

Action Report

Medical Board of California

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Medical Board of California Meeting

2005

November 3-4
San Diego

All meetings are open
to the public.

Legislation Becomes Effective Jan. 1 to Increase Licensing Fees

As a result of the passage of Senate Bill 231 (Figueroa, Chapter 674, Statutes of 2005), physicians' initial license fee, and biennial renewal fee, will increase from \$600 to \$790. This is the first license fee increase since January 1994. In 2003 the Department of Consumer Affairs appointed an enforcement monitor to evaluate the boards enforcement and diversion programs, and this increase was a key recommendation of the monitor's initial report. This change in the law will be implemented as follows.

Renewals: All physicians with renewal dates in January 2006 and beyond will be required to pay the new fee. Delinquent and penalty charges also will be increased to \$79 and \$395, respectively.

Applications for Licensure: Persons whose applications are postmarked on or after Jan. 1, 2006 will be assessed the new \$790 fee. However, those who are eligible to receive their license by Dec. 31, 2005 and submit their initial application form and the \$505 application fee postmarked PRIOR to Jan 1, 2006 will be assessed the current license fee of \$600. Current participants in postgraduate training programs who have satisfied all of the license requirements by Dec. 31, 2005 are eligible for the initial license fee of \$600 if the application, application fee, and application update (if required) are postmarked by Dec. 31, 2005. Individuals who pay their license fee online prior to Jan. 1, 2006 also must complete an application and have it postmarked or personally delivered to the board prior to

Jan. 1, 2006. (For eligibility requirements please refer to www.medbd.ca.gov/Applicant.htm)

Postgraduate Training Authorization Letters (PTALs): Those individuals with a PTAL who are eligible for licensure and submit their license fee and updated application will be eligible for the \$600 fee until Jan. 1, 2006. Individuals who have a PTAL but are NOT eligible for licensure will be assessed the \$790 fee when they apply for licensure after Jan. 1, 2006. For those who qualify for the reduced license fee, after Jan. 1, 2006 it will be \$395.

For additional information regarding the increase in licensing fees, please refer to "What's New" on the board's Web site at www.caldocinfo.ca.gov, or call the board's cashiering unit at (916) 263-2637.

Contributions: S. M. Thompson Physician Corps Loan Repayment Program

Physicians may contribute \$50 to provide support for the Steven M. Thompson Physician Corps Loan Repayment Program. This program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of their medical school loans in exchange for their service in a designated medically underserved area for a minimum of three years.

(Continued on page 4)

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

What is the next major milestone for the Medical Board of California? Senate Bill 231 (Figueroa) has passed through the Legislature and was signed by the Governor on Oct. 9. What is the significance of this new law?

SB 1950 (Figueroa, Chapter 1085, Statutes of 2002) created an enforcement monitor to evaluate the effectiveness of the Medical Board's Enforcement and Diversion programs and to provide two extensive, written reports to the Legislature. The initial 300-page monitor's report is the basis of SB 231, and is strongly supported by the Medical Board. Many changes already have been implemented by board staff; however, certain improvements cannot be made without the statutory changes included in this law.

What controversial issues are raised? Certainly the fee increase, which affects all California physicians, is a primary concern. The current fee was established in 1994, and there have been no fee increases since that time. However, expenses have risen significantly, including salary and benefits for employees and the cost of services from the Attorney General's office, which acts as the board's representative in legal proceedings.

Costs have outstripped revenue. The increase is \$95/year. Without the increase the board would have had to make drastic cuts in all programs. Remember, a strong board was the concession the Legislature gave for MICRA protections. An insolvent medical board puts a large nail in MICRA's coffin.

The California Medical Association opposed the board's continuing ability to impose the costs of investigation and prosecution of cases on physicians who are charged with and found to have violated the Medical Practice Act (commonly known as cost recovery). Historically, those physicians who have been charged and successfully prosecuted have paid some or all of the costs of that prosecution, when that prosecution is successful.



Ronald H. Wender, M.D.
President of the Board

Language in the new law eliminates the board's ability to recover such costs from individual physicians. CMA supported this change in the bill. The board will be permitted, by regulation, to raise the fee beyond the \$790 biennial base to offset this lost revenue.

The new law requires the board to continue to improve the Diversion Program. While the enforcement monitor had many concerns, some of the more significant concerns already have been addressed.

The law requires the program to undergo a performance audit in 2006 to ensure that it is adequately protecting the public while rehabilitating physicians with substance abuse problems. If the audit determines that the program is not meeting its mission, the program will be terminated July 1, 2008. The Diversion Program has been and is a priority of this board. We have every confidence that with the changes that have been implemented and with further improvements this valuable program will continue to serve its dual purpose well.

The new law “declares that the Medical Board of California, by ensuring the quality and safety of medical care, performs one of the most critical functions of state government.”

Finally, the new law “declares that the Medical Board of California, by ensuring the quality and safety of medical care, performs one of the most critical functions of state government.” It further finds that using a “vertical prosecution” model for its investigations “is in the best interests of the people of California.” This will involve the joint assignment of cases to board

investigators and deputy attorneys general, rather than the current “hand-off” method, where evidence is collected by board investigators and then turned over to the Office of the Attorney General for review and consideration of the disposition of a case. Vertical prosecution, which is used by many other law enforcement agencies, is widely regarded as being a much more efficient way of handling the investigation and prosecution of complaints. As such, it was a key recommendation of the enforcement monitor, and the board is committed to making this new model of investigation work to the benefit of the public and physicians alike.

The Role of Physicians in Board Investigations

by Joan Jerzak, Chief of Enforcement

During the past two years, I have had the opportunity to give presentations to many physician groups around the state. I am often asked how physicians are utilized in the investigative process and it appears there may be some mystery as to how physicians may participate in board investigations. Physicians are a critical component to the board investigative team, and the board bases its disciplinary actions on the opinions of physicians and not board staff. There are employment opportunities for physicians who are interested in assisting the board where they can observe directly how board staff review complaints, gather evidence and reach case resolution. Let me describe the three distinct roles physicians play in board investigations.

Physicians are utilized as “consultants” in the board’s Central Complaint Unit (CCU) to review incoming complaints, with their related medical records. In this role, physicians are asked to determine if there is a need for formal investigation by board investigative staff or if the complaint is largely resolved by a preliminary review of the medical records and the accompanying physician narrative statement. Many quality of care cases are closed at this juncture. The consultant is asked to write an opinion with a description to support his or her recommendation.

Some physician consultants, who live locally in Sacramento, can conduct this review at the CCU office, but most physicians opt to conduct reviews at their own offices, with materials mailed to them. All physicians who perform this “up front” review of complaints must submit a resume and meet these minimum requirements: be board certified in a specialty area; have been practicing their specialty for a minimum of three years; and have no current complaints or disciplinary action pending against their license. Physicians are paid \$75/hour for this type of review. Those who are interested in more information about this role can contact CCU Manager Susan Cady at scady@medbd.ca.gov.

There are two major categories of incoming complaints: “quality of care” and “personal conduct.” The former complaints require physician review as described above, and all complaints which are not closed by CCU staff are referred to one of the board’s district offices for formal investigation. Each district office is staffed with a supervising investigator, five investigators, a deputy

attorney general, an investigator assistant, clerical support staff and one or more medical consultants.

The district office medical consultants are board-certified physicians who work side-by-side with investigators to assist in evaluating the case evidence as it is received. They may be asked to do the following: research new medical procedures and/or drugs; review and comment on medical records; be present during interviews with physicians to assist in the discussion of the medical options available to the physician; write memoranda; give opinions if there is a potential violation of the Medical Practice Act; and assist in obtaining medical expert reviewers. Medical consultants are occasionally required to testify in court; however, most of their duties are performed in the district office. Physicians employed in this capacity are civil service employees. They must apply through the State Personnel Board process, be interviewed and placed on a statewide list. They work varied hours as permanent-intermittent employees, receiving an hourly wage and certain state benefits. Those who are interested in this employment opportunity can contact the board’s personnel office or obtain information through the State Personnel Board www.spb.ca.gov.

The final category for physician involvement at the board is to become a medical expert reviewer. Physicians are needed in all specialty areas and must be: board certified; have been practicing their specialty for a minimum of three years; and have no current complaints or disciplinary action pending against their license. Peer review experience is desirable. Medical experts are asked to review case materials gathered in the course of an investigation and provide a written opinion describing the standard of care applicable to a given case at a given point in time. Then they must clearly articulate whether the physician’s care under review fell below the standard, and if so, to what degree. Medical experts are expected to be willing to testify in court to their opinions. Medical experts receive \$100/hour for their time spent in reviewing case materials and writing their opinions, and they will receive \$200/hour for courtroom preparation and testimony. Those who are interested in more information about this role can contact the board’s medical expert program analyst, Susan Goetzinger, at sgoetzinger@medbd.ca.gov.

Sacramento Physicians Receive Board's Recognition Award



Drs. John Young (left) and Christian Swanson receive a plaque of commendation on behalf of the "SPIRIT" hernia repair program at the Medical Board's meeting on July 29 in Sacramento.

perform about six free hernia repair surgeries each per year for SPIRIT patients at three Sacramento hospitals. They preoperatively and postoperatively evaluate these patients in their private offices, and operate on them with the full cooperation of their hospitals, which assist their efforts by donating necessary support services and staff. Created in 1995, this program has provided over 390 hernia repair surgeries for SPIRIT patients.

Because a hernia is not a life-threatening condition, it is not covered by any governmental medical assistance programs. After their surgeries, most of these patients are able to return to work to support themselves and their families. It is this effort of providing not so much a hand OUT as a hand UP, that particularly impressed the board's selection committee.

The Physician Recognition Committee was created to recognize the demonstration of excellence by an individual physician or groups of physicians who strive to improve access and to fill gaps in the healthcare delivery system for underserved populations in California. Nominees must demonstrate a creative model of dedication to the development and delivery of inspirational, successful and replicable models of healthcare delivery, or demonstrate service in an area of medicine that advances the public's healthcare status through clearly outstanding service, education or innovation.

Nominations for 2006 are now being accepted. For more information, please visit the board's Web site at: www.medbd.ca.gov/Physician_Recognition.htm.

At its July 29 meeting in Sacramento, the board recognized five physicians from the "SPIRIT Hernia Repair Program," which stands for "Sacramento Physicians' Initiative to Reach out, Innovate and Teach." This program is part of a non-profit organization of 56 active, volunteer physicians who seek to improve access to healthcare for Sacramento County's working poor who do not receive benefits through their employer and who cannot afford to buy health insurance, yet who are ineligible for Medi-Cal. The physicians in this organization volunteer their services in primary and specialty care; however, their nomination was made specifically for the board to recognize their free hernia repair program, performed mostly on men who do manual labor.

Five surgeons, Drs. John Young; Joyce Eaker; Eric London; David Kissinger; and Christian Swanson,

Licensing Fees *(Continued from page 1)*

The program was established as a result of AB 982 (Firebaugh, Chapter 1131, Statutes of 2002) to increase access to healthcare for underserved locations of the state. Physicians are offered loan repayments up to \$105,000, paid from the Medically Underserved Account for Physicians created for this program.

This voluntary fee was established as a result of AB 327 (de la Torre, Chapter 293, Statutes of 2005) to help provide a continuous source of funding for the program which will allow loan repayments into the future. Monies collected will complement matching grants to sustain the program. For more information, please visit the board's Web site at www.medbd.ca.gov/MDLoan.htm, or e-mail: MDLoan@medbd.ca.gov.

Advice for Directors of ACGME-accredited Training Programs

As a new training year approaches, Licensing Program staff would like to remind program directors of some important requirements in California law governing resident trainees.

- 1) The law requires all incoming trainees to register with the Medical Board when they begin postgraduate training in California. This is accomplished by filing a Postgraduate Training Registration Form with the board. Many training coordinators collect the new trainees' completed forms at orientation and mail them to the board.
- 2) The law requires graduates of international medical schools to satisfy certain prerequisites before beginning postgraduate training programs in California. Candidates who have satisfied these prerequisites will hold a "Postgraduate Training Authorization Letter" (PTAL) issued by one of our licensing analysts.
- 3) Please ensure that applicants to your training programs hold a PTAL that was issued no more than one year ago. After one year elapses, the applicant's eligibility to begin training in California may change.
- 4) One of the prerequisites is to attend and graduate from a medical school recognized by the Medical Board of California. Individuals who have not satisfied this requirement are not eligible to train in California and will not be issued a PTAL. You should avoid matching these individuals to your program.
- 5) Also note: Medical students who have completed all or part of their medical education outside a board-recognized medical school cannot complete clinical rotations in your facilities.
- 6) Program directors and residency coordinators may check this link on our Web site for a list of the medical schools that the Medical Board recognizes: www.medbd.ca.gov/schools.htm.
- 7) The PTAL authorizes training in ACGME-accredited programs only. Trainees must occupy one of the training slots allotted to your program by the ACGME. Unauthorized trainees are engaging in the unlicensed practice of medicine, a misdemeanor criminal offense.
- 8) Please have your staff examine PTALs carefully. Some applicants hold a "Special PTAL" that requires them to remedy an undergraduate clinical training deficiency BEFORE they begin training in California. They cannot postpone remedial training until later in your program. You are not required to provide remedial training opportunities for these applicants. If you are able to offer them remedial training, you need to submit a training proposal and obtain written approval from the applicant's licensing analyst before any remedial training begins.
- 9) The law exempts ACGME trainees from licensure while they complete the training required to qualify for a California license. U.S. and Canadian medical school graduates are exempt from licensure for 24 months. International medical school graduates are exempt for 36 months.
- 10) A trainee's exemption is reduced by time spent in any previous ACGME-accredited training program in the U.S. or RCPSC-accredited training program in Canada. All previous training reduces the exemption, regardless of whether the previous program denied credit for some portion of the training, the applicant withdrew without completing a full training year, the program required the applicant to repeat a training year, the applicant changed specialties, etc.
- 11) To qualify for licensure in California, U.S. and Canadian medical school graduates must successfully complete one year of accredited postgraduate training. International medical school graduates must successfully complete two years of accredited postgraduate training.

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ACGME-accredited Training Programs *(Continued from page 5)*

- 12) You shall have procedures in place to ensure that trainees obtain licensure promptly before their training exemption ends. Our licensing staff will assist your coordinators to facilitate your trainees' licensure. However, the trainees must apply for licensure in a timely manner.
 - 13) Trainees who exhaust their potential training exemption must hold a California medical license before they continue training. Depending on your facility's policies, you may suspend these trainees or terminate them until you confirm that they have been issued a license.
 - 14) If a trainee takes a leave of absence for medical or other reasons, the trainee still will need to complete the training required by law. When you document the trainee's completion of training on the board's form, you will need to document, in a separate letter, all periods of successful training, the beginning and ending dates of the leave, and the reason for the leave.
 - 15) If the Division of Licensing denies a trainee's licensing application, the trainee's exemption ceases immediately. The trainee must be terminated from your program.
 - 16) Applicants who fail to match to an ACGME-accredited program cannot engage in any type of clinical training or practice in California. They cannot volunteer their clinical services in your training facility to maintain or augment their clinical skills while they await the next match cycle. If you offer them research opportunities, their research activities cannot involve human subjects.
- Please contact the Licensing Program staff at (916) 263-2382 if you have any questions about the laws governing postgraduate training and licensure or to inquire about a potential trainee's eligibility for training or licensure in California.

DMHC Answers Physician Questions re Claim Payment Disputes for Managed Care Services California Department of Managed Health Care

The Department of Managed Health Care (DMHC) recognizes that billing by providers and the handling of claims by health care services plans and their capitated providers are essential components of the health care delivery system. The DMHC has committed to make both more effective and efficient. Its Web page has been designed to accept and review provider complaints. The new electronic submission will allow the

department to look at claim's submissions to ensure that health plans and their capitated providers have implemented claims-processing standards, contract disclosures and the dispute-resolution mandates of the Knox-Keene Health Care Service Plan Act (Health and Safety Code section 1340). Please contact the department's Web site at: www.dmhc.ca.gov.

Update Regarding Gynecologic Cancers Informational Brochures

Gynecologic Cancers informational brochures and fact sheets are available in **10 languages** (English, Spanish, Chinese, Korean, Cambodian, Vietnamese, Russian, Farsi, Armenian, and Hmong) on the Office of Women's Health Web site: www.dhs.ca.gov/director/owh/owh_main/gcip/gcip.htm. Due to funding cuts, the Department of Health Services is no longer able to print and replenish the supply of materials, but the warehouse staff will continue to distribute the materials they have on hand. Please keep in mind that the materials at the warehouse may not be the most recent edition of the brochure or fact sheets. Questions about the supply of materials should be e-mailed to: OWHmail@dhs.ca.gov.

CME COURSES: FULFILLING AB 487 MANDATE

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.

Practical Pain Management From Classroom to Treatment Room

November 12-13, 2005

San Mateo Marriott
San Francisco Airport
San Mateo, CA

December 3-4, 2005

The Westin Pasadena
Pasadena, CA

Supported by an unrestricted educational grant from
ENDO Pharmaceuticals Inc.

and jointly sponsored by
*Medical Education Collaborative
and CMM Global*

12 Category 1 credits
Contact Becky Fucik, (512) 303-6610
www.practicalpainmgmt.com
Cost: \$125

UCLA Biopsychosocial Approaches to Pain

An online course
www.PainCMEonline.com

Course combines video presentations with the
Minds & Medicine monograph series – offers the latest
developments in the biopsychosocial management of
pain and care of terminally ill patients.

12 Category 1 credits
Cost: \$100

Pain Management and End-of-Life Care CD-ROM course

cosponsored by
*Cedars-Sinai Medical Center Office of
Continuing Medical Education,
and Cedars-Sinai Medical Center
Department of Anesthesiology*
12 Category 1 credits
Cost: \$75
www.ab487.net

Pain, Palliation and Politics

Pain Management and End-of-Life Care
In California's Regulatory Environment

January 6-7, 2006

Disneyland Hotel
Anaheim

sponsored by
California Medical Association and CMA Foundation

14 Category 1 credits

To register, or see additional dates for 2006,
www.cmanet.org or call (415) 882-3330

Building the Hospice-Hospital Partnership

January 12-13, 2006

San Diego Hospice
San Diego, CA

sponsored by
*Palliative Care Center of the Bluegrass
and Mount Carmel Health System*

13 Category 1 credits

For more information: www.capc.org or contact
Matthew Henry, (212) 201-2683 or
e-mail matthew.henry@mssm.edu

Community Associated Methicillin Resistant *Staphylococcus aureus*: an Increasing Problem in California*

Elizabeth Bancroft, Los Angeles County Department of Health Services; Jon Rosenberg, MD, California Department of Health Services; Mark Redell, PharmD, Ortho-McNeil Janssen Scientific Affairs



Staphylococcus aureus is a common cause of potentially serious infections in the community. Until recently, community-associated *S. aureus* was almost always susceptible to penicillinase-resistant- β -lactam antibiotics (i.e., methicillin and oxacillin) and cephalosporins. However, community-associated methicillin-resistant *S. aureus* (CAMRSA) has been increasingly reported throughout California, the United States, and globally.

CAMRSA Infections

Most CAMRSA infections are skin and soft tissue (SSTIs) such as furuncles (boils), abscesses, and cellulitis. Boils are often misdiagnosed initially as “spider bites.” Severe conditions include necrotizing fasciitis, necrotizing pneumonia, and toxic shock syndrome, which are rare but often fatal. Risk factors for CAMRSA include compromised skin integrity, close crowded living conditions, sub-optimal cleanliness, frequent skin-to-skin contact, contaminated surfaces and shared items. Outbreaks have been reported in athletes (especially football players), the military, correctional facilities, schools, and men who have sex with men. Risk factors in outbreaks have been primarily sharing personal items (towels, razors, soap) and equipment. Drug users and the homeless have also been found to have a relatively high carriage level of CAMRSA and this population overlaps with those in correctional facilities. However, CAMRSA often affects otherwise healthy people of all ages, particularly children.

CAMRSA vs. HAMRSA

The MRSA that has been a problem in healthcare facilities for many years, healthcare associated MRSA (HAMRSA), is usually resistant to many drugs. CAMRSA tends to be more sensitive to oral antibiotics including clindamycin, tetracycline, and trimethoprim-sulfamethoxazole (TMP-SMX) with variable sensitivity to the fluoroquinolones or erythromycin.

Treatment of CAMRSA

Physicians are encouraged to perform incision and drainage (I&D) on all appropriate lesions and send a specimen for culture. Warm compresses and/or I&D might adequately treat many CAMRSA skin infections without the use of antibiotics. For those infections that require antibiotics, physicians should carefully monitor trends in organisms and antibiotic susceptibilities in skin infections in their practices. Physicians should ask patients about risk factors for CAMRSA or if they have had close contact with a skin infection. With an increasing prevalence of CAMRSA, physicians should consider empiric treatment of skin infections with antibiotics that have activity against CAMRSA such as trimethoprim-sulfamethoxazole, clindamycin, and tetracyclines. Decolonization (e.g. with nasal mupirocin) should be reserved for recurrent infections in a person who is not otherwise being repeatedly re-exposed to the organism; resistance to mupirocin is increasing, possibly due to its overuse.

Education and Hygiene for CAMRSA

Since MRSA can colonize the nares, groin, rectum, axilla, and umbilicus it is important to educate the patient about good hygiene including washing hands, taking showers, using soap, using proper laundry procedures, and ensuring a clean home environment. Bandages should be disposed so that other household members are not exposed to them.

Infection Control for CAMRSA

To protect patients against CAMRSA in healthcare settings, physicians need to practice exemplary infection control including washing hands between patients and using contact precautions for **all** patients with draining wounds.

Public Health Notification

At this time, MRSA is not a reportable disease in California. However, it is the duty of every healthcare practitioner to notify their local health department of an outbreak of any disease (Title 17, California Code of Regulations, § 2500).

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Additional Publications That Physicians Must Give to Patients

In addition to the publications listed in the April 2005 *Action Report*, below are three more required publications that are provided by the Department of Health Services.

PUBLICATION	REQUIREMENT	ORDERING INFORMATION
<i>Important Information for Parents about the Newborn Screening Test (IIP)</i>	Title 17 CCR, §6504(a) requires prenatal care providers to distribute the California Newborn Screening Program booklet to pregnant women.	Booklet is available in English, Spanish, Cambodian, Chinese, Hmong, Korean, Laotian, Tagalog and Vietnamese at no charge. To order call the Department of Health Services Newborn Screening order line at (510) 412-1542. Available online at: www.dhs.ca.gov/pcfh/gdb , click on Newborn Screening, then click on Educational Materials.
<i>The California Expanded AFP Screening Program (basic booklet for women under 35 years of age)</i>	Title 17 CCR, §6527(a) requires clinicians to provide all pregnant women in their care before 140 days' gestation (126 th day from conception) with information on prenatal screening for birth defects of the fetus.	Booklet is available in English and Spanish at no charge. To order call the Department of Health Services Prenatal Screening Program at (510) 412-1441. Available online at: www.dhs.ca.gov/pcfh/gdb , click on Prenatal Screening, then Information for Patients.
<i>Choices in Prenatal Testing for Women 35 Years and Older</i>	Title 17 CCR, §6527(a) requires clinicians to provide all pregnant women in their care before 140 days gestation (126 th day from conception) with information on prenatal screening for birth defects of the fetus.	Booklet is available in English and Spanish at no charge. To order call the Department of Health Services Prenatal Screening Program at (510) 412-1441. Available online at: www.dhs.ca.gov/pcfh/gdb , click on Prenatal Screening, then Information for Patients.

Staphylococcus aureus *(Continued from page 8)*

Resources

<http://lapublichealth.org/acd/MRSA.htm> (Los Angeles County Dept. of Health Services)

http://www.cdc.gov/ncidod/hip/Aresist/ca_mrsa.htm (Centers for Disease Control and Prevention)

<http://www.doh.wa.gov/Topics/Antibiotics/providers.htm#Guidelines> (Washington State Dept. of Health practice and prescribing guidance document)

<http://www.aware.md> (Alliance Working for Antibiotic Resistance Education)

For more information, contact Elissa Maas, MPH, CMA Foundation Vice President at (916) 551-2555.

* Adapted from “Community Associated Methicillin Resistant *Staphylococcus aureus*: an Emerging Infectious Disease” by Elizabeth A. Bancroft, and Jonathan E. Fielding, Los Angeles County Department of Health Services, *Southern California Physician* (April 30, 2005).



News From the U.S. Food and Drug Administration

New Vaccines

FDA recently approved two new vaccines that provide a booster immunization against whooping cough, in combination with tetanus and diphtheria immunization. One is Boostrix, and the other is Adacel.

Boostrix is approved for use in adolescents age 10 - 18 and it is manufactured by GlaxoSmithKline. Adacel is approved for adolescents and adults up to 64 years of age. It will be distributed by Aventis Pasteur. These two new vaccines are the first ones approved for use in adolescents and adults.

Since 1980, the rates of reported pertussis cases have been increasing in adolescents and adults, as well as in infants. Pertussis can be especially serious or possibly even fatal for new infants. Part of the rationale for immunizing adolescents and adults is to make it less likely that they will transmit the disease to infants. In other words, older people would be immunized to protect children.

Additional Information: Boostrix®:
www.fda.gov/cber/products/tdapgl050305.htm

ADACEL™:
www.fda.gov/cber/products/tdapave061005.htm

CDER 2004 Report to the Nation: Improving Public Health Through Human Drugs

The 2004 report provides information on CDER initiatives and the progress that the center has made toward the challenge of promoting and protecting public health. The report is divided into four sections: Drug Review, Drug Safety and Quality, International Activities, and Communications, and contains

important information on improved manufacturing practices, reformed drug safety oversight, and drug review. This report is available at:

www.fda.gov/cder/reports/rtn/2004/rtn2004.htm.

Vibrio vulnificus Education for Physicians

Vibrio vulnificus can cause a potentially fatal septicemia in individuals with liver disease or in individuals whose immune systems are compromised by other diseases, such as AIDS; chronic alcohol abuse; stomach or blood disorders; cancer; diabetes; and kidney disease. *V. vulnificus* septicemia is associated with the consumption of raw oysters. A course for physicians entitled "Diagnosis, Treatment, & Prevention of *Vibrio vulnificus* Infection" is available at:

www.issc.org/Vibrio_vulnificus_Education/Vv_Infection_Course/main.htm

FDA Launches New Education Campaign: Food Safety for Moms-To-Be

FDA's new bilingual public health campaign to educate expectant mothers about the potential risks of foodborne illness highlights the issues of *Listeria monocytogenes*, methylmercury, and *Toxoplasma* and includes information on the basic preventive steps: clean, separate, cook, and chill, to reduce the spread of potentially harmful germs. The Web site contains an online toolkit with a resource guide, handouts, poster, flyers and great links.

See: www.cfsan.fda.gov/~pregnant/pregnant.html. Women's health educators and medical professionals can order kits from the FDA's Public Affairs Office: (510) 337-6736.

ADMINISTRATIVE ACTIONS: May 1, 2005 - July 31, 2005

PHYSICIANS AND SURGEONS

ANDERSON, PAUL WILLIAM, M.D. (G61583) **Mill Valley, CA**

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Nebraska for conducting a CT scan without contrast on a patient with diminishing vision and failing to diagnose a tumor which resulted in total blindness of the eye. Public Letter of Reprimand. May 10, 2005

BABAD, TOVA LI, M.D. (G28761) **Los Angeles, CA**

B&P Code §2234. Violated the terms and conditions of her board-ordered probation by failing to pay the costs of 3 evaluations and probation monitoring costs. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training or educational program, obtaining a practice monitor, and ordered to pay \$8,646 in outstanding cost recovery. June 17, 2005

BARATS, MARK S., M.D. (A56228) **Los Angeles, CA**

B&P Code §2266. Stipulated Decision. Failed to

maintain adequate and accurate medical records of the care and treatment of 7 patients. Physician must complete a clinical training program, a medical record keeping course, and ordered to pay cost recovery of \$1,500. Public Reprimand. May 12, 2005

BAROUD, KHALIL SAADA, M.D. (A60738) **Marinette, WI**

B&P Code §§141(a), 2305. Disciplined by Wisconsin for engaging in inappropriate sexual conduct with 2 patients. Revoked and ordered to pay cost recovery of \$486. July 18, 2005

BERKOVITZ, IRVING H., M.D. (A14130) **Los Angeles, CA**

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts, incompetence, excessive prescribing, prescribing without a good faith prior examination, and violating drug statutes in the care and treatment of 1 patient. Physician completed a prescribing practices course and a medical record keeping course. Public Reprimand. July 25, 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: “July 5, 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.

BORS, JOHN GREGORY, M.D. (G77363)
Mill Valley, 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. July 6, 2005

BROWN, IAN CRAIG, M.D. (G74032)
Danville, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and creating false documents in the care and treatment of 5 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and an educational course in anesthesiology, obtaining a practice monitor, and ordered to pay cost recovery of \$8,000. May 31, 2005

CAPUTO, LEONARD, M.D. (G78147)
Hollister, CA

B&P Code §2234(b)(d). Stipulated Decision. Committed acts of gross negligence and incompetence by administering excessive medications to 1 patient and failing to adequately monitor the patient during the endoscopic portion of the procedure. Physician completed a clinical training program and paid cost recovery of \$1,700. Public Letter of Reprimand. July 21, 2005

CONVERSE, RONALD P., M.D. (A23006)
El Cajon, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of 1 patient. Surrender of license and ordered to pay cost recovery of \$3,500. May 5, 2005

COOPER, LAWRENCE RICHARD, M.D. (G81393)
Santa Rosa, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of 1 patient. Physician completed a clinical training program and paid cost recovery of \$3,000. Public Letter of Reprimand. May 9, 2005

COSTAMAGNA, HECTOR HUGO, M.D. (A36904)
Chino, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, and incompetence in the care and

treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program and medical record keeping course, obtaining a practice monitor, and ordered to pay cost recovery of \$6,259. July 29, 2005

DINH, QUAN ANH, M.D. (A73960) Gonzales, CA

B&P Code §§141(a), 2305, 2234(e), 2235, 2261. Disciplined by the Department of the Army for failing to adhere to the standard of care in numerous instances and by Texas for the action taken by the Department of the Army. Committed dishonest acts by falsely declaring that the information provided in his California license application was true and correct. Revoked and ordered to pay cost recovery of \$4,482. May 31, 2005

ELLIS, MARK HARPER, M.D. (A26035)
Fairfield, 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 and paid cost recovery of \$4,340. Public Reprimand. May 24, 2005

ELLISON, MELANIE ANNE, M.D. (A52942)
Steamboat Springs, CO

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Oregon for prescribing human growth hormone testosterone and papaverine for a patient without maintaining a patient chart, without conducting an examination and without conferring with primary care givers or ordering appropriate lab tests. Surrender of license. June 17, 2005

ESPOSO, ORIENTE M., M.D. (A42316)
Bakersfield, CA

B&P Code §2266. Failed to maintain adequate and accurate medical records of the care and treatment of 1 patient. Physician completed a medical record keeping course and paid cost recovery of \$5,115. Public Reprimand. July 13, 2005

FANDINO, SENADOR DE VILLA, M.D. (A32604)
San Marcos, CA

B&P Code §§2234(d)(e), 2261. Stipulated Decision. Violated the terms and conditions of his board-ordered probation by failing to successfully complete a clinical training program, creating false records relating to his probation, and committing acts of dishonesty. Surrender of license and ordered to pay cost recovery of \$4,865. June 8, 2005

FISHER, J. BRADFORD, M.D. (G47033)
La Habra, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, insurance fraud, dishonesty, and falsifying medical records in the care and treatment of 1 patient. Physician must complete a clinical training program, a medical record keeping course, an ethics course, and ordered to pay cost recovery of \$7,000. Public Reprimand. May 5, 2005

FLIEGEL, JULIET ELLEN, M.D. (G84603)
Del Mar, CA

B&P Code §§2234(b)(c)(d), 2242, 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligent acts and incompetence, and prescribed medication in the absence of medical indication 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, an ethics course and a clinical training program; obtaining a practice monitor; and ordered to pay cost recovery of \$5,230. May 31, 2005

FRANKLIN, BRODERICK JAMES, M.D. (G75473)
Baltimore, MD

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Maryland for inadequately assessing, evaluating and treating 1 patient. Public Reprimand and ordered to pay cost recovery of \$300. June 16, 2005

FULLER, HENRY L., M.D. (A11855)
Pine Grove, CA

B&P Code §726. Stipulated Decision. Committed acts of sexual misconduct in the care and treatment of 1 patient. Surrender of license. July 5, 2005

GARRY, ALEX, M.D. (A55840)
Burbank, CA

B&P Code §§141(a), 490, 2234(e), 2236(a), 2239(a), 2305, 2354. Multiple convictions of driving under the influence of alcohol, committed dishonest acts, failed to successfully complete the board's Diversion Program, self-abused alcohol, and disciplined by New York for diverting drugs from patients for his personal use. Revoked and ordered to pay cost recovery of \$37,422. May 4, 2005

GELLER, PAUL JOSEPH, M.D. (A19435)
Beverly Hills, CA

B&P Code §§726, 2234(b)(c), 2242. Committed acts of sexual misconduct, gross negligence, and repeated negligence in the care and treatment of 1 patient and

prescribed dangerous drugs to the patient without conducting a good faith prior medical examination. Revoked and ordered to pay cost recovery of \$7,500. July 5, 2005. Judicial review pending.

GHALY, FOUAD IBRAHIM, M.D. (C39588)
Torrance, CA

B&P Code §2234(a). Stipulated Decision. Committed acts of unprofessional conduct by failing to maintain adequate and accurate medical records of the care and treatment of 5 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, prohibited from performing any cosmetic or plastic surgery procedures, including laser hair removal, completing a medical record keeping course, and ordered to pay cost recovery of \$2,500. July 14, 2005

GROSSMAN, TERRY ALAN, M.D. (G85531)
Denver, CO

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Colorado for violating regulations regarding supervision of unlicensed healthcare providers and for failing to check the physician assistant's diagnosis, treatment plan and examination of a patient. Public Letter of Reprimand. May 26, 2005

HAMILTON, WM. GORDON, M.D. (A30470)
Escondido, CA

B&P Code §§725, 822, 2234(b)(d). Committed acts of gross negligence, incompetence, excessive prescribing, and has a condition affecting his ability to practice medicine safely. Revoked. May 12, 2005

HAMZA, MANSOUR MAHMOUD, M.D. (A53876)
Culver City, CA

B&P Code §§810, 2234(e), 2261, 2266. Violated the terms and conditions of his board-ordered probation by submitting fraudulent billing for the care and treatment of 1 patient and failing to keep adequate and accurate medical records. Revoked. July 5, 2005

HANAFY, FOUAD HASSAN, M.D. (A44726)
Merced, CA

B&P Code §§726, 2234(b). Stipulated Decision. Committed acts of sexual misconduct with 1 patient and gross negligence by improperly diluting an antibiotic. Surrender of license and ordered to pay cost recovery of \$10,000. May 3, 2005

HUANG, NICK SHENG-CHIH, M.D. (G79886)
Escondido, CA

B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence in the care and treatment of 1

patient. Public Letter of Reprimand and ordered to pay cost recovery of \$2,000. July 13, 2005

ILAGAN, ESTELA C., M.D. (A51457)
Lakewood, CA

B&P Code §2234(b). Stipulated Decision. Committed acts of gross 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, 30 days actual suspension, completing a prescribing practices course, a medical record keeping course, an ethics course, a clinical training program, and ordered to pay cost recovery of \$4,500. May 1, 2005

ILLES, RICHARD WAYNE, M.D. (G86064)
Veradale, WA

B&P Code §2236(a). Convicted of first-degree murder. Revoked. June 20, 2005

INCLEDON, STEVEN LOUIS, M.D. (G73483)
New York, NY

B&P Code §141(a). Stipulated Decision. Disciplined by New York. Surrender of license. May 24, 2005

JENSEN, JOHN HOWARD, M.D. (G25871)
Corona, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and creating false medical records in the care and treatment of 3 patients. Revoked, stayed, placed on 8 years probation with terms and conditions including, but not limited to, 30 days actual suspension; completing a clinical training program, an ethics course and an educational course in addition to required CME; obtaining a practice monitor; and prohibited from engaging in any type of surgery during probation. June 20, 2005

JOHNSON, JOHN L., M.D. (A12856)
La Habra, CA

B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Surrender of license and ordered to pay cost recovery of \$9,455. June 15, 2005

KACHHI, PRANAV NIL, M.D. (A67961)
Pasadena, CA

B&P Code §§2234(b)(c)(d), 2266. Stipulated Decision. Committed acts of 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, completing a medical

record keeping course, completing a clinical training program, completing an educational course in addition to required CME, and ordered to pay cost recovery of \$4,000. June 13, 2005

KERWOOD, ROBERT I., M.D. (A29042)
Oroville, CA

B&P Code §§2234(e), 2238, 2242. Committed acts of unprofessional conduct and dishonesty by prescribing without a good faith medical examination or medical indication and violated drug statutes by issuing false prescriptions for controlled substances to patients who were not under his care and treatment. Revoked. June 23, 2005

KLAUSNER, STEVEN CHARLES, M.D. (G22027)
Greenwich, CT

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Connecticut for abusing alcohol and Lorcet, using medication prescribed for others, and for having a condition affecting his ability to practice medicine safely. Surrender of license. May 5, 2005

KUON, RALPH G., M.D. (A39928)
Montebello, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with violating the terms and conditions of his board-ordered probation by failing to pass an oral clinical examination. Surrender of license and ordered to pay cost recovery of \$4,738. June 1, 2005

LAGRANGE, CHARLES R., M.D. (A17612)
Sun City, 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, a medical record keeping course, a prescribing practices course, and ordered to pay cost recovery of \$4,000. May 31, 2005

LEEM, RUDY SWEIPO, M.D. (C42150)
Niceville, FL

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Florida for providing anesthesia in a manner which departed from the standard of practice. Physician completed an educational course in the area of anesthesia with emphasis on recognition of anesthesia complications and appropriate consultation and paid cost recovery of \$400. Public Reprimand. June 1, 2005

LERNER, DON NEAL, M.D. (G84838)
Jacksonville, FL

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Florida for writing a prescription for Percocet for himself using a fictitious name. Public Letter of Reprimand. June 29, 2005

LEVY, JONATHAN SANDLER, M.D. (G86671)
Springfield, OR

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Oregon for entering into inappropriate sexual or social relationships with patients under his care and treatment and prescribing to the patients without maintaining medical records. Surrender of license. May 18, 2005

LIAO, SHANG-CHIEN, M.D. (A38344)
Oxnard, CA

B&P Code §2234(c). Committed acts of repeated negligence in the care and treatment of 2 patients. Physician must complete a clinical training program and ordered to pay cost recovery of \$10,645. Public Reprimand. June 13, 2005

LIN, WU-YEN JAMES, M.D. (A34421)
Oxnard, 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 and paid cost recovery of \$2,500. Public Reprimand. July 7, 2005

LONG, LESTER, JR., M.D. (G8808)
Lake Arrowhead, 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 failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Surrender of license. July 13, 2005

LOTFY, ABDOU MAGED MICHA, M.D. (A49878)
Ontario, 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 6 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, an ethics course, and a clinical training program; obtaining a practice/billing monitor; and ordered to pay cost recovery of \$500. May 16, 2005

MANI, ARAVIND (A92145) Los Angeles, CA

B&P Code §2234. Stipulated Decision. Convicted of a misdemeanor for reckless driving. 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 service, abstaining from the use of alcohol, and submitting to biological fluid testing. July 12, 2005

MARCOLESCO, ROBERT E., M.D. (G12171)
Van Nuys, CA

B&P Code §§725, 2234(b)(c)(d), 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence, and excessive prescribing in the care and treatment of 6 patients. Revoked, stayed, placed on 6 years probation with terms and conditions including, but not limited to, 90 days actual suspension; completing a medical record keeping course, an ethics course and a clinical training program; obtaining a billing/practice monitor; and ordered to pay cost recovery of \$9,223. May 16, 2005

MARTINEZ, MICHELE LORRAINE, M.D. (A53286) Corona, CA

B&P Code §2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence, repeated negligence, and incompetence by failing to document a sufficient history and physical of a patient and failing to properly monitor the 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 \$5,000. June 13, 2005

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.

MILLER, SCOTT GORDON, M.D. (G21582)
San Mateo, CA

B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct in his interpretation of several mammography and CT scan studies. Public Letter of Reprimand. July 26, 2005

MORHAIM, DAN KOENIG, M.D. (G32073)
Owings Mills, MD

B&P Code §§141(a), 2305. Disciplined by Maryland for pre-signing blank forms intended to be used for certification of nursing home residents' medical conditions to initiate the implementation of Advance Directives, indicating he had examined a nursing home resident on a date when he had not. Public Letter of Reprimand. May 31, 2005

MUCIA, JOHN JOSEPH, M.D. (G50228)
Pacific Palisades, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, failing to properly store controlled substances, misbranding or adulterating drugs, improperly exporting drugs, and convicted of a misdemeanor for failing to maintain records of dangerous drugs. Revoked, stayed, placed on 5 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 use and possession of controlled substances; submitting to biological fluid testing; completing a prescribing practices course, a medical records keeping course and an ethics course; prohibited from engaging in solo practice; and ordered to pay cost recovery of \$3,500. June 6, 2005

MURPHY, MONICA JEANNE-MARIA, M.D. (A49186)
Westminster, CA

B&P Code §2234. Stipulated Decision. Convicted of grand theft for fraudulently billing the California Medical Program and convicted of failing to file income taxes. Also charged with dishonesty, altering medical records, making false statements, and aiding and abetting the unlicensed practice of medicine. Surrender of license. July 1, 2005

NAGHIBI, MORTEZA S., M.D. (A39533)
Loudonville, NY

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by New York for failing to appropriately evaluate and treat a patient suffering from symptoms of alcohol withdrawal. Surrender of license. July 7, 2005

NAMBIAR, MANI, M.D. (A40026)
Hemet, CA

B&P Code §2234(b)(c)(d)(e). Committed acts of gross negligence, repeated negligent acts, incompetence and dishonesty 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 a clinical training program, an educational course, an ethics course, and a medical records keeping course; obtaining a practice monitor; passing an oral and/or written examination; and ordered to pay cost recovery of \$29,898. July 15, 2005

NAVARRO, JOHN MATTHEW, M.D. (G83145)
Oklahoma City, OK

B&P Code §§141(a), 2234(e), 2238, 2261, 2262, 2305. Stipulated Decision. Disciplined by Oklahoma for unlawful interstate transportation of remifentanyl, failing to record the use of this drug to patients under his care; knowingly entering false information on patients' records; violated drug statutes by violating Missouri state law regarding storage of controlled substances at an unregistered site; and committed a dishonest act by falsifying medical records regarding his administration of remifentanyl. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 3 months actual suspension; maintaining

**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.

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Medical Board of California
Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825

a record of all controlled substances ordered, prescribed, dispensed, administered or possessed and any recommendation or approval for marijuana; completing a prescribing practices course, a medical record keeping course and an ethics course; obtaining a practice/billing monitor; and ordered to pay cost recovery of \$1,000. July 15, 2005

**NELSON, ADAM PHILLIP, M.D. (G68858)
Corte Madera, CA**

B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts in the care and treatment of 1 patient. Physician completed a medical record keeping course, an educational course in addition to required CME, and paid cost recovery of \$5,000. Public Reprimand. June 14, 2005

NOVINS, JAY R., M.D. (G9660) Ardsley, NY

B&P Code §141(a). Stipulated Decision. Disciplined by New York for having a condition affecting his ability to practice medicine safely. Surrender of license. June 30, 2005

PATEL, NIRAV Y., M.D. (G83873) Onalaska, WI

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Wisconsin for unprofessional conduct in his care and treatment of 1 patient. Public Letter of Reprimand. May 18, 2005

**PHILLPOTTS, BRIAN ALLISTER, M.D. (G83978)
Tampa, FL**

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Florida for beginning to perform a CNVM surgery on the left eye rather than the right eye of a patient. Public Letter of Reprimand. June 29, 2005

**RUBIN, HERBERT ALAN, M.D. (G22541)
Los Angeles, CA**

B&P Code §2234. No admissions but charged with gross negligence, repeated negligent acts, incompetence, insurance fraud, creating false medical records, failing to repay insurance proceeds, failing to release medical records, and unprofessional conduct in the care and treatment of several patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a medical record keeping course and an ethics course, obtaining a billing monitor, and ordered to pay cost recovery of \$3,000. June 13, 2005

**SAAD, JOSEPHINE BOUSHRA, M.D. (A41352)
Lakewood, CA**

B&P Code §2234(b)(d). Stipulated Decision. Committed acts of gross negligence and incompetence by failing to

monitor maternal blood sugars during labor in a poorly controlled gestational diabetic patient and failed to appropriately evaluate hypertension in the postpartum patient. Physician must complete a clinical training program and ordered to pay cost recovery of \$1,600. Public Letter of Reprimand. July 13, 2005

**SALINGER, DAVID L., M.D. (G59234)
Truckee, CA**

B&P Code §§726, 2234, 2266. Stipulated Decision. Committed acts of sexual misconduct and unprofessional conduct 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 medical record keeping course, completing an ethics course, and ordered to pay cost recovery of \$5,000. July 29, 2005

SAMUEL, JACOB, M.D. (A51688) Fresno, CA

B&P Code §2234(b)(d). Stipulated Decision. Committed acts of gross negligence 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, completing a clinical training program, obtaining a practice monitor, and ordered to pay cost recovery of \$3,000. July 1, 2005

**SCOLARO, MICHAEL J., M.D. (G11083)
Beverly Hills, CA**

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and excessive prescribing in the care and treatment of 3 patients. Surrender of license and ordered to pay cost recovery of \$4,500. June 30, 2005

**SCOTT, LEONARD K., M.D. (A28912)
Burbank, CA**

B&P Code §§2234(b)(c)(d), 2242, 2264, 2266, 2416, 2417. Stipulated Decision. Committed acts of gross negligence, repeated negligence and incompetence; prescribed without a good faith prior medical examination; and aided and abetted unlicensed practice in the care and treatment of 2 patients. 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, a prescribing practices course, a medical record keeping course, an ethics course, a clinical training program, and ordered to pay cost recovery of \$3,000. July 14, 2005

**SHAPIRO, ROBERT A., M.D. (A22948)
Los Alamitos, CA**

B&P Code §§2234(b)(d), 2266. Stipulated Decision. Committed acts of gross negligence and incompetence by failing to timely diagnose and treat a critical level of thrombocytopenia, failing to obtain a neurological consult, and failing to document the findings on a physical examination. Physician must complete a clinical training program and ordered to pay cost recovery of \$500. Public Letter of Reprimand. May 11, 2005

**SIDDALL, DONLEY DEE, M.D. (G22493)
Collegedale, TN**

B&P Code §§141(a), 2305. Disciplined by Tennessee for selling a prescription for Phentermine to an undercover police officer. Revoked and ordered to pay cost recovery of \$1,051. July 25, 2005

**SILVER, RICHARD A., M.D. (G13782)
Sun Valley, ID**

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Arizona for performing a spinal surgery at 3 levels without supporting indications resulting in spinal instability. Public Letter of Reprimand. June 29, 2005

**SMITH, BRUCE MURRAY, M.D. (G29923)
Harbor City, CA**

B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records of the care and treatment of 2 patients. Physician completed a prescribing practices course, completed a medical record keeping course, and paid cost recovery of \$8,500. Public Reprimand. May 9, 2005

**SPRAGUE, MARGARET MELINDA, M.D.
(G56228) La Jolla, CA**

B&P Code §§822, 2239. Self-abuse of controlled substances and physician has a condition affecting her ability to practice medicine safely. Revoked and ordered to pay cost recovery of \$26,463. May 19, 2005

STRUB, DANNY, M.D. (A25554) Poway, CA

B&P Code §§2234(e), 2236(a). Stipulated Decision. Convicted of 4 counts of false and fraudulent claims for services in connection with Medicare. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 90 days actual suspension, completing an ethics course, obtaining a billing monitor, and ordered to pay cost recovery of \$1,500. July 29, 2005

**SUSSER, MURRAY RICHARD, M.D. (G22316)
Los Angeles, CA**

B&P Code §2234. No admissions but charged with gross negligence, repeated negligent acts, and prescribing without a medical indication in the care and treatment of 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, prohibited from ordering, prescribing, dispensing, administering or possessing any controlled substances, except for those in Schedules IV and V; prohibited from issuing a recommendation or approval for marijuana; completing a prescribing practices course and a clinical training program; obtaining a practice/billing monitor; and ordered to pay cost recovery of \$5,000. June 10, 2005. Judicial review pending.

**TAKABAYASHI, ALTON MITSUO, M.D. (G32122)
Los Angeles, CA**

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence 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 clinical training program, no solo practice of medicine, and ordered to pay cost recovery of \$9,500. June 27, 2005

**TERRY, CHARLES CURTIS, M.D. (C26778)
Los Angeles, CA**

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Michigan for failing to submit proof of 150 hours of CME required for renewal. Public Letter of Reprimand. May 19, 2005

**TSAI, AN-SHYANG, M.D. (A31773)
Sacramento, CA**

B&P Code §§2234, 2266. Stipulated Decision. Committed acts of unprofessional conduct by failing to diagnose a pregnancy in an 11-year-old girl despite her considerable weight gain and failed to maintain adequate and accurate medical records. Physician completed a medical record keeping course and paid cost recovery of \$1,000. Public Letter of Reprimand. July 14, 2005

Copies of some public documents are available at www.caldocinfo.ca.gov, click on "Enforcement Public Document Search," or call the Medical Board's Central File Room at (916) 263-2525. (Minimal copy charge.)

**VAN DOREN, JOHN DERRICK, M.D. (G60750)
Murrieta, CA**

B&P Code §§2234(b)(c)(d), 2239. Stipulated Decision. Self-abuse of controlled substances and committed acts of gross negligence, repeated negligence, incompetence, and unprofessional conduct by failing to respond to pages, failing to appear for a scheduled anesthesia shift, and repeatedly making sexual, offensive and inappropriate remarks to female staff. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, suspended from practicing medicine until authorized by the board's Diversion Program and until physician completes a professional boundaries program; abstaining from the personal use or possession of controlled substances and alcohol; submitting to biological fluid testing; completing an ethics course; prohibited from leaving the presence of an anesthetized patient unless another anesthetist or appropriately trained licensed healthcare provider is present; and ordered to pay cost recovery of \$4,000. July 25, 2005

**VERHAAG, DAVID ALLEN, M.D. (A24735)
Roseville, CA**

B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records by failing to follow up and adequately document the history of a patient's illness. Public Letter of Reprimand. May 3, 2005

**WEISS, JORDAN PAUL, M.D. (G39210)
Irvine, CA**

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, sexual misconduct, and prescribing without a good faith prior medical examination in the care and treatment of 2 patients, and failing to obtain a fictitious name permit. Surrender of license and ordered to pay cost recovery of \$25,000. Decision effective July 25, 2005, with actual surrender of license by October 31, 2005.

**WHITNEY, EUGENE B., M.D. (G3739)
Pleasant Hill, CA**

B&P Code §2234. Stipulated Decision. No admissions but charged with incompetence for failing to understand the unique properties of Roxinol solution and MS Contin tablets and for failing to prescribe the medications properly. Physician completed a clinical training program. Public Reprimand. July 11, 2005

**WHYTE, ROGELIO LEONARDO, M.D. (C39717)
Pasadena, CA**

B&P Code §2234(c). Stipulated Decision. Committed acts of repeated negligence by failing to evaluate

a patient's cardiovascular status prior to initiating treatment with an anti-psychotic. Physician completed a prescribing practices course. Public Letter of Reprimand. July 14, 2005

DOCTOR OF PODIATRIC MEDICINE

**LITTLE, DAVID G., D.P.M. (E3767)
Rolling Hills Estates, CA**

B&P Code §§2234(a)(f), 2236, 2239. Stipulated Decision. Convicted of driving under the influence of alcohol on 2 occasions. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, completing a rehabilitation treatment program, and ordered to pay cost recovery of \$2,374. July 21, 2005

PHYSICIAN ASSISTANT

**CODY, JUDITH W., P.A. (PA15217)
Claremont, CA**

B&P Code §§2052, 2234(c)(e), 2238, 2261, 2264, 2266, 2286, 2400, 3502, 3527. Committed acts of dishonesty and repeated negligence, made false statements, practiced in excess of delegated authority, practiced without adequate supervision, aided and abetted the unlicensed practice of medicine, engaged in the illegal corporate practice of medicine, prescribed without a good faith prior examination, and violated drug statutes. Revoked and ordered to pay cost recovery of \$13,719. July 14, 2005

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