New York State
Board for Professional Medical Conduct

Annual Report, 2024

NEW YORK STATE | Department of Health

Prepared by the Office of Professional Medical Conduct

Office of Professional Medical Conduct
New York State Department of Health

Riverview Center, 150 Broadway, Suite 355
Albany, NY 12204-2719

Main Number: 518-402-0836
Complaints/Inquiries: 1-800-663-6114
E-mail Inquiries: opmc@health.ny.gov
Physician Information: www.nydoctorprofile.com *or* www.health.ny.gov

---

Board for Professional Medical Conduct
2024 Report

Table of Contents

Board for Professional Medical Conduct
2024 REPORT

Executive Summary

The State Board for Professional Medical Conduct (Board), with the Department of Health's (DOH/Department) Office of Professional Medical Conduct (Office/OPMC), administers the State's physician discipline program. Its mission is patient safety -- to protect the public from medical negligence, incompetence, and other kinds of professional misconduct.

The Board, through the OPMC, investigates complaints made against the over 138,000 physicians, physician assistants and specialist assistants[1] licensed in New York State, and prosecutes those charged with misconduct. It also monitors licensees who have been impaired or who have been placed on probation by the Board.

The Program achieved the following during 2024:

- The Board imposed 258 final actions. Of those, 74 percent (192) were serious sanctions, including the loss, suspension, or restriction of a physician's medical license.

- The Office received 8,203 complaints and closed 7,629 complaints. These closures include various administrative reviews, as well as full field investigations assigned to the Regional Offices and Investigative Units.

- 2,209 full field investigations were closed in 2024.

- The average time to complete a full field investigation is 599 days.

- The OPMC monitored 1,431 physicians, a 2 percent increase from 2023.

[1] In this report, "physician" and "licensee" refer to licensed medical doctors [MDs], doctors of osteopathy [DOs], physicians practicing under a limited permit, medical residents, physician assistants and specialist assistants.

Protecting Patient Safety by Addressing Medical Conduct

Board for Professional Medical Conduct

The State Board for Professional Medical Conduct (Board), with the Department of Health's Office of Professional Medical Conduct (OPMC), administers the State's physician conduct program. Its mission is to protect the public from medical negligence, incompetence, and other kinds of professional misconduct by the over 138,000 physicians[1] licensed in New York State. The Board is a vital patient safety protection for those who access New York's health care system.

Public Health Law (PHL) § 230(14) requires an annual report to the Legislature, the Governor and other executive offices, the medical profession, medical professional societies, consumer agencies and other interested persons. This report discusses the Board's 2024 experience.

As of December 31, 2024, the Board consists of 55 physician and 28 non-physician public members. Public members are non-physician professionals from diverse backgrounds, to ensure that the patient perspective is represented on the Board. Physician members are appointed by the Commissioner of Health with recommendations for membership received largely from medical and professional societies. The Commissioner, with the approval of the Governor, appoints public members of the Board. By law, at least 20 percent of the Board's members are appointed by the Board of Regents.

Through its activity, the Board ensures the participation of both the medical community and the public in this important patient safety endeavor.

Office of Professional Medical Conduct

The OPMC's mission is to carry out its statutory mandate and the objectives of the Board to deter medical misconduct and promote and preserve patient safety. Through its central office in Albany, New York and six field offices (Buffalo, Rochester, Syracuse, New York City, New Rochelle, and Central Islip), the OPMC:

- Investigates all complaints and, with assistance of counsel, prosecutes physicians formally charged with misconduct;

- Monitors physicians whose licenses have been restored following a temporary surrender due to incapacity by drugs, alcohol or mental impairment;

- Monitors physicians placed on probation by the Board;

- Oversees the contract with the Medical Society of the State of New York's Committee for Physician Health (CPH) – a non-disciplinary program to identify, refer to treatment and monitor impaired physicians, and to assist a physician's return to safe practice;

- Collects and maintains reports of medical malpractice claims filed in New York State and their dispositions. The OPMC reviews medical malpractice reports to identify potential misconduct that warrant further review and, as appropriate, investigation;

- Oversees the administration of the New York State Physician Profile, a single source of public information about the education, training, practice, legal actions, and professional activities of every physician licensed and registered to practice in New York State;

- Supports all Board activities, including appointments, training, recruitment of medical experts and coordination of the procedures for the 52 committees of the Board that were convened in 2024; and

- Educates the physician community and others on misconduct definitions, trends in investigative findings, and best practices to avoid misconduct. In 2024, the OPMC continued to provide educational programs to students, legal entities, and county, state, and specialty medical societies, as well as hospitals and their affiliated physicians, having completed five events reaching approximately 223 participants.

New York's Medical Conduct Process

PHL and Education Law govern the State's physician conduct program. The process is defined in PHL §230, while the definitions of misconduct are found in §§ 6530 and 6531 of the Education Law. The process is described in Figure 1.

Figure 1 - The Professional Medical Conduct Process

PROFESSIONAL MEDICAL CONDUCT PROCESS

Investigation

A **complaint** is reviewed to determine if there are issues which warrant an investigation. The investigation may consist of interviews, reviewing documents (such as medical records) and other evidence, and consultation with medical experts.

↓

The complete **investigation** is reviewed by supervisors and medical staff.

↓

If there is **no evidence of misconduct**, the case is closed.

↓

A **Committee of the Board** (Board Investigation Committee of two physicians and one public member) reviews all possible misconduct cases and recommends whether a hearing is warranted.

↓

Hearing

A DOH attorney prepares a Notice of Hearing and **Statement of Charges** which describes the substance of the alleged misconduct.

↓

The **Hearing** provides the physician, with counsel, an opportunity to present witnesses and evidence on the licensee's behalf. The hearing is before a **Board Committee** of two physician members and a public member. An Administrative Law Judge presides over the hearing process.

↓

Decision

The **Hearing Committee** issues a determination and order, including **Findings of Fact**, conclusions of law and imposes a penalty, if appropriate.

↓

Administrative Review Board

Either the Department or the physician may **appeal** the hearing committee decision to the review board, consisting of five members of the board, three of whom are physicians. The Administrative Review Board issues a **Determination and Order**.

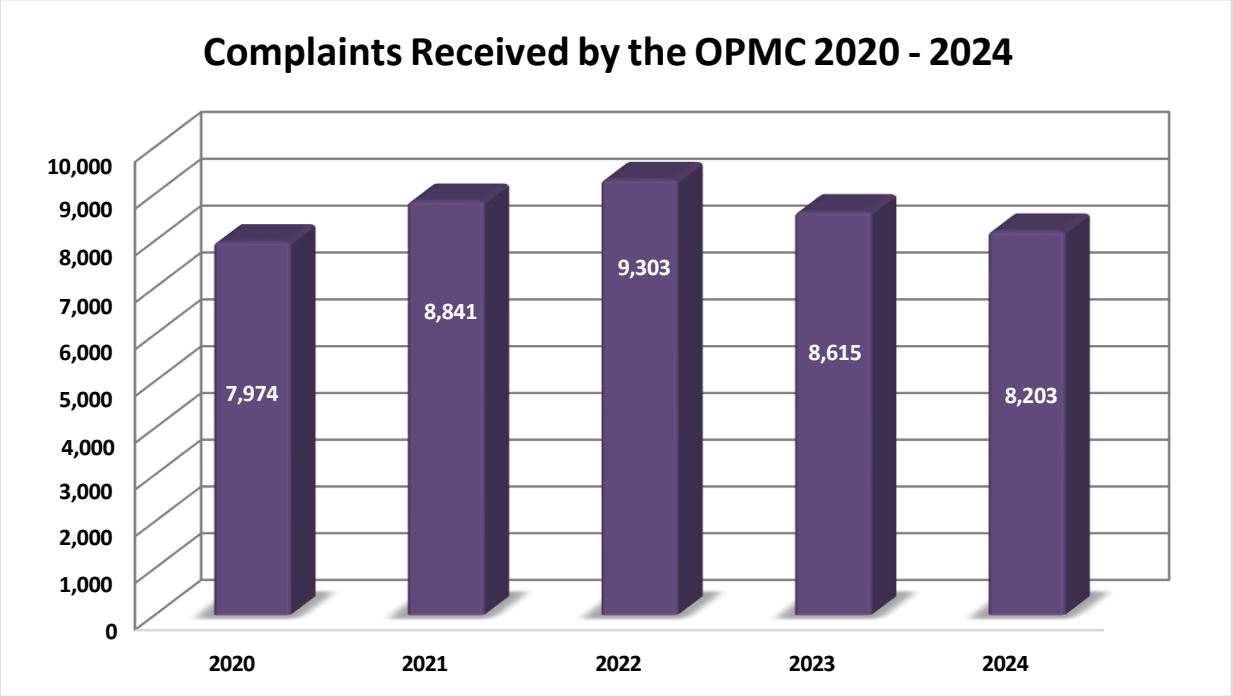
Complaints

The OPMC is required by PHL §230(10) to review every complaint it receives. Complaints come from many sources including the public and the health care community. Complaints may also be opened as a result of a report in the media, a referral from another government agency, or OPMC's own review of information, such as medical malpractice data and compliance with statutory requirements related to the practice of medicine or the New York State Physician Profile.

In 2024, the OPMC received 8,203 complaints (see figure 2).

Every complaint is reviewed to determine whether the subject of the complaint is a physician (thereby falling under the OPMC's jurisdiction) and whether the allegation, if found true, could potentially be a violation of one of the definitions of misconduct outlined in Education Law. In 2024, 45 percent of all complaints moved forward after this initial review for further investigation. The OPMC makes referrals to other agencies and oversight authorities as appropriate.

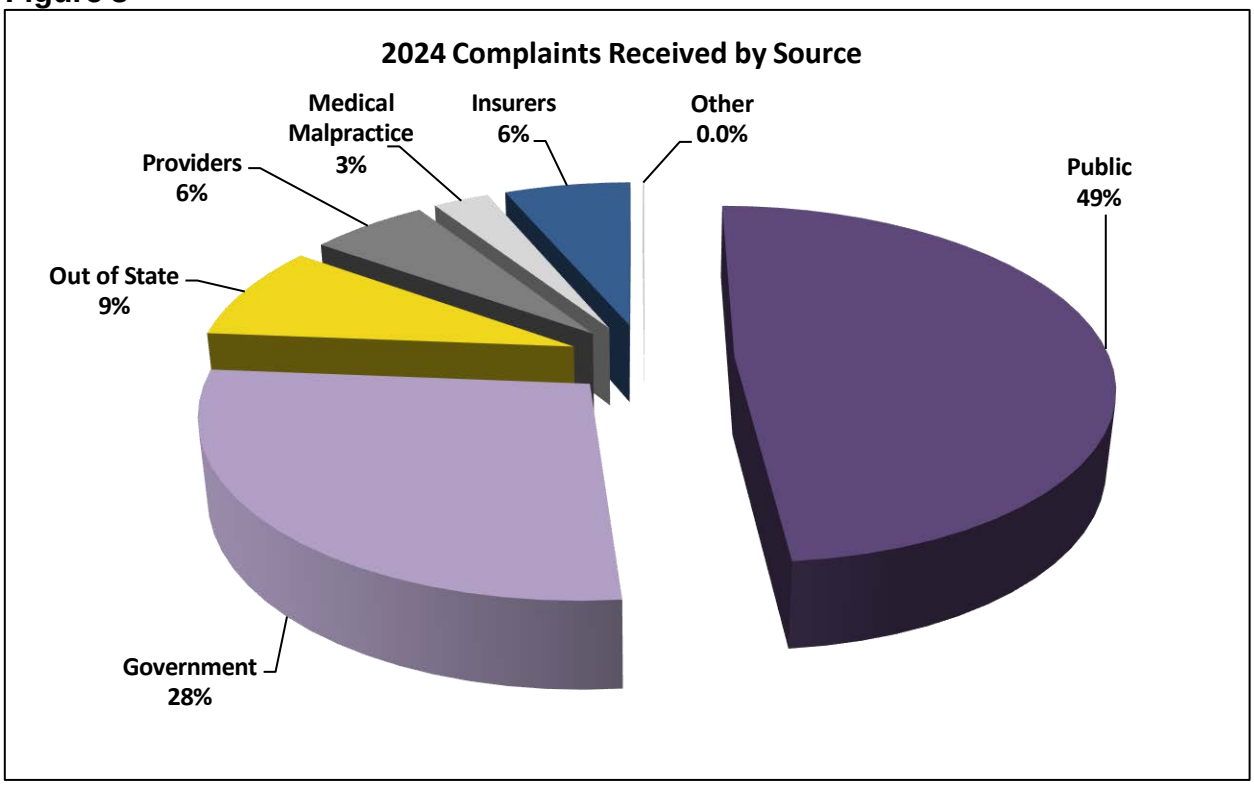
Figure 2



Source: The Office of Professional Medical Conduct

About 49 percent of the complaints received in 2024 came from the public (see Figure 3). About six percent of complaints came from providers. Other sources of complaints include governmental agencies, including OPMC itself.

Figure 3



Source: The Office of Professional Medical Conduct

Investigations

OPMC investigators and clinicians, including Board Certified physicians, gather and analyze all relevant information from documents such as medical records and interviews to determine whether the evidence suggests that misconduct occurred. The investigative process ensures a thorough review and supports an informed determination by the Office and the Board as to whether the allegation is substantiated and, if so, constitutes misconduct.

OPMC investigations include strong confidentiality protections. For example, Public Health Law requires the OPMC to keep the name of the complainant confidential. The very existence of an investigation is also confidential until and unless the investigation results in a public action. These provisions exist for the protection of both the complainant and the physician under review.

The physician is ensured due process throughout. The physician has a right to submit relevant information to the OPMC at any time during the investigation. Under the law, the OPMC must offer the physician an opportunity to be interviewed to comment on the issues under investigation if the OPMC intends to refer the matter to the Board. The

physician may have an attorney present and may bring a stenographer to transcribe the interview, at his/her expense. Cases are not referred to the Board when there is insufficient evidence to proceed, or the issues are determined at that point to be outside its jurisdiction.

The Board can collect valuable information through its PHL § 230(7) authority. Through a committee on professional conduct, the Board may:

- direct a physician to submit to a medical or psychiatric examination when a Board committee has reason to believe the licensee may be impaired by alcohol, drugs, physical disability, or mental disability;

- direct the OPMC to obtain medical records or other protected health information pertaining to the licensee's physical or mental condition when the Board has reason to believe that the licensee may be impaired by alcohol, drugs, physical disability, or mental disability, or when the licensee's medical condition may be relevant to an inquiry into a report of a communicable disease; and

- direct a physician to submit to a clinical competency examination.

With these tools, the Board can determine the presence and magnitude of any issues facing the physician and evaluate if these issues might present a risk to patients.

In investigations related to clinical care, information gathered by the OPMC is reviewed by medical experts who are board certified in their specialty, currently in practice and who are not employed by the OPMC. The expert identifies whether the physician under review met minimum standards of practice or identifies deviations from the standard of care. The peer review aspect of the process is key to making fair and appropriate determinations.

When the evidence indicates that misconduct has occurred, the matter is presented to an investigation committee of the Board for review. If a majority of the committee, comprised of two physician members and one non-physician public member, concurs with the Director of the OPMC (Director) that sufficient evidence exists to support misconduct, and after consultation with the Executive Secretary to the Board, the Director would request counsel prepare charges. In 2024, the OPMC referred 181 physicians to Counsel's Office for charges.

The Board is required to make charges public no earlier than five business days after charges are served upon a physician, after an investigation committee has unanimously concurred with the Director's determination that a hearing is warranted. In the event of a majority concurrence (as opposed to unanimous), a second vote is taken to determine whether the charges are to be published. A statement advising that the charges or determinations are subject to challenge by the physician accompanies the public charges.

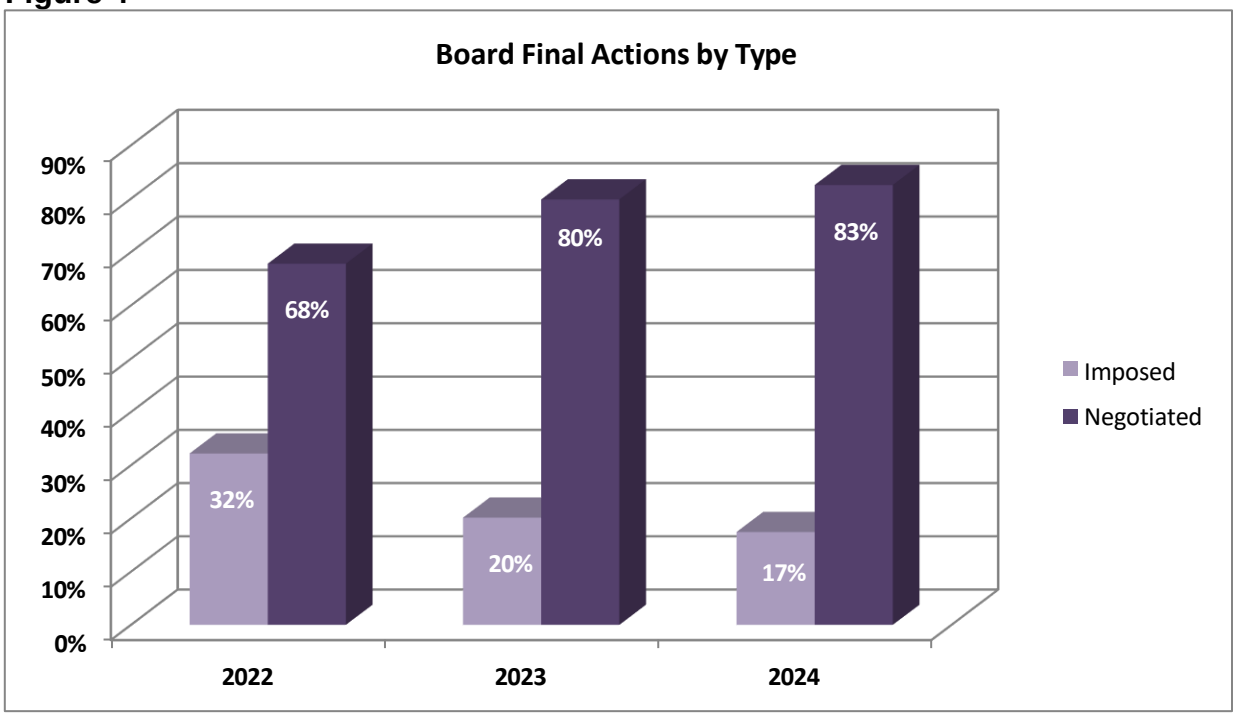
The committee may take actions other than concurring that a disciplinary hearing is warranted. These range from a recommendation to the Commissioner of Health that a

physician's license be summarily suspended because the licensee poses an imminent danger to the public health, to a confidential Administrative Warning if there is evidence of a minor or technical violation, or of substandard medical practice which does not rise to the level of prosecutable professional misconduct.

Disciplinary Hearings

For some investigations that result in a referral for charges, a disciplinary hearing is avoided through a signed consent agreement between the physician and the Board. These agreements are reached only if they include terms that adequately protect the public and address the physician's misconduct. The benefit of these negotiated settlements is that they increase efficiency and expedience in avoiding the time and expense of a hearing. In 2024, approximately 83 percent of Board actions resulted from negotiated agreements (see Figure 4).

Figure 4



Source: The Office of Professional Medical Conduct

If the investigation proceeds to a hearing, or the Commissioner of Health orders a summary suspension, another three-member Board panel (two physicians and one non-physician public member), known as a Hearing Committee, hears the case. An administrative law judge assists the committee on legal issues, and evidence and testimony may be presented by attorneys for the Department and the physician.

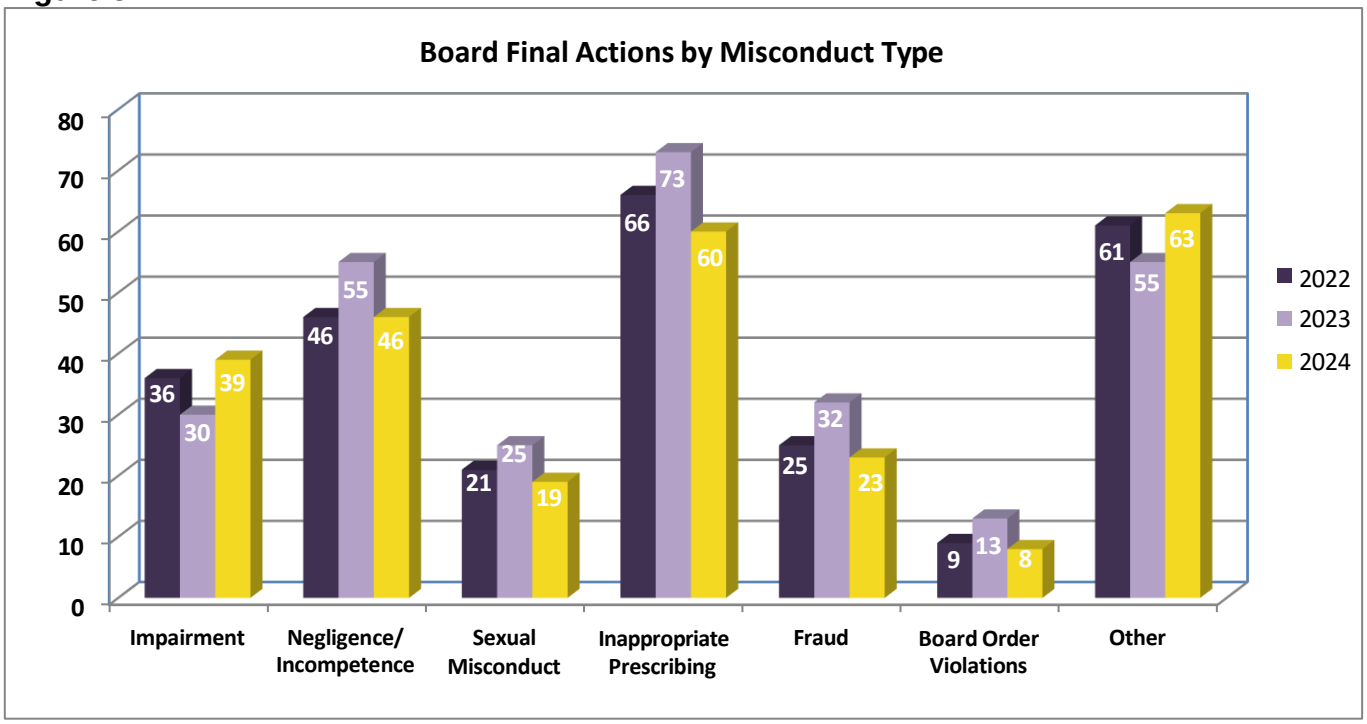
The Board Hearing Committee rules on whether misconduct occurred by sustaining or not sustaining specific charges. If the committee sustains charges, it decides on an appropriate penalty. Penalties can range from a censure and reprimand to license revocation, including but not limited to, suspension of a physician's license,

limitation of their practice, requiring supervision or monitoring of a practice, a fine, or any combination of these. Hearing committee determinations are immediately made public.

Revocations, actual suspensions, and license annulments go into effect at once and are not stayed (postponed) if there is an administrative appeal. Other penalties are stayed until the period for requesting an appeal has passed, and if there is an appeal, disciplinary action is stayed until there is a resolution.

Most of the final Board actions (72 percent) are related to five areas of misconduct: negligence/incompetence, sexual misconduct, inappropriate prescribing, impairment, and fraud (see Figure 5).

Figure 5

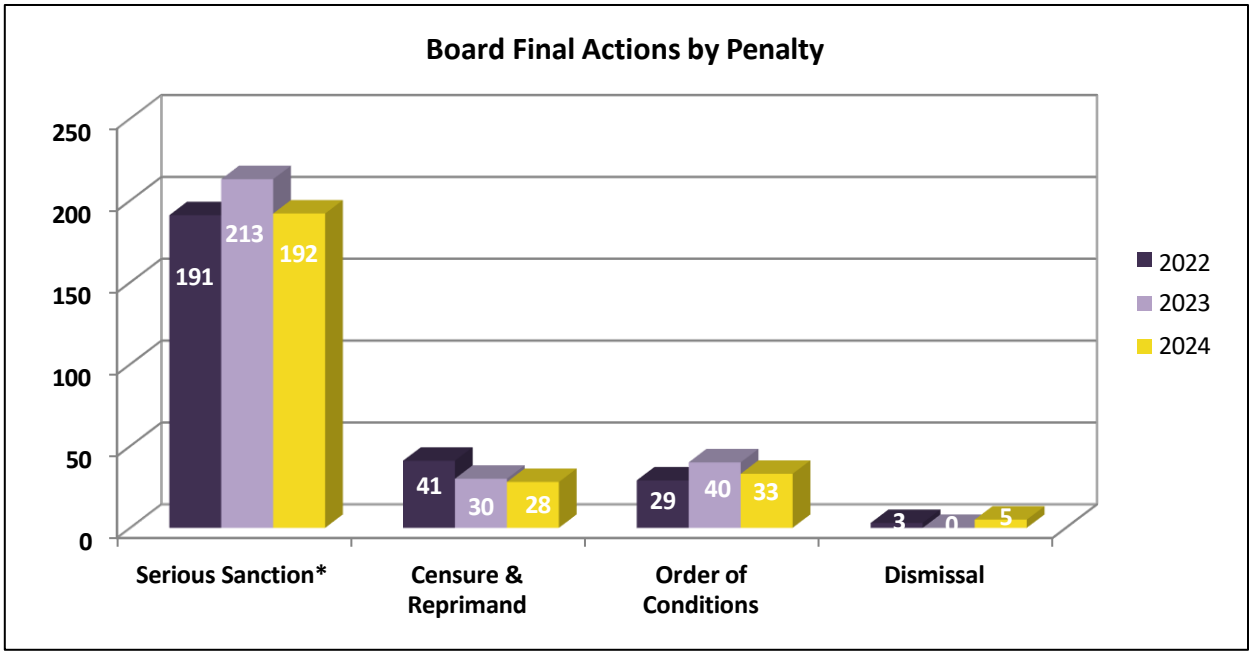


Source: The Office of Professional Medical Conduct

In 2024, the Board issued 258 final actions; 192 of these final actions (74 percent) were serious sanctions including the revocation, surrender, or suspension of a physician's medical license, or a limitation or restriction placed on the doctor's license (see Figure 6). This demonstrates the Board's stern response to misconduct that presents a risk to patient safety.

Figure 6

* *Serious sanctions include revocations, surrenders, suspensions and restrictions or limitations of medical licenses*.



Source: The Office of Professional Medical Conduct

The Board has jurisdiction over all physicians licensed to practice in New York. Many physicians who are trained in New York move to live and practice in other states but retain their New York license. When a medical board in the state in which they practice takes an action against the physician, New York, and any other state in which the physician is licensed, is notified through the Federation of State Medical Boards (FSMB).

The Board may impose a penalty against the physician to ensure that patients in New York State are protected. For example, if the nature of the misconduct is such that the physician presents a serious safety risk, the Board may revoke the doctor's license to practice in New York. The Board might otherwise impose a penalty that includes appropriate monitoring provisions to ensure that, if the physician does commence practice in New York, the risk to the health and safety of patients is minimized. This patient safety goal is the foundation for all Board actions, whether imposed against physicians practicing in New York or elsewhere.

Appeals

Either side may appeal the decision of a hearing committee to the Administrative Review Board (ARB), comprised of three physician members and two non-physician public members of the Board. The ARB hears all administrative appeals.

There are no appearances or testimony in the appeals process. The ARB reviews whether the determination and penalty of the hearing committee are consistent with the hearing committee's findings and whether the penalty is appropriate. The ARB must

issue a written determination within 45 days after the submission of briefs from both the physician and the Department.

From 2022-24, the ARB issued 31 decisions (see Figure 7). The ARB upheld the hearing committee determination in all but two of these proceedings. In 2024, the ARB upheld 7 of the 7 hearing committee decisions (100 percent); the ARB increased the penalty imposed four times (57 percent) and upheld the penalty imposed two times (29 percent).

Figure 7

Administrative Review Board Statistics 2022 - 2024

	2022	2023	2024
Administrative Review Board Decisions	17	7	7
Hearing Committee Determination Upheld	15	7	7
Hearing Committee Determination Not Upheld	2	0	0
Hearing Committee Penalty Upheld	9	4	2
Hearing Committee Penalty Increased	7	3	4
Hearing Committee Penalty Decreased	1	0	1

Source: The Office of Professional Medical Conduct

Physician Monitoring Program

Impaired Physicians

Ensuring that physicians who may be impaired by a physical or mental illness, and/or substance use disorder can safely practice medicine is a priority patient safety goal of the Board. PHL § 230(13) allows a physician who is temporarily incapacitated, is not able to practice medicine, and whose incapacity has not resulted in harm to a patient, to voluntarily surrender their license to the Board. The OPMC uses this tool to rapidly remove these impaired physicians from practice, refer them to rehabilitation services, and place them under monitoring upon their return to active practice to ensure that they practice safely. This is beneficial to both the physician and the patient public.

When a surrender is accepted, the Board promptly notifies entities, including the State Education Department (SED) and each hospital at which the physician has privileges. The physician whose license is surrendered notifies all patients of temporary withdrawal from the practice of medicine. The physician is not authorized to practice medicine, although the temporary surrender is not deemed to be an admission of permanent disability or misconduct. At the end of 2024, the OPMC was holding 32 temporarily surrendered licenses.

A surrendered license may be restored when the physician can demonstrate to the Board that the physician is no longer incapacitated for the active practice of medicine. A Board committee (two physicians and one non-physician public member) determines whether the physician has made an adequate showing as to their rehabilitation. In 2024, two physician/physician assistants petitioned the Board for license restoration. Two licensees were granted a restoration order.

Similarly, PHL § 230-a(2) provides for a disciplinary indefinite suspension of a physician's license upon a finding that a licensee is habitually impaired, and/or has practiced medicine while impaired. Upon a showing to the satisfaction of the Board that the licensee has completed a course of therapy or treatment, and is rehabilitated to the satisfaction of the Board, the physician may petition for a modification of the indefinite suspension to allow for the practice of medicine. In 2024, no licensees applied for a modification of their Board order pursuant to this law.

If the Board restores the license, or modifies an order indefinitely suspending the physician's license, the physician is placed under a minimum monitoring period of five years. Monitoring terms generally require abstinence from drugs and/or alcohol with random and unannounced drug screens, a medical practice supervisor, a treatment monitor, and self-help group attendance such as Alcoholics Anonymous. As of December 31, 2024, the OPMC was monitoring 442 licensees who were in recovery from alcohol, drugs, mental illness, or physical disability. Throughout 2024, the OPMC monitored 490 licensees for these reasons.

Probation

The OPMC also monitors physicians placed on probation, pursuant to a determination of professional misconduct, under PHL § 230(18). The Board places a physician on probation when it determines that the physician can be rehabilitated or retrained in acceptable medical practice. It is the same underlying concept used in placing physicians impaired by drugs/alcohol under monitoring, that is, prioritizing patient safety.

The OPMC monitors physicians using tools such as reviewing a random sample of the licensee's office and patient records, conducting onsite visits, assigning another physician to monitor the licensee's practice, auditing billing records, and testing for the presence of alcohol or drugs.

Probation ensures compliance with the Board order and supports the physician's education and remediation. Working with professional societies, hospitals and individual practitioners, the program allows for scrutiny of the physician's practice and early identification of, necessary adjustments to, and support for, the physician's rehabilitation and training. During 2024, the OPMC monitored 1,431 licensees: 490 for impairment issues (as cited above) and 941 for probation not related to impairment.

Sometimes, a physician does not comply with the terms of their Board order. Violation of the terms of a Board order is a serious matter; it may reflect a disregard for, or a lack

of understanding of, the purpose and importance of the requirement. The Office and the Board must respond to these violations vigorously, to ensure the physician's compliance with these important patient safety protections.

In 2024, the Board imposed disciplinary actions against six physicians resulting from their failure to comply with previous Board orders; two of the actions resulted in the loss of the physician's license to practice medicine. Additionally, two physicians were referred to disciplinary hearing for failure to comply with probation terms.

Committee for Physician Health and the Board for Professional Medical Conduct

The OPMC oversees the contract with the Medical Society of the State of New York, Committee for Physician Health (CPH) – a non-disciplinary program to identify, refer to treatment, and monitor impaired physicians. The goal of the program is to facilitate and monitor treatment and support, so that physicians who are dealing with substance use disorder, illness, or other issues can return to health, ensuring the safe practice of medicine.

The OPMC and the CPH conduct presentations and provide education to hospitals, medical societies, specialty societies, and other groups, sometimes jointly. Both organizations emphasize the risk that impairment presents to patients, the benefits of the program to the physician, and the importance of referring physicians with actual or possible impairment issues to the program.

At the end of 2024, 300 physicians were enrolled in the CPH, a 1 percent decrease from 2023 (302 physicians). During the year, 43 physicians enrolled in the program, a 2 percent increase from the 42 physicians who enrolled in 2023. Five of the 43 had previously been enrolled in CPH. Of the 43 enrollees, 8 (19 percent) were self-referrals, and 35 (81 percent) were referred by their provider organizations (hospitals, nursing homes, clinics, etc.) or a colleague. This demonstrates that the OPMC and CPH message has been heard. Providers, physicians, and other health care practitioners recognize the magnitude of the problem and the value of the CPH program in terms of enhanced patient safety, as well as increased physician well-being. Other enrollees were referred by family members or others.

Of the 355 physicians who were engaged with the program at some point during 2024, 55 physicians left the program during the year. Of those, 51 (93 percent) successfully completed their program. The remainder left the program for reasons such as dying while in the program, transferring to a similar program in another state, or not complying with their program. Four enrollees were reported by CPH to OPMC for noncompliance, as CPH is required to do by law. CPH and OPMC continue to work collaboratively to protect patient safety and ensure access to effective physician support services.

Hospital Reporting to the OPMC

Hospitals are statutorily required by PHL § 2803-e to report any information to the Board that reasonably appears to show that a licensee may be guilty of misconduct. In 2024, the OPMC received 85 reports from hospitals regarding physician misconduct. Of these, 13 (15 percent) pertained to concerns of physician impairment.

Medical Malpractice Information

One source of information that OPMC continuously uses to identify potential medical misconduct is medical malpractice experience. State Insurance Law § 315 mandates the reporting of any claim filed for medical malpractice against a physician, physician assistant, or specialist assistant, and the disposition of that claim, be reported to the Commissioner of Health and the Superintendent of Insurance.

PHL § 230 directs the OPMC to continuously review medical malpractice information to identify potential misconduct. The Office reviews information such as the licensee's malpractice history, the number and dollar amount of any payouts made, and current malpractice insurance status when determining whether to open an investigation.

Of the 62 investigations completed in 2024 that were based on medical malpractice criteria, eleven investigations (eighteen percent) resulted in a Board action or Administrative Warning.

The OPMC will continue to monitor malpractice experience to maximize its use as a predictor of possible misconduct.

Ensuring Safety in Office-based Surgery Settings

PHL § 230-d requires licensees to report adverse events following office-based surgery (OBS) to the DOH's Patient Safety Center (PSC). Adverse events that must be reported include: (1) patient death within 30 days; (2) unplanned transfer to the hospital; (3) unscheduled hospital admission within 72 hours of the OBS for longer than 24 hours; or (4) any other serious or life-threatening event. Failure to report an OBS adverse event within one business day of when the licensee became aware of the adverse event may constitute professional misconduct. PHL § 230-d also requires physicians to perform OBS only in accredited practice settings.

After reviewing an Adverse Event Report, if the PSC believes further review and investigation is warranted, it may refer the report to the OPMC for an investigation. At that point, the OPMC will commence an investigation which may include, but not be limited to, the following: medical record review by a board-certified physician, interviews of various participants, and a site visit of the office setting. In 2024, OPMC opened five investigations based on referrals from the Patient Safety Center.

Internet Access to Physician Information

Information regarding the OPMC and the Board can be accessed through the DOH Web site, www.health.ny.gov/professionals, by clicking on "Professional Misconduct and Physician Discipline." All disciplinary actions taken since 1990 are posted on the OPMC site, as well as information on how to file a complaint, brochures regarding medical misconduct, frequently asked questions, and relevant statutes.

Expanding Outreach

The OPMC Director, Assistant Director, Chair of the Board, and Executive Secretary of the Board meet with county medical societies, state specialty societies, and hospitals to educate physicians and medical residents about the medical conduct process, outcomes of the Board's work, and how to prevent misconduct. These meetings also provide an opportunity to invite physicians to get involved in the process through the medical expert program. In 2024, the OPMC continued to present educational programs to medical and law school students on professional misconduct issues, to assist them in engaging in appropriate patient care and avoiding misconduct once they begin practice. OPMC also participated in educational programs and/or grand rounds with fellowship programs in facilities and specialty societies to increase understanding of the role of the program. OPMC will continue to develop capacity to increase outreach to public community settings to provide education about the process.

Addressing the Opioid Epidemic

The Board and the OPMC have battled the public health crisis of opioid abuse for several years. The inappropriate prescribing of opioid medications may contribute significantly to the abuse and/or diversion of, and addiction to, these drugs. Many physicians are not adequately trained in safe prescribing protocols that ensure appropriate treatment of pain while minimizing the risk of abuse, addiction, or diversion.

The Board and OPMC have provided dedicated educational programs for physicians on safe prescribing practices. In addition, all OPMC physician education presentations include a discussion of controlled substance prescribing. These efforts are intended to help physicians understand current standards and regulations regarding this issue. The Board and the OPMC also partner with the Department's Bureau of Narcotic Enforcement (BNE) to identify potential inappropriate prescribing, investigate and enforce appropriate prescribing standards and regulations, and educate prescribers and the public on ways to address this epidemic. The OPMC and the BNE continually work together to monitor prescribing practices and make referrals to initiate investigations when appropriate.

In 2024, the OPMC initiated 81 investigations related to potential inappropriate controlled substance prescribing. The Board issued 60 orders against physicians found to have committed misconduct related to inappropriate/excessive prescribing. These actions primarily included sanctions such as license surrender or revocation (21), suspension (12), and/or a restriction or limitation against the physician's license (22). Since 2011, the Board has imposed 1078 sanctions against 816 physicians for

misconduct related to inappropriate prescribing.

The Board and the OPMC will continue to use both provider education and strong enforcement to contribute to the effort against opioid abuse and addiction, while at the same time recognizing the role that the appropriate use of opioid medications has in treating certain conditions.

The New York State Physician Profile

The New York State Physician Profile is a public website providing information to consumers of healthcare and other stakeholders on currently licensed and registered physicians in NYS. The Physician Profile was established in 2000 by the New York Patient Health Information and Quality Improvement Act (PHL § 2995 et seq.). In 2024, the Physician Profile was one of the Department of Health's most popular sites, averaging just over 534,500 page views per month.

The OPMC monitors compliance with Profile reporting requirements. The OPMC closed over 1,900 investigations in 2024, achieving 99.7 percent profile initiation or update compliance for that group. The Board issued one penalty for failure to comply with physician profile regulations in 2024, primarily because of the success in achieving physician compliance. Since the OPMC took over management of the Profile, the Board has issued 13 actions against physicians for failing to comply with Profile requirements.

Summary

The Board and the Office continue to effectively investigate allegations of medical misconduct and take appropriate action when evidence demonstrates that misconduct has occurred. These efforts will continue to ensure that medical care is delivered consistent with today's standards, to protect the health and safety of all individuals who receive medical care in New York State.

Office of Professional Medical Conduct

Summary Statistics

Year	2022	2023	2024
Complaints Received	9,303	8,615	8203
Complaints Closed	8,071	8,682	7629
Licensees Referred for Charges	193	218	181
Administrative Warnings/Consultations	38	50	57

Final Actions

	2022	2023	2024
Revocation	40	23	22
Surrender	32	58	42
Summary Suspension	9	12	5
Suspension - Actual / Stayed	38	39	45
Restriction/Limitation	66	77	68
Censure and Reprimand/Other	34	25	23
Fine Only / No Penalty	7	5	5
Dismissal	3	0	5
Surrenders under 230(13)	6	4	10
Monitoring Agreements	29	40	33
TOTAL ACTIONS	**264**	**283**	**258**

Source: The Office of Professional Medical Conduct

- *Public Health Law § 230(12) authorizes the Commissioner to order a summary suspension: (a) when there is information that a licensee is causing or engaging in or maintaining a condition or activity which has resulted in the transmission or suspected transmission, or is likely to lead to the transmission, of communicable disease or HIV AIDS or when the licensee is causing, engaging in or maintaining a condition or activity which constitutes an imminent danger to the health of the people or (b) when a licensee has pleaded or been found guilty or convicted of committing an act constituting a felony under New York state law or federal law, or the law of another jurisdiction which, if committed within this state, would have constituted a felony under New York state law, **or when a licensee has been charged with committing an act constituting a felony under New York state or federal law or the law of another jurisdiction, where the licensee's alleged conduct, which, if committed within this state, would have constituted a felony under New York state law, and in the commissioner's opinion the licensee's alleged conduct constitutes an imminent danger to the health of the people**, or when the duly authorized

professional disciplinary agency of another jurisdiction has made a finding substantially equivalent to a finding that the practice of medicine by the licensee in that jurisdiction constitutes an imminent danger to the health of its people. **If, at any time, the felony charge is dismissed, withdrawn or reduced to a non-felony charge, the commissioner's summary order shall terminate.**


NEW
YORK
STATE
Department
of Health