

Massachusetts Board of Registration in Medicine



The Massachusetts Medical Society, the oldest continuously operating medical society in the United States, was established as a professional association of physicians by the Commonwealth of Massachusetts in an Act of Incorporation, Chapter 15 of the Acts of 1781, just days after the Revolutionary War's climactic Battle of Yorktown.

The president and fellows of the Society were given the power to “examine all Candidates for the Practice of Physic and Surgery ... and if upon such Examination said Candidates shall be found skilled in their Profession, and fitted for the Practice of it, they shall receive the Approbation of the Society.” There was still no license requirement for someone to practice medicine, but the implication was that someone with the imprimatur of the Society was a better doctor.

More than 100 years later, on June 7, 1894, Governor Frederic Thomas Greenhalge signed an “Act to Provide for the Registration of Physicians and Surgeons,” and thereby established the Massachusetts Board of Registration in Medicine. The Board was composed of seven physicians appointed by the governor, who were to be paid \$10 per day for their duties and reimbursed three cents per mile for their travels.

Any holder of a medical degree and anyone who had been practicing medicine in the Commonwealth for at least three years was deemed worthy of registration as, “a qualified physician,” for a fee of \$1. Beginning in 1895, the Board began examining applicants for registration who were of at least 21 years of age, and a graduate of a legally chartered medical college or university and, “of good moral character” — a provision that remains on the books to this day.

In addition, the Board's enabling act, definitely an artifact of its era, specifically exempted, “clairvoyants, persons practicing hypnotism, magnetic healing, mind cure, massage methods, christian science, cosmopathic, or any other method of healing,” from the need for registration.

In 1921 the Massachusetts Supreme Judicial Court ruled in *Lawrence v. Briery and Board of Registration in Medicine*, 239 Mass. 424 (1921), that a 1917 Act of the Legislature granting the Board the authority to revoke a license was constitutional. The Board could revoke a license to practice medicine for deceit, malpractice or gross misconduct.

As a result of a perceived crisis of medical malpractice, in 1975 the Legislature made significant changes to the Board's enabling act. The amendments were designed to address some of the problems by clarifying and expanding the board's authority. The law strengthened the grounds for discipline and established the board's authority to conduct a summary suspension.

The Board's purview was expanded in 1985 to include the licensure of acupuncturists. Legislation created the Committee on Acupuncture appointed by the Board. Subsequent regulations established the Committee's rules and procedures, very similar to those relating to physician licensure and conduct.

In 1986, the Board's authority was further broadened. A Patient Care Assessment Division was created at the Board (now named the Quality and Patient Safety Division). The function of QPSD

is the oversight of institutional systems of quality assurance, risk management, peer review, utilization review and credentialing, known collectively as a Patient Care Assessment (PCA) Program. The systems comprising a health care facility's PCA program must be overseen by both physician and corporate leadership and must actively involve all health care providers and most employees at the institution.

The role of QPSD is unique among the nation's state licensing boards. Its activities differ from the Board's other more traditional functions. QPSD is not punitive or adversarial in nature; it does not discipline physicians or regulate their licensure. While its ultimate responsibility is protection of the public, QPSD is collaborative and educational when working with health care facilities. Its purpose is to ensure that each health care facility does its job to assure quality; to accomplish that end, it attempts to work collegially with facilities. By statute information received by QPSD is confidential and shielded from subpoena and discovery.

Today the Board licenses more than 33,000 physicians, 4,500 limited licensees in training programs and more than 1,000 acupuncturists. It resides administratively within the Department of Public Health, but is an independent agency, and its decisions are subject to review only by the Supreme Judicial Court.

Much has changed at the Board since 1894, but the name remains the same, and there are still seven members, although today two are members of the public, and physician members can be on the faculty of medical schools, which was previously prohibited. The members are no longer paid – but the travel reimbursement is 40 cents per mile today for travel, instead of the original 3 cents.

Two members of the Massachusetts board have served as past president/chair of the FSMB: [Charles H. Cook, M.D.](#), from 1913 to 1916 and [Martin Crane, M.D.](#), from 2009 to 2010.