



annual report  
board of medicine

F  
Y  
2  
0  
1  
0

---

## M I S S I O N   S T A T E M E N T

“To **protect** and enhance the health, safety, and well-being of District of Columbia residents by **promoting** evidence-based best practices in health regulation, high standards of quality care, and implementing policies that **prevent** adverse events.”

---

# board of medicine

## table of contents

message from the board chair	3
message from the executive director	5
overview and organizational structure	6
board members	9
physician licensees	11
postgraduate physicians in training	13
non-physician licensees	14
complaints and investigations	15
disciplinary action	17
outreach efforts	18
challenges in FY2010	19
achievements & key activities in 2010	20
plans for FY2011	22

---

# message from the board chair



As the Chair of the Board of Medicine, and on behalf of the members of the Board, I am delighted to present the FY2010 Annual Report of the Board of Medicine. The Board of Medicine is comprised of

physicians and public members who tirelessly oversee the licensing of physicians and other professionals in the District, as well as oversee and monitor compliance with the regulations of the health care professional in the District. The Board meets generally twice per month. The first meeting manages work through subcommittees and also conducts hearings. The second meeting of the month typically is a full day and comprises a review of any new license, review of complaints and review of investigations which may lead to disciplinary hearings. Public sessions for comment by anyone

who wishes to appear before the Board are scheduled and announced for each meeting. Prior to the Board meeting, preparation for the nearly 1,000-2,000 pages of documents is conducted by all of the dedicated members, who bring their years of experience and a dedication to high standards to bear during the execution of their role on the Board.

The quality of the Board is reflected in this report. I thank the members for their time and dedication.

The DC Board of Medicine continued to grow in its reputation as a progressive, fair minded but tough regulator of health care. The DC Board of Medicine's work was highlighted at the Federation of State Medical Boards (FSMB) meetings in April 2010 with a presentation by our executive director, Dr. Jacqui Watson, on some of the work underway.

In support of its ongoing efforts to become the most effective regulators of the practice of medicine in the United States, the members of the DC Board of

Medicine held a retreat and strategic planning session at the Washington offices of the FSMB on April 28, 2010. The session was facilitated by Nancy Achin Audesse, President of the FSMB Foundation. In preparation for the meeting, staff of the DC Board of Medicine conducted a survey of the members.

During the same period, the FSMB Foundation conducted a survey of medical board members across the United States. The results of both surveys were shared with the members of the DC Board and led to our plan to develop the following goals.

The DC Board of Medicine has continued to grow in its reputation as a progressive, fair minded but tough regulator of health care.

---

The results of both surveys were shared with the members of the DC Board and led to our plan to develop the following strategic goals:

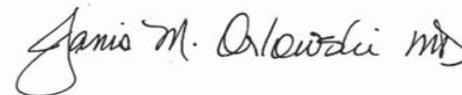
Goal #1	The DC Board of Medicine will be structured in a way to maximize efficiency and most fully utilize the talents of its members and staff.
Goal #2	The DC Board of Medicine will integrate technology to maximize its efficiency and performance and to improve its service to the public.
Goal #3	The DC Board of Medicine will provide the most effective and efficient system to process applications for both initial licenses and renewals.
Goal #4	The DC Board of Medicine will achieve operational excellence in its Disciplinary Process while achieving the proper balance between meeting consumer expectations and fairness to the licensees.
Goal #5	The DC Board of Medicine will develop and implement policies that support the Board's mission through a comprehensive process of policy development.

The first quarter of FY2011 will be centered around the renewals, cycle for physicians, physician assistants and other health professionals under the board's purview. The on-line reapplication renewal process will be coupled with the first workforce survey of physicians and physician assistants in the District. Information garnered from this survey will help us determine the number of physicians and physician assistants practicing in the District, in particular, the areas which remain underserved. This critical information will be used for planning by the Department of Health and DC Government.

I look forward to another successful year with the Board of Medicine. Please feel free to share with us your thoughts, suggestions and concerns.

We will continue to keep you abreast of our progress.

Respectfully submitted,



Janis M. Orlowski, MD MACP

# message from the executive director



I am proud to present the Board of Medicine's FY2010 Annual Report. The report highlights the steady progress being made by the Board to achieve operational excellence and build a best-practice regulatory board in the country. Putting

the safety and well-being of District of Columbia residents, and visitors, first, continued to be our priority in FY2010. During the year, the Board welcomed 3 new board members, including a board chair, and board attorney, Eugene Irvin, Esq. and held a strategic planning retreat to set priorities. We streamlined our operations to allow us to be more transparent, efficient, effective and accountable to those we serve. Our strategic priorities were directed at improving our 3 core service areas: (i) licensing qualified professionals, (ii) disciplining professionals who have violated our standards of performance and conduct, and (iii) improving our communication outreach

to the public and licensees. Our actions resulted in significant improvements in our licensing approval processing times - 825 new licenses were issued, as well as our complaints and investigations resolution times - more than 75% of complaints were resolved within 30 days. We also received noteworthy external recognition from Administrators in Medicine (AIM), in the form of the 2010 Best of Boards Honorable Mention award, for our DC Board Reaches Out initiative. The initiative was developed to proactively educate residents-in-training, and medical students, about medical regulation and ultimately prevent sub-standard quality of care and unethical behavior in their future practice. And, we improved our ranking in the Public Citizens Report, ranking 16th in the nation, and listed as one of five most improved state medical boards with respect to disciplining physicians since 2001-2003.

We will begin the new fiscal year (FY2011) with the renewal

period for our over 10,000 licensees. We have developed a workforce survey that will be utilized to capture the statistical data of our physician and physician assistant workforce and a report of our findings will be presented in FY2011.

We are undoubtedly in a time of unprecedented challenges and opportunities. With healthcare reform changes looming, along with significant budget pressures, new strategies will need to be employed to protect the public. We are laying the foundation so that we rise to what will become the "new norm" for doing business in the world of medical regulation. Working together with my staff, the Board and all of our stakeholders, I look forward to what lays ahead in 2011.

Be Well

Jacqueline A. Watson, DO, MBA



---

# overview

The District of Columbia Board of Medicine (BoMed) is a public protection and safety agency and, as such, the health, safety and well-being of the public is its primary function.

BoMed, one of the medical boards within the Health Regulation and Licensing Administration (HRLA), regulates over 10,000 health professionals, physicians (M.D. & D.O.), postgraduate physicians in training, physician assistants, naturopathic physicians, anesthesiologist assistants, accupuncturists, surgical assistants, and polysomnographers.

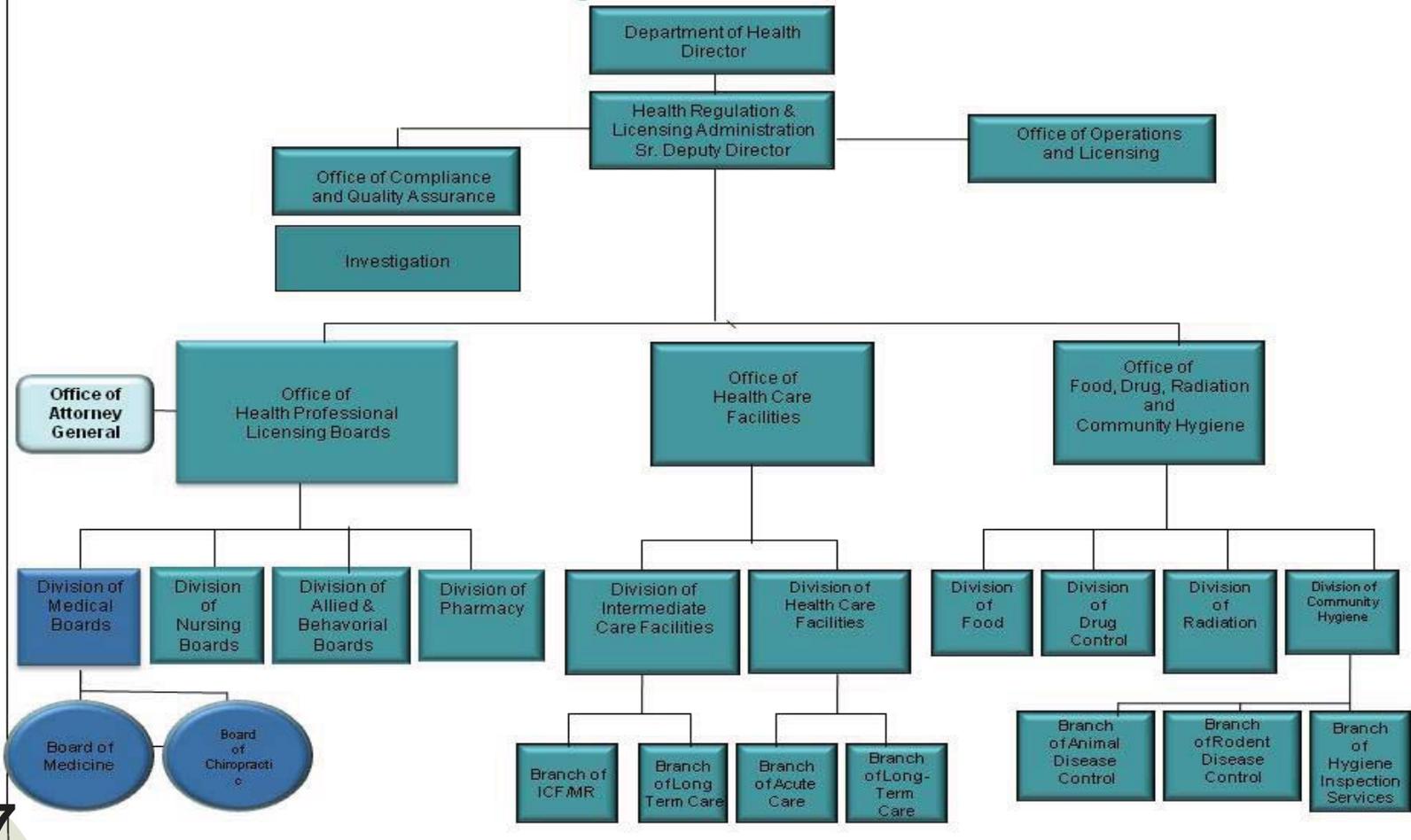
Regulation is achieved through the (1) **application process** - applications are reviewed and analyzed for compliance with the applicable statute and regulations in terms of required credentials in education, experience and examination; (ii) **the disciplinary process** - licensees are disciplined for violation of the laws, regulations and

standard of care that govern the practice of medicine and their respective professions; and (iii) **public outreach and education** - the public and licensees are kept informed through open session board meetings, scheduled newsletters, conferences, presentations, and our website.

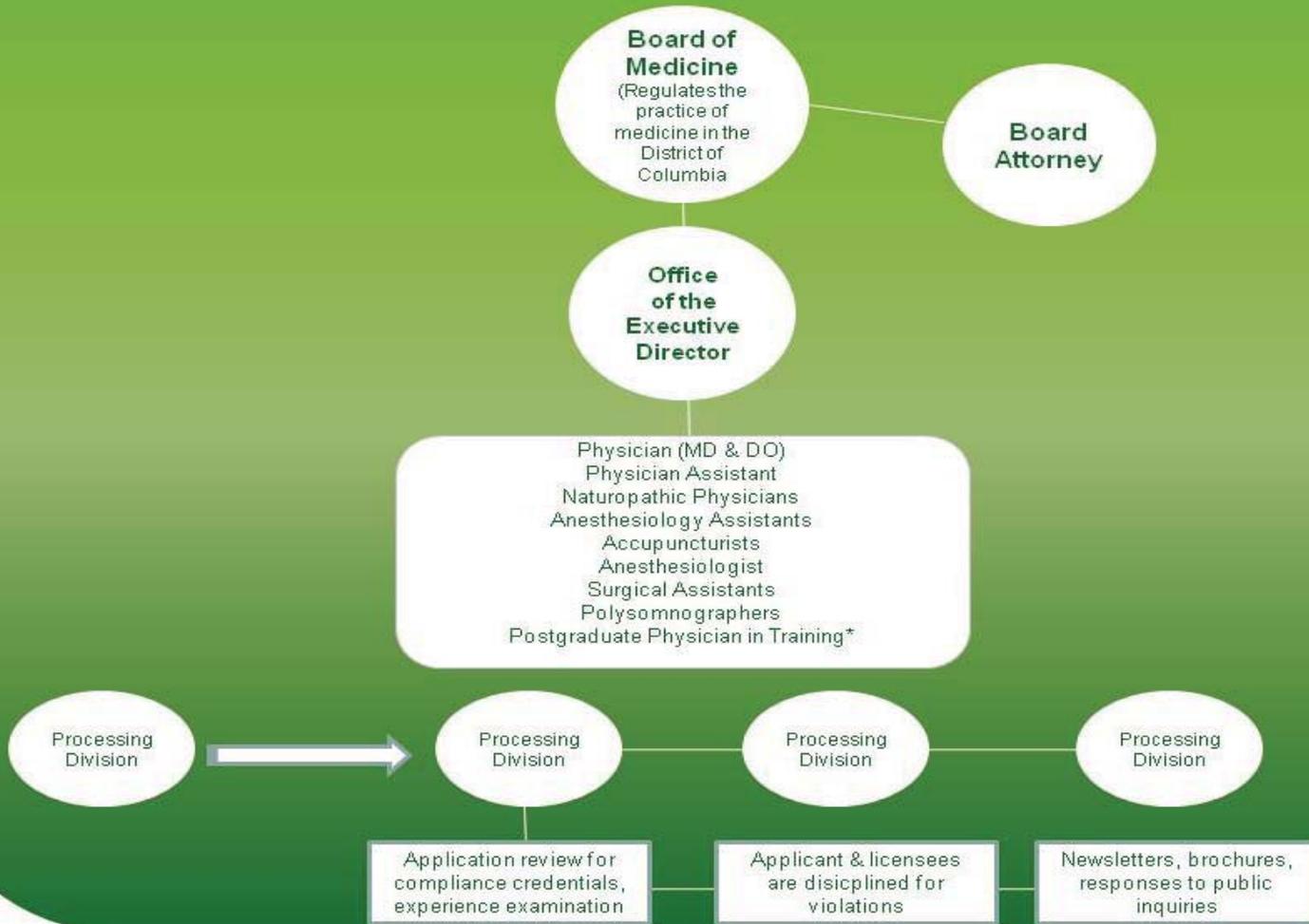
The ability to practice medicine in the District of Columbia is a privilege. Only the most qualified physicians and health professionals are afforded the opportunity to do so.



## Health Regulation and Licensing Administration Organizational Structure



## Board of Medicine (BoMed) Organizational Structure



# board members

The Board, by statute, is composed of eleven (11) members. Seven (7) members shall be physician members, three (3) shall be public members, and one statutory member representing the Director of the Department of Health. In FY2010, for the first time in several years, there was a full compliment of board members: seven (7) physician members, three (3) public members and one (1) statutory member representing the Director of the Department of Health on the Board.

All members of the Board are appointed by the Mayor. Members may serve a maximum of 3 consecutive 3 year terms (nine years) and must be residents of the District of Columbia, in good standing with the Board.

BOARD OF MEDICINE MEMBERS		
MEMBER	MEMBER TYPE	SPECIALITY
Wayne Frederick, M.D.	Physician Member	Sugery (Board. Certified)
Shivani Kamdar, D.O.	Physician Member	Family Medicine
John J. Lynch, M.D.	Physician Member	Oncology
Lawrence A. Manning, M.D.	Physician Member	Orthopedic Surgery
Miriam Markowitz, MSc.	Consumer Member	
Melissa Musiker, MPP, RD	Consumer Member	
Janis M. Orlowski, M.D., MACP*	Chair, Physician Member	Nephrology (Board. Certified)
Marc Rankin, M.D.	Physician Member	Orthopedic Surgery
Ronald Simmons, Ph.D.	Consumer Member	
Robert. S. Vowels, M.D.	Statutory Member	Internal Medicine

\*As of January 2010 (*Frederick Finelli, MD, Chair through Dec. 31, 2009*)



---

The full Board meets the last Wednesday of every month. Meetings are divided into Open and Closed (Executive) Sessions. Open Sessions are open to members of the public, and matters being presented to the Board for educational or informational purposes are held during this session. Other deliberations regarding personnel or legal matters are discussed in Executive Session and are not open to the public.

The Board consists of four subcommittees. Subcommittees meet on the 2nd Thursday of every month. Members review cases/issues that were delegated to the subcommittee by the full board or cases that may need to come before the full Board.

**1. Licensing Subcommittee:** members screen and review problem applications for medical licensure, including PPT enrollees, with candidates for licensure being presented to the full Board. Denials/Withdrawals must be presented to full Board for approval, and all applicants for denial have an opportunity to be heard.

**2. Monitoring Subcommittee:** reviews special complaints received by the BoMed and Investigations team and determines whether disciplinary action is appropriate and makes recommendations to the full Board. The monitoring committee also conducts face-to-face interviews with physicians/professionals on probation. Recommends closing investigations when evidence gathered is insufficient to support disciplinary action and presents to the full Board.

**3. Policy Subcommittee:** members develop, review and recommend policies and initiatives to be adopted by the full Board.

**4. Hearing Panel Subcommittee:** members have the responsibility of deciding if a respondent is liable on any of the charges set forth in the Notice of Intent (NOI) to take Disciplinary Action and recommending an appropriate sanction to the full Board.

Subcommittee meetings are closed to the public. All matters presented during closed (Executive) Session, by law, are confidential. The Board posts the meeting dates and monthly open agenda on the web:

[www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed).

Open Sessions are open to members of the public and matters being presented to the Board for educational or informational purposes are held during this session.

---

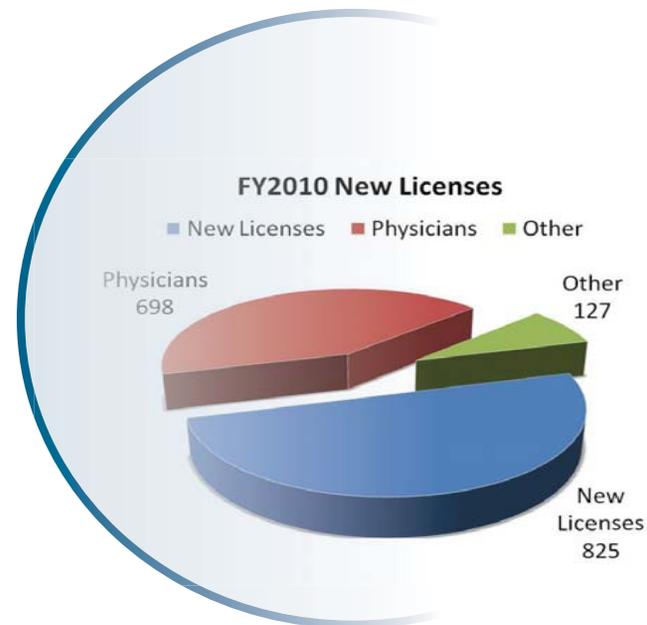
# physician licensees

All applicants for licensure must establish, to the Board's satisfaction, that they possess the appropriate skills, knowledge, judgment, and character to practice medicine in the District of Columbia. In addition, applicants must demonstrate to the Board that they are proficient in understanding and communicating medical concepts and information in English.

The Board accepts applications for licensure through national examination; waiver of national examination; reactivation of an inactive license; reinstatement of an expired, suspended, or revoked license, or by eminence pursuant to Health Occupations Revisions Act (HORA).

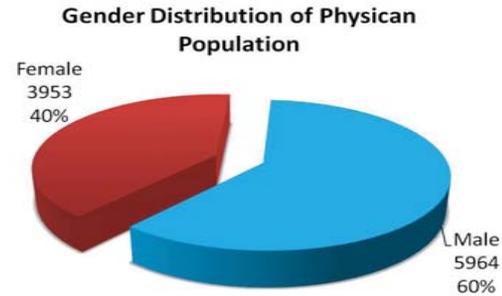
In FY2010, BoMed issued 825 new licenses of which 698 were physician licenses.

At the end of FY2010, there were 10,737 licensees under the purview of the Board. 9,917 (92%) were physicians MD/DO).



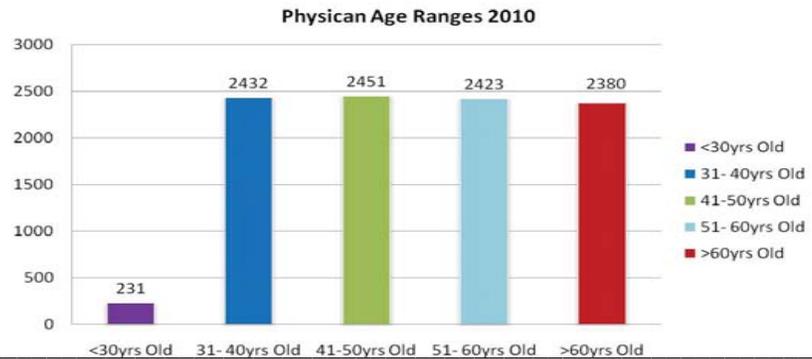
### Gender Distribution of the 9,917 physicians:

Male	5,964	60%
Female	3,953	40%



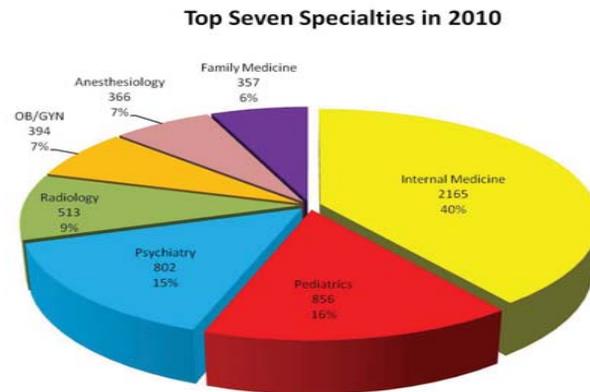
### Age range of the physician population

< 30	231	2%
31 - 40	2,432	25%
41 - 50	2,451	24%
51 - 60	2,423	24%
> 60	2,380	24%

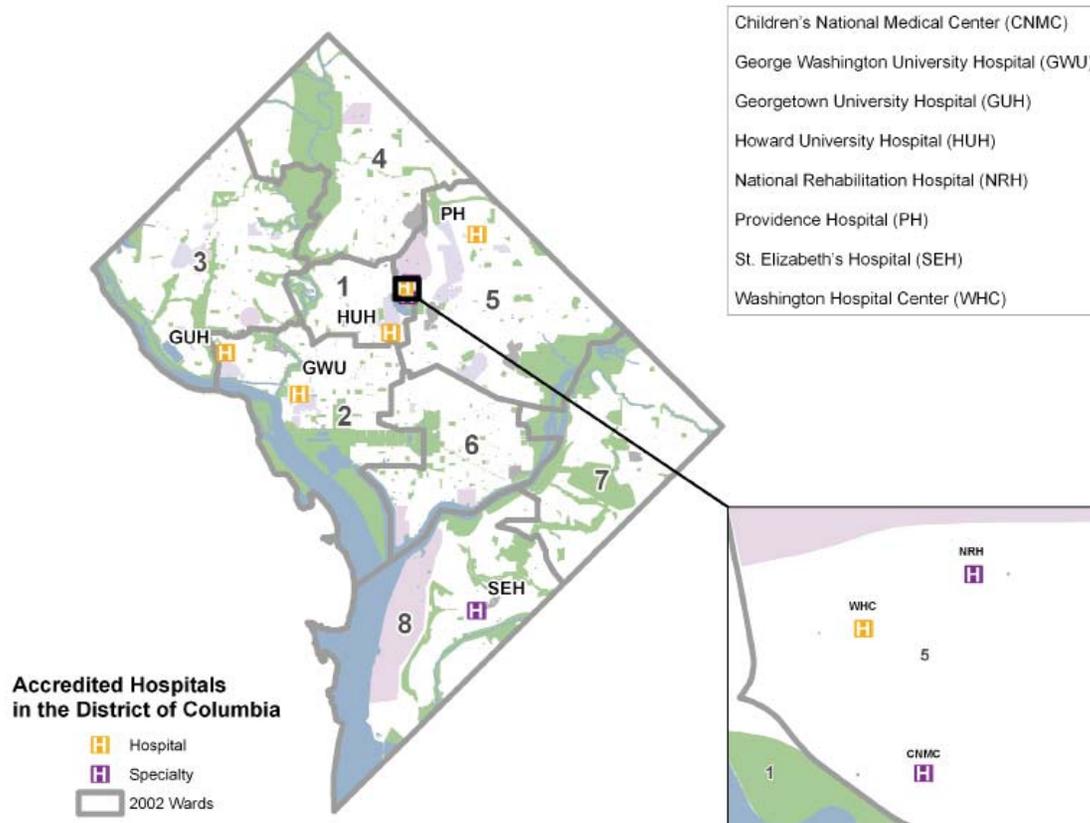


### Top seven specialties by licensure

Internal Medicine	2,165	38%
Pediatrics	856	15%
Psychiatry	802	14%
Radiology	513	9%
Obstetrics & GYN	394	6%
Anesthesiology	366	6%
Family Medicine	357	6%



# physicians in training



At the end of the July 1, 2009 - June 30, 2010 postgraduate training year, there were a total of 1,106 postgraduate physicians in training (PPTs) in the District.

Postgraduate Physicians (PPTs) are physicians in training (residents and fellows) in the 8 accredited teaching hospitals in the District of Columbia.

1. Children's National Medical Center (CNMC)
2. Georgetown University Hospital (GUH)
3. George Washington University Hospital (GWU)
4. Howard University Hospital (HUH)
5. National Rehabilitation Hospital (NRH)
6. Providence Hospital (PH)
7. St. Elizabeth's Hospital (SEH)
8. Washington Hospital Center (WHC)

All PPTs are required to be enrolled and approved by the Board before beginning each year of their training program.

---

# non-physician licensees

At the end of FY2010 there were a total of 820 non-physician health professionals under the authority of the Board. These professions have associated advisory committees whose members provide recommendations to the Board and who develop guidelines with respect to expanded scope of practice, qualifications for licensure, and new trends in their profession.

There are six (6) Board of Medicine Advisory Committees. Committee members are appointed by the Mayor and serve at his/her pleasure. Advisory committees are required by statute to meet at least once per year.

Physician Assistants	549
Acupuncturists	171
Surgical Assistants	54
Anesthesiologist Assistants	23
Naturopathic Physicians	23
Polysomnographers*	0
<b>TOTAL</b>	<b>820</b>

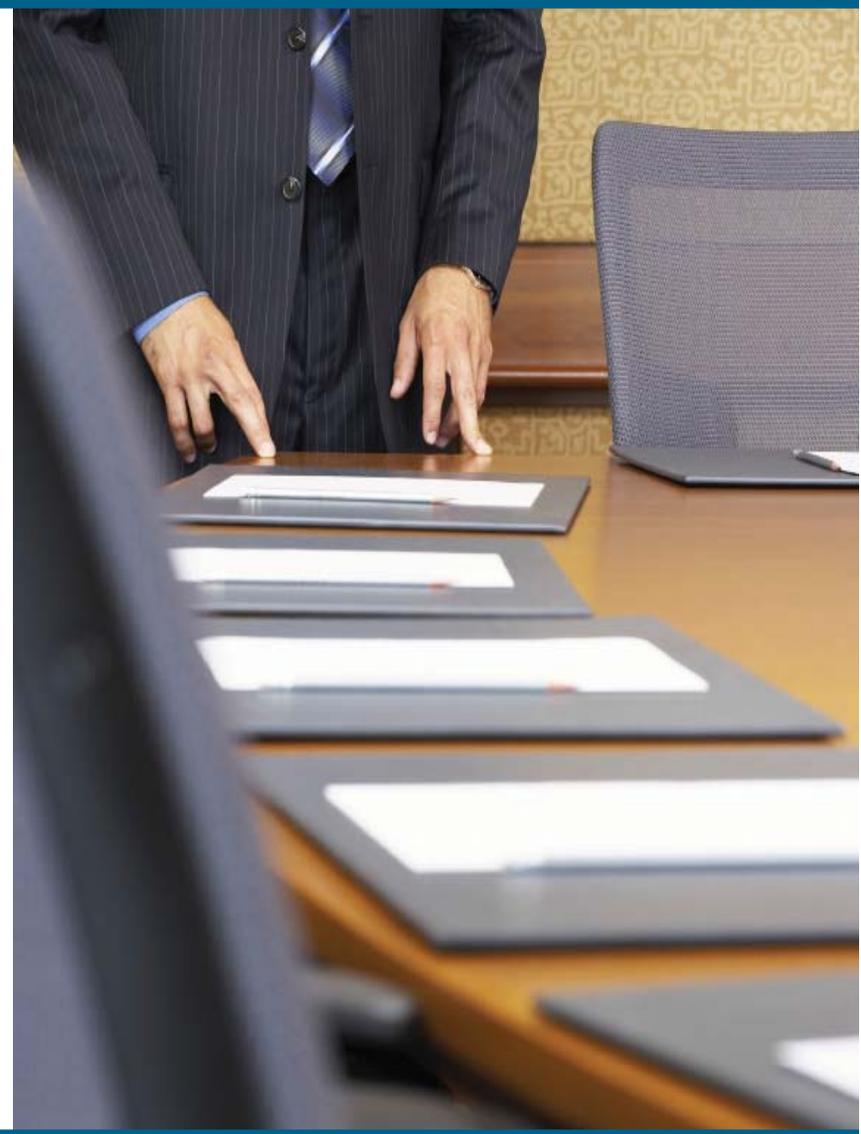


# complaints

The District of Columbia Board of Medicine (BoMed) thoroughly reviews and investigates complaints received regarding the conduct of health care professionals licensed by the Board. The Board may receive complaints from patients, licensees and other interested parties regarding the actions of a licensee. A complaint is first reviewed for legal sufficiency and to determine if there have been any violations of the Health Occupations Revisions Act (HORA) or District of Columbia Municipal Regulations (DCMR) that fall under the authority of the DC Board of Medicine.

Complaints that pass the initial screening for legal sufficiency are forwarded to the licensed health care provider against whom the complaint was made for a response. A response is required within 10 days of receipt and, once received, it is referred to the Board for further action.

If the complaint is outside of the jurisdiction or authority of the Board, or if the facts as alleged are not a violation of DC laws or regulations, the case is closed.



---

# investigations

BoMed has, as part of its support staff, an investigations team. When requested, the investigations team conducts a comprehensive investigation and the findings and evidence are summarized in an investigative report for the Board's review and action.

In FY2010 the investigation division served over 50 subpoenas, Summary Suspensions, Notices of Intent to Take Disciplinary Action (NOIS) and other time sensitive documents, and testified in several administrative hearings on behalf of the Board of Medicine. There were fifteen (15) investigations that were carried over from FY2009.

During FY2010 the average case completion time was 35 days, with the majority of cases associated with standard-of-care issues.

Depending on the circumstances surrounding a case it may take from 5 to 180 days to be thoroughly investigated and closed.

OVERVIEW OF FY2010 INVESTIGATIONS	
Cases Assigned for Investigation	37
Investigations Closed	35
Standard of Care Complaints	19
Questionable Prescriptions	5
Questionable Delegations	4
Refusal of Medical Records	3
Unlicensed Practice of Medicine	2
Boundary Complaints	1

# disciplinary actions

Once the Board has determined that a licensee has violated the law, disciplinary or corrective action is taken. Corrective actions are non-public, administrative actions and are conditions a licensee must fulfill to remain in good standing with the Board.

Disciplinary actions may be public or private and can result in denial of a license, revocation, suspension, probation, reprimand or remediation.

All licensees have the right to request a hearing to dispute any action recommended by the Board.

In FY2010, there were a total of 24 disciplinary actions taken by the Board.



FY2010 Public Disciplinary Action	
Revocations	1
Denied	1
Summarily Suspended	1
Suspended	2
Probation	4
Reprimanded	1
Fined	7
<b>SUBTOTAL</b>	<b>17</b>
Other*	7
* Non Disciplinary - typically a final order terminating probation	

---

# outreach efforts

In FY2010, we continued to expand our outreach efforts to licensees and the public. In the first half of the year, the Board welcomed the executive leadership of the Federation of State Medical Boards (FSMB), and the new FSMB President chose the District Board as his first board visit in his new role. The FSMB also launched its advocacy office in the District and DC Board members celebrated the opening at a special reception that included the Surgeon General of the United States, Regina M. Benjamin, MD. The Board Chair, Janis M. Orłowski, M.D., welcomed the Federation of State Medical Boards president Humayun Chaudhry, D.O. on behalf of the Board.

The Executive Director, and BoMed staff members, visited residency training programs to educate physicians in training about the regulatory process and best practices in professionalism in medicine. The presentations were well received and we will further expand our outreach to medical students in FY2011.

The Board welcomed several outside guests and presenters, including the president of the Public Citizens Advocacy organization, representatives from the Medical Society of the District of Columbia (MSDC); the Chief Medical Officer for the National Coordinator for Health Information Technology (ONC); Graduate Medical Education (GME) Directors from the eight training hospitals; staff from the DOH Emergency Preparedness and Response Administration (HEPRA); DC Health Care Finance Agency (HCFA); DOH Community

Health Administration (CHA); and the Director of the Mayor's Office of Gay, Lesbian, Bisexual and Transgender (GLBT) Affairs. The Board also welcomed visitors from the Virginia Board of Medicine following on a visit by the DC Executive Director to the Virginia Board earlier in the year.

The Executive Director presented testimony to panel members of the joint meeting of the Anesthetic and Advisory Committee and Drug Safety and Risk Management Advisory Committees to the Food and Drug Administration (FDA) in support of the FDA's proposal for a class-wide REMS (Risk Evaluation and Mitigation Strategy) for long acting opioid drugs.

BoMed newsletters were all submitted online in FY2010 in an effort to reduce costs and protect our environment. The content of our newsletters was also improved and the Board received positive feedback on the quality of articles and information being published. We also received feedback on areas that could be improved and they will be considered for inclusion in FY2011.

The Board continued to discuss how to safely utilize social media as an information dissemination tool to the wider community and discussions will continue into FY2011. A task-force/workgroup will be established to further research the issue.

---

# FY2010 challenges

After successfully filling all vacant Board slots in early FY 2010, by the middle the year, due to unexpected changes in work schedules for a few of the members, three vacant slots needed to be filled. Though the loss of members impacted the optimal functioning of the Board, a quorum was present for all meetings, and the safety and well being of the District's residents was never compromised.

As a result of the Board member vacancies, the Mayor moved swiftly to appoint three new members to the Board, including the new chair, Dr. Janis Orlowksi. In addition, a new board attorney advisor was appointed by the Office of the Attorney General's to fill the vacant position left by the previous attorney advisor in the middle of the year. The Board was served by an interim attorney advisor for three months until the new attorney was appointed. All of these changes presented challenges and new opportunities and provided the "new Board" and administrative support team with the opportunity to recalibrate /evaluate its role in a new era of medical regulation.

A strategic planning retreat was held shortly after all new members were appointed and the Board set forth an ambitious and robust agenda outlining clear goals and objectives for building a best practice board in the country.

Other key BoMed health licensing support staff positions were vacant during FY2010 and plans to aggressively recruit qualified staff will continue in FY2011. However, despite the vacancies and the heavy workload created as a result, enabled, the Board continued to successfully carry out its responsibilities to the public with professionalism.



As a result of the board member vacancies, the Mayor moved swiftly to appoint three new members to the Board, including the new chair, Dr. Janis Orlowksi.

---

# achievements & key activities

The Board welcomed three new members in FY2010 - new chair and physician member, Janis Orłowski, MD MACP, physician member Shivani Kamdar, DO, and consumer member Melissa Musiker, MPP, RD. In addition, Barry Lewis, MD, was appointed as the physician member to the Anesthesiologist Assistant advisory committee and LaQuandra Nesbitt, MD was appointed by the DOH Director as the statutory member to the Physician Assistants Advisory Committee.

The Board held its strategic planning retreat and outlined 5 goals to work on throughout the year and beyond.

**Goal #1:** The DC Board of Medicine will be structured to maximize efficiency and most fully utilize the talents of its members and staff.

**Goal #2:** The DC Board of Medicine will integrate technology to maximize its efficiency and performance and to improve its service to the public.

**Goal #3:** The DC Board of Medicine will provide the most effective and efficient system to process applications for both initial licenses and renewals.

**Goal #4:** The DC Board of Medicine will achieve operational excellence in its disciplinary process, while achieving the proper balance between meeting consumer expectations and fairness to the licensees.

**Goal #5:** The DC Board of Medicine will develop and implement policies that support the Board's mission through a comprehensive process of policy development.

Each goal was assigned to a Board sub-committee Board to establish timeframes and to develop and recommend the steps that would need to be taken by the Board to achieve the goals: Executive committee - Goal 1; Goal 2 was deferred; Licensing Committee - Goal 3; Monitoring Committee - Goal 4; Policy Committee - Goal 5.

Management oversight of the Physician Health Programs, and the coordination, monitoring and reporting criteria of impaired physicians referred for treatment was significantly improved. Medical Society of the District of Columbia and the Board had productive meetings and began to work together to develop mutually acceptable language for a Memorandum of Understanding. Negotiations will continue throughout FY2011 until the document is signed.

Executive Director was a presenter at the 98th annual national Federation of State Medical Boards conference in Chicago. Her presentation topic - Building a Best Practice Board outlined the steps being taken by the DC Board to achieve operational excellence. The presentation was well received.

---

# achievements & key activities

The Board submitted legislation to City Council on medical training license and Board expansion. The Board awaits a hearing on the matter.

Executive Director, on behalf of the Board, accepted an honorable mention award at the Administrators in Medicine conference in Chicago in recognition of the DC Board Reaches Out Initiative. The initiative calls for a qualified senior postgraduate physician in training to hold a seat on the Board. The request has been submitted to the City Council for approval.

The Board agreed to use the renewal period in FY2011 as a time to survey the physician and physician assistant workforce in the District in an effort to more accurately determine the capacity of the physician healthcare workforce. Survey questions were developed and tested in FY2010.

Renewal application questions and process was revised to prepare for the renewal season at the beginning of FY2011.

The Board strategically leveraged the local presence and proximity of the Federation of State Medical Boards (FSMB) advocacy office and sought recommendations and participated in activities that served to improve the functions of the Board. The FSMB foundation president served as the facilitator of the Board's strategic planning retreat and the meeting was hosted at the new FSMB advocacy office.

Enhancements to the BoMed webpage continued throughout the year in an effort to improve our communication and dissemination of information. Web address: [www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed).

In FY2010, discussions continued regarding how to effectively utilize technology and the new social media networks as vehicles to improve disseminating information and communicating to licensees and the public. Licensees may now use the e-mail address, [dcdocsspeak@dc.gov](mailto:dcdocsspeak@dc.gov), to post comments/concerns about specific issues. Other outlets for communicating information will continue to be explored.

---

# plans for FY2011

- Conduct a Phase 1 survey of licensed physicians and physician assistants during the renewal period to assess the capacity of the workforce in the District.
- Host a symposium for the public summarizing the findings of the physician and physician assistant workforce data obtained from the survey.
- With an approval of the legislative bills, Board membership expansion from eleven (11) to fifteen (15) members plus two (2) adhoc members will allow the Board to recruit doctors with the diverse specializations sought for the Board, and increase consumer participation and that of young physicians new to the profession.
- Sunset the Postgraduate Physician in Training enrollment program and issue a Medical Training License for residents to allow the Board to achieve its goal of having tighter regulatory control over all physicians in training in the accredited hospitals in the District.
- The Board will continue to work with the MSDC, to enter into a Memorandum of Understanding (MOU) that will provide for clearly delineated roles, responsibilities and accountability in the reporting of the treatment of impaired physicians. Impaired physicians will continue to have their confidentiality respected, but the goal is for greater transparency between the Board, the patient, the treating health care provider and the PHP program administrators.
- The Board will continue to work with the HRLA to improve data collection that will facilitate informed decision making and workforce planning.
- Continue improving application processing timeframes efficiencies and service to licensees and the public.
- The Board will begin to develop minimal data sets for collecting licensee information and will revise all medical application forms to capture relevant information.
- The Board will continue to work on improving the 3 core service areas - (i) licensing qualified professionals, (ii) disciplining professionals who have violated our standards of performance and conduct and (iii) increasing our outreach to the public and licensees.
- T.E.A. - Transparency, Efficiency and Accountability will continue to be the driving force behind all activities in 2011.



---

board of medicine

photo gallery

F Y 2 0 1 0 h i g h l i g h t s

---



---

**EXECUTIVE DIRECTOR**

Jacqueline A. Watson, D.O., MBA

**SENIOR ASSISTANT ATTORNEY GENERAL**

Eugene Irvin, Esq.

**HEALTH LICENSING SPECIALISTS**

Lisa Robinson - Disciplinary Monitor

Antoinette Stokes

Aisha Williams

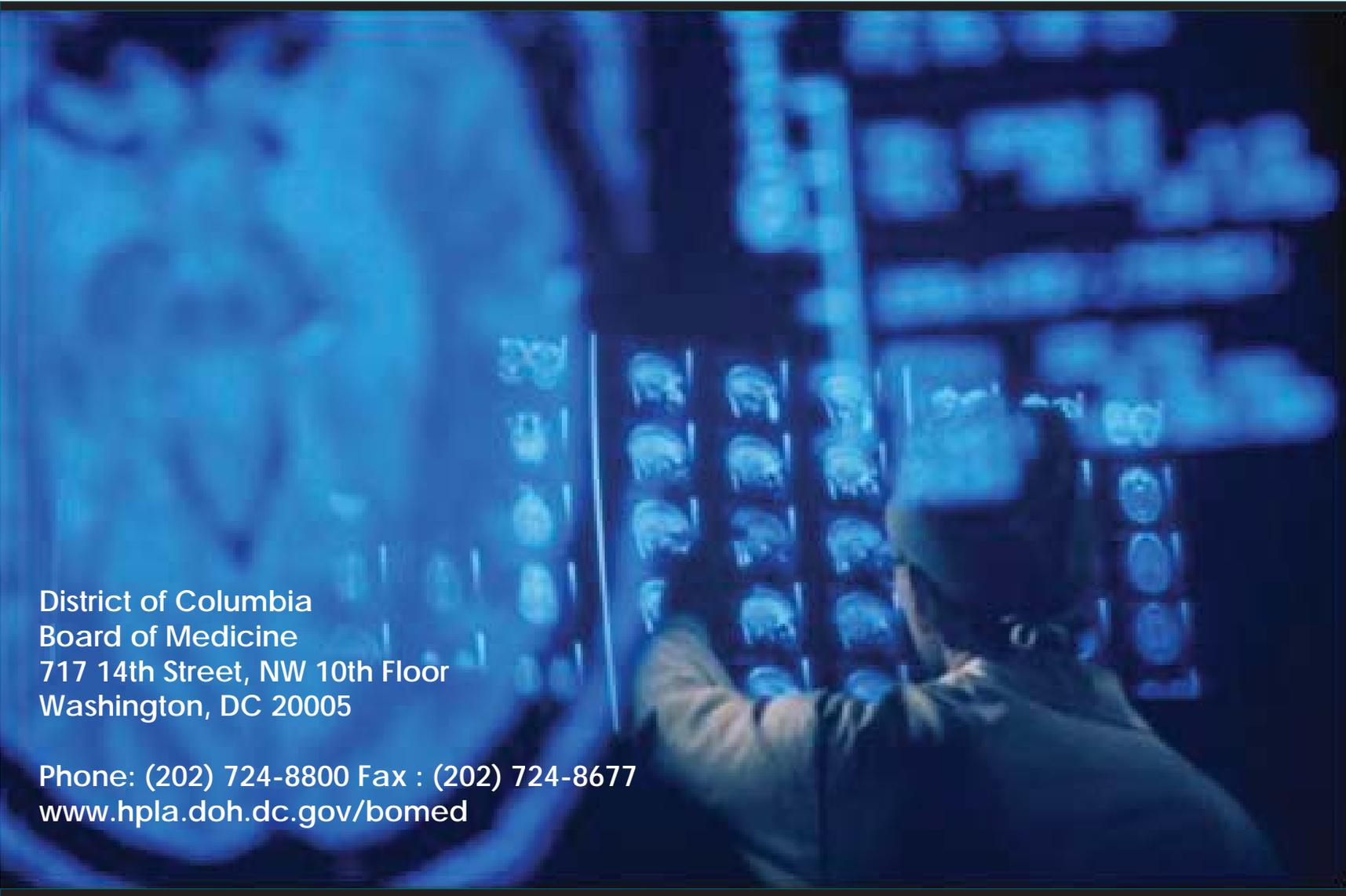
**BOARD OF MEDICINE NEWSLETTER EDITOR**

Nancy Kofie

**GRAPHICS DESIGN**

Deborah Barnes

---



District of Columbia  
Board of Medicine  
717 14th Street, NW 10th Floor  
Washington, DC 20005

Phone: (202) 724-8800 Fax : (202) 724-8677  
[www.hpla.doh.dc.gov/bomed](http://www.hpla.doh.dc.gov/bomed)