

FILED

September 13, 2012

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

In the Matter of:

JOSEPH S. SISON, M.D.
License No. 25MA05590100

ORDER REINSTATING
LICENSE WITH CONDITIONS

This matter was reopened before the New Jersey State Board of Medical Examiners (the "Board") upon the Board's receipt of a request from respondent Joseph Sison, M.D., for an opportunity to appear before a Committee of the Board to demonstrate fitness to resume the practice of medicine and surgery in the State of New Jersey. Dr. Sison voluntarily surrendered his New Jersey medical license on August 2, 2011, pursuant to the terms of a Consent Order entered by the Board. As recounted therein, respondent's agreement to voluntarily surrender his license was accepted in lieu of administrative proceedings.

The predicate for the surrender of respondent's license was the receipt of information by the Medical Practitioner Review Panel that respondent's hospital privileges at Englewood Hospital and Medical Center ("EHMC") had been summarily suspended on April 27, 2011, after respondent admitted to having consumed alcohol on an evening that he was on call as a neonatologist for EHMC's Neonatal Intensive Care Unit (the "NICU"). When entering the Consent Order,

CERTIFIED TRUE COPY

respondent admitted to having consumed not less than five glasses of wine or sangria while he was on call for the NICU overnight from April 25 through April 26, 2011. The action was additionally based on identified concerns regarding respondent's cognitive functioning, to include difficulties that respondent had when appearing before the panel recalling recent information. A full recounting of the background of this matter, and of the bases for the agreed upon surrender of license, is set forth within the August 2, 2011 Consent Order, a copy of which is attached hereto as Exhibit "A."

The Consent Order of Voluntary Surrender provided that respondent could petition the Board, no sooner than 90 days following the entry of the Order, for reinstatement of license, provided that: 1) he first submitted to a mental status evaluation, to be performed by a psychiatrist or assessment entity acceptable to the Board, which physician or entity was to prepare a confidential assessment report for Board review; and 2) he fully participated with the Professional Assistance Program of New Jersey (the "PAP") at all times subsequent to the entry of the Order of Voluntary Surrender, and the PAP provided a report to the Board supporting restoration of respondent's license. The Order further conditioned any reinstatement of license on respondent first having to appear before a Committee of the Board and demonstrate, to the Board's

satisfaction, fitness to resume practice. Finally, the Board explicitly reserved the right to impose any conditions or limitations upon respondent's continued practice that it might deem necessary to protect public health, safety and welfare.

Dr. Sison submitted a written request dated April 10, 2012 to the Board requesting that the Board consider reinstating his medical license. He appeared before a Preliminary Evaluation Committee (a "PEC") of the Board, *pro se*, on June 6, 2012, and offered testimony in support of that request. Dr. David I. Canavan, Assistant Medical Director of the PAP, also appeared before the PEC. Dr. Canavan testified that Dr. Sison had been an active and faithful PAP participant, and stated that the PAP fully supported Dr. Sison's return to practice at this time.

In addition to testimony offered, the Board has reviewed and considered four confidential reports that were submitted consistent with the requirements of the Consent Order - specifically: 1) a September 1, 2011 report of a neuropsychological evaluation (conducted on August 31, 2011) by Kenneth Freundlich, Ph.D.; 2) a March 21, 2012 report of cognitive testing done by Franesca Peckman, Psy. D.; 3) an April 27, 2011 letter from Dr. Sison's psychiatrist, Dr. Martin Willick, and 4) a June 6, 2012

Position Statement from the PAP.¹

It is the case that cognitive weaknesses were identified in the first battery of neurocognitive testing performed by Dr. Freundlich in August 2011. Dr. Freundlich suggested, however, that Dr. Sison had presented for testing while simultaneously experiencing significant psychological distress which, in turn, likely had a great impact upon his cognitive functioning at that time. Dr. Freundlich also opined that Dr. Sison's prognosis for improvement was "good" with ongoing psychiatric treatment.

The remainder of submitted reports all demonstrate that, in the period following Dr. Freundlich's initial evaluation, Dr. Sison has continued to receive treatment - to include psychotherapy and medication - from Dr. Martin S. Willick, and that his mood and cognition have improved markedly. Within his April 27, 2011 report, Dr. Willick opined that Dr. Sison was "capable of practicing medicine again" and that his "overall prognosis is good."

Dr. Sison performed at a satisfactory level on neuropsychiatric tests when he was evaluated in March 2012 by Dr.

1

All of the above noted reports are considered to be confidential medical reports. While certain statements or findings made in said reports are cited herein for the limited purpose of demonstrating the basis for the Board's conclusion that Dr. Sison has made an adequate demonstration of fitness to resume practice, the remainder of all such reports are specifically deemed to be confidential and thus not part of the public record in this matter.

Peckman (who was fully aware of the results of testing performed by Dr. Freundlich). Significantly, Dr. Peckman found that:

Dr. Sison has made clinically significant strides in the face of tremendous stressors which continue to affect every area of his life. Thus the progress he has shown above reflects the hard work he has done since losing his medical license to regain his stability and get his life in order. It is my clinical opinion that based upon my clinical interview with Dr. Sison, reviewing the record, as well as my telephone conference with his treating psychiatrist, Martin Willick, M.D., that Dr. Sison has recuperated enough emotional stability and cognitive function for his medical license to be restored. Dr. Sison takes full responsibility and feels embarrassed and ashamed for his severe error in judgment which cost him almost everything that is important to him.

The PAP position statement similarly is supportive of Dr. Sison's request for reinstatement at this time. The PAP therein reported that all urine screens conducted had been negative for the presence of drugs or alcohol, and detailed the positive response Dr. Sison had to psychotherapy and medication prescribed by Dr. Willick, which the PAP suggested in turn led to his performing far more favorably on the second battery of neuropsychological tests performed by Dr. Peckman.

The Board is satisfied, based on its consideration of Dr. Sison's testimony and its review of the submitted documents that Dr. Sison has made a satisfactory demonstration of fitness to presently support the entry of an Order allowing for reinstatement of his medical license. Notwithstanding that conclusion, however, the

Board further has concluded that a continuing need exists for Dr. Sison to be monitored by the PAP, to continue to receive psychiatric treatment from his treating psychiatrist, Dr. Willick, and/or from any successor psychiatrist, and for Dr. Sison to continue to be subject to random urine monitoring for the presence of alcohol and/or any drugs (other than those that may be prescribed for him by treating physicians, on notice to the PAP).

The Board finding that the within Order is adequately protective of the public interest, and finding that good cause exists for the entry of this Order,

IT IS on this 13th day of *September*, 2012:

ORDERED and AGREED:

1. The license of respondent Joseph Sison, M.D., to practice medicine and surgery in the State of New Jersey is hereby reinstated, contingent on respondent's compliance with all terms and conditions set forth below.

2. Respondent shall continue to "fully participate" with the PAP, and engage in a monitoring program which shall include, at a minimum, the following conditions:

a. Respondent shall maintain absolute abstinence from any alcohol or drug use, with the exception of any medications that may be prescribed for him by any treating physician, provided that notice of such prescribing is provided by

any treating physician to the PAP and the PAP approves of said prescribing.

b. Respondent shall continue to be subject to random urine monitoring for alcohol and drugs, to be conducted by the PAP at a frequency of not less than two random tests per month.

c. Dr. Sison shall continue to engage in psychotherapy (to include medication management) with his treating psychiatrist, Dr. Martin Willick, or with any other psychiatrist who may hereafter assume primary care of Dr. Sison, provided said successor psychiatrist is approved by both the Board and the PAP, at such frequency as Dr. Willick or any approved successor determines to be appropriate. Dr. Sison shall specifically authorize Dr. Willick and/or any approved successor to provide quarterly reports regarding Dr. Sison's ongoing psychotherapy and medication management directly to the PAP, and shall authorize Dr. Willick and/or any approved successor to provide immediate notification to both the PAP and the Board in the event that Dr. Sison fails to continue in psychotherapy or to comply with treatment recommendations, or in the event that Dr. Willick and/or any approved successor determines that Dr. Sison suffers from any

impairment, including but not limited to depression or other psychiatric illness, which could reasonably be considered to effect Dr. Sison's general capacity and/or fitness to safely practice medicine.

- d. The PAP shall provide written confidential quarterly reports to the Board, confirming that Dr. Sison is fully participating with the PAP, maintaining abstinence from any alcohol or drug use (except as may be prescribed by a treating physician), and continuing to engage in psychotherapy with Dr. Willick. The quarterly reports shall further detail the results of all random urine screens, and provide information regarding any medical practice (i.e, the setting of any medical practice and the general nature thereof) in which Dr. Sison may engage.
- e. The PAP shall make an immediate report to the Board in the event of any non-compliance by Dr. Sison, any positive urine screens and/or receipt of any reliable information or evidence that Dr. Sison has engaged in any alcohol or drug use (other than as may be prescribed by a treating physician on notice to the PAP), and/or upon any receipt of reliable information or evidence of any impairment(s) (whether or not related to alcohol or drug use) which could reasonably be considered to effect Dr.

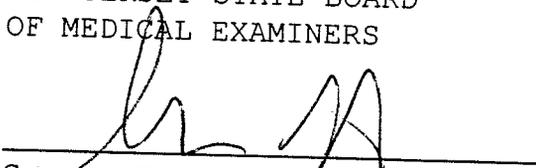
Sison's general capacity and/or fitness to safely practice medicine.

3. In the event that respondent should fail to fully comply with any term or condition of this Order, and/or in the event that the Board were to receive a report from Dr. Willick or his successor, and/or from any approved successor, or any report from the PAP for reasons set forth in paragraphs 2(c) and/or 2(e) above, such non-compliance and/or evidence of impairment shall be a basis upon which the Board may enter an Order immediately suspending Dr. Sison's license to practice medicine and surgery in the State of New Jersey.

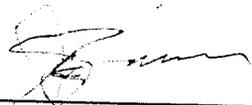
4. Respondent may hereafter apply for modification or elimination of any or all of the terms of this Order, but expressly agrees that he shall not do so for a minimum period of two years from the date of entry of this Order.

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

By: _____


George J. Scott, D.P.M., D.O.
Board President

I hereby consent to the entry of this Order by the Board, and acknowledge my agreement to comply with all terms and conditions within the Order. I further acknowledge my understanding that my license to practice may be immediately suspended in the event that I violate any of the terms of this Order, and/or in the event that the Board were to receive any reports from the PAP and/or from Dr. Willick (and/or any approved successor) for any of the reasons that are set forth in paragraphs 2(c) and/or 2(e) above. I consent to the entry of this Order by the Board of Medical Examiners.

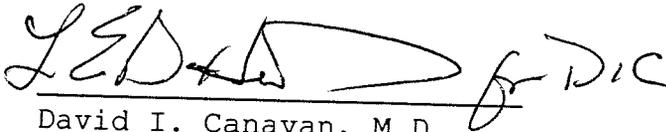


Joseph S. Sison, M.D.

Dated: _____

8/29/2012

Consent on behalf of the PAP to engage in all monitoring and reporting required by this Order.



David I. Canavan, M.D.
Assistant Medical Director
Professional Assistance Program
of New Jersey

Dated: _____

8/24/12

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
HAS BEEN ACCEPTED**

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the Addendum to these Directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.