Action Report
Medical Board of California

July 2000
Vol. 74
A Quarterly Publication

www.medbd.ca.gov

IN THIS ISSUE

Medical Board of California Meeting Dates & Locations

2000

July 27 - 29 San Francisco
Nov. 2 - 4 San Diego

2001

Feb. 1 - 3 Los Angeles
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Nov. 1 - 3 San Diego

All meetings are open to the public.

Mandatory Reporting of Assaultive Injuries in California, Including Those Inflicted by Intimate Partners — Who, When, and What to Expect Afterward

by

Alex Kelter, M.D., Chief, Epidemiology and Prevention for Injury Control Branch, California Department of Health Services

In the decade of the 1990's, the single leading cause of death to California children was homicide by firearm. Assaults are the leading cause of injury to women aged 15 to 44. While homicide is the most serious consequence of assault, there are scores of serious non-fatal injuries for every such death. Providers of medical care have a legal obligation to report injuries resulting from assault to law enforcement as one element of how a community deals with such violence.

It is believed that victims of intimate partner violence with injuries serious enough to be treated are at high risk for even more serious injury. The risk may increase still further if the abuser believes the victim has taken any action to end the relationship. While many health care practitioners may feel uncomfortable dealing with these issues, their discomfort pales in comparison to that of the victims. Law enforcement officials have not only the experience but also the legal obligation to protect the safety of the victims of assault. However, an officer can only provide services to those in need if their cases are reported. How did this mandate come about, and what are your responsibilities under the law?

For several decades, California law has required physicians and other health care practitioners to report certain injuries to law enforcement agencies. Historically, the law has been quite clear about the obligation to report potentially severe or life-threatening injuries, such as gunshot wounds or other assaults with a deadly weapon. Until recently, however, the law was less clear about the obligation to report less serious injuries resulting from simple assaults, spousal abuse, and other types of interpersonal violence.

In the early 1990's women's advocates, legislators, and other policy makers became concerned over the large number of domestic violence injuries treated in emergency departments, clinics, and physicians' offices. These injuries were almost never reported to law enforcement agencies. In an effort to raise general awareness that domestic violence is a serious crime and to bring perpetrators immediately to the attention of law enforcement and the criminal justice system, the California Legislature amended the assaultive injury reporting law to require physicians and other health care practitioners to report injuries inflicted by intimate partners to the police.

Effective January 1, 1994, the California Penal Code sections governing assaultive injury reporting were amended to be more specific about the types of injuries that physicians and others must report and the circumstances in which those reports must be made (Sections 11160-11163.2).*

Who must report?

The law requires that a report be made by any health practitioner providing medical services for a physical condition when that practitioner knows or reasonably suspects that the patient is suffering from a physical injury inflicted as the result of assaultive or abusive conduct. "Assaultive or abusive conduct" is defined in the statute and includes 23 different offenses, such as murder, torture, battery, assault with a deadly weapon, and spousal abuse. The law does not require that the injury be the presenting complaint to be reportable. "Health practitioner" includes most licensed medical service providers, such as physicians, nurses, dentists, surgeons, podiatrists and chiropractors. A complete list of professions mandated to report can be found in

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THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

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

President's Report

Ira Lubell, M.D., M.P.H.
President of the Board

I am honored to assume the office of President of the Medical Board of California, and look forward to a challenging and productive year. I was licensed in California in 1965, feeling that in the future I would practice here, and did not achieve this dream until 1989. I have always held the practice of medicine on a pedestal and I chose the public health sector from which to make my contribution to the profession. The Medical Board has offered me the opportunity to extend that vision by placing me in a position to shape the direction of physician licensure and regulation, and it will be my goal to do so with the patient's welfare as our ever-present, first priority.

We begin this fiscal year with seven positions vacant or due to expire within a month out of a 19-member Board. I thank the Governor for his seven recent appointments to the Medical Board and look forward to the additional seven we need so that the Board may most efficiently move ahead in determining its priorities and conducting the people's business.

I do anticipate that one issue of particular interest to this Board and the physician community will continue to be post-licensure assessment of physician competence. It is an important issue to consider because when one passes the licensing exam, it only assesses competence in general medicine, right out of medical school. Most physicians go into a specialty, and since those specialties evolve and change so much in a decade, the major specialty boards either already require recertification in that specialty or have plans to initiate such testing. We will be watching the American Board of Medical Specialties certifying boards' efforts closely to assess their strides in promoting competence, and we may have to look at gaps that exist in the practice areas of those who are not board-certified, or whose board certification does not require intermittent testing. In my view, physicians are no more infallible than drivers, pilots, or others who must undergo periodic testing. Our efforts in this area of how to best measure and support the continuing competence of our physicians is one which I hope that we can all join to assure the broadest representation of interested parties.

I wish to acknowledge the July 1 retirement of two individuals who have been indispensable in effectuating and implementing the major changes in the Board's Enforcement Program since the early 1990s which have made it a model nationwide for physician discipline.

John Lancara came to the Board as Chief of Enforcement in 1992, a time when the Board was under siege as ineffective by the media, the Legislature, the Governor's Office, consumer groups, and others. He quickly established himself as a leader, putting in place many improvements, including alternative sanctions such as Public Letters of Reprimand and cite-and-fine; providing investigators more training; standardizing policies and procedures, and technological upgrades. During John's tenure, the Board that once ranked near the bottom of the Federation of State Medical Boards' and Public Citizen's annual ratings, now ranks in the top half. He has been a model law enforcement officer and public servant who worked tirelessly on behalf of California's patients, and I will miss his diligence, his style and his steadfast support on behalf of California's healthcare consumers.

Al Korobkin is the Assistant Attorney General who heads up the Health Quality Enforcement Section (HQES) of the Attorney General's Office. This office consists of select attorneys who specialize in health care-related cases. By law, the attorneys from HQES serve the Medical Board's needs exclusively. Al has been the head of HQES since its inception in 1990. The Medical Board and its staff have had a close relationship with him for those 10 years. He was instrumental in developing one of the premier administrative law offices in the nation, enabling the Medical Board of California to meet many of its public protection goals. His implementation of the Board's deputy-in-district-office program, which put a deputy attorney general in each of the Board's district offices, substantially reduced the amount of time it takes for Medical Board investigations to be completed and Accusations filed. His attorneys face some of California's best in the private sector, and our statistics speak for themselves with respect to how well the HQES supported the Board in protecting the patients of this state. Again, I will miss Al and his cautious and reasoned prosecutorial leadership.

At its last meeting in May, the Medical Board elected new officers:

President: Ira Lubell, M.D., M.P.H.
Vice President: Rudy Bermúdez
Secretary: Anabel Anderson Imbert, M.D.

Division of Licensing

President: Thomas A. Joas, M.D.
Secretary: James A. Bolton, Ph.D.

Division of Medical Quality

President: Ira Lubell, M.D., M.P.H.
Vice President: Anabel Anderson Imbert, M.D.
Secretary: Rudy Bermúdez

Assaultive Injuries (continued from page 1)

Penal Code Section 11165.8. If two or more mandated reporters provide treatment to a patient they may designate one member of the team to make the report. (Mental health professionals who are not treating a patient for a physical condition are not required to report under this statute.)

When should the report be made?

The law requires that the health practitioner make a report immediately by telephone, followed by a written report within two working days.

What information must the report include?

The report must include, but need not be limited to, the name of the injured person, the injured person's whereabouts, the character and extent of the injuries, and the identity of the assailant. Law enforcement agencies are able to give their best response to these reports when: 1) the practitioner provides all information clearly, 2) the report includes a telephone number where the agency may safely contact the victim later, 3) the report includes name and birth date for both the victim and alleged perpetrator, and 4) the practitioner describes the injuries in terms that can be understood by non-medical professionals.

To whom should the report be made?

The report should be made to the law enforcement agency *with jurisdiction over the place where the crime occurred. This* may be different from the locality where the patient presents for treatment, as victims often go to an emergency room, clinic, or doctor's office in a jurisdiction other than the one in which the crime took place. Practitioners should ask the victim where the assault occurred, and then report to the appropriate law enforcement agency. In almost all cases reports made to an agency without jurisdiction will not be acted upon.

What happens after the law enforcement agency receives the report?

A law enforcement agency's response to an assaultive injury report will depend on the timeliness of the report, the availability of a duty officer at that moment, and the law enforcement agency's general protocol for responding to situations of domestic violence and other forms of assault. In cases of domestic violence, most law enforcement agencies will make an effort to send an officer to interview the victim at the treatment facility if the health practitioner calls in the report immediately, while the patient is still present and receiving treatment. If the health practitioner makes the report after the victim has gone, very few agencies will dispatch an officer to conduct an interview or follow up investigation. After receiving the written report, law enforcement agencies typically check the names of the perpetrator and victim against existing case files to determine whether the report is part of an ongoing case. If there are no previous reports of the incident (that is, the required telephone report was never made or the police did not receive a report from the victim or another source), and the practitioner has included a legible telephone number for the victim, most agencies will still try to have an officer call the victim. It is then left to the victim and the law enforcement agency to decide whether to pursue the case further. Reports that do not involve domestic violence may be handled differently, depending upon the circumstances.

What else should mandated reporters know?

- Failure to make a report as required by this statute is a misdemeanor, punishable by up to six months in a county jail, a fine of up to $1,000, or both.
- The statute provides immunity from civil and criminal liability for reports made as required by law.
- In the case of physicians and surgeons, the law recommends that patients' medical records include any comments they make about a past history of domestic violence, the name of the alleged perpetrator, a body map showing the patient's injuries, and a copy of the report made to law enforcement. The law also recommends that the physician or surgeon refer the patient to local domestic violence resources.

Contact your local law enforcement agencies and district attorney's offices for specific information on their protocols for responding to assaultive injury reports. Some counties and local jurisdictions have developed a standardized form for reporting. Information about these forms may be available through county Domestic Violence Coordination Councils or the district attorney's office.

The complete text of the California Penal Code can be found at the California Law web page at www.leginfo.ca.gov.

**This article addresses the requirements for reports of assaultive injuries only. Practitioners must also report cases of child abuse and neglect and the abuse of elders and dependent adults. Since the reporting requirements for child and elder abuse are somewhat different than those for assaultive injuries they will be addressed in future Action Report articles.*

Seven New Members Appointed to the Medical Board

Governor Davis has, at press time, appointed seven new members to the Medical Board—three to the Division of Licensing and four to the Division of Medical Quality. These positions require Senate confirmation.

Division of Licensing:

Donna Gerber

Ms. Gerber is a Contra Costa County Supervisor. She has extensive experience as an advocate for social services, nurses, and patient care. She served as education coordinator for the California Nurses Association and has handled its labor relations. She worked as director of organizing for Healthcare Workers in Oakland. She also served as labor relations coordinator for United Public Employees in San Francisco. Ms. Gerber earned a bachelor of arts degree from the University of California, Santa Barbara.

Gary Gitnick, M.D.

Dr. Gitnick is chief of the Division of Digestive Diseases for the University of California, Los Angeles. He is a member of the American Medical Association, the American College of Physicians, the California Medical Association, the Los Angeles County Medical Association, and the American Gastroenterological Association. He is a fellow of the American College of Gastroenterology and a member of the American College of Physician Executives. Dr. Gitnick earned his bachelor of science degree and his degree in medicine from the University of Chicago.

Mitchell Karlan, M.D.

Dr. Karlan is chairman of the board of directors for the Southern California Physicians Insurance Company/American Healthcare Incorporate of Los Angeles. He also has been practicing in Beverly Hills as an oncologic surgeon since 1961. Dr. Karlan is a delegate of the American Medical Association, a member of the Board of Trustees of the American Society of General Surgery and the vice-speaker of the House of Delegates of the American Society of General Surgery. He is a fellow of the American Society of Oncological Surgery, and was the American Cancer Society's Man of the Year in 1987. Dr. Karlan earned a masters degree from Ohio State University Medical Center, and a degree in medicine from Harvard Medical School.

Division of Medical Quality:

Margo M. Leahy, M.D.

Dr. Leahy is a child psychiatrist in private practice in San Francisco. She serves as an instructor for the C.G. Jung Institute for Training and Extended Education Programs and is currently a clinical assistant professor of psychiatry at the University of California, San Francisco. She is a former director of the Child Psychiatry Outpatient Clinic at Stanford Medical Center of Palo Alto. Dr. Leahy earned bachelor of science and medical degrees from the University of Maryland.

Mary C. McDevitt, M.D.

Dr. McDevitt is the medical director and senior vice president at Marin General Hospital. Previously, she served as medical director for Clinical Outcomes, Research Management at the Good Samaritan Health System. She served on the board of the Visiting Nurses Association from 1980 to 1988, and also was president of the American Lung Association from 1982 to 1983. She is a member of the American College of Physician Executives. Dr. McDevitt earned her medical degree from the Medical College of Pennsylvania at Philadelphia.

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Update on the UCSD Physician Assessment and Clinical Education (PACE) Program

by
William A. Norcross, M.D., Professor of Clinical Family Medicine
Department of Family and Preventive Medicine, UCSD School of Medicine
Director, UCSD PACE Program

The UCSD PACE Program has grown considerably in the four years since its inception in 1996. It is now recognized throughout North America as providing quality assessment and educational services to physicians, as well as regulators and attorneys who work in the health care field. It is also the only program capable of providing clinical education to physicians in practice by bringing them back to medical school and fully integrating them into the educational offerings of residency programs. In future issues of the *Action Report*, a full description of PACE and its assessment and educational services will be presented. This article is intended to outline some new program offerings that have become available.

The newest program from PACE is the Medical Record Keeping Course, which was first offered in October of 1999 and again in April of 2000. It is an intensive two-day program covering all essential topics related to the creation and maintenance of high quality medical records. Topics include Criteria for Excellence in Medical Records, The Law and the Medical Record, Risk Management and the Medical Record, HCFA Guidelines and Coding/Billing Issues, the Internet and the Medical Record, Speech Recognition, and the Electronic Medical Record. This course is extremely practical and provides "hands-on" and small group experiences in addition to didactic presentations. Poor quality medical records are frequently to blame in malpractice cases and disciplinary actions, perhaps even when the physician has otherwise performed competently. The course is extremely helpful to any physician who needs to improve the quality and accuracy of his charting. Moreover, through an introduction to "cutting edge" computer technology, the program shows busy physicians how they can both keep excellent medical records and enhance clinical productivity and collections. The course is designated for 15 Category 1 CME hours and will be offered again October 26-27, 2000.

PACE remains the only program in North America that offers clinical education at a medical school and academic health center. The UCSD School of Medicine is one of the nation's foremost medical schools and perennially ranks among the top 20 medical schools in the U.S. in the annual survey of U.S. News and World Report. Full-time faculty of the School provide supervision. All medical specialties are represented, as are podiatry and a variety of ancillary disciplines.

For more information regarding the PACE Program please visit the program's Web site at www.paceprogram.ucsd.edu or contact our staff at (619) 543-6770 (phone) or ucpace@ucsd.edu (e-mail).

New Board Members (continued from page 4)

Ronald L. Moy, M.D.

Dr. Moy is a practicing physician in private practice in Los Angeles. He serves as editor-in-chief of *Dermatologic Surgery*. He worked as co-chief and assistant professor at the University of California, Los Angeles School of Medicine's Division of Dermatology. He has been on the Board of Directors of different national organizations including the American College of Mohs Micrographic Surgery and Cutaneous Oncology, the American Society for Dermatologic Surgery, and the Association of Academic Dermatologic Surgeons. He is a member and past president of the Los Angeles County Medical Association.
Dr. Moy earned his medical degree from Albany Medical College in New York.

Lorie Rice

Ms. Rice has extensive experience with health care professionals and the industry. She is currently the associate dean of external affairs and an assistant professor of clinical pharmacy for the School of Pharmacy at the University of California, San Francisco. She also has executive-level experience in state service as a former executive officer for the State Board of Pharmacy, member and past president of the Board of Behavioral Sciences, and president of the Executive Officers' Council of the Department of Consumer Affairs. She was appointed to the State Department of Alcohol and Drug Programs as chief deputy director and served as its legislative liaison. Ms. Rice earned bachelor of arts and masters in public health degrees from California State University, Northridge.

Health News

Announcing the California Newborn Hearing Screening Program

The Department of Health Services (DHS), Children's Medical Services Branch is pleased to announce the implementation of the California Newborn Hearing Screening Program (NHSP) as a result of legislation signed into law in August 1998. The impetus for the development of this program was the result of recent research findings and technological advancements:

- Previous hearing screening strategies missed at least 50% of the newborns with congenital hearing loss.
- The current average age of diagnosis, 18-24 months, results in delayed intervention which negatively impacts the development of language and communication skills.
- Interventions are now available that have been shown to improve outcomes when started early.
- New technologies make screening of newborn hearing practical, effective and affordable.

What is the California Newborn Hearing Screening Program?

The NHSP is a statewide comprehensive system of care designed to identify hearing loss in newborns and infants before three months of age and assist these children and their families in accessing intervention services by six months of age. Upon full implementation in December, 2002 approximately 400,000 infants will have the opportunity to have their hearing screened at the 200 California Children's Services (CCS) approved acute care hospitals each year. It is estimated that 1,200 infants with a hearing loss will be identified annually.

The program includes Hearing Coordination Centers (HCCs) that serve as a critical component in assuring that infants with hearing loss are identified and receive intervention services as early as possible. Their functions also include:

- Assisting in the development of hospitals' newborn hearing screening programs
- Certifying hospitals as screening providers
- Collecting data from hospitals and outpatient providers
- Providing primary care providers with results of outpatient examinations and diagnostic evaluations
- Serving as a resource for providers and parents

Why are we screening?

The incidence of hearing loss in infants has been estimated to be between 2-4/1000, greater than the combined incidence of all the genetic and metabolic conditions for which newborns are currently screened. It has been shown that interventions begun before six months of age significantly improve language development. Interventions can include amplification, speech and language therapy and educational services.

Who will be screened?

All families of infants delivered at the CCS approved hospitals that have been certified by DHS to participate in the NHSP will be offered the opportunity to have their baby's hearing screened prior to discharge. All newborns receiving care in a CCS-approved Neonatal Intensive Care Unit (NICU) will have their hearing screened.

How do we screen?

Hearing screening technology is now available which can accurately and quickly screen newborn hearing prior to nursery discharge. The technologies are non-invasive and take only a few minutes, generally while the infant sleeps. The methods that automatically report "pass" or "refer" results and do not require interpretation by an audiologist are:

- Automated auditory brainstem response, which involves recording short latency electroencephalographic waveforms from scalp electrodes in response to click stimuli presented to the ear canal.
- Otoacoustic emissions which records an echo of vibrations from cilia within the cochlea in response to sounds introduced using a small microphone placed in the external ear canal.

When do we screen?

CCS approved hospitals certified to participate in the program will perform an automated hearing screening prior to an infant's hospital discharge. An infant not passing a second screening prior to discharge in one or both ears will be scheduled for an outpatient rescreening within four weeks of discharge. It is estimated that about 7 percent of infants will require an outpatient rescreening.

Infants who receive care in a CCS approved NICU and do not pass the inpatient screening will be directly referred for a diagnostic hearing evaluation.

Who pays for screening?

Participating hospitals will be able to bill the state on a fee-for-service basis for Medi-Cal eligible children and children with no expected insurance coverage for the hospital stay. This includes infants enrolled in Medi-Cal Managed Care Plans. Similar funding is also available to providers that are certified to perform the outpatient hearing screening.

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Newborn Hearing Screening (continued from page 6)

What comes after the screening?

About 15 percent of the newborns that do not pass the outpatient rescreening will need a complete diagnostic evaluation. Of these infants about 1/3 will be shown to have a hearing loss.

Diagnostic Testing

Diagnostic hearing evaluations to determine the type, degree and configuration of hearing loss will be available through the CCS program for infants who fail to pass the hearing screening done as part of the NHSP. There is no program financial eligibility for these services. Families who apply for these services must reside in the county in which they are applying.

Audiologic Interventions

Subsequent to a diagnosis of a hearing loss, audiologic services are available through the CCS program for children who meet the program's financial and residential eligibility requirements. These services include ongoing audiologic evaluation and monitoring, aural rehabilitation and amplification.

Early Start Program

Infants identified with a hearing loss will be referred to the Early Start Program, California's early intervention program, within two days of diagnosis. They will receive an assessment which will be used to develop an Individualized Family Service Plan (IFSP). The IFSP will define the set of services to be provided which are unique to the needs of the child and family.

What is the role of the primary care provider in the NHSP?

An infant's primary care provider is an important member of the multidisciplinary team providing newborn hearing screening services. Medical evaluation is an essential aspect of the process. Primary care providers are in a unique position to:

- Inform parents and families of the importance of newborn screening.
- Encourage parents and families to keep the outpatient hearing screening and diagnostic evaluation appointments.
- Assist families in accessing needed audiologic and medical services.

We encourage physicians to continue to listen to the concerns raised by parents of children under their care regarding a child's hearing. Obviously, the NHSP cannot identify those infants and children who will develop a hearing loss later in the first year of life. A number of infants who are determined to have normal hearing during the newborn period have a medical or family history that places them at risk for developing a progressive or late onset hearing loss. These risk factors, as identified in the position statement of the Joint Committee on Infant Hearing, include, but are not limited to, a family history of early childhood hearing loss, congenital infections and meningitis. Children with these risk factors should be monitored carefully for development of communication. As the program's materials remind families of the need to monitor their children's language milestones, we also encourage physicians to critically evaluate and assess speech and language development as an indicator of potential hearing loss.

The State and the HCCs look forward to working with the primary care physicians in the state and with their patients and families to facilitate the program's goal of early identification of hearing loss and entry into early intervention services before infants reach six months of age.

For information about how to become an outpatient hearing screening provider, please contact Cynthia Merritt, M.S., at (916) 324-8906 or cmerritt@dhs.ca.gov.

For additional information about the NHSP, you may contact Hallie Morrow, M.D., at (916) 323-8009 or hmorrow@dhs.ca.gov.

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California STD/HIV Prevention Training Center

Clinical Courses Summer 2000

The California STD/HIV Prevention Training Center (CA PTC) offers comprehensive, skills-based courses suitable for all clinical providers interested in learning more about Sexually Transmitted Disease (STD) treatment, management and diagnosis. The CA PTC is a joint project of the California Department of Health Services, the UC Berkeley School of Public Health, the UCSF School of Medicine and the Centers for Disease Control and Prevention (CDC).

STD Overview — A basic one-day didactic overview covering: epidemiology, diagnosis, treatment, and management of common STDs for the practicing clinician. Presented in an interactive, syndrome-based format. July 12, Berkeley, CA (CA PTC); August 9, Long Beach, CA (Long Beach Health Department); August 25, Phoenix, AZ.

Fundamentals of STDs in Clinical Practice — A three-day didactic course for clinicians desiring in-depth training in STDs. Faculty present diseases common to clinical practice and comprehensive topics such as sexual history taking, STDs and adolescents, dermatology, client-centered counseling, and partner management (topics may vary with each course). September 18-20, San Francisco (SFDPH STD Program Office).

All didactic courses are recommended in conjunction with the following skills-based courses.

Clinical Preceptorship — Hands on, supervised clinical training at an STD clinic in San Francisco, Long Beach, or Phoenix. Participants work 1:1 with clinic staff and patients through all aspects of an STD clinic visit including: sexual history taking, exam, treatment, lab work, management, and counseling. (Available on flexible basis to fit your schedule. Limited space, scheduled on a first-come, first-served basis.)

Exam Skills Practicum — Hands on, skills-based training focusing on the male and female genital exams. Participants train with live models, highlighting exam technique, specimen collection and lab work associated with the STD exam. (Run in conjunction with didactic courses. Limited space available, scheduled on a first-come, first-served basis.)

Course fees are $50 per day. Pre-registration for all courses is REQUIRED and space is limited.

For further information on CME/CEU credit, course specifics, and an application, please contact:

California STD/HIV Prevention Training Center
1947 Center Street, Suite 201
Berkeley, CA 94704

Phone: (510) 883-6600 or
Fax: (510) 849-5057
E-mail: captc@dhs.ca.gov
Web site: itsa.ucsf.edu/~bolan/std.htm

Notice: Citation Ordered for Failure to Complete Required Continuing Medical Education (CME)

Continuing Medical Education is a reflection of the physician's essential responsibility to remain current in his or her skills and knowledge. This is an obligation recognized by the Legislature "to insure the continuing competence of licensed physicians" when it made CME mandatory (Business and Professions Code section 2190).

In the Medical Board's most recent random audits, completed for 1999, fully one quarter of physicians failed the audit. That is, those physicians were unable to provide documentary evidence that they had completed the minimal requirement of 100 hours of CME in the previous four years. The Medical Board views this as serious because these physicians previously certified that they have met the CME requirements by signing the renewal notice, but are actually in violation of Section 1336 of the California Code of Regulations. It also indicates that many physicians are not taking the basic steps, required in law, to keep informed regarding changes in standards of practice. The Board finds these violations egregious because of some physicians' apparent willingness to allow their skills to decline relative to the medical community's modern standards and to attempt to deceive the Medical Board and their patients concerning this disregard for the law.

Effective January 1, 2000 the Board began implementing a program to cite physicians who certify compliance with the Continuing Medical Education (CME) requirements by signing the license renewal application and subsequently fail to provide acceptable documentation during the annual random audit. A physician may be cited for "unprofessional conduct" for misrepresenting compliance with the CME requirement.

There are many ways that a physician can obtain CME credits. For more information on CME requirements, the Medical Board has a brochure available, "Continuing Medical Education Requirements for Physicians Licensed by the Medical Board of California." This brochure may be ordered by calling the Medical Board's Consumer Education Line at (916) 263-2382.

Medical Board Announces the Need for Qualified Medical Experts

In July 1994, the Medical Board of California established a formal medical expert reviewer program to create a systematic, objective and efficient approach to the Board's medical resources. Medical experts assist the Board in protecting consumers by providing expert reviews and opinions on Board cases and conducting professional competency exams. Occasionally, medical experts perform physical or mental evaluations.

The Expert Reviewer Program has a need for physicians who are interested in providing these services to the Board. The requirements for participating include: certification by ABMS or by a Board which has been deemed equivalent by the Medical Board under Section 651 of the Business and Professions Code, a license in good standing, no prior discipline, practice in area of specialty for at least five years, and an active practice or retired less than two years. Experience in peer review is recommended.

Although the Board is always interested in physicians from all specialties, the following specialties have few experts available: allergy/immunology, anesthesia (sub-specialty in pain management), colon/rectal surgery, dermatology, medical genetics, neurological surgery, nuclear medicine, orthopedic surgery, pathology, physical medicine, plastic surgery, preventive medicine, and thoracic surgery.

Medical experts are compensated at the rate of $75/hour for time conducting case reviews and $100/hour for time providing expert testimony. Experts are reimbursed for travel expenses within limits imposed by the state. The rates are different for conducting professional competency exams and physical or mental evaluations.

All candidates are mailed a binder and video which explain the program and review process. These training tools assist the expert in preparing a report of the review. The total time required to review the binder materials and the video should be no more than six hours. Those who successfully complete the application and review process are issued a certificate, their name is placed on the expert reviewer list, and they will begin to receive contacts to perform case reviews.

If you are interested in providing expert services to the Board, please contact:

Marilyn Ansak
c/o Medical Board of California
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236

Phone: (916) 263-2349
Fax: (916) 263- 2479

Breast Cancer Treatment Booklet Available in Chinese, Korean, Russian, and Thai

The Medical Board of California and the California Department of Health Services (DHS) are pleased to announce that "A Woman's Guide to Breast Cancer Diagnosis and Treatment," the State-required informed consent booklet, will be available after August 1, 2000 in Chinese, Korean, Russian, and Thai translations.* Physicians are required by law (Health and Safety Code section 109275) to give a copy of this booklet to patients before they perform a biopsy or treatment, and to note receipt of it in the patient's chart.

These translations, in addition to the current English and Spanish versions of this booklet, cover diagnostic and treatment options, including surgery, radiation, chemotherapy, hormonal therapy, complementary therapy, breast reconstruction, psychosocial information and other issues. The booklet has been designed to help facilitate patient/doctor communication during this traumatic time for the patient. These translations will facilitate the decision-making process for Chinese, Korean, Russian and Thai-speaking women facing biopsy or treatment for breast cancer.

Upon your request, the Medical Board will provide a "master copy" of the booklet in the language requested. The "master copy" can then be photocopied in the necessary quantities needed by the provider. Physicians may order a "master copy" of the translated booklet by faxing their request to the Medical Board of California at (916) 263-2479. Please specify the language requested and provide your return address and phone number. These translations are available free of charge.

**DHS wishes to acknowledge the support of the American Cancer Society, California Division, for making these translations possible.*

On being asked to prescribe by a non-physician...

The Medical Board has received several questions over the past few months regarding policies that require physicians to prescribe medications based on the evaluation of a non-prescribing allied health care provider. The central concern expressed in these questions is whether a physician who follows such a policy, and who does not examine the patient before prescribing, is violating the Medical Practice Act. Business and Professions Code section 2242 provides guidance to physicians who want to answer this question.

Section 2242 states, in part, that prescribing, dispensing or furnishing dangerous drugs without a good faith prior examination and medical indication therefor, constitutes unprofessional conduct. Unfortunately, section 2242 does not list each of the elements that satisfy the requirement of a good faith examination. While not listing specific elements, section 2242 can be interpreted to establish a legal standard of "reasonableness" with respect to the examination. Accordingly, the question of whether a physician conducted a good faith examination before prescribing a dangerous drug would be answered as follows: Under the circumstances existing at the time the physician prescribes, is there a supportable first-hand basis for prescribing the drug? If the answer is yes, then the physician has acted appropriately.

In addition to asking the above question, a physician should consider what practices tend to indicate that a good faith examination did not take place. For instance, a reasonable good faith examination certainly would require more than a series of "yes" or "no" questions on a questionnaire; completing such a questionnaire absent tests, scientific verification or evaluation; and no prior relationship between a physician and the patient cannot meet the standard of a reasonable good faith examination. This example illustrates that the physician has had no interaction with the patient, no "hands-on" examination and discussion about the patient's health, and no established physician-patient relationship that would support prescribing before the physician "sees" the patient.

A physician who prescribes based on the evaluation of a non-prescribing allied health care provider has done no more than the foregoing example of an examination that does not meet the standard of reasonableness. Never having seen the patient nor having established a physician-patient relationship, and never having conducted the "hands-on" examination, the physician has done little more than accept the findings of another individual who does not have the authority, nor the training, to prescribe. Such would not constitute a good faith prior examination.

Alert: Regulatory Changes are Coming Regarding Lapses of Consciousness

The Department of Health Services would like to provide physicians with advance notice of regulatory changes regarding lapses of consciousness which are scheduled to go into effect in early October 2000.

These regulations will clarify for the regulated public and the medical community when a patient with a diagnosis of a disorder characterized by lapses of consciousness is to be reported to the local health officer. In addition, these regulations will define the functional severity on which the physician and surgeon is to base a determination of whether reporting is required.

Additional information for physicians and consumers will be available shortly, prior to the effective date of the regulations. A detailed discussion of these regulatory changes will also be the subject of an article in the October issue of the *Action Report*.

In the interim, should you have any questions, please contact Kit Lackey of the Alzheimer's Disease Program at (916) 327-0947.

State of California Department of Consumer Affairs

IMPORTANT ADDRESS CHANGE INFORMATION

You must report all address changes to the Board within 30 days. Please allow only 32 characters per line for your new address. Return to the address indicated . If the address reported is a post office box, you must also provide a street address.

MUST INCLUDE PHYSICIAN'S SIGNATURE

MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM

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City:_____ State:_____ Zip:_____

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Signature:_____ Date:_____

Telephone Number:_____

ADMINISTRATIVE ACTIONS: February 1, 2000 to April 30, 2000

PHYSICIANS AND SURGEONS

BENNETT, CRAYTON JOSEPH, M.D. (A11091) Oakland, CA

B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct in his care and treatment of 3 patients which included excessive prescribing and inadequate charting. Revoked, stayed, 5 years probation with terms and conditions. February 28, 2000

BLOOMSTEIN, MICHAEL STEPHEN, M.D. (G27508) Martinez, CA

B&P Code §2234. Stipulated Decision. Failed to adequately monitor a post-surgical patient. Public Letter of Reprimand. March 31, 2000

BODE, GEORGIA KONSTANDOPOU, M.D. (A40295) Torrance, CA

B&P Code §§2234(b)(d), 2261. Committed acts of gross negligence and incompetence which resulted in the death of a patient. Revoked, stayed, 5 years probation with terms and conditions. March 13, 2000. Judicial review being pursued.

BOLANOS, JOSE RAUL, M.D. (G52463) Los Gatos, CA

B&P Code §§2234, 2266. Stipulated Decision. Failure to maintain adequate patient records and pattern of poor documentation. Public Letter of Reprimand. April 21, 2000

BOUCHER, VICTOR BRIAN, M.D. (A60583) Mesa, AZ

B&P Code §141(a). Disciplined by Arizona due to chemical dependency. Revoked. February 2, 2000

BRIGHAM, STEVEN CHASE, M.D. (G62438) Voorhees, NJ

B&P Code §§2234, 2236(a). Stipulated Decision. Criminal conviction for failing to file corporate tax returns. Two years probation with terms and conditions. February 24, 2000

CASEY, DAVID F., M.D. (G14747) Bellflower, CA

B&P Code §§2234, 2234(a). Stipulated Decision. Requested a fellow physician sign a Certificate of Disability of Trustee/ Trustor to the effect that a patient was physically and/or mentally incapacitated and unable to handle her affairs knowing the fellow physician had not conducted a good faith examination. Public Letter of Reprimand. April 26, 2000

Explanation of Disciplinary Language and Actions

"Effective date of Decision"—Example: "February 10, 2000" 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 being pursued"—The disciplinary decision is being challenged through the court system—Superior Court, maybe Court of Appeal, maybe State Supreme Court. The discipline is currently in effect.

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

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

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

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

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

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

"Surrender"—Resignation under a cloud. While charges are pending, the licensee turns in the license—subject to acceptance by the relevant board.

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

"Temporary Restraining Order"—A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).

CAVANAGH, JAMES G., M.D. (A20402) West Palm Beach, FL

B&P Code §§141(a), 2234(c)(d), 2305. Disciplined by Nevada due to repeated prescribing of excessive amounts of controlled substances for 27 patients. Revoked. April 6, 2000

CHEIN, EDMUND, M.D. (A38678) Palm Springs, CA

B&P Code §§725, 2234(a)(c)(d), 2242. Committed acts of repeated negligence and incompetence in the care and treatment of 1 patient by prescribing without medical indication; made false and misleading statements in documents related to the practice of medicine; and excessively treated or used diagnostic procedures. Revoked. February 18, 2000. Judicial review being pursued.

CHEN, CHRIS, M.D. (G63956) Pleasanton, CA

B&P Code §2234. Stipulated Decision. Administered excessive amounts of corticosteroids and medications containing acetaminophen. Revoked, stayed, 3 years probation with terms and conditions. April 24, 2000

CHEUNG, EDDIE CHUEN-LEUNG, M.D. (C40226) Oakland, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with making false statements on an application for hospital privileges. Revoked, stayed, 3 years probation with terms and conditions. April 24, 2000

CLAWSON, GORDON M., M.D. (A42967) Ojai, CA

B&P Code §§2234(c), 2239, 2242. Stipulated Decision. Failed to conduct a physical examination prior to diagnosing a patient's medical condition, recommending treatment and prescribing a dangerous drug. Public Letter of Reprimand. March 1, 2000

CLEMANS, WILLIAM JOSEPH, III, M.D. (C22338) Florence, AZ

B&P Code §§141(a), 2242(a), 2305. Engaged in the unlicensed and unlawful practice of medicine and surgery in Kansas. Revoked. February 18, 2000

DEAN, CAROLYN FLORA ANNE, M.D. (A52336) New York, NY

B&P Code §141(a). Stipulated Decision. Disciplined by Ontario, Canada, for professional misconduct and incompetence. Revoked, stayed, 3 years probation with terms and conditions. April 5, 2000

DESILVA, CHANDRA DIANE, M.D. (A29607) San Bernardino, CA

B&P Code §§2234(b)(c), 2266. Failed to act appropriately when a patient developed neuroleptic-induced tardive dyskinsia, improperly altered medical records, failed to keep adequate and accurate medical records, and prescribed drugs simultaneously and changed prescriptions frequently. Revoked, stayed, 4 years probation with terms and conditions. March 15, 2000. Judicial review being pursued.

DWYER, DAN EDWARD, M.D. (G76798) Glendale, CA

B&P Code §§141(a), 2305. Disciplined by Idaho due to self-use of controlled substances and felony conviction for obtaining a controlled substance by fraud. Revoked. April 12, 2000

ELUL, RAFAEL, M.D. (A26364) San Francisco, CA

B&P Code §§2234(b)(c)(e), 2242, 2261, 2262, 2266. Committed acts of gross negligence, repeated negligence and dishonesty in the care and treatment of 2 patients. Revoked. March 24, 2000

ERICKSON, CARL DAVID, M.D. (G17636) Carmel Valley, CA

B&P Code §2234. Violated terms and conditions of Board probation. Revoked. February 3, 2000

FIDDES, ROBERT ALAN, M.D. (A24377) Whittier, CA

B&P Code §§490, 2234(e), 2236, 2261, 2262. Criminal conviction for conspiracy to commit the crime of knowingly and willingly making false statements regarding a material matter within the jurisdiction of the U.S. Food and Drug Administration. Revoked. March 15, 2000

GREEN, SAMUEL MARVIN, M.D. (A44615) Fairfax Station, VA

B&P Code §§141(a), 2236(a), 2305. Disciplined by Virginia due to criminal conviction for conspiracy to defraud the United States of America. Revoked. April 26, 2000

GREENBERG, GERALD KEVIN, M.D. (G49145) Laguna Beach, CA

B&P Code §§651, 2234, 2234(b)(c)(d)(e), 2264, 17500. Stipulated Decision. Committed acts of gross negligence, repeated negligence and incompetence in the care and treatment of 6 patients; made false and misleading statements; and engaged in false and misleading advertising. Revoked, stayed, 7 years probation with terms and conditions including 135 days actual suspension. March 1, 2000

HAN, WILLIAM I., M.D. (A38218) Huntington Beach, CA

B&P Code §2234. Stipulated Decision. Failed to diagnose a twin pregnancy by ultrasound examination. Public Letter of Reprimand. February 3, 2000

HEMSLEY, WILLIAM R., JR., M.D. (A28346) Redlands, CA

B&P Code §2234. Stipulated Decision. Failed to make adequate notations in the medical records of 6 patients. Public Letter of Reprimand. March 22, 2000

For further information...

Copies of the public documents attendant to these cases are available at a nominal cost by calling the Medical Board's Central File Room at (916) 263-2525.

HOURIGAN, TRACY JEAN, M.D. (A70991)
Newport Beach, CA

B&P Code §§141(a), 480(a)(1)(2)(3), 2305. Discipline by the U.S. Air Force for falsifying a patient's medical record and criminal conviction for petty theft. License denied, denial stayed, 4 years probation with terms and conditions. February 17, 2000

JAVDAN, PARVIZ, M.D. (A34960) Middletown, NY

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by New York based on his care and treatment of 2 patients. Public Reprimand. April 21, 2000

JENSEN, MARTIN THOMAS, M.D. (G55773)
Laguna Niguel, CA

B&P Code §§2234(b)(c)(d), 2242, 2264, 2266. Stipulated Decision. Prescribed psychiatric medications to 2 patients without performing a good faith examination. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. April 10, 2000

Help Your Colleague
By Making A Confidential Referral

If you are concerned about a fellow physician who you think is abusing alcohol or other drugs or is mentally ill, you can get assistance by asking the Medical Board's Diversion Program to intervene.

The intervention will be made by staff trained in chemical dependency counseling or by physicians who are recovering from alcohol and drug addiction. As part of the intervention, the physician will be encouraged to seek treatment and be given the option of entering the Diversion Program. Participation in Diversion does not affect the physician's license.

Physicians are not required by law to report a colleague to the Medical Board. However, the Physicians Code of Ethics requires physicians to report a peer who is impaired or has a behavioral problem that may adversely affect his or her patients or practice of medicine to a hospital well-being committee or hospital administrator, or to an external impaired physicians program such as the Diversion Program.

Your referral may save a physician's life and can help ensure that the public is being protected. All calls are confidential. Call (916) 263-2600.

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

KARNS, ROBERT M., M.D. (G7277) Beverly Hills, CA

B&P Code §2262. Stipulated Decision. Altered the hepatitis B laboratory test results of two professional boxers. Revoked, stayed, 3 years probation with terms and conditions. April 24, 2000

KING, DONALD E., M.D. (AFE12244) Newport Coast, CA

B&P Code §§726, 2234, 2234(b)(c). Stipulated Decision. Engaged in a consensual social and sexual relationship with a patient. Revoked, stayed, 7 years probation with terms and conditions. March 30, 2000

KOVELMAN, ROZALIA, M.D. (A41643)
West Hollywood, CA

B&P Code §2236(a). Stipulated Decision. Criminal convictions for grand theft of personal property and subscribing to a false income tax return. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. March 27, 2000

KRISHNADASAN, CUMARASWAMY, M.D. (A30957)
Lancaster, CA

B&P Code §2234. Stipulated Decision. Left the operating room while a patient was under the influence of anesthesia. Public Letter of Reprimand. February 25, 2000

LARSEN, STEVEN RODNEY, M.D. (G27758) Hanford, CA

B&P Code §2234(c). Stipulated Decision. Failed to recognize and diagnose meningococcemia which resulted in the patient's death. Revoked, stayed, 3 years probation with terms and conditions. March 13, 2000

MENASTER, MICHAEL JOHN, M.D. (G72112)
Simi Valley, CA

B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence by counseling and otherwise treating patients while armed with a concealed and loaded handgun, and storing hundreds of dangerous drugs, including controlled substances, in an automobile trunk. Revoked, stayed, 5 years probation with terms and conditions. March 9, 2000

MILLER, GLENN EDWARD, M.D. (G29077)
Huntington Beach, CA

B&P Code §§2234(b)(c)(e), 2239(a), 2280, 2354. Inability to practice medicine safely due to alcohol and drug abuse/ dependency. Revoked, stayed, 10 years probation with terms and conditions. March 13, 2000

MONGRAIN, DALE ROBERT, M.D. (G29446) Brawley, CA

B&P Code §2266. Failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, 5 years probation with terms and conditions. February 14, 2000

MONTOYA, CARLOS FRANCISCO, M.D. (A40547) Huntington Park, CA

B&P Code §§ 2234, 2266. Stipulated Decision. Failed to properly document informed consent, medical findings and surgical repair in a patient's medical records. Public Letter of Reprimand. February 1, 2000

MORAN, JEFFREY, M.D. (A33867) Santa Ana, CA

B&P Code §§726, 2234(b)(c)(d)(e), 2238, 2242. Engaged in a sexual relationship with a patient, allowed a patient to ingest a controlled substance while intoxicated, and provided medications without performing a good faith examination. Revoked. March 29, 2000. Judicial review being pursued.

NILSSON, JERRY D., M.D. (C20640) Stanton, CA

B&P Code §§726, 2234(b)(c). Engaged in sexual misconduct during the care and treatment of 2 patients. Revoked. April 26, 2000

NORK, JOHN G., M.D. (G6627) Diamond Bar, CA

B&P Code §2265. Stipulated Decision. Supervised 3 physician assistants without having been officially approved to do so. Public Letter of Reprimand. April 7, 2000

OBLITAS, DANIEL H., M.D. (A43111) Duarte, CA

B&P Code §2234(b)(c)(d). Stipulated Decision. Failed to diagnose, treat or follow 9 patients with various illnesses. Revoked, stayed, 30 months probation with terms and conditions. February 7, 2000

OCAMPO, BENJAMIN PAZ, M.D. (A42105) Kissimmee, FL

B&P Code §§141(a), 725, 2234(c), 2266, 2305. Stipulated Decision. Excluded from participation in all federal health care programs for 15 years due to excessive treatment of 24 elderly patients, and unnecessarily and inadequately documented inpatient admissions of excessive lengths. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. April 10, 2000

PEACE, JAMES HARMON, M.D. (C41199) Los Angeles, CA

B&P Code §2234. Stipulated Decision. Failed to provide copies of medical records to a patient in a timely manner, and failed to maintain adequate and accurate medical records for 3 patients. Suspended, stayed, 4 years probation with terms and conditions. February 4, 2000

PLATT, ERNEST NELSON, M.D. (G20708) Wenatchee, WA

B&P Code §141(a). Disciplined by Washington based on findings of incompetence, negligence and falsifying medical records. Revoked. February 7, 2000

PURTELL, ALLISON ELAINE, M.D. (G48608) Laguna Niguel, CA

B&P Code §§725, 2234, 2234(c)(d). Committed acts of repeated negligence, incompetence and excessive prescribing in the treatment of hypothyroidism in 9 patients. Revoked. April 3, 2000

QUEVEDO, FEDERICO GODOFREDO, M.D. (A23416) Burbank, CA

B&P Code §§2234(e), 2261. Stipulated Decision. Signed a false Certificate of Non-Relationship in order to act as a practice monitor for a Board probationer. Public Reprimand. February 28, 2000

RIFKIND, STEPHEN PAUL, M.D. (G38687) Santa Ynez, CA

B&P Code §2234. Violated terms and conditions of Board probation. Revoked. March 13, 2000

SAFRANKO, BRENDA JEAN, M.D. (G45081) Los Angeles, CA

B&P Code §§822, 2239. Stipulated Decision. Inability to practice medicine safely due to alcohol addiction. Revoked, stayed, 4 years probation with terms and conditions. March 31, 2000

SCHENKEL, JOHN LAWRENCE, M.D. (G31141) Peru, NY

B&P Code §§141(a), 2305. Stipulated Decision. Diagnosed, treated and monitored a patient residing in Oregon by telephone from an office in New York, and failed to maintain adequate medical records. Public Reprimand. March 15, 2000

SHARMA, CHANDER PRAKASH, M.D. (A30135) Paramount, CA

B&P Code §§2234(a)(c)(e), 2236(a). Committed repeated acts of negligence with respect to record keeping, and convicted of trespassing. Revoked, stayed, 5 years probation with terms and conditions. February 3, 2000

SMOLEV, BARRY ALAN, M.D. (G23299) Los Angeles, CA

B&P Code §§2234(a)(e), 2236(a). Stipulated Decision. Violated terms and conditions of Board probation; criminal convictions for leaving the scene of an accident and shoplifting; made false statements on a license renewal application in Arizona. Revoked, stayed, 5 years probation with terms and conditions. March 20, 2000

STEUER, MICHAEL EDWARD, M.D. (G73878) Greenville, MS

B&P Code §2234(e). Made false statements on applications for hospital privileges to San Jose Medical Center and Midway Hospital Center. Revoked, stayed, 2 years probation with terms and conditions. March 16, 2000

VIDEEN, JOHN S., M.D. (59271) San Diego, CA

B&P Code §§2234, 2234(e)(f), 2236(a). Criminal conviction for receiving stolen property. Suspended, stayed, 30 months probation with terms and conditions. March 9, 2000. Judicial review being pursued.

VITO, REYNALDO LACSON, M.D. (A31942) Peoria, AZ

B&P Code §§141(a), 2234(d). 2305. Disciplined by Arizona due to negligent prescribing of medications and subsequent failure to pass a Special Purpose Examination for basic medical competency on 4 separate occasions. Revoked. February 7, 2000

WEINTRAUB, ARTHUR HAROLD, M.D. (G41965) Woodland Hills, CA

B&P Code §2234. Stipulated Decision. Violated terms and conditions of Board probation. Revoked. March 22, 2000

WILSON, STEVEN, M.D. (A46504) Redlands, CA

B&P Code §2234(b). Committed acts of gross negligence in the care and treatment of 1 patient. Public Reprimand. March 20, 2000

WINSTEAD, ARTHUR, III, M.D. (C37563) Bakersfield, CA

B&P Code §2236(a). Violated terms and conditions of Board probation, and criminal conviction for grand theft. Revoked. April 5, 2000

WISE, LESLIE EUGENE, M.D. (A32748) Newport Beach, CA

B&P Code §2266. Stipulated Decision. Failed to keep adequate and accurate records in the care and treatment of 1 patient. Public Reprimand. March 27, 2000

YOUNG, DAVID KWANG, M.D. (A25872) Reseda, CA

B&P Code §2234. Stipulated Decision. Committed insurance fraud by billing for services rendered by a non-licensed individual. Revoked, stayed, 5 years probation with terms and conditions. March 9, 2000

DOCTORS OF PODIATRIC MEDICINE

TAM, JOHN WUIMAN, D.P.M. (E2153) Glendora, CA

B&P Code §2234. Stipulated Decision. Failed to create and maintain appropriate records for 2 patients. Public Letter of Reprimand. April 7, 2000

VACIO, FRANK H., D.P.M. (E1755) Valencia, CA

B&P Code §§490, 822, 2234, 2234(a)(b)(c), 2236(a), 2239. Stipulated Decision. Criminal convictions for reckless driving and disturbing the peace, committed acts of gross and repeated negligence in the care and treatment of 1 patient, and inability to practice podiatry safely due to mental illness. Revoked, stayed, 5 years probation with terms and conditions. March 13, 2000

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

ANDERSON, GERALD MARVIN, M.D. (A21634) Whittier, CA

March 29, 2000

ANDERSON, MICHAEL O., M.D. (G15185) Rancho Palos Verdes, CA

April 24, 2000

BILDER, PAUL ANDRE, M.D. (C34587) Roseburg, OR

April 3, 2000

COLE, WILSON, M.D. (A21596) Escondido, CA

March 29, 2000

KAROW, WILLIAM G., M.D. (CFE21867) Los Angeles, CA

February 4, 2000

LAUER, JAMES WARD, M.D. (G20834) Grand Junction, CO

April 4, 2000

MARSH, JOHN ROSS, M.D. (G32296) San Andreas, CA

February 24, 2000

PICKERING, BRYANT I., M.D. (CFE20777) Las Vegas, NV

April 18, 2000

POLIN, STANTON G., M.D. (G5784) Chicago, IL

March 13, 2000

SAUNDERS, FRANCIS LEON, M.D. (G21018) Chico, CA

February 25, 2000

PHYSICIAN ASSISTANT

LYNCH, CHRIS JOHN, P.A. (PA12072) Victorville, CA

April 26, 2000

Department of Consumer Affairs
Medical Board of California
1426 Howe Avenue
Sacramento, CA 95825-3236

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Business and Professions Code Section 2021(b) & (c) require physicians to inform the Medical Board in writing of any name or address change within 30 days.

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ACTION REPORT - JULY 2000
Candis Cohen, Editor, (916) 263-2389

For additional copies of this report, please fax your company name, address, telephone number, and contact person to: Medical Board Executive Office, at (916) 263-2387, or mail your request to: 1426 Howe Avenue, Suite 54, Sacramento, CA 95825-3236.