

IN THE MATTER OF	*	BEFORE THE
GURTEJ SINGH, M.D.	*	MARYLAND STATE BOARD
Respondent	*	OF PHYSICIANS
LICENSE NUMBER: D71228	*	CASE NUMBER: 2017-0362 B
* * * * *	*	* * * * *

**CONSENT ORDER**

On March 2, 2108, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged Gurtej Singh, M.D. (the “Respondent”) license number D71228 with violating the Maryland Medical Practice Act (the “Act”) Md. Code Ann., Health Occ. (“Health Occ.”) §§ 14-101 *et seq.* (2014 Repl. Vol. and 2017 Supp.).

The pertinent provision of the Act under § 14-404 provides the following:

(a) *In general.* --Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine[.]

One form of unprofessional conduct in the practice of medicine is “disruptive behavior.” The problem of “disruptive physician behavior” has been addressed by The Joint Commission and the American Medical Association (“AMA”).

On or about July 9, 2008, The Joint Commission issued a Sentinel Event alert entitled “Behaviors that Undermine a Culture of Safety,” which stated in pertinent part:

Intimidating and disruptive behaviors can foster medical errors . . .  
contribute to poor patient satisfaction and to preventable adverse

outcomes . . . Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team. Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats . . . Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power . . . Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients . . . All intimidating and disruptive behaviors are unprofessional and should not be tolerated.<sup>1,2</sup>

Furthermore, AMA Opinion 9.045, adopted in June 2000, provides in pertinent part:

...

- (1) Personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care constitutes disruptive behavior. (This includes but is not limited to conduct that interferes with one's ability to work with other members of the health care team.) However, criticism that is offered in good faith with the aim of improving patient care should not be construed as disruptive behavior.

As of June 2016, the AMA Code of Medical Ethics: Professional Self-Regulation Opinion 9.4.4<sup>3</sup> pertaining to Physicians with Disruptive Behavior states in pertinent part:

The importance of respect among all health professionals as a means of ensuring good patient care is foundational to ethics. Physicians have a responsibility to address situations in which individual physicians behave disruptively, that is, speak or act in ways that may negatively affect patient care, including conduct that interferes with the individual's ability to work with other members of the health care team, or for others to work with the physician.

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<sup>1</sup> In 2011, The Joint Commission revised the term "disruptive behavior" to "behavior or behaviors that undermine a culture of safety."

<sup>2</sup> In 2016, The Joint Commission noted that "while the term 'unprofessional behavior' is preferred instead of 'disruptive behavior,' the suggested actions in this alert remain relevant."

<sup>3</sup> AMA Opinion 9.045 was revised in 2016 and became AMA Opinion 9.4.4.

On April 25, 2018, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring because of the DCCR, Respondent agreed to enter this Consent Order, consisting of Findings of Fact, Conclusions of Law, and Order.

### **FINDINGS OF FACT**

Panel B makes the following findings of fact:

#### **I. Background**

1. At all times relevant hereto, Respondent was and is licensed to practice medicine in Maryland. Respondent was originally licensed to practice medicine in Maryland on July 21, 2010, under license number D71228. Respondent last renewed his license in July 2017; and, his license will expire on September 30, 2019.

2. On July 1, 2010, Respondent was certified by the American Board of Physical and Rehabilitation Medicine with a sub-certification in Pain Medicine. Both certifications expire on December 31, 2020.

3. In or about November 2010, Respondent began employment at a hospital<sup>4</sup> (“Hospital A”) in Maryland, as a Physical Medicine and Rehabilitation Physician.

4. On November 10, 2016, Respondent’s employment with Hospital A was terminated without cause.

5. Since approximately July 2017, Respondent has been practicing pain medicine at a multi-specialty group practice in Baltimore County, Maryland.

#### **II. Complaint and Investigation**

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<sup>4</sup> The names of facilities are not disclosed in the Consent Orders. Respondent is aware of the identity of Hospital A.

6. On November 23, 2016, the Board received a Mandated 10-Day Report<sup>5</sup> (the "First Report") from Hospital A informing the Board that Respondent's privileges had been summarily suspended on November 9, 2016, pending an evidentiary hearing on allegations of professional misconduct.<sup>6</sup>

7. By letter dated December 21, 2016, the Board notified Respondent that it had opened an investigation and requested a response to the 10-day Report.

8. On December 22, 2016, the Board received a second Mandated 10-Day Report (the "Second Report") from Hospital A stating that the Summary Suspension of Respondent's privileges was rescinded.

9. On February 1, 2017, the Board received the copy of a letter from Hospital A to Respondent, dated December 22, 2016, informing him that the Summary Suspension had been rescinded.

10. On April 10, and April 12, 2017, Board staff interviewed six employees of Hospital A, under oath, who had personal knowledge of Respondent's conduct at Hospital A involving patients and staff, which they had reported to the Medical Staff and to Human Resources.

11. On May 16, 2017, Board staff interviewed Respondent under oath. Respondent acknowledged some of the incidents of unprofessional conduct and attributed them to stressful events in his personal life.

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<sup>5</sup> Pursuant to Health Occ. § 14-413(a) a hospital is required to report to the Board if a licensed physician who has privileges with the hospital has had staff privileges changed, if the change is for reasons that might be grounds for disciplinary action. The hospital shall submit the report within 10 days of the action.

<sup>6</sup> On November 9, 2016, Hospital A also notified Respondent that his medical staff privileges had been suspended based on "persistent concerns regarding inappropriate behavior." Thereafter, on November 15, 2016, Hospital A notified Respondent that his privileges had been automatically revoked based on his no longer having liability insurance.

### **III. Findings of Unprofessional Conduct**

12. The complaints of unprofessional conduct concern Respondent's conduct that occurred in late 2015 and throughout 2016. The complaints pertain to the nature and style of Respondent's verbal communications with patients and staff.

13. Based on the sworn testimony of staff of Hospital A, Respondent:
- a. Made statements that were belligerent, rude, arrogant, condescending, and pompous, often invoking his position as "the physician";
  - b. Cursed at a member of the medical staff, who felt threatened by his comment;
  - c. Talked down to and yelled at patients, at times causing some patients to cry;
  - d. Talked down to and yelled at medical and clerical staff, i.e. calling them stupid, telling them they made mistakes, did not work fast enough, or did not have the correct equipment, at times causing some staff members to cry;
  - e. Made demeaning comments to staff, i.e. "you are so much more pretty (sic) than you are smart" and "what did you go to school for" or "why did you go to school"; and
  - f. Had outbursts of anger and was easily frustrated regarding issues of efficiency and speed.

### **IV. Summary of Findings of Unprofessional Conduct**

14. Respondent's conduct, including but not limited to, the conduct described in Paragraph 13, is evidence of unprofessional conduct in the practice of medicine in violation of Health Occ. § 14-404 (a)(3)(ii).

15. Respondent has successfully completed a program addressing his behavior.

**CONCLUSION OF LAW**

Based on the foregoing Findings of Fact, Disciplinary Panel B of the Board concludes as a matter of law that Respondent violated Health Occ. § 14-404(a)(3)(ii)(unprofessional conduct in the practice of medicine).

**ORDER**

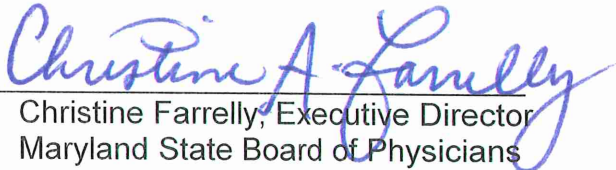
It is, on the affirmative vote of a majority of the quorum of Board Disciplinary Panel B, hereby:

**ORDERED** that Respondent is **REPRIMANDED**; and it is further

**ORDERED** that Respondent shall comply with the Maryland Medical Practice Act, Md. Code Ann., Health Occ. §§ 14-101 - 14-702, and all laws and regulations governing the practice of medicine in Maryland; and it is further

**ORDERED** that this Consent Order is a public document pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 et seq.

May 31, 2018  
date

  
Christine Farrelly, Executive Director  
Maryland State Board of Physicians

**CONSENT**

I, Gurtej Singh, M.D., License No. D71228, by affixing my signature hereto, acknowledge that:

I am represented by counsel, Carolyn Jacobs, Esquire, and have consulted with counsel before entering this Consent Order. By this Consent and for the sole purpose

of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law. I am waiving those procedural and substantive protections. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

***Signature on File***

5/23/18  
Date

Gurtej Singh, M.D., Respondent

**NOTARY**

STATE OF Maryland

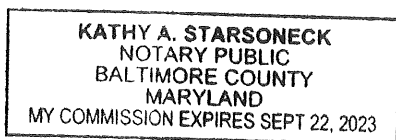
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 23<sup>rd</sup> day of May, 2018 before me, a Notary Public of the State and County aforesaid, personally appeared Gurtej

Singh, M.D., License number D71228, and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

*Kathy Starsonneck* My commission expires 9/22/23  
Notary Public



5/23/18  
Date

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