

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2017-001

_____)
 In the Matter of)
)
 WILLIAM R. BRANDON, M.D.)
 _____)

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 William R. Brandon, 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. 15-054.

Biographical Information

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.

Factual Allegations

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.

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.

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.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, eighth par. (d) and 243 CMR 1.03(5)(a)4, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician practiced medicine while his ability to do so was impaired by alcohol, drugs, physical disability or mental instability.

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 of 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.

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 the 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 the Respondent's practice of medicine.

Order

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

By the Board of Registration in Medicine,

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Board Chair

Date: January 5, 2017