

Action Report

Medical Board of California

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ISSUE

Medical Board of California Meetings

2005

February 17-18
Los Angeles

May 5-6
San Francisco

July 28-29
Sacramento

November 3-4
San Diego

All meetings are open
to the public.

Legislative Update

The following legislation, which may impact physicians licensed in California, has been chaptered into law and took effect on January 1, 2005 (bills with an urgency clause take effect upon enactment). For additional information on all of these bills, please contact the Web site maintained by the Legislative Counsel of California at www.leginfo.ca.gov (click on "Bill Information").

Medical Care, Licensing and Enforcement

AB 30 (Richman, Chapter 573) Permits licensed healthcare facilities to print prescription forms by computerized prescription generation systems and exempts these forms from specified recordkeeping requirements. Provides that these computer-generated forms may contain the prescriber's name, category of professional licensure, license number, federal controlled substance registration number, and the date of the prescription. Deletes the inclusion of a pharmacy prescription number, license number, and federal controlled substance registration number from the prescriber's duty to keep a record of Schedule II and, as of Jan. 1, 2005, Schedule II and Schedule III prescriptions dispensed by the prescriber. Contains an urgency provision and went into effect on Sept. 18, 2004.

AB 691 (Daucher, Chapter 36) Requires specified nursing facilities to offer immunizations for influenza and pneumococcal disease to residents who are

65 years or older. Residents must first have their eligibility for the immunization determined by their physician or the medical director. Requires the facilities to obtain informed consent from residents prior to the administration of the immunizations.

AB 1403 (Nunez, Chapter 367) Renames the California Physician Corps Loan Repayment Program of 2002 to the Steve M. Thompson Physician Corps Loan Repayment Program.

AB 1629 (Frommer, Chapter 875) Requires skilled nursing facilities to include in a resident's care assessment, the resident's projected length of stay, and discharge potential. Requires the attending physician to indicate in the assessment the needed care to assist the resident in achieving his or her preference of a return to the community. Requires the Department of Health Services to develop and implement a facility-specific rate-setting system subject to federal approval. Contains an urgency provision and went into effect on Sept. 29, 2004.

AB 1975 (Bermudez, Chapter 756) Clarifies provisions of last year's AB 236, Bermudez (Chapter 348, Statutes of 2003). Requires the board to revoke the license of any person subject to the requirement to register with the police as a sex offender on or after Jan. 1, 1947. Contains provisions authorizing a one-time petition to the Superior Court for reinstatement of a license, if revoked after Jan. 1, 1947 and prior to Jan. 1, 2005. Provides an exemption for a

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THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

President's Report

Last November the first of two legislatively mandated, comprehensive reports about the Medical Board's Enforcement Program was released. SB 1950 (Figueroa, Chapter 1085, Statutes of 2002) required the director of the Department of Consumer Affairs to appoint a Medical Board of California Enforcement Program Monitor. The monitor's duty is "to ... evaluate the disciplinary system and procedures of the board, making as (her) highest priority the reform and reengineering of the board's enforcement program and operations and the improvement of the overall efficiency of the board's disciplinary system." Long-time Medical Board watchdog Julie D'Angelo Fellmeth, an attorney with the Center for Public Interest Law, was hired and will issue a total of two reports; the final will be issued prior to November 1, 2005.

The first report, titled, "Initial Report, Medical Board of California, Enforcement Program Monitor," is approximately 300 pages long and contains 65 recommendations for improving the performance of the board's Enforcement and Diversion Programs. It will be the focus of a January 2005 hearing of the Joint Committee on Boards, Commissions and Consumer Protection, a committee of the Legislature that meets regularly to evaluate the performance of various state agencies.

The Medical Board has been unanimous in its praise of the report. As a consumer protection agency, we view the report as another opportunity to improve our Enforcement and Diversion Programs to better serve patients and healthcare consumers in this state. In fact, many of the Enforcement Monitor's recommendations came directly from board staff during her interviews, and we already have begun work on some of them. We will continue to work with her, the Legislature and other interested parties in our mutual goal of public protection.

We are particularly heartened that the Enforcement Monitor recognizes that the board must raise its \$600 biennial license renewal fee to restore the resources lost in the last few years during California's budget crisis. While it is never popular to discuss the raising of fees, they have not been increased since 1994. In the



Mitchell S. Karlan, M.D.
President of the Board

last two years, the board has lost 43 staff people, including 19 investigator positions. A fee increase is crucial to keep apace of workload, maintain mandated reserves, and reinstate lost positions, such as our Internet crimes investigator and our Operation Safe Medicine, which was a staff of investigators dedicated solely to stopping the unlicensed practice of medicine. As a long-time member of the California Medical Association, and a past member of the CMA Board of Trustees, I hope I can count on the cooperation of the CMA, as it often and publicly states it supports a vigorous and effective Medical Board.

The monitor and her team also repeatedly recommended that the board institute a "vertical prosecution" model for the investigation of complaints. They believe Medical Board complaints are similar in complexity to white collar crimes and prosecutors of those cases have successfully used the vertical prosecution model. If the board were to adopt this model, it would more closely team its investigative staff with prosecutors from the Office of the Attorney General to achieve a seamless handling of complaints through investigation and prosecution. This model would replace the current system where complaints are investigated by board staff and then handed over to the AG's Office for possible prosecution. Last month, board staff met with representatives from the AG's Office to discuss possible implementation of this plan.

Finally, the monitor is quite concerned, as has been the board for over a decade, at the length of time it takes to investigate cases. She discusses in particular the problem investigators often have procuring medical records from physicians, and obtaining their cooperation for interviews with board staff. We will be working with the Legislature and on internal board policies to tighten the timeframes that have permitted undue delay (see article on page 3). I seek the good faith of my fellow physicians in understanding the impending changes by the Medical Board, and thereby sharing our desire for the best public protection possible.

Enforcement Monitor's Warning: Undue Delays Put Public at Risk

By Joan Jerzak, Chief of Enforcement

One of the more important pieces of Senate Bill 1950 (passed in 2002), was the creation of Business and Professions Code section 2220.1, which allowed for the appointment of an Enforcement Program Monitor, who "shall monitor and evaluate the disciplinary system and procedures of the board..." The monitor was appointed for a two-year period, and in November 2004, her initial report was published.

The monitor's report can be viewed in its entirety at www.cpil.org/pubs.htm, and includes 65 recommendations that affect various parts of the Enforcement Program and the board's Diversion Program. Although all recommendations have been reviewed by board staff for potential program changes, two are being implemented immediately.

The monitor expressed concerns about delays during the investigation of complaints and observed that B&P Code section 2319 set as a goal, "that no more than six months will elapse from the receipt of a complaint to the completion of an investigation." *Board data currently reflects, on average, that it takes 66 days to obtain medical records and another 60 days to schedule an interview with a physician.* These two activities alone comprise over two-thirds of the 180 days. Board staff must take some responsibility in allowing this to occur, by its past practice of sending two or more letters to physician offices and/or clinics with follow-up telephone calls to encourage them to send the needed medical records.

B&P Code section 2225.5 is clear on this issue: When the board sends a request to a physician or a hospital, which is accompanied by a patient's written authorization for release of the records, the physician must respond within 15 days, while hospitals must respond within 30 days. Unless there is "good cause," a civil penalty of \$1,000 per day for each day that the documents have not been produced, shall accrue.

Although board staff have been reluctant to pursue civil remedies, except in the most egregious circumstances, civil penalties will now be pursued as dictated by this section of the law, beginning in January 2005.

It is important to understand that 75% of incoming complaints to the board's Central Complaint Unit do not result in a formal investigation in a district office. However, most of the complaints require medical records before this determination can be made.

Similarly, 75% of the complaints that are investigated in the district offices result in case closures with no action against the physician; however, most of these conclusions also necessitate the review of the applicable medical record.

Board correspondence is being changed to emphasize an advisory notice about the civil penalties, and board investigative staff will point out the potential penalties as the correspondence is served to the records custodians at hospitals and physician offices.

The other area of undue delay has occurred when physicians are requested to come to one of the board's district offices for an interview. Scheduling conflicts do occur, however the prevailing "average" time of 60 days is not acceptable. Effective January 1, 2005, board staff will make contact with the physician over the telephone requesting an interview appointment. The physician will be given 72 hours to respond with a date, which must occur in the next 15 days. If the physician fails to respond within 72 hours of the investigator's call or fails to keep the scheduled appointment, a subpoena will be served to compel the physician to attend an interview at a time and date of the board's choosing.

The board hopes these new procedures will assist in its mission of public protection by promoting the timely resolution of all complaints, which will best serve the interests of patients *and* physicians.

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physician who is required to register as a sex offender solely because of a misdemeanor conviction under Penal Code section 314 or whose duty to register has been formally terminated under California law.

AB 2049 (Nakanishi, Chapter 78) Requires a person or facility that offers fetal ultrasound, for entertainment or keepsake purposes, to make the following specified written disclosure to the client prior to performing the ultrasound: "The federal Food and Drug Administration has determined that the use of medical ultrasound equipment for other than medical purposes, or without a physician's prescription, is an unapproved use." The disclosure must state that the use of ultrasound equipment without a physician's prescription is unapproved by the federal Food and Drug Administration (FDA).

AB 2185 (Frommer, Chapter 711) Requires healthcare service plans to provide coverage for equipment used in the treatment of pediatric asthma.

AB 2626 (Plescia, Chapter 452) Eliminates the requirement for a supervising physician to countersign a patient chart when a Schedule III, IV, or V drug order is administered by a physician assistant. The supervising physician still is required to review and countersign the chart when the physician assistant is issuing a Schedule II drug.

AB 2835 (Plescia, Chapter 452) Provides that it is a cause for revocation or suspension of a healthcare license or certificate for a healthcare professional to solicit, accept, or refer any person to a healthcare practitioner with the knowledge that, or with reckless disregard for whether, the individual intends to commit insurance or workers compensation fraud.

AB 3023 (Matthews, Chapter 351) Requires the Medical Board, along with other healing arts practitioner boards, to report within 10 working days to the Department of Health Services (DHS), the name and license number of a person whose license has been revoked, suspended, surrendered, made inactive by the licensee, or placed in another category that prohibits the licensee from practicing his or her profession.

AB 3044 (Yee, Chapter 770) Requires, with specified exceptions, sonographers who perform prenatal ultrasounds to screen for congenital heart disease to substantiate that they meet specified training and experience levels. Requires a sonographer, screening for congenital heart disease, to perform ultrasounds under the supervision of a physician. Becomes effective on July 1, 2006.

SB 136 (Figueroa, Chapter 909) Corrects an unintended consequence from the board-sponsored

licensing status change from last year's SB 1077 (Chapter 607, Statutes of 2003). Due to this change, some physicians were required to change their licensing status from retired to active to continue practicing in the same manner they had practiced prior to the status change. The law still requires that the licensing status change take place, but requires payment of fees, as a result of these changes, only when the change in status coincides with the physician's renewal date. Requires the board to refund the money it already has collected from physicians who were forced to change their licensing status outside of their normal two-year renewal cycle. The time period set forth for this change to occur to receive this benefit was Jan. 1, 2004, through Dec. 31, 2004. Extends the due date of the enforcement monitor's initial report to the Legislature from Sept. 1, 2004, to Nov. 1, 2004, and extends the due date of the final report from Sept. 1, 2005, to Nov. 1, 2005. Clarifies that it does not constitute a waiver of any exemption from disclosure or discovery or of any confidentiality protection or privilege otherwise provided by law when the board provides confidential data, information, or case files to the enforcement monitor.

SB 1159 (Vasconcellos, Chapter 608) Establishes the Disease Prevention Demonstration Project (DPDP) to evaluate the long-term desirability of allowing licensed pharmacists to furnish or sell nonprescription hypodermic needles or syringes to prevent the spread of blood-borne pathogens. Permits a physician or pharmacist, without a prescription or permit, to furnish hypodermic needles or syringes for human use if the person is known to the furnisher and the furnisher has previously been provided a prescription or other proof of a legitimate medical need requiring a hypodermic needle or syringe to administer a medicine or treatment. Permits, between Jan. 1, 2005, and Dec. 31, 2010, a pharmacist to furnish or sell 10 or fewer hypodermic needles or syringes to a person 18 years of age or older, if the pharmacist works for a pharmacy that is registered for the DPDP. Permits the legal possession of 10 or fewer hypodermic needles or syringes if acquired through an authorized source from Jan. 1, 2005, to Dec. 31, 2010.

SB 1691 (Vasconcellos, Chapter 742) Excludes a physician from being subject to disciplinary action for certain aspects of unprofessional conduct solely on the basis that the treatment or advice he or she rendered to a patient is alternative or complementary medicine, if the treatment meets all of the following requirements:

- It is provided after informed consent and a good-faith prior examination of the patient.

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- It is provided after the physician has given the patient information concerning conventional treatment and described the physician's qualifications related to alternative or complementary medicine.
- It does not cause a delay in, or discourage, the traditional diagnosis of a condition of the patient.
- It does not cause death or serious bodily injury to the patient.

SB 1725 (Knight, Chapter 404) Updates and makes clarifying and conforming changes to the provisions relating to parking placards and license plates for the disabled. Requires the physician, chiropractor, or optometrist who signs a certificate for a placard to retain information sufficient to substantiate that certificate. (Language also found in AB 1138 Frommer, Chapter 363)

SB 1782 (Aanestad, Chapter 864) States the intent of the Legislature that the California District Attorneys Association (CDAA), on or before Jan. 1, 2006, collaborate with interested parties, including the Medical Board, to develop protocols for the development and implementation of interagency investigations in connection with a physician's prescription of medication to patients. The protocols shall be designed to facilitate a timely return of all seized medical records.

SB 1794 (Perata, Chapter 486) Establishes standards for administering antipsychotic medication to persons found incompetent to stand trial (IST). Requires psychiatrists or psychologists appointed to examine potential IST defendants to also evaluate whether medication is medically appropriate and likely to restore mental competence.

SB 1913 (Business and Professions Committee, Chapter 695) Allows a retired physician to continue to use the title Doctor or designation M.D. Provides the specified liability protection to a medical expert who reports to any part of the Medical Board. Allows student midwives the same opportunities afforded other health professionals by permitting matriculating students the opportunity to provide clinical services.

Other Health Professionals

AB 932 (Koretz, Chapter 88) Clarifies the scope of practice for doctors of podiatric medicine, clearly authorizing them to perform limited amputations and to treat ulcers or wounds of the lower leg that are related to a condition of the foot or ankle. Clarifies that amputations

cannot be of the entire foot. Requires the Board of Podiatric Medicine, in consultation with the Office of Examination Resources of the Department of Consumer Affairs, to ensure that Part III of podiatric examination adequately evaluates the full scope of practice for podiatric medicine. Changes "podiatrist" to "doctor of podiatric medicine."

AB 2560 (Montanez, Chapter 205) Removes the restrictions on nurse practitioners as to the healthcare settings and areas in which they may furnish or order drugs or devices for patients in accordance with standardized procedures or protocols, developed by the nurse practitioner and the supervising physician. Permits nurse practitioners to furnish or order drugs and devices whenever it is consistent with their educational preparation or for which clinical competency has been established and maintained.

AB 2660 (Leno, Chapter 191) Reinstates a pharmacist's authority to register with the U.S. Drug Enforcement Agency (DEA) as a mid-level practitioner and therefore initiate or adjust controlled substance drug therapy under physician protocols.

SB 1485 (Burton, Chapter 117) Clarifies physical therapists' scope of practice and revises the definition of physical therapy to include "the promotion and maintenance of physical fitness to enhance the bodily movement related to the health and wellness of individuals through the use of physical therapy intervention." Eliminates the requirement for a physician referral and allows physical therapists direct access to healthy individuals.

SB 1633 (Figueroa, Chapter 861) Prohibits any business from seeking to obtain medical information directly from an individual for direct marketing purposes without clearly and conspicuously disclosing how it will use and share that information and obtaining the consumer's consent to that use and sharing. Exempts businesses that are already subject to the Confidentiality of Medical Information Act, certain telephone corporations, and insurance institutions, agents, and support organizations, as specified.

SB 1765 (Sher, Chapter 927) Requires pharmaceutical companies to adopt and update a Comprehensive Compliance Program (CCP) that is in accordance with the April 2003 publication "Compliance Program Guidance for Pharmaceutical Manufacturers," which was developed by the U. S. Department of Health and Human Services' Office of Inspector General. Requires pharmaceutical companies to establish explicitly in their

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Investigating Physicians Suspected of Suffering from a Disabling Mental and Physical Condition that Poses a Threat to Patient Care

By Norman T. Reynolds, M.D.

Distinguished Fellow of the American Psychiatric Association

Chairman of the Liaison Committee to the Medical Board's Diversion Committee

(Continued from October 2004 issue)

In the October 2004 *Action Report*, the board published an article regarding Business and Professions Code (B&P Code) section 821.5, that addresses medical staff initiating a "formal investigation" of a physician when there are concerns that the physician may be suffering from a disabling mental or physical condition that poses a threat to patient care. B&P Code section 821.5 requires completing the steps of the "formal investigations" within specified timelines.

This follow-up article summarizes 13 reports submitted to the board per B&P Code section 821.5 and addresses the more frequently asked questions relating to the filing of an 821.5 report. The Medical Board developed forms for the initial report and for the final report that are available on request.

FREQUENTLY ASKED QUESTIONS

1) Do cases under 821.5 get reported to the board?

Under 821.5, all cases under "formal investigation" must be reported to the Diversion Program Administrator. Under the law, the Program Administrator must report cases to the Chief of Enforcement if the Program

Administrator determines that there is a danger to the public. Cases that are not completed in a timely

manner are automatically reported to the Chief of Enforcement.

2) Can an 821.5 report be filed if there is an 805 report?

Yes, the 821.5 report addresses concerns that the physician may suffer impairment because of a physical or mental condition. An 805 report is made to the board when there are concerns about safety to practice and a need for discipline. Depending on the facts of the case,

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CCP an annual dollar limit on gifts, promotional materials or other items or activities, with exceptions, in accordance with existing guidelines, as specified.

Public Health

AB 1091 (Negrete McLeod, Chapter 262) Changes the way the Department of Health Services (DHS) may modify the list of reportable diseases. Deletes the requirement for the regulatory process and instead requires DHS to consult with California Conference of Local Health Officers before modifying the list. Requires the new list of reportable diseases be filed with the Secretary of State and printed in the California Code of Regulations. Contains an urgency provision and went into effect on Aug. 23, 2004.

AB 2248 (Frommer, Chapter 945) Requires the Department of Health Services (DHS) to conduct a program of epidemiological assessments of the incidence of Parkinson's disease and establish a system for the

collection of information. Will only be implemented to the extent that funds from federal or private sources become available. When implemented, requires physicians, along with other specified healthcare professionals, providing therapy to Parkinson's disease patients to report each case of Parkinson's disease to DHS.

SB 431 (Ortiz, Chapter 462) Appropriates \$2.3 million of federal funds to the State Department of Health Services (DHS) for the purpose of implementing bioterrorism preparedness activities by state and local jurisdictions and hospitals.

SB 1847 (Perata, Chapter 283) Extends the sunset date to Jan. 1, 2011, authorizing local health departments to certify tuberculin skin test (TST) technicians to place and measure tuberculosis (TB) skin tests. Also requires each city or county that elects, on or after Jan. 1, 2005, to certify tuberculin skin test technicians to submit a survey and an evaluation of its findings to the California Tuberculosis Controllers Association annually, through Jan. 1, 2011.

Investigating Physicians

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there may be indications to report under 821.5 alone, or a report under 805 alone, or a report under both sections.

3) Which committee within the medical staff should initiate the referral?

In accordance with JCAHO standards, medical staffs should separate disciplinary functions from physicians assistance functions. Well-being committees should act in the role of helping bodies and not be a part of the discipline system. In light of JCAHO standards, “formal investigations” and referrals under 821.5 are best made by medical staff executive committees, not well-being committees.

According to 821.5, “For purposes of this section ‘formal investigation’ means an investigation ordered by the peer review body’s medical executive committee or its equivalent... ‘Formal investigation’ does not include the usual activities of the well-being or assistance committee... For purposes of this section, ‘usual activities’ of the well-being or assistance committee are activities to assist medical staff members who may be impaired by chemical dependency or mental illness to obtain necessary evaluation and rehabilitation or monitoring services that do not result in referral to the medical executive committee...”

It may not be necessary to refer physicians who voluntarily accept the recommendations and conditions set forth by the well-being committee and practice in a manner that does not endanger patients. Concerns about physicians who have already entered the Diversion Program should be communicated from the well-being committee to the Diversion Program, which is part of the participant Diversion agreement.

4) Can the reporting/evaluating entity request extensions regarding the timetables for completion?

Yes, the Diversion Program Administrator has some discretion in granting extensions. For example, if there is a need for additional time to arrange for outside evaluations or complete the evaluations, the Program Administrator can grant additional time.

5) Under what circumstances do 821.5 cases get referred to Enforcement?

If the Diversion Program Administrator determines that the progress of the investigation is “not adequate to

protect the public,” the Program Administrator must notify the Chief of Enforcement, who must promptly open an investigation. At the same time, the Diversion Program Administrator must notify the Peer Review Body and the chief executive officer of the hospital of this decision.

6) Do all cases reported under 821.5 require physician enrollment in the Diversion Program?

No, although cases are reported to the Diversion Program Administrator, physicians reported under 821.5 are not automatically enrolled as participants in the Diversion Program. The role of the Diversion Program Administrator is to ensure that the medical staff complies

with timely completion of the formal investigation. In the course of investigation, medical staffs may or may not conclude that referring

the physician for participation in the Diversion Program is an appropriate disposition.

7) Can non-physician licensed professionals be reported to the board’s Diversion Program under 821.5?

No. According to the law, section 821.5 is a reporting mechanism for physicians and surgeons. The board interprets this to mean it is a reporting mechanism only for physicians and surgeons and no other allied health professionals.

From July 2003 to July 2004, there have been 13 821.5 reports to the Diversion Program Administrator. The following is a list of types of problems prompting referrals:

- Disruptive behavior toward coworkers
- Suspected or confirmed substance use involving drugs or alcohol
- Physical condition causing practice impairment
- Mental condition causing practice impairment
- Cognitive disorder causing practice impairment

Outcomes vary depending on the details of the case. One case concluded that the physician could return to duties and posed no significant risk to patients. Some investigations resulted in referrals to treatment and referrals to the Diversion Program. Some cases involved 805 reports by the referring party, for example, when the physician failed to complete the steps of the 821.5 investigation. In another case, the Diversion Program Administrator made a referral to the Enforcement Unit because of danger to the public.

FREQUENTLY ASKED QUESTIONS

Awards Given



Three physicians who received loan repayments celebrate the announcement of their awards. From left are Toya Tills, M.D. (Wilmington Community Clinic), Stephen Chee, M.D. (Asian Pacific Health Care Venture, Los Angeles) and Tania Medina, M.D. (Venice Family Clinic). Awards for these physicians were funded by a donation from The Michael Foundation.

California Physician Corps Loan Repayment Program

Grant Funding Received

The Medical Board of California is pleased to announce that The California Endowment (TCE) has made a matching grant of \$500,000 to the Loan Repayment Program.

The board members wish to extend their gratitude to TCE for supporting this program. For more information about how you can support the program, please call Kevin Schunke at (916) 263-2368 or send an e-mail to MDLoan@medbd.ca.gov.

Checking Your Physician Profile on MBC's Web site

Public Disclosure of Malpractice Settlements

California law, Business and Professions Code sections 801(b), 801.1(b), 802(b), and 803.1, requires medical malpractice settlements **over \$30,000** to be reported to the Medical Board of California by liability insurance carriers, self-insured governmental agencies, employers, licensees and attorneys.

Prior to January 1, 2003, medical malpractice settlements were not required by law to be disclosed to the public. Effective January 1, 2003, Business and Professions Code section 803.1 (as a result of SB 1950, Figueroa) requires that **some** malpractice settlements be disclosed to the public.

However, settlements are only disclosed to the public after a physician in a high-risk specialty (neurological surgery, obstetrics, orthopedic surgery, plastic surgery) accumulates four or more settlements in a 10-year period of time (beginning 1-1-03), or a physician in a low-risk category (all other specialties) accumulates three or more settlements in a 10-year period of time (beginning 1-1-03).

Once a physician reaches the applicable threshold, all of his/her accumulated settlements will be disclosed by the Medical Board. Disclosure does not include the actual dollar amount of the settlements but does include the date of the settlements; whether the amount of the settlement was average, above average or below average, compared to any settlements reported for physicians in the same specialty; the number of years the physician has been licensed in California; the estimated number of California physicians in the same specialty; and the number and percentage of California physicians in the same specialty who have entered into a settlement agreement since January 1, 2003.

Settlement disclosure also includes a lengthy disclaimer as dictated by law. A reporting form, titled Report of Settlement, Judgment or Arbitration Award, is available on the board's Web site at www.caldocinfo.ca.gov, under Forms & Publications, Mandatory Reporting Forms, for appropriate reporting entities to use to report a settlement over \$30,000.

Medical Board Grants Recognition to SABA University School of Medicine

By Pat Park, Licensing Program Analyst

In October 2001, Saba University School of Medicine applied to the Division of Licensing for recognition of its medical education program. In May 2004, the division sent a team to inspect the school's facilities on the island of Saba in the Netherlands Antilles and to several hospitals in Chicago where Saba students obtain some of their clinical clerkship training.

The team determined that, since Jan. 1, 2002, the medical education program in effect at Saba University, satisfies the minimum requirements of statute. Therefore, the team recommended that the division grant Saba University recognition effective for coursework that commenced on or after January 1, 2002.

On November 5, 2004, the Division of Licensing formally considered and adopted the team's report and recommendations. The report is available on the board's Web site at www.caldocinfo.gov.

California statute requires international medical schools to satisfy certain minimum standards with respect to coursework and facilities. The board's regulations set forth the procedure by which the Division of Licensing will review certain new international medical schools upon invitation and conduct on-site inspections where necessary (see section 1314.1 of Title 16, California Code of Regulations).

This system is intended to protect the welfare of California patients and provides guidance to Californians who are considering attending a medical school outside the United States, particularly one of the many unaccredited, entrepreneurial "offshore" medical schools located in the Caribbean and elsewhere.

Given the division's positive decision, Saba University School of Medicine is now an option for Californians seeking a medical education outside the United States. Students who began their coursework at Saba University on or after January 1, 2002, may now participate in clinical clerkship training at California teaching hospitals that are approved in section 2089.5 of the Business and Professions Code to offer clinical training in certain specialty areas. In the future, these same students will also be eligible to apply for

authorization to enter ACGME-accredited residency training programs in California and subsequently to apply for licensure in California.

Program directors of California's ACGME-accredited training programs may receive inquiries from Saba students interested in applying to California training programs. In addressing these inquiries, program staff should follow the same procedures applied to students and graduates of other recognized international medical schools.

To be eligible to match with a California training program, the candidate must hold a Postgraduate Training Authorization Letter (PTAL) issued by one of the Licensing Program's analysts less than one year ago. If the candidate presents a valid PTAL, he or she is eligible to begin an ACGME-accredited program in California.

Saba University students may also begin to contact clinical training coordinators in California's teaching hospitals, inquiring if they may participate in the clinical clerkships that the hospital provides to California medical school students.

There is no equivalent to the "PTAL" for international medical school students who wish to complete clinical clerkships in California teaching hospitals. Generally, students who matriculated in Saba University on or after January 1, 2002, will be eligible to participate in clinical clerkships at approved teaching hospitals, in accordance with existing procedures for accepting international medical students for guest elective clerkships.

If a Saba University student completed any medical education outside Saba University, the other school(s) also need to be recognized by the board. Clinical training coordinators may contact Licensing Program staff with any questions regarding a student's eligibility or the legality of particular clerkships or clinical settings by calling (916) 263-2367.

For the public's reference, the board maintains a list of recognized medical schools on its Web site at www.medbd.ca.gov/Approved_Schools.htm.

California Physicians & Medical Marijuana

A Statement by the Medical Board of California (Revised November 5, 2004)

On August 10, 2004, board staff met with State Sen. John Vasconcellos and representatives from the CMA to discuss their concerns about the board's statement on medicinal marijuana. Consequently, the board agreed to make a minor revision to its prior statement removing the words "or prescription drug treatment" in two places within the document.

On November 5, 1996, the people of California passed Proposition 215. Through this Initiative Measure, Section 11362.5 was added to the Health & Safety Code, and is also known as the Compassionate Use Act of 1996. The purposes of the Act include, in part:

- “(A) To ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where the medical use is deemed appropriate and has been recommended by a physician who has determined that the person’s health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief; and
- (B) To ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.”

Furthermore, Health & Safety Code section 11362.5(c) **provides strong protection for physicians who choose to participate in the implementation of the Act.** — “Notwithstanding any other provision of law, no physician in this state shall be punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes.”

The Medical Board of California developed this statement since medical marijuana is an emerging treatment modality. The Medical Board wants to assure physicians who choose to recommend medical marijuana to their patients, as part of their regular practice of medicine, that they WILL NOT be subject to investigation or disciplinary action by the MBC if they arrive at the decision to make this recommendation in accordance with accepted standards of medical responsibility. The mere receipt of a complaint that the physician is recommending medical marijuana will not generate an investigation absent

additional information indicating that the physician is not adhering to accepted medical standards.

These accepted standards are the same as any reasonable and prudent physician would follow when recommending or approving any other medication, and include the following:

1. History and good faith examination of the patient.
2. Development of a treatment plan with objectives.
3. Provision of informed consent including discussion of side effects.
4. Periodic review of the treatment’s efficacy.
5. Consultation, as necessary.
6. Proper record keeping that supports the decision to recommend the use of medical marijuana.

In other words, if physicians use the same care in recommending medical marijuana to patients as they would recommending or approving any other medication, they have nothing to fear from the Medical Board.

Here are some important points to consider when recommending medical marijuana:

1. Although it could trigger federal action, making a recommendation in writing to the patient will not trigger action by the Medical Board of California.
2. A patient need not have failed on all standard medications, in order for a physician to recommend or approve the use of medical marijuana.
3. The physician should determine that medical marijuana use is not masking an acute or treatable progressive condition, or that such use will lead to a worsening of the patient’s condition.
4. The Act names certain medical conditions for which medical marijuana may be useful, although physicians are not limited in their recommendations to those specific conditions. In all cases, the physician should base his/her determination on the results of clinical trials, if available, medical literature and reports, or on experience of that physician or other physicians, or on credible patient reports. In all cases, the physician must determine that the risk/benefit ratio of medical marijuana is as

(Continued on page 11)

DEA Controlled Substance Registration Certification Makeover

Effective October 1, 2004, the DEA Controlled Substance Registration Certificate has been revised. The revised Certificate of Registration will consist of two parts: one that can be displayed on the wall and a smaller, wallet-size version. The certificate will have an imbedded watermark logo, which will provide authentication of the certificate and deter counterfeiting.

Registrants that are currently allowed to renew their DEA registration via the Diversion Control Program's Web site (i.e., retail pharmacies, hospitals, practitioners, mid-level practitioners and teaching institutions) may print their Certificate of Registration upon completion of the registration renewal process as long as no changes have been made to their registration since their last renewal. The Diversion Control Program's Web site may be accessed at www.DEAdiversion.usdoj.gov. The DEA will continue to send Certificates of Registration via the U.S. Postal Service to all new registrants and all other DEA registrants renewing their DEA registration.

Triplicate Prescriptions No Longer Valid

Effective January 1, 2005, when a physician provides a **written** prescription to a patient for a controlled drug (Schedule II-V) a tamper-resistant prescription must be used. There is no alternative when prescribing Schedule II controlled drugs. However, there is another option for physicians to consider when prescribing Schedule III-V controlled drugs. In this latter situation, the physician can **fax** or **provide an oral prescription** directly to the pharmacist, who will fill out the necessary forms as required by law. But if a physician wishes to provide a written prescription to the patient, then the physician must use the new tamper-resistant form.

Note: Physicians may continue to use regular prescription pads to prescribe a controlled substance if the patient is terminally ill, per Health and Safety Code section 11159.2, which became effective in January 1999.

For a list of approved security printers, please see the Board of Pharmacy's Web site at www.pharmacy.ca.gov or phone (916) 445-5014.

Medical Marijuana (continued from page 10)

good, or better, than other medications that could be used for that individual patient.

5. A physician who is not the primary treating physician may still recommend medical marijuana for a patient's symptoms. However, it is incumbent upon that physician to consult with the patient's primary treating physician or obtain the appropriate patient records to confirm the patient's underlying diagnosis and prior treatment history.
6. The initial examination for the condition for which medical marijuana is being recommended must be in-person.
7. Recommendations should be limited to the time necessary to appropriately monitor the patient. Periodic reviews should occur and be documented at least annually or more frequently as warranted.
8. If a physician recommends or approves the use of medical marijuana for a minor, the parents or

legal guardians must be fully informed of the risks and benefits of such use and must consent to that use.

Physicians may wish to refer to CMA's ON-CALL Document #1315 titled "The Compassionate Use Act of 1996," updated annually for additional information and guidance. The document is available online at <http://www.cmanet.org/publicdoc.cfm/4>.

Although the Compassionate Use Act allows the use of medical marijuana by a patient upon the recommendation or approval of a physician, California physicians should bear in mind that marijuana is listed in Schedule I of the federal Controlled Substances Act, which means that it has no accepted medical use under federal law. However, in *Conant v. Walters* (9th Cir. 2002) 309 F.3d 629 the United States Court of Appeals recognized that physicians have a constitutionally-protected right to discuss medical marijuana as a treatment option with their patients and make oral or written recommendation for medical marijuana. However, the court cautioned that physicians could exceed the scope of this constitutional protection if they conspire with, or aid and abet, their patients in obtaining medical marijuana.

Illegible Handwriting Can Contribute to Medical Errors

By Peter H. Tom, M.D., F.A.C.E.P., District Medical Consultant, Medical Board of California

Bad handwriting is a speeding violation, just like driving a car too fast.

Just as a car driver could and should control the speed of his or her automobile, physicians and other healthcare providers should control the speed of their handwriting.

If a law enforcement officer stops a California motorist for exceeding the speed limit, and notices slurred speech and/or lack of motor control by the driver, the driver is investigated for a possible DUI offense. With enough evidence, the driver would be arrested and prosecuted as a danger to the public.

Similarly, poor handwriting by physicians and healthcare providers is slurred (written) speech, and also can be a danger to the public. Studies have shown that poor handwriting, improper abbreviations, etc., have led to medical errors and ultimately to patient injury or death. If a physician is presumed to be physically and mentally competent to practice medicine, then he or she has no legitimate reason or excuse for illegible or ambiguously written chart notes, medication orders, discharge instructions, etc.

If a licensee becomes the subject of a Medical Board investigation, it is advantageous to the physician to have clear, comprehensive handwriting, and/or dictated medical records. Many of the board's District Medical Consultants spend countless hours deciphering illegible, sloppy handwriting of subject physicians. Much time is lost during district office interviews while the physician

translates his or her handwriting. If the subject physician appears in conference with an attorney, hundreds of dollars in billable hours to the physician are wasted, while his/her defense counsel waits. If the subject physician chooses not to appear in conference, the expert reviewer will provide an opinion based on the part of the medical records that he or she *can read*. If the expert returns an unfavorable opinion on the subject's quality of care, it can have profound effects on the healthcare provider's license and medical career in this state.

Studies have shown that it takes very little time to slow down and make one's cursive or printed written communications clear and understandable.

Perhaps the best motivation to improve and maintain good handwriting is for physicians to put themselves in the place of patients whose

healthcare is directed by providers with poor handwriting, and empathize with the consequences.

As a reminder, inadequate medical records also are a violation of Business and Professions Code section 2266, effective since January 1, 1997. The law states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

As an addendum to this article, please see the *Dangerous Abbreviations* table above.

Dangerous Abbreviations to Avoid	
Dangerous Abbreviations	Accepted Usage
U (Mistaken as zero, four or cc)	Unit
IU (Mistaken as IV or 10)	International Unit
Q.D., Q.O.D.	Daily, every other day
X.O mg (Trailing zero)	Use 0.2 mg or 2 mg
MS, MSO4, MgSO4	Morphine Sulfate, or Magnesium Sulfate
µg (Greek symbol for microgram)	mcg
TIW	three or (3) times weekly
cc	ml for milliliters

Legislation Mandates Universal Screening of HIV for Pregnant Women Effective January 2005

*California Department of Health Services
Office of AIDS, HIV Education and Prevention Services Branch*

In October 2003, Assembly Bill 1676 (Dutra) was signed into law by former Governor Gray Davis. This bill amended Health and Safety (H&S) Code sections 125085, 125090, 125107 and added section 125092, relating to HIV/AIDS.

These statutes require medical care providers to screen every pregnant woman in California for HIV as part of the standard prenatal test panel. Additionally, providers are required to explain the purpose of the HIV test and to ensure the right of the woman to refuse the test. The new laws require laboratories to report a positive HIV test result to the local health officer and mandate that the provider who ordered the test inform the pregnant woman of the test results.

Under H&S Code sections 125085, 125090, 125107, and 125092, HIV testing is not required if the pregnant woman has been previously determined to be infected with HIV.

Copies of the legislatively mandated informational materials and the HIV test consent form may be obtained from the Department of Health Services, Office of AIDS Web site at www.dhs.ca.gov/AIDS. These PDF file documents may be downloaded in

English and as they become available in Spanish, Armenian, Cambodian, Farsi, Korean, Lao, Chinese, Hmong, Russian and Vietnamese. Information on all new laws relating to perinatal testing, as well as other California statutes, is accessible via the official California legislative information Web site at www.leginfo.ca.gov.

HIV clinical information for healthcare providers is available through the National HIV/AIDS Clinician's Consultation Warmline at (800) 933-3413. Additionally, in December 2004, the University of California San Francisco at San Francisco General Hospital launched the Perinatal Hotline, a national HIV consultation and referral service which is available at (888) 448-8765. The Perinatal Hotline provides healthcare providers 24-hour advice from HIV experts on indications and interpretations of HIV testing as well as consultation on treating HIV-infected pregnant women and their infants.

HIV referral and consultation resources for patients, including experts of prenatal HIV treatment, are available through the California HIV/AIDS Hotline at (800) 367-2437 (AIDS).

Update

Physician Volunteer Registry

The board is pleased to announce its Physician Volunteer Registry is online. You may visit the registry by going to www.caldocinfo.ca.gov and looking under the "What's New" heading in the middle of the page.

The idea for a registry was developed by the Medical Board's Access to Care Committee and its concern with increasing the availability of healthcare in California.

By creating the registry, the committee believes the board is providing opportunities to physicians who would like to give something back to their community.

The registry is not limited to physicians in voluntary status. All physicians who would like to be listed on the Physician Volunteer Registry or would like more information about the registries may contact Justin Ewert at jewert@medbd.ca.gov or (916) 263-6668.

It's Out! The New 2004 Compendia of Antibiotic Prescribing Guidelines

Jon Rosenberg, M.D.

Division of Communicable Disease Control, California Department of Health Services

Anne M. Judson

AWARE Program Coordinator

The California Medical Association Foundation's AWARE Project (the Alliance Working for Antibiotic Resistance Education) has just released its second, updated edition of the 2004 Acute Respiratory Tract Infection Guideline for both pediatric and adult medicine.

New additions to this year's Compendia include adult influenza control and chemoprophylaxis along with new pediatric *Otitis media* guidelines.

The Compendia provide physicians with an easily accessible and reliable way to be up-to-date on the latest in appropriate antibiotic use thought in the medical community and is available at www.aware.md/clinical/clinical_guide.asp or by calling Anne M. Judson, AWARE Program Coordinator, at (916) 551-2543.

The AWARE Project began in 2000 with the goal of lowering antibiotic resistance rates in the state of California, while significantly and measurably affecting the knowledge, attitudes, and practices of the public towards using antibiotics for the cold and flu.

In 2001, AWARE surveyed over 150 physicians, 75% of whom felt strongly that a comprehensive summary of the most recently published and promoted clinical practice guidelines would be of great use. Last year over 70,000 Compendia were distributed to California physicians.

We are now measuring the efficacy of AWARE's clinical and public health education programs. In 2000 (the year AWARE began its campaign), about 27% of *Streptococcus pneumoniae* infections in

California were resistant to penicillin. In 2003, however, resistance to penicillin had decreased to 17% of infections. In addition, high-level resistance dropped from 15% to about 5% (Cummings, Kate, MPH, Presentation to AWARE Steering Committee, September 21, 2004).

AWARE, in order to reach out to the many ethnic groups in California, is dedicated to providing physicians with tools that will help them communicate the importance of appropriate antibiotic

use to their patients. Included in this is a 10-language brochure called "Healthy Tips for this Cold & Flu Season."

In addition, AWARE has produced six additional pieces, three in Korean and three in Vietnamese, to reach out even deeper into California's communities with

support from the American Medical Association Foundation and the Centers for Disease Control and Prevention.

The CMA Foundation continues to strive to lower rates of antibiotic resistance as well as promote appropriate antibiotic use in the community. Our efforts appear to be successful, and it is due to physician awareness regarding the issues surrounding appropriate antibiotic prescribing that have helped lower resistance rates in California. However, we still have work to do to ensure that we save antibiotic strength for the future.

To obtain clinical and patient education materials available through AWARE, please visit our Web site at www.aware.md, or contact Anne M. Judson, AWARE Project Coordinator, at (916) 551-2543 or by e-mail at ajudson@cmanet.org.



PRESERVE A TREASURE



Antibiotics are precious resources but they are not cure-alls for all that ails your patients. Let us help you keep antibiotics potent resources that you and your patients can count on.

Contact FDA for bulk copies of "**Preserve a Treasure: Know When Antibiotics Work**" an easy-to-read brochure of frequently asked questions to help your patients understand the importance of prudent antibiotic use.

dpapubs@cderr.fda.gov or 1-888-INFO-FDA



U.S. Department of Health and Human Services
Food and Drug Administration

News From the U.S. Food and Drug Administration

Radio Frequency Identification (RFID)

RFID is a state-of-the-art technology that uses electronic tags on product packaging to allow manufacturers and distributors to keep track of drug products from the point of manufacture to the point of dispensing. Recently the Food and Drug Administration (FDA) published a Compliance Policy Guide for implementing RFID feasibility studies and pilot programs. RFID technology will enhance the security of the drug supply by allowing wholesalers and retailers to rapidly identify, quarantine, and report suspected counterfeit drugs.



Several drug companies — Pfizer, GlaxoSmithKline, and Purdue Pharma — have announced plans to place RFID tags on their products starting with Viagra, OxyContin, and Palladone. According to Dr. Lester M. Crawford, Acting FDA Commissioner, “the use of innovative technologies to protect the public health is exactly the type of bold leadership we expect to see more of in this arena. We hope that other manufacturers, wholesalers, and retailers will follow this example by also becoming early adopters of

RFID.” For more information: www.fda.gov/oc/initiatives/counterfeit/rfid_cpg.html

Public Health Advisory: Suicidality in Children and Adolescents Being Treated with Antidepressant Medications

The Food and Drug Administration issued a Public Health Advisory, asking manufacturers of all antidepressant drugs to revise the labeling for their products to include a boxed warning and expanded warning statements that alert healthcare providers to an increased risk of suicidality (suicidal thinking and behavior) in children and adolescents being treated with these agents, and additional information about the results of pediatric studies.

FDA also informed these manufacturers that it has determined that a Patient Medication Guide (MedGuide), which will be given to patients receiving the drugs to advise them of the risk and precautions that can be taken, is appropriate for these drug products. For more information: www.fda.gov/cder/drug/antidepressants/SSRIPHA200410.htm

California Paid Family Leave Program

*By Melinda Acosta, Community Liaison, and Scott J. Rose, M.D., Medical Director
California Employment Development Department*

Effective July 1, 2004, the Employment Development Department’s Disability Insurance Branch began administering the new, first of its kind in the nation, Paid Family Leave (PFL) insurance program. This new program is an expansion of the existing State Disability Insurance (SDI) program, and is funded entirely through worker contributions. It extends partial wage replacement benefits for a period of up to six weeks within a 12-month period to SDI-covered employees to provide care for a seriously ill child, spouse, parent or registered domestic partner or bond with a new child.

As with the SDI program, medical providers play a key role in the new PFL program. A claim for benefits to care for a family member, for example, must include a medical provider’s certification attesting to the serious health condition of the patient, and the need for a family member to provide care. Providing care includes “providing psychological comfort” and arranging “third party care.” Medical providers are asked to determine if a patient’s physical or mental health condition requires physical care or emotional support from a family member. The medical provider must include in his or her certification a diagnosis, an International Classification of Diseases (ICD) code, and the commencement date of the need for care. In addition,

the medical provider must estimate the number of hours of care needed per day, and the duration of the need for care. Bonding claims do not require certification by the medical provider.

PFL defines a serious health condition as an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, residential healthcare facility, or continuing treatment or supervision by a healthcare provider. Per regulations, some conditions considered not serious include, but may not be limited to, the common cold, earache, upset stomach, and routine medical, eye, and dental appointments.

Medical providers authorized to complete the required Doctor’s Certification include: licensed medical or osteopathic physicians/surgeons, chiropractors, dentists, podiatrists, optometrists, designated psychologists, or authorized medical officers of a United States government facility.

Medical providers’ participation is vital to the success of the PFL program. For more information on the PFL program, please visit our Internet site at www.edd.ca.gov or contact us at: 1-877-BE-THERE (English); 1-877-379-3891 (Spanish); or 1-800-563-2441 (TTY).

ADMINISTRATIVE ACTIONS: August 1, 2004 to October 31, 2004

PHYSICIANS AND SURGEONS

ABDELAZIZ, MOHAMED I., M.D. (A37224)
Valrico, FL
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Florida for failing to timely and adequately diagnose an abnormal fetal heart rate pattern; review the fetal monitor strip; adequately monitor the patient; and attempt intrauterine resuscitation in the care and treatment of 1 patient. Surrender of license. September 16, 2004

ABRAHAMIAN, AZNIV A., M.D. (A50782)
North Hollywood, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with prescribing or dispensing medication without a good faith prior examination. Physician completed a prescribing practices course and an ethics course. Public Letter of Reprimand. August 23, 2004

ACEVES, JOSE ADELELMO, M.D. (A48529)
Whittier, CA
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence and unprofessional conduct

by failing to promptly treat a 73-year-old patient who had been diagnosed with a myocardial infarction. The patient refused treatment and was allowed to leave the office without being provided adequate care, instructions and referral by calling 911. Public Letter of Reprimand. August 4, 2004

ADAMS, JOHN SINDOS, M.D. (AFE45632)
Ooltewah, TN
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Georgia for failing to complete the required board profile in a timely manner and indicating on a renewal application that the profile had been completed, when it was not. Public Letter of Reprimand. October 19, 2004

ADLER, STEPHEN CHARLES, M.D. (G17393)
Moline, IL
B&P Code §§141(a), 2232(a), 2305. Stipulated Decision. Disciplined by New York for conviction of criminal charges involving indecent solicitation of a child. Physician also required to register as a sex offender. Revoked. October 22, 2004

Explanation of Disciplinary Language and Actions

“Effective date of decision” — Example: “September 16, 2004” at the bottom of the summary means the date the disciplinary decision goes into operation.

“Gross negligence” — An extreme deviation from the standard of practice.

“Incompetence” — Lack of knowledge or skills in discharging professional obligations.

“Judicial review is being pursued” — The disciplinary decision is being challenged through the court system — Superior Court, maybe Court of Appeal, maybe State Supreme Court. The discipline is currently in effect.

“Probationary License” — A conditional license issued to an applicant on probationary terms and conditions. This is done when good cause exists for denial of the license application.

“Probationary Terms and Conditions” — Examples: Complete a clinical training program. Take educational courses in specified subjects. Take a course in ethics. Pass an oral clinical exam. Abstain from alcohol and drugs. Undergo psychotherapy or medical treatment. Surrender your DEA drug permit. Provide free services to a community facility.

“Public Letter of Reprimand” — A lesser form of discipline that can be negotiated for minor violations before the filing of formal charges (Accusations). The licensee is disciplined in the form of a public letter.

“Revoked” — The license is canceled, voided, annulled, rescinded. The right to practice is ended.

“Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension” — “Stayed” means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days actual suspension from practice. Violation of probation may result in the revocation that was postponed.

“Stipulated Decision” — A form of plea bargaining. The case is negotiated and settled prior to trial.

“Surrender” — To resolve a disciplinary action, the licensee has given up his or her license — subject to acceptance by the board.

“Suspension from practice” — The licensee is prohibited from practicing for a specific period of time.

AENGST, FRED E., M.D. (C26434)
Santa Ana, CA
B&P Code §822. Physician has a condition affecting his ability to practice medicine safely. Revoked. October 9, 2004

ALLEN, AARON RUSSELL, M.D. (G22684)
Anaheim, CA
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by North Carolina for pre-signing 3 prescription pads which were used by other physicians who did not have valid DEA registrations to issue prescriptions to patients. Public Letter of Reprimand. August 13, 2004

ALMQUIST, TIMOTHY DWIGHT, M.D. (A44424) Sun City, CA
B&P Code §2234(b). Stipulated Decision. Committed gross negligence by failing to properly evaluate and treat an elderly patient who presented to the emergency room with complaints of abdominal pain. Public Letter of Reprimand. August 19, 2004

AVERY, CHARLES HOCHETTE, M.D. (A26091) Oxnard, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and unprofessional conduct in the care and treatment of 2 patients and failing to maintain adequate and accurate medical records and sexual misconduct in the care and treatment of 1 patient. 90-day suspension, stayed, placed on 42 months probation with terms and conditions including, but not limited to, completing an educational course in addition to required CME; completing a medical record keeping course; completing an ethics course; completing a professional boundaries program; completing a physician-patient relationship course and having a third party chaperone present while consulting, examining or treating female patients. September 13, 2004

BARNES, JAMES KEITH, M.D. (G35108)
Oregon, OH
B&P Code §§141(a), 2305. Disciplined by Kentucky for failing to maintain proper medical records and providing substandard treatment to 2 patients. Revoked. October 21, 2004

BERGIN, PATRICK JOHN, M.D. (G60143)
Eugene, OR
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Oregon following an arrest for suspected driving under the influence of intoxicants. Surrender of license. September 28, 2004

BICHER, JAMES HAIM ISIDORO, M.D. (A37798) Los Angeles, CA
B&P Code §§2234(b)(c), 2266, 2271. Committed acts of gross negligence, repeated negligence, false or misleading advertising and failed to maintain adequate and accurate records. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, obtaining a practice monitor and completing a medical record keeping course. September 30, 2004. Judicial review being pursued.

BITTAR, DAVID ALBERT, M.D. (A39510)
San Diego, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and incompetence in the care and treatment of 4 patients. Surrender of license. August 12, 2004

BORES, LEO DANIEL, M.D. (C39943)
Scottsdale, AZ
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Arizona for using an investigational device in the treatment of numerous patients without proper approval and improperly advertised and billed for his services. Surrender of license. August 31, 2004

BROWN, BASSETT H. L., M.D. (A21064)
Los Angeles, CA
B&P Code §§651, 652, 2021(c), 2234(a)(e), 2272, 2285, 2286, 2400, 2408, 2415. Stipulated Decision. Committed acts of false advertising, dishonesty, unlicensed corporate practice of medicine and advertising without having a Fictitious Name Permit issued by the Medical Board of California. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course, providing restitution to 3 patients and restriction from advertising for hydrotubation or Chapman procedures. September 2, 2004

COOK, WILLIAM ROBERT, JR., M.D. (C35683) Miami Beach, FL
B&P Code §§2234(b)(c)(d), 2264. Stipulated Decision. Committed acts of gross negligence, repeated negligence and incompetence in the care and treatment of 3 patients and aided and abetted the unlicensed practice of medicine by allowing an unlicensed employee to prescribe Lomotil. Surrender of license. September 20, 2004

DANESHVAR, KHOSROW I., M.D. (A48714)
Los Angeles, CA
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct by failing to attempt to reposition an initial catheter under fluoroscopic control to avoid re-puncturing a patient. Physician is permanently prohibited from placing any central lines. Public Letter of Reprimand. October 21, 2004

DAVIS, DAVE ALLEN, M.D. (G70149)
San Mateo, CA
B&P Code §§729, 2232(a), 2234, 2236(a). Stipulated Decision. Convicted of 1 count of sexual exploitation and 1 count of sexual battery. Revoked. September 2, 2004

DO, KHAI, M.D. (A42932) Torrance, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence; repeated negligent acts; incompetence; excessive use of diagnostic procedures; and failing to maintain adequate and accurate medical records in the care and treatment of 6 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing educational courses in addition to required CME; completing a medical record keeping course; completing an ethics course; completing a clinical training program; and obtaining a practice monitor. September 23, 2004

DODGE, JACK I., M.D. (G55196) Mitchell, SD
B&P Code §§141(a), 2305. Disciplined by Arizona due to his chemical dependency and failure to comply with treatment. Revoked. October 13, 2004

DONSHIK, JON DAVID, M.D. (G85113)
Plantation, FL
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Florida for performing lumbar decompression in a manner which departed from the standard of care. Surrender of license. September 28, 2004

ENDE, MAURICE JOSEPH, M.D. (C40918)
Houston, TX
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Texas for failing to properly interpret x-rays on 5 patients; specifically, failing to note the presence of free air; failing to note the presence of a small mass in the apex of a lung; failing to note a bowel obstruction; and failing to note the presence of free intra-abdominal air. Public Letter of Reprimand. August 5, 2004

EVANS, PATRICIA RAE, M.D. (G47228)
Kingman, AZ
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Florida due to Arizona's action for chemical dependency. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing the Diversion Program; abstaining from the use of alcohol and the personal use or possession of controlled substances; submitting to biological fluid testing; maintaining a record of all controlled substances prescribed, dispensed, administered or possessed; obtaining a practice monitor; and no solo practice of medicine. September 23, 2004

FIGUEROA, MANUEL IGNACIO (A21870)
Los Angeles, CA
B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct in the care and treatment of a patient with chronic, intractable pain and failed to maintain adequate and accurate medical records concerning this patient. Physician completed a clinical training program, a medical record keeping course, a prescribing practices course and a pain management course. Public Reprimand. August 20, 2004

FOUQUETTE, JOHN KENNETH, M.D.
(G40263) Elkton, OR
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Montana for failing to disclose on his license renewal form his history of substance abuse problems and conditions affecting his ability to practice medicine safely. Surrender of license. September 28, 2004

GALLONI, LUIGI, M.D. (A38436)
Rossmoor, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records of the care and treatment provided to 1 patient. Physician completed a hand and wrist fracture course and a medical record keeping course. Public Reprimand. August 16, 2004

GAO, BIQI, M.D. (A89212) Fresno, CA
B&P Code §480(a)(2)(3)(c). Stipulated Decision. Failed to disclose termination from a postgraduate training program on her application for licensure with the Medical Board of California and knowingly made a false statement of fact on the application. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, providing 120 hours of free, non-medical community services and completing an ethics course. Decision effective October 26, 2004, probationary license issued October 29, 2004.

GESINK, DIRK STEVEN, M.D. (A52026)
Phoenix, AZ
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Arizona for failing to timely and accurately diagnose and treat a staphylococcus infection, review diagnostic studies and schedule necessary follow-up visits with a patient with an infection following a tibia fracture. Physician completed an educational course. Public Reprimand. August 31, 2004

GOLDSMITH, STANLEY, M.D. (G20538)
Hayward, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence; incompetence; repeated negligent acts; and unprofessional conduct in the care and treatment of 2 patients and for having a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, obtaining a practice monitor; completing a physician-patient communication program; completing the Diversion Program; completing educational courses in addition to required CME; completing an ethics course; abstaining from the use of alcohol and the use or possession of controlled substances; and submitting to biological fluid testing. September 27, 2004

GOULD, MICHAEL ALAN, M.D. (A66688)
Basking Ridge, NJ
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by New Jersey for prescribing controlled substances to a patient without obtaining a medical history or the patient's records, pre-signing prescription blanks and failing to properly safeguard his prescription pads. Public Reprimand. September 9, 2004

GREENWALD, STEVEN HOWARD, M.D. (G28769)
La Mesa, CA
B&P Code §§725, 2234(b)(c)(d), 2242, 2263, 2266. Stipulated Decision. Committed acts of excessive prescribing; gross negligence; incompetence; repeated negligence; prescribing without a good faith prior examination; violating patients' professional confidence; and failing to maintain adequate and accurate records in the care and treatment of 6 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days actual suspension; completing educational courses in addition to required CME; completing a prescribing practices course; completing an ethics course; completing a clinical training program; and obtaining a practice and billing monitor. August 26, 2004

HAGBOM, NELDEN WILLIAM, M.D. (G26150)
San Francisco, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and incompetence in the care and treatment of 1 patient. Physician completed a clinical training program. Public Reprimand. September 16, 2004

HANSEN, STEPHEN FREDERIC, M.D. (G40000)
San Diego, CA
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by the Department of Navy for demonstrating deficiencies in several areas of clinical practice and failing to document treatment of patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program and obtaining a practice monitor. September 24, 2004

HOSOBUCHI, YOSHIO, M.D. (G17232)
Riverdale, NY
B&P Code §§141(a), 2305. Disciplined by Hawaii for performing unnecessary surgery on a patient. Physician completed an educational course. Public Reprimand. September 14, 2004

INFANTE, RICHARD STEPHEN, M.D. (G46107)
Pasadena, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with dishonesty for providing a false report to his probation monitor; prescribing medication without a medical indication; and violating the terms and conditions of his board-ordered probation by practicing without a practice monitor. Surrender of license. August 31, 2004

JANUSZKA, HENRY A., M.D. (A18655)
Long Beach, CA
B&P Code §§725, 2234(b)(c)(d), 2266. Stipulated Decision. Committed acts of gross negligence; repeated negligence; incompetence; excessive prescribing; and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a professional boundaries program; a prescribing practices course; and a medical record keeping course. October 13, 2004

JOHNSON, KENNETH G., II, M.D. (C30787)
Desert Hot Springs, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with having a condition affecting his ability to practice medicine safely. Surrender of license. August 17, 2004

JOHNSON, RONALD MALCOLM, M.D. (G19831) La Mesa, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence; repeated negligent acts; incompetence; and failing to maintain adequate and accurate records in the care and treatment of 2 patients. Must continue to limit practice to only acting as an assisting surgeon unless he completes a clinical training program. Public Reprimand. August 9, 2004

JONES, LAYBON, JR., M.D. (G39826) Vallejo, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program; completing educational courses in addition to required CME; and obtaining a practice monitor. September 27, 2004

JONES, NOLAN CARTHELL, M.D. (A30400) Los Angeles, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 3 patients; violating drug statutes; false advertising; and violating the terms and conditions of his board-ordered probation. Revoked, stayed, prior probation is extended for 5 years with terms and conditions including, but not limited to, 30 days actual suspension; completing education courses in addition to required CME; completing a prescribing practices course; completing a clinical training or educational program; obtaining a practice monitor; and ensuring he has the appropriate staff and equipment available when performing surgeries. August 12, 2004

KAMAL, ANUPAM SHYAM, M.D. (A54247) Safety Harbor, FL
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Florida for failing to properly document, discuss and evaluate an elevated PSA test in the care and treatment of 1 patient. Surrender of license. October 5, 2004

For further information...

Copies of the public documents related to these cases are available at a minimal cost by calling the Medical Board's Central File Room at (916) 263-2525. Some documents are available on the board's Web site at www.caldocinfo.ca.gov. Click the "Public Document Lookup" link in the right column of the home page.

KAUFMAN, ANDREA VITA, M.D. (G51317) New Haven, CT
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Connecticut for unprofessional physical contact, unethical behavior and unprofessional social interaction in the care and treatment of 3 patients. Surrender of license. September 28, 2004

KIKER, DALE GREGORY, M.D. (A43889) San Luis Obispo, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Physician completed a clinical training program. Public Reprimand. September 13, 2004

KORMI, TOURAJ, M.D. (A48807) El Sobrante, CA
B&P Code §2234. Stipulated Decision. Violated the terms and conditions of his board-ordered probation by failing to abstain from the use of alcohol and personal use or possession of controlled substances. Surrender of license. August 19, 2004

LEE, PETER GEON, M.D. (G84673) Los Angeles, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a physician-patient communication program; completing a medical record keeping course; completing an ethics course; and obtaining a practice monitor. October 21, 2004

LEE, YOUNG MO, M.D. (C40679) Saginaw, MI
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Michigan for performing an unnecessary emergency colostomy on an infant without first performing a suction rectal biopsy. Public Letter of Reprimand. September 1, 2004

LEMONS, WARREN CLAUDIUS, M.D. (A77928) Houston, TX
B&P Code §§726, 2234(b)(e). Committed acts of sexual misconduct; gross negligence; and dishonesty during the care and treatment of 9 patients. Revoked. August 9, 2004

LEWTER, RUFUS C., JR., M.D. (A21330) Moreno Valley, CA
B&P Code §2234(d). Violated the terms and conditions of his board-ordered probation by failing to pass a competency examination and failing to complete a clinical training program. Revoked. October 29, 2004

LINDER, STUART ADAM, M.D. (G74810)
Beverly Hills, CA
B&P Code §§2234(e), 2266. Stipulated Decision.
Committed acts of dishonesty and failed to maintain adequate and accurate medical records by preparing 2 separate operative reports for an umbilical hernia repair and an abdominoplasty. The first report was written 1 week after the surgery for the umbilical hernia repair and the second was written 2 months later for the abdominoplasty. The separate operative reports and limited information that was documented indicated a purposeful obfuscation in presenting the operative records to an insurance company. Physician completed an ethics course and a medical record keeping course. Public Letter of Reprimand. October 15, 2004

LUCERO, MARILOU CASTILLO, M.D.
(A31375) Downey, CA
B&P Code §2234(b)(c)(d). Stipulated Decision.
Committed acts of gross negligence, repeated negligence and incompetence in the care and treatment of 1 patient. Must complete a clinical training program. Public Reprimand. October 28, 2004

MCDADE, STEPHEN M., M.D. (C29789)
San Rafael, CA
B&P Code §§2234(b)(c), 2266. Stipulated Decision.
Committed acts of gross negligence, repeated negligence and failing to maintain adequate and accurate medical records in the care and treatment of 3 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, completing a medical record keeping course and obtaining a practice monitor. October 21, 2004

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Division of Licensing
1426 Howe Avenue, Suite 54
Sacramento, CA 95825

MILLER, RICHARD R., M.D. (G12005)
Oakland, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence; repeated negligent acts; failing to maintain adequate and accurate records in the care and treatment of 2 patients; and having a condition affecting his ability to practice medicine safely. Surrender of license. September 28, 2004

NGUYEN, AN MINH, M.D. (A54288)
Niland, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence and failing to maintain adequate and accurate medical records in the care and treatment of 3 patients. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and completing a clinical training program. October 27, 2004

NGUYEN, DUC MARCEL, M.D. (G56493)
Redwood City, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence; repeated negligent acts; excessive prescribing; and failing to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, obtaining a practice monitor; maintaining a separate drug record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; completing a prescribing practices course; completing a medical record keeping course; and completing educational courses in addition to required CME. October 18, 2004

NGUYEN, THANG DUY, M.D. (A78238)
Sun City, CA
B&P Code §§725, 2266. Stipulated Decision.
Committed acts of excessive prescribing and failed to maintain adequate and accurate medical records by prescribing excessive amounts of controlled substances without monitoring the patient's blood tests for chronic narcotic administration and failed to adequately document the patient's history and physical examinations for continued prescribing of narcotics. Public Letter of Reprimand. October 14, 2004

PAREDES, ARTHUR, M.D. (A20122) Lodi, CA
B&P Code §§725, 2234(c). Stipulated Decision.
Committed acts of excessive prescribing and repeated negligence in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a prescribing practice course; completing a medical record keeping course; completing an ethics course; maintaining a separate record of all controlled substances ordered, prescribed, dispensed, administered or possessed; and obtaining a practice monitor. October 21, 2004

PARK, JONG W., M.D. (A44338) Orange, CA
B&P Code §§2234(c)(d), 2266. Stipulated Decision.
Committed acts of repeated negligence, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a clinical training program. Public Reprimand. October 20, 2004

PARKER, ALEXIS JANE, M.D. (G52374)
Denver, CO
B&P Code §§141(a), 2305. Stipulated Decision.
Disciplined by Colorado for a condition affecting her ability to practice medicine safely and for prescribing Anodyne to individuals who were not seen by her and for whom she did not have an appropriate amount of information available. Surrender of license.
August 4, 2004

PERDIKIS, GEORGE C., M.D. (G59579)
Lancaster, CA
B&P Code §2234(b)(c)(d)(e). Committed acts of gross negligence; repeated negligence; incompetence; and dishonesty in the care and treatment of 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, obtaining a practice monitor; completing an ethics course; and completing a clinical training program. October 15, 2004

PETERS, ANTHONY N., M.D. (A12130)
Burbank, CA
B&P Code §§2234(b)(c)(d), 2242, 4022. Committed acts of gross negligence; repeated negligence; incompetence; and prescribed without a good faith prior examination in the care and treatment of 1 patient. Revoked. September 17, 2004

PFISTER, ALENE MARIA, M.D. (G56772)
Lafayette, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with 2 convictions of driving under the influence of alcohol or drugs and substance abuse. Surrender of license. August 25, 2004

PRICE, HOWARD MARSHALL, M.D. (G54723)
Milford, MA
B&P Code §§141(a), 2305. Stipulated Decision.
Disciplined by Massachusetts for being criminally charged with 3 counts of illegal possession of controlled substances. Surrender of license.
August 24, 2004

PURCELL, DONALD JOSEPH, M.D. (G87313)
Napa, CA
B&P Code §480(a)(1)(3). Stipulated Decision.
Convicted of tampering with governmental records. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, completing an ethics course; passing an oral and/or written examination; obtaining a practice/billing monitor; no solo practice; and must initially limit practice to serving as a staff psychiatrist for the California State Prison System and/or California State Parole and Community Division of the California Department of Corrections. Decision effective August 24, 2004, probationary license issued September 1, 2004.

REYES, JOSE KEYSER, M.D. (A53379)
Danville, CA
B&P Code §§725, 2234(b)(c)(d)(e), 2238, 2241, 2242(a), 2266. Stipulated Decision. Committed acts of excessive prescribing; gross negligence; repeated negligence; incompetence; violated drug statutes; prescribed without a good faith examination; failed to maintain adequate and accurate records in the care and treatment of 9 patients; and prescribed to addicts in the care and treatment of 6 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program; obtaining a practice monitor; prohibited from ordering, prescribing, dispensing, administering or possessing Schedules II, III and IV controlled substances until successful completion of the clinical training program and thereafter, must maintain a record of all controlled substances and a record for any recommendation for marijuana; completing an ethics course; and completing educational courses in addition to required CME.
October 29, 2004

REYES, SAMUEL PENULLAR, M.D.
(AFE24778) Huntington Beach, CA
B&P Code §§2234(b), 2266. Stipulated Decision.
Committed acts of gross negligence and failed to maintain adequate and accurate records by failing to follow-up and document a patient's treatment which lead to an untimely diagnosis of colon cancer. Public Letter of Reprimand. August 25, 2004

RUSSO, STEPHEN ANTHONY, M.D. (G45879)
Del Mar, CA
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence by failing to accurately read the fetal heart rate tracings and delaying a cesarean section. Public Letter of Reprimand. October 5, 2004

SADIGHIAN, JIM JOHN, M.D. (A72734)
Fresno, CA
B&P Code §2239. Convicted of a felony for driving under the influence of alcohol. Revoked.
September 7, 2004

SCANLON, CHARLOTTE DEBORAH, M.D.
(G86430) Colorado Springs, CO
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Colorado for having a condition affecting her ability to practice medicine safely and for prescribing violations. Surrender of license.
October 26, 2004

SCHWARZBEIN, DIANA LYNN, M.D.
(G60527) Goleta, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts for failing to document referrals to a gynecologist in the care and treatment of 3 patients who were receiving hormone replacement therapy. Physician must complete educational courses in gynecology, medical record keeping and general application in her area of practice. Public Letter of Reprimand. August 27, 2004

SCOTT, STEPHAN ALLAN, M.D. (G61226)
Zephyr Cove, NV
B&P Code §§2234(e), 2239. Stipulated Decision. Self use of controlled substances and committed acts of dishonesty. Surrender of license. October 28, 2004

SELCH, MICHAEL THOMAS, M.D. (G38275)
Los Angeles, CA
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence by failing to have adequate information available at the time the target was drawn, and therefore, ordered stereotactic radiotherapy be given to the wrong side of the patient. Public Letter of Reprimand. September 1, 2004

SHERMAN, MICHAEL, M.D. (A40995)
Beverly Hills, CA
B&P Code §2234. Violated the terms and conditions of his board-ordered probation by failing to: enroll and participate in the board's Diversion Program; enroll in a clinical training program; enroll in a medical record keeping course; undergo an evaluation and comply with reporting requirements. Revoked.
August 16, 2004

SHIPSEY, PATRICK EDWARD, M.D. (G86616)
Bakersfield, CA
B&P Code §§141(a), 2305. Disciplined by Oregon for failing to maintain an inventory or other record pertaining to the acquisition, use or destruction of large amounts of controlled substances; providing a false statement to a pharmaceutical company regarding the controlled substances; and self-medicating with controlled substances. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing a medical record keeping course; completing an ethics course; maintaining a separate record of all controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana; prohibited from purchasing, ordering, prescribing, administering, dispensing or possessing controlled substances in an office, clinic or any other setting except for a hospital, emergency room or urgent care clinic; and no solo practice.
October 22, 2004

SIMMONS, EARL MELVIN, M.D. (G43704)
Encinitas, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient and unprofessional conduct for failing to take and pass the Special Purpose Examination (SPEX) as required by the board. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program; obtaining a practice monitor; and completing educational courses in addition to required CME. October 25, 2004

SIMON, JOSEPH H., M.D. (G15317)
South Lake Tahoe, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence; excessive prescribing; prescribing to an addict; prescribing without a good faith prior examination; failing to comply with the Intractable Pain Act; violating drug statutes; and incompetence and repeated negligent acts in the care and treatment of 9 patients.
Surrender of license. October 28, 2004

SNYDER, STEFAN, M.D. (A38489)
West Hills, CA
B&P Code §§2234(b), 2266. Stipulated Decision. Committed acts of gross negligence and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions

including, but not limited to, 30 days actual suspension; maintaining a separate record of all controlled substances ordered, prescribed, dispensed, administered or possessed; completing a medical record keeping course; completing a clinical training program; obtaining a practice/billing monitor; and disclosing to the board the full names of all employees and office staff. October 28, 2004

SOHN, SAE HOON, M.D. (G83090)
Greenbrae, CA
B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct for failing to test donor eggs for the cystic fibrosis gene. Public Letter of Reprimand. August 9, 2004

SPRENGER, DAVID LEROY (G87304)
Mather, CA
B&P Code §§480(a)(3), 2234. Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Probationary license issued, placed on five years probation with terms and conditions. Decision effective August 3, 2004, probationary license issued August 20, 2004.

STEPAN, DANIEL EDWARD, M.D. (G60533)
Morristown, NJ
B&P Code §§141(a), 2305. Disciplined by Oregon for alcohol and drug abuse; failing to participate in a diversion program; and failing to chart any care for 3 patients in a clinical drug trial. Revoked. August 18, 2004

TAN, BENITA BASA, M.D. (A53599)
Union City, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence, repeated negligence and incompetence in the care and treatment of 4 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training or educational program and obtaining a practice monitor. August 26, 2004

TANDOC, JOSE R., JR., M.D. (C41611)
Spring, TX
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Michigan for failing to obtain necessary continuing medical education required for license renewal. Public Letter of Reprimand. August 4, 2004

TAYLOR, DONALD WILLARD, JR., M.D.
(G64243) Havre, MT
B&P Code §§141(a), 2305. Disciplined by Montana for substance abuse. Revoked. October 25, 2004

THOMPSON, JOHN W., III, M.D. (G11587)
Newport Beach, CA
B&P Code §§725, 2266. Stipulated Decision. Committed acts of excessive prescribing and failed to maintain adequate and accurate records in the care and treatment of 20 patients. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing educational course in addition to required CME; completing an ethics course; completing a medical record keeping course; passing an oral and/or written examination; and obtaining a practice monitor. August 18, 2004

TORRES, JAVIER MARTINEZ, M.D. (A51871)
Culver City, CA
B&P Code §§650, 2416, 2266. Stipulated Decision. Committed acts of fee-splitting and failed to maintain adequate and accurate medical records in the care and treatment of 4 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course; completing an ethics course; completing a clinical training or educational program; and obtaining a practice monitor. October 22, 2004

TRUONG, TRUNG HUY, M.D. (G79604)
Irvine, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 1 patient. Physician completed a clinical training program. Public Reprimand. August 3, 2004

UPPAL, SATNAM SINGH, M.D. (A31940)
Merced, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with unprofessional conduct and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient and violating the terms and conditions of his board-ordered probation. Revoked, stayed, placed on probation until April 11, 2008 with terms and conditions including, but not limited to, obtaining a practice monitor; completing educational courses in addition to required CME; and completing a medical record keeping course. October 29, 2004

UYEDA, ROBERT Y., M.D. (G34366)
Beverly Hills, CA
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct by proceeding with a laparoscopic splenectomy on a patient who had portal hypertension and cirrhosis. Physician completed a clinical training program. Public Reprimand. August 3, 2004

WANG, HUGH H., M.D. (G8475) Concord, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with unprofessional conduct, aiding and abetting the unlicensed practice of medicine and violating the Moscone-Knox Professional Corporation Act by being employed as an independent contractor to a nonprofessional medical corporation owned and/or operated by unlicensed persons and violating federal or state statutes regulating dangerous drugs; dispensing or furnishing drugs without a good faith prior examination or medical indication; failing to maintain adequate and accurate medical records; violating professional confidence; making false statements in documents; making false and misleading statements; gross negligence; repeated negligent acts; incompetence; and dishonesty. Surrender of license. October 8, 2004

WEISS, RICHARD ALAN, M.D. (G18474)
Beachwood, OH
B&P Code §§820, 822. Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. September 28, 2004

WHITE, JERALD D., M.D. (G9677)
Del Mar, CA
B&P Code §§810, 2234(e), 2242. Stipulated Decision. Committed acts of insurance fraud, dishonesty and prescribing without a good faith prior medical examination by prescribing a controlled substance in one person's name when the medication was intended for someone else. Physician completed an ethics course. Public Letter of Reprimand. October 21, 2004

WILLIAMS, CALVIN E., M.D. (G66782)
New Orleans, LA
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Louisiana for questionable professional judgment or medical incompetency. Public Reprimand. September 8, 2004

WILLIS-CUMBY, LA VONNE, M.D. (C41645)
Beverly Hills, CA
B&P Code §§2021(a)(b)(c), 2234(a), 2272, 2354. Violated the terms and conditions of her board-ordered probation by failing to timely report a change of address; failing to obtain a change of name from the board; failing to complete the Diversion Program; practicing without a practice monitor; failing to submit timely and truthful quarterly probation reports; and failing to pay cost recovery and probation monitoring costs. Revoked. August 26, 2004

WISNIEWSKI, MORRIS, M.D. (G48942)
Vista, CA
B&P Code §§2234(b), 2266. Stipulated Decision. Committed acts of gross negligence and failed to maintain adequate and accurate medical records by not providing close follow-up of a patient whose diagnosis was unclear and for whom he had prescribed medications with potential adverse effects. Physician must complete a clinical training program, an ethics course, and a medical record keeping course. Public Reprimand. September 17, 2004

WONG, CHIK PUI, M.D. (G82350)
San Leandro, CA
B&P Code §§2234(e), 2236(a). Convicted of a misdemeanor violation of petty theft. Revoked. September 24, 2004

WOODWARD, PAUL DOUGLAS, M.D.
(A30765) Napa, CA
B&P Code §§2052, 2234(a), 2236(a), 2238, 2306, 4081. Stipulated Decision. Convicted of unlicensed activity by prescribing controlled substances and treating patients while his license was suspended; failed to maintain a current inventory of drugs; failed to maintain a complete and accurate record of all controlled substances purchased or dispensed; and violated drug statutes. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension and completing an ethics course. October 18, 2004

DOCTORS OF PODIATRIC MEDICINE

EDWARDS, FREDERICK BART, D.P.M.
(E3524) Zenia, CA
B&P Code §§136(a), 2021, 2234(a). Violated the terms and conditions of his board-ordered probation by failing to inform the board of his change of address; comply with the probation surveillance program; provide quarterly reports; obtain approval for a clinical training program; and pay cost recovery. Revoked. September 9, 2004

RITTO, SHARLENE MARIE, D.P.M. (E3627)
Corona, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and incompetence in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, prohibited from performing any surgical procedures in any acute care facility or out-patient facility. September 7, 2004

SMITH, STEPHEN DOUGLAS, D.P.M. (E2588)
Huntington Beach, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence; repeated negligent acts; incompetence; dishonesty and unprofessional conduct in the care and treatment of 3 patients; and excessive treatment and insurance fraud in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, providing 48 hours of community service; completing an ethics course; completing a medical billing course; and obtaining a practice monitor. August 23, 2004

PHYSICIAN ASSISTANTS

BERTOLDO, JILL, P.A. (PA15085)
Morgan Hill, CA
B&P Code §§810(a), 2234(b)(c)(d)(e), 2238, 2239(a), 2242(a), 3502.1(c), 3527, 4324. Stipulated Decision. Committed acts of gross negligence; repeated negligence; incompetence; dishonesty; administering or issuing a Schedule II through V controlled substance without advance approval by a supervising physician; prescribing controlled substances without a good faith prior examination; self administration of controlled substances; insurance fraud; signing the name of another or falsifying a prescription; and having in her possession a prescription for drugs secured by a forged prescription. Surrender of license. October 15, 2004

COLELLA, FRANCES, P.A. (PA15239)
Altadena, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records during the care and treatment of 6 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a record keeping course; maintaining all patient medical records for review by supervising physician; and must have on-site physician supervision. October 25, 2004

MURRAY, HARRY LYNN, P.A. (PA11607)
Long Beach, CA
B&P Code §§490, 493, 2236(a), 2236.1, 2261, 2262, 3527(a), 3531. Criminal conviction for Medi-Cal fraud and spousal abuse and created false medical records. Revoked. September 16, 2004

PLUNKETT, RONALD ALAN, P.A. (PA15879)
Meadow Vista, CA
B&P Code §§475, 490, 3527, 3531. Criminal conviction for possession of a firearm and assault. Revoked. October 29, 2004

REED, DORIAN JAMIE, P.A. (PA17649)
San Diego, CA
B&P Code §§480(a)(1)(3), 3527(a). Stipulated Decision. Convicted of vandalism, battery, and threatening a crime with intent to terrorize. Probationary license issued, placed on 3 years probation with terms and conditions. Decision effective September 28, 2004, probationary license issued October 27, 2004.

SELBY, VERONICA LEIGH, P.A. (PA17498)
Seal Beach, CA
B&P Code §§480(c), 3527(a). Stipulated Decision. Failed to disclose a misdemeanor conviction on her application for licensure with the Physician Assistant Committee. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course. Decision effective August 2, 2004, probationary license issued August 6, 2004.

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Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825

**Business and Professions
Code section 2021(b) &
(c) require physicians to
inform the Medical
Board in writing of any
name or address change.**



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TOLL FREE COMPLAINT LINE: 800-MED-BD-CA (800-633-2322)

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ACTION REPORT — JANUARY 2005
Candis Cohen, Editor (916) 263-2389