MICRA and an Effective Medical Board

by Dave Thornton, Executive Director

Why do California physicians enjoy some of the lowest malpractice rates in the country? One reason is MICRA – the Medical Injury Compensation Reform Act. MICRA was passed by the Legislature in 1975 as a result of a malpractice crisis in California which saw rates skyrocketing. MICRA placed a cap on malpractice awards for non-economic damages, what is commonly referred to as “pain and suffering.” With the support of the medical profession, this same legislation also created a more effective medical board charged with regulating the profession and disciplining those few physicians who contribute to higher malpractice rates for everyone else. Relief for physicians and greater consumer protection were linked to the MICRA law.

The Medical Board of California (MBC) is a model for other states’ medical boards. Like those other states, the MBC is suffering from underfunding and understaffing. The last time license renewal fees were raised was in January 1994 – over 11 years ago. Since that time, the cost-of-living index in California has increased by at least 28 percent. The board has implemented a variety of approaches to better manage its programs and operations to decrease costs and avoid increasing licensing and renewal fees. One example is charging physicians who are found to have violated the Medical Practice Act some of the cost of their investigation and prosecution. However, the time has come when we must raise fees or face the looming prospect of cutting valuable programs such as the Physicians Diversion Program which has helped many physicians recover from addictions to drugs and alcohol and return to practice as productive members of their profession.

Realizing there is no alternative, board members – the majority of whom are physicians – voted unanimously to seek a fee increase to fund the ongoing programs and operations of the board. The board will continue to work with the Legislature and organizations representing physicians to ensure that any increase is fully justified.

The 93,000 physicians in California want to keep their malpractice premiums among the lowest in the nation and understand to do so requires the public’s and Legislature’s assurance of an effective medical board. The board is committed to ensuring an appropriate funding level to fulfill that vision contemplated in 1975 and to meet its mission on behalf of California’s healthcare consumers and the physicians who serve them.
The word “discipline” has a very negative connotation to the practicing physician. It strikes at the heart of a physician’s self esteem and perhaps even worse, can have major economic ramifications. Yet, the Medical Board’s mission of public protection centers on this issue.

The highest priority of the Division of Medical Quality (the board’s enforcement arm) is public protection through a disciplinary system of checks and balances. Fortunately, discipline affects less than one percent of the physicians in the State of California each year. Most physicians practice in an exemplary manner.

Medicine, like life, is a bell-shaped curve, and so is the disciplinary group whose acts range from mistakes in judgment, to sexual offenses, to felonious acts and impairments which may affect practices. The Medical Board has a difficult job in the investigation of those varied complaints and meting out appropriate discipline. While some see the board as too harsh, others say we are too lenient.

Most do not realize that the board as currently constituted was a result of the MICRA legislation which required a strong medical board as a tradeoff for economic caps on pain and suffering in malpractice awards. This 21-member board is balanced in its approach, with 13 physicians who make decisions on behalf of the medical profession they are asked to regulate.

This brings us to the very basic problem facing this board and its 119,000 physicians who practice in and outside of the state’s borders: how can the board partner with the physician community to do a better job of regulating the profession? The board does not micromanage the quality of medicine in California. It reacts to the problems with which it is confronted when it receives complaints, 805 (hospital peer review) reports, and malpractice reports.

What is our responsibility as physicians? We all must be active in peer review, which is the cornerstone of good medical care. Peer review is not necessarily punitive, but hopefully is corrective to improve the quality of medical care. Unfortunately, the quality of peer review in this state is unknown. A law was passed in 2002 to study the quality of peer review, but due to the board’s current fiscal situation, it has not been funded.

As board president, I am hopeful that peer review is conducted in hospital and office-based practices. The American Society of Plastic Surgeons has a model program in place to deal with complications in the offices for its members. Obviously peer review is a big issue with complex problems and complex solutions, but is necessary for the delivery of good patient care.

As physicians we must police ourselves or abdicate that right to others. This represents the challenge of the future in maintaining and improving the quality of care for all patients in the State of California. Meaningful peer review at every practice level is essential for both patient safety and for the integrity of the medical profession.
Why Does the Medical Board Employ Peace Officers?

by Joan Jerzak, Chief of Enforcement

Investigators with guns and badges? The board is sometimes criticized and asked why it employs sworn peace officers. While the vast majority of physicians only contact with the board is when they pay their license renewal fees, a small number of physicians have expressed surprise when they were contacted by a board investigator and learned they carried a badge and had sworn status. The short answer to the questions is contained in the board’s mission statement: “To protect healthcare consumers through...the vigorous, objective enforcement of the Medical Practice Act.”

Dating back to 1937, the Business and Professions Code allowed the director of the Department of Consumer Affairs (DCA) to employ investigators, as necessary, to investigate and prosecute all violations of law, the enforcement of which is charged to any board within the department. The code further describes the investigators as having the authority of peace officers while engaged in exercising the powers granted to or performing the duties imposed upon them in investigating the laws or commencing any criminal prosecution arising from any investigation.

Initially, all DCA investigators were pooled together and investigators received a caseload of complaints, that could include non-healing arts complaints, as well as complaints about physicians. However, due to the complexity of medical cases and the need to specialize in healthcare complaints, in 1977 the board obtained legislative approval to employ investigators who would be solely devoted to the investigation of physicians and surgeons and certain allied healthcare professions.

While the majority of complaints are related to the quality of healthcare rendered, some can include allegations of criminal conduct: sexual misconduct, rape, healthcare fraud, homicide, drug dealing, wrongful death and the unlicensed practice of medicine. At times, board investigations have an element of danger. Some cases, which couple illegal acts with volatile behavior, present extreme danger to board staff. And, over the years, board investigators have encountered physicians and staff who have been armed – even while seeing patients!

Periodically, board investigators are asked to work joint cases with local law enforcement officers. One complaint was filed by a prostitute who told a deputy sheriff she traded sex for drugs with a physician, but was fearful of what she saw in the physician’s residence. The subsequent search warrant revealed numerous illegal weapons, elaborate barricades, evidence of drug dealing and a large amount of cash. Another complaint involved a physician who was selling prescriptions. After his license was revoked, the physician shot two men and killed himself. In another situation, the local police advised that a physician had made an offer to his former bodyguard to kill the assigned prosecutor and the witnesses who testified against him. Another physician, who was placed on probation with the board, told his therapist that he harbored a tremendous desire for vengeance toward the board and the investigator assigned to his case. The therapist reported this information to the board because the physician was in possession of a number of weapons and the threat appeared to be legitimate. And, at times, the complaining parties or victims have made threats against board investigators based on the outcome of an investigation.

Investigations are sometimes worked jointly with the federal Food and Drug Administration, the Drug Enforcement Administration and the FBI. Sworn status is necessary before many agencies can legally share information or work with board investigators on complaints involving California licensees.

Board investigators are peace officers under Penal Code section 830.3 and are highly specialized. Prior to hiring, they must pass an extensive background investigation, followed by a medical and psychological evaluation. They must attend a 16-week peace officer academy (approved by the California Commission on Peace Officer Standards and Training) and must be capable of performing peace officer functions, e.g., serving search warrants, making arrests, accessing confidential computer data bases, filing criminal cases with local prosecutors and carrying firearms. In addition, investigators receive many hours of board-sponsored training on topics specific to the practice of medicine.

Although the above-described scenarios are not a daily occurrence, board investigators are trained to handle a dangerous situation if it arises and carry the necessary equipment to protect themselves and members of the public, should they need it.
Physician and Surgeon License Application Update

The Division of Licensing is updating the Application for Physician’s and Surgeon’s License. The new application was available beginning in mid-June 2005. The board will only accept the new application after July 1, 2005. If an old application is submitted after July 1, 2005, the division will notify applicants to complete and submit the updated application. Following is a list of some of the major changes to the application.

• More detailed instructions for completing the application.
• Clear and succinct questions regarding criminal history, postgraduate training, academic and practice histories.
• More detailed instructions on documentation required, if there are positive responses to the questions requiring further explanations.
• The notary public jurat has been updated to meet the requirements of the passage of recent legislation.
• Elimination of the necessity for original documents: replacing with primary source verification (e.g., certified copies of diplomas and transcripts).

Tips for completing your application:
• The application process time is lengthy. Please begin your application early.
• Completed applications, including supporting documents and fees, are processed in the order received.
• Read the General Information Sheet and the Instructions before completing the application.
• Make sure your application is complete, accurate and provides all the requested documentation.
• Answer all questions honestly.
• Provide additional explanation and/or documentation where needed.
• Provide all requested documents.
• Submit your fingerprints for both California Department of Justice and FBI clearance; applicants residing in California must use Live Scan. Fingerprint cards may be submitted for applicants residing out of state.
• Application and fingerprint processing fees must be submitted with application; the licensing fee may be paid after the application has been approved for licensure.

General licensing requirements:
• A graduate of an approved or recognized medical school.
• Passing scores from a recognized national examination, e.g., USMLE.
• U.S. graduates must have completed one year (must be licensed by the end of the second year) ACGME-accredited postgraduate training.
• International graduates must have completed two years (must be licensed by the end of the third year) ACGME-accredited postgraduate training.

Please visit our Web site: www.caldocinfo.ca.gov for additional licensing information and updates, or call the Consumer Information Unit at (916) 263-2382.

Clarification on Prescribing of Schedule II Controlled Substances

On page 7 of the April 2005 Action Report, under Prescribing Controlled Substances, the board advised, “...unless DEA changes its position, physicians must see their patients each time a prescription for a Schedule II drug is written.” The term “see” has implied to some that patients must be seen “face to face” each time, and this was not the board’s intent. The amount prescribed and period for follow-up is not dictated by the DEA, and is subject to the standard of care. The DEA believes any form of refill for Schedule II prescriptions, including prescriptions containing statements such as “do not fill until...”, are illegal.

The following statement is intended to provide guidance and clarity for physicians who prescribe Schedule II Controlled Substances to their patients.

When prescribing Schedule II Controlled Substances to patients, the length of time and quantity of each Schedule II prescription should be based on the needs of each patient and must be within the standards of responsible prescribing.
New Deputy Director for Medical Board

The Medical Board of California is pleased to announce the appointment of Kimberly Kirchmeyer as the deputy director and chief operating officer of the board. Ms. Kirchmeyer is responsible for overseeing the daily operations of the organization and the delivery of program services to the consumers and physicians of California. She will work closely with the board to promote effective planning and implementation of its policies into program operations.

Ms. Kirchmeyer has 13 years of state service with diverse experience in a variety of programs at the board since her arrival in August 1999. She worked in the Discipline Coordination Unit reviewing and processing legal documents and later managed the board’s Business Services Office. From there she helped successfully reorganize the Central Complaint Unit into two sections, Physician Conduct and Quality of Care. She managed the Physician Conduct section from September 2002 until being reassigned to manage the Discipline Coordination Unit in July 2004.

Prior to coming to the Medical Board, Ms. Kirchmeyer worked for the Board of Barbering and Cosmetology. After receiving her bachelor of science in PreMed from Pensacola Christian College in 1992, she began her career with the Board of Barbering and Cosmetology, fielding calls in the phone room, processing reapplications, scheduling exams, and later was responsible for all budgetary and legislative matters. She quickly rose in rank from an office assistant in 1994 to an associate governmental program analyst in 1999, with the majority of her time spent in enforcement.

New Administrator for Diversion Program

Frank Valine joins the Medical Board’s Diversion Program in offering California physicians the opportunity to seek treatment and recovery from alcohol and/or drug abuse, or mental health problems which may affect their ability to practice medicine safely. He has an extensive history in the fields of drug and alcohol recovery and law enforcement.

In 1969, Mr. Valine graduated from California State University, Sacramento in correctional work and administration. Soon after, he worked for the California Youth Authority at the Perkins Reception Center as a group counselor, then moved on to a career at the San Joaquin County Department of Probation. During this time, he earned his California Alcohol Drug Counselor II and National Certified Alcoholism Counselor II certifications, and went on to complete his graduate work at Chapman University.

Mr. Valine rose through the ranks as he worked in the Penal Code 1000 Drug Diversion Program, and the Driving Under the Influence Program for Adults, before becoming a Supervisor for the Juvenile Intake Division for San Joaquin County. After retiring in 1999, he was appointed as a traffic hearing commissioner for adolescents.

Mr. Valine wrote a successful proposal for the Adolescent Juvenile Drug Court Program for San Joaquin County. He pulled together a consortium that included the departments of Education, Substance Abuse, and Probation to develop a model program for youth that continues to function today.
Physicians must complete a mandatory CME course in pain management and the treatment of terminally ill and dying patients by December 31, 2006. This is a one-time requirement of 12 credit hours.

**Pediatric Pain Symposium**  
**September 10-11, 2005**  
Hilton Los Angeles Universal Hotel  
Universal City, CA  
Sponsored by:  
*American Academy of Pediatrics*  
*California Chapter 2*  
*Kaiser Permanente*  
*Children's Hospital Los Angeles*  
12 Category 1 credits / Fee $150  
Contact: Kathleen Shematek  
(213) 250-4876 or aapc2@socal.rr.com

**Essentials of Pain Medicine:**  
*What You Need to Know at the Front Line of Medicine*  
**September 17-18, 2005**  
Renaissance Hollywood Hotel  
Hollywood, CA  
Sponsored by:  
*American Academy of Pain Medicine*  
(847) 375-4731  
www.painmed.org  
aapm@amctec.com  
12 Category 1 credits  
Hotel reservations: (323) 856-1200  
Mention AAPM to receive conference rate

**Palliative and End-of-Life Care for the Adult and Child**  
Sponsored by:  
*Stanford University School of Medicine*  
**November 7-9, 2005**  
Princeville Resort  
Kauai, Hawaii  
12 Category 1 credits  
For more information: www.cme.lpch.org  
(650) 497-8554

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*Safety, effectiveness AND cost are ALL important to your patients.*

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*Generic drugs*

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- save an average of $45.50 for every prescription sold;
- currently save consumers about $56.7 billion/year, and can save consumers an additional $1.3 billion/year for every 1 percent increased use of generic drugs;\(^1\)
- are lower in cost than Canadian brand name or generic drugs.\(^2\)

**Continued Education Opportunity:**

Learn and get one hour of CE credit by taking FDA’s Web-based CE on generic drugs – “The FDA Process for Approving Generic Drugs.”

FDA’s Web seminar provides viewers with an overview of the Food and Drug Administration’s role in the generic drug process. It discusses various aspects of the Abbreviated New Drug Application (ANDA) process, including how FDA’s approval assures that generic drugs are safe, effective, and high-quality drug products.

1. Go to: www.fda.gov/cder/learn/CDERLearn/default.htm
2. Follow the instructions.

**Accreditation:**

For physicians, by the Accreditation Council for Continuing Medical Education, for a maximum of one-hour Category 1 credit toward the AMA Physician’s Recognition Award.

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1 Buehler, G. (Director, FDA Office of Generic Drugs): The FDA Process of improving generic drugs, October 29, 2002 at www.fda.gov/cder/ogd/02-10_BCBS_gjb/

Free Specialized Telephones and Devices

California Telephone Access Program
A Program of the California Public Utilities Commission

The California Telephone Access Program (CTAP) distributes telecommunications equipment and services to individuals certified as having difficulty using the telephone. CTAP is a California State mandated program under the California Public Utilities Commission (CPUC). Equipment and some network services are available at no charge to eligible consumers.

Californians who are deaf, hard of hearing, speech disabled, blind, or who have low vision, cognitive impairments, or restricted mobility are eligible to receive equipment with certification by a medical doctor, a licensed audiologist, a qualified state agency, or a hearing aid dispenser.

CTAP is funded by a small surcharge that appears on all telephone bills in California. The money collected from this surcharge pays for both the CTAP and the California Relay Service (CRS). This surcharge appears on phone bills as “CA Relay Service and Communications Devices Fund.”

Applications include an easy, three-step process. Physicians may obtain further information or certification forms by calling (800) 806-4474 or downloading at: www.ddtp.org/CTAP/CTAP_equipment_application_and_certification_process.

Patients may bring a completed form to one of the service centers throughout the state:

- **Burbank**: 303 N. Glenoaks Blvd., Suite L-130, Burbank, CA 91502
- **Fresno**: 1320 East Shaw, Suite 130, Fresno, CA 93710
- **Oakland**: 1970 Broadway, Suite 650, Oakland, CA 94612
- **Riverside**: 6370 Magnolia Avenue, Suite 310, Riverside, CA 92506
- **Sacramento**: 2033 Howe Avenue, Suite 150, Sacramento, CA 95825
- **Santa Ana**: 2677 N. Main Street, Suite 130, Santa Ana, CA 92705
- **San Diego**: 2878 Camino del Rio South, Suite 400, San Diego, CA 92108

**Or mail to**: P.O. Box 30310, Stockton, CA 95213

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Reportable Disease List to be Updated

New Legislation Allows for Timely Changes

Department of Health Services, Division of Communicable Diseases

An important function of public health is to monitor and track diseases and conditions that impact the general population. This public health surveillance function is carried out through a partnership of healthcare providers, laboratories, and local, state, and national public health agencies. This partnership is strengthened through regulations that define the diseases and conditions to be reported, as well as the duties that each of the partners must perform. Specifically, Title 17 of the California Code of Regulations (CCR) requires healthcare providers and/or laboratories to report certain health conditions, listed in sections 2500 and 2505 of the CCR (“reportable disease list”), in a timely fashion to local health authorities.

California Health and Safety (H&S) Code section 120130, which is the authority for Title 17, was first published in 1945 and has been amended nine times since then, with the intent to reflect the current needs and priorities for public health surveillance. Recently, the ability to update the reportable disease list has been facilitated through the passage of AB 1091 (McLeod) in the 2004 legislative session, and signed into law by Governor Schwarzenegger. This law allows for the reportable disease list to be changed by the California Department of Health Services (DHS), in consultation with the California Conference of Local Health Officials (CCLHO), without going through the formal regulatory process. Timely updating of the reportable disease list will allow flexibility to respond to changing public health needs such as addressing new and emerging diseases or removing diseases from the list that are no longer public health priorities.

Updates to the reportable disease list have been agreed upon for 2005 and will be published in the regulations. They can be viewed at: www.calregs.com (click on “California Code of Regulations” and type “120130” in the search box). Specific additions to the list include Severe Acute Respiratory Syndrome (SARS) and West Nile virus (WNV) (fever, meningitis, and encephalitis). Also, Lyme disease has been made laboratory reportable, which means that a positive laboratory test for Lyme disease must be forwarded to the local health department, which will then follow up with the physician ordering the test to evaluate if the patient fits the surveillance case definition. Surveillance case definitions of SARS, Lyme disease, and other reportable diseases can be found at the U.S. Centers for Disease Control and Prevention (CDC) Web site: www.cdc.gov/epo/dphsi/phs/infdis.htm. The case definition for WNV can be found at: www.cdc.gov/ncidod/dvbid/westnile/clinicians/surveillance.htm#casedef.

Since public health surveillance provides critical information on diseases affecting the general population and healthcare, it is incumbent upon all members of the public health surveillance partnership (healthcare providers, laboratories, and local, state, and national public health agencies) to participate in disease reporting and to be aware of emerging diseases to be added to the list of reportable diseases. For more information on disease reporting, please contact the California Department of Health Services, Division of Communicable Disease Control: www.dhs.ca.gov/ps/dcdc/dcdcindex.htm, (916) 552-9700.

Recall of LeadCare Blood Lead Testing System:
Need for Patient Retesting

Department of Health Services Childhood Lead Poisoning Prevention Branch

ESA/Magellan Biosciences (ESA), makers of the LeadCare Blood Lead Testing System, has issued a recall of some test kits used to measure blood lead. Specified kits have resulted in underreporting of blood lead levels (BLLs) by an average of 26 percent, as compared to the graphite furnace atomic absorption spectroscopy method. ESA is voluntarily recalling and replacing test kits with the following lot numbers: CA6, CA7, CA8, CA9, CCA, CCE, CCF, and CCH, shipped between September 2003 and April 2005. Many physician-operated laboratories use the LeadCare Testing System.

(Continued on page 10)
FDA’s “Combating Counterfeit Drugs” Progress Report Online

The Food and Drug Administration, working in collaboration with the private sector and with other government agencies, announced significant progress in the battle against counterfeit prescription drugs in its annual update of “Combating Counterfeit Drugs.” (www.fda.gov/oc/initiatives/counterfeit/update2005.html)

FDA’s Office of Criminal Investigations (OCI) initiated 58 counterfeit drug investigations involving hundreds of thousands of fake dosage units in 2004. Important steps toward the development and implementation of a standard electronic track and trace system using radio-frequency identification (RFID) for widespread use in the drug distribution system and significant advancements in developing an electronic pedigree (chain of custody) for drug products have been made. FDA is optimistic that this progress will continue at a rapid pace and will achieve widespread use in the drug supply chain. These changes will make it more difficult for counterfeit drugs to enter the distribution system.

Additionally, drug manufacturers are increasing their use of anti-counterfeiting technologies such as holograms, color shifting inks, and covert markings on drug products and packaging. Several states are beginning to adopt stricter laws regarding the movement of drugs through the supply chain. FDA is strengthening ties with foreign law enforcement agencies and international organizations, as well. An FDA education program about the risks of counterfeit drugs and the National Consumers League (NCL) Web site (http://fraud.org/fakedrugs/) will help educate consumers. These initiatives are all contributing to a safer drug supply.

New Rule Enhances the Safety of Human Cells and Tissues

FDA recently finalized a new rule designed to increase the safety of human cells, tissues and cellular and tissue-based products that are used for transplantation. The regulations apply to a broad range of products, including bone, ligaments, skin, corneas, and hematopoietic stem cells. They also apply to human heart valve and human dura mater allografts. The rule requires that manufacturers of these products recover, process, store, label, package and distribute them in a way that prevents the spread of communicable diseases.

In this rule, FDA uses the word “manufacture” as an umbrella term to capture the many different actions an establishment might take in preparing these products for use. Many types of establishments may be involved in various steps from recovery, donor screening and testing, to storage and distribution. If an establishment is involved in any of the steps covered by the new regulation, FDA calls it a manufacturer.

Prior to the new rule, there were some regulations in place to help assure the safety of human tissue. But the new rule covers a broader range of products and has more comprehensive requirements. This will help assure healthcare providers that the tissue and cellular products they use are the safest available.

If you use these products, you can help us monitor their safety by reporting any serious or life-threatening adverse reactions in your patients to FDA. For more information: www.fda.gov/cber/rules/gtpq&a.htm.
Influenza Vaccination: A Better Year Ahead?
California Adult Immunization Coalition seeks physician input

California Adult Influenza Coalition (CAIC)

The annual influenza vaccination process has frustrated both public health and healthcare physicians due to unexpected problems with the vaccine supply over the last several years. Last October, the vaccination season was disrupted after it had already begun when half of the U.S. supply was suddenly withheld from the market due to safety concerns. Huge efforts to equitably distribute the remaining supply were made at the national, state, and local levels. Due to the great effort and collaboration of physicians, healthcare institutions, and public health departments, most persons in the highest priority groups did receive vaccines in a timely fashion. Luckily, the prioritized redistribution was coupled with a relatively mild influenza season, avoiding what could well have been a public health disaster.

This coming fall, more manufacturers are attempting to enter the market, and there is reason to hope for a better and more reliable supply of vaccine. The Centers for Disease Control and Prevention (CDC) is planning for all eventualities by developing predetermined actions and timetables in order to avoid last minute shifts in policy, allowing for better communication. Based on lessons learned from last season, if supplies turn out to be inadequate, a pre-planned tiered approach to vaccinate highest priority groups first and systems to distribute vaccine most effectively will be initiated. Dr. Howard Backer, head of the Immunization Branch of California DHS, represents our state’s interest in this national planning effort.

The California Adult Immunization Coalition (CAIC), comprised of over 25 organizations from around the state, including several public health and medical organizations, works to improve and facilitate annual influenza vaccination in California. CAIC is conducting a survey of physicians involved in influenza vaccination to determine physician intentions to vaccinate in the future. The survey concerns physicians’ attitudes and plans regarding influenza vaccination and can be accessed online at the CAIC’s Web site: www.immunizeCAadults.org.

In addition, the survey will be distributed through several physicians’ professional organizations. Participating physicians will be eligible for one of several incentive gifts for participating online. Survey results will be used to promote policies supporting physicians’ vaccination practices and efforts to improve adult immunization rates in California. We encourage the participation of any physician who purchases flu vaccine for his/her adult population.

Recall of LeadCare Blood Lead Testing System: Need for Patient Retesting

(Continued from page 8)

ESA recommends in a recall letter the retesting of affected individuals, who may have had elevated BLLs that were under read, and states, “we recommend that… you retest all patients that previously tested greater than 6 µg/dL on one of the affected kits if their results were not confirmed by a method other than LeadCare.” Since ESA has stated that some of the tests may have been under read by up to 40 percent, the California Department of Health Services (DHS) recommends retesting any individual who had a BLL equal to or greater than 6 µg/dL obtained with one of the test kits being recalled, unless the BLL has already been confirmed by another testing method.

For questions about the recall, ESA may be reached at (800) 275-0102. For questions about retesting children and childhood lead poisoning prevention, please contact the DHS Childhood Lead Poisoning Prevention Branch at (510) 622-5000. For questions about retesting occupationally exposed adults, please contact the DHS Occupational Lead Poisoning Prevention Program at (510) 622-4332. Additional information about the DHS programs may be found at www.dhs.ca.gov/childlead and www.dhs.ca.gov/ohb/olppp.
ARTEBERRY, JOHN D., M.D. (A17895)
Yucca Valley, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with dishonesty and gross negligence, repeated negligent acts and failing to maintain adequate and accurate medical records in the care and treatment of 5 patients. Surrender of license and ordered to pay cost recovery of $25,000. April 1, 2005

BAUER, HENRY P., JR., M.D. (C29692)
San Diego, CA
B&P Code §822. Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. March 1, 2005

BELTRAN, ROBERT ALAN, M.D. (G34383)
Los Alamitos, CA
B&P Code §2234(b)(c). Committed acts of gross negligence 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 an educational course in addition to required CME, completing a clinical training program and ordered to pay cost recovery of $17,000. February 17, 2005. Judicial review pending.

BOONTUNG, SITTIPORN, M.D. (A25148)
Palos Verdes Estates, CA
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence by failing to thoroughly examine a patient prior to admitting the patient to the hospital, failing to realize the severity of the patient’s condition and failing to timely initiate an aggressive course of treatment. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course, completing a clinical training program, prohibited from treating patients with HIV/AIDS and ordered to pay cost recovery of $5,000. March 28, 2005

BORSADA, MINAL WILSON, M.D. (A66056)
Orange, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence and repeated negligent acts in the care and treatment of 3 patients. Public Reprimand and ordered to pay cost recovery of $4,000. April 13, 2005

Explanation of Disciplinary Language and Actions

“Cost Recovery” — Physicians who are found to have violated the Medical Practice Act can be ordered to pay the reasonable costs of the board’s investigation and prosecution of the matter up to the administrative hearing.

“Effective date of decision” — Example: “March 2, 2005” 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 pending” — The disciplinary decision is being challenged through the court system, i.e. Superior Court, Court of Appeal, or 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.

“Public Letter of Reprimand” — A lesser form of discipline that can be negotiated for minor violations, usually 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, five years probation on terms and conditions, including 60 days suspension” — “Stayed” means the revocation is postponed. Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days of 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 formally 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.
BRAUN, ROBERT Z., M.D. (A45252) Los Angeles, CA
B&P Code §2234(b). Violated the terms and conditions of his board-ordered probation by failing to have an approved practice monitor, being convicted of disturbing the peace and committing acts of gross negligence in the care and treatment of 1 patient. Revoked and ordered to pay cost recovery of $10,000. March 10, 2005

BRENNEN, PATRICK FRANCIS, M.D. (C41320) Hesperia, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with aiding and abetting the unlicensed practice of medicine, failing to supervise medical assistants, violating drug statutes, failing to maintain adequate and accurate medical records, gross negligence, repeated negligent acts, incompetence and practicing without a Fictitious Name Permit. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days actual suspension, completing a prescribing practices course, completing a medical record keeping course, obtaining a practice monitor and ordered to pay cost recovery of $3,794. February 17, 2005

CAMERON, ROBERT BRUCE, M.D. (C39029) Pensacola, FL

CASTELLANOS, ALEXANDER F., M.D. (G37303) Templeton, CA

DALY, THOMAS OLIVER, M.D. (G38128) Hamburg, NY

EDWARDS, ROBERT NORFLEET, M.D. (C39176) Klamath Falls, OR

ERICSON, JAMES CORBIN, M.D. (A84428) Pasadena, CA
B&P Code §§2234, 2266. Stipulated Decision. Disciplined by Michigan for failing to complete the required CME needed to renew his medical license. Public Letter of Reprimand. March 16, 2005

GARRY, JOHN EDWARD, M.D. (G39995) Fresno, CA
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Michigan for failing to complete the required CME needed to renew his medical license. Public Letter of Reprimand. March 16, 2005

GINSBURG, MARVIN L., M.D. (G10816) Azalea, OR
B&P Code §§141(a), 2305. Disciplined by Oregon for performing endoscopic procedures in a manner that departed from the standard of practice, without proper training and at a clinic that was not a certified surgical facility. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course in addition to required CME, prohibited from performing colonoscopies, sigmoidoscopies or upper gastrointestinal endoscopic procedures without first completing a regimen of medical training and ordered to pay cost recovery of $903. February 14, 2005

GLASSER, BERNARD DAVID, M.D. (G21928) 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. Physician completed a prescribing practices course and a medical record keeping course. Public Reprimand and ordered to pay cost recovery of $3,000. February 15, 2005

GREENE, CYRUS T., M.D. (C17894) Beverly Hills, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with having a condition affecting his ability

What is Cost Recovery?
Physicians who are found to have violated the Medical Practice Act can be ordered to pay the reasonable costs of the board’s investigation and prosecution of the matter up to the administrative hearing. The board is not alone in this practice and joins other professional licensing boards, including all within the Department of Consumer Affairs, that are attempting to minimize costs to those licensees who do not violate the law.
to practice medicine safely. Surrender of license and ordered to pay cost recovery of $10,000. April 11, 2005

HANSON, ROBERT KEVIN, M.D. (G62711)
Woodland Hills, 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. Physician completed a medical record keeping course. Public Letter of Reprimand and ordered to pay cost recovery of $500. February 14, 2005

HARRIS, RICHARD I., M.D. (G29146)
Los Angeles, CA
B&P Code §§2234, 2236(a), 2239(a). Multiple convictions of driving under the influence of alcohol and conviction for evading a peace officer. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing, completing the Diversion Program, prohibited from the solo practice of medicine, providing a plan of practice, providing 480 hours of free medical services and ordered to pay cost recovery of $8,297. April 4, 2005

HELSTON, RAYMOND HERBERT, M.D. (A23548) Bakersfield, CA
B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct by failing to provide adequate supervision of medical staff who issued unauthorized prescriptions for controlled substances and dangerous drugs to patients who were abusing the drugs. Public Letter of Reprimand. April 27, 2005

HERMAN, ROBERT LOUIS, M.D. (A23097)
Pensacola, FL
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by the Navy for demonstrating deficiencies in medical records documentation, medical knowledge, expertise and judgment with regard to evaluation and management of routine and complicated OB/GYN patients. Surrender of license. February 16, 2005

HOFFMAN, ERIC PAUL, M.D. (G36531)
Chico, CA
B&P Code §141(a). Stipulated Decision. Disciplined by Idaho for misrepresenting his credentials to read mammograms. Public Reprimand and ordered to pay cost recovery of $970. March 31, 2005

KAWANO, DAVID KEVIN, M.D. (G53807)
San Mateo, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of unprofessional conduct and repeated negligence by failing to diagnose and treat subacute bacterial endocarditis in 1 patient. Physician completed a clinical training program and ordered to pay cost recovery of $1,000. Public Letter of Reprimand. March 2, 2005

KELLER, DAVID LOUIS, M.D. (G77409)
Torrance, CA
B&P Code §§2238, 2266. Stipulated Decision. Violated drug statutes by prescribing excessive supplies of opiate medication to pain patients and failing to maintain adequate and accurate medical records. Physician completed a medical record keeping course, completed a prescribing practices course and ordered to pay cost recovery of $5,000. Public Letter of Reprimand. February 8, 2005
KEMPTRUD, EDMUND PETER, M.D. (G28372)
Dublin, CA
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct by demonstrating deficiencies in knowledge and judgment in the care and treatment of 1 patient and in the quality of record keeping for the patient. Physician completed a clinical training program, completed a medical record keeping course and ordered to pay cost recovery of $4,000. Public Reprimand. March 29, 2005

KENNARD, LEE GORDON, M.D. (G35899)
Provo, UT
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Utah for failing to maintain accurate records of controlled substances received and used in his medical practice and maintaining unsecured controlled substances at his residence which were discovered and abused by another person. Surrender of license. February 24, 2005

KIRKHAM, DAN R., M.D. (G11339)
Corona, CA
B&P Code §§2234(e), 2236(a). Committed acts of dishonesty and convicted of conspiracy to defraud the United States and attempted to evade and defeat payment of taxes. Revoked and ordered to pay cost recovery of $2,637. February 25, 2005

KNIGHT, RODNEY ROBERT, M.D. (A60895)
Santa Maria, CA
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by the Air Force for demonstrating numerous deficiencies in clinical care and deficiencies in the aeromedical management of special operations duty personnel. Surrender of license. March 10, 2005

KURTH, JANICE, M.D. (G48146)
Claremont, CA
B&P Code §§822, 2234(a)(e), 2236, 2238, 2239, 2261, 2262. Convicted of willfully placing a child in a situation where he may be endangered, self-prescribed controlled substances, violated drug statutes, made and/or created false and fraudulent medical records, committed acts of dishonesty and has a condition affecting her ability to practice medicine safely. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; abstaining from the personal use or possession of controlled substances; submitting to biological fluid testing; completing a prescribing practices course and an ethics course; and prohibited from the solo practice of medicine. March 31, 2005

LOCKHART, ALONZO ELLIS, M.D. (C42439)
Inglewood, CA
B&P Code §2052. Stipulated Decision. Convicted of a misdemeanor for the unlicensed practice of medicine by allowing a medical assistant to diagnose and treat patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days actual suspension, completing an ethics course, obtaining a practice/billing monitor and ordered to pay cost recovery of $2,000. February 18, 2005

LOONEY, CHARLES, M.D. (A41554)
Point Reyes Station, CA
B&P Code §2239. Stipulated Decision. Self-abuse of alcohol and multiple convictions for driving under the influence of alcohol. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing and completing the Diversion Program. April 4, 2005

LONDON, KEVIN JACK, M.D. (G49145)
Laguna Niguel, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with violating the terms and conditions of his board-ordered probation by committing gross negligence, incompetence, repeated negligent acts and failing to maintain adequate and accurate medical records in the care and treatment of 5 patients.

Drug or Alcohol Problem? Mental Illness?

If you have a drug or alcohol problem, or are suffering from a mental illness, you can get help by contacting the Medical Board’s confidential Diversion Program.

Information about a physician’s participation in the Diversion Program is confidential. Physicians who enter the program as self-referrals without a complaint filed against them are not reported to the Enforcement Program of the Medical Board.

Contacting the Diversion Program does not result in the filing of a complaint with the Medical Board.

ALL CALLS ARE CONFIDENTIAL
www.caldocinfo.ca.gov
(916) 263-2600
(866) 728-9907 (toll-free)

Medical Board of California
Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825
practicing medicine with a suspended license, dishonesty, violating drug statutes, failing to allow an on-site drug inventory inspection, performing a procedure in a non-accredited outpatient setting and using anesthesia in a dose that, when administered, had the probability of placing a patient at risk for loss of the patient’s life-preserving protective reflexes.

Surrender of license. March 15, 2005

LUNDQUIST, CRAIG ALAN, M.D. (G67400) Madisonville, KY
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Kentucky for self-abuse of alcohol. Revoked, stayed, placed on 5 years of probation with terms and conditions including, but not limited to, completing the Diversion Program, abstaining from the personal use or possession of controlled substances, abstaining from the use of alcohol, submitting to biological fluid testing, obtaining a practice monitor, prohibited from the solo practice of medicine and ordered to pay cost recovery of $400. March 10, 2005

MAKOVOZ, GALINA, M.D. (A47756) Studio City, CA
B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct by failing to maintain adequate and accurate medical records of the care and treatment of 1 patient. Physician completed a medical record keeping course and ordered to pay cost recovery of $5,000. Public Reprimand. February 15, 2005

MAHMOUDIEH, ALIREZA, M.D. (A90452) Roseville, CA
B&P Code §480(a)(1)(2)(3)(c). Stipulated Decision. Failed to disclose a misdemeanor conviction on his application for licensure with the Medical Board of California. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course and providing 120 hours of free, non-medical community service. March 9, 2005

MANDEL, STEVEN LOUIS, M.D. (G28631) Beverly Hills, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of 3 patients and incompetence in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course in addition to required CME, a medical record keeping course, a clinical training program and ordered to pay cost recovery of $5,000. February 17, 2005

MANN, BARRY STEVEN, M.D. (G73042) Castro Valley, CA

MEADOR, JOSEPHINE MARIE, M.D. (C41161) Brunswick, ME
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Maine for abusing oxycodone, engaging in inappropriate prescribing practices and making misrepresentations to the Maine Board during its investigation. Surrender of license. February 23, 2005

METZGER, DEBORAH ANN, M.D. (C50171) Los Altos, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence, repeated negligent acts and excessive treatment in the care and treatment of 6 patients, prescribing without medical indication, creating false medical documents and failing to maintain adequate and accurate medical records in the care and treatment of 5 patients and violating advertising statutes pertaining to a Fictitious Name Permit. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, obtaining a practice/billing monitor, prohibited from practicing surgery, specifically from practicing laparoscopy, laparotomy, and hernia repair surgery, completing a prescribing practices course and ordered to pay cost recovery of $25,000. February 25, 2005

MILLER, GLENN EDWARD, M.D. (G29077) Santa Monica, CA
B&P Code §2234. Violated the terms and conditions of his board-ordered probation by not abstaining from the use of alcohol and by being terminated from the Diversion Program. Revoked and ordered to pay cost recovery of $2,045. March 17, 2005

MLADINEO, JOHN PHILIP, M.D. (G21244) Jackson, MS
B&P Code §§141(a), 2305. Disciplined by Mississippi for performing unnecessarily aggressive surgical procedures in a manner that deviated from the standard of practice, making misrepresentations on his application for renewal of his Mississippi license and being disciplined by hospital or medical staff. Revoked and ordered to pay cost recovery of $382. April 4, 2005
MONCUR, LARRY R., M.D. (GFE 13709)
Santa Ynez, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with unprofessional conduct due to a condition affecting his ability to practice medicine safely. Surrender of license. March 21, 2005

MORRIS, GABRIELLE FODOR, M.D. (G72117)
Vincennes, IN
B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course and a medical record keeping course; obtaining a practice/billing monitor, completing a clinical training program; passing an oral and/or written examination and ordered to pay cost recovery of $32,355. March 9, 2005

NEFF, MERLIN LEE, JR., M.D. (A19918)
Chino Hills, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence and repeated negligent acts in the care and treatment of 3 patients and failing to maintain adequate and accurate medical records of the care and treatment of 1 patient. Revoked, stayed, placed on 7 years 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 a clinical training program and prohibited from making and disseminating any false and/or misleading advertising. March 9, 2005

O’DONNELL, EUGENE P., M.D. (C27965)
Whittier, CA
B&P Code §§2234(b)(d)(e), 2266, 2271. Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient and committed acts of dishonesty and disseminated false/misleading advertising. Revoked, stayed, placed on 3 years 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, obtaining a practice/billing monitor and ordered to pay cost recovery of $32,355. March 9, 2005

O’HANLAN, KATHERINE ANNE, M.D. (G70108)
Portola Valley, CA
B&P Code §2234(e). Committed corrupt acts and dishonesty by misrepresenting the reason for trying to obtain potassium chloride, which she intended to provide to 1 patient with a terminal illness. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, 30 days actual suspension and completing an educational course in addition to required CME, completing an ethics course and ordered to pay cost recovery of $10,000. April 25, 2005

PATEL, BHARAJ JAYANTILAL, M.D. (A34922)
Studio City, CA
B&P Code §§2234(a)(b)(d)(e), 2248, 2261, 2262, 2266. Committed acts of gross negligence, repeated negligence, incompetence and failed to maintain adequate and accurate records in the care and treatment of 2 patients; made false statements and created false medical records; and failed to inform 1 patient of the availability of alternative and more conservative treatment. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 60 days actual suspension, completing an educational course in addition to required CME, completing a medical record keeping course, completing an ethics course, obtaining a practice/billing monitor, completing a clinical training program, passing an oral and/or written examination and ordered to pay cost recovery of $32,355. March 9, 2005

PENDLETON, JAMES, JR., M.D. (G28670)
Visalia, CA

PERO, JAMES EDWARD, M.D. (G70281)
Calabasas Hills, CA
B&P Code §§490, 2236(a). Stipulated Decision. Two convictions for driving under the influence of alcohol. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing and ordered to pay cost recovery of $1,000. March 9, 2005

PFAFF, CHARLES LOUIS, JR., M.D. (G31419)
Carlsbad, NM
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of 2 patients and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Surrender of license. March 10, 2005

PLANTING, LOYD CARSON, M.D. (A25463)
Tucson, AZ
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Arizona for failing to diagnose and appropriately treat 1 patient. Physician completed an educational program in the area of cardiology, with emphasis on diagnosing and assessing cardiac conditions including, but not limited to, 30 days actual suspension and completing an educational course in addition to required CME, completing an ethics course and ordered to pay cost recovery of $10,000. April 25, 2005
patients and ordered to pay cost recovery of $400. 
Public Reprimand. February 8, 2005

PRABHAKAR, RAM C., M.D. (A36231)
Irvine, CA
B&P Code §822. Physician has a condition affecting his 
ability to practice medicine safely. Surrender of license. 
March 1, 2005

RADEMAN, ALAN NATHAN, M.D. (G27960)
Beverly Hills, CA
B&P Code §2234. Stipulated Decision. No admissions 
but charged with violating the terms and conditions 
of his board-ordered probation by committing sexual 
misconduct with 1 patient and committing boundary 
violations by engaging in financial transactions with 
3 patients. Surrender of license and ordered to pay 
cost recovery of $5,557. February 22, 2005

RADPARVAR, NASSER RAD, M.D. (CFE39222)
Los Angeles, CA
Committed acts of gross negligence, repeated 
negligence, incompetence and failed to maintain 
adequate and accurate medical records in the care 
and treatment of 1 patient. Physician completed a 
medical record keeping course and ordered to pay cost 
recovery of $1,500. Public Reprimand. March 8, 2005

RAND, PHILLIP, M.D. (C11539) 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 
2 patients, failing to maintain adequate and accurate 
medical records, dishonesty, prescribing to an addict 
and prescribing without a good faith examination. 
Surrender of license. April 18, 2005

REYES, PEDRO MIGUEL, M.D. (C38934)
Covina, 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. Surrender of license. March 9, 2005

ROSENBerg, PAUL L., M.D. (G14078)
Tarzana, CA
B&P Code §§654.2, 2234(a)(b)(c)(d)(e), 2238, 2242, 
2261, 2266. Stipulated Decision. No admissions but 
charged with gross negligence, repeated negligence, 
incompetence, dishonesty, violating drug statutes, 
prescribing dangerous drugs without conducting a good faith examination, creating false documents, and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient. Additionally, he referred 1 patient to a facility and failed to disclose that he had a personal financial interest in the facility. Revoked, stayed, placed on 7 years probation with 
terms and conditions including, but not limited to, 
6 months actual suspension, completing a prescribing practices course, completing a medical record keeping course, completing an ethics course, completing a professional boundaries program, completing a clinical training program, obtaining a practice monitor and ordered to pay cost recovery of $4,516. April 1, 2005

RUBINO, JOHN JOSEPH, M.D. (G44312)
Castle Rock, CO
B&P Code §§141(a), 2305. Stipulated Decision. 
Disciplined by Colorado for chemical dependency. 
Surrender of license. February 14, 2005

RUTTER, PETER LEWIS, M.D. (G20304)
San Francisco, CA
B&P Code §§141(a), 2234. Stipulated Decision. 
Disciplined by Colorado for providing medications to his fiancée by writing prescriptions for himself and informing the pharmacy he was obtaining the medicine for his office supply. Public Letter of Reprimand. April 5, 2005

SANDHU, RAJWANT SINGH, M.D. (A41264)
Roseville, CA
B&P Code §2234. Stipulated Decision. Violated the 
terms and conditions of his board-ordered probation by 
failing to maintain a complete and accurate record of 
controlled substances, failing to submit timely quarterly 
reports and failing to pay his probation monitoring 
costs. Probation is extended an additional 2 years 
with terms and conditions including, but not limited to, 
prohibited from ordering, dispensing, administering or 
possessing any controlled substances except those in Schedules IV and V and Schedules II and III for in-patients in a hospital setting, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed, abstaining from the personal use or possession of controlled substances, submitting to biological fluid testing, completing the Diversion Program, obtaining a practice/billing monitor and ordered to pay cost recovery of $2,310. February 25, 2005

SHAY, JED, M.D. (C51490) San Marcos, CA
B&P Code §§141(a), 2234, 2305. Stipulated Decision. 
Disciplined by Texas for pre-signing prescription forms 
for use by a physician assistant working in his pain 
management practice. Public Letter of Reprimand. March 11, 2005

SHOROEYE, ADEYINKA, M.D. (A49743)
Riverside, CA
B&P Code §§2234(c), 2266. Committed acts of 
repeated negligence and failed 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 an educational course in addition to required CME, completing a medical record keeping
course, completing a clinical training program and ordered to pay cost recovery of $1,551. February 17, 2005. Judicial review pending.

SILVERT, MARK ALLEN, M.D. (G23121)
San Pablo, CA
B&P Code §2234(b). Stipulated Decision. Due to an error in office procedures, committed acts of gross negligence by mistakenly performing a procedure on 1 patient when in fact an entirely different procedure had been scheduled for that patient. Public Letter of Reprimand and ordered to pay cost recovery of $1,500. March 7, 2005

SOOD, SANJAY, M.D. (A60939)
Los Angeles, CA
B&P Code §2242. Stipulated Decision. Wrote prescriptions for Schedules I, II and III controlled substances over the Internet without performing a good faith prior physical examination. Revoked, stayed, placed on 5 years 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 prescribing practices course, prohibited from prescribing, dispensing or furnishing any controlled substances without a good faith prior examination conducted personally and a determination that there is a medical indication for the controlled substances and ordered to pay cost recovery of $5,000. March 7, 2005

STERLING, HARLEY E., M.D. (G7835)
Fullerton, CA
B&P Code §§2216.2(a), 2234(a), 2261. Stipulated Decision. Violated the terms and conditions of his board-ordered probation by performing surgical procedures outside of a general acute care hospital without adequate liability insurance coverage and without a transfer agreement with or admitting privileges at a local licensed acute care hospital, submitting false declarations regarding his medical practice, failing to submit quarterly reports and failing to pay cost recovery and probation monitoring costs. Surrender of license and ordered to pay cost recovery of $15,000. March 21, 2005

TAHERY, MOISE MICHAEL, M.D. (G78228)
Beverly Hills, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in support of minor surgical procedures during his care and treatment of 3 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course, completing a clinical training program, obtaining a practice monitor and ordered to pay cost recovery of $5,528. March 17, 2005

TARRYK, GEORGE H., JR., M.D. (G14655)
Long Beach, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, excessive prescribing, prescribing to an addict and failing 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, maintaining a 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, obtaining a practice monitor and ordered to pay cost recovery of $6,000. February 18, 2005

TATSUNO, YASUMITSU, M.D. (A21277)
Gardena, CA
B&P Code §§820, 822, 2234(d)(f). Physician has a condition affecting his ability to practice medicine safely. Revoked. March 11, 2005

THOMAS, JAMES ROBERT, M.D. (G47543)
Flagstaff, AZ
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Arizona for alcohol abuse. 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, submitting to biological fluid testing, completing an ethics course and ordered to pay cost recovery of $400. February 22, 2005

TUCKER, ANGELA ROSEMARIE, M.D. (A51846)
Spring Valley, NY

VAGSHENIAN, GREGORY SIMON, M.D. (G26335)
Austin, TX
B&P Code §§141(a), 2305, 2236(a). Stipulated Decision. Disciplined by Texas for being convicted of misdemeanor assault and committing acts of sexual misconduct with numerous patients. Surrender of license. February 16, 2005

VERBIN, CHRISTOPHER SCOTT, M.D. (G76352)
Hermosa Beach, CA
B&P Code §§2234(b)(c)(d), 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligence and incompetence and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing an educational
course in addition to required CME, completing a prescribing practices course, completing a medical record keeping course, completing a clinical training program, obtaining a practice monitor, prohibited from performing any surgery or procedure involving more than local topical anesthesia unless the anesthesia is administered by another physician or a certified registered nurse anesthetist and ordered to pay cost recovery of $9,874. February 28, 2005

VIDA, ALAIN MARTIN, M.D. (A30479)
Van Nuys, CA
B&P Code §2236(a). Convicted of grand theft for unlawfully taking property or money from the Medi-Cal Program. Revoked and ordered to pay cost recovery of $2,226. April 27, 2005

VIVANCO, FELIPE L., M.D. (A43235)
Newport Beach, CA

WILLIAMS, LAWRENCE B., M.D. (G8625)
Santa Barbara, CA
B&P Code §§2234(c), 2266. Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 3 patients. Physician completed a medical record keeping course and ordered to pay cost recovery of $1,500. Public Reprimand. March 9, 2005

RASH, WAYNE CHARLES, D.P.M. (E3888)
San Bernardino, CA
B&P Code §2234(e), 2236(a), 2239. Stipulated Decision. Convicted of grand theft, used alcohol in a manner dangerous to himself, other persons and the public and committed acts of dishonesty or corruption. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 90 days actual suspension, abstaining from the use of alcohol, submitting to biological fluid testing, completing a rehabilitation monitoring program, completing an educational course in addition to required CME, completing an ethics course, completing a medical record keeping course, passing a written examination and ordered to pay cost recovery of $9,000. March 21, 2005

DOCTORS OF PODIATRIC MEDICINE

FELDMAN, GARY SAMUEL, D.P.M. (E1871)
Encino, CA

JACKSON, LEONDRAS G., D.P.M. (E2555)
Glendora, CA
B&P Code §§2234(a), 2400, 2410, 2416, 2417. Stipulated Decision. Abetted the violation of the prohibition against having a lay entity employ a physician to engage in the practice of medicine. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an ethics course, having a practice monitor and ordered to pay cost recovery of $8,394. February 4, 2005

PHYSICIAN ASSISTANTS

CASTILLO, JOSE FRANCISCO, P.A. (PA13205)
Hollister, CA

HEATH, KENDALL TYRONE, P.A. (PA14177)
Pico Rivera, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with dishonesty, alteration of medical records, submitting false billings, aiding and abetting the unlicensed practice of medicine and conviction of a felony for grand theft. Surrender of license and ordered to pay cost recovery of $3,581. February 14, 2005

NIKNIA, DAVID, P.A. (PA14826) Beverly Hills, CA
B&P Code §§2234(c), 3527(a). Committed acts of repeated negligence in the care and treatment of 4 patients. Six months suspension, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course in addition to required CME and ordered to pay cost recovery of $8,984. April 11, 2005. Judicial review pending.

Copies of some public documents are available at www.caldocinfo.ca.gov, click on “Public Document Lookup,” or call the Medical Board’s Central File Room at (916) 263-2525. (Minimal copy charge.)
Business and Professions Code section 2021(b) & (c) require physicians to inform the Medical Board in writing of any name or address change.