NJ STATE BOARD OF MEDICAL EXAMINERS
DISCIPLINARY MATTERS PENDING CONCLUSION
OPEN MINUTES - JULY 13, 2005

A meeting of the New Jersey State Board of Medical Examiners was held on Wednesday, July 13, 2005 at the Richard J. Hughes Justice Complex, 25 Market Street, 4th Floor, Conference Center, Trenton, New Jersey for Disciplinary Matters Pending Conclusion, open to the public. The meeting was called to order by Mr. Glenn Farrell, Chairperson for Open Disciplinary Matters.

PRESENT

Board Members Ciechanowski, Criscito, Criss, Farrell, Haddad, Harrer, Huston, Lamazow, Mendelowitz, Patel, Paul, Perry, Ricketti, Robins, Rokosz, and Walsh.

EXCUSED

Board Member Weiss

ABSENT

Board Members Desmond and Wallace

ALSO PRESENT

Assistant Attorney General Joyce, Senior Deputy Attorney General Dick, Deputy Attorney Generals Ehrenkrantz, Flanzman, Kenny, Levine, Matthews, Warhaftig, Weiner, and Executive Director Roeder and Medical Director Gluck.

RATIFICATION OF BOARD MINUTES

THE BOARD, UPON MOTION MADE AND SECONDED, VOTED TO APPROVE THE JUNE 08, 2005 OPEN DISCIPLINARY BOARD MINUTES AS SUBMITTED.

HEARINGS, PLEAS, RETURN DATES, APPEARANCES

1:00 p.m. - NARAG, Rodolpho, M.D. (License # MA 23072)
(COUNSELING D.A.G.: LEVINE, Debra)
GORRELL, Joseph Esq., for Respondent
MATTHEWS, Megan D.A.G. for Complainant

Dr. Robins was recused from discussion and vote in this matter.

Dr. Perry was not present for the hearing.

This matter was originally scheduled for the May 13, 2005 meeting and was adjourned for the July 13, 2005 meeting.

This matter was set down on an Order to Show Cause and Verified Complaint filed on May 2, 2005 in the matter of Dr. Rodolpho Narag. D.A.G. Matthews? application sought the immediate temporary suspension or revocation of the license of Respondent, Rodolpho Narag, M. D. to practice medicine and surgery in the State of New Jersey. The Order to Show Cause; Notice of Hearing; and Notice to File Answer; Verified Complaint; D.A.G. Matthews? Letter Brief to the Board; and D.A.G. Matthews? Certification, all filed on May 2, 2005, alleged that Dr. Narag lacked the adequate medical knowledge, patient management skills, clinical judgment and reasoning to permit him to continue practicing medicine. The complaint further alleged that Dr. Narag presented a clear and

imminent danger to the public health, safety and welfare.

Chairman Farrell opened the hearing reminding the parties that the issue before the Board was the filing of an Order to Show Cause on the Verified Complaint whereby the State sought the temporary suspension and/or revocation of the license of Dr. Narag. The Attorney General alleged that Dr. Narag did not possess sufficient medical knowledge to safely practice medicine and surgery in the State of New Jersey and presented a clear and imminent danger to the citizens of the State of New Jersey. Mr. Farrell noted that the Respondent did provide an answer, albeit late, to the complaint, generally denying all allegations of the complaint, as well as an expert report.

In her opening statement, D.A.G. Matthews reminded the Board that it was asked to consider the matter of a physician who no longer had the knowledge or skill to safely practice medicine and surgery. She advised the Board that the Attorney General would submit both documentary and testimonial evidence in support of the allegations. She was convinced that the Board would conclude (as did the evaluators) after hearing all the evidence from those that performed an evaluation on Dr. Narag using various clinical and human simulators that Dr. Narag could not safely practice medicine without a minimum of the equivalent of a two-year residency program. The Attorney General maintained that should Dr. Narag continue to practice without additional training, he could not do so without placing patients at risk of harm because he was lacking in basic knowledge and skill. D.A.G. Matthews argued that Dr. Narag?s medical judgment was seriously flawed and when the Board viewed the totality of the evidence, she believed it would conclude that Dr. Narag was a clear and imminent danger to the health, safety, and welfare of the public.

Mr. Gorrell, Respondent?s counsel, began by acknowledging that the Attorney General articulated the correct legal standards, however, he believed under the circumstances of this case, the Attorney General could not sustain its burden of proving the elements of the case. He went on to explain that Dr. Narag was trained as an anesthesiologist and that he served as Medical Director and Chairman of the Department of Anesthesiology at St. Claire?s for more than twenty years. He then maintained a pain management practice at St. Claire?s Hospital. Beginning sometime in the year 2000, Dr. Narag limited his practice to performing IMEs. As such, Dr. Narag did not actually treat patients and, therefore, could not place patients at risk nor could he present an imminent danger to the health, safety, and welfare of the citizens of New Jersey. Mr. Gorrell further explained that Dr. Narag provided second opinions for insurance company matters and indicated that the doctor was willing to limit his practice to IMEs. He stated that the issue was not whether he was competent to provide anesthesia nor whether he could treat patients in pain management; but whether Dr. Narag, in performing IMEs, presented a clear and imminent danger to the public.

Mr. Gorrell noted that the evaluation testing performed on Dr. Narag did not address the responsibilities involved in the performance of IMEs but tested his knowledge of family medicine. Mr. Gorrell pointed out that Dr. Narag never practiced family medicine and, therefore, any testimony or report regarding family medicine was completely irrelevant.

Mr. Gorrell further indicated that the simulation test conducted at Mt. Sinai examined Dr. Narag on his treatment in four simulated cases. Three of those cases tested his knowledge in anesthesiology. Counsel noted that Dr. Narag had not practiced anesthesiology for eleven years and, therefore, could not be expected to pass such a test. Mr. Gorrell referenced one case (dealing with pain medicine) wherein Dr. Levine indicated Dr. Narag showed weaknesses. Mr. Gorrell explained that Dr. Narag was extremely nervous during the testing, and his performance was, again, certainly not a reflection of his practice.

Mr. Gorrell advised the Board that Dr. Staats, a world-known, well-published physician in pain management, was retained as an expert. The Board would see from Dr. Staat?s report and testimony that he did not find Dr. Narag to be a danger to the public in the performance of IMEs. Therefore, for all of the reasons noted above, Mr. Gorrell requested that the Board dismiss the Attorney General?s application for a temporary suspension of Dr. Narag?s license at the end of the hearing.

The State?s first witness, Dr. Adam Ira Levine, was sworn. Dr. Levine described his medical background for the

Board. He testified that he graduated from Mt. Sinai Medical School in 1989. He completed an internal medicine internship at Mt. Sinai, and attended a one-year training program in preparation for an anesthesiology residency at Mt. Sinai from 1990 to 1993. Dr. Levine was Chief Resident of Anesthesiology from 1992 to 1993, became licensed to practice medicine in New York in 1989, and became Board Certified in Anesthesiology in 1994. He further noted that his internship entailed the general practice of adult medicine and his residency involved Anesthesiology, with a one-year training program in cardio-thoracic anesthesia. Dr. Levine indicated that he was responsible for the education of students within the department on basic sciences and anesthesiology and utilized the human simulators for the education, evaluation, and remediation of graduate medical students. He was involved in the development of the human simulators and has worked with them since 1994. Dr. Levine further noted that he began to use the simulators to evaluate physicians for clinical competency and indicated that he had evaluated 150 to 170 anesthesia residents. Further, he noted that he had 425 medical students coming through the simulation center for education on primary physiology and on management of critical care and anesthesia related topics.

Dr. Levine noted that when Dr. Narag was placed in a simulated environment, Dr. Levine noted that his knowledge was limited, but his application of that knowledge was actually quite good. Based on the simulated environment, it was their recommendation that he was, in fact, remediable. It was determined that the required remediation would involve an intensive retraining in a residency program in order to re-enrich his knowledge base.

Dr. Levine?s report on Dr. Narag (dated December 15, 2004) was entered into evidence. It was his testimony that he was requested by MRAC to perform an evaluation of Dr. Narag. He was confident that the simulator was an effective tool for evaluating the competency of a physician. Dr. Levine testified that the simulations evaluated the six core competencies which included knowledge, medical skills, interpersonal skills, communication, professionalism and practice-based learning. He further added that Dr. Narag never voiced an objection to the evaluation and was, in fact, in agreement to complete the testing.

Dr. Levine testified that during the testing of Dr. Narag, he was assisted by an emergency medicine chief resident (who observed from another room). The simulations that were used involved: 1) 20-year-old patient undergoing laparoscopic cholecystectomy with a history of asthma; 2) A patient who was status post epidural steroid injection and who developed chest pain after leaving the office; 3) A 76-year-old patient with hypertension coming in for a TURP; and 4) A 24-year-old patient presenting for a pelvic laparoscopy and involved a difficult intubation. Dr. Levine stated that Dr. Narag was provided as much time as needed to get comfortable with the room, the equipment and the simulator technology. It was Dr. Levine?s opinion that Dr. Narag had significant lapses in the ability to adequately evaluate pulmonary cardiovascular disease, and that he did not meet the standard of care during emergency maneuvers or in standard patient practices. He did find, however, that Dr. Narag?s professionalism and communication skills were excellent when functioning in a routine environment. Dr. Levine noted that as the situation with the simulated patients deteriorated, so did Dr. Narag?s communication skills. He was incapable of communicating as problems arose with the simulated patients. Many of the simulations had to be terminated early due to Dr. Narag?s inability to proceed through the case.

Dr. Levine further testified that in all four cases Dr. Narag?s performance fell far below the standard of care in terms of patient evaluation, interpretation of data, knowledge, and application of medical judgement. He concluded that Dr. Narag was not capable of independent practice. He further felt that one of his strengths was that he knew his limitations and readily called for help when needed.

Mr. Gorrell cross-examined Dr. Levine regarding the testing. Dr. Levine admitted that Dr. Narag was never presented with written instructions, but noted that Dr. Narag was advised that he would be presented with four scenarios and would be requested to take care of the patients that were presented to him. He reiterated that Dr. Narag was provided the opportunity the day before to observe the location and equipment and to ask questions. Counsel asked Dr. Levine if he had been aware that Dr. Narag had not worked in anesthesiology in ten years, would a different test have been administered. Dr. Levine stated that the test was designed to ascertain information about his general medical abilities and his ability to manage and evaluate pulmonary and cardiovascular disease. Dr. Levine testified that the testing was a valid measure of Dr. Narag?s skill set in his

opinion.

The State then called Dr. Sokolowski. Upon being sworn, Dr. Sokolowski testified that he graduated from Jefferson Medical College in Philadelphia and reviewed his professional background. He testified that he completed a rotating internship at the U.S. Naval Hospital in Philadelphia which was followed by a year of duty with the United State Navy in a submarine squadron in New London. After completing a residency in internal medicine at the U.S. Naval Hospital in New York, he served for a period of one year as a Director of the Medical Research Laboratory at the U.S. Naval Hospital, New York. Dr. Sokolowski is currently the Chairman and Medical Director of MRAC. His curriculum vita was entered into evidence.

Dr. Sokolowski described his duties with MRAC to include the review of issues as they are posed regarding physicians who may be referred to them by a hospital, a state agency or self-referrals. He assigns appropriate preceptors based on the physician?s area of sub-specialization or specialization; and consults with the preceptor regarding appropriate evaluation programs. Dr. Sokolowski testified that Dr. Narag was referred to MRAC in the later part of 2003 and it was requested to evaluate and make appropriate recommendations. He explained that he reviewed the material submitted regarding Dr. Narag as did the President of the Company, Mr. Larry Downs.

Dr. Narag was referred to Mt. Sinai School of Medicine, and it was recommended after the evaluation that he required remediation based on the deficits identified by both IPE and Mt. Sinai. It was determined that Dr. Narag?s deficiencies were beyond the scope of a focused remedial program, and it was recommended that Dr. Narag complete a two-year residency program. The testing performed identified global deficiencies in the areas of medical knowledge, clinical judgement and reasoning, and patient management skills. The witness stated that the results indicated a broad deficiency in areas of clinical practice, and that extensive remedial training would be required.

When asked by D.A.G. Matthews if the Committee had discussed any alternatives with regard to Dr. Narag, the witness testified that an alternative career in healthcare had been considered. The witness testified that there was no discussion of allowing Dr. Narag to be involved IMEs. Also, Dr. Sokolowski testified that there was no indication in the reports that MRAC reviewed that would indicate that Dr. Narag was capable of conducting IMEs as he would still be dealing with patients. When asked how many other physicians he had encountered with the same level of deficiencies as Dr. Narag, Dr. Sokolowski testified that he had never encountered anyone with global deficiencies as seen in the case of Dr. Narag. The witness testified that it was not common for MRAC to recommend that a physician undergo a two-year residency before practicing medicine independently.

(Dr. Huston left the hearing.)

Mr. Gorrell called his first witness, Dr. Narag, who was sworn in. He testified that he graduated from medical school in the Phillippines, the University of Santo Thomas, in 1963 and subsequently passed the Phillippines Medical Examination for licensure. In 1964, he passed the ECFMG and completed a rotating internship at Elizabeth General Hospital in 1965. He then completed a family practice residency at St. Joseph?s Hospital in Reading, Pennsylvania, in 1966. Dr. Narag completed a two-year residency in anesthesiology at Albert Einstein Medical Center in Philadelphia. During his residency program, he performed all types of anesthesia, including pediatric, cardiovascular and regional anesthesia, which included the performance of spinal and epidural procedures. He became licensed in both Pennsylvania (in 1968) and New Jersey (1969).

Dr. Narag testified that he practiced in Montclair Hospital as an attending physician in anesthesiology for six months and then moved to Boonton, New Jersey and worked at Riverside Hospital. He was offered a position as Chairman of Anesthesia, managing and supervising part-time anesthesiologists and one full-time nurse anaesthetist. Dr. Narag testified that Riverside Hospital merged with St. Claire?s and he stayed there for four years and was subsequently transferred to St. Claire?s Medical Center in Denville, which was part of a corporation. He was then reappointed Chairman of Anesthesia from 1974 to 1990 at St. Claire?s for approximately 20 years of service. He further testified that he stopped practicing anesthesiology in 1994 and went into the full-time practice of pain management. He headed the Pain Management Center at St. Claire?s Medical Center from 1994 through 2002.

Dr. Narag stated that from 2002 until May of 2005, he limited his practice to the performance of independent medical examinations and peer reviews. He has not practiced interventional pain management since 2002. Most of the IMEs he performs involve accident victims, and the patients are referred to him by various insurance companies. Dr. Narag explained that the patients on whom he conducts the IMEs are not on-going patients, and he does not have standard doctor/patient relationships with them. He essentially examines the patients and determines if they continue to require pain management. Copies of sample IMEs prepared by Dr. Narag were submitted for Board review.

Mr. Gorrell questioned Dr. Narag regarding the testing he had in Philadelphia and at Mt. Sinai. Dr. Narag stated that he had conversations with the preceptor, Dr. Sanford Kline, and met with him once and participated in two telephone conversations with him. He testified that he met with Dr. Kline in Philadelphia before the exam but had no idea of the type of examination he was going to take. Dr. Kline provided Dr. Narag with a book that explained the simulation procedure.

Dr. Narag further testified that on the day before the test at Mt. Sinai, a technician showed him the simulation room and explained the equipment to him. Overall, Dr. Narag stated that he was uncomfortable with the simulation examination, however, he did acknowledge that he had difficulty comparing the mannequin to a real patient. For example, he believed that it was impossible to check for breath sounds on the mannequin (it was indicated by Dr. Levine that breath sounds were, in fact, audible on the simulator). In practice, Dr. Narag always reviewed the charts and met with the patient prior to the provision of any anesthesia. He further explained that even in an emergent situation, he needed to review whatever medical information was available. In contrast, Dr. Narag testified that with the simulation, no information (i.e., medical records, chart, etc.) was available. All that was provided was what he considered to be a very brief description. According to Dr. Narag, it was nearly impossible to make sound medical judgment with the information that was provided during the simulation. He added that having to conduct the exam in an O.R. setting was unsettling for him as he had not practiced anesthesiology in ten years.

Dr. Narag stated that he has taken CME credits and mostly attended courses on pain management. He also participated in various conferences as presented at the hospital. Again, the witness acknowledged that these mostly were on topics concerning pain management. He does receive a number of journals, although many of these relate to pain management. For the two year period prior to June 30, 2005, although he could not give the total numbers of CME credits, he believed that he performed at least the amount that is required for the renewal of licensure.

Mr. Gorrell then called his next witness, Dr. Staats, who went to University of Medical School and did his residency at John Hopkins. He also did a fellowship in pain management. R-1 was marked and was identified as a current CV for Dr. Staats. Since 1993, he has maintained an exclusive pain management practice in New Jersey. R-1 was admitted into evidence.

Dr. Staats testified that he has had several different contacts with Dr. Narag. He met with him and discussed the prior evaluations that had been done. Dr. Staats testified that according to the testing that he received, and in particular being so involved with pain management, the assessment did not reach the level of complexity that it should have. While originally pain management began as a sub set of anesthesia, however over the last ten years, the association between the two has become less and less. The pain management specialist, according to the witness, needs to understand the underlying physiology of pain, the psychological aspect and the medication regime. Also, the simulator, according to Dr. Staats, has been used over the years to determine the appropriateness and competency of provision of anesthesia. These are completely different skill sets that are needed in order to practice pain management. Other physicians would have this skill set, yet still lack the necessary skills that are needed in order to practice pain management. Also, the IPE performed according to Dr. Staats, was given at a level for a family practitioner and would not reach the level of skill set necessary to practice pain management. While the testors continually testified that these tested basic skill sets for any physician, according to Dr. Staats, if you testing the skill set of a particular physician, that is what should be tested.

Dr. Staats also testified that he has reviewed some of the IME reports (actually a fair number according to the witness). In his opinion, Dr. Staats could not comment whether his conclusions were correct or not because he did not examine the patient; he could comment that based on the reports that he reviewed that he believed were thorough. In particular, he opined that the history and physical aspect, as well as the examination that was performed, were within the appropriate standard of care.

Dr. Staats also performed his own evaluation on Dr. Narag using old examinations covering various aspects of pain management. He went over three case scenarios over the telephone and reported his findings in a report. Exhibit R-2, dated July 12, 2005, was a copy of Dr. Staats report of his evaluation, which was admitted in evidence. After his test, Dr. Staats, although he acknowledged that the examination was an informal examination limited to three oral scenarios, concluded that Dr. Narag possessed the adequate knowledge for a pain management practice, including the ability to perform differential diagnosis and treatment. In each scenario, Dr. Staats concluded that Dr. Narag had the requisite knowledge, although Dr. Staats admitted that Dr. Narag?s knowledge of anatomy was lacking. Dr. Staats, however, believed that overall Dr. Narag understood the crucial issues with the IME context. Dr. Staats opined that in performing IMEs Dr. Narag does not pose any risk to patient care. Dr. Staats further opined that Dr. Narag would not be performing any procedures; he would not be providing any patient care; he does have a general fund of knowledge; and Dr. Staats did recommend some additional education in anatomy, as well as some additional CME. Dr. Staats? sense was that it would be unfair for Dr. Narag to lose his license based on two examinations that were inappropriate. Also admitted into evidence was R-3, which were copies of IME reports done by Dr. Narag.

Upon motion made and seconded, the Board voted to move into closed session for advice of counsel. All parties, except counseling staff, left the room.

The Board returned into open session and continued with the hearing.

DAG Matthews questioned Dr. Staats and he acknowledged that as an IME physician, it was possible that the IME doctor may have to deal with an emergent heart patient or for that matter, a number of common emergent situations. He also stated that his evaluation of the reports was based simply on what he read and not by observing or examining any of the patients.

Dr. Staats also admitted that the scenarios used by him to test Dr. Narag were provided by the World Institute of Pain and he further agreed that typically these tests were given under different conditions. After discussing the scenarios with Dr. Narag, Dr. Staats concluded that Dr. Narag?s knowledge base was on par with many of the first year residents that he has trained in the past. Dr. Staats also testified that he believed that Dr. Narag had significant cognitive function to perform IMEs. Dr. Staats also again stressed that the testing performed by the IPE and Mt. Siani was inappropriate for evaluating the skills needed to perform an IME, in particular in the pain management area. He did not give a written exam because the World Institute of Pain would not give out the written portion of the exam in order to preserve the integrity of the exam and although it is generally given to the European community because they are ineligible to take the American exam, he pointed out that a number of Americans have taken this exam. When pressed Dr. Staats admitted that the World exam consists of three parts and that he only administered one portion of the exam to Dr. Narag. It also was acknowledged that in the administering of the World exam, three examiners administer it and come to a consensus of the ultimate results. To the contrary, Dr. Staats was the only one that gave the exam and issued a report on the results.

Mr. Gorrell recalled Dr. Narag to the stand and the Attorney General objected as he already had an opportunity to testify. The Board denied the objection.

Dr. Narag testified that in January 2005 he was diagnosed with cancer of the colon and had the surgery for a resection. Additionally, he has undergone chemotherapy treatments which concluded a week ago. According to Dr. Narag, the treatments have made him very tired and if it appeared that he was distracted during the hearing it was because the treatment makes him particularly tired in the afternoon.

Dr. Narag clarified that he has been Board certified since 1970 in anesthesia and in pain management in 1988. As far as Dr. Narag is aware, there is not a re-certification requirement in either one of these. In order to do IMEs,

Dr. Narag does not believe that he needs to be a specialist in either one of these and relies on his knowledge of pain management in making the determination as to whether additional treatments are necessary or not.

In his closing argument, Mr. Gorrell argued that the State?s burden is to demonstrate palpably whether Dr. Narag?s continuing practice would constitute a clear and imminent danger to the public health and safety to the public. Mr. Gorrell posited that after considering all the evidence that the State has failed to demonstrate any harm, or even risk of harm, to anyone doing IME examinations. In comparing the evidence that has been presented, it is clear that Dr. Levine admitted that he is not an expert in pain management and that the examination performed by Dr. Levine concerned anesthesia. Dr. Staats specifically tested Dr. Narag?s knowledge relating to pain management. He opined that MRAC scheduled the inappropriate type of testing for Dr. Narag. While MRAC can claim that Dr. never asked for a different area to be tested, Mr. Gorrell postulated that it was not Dr. Narag?s role to request such a change. Additionally, Mr. Gorrell continued, MRAC had the option and choose not to send someone to observe Dr. Narag. According to Mr. Gorrell, and he knew the Board would agree, that some individuals test well, while others simply do no. He asked that the Board concentrate its efforts in reviewing this case on the dichotomy between not testing well, however, having the ability to perform clinical tasks well. He reminded the Board that Dr. Staats, testifying on behalf of Dr. Narag, acknowledged that he was deficient in some areas, however, Dr. Staats also determined that he was competent to perform IMEs. The tests were more germane to Dr. Narag?s practice. Mr. Gorrell submitted to the Board that based on the entire evidence, there was no basis for a temporary suspension of Dr. Narag?s license. At the worst, he offered, Dr. Narag?s practice should be limited to performing IMEs.

In closing, D.A.G. Matthews reminded the Board that it has the responsibility to protect the citizens of the State of New Jersey. According to the deputy, the evidence showed that Dr. Narag lacks the medical judgment and reasoning to practice medicine, and that witnesses came before the Board and talked about the extensive and comprehensive testing done. She continued that Doctor Narag cannot practice without a basic fund of knowledge and this is what was determined to be lacking on his part during testing and evaluation performed by MRAC. She further reminded the Board that the State?s experts concluded that Dr. Narag was incapable of performing the rudimentary tasks of a physician, even those of one performing an IME. She asked the Board to consider that Dr. Staats, Respondent?s expert, testified that he gave an informal 45 minute exam but while he reviewed the IME reports, he never reviewed the patient records and admitted that he lacks the basic anatomy knowledge and recommended additional CMEs. D.A.G. Matthews continued that Dr. Narag admitted that his job requires him to determine whether a procedure is reasonable and necessary. The state reiterated that licensure is a privilege and when the consumer encounters a practitioner, the consumer needs to be confident that when treated, of during an IME, evaluated, by that licensee, the consumer will receive the appropriate care. D.A.G. Matthews urged the Board to find that Dr. Narag?s medical practice presented a clear and imminent danger to the public?s heath, safety and welfare, and that the only appropriate remedy was to order the suspension of his license to practice medicine effective immediately.

Motion made and seconded to move into executive session for deliberations and advice of counsel. All parties, except counseling staff, left the room.

The Board returned to open session and announced the following motion.

THE BOARD, UPON MOTION MADE AND SECONDED, FOUND THAT THE ATTORNEY GENERAL HAS MET THE BURDEN OF THE PALPABLE DEMONSTRATION OF CLEAR AND IMMINENT DANGER IF RESPONDENT WERE PERMITTED TO PRACTICE WITH AN UNLIMITED PLENARY LICENSE.

THEREFORE, IN ORDER TO ADEQUATELY PROTECT THE PUBLIC, THE BOARD ORDERS THAT, EFFECTIVE IMMEDIATELY, RESPONDENT SHALL LIMIT HIS PRACTICE OF MEDICINE SOLELY TO THE PROVISION OF INDEPENDENT MEDICAL EXAMINATIONS IN THE MUSCULOSKELETAL AREA. FURTHER, RESPONDENT IS TO HAVE NO PRESCRIPTIVE AUTHORITY. ADDITIONALLY, WITHIN THREE MONTHS OF TODAY, RESPONDENT IS TO DEMONSTRATE COMPLETION OF 15 HOURS OF BOARD APPROVED CME CREDITS IN THE AREA OF INDEPENDENT MEDICAL

EXAMINATIONS. ADDITIONALLY, WITHIN SIX MONTHS OF TODAY, RESPONDENT IS TO COMPLETE 40 HOURS OF BOARD APPROVED CME IN PAIN MANAGEMENT.

IN THE EVENT RESPONDENT DOES NOT DEMONSTRATE SUCCESSFUL AND TIMELY COMPLETION OF CME AT BOTH TIME PERIODS, RESPONDENT?S LICENSE IS TO BE AUTOMATICALLY SUSPENDED UNTIL SUCH TIME AS HE DEMONSTRATES THE REQUIRED CME.

Drs. Paul and Lomazow and Ms. Criss all cast negative votes.

OLD BUSINESS

None.

NEW BUSINESS

The meeting ended at 8:30 p.m.
Respectfully Submitted,

_____
Glenn Farrell, Esq.
Chairperson for Open
Disciplinary Matters

Return to Minutes Menu Page

back