



MARYLAND
Department of Health

**Board of Physicians
Annual Report
Fiscal Year 2017**

H.O. §1-212 and §14-205.1 and
Chapters 217/218 of the Acts of 2017

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Introduction

The Maryland Board of Physicians (the “Board”) is the agency charged with the regulatory oversight of the practice of medicine in the State. Pursuant to its mandate, the Board is authorized to license physicians and allied health professionals. The various allied health professionals licensed by the Board include physician assistants, radiographers, radiation therapists, radiologist assistants, nuclear medicine technologists, respiratory care practitioners, perfusionists, psychiatrist assistants, polysomnographic technologists, athletic trainers, and naturopathic doctors. In FY 17, the Board regulated approximately 45,000 licensees. In addition to establishing qualifications for licensure, the Board is authorized to investigate complaints against licensees and discipline those who violate the Maryland Medical Practice Act (“Act”).

Mission

The mission of the Board is to assure quality health care in Maryland, through the efficient licensure and effective discipline of health providers under its jurisdiction, by protecting and educating clients/customers and stakeholders, and enforcing the Act.

Overview of the Board’s Operations

The Board is comprised of specific units working collaboratively towards meeting strategic goals and objectives that contribute to the Board’s success. In FY 17, the Board focused on process improvement initiatives and strategies that enhance measureable outcomes and assure overall improvement in the service provided to all stakeholders. An overview of units and operations is as follows:

Allied Health processes licensure and reinstatement applications for all non-physicians. Allied Health also processes delegation agreements for physician assistants and evaluation and treatment protocols for athletic trainers.

Licensure processes physician applications for initial licensure, reinstatements, limited license for postgraduate teaching, conceded eminence, exemption from licensure fee, and exceptions from licensure.

Both Allied Health and Licensure units continue to refine and improve their processes to ensure accuracy and efficiency in issuing licenses to qualified applicants within 10 days of receipt of the last qualifying document.

Compliance is responsible for the Board’s disciplinary process and is critical to the Board’s public protection mission. Compliance investigates complaints concerning all Board licensees that allege violations of the Act. The Board also investigates allegations that individuals are practicing medicine without a license. By focusing on efficiencies, compliance

efforts resulted in successful completion of timely investigations of allegations of violations of the Act. The overall success of this component of the Board's mission is attributable to the integration of all aspects of the compliance spectrum (Intake, Investigations, Administration, Probation and Monitoring) and enhanced operational goals resulting in improved efficiency measures and increased outcomes.

Communications, Education and Policy communicates with consumers, licensees, stakeholders, agency officials, Board members and staff. The unit provides education and outreach to consumers, educational training to Board members and staff, and disseminates broader agency communications, educational programs and employee information. On policy matters, the unit collaborates with internal and external stakeholders on legislative initiatives and the development of regulations. Policy coordinates the preparation of Board legislation to be introduced during legislative sessions and provides analysis of other legislation for potential impact to the Board's operations and mission.

Information Technology collaborates with all Board personnel to improve data collection and retrieval processes. The unit maintains practitioner profile data of all licensees on the Board's website at www.mbp.state.md.us. The practitioner profile system currently contains profiles of 106,818 licensees (both active and non-active). This web-based system enables Maryland citizens to be more informed about their health care providers by allowing them access to information including facility privileges, specialties and disciplinary actions from the profile pages. It also allows practitioners the opportunity to update their personal profile information, designate their public and non-public addresses as well as areas of concentration, specialties and postgraduate training programs. Changes appear on the website within 24 hours of submission and the practitioner receives an e-mail confirmation of the changes.

Fiscal Services is charged with the oversight, administration and processing of all Board expenditures. The unit also prepares the Board's Budget Request and various other budgetary and fiscal reports for the Executive Director, Legislature, Department of Budget and Management and the Board.

Customer Service is responsible for collecting, identifying and organizing all credentials and data needed to license physicians and allied health practitioners. The unit conducts random audits of continuing education credits earned by licensees, processes verification of licensure requests and handles the renewal of licenses for all of the Board's licensees. As part of the Board's initiatives to enhance customer service, in lieu of mailing licenses, the Board implemented a new print feature which allows licensees to print their own renewed licenses directly from the Board's website. Licensees can retrieve a copy of their renewed license for up to two years.

Board Statistics and Updates

The information provided on the following pages for items 1 through 15 regarding the Board’s operations is requested pursuant to the Health Occupations Article (H.O.), Md. Code Annotated, § §1-212, 14-205.1 and Chapters 217/218 of the Acts of 2017:

1. The number of licensees investigated under each of the disciplinary grounds enumerated under H.O. §14–404 of this article (H.O. §14-205.1(1)(i)):

See TABLE A on pages 4–8.

TABLE A
Number of Licensees Investigated
Under Each of the Board’s Disciplinary Grounds For FY 17
(Resolved and Unresolved Allegations)

| Description | Resolved Allegations | Average No. of Days | Unresolved Allegations |
|--|----------------------|---------------------|------------------------|
| All Practitioner Types | | | |
| Child Support Enforcement Admin - Family Law Article 10-119.3 | 6 | 19 | |
| An individual shall submit to a Criminal History Records Check | 155 | 2 | |
| Sexual misconduct regulations | 5 | 37 | 3 |
| Response of “yes” to question on application form | 11 | 43 | |
| Response of “no” to question on application form | 6 | 8 | |
| Response of “yes” to question on renewal form | 39 | 32 | 2 |
| Physicians | | | |
| COMAR 10.32.01.08 Continuing Medical Education Deficiency in Renewal application | 101 | 21 | 7 |
| Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another | 2 | 53 | 1 |
| Fraudulently or deceptively uses a license | 1 | 31 | |
| Is guilty of immoral conduct in the practice of medicine | 27 | 206 | 19 |
| Is guilty of unprofessional conduct in the practice of medicine | 439 | 120 | 94 |
| Is guilty of immoral or unprofessional conduct in the practice of medicine | 3 | 134 | |
| Is professionally, physically, or mentally incompetent | 12 | 64 | 4 |
| Abandons a patient | 7 | 111 | 1 |

| Description | Resolved Allegations | Average No. of Days | Unresolved Allegations |
|---|-----------------------------|----------------------------|-------------------------------|
| Habitually is intoxicated | 2 | 213 | |
| Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in Article 27 of the Code | 3 | 146 | |
| Provides professional services - while under the influence of alcohol | 1 | 330 | |
| Provides professional services - while using any narcotic or controlled dangerous substance | 1 | 245 | |
| Willfully makes or files a false report or record in the practice of medicine | 7 | 223 | 5 |
| Fails to provide details of a patient's medical record to the patient, another physician, or hospital | 41 | 55 | 6 |
| Makes a willful misrepresentation in treatment | 1 | 104 | |
| Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine | 13 | 144 | 5 |
| Grossly over utilizes health care services | 3 | 349 | 3 |
| Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch the US uniformed services or the Veterans' Administration for an act that would be grounds for disciplinary action under this section | 26 | 44 | |
| Fails to meet appropriate standards as determined by appropriate peer review of the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State | 338 | 122 | 86 |
| Willfully submits false statements to collect fees for which services are not provided | 10 | 127 | 2 |
| Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes | 2 | 632 | 3 |
| Fails to comply with the provisions of section 12-102 of this article | 47 | 90 | 3 |
| Except as to an Association that has remained in continuous existence since July 1, 1963 - Employs a pharmacist for the purpose of operating a pharmacy | 2 | 36 | |
| Except in an emergency life-threatening situation where it is not feasible or practicable, fails to comply with the Centers for Disease Control's guidelines on universal precautions | 1 | 75 | |
| Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine | 4 | 137 | 1 |
| Fails to keep adequate medical records as determined by appropriate peer review | 33 | 158 | 32 |
| The Board shall order the suspension of a license if the licensee is convicted of or pleads guilty or nolo contendere with respect to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside | 1 | 343 | |

| Description | Resolved Allegations | Average No. of Days | Unresolved Allegations |
|--|-----------------------------|----------------------------|-------------------------------|
| After completion of the appellate process if the conviction has not been reversed or the plea has not been set aside with respect to a crime involving moral turpitude, the Board shall order the revocation of a license on the certification by the Office of the Attorney General | 2 | 251 | |
| Hospitals and Related Institutions | | | |
| Fails to report | 4 | 70 | 3 |
| Respiratory Care Practitioners | | | |
| The applicant shall be of good moral character | 1 | 202 | |
| Continuing Education Deficiency | 3 | 12 | |
| Is guilty of unprofessional or immoral conduct in the practice of respiratory care | 5 | 270 | 5 |
| Is professionally, physically, or mentally incompetent | | | 3 |
| Is addicted to or habitually abuses any narcotic or controlled dangerous substance | | | 1 |
| Willfully makes or files a false report or record in the practice of respiratory care | 2 | 75 | |
| Fails to meet appropriate standards for the delivery of respiratory care | 1 | 23 | 2 |
| Fails to practice under the supervision of a physician or violates a supervisory order of a supervising physician | 2 | 33 | 3 |
| A person may not practice, attempt to practice, or offer to practice respiratory care unless licensed | 1 | 0 | 1 |
| Radiation Therapists, Radiographers, Nuclear Medicine Technologists, Radiologist Assistants | | | |
| Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensed individual, or for another | 4 | 32 | |
| Fraudulently or deceptively uses a license | 1 | 0 | |
| Is guilty of unprofessional or immoral conduct in the practice of radiation oncology/therapy technology, medical radiation technology, or nuclear medicine technology | 5 | 35 | 1 |
| Is addicted or habitually abuses any narcotic or controlled dangerous substance | 1 | 107 | |
| Willfully makes or files a false report or record in the practice of radiation therapy, radiography, nuclear medicine technology, or radiology assistance | 3 | 41 | |
| Fails to meet appropriate standards for the delivery of quality care | 2 | 86 | 1 |
| Practices or attempts to practice beyond the authorized scope of practice | 1 | 0 | |
| Fails to practice under the supervision of a physician or violates a supervisory | 1 | 0 | |

| Description | Resolved Allegations | Average No. of Days | Unresolved Allegations |
|---|-----------------------------|----------------------------|-------------------------------|
| order of a supervising physician | | | |
| After completion of the appellate process if the conviction has not been reversed or the plea has not been set aside with respect to a crime involving moral turpitude, the Board shall order the revocation of a license on the certification by the Office of the Attorney General | 1 | 1 | |
| Except as otherwise provided in the subtitle, a person may not practice, attempt to practice, or offer to practice radiography in this State unless licensed to practice radiography by the Board | 2 | 40 | |
| Unless authorized to practice radiation therapy, radiography, nuclear medicine technology, or radiology assistance under this subtitle, a person may not represent to the public by title, by description of services, methods, or procedures, or otherwise, that the person is authorized to practice radiation therapy, radiography, nuclear medicine technology, or radiology assistance in this State | 1 | 71 | |
| Polysomnographic Technologist | | | |
| Is guilty of unprofessional or immoral conduct in the practice of polysomnography | 2 | 91 | 2 |
| Is professionally, physically, or mentally incompetent | 1 | 69 | |
| Willfully makes or files a false report or record in the practice of polysomnography | | | 1 |
| Fails to meet appropriate standards for the delivery of polysomnographic services | 1 | 89 | 1 |
| Practicing without a license | 2 | 279 | |
| Athletic Trainers | | | |
| Is guilty of unprofessional or immoral conduct in the practice of athletic training | 2 | 43 | |
| Knowingly practices athletic training with an unauthorized individual or aids an unauthorized individual in the practice of athletic trainer services | 1 | 53 | |
| Practicing without license | 17 | 201 | |
| Perfusionists | | | |
| Is addicted to or habitually abuses any narcotic or controlled dangerous substance | | | 1 |
| Fails to meet appropriate standards for the delivery of perfusion services | | | 1 |
| Practicing without a license | 1 | 331 | |
| Naturopathic Doctors | | | |
| Practicing without (naturopathic doctor) license | 5 | 108 | 1 |
| Unlicensed Practice of Medicine | | | |
| Practicing without a license | 32 | 139 | 9 |

| Description | Resolved Allegations | Average No. of Days | Unresolved Allegations |
|--|----------------------------------|--|-----------------------------------|
| Misrepresentation as practitioner of medicine | 2 | 65 | 2 |
| Physician Assistants | | | |
| Violates any provision of this title or any regulations...adopted under 14-404 | 7 | 202 | 1 |
| Is guilty of immoral conduct in the practice of medicine | 5 | 111 | 2 |
| Is guilty of unprofessional conduct in the practice of medicine | 23 | 167 | 9 |
| Is professionally, physically, or mentally incompetent | 1 | 6 | |
| Provides professional services while under the influence of alcohol | | | 1 |
| On proper request, fails to provide details of a patient's medical record to the patient, another physician, or hospital | 1 | 29 | |
| Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine | 1 | 178 | |
| Fails to meet appropriate standards for the delivery of quality care | 14 | 92 | 8 |
| Fails to keep adequate medical records | 3 | 63 | 2 |
| Performs delegated medical acts beyond the scope of the agreement filed with the Board | 3 | 171 | 1 |
| Performs delegated medical acts without the supervision of a physician | 4 | 176 | 2 |
| Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice as a physician assistant in the State unless the person has a license issued by the Board | 3 | 188 | |
| Except as otherwise provided in this title, a person may not perform, attempt to perform, or offer to perform any delegated medical act beyond the scope of the license and which is consistent with a delegation agreement filed with the Board | 2 | 93 | |
| Unlicensed Medical Practitioners | | | |
| Prohibited conduct, hearings, and appeals for unlicensed medical practitioners | 7 | 167 | |
| TOTAL ALLEGATIONS AGAINST PRACTITIONERS AND ALLEGATIONS OF UNLICENSED PRACTICE | 1533 allegations resolved | 115 average days to resolve allegations | 341 unresolved allegations |

- 2. The number of unresolved allegations pending before the board (H.O. §14-205.1 (1)(v)):**
See TABLE A above on pages 4–8.
- 3. The average length of the time spent investigating allegations brought against licensees under each of the disciplinary grounds enumerated under H.O. §14–404 (H.O. §14-205.1(2)):** See TABLE A above on pages 4–8.

4. The number of licensees who were reprimanded or placed on probation or who had their licenses suspended or revoked (H.O. §14-205.1(i)(ii)): See TABLE B below.

TABLE B
Disciplinary Action Chart

| DISCIPLINARY DEFINITIONS | PHYSICIANS | PHYSICIANS ASSISTANTS | ALLIED HEALTH | UNLICENSED | TOTALS |
|---|-------------------|------------------------------|----------------------|-------------------|------------------|
| <u>TOTAL LOSS OF LICENSE:</u> Summary Suspension, Revocation, Suspension, Letter of Surrender & Denials | 35 | 3 | 11 | 0 | 49 |
| <u>TOTAL RESTRICTION OF LICENSE:</u> Reprimand with Probation or Conditions, Probation, Terms & Conditions | 43 | 4 | 3 | 0 | 50 |
| <u>TOTAL OTHER PREJUDICIAL ACTION:</u> Reprimand, Cease & Desist | 4 | 0 | 1 | 4 | 9 |
| <u>TOTAL OTHER PREJUDICIAL ACTION:</u> Continuing Medical Education | 27 | 0 | 5 | 0 | 32 |
| <u>TOTAL OTHER PREJUDICIAL ACTION:</u> Practicing without a license | 4 | 3 | 3 | 0 | 10 |
| <u>TOTAL NON-PREJUDICIAL ACTION:</u> Summary Suspension Lifted, License Granted, Termination & Non-Public Orders | 73 | 6 | 19 | 8 | 106 |
| GRAND TOTAL OF DISCIPLINARY ACTIONS | 186 | 16 | 42 | 12 | 256 |
| TOTAL FINES (Disciplinary) | \$33,900 | \$7,500 | \$750 | \$0 | \$42,150 |
| TOTAL ADMINISTRATIVE FINES (Continuing Medical Education) | \$43,075 | \$0 | \$900 | \$0 | \$43,975 |
| TOTAL FINES (Unlicensed Practice of Medicine) | \$32,500 | \$5,250 | \$6,750 | \$3,000 | \$47,500 |
| GRAND TOTAL OF FINES | \$109,475 | \$12,750 | \$8,400 | \$3,000 | \$133,625 |

5. The number of cases prosecuted and dismissed and the specific grounds (H.O. §14-205.1(iii)):

The Office of the Attorney General (“OAG”) accepted 131 cases for prosecution in FY 17. The OAG accepted the cases for prosecution after determining that there was a legally sufficient basis for prosecution based on the facts and circumstances of each individual case. During FY 17, the OAG closed 103 cases based on various disciplinary grounds of the Act. Pursuant to the Statute, the OAG is not authorized to dismiss a case.

6. The criteria used to accept and reject cases for prosecution: (H.O. §14-205.1(1)(iv)):

The measure of legal sufficiency is generally found in law, including Md. Code Ann., Health Occ. II §14-404(a), which sets forth 43 enumerated grounds for discipline. In addition, Health Occ. II §14-404(b) provides for prosecution of licensees convicted of crimes involving moral turpitude, Health Occ. II §14-205 provides for the denial of a license for reasons that are grounds for discipline under Health Occ. II § 14-404, and Health Occ. II §§14-601 to 14-606 provide the standards for administrative prosecution of unlicensed practice.

The legal sufficiency analysis is conducted by the assigned administrative prosecutor and includes the review of board investigative files, consultations with peer reviewers and other expert witnesses, meetings with board investigators, meetings with witnesses, and additional follow-up investigation. The legal sufficiency analysis may also include legal research, including the review of prior Board orders.

7. The number of cases not completed within 18 months and the reason for the failure to complete the cases in 18 months (H.O. §14-205.1(3)):

As of June 30, 2017, only 3 cases at the Board were not resolved within 18 months. There are 30 cases at the OAG at various stages that have not been resolved. TABLES C and D illustrate the last stage of each of these cases at the end of FY 17.

**TABLE C
Cases at the Board Not Resolved within 18 Months***

| | FY 13 | FY 14 | FY 15 | FY 16 | FY 17 |
|-------------------|----------|----------|----------|----------|----------|
| Case Management** | 1 | 0 | 0 | 2 | 3 |
| Peer Review | 0 | 0 | 1 | 0 | 0 |
| Total | 1 | 0 | 1 | 2 | 3 |

*These cases in the chart figures may represent multiple case numbers on the same Respondent.

**Case Management is the full investigation phase of a case, which includes collecting evidence, interviewing witnesses, and Board deliberation.

TABLE D
Cases at the OAG that have not been Resolved at Various Stages

| | FY13 | FY 14 | FY 15 | FY 16 | FY 17 |
|---|-------------|--------------|--------------|--------------|--------------|
| Prosecutor's Office (cases not yet charged) | 8 | 4 | 9 | 7 | 17 |
| Prosecutor's Office (cases charged; DCCR held or failed; case may or may not be set for hearing at OAH) | 26 | 6 | 8 | 9 | 8 |
| Board Counsel's Office (awaiting Final Order) | 8 | 8 | 6 | 2 | 5 |
| Total | 42 | 18 | 23 | 18 | 30 |

8. The number of initial and renewal licenses issued for both physician and allied health professionals (H.O. §14-205.1(4)(i)): See TABLE E below.

TABLE E
Number of Initial and Renewal Licenses Issued
for Physicians and Allied Health Professionals FY 17

| Practitioner Type | Initial | Renewal |
|---|----------------|----------------|
| Physicians | 1,749 | 15,748 |
| Allied Health Practitioners | | |
| Athletic Trainers | 96 | 0 |
| Physician Assistants | 305 | 3,201 |
| Radiology Technologists | 438 | 5,903 |
| Respiratory Care Practitioners | 170 | 0 |
| Polysomnographers | 29 | 363 |
| Perfusionists | 6 | 0 |
| Naturopathic Doctors | 9 | 0 |
| Total Allied Health Practitioners | 1,053 | 9,467 |
| Total Physicians and Allied Health Professionals | 2,802 | 25,215 |

9. The number of positive and negative Criminal History Records Checks results received for both physicians and allied health professionals (H.O. §14-205.1(4)(ii)):

See TABLE F below.

**TABLE F
CHRC Data for Physicians and Allied Health Professionals as of June 30, 2017**

| Practitioner Type | Positive Results | Negative Results | Total CHRC Processed |
|-------------------------------|-------------------------|-------------------------|-----------------------------|
| Athletic Trainer | 4 | 62 | 66 |
| Doctor of Osteopathic | 5 | 122 | 127 |
| Naturopathic Doctor | 0 | 4 | 4 |
| Not Licensed* | 5 | 30 | 35 |
| Nuclear Medicine Technologist | 43 | 519 | 562 |
| Perfusionist-Advanced | 1 | 3 | 4 |
| Physician | 108 | 2,175 | 2,283 |
| Physician Assistant | 114 | 2,918 | 3,032 |
| Polysomnographer | 41 | 369 | 410 |
| Psychiatrist Assistant | 0 | 1 | 1 |
| Rad Therapy/Radiographer | 3 | 44 | 47 |
| Radiation Therapist | 29 | 304 | 333 |
| Radiographer | 395 | 4,965 | 5,360 |
| Radiologist Assistant | 0 | 5 | 5 |
| Respiratory Care Practitioner | 14 | 193 | 207 |
| Total: | 762 | 11,714 | 12,476 |

*Not licensed-These applicants have submitted a CHRC, but have not yet submitted an application for licensure so they were “not licensed” as of June 30, 2017.

10. CHRC Data for physicians and allied health professionals as of June 30, 2017:

See TABLE F above.

11. The number of individuals denied initial or renewal licensure due to positive criminal history records checks results for both physicians and allied health professionals (H.O. §14-205.1(4)(iii)): 0

12. The number of individuals denied initial or renewal licensure due to reasons other than a positive criminal history records check for both physicians and allied health professionals (H.O. §14-205.1(4)(iv)): 2

13. The adequacy of current board staffing in meeting the workload of the board (H.O. §14-205-1(5)):

In its FY 16, FY 17 and FY 18 Budget requests, the Board requested 7 new positions; all of the new positions requested were denied. In addition, the Board lost 3 positions in FY 16. The Board retains contractual staff in several units to ensure that the Board's work is completed.

Although the Board is allocated a total of 68.5 full-time equivalent positions (FTEs), 12 FTE of those positions are assigned to the Office of the Attorney General and fully funded by the Board. Of the 12 FTEs, only 4 FTEs are fully assigned to the Board of Physicians. The Board has only 56.5 FTEs to conduct all Board business.

Board staffing levels remain inadequate to meet the current and emergent work. To further highlight this inadequacy, in FY 12, the Board had 81.0 FTEs. Since FY 12, the Board has been mandated to regulate several new health professions including Polysomnographers, Athletic Trainers, Perfusionists and Naturopathic Doctors. Each Allied Health program requires staffing to complete the following:

- Processing applications for initial licensure, renewals and reinstatements;
- Identifying and investigating cases implicating public protection during review of the initial applications;
- Conducting preliminary and full investigations on licensees;
- Reviewing and amending regulations based on current law and any changes to the law;
- Researching and responding to policy questions regarding the programs; and
- Coordinating Committee meetings.

Additionally, in October 2016 the Board began conducting Criminal History Record Checks (CHRC) which is an entirely new program, with a full range of operations requiring additional staff resources. Under this statutory requirement, the Board began processing CHRC for all initial, renewal, and reinstatement applicants. Between October 1, 2016 and June 30, 2017, staff processed 18,298 CHRC. The Board, however, does not have any designated permanent PINs to complete this work. To meet the CHRC mandate, the Board employed a contractual Information Technology staff member and moved existing employees from other units to staff the CHRC Unit. The Board remains concerned about the inadequate staffing and the impact on this program that handles highly confidential material.

Although the Board continues its efforts to implement an electronic, online system, there are certain elements of the Board's procedures that will remain paper-based and require manual data entry. For example, credentials for initial licensure are paper based and require primary

source verifications even if sent by electronic mail. At this time, there is no database that the Board can connect to in order to verify credentials. Therefore, staff will be required to continue to enter data manually, store and match more than 33,000 credentials annually. Although all CHRC are received via secure e-mail, State and Federal CHRC are sent at different times and must be matched together for each applicant and/or licensee. The details of all results must be entered into the Board's database manually and positive results require further review.

The Allied Health Unit continues to struggle with the volume of physician assistant delegation agreements, delegation agreement addendums (advanced duties) and terminations of delegation agreements. In FY 17, there were 1,322 delegation agreements received and 182 delegation agreement addendums for advanced duties that required staff, Committee and Board review. In comparison, during FY 07, there were 745 delegation agreements received and 32 delegation agreement addendums for advanced duties. Terminations of delegation agreements require additional review to determine whether the termination may have been related to a violation of the Medical Practice Act. The unit requires compensatory time on a routine basis in order to maintain timeliness of its operations. At least 1 additional position is required in the Allied Health Unit.

The Communications, Education and Policy Unit also requires additional staff. The unit handles all Public Information Act requests and subpoenas. Most of the requests are time sensitive or statutorily mandated and require dedicated staff. The unit is responsible for developing and drafting all legislative proposals and regulations pertaining to the oversight of all of the Board's practitioner programs. In addition to other responsibilities, the unit responds to the Board's general e-mail inquiries not handled by the other Board units and to the inquiries from all internal and external stakeholders on the Board's statutes, regulations and policies. In FY 17, the unit forwarded over 1,000 inquiries received in the Board's general e-mail account to the Board's units for processing. The unit coordinates professional development for staff and facilitates many of the training sessions for the Board. The unit requires more staff to ensure that all of its responsibilities are discharged effectively and efficiently.

Although the Board continues efforts to improve operational efficiency, additional staff is required. The Board is simply unable to be proactive with respect to further operational improvements without adequate staff. The Board continues to be concerned that the lack of staff will negatively impact the efficiency of the Board's operations, measurable outcomes and customer service.

14. A description of the efforts the Board has taken to meet the goal of issuing licenses within 10 days after the receipt of the last qualifying document, especially for the allied health professionals (Chapters 217/218 of the Acts of 2017, Section 2(1)):

The Board has created a supervisory report that can be generated from the database at any time. The report captures the number of applications processed and licenses issued within 10 days of receipt of the last document. This report is automated and is sent to the Allied Health and Licensure supervisors on a quarterly basis. The report also identifies applications where licenses were not issued within 10 days of the last document received. When a license is not issued within 10 days of the last document, supervisors and staff review the licensure file to identify the reason for the delay and address it. Additional cross-training has been implemented in the Allied Health Unit to plan for staff absences that may impact timely licensing. The importance of accurate and timely data entry has been emphasized with staff.

15. Whether it is feasible to describe any underlying sexual misconduct in order summaries and, if it is not feasible, a description of other steps that the Board can take to make it easier for the public to determine whether a case involved sexual misconduct (Chapters 217/218 of the Acts of 2017, Section 2(2)):

In a national report/analysis of State Medical Boards and laws, Maryland ranked fifth in transparency regarding sexual misconduct cases. The special report was based on an examination of laws that govern physician licensing and discipline, with an emphasis on sexual misconduct issues. In light of this report, the Department of Legislative Services' Sunset Review requested greater transparency of the underlying sexual misconduct in Board order summaries.

In terms of describing any underlying sexual misconduct in order summaries, only the actual disciplinary grounds that were violated are reflected in the summaries on individual practitioner profiles. For example, if a licensee is disciplined for unprofessional conduct, but the conclusions of law do not include a sexual misconduct finding, the Board can only legally post the unprofessional conduct finding. The Board's disciplinary grounds do not include a sexual misconduct ground and the sexual misconduct regulations do not provide any sanctions for violations. However, Md. Code Ann., Health Occ. §1-212 specifies that if a respondent violates a Board's sexual misconduct regulations, the Board can impose certain sanctions. Based upon the facts of the case, to make it easier for the public to determine whether a case involves sexual misconduct, the Board will also charge under H.O. §1-212. Although the Board votes specific grounds for charging, the charging documents are written and issued under the purview of the Office of the Attorney General. The Board has communicated with the administrative prosecutors to emphasize the importance of including any sexual misconduct in the Conclusions of Law section in any Consent Orders.

Conclusion

The Board continues its commitment to improve strategies regarding providing timely and efficient service to its external and internal customers. The Board recognizes that sustaining improvement is an ongoing process and routinely evaluates its goals and outcomes in order to enhance its operations in furtherance of its public protection mandate.