

Board of Registration in Medicine

Language Access Plan

March 2013

I. Introduction

The Board of Registration in Medicine (the Board) has prepared this Language Access Plan (Plan), which defines the actions to be taken by the Board to ensure meaningful access to Board services, programs and activities on the part of persons who have limited English proficiency. The Board will review and update, on a biannual basis, this Plan in order to ensure continued Compliance with the Executive Office for Administration and Finance (“ANF”) Administrative Bulletin #16 (Bulletin).

II. Purpose

The purpose of the Bulletin is to ensure that clients of agencies have meaningful access to agency services, programs and activities for those who have limited English proficiency. Consistent with the guidance of the Bulletin, a Limited English Proficient (LEP) person is someone who is not able to speak, read, write or understand the English language at a level that allows him/her to interact effectively with agency staff. A client maintains the right to self-identify as a LEP person.

III. Agency Description

The Board of Registration in Medicine’s mission is to ensure that only qualified physicians and acupuncturists are licensed to practice in the Commonwealth of Massachusetts and that those physicians and acupuncturists and the health care institutions in which they may practice provide to their patients a high standard of care, and support an environment that maximizes the high quality of health care in Massachusetts.

The clients of the Board are physicians and acupuncturists. In order to be licensed to practice medicine or acupuncture in the Commonwealth of Massachusetts, the physician or the acupuncturist must be proficient in both spoken and written English to ensure proper communication with the patient in the delivery of health care. Due to this requirement, none of the clients of the Board are LEP persons.

IV. Language Access Plan

Given that the clients of the Board are the physicians and the acupuncturists, the requirements of the Bulletin are not applicable to the Board. Consumers are not clients of the Board, but the Board recognizes their importance to its work.

Accordingly, consumers who wish to file a complaint against a physician or an acupuncturist are able to download a Complaint Form and the Consumer’s Guide to the Complaint Process (Guide) from the Board’s website.

Although the Board had no data to suggest that it was needed, the Complaint Form and Guide are available in English, Portuguese and Spanish. Once the technology is available, the consumer will have the ability to file the Complaint on line in either English, Portuguese or Spanish. It is rarely needed, but the Board does have access to interpreter services through the Commonwealth's Master Service Agreement if such is required during an investigation or a hearing at the Division of Administrative Law Appeals due to a witness not speaking English.

Language Access Plan:

(1) Agency Language Access Coordinator:

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Agency Language Access Needs Assessment:

The Board's client population, as a requirement of licensure, must be able to speak and read English. In order to determine, however, whether the linguistic needs of the consumer population were being met, Board staff maintained a manual log of the members of the public who spoke with them from February 1, 2011 through July 29, 2011. At the conclusion of the six months, the data compiled showed that almost all of the public who spoke with Board staff did so in English.

- a. Language Makeup of Client Population is entirely English
- b. The Board is located at one site: 200 Harvard Mill Square, Suite 330, Wakefield, MA. The Board's main telephone number is 781-876-8200 with its website address being www.mass.gov/massmedboard
- c. Language Resources Assessment:
 - a. Two of the Board's employees speak Spanish and one speaks Vietnamese.
 - b. The Board has access to interpreter services when they are required during an investigation or for a hearing at the Division of Administrative Law Appeals.
- d. Language Service Protocols:
 - a. Other than the rare occasion for which an interpreter is needed for an investigation or a hearing, no language Services are required to implement the Plan.
 - b. When interpreter services are necessary, a request is made using the vendor listed on the Commonwealth's Master Service Agreement.
 - c. Since the clients of the Board must speak English, there will be no need for them to access and utilize the resources identified in (a) and (b)

- e. Vital Document Translation:
 - a. Since the clients must be able to speak and read English to be licensed, there is no need to translate vital documents. As stated earlier, the consumer Complaint Form and the Guide are available on the Board's website in English, Portuguese and Spanish.
- f. Stakeholder Consultations:

The Board did not consult with stakeholders.
- g. Staff Training:

The Board staff are trained to analyze and process licensing applications and to respond to physician and acupuncturist questions; they are trained to respond to consumer questions and requests.
- h. Notice to Public:

There is no need to notify clients of free language assistance and the means to access such assistance since all of the clients must speak English in order to be licensed.
- i. As long as a requirement of licensure is that the physician or acupuncturist must speak English, monitoring of the clients is not necessary. The Board will monitor the consumer complaints to ensure that the public is able to communicate with the Board regarding questions, concerns, and complaints.

(10) Complaints:

If a consumer files a complaint alleging that he or she was unable to file a complaint or speak to Board staff due to a language barrier, Board staff would attempt to resolve it by obtaining the appropriate resources for the consumer. A client would have no standing to file a complaint given that he or she must be able to speak and read English. The Language Access Complaint Procedure is attached to the Plan.

Barbara A. Piselli, J.D.
Interim Executive Director
Date:

Secretary John Polanowicz
Executive Office of Health and Human Services
Date: