



**MARYLAND**  
Department of Health

# Maryland Board of Physicians

## Annual Report Fiscal Year 2018

H.O. §1-212 and §14-205.1 and  
Chapters 217/218 of the Acts of 2017

**Damean W. E. Freas, D.O., Chair**  
**Christine A. Farrelly, Executive Director**

## **Introduction**

The Maryland Board of Physicians (the “Board”) is the agency charged with the regulatory oversight of the practice of medicine in the State. Pursuant to its mandate, the Board is authorized to license physicians and allied health professionals. The various allied health professionals licensed by the Board include physician assistants, radiographers, radiation therapists, radiologist assistants, nuclear medicine technologists, respiratory care practitioners, perfusionists, psychiatrist assistants, polysomnographic technologists, athletic trainers, and naturopathic doctors. In FY 18, the Board regulated approximately 46,000 licensees. In addition to establishing qualifications for licensure, the Board is authorized to investigate complaints against licensees and discipline those who violate the Maryland Medical Practice Act (“Act”).

## **Mission**

The mission of the Board is to assure quality health care in Maryland, through the efficient licensure and effective discipline of health providers under its jurisdiction, by protecting and educating clients/customers and stakeholders, and enforcing the Act.

## **Overview of the Board’s Operations**

The Board is comprised of specific units working collaboratively towards meeting strategic goals and objectives that contribute to the Board’s success. An overview of Board’s units and operations is as follows:

Allied Health processes licensure and reinstatement applications for all non-physicians. The Allied Health unit also processes delegation agreements for physician assistants along with evaluation and treatment protocols for athletic trainers. The allied health advisory committees are also involved in advising the Board on matters related to their specific licensees.

Licensure processes physician applications for initial licensure, reinstatements, limited license for postgraduate teaching, conceded eminence, exemption from licensure fee, exceptions from licensure and initial licensure by reciprocity.

Both Allied Health and Licensure units continue to refine and improve their processes to ensure accuracy and efficiency in issuing licenses to qualified applicants within 10 days of receipt of the last qualifying document.

Compliance is responsible for the Board’s disciplinary process and is critical to the Board’s public protection mandate. Compliance investigates complaints concerning all Board licensees that allege violations of the Act. The Board also investigates allegations that individuals are practicing medicine without a license. By focusing on efficiencies, compliance efforts resulted in successful completion of timely investigations of allegations of violations of the Act. The overall success of this component of the Board’s mission is attributable to the integration of all aspects of the compliance



spectrum (Intake, Investigations, Administration, Probation and Monitoring) and enhanced operational goals resulting in improved efficiency measures and increased outcomes.

Communications, Education and Policy. This unit provides education and outreach to consumers, training to Board members and staff, disseminates broader agency communications to stakeholders and responds to inquiries regarding the Board's laws and regulations. On policy matters, the unit collaborates with internal and external stakeholders on legislative initiatives and the development of regulations. Policy coordinates the preparation of Board legislation which is introduced during legislative sessions and provides analysis of other legislation for the potential impact on the Board's operations and mission.

Information Technology collaborates with all Board personnel to improve data collection and retrieval processes. The unit maintains practitioner profile data of all licensees on the Board's website at [www.mbp.state.md.us](http://www.mbp.state.md.us). The practitioner profile system currently contains profiles of 109,871 licensees (both active and non-active). This web-based system enables Maryland citizens to become more informed about their health care providers by allowing them access to information including facility privileges, specialties and disciplinary actions on the profile pages. The system also allows practitioners the opportunity to update their personal profile information, designate their public and non-public addresses as well as areas of concentration, specialties and postgraduate training programs. Changes appear on the website within 24 hours of submission.

Fiscal Services is charged with the oversight, administration and processing of all Board expenditures and works with financial institutions to process payments made to the Board by applicants and licensees. The unit also prepares the Board's Budget Request and various other budgetary and fiscal reports for the Executive Director, Legislature, Department of Budget and Management and the Board.

Customer Service is responsible for collecting, identifying and organizing all initial and reinstatement applications, credentials and data required for the licensure of physicians and allied health practitioners. Customer Service staff handle a high volume of incoming telephone calls to the Board daily and provide information to callers about Board matters or directs them to appropriate staff. The unit conducts random continuing education credit audits attested to by licensees, processes applications for name change and handles license renewals for all Board licensees. In an effort to reduce paper consumption and waste, all Federation Credentials Verification Service credentials are saved on the Board's network drive and printed when the applicant's application is received at the Board. In order to streamline processing, the Board implemented an automated license verification system that provides direct and immediate license verification to other state boards.

## **Board Workgroups**

### Cardiovascular Invasive Specialists Workgroups

In FY 18, as an alternative to legislation, the Board established a workgroup to evaluate Cardiovascular Invasive Specialists (CIS) for potential licensure using a set standardized criteria previously adopted by

the Board. The workgroup, by October 31, 2018, will submit a report on its findings to the legislature and also make recommendations on whether licensure or other regulatory framework of the CIS is feasible.

Physician Assistant Workgroup

As a part of its continuous process improvement, the Board collaborated with Physician Assistant (PA) stakeholders to establish a workgroup to evaluate existing PA laws and regulations. The outcome of the deliberations of this workgroup may be included in future proposed statutory changes.

**Board Statistics and Updates**

The information provided on the following pages for items 1 through 15 regarding the Board’s operations is provided pursuant to the Health Occupations Article (H.O.), Md. Code Annotated, § §1-212, 14-205.1 and Chapters 217/218 of the Acts of 2017:

**1. The number of licensees investigated under each of the disciplinary grounds enumerated under H.O. §14-404 of this article (H.O. §14-205.1(1)(i)):** See TABLE A on pages 4-9.

**TABLE A**  
**Number of Licensees Investigated Under Each of the Board’s Disciplinary Grounds**  
**FY 18**  
**(Resolved and Unresolved Allegations)**

Description	Resolved Allegations	Average No. of Days	Unresolved Allegations
<b>All Practitioner Types</b>			
Child Support Enforcement Admin - Family Law Article 10-119.3	10	12	0
An individual shall submit to a Criminal History Records Check	90	3	0
Sexual misconduct regulations	6	187	1
Response of “yes” to question on application form	2	0	0
Response of “no” to question on application form	31	5	0
Response of “yes” to question on renewal form	19	86	0
The applicant shall be of good moral character	4	35	0
<b>Physicians</b>			
An individual shall submit to a Criminal History Records Check	9	37	56
Violates Self-referral H.O. 1-302	0	0	1
The applicant shall be of good moral character	0	0	3



<b>Description</b>	<b>Resolved Allegations</b>	<b>Average No. of Days</b>	<b>Unresolved Allegations</b>
COMAR 10.32.01.08 Continuing Medical Education Deficiency in Renewal application	54	56	2
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another	14	15	31
Is guilty of immoral conduct in the practice of medicine	47	261	10
Is guilty of unprofessional conduct in the practice of medicine	447	127	93
Is professionally, physically, or mentally incompetent	33	77	3
Abandons a patient	2	248	1
Provides professional services - while under the influence of alcohol	1	122	0
Willfully makes or files a false report or record in the practice of medicine	14	211	5
Fails to provide details of a patient's medical record to the patient, another physician, or hospital	49	111	2
Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine	7	293	4
Grossly over utilizes health care services	9	304	4
Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch the US uniformed services or the Veterans' Administration for an act that would be grounds for disciplinary action under this section	11	33	1
Fails to meet appropriate standards as determined by appropriate peer review of the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State	317	136	53
Willfully submits false statements to collect fees for which services are not provided	8	133	2
Pays or agrees to pay any sum to any person for bringing or referring a patient or accepts or agrees to accept any sum from any person for bringing or referring a patient	1	1	0
Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes	8	320	2
Fails to cooperate with a lawful investigation	3	180	6
Fails to comply with the provisions of section 12-102 of this article	17	14	0
Fails to report suspected child abuse	4	60	1
Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine	14	52	28
Fails to keep adequate medical records as determined by appropriate peer review	211	110	50
The Board shall order the suspension of a license if the licensee is convicted of or pleads guilty or nolo contendere with respect to a crime involving moral turpitude,	3	111	0

<b>Description</b>	<b>Resolved Allegations</b>	<b>Average No. of Days</b>	<b>Unresolved Allegations</b>
whether or not any appeal or other proceeding is pending to have the conviction or plea set aside			
<b>Hospitals and Related Institutions</b>			
Fails to report	3	460	0
<b>Respiratory Care Practitioners</b>			
The applicant shall be of good moral character	2	53	0
Is guilty of unprofessional or immoral conduct in the practice of respiratory care	8	258	0
Is professionally, physically, or mentally incompetent	8	123	1
Is addicted to or habitually abuses any narcotic or controlled dangerous substance	3	231	0
Provides professional services while using any narcotic or controlled dangerous substance	2	58	0
Fails to meet appropriate standards for the delivery of respiratory care	2	147	0
Fails to practice under the supervision of a physician or violates a supervisory order of a supervising physician	3	277	0
A person may not practice, attempt to practice, or offer to practice respiratory care unless licensed	1	220	0
<b>Radiation Therapists, Radiographers, Nuclear Medicine Technologists, Radiologist Assistants</b>			
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensed individual, or for another	4	98	0
CE deficiency	1	24	0
Fraudulently or deceptively uses a license	1	181	0
Is guilty of unprofessional or immoral conduct in the practice of radiation oncology/therapy technology, medical radiation technology, or nuclear medicine technology	20	58	4
Fails to submit to a Criminal History Records Check	6	157	7
Fails to cooperate with a lawful investigation	0	0	1
Is professionally, physically, or mentally incompetent	0	0	1
Willfully makes or files a false report or record in the practice of radiation therapy, radiography, nuclear medicine technology, or radiology assistance	5	80	1
Fails to meet appropriate standards for the delivery of quality care	2	42	1
Knowingly makes a misrepresentation while practicing	0	0	1
The applicant shall be of good moral character	5	49	1



<b>Description</b>	<b>Resolved Allegations</b>	<b>Average No. of Days</b>	<b>Unresolved Allegations</b>
Practices or attempts to practice beyond the authorized scope of practice	1	181	0
Except as otherwise provided in the subtitle, a person may not practice, attempt to practice, or offer to practice radiography in this State unless licensed to practice radiography by the Board	1	61	0
Except as otherwise provided in the subtitle, a person may not practice, attempt to practice, or offer to practice radiation therapy in this State unless licensed to practice by the Board	2	46	1
<b>Polysomnographic Technologist</b>			
Is guilty of unprofessional or immoral conduct in the practice of polysomnography	5	302	0
Lacks good moral character	2	4	0
Fails to submit to a Criminal History Records Check	3	182	0
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensed individual, or for another	2	28	0
Willfully makes or files a false report or record in the practice of polysomnography	3	346	0
Fails to meet appropriate standards for the delivery of polysomnographic services	1	982	0
Practicing without a license	1	3	0
<b>Athletic Trainers</b>			
Is guilty of unprofessional or immoral conduct in the practice of athletic training	4	87	1
Fails to meet appropriate standards for the delivery of services	1	114	0
The applicant shall be of good moral character	0	0	1
Employment of athletic trainer without license	0	0	1
Fails to have an E & T protocol with a physician	9	32	0
Fails to practice under the supervision of a physician	2	5	0
Practicing without license	16	65	0
<b>Perfusionists</b>			
Is guilty of unprofessional or immoral conduct	1	120	0
Fails to meet appropriate standards for the delivery of perfusion services	1	448	0
Is addicted or habitually abuses any narcotic or controlled dangerous substance	1	390	0
<b>Naturopathic Doctors</b>			
Practicing without (naturopathic doctor) license	3	80	1
Misrepresentation as practitioner of naturopathic medicine	1	11	1

<b>Description</b>	<b>Resolved Allegations</b>	<b>Average No. of Days</b>	<b>Unresolved Allegations</b>
Willfully makes or files a false report or record in the practice of naturopathic medicine	2	2	1
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensed individual, or for another	2	2	1
Is guilty of unprofessional or immoral conduct in the practice of naturopathic medicine	2	2	1
<b>Unlicensed Practice of Medicine</b>			
Practicing medicine without a license	28	59	11
Misrepresentation as practitioner of medicine	7	138	1
<b>Physician Assistants</b>			
Violates any provision of this title or any regulations...adopted under § 14-404	4	229	0
Is guilty of immoral conduct in the practice of medicine	12	67	0
Is guilty of unprofessional conduct in the practice of medicine	43	111	4
Is professionally, physically, or mentally incompetent	1	42	0
Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another	6	52	2
Provides professional services while under the influence of alcohol	2	88	0
On proper request, fails to provide details of a patient's medical record to the patient, another physician, or hospital	1	50	0
Willfully makes false statements to collect fees	1	57	0
Fails to meet appropriate standards for the delivery of quality care	26	155	5
Fails to keep adequate medical records	14	98	5
Performs delegated medical acts beyond the scope of the agreement filed with the Board	8	122	1
Willfully makes a false report or record in the practice of medicine	1	57	0
Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine	5	56	5
Fails to cooperate with a lawful investigation of the Board	0	0	2
Fails to report change in employment terms	2	113	0
Fails to submit to a CHRC	3	91	2
Performs delegated medical acts without the supervision of a physician	6	116	0
Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch the US uniformed services or the Veterans' Administration for an act that would be grounds for	0	0	1



Description	Resolved Allegations	Average No. of Days	Unresolved Allegations
disciplinary action under this section			
Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice as a physician assistant in the State unless the person has a license issued by the Board	8	32	2
Except as otherwise provided in this title, a person may not perform, attempt to perform, or offer to perform any delegated medical act beyond the scope of the license and which is consistent with a delegation agreement filed with the Board	10	40	1
<b>TOTAL ALLEGATIONS AGAINST PRACTITIONERS AND ALLEGATIONS OF UNLICENSED PRACTICE</b>	<b>1775 allegations resolved</b>	<b>123 average days to resolve allegations</b>	<b>428 unresolved allegations</b>

**2. The number of unresolved allegations pending before the board (H.O. §14-205.1 (1)(v)):**

See TABLE A above on pages 4-9.

**3. The average length of the time spent investigating allegations brought against licensees under each of the disciplinary grounds enumerated under H.O. §14-404 (H.O. §14-205.1(2)):**

See TABLE A above on pages 4-9.

**4. The number of licensees, unlicensed individuals, and facilities who were reprimanded or placed on probation or who had their licenses suspended, revoked or other action (H.O. §14-205.1(i)(ii)):**

See TABLE B below.

**TABLE B  
Disciplinary Action Chart**

DISCIPLINARY DEFINITIONS	PHYSICIANS	PHYSICIANS ASSISTANTS	ALLIED HEALTH	UNLICENSED	FACILITIES	TOTAL
<u>TOTAL LOSS OF LICENSE:</u> Summary Suspension, Summary Suspension Affirmation, Revocation, Suspension, Letter of Surrender & Denials	55	3	23	0	0	81
<u>TOTAL RESTRICTION OF LICENSE:</u> Reprimand with Probation or Conditions, Probation, Terms &	51	9	6	0	0	66

DISCIPLINARY DEFINITIONS	PHYSICIANS	PHYSICIANS ASSISTANTS	ALLIED HEALTH	UNLICENSED	FACILITIES	TOTAL
Conditions						
<u>TOTAL OTHER PREJUDICIAL ACTION:</u> Reprimand, Cease & Desist	7	1	1	3	0	12
<u>TOTAL OTHER PREJUDICIAL ACTION:</u> Continuing Medical Education	18	0	1	0	2	21
<u>TOTAL OTHER PREJUDICIAL ACTION:</u> Practicing without a license	2	0	1	0	0	3
<u>TOTAL NON-PREJUDICIAL ACTION:</u> Summary Suspension Lifted, License Granted, Termination & Non-Public Orders	86	4	18	3	2	113
<b>TOTAL BOARD ACTIONS</b>	<b>219</b>	<b>17</b>	<b>50</b>	<b>6</b>	<b>4</b>	<b>296</b>
DISCIPLINARY FINE	\$158,975	\$0	\$500	\$0	\$6,500	\$165,975
ADMINISTRATIVE FINE (CME)	\$44,700	\$0	\$0	\$0	\$0	\$44,700
UNLICENSED PRACTICE OF MEDICINE FINE	\$1,000	\$0	\$500	\$105,000	\$0	\$106,500
<b>TOTAL FINES IMPOSED</b>	<b>\$204,675</b>	<b>\$0</b>	<b>\$1,000</b>	<b>\$105,000</b>	<b>\$6,500</b>	<b>\$317,175</b>
	<b>PHYSICIANS</b>	<b>PHYSICIAN ASSISTANTS</b>	<b>ALLIED HEALTH</b>	<b>UNLICENSED</b>	<b>TOTAL</b>	



DISCIPLINARY DEFINITIONS	PHYSICIANS	PHYSICIANS ASSISTANTS	ALLIED HEALTH	UNLICENSED	FACILITIES	TOTAL
Above Orders that INCLUDE A CDS PRESCRIBING RESTRICTION	12	2	0	0	14	
Above Orders that INCLUDE SEXUAL MISCONDUCT FINDING(s)	4	0	0	0	4	

**5. The number of cases prosecuted and dismissed and the specific grounds (H.O. §14-205.1(iii)):**

The Board referred 164 cases for prosecution to the Office of the Attorney General (“OAG”). The OAG accepted the cases for prosecution after determining that there was a legally sufficient basis for prosecution based on the facts and circumstances of each individual case. During FY 18, the OAG closed cases based on various disciplinary grounds of the Act. Pursuant to the Statute, the OAG is not authorized to dismiss a case.

**6. The criteria used to accept and reject cases for prosecution: (H.O. §14-205.1(1)(iv)):**

The measure of legal sufficiency is generally found in law, including Md. Code Ann., Health Occ. II §14-404(a), which sets forth 43 enumerated grounds for discipline. In addition, Health Occ. II §14-404(b) provides for prosecution of licensees convicted of crimes involving moral turpitude. Health Occ. II §14-205 provides for the denial of a license for reasons that are grounds for discipline under Health Occ. II § 14-404, and Health Occ. II §§14-601 to 14-606 provide the standards for administrative prosecution of unlicensed practice.

The legal sufficiency analysis is conducted by the assigned administrative prosecutor and includes the review of board investigative files, consultations with peer reviewers and other expert witnesses, meetings with board investigators, meetings with witnesses, and additional follow-up investigation. The legal sufficiency analysis may also include legal research, including the review of prior Board orders.

**7. The number of cases not completed within 18 months and the reason for the failure to complete the cases in 18 months (H.O. §14-205.1(3)):**

As of June 30, 2018, there were zero cases at the Board that were not resolved within 18 months.

There are 26 cases at the OAG at various stages that have not been resolved. TABLES C and D on page 12 illustrate the last stage of each of these cases at the end of FY 18.

**TABLE C**  
**Cases at the Board Not Resolved within 18 Months\***

	<b>FY 14</b>	<b>FY 15</b>	<b>FY 16</b>	<b>FY 17</b>	<b>FY 18</b>
Case Management**	0	0	2	3	0
Peer Review	0	1	0	0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>0</b>

\*These cases in the chart figures may represent multiple case numbers on the same Respondent.

\*\* Case Management is the full investigation phase of a case, which includes collecting evidence, interviewing witnesses, and Board deliberation.

**TABLE D**  
**Cases at the OAG that have not been Resolved at Various Stages**

	<b>FY 14</b>	<b>FY 15</b>	<b>FY 16</b>	<b>FY 17</b>	<b>FY 18</b>
Prosecutor's Office (cases not yet charged)	4	9	7	17	12
Prosecutor's Office (cases charged; DCCR held or failed; case may or may not be set for hearing at OAH)	6	8	9	8	12
Board Counsel's Office (awaiting Final Order)	8	6	2	5	2
<b>Total</b>	<b>18</b>	<b>23</b>	<b>18</b>	<b>30</b>	<b>26</b>

**8. The total number of initial and renewal licenses issued for both physician and allied health professionals (H.O. §14-205.1(4)(i)): See TABLE E below.**

**TABLE E**  
**Number of Initial and Renewal Licenses Issued  
for Physicians and Allied Health Professionals FY 18**

<b>Practitioner Type</b>	<b>Initial</b>	<b>Renewal</b>
Physicians	2011	13,044
<b>Allied Health Practitioners</b>		
Athletic Trainers	111	567
Physician Assistants	399	0
Radiologic Technologists	343	0
Respiratory Care Practitioners	136	2,579
Polysomnographers	18	0



Practitioner Type	Initial	Renewal
Perfusionists	16	79
Naturopathic Doctors	13	33
Total Allied Health Practitioners	1036	3,263*
<b>Total Physicians and Allied Health Professionals</b>	<b>3,047</b>	<b>16,307</b>

\*Table above includes 5 Psychiatrist Assistant renewals in the Total Allied Health Renewal figures.

**9. The total number of positive and negative Criminal History Records Checks results received for both physicians and allied health professionals (H.O. §14-205.1(4)(ii)):**  
See TABLE F below.

**TABLE F**  
**CHRC Data for Physicians and Allied Health Professionals as of June 30, 2018**

Practitioner Type	Positive Results	Negative Results	Total CHRC Processed
Athletic Trainer	32	1,362	1,394
Doctor of Osteopathic	26	1,738	1,764
Naturopathic Doctor	2	76	78
Not Licensed*	1	59	60
Nuclear Medicine Technologist	44	1,112	1,156
Perfusionist-Advanced	7	178	185
Physician	400	37,150	37,550
Physician Assistant	100	7,275	7,375
Polysomnographer	42	751	793
Psychiatrist Assistant	1	8	9
Rad Therapy/Radiographer	3	91	94
Radiation Therapist	27	722	749
Radiographer	389	10,824	11,213
Radiologist Assistant	0	5	5
Respiratory Care Practitioner	171	4,948	5,119
<b>Total:</b>	<b>1,245</b>	<b>66,299</b>	<b>67,544</b>

\*Not licensed-These applicants have submitted a CHRC, but have not yet submitted an application for licensure so they were "not licensed" as of June 30, 2018.

**10. CHRC Data for physicians and allied health professionals as of June 30, 2018:**  
See TABLE F above.

**11. The number of individuals denied initial or renewal licensure due to positive criminal history records checks results for both physicians and allied health professionals (H.O. §14-205.1(4)(iii)): 0.**

**12. The number of individuals denied initial or renewal licensure due to reasons other than a positive criminal history records check for both physicians and allied health professionals (H.O. §14-205.1(4)(iv)): 2.**

**13. The adequacy of current board staffing in meeting the workload of the board (H.O. §14-205-1(5)):**

In FY 12, the Board had 81.0 full-time equivalent positions (FTEs) that have been reduced over the course of several budget years. However, the Board lost 3 positions in FY16. To highlight some examples of additional responsibilities, notwithstanding the staffing losses, since FY 12, legislation has increased the Board's workload by mandating regulation of several new health professions including Polysomnographers, Athletic Trainers, Perfusionists and Naturopathic Doctors; mandating criminal history record checks; adding a reciprocal licensure category; expanding the scope of practice of Physician Assistants to include dispensing; and joining the Interstate Medical Licensure Compact.

While the current staff allocation on a spreadsheet reflects a total of 68.5 FTEs, it is notable that 12 of those Board funded FTEs are assigned to the Office of the Attorney General. Of those 12 FTEs, the Board of Physicians is assigned only 4 full FTEs. As a result, the Board has only 56.5 FTEs to conduct all Board business.

Lastly, the Board has requested 7 new positions in the last three consecutive budget requests, FY 16, FY 17 and FY18; all requests for additional staff were denied.

Despite retaining contractual staff in several units to ensure that the Board's work is completed, Board staffing levels remain inadequate to meet the current and emergent work.

Each Allied Health program requires staffing to complete the following:

- Processing applications for initial licensure, renewals and reinstatements;
- Identifying and investigating cases implicating public protection during review of the initial applications;
- Conducting preliminary and full investigations on licensees;
- Reviewing and amending regulations based on current law and any changes to the law;
- Researching and responding to policy questions regarding the programs; and
- Coordinating Committee meetings.



The Board continues to conduct Criminal History Record Checks (CHRC) which is an entirely new program, with a full range of operations requiring additional staff resources. Under this statutory requirement, the Board processes CHRC for all initial, renewal, and reinstatement applicants. Between July 1, 2017 and June 30, 2018, staff processed 67,544 CHRC. The Board, however, does not have any designated permanent PINs to complete this work. To meet the CHRC mandate, the Board employed a contractual Information Technology staff member and moved existing employees from other units to staff the CHRC Unit. The Board remains concerned about the impact on timely and accurate licensure given the inadequate staffing for this program.

Although the Board continues its efforts to implement an electronic online system, there are certain elements of the Board's procedures that will remain paper-based and require manual data entry. For example, credentials for initial licensure are paper based and require primary source verifications even if sent by electronic mail. At this time, there is no database that the Board can connect to in order to verify credentials. Therefore, staff will be required to continue to enter data manually, store and match more than 40,000 credentials annually. Although all CHRC are received via secure email, State and Federal CHRC are sent at different times and must be matched together for each applicant and/or licensee. The details of all results must be entered into the Board's database manually and positive results require further review.

The Allied Health Unit continues to struggle with processing the volume of physician assistant delegation agreements, delegation agreement addendums (advanced duties) and terminations of delegation agreements. In FY18, there were 1,271 delegation agreements received and 176 delegation agreement addendums for advanced duties requiring staff, Committee and Board review. In comparison, during FY 07, there were 745 delegation agreements received and 32 delegation agreement addendums for advanced duties. Terminations of delegation agreements require additional review to determine whether the termination may have been related to a violation of the Medical Practice Act. The unit requires compensatory time on a routine basis in order to maintain timeliness of its operations. At least one additional position is required in the Allied Health Unit.

The Communications, Education and Policy Unit also requires additional staff. The unit handles all Public Information Act requests and subpoenas. Most of the requests are time sensitive or statutorily mandated and require dedicated staff. The unit is responsible for developing and drafting all legislative proposals and regulations pertaining to the oversight of all of the Board's practitioner programs. In addition to other responsibilities, the unit responds to the Board's general email inquiries not handled by the other Board units and to the inquiries from all internal and external stakeholders on the Board's statutes, regulations and policies. In addition to other inquiries received in the unit, in FY 18, the unit forwarded approximately 1,000 inquiries received in the Board's general email account to the Board's units for processing. The unit



coordinates professional development for staff and facilitates many of the training sessions for the Board. The unit requires more staff to ensure that all of its responsibilities are discharged effectively and efficiently.

During the 2018 Legislative Session, the Interstate Medical Licensure Compact was passed. Additional staff were not provided to the Board to create and administer a whole new category of licensure. Board staff has spent significant time on the program through conference calls, research, drafting rules and required participation on committees and the Interstate Commission.

Although the Board continues efforts to improve operational efficiency, additional staff is required. The Board is simply unable to be proactive with respect to further operational improvements without adequate staff. The Board continues to be concerned that the lack of staff will negatively impact the efficiency of the Board's operations, measurable outcomes and customer service.

**14. A description of the efforts the Board has taken to meet the goal of issuing licenses within 10 days after the receipt of the last qualifying document, especially for the allied health professionals (Chapters 217/218 of the Acts of 2017, Section 2(1)):**

To achieve this goal, the Board created a specific supervisory report that can be generated from the database at any time. The report captures the number of applications processed and licenses issued within 10 days of receipt of the last qualifying document. This report is automated and is sent to the Allied Health and Licensure supervisors on a quarterly basis. The report also identifies applications where licenses were not issued within 10 days of receipt of the last qualifying document. When a license is not issued within 10 days of the last document, supervisors and staff review the licensure file to identify the reason for the delay and address it. Additional cross-training has been implemented in the Allied Health Unit to plan for staff absences that may impact timely licensing. The importance of accurate and timely data entry has been emphasized with staff.

**15. Whether it is feasible to describe any underlying sexual misconduct in order summaries and, if it is not feasible, a description of other steps that the Board can take to make it easier for the public to determine whether a case involved sexual misconduct (Chapters 217/218 of the Acts of 2017, Section 2(2)):**

In a national report/analysis of State Medical Boards and laws, Maryland ranked fifth in transparency regarding sexual misconduct cases. The special report was based on an examination of laws that govern physician licensing and discipline, with an emphasis on sexual misconduct



issues. In light of this report, the Department of Legislative Services' Sunset Review requested greater transparency of the underlying sexual misconduct in Board order summaries.

The Board's disciplinary grounds do not include a specific sexual misconduct ground and the sexual misconduct regulations do not provide any sanctions for violations. In terms of describing any underlying sexual misconduct in order summaries, only the actual disciplinary grounds that were violated are reflected in the summaries on individual practitioner profiles. For example, if a licensee is disciplined for unprofessional conduct, but the conclusions of law do not include a sexual misconduct finding, the Board can only legally post the unprofessional conduct finding.

However, Md. Code Ann., Health Occ. §1-212 specifies that if a respondent violates the Board's sexual misconduct regulations, the Board can impose certain sanctions. Based upon the facts of the case, to make it easier for the public to determine whether a case involves sexual misconduct, the Board will also charge under H.O. §1-212.

Although the Board votes specific grounds for charging, the charging documents are written and issued under the purview of the Office of the Attorney General. The Board has communicated with the administrative prosecutors to emphasize the importance of including any sexual misconduct in the Conclusions of Law section in any Consent Orders.

This past fiscal year, the sexual misconduct regulations were reviewed and revised. In the next FY, as part of the promulgation process, the revised draft regulations will be presented to the Board for input and comments and then posted on the Board's website and shared with stakeholders.

## **Conclusion**

The Board continues its commitment to improve strategies regarding providing timely and efficient service to its external and internal customers. The Board recognizes that sustaining improvement is an ongoing process and routinely evaluates its goals and outcomes in order to enhance its operations in furtherance of its public protection mandate.