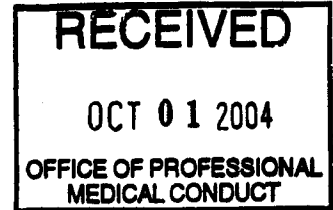


4-673



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

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PUBLIC

September 28, 2004

Peter Kang, Physician
24 Tamarack Road
Rocky Point, New York 11778

Re: Application for Restoration

Dear Dr. Kang:

Enclosed please find the Commissioner's Order regarding Case No. CP-04-06 which is in reference to Calendar No. 20222. This order and any decision contained therein goes into effect five (5) days after the date of this letter.

Very truly yours,

Daniel J. Kelleher
Director of Investigations

By: *Gustave Martine*

Gustave Martine
Supervisor

cc: Robert Soshnick, Esq.
Rubinfeld & Soshnick
125-10 Queens Boulevard - Suite 308
Kew Gardens, New York 11415

The
University of the
Education  State of New York
Department

IN THE MATTER

of the

Application of PETER KANG for
restoration of his license to practice
as a physician in the State of New
York.

Case No. CP-04-06

It appearing that the license of PETER KANG, 24 Tamarack Road, Rocky Point, New York 11778, to practice as a physician in the State of New York, was surrendered pursuant to a consent order of the Department of Health's State Board for Professional Medical Conduct, effective August 10, 1998, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition and having disagreed with the recommendation of the Peer Committee and having agreed with and accepted the recommendation of the Committee on the Professions, now, pursuant to action taken by the Board of Regents on May 18, 2004, it is hereby

ORDERED that the petition for restoration of License No. 152374, authorizing PETER KANG to practice as a physician in the State of New York, is denied, but that the Order of Surrender of said license is stayed for three years, and said PETER KANG is placed on probation for a period of three years under specified terms and conditions, and upon successful completion of the probationary period, his license to practice as a physician in the State of New York be fully restored.

IN WITNESS WHEREOF, I, Richard P. Mills,
Commissioner of Education of the State of New York for
and on behalf of the State Education Department, do
hereunto set my hand and affix the seal of the State
Education Department, at the City of Albany, this 10th
day of August, 2004.


Commissioner of Education

Case No. CP-04-06

It appearing that the license of PETER KANG, 24 Tamarack Road, Rocky Point, New York 11778, to practice as a physician in the State of New York, was surrendered pursuant to a consent order of the Department of Health's State Board for Professional Medical Conduct, effective August 10, 1998, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition and having disagreed with the recommendation of the Peer Committee and having agreed with and accepted the recommendation of the Committee on the Professions, now, pursuant to action taken by the Board of Regents on May 18, 2004, it was

VOTED that the petition for restoration of License No. 152374, authorizing PETER KANG, to practice as a physician in the State of New York, be denied, but that the Order of Surrender of said license is stayed for three years, and said PETER KANG is placed on probation for a period of three years under specified terms and conditions, and upon successful completion of the probationary period, his license to practice as a physician in the State of New York shall be fully restored.

Case number
CP-04-06
March 29, 2004

THE UNIVERSITY OF THE STATE OF NEW YORK
The State Education Department

Report of the Committee on the Professions
Application for Restoration of Physician License

Re: Peter Kang

Attorney: Robert Soshnick

Peter Kang, 24 Tamarack Road, Rocky Point, New York 11778, petitioned for restoration of his physician license. The chronology of events is as follows:

- 11/05/82 Issued license number 152374 to practice as a physician in New York State.
- 07/29/98 Charged with professional misconduct by Department of Health. (See "Disciplinary History.")
- 07/29/98 Applied to Department of Health to surrender physician license.
- 08/10/98 Effective date of surrender.
- 10/04/01 Application for restoration submitted.
- 10/17/02 Peer Committee restoration review.
- 10/02/03 Report and recommendation of Peer Committee. (See "Report of the Peer Committee.")
- 12/08/03 Committee on the Professions restoration review.
- 03/29/04 Report and recommendation of Committee on the Professions. (See "Report of the Committee on the Professions.")

Disciplinary History. (See attached disciplinary documents.) On July 29, 1998, Dr. Kang submitted an application to the Department of Health to surrender his license after being charged with 23 specifications of professional misconduct, including

negligence on more than one occasion, gross negligence, incompetence on more than one occasion, gross incompetence, and failure to maintain records. In full satisfaction of the charges, Dr. Kang admitted guilt to portions of the first and ninth specifications of professional misconduct, namely, negligence on more than one occasion and incompetence on more than one occasion. His admission of guilt related to his failure to take adequate histories, perform adequate physical examinations and/or evaluations, and follow-up on positive laboratory or examination findings as well as his failure to note such histories, evaluations or follow-up in each of three patients' charts. The surrender became effective August 10, 1998.

On October 4, 2001, Dr. Kang submitted an application for restoration of his license.

Recommendation of the Peer Committee. (See attached "Report of the Peer Committee.") The Peer Committee (Kavaler, Norris, Cohen) met with Dr. Kang on October 17, 2002 to review his application for restoration. In its report, dated October 2, 2003, the Committee voted unanimously to recommend that the order of surrender be stayed and that he be placed on probation for two years under specified terms, including having his practice monitored and establishing and maintaining specified office procedures.

Recommendation of the Committee on the Professions. On December 8, 2003, the Committee on the Professions (Templeman, Alexander, Porter) met with Dr. Kang to review his application for restoration. Robert Soshnick, his attorney, accompanied him. Dr. Kang presented the Committee with documentation of additional continuing medical education programs he completed and of his employment by Family Residences and Essential Enterprises as a Direct Care Counselor from November 4, 2002 to the present.

The Committee asked Dr. Kang to describe what led to the surrender of his license. He replied that he was deeply sorry and apologetic for his previous medical practice. He said, "I hurt patients and my family." He explained that when he first opened his practice, he saw four or five patients a day and had time to do adequate examinations. He reported that his practice grew rapidly and that he subsequently "lost control." Dr. Kang said that he did not keep adequate records on the patients he saw and did not record follow-up visits. After the Department of Health contacted him, he indicated that he realized he made a mistake and surrendered his license on the advice of his lawyer.

The Committee asked Dr. Kang to describe the nature of his former practice. He replied that he practiced general medicine, pediatrics, and physical medicine. He reported that on an average day he would see between 50 and 60 patients. He said that they "would just walk in and wait" for him without appointments, often coming after they got out of work. Consequently, Dr. Kang said he had to extend the time he spent in the office and stated, "I couldn't refuse to help them."

The Committee asked what he would do differently if his license were restored. He replied that he would limit the number of patients he saw each day and insist that they be seen by appointment only. He indicated that he realizes he must make certain to provide adequate time to carefully examine each patient as well as for any necessary follow-up and record keeping. In addition, he said he would make certain his practice had sufficient office staff who were properly trained to utilize modern technology. He, additionally, stated that he would continue taking continuing medical education courses and develop an appropriate balance of office and family time. He told the Committee that he wanted to serve the Korean community safely. Dr. Kang said that he attended medical conferences and Grand Rounds, read medical journals and tapes, and visited doctors to gain a better understanding of appropriate record keeping and how their practices were conducted.

The Committee asked how he would control the patients today. Dr. Kang replied, "I would educate them" and tell them that I would see them only if they had an appointment. He said, "That's how I lost control." He reported that the patients with appointments would often be fighting with the patients who just walked in and he failed to control the situation. He indicated that he would put up a sign in the office to let patients know his policies. Additionally, he said that he would make a list of other doctors to whom he could refer patients so that they could have adequate time with a physician.

Dr. Kang said that part of his continuing education was devoted to office management and patient charting. He reported that he went to a one-day conference on these topics in Florida but was unable to send follow-up charts because he wasn't practicing medicine. He indicated that he wanted to take more such courses but that the American Medical Association told him the only course was the one he took in Florida. Dr. Kang said that he also attended a course designed for doctors who were opening a practice for the first time, as he wanted greater exposure to modern office procedures. He stated, "I realize I had a problem with management." He said that he now understands that he has to explain his office policies to his patients. Dr. Kang indicated that he also realizes that he needs to better balance his office and family time. He reported that he realizes the negative impact his extended office hours had on his family, especially, after his daughter said, "You never came to any of my orchestra performances."

The Committee asked Dr. Kang if he felt he harmed any of his patients. He replied that there was a potential for harm as he did not think that the patients got the quality of care that he should have provided. He indicated that in the Korean community many patients felt that they and their families were disgraced if they saw a psychiatrist. Consequently, Dr. Kang said that he didn't record such referrals or evaluations in patient records. He told the Committee that he now realizes the importance of taking and recording adequate histories, examination and laboratory results, and follow-up care. He indicated that if such documentation were not available, a colleague might not understand the patient's history and could get the treatment wrong. He said, "I didn't think at the time very much about this." Dr. Kang indicated that he did examine his

patients but didn't always document everything he did. He explained that he now understands the necessity to provide adequate assessments and follow-up treatment and to document everything he does with a patient. He reiterated that he has learned a lot by talking to colleagues and observing their practices. Dr. Kang told the Committee that if his license were restored and he had a private practice, he would hire an office manager, purchase appropriate medical office software, and use a tape recorder to adequately document patient charts. He indicated that he didn't want to make the same mistakes again and that he is committed to improving the quality of patient care he would provide. Dr. Kang stated, "It will never happen again." In response to the Committee's inquiry, he said that he had no objections to the probationary conditions recommended by the Peer Committee.

The overarching concern in all restoration cases is public protection. Education Law §6511 gives the Board of Regents discretionary authority to make the final decision regarding applications for the restoration of a license to practice as a physician in New York State. 8NYCRR §24.7(2) charges the Committee on the Professions (COP) with submitting a recommendation to the Board of Regents on restoration applications. Although not mandated in law or regulation, the Board of Regents has instituted a process whereby a Peer Committee first meets with an applicant for restoration and provides a recommendation to the COP. A former licensee petitioning for restoration has the significant burden of satisfying the Board of Regents that there is a compelling reason that licensure should be granted in the face of misconduct so serious that it resulted in the loss of licensure. There must be clear and convincing evidence that the petitioner is fit to practice safely, that the misconduct will not recur, and that the root causes of the misconduct have been addressed and satisfactorily dealt with by the petitioner. It is not the role of the COP to merely accept, without question, the arguments presented by the petitioner but to weigh and evaluate all of the evidence submitted and to render a recommendation based upon the entire record.

The COP agrees with the Peer Committee that Dr. Kang has taken adequate steps toward demonstrating remorse, rehabilitation and reeducation. The COP found Dr. Kang's responses to its questions credible and straightforward. He acknowledged that he placed his patients in danger and did not provide the level of care that he should have as their physician. The record shows Dr. Kang as a caring physician and there is no indication that any of his patients suffered physical harm because of his misconduct. His remorse was directed at his patients and community and not upon the effects of the misconduct on himself and his family although he acknowledged the need to better balance his professional and personal life. Since the surrender of his license, Dr. Kang has been involved with helping the less fortunate through community service activities. Dr. Kang was able to clearly articulate the root causes of his misconduct and outlined the steps he would take to avoid similar misconduct in the future. He has not only taken coursework in office management and record keeping but also has spoken to other physicians and observed their practices to better learn methodologies he could incorporate into his practice were his license restored. Dr. Kang demonstrated significant reeducation efforts. The COP finds that Dr. Kang presented a compelling case for the restoration of his license at this time. Nonetheless, because of the serious

inadequacies in his prior practice, the COP agrees with the Peer Committee that his resumption of practice should be carefully structured and monitored. The COP finds the probationary terms recommended by the Peer Committee to be acceptable as they not only address the need to have adequate office procedures in place before resuming practice but also incorporate monitoring of his practice. The COP recommends a three-year probationary period.

Therefore, after a careful review of the record and its meeting with him, the Committee on the Professions voted unanimously to recommend that the order of surrender of Dr. Kang's license to practice as a physician in New York State be stayed for three years, that he be placed on probation for three years under specified terms attached to the Report of the Peer Committee and labeled as Exhibit "A," and that upon satisfactory completion of the probationary period, his license be fully restored.

Leslie Templeman, Chair

Joseph B. Porter

Claudia Alexander



The University of the State of New York

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL RESPONSIBILITY
STATE BOARD FOR MEDICINE

-----X

In the Matter of the Application of

PETER KANG

**REPORT OF
THE PEER
COMMITTEE
CAL. NO. 20222**

for the restoration of his license to
practice as a physician in the State of
New York.

-----X

Petitioner, PETER KANG, was authorized to practice as a
physician in the State of New York by the New York State Education
Department by the issuance to him of license No. 152374 on or
about November 5, 1982.

PRIOR DISCIPLINARY HISTORY

Petitioner's application to surrender his license as a
physician in the State of New York became effective on or about
August 10, 1998 pursuant to an order issued by the Board for
Professional Medical Conduct of the New York State Department of
Health (DOH). Petitioner's application to surrender his license

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was in response to his being charged with 23 specifications of professional misconduct by the DOH. Petitioner admitted guilt to parts of two specifications of the charges, with the further permanent limitation that any resumption of practice in the future be "precluded...unless such practice of medicine occurs in the presence of a monitoring physician who is Board Certified in the specialty of Internal Medicine" and who has previously been approved in advance by the director of the Office of Professional Medical Conduct. Petitioner further agreed that any practice of medicine without full compliance with this term would subject him to further misconduct proceedings and/or criminal prosecution.

Petitioner's admission of guilt was to practicing the profession of medicine with negligence and incompetence on more than one occasion with respect to three different patients. In each case petitioner committed the following:

- a) failed to take an adequate history, or to note such history, if any, in the patient's chart;
- b) failed to perform an adequate physical examination and/or evaluation of the patient, or to note such examination or evaluation, if any in the chart; and
- c) failed to follow up on positive laboratory or exam findings, or to note such follow up in the patient's chart.

Additionally, in the case of two of the above three patients, petitioner failed, repeatedly throughout the course of treatment

PETER KANG (20222)

to adequately diagnose them or note such diagnosis in their charts.

PETITION FOR RESTORATION

Petitioner's application for restoration of licensure contained a list of self-reported activities that petitioner has engaged in since the loss of his license. With respect to his continuing medical education, petitioner stated his attendance at a total of 35 credit hours in class-attended courses, self-study through tapes and books, reading of medical journals and attendance at grand rounds. Written evidence of this continuing medical education was provided as well.

In the area of employment, petitioner worked in the kitchen of Atria Senior Quarters in Centereach, Long Island from September of 1998 through August of 2000. From September of 2000 through April of 2001, he worked as a patient care attendant in the Woodhaven Center of Care in Port Jefferson Station, New York.

Most recently he has been employed as a patient care attendant in the Sachem Adult Home in Holbrook, Long Island.

In a written statement which was made a part of the restoration packet before this panel, petitioner expressed his regret over his disorganization and poor medical recordkeeping of his practice. His patients, he said, suffered as a result of this disorganization and the lack of time given to them, which they did not deserve.

He has tried to compensate for these shortcomings by

PETER KANG (20222)

attending courses in recordkeeping, patient care and new medical advances. He said that these courses, in addition to taking advice from fellow health care professionals, have taught him how to manage a functional private practice.

As part of the restoration process, petitioner was interviewed by an investigator for the New York State Education Department. Petitioner described to the Department how he ran his practice in an unstructured way, not scheduling appointments (his patients were virtually all walk-ins) or documenting his physical examinations, which he stated were adequate, due to his practice being so busy. He said that his practice was 90% Korean and that his patients were often impatient and complained to him to hurry up. In deference to his Korean clientele, he would never make referrals to a psychiatrist, which is unheard of in that culture.

He now recognizes that he must make a number of changes in the way he practices if he is to be relicensed. He would start by scheduling appointments and not allowing drop-in patients. He would also properly document patients' conditions by using a tape recorder to record his findings as he sees each patient; he would also use computer software for patient charting to ensure proper documentation.

He reported his current employment as an aide for the Sachem Adult Home, which is located in Long Island, where he gives patients baths, helps them get dressed and feeds them. The

PETER KANG (20222)

administrator for the home, who was interviewed by the investigator, said she was very happy with him and called him a kind, compassionate and considerate individual.

In addition to the foregoing, petitioner's restoration packet indicated that he provided free medical care to the poor in his church parish when he was licensed. This information was provided by Reverend Chang Whan Kim. Petitioner also stated that he helps out with the Meals on Wheels program at St. Anthony of Padua Church in Rocky Point, Long Island.

PEER COMMITTEE MEETING

On October 17, 2002 this Peer Committee met to review petitioner's application for restoration. Petitioner appeared in person and was represented by Paul Rubinfeld, Esq. and Robert Soshnick, Esq. The Department was represented by Frank Kenna, Esq. At the hearing on that date petitioner offered written additional material, consisting of evidence of continuing medical education, letters of reference, and a petition from petitioner's former patients. These were marked into evidence as applicant's exhibits "A", "B", and "C", respectively.

Petitioner's presentation began with testimony by him. Petitioner described his medical office procedures prior to his surrender of licensure, and how his practice of medicine was affected by his experience in Korea and his primarily Korean patients' expectations. These patients were not accustomed to scheduled appointments or lengthy office visits and expected to be

PETER KANG (20222)

examined and out of the doctor's office within five minutes. He felt rushed by his patients and consequently did not keep adequate written patient histories, although he claims to have kept each patient's condition in his memory. He also wanted to make psychiatric referrals, which would have eased his office crowding burden, but said that his Korean patients resisted such referrals as carrying a stigma.

Petitioner now understands the importance of proper recordkeeping and has taken courses to improve his skills in that area. He realizes that the lack of proper patient records compromises their treatment, especially when they have to be referred to other specialists. He also recognizes that he must keep the number of patients he sees in a day to a reasonable number, not to exceed 25, as opposed to the 50 or so he used to see. If relicensed, petitioner would ease back slowly into practice and accept whatever restrictions are deemed necessary for him to practice safely.

On cross-examination petitioner was asked about certain allegations contained in the letter of Dennis J. Graziano, Director of the Office of Professional Medical Conduct (OPMC), which opposed petitioner's application for restoration. OPMC stated that in 1991 petitioner was denied re-enrollment in the Medicaid program of New York State for the same reasons which led to his surrender of licensure. Petitioner said that did not occur until approximately 1996 or 1997, and also denied that he failed

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to cooperate with OPMC's investigation of him.

Petitioner, who is married and the father of 5 children, relies on his wife, who works, for support and supplements it with his income from his job at the nursing home, which is about \$550 every two weeks.

Petitioner was asked what it was that he did which caused him to lose his license. Petitioner responded that it was "too much rushing to each patient...I missed so many important things". It was more a matter of not recording properly, he said, not a case of missing the diagnosis, which he said he kept in his memory.

If relicensed, petitioner envisions practicing again in his old office in Elmhurst and serving the same patient population.

In addition to petitioner's testimony, various witness appeared on his behalf. The first to do so was Dr. Chun Ki Kim, who went to the same medical school as petitioner and whose family used petitioner as their doctor.

Dr. Duk Mim Won next testified on behalf of petitioner. Petitioner was one of Dr. Won's top students at his medical school in Korea and described as "famous" for that reason. Dr. Won testified that petitioner was one of the best known practitioners in Queens among the Korean population there and had a good reputation among his peers and patients. He recommended petitioner's relicensure.

In addition to the foregoing, the following persons testified for petitioner:

PETER KANG (20222)

- 1) Reverend Chang Whan Kim, pastor of the Ridgewood Reformed Church, who submitted a petition on behalf of petitioner from parishioners, former patients, and other members of the Korean community in New York;
- 2) Hyun Mi Park, who was a patient of petitioner's, as well as her family. She also testified to his excellent reputation as a doctor in the community;
- 3) Amara Pothong, who was also a patient of petitioner's, testified on his behalf and urged his relicensure; and
- 4) Susan Kang, petitioner's wife. She testified to his concern for his patients and the time demands his practice placed upon him, and the consequent stressors placed upon his family life. She believes that petitioner now understands the need to pay more attention to proper recordkeeping and to maintain a more regular office schedule.

The Department in its closing did not take a position on petitioner's application for restoration but instead left it to the expertise and discretion of the panel.

Petitioner's attorney urged the restoration of petitioner's license, describing petitioner as a compassionate man who was overwhelmed in his desire to help people. Without minimizing petitioner's misconduct, he stated his belief that petitioner was unaware of the role of proper recordkeeping in the maintenance of the good health of his patients and its importance for adequate

PETER KANG (20222)

follow-up treatment. He now knows its importance and will take the appropriate steps to ensure that such poor practice does not occur again.

Petitioner's attorney also cited the need for petitioner's presence again in the Korean community, which overwhelmingly supports his application to be relicensed. He is a valuable asset to them for his understanding of their language, their culture and for the trust that they repose in him, as was demonstrated through various witnesses, most notably Reverend Kim.

The Department of Health, through the Office of Professional Medical Conduct, opposed petitioner's application. It is their position that petitioner has minimized the nature of his professional misconduct, seemingly confining it to the areas of poor recordkeeping and office disorganization only. In fact, petitioner has admitted to negligence and incompetence in the practice of the profession, issues that he has not adequately addressed, and therefore his application for restoration should be denied.

RECOMMENDATION

It is the unanimous recommendation of the panel that petitioner's application for restoration of his license to practice as a physician in the State of New York be granted.

We view petitioner as having taken laudatory steps towards meeting the criteria of remorse, re-education and rehabilitation applied in restoration cases. Petitioner appears sincerely sorry

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for any patient harm he may have caused through his misconduct. In equal measure, the primarily Korean community that he served seems just as regretful that he is no longer there to attend to their needs. This was evidenced by the testimony of the various witnesses who appeared on his behalf, and which included colleagues, former patients and petitioner's church pastor. Also convincing to us were the affidavits and community petition submitted on his behalf.

Petitioner recognizes the causes that led to the chaotic nature of his practice and has taken practical steps to address these shortcomings through attendance at a number of continuing medical education courses in the areas of recordkeeping and family practice, among other fields. He also keeps current through self-study, reading of medical journals and attendance at grand rounds at medical centers such as the Stony Brook University School of Medicine and the Mount Sinai School of Medicine. Petitioner's currently practicing medical colleagues form an additional base of knowledge upon which he can draw for practical advice.

Petitioner has a supportive home situation and been gainfully employed since the surrender of his license in 1998. In his capacity as a patient aide since that time his employers have described him as compassionate, sensitive and caring towards the population he serves. These are the same qualities which his witnesses and family ascribed to him as well. For the foregoing reasons we recommend that petitioner's license to practice

PETER KANG (20222)

medicine be restored.

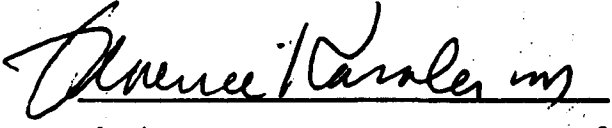
However, to ensure that we fulfill our mandate to protect the public, it is our additional recommendation that petitioner be placed on probation for a period of two (2) years under various terms and conditions, and which involve the careful monitoring of his practice. These terms of probation are annexed hereto, made a part hereof, and marked as exhibit "A".

Respectfully submitted,

Florence Kavalier, MD, Chairperson

James E.C. Norris, MD

Seymour Cohen, MD

 10/2/03

Chairperson

Dated

EXHIBIT "A"

TERMS OF PROBATION
OF THE PEER COMMITTEE

PETER KANG

CALENDAR NO. 20222

1. That petitioner, during the period of probation, shall be in compliance with the standards of conduct prescribed by the law governing petitioner's profession;
2. That petitioner shall submit written notification to the Director, Office of Professional Medical Conduct (OPMC), 433 River Street - Suite 303, Troy, NY 12180-2299, of any employment and/or practice, petitioner's residence, telephone number, and mailing address and of any change in petitioner's employment, practice, residence, telephone number, and mailing address within or without the State of New York;
3. That petitioner shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that petitioner has paid all registration fees due and owing to the NYSED and petitioner 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 petitioner to the Department of Health (DOH), addressed to the Director, OPMC, as aforesaid, no later than the first three months of the period of probation;
4. That petitioner shall submit written proof to the DOH, addressed to the Director, OPMC, as aforesaid, that 1) petitioner is currently registered with the NYSED, unless petitioner submits written proof that petitioner has advised DPLS, NYSED, that petitioner is not engaging in the practice of petitioner's profession in the State of New York and does not desire to register, and that 2) petitioner has paid any fines which may have previously been imposed upon petitioner by the Board of Regents or pursuant to section 230-a of the Public Health Law, said proof of the above to be submitted no later than the first two months of the period of probation;
5. That petitioner shall make quarterly visits to an employee of the OPMC, DOH, unless otherwise agreed to by said

PETER KANG (20222)

employee, for the purpose of said employee monitoring petitioner's terms of probation to assure compliance therewith, and petitioner shall cooperate with said employee, including the submission of information requested by said employee, regarding the aforesaid monitoring;

6. That, during the period of probation, petitioner shall have petitioner's practice monitored, at petitioner's expense, as follows:

- a) Petitioner shall practice medicine only when monitored by a licensed physician ("practice monitor"), board certified in internal medicine or family practice, proposed by petitioner and subject to the written approval of the Director of the Office of Professional Medical Conduct (OPMC);
- b) Petitioner shall make available to the monitor any and all records or access to the practice requested by the practice monitor, including on-site observation. The practice monitor shall visit petitioner's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no less than 6) of records maintained by petitioner, including patient records, prescribing information and office records. The review will determine whether petitioner's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC;
- c) Petitioner shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician;
- d) Petitioner shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC;
- e) Petitioner shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230 (18)(b) of the Public Health Law. Proof of coverage shall be

PETER KANG (20222)

submitted to the Director of OPMC prior to petitioner's practice after the effective date of this order;

7. In addition to, and consistent with the above terms, petitioner shall have in place, by the start of the period of probation, the following office procedures:
 - a) a system for maintaining adequate patient histories;
 - b) maintenance of a log of every lab test performed in and out of the office, including initialing and dating receipt of said test results where applicable;
 - c) appropriate follow-up of lab test results;
 - d) appropriate follow-up of patient appointments (including those who do not return for follow-up appointments); and
 - e) maintenance of appropriate office staff to handle both medical and non-medical office requirements.
8. Petitioner's practice monitor shall review petitioner's medical practice to ensure that these terms are complied with;
9. Petitioner shall maintain the above procedures in place for the duration of the period of probation;
10. That, during the period of probation, petitioner shall satisfactorily complete a total of 25 continuing medical education credits per year, in the area of general medicine;
11. That upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the OPMC may initiate a violation of probation proceeding.