CONSENT ORDER


The pertinent provisions of the Act provide the following:


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

...  

(22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State;

...  

(40) Fails to keep adequate medical records as determined by appropriate peer review[.]
The relevant terms and conditions of the Consent Order provide the following:

...ORDERED that after ONE (1) YEAR, the Board or its agents or designees shall conduct a chart and/or peer review of the Respondent's medical practice. An unsatisfactory review may constitute a violation of this Consent Order; and it is further

ORDERED that the Respondent shall comply with all laws governing the practice of medicine under the Maryland Medical Practice Act and all rules and regulations promulgated thereunder[.]

On February 28, 2018, Panel B was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

I. FINDINGS OF FACT

Panel B makes the following factual findings:

BACKGROUND

1. At all times relevant, the Respondent was a physician licensed to practice medicine in the State of Maryland. The Respondent was initially licensed in Maryland on or about March 24, 2009, and he is presently licensed through September 30, 2019.

2. The Respondent is board-certified in Physical Medicine and Rehabilitation.

3. At all times relevant, the Respondent practiced physical medicine and rehabilitation in a private practice at two locations in Maryland: Hyattsville and Lanham.

4. On or about June 27, 2013, the Board issued to the Respondent an Advisory Letter and Notice of Re-Review based on an investigation conducted relating to allegations that the Respondent was overprescribing controlled dangerous substances ("CDS"). The Board notified the Respondent the reviewers had opined he had failed to
meet standards of quality medical care in five of twelve records reviewed, and provided
the Respondent with redacted copies of the reports. The Board notified the Responden:
that although the investigation would be closed, based on the concerns raised by the
peer reviewers, a peer review of his practice was to be conducted in one year.

5. On or about September 24, 2015, following the results of a peer review, Panel B
charged the Respondent with failure to meet the standard of quality care with regard to
two of the Respondent's patients, based on the allegations that the Respondent had
prescribed excessive high dose short-acting narcotics over a period of time with
inadequate pathology, that he had failed to adequately recognize and/or take action
regarding a patient's abuse and diversion; and that he had continued to prescribe
opioids despite inconsistent urine toxicology screening. As a resolution of the
September 2015 charges, the Respondent entered into a Consent Order with Panel B
on January 12, 2016, imposing a reprimand and re-review of his medical practice.

6. By letter dated March 3, 2016, the Board notified the Respondent of its
investigation (chart or peer review specified as a condition in the January 12, 2016
Consent Order), subpoenaed 10 patient records and requested that the Respondent
submit summaries of care for all 10 patients.

7. Following receipt of the 10 records and summaries, the Board transmitted to a
peer review organization the patient records, summaries and other relevant documents.
The peer review organization requested that two peer reviewers board-certified in
physical medicine and rehabilitation and pain management (the "reviewers") conduct
the peer review.
8. On or about June 15, 2017, the reviewers submitted their respective reports to the Board, the results of which are set forth in pertinent part below.

9. By letter dated June 16, 2017, the Board sent to the Respondent copies of the peer review reports providing him an opportunity to respond to the opinions of the reviewers.

10. The Respondent submitted two supplemental responses to the peer review reports dated July 6, 2017 and August 28, 2017, respectively.

**PATIENT-RELATED FINDINGS**

The peer reviewers concurred as to the following deficiencies as set forth below:

11. The Respondent failed to meet the standard of quality care for the following patients for reasons including but not limited to:

   a. Prescribing excessive doses of opioids without adequate clinical evidence to support the indication or necessity (Patients 1 through 10);

   b. Continuing to prescribe escalating or high doses of opioids for ongoing pain without using the "stepladder approach"\(^1\) (Patients 6, 9, 10);

   c. Continuing to prescribe opioids despite inconsistent urine toxicology screening (Patients 1, 5, 6, 7 and 10);

   d. Concomitant long-term prescribing of benzodiazepines and high doses of opioids (Patient 1, 2, 4, 5, 6 and 9);

   e. Failing to adequately institute interventional procedures for pain management (Patients 1, 2 and 3); and

   f. Failing to adequately decrease opioid dosage or adequately assist patient in weaning off opioids (Patients 1 through 10).

\(^1\) This refers to the World Health Organization’s guidelines for a step-ladder approach to pain management, which focuses on a multi-faceted approach to pain management.
12. The Respondent failed to keep adequate records in Patients 1, 2, 7, 8, 9 and 10 for reasons including but not limited to:

   a. Failing to document adequate justification for prescribing high dose opioids (Patients 1, 7, 9 and 10);

   b. Failing to adequately document a plan of care with rationale to alleviate symptoms other than with high doses of opioids (Patients 7, 8 and 9);

   c. Inconsistencies between the amount prescribed in the records and the amount recorded in the Prescription Drug Monitoring records reviewed (Patients 7, 8 and 10);

   d. Inadequate documentation of physical exam findings including but not limited to identical documented history and/or examinations for two or more dates (Patients 1, 2, 7, and 8); and

   e. Failing to accurately document precisely what dosages of medications were issued (Patients 7, 8, 9, 10).

II. CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact as outlined in whole or in part above, Panel B concludes as a matter of law that the Respondent’s conduct constitutes violations of Health Occ. II § 14-404(a)(22) and (40) and the terms and conditions of the December 26, 2015, Consent Order.

III. ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is, by Panel B, hereby:

ORDERED that the Respondent is REPRIMANDED; and it is further
ORDERED that the Respondent is placed on PROBATION for a minimum period of TWO (2) YEARS.  

During the probationary period, the Respondent shall comply with all of the following probationary terms and conditions:

1. The Respondent's medical practice shall be supervised by a panel-approved peer supervisor. Within THIRTY (30) DAYS of the execution of this Consent Order, the Respondent is responsible for providing the panel with the professional background information of the supervisor whom he offers to the panel for approval. The panel-approved supervisor must familiarize himself or herself with the relevant Board and Panel orders and peer review reports concerning the Respondent. The supervisor shall be available to the Respondent for consultations on any patient and shall observe the Respondent's practice and have access to the Respondent's patients' records and shall maintain the confidentiality of all medical records and patient information. The supervisor shall meet in-person with the Respondent at least once each month and discuss in person with the Respondent the care the Respondent has provided for 10 patient charts to be chosen by the supervisor. Additionally, the Respondent shall ensure that the supervisor provides the Board with quarterly reports concerning whether there are any concerns with the Respondent’s medical practice. If there are indications that the Respondent poses a substantive risk to patients, the supervisor shall immediately report his or her concerns to the Board;

2. The Respondent shall not be the supervising physician for any physician assistant or collaborating physician for any nurse practitioner for patients in which the treatment plan involves the prescribing of opioids for chronic pain management (longer than three days);

3. The Panel will issue administrative subpoenas to the Maryland Prescription Drug Monitoring Program on a quarterly basis for the Respondent’s CDS prescriptions. The administrative subpoenas will request a review of the Respondent’s CDS prescriptions from the beginning of each quarter;

4. Within the first six months of the probationary period, the Respondent shall successfully complete a Board disciplinary panel-approved course in medical documentation. The Board disciplinary panel will not accept a course taken over the Internet. The course may not be used to fulfill the continuing medical education credits required for license renewal. The Respondent must provide documentation to the Board that the Respondent has successfully completed the course;

---

2 If the Respondent's license expires while the Respondent is on probation, the probationary period and any probationary conditions will be tolled.
5. Within the first six months of the probationary period, the Respondent shall successfully complete a Board disciplinary panel-approved course in CDS prescribing. The Board disciplinary panel will not accept a course taken over the Internet. The course may not be used to fulfill the continuing medical education credits required for license renewal. The Respondent must provide documentation to the Board that the Respondent has successfully completed the course; and it is further

ORDERED that the 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 the Respondent shall not apply for the early termination of probation; and it is further

ORDERED that, after two years, the Respondent may submit a written petition to the Board requesting termination of probation. After consideration of the petition, the probation may be terminated through an order of the Board or Panel B. The Respondent may be required to appear before the Board or Panel B to discuss his petition for termination. The Board or Panel B will grant the petition to terminate the probation if the Respondent has complied with all of the probationary terms and conditions and there are no pending complaints related to the charges; and it is further

ORDERED that if the Board or Disciplinary Panel determines, after notice and an opportunity for a hearing before an Administrative Law Judge of the Office of Administrative Hearings if there is a genuine dispute as to a material fact or a show cause hearing before the Board or Panel B if there is no genuine dispute as to a material fact, that the Respondent has failed to comply with any term or condition of probation or this Consent Order, the Board or Disciplinary
Panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice medicine in Maryland. The Board or Disciplinary Panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that, unless stated otherwise in the order, any time period prescribed in this order begins when the Consent Order goes into effect. The Consent Order goes into effect upon the signature of the Board's Executive Director, who signs on behalf of Panel B; and it is further

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

03/14/2018
Date

Christine A. Farrelly, Executive Director
Maryland State Board of Physicians

CONSENT

I, Tristan J. Shockley, M.D., License No. D68884, by affixing my signature hereto, acknowledge that:

I am represented by counsel and have consulted with counsel before entering into 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 into after the conclusion of a formal evidentiary hearing in which I would have had 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 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 and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

Signature on File

3/9/2018
Date

Tristan J. Shockley, M.D.

STATE/ DISTRICT OF Maryland
CITY/COUNTY OF: Queen Anne's

I HEREBY CERTIFY that on this 9th day of March, 2018, before me, a Notary Public of the State/District and County aforesaid, personally appeared Tristan Shockley, M.D., 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.

Loni D. Graham
Notary Public
Queen Anne's County, MD
My Commission Expires December 20, 2021