



Board for Professional Medical Conduct

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

C. Maynard Guest, M.D.
Executive Secretary

February 3, 1995

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

H. Douglas Wilson, M.D.
Adirondack Medical Center
Church Street
Lake Placid, New York 12946

RE: License No. 125722

Dear Dr. Wilson:

Enclosed please find Order #BPMC 95-27 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Empire State Plaza
Tower Building-Room 438
Albany, New York 12237-0756

Sincerely,

C. Maynard Guest, M.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Joseph H. Cahill, Esq.
Cade & Saunders
Four Pine Street
Albany, New York 12207

Michael Hiser, Esq.

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

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IN THE MATTER :
OF : ORDER
H. DOUGLAS WILSON, M.D. : BPMC #95-27

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EFFECTIVE DATE
FEBRUARY 10, 1995

Upon the application of H. DOUGLAS WILSON, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall take effect as of the date of the personal service of this order upon Respondent, upon receipt by Respondent of this order via certified mail, or seven days after mailing of this order by certified mail, whichever is earliest.

SO ORDERED,

DATED: 31 January 1995

Charles J. Vacanti

Charles J. Vacanti, M.D.
Chairperson
State Board for Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
 STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X
 : APPLICATION
 IN THE MATTER :
 OF : FOR
 H. DOUGLAS WILSON, M.D. : CONSENT
 : ORDER
 -----X

STATE OF NEW YORK)
) ss.:
 COUNTY OF ESSEX)

H. DOUGLAS WILSON, M.D., being duly sworn, deposes and says:
 That on or about October 21, 1975 I was licensed to practice
 as a physician in the State of New York, having been issued
 License No. 125722 by the New York State Education Department.

I am currently registered with the New York State Education
 Department to practice as a physician in the State of New York
 for the period January 1, 1993 through December 31, 1994.

I understand that the New York State Board for Professional
 Medical Conduct has charged me with Eleven Specifications of
 professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a
 part hereof, and marked as Exhibit "A".

In full satisfaction of the charges against me, I admit
 guilt to the Sixth, Eighth, and Tenth Specifications of
 Misconduct (Gross Incompetence and Incompetence on More than one
 occasion in the treatment of Patients B and D) to the extent of

Factual Allegations B.4 and D. I also admit that I cannot successfully defend against the Tenth Specification of Misconduct (Incompetence on More than one occasion in the treatment of Patients A and B) to the extent of Factual Allegations A.2 and B.1.

I hereby agree to the penalty: (1) that my license to practice medicine in New York State shall be suspended for a period of at least sixty-six (66) months, with the final sixty (60) months of the suspension being stayed so long as I am compliant with the Terms of Probation set out in Exhibit "B", annexed hereto; (2) that I shall participate in and successfully complete a program of re-training as set out in the Terms of Probation for a minimum of six (6) months, and up to a maximum of twenty-four (24) months; (3) that my practice of medicine shall be monitored for that portion of the period of license suspension when I am not in retraining in accordance with Exhibit "B"; and (4) that I otherwise comply with the Terms of Probation set out in Exhibit "B".

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without

prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.

H. Douglas Wilson M.D.

H. DOUGLAS WILSON, M.D.
RESPONDENT

Sworn to before me this *23rd*
day of *January*, 1995.

Mildred H. Williams
NOTARY PUBLIC
MILDRED H. WILLIAMS
Notary Public, State of New York
19224
Qualified in Essex County
Commission expires Oct 31, 1995

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X
IN THE MATTER : APPLICATION
OF : FOR
H. DOUGLAS WILSON, M.D. : CONSENT
: ORDER
-----X

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: Jan 23, 1995

H. Douglas Wilson M.D.
H. DOUGLAS WILSON, M.D.
Respondent

DATE: Jan 20, 95

Joseph H Cahill
JOSEPH H. CAHILL
Attorney for Respondent

DATE: 1/24/95

Michael A. Hiser
MICHAEL A. HISER, ESQ.
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: Jan. 25, 1995

Kathleen M. Tanner
KATHLEEN M. TANNER
DIRECTOR
Office of Professional Medical
Conduct

DATE: 231 January 1995
CV

Charles J. Vacanti

CHARLES J. VACANTI, M.D.
CHAIRPERSON
State Board for Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

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IN THE MATTER : STATEMENT
OF : OF
H. DOUGLAS WILSON, M.D. : CHARGES

-----X

H. DOUGLAS WILSON, M.D., the Respondent, was authorized to practice medicine in New York State on October 21, 1975, by the issuance of license number 125722 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1993 through December 31, 1994 from the Adirondack Medical Center, Church Street, Lake Placid, New York 12946.

FACTUAL ALLEGATIONS

A. Respondent provided medical treatment to Patient A, an 89 year old female (patients are identified in the Appendix), at Mercy Health Care Center, Tupper Lake, New York, 12986 ("Mercy Health Care Center") and the Adirondack Medical Center, Lake Placid, New York ("Adirondack Medical Center") from on or about February 15, 1993 until her transfer to Adirondack Medical Center on or about June 20, 1993. Patient A died on or about June 21, 1993 at Adirondack Medical Center with a diagnosis of bowel obstruction with gram negative sepsis.

1. Respondent, prior to 6:00 p.m. on June 19, 1993, failed to adequately treat Patient A for bowel obstruction and dehydration, despite the patient's clinical presentation, including markedly elevated BUN.
2. Respondent failed to appropriately respond to reports of Patient A's worsening condition on the evening of June 19, 1993, including a temperature of 102°, and the passage of foul smelling, fecal-like brownish matter through the patient's gastro-stoma and mouth.

B. Respondent provided medical treatment to Patient B, a 67 year old female, at Placid Memorial Hospital (now known as Adirondack Medical Center), Lake Placid, New York ("Placid Memorial Hospital") from on or about April 25, 1989 until her transfer to Champlain Valley Physician's Hospital, Plattsburgh, New York on or about April 29, 1989. Patient B was admitted with complaints of nausea, vomiting and abdominal pain. Patient B died on or about April 29, 1989 at Champlain Valley Physician's Hospital with a diagnosis of probable small bowel infarction.

1. Respondent, between and including April 26 and 28, 1989, failed to perform and/or record physical examinations of Patient B.
2. Respondent maintained Patient B on reduced IV fluids of 75 cc's/hr between April 26 and 29, 1989, despite Patient B's oliguria, increasing dehydration, and apparent bowel obstruction.
3. Respondent inappropriately delayed until April 29, 1989 to obtain the results of an upper gastro-intestinal radiology study he ordered on April 26, 1989, and which was performed the morning of April 28, 1989.
4. Respondent inappropriately delayed until April 29, 1989 to order the placement of a nasogastric tube for Patient B.

C. Respondent provided medical treatment to Patient C, an 80 year old female, at Mercy Health Care Center and the Adirondack Medical Center from on or about December 27, 1991 through March 7, 1994. Between February 4 and February 11, 1994, Patient C was treated at the Medical Center Hospital of Vermont, Colchester Avenue, Burlington, Vermont for a myocardial infarction. Patient C was transferred back to Mercy Health Care Center on February 11, 1994. She was transferred to Adirondack Medical Center on March 7, 1994, and died that day.

1. Respondent, between February 11 and March 6, 1994, ordered Patient C to receive 7.5 mg per day of Warfarin Sodium (Coumadin) without monitoring the patient's Prothrombin times.
2. Respondent, on February 25, 1994, failed to observe that a Prothrombin time for the patient he had ordered for February 14, 1994 had not been performed.
3. Respondent failed to appropriately respond to reports on March 6, 1994 that Patient C had periodical nasal and oral bleeding.

D. Respondent provided medical treatment to Patient D, a 29 year old male, on or about November 7, 1988 in the Emergency Room of the Placid Memorial Hospital for complaint of left upper chest pain. Results of a complete blood count (CBC) test indicated, among others, an elevated white blood count of 20,000 with marked bandemia (39%). Respondent diagnosed Patient D as having a tear of the left pectoralis muscle, and discharged him without antibiotic treatment. On or about November 9, 1988, Patient D died of a generalized bacterial infection. Respondent failed to adequately diagnose and treat Patient D as having an

infection, despite the patient's clinical presentation, including tender and swollen left upper chest, low grade fever, tachycardia, markedly elevated white blood cell count, and marked bandemia.

E. Respondent provided medical treatment to Patient E, a 90 year old male, at the Mercy Health Care Center, from on or about September 12, 1990 through January 17, 1994. Between 6:00 p.m. on January 10, 1994 and approximately 9:00 a.m. on January 12, 1994, Patient E was noted on multiple occasions to have a temperature of between 100.8°F and 104.4°F, despite repeated administrations of 650 mg Tylenol. Respondent failed to respond to repeated calls, pages and messages from nursing staff from approximately 2:25 p.m. on January 11, 1994 until 9:00 a.m. on January 12, 1994.

1. Respondent, after being personally notified at or about 9:00 a.m. on January 12, 1994 that Patient E had a temperature of 104.4°F the evening before, failed to conduct a physical examination of Patient E for over 24 hours.
2. Respondent inappropriately treated Patient E with a standing order requiring that all patients with temperatures "above 101°F rectally or 100°F orally" are to be given Tylenol, without requiring any report of this information to Respondent.

F. Respondent provided medical care to Patient F, an 82 year old male, at Mercy Health Care Center from on or about January 18, 1993 through on or about January 13, 1994. Patient F had a temperature of 101.2°F at 1:15 p.m. on January 8, 1994, with a productive cough. Respondent inappropriately treated

Patient F with a standing order requiring that all patients with temperatures "above 101°F rectally or 100°F orally" are to be given Tylenol, without requiring any report of this information to Respondent.

G. Respondent provided medical treatment to Patient G, a 72 year old female, at the Mercy Health Care Center from on or about December 13, 1993 through February 1994. On January 8, 1994, Patient G was noted to have a temperature in excess of 101°F, and reddened eyes. Respondent inappropriately treated Patient G with a standing order requiring that all patients with temperatures "above 101°F rectally or 100°F orally" are to be given Tylenol, without requiring any report of this information to Respondent.

H. Respondent provided medical care to Patient H, an 87 year old male, at the Mercy Health Care Center from on or about December 12, 1993 through February 10, 1994. During this time, Patient H was treated for a third degree burn to his right upper leg. Patient H was admitted to the Adirondack Medical Center Hospital on or about December 13, 1993 for treatment of the burn. He returned to Mercy Health Care Center on or about December 14, 1993. Patient H was transferred to Adirondack Medical Center Hospital at approximately 9:00 p.m. on December 14, 1993 because of lethargy and a temperature of 103.4°F. Respondent inappropriately treated Patient H with a standing order requiring that all patients with temperatures "above 101°F rectally or

100°F orally" are to be given Tylenol, and without requiring any report of this information to Respondent.

SPECIFICATIONS OF MISCONDUCT

FIRST THROUGH FOURTH SPECIFICATIONS
PRACTICING THE PROFESSION WITH GROSS NEGLIGENCE

Respondent is charged with practicing the profession with gross negligence on a particular occasion under N.Y. Educ. Law §6530(4) (McKinney Supp. 1994) in that Petitioner charges that Respondent committed one or more of the following:

1. The facts in Paragraphs A and A.1 and/or A and A.2.
2. The facts in Paragraphs B and B.2, B and B.3 and/or B and B.4.
3. The facts in Paragraphs C and C.1, C and C.2, and/or C and C.3.
4. The facts in Paragraph D.

FIFTH THROUGH EIGHTH SPECIFICATIONS
PRACTICING THE PROFESSION WITH GROSS INCOMPETENCE

Respondent is charged with practicing the profession with gross incompetence on a particular occasion under N.Y. Educ. Law §6530(6) (McKinney Supp. 1994) in that Petitioner charges that Respondent committed one or more of the following:

5. The facts in Paragraphs A and A.1 and/or A and A.2.
6. The facts in Paragraphs B and B.2, B and B.3 and/or B and B.4.
7. The facts in Paragraphs C and C.1, C and C.2, and/or C and C.3.
8. The facts in Paragraph D.

NINTH SPECIFICATION

**PRACTICING THE PROFESSION WITH NEGLIGENCE
ON MORE THAN ONE OCCASION**

Respondent is charged with practicing the profession with negligence on more than one occasion under N.Y. Educ. Law §6530(3) (McKinney Supp. 1994) in that Petitioner charges that Respondent committed two or more of the following:

9. The facts in Paragraphs A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, C and C.3, D, E and E.1, E and E.2, F, G, and/or H.

TENTH SPECIFICATION

**PRACTICING THE PROFESSION WITH INCOMPETENCE
ON MORE THAN ONE OCCASION**

Respondent is charged with practicing the profession with incompetence on more than one occasion under N.Y. Educ. Law §6530(5) (McKinney Supp. 1994) in that Petitioner charges that Respondent committed two or more of the following:

10. The facts in Paragraphs A and A.1, A and A.2, B and

B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, C and C.3, D, E and E.1, E and E.2, F, G, and/or H.

ELEVENTH SPECIFICATION
FAILURE TO MAINTAIN ACCURATE RECORDS

Respondent is charged with failing to maintain accurate records of the evaluation and treatment of Patient B, within the meaning of N.Y. Educ. Law §6530(32) (McKinney Supp. 1994) in that Petitioner charges:

11. The facts in Paragraphs B and B.1.

DATED: *November 2*, 1994
Albany, New York



PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

TERMS OF PROBATION

1. H. DOUGLAS WILSON, M.D., the Respondent, during the period of actual and stayed license suspension, shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct imposed by law and by his profession.
2. These Terms of Probation shall be in effect beginning with the effective date of the Order herein, and will extend until such time as Respondent successfully completes (1) the program of retraining outlined below, and (2) sixty (60) months of monitoring after successful retraining.
3. Respondent shall submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct, New York State Department of Health, Corning Tower Building, 4th Floor, Empire State Plaza, Albany, New York 12237 of any employment and practice, of Respondent's residence and telephone number, of any change in Respondent's employment, practice, residence, or telephone number within or without the State of New York.
4. Respondent shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that Respondent has paid all registration fees due and owing to the NYSED and Respondent shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by Respondent to the New York State Department of Health, addressed to the Director, Office of Professional Medical Conduct, as aforesaid, no later than the first three months of the period of license suspension.
5. Respondent shall submit written proof to the NYSDOH, addressed to the Director, Office of Professional Medical Conduct, as aforesaid, that 1) Respondent is currently registered with the NYSED, unless Respondent submits written proof that Respondent has advised DPLS, NYSED, that Respondent is not engaging in the practice of Respondent's profession in the State of New York and does not desire to register, and that 2) Respondent has paid any fines which may have previously been imposed upon Respondent by the Board or by the Board of Regents; said proof of the above to be submitted no later than the first two months of the period of license suspension.
6. Respondent shall comply with all terms, conditions,

restrictions, and penalties to which he is subject pursuant to the order of the Board. It is expressly agreed by Respondent that any failure of Respondent to comply with any term, condition, restriction, and/or penalty to which he is subject pursuant to the order of the Board, including the Terms of Probation set forth herein, shall be subject to the violations procedure set forth in New York Public Health Law Section 230(19) (McKinney Supp. 1995).

Psychiatric Evaluation

7. Within 30 days after the effective date of the Order herein, Respondent shall undergo a psychiatric evaluation by a physician licensed to practice medicine in New York State who is in the active practice of psychiatry. The psychiatrist/evaluator may be chosen by the Respondent, subject to the approval of the Director. The Respondent will comply with all treatment recommendations of the psychiatrist evaluator during the periods of actual and stayed license suspension.

Actual Suspension

8. Respondent is currently actually suspended from the practice of medicine in accordance with a Commissioner's Summary Order dated November 3, 1994. That actual suspension shall continue until the effective date of the Order herein. Thereafter, beginning with the effective date of the Order herein, Respondent shall remain actually suspended from the practice of medicine (except insofar as necessary to allow him to participate in the evaluation and retraining described below) until he successfully completes the said evaluation and retraining, and the Director has approved a monitor to oversee Respondent's practice of medicine for the balance of the period of license suspension.

Evaluation and Retraining

9. Within sixty (60) days after the effective date of the Order herein, Respondent shall arrange for an evaluation of Respondent's clinical skills, medical knowledge base, medical approach to the treatment of patients, as well as Respondent's insight into, and motivation for, retraining. This evaluation shall be performed by a physician evaluator currently licensed to practice medicine in New York State, who is also Board certified in Internal Medicine. The physician evaluator shall be affiliated with a medical facility in New York State. The physician evaluator may be chosen by the Respondent, subject to the approval of the Director. Respondent agrees that the costs of evaluation will be his responsibility. During the period of evaluation, Respondent shall be actually suspended from the practice of medicine except insofar as required for his participation in the evaluation. The purpose of the evaluation is to identify the specific deficits that Respondent should address in his retraining in the specialties of internal

medicine and/or family practice. The physician evaluator shall submit a written report of Respondent's evaluation to the Director.

10. Within sixty (60) days after the completion of the evaluation described in paragraph "nine", above, Respondent will enter into a program of retraining at a location approved in advance by the Director. The subject matter of the retraining will be internal medicine and/or family practice generally, with particular emphasis in those areas of skill or knowledge deficit identified in the evaluation. The length of retraining shall be a minimum of six (6) months, with a maximum retraining period of twenty-four (24) months. During the period of retraining, Respondent shall be actually suspended from the practice of medicine except insofar as required for his participation in the retraining program. Respondent's successful completion of the retraining is required before Respondent's actual suspension from practicing medicine will be lifted.

Part-time Practice Concurrent with Retraining

11. If retraining extends more than six (6) months and up to and including twelve (12) months, Respondent will remain actually suspended from the practice of medicine, except insofar as required for Respondent to participate in the retraining. If retraining extends more than twelve (12) months and Respondent has successfully completed the first twelve (12) months of retraining, Respondent will be allowed to practice medicine following twelve months of retraining, and through the end of retraining, provided that his practice of medicine is (1) limited to no more than 20 hours a week; and (2) his practice is monitored as follows:
 - a. During the period of part-time practice concurrent with retraining, Respondent shall be monitored in his practice of medicine by a physician, currently licensed in New York, board-certified in internal medicine who shall be familiar with this Order. The monitor may be chosen by the Respondent, subject to the approval of the Director. The Director shall approve or disapprove the monitor proposed by Respondent within a reasonable period of time, and approval shall not be unreasonably withheld. Respondent shall not participate in any practice of medicine concurrent with retraining until a monitor shall have been approved by the Director.
 - b. The monitor shall review Respondent's records of treatment of at least ten (10) patients each month. The records shall be randomly selected by the monitor or by a representative of the Director. The monitor shall have access to the entire treatment record of the

patient in the possession of Respondent as requested by the monitor.

- c. The monitor shall determine whether Respondent's treatment of the patients has been in accordance with generally accepted standards of medical practice. The monitor shall specifically determine whether Respondent's diagnosis and treatment of patients is in accordance with accepted standards of medical practice, and whether Respondent's ongoing monitoring of patients has appropriately considered changes in patient conditions as evidenced by lab reports and clinical evidence.
- d. At least once every three (3) months, the monitor shall report in writing to the Director on the status of the monitor's review of the Respondent's practice of medicine. The monitor shall advise the Director whether Respondent is practicing medicine in accordance with accepted standards of practice. To the extent that the monitor concludes that the Respondent has in any way not practiced in accordance with accepted standards of medicine, this shall be detailed in the monitor's report.
- e. The monitor's first report will due 3 months after Respondent begins to practice after the period of retraining. The subsequent reports will be due in three (3) month intervals thereafter.

Stay of License Suspension;
Monitoring Following Retraining

- 12. For a period of sixty (60) months after Respondent successfully completes the program of retraining described in these Terms of Probation and a monitor has been approved by the Director, Respondent's actual license suspension will be stayed. For that sixty month period, Respondent will be monitored in his practice of medicine by a physician, currently licensed in New York, Board certified in internal medicine, who shall be familiar with this Order. The monitor may be chosen by the Respondent, subject to the approval of the Director. Respondent shall not resume the actual practice of medicine following retraining until a monitor shall have been approved by the Director.
 - a. The monitor shall review Respondent's records of treatment of at least twenty (20) patients every three (3) months. The records shall be randomly selected by the monitor or by a representative of the Director. The monitor shall have access to the entire treatment record of the patient in the possession of Respondent, as requested by the monitor.

- b. The monitor shall determine whether Respondent's treatment of the patients has been in accordance with generally accepted standards of medical practice. The monitor shall specifically determine whether Respondent's diagnosis and treatment of patients is in accordance with accepted standards of medical practice, and whether Respondent's ongoing monitoring of patients has appropriately considered changes in patient conditions as evidenced by lab reports and clinical evidence.
 - c. At least once every three (3) months, the monitor shall report in writing to the Director on the status of the monitor's review of the Respondent's practice of medicine. The monitor shall advise the Director whether Respondent is practicing medicine in accordance with accepted standards of practice. To the extent that the monitor concludes that the Respondent has in any way not practiced in accordance with accepted standards of medicine, this shall be detailed in the monitor's report.
 - d. The monitor's first report will be due 3 months after Respondent begins to practice after period of retraining. The subsequent reports will be due in three month intervals thereafter.
 - e. The sixty (60) month period of monitoring and stayed license suspension will not begin to run until Respondent is engaged in the practice of medicine with an approved monitor. For all periods of time that the Respondent is not actively engaged in the practice of medicine with a monitor, the period of stayed license suspension will not run.
13. Respondent agrees that the costs of complying with all terms of monitoring will be his responsibility. He understands that any failure to comply with the terms and conditions of stay, or other limitation herein, may result in disciplinary action being brought against him charging professional misconduct as defined by the New York State Education Law, including but not limited to N.Y. Educ. Law section 6530(29) (McKinney Supp. 1995). That section defines professional misconduct to include "(V)IOLATING ANY TERM OF PROBATION OR CONDITION OR LIMITATION imposed on the licensee pursuant to section two hundred thirty of the public health law." (Emphasis added.)
14. Pursuant to Public Health Law section 230(18)(b), during the term of monitoring, Respondent shall be required to maintain medical malpractice insurance coverage with limits no less than \$2 million dollars per occurrence and \$6 million dollars per policy year.

15. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non renewal of permits or licenses (Tax Law section 171(27); State Finance Law section 18; CPLR section 5001; Executive Law section 32).

16. So long as there is full compliance with every term herein set forth, Respondent may continue to practice his or her aforementioned profession in accordance with the terms and conditions of stay; provided, however, that upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of the Office of Professional Medical Conduct and/or the Board may initiate a violation proceeding in accordance with Public Health Law Section 230(19) and/or such other proceeding against Respondent as may be authorized pursuant to the Public Health Law.