COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS. Board of Registration in Medicine

Adjudicatory Case No. 2017-001

In the Matter of

WILLIAM R. BRANDON, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, William R. Brandon, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 15-054.

Findings of Fact

1. The Respondent was born on February 8, 1958. He graduated from the University of Pittsburgh School of Medicine in 1984. He is certified by the American Board of Family Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 217212 since 2003. He was previously licensed to practice medicine in Maine and New Hampshire until May and June of 2014, respectively.

2. On June 25, 2015, the Respondent signed a Voluntary Agreement Not to Practice Medicine which was initially accepted by the Board Chair that day, and fully ratified by the full Board on July 2, 2015.

Consent Order – William R. Brandon, M.D.
3. On or about January 29, 2015, the Respondent was terminated from his position as the Medical Director for Harbor Health Services (Harbor) in Hyannis, Massachusetts, for his use of controlled substances while engaging in the practice of medicine.

4. Specifically, on September 2, 2014, staff at Harbor questioned the Respondent about possible substance use; the Respondent denied any use of a controlled substance.

5. The Respondent was told by Harbor that he would be required to submit to a drug and alcohol test if there should be any further question in the future concerning the suspicion of drug use.

6. On January 7, 2015, staff at Harbor again questioned the Respondent about possible substance use; the Respondent again denied that he had misused any controlled substance.

7. At Harbor’s request, the Respondent provided a urine sample for drug and alcohol testing on January 8, 2015.

8. On January 16, 2015, the test results were positive for amphetamines and barbiturates.

9. The Respondent admitted to consuming Adipex and Adderall during working hours, and that he had done so for several months prior to January 2015.

10. The Respondent obtained the Adipex and Adderall by way of writing prescriptions to his spouse; the Respondent did not maintain a medical record for his spouse.

11. On January 26, 2015, the Respondent voluntarily met with representatives of Physicians Health Services, Inc. (PHS), who recommended evaluation to make further recommendations as to the Respondent’s health needs. Consistent with the evaluation recommendations, on the Respondent completed a ten-week residential treatment program.
12. The Respondent entered into a PHS substance use monitoring contract with an effective date of March 10, 2015.

Mitigating Facts

13. The Respondent has been compliant with all terms and conditions of his PHS contract to date. The requirements of the monitoring contract include ongoing counseling, support group meetings, and random screens for substance use.

14. Since entering into the Voluntary Agreement Not to Practice, the Respondent completed the Addiction Counselor Certificate Program at UMass Boston, sat for and passed the June 2016 LDAC licensing examination, and has been offered a teaching position in the UMass Boston Addiction Counseling Program. The Respondent has also volunteered twelve hours per month to the Samaritans of Cape Cod.

Conclusions of Law

A. The Respondent has violated G.L. c. 112, §5 eighth par. (d) and 243 CMR 1.03(5)(a)4 by practicing medicine while his ability to do so was impaired by drug.

B. Pursuant to G.L. c. 112, §5, eighth par. (h) and 243 CMR 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 a rule or regulation of the Board. Specifically:

243 CMR 2.07(13)(a), which requires a physician to:

a. maintain a medical record for each patient, which is adequate to enable the licensee to provide proper diagnosis and treatment;

b. maintain a patient’s medical record in a manner which permits the former patient or a successor physician access to them.
Sanction and Order

The Respondent's license is hereby SUSPENDED, indefinitely. The Respondent is GRANTED leave to petition for a stay of the suspension following 16 months of documented continuous sobriety and compliance with a Physician Health Services (PHS) substance use monitoring contract; said petition must be accompanied by documentation verifying same.

Any stay of the suspension will be conditioned upon entry into a five-year Probation Agreement under terms and conditions set by the Board, including ongoing compliance with his PHS substance use monitoring contract; a Board approved practice plan; and any other conditions that the Board may deem appropriate to ensure the Respondent's ability to practice medicine safely and which support his health, in addition to a requirement that he complete a course on ethics in prescribing within six months of the date on which this Consent Order is approved by the Board.

This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

Execution of this Consent Order

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

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

William R. Brandon, M.D.
Licensee

July 31, 2016
Date

W. Scott Liebert, Esq.
Attorney for the Licensee

August 12, 2016
Date

John Costello
Complaint Counsel

8/12/16
Date

So ORDERED by the Board of Registration in Medicine this 5th day of January, 2017.

Candace Lapidus Sloane, M.D.
Board Chair