GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF MEDICINE

IN RE:	:
JEFFERY DORMU, MD	:
License No.: DO034245	:
Respondent	:

CONSENT ORDER

This matter comes before the District of Columbia Board of Medicine (the "Board" or "D.C. Board") pursuant to the Health Occupations Revision Act (HORA). D.C. Official Code § 3-1201.01, *et seq.* (2016 Repl.). The HORA authorizes the Board to regulate the practice of medicine in the District of Columbia. The Board has broad jurisdiction to impose a variety of disciplinary sanctions upon a finding of a violation of the HORA. D.C. Official Code, § 3-1201.03; *Mannan v. District of Columbia Board of Medicine*, 558 A.2d 329, 333 (D.C. 1989). The Council of the District of Columbia, in amending the HORA, "intended to strengthen enforcement of its licensing laws." *Davidson v. District of Columbia Board of Medicine*, 562 A.2d 109, 113 (D.C. 1989). The HORA "was designed to 'address modern advances and community needs *with the paramount consideration of protecting the public interest.*'" *Joseph v. District of Columbia Board of Medicine*, 587 A.2d 1085, 1088 (D.C.1991) (*quoting* Report of the D.C. Council on Consumer and Regulatory Affairs on Bill 6-317, at 7 (November 26, 1985)) (emphasis added by court).

Background

Dr. Jeffery Dormu (Respondent) is licensed to practice medicine in Washington, DC; his license will expire on December 31, 2022. Respondent was originally licensed in the District on October 5, 2007; currently his license is summarily suspended. Respondent was also licensed in Maryland; his Maryland license expired September 30, 2022 while on suspended status. Dr. Dormu also has a Reprimand on his license from a previous action.

Dr. Dormu is board-certified in surgery and vascular surgery and practiced in the District of Columbia. He also owns and operated a medical practice in Maryland with a focus on "the diagnos[is] and treatment of all disease of the arteries, veins, and lymphatic systems." *See Maryland State Board of Physicians Consent Order*, dated Oct. 11, 2022, attached to and incorporated herein ("Maryland Consent Order"). The Maryland Board received two separate complaints from former patients of Dr. Dormu. The first complaint was that Respondent had attempted to pressure the patient into an unnecessary procedure, an arteriogram, for a complaint of extreme itching on her lower legs. Another physician diagnosed her with an allergic reaction to a bug bite and referred her to her primary care physician and a dermatologist. Id., pp 2 – 3. The Maryland Board began an investigation which involved peer review of this patient's and nine (9) other patient records. The second complaint was received from a patient who complained that Respondent had performed a venogram on him which he later learned was medically unnecessary. Id. at 3. The Maryland Board also had a peer review done for the second complainant's medical records from the Respondent, for a total of eleven (11) patient record peer reviews.

The peer reviews were conducted by two physicians, both of whom are board-certified in vascular surgery. They reviewed the eleven records and found that Respondent "failed to meet

appropriate standards in the delivery of quality medical care" for ten (10) of the eleven (11) patients whose charts were reviewed, and that he "failed to keep adequate medical records and grossly overutilized healthcare services in eleven (11) out of the eleven (11) patients whose charts were reviewed." Id. at 5. The peer reviewers agreed that "the Respondent performed medically unnecessary and invasive vascular procedures on ten (10) of the patients, thus exposing them to potential risks such as bleeding, infection, blood vessel injuries which could acutely or chronically worsen the patient's circulation, and limb loss. The frequent use of medically unnecessary procedures increases the risks to each patient and to the population of potential patients." Id. at pp. 5-6. The peer reviewers also found that Respondent failed to use conservative management techniques before resorting to invasive procedures, and that he "made either incorrect diagnoses or diagnoses that were not consistent with the patient's history or clinical symptoms." Id. at 6. Additional concerns were also raised about the Respondent's failure to document appropriate procedures and monitoring during the provision of anesthesia. Id. at pp. 8-9.

As a result of the findings, the Maryland Board concluded that the "health, safety or welfare imperatively require emergency action" pursuant to Md. Code Ann., State Gov't § 10 – 22(c)(2) (2021 Repl. Vol.) and COMAR 10.32.02.08B(7) and summarily suspended Respondent on August 3, 2022. The District of Columbia Department of Health took reciprocal action and summarily suspended Dr. Dormu's license on September 12, 2022. Respondent entered into a Consent Order with Maryland (the Maryland Consent Order) with, *inter alia*, the following terms:

1. Reprimand.
2. Suspension for a minimum of thirty (30) days, to continue until such time as a Maryland Board-approved supervisor, board-certified in vascular surgery, is identified and the Maryland Board approves Respondent's petition for termination of suspension;

3. Probation for a minimum of two years, to commence upon the termination of suspension. Probation terms include completion of a medical record-keeping course and a course in profession ethics within six (6) months; supervision by the approved supervisor in accordance with certain requirements; and payment of a fine.
4. Twenty-five (25) of the fifty (50) continuing medical education (CME) required for renewal (or reinstatement if the license is not renewed) to be completed in the field of vascular surgery.

Findings of Fact

The Board adopts and incorporates the Findings of Fact of the Maryland Board in the Maryland Consent Order.

Conclusions of Law

The Board is authorized to sanction Respondent under the HORA for his actions, which are related to the practice of medicine. The HORA provides, in pertinent part:

> Each board, subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a quorum of its appointed members may take one or more of the disciplinary actions provided in subsection (c) of this section against any applicant for a license, registration, or certification, an applicant to establish or operate a school of nursing or nursing program, or a person permitted by this subchapter to practice a health occupation regulated by the board in the District who:
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> * * *
>
> (3) Is disciplined by a licensing or disciplinary authority or peer review body or convicted or disciplined by a court of any jurisdiction for conduct that would be grounds for disciplinary action under this section . . .

D.C. Official Code § 3-1205(a)(3).

According to the Maryland Board, "the Respondent grossly overutilized health care services", "failed to meet the standard of care for the delivery of quality medical services," and "failed to

keep adequate medical records." These actions are grounds for discipline pursuant to D.C. Official Code § 3-1205.14(a)(26) (fails to conform to standards of acceptable conduct and prevailing practice within a health profession) and D.C. Official Code § 3-1205.14(a)(37) (fails to keep adequate medical records).

ORDER

ACCORDINGLY, based on the foregoing, it is by the District of Columbia Board of Medicine hereby,

ORDERED that the Respondent be and is hereby **REPRIMANDED**; and it is further

ORDERED that the Respondent's Notice of Summary Suspension dated September 12, 2022 is **TERMINATED**; and it is further

ORDERED that Respondent's medical license is **SUSPENDED** until a supervisor, board-certified in vascular surgery, is approved as follows:

1. The Respondent shall provide the Board with the name, professional background, and written notice to the Board by the proposed supervisor confirming:
    a. their acceptance of the supervisory role of the Respondent;
    b. that there is no personal or professional relationship between the Respondent and the supervisor; and that
    c. the proposed supervisor has reviewed this Consent Order and understands the duties and requirements of the supervisor and the limitations placed on Respondent;
2. The proposed supervisor shall not be an individual who is currently under investigation, and has not been disciplined by the Board within the past five (5) years;

3. The proposed supervisor shall have been in active clinical practice for at least the past five (5) years, shall have an active medical license in the District of Columbia and shall have been licensed in D.C. for at least the past two (2) years;
4. The proposed supervisor may be the same person accepted by the Maryland Board if that person is also licensed in D.C.; and
5. The Board will consider the submission of the supervisor and may, in its discretion, accept the proposed supervisor or request the Respondent submit a name and required information from a different proposed supervisor; and it is further

ORDERED that upon the Board's approval of the supervisor, Respondent may submit a written petition to the Board to terminate his suspension and apply for reinstatement[1]; and it is further

ORDERED that if Respondent's suspension is terminated and license reinstatement approved, his license will be placed on **PROBATION** for a minimum of two (2) years. During the period of probation, Respondent shall comply with the following terms and conditions:

1. Within three (3) months, Respondent shall take and successfully complete a course in medical record-keeping (3 hours) and a course in professional ethics (6 hours). These courses must be AMA Category 1continuing medical education (CME) courses, and shall be in addition to the fifty (50) CME required for license renewal or any CME required for reinstatement.
2. The Respondent shall practice under supervision for the duration of probation by the Board-approved supervisor as follows:

[1] If Respondent has not practiced clinically for a period of more than two years prior to termination of the suspension and reinstatement of the license, he may be required to submit a re-entry plan for the Board's approval prior to resuming practice, in addition to compliance with the probationary terms.

a. the Respondent shall grant the supervisor access to patient records selected by the supervisor, which shall, to the extent practicable, focus on the type of treatment at issue in the Respondent's charges;

b. if the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30th day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and required documents, and received approval from the Board for a replacement supervisor;

c. the Respondent shall ensure the supervisor:

    i. reviews at least 10 patient records each month of patients treated in the District of Columbia by the Respondent; the supervisor, not the Respondent, shall choose the patient records;

    ii. meets in-person with the Respondent at least once each month to discuss the care the Respondent has provided for these specific patients;

    iii. be available to the Respondent for consultations on any patient;

    iv. maintain the confidentiality of all medical records and patient information;

    v. provide the Board with quarterly reports which detail the quality of the Respondent's practice and record-keeping, any deficiencies, concerns, or needed improvements, as well as any measures that have been taken to improve patient care; and

vi. immediately report to the Board any indication that Respondent may pose a substantial risk to patients;

d. the Respondent shall follow any recommendations of the supervisor; and

e. if the Board, upon consideration of the supervisory reports and the respondent's responses, if any, has a reasonable basis to believe the Respondent is not meeting the standard of care or failing to keep adequate medical records in his practice, the Board may pursue action for violation of the probationary terms; and it is further

ORDERED that Respondent shall complete at least twenty-five (25) of the required 50 CME for license renewal prior to December 31, 2024, or if his license is not active, for any CME required for reinstatement; and it is further

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

ORDERED that, after the Respondent has complied with all terms and conditions of probation for a minimum of two (2) years, and after the Maryland Board has approved termination of probation for his Maryland license, Respondent may petition the Board for termination of his probation; and it is further

ORDERED that Respondent shall bear all costs of compliance with this Consent Order; and it is further

ORDERED, that Respondent shall comply with all laws, rules, and regulations of the District of Columbia; and it is further

ORDERED, that if Respondent fails to satisfactorily fulfill the terms of this Consent Order the D.C. Board may issue a notice of intent to take additional formal disciplinary action against Respondent's license; and it is further

ORDERED, that this is a public document.

DISTRICT OF COLUMBIA BOARD OF MEDICINE

02.07.2023
Date

By: Andrea Anderson, MD, FAAFP
Chairperson

AGREEMENT OF RESPONDENT

By signing this public consent order, I agree to accept and abide by its terms. I acknowledge its validity and acknowledge that I have agreed to the terms set forth in this agreement. I fully acknowledge that by signing this consent order, I am waiving my right to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections provided by law. I also recognize that I am waiving my right to appeal any adverse ruling by the Board that might have followed any such hearing. By signing this settlement agreement, I waive all such rights.

I have had the opportunity to review this document and to seek the advice of my own legal counsel. I choose to sign this consent order willingly and without reservation and am fully aware of its meaning and effect.

January 6th, 2023
Date

Jeffery Dornu, MD
License No.: DO034245

Sworn to and subscribed before me this 6th day of January, 2023.

SARAH M TROXEL
My Commission Expires
NOTARY PUBLIC
01-22-2024
HOWARD COUNTY, MD

Notary Public

This Consent Order shall be deemed a public document and shall be distributed as appropriate.

IN THE MATTER OF	*	**BEFORE THE**
JEFFERY DORMU, D.O.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: H65639	*	**Case Numbers: 2222-0014A**

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CONSENT ORDER

On August 17, 2022, Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") charged **JEFFERY DORMU, D.O.** (the "Respondent"), License Number H65639, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2021 Repl. Vol.).

Specifically, Disciplinary Panel A charged the Respondent with violating the following provisions of the Act:

> **§ 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.**
>
> (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:
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> ...
>
> (19) Grossly overutilizes health care services;
>
> ...

(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; [and/or]

...

(40) Fails to keep adequate medical records as determined by appropriate peer review[.]

On September 14, 2022, Panel A 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.

FINDINGS OF FACT

Disciplinary Panel A finds:

1. At all relevant times, the Respondent was and is licensed to practice medicine in the State of Maryland. The Board initially issued the Respondent a license to practice medicine in Maryland on February 13, 2007, under License Number H65639. His license is scheduled to expire on September 30, 2022.

2. The Respondent is board certified in Surgery and Vascular Surgery.

3. The Respondent owns and operates a medical practice with an office in Laurel, Maryland. The Respondent's practice focuses on "the diagnos[is] and treatment of all disease of the arteries, veins, and lymphatic systems."

I. Complaints

4. The Board initiated an investigation of the Respondent after reviewing a complaint ("Complaint A") dated November 10, 2020 from a former patient of the Respondent ("Complainant A").[1]

5. Complainant A alleged that the Respondent attempted to pressure her to undergo a medically unnecessary invasive vascular procedure.

6. On October 27, 2020, Complainant A presented to the Respondent with a complaint of extreme itching on her lower legs. The Respondent recommended an arteriogram[2] followed by an ultrasound at a later date. Complainant A obtained a second opinion from another physician ("Physician A") at a different facility where she received an ultrasound. After reviewing the ultrasound, Physician A advised Complainant A that her legs looked fine and that she probably had a bad reaction to an insect bite. Physician A also recommended that Complainant A request a referral to a dermatologist from her primary care physician.

7. On October 13, 2021, while investigating Complaint A, the Board received a second complaint ("Complaint B") from another of the Respondent's former patients ("Complainant B").

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[1] For confidentiality reasons, the Complainants and any patients referenced herein will not be identified by name. The Respondent may obtain the identity of any individual referenced herein by contacting the administrative prosecutor.

[2] An arteriogram is a catheter-based procedure that requires puncture through the skin into an artery in the arm, or more commonly, the leg, maneuvering guidewires and catheters through various arteries, and injection of contrast material. A patient is typically sedated during this procedure.

8. Complainant B presented to the Respondent on May 6, 2019 with a complaint of pain and swelling in the left leg. The Respondent subsequently diagnosed Complainant B with a vascular condition and performed a venogram.[3] Complainant B later sought a second opinion from which he learned that the venogram was medically unnecessary.

9. Complainant B's diagnosis was not medically justified and the treatment that the Respondent provided was medically unnecessary based on the incorrect diagnosis.

II. Respondent's Written Responses to the Complaints

10. In his written response to Complaint A, the Respondent stated that the procedures recommended by the Respondent were necessary given the Respondent's assessment of Complainant A's condition. Additionally, the Respondent stated that there is clinical evidence to support his diagnosis of Complainant A.

11. In his written response to Complaint B, the Respondent stated that his treatment of Complainant B was conservative and that he did not perform any highly invasive procedures on Complainant B.

II. Peer Review

12. As part of its investigation, the Board referred both Complainants' medical records along with nine (9) additional patient records obtained from the Respondent (referenced *infra* as "Patients 1-11") and related materials for peer review.

13. The peer review was performed by two peer reviewers who are both board-certified in Vascular Surgery ("Peer Reviewer 1" and "Peer Reviewer 2," respectively).

[3] A venogram is an x-ray examination that uses an injection of contrast material to show how blood flows through the veins, especially in the legs.

The peer reviewers submitted reports to the Board addressing the standard of care, the maintenance of adequate medical records, and the overutilization of health services.

III. Failure to Meet Standard of Quality Medical Care

14. The peer reviewers independently concluded that the Respondent failed to meet appropriate standards for the delivery of quality medical care in ten (10) of the eleven (11) patients whose charts were reviewed.

15. The peer reviewers found that the Respondent often incorrectly diagnosed patients with peripheral arterial disease ("PAD")[4] and other vascular diseases in the absence of clinical justification.[5] The Respondent would then perform or recommend medically unnecessary invasive vascular procedures and interventions as part of the patients' treatment plan.[6]

16. The Respondent performed invasive procedures including but not limited to: angiogram, angioplasty,[7] aortogram,[8] arteriogram,[9] intravascular ultrasound (IVUS),[10] vein ablation,[11] venacavogram,[12] and atherectomy.[13] These procedures involve the insertion of a catheter through the skin into an area of the body such as the arm, leg, or groin area. Additionally, in an atherectomy, rotating blades are used to remove plaque in an artery.

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[4] Peripheral arterial disease ("PAD") is the narrowing or blockage of the vessels that carry blood from the heart to the legs. It is primarily caused by the buildup of fatty plaque in the arteries.
[5] See e.g., Patients 1, 2, 3, 5, 6, 7, and 10.
[6] See e.g., Patients 1, 4, 5, 6, 7, and 10.
[7] See e.g., Patients 4, 5, 6, 9, 10, and 11.
[8] See e.g., Patients 4, 5, 6, 9, 10, and 11.
[9] See e.g., Patients 4, 5, 6, 9, 10, and 11.
[10] See e.g., Patients 4, 5, 10, and 11.
[11] See e.g., Patients 3, 4, 5, 6, 7, 8, 9, and 10.
[12] See e.g., Patients 2 and 8.
[13] See e.g., Patients 4, 5, 6, 9, 10, and 11.

17. The peer reviewers concurred that the Respondent failed to use conservative management techniques[14] to address the patients' complaints before resorting to invasive procedures. The Respondent's performance of these procedures typically was not medically necessary nor clinically justified.

18. The Respondent's performance of invasive vascular procedures in the absence of medical justification resulted in more severe symptoms for Patients 6 and 10. Moreover, the Respondent failed to provide immediate and urgent treatment to Patient 6 as necessitated by his condition when he presented to the Respondent with worsening symptoms.

18. The Respondent made various errors of omission in his treatment of multiple patients which deviated from the required standard of care:

a. In some instances, the Respondent failed to perform typical procedures prior to the use of invasive testing such as screening with ankle brachial indexes ("ABI").[15]

b. In other instances, the Respondent failed to evaluate patients before, during, and after sedation that was used to perform invasive procedures to determine the risk of contrast nephropathy.[16] Patients 5

[14] Conservative management refers to risk factor modification and preventative or compressive therapies.
[15] Ankle brachial index ("ABI") is a test that compares the blood pressure in the upper and lower limbs. It is used to help determine whether a patient has PAD in the blood vessels in his or her legs. See e.g., Patients 1 and 9.
[16] Contrast nephropathy is an acute decline in renal function following the administration of intravenous contrast. See e.g., Patients 4, 5, 6, 8, 9, 10, and 11.

and 11 were at higher risk for this complication given their history of diabetes.

19. The Respondent repeatedly noted abnormal findings which contradicted the information in the medical records or noted normal findings when there was an abnormal indication.[17] The Respondent subjected patients with normal findings to medically unnecessary and invasive vascular procedures. Such practice indicates an issue with the delivery of quality medical care specifically regarding deficiencies in the Respondent's knowledge base and/or inadequacies in recordkeeping.

IV. Failure to Keep Adequate Medical Records

20. The reviewers also concluded that the Respondent failed to keep adequate medical records in eleven (11) out of the eleven (11) patients whose charts were reviewed.

21. The peer reviewers agreed that the Respondent often failed to document detailed clinical history and review of symptoms in the medical records. In addition, the Respondent's operative notes were also vague and/or incomplete. The Respondent relied on these deficient records to support the continued use of medically unnecessary and invasive vascular procedures.

V. Gross Overutilization of Health Care Services

22. The reviewers also concluded that the Respondent grossly over utilized healthcare services in eleven (11) out of the eleven (11) patients whose charts were reviewed.

[17] See e.g., Patients 4, 5, 6, 10, and 11.

23. The Respondent grossly overutilized healthcare services by performing and/or recommending various medically unnecessary invasive and non-invasive vascular procedures without clinical justification:

a. The Respondent recommended and/or performed various invasive procedures before exploring conservative management techniques or other non-invasive imaging modalities.[18]

b. The Respondent performed extensive non-invasive imaging studies.[19]

24. The Respondent's practice of incorrectly diagnosing patients with vascular diseases and immediate use of invasive procedures after initial evaluation indicates a pattern of gross overutilization of healthcare services.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Panel A concludes as a matter of law that the Respondent grossly overutilized health care services, in violation of Health Occ. § 14-404(a)(19), failed to meet the standard of care for the delivery of quality medical services, in violation of Health Occ. § 14-404(a)(22), and failed to keep adequate medical records, in violation of Health Occ. § 14-404(a)(40).

ORDER

It is thus by Disciplinary Panel A hereby:

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

[18] See paragraph 16-17 above.
[19] See e.g., Patients 2, 3, 7, and 11.

ORDERED that the Order for Summary Suspension of License to Practice Medicine, dated August 3, 2022, is **TERMINATED**; and it is further

ORDERED that the Respondent's license to practice medicine is **SUSPENDED**[20] for a minimum of **THIRTY (30) DAYS**[21] and until a supervisor board certified in vascular surgery is approved as follows:

1. Within **30 CALENDAR DAYS** of the effective date of this Consent Order, the Respondent shall provide the disciplinary panel with the name, pertinent professional background information of the supervisor whom the Respondent is offering for approval, and written notice to the disciplinary panel from the supervisor confirming his or her acceptance of the supervisory role of the Respondent and that there is no personal or professional relationship with the supervisor;

2. The Respondent's proposed supervisor, to the best of the Respondent's knowledge, should not be an individual who is currently under investigation, and has not been disciplined by the Board within the past five years;

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[20] (a) During the suspension period, the Respondent shall not:
(1) practice medicine;
(2) take any actions after the effective date of this Order to hold himself or herself out to the public as a current provider of medical services;
(3) authorize, allow or condone the use of the Respondent's name or provider number by any health care practice or any other licensee or health care provider;
(4) function as a peer reviewer for the Board or for any hospital or other medical care facility in the state;
(5) prescribe or dispense medications; or
(6) perform any other act that requires an active medical license.
(b) The Respondent shall establish and implement a procedure by which the Respondent's patients may obtain their medical records without undue burden and notify all patients of that procedure; and
(c) The Respondent shall notify in writing all athletic trainers with whom there is an evaluation and treatment protocol, all physician assistants with whom there is a delegation agreement, and all Naturopathic Doctors with whom there is a collaboration agreement that all Evaluation and Treatment Protocols for Athletic Trainers, all Delegation Agreements for Physician Assistants, and all collaboration agreements are terminated.

[21] If the Respondent's license expires during the period of the suspension, the suspension and any conditions will be tolled.

3. The disciplinary panel, in its discretion, may accept the proposed supervisor or request that the Respondent submit a name and professional background, and written notice of confirmation from a different supervisor;

4. The supervision begins after the disciplinary panel approves the proposed supervisor;

5. The disciplinary panel will provide the supervisor with a copy of this Consent Order and any other documents the disciplinary panel deems relevant; and it is further

ORDERED that after the minimum period of suspension has passed and after receiving the Panel's approval of a supervisor, the Respondent may submit to the Board a written petition for termination of suspension. After determination that the Respondent has complied with the relevant terms of the Consent Order, the disciplinary panel may administratively terminate the Respondent's suspension through an order of the disciplinary panel; and it is further

ORDERED that upon termination of the suspension, the Respondent is placed on **PROBATION** for a minimum of **TWO (2) YEARS**.[22] During probation, the Respondent shall comply with the following terms and conditions of probation:

1. Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in medical recordkeeping and a course in professional ethics. The following terms apply:

   (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;

[22] If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

(b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(c) the courses may not be used to fulfill the continuing medical education credits required for license renewal;

(d) the Respondent is responsible for the cost of the courses;

2. The Respondent shall be subject to supervision[23] for the duration of probation by a disciplinary panel-approved supervisor who is board-certified in vascular surgery as follows:

(a) the Respondent shall grant the supervisor access to patient records selected by the supervisor, which shall, to the extent practicable, focus on the type of treatment at issue in the Respondent's charges;

(b) if the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30th day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and professional background, and written notice of confirmation, from a proposed replacement supervisor to the disciplinary panel;

(c) it shall be the Respondent's responsibility to ensure that the supervisor:

(1) reviews the records of 10 patients each month, such patient records to be chosen by the supervisor and not the Respondent;

(2) meets in-person with the Respondent at least once each month and discuss in-person with the Respondent the care the Respondent has provided for these specific patients;

(3) be available to the Respondent for consultations on any patient;

[23] If the Respondent is not practicing medicine, the supervision shall begin when the Respondent resumes the practice of medicine.

(4) maintains the confidentiality of all medical records and patient information;

(5) provides the Board with quarterly reports which detail the quality of the Respondent's practice, any deficiencies, concerns, or needed improvements, as well as any measures that have been taken to improve patient care; and

(6) immediately reports to the Board any indication that the Respondent may pose a substantial risk to patients;

(d) the Respondent shall follow any recommendations of the supervisor;

(e) if the disciplinary panel, upon consideration of the supervisory reports and the Respondent's response, if any, has a reasonable basis to believe that the Respondent is not meeting the standard of quality care or failing to keep adequate medical records in his or her practice, the disciplinary panel may find a violation of probation after a hearing;

3. Within **ONE (1) YEAR**, the Respondent shall pay a civil fine of $10,000.00. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board; and it is further

ORDERED that the Respondent shall complete at least twenty-five (25) out of the fifty (50) Continuing Medical Education credit hours required for license renewal in the field of vascular surgery prior to renewing his license in 2024. If the Respondent does not renew his license prior to September 30, 2022, the Respondent shall complete the CMEs as part of the requirements for reinstatement; and it is further

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

ORDERED that, after the Respondent has complied with all terms and conditions of probation and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if the Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

ORDERED that a violation of probation constitutes a violation of the Consent Order;

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on 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 the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

10/11/2022
Date

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

CONSENT

I, Jeffery Dormu, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead. I acknowledge the validity and enforceability of this Consent Order as if entered 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 behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

October 4th, 2022
Date

Jeffery Dormu, M.D.

NOTARY

STATE OF Maryland

CITY / COUNTY OF Howard

I HEREBY CERTIFY that on this 4th day of October 2022, before me, a Notary Public of the foregoing State and City/County, personally appeared Jeffery Dormu, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Notary Public

My Commission expires: 01/22/2024