New York State Department of Health

Board for Professional Medical Conduct

2016 Report

Office of Professional Medical Conduct
New York State Department of Health

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Table of Contents

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Executive Summary

The State Board for Professional Medical Conduct (Board) was created by the New York State Legislature in 1976 and, with the Department of Health's (DOH/Department) Office of Professional Medical Conduct (Office/OPMC), administers the State's physician discipline program. Its mission is patient safety -- to protect the public from medical negligence, incompetence and other kinds of professional misconduct.

The Board, through the OPMC, investigates complaints made against the over 110,500 physicians, physician assistants and specialist assistants and prosecutes those charged with misconduct. It also monitors licensees who have been impaired or who have been placed on probation by the Board.

The Program achieved the following during 2016:

- The Board imposed 421 final actions. Of those, 79 percent (333) were serious sanctions, including the loss, suspension, or restriction of a physician's medical license.

- The Office received 10,206 complaints. These closures include various administrative reviews, as well as full field investigations assigned to the Regional Offices and Investigative Units.

- 2,392 full field investigations were closed, a 9% increase from 2015.

- The average time to complete a full field investigation is 304 days, down 4% from 2015.

- The OPMC monitored 1,404 physicians, a 7% increase from 2015.

Protecting Patient Safety by Addressing Medical Conduct

Board for Professional Medical Conduct

The State Board for Professional Medical Conduct, with the Department of Health's Office of Professional Medical Conduct, administers the State's physician discipline program. Its mission is to protect the public from medical negligence, incompetence and other kinds of professional misconduct by the over 110,500 physicians.[1] The Board is a vital patient safety protection for those who access New York's health care system.

Public Health Law (PHL) §230(14) requires an annual report to the Legislature, the Governor and other executive offices, the medical profession, medical professional societies, consumer agencies and other interested persons. This report discusses the Board's 2016 experience.

As of December 31, 2016, the Board consists of 68 physician and 23 non-physician lay members. Lay members include members of the public, to ensure that the patient perspective is represented on the Board. Physician members are appointed by the Commissioner of Health with recommendations for membership received largely from medical and professional societies. The Commissioner, with the approval of the Governor, appoints lay members of the Board. By law, at least 20 percent of the Board's members are appointed by the Board of Regents.

Through its activity, the Board ensures the participation of both the medical community and the public in this important patient safety endeavor.

Office of Professional Medical Conduct

The OPMC's mission is to carry out its statutory mandate and the objectives of the Board to deter medical misconduct and promote and preserve appropriate standards of medical practice. Through its central office in Albany, New York and six field offices (Buffalo, Rochester, Syracuse, New York City, New Rochelle and Central Islip), the OPMC:

- Investigates all complaints and, with assistance of counsel, prosecutes physicians formally charged with misconduct;
- Monitors physicians whose licenses have been restored following a temporary surrender due to incapacity by drugs, alcohol or mental impairment;
- Monitors physicians placed on probation by the Board;

[1] In this report, "physician" and "licensee" refer to licensed medical doctors [MDs], doctors of osteopathy [DOs], physicians practicing under a limited permit, medical residents, physician assistants and specialist assistants.

- Oversees the contract with the Medical Society of the State of New York's Committee for Physician Health (CPH) – a non-disciplinary program to identify, refer to treatment and monitor impaired physicians, to assist physicians return to safe practice;

- Collects and maintains reports of medical malpractice claims filed in New York State and their dispositions. The OPMC reviews medical malpractice reports to identify potential misconduct that warrants further review and, as appropriate, investigation;

- Oversees the administration of the New York State Physician Profile, a single point of public information about the education, training, practice, legal actions and professional activities of every physician licensed and registered to practice in New York State;

- Supports all Board activities, including appointments, training, recruitment of medical experts and coordination of the procedures for the approximately 56 committees of the Board that were convened in 2016; and

- Educates the physician community and others on misconduct definitions, trends in investigative findings, and best practices to avoid misconduct. In 2016, the OPMC continued to provide educational programs to medical students and physician assistant students, so that students are aware of what misconduct is and how they can avoid misconduct once they begin practice.

New York's Medical Conduct Process

PHL (PHL) and Education Law (EL) govern the State's physician discipline program. The process is defined in PHL §230, while the definitions of misconduct are found in sections 6530 and 6531 of the EL. The process is described in Figure 1.

Figure 1 - The Professional Medical Conduct Process

PROFESSIONAL MEDICAL CONDUCT PROCESS

Investigation

A **complaint** is reviewed to determine if there are issues which warrant an investigation. The investigation may consist of interviews, reviewing documents (such as medical records) and other evidence, and consultation with medical experts.

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The complete **investigation** is reviewed by supervisors and medical staff.

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If there is **no evidence of misconduct**, the case is closed.

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A **Committee of the Board** (Board Investigation Committee) reviews all possible misconduct cases and recommends whether a hearing is warranted.

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Hearing

A DOH attorney prepares a Notice of Hearing and **Statement of Charges** which describes the substance of the alleged misconduct.

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The **Hearing** provides the physician, with his/her attorney, an opportunity to present witnesses and evidence on his/her own behalf. The hearing is before a **Board Committee** of two physician members and a lay member. An Administrative Law Judge presides over the hearing process.

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Decision

The **Hearing Committee** determines **Findings of Fact**, conclusions and imposes a penalty, if appropriate.

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Review Board

Either the Department or the physician may **appeal** the hearing committee decision to the review board, consisting of five members of the board, three of whom are physicians. The Review Board issues a **Final Order**.

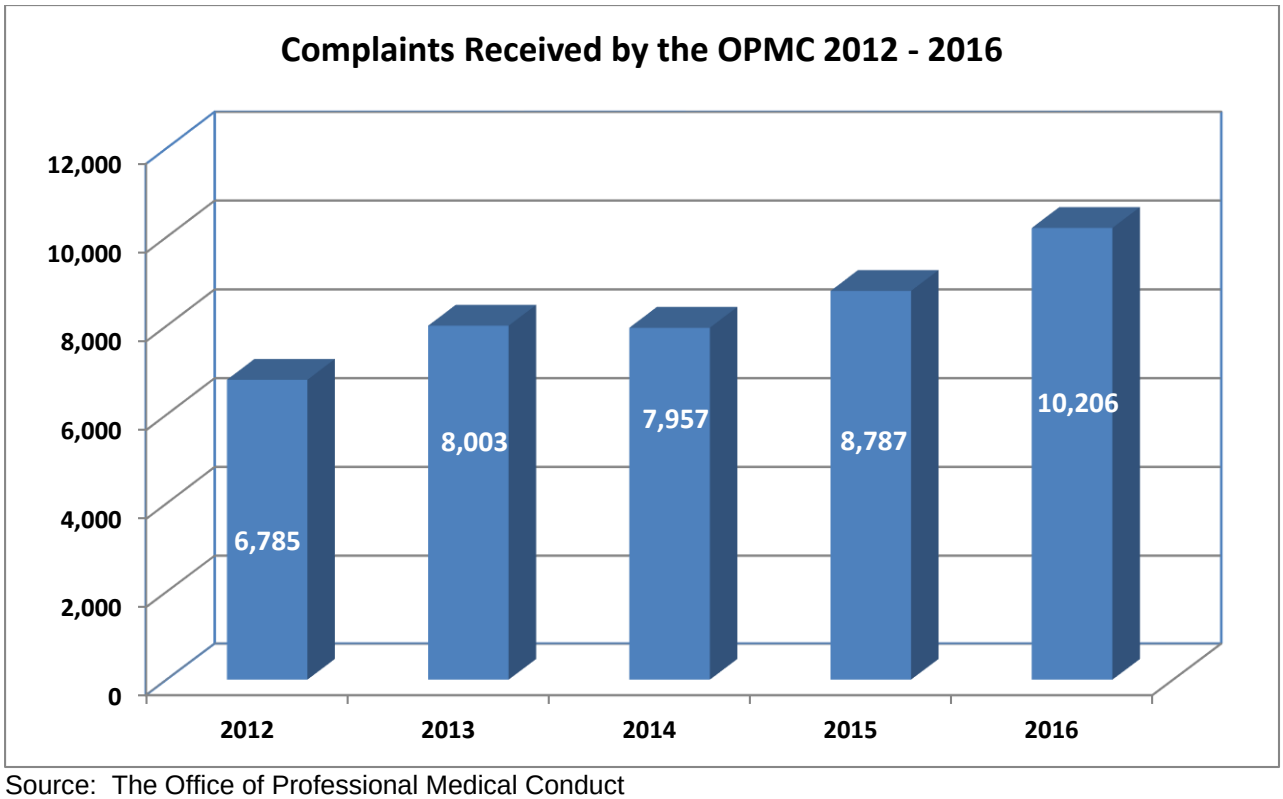
Complaints

The OPMC is required by PHL §230(10) to review every complaint it receives. Complaints come from many sources including the public, the health care community and others. Complaints may also be opened as a result of a report in the media a referral from another government agency, or OPMC's own review of information, such as medical malpractice data and compliance with statutory requirements related to the New York State Physician Profile.

In 2016, the OPMC received 10,206 complaints (see figure 2).

Every complaint is reviewed to determine whether the subject of the complaint is a physician (thereby falling under the OPMC's jurisdiction), and whether the allegation, if found true, would be considered medical misconduct. In 2016, 39 percent of all complaints moved forward after this initial review for further investigation. The OPMC makes referrals to other agencies as appropriate.

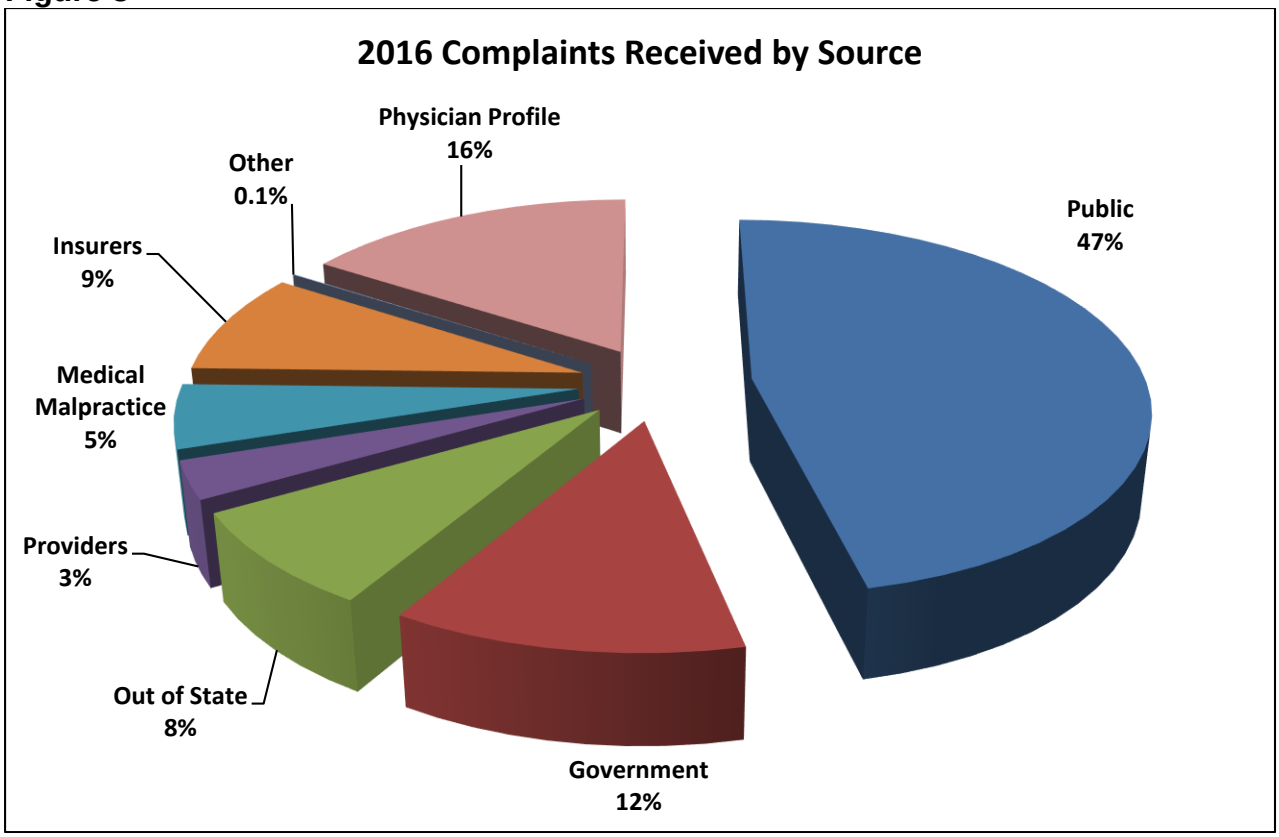
Figure 2



Source: The Office of Professional Medical Conduct

About 47 percent of the complaints received in 2016 came from the public (see Figure 3). About 3 percent of complaints came from providers.

Figure 3



Source: The Office of Professional Medical Conduct

Investigations

OPMC investigators and clinicians, including Board Certified physicians, gather and analyze all relevant information from documents such as medical records and interviews to determine whether the evidence suggests that misconduct occurred. The investigative process ensures a thorough review and supports an informed determination by the Office and the Board as to whether the allegation is substantiated and, if so, constitutes misconduct.

OPMC investigations include strong confidentiality protections. For example, Public Health Law requires the OPMC to keep the name of the complainant confidential. The very existence of an investigation is also confidential until completed. These provisions exist for the protection of both the complainant and the physician under review.

The physician is ensured due process throughout. The physician has a right to submit relevant information to the OPMC at any time during the investigation. Under the law, the OPMC must offer the physician an opportunity to be interviewed to comment on the issues under investigation if the OPMC intends to refer the matter to the Board. The physician may have an attorney present and may bring a stenographer to transcribe

the interview, at his/her expense. Cases are not referred to the Board when there is insufficient evidence to proceed or the issues are determined at that point to be outside its jurisdiction.

The Board can collect valuable information through its PHL §230(7) authority. Through a committee on professional conduct, the Board may:

- direct a physician to submit to a medical or psychiatric examination when a Board committee has reason to believe the licensee may be impaired by alcohol, drugs, physical disability or mental disability;

- direct the OPMC to obtain medical records or other protected health information pertaining to the licensee's physical or mental condition when the Board has reason to believe that the licensee may be impaired by alcohol, drugs, physical disability or mental disability or when the licensee's medical condition may be relevant to an inquiry into a report of a communicable disease; and

- direct a physician to submit to a clinical competency examination.

With these tools, the Board can determine the presence and magnitude of any issues facing the physician, and evaluate if these issues might present a risk to patients.

In investigations related to clinical care, information gathered by the OPMC is reviewed by medical experts who are board certified in their specialty, currently in practice and who are not employed by the OPMC. The expert identifies whether the physician under review met minimum standards of practice or did not. The peer review aspect of the process is key to making fair and appropriate determinations.

When the evidence indicates that misconduct has occurred, it is presented to an investigation committee of the Board for review. If a majority of the committee, comprised of two physician members and one public member, concurs with the Director of the OPMC (Director) that sufficient evidence exists to support misconduct, then, and after consultation with the Executive Secretary to the Board, the Director would direct counsel to prepare charges. In 2016, the OPMC referred 308 physicians for charges.

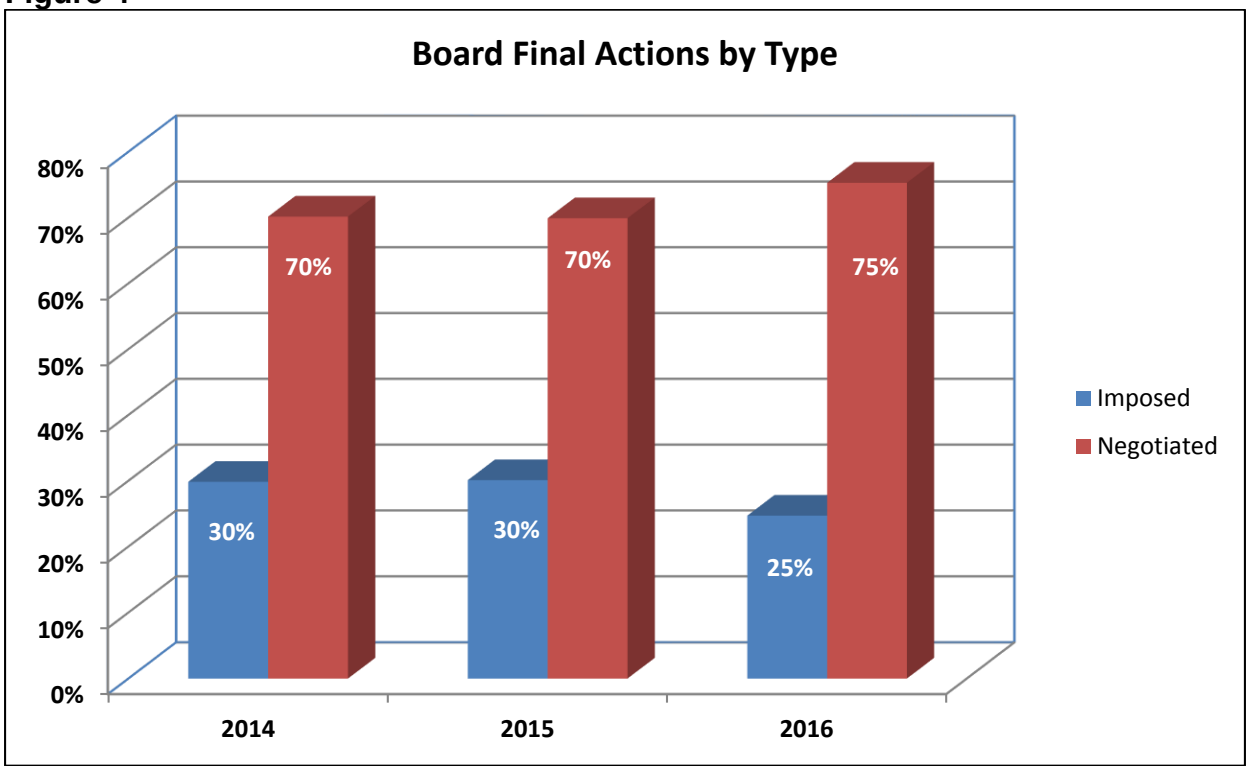
The Board is required to make charges public no earlier than five business days after charges are served upon a physician, and after an investigation committee has unanimously concurred with the Director's determination that a hearing is warranted. A statement advising that the charges or determinations are subject to challenge by the physician accompanies the charges.

The committee may take actions other than concurring that a disciplinary hearing is warranted. These range from a recommendation to the Commissioner of Health that a physician's practice be summarily suspended because he or she poses an imminent danger to the public health, to a confidential administrative warning if there is substantial evidence of professional misconduct of a minor or technical nature or of substandard medical practice which does not constitute professional misconduct.

Disciplinary Hearings

For some investigations that result in a referral for charges, a disciplinary hearing is avoided through a signed consent agreement between the physician and the Board. These agreements include terms that adequately protect the public and address the physician's misconduct, without incurring the time and costs of a hearing. In 2016, approximately 75 percent of Board actions resulted from negotiated agreements (see Figure 4).

Figure 4



Source: The Office of Professional Medical Conduct

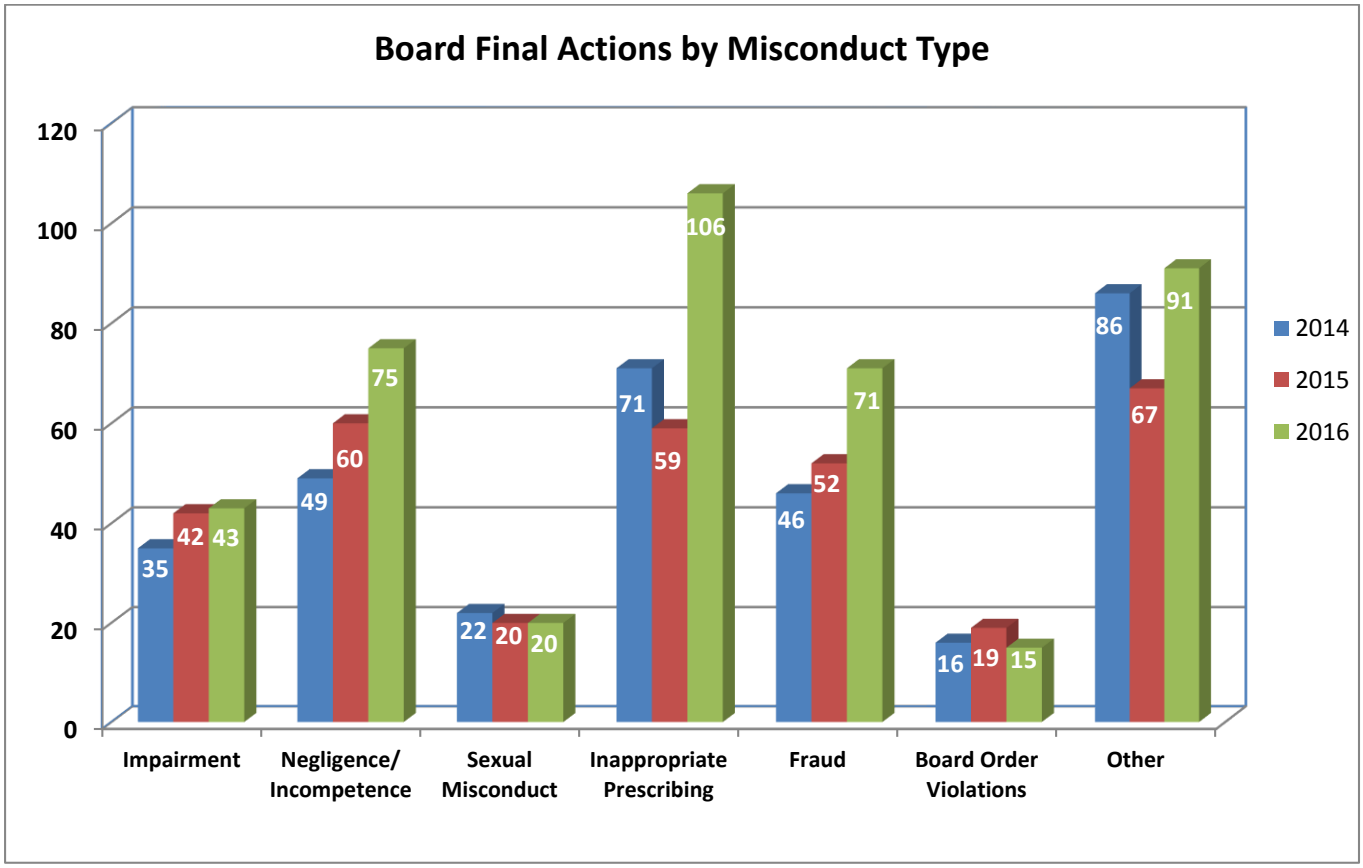
If the investigation proceeds to a hearing, or the Commissioner of Health orders a summary suspension, another three-member Board panel (two physicians and one lay member), known as a Hearing Committee, hears the case. An administrative law judge assists the committee on legal issues, and evidence and testimony may be presented by attorneys for the Department and the physician.

The Board Hearing Committee rules on whether misconduct exists or not by sustaining or not sustaining specific charges. If the committee sustains charges, it decides on an appropriate penalty. Penalties can range from a censure and reprimand to license revocation, including but not limited to, suspension of a physician's license, limitation of his or her practice, requiring supervision or monitoring of a practice, or a fine. Hearing committee determinations are immediately made public.

Revocations, actual suspensions and license annulments go into effect at once and are not stayed (postponed) if there is an administrative appeal. Other penalties are stayed until the period for requesting an appeal has passed, and if there is an appeal, disciplinary action is stayed until there is a resolution.

Most of the final Board actions (75 percent) are related to five areas of misconduct: negligence/incompetence, sexual misconduct, inappropriate prescribing, impairment, and fraud (see Figure 5).

Figure 5

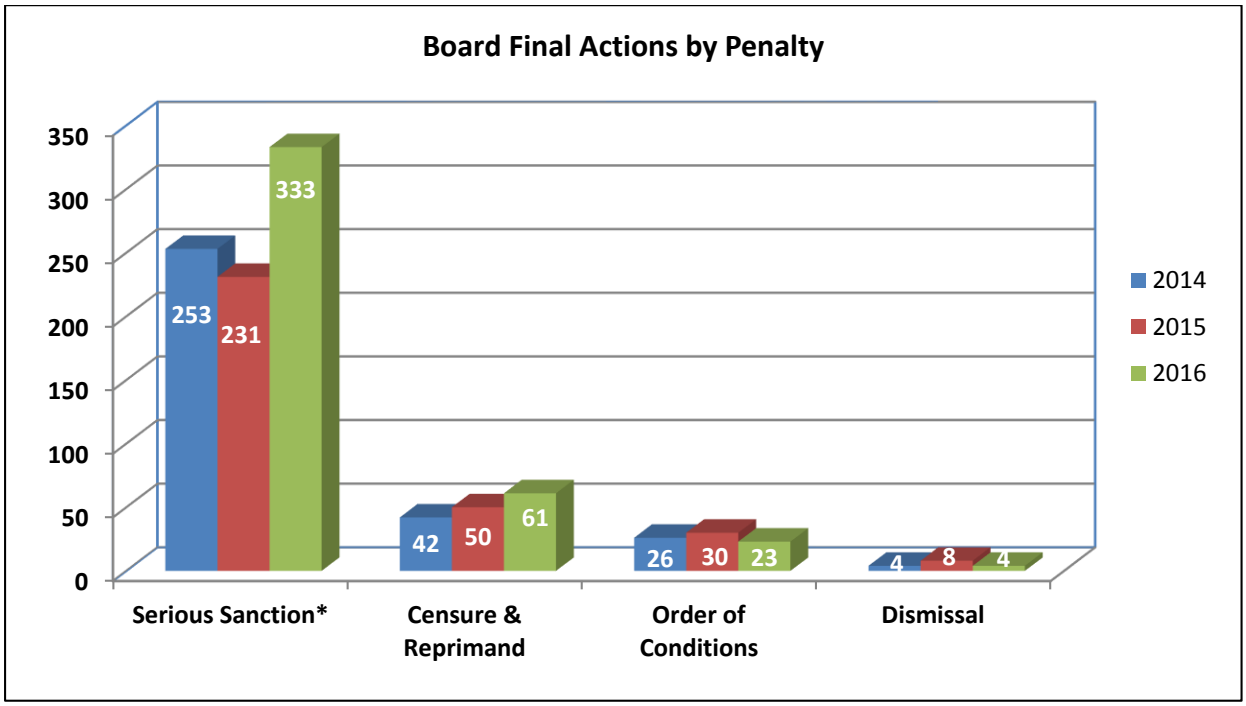


Source: The Office of Professional Medical Conduct

In 2016, the Board issued 421 final actions; 333 of these final actions (79 percent) were serious sanctions including the revocation, surrender, or suspension of a physician's medical license, or a limitation or restriction placed on the doctor's license (see Figure 6). This demonstrates the Board's stern response to misconduct that presents serious risk to patient safety.

Figure 6

* Serious sanctions include revocations, surrenders, suspensions and restrictions or limitations of medical licenses.



Source: The Office of Professional Medical Conduct

The Board has jurisdiction over all physicians licensed to practice in New York. Many physicians who are trained in New York move to live and practice in other states but retain their New York license. When a medical board in the state in which they practice takes an action against the physician, New York and any other state in which the physician is licensed are notified through the Federation of State Medical Boards (FSMB).

The Board may impose a penalty against the physician to ensure that patients in New York State are protected. For example, if the nature of the misconduct is such that the physician presents a serious safety risk, the Board may revoke the doctor's license to practice in New York. The Board might otherwise impose a penalty that includes appropriate monitoring provisions to ensure that, if the physician does commence practice in New York, the risk to the health and safety of patients is minimized. This patient safety goal is the foundation for all Board actions, whether imposed against physicians practicing in New York or elsewhere.

Appeals

Either side may appeal the decision of a hearing committee to the Administrative Review Board (ARB), comprised of three physician members and two lay members of the Board. The ARB hears all administrative appeals.

There are no appearances or testimony in the appeals process. The ARB reviews whether the determination and penalty of the hearing committee are consistent with the

hearing committee's findings and whether the penalty is appropriate. The ARB must issue a written determination within 45 days after the submission of briefs.

From 2014-16, the ARB issued 34 decisions (see Figure 7). The ARB upheld the hearing committee determination in each of these proceedings. The ARB reduced the penalty imposed in six (18 percent) of the decisions it reviewed.

Figure 7

Administrative Review Board Statistics 2014 - 2016

	2014	2015	2016
Administrative Review Board Decisions	9	13	12
Hearing Committee Determination Upheld	9	13	12
Hearing Committee Determination Not Upheld	0	0	0
Hearing Committee Penalty Upheld	6	6	7
Hearing Committee Penalty Increased	1	7	1
Hearing Committee Penalty Decreased	2	0	4

Source: The Office of Professional Medical Conduct

Physician Monitoring Program

Impaired Physicians

Ensuring that physicians who may be impaired by an illness can safely practice medicine is a priority patient safety goal of the Board. PHL§230(13) allows a physician who is temporarily incapacitated, is not able to practice medicine, and whose incapacity has not resulted in harm to a patient, to voluntarily surrender his or her license to the Board. The OPMC uses this tool to identify these impaired physicians, rapidly remove them from practice, refer them to rehabilitation and place them under monitoring upon their return to active practice to ensure that they practice safely.

When a surrender is accepted, the Board promptly notifies entities, including the State Education Department (SED) and each hospital at which the physician has privileges. The physician whose license is surrendered notifies all patients of temporary withdrawal from the practice of medicine. The physician is not authorized to practice medicine, although the temporary surrender is not deemed to be an admission of permanent disability or misconduct. At the end of 2016, the OPMC was holding 45 temporarily surrendered licenses.

A surrendered license may be restored when the physician can demonstrate to the Board that he/she is no longer incapacitated for the active practice of medicine. A Board committee (two physicians and one lay member) determines whether the physician has made an adequate showing as to his or her rehabilitation. In 2016, two

physicians petitioned the Board for license restoration. One licensee was granted a modification order and the other licensee's proceeding was continued into 2017.

If the Board restores the license, the physician is placed under a minimum monitoring period of five years. Monitoring terms generally require abstinence from drugs and/or alcohol with random and unannounced drug screens, a medical practice supervisor, a treatment monitor and self-help group attendance such as Alcoholics Anonymous. As of December 31, 2016, the OPMC was monitoring 458 licensees who were in recovery from alcohol, drugs, mental illness or physical disability.

Probation

The OPMC also monitors physicians placed on probation, pursuant to a determination of professional misconduct, under PHL §230(18). The Board places a physician on probation when it determines that he/she can be rehabilitated or retrained in acceptable medical practice. It is the same underlying concept used in placing physicians impaired by drugs/alcohol under monitoring.

The OPMC monitors physicians using tools such as reviewing a random sample of the licensee's office and patient records, conducting onsite visits, assigning another physician to monitor the licensee's practice, auditing billing records, and testing for the presence of alcohol or drugs.

Probation ensures compliance with the Board order, and supports the physician's education and remediation. Working with professional societies, hospitals and individual practitioners, the program allows for scrutiny of the physician's practice, early identification of necessary adjustments to and support for the physician's rehabilitation and training. During 2016, the OPMC monitored 1,404 licensees.

Sometimes, a physician does not comply with the terms of his/her Board order. Violation of the terms of a Board order is a serious matter; it may reflect a disregard for, or a lack of understanding of, the purpose and importance of the requirement. The Office and the Board must respond to these violations, to ensure the physician's compliance with these important patient safety protections.

In 2016, the Board imposed disciplinary actions against 15 physicians resulting from failure to comply with previous Board orders; 8 of the actions resulted in the loss of the physician's license to practice medicine. Additionally, 11 physicians were referred to disciplinary hearings for failure to comply with probation terms. Some of these referrals may have been among the 15 Board actions cited above.

Committee for Physician Health and the Board for Professional Medical Conduct

The OPMC oversees the contract with the Medical Society of the State of New York, Committee for Physician Health (CPH) – a non-disciplinary program to identify, refer to treatment and monitor impaired physicians. The goal of the program is to facilitate and monitor treatment and support, so that physicians who are dealing with stress, burnout, illness, or other issues can return to health, ensuring the safe practice of medicine.

The CPH and the Board, through a Joint Committee, monitor the program's activities and discuss ways to enhance the program's patient protection and physician support effectiveness.

The OPMC and the CPH conduct presentations and provide education to hospitals, medical societies, specialty societies, and other groups, sometimes jointly. Both organizations emphasize the risk that impairment presents to patients, the benefits of the program to the physician, and the importance of referring physicians with actual or possible impairment issues to the program.

At the end of 2016, 403 physicians were enrolled in the CPH. During the year, 104 physicians enrolled in the program; 10 of the 104 had previously been enrolled in CPH. Of the 104 enrollees, 28 (27 percent) were self-referrals, and 46 (44 percent) were referred by their provider organizations (hospitals, nursing homes, clinics, etc.) or a colleague. This demonstrates that the OPMC and CPH message has been heard. Providers, physicians, and other health care practitioners recognize the magnitude of the problem and the value of the CPH program in terms of enhanced patient safety, as well as increased physician well-being.

Of the 494 physicians who were engaged with the program at some point during 2016, only nine were reported by CPH to OPMC for noncompliance, as CPH is required to do by law. Of the 83 physicians who left the program during the year, 72 successfully completed their program, and 6 left for other reasons such as transferring to programs in other states. CPH and OPMC continue to work collaboratively to protect patient safety and ensure access to effective physician support services.

Hospital Reporting to the OPMC

Hospitals are statutorily required to report any information to the Board that reasonably appears to show that a licensee may be guilty of misconduct. In 2016, the OPMC received 61 reports from hospitals regarding physician misconduct. Of these, only one (2%) pertained to concerns of physician impairment.

Medical Malpractice Information

One source of information that OPMC continuously uses to identify potential medical misconduct is medical malpractice experience. State Insurance Law mandates the reporting of any claim filed for medical malpractice against a physician, physician assistant or specialist assistant, and the disposition of that claim, to be reported to the Commissioner of Health and the Superintendent of Insurance.

PHL §230 directs the OPMC to continuously review medical malpractice information to identify potential misconduct. The Office reviews information such as the licensee's malpractice history, the number and dollar amount of any payouts made, and current malpractice insurance status when determining whether to open an investigation.

Of the 153 investigations completed in 2016 that were based on medical malpractice criteria, about 10 percent resulted in a Board action or administrative warning.

The OPMC will continue to monitor malpractice experience to maximize its use as a predictor of possible misconduct.

Ensuring Safety in Office-based Surgery Settings

PHL §230-d requires licensees to report adverse events following OBS to the DOH's Patient Safety Center (PSC). Adverse events that must be reported include: 1) patient death within 30 days; 2) unplanned transfer to the hospital; 3) unscheduled hospital admission within 72 hours of the OBS for longer than 24 hours; or, 4) any other serious or life-threatening event. Failure to report an OBS adverse event within one business day of when the licensee became aware of the adverse event may constitute professional misconduct. Additional provisions of the law, effective July 14, 2009, require physicians to perform OBS only in accredited practice settings.

After reviewing an Adverse Event Report, if the PSC believes further review and investigation is warranted, it may refer the report to the OPMC for an investigation. At that point, the OPMC will commence an investigation which may include, but not be limited to, the following: medical record review by a board-certified physician, interviews of various participants, and a site visit of the office setting. In 2016, OPMC opened nine investigations based on referrals from the Patient Safety Center.

Internet Access to Physician Information

Information regarding the OPMC and the Board can be accessed through the DOH Web site, www.nyhealth.gov/professionals, by clicking on "Professional Misconduct and Physician Discipline." All disciplinary actions taken since 1990 are posted on the OPMC site, as well as information on how to file a complaint, brochures regarding medical misconduct, frequently asked questions and relevant statutes.

Expanding Outreach

The OPMC Director, Deputy Director and Chair of the Board frequently meet with county medical societies, state specialty societies, and hospitals to educate physicians about the medical conduct process, outcomes of the Board's work, and how to prevent misconduct. These meetings also provide an opportunity to invite physicians to get involved in the process through the medical expert program. In 2016, the OPMC continued to present educational programs to Physician Assistant (PA) students on professional misconduct issues, to assist them in engaging in appropriate patient care and avoiding misconduct once they begin practice.

Prescribing of Controlled Substances

The Board and the OPMC have battled the public health crisis of opioid abuse for several years. Evidence demonstrates that inappropriate prescribing practices of opioid medications significantly contribute to abuse of and addiction to these drugs.

Many physicians are not adequately trained in safe prescribing protocols that ensure appropriate treatment but minimize the risk of abuse.

Over the past few years, the Board and OPMC have provided dedicated educational programs for physicians on safe prescribing practices. In addition, all OPMC physician education presentations include a discussion of opioid prescribing. These efforts are intended to help physicians understand current standards and how to protect their patients from potential abuse while effectively treating their conditions. The Board and the OPMC also partner with the Department's Bureau of Narcotic Enforcement (BNE), to identify potential inappropriate prescribing, investigate and enforce appropriate prescribing standards, and educate prescribers and the public on ways to address this epidemic the OPMC and the BNE continually work together to monitor prescribing practices and make referrals to initiate investigations when appropriate.

In 2016, the OPMC initiated 158 investigations related to potential inappropriate controlled substance prescribing. The Board issued 106 orders against physicians found to have committed misconduct related to inappropriate/excessive prescribing. These actions primarily included sanctions such as license surrender or revocation (49), suspension (28), and/or a restriction or limitation against the physician's license (15). Since 2011, the Board has imposed 473 sanctions against 388 physicians for misconduct related to inappropriate prescribing.

The Board and the OPMC will continue to use both provider education and strong enforcement to contribute to the battle against opioid abuse and addiction.

The New York State Physician Profile

The New York State Physician Profile is a public website providing information to consumers of healthcare and other stakeholders on currently licensed and registered physicians in NYS. The Physician Profile was established in 2000 by the New York Patient Health Information and Quality Improvement Act (PHL §2995 et seq.). In 2016, the Physician Profile was one of the Department of Health's most popular web sites, averaging more than 100,000 unique visitors per month.

An article published March 29, 2016, by Consumer Reports, entitled "Seeking Doctor Information Online: A Survey and Ranking of State Medical and Osteopathic Board Websites in 2015" ranks the NYS Physician Profile as second in the nation among all 65 state medical and osteopathic boards' websites. The ranking was based on 61 different criteria, include how comprehensive and available information was on physicians. See the full report at http://consumersunion.org/wp-content/uploads/2016/03/Final-report-for-posting-3-28-16-6PM-ET.pdf.

Patients and prospective patients continually express that knowing what health plan networks their physicians, or physicians they are considering for seeking care from, participate in, is extremely important to them. Chapter 57 of the Laws of 2015 amended PHL §2995-a to require that the DOH study the feasibility of incorporating health plan reporting requirements regarding health plan network participation to the

Profile, without imposing extra burden on physicians, to ensure that the information is available, accurate, up-to-date and accessible to consumers.

The study report was published in 2016. The report identifies specific steps that can be taken to ensure that health plan network affiliation information can be included in the Profile without imposing additional burdens on physicians. The report also includes information on other steps that can strengthen the Profile's utility and functionality and make it even a more useful public source of information about physicians who are licensed and registered to practice in New York State. The report was developed with insights and feedback from consumers, physicians, payers, and others. The report can be found at http://www.health.ny.gov/health_care/consumer_information/physician_profile/. In 2017, the Department of Health will begin implementing those steps that do not require changes to the law to put in place.

Summary

The Board and the Office continue to effectively investigate allegations of medical misconduct and take appropriate action when evidence demonstrates that misconduct occurs. These efforts will continue to ensure that medical care is delivered consistent with today's standards, to protect the health and safety of all individuals who received medical care in New York State.

Office of Professional Medical Conduct

Summary Statistics

Year	2014	2015	2016
Complaints Received	7,957	8,787	10,206
Complaints Closed	8,283	8,896	10,060
Licensees Referred for Charges	223	326	308
Administrative Warnings/Consultations	68	77	36

Final Actions

	2014	2015	2016
Revocation	35	34	33
Surrender	71	59	104
Summary Suspension	29	22	30
Suspension - Actual / Stayed	61	52	70
Restriction/Limitation	48	44	83
Censure and Reprimand/Probation	12	9	9
Censure and Reprimand/Other	27	37	50
Fine Only / No Penalty	3	4	2
Dismissal	4	8	4
Surrenders under 230(13)	9	20	13
Monitoring Agreements	26	30	23
TOTAL ACTIONS	**325**	**319**	**421**

Source: The Office of Professional Medical Conduct

* PHL§ 230(12) permits a summary suspension when:

- a licensee has pleaded or been found guilty or convicted of committing an act constituting a felony under New York State Law or federal law, or the law of another jurisdiction which, if committed within this State, would have constituted a felony under New York State Law, or when the duly authorized professional agency of another jurisdiction has made a finding substantially equivalent to a finding that the practice of medicine by the licensee in that jurisdiction constitutes an imminent danger to the health of its people, or

- there is information about the possible transmission of a communicable disease or evidence of a condition or activity constituting an imminent danger to the public.

State of New York

Department of Health
Howard A. Zucker, M.D., J.D., Commissioner