her work with the City of Boston, the Boston Police Department, and in private practice, including partnership in a Boston boutique labor and employment firm. Currently, Ms. Harris is an associate general counsel handling employment matters for a national company. She is a graduate of Kenyon College and Northeastern University School of Law. Ms. Harris has served on the Executive Committees of the Boston Inn of Court and the Federal Bar Association, and is President of the Federal Bar Association, Massachusetts Chapter, 2011-2012.

Melissa P. Hankins, M.D., Physician Member
Dr Hankins was appointed to the board in 2009. She received her undergraduate degree from Harvard College, and graduated from the Boston University School of Medicine. Dr. Hankins completed her residency at the Harvard Longwood Psychiatry Residency Training Program, which included Brigham and Women's Hospital, Beth Israel Deaconess Medical Center, and the Massachusetts Mental Health Center. Dr. Hankins is a board certified Psychiatrist, and practices at Harvard Vanguard Medical Associates. Prior to HVMA, Dr. Hankins was a member of a private group practice, and was on staff at Cambridge Health Alliance, with a focus on meeting the needs of the underserved and helping to develop and

lead an outpatient team to meet the unique needs of the African-American population in the area. She also served as a Clinical Instructor at Harvard Medical School, and was an American Psychiatric Association/AstraZeneca Fellow from 2000-2002. Dr. Hankins has been a member of the Black Psychiatrists Forum of Greater Boston. She serves as the Board Designee to the Physician Health and Compliance Unit.

Thea L. James, M.D., Physician Member
Dr. James was appointed to the Board in 2009. She is an Emergency Medicine Physician, and is a graduate of Georgetown University School of Medicine. Dr. James currently serves as Director of the Violence Intervention Advocacy Program at Boston Medical Center, where she is also Assistant Professor of Emergency Medicine. She is President of the Medical Dental Staff at Boston Medical Center. She is a member of the Society for Academic Emergency Medicine and the American Public Health Association. Dr. James is a co-founder of Unified for Global Healing, a non-profit organization providing health service, education and cultural awareness in Haiti, Ghana, and India. She has published on issues of health disparities and cultural awareness in medicine.

Gerald. B. Healy, M.D., Physician Member
Dr. Healy was appointed to the Board in 2011. He is the emeritus Surgeon-in-Chief and the emeritus Gerald B. Healy Chair in Otolaryngology at Children's Hospital Boston. Dr. Healy is Professor of Otology and Laryngology at Harvard Medical School, and is currently a Senior Fellow at the Institute for Healthcare Improvement. He is a member of the American Academy of Otolaryngology-Head and Neck Surgery, the American College of Surgeons, the Triological Society, the American Laryngological Association, the American Society of Pediatric Otolaryngology and the American Society of Head and Neck Surgery. He has served as President of the Massachusetts Chapter of the American College of Surgeons, the American Society of Pediatric Otolaryngology, the American Bronchoesophagological Association, and the Triological Society, and was Secretary and President of the American Laryngological Association. He has served as Chairman of the Board of Regents of the American College of Surgeons and is a past-President of the College. In 1986, Dr. Healy was elected to the Board of Directors of the American Board of Otolaryngology and served as its Executive Vice-President until 2004. He has also served as a Director of the American Board of Emergency Medicine. He is an Honorary Fellow of the Royal College of Surgeons of Ireland and the Royal College of Surgeons of England. Dr. Healy was a Trustee of Children's Hospital Boston and is currently a Trustee of Boystown in Omaha, Nebraska. Dr. Healy is the author of several books and book chapters and/or monographs, and is extensively published in peer-reviewed journals. He has been the principal investigator of NIH funded research addressing diseases affecting infants and children and has been cited for his pioneering work with laser surgery in children. In addition he has lectured in North America, Asia and Europe on health care reform, patient safety, the need to restructure medical education and international medical collaboration.

Candace Lapidus Sloane, M.D., Physician Member
Dr. Sloane was appointed to the Board in 2011. She earned BS (Magna Cum Laude) and MD degrees from Tufts University. She interned in Pediatrics at Children's Memorial Hospital in Chicago and served her Pediatric Residency at New York Hospital. She was a Pediatric

Fellow and Instructor at Children's Hospital of Philadelphia. She later completed a Residency in Dermatology in the combined Boston University/Tufts University Medical School program, and was Chief Resident in Dermatology her third year. Dr. Sloane is board certified in Pediatrics, Dermatology, and Pediatric Dermatology. She served as an Instructor on the faculty of the University of Pennsylvania School of Medicine and Boston University School of Medicine, Director of the Pediatric and Adolescent Dermatology Service and Director of the Community Health Center Initiative in Dermatology at Boston Medical Center; an Assistant Professor of Dermatology and Pediatrics and Director, Fellowship in Primary Care Dermatology at the Boston University School of Medicine; and as an Assistant Professor of Dermatology and Pediatrics at the Alpert School of Medicine at Brown University. At Brown she was head of Pediatric Dermatology at Rhode Island Hospital, served as Dermatology Residency Director, and a Member of the Medical School Admissions Committee. She has lectured widely in the US and Europe, and authored or co-authored many publications in Pediatrics and Dermatology. Her special area of research interest is atopic dermatitis.

EXECUTIVE DIRECTOR'S MESSAGE

Stancel M. Riley, Jr., MD, MPH, MPA

The Board is a patient safety agency. It licenses physicians, and investigates issues relating to competence and conduct, but its true mission in patient safety. In 2011, a number of developments were in pursuit of that mission.

The Board accepted public comment on revisions to a portion of its regulations. The revisions included new continuing professional development (formerly known as continuing medial education) requirements for physicians, lengthening the time pediatric medical records must be maintained, and a clearer description of mandated reporting requirements for health care facilities and medical and other personnel. The new regulations became effective on February 1, 2012.

The Quality & Patient Safety Division (QPSD) expanded its reporting requirements to include ambulatory surgical centers which perform many procedures previously performed in more traditional hospital settings. QPSD also held workshops and conferences on quality and safety systems and how best to analyze adverse events in health care facilities, providing valuable forums for health care providers to learn how to strengthen their quality and safety systems and share information regarding best practices.

Internally the Board continued to improve its information technology systems, including expanding its physician workforce data collection and upgrading the online Physician Profiles program that helps consumers by providing detailed information about physicians. Both improvements will launch in early 2012.

I noted in last year's Annual Report that the Board has an advantage many other state medical boards do not: the Commonwealth's extensive health care system, teaching hospitals, advocacy groups and think tanks. Collaboration benefits us all, and I am grateful every day for the Board's ability and opportunity to work with institutions and individuals with knowledge, expertise and commitment to patient safety and health care quality improvement. I also want to acknowledge the close, cooperative and mutually beneficial relationship the Board enjoys with the Department of Public Health, and Commissioner John Auerbach. The Department and the Board share similar missions and equal commitment to safety and quality. DPH is an indispensible partner.

STRUCTURE OF THE BOARD OF REGISTRATION IN MEDICINE

The Board consists of seven members who are appointed by the Governor to three-year terms. There are two public members and five physician members. A member may serve only two full consecutive terms. Members sometimes serve beyond the end of their terms before a replacement is appointed. Each member also serves on one or more of the Board's committees.

COMMITTEES OF THE BOARD

Complaint Committee

The Complaint Committee is comprised of two or three Board members who meet on a monthly basis to review the evidence gathered by the Enforcement Division during investigations. Depending on the nature of the case, the Complaint Committee determines whether disciplinary action is appropriate and makes recommendations to the full Board. The Complaint Committee also closes investigations when the evidence is insufficient to support disciplinary action. In closing investigations, the Complaint Committee may issue letters commenting on best practices and/or conduct conferences with physicians to discuss issues uncovered during the investigation.

Data Repository Committee

The Data Repository Committee reviews reports about physicians that are received from sources mandated by statute to file such reports. Sources of these reports include malpractice payments, hospital disciplinary reports, and reports filed by other health care providers. Although sometimes similar in content to allegations filed by patients, Data Repository reports are subject to different legal standards regarding confidentiality and disclosure than are patient complaints. The Data Repository Committee refers cases to the Enforcement Division for further investigation as needed.

Licensing Committee

The Licensing Committee reviews applications for medical licenses and requests for waivers from certain Board procedures, with candidates for licensure being presented to the full Board. The two main categories of licensure are full licensure and limited licensure. Limited licenses are issued to all physicians in training, such as those enrolled in residency programs.

Quality and Patient Safety Committee

Members of the Quality and Patient Safety (QPS) Committee work with hospitals and other health care facilities to improve quality and patient safety processes and ensure that physicians who practice within a facility are active participants in these programs. The Committee is committed to preventing patient harm through the strengthening of medical quality assurance programs in all institutions. Its membership represents expertise that allows responsive feedback and thorough consideration of the issues brought before the QPS Committee. This includes membership from the Boards of Nursing and Pharmacy and a patient representative.

Members of the Quality & Patient Safety Committee	
Peter Paige, MD, Chair	UMass Memorial Medical Center
Susan Haas, MD, Vice-Chair	Harvard Vanguard Medical Associates
Sophia Pasedis, PharmD, RPh	Board of Registration in Pharmacy, Ameridose, LLC
Marc Rubin, MD	North Shore Medical Center
Robert Schreiber, MD	Hebrew Senior Life
Dinesh Patel, MD	Massachusetts General Hospital, Harvard Medical School
Nicola Truppin, JD	Heath Navigator Partners, LLC
John Herman, MD	Massachusetts General Hospital
Arthur Russo, MD, FACP	Harrington Memorial
Janet Barnes, JD	Brigham & Women's Hospital
Mark Hershey, MD	Newton Wellesley Hospital
Nicolas Argy, MD, JD	Cape Cod Hospital
Deborah Demarco, MD	UMass Medical School
Diane Hanley, MS, RN, BC	Board of Registration in Nursing, Hallmark Health Services
James Bono, MD	New England Baptist Hospital
Sagar Nigwekar, MD	Brigham & Women's Hospital/Mass. General Hospital Joint Nephrology Fellowship Program

Committee on Acupuncture

The Board of Registration in Medicine also has jurisdiction over the licensing and disciplining of acupuncturists through its Committee on Acupuncture. The members of the Committee include four licensed acupuncturists, one public member, one physician member actively involved with acupuncture and one physician member of the Board designated by the chairman of the Board.

Acupuncture Committee Members

Weidong Lu, Lic.Ac. Chairman	Nancy E. Lipman, Lic.Ac Vice Chair
Joseph F. Audette, M.D. Secretary	Amy Soisson, JD Public Member

Shelley Kelly Sullivan, Lic. Ac.
Member

Thea James, M.D.
Board of Registration in Medicine Representative

FUNCTIONS AND DIVISIONS OF THE AGENCY

The Executive Director of the agency reports to the Board and is responsible for hiring and supervising the staff of legal, medical and other professionals who perform research, conduct investigations, litigate adjudicatory matters and make recommendations to the members of the Board on issues of licensure, discipline and policy. In addition, the Executive Director is responsible for all management functions, budget and contract issues, and public information activities of the Agency. The Executive Director oversees senior staff members who, in turn, manage the various areas of the Agency.

The Executive Director also spearheads the Board's outreach to the public and health care groups and organizations. He is the primary spokesperson for the Board, and supports collaborative efforts to ensure that the voice of the Board is heard in numerous settings at the statewide, regional and national level. The Executive Director gives presentations to, and participates in, forums about topics ranging from improving patient safety outcomes in the Commonwealth to managing new health care IT initiatives to improving physician credentialing.

Licensing Division

The Licensing Staff, under the direction of the Director of Licensing, performs the initial review of all applications for medical licensure to ensure that only competent and fully trained physicians and acupuncturists are licensed in Massachusetts. The staff also works with applicants to explain the requirements for examinations and training that must be met before a license will be issued.

Physician Demographics
2011

Total Licensed	**34,272 (100%)**
Men	**21,671 (63%)**
Women	**12,601(37%)**
Age Groups	
<40	**7,913 (23%)**
40-49	**8,937 (26%)**
50-59	**8,659 (25%)**
60-69	**6,110 (18%)**
>69	**2,653 (8%)**
Board Certified	
Yes	**28,936 (84%)**
No	**5,336 (16%)**

As of January 2011

Enforcement Division

The Enforcement Division is mandated by statute to investigate complaints involving physicians and acupuncturists, and to litigate adjudicatory matters. The Enforcement Division operates under the supervision of the Director of Enforcement and is comprised of three units: the Consumer Protection Unit, the Clinical Care Unit and the Disciplinary Unit.

Division of Law & Policy

The Division of Law & Policy operates under the supervision of the Board's General Counsel. Division Board Counsel act as legal counsel to the Board during adjudicatory matters and advise the Board, its committees, including the Committee on Acupuncture, and staff on relevant statutes, regulations and cases. Additional counsel within the Division work with the Licensing Division, in the Data Repository Unit and in the Physician Health & Compliance Unit.

Quality and Patient Safety Division (QPSD)

The QPSD is responsible for institutional systems of quality assurance, risk management, peer review and credentialing. The QPSD works with health care facilities to assure that patient safety programs are effective and comprehensive, that health care facilities conduct full and competent medical reviews of patient safety incidents and that health care facilities have robust systems for identifying, reporting and remediating patient safety incidents.

Reports to the QPSD are confidential and protected by Massachusetts law from public disclosure in the same way that records of health care facility peer review committees are protected. Confidentiality protections are an important way to foster open and honest discussion of cases by those involved at the facility and to promote better and more candid reporting to the QPSD.

Operations Division

The Operations Division is supervised by the Director of Operations, and is responsible for human resources, procurement, expenditure tracking and facilities. It also manages both the Call Center and the Document Imaging Unit. Since the launch of the Physicians Profiles project in 1996, Massachusetts residents have found the information they need to help make informed health care decisions, using this first in the nation program. In addition to online access to the Physician Profiles, the Board assists consumers who do not have Internet access through a fully staffed Call Center. Staff in the Call Center answer questions, assist callers with obtaining forms or other documents and provide copies of requested Profiles documents to callers. The Document Imaging Unit scans agency documents into an electronic database. This system has allowed the agency to standardize and automate its processes for storing and retrieving documents.

MAJOR BOARD ACTIVITIES IN 2011

The Board is more than a licensure and disciplinary agency for the Commonwealth's 33,000 physicians with full licenses, the 4,500 residents and fellows with limited licenses and the 1,000 licensed acupuncturists. It is a leader in local, regional and national efforts to protect patient safety and improve the quality of health care and its delivery. The Board's mission extends to policy, education and advocacy for patient safety and better health care quality, and in 2011 the Board continued to pursue that mission, while also focusing on how to improve the way it regulates the medical and acupuncture professions, and to provide the highest level of service to its licensees.

Updating the Board's Regulations

For the first time in 25 years, the Board significantly revised its regulations. There are many stakeholders in the Board of Medicine's regulatory process – nearly 40,000 active and inactive physicians, every health care facility in the Commonwealth, other state and federal healthcare agencies, patients and patient's families. These stakeholders and the Board agreed on a fundamental fact: The Board's regulations were outdated, and needed an overhaul.

After a lengthy and inclusive public process, new regulations concerning physician licensing and the practice of medicine became effective on February 1, 2012. Beyond reorganizing many sections to make the regulations more logically ordered and more user-friendly, and eliminating many outdated provision, several major changes were made.

Among these changes are implementing new statutory mandates such as requiring continuing professional development (CPD) credits for effective pain management and a requirement for physician competence in electronic health records beginning in 2015. A new end of life care CPD requirement was also included. Two new license categories were added: Volunteer and Administrative. The Board increased the time pediatric medical records must be kept from 7

years after the last patient contact or until the patient reaches 18, whichever is later. The previous age was nine years old.

The new regulations add a new comprehensive section clarifying statutory reporting. These laws are scattered throughout the General Laws and 243 CMR. Section 2.14 brings these requirements together for the first time. This should prove invaluable to health care providers who in the past have had difficulty determining what their legal responsibilities were and where to find them in the regulations.

These substantive changes and others are contained in 243 CMR 2.00, and can be found at this link:

http://www.mass.gov/eohhs/provider/licensing/occupational/physicans/regulations/regulations-guidelines-and-policies.html

Report of the Expert Panel to Review Breast Reconstruction Following Mastectomy

In June 2010, prompted by Safety and Quality Review reports describing complications associated with breast reconstruction, the QPSD convened an expert panel to investigate how health care facilities and providers can improve the treatment and overall experience of women who are faced with decisions about mastectomy and breast reconstruction. The Panel membership included patient representatives, and experts in the fields of breast surgical oncology, plastic surgery, radiation oncology, infectious diseases, epidemiology, medical oncology, nursing, and social work. Members also included hospital surgical department chairs, experts in quality and patient safety, surgical data collection experts and a representative from the Massachusetts Cancer Registry.

This Panel completed its work and the QPSD released its final report on June 30, 2011. The report discusses current practice in breast reconstruction and includes consensus statements and recommendations for patient education, perioperative care and further research.

The Panel's recommendations included:

- Promotion of a process for informed consent, in which the patient and her physician are "partners" when making decisions about treatment, based on both the best available scientific evidence and the patient's values and expectations.

- Careful consideration of those "risk factors" that might place the patient at a higher risk for breast reconstruction complications. For example, patients who need radiation therapy may have a higher risk of complications. Obesity and a smoking history may also influence the success of the patient's outcome.

- The need for an aggressive response when patients develop signs of infection during the postoperative period, which includes antibiotic therapy and may include the removal of the implant.

- Recognition of the need for a collaborative effort by Massachusetts hospitals to develop a system for collecting uniform breast reconstruction data, which can then be used to develop evidence based standards of care for these procedures.

The work of the Panel will be ongoing in a number of ways. A concerted effort is being made to improve data collection statewide so that in the future hospitals can revise and improve recommendations based on prospectively collected data. The group is also working toward developing a tool to be used by patients to better understand their options and how to best choose a provider and procedure.

Root Cause Analysis

In September 2011, the QPSD held a Root Cause Analysis workshop. Other sponsors were the Massachusetts Hospital Association, the Massachusetts Society for Healthcare Risk Management and the Massachusetts Medical Society.

The fully-booked workshop had several learning objectives. They included identifying the purpose of various investigations that might occur following a sentinel event or significant

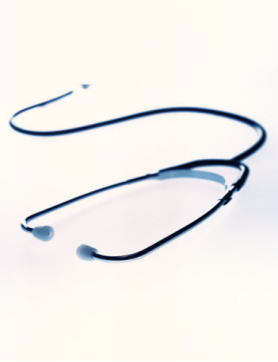
adverse incident; describing elements of a "thorough" root cause analysis and what is often missing from investigations; applying analytical tools that help caregivers identify the event's root causes and latent conditions; discovering how to determine if the root causes and latent conditions that precipitated the adverse event have been found; and, identifying strategies for designing sustainable corrective actions and follow-up monitoring activities.

The feedback from attendees was very positive and acknowledged the importance of root cause analysis as critical to health care improvement and patient safety efforts. Based on the success of the first workshop, the QPSD is scheduled to co-sponsor a repeat workshop in June 2012.

Ambulatory Surgical Center Reporting

In July 2011, notification of the Patient Care Assessment (PCA) regulatory reporting requirements was sent to all Licensed Ambulatory Surgical Centers (ASCs). To assist ASCs, the QPSD section of the Board of Medicine website, www.mass.gov/massmedboard/qps was updated with a separate link for "Licensed Ambulatory Surgical Centers and Clinics."

The QPSD staff presented three, two-hour Workshops designed to assist ASCs in fulfilling the reporting requirements. The history of the Board's oversight, the confidentiality and benefits of reporting were discussed in workshops in Wakefield, Shrewsbury and Brockton.



Safety and Quality Review (SQR) reporting is an important component of the requirements for ASCs. SQRs target four types of unexpected events for which reporting is required. The types of events relevant to ASCs include (1) an unexpected death in the course of, or resulting from an elective ambulatory procedure; (2) wrong site procedure; and (3) death or major or permanent impairment of bodily function not ordinarily expected as a result of the patient's condition on presentation.

ASC Patient Care Assessment (PCA) Plans were due by December 31, 2011. The PCA Plan

is evidence of a facility specific program for risk identification, analysis, and prevention, incorporating quality assessment, peer review, and program improvement with governance and executive level involvement. It will describe the Quality and Patient Safety Program in place for each ASC. For QPSD approval, the PCA Plan must include the Plan "Elements" as set forth at Chapter 243 of the Code of Massachusetts regulations, sections 3.01-3.16. This link contains information on the elements required for inclusion:

http://www.mass.gov/eohhs/provider/licensing/occupational/physicans/quality-patient-safety/licensed-ambulatory-surgical-centers-and-clinics/

QPSD Conference "Engaging Physicians in Health Care Facility Patient Safety and Quality Programs"

QPSD held a half-day conference in Worcester in June 2011. The conference focused on physician culture in hospitals with respect to quality improvement and patient safety programs. Discussion topics included: the development of systems to ensure physician participation in the quality and safety efforts at hospitals; methods for involving physicians in unexpected event identification and analysis; organizational structure for medical staff peer review; and non-punitive policy development and confidentiality.

The conference faculty included: Dr. Leslie G. Selbovitz, Senior Vice President and Chief Medical Officer, Newton Wellesley Hospital; Dr. Kathy Jenkins, Senior Vice President, Chief Safety and Quality Officer, Children's Hospital Boston and Dr. Marc Rubin, Chair, Department of Surgery, North Shore Medical Center.

Online Initial Physician Licensing

The Board continued its transition from paper applications for licensure to online applications. In 2009 and 2010, online full license renewal and limited license renewal were implemented, providing a new standard of ease and convenience for licensees and hospital training programs.

In 2011 the Board began the process of creating an online method for physicians not already licensed in Massachusetts to apply for a license online. This is a more complex undertaking than renewals because the Board does not already have the required information about the applicant, such as medical school transcripts and training program evaluations. The Board expects to launch an early version of online initial physician licensing in 2012.

Credentialing Verification Organization

The Board remained committed to achieving certification as a Credentialing Verification Organization (CVO) by the National Council on Quality Assurance. CVO status will allow the Board to certify the credentials of physicians to health care providers and health care insurers, eliminating the need for physicians to provide duplicative documentation to multiple entities in order to practice in Massachusetts. Certification is a complicated process, and one steeped in confidentiality, security and accuracy. The goal is to help health care facilities, health care insurers and the Board credential physicians more conveniently, more effectively and more efficiently.

Limited License Workshops

In 2011, the Licensing Division conducted three regional Limited License Workshops for residency program coordinators and administrative staff who serve as the liaisons between the Board and limited licensees. Workshops were held at the Board, Children's Hospital Medical Center and UMass Memorial Medical Center. Residency program coordinators in teaching facilities are responsible for ensuring that residents and fellows in the Commonwealth's training programs are in compliance with the Board of Registration in Medicine's licensing requirements and receive a limited license to begin their postgraduate training by July 1.

Health Care Workforce

In 2011 the Board continued its partnership with the Executive Office of Health and Human Services and the Department of

Public Health (DPH) to determine the racial, cultural and linguistic diversity of licensed health care professionals in the Commonwealth, and to understand how they are distributed geographically, by specialty and by practice in Massachusetts. The Board will add questions to its online licensing renewal system to collect demographic data from the physician population, and analyze and disseminate the information to help inform decision making regarding access to health care in the Commonwealth.

STATISTICAL APPENDIX

The following tables detail the Board's licensing, disciplinary and other statistical information for the calendar year 2011.

LICENSING DIVISION

The Licensing Division is the point of entry for physicians applying for a license to practice medicine in the Commonwealth and has an important role in protecting the public as the "gatekeepers" of medical licensure. The Division conducts an in-depth review of a physician's credentials, to validate the applicant's education, training, experience and competency. Once complete, the application is reviewed and forwarded to the Board for issuance of a license to practice medicine in the Commonwealth.

2011 saw continued growth in the Commonwealth's physician population. The annual increase in the number of new physicians has returned to the recent historical norm of approximately 2,000 new licensees per year, after having spiked in 2008, possibly due to Massachusetts' health reform laws. Between 2010 and 2011 the total physician population in Massachusetts grew by 2.5%, up from the 1.7% increase between 2008 and 2009.

License Status Activity	2011*	2010	2009*	2008	2007*
Initial Full Licenses	**1,964**	1,982	2,061	2,345	1,950
Full Renewals *	**20.339**	12,357	20,849	10,801	20,676
Lapsed Licenses Revived	**233**	215	249	221	204
Initial Limited Licenses	**1,723**	1,695	1,663	1,612	1,629
Limited Renewals	**3,124**	3,046	2,863	2,869	2,841
Temporary (initial) Licenses	**9**	7	12	21	10
Temporary Renewals	**11**	18	18	15	13
Lapsed	**2,083**	1,197	1,472	1,030	1,607
Deceased	**20**	49	259	56	203

**A large majority of physicians renew their licenses in odd-numbered years.*

LICENSING COMMITTEE ACTIVITY

Cases Reviewed by Licensing Committee	2011	2010	2009	2008	2007	2006
Malpractice Issues	**44**	35	39	47	30	29
Competency Issues	**68**	62	56	56	63	56
Legal Issues	**76**	71	49	51	43	57
Medical Issues	**28**	16	15	25	31	22
6th Limited Renewals	**36**	36	30	34	28	31
Lapsed Licenses	**73**	56	88	89	81	59
Miscellaneous Issues	**67**	76	86	36	97	92
Total Cases Reviewed	**392**	352	363	338	373	346

PERFORMANCE MONITORING AGREEMENTS

The Board's performance-monitoring program for limited licensees began in 1997 to monitor the clinical performance of a limited licensee who may have had performance issues. A performance monitoring agreement is not a disciplinary action; it is an agreement between the licensee and training program director to provide the Board with periodic evaluations of the licensee's clinical performance. Performance monitoring agreements are discontinued when the licensee's performance is consistently satisfactory.

Performance Monitoring Agreements	2011	2010	2009	2008	2007
Performance monitoring agreements	12	14	14	11	5

LICENSING DIVISION SURVEY

As an ongoing initiative to improve customer services, the Licensing Division surveys newly licensed physicians to identify opportunities for improvement and to expedite the licensing process within the scope of the Board's regulations. Survey responses are tabulated using the Likert Scale from 1–5, with 1 rated as "poor," 2–3 rated as "average" and 4-5 rated in the "excellent" range. The overall survey score for 2011 was 4.69% which is the highest average recorded since the Board began surveying newly-licensed physicians.

Survey Questions	2011 Responses	2010 Responses	2009 Responses	2008 Responses	2007 Responses
1. Was the Licensing staff courteous?	**4.68**	4.64	4.25	4.25	4.18
2. Was the staff knowledgeable?	**4.68**	4.62	4.40	4.40	4.18
3. Did the staff provide you with the correct information?	**4.70**	4.64	4.28	4.28	4.12
4. Did the staff direct you to the appropriate person to answer your questions?	**4.72**	4.70	3.87	3.87	4.14
Overall average score	**4.69**	4.65	4.20	4.20	4.16

ENFORCEMENT DIVISION ACTIVITY

The Enforcement Division is mandated by statute to investigate complaints and litigate adjudicatory matters involving physicians and acupuncturists. It strives to pursue complaints efficiently and fairly as it assists the Board in executing its public protection mandate. Cases are investigated by teams composed of a complaint counsel, an investigator and/or a nurse. Division complaint counsel negotiate voluntary agreements not to practice and for practice restrictions, consent orders, and they litigate Board matters referred to DALA.

In 2011, docketed complaints reversed a several-year decline. The number peaked at 758 in 2007, and had fallen 42% by 2010. In 2011 the number rose by 8%.

COMPLAINTS	2011	2010	2009	2008	2007	2006
Undocketed*	**292**	291	226	298	224	257
Docketed	**474**	439	491	554	758	650
Closed	**428**	568	511	678	715	678
Pending as of 12/31	**300****	243	386	383	522	479

* Technically not actual complaints, but correspondence alleging behavior not in the Board's jurisdiction, lacking grounds for discipline, etc.
**223 pre-adjudicatory
77 adjudicatory

LEGAL DIVISION ADJUDICATORY ACTIVITY

The Division of Law and Policy maintains the Board's adjudicatory case files, schedules cases to be heard by the Board, prepares its Final Decisions and Orders, and tracks its disciplinary numbers. The tables below summarize the Board's adjudicatory activity in 2011.

Type of Action	2011	2010	2009	2008	2007
Consent Order	**20**	18	17	31	31
Final Decision & Order (FD&O)	**5**	21	8	14	12
Summary Suspension	**2**	0	1	2	4
Resignation	**6**	5	6	5	14
Voluntary Agreement Not To Practice	**14**	14	14	2	10
Assurance of Discontinuance	**0**	1	0	1	1
TOTAL	**47**	59	46	55	72

Discipline by Type of Sanction	2011	2010	2009	2008	2007
Admonishment	**0**	1	0	1	1
Continuing Med. Educ. Requirement	**2**	6	2	2	2
Fine	**3**	9	7	3	8
Practice Restrictions	**3**	5	3	1	0
Probation	**8**	16	7	11	9
Reprimand	**6**	13	14	3	15

Resignation	**6**	5	6	5	14
Revocation	**3**	10	4	10	12
Summary Suspension	**2**	0	1	2	4
Suspension	**11**	15	4	18	15
Stayed Suspension	**8**	16	6	10	10
TOTAL PHYSICIANS DISCIPLINED	**34**	45	32	53	67

In many instances disciplinary cases are resolved by the Board and the physician entering into a Consent Order in which facts and sanction are agreed upon. When a Consent Order cannot be achieved, a case is referred by law to the Division of Administrative Law Appeals where an Administrative Magistrate conducts an evidentiary hearing, determines the facts, and refers the case back to the Board for further action.

	2011	2010	2009	2008	2007
Cases Referred to DALA	**16**	10	15	24	28
Cases Pending at DALA on 12/31	**30**	23	34	40	31
Cases Dismissed	**0**	5	4	4	3
Statements of Allegations Issued	**36**	28	34	54	59
Probation Violations/Other Violations	**2**	5	2	2	1

Statutorily Mandated Reports to the Board

The Data Repository Unit (DRU) receives and processes statutory reports concerning physicians licensed in Massachusetts. Mandated reporters include physicians, other health care providers, health care facilities, malpractice insurers, professional medical associations, government agencies involved in the provision or oversight of health care and civil and criminal courts.

DRU staff members work with the Board's Data Repository Committee (DRC) which reviews mandated reports and to determine appropriate resolution, which can include referral to the Board's Enforcement Division for formal investigation. The DRU also provides information regarding Board disciplinary actions to national data collection systems, and it also ensures that appropriate hospital discipline information is accurately posted on Physician Profiles.

TYPE OF REPORT	2011	2010	2009	2008	2007	2006
Court Reports – malpractice	**782**	827	1101	871	818	727
Court Reports – criminal	**0**	0	0	0	4	0
Closed Claim Reports	**919**	879	973	904	867	977
Initial Disciplinary Action Reports	**70**	68	93	95	137	155
Subsequent Disciplinary Action Reports	**47**	47	73	75	82	115
Annual Disciplinary Action Reports**	**462**	848	851	904	1,002	678
Professional Society Disciplinary Actions	**19**	0	1	3	3	5
5d (government agency) Reports	**48**	131	245	238	245	116
5f (peer) Reports	**56**	31	50	40	31	57
Coveris Remedial Action Reports	**0**	0	0	0	1	4
Self Reports (not renewal)	**20**	27	64	23	5	4
TOTAL	**2,423**	2,858	3,451	3,153	3,195	2,838

Note: Physicians renew their licenses biennially; a large majority renew in odd-numbered years.

*****The decrease in 2011 reflects a change in how disciplinary actions by multi-facility health care organizations are reported to the Board. A single report may now contain multiple incidents from different facilities under the same corporate umbrella.***

Physician Health & Compliance Unit Activity

The PHC Unit monitors physicians for a variety of health reasons, as well as for clinical competency. PHC Unit staff monitors physician compliance with all Board agreements by ensuring that all required reports are filed in a timely fashion. In addition, reports of violations of Board agreements are acted upon immediately. While the Board believes that remediation of any medical condition or impairment is possible, patient safety is paramount. If physicians do not abide by their agreements, the Board will act accordingly.

The PHC Unit reviews license applications referred to it by the Licensing Division; follows up on any reports of impairment, including reports from Physician Health Services of the Massachusetts Medical Society; and presents cases to the Licensing and Complaint Committees, as well as the Board.

Type of Physician Monitoring	2011	2010	2009	2008
Behavioral Health	**2**	2	4	11
Mental Health	**11**	13	15	13
Substance Use	**32**	34	28	29
Clinical Competence	**7**	6	6	13
Boundary Violations	**9**	13	12	16
Behavioral/Mental Health	**2**	2	5	6
Substance Use/Mental Health	**5**	6	8	11
Other	**10**	14	15	17
TOTAL	**78**	90	93	116

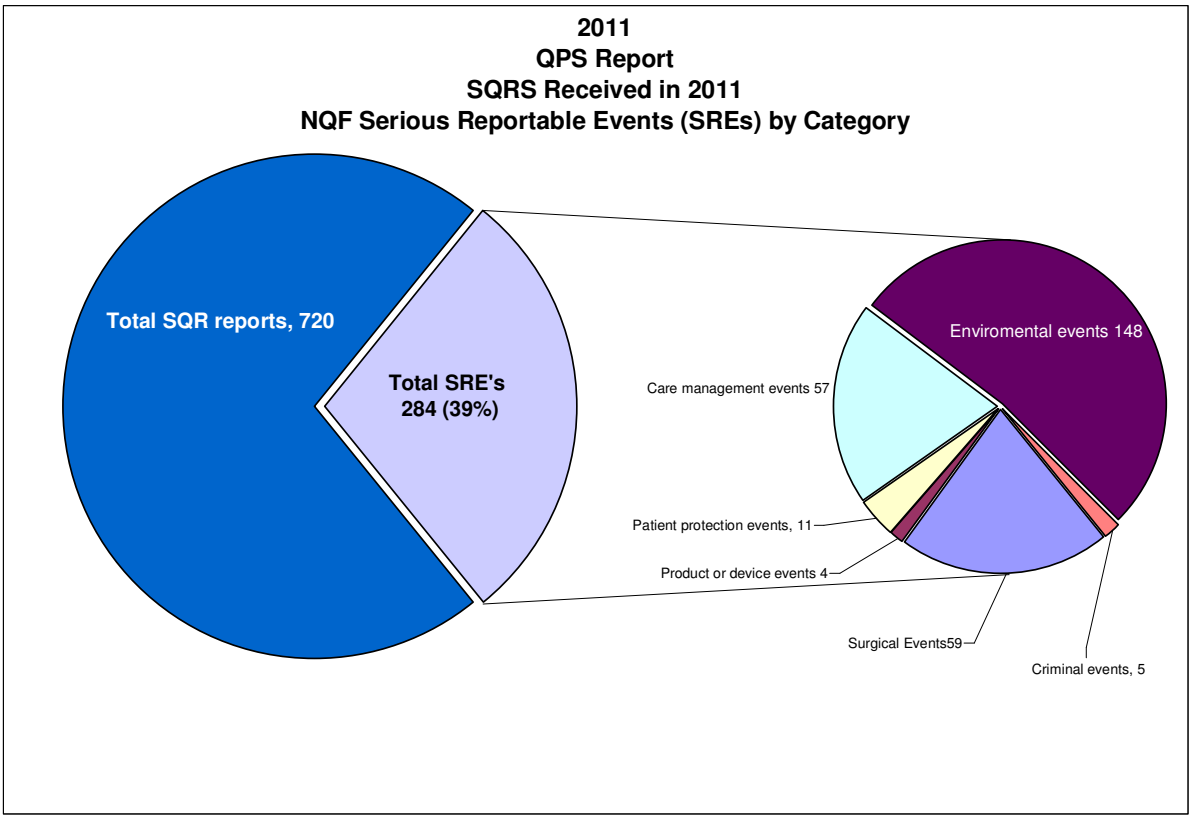
Additional PHC Case Detail

ACTION/DISPOSITION	2011	2010	2009
Cases Presented to the Board	**73**	69	48
Cases Presented to the Licensing Committee	**36**	65	68
Cases Presented to the Complaint Committee	**11**	20	22
Renewal Applications Reviewed	**9**	6	22
PHS Reports	**32**	38	40
Physicians Found in Violation of Agreements	**2**	6	2
Physicians Who Completed Agreements	**18**	18	17

QUALITY & PATIENT SAFETY DIVISION ACTIVITY

Safety and Quality Reports to QPSD

Year	Maternal Death (Type I)	Ambulatory Procedure Death (Type 2)	Wrong-site Procedure (Type 3)	Unexpected Death/Disability (Type 4)	Total
2004	6	14	24	590	634
2005	10	21	31	744	806
2006	5	17	27	733	782
2007	8	14	40	764	826
2008	5	17	35	771	828
2009	1	9	22	758	790
2010	2	13	21	854	890
2011	**3**	**13**	**30**	**674**	**720**



COMMITTEE ON ACUPUNCTURE ACTIVITY

Licensing

License Type	2011	2010	2009	2008	2007
Active Acupuncturists	**998**	984	991	946	_
Initial Licenses Issued	**42**	60	49	75	50
Renewals	**394**	503	411	504	374
Full Inactive Licenses	**96**	100	92	92	63
Lapsed Licenses	**15**	15	10	1	1
Temporary (initial) Licenses	**0**	0	0	0	2

Complaints	2011	2010	2009	2008	2007
Docketed	**3**	0	0	1	1
Closed/No Action	**3**	0	0	2	2
Pending	**2**	0	0	0	0