

State of Rhode Island  
Department of Health  
Board of Medical Licensure & Discipline



**IN THE MATTER OF:**  
**Candace Dyer M.D.**  
**License Number MD 06126**  
**Complaint # C180565**

**CONSENT ORDER**

The Rhode Island Board of Medical Licensure and Discipline (hereinafter "Board") has reviewed and investigated the above referenced complaint pertaining to Dr. Candace Dyer (hereinafter "Respondent") through its Investigative Committee. The Board of Medical Licensure and Discipline (hereinafter the "Board") makes the following:

**FINDINGS OF FACT**

1. Respondent is a licensed physician in the State of Rhode Island and was issued her license on December 15<sup>th</sup>, 1982. She graduated from the Brown University School of Medicine on June 1<sup>st</sup>, 1980. She is board certified in general surgery and has hospital privileges at Kent County Hospital. Her office is located at Care New England Surgical Care, 455 Toll Gate Road, Warwick, Rhode Island.
2. The Board received a complaint from Kent County Hospital regarding Respondent due to an allegation of a wrong site surgery and a 5-day suspension of privileges at Kent Hospital.
3. Respondent is the attending physician for Patient A, an adult female who, who presented to Respondent for a surgical procedure involving her breast on December 6<sup>th</sup>, 2017.

4. Respondent performed a re-excision of a breast lesion from the incorrect location in the breast. Respondent had previously performed a lumpectomy through a hidden circumareolar incision and a sentinel lymph node biopsy through a high upper outer quadrant incision. During prepping and draping of the patient Respondent only saw the upper outer quadrant incision and incorrectly assumed that since the re-excision was for DCIS, the patient had not previously had a lymph node biopsy. Respondent re-excised a small amount of tissue through the prior outer quadrant incision, recognized the mistake and re-excised the appropriate area. Respondent operated on an unintended part of the patient's breast.
5. Respondent notified family and the hospital of the error immediately after the surgery was completed.
6. Respondent subsequently participated with the hospital in improving their consent process to indicate specific areas of the breast that would be operated on, not just laterality.
7. Respondent is the attending physician for Patient B.
8. Patient B presented to Respondent on April 25<sup>th</sup>, 2018 for a left segmental mastectomy.
9. Respondent was at the main operating room and was informed by the nursing staff, that the consent form for the planned surgical procedure was incorrect. Respondent had used the words "radioactive seed placement" rather than "radioactive seed localization". Respondent changed the consent form to reflect "radioactive seed localization" yet did not indicate laterality of the breast. The completed form lacked specificity to the Left breast. Respondent subsequently completed the surgical procedure without complication.
10. The hospital concluded Respondent had not followed the newly established consent process. Respondent subsequently agreed to a 5-day suspension from the hospital for not following this established protocol for consent.
11. Respondent violated RIGL §5-37-5.1 (19) ... *any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing medical practice in his or her area of expertise as is determined by the board.*

12. Respondent violated RIGL §5-37-5.1 (21) .... *surrender, revocation, suspension, or any other disciplinary action relating to a membership on any medical staff ....*

**Based on the foregoing, the parties agree as follows:**

1. Respondent admits to the jurisdiction of the Board.
2. Respondent has agreed to this Consent Order and understands that it is subject to final approval of the Board.
3. If ratified by the Board, Respondent hereby acknowledges and waives:
  - a. The right to appear personally or by counsel or both before the Board;
  - b. The right to produce witnesses and evidence on his behalf at a hearing;
  - c. The right to cross examine witnesses;
  - d. The right to have subpoenas issued by the Board;
  - e. The right to further procedural steps except for those specifically contained herein;
  - f. Any and all rights of appeal of this Consent Order; and
  - g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review.
  - h. Any objection that this Consent Order will be reported to the National Practitioner Data Bank, Federation of State Medical Boards as well as posted on the department's public web site.
4. Respondent agrees to pay upon ratification of this Consent Order an administrative fee to the Board with a check for \$850 dollars made payable to the


Rhode Island General Treasurer for costs associated with investigating the above-referenced complaint.

5. Respondent hereby agrees to this reprimand on her physician license.
6. Respondent agrees to take within six (6) months of the ratification of this order a Board approved CME of at least 8 hours duration in topics related to patient safety, universal protocol or risk management. Respondent will send evidence of completing this CME to [DOH.PRCompliance@health.ri.gov](mailto:DOH.PRCompliance@health.ri.gov).
7. In the event that any term of this Consent Order is violated, the Director of the Department of Health shall have the discretion to impose further disciplinary action. If the Director imposes further disciplinary action, Respondent shall be given notice and shall have the right to request an administrative hearing within twenty (20) days of the suspension and/or further discipline.

Signed this 9<sup>th</sup> day of Nov, 2018.

  
Candace Dyer, M.D.

Ratified by the Board of Medical Licensure and Discipline on the 12<sup>th</sup> day of December 2016.

  
Nicole Alexander-Scott, M.D., M.P.H.

Director

Rhode Island Department of Health  
3 Capitol Hill, Room 401  
Providence, Rhode Island 02908

November 9, 2018

James V. McDonald MD, MPH  
Chief Administrative Officer, BMLD  
3 Capital Hill  
Providence, RI 02908

In The Matter Of: Complaint # 180565

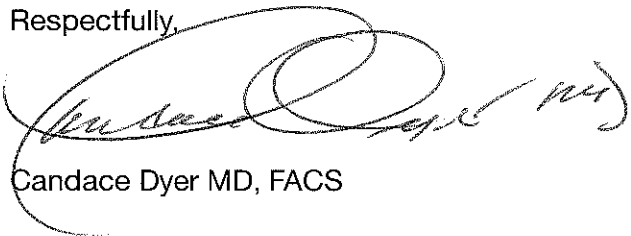
Dear Dr. McDonald,

Enclosed you will find the signed Consent Order and a check for \$850.00.  
I will forward documentation of the CMEs I am required to take once completed.

Mr Sarli has also received a copy and he should be forwarding an email certifying the charges have been paid.

While I am disappointed, primarily in my actions and behavior, I am grateful for the consideration given me by the Board of Licensure.

Respectfully,

A handwritten signature in black ink, appearing to read "Candace Dyer MD, FACS". The signature is written in a cursive style with a large, looping initial "C".

Candace Dyer MD, FACS



Department of Health  
Three Capitol Hill  
Providence, RI 02908-5097  
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www.health.ri.gov

BOARD OF MEDICAL LICENSURE AND DISCIPLINE  
ROOM 205  
THREE CAPITOL HILL  
PROVIDENCE RI 02908

ADMINISTRATIVE FEE

PHYSICIANS NAME

Candace Dyer

LICENSE NUMBER

MD 06126      # C18-~~056~~ 0565

ADMINISTRATIVE FEE

\$ 850.00