**Commonwealth of Massachusetts**

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**Board of Registration in Medicine**

**2014 Annual Report**

His Excellency Charles Baker

Governor of the Commonwealth

and the Honorable Members of the General Court

Dear Governor Baker and Members of the General Court:

On behalf of the Board of Registration in Medicine, we are pleased to announce the submission and availability of the Board's Annual Report for 2014. The full report can be found on the Board's website at [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard).

The Board's work in 2014 continued to reflect our mission "to ensure that only qualified physicians are licensed to practice in the Commonwealth, to ensure that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and to support an environment that maximizes the high quality of health care in Massachusetts." In furtherance of the Board’s mission, the Board Members met twenty-two (22) times in 2014, and accomplished the following:

* The Board Members approved 1,967 new full licenses, approved 1,719 new limited licenses for medical school graduates accepted into training programs in Massachusetts, and renewed limited licenses for 3,246 residents and fellows already in training in Massachusetts. As a result, by the end of 2014, Massachusetts had a total of 35,639 fully licensed physicians, 4,599 trainees with limited licensees, and 1,056 acupuncturists licensed to provide care to Massachusetts residents and patients who come to Massachusetts from around the world seeking quality care.
* The Board Members took disciplinary action as appropriate against the licenses of physicians who violated Board regulations and statutes and monitored compliance of its licensees in probationary agreements.
* The Board affirmed its commitment to ensuring the safe prescribing of opioids by issuing regulations concerning the prescribing of hydrocodone-only extended release medication that is not in an abuse deterrent form.
* Licensing requirements were strengthened through the inclusion of Massachusetts criminal offender record checks as part of the Board’s initial application process.
* The Board’s Quality & Patient Safety Division issued advisories and newsletters to health care facilities about best practices, among them an advisory about suicide risk assessments in emergency departments.
* The Board’s website was upgraded to provide more information about physicians to consumers.
* The Board promulgated regulations that will promote physician compliance with the electronic health record proficiency requirements that began in January 2015.

The complete Annual Report concludes with a statistical tabulation of the Board's work during 2014, including licensee demographics, the number and types of disciplinary actions taken, investigation statistics, and the number and type of statutorily mandated reports received. Behind these numbers is the real work of the dedicated staff and Board Members committed to patient safety, transparency, fairness, outreach to consumers, and the continuous improvement of the health care system in the Commonwealth.

During 2014, Rose Foss, the Board’s long serving Director of Licensing, retired. Ms. Foss is a nationally recognized expert in physician licensure and was always a valuable source of information and assistance for applicants and health facilities.

The Board also wishes to announce that Barbara Piselli, the Board’s Acting Executive Director, will be retiring at the end of June 2015, as part of the Governor’s Early Retirement Incentive Program. Attorney Piselli has dedicated many years of outstanding leadership and exemplary service to the Board and the people of Massachusetts. Attorney Piselli will be missed by all.

Sincerely,

Signed by Candace Lapidus Sloane, M.D.

Candace Lapidus Sloane, M.D. Chair

Signed by Kathleen Sullivan Meyer

Kathleen Sullivan Meyer, Esq.

Vice Chair

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**Commonwealth of Massachusetts**

# Board of Registration Seal

# 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.

# Structure of the Board of Registration in Medicine

The Board of Registration in Medicine (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. Members may serve on one or more of the Board’s committees.

The Board of Registration in Medicine also has jurisdiction over the licensure and discipline 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 Chair of the Board.  The Board appoints the Committee members to terms of three years.

# 2014 Members of the Board

**Candace Lapidus Sloane, M.D., Chair, 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 Dermatology and was board certified in Pediatrics 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. Currently, she is a Clinical Assistant Professor of Pediatrics at Brown Medical School and a member of the Adjunct Medical Staff at Children’s Hospital Boston. 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.

**Kathleen Sullivan Meyer, Vice Chair, Public Member**

Ms. Meyer was appointed to the Board in 2012, and is an Attorney at Law. She is a graduate of Newton College of the Sacred Heart, and received her Juris Doctor degree from Suffolk University Law School in 1978. Ms. Meyer practiced at the Boston law firms of Snider, Crowe & Sbrogna and Lubin & Meyer, P.C. She is a member of the Massachusetts Bar Association and Boston Bar Association and is admitted to practice before the United States District Court, First Circuit Court of Appeals. Ms. Meyer has also served on the Board of Corporators of the Massachusetts Society for the Prevention of Cruelty to Children and as Chairman of the Strategic Planning Committee for the Fenn School Board of Trustees in Concord, Massachusetts. Ms. Meyer chairs the Board’s Licensing Committee.

**Marianne E. Felice, M.D., Secretary, Physician Member**

Dr. Marianne E. Felice is Professor of Pediatrics and Obstetrics & Gynecology and is the immediate past Chair of the Department of Pediatrics at the University of Massachusetts Medical School and Physician-in-Chief of the UMass Memorial Children’s Medical Center. Dr. Felice received her medical degree from the Pennsylvania State University College of Medicine. She completed her pediatric residency at the Harrisburg Polyclinic Hospital and a Fellowship in Behavioral Pediatrics/Adolescent Medicine at the University of Maryland. Dr. Felice is widely published, and has been awarded over $25 million in grant funds for service, training, or research programs in child health. She is the immediate past Chair of the Worcester Infant Mortality Reduction Task Force, is a former president of the Society for Adolescent Medicine, a former Chair of the Committee on Adolescence of the American Academy of Pediatrics, a past President of the Association of Medical School Pediatric Department Chairs and a past member of the Board of Directors of the Society for Adolescent Health and Medicine. Among many awards Dr. Felice has received are the Pennsylvania State University Alumni Fellow Award in Medicine, the American Academy of Pediatrics Adele Hofman Award for Outstanding Achievement in Adolescent Health, the Katherine Erskine Award for Medicine or Science from the YWCA, and the Lois B. Green Achievement Award for Leadership from the United Way. In 2004, she was the 200th Orator for the Massachusetts Medical Society, the third woman to receive such an honor. In 2009, she was honored by Carlow University as a University Laureate for leadership in her field and by the March of Dimes for leadership in infant health. In 2011 she was awarded the Chancellor’s Medal for Service at the University of Massachusetts Medical School. Dr. Felice was appointed to the Massachusetts Board of Registration in Medicine in 2012. She is a member of the Complaint Committee and the Data Repository Committee.

**Robin Richman, M.D., Physician Member**

Dr. Richman was appointed to the Board in 2013.  Dr. Richman was the Vice President for physician relations at Massachusetts Hospital Association in Burlington, MA. Dr. Richman was chief medical officer and executive vice president for medical affairs at Reliant Medical Group (previously known as the Fallon Clinic) in Worcester, Massachusetts, from 2007 to 2013. In this role, she headed a group medical practice consisting of 240 physicians and 90 advanced practitioners. Before joining Reliant Medical Group, Dr. Richman was Vice-President of Quality and Patient Safety for Atrius Health. Prior to that, Dr. Richman was specialty director of OB/GYN services for Harvard Vanguard Medical Associates (HVMA), leading a large department that included 60 physicians and 20 midwives who delivered care at 17 different practices and 5 Greater Boston-area hospitals. She was also director of CME (continued medical education) for Atrius Health's 600-physician practice and a board member of CRICO/RME, the medical liability organization for the Harvard medical community. Before joining HVMA, Dr. Richman spent two years as the chief medical officer for Tufts Health Care Institute. She also held the chief medical officer position at Women's Health Management Solutions. From 1993 to 2001, Dr. Richman was vice president and medical director of Tufts Health Plan, responsible for NCQA accreditation, member grievances regarding clinical events, all quality measurements and initiatives, and credentialing. She also served as the organizational clinical representative for state and regional legislative initiatives. On a national level, Dr. Richman served on both the Leadership Council and chaired the Women's Health Subcommittee for the American Health Insurance Plans (AHIP). Before turning to more administrative endeavors, Dr. Richman spent 13 years in private OB/GYN practice in association with Newton-Wellesley and Emerson Hospitals in the Boston area.  At Emerson, she was the chief of obstetrics and gynecology from 1988 to 1990. Dr. Richman is a graduate of Temple University School of Medicine. She completed her residency at Los Angeles County Women's Hospital and spent a year in a fellowship program at Beth Israel Hospital, Boston, in reproductive endocrinology and infertility. She is a member of the Board’s Licensing Committee.

**Paul R. DeRensis, Esq., Public Member**

Attorney Paul R. DeRensis was appointed to the Board in 2013 as a Public Member. He is a graduate of Harvard College (1966), Harvard Law School (1969), and is a member of the bar of the State of New York since 1970 and the Commonwealth of Massachusetts since 1975.  He has been admitted to practice in numerous federal courts, including the Supreme Court of the United States, the United States Court of Appeals for the First Circuit, the United States Court of Appeals for the Second Circuit, and numerous United States District Courts. He is one of the founders of a Boston law firm. Mr. DeRensis’ law practice focuses on the representation of municipalities and public agencies.  Mr. DeRensis also practices in the area of corporate governance and litigation, representing both non-profit and for profit corporations. In addition to his legal perspective, he has practical hands-on familiarity with the problems faced by government agencies in that he has served local government as an appointed official, as an elected member of a Town Planning Board and is a six term elected member of a town Board of Selectmen. He has served a term as President of the Massachusetts Selectmen's Association and is a member of the Board of Directors of the Massachusetts Municipal Association and serves as a member of state government's Local Government Advisory Commission.

**Michael E. Henry, M.D., Physician Member**

Dr. Michael Henry is a graduate of the University of Massachusetts Medical School in Worcester, Massachusetts. He completed his residency in adult psychiatry at the University of Massachusetts Medical Center.  He then assumed the medical directorship of the university’s affiliated unit for mentally ill deaf people.  After two years as director, he accepted and completed a fellowship in clinical pharmacology at the Intramural Program of the National Institutes of Mental Health in Bethesda, Maryland. Dr. Henry subsequently joined Abbott Laboratories as the Associate Medical Director of the team developing Sertindole, a novel antipsychotic medication.  Shortly after completion of the new drug application, he moved to McLean Hospital to become the Director of the Electroconvulsive Therapy Service. After 10 years as Director, he switched to a research affiliation at McLean Hospital and joined St. Elizabeth’s Medical Center in Brighton as the Chairman of Psychiatry. Subsequently, he was appointed Vice President of Mental Health for Steward Health. During his tenure at Steward Health, Dr. Henry received recognition for his outstanding teaching from the Tuft’s University Medical Students and received the annual teaching award from the psychiatry residents in 2010.  He also held the position of Director of Residency Training and was the Chairman of the Committee on Graduate Medical Education.  He is currently the Director of Somatic Therapy and Medical Director of the Bipolar Clinic and Research Program at the Massachusetts General Hospital. Dr. Henry’s research interests have been focused on the use of brain imaging techniques to study mood disorders and facilitate drug discovery. He has published over 25 journal articles and book chapters and has presented this work both nationally and internationally. Dr. Henry was appointed to the Board in August 2013.  He also serves on the Committee on Acupuncture.

**Joseph P. Carrozza, M.D., Physician Member**

Dr. Carrozza received his undergraduate degree from Georgetown University, College of Arts and Sciences, and his medical degree from the New York University School of Medicine.  He completed internship, residency, and fellowship programs in Cardiovascular Medicine, and a fellowship in Interventional Cardiology at Beth Israel Hospital, Boston, MA.  He was appointed to the medical staff of Beth Israel Hospital and to the faculty of Harvard Medical School in 1992.

In 2009, Dr. Carrozza was appointed Chief of Cardiovascular Medicine at Caritas (now Steward) St. Elizabeth’s Medical Center, Boston, and Vice President of the Caritas (now Steward) Cardiovascular Network, where he is responsible for the cardiovascular service line at eleven Steward hospitals.  In 2010, he was appointed Professor of Medicine at the Tufts University School of Medicine.

Dr. Carrozza has spent the past twenty-two years as a practicing Interventional Cardiologist.  He is the only remaining active interventional cardiologist in New England to have been part of the team that placed the first coronary stent in New England.  He was the first interventional cardiologist in the world to perform rheolytic thrombectomy with the Angioject in a coronary artery, and he has proctored over 50 interventional cardiologists in the technique of coronary stenting and rotational atherectomy.

Dr. Carrozza has participated in over 75 clinical trials and has published over 100 articles in academic medical journals.  He has served as the National Principal Investigator for four multicenter clinical trials.

Dr. Carrozza has been selected by Consumers Checkbook to “Best Cardiovascular Specialists Group” and “Top Doctors in Boston.”

# 2014 Members of the Committee on Acupuncture

**Weidong Lu, MB, MPH, PhD, Lic. Ac., Chairman**

Weidong Lu is Professor of Chinese Medicine at The New England School of Acupuncture (NESA) and Instructor in Medicine at Harvard Medical School. He has also been Chairman of the Chinese Herbal Medicine Department at NESA. Dr. Lu is a researcher and Lead Oncology Acupuncturist at Leonard P. Zakim Center of Dana-Farber Cancer Institute (DFCI). Originally trained as a physician specializing in Chinese Medicine in China (MB, Zhejiang Chinese Medical University, ’83), he has been actively practicing acupuncture for cancer patients at DFCI for over 12 years, while conducting NIH-funded clinical trials in acupuncture. Dr. Lu is the first recipient of the Bernard Osher Foundation/The National Center for Complementary and Alternative Medicine (NCCAM) CAM Practitioner Research Career Development Award (K01). He is the co-leader of an NIH-funded acupuncture trial for chemotherapy-induced neutropenia in ovarian cancer and the principal investigator of an NIH-funded acupuncture trial for dysphagia after chemoradiation therapy in head and neck cancer. He has published over 20 journal articles in the field of Integrative Medicine. He received his MPH from Harvard School of Public Health and his PhD in Integrative Medicine from Beijing University of Chinese Medicine. Dr. Lu has served as Chairman of the Committee on Acupuncture since 2004.

**Nancy E. Lipman, Lic. Ac., M. Ac., Vice Chair**

Nancy Lipman graduated from the Traditional Acupuncture Institute (now Maryland University for Integrated Health) in 1991. She also has a BA from Wesleyan University. Ms. Lipman has been in private practice at Bigelow Street Healing Arts in Cambridge since 1993 and has also worked as a staff acupuncturist at Spectrum Medical Arts and Cambridge Health Associates. She has taught Five-Element Acupuncture and Chinese Medicine at the Muscular Therapy Institute in Cambridge and at the New England School of Acupuncture. She has also lectured and taught classes in the Boston area for nurses, the elderly, and others. Ms. Lipman was a founding member of the Massachusetts Acupuncture Society (now AOMSM) and served on the Board. She was appointed to the Committee on Acupuncture in 1997 and has served as Vice Chair since 2004. Ms. Lipman has served on the Education Subcommittee, the Licensing Subcommittee, and is currently a member of the Complaint Subcommittee.

**Joseph F. Audette, M.D., Secretary**

Dr. Joseph Audette earned his medical degree at Harvard Medical School in 1991 and completed a residency in Physical Medicine & Rehabilitation at Columbia Presbyterian Hospital in New York in 1995 and is board certified in PM&R and Pain. While in New York, he trained at the Tristate School of Traditional Chinese Medicine. For the last 17 years, he has been active researching basis and clinically integrating Chinese and Complementary and Alternative Therapies into conventional care, and he was instrumental in helping to develop the Osher Clinical Center For Complementary and Integrative Medical Therapies at Brigham and Women’s Hospital. He is currently Chief of the Department of Pain Medicine at Harvard Vanguard Medical Associates. Dr. Audette was appointed to the Committee on Acupuncture in 2004 and in 2008 he was appointed to serve as the Secretary for the Committee on Acupuncture.

**Amy M. Soisson, JD, Public Member**

Amy Soisson was appointed to the Committee on Acupuncture in 1997 as a Public Member. She practices law and is the Managing Attorney at The McCormack Firm, LLC, in Boston. She earned her BA degree (*cum laude*) from Loyola College in Baltimore, MD (now Loyola University) in 1985 and her JD degree (*cum laude*) from Suffolk University Law School in 1985. Attorney Soisson is admitted to practice before all courts in Massachusetts as well as the United States District Court for the District of Massachusetts and the First Circuit Court of Appeals. She also serves on the Human Rights Committee for the Kennedy Donovan Center in Foxboro, MA. Attorney Soisson served on the Committee on Acupuncture Continuing Education Committee and is currently a member of the Committee on Acupuncture Complaint Subcommittee.

**Shelley Kelly Sullivan, Lic. Ac., Member**

Shelley Kelly Sullivan was appointed to the Committee on Acupuncture in 2011. She also serves on the Complaint Subcommittee. Ms. Sullivan graduated from the New England School of Acupuncture in 1999. Currently, she is a Research Acupuncturist at the Center for Translational Pain at Massachusetts General Hospital and has been in private practice at South Shore Acupuncture & Wellness Center since 1984. In addition, Ms Sullivan provided acupuncture services in a multiculturally diverse setting at Good Samaritan Occupational Health Services in Avon from 2006 to 2011. She is certified by Acupuncturists without Borders to practice in the field following traumatic events around the world. Ms. Sullivan also has a B.S. in Pharmacy from the Massachusetts College of Pharmacy and is a licensed pharmacist. She is a member of the Acupuncture & Oriental Medicine Society of Massachusetts.

# Committees of the Board

**Complaint Committee**

The Complaint Committee is comprised of two Board members who meet on a monthly or semi-monthly basis to review the evidence gathered by the Enforcement Division in all investigations. If the Complaint Committee determines disciplinary action is appropriate, it makes recommendations to the full Board regarding the type of sanction that should be imposed. When the evidence is insufficient to support disciplinary action, the Complaint Committee has the authority to close the investigation.

**Data Repository Committee**

The Data Repository Committee is comprised of two Board members who meet on a monthly basis as needed. The Committee reviews reports about physicians that are received from mandated reporters, such as health care providers and facilities, malpractice insurers, and liability insurers. The Committee only reviews reports that do not require immediate investigation by the Enforcement Division. After its review, the Committee has the option of closing the matter, with or without sending a letter of comment to the physician, or referring it to Enforcement for investigation. The Committee also reviews issues related to Physician Profiles and makes determinations when a physician disputes the content of a Profile.

**Licensing Committee**

The Licensing Committee is comprised of two Board members who meet on a monthly or semi-monthly basis. The Licensing Committee is responsible for reviewing license applications with legal issues, competency issues, malpractice or medical issues, waiver requests and other issues requiring Board approval. In some instances, the Licensing Committee may request an interview with an applicant prior to making a recommendation to the Board. The recommendations of the Licensing Committee are then forwarded to the full Board for its review. The Board in its discretion may accept, reject, or amend any Licensing Committee recommendation.

**Quality and Patient Safety Committee**

The Quality and Patient Safety (QPS) Committee membership is comprised of one Board member and a multidisciplinary group of providers. It includes members from the Boards of Nursing and Pharmacy, as well as a patient representative. Members of the 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. The members provide the expertise that allows responsive feedback and thorough consideration of the issues brought before the QPS Committee.

# Functions and Divisions of the Agency

The Executive Director provides leadership and oversight to the agency staff in their performance of the agency’s regulatory, disciplinary, licensing, adjudicatory, administrative and operational functions. The Executive Director of the agency reports directly to the Board and a primary responsibility of the Executive Director is to support and assist the Board in all matters pertaining to its mission.

**Licensing Division**

The Licensing Division operates under the supervision of the Director of Licensing. The Licensing Division is the point of entry for physicians and acupuncturists applying for a license to practice in the Commonwealth and has an important role in protecting the public. Licensing Analysts in the Division conduct an in-depth review of an applicant's credentials to validate the applicant’s education, training, experience, competency and good moral character. Specific training, education and other requirements for licensure for physicians and acupuncturists are available on the Board’s website. The Licensing Division staff continues to identify opportunities to streamline and improve the licensing application process.

**Enforcement Division**

The Enforcement Division operates under the supervision of the Director of Enforcement. The Enforcement Division is mandated by statute to investigate complaints involving physicians and acupuncturists, and to litigate adjudicatory matters. Complaints come from various sources (e.g. consumers of healthcare and their advocates; law enforcement agencies; health care facilities; health care professionals). Complaints with discipline potential are investigated by teams comprised of a complaint counsel, an investigator and/or a nurse investigator. The investigations are thorough and sometimes lead to the discovery of additional matters of concern about the licensee’s practice.

**Division of Law & Policy**

The Division of Law and Policy operates under the supervision of the General Counsel. The assistant general counsel assist the Board in making legal determinations, including researching issues before the Board and drafting decisions. The Board’s Data Repository Unit (DRU) and Physician Health and Compliance Unit (PHC) are within the Division of Law and Policy. DRU staff is responsible for evaluating statutory reports, overseeing the accuracy of Physician Profiles, and reporting Board actions to the health care databanks; PHC is responsible for monitoring licensees who are on probation as the result of disciplinary action. Division of Law and Policy staff work cooperatively with other Divisions of the Board on issues related to licensure, physician health, policy, statutory reports and public information.

**Quality and Patient Safety (QPS) Division**

The QPS Division works under the supervision of the Director of QPS. The QPS Division works with health care facilities to assure that patient safety programs are effective and comprehensive; health care facilities conduct full and competent medical reviews of patient safety incidents; and health care facilities have strong systems for identifying, reporting and remediating patient safety incidents. Reports to the QPS Division 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 QPS Division.

**Operations Division**

The Operations Division is supervised by the Director of Operations, who is responsible for human resources, IT, agency facilities and budget management including procurement and expenditure tracking. The Board’s Call Center, Document Imaging Unit, Mailroom and Reception staff are within the Operations Division. The Call Center provides a centralized point of information about Profiles, license verifications, and other questions about Board services. The Document Imaging Unit scans agency documents into an electronic database, which has allowed staff to access the agency’s documents from their desktops.

# STATISTICAL APPENDIX

**Licensure**

# Physician Demographics

Physician Demographics

**Age**

**Age**

# Acupuncturist Demographics

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| **Medical Licenses** |
|  | **2014** | **2013** | **2012** | **2011** | **2010** |
| Initial Full Licenses | 1,967 | 1,977 | 1,926 | 1,964 | 1,982 |
| Full Renewals[[1]](#footnote-2) | 13,586 | 20,587 | 12,858 | 20,339 | 12,357 |
| Lapsed Licenses Revived | 169 | 231 | 202 | 233 | 215 |
| Initial Limited Licenses | 1,719 | 1,707 | 1,732 | 1,723 | 1,695 |
| Limited Renewals | 3,246 | 3,253 | 3,188 | 3,124 | 3,046 |
| Temporary (Initial) Licenses | 4 | 7 | 5 | 9 | 7 |
| Temporary Renewals | 15 | 2 | 2 | 11 | 18 |
| Lapsed  | 1,079 | 1,570 | 1,165 | 2,083 | 1,197 |

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| **Acupuncture Licenses** |
|  | **2014** | **2013** | **2012** | **2011** | **2010** |
| Active Acupuncturists | 1,056 | 1,051 | 1,027 | 998 | 984 |
| Initial Licenses Issued | 48 | 50 | 75 | 42 | 60 |
| Renewals  | 547 | 437 | 544 | 394 | 503 |
| Full Inactive Licenses | 28 | 113 | 108 | 96 | 100 |
| Lapsed Licenses  | 15 | 9 | 7 | 15 | 15 |
| Temporary (initial) Licenses  | 0 | 2 | 1 | 0 | 0 |

**Investigations and Discipline**

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| **Investigations** |
|  | **2014** | **2013** | **2012** | **2011** | **2010** |
| Physicians |
| New complaint investigations opened during the year | 454 | 481 | 541 | 474 | 439 |
| *Source of Complaints*: |
|  | Patients | 208 | 247 | 342 | 256 | 260 |
|  | Relatives of patients | 94 | 120 | 101 | 119 | 88 |
|  | Statutory report | 56 | 58 | 46 | 50 | 38 |
|  | Other[[2]](#footnote-3) | 96 | 56 | 52 | 49 | 53 |
| No. of physicians who agreed not to practice medicine during investigation | 18 | 10 | 13 | 14 | 14 |
| Investigations closed during the year | 346 | 451 | 507 | 428 | 568 |
| Pending investigations as of 12/31 | 490 | 329 | 349 | 300 | 243 |
| **Acupuncturists** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| New complaint investigations opened during the year | 0 | 1 | 3 | 0 | 0 |
| Investigations closed during the year | 3 | 4 | 3 | 0 | 0 |
| Pending investigations as of 12/31 | 1 | 1 | 2 | 0 | 0 |

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| **Disciplinary Actions** |
|  | **2014** | **2013** | **2012** | **2011** | **2010** |
| Number of medical licenses disciplined[[3]](#footnote-4) | 54[[4]](#footnote-5) | 52 | 44 | 33 | 45 |
|  | Resignation | 23 | 19 | 8 | 6 | 5 |
|  | Revocation | 9 | 11 | 10 | 3 | 10 |
|  | Summary Suspension[[5]](#footnote-6) | 5 | 2 | 1 | 2 | 0 |
|  | Indefinite Suspension and Probation | 7 | 7 | 12 | 11 | 15 |
|  | Practice Restrictions | 0 | 1 | 1 | 3 | 5 |
|  | Reprimand | 8 | 11 | 11 | 6 | 13 |
|  | Censure | 0 | 0 | 0 | 1 | 0 |
|  | Admonishment | 3 | 1 | 2 | 0 | 1 |
|  | Fine | 4 | 1 | 5 | 3 | 9 |
|  | *Total amount ($) imposed per year* | $22,500 | $2,500 | $24,000 | $9,000 | $34,500 |
|  | Continuing Professional Development | 5 | 2 | 5 | 2 | 6 |
|  | Community Service | 0 | 0 | 2 | 0 | 0 |

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| **Licensees Being Monitored by the Board** |
| **Reason for Monitoring[[6]](#footnote-7)** | **2014[[7]](#footnote-8)** | **2013** | **2012** | **2011** | **2010** |
| Behavioral Health | 1 | 2 | 2 | 2 | 2 |
| Mental Health | 2 | 4 | 6 | 11 | 13 |
| Substance Use | 17 | 20 | 32 | 32 | 34 |
| Clinical Competence | 7 | 6 | 5 | 7 | 6 |
| Boundary Violations | 6 | 11 | 10 | 9 | 13 |
| Behavioral/Mental Health | 0 | 1 | 2 | 2 | 2 |
| Misconduct | 8 | 8 | 12 | 10 | 14 |
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| **Disciplinary Hearings** |
|  | **2014** | **2013** | **2012** | **2011** | **2010** |
| Statements of Allegations (SOAs)[[8]](#footnote-9) referred to the Division of Administrative Law Appeals (DALA)**[[9]](#footnote-10)** for a hearing | 18 | 29 | 8 | 16 | 10 |
| SOAs at DALA awaiting a hearing, as of 12/31 | 29 | 22 | 8 | 30 | 23 |
| Recommended Decisions awaiting a Final Decision and Order by the Board, as of 12/31[[10]](#footnote-11) | 2 | 5 | No data available | No data available | No data available |
| Recommended Decisions issued by DALA[[11]](#footnote-12) | 9 | 11 | 28 | No data available | No data available |

**Data Collection**

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| **Mandated Reports Received by the Data Repository Unit** |
| **Source of Report**  | **2014** | **2013** | **2012** | **2011** | **2010** |
| Court Reports – malpractice | 588 | 675 | 796 | 782 | 827 |
| Court Reports – criminal | 2 | 1 | 2 | 0 | 0 |
| Malpractice Closed Claim Reports | 717 | 827 | 693 | 919 | 879 |
| Initial Disciplinary Action Reports | 40 | 49 | 58 | 70 | 68 |
| Subsequent Disciplinary Action Reports | 13 | 48 | 57 | 47 | 47 |
| Annual Disciplinary Action Reports[[12]](#footnote-13) | 27 | 67 | 1,070 | 462 | 848 |
| Professional Society Disciplinary Actions | 24 | 26 | 47 | 19 | 0 |
| 5d (government agency) Reports | 15 | 15 | 32 | 48 | 131 |
| 5f (peer) Reports | 43 | 33 | 44 | 56 | 31 |
| Self Reports (not renewal) | 1 | 7 | 24 | 20 | 27 |

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| **Reports Received by the Quality and Patient Safety Division** |
| **Type of Report[[13]](#footnote-14)** | **2014** | **2013** | **2012** | **2011** | **2010** |
| Maternal Death (Type I) | 5 | 0 | 3 | 2 | 2 |
| Ambulatory Procedure Death (Type 2) | 10 | 12 | 20 | 13 | 13 |
| Wrong-site Procedure (Type 3) | 34 | 33 | 24 | 30 | 21 |
| Unexpected Death/Disability (Type 4) | 921 | 938 | 808 | 674 | 854 |

1. A large majority of physicians renew their licenses in odd-numbered years. [↑](#footnote-ref-2)
2. 2 Other sources include physicians who self-report; law enforcement; attorneys representing patients. [↑](#footnote-ref-3)
3. 3 The total number of disciplinary actions taken by the Board will not always equal the total number of licenses disciplined because multiple actions can be taken against a single license. [↑](#footnote-ref-4)
4. Additionally, one acupuncture license was disciplined with a reprimand by the Committee on Acupuncture in 2014. [↑](#footnote-ref-5)
5. 5 Summary suspensions are interim actions taken on an emergent basis when there is evidence that the physician is an immediate threat, or may pose a serious threat, to the public’s health, safety and welfare. [↑](#footnote-ref-6)
6. In recent years, the Physician Health and Compliance Unit has worked to refine and make more consistent the categories into which physicians, who are being monitored are placed. Moreover, some physicians fall within more than one category. [↑](#footnote-ref-7)
7. In 2012, the Board discontinued the use of Letters of Agreement (confidential, non-disciplinary agreements). Therefore, these numbers do not include Letters of Agreement whereas the prior years’ numbers do. In addition, these numbers no longer include physicians who are not being actively supervised because they no longer have active licenses in Massachusetts. This accounting change has been made to better reflect the number of physicians actively monitored by the Physician Health and Compliance Unit. [↑](#footnote-ref-8)
8. An SOA is an Order for a physician to Show Cause why his or her license should not be disciplined. An SOA may encompass more than one complaint against the physician. [↑](#footnote-ref-9)
9. “DALA is an independent agency within the Executive Office of Administration and Finance, which was established by the legislature to provide a neutral forum for holding adjudicatory hearings in any case in which a party has a right to such a hearing before an administrative agency may make a final decision or take a final action.” *See* The Executive Office for Administration and Finance 2013-2015 Strategic Plan, p. 15. [↑](#footnote-ref-10)
10. This number represents the cases in which DALA has issued Recommended Decisions, but the Board has not yet imposed sanctions. There are several intervening steps between the Recommended Decision and a Final Decision and Order. [↑](#footnote-ref-11)
11. DALA is responsible for issuing findings of facts and conclusions of law; the Board is responsible for determining and imposing the sanction. [↑](#footnote-ref-12)
12. In 2011 the Board changed the way 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. The receipt of Annual Disciplinary Action Summaries is ongoing. [↑](#footnote-ref-13)
13. Types 1 through 4, as defined in PCA Regulations 243 CMR 3.08 [↑](#footnote-ref-14)