



ACTION REPORT

BOARD OF MEDICAL QUALITY ASSURANCE

No. 15—July 1980

•IMPORTANT NOTICE•

CONTINUING MEDICAL EDUCATION REGULATIONS MODIFIED TO INCLUDE CPR REQUIREMENTS FOR BMQA PHYSICIAN LICENSEES

On April 11, 1980, following a public hearing, the Division of Licensing adopted regulations adding cardiopulmonary resuscitation to the continuing medical education requirements for physician relicensure. These requirements are in addition to the mandatory participation in an average of at least 25 approved hours of continuing education each year.

Currently, each physician at the time of license renewal certifies that he or she has completed and can document compliance with the continuing medical education requirements. Effective January 1, 1981, the self-certification statement will be revised to require certification that the physician possesses a current and valid certificate in basic or advanced cardiopulmonary resuscitation (CPR card). The certificates or cards which are acceptable to the Division are those issued by the American Heart Association or American Red Cross. CPR courses given by other organizations or institutions are acceptable if (1) they meet the standards or are approved by the American Heart Association or American Red Cross and (2) reflect such approval on the certificate or card. *It is the physician's responsibility to ensure that the CPR course that is taken is (1) basic or advanced and (2) meets the standards of the American Heart Association or American Red Cross.* Any physician who elects not to complete such a course may elect to qualify for relicensure by passing a CPR examination administered by the Division of Licensing. These examinations will be administered seven times annually in conjunction with the oral and clinical licensing examinations in San Francisco, Los Angeles and San Diego. Any physician desiring to qualify by demonstrating their CPR skills on a resuscitation manikin should advise the Division in writing. The following is the list of dates and locations the CPR examination will be given during the remainder of 1980.

July 26	San Diego
September 20	San Francisco
November 1	San Diego

For scheduling purposes, requests for examination must be received in writing by the Division *not later than 30 days* prior to the examination.

Physicians who pass the CPR examination will be issued a certification by the Division of Licensing. A copy will be retained in license files.

If a physician is unable to complete a CPR course and/or demonstrate resuscitation techniques on a manikin due to ill health, disability, military service or undue hardship, a waiver may be requested. The request must be in writing explaining why the physician cannot comply with the CPR requirements and how long the situation is expected to last. If the request is due to ill health or disability, the letter must be from an attending physician specifying that the licensee is not physically able to perform CPR on a manikin. All requests will be reviewed by the Division of Licensing.

In cases where a physician is completely retired yet maintains his/her license, it is possible, under certain conditions, to obtain a waiver of both the general continuing medical education and CPR requirements. Interested physicians should request a retired physician waiver application. All waiver requests are reviewed on an individual basis and a personal interview may be required.

Waivers of the continuing medical education requirements are valid for one renewal period but may be continued upon re-application and review. If a physician is granted a waiver, the waiver includes both the general continuing medical education and the CPR.

If you would like additional information, call Patricia Griffin at (916) 920-6353.

PHYSICIAN IMPAIRMENT PROGRAM

Phone numbers previously printed in the Action Report for this program have been corrected. They are as follows: (916) 924-2561 weekdays, (916) 334-4669 weeknights, (415) 525-8682 weekends.

HUMAN SEXUALITY— NOTES FOR PHYSICIANS

A Pamphlet on Human Sexuality has been developed for use by California physicians.

Developed as a result of the legislature's interest in the curriculum of medical schools, the pamphlet contains information on the role of the physician in treating patients with sexual concerns.

A copy will be mailed to all physicians who are licensed and practicing in California.

EXCESSIVE PRESCRIBING OF ABUSE POTENTIAL DRUGS: CONTINUING MEDICAL EDUCATION

The Board of Medical Quality Assurance has given high priority in attempting to solve the complex problem of excessive prescribing of drugs by physicians. The drugs of primary concern and high abuse potential are those drugs found in the controlled substances schedules. Physicians are encouraged to review their prescribing patterns and to avail themselves of continuing medical education courses relating to the ethics and practice of prescribing abuse potential drugs.

PHYSICIAN APPLICANTS FACE ADDITIONAL EXAMINATION REQUIREMENTS

The Division of Licensing voted in February of this year to require that all applicants for licensure as a physician and surgeon in California pass a supplemental licensing examination. This exam will be required in addition to the National Board or Federation licensing examination.

This new exam has evolved from the interest of the Legislature in requiring California physicians to have additional knowledge in such subject areas as human sexuality, nutrition, geriatric medicine and child abuse detection and treatment. The Division, after considerable study, determined that the most appropriate way of responding to these requirements was to examine for them rather than attempting to influence the educational process.

At the present time, the Division is seeking proposals from a number of private research and testing organizations to develop a California Licensing Examination (CLEX). It is anticipated that a contract will be awarded in late 1980 with field testing of the exam in mid-1981. Several California physicians will have the opportunity of assisting in the development of this exam since the contract will require a wide variety of subject matter experts to assist in its development.

The cost for the administration of CLEX will be borne by the applicants taking the exam and will not require any increase in renewal fees for this purpose.

PHYSICIAN USE OF X-RAY EQUIPMENT

Following are Department of Health Services, Radiologic Health Section provisions governing physician use of X-ray equipment on patients:

1. A current Certified X-ray Supervisor and Operator certificate issued by the Department of Health Services is required, *in addition* to a professional license, of any doctor who personally activates either radiographic or fluoroscopic equipment (including C-arm).

2. Interns, residents and doctors in fellowship programs are exempt from state certification requirements only if they operate X-ray equipment (a) as part of their training requirement and (b) under the supervision of a doctor who possesses a Certified X-ray Supervisor and Operator certificate.

3. All doctors, except diplomates of the American Board of Radiology, are required to pass a radiation protection examination administered by the Department of Health Services before a certificate can be issued to them. All, including radiologists certified by the American Board of Radiology, must submit an application to the Department of Health Services and pay the application fee.

4. Examinations are given in Berkeley and Los Angeles in alternate months. The Department will consider special circumstances and can arrange for an examination at a mutually agreeable time and place.

5. As noted, individual doctors must possess Certified X-ray Supervisor and Operator certificates if they activate X-ray equipment. This requirement, however, does not exempt the chief radiologist from the overall responsibility of ensuring that safe and effective radiological health care is delivered to patients.

6. Original certificates or duplicate-original certificates (*not* photocopies) must be displayed at the hospital. Duplicate-original certificates are obtainable from the Department by written request and payment of one dollar per duplicate.

All doctors who wish additional information or wish to be certified should contact the Department of Health Services at Sacramento (916) 445-6695, or Los Angeles (213) 620-2891.

DISCIPLINARY ACTIONS JANUARY 1, 1980-MARCH 1, 1980

Anderson, Robert Earl, M.D. (A-25337)—
Bakersfield

Stipulated Decision. Violated probation of prior decision requiring quarterly reports and psychiatric treatment.

Revoked, stayed, 10 years probation with terms and conditions.

January 14, 1980

Bailey, William A., M.D. (C-9334)—Redondo Beach
& Stanton

2399 5, 700, 4051, 2361(d), 2392 B&P Code; 11154, 11158 H&S Code

Stipulated Decision. Indiscriminate prescribing; excessive prescribing; improperly permitting his receptionist to furnish Schedule II drugs (Amphetamines) to patients not seen by respondent on subsequent visits; dispensing Schedule II drugs without a prescription in violation of H&S 11158.

Revoked, stayed, five years probation on terms and conditions.

March 14, 1980

Bosley, Larry L., M.D. (C-23493)—Beverly Hills

125, 2141, 2360, 2361, 2392, 2380 B&P Code
Stipulated Decision. False and misleading advertising. Aided and abetted the unlicensed practice of medicine by permitting lay employees to perform surgical and anesthetic procedures on hair transplant patients.

One year suspension, stayed, three years probation on terms and conditions.

January 14, 1980

Brady, Patrick B., M.D. (A-31976)—Yuma, Arizona
Arizona license revoked by that state because of mental illness to the extent respondent was unable to practice medicine safely.
Revoked
March 14, 1980

Bundy, Robert Peter, M.D. (A-27846)—San Lorenzo
2399.5, 2361.5, 2391.5 B&P Code; 11154 H&S Code
Indiscriminate prescribing, including excessive prescribing to one patient who was later hospitalized for overdose of Seconal, and to another known by respondent to be a drug abuser who later died as a result of polypharmacy.
Revoked, stayed, five years probation which includes six month actual suspension.
March 6, 1980

Castillo, Boris Dick, M.D. (A-25803)—Bell
2383, 490, 2141, 2141.5, 2391.5, 4390 B&P Code
Stipulated Decision. Misdemeanor conviction for aiding and abetting an unlicensed person (respondent's brother) to prescribe for, diagnose, operate on, and treat patients in respondent's office.
Revoked, stayed, five years probation, 90 days actual suspension.
January 24, 1980

Desilets, Donald T., M.D. (G-9705)—Los Angeles
2417 B&P Code
Stipulated Decision. Mental impairment to the extent affecting ability to practice safely.
Revoked, stayed, five years probation, no resumption of practice until deemed fit by administrative psychiatrist.
January 14, 1980

Florlan, Humberto Agustin, M.D. (A-26087)—Santa Ana
2361(a), 2399.5, 700, 2391.5 B&P Code; 11154 H&S Code
Stipulated Decision. Prescribing controlled drugs without good faith examination and medical indication therefor, and clearly excessive prescribing, to persons not under his treatment for a pathology or condition.
Revoked, stayed, ten years probation, 60 days actual suspension.
January 1, 1980

Galitzer, Michael O., M.D. (G-27166)—Malibu
2384, 2391.5 B&P Code; 11154, 11173, 11157 H&S Code
Stipulated Decision. Issued numerous false prescriptions for controlled drugs in the name of another, but were in fact for personal use. Criminal conviction: violation of drug statute.
Revoked, stayed, seven years probation
March 20, 1980

Hurd, Chester J., M.D. (A-21583)—San Jose
2391.5, 2399.5, 490 B&P Code; 11154, 11172 H&S Code
Prescribed dangerous drugs without good faith examination and medical indication, and to persons not under respondent's treatment for pathology or condition. Postdated prescription. Federal felony conviction of 16 counts of unlawful distribution of a controlled substance and one count of conspiracy.
Revoked.
March 14, 1980

Klvana, Milos, M.D. (A-29719)—Granada Hills
2391.5, 2399.5, 2384, 490 B&P Code; 11154 H&S Code
Prescribed dangerous drugs without prior examination and medical indication. Misdemeanor conviction for prescribing controlled drugs to persons not under respondent's treatment for pathology or treatment.
Revoked, stayed, five years probation on terms and conditions.
March 14, 1980

Kolnick, Phillip, M.D. (C-22297)—Broderick
2392, 2391.5, 2399.5, 2361 B&P Code; 11154, 11157, 11172, 11190 H&S Code
Issued prescriptions for controlled drugs without prior examination and medical indication, and to person not under his treatment for a pathology or condition. Postdated prescription. Issued false prescription. Aided and abetted unlawful practice by ordering unlicensed employee to give injections to patients.
Revoked.
Effective January 15, 1980 after decision upheld by Court of Appeal, Jan. 1980

Kreitler, Frank, M.D. (C-24435)—Superior, Nebraska
2361(e), 2411 B&P Code
Filed false claims to Medi-Cal. Eventually refunded over \$1,300 to fiscal intermediary.
Revoked, stayed, five years probation, including choice of 180 days suspension or program for free community service.
Decision effective February 1, 1980 when Court of Appeal upheld the disciplinary decision.

Lee, David, M.D. (A-27372)—South Pasadena
2361(b), 2399.5 B&P Code
Stipulated Decision. Prescribed a group of drugs to a patient on a systematic basis over a prolonged period of years (except for a short interval) without performing a good faith examination and without medical indication therefor, amounting to gross negligence in the practice of medicine.
Revoked, stayed, five years probation.
January 24, 1980

Nadell, Judith, M.D. (G-3329)—Mountain View
2361(b), 2361(c) B&P Code
Stipulated Decision. At a state hospital, failed to make a proper diagnosis of an injury later discovered to be a fractured hip. Refused and failed to respond to calls for medical assistance. Misdiagnosis and failure to order x-rays. Gross negligence. Repeated similar negligent acts.
Revoked, stayed, five years probation, 90 days actual suspension.
January 24, 1980

Neubeck, Chauncey, M.D. (G-3778)—Chula Vista
2361.5, 700, 2399.5, 2361(d) B&P Code
Prescribed dangerous drugs, including controlled drugs, to many persons on repeated occasions (211 events) without a good faith prior examination and medical indication therefor. Also, excessive prescribing and incompetence.
Revoked.
February 21, 1980

Pennington, John W., M.D. (C-24560)—Los Angeles
2141, 2393, 2142, 10 B&P Code
Stipulated Decision. Introduced unlicensed employee as a physician and permitted the employee to diagnose, prescribe for, and treat patients at respondent's clinic. Also, failed to obtain permit to operate practice under fictitious name.
Revoked, stayed, two years probation.
January 24, 1980

Reilly, Walter C., M.D. (A-12444)—Fresno
2361(f), 2390, 2391.5, 4390 B&P Code; 11155, 11157, 11170 H&S Code
Violated probation under prior decision. Issued false prescriptions on expired DEA permit to obtain Ritalin for self use. Misdemeanor conviction for violating drug statute.
Revoked.
January 24, 1980

Rose, Harvey, M.D. (G-21917)—San Francisco
2391.5, 2399.5, 2361(e), 2417 B&P Code; 11154, 11210, 11172 H&S Code
Stipulated Decision. Prescribed controlled drugs on repeated occasions without prior examination and medical indication, and who were not under respondent's treatment for any pathology or condition. Sold 64 prescriptions for Quaalude (60 tablets each) for \$1,000 to a person respondent knew would resell the drugs. Postdated prescriptions. Mental illness.
Revoked
February 7, 1980

Rueda, Frank J., M.D. (C-37689)—Seal Beach
2361, 2310.1 B&P Code
A California Reciprocity License was issued to respondent on the mistaken belief he held a valid Wisconsin license which had in fact been revoked by that state.
Revoked.
March 11, 1980

Smietana, Joel, M.D. (A-28167)—Montebello
2361(b), 2361(c) B&P Code
Stipulated Decision. Gross negligence and gross incompetence 1) in failure to perform laboratory tests, physical examination or adequate diagnosis; and 2) in failure to see patient suffering from an acute abdomen until at least 15 hours after admitting patient to hospital, and in prescribing drugs over the phone that had the effect of masking this patient's symptoms.
Revoked, stayed, five years probation.
January 15, 1980

Tamimi, Ziad Abu-Khaled, M.D. (C-28773)—Culver City
490, 2384, 2399.5, 2391.5 B&P Code; 11154 H&S Code
Stipulated Decision. Violated probation of prior decision. Prescribed dangerous drugs without prior examination and medical indication. Misdemeanor conviction for prescribing controlled drugs to persons not under respondent's treatment for a pathology or condition.
Revoked, stayed upon satisfaction of conditions, then ten years probation including nine months actual suspension.
January 21, 1980

Tilock, Fred H., M.D. (C-29780)—Cartsbad
2360, 2361 B&P Code
Stipulated Decision. Sexual transgressions with teenagers away from office.
Revoked, stayed, ten years probation including psychiatric evaluation and prior clearance, and 90 days actual suspension.
March 15, 1980

Todd, James Dalen, M.D. (A-16395)—Long Beach
2390 B&P Code
Stipulated Decision. Excessive use of alcohol. Felony conviction for drunk driving involving bodily injury.
Revoked, stayed, seven years probation on terms and conditions.
March 11, 1980

Leventhal, Howard E., M.D. (C-34342)—Stockton
2390, 2391.5 B&P Code; 11173(a) & (b), 11174, 11190 H&S Code
Stipulated Decision. Obtained Demerol by deceit for self use.
Revoked, stayed, seven years probation.
January 17, 1980

LEGAL REQUIREMENT TO REPORT NOTIFIABLE DISEASES AND CONDITIONS

California physicians are reminded of their legal responsibility to report notifiable conditions. Specifically, the California Health & Safety Code (Section 3125) and the California Administrative Code, Title 17, Public Health (Section 2500) clearly set forth the legal responsibility of physicians, dentists, nurses, and others to notify local health authorities of persons ill with certain diseases, particularly—but not exclusively—those of infectious nature. Certain groups of physicians—especially family practitioners, internists, and pediatricians—probably see the bulk of reportable disease cases and are accustomed to reporting. Other physicians, particularly in specialties where patients rarely present with contagious infections as their primary complaint (e.g., allergy, cardiology, dermatology, ENT, gastroenterology, neurology, OB/GYN, occupational medicine, oncology, etc.), are probably not as accustomed to reporting. In addition, even obvious cases of reportable diseases that are hospitalized (such as meningococcal meningitis, etc.) often are not reported because the primary or consulting physician, hospital epidemiologist, infection control nurse, and laboratory staff member each *assumes* somebody else would fill out the necessary report card.

Reporting is necessary for proper surveillance of reportable diseases and conditions and to permit action by public health authorities wherever appropriate (as when a disease such as hepatitis A is identified in a food handler). Failure to report reportable diseases has resulted in charges of gross negligence and incompetence by the BMQA, and in a relatively recent case of failure to report hepatitis in a patient known to be a food handler, the BMQA suspended a physician's license.

The list of reportable conditions is given in the 1979 and 1980 editions of the Guidebook to Laws Governing the Practice of Medicine by Physicians and Surgeons, a publication prepared by BMQA and distributed to California physicians. This list is also provided on the back of the booklet of California Morbidity Report Cards (CMR Cards) shown below. These booklets may be obtained from your local health department. The completed CMR Cards are to be returned, as well, to your local health department.

Please refer to your local telephone directory for the address and telephone number of your respective local health department. Questions regarding notifiable diseases and conditions should be directed to the disease control officer (or health officer) of your local health department.

LIST OF REPORTABLE DISEASES AND CONDITIONS

Amebiasis	Hepatitis A (Infectious)	Rheumatic Fever, Acute
* Anthrax	Hepatitis B (Serum)	Rocky Mountain Spotted Fever
* Botulism	Hepatitis, Non-A, Non-B	Salmonella Infections
Brucellosis (Undulant Fever)	Leprosy (Hansen's Disease)	(Exclusive of Typhoid Fever)
Chancroid	Leptospirosis (Weil's Disease)	Shigella Infections
* Cholera	Lymphogranuloma Venereum	* Smallpox (Variola)
Coccidioidomycosis, Active	Malaria	Scarlet Fever and Outbreaks of
Primary and Disseminated	* Measles (Rubeola)	Other Clinical Streptococcal
Conjunctivitis, Acute	* Meningitis, Meningococcal	Diseases
Infectious of the Newborn	Meningitis, Viral or Aseptic	* Syphilis (See Inside Front Cover)
* Dengue	Mumps	Tetanus
* Diarrhea of the Newborn	Paratyphoid Fever (See	Trachoma
* Diphtheria	Salmonella)	* Trichinosis
Disorders characterized by	* Pertussis (Whooping Cough)	Tuberculosis (See Inside Back
Lapses of Consciousness	Plague	Cover)
Dysentery, Bacillary (See	Poliomyelitis, Paralytic	Tularemia
Shigella)	Poliomyelitis, Nonparalytic	* Typhoid Fever Cases
Encephalitis, Acute Infectious	Psittacosis	* Typhoid Fever Carriers
* Food Poisoning, other than	Q. Fever	* Typhus Fever
Botulism	* Rabies, Human	* Yellow Fever
German Measles (Rubella)	* Rabies, Animal (Specify	* UNUSUAL OUTBREAKS
Gonorrhea	Animal)	OF ANY DISEASE
Granuloma Inguinale	* Relapsing Fever	

* Case of Animal Rabies should be reported by the Health Officer on special report form PM 102.

* DISEASES MARKED WITH AN ASTERISK ARE LIKELY TO BE OF URGENT CONCERN AND SHOULD BE PROMPTLY REPORTED, PREFERABLY BY PHONE.

(Back cover of CMR Card Booklet)

LICENSE VERIFICATION

One of the services provided by the Board of Medical Quality Assurance is verification of license status for individuals or organizations who request this information. Last year, the status of more than 150,000 licenses were verified. The vast majority of these requests come from hospitals which seek to verify current status for all of their medical staff in order to comply with JCAH and other regulations.

The basic information which can be provided is license number, reference number, address of record, and expiration date. This information constitutes a basic verification. Additionally, upon request, medical school attended, year of graduation, and year of licensure can also be supplied.

The Board is frequently asked to supply specialty information or phone numbers. This type of information is not maintained and not available from the Board, however, the publication "Directory of Medical Specialists" Volumes I-III is usually available through your local library.

DEPARTMENT OF CONSUMER AFFAIRS
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