

# Action Report

## Medical Board of California

President's Report	2
Two New Members Appointed to the Medical Board	3
Major Legislation Signed Affecting Board	4
Continuing Medical Education/Pain Management	5

Use of Lasers, Dermabrators, Botox and Other Treatments by Non-Physicians	6
Consider a Diversion Program Committee or Group Facilitator Position	7
News From the U.S. Food and Drug Administration	9
Administrative Actions	10

*Medical Board's  
Fiscal Year 2001-02  
Annual Report Inside*

### Medical Board of California Meetings

#### 2002

November 7, 8, 9  
San Diego

#### 2003

January 30, 31, February 1  
Los Angeles

May 8, 9, 10  
Sacramento

July 31, August 1, 2  
San Francisco

November 6, 7, 8  
San Diego

*All meetings are open  
to the public.*

## Legislation Requires Board to Collect Data

AB 1586 was chaptered into law on Oct. 4, 2001. It requires the Medical Board to collect and publish certain information about each physician licensed in California. Thus, it is necessary for all physicians to comply with the provisions of AB 1586 by supplying the required information. The Board will be collecting the information, initially, through a baseline survey and then on an ongoing basis at the time of licensure or renewal. The mandated information includes:

- Any specialty board certification the physician holds that is issued by a member board of the American Board of Medical Specialties or a board approved by the Medical Board of California as equivalent;
- The physician's practice status, including location and amount of time devoted to patient care.

In addition to this required information, the law further states that the physician "may report" information regarding his or her cultural background and foreign language proficiency.

Following are several frequently asked questions and answers regarding the new law:

### Q. When must I supply the information?

**A.** Current law requires collecting of the above information on or before July 1, 2003. The information will be updated with each license renewal after that time. NOTE: SB 1950 (see article, page 4) will require the Medical Board to collect information on board certification and postgraduate training beginning Jan. 1, 2003.

### Q. What led to these new requirements?

**A.** According to the findings of the Legislature, California may appear to have an adequate number of physicians in most areas of the state.

However, there are no data to indicate how many physicians are actively practicing, whether that practice is full or part-time, or how many may have moved into administrative positions and no longer treat patients. Therefore, information on individual physicians must be collected to determine whether or not California is experiencing a crisis in healthcare and the extent of the crisis, if one exists. The collection of this data will enable a much better understanding of the physician work force in this state.

### Q. What will the data be used for?

**A.** The data will be used to develop new public policy aimed at addressing any identified problems such as specific physician shortages defined by geography, specialty and other key variables. The data also may help consumers who are trying to find physicians in a certain area or who speak particular languages.

### Q. How will the data be made available?

**A.** The mandated data about practice status will be made available on the Medical Board Web site's individual physician profiles and by request. Language and race/ethnicity data, both optional sections on the survey form, will be made public only if so designated by that physician on the survey. The identification of language(s) spoken by the physician, for example, could be useful to patients. The Board, however, may report on such data in aggregate form that does not identify individuals. Provision of an e-mail address is also completely optional. E-mail addresses will not be available to the public, but would be for the exclusive use of the Board. For instance, the e-mail addresses might be used by the Board to more rapidly contact physicians in times of emergency to keep them

*(Continued on page 9)*

### 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

On September 27 and 28, 2002, the Medical Board embarked on the development of a current, and modern, Strategic Plan. Rather than meet in private, as is so often the way that Strategic Planning is done, we invited participants from every constituency that could be identified as having an interest in the way in which medical regulation is accomplished.

This inclusive approach to establishing the future direction of the Medical Board was based on the conscious desire to make sure that this Board represents the best interests of the greatest numbers of people and communities that it can. The safety of healthcare consumers is our first concern, and this interest can best be guaranteed if we understand all points of view as to how that is accomplished.

This undertaking could not have occurred at a more propitious time in our recent history. The Medical Board has just recently come through its most recent Sunset Review, one that generated a number of recommendations that will cause the Board to look at the way it addresses its most important job: protecting the public.

The final legislation which gives rise to this self-assessment and change in the law governing physician regulation was Senate Bill 1950 (Figueroa). Over many months, Ron Wender, M.D., President of the Board's Division of Medical Quality, and I participated in a series of meetings and telephone calls with the author and her staff, as we discussed the contents of the legislation and its impact on consumers and licensees. It was a difficult, but fascinating, experience in how public policy is made; one which reflects the difficulty and importance of balancing so many interests in a complex society such as ours. (Please see related article on page 4.)

What finally came out of those sessions and the work of the Legislature is that which our Strategic Plan will guide toward implementation in the coming years. Along with the reauthorization of the Medical Board, SB 1950 requires the Board to release information on malpractice



**Gary Gitnick, M.D.**  
**President of the Board**

settlements if there are three or more (four or more for "high-risk" specialties) in a 10-year period which begins on January 1, 2003; calls for a number of enhancements and clarifications in the disclosure of information to the public; enhances the penalty for the unlicensed practice of medicine; calls for firm disciplinary action in the event of sexual exploitation; enhances license reciprocity for out-of-state physicians applying in California; and adds mental illness as a condition eligible for participation in the Board's Diversion Program.

Perhaps the most important section of SB 1950 is the one that calls for an Enforcement Monitor to be appointed for a two-year

period. During this term, the monitor will make periodic reports to the Legislature on the Board's efforts to protect consumers through its regulatory programs. In a number of other licensing boards where there have been enforcement monitors, the universal reaction has been that their work has been very useful in identifying opportunities and methods for program improvement. It is the kind of objective review that can help all parties recognize their common interest in programs being operated at their highest level of quality.

These are just a few of the issues that were discussed at our Strategic Planning meeting. In coming columns, I look forward to sharing with you the final version of the Strategic Plan and my thoughts on the direction that it sets for this Board.

In the meantime, please note that the Board's Fiscal Year 2001-2002 Annual Report is contained in this issue. It represents quite well how the Medical Board has continued to improve its delivery of service even in this era of dwindling resources. Virtually all of the Board's major programs show increases in activity this past fiscal year, underscoring the diligent efforts of Board members and staff to protect the public and deliver an outstanding level of service to our applicants and licensees. I am proud to work with such an organization and continue to welcome your input.

# Two New Members Appointed to Medical Board

*Governor Gray Davis has appointed two new members to the Medical Board.*

## Division of Medical Quality

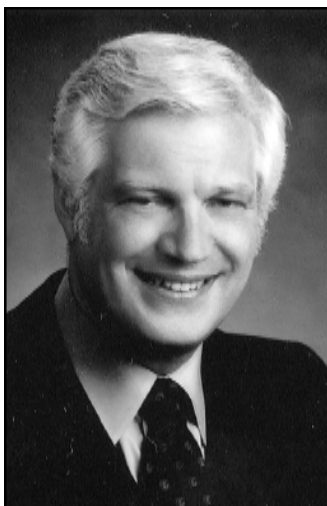
*William S. Breall, M.D.*

Dr. Breall has been a physician specializing in cardiology and cardiovascular disease since 1960.

He is a member of the clinical faculty at the University of California School of Medicine and served as Chief of Cardiology at the University of California/ Mt. Zion Medical Center from 1973 to 1978.

He is a member of the San Francisco, California, and American Medical Associations, the American College of Physicians, the American College of Chest Physicians, and the American College of Cardiology.

Dr. Breall earned a bachelor of arts degree from Reed College, and a doctorate of medicine degree from the University of Oregon.



## Division of Licensing

*Salma Haider*

Ms. Haider has been the Director of Public Relations for the Inland Empire Spine Center since 1992.

She has extensive involvement with healthcare for children and is a founding member of the Children's Spine Foundation, and a member of the Board of Riverside County Regional Medical Center Foundation.

She is a recipient of the Chancellor's Medal of Honor from the University of California, Riverside.

Ms. Haider attended Kabul University.



## New Program Administrator for Diversion Program



Laura Choate joins the Board's Diversion Program in offering California physicians the opportunity to seek treatment, recover, and continue to provide vital services to the citizens of California.

Ms. Choate has served with the State of California for 15 years. After graduating from the California State University at Sacramento's social work graduate program, she began her career with the State of California in the acute psychiatric program within the California Medical Facility in Vacaville.

Later, Ms. Choate worked with the Department of Mental Health in the monitoring function of skilled nursing facilities with special treatment programs for the mentally ill.

In 1991, Ms. Choate joined the Department of Alcohol and Drug Programs where she assisted in managing federal demonstration grants, the implementation of the Department's drug court effort, and policy development.

She is highly experienced in supervised treatment for individuals suffering from substance abuse.

# Major Legislation Signed Affecting Board

The California State Legislature passed, and the Governor signed, Senate Bill 1950 (Figueroa) in the 2002 legislative session. SB 1950 enacts a number of provisions related to the Medical Board of California and its licensing and regulatory processes. Many of its provisions become effective immediately, while others will be implemented as regulations are adopted. Following is a summary of the major provisions of SB 1950 affecting physicians. You may review the entire bill at [www.leginfo.ca.gov](http://www.leginfo.ca.gov), click on "Bill Information" and enter bill number.

SB 1950 calls for:

- The public disclosure of malpractice settlements for the first time in California. Beginning on January 1, 2003, if a physician in a low-risk specialty has three malpractice settlements in a 10-year period, that will become a matter of public record, disclosable on the Medical Board's Web site. For physicians in a high-risk specialty, disclosure will occur following four settlements. The Medical Board will adopt, by regulation, the designation of specialties as low or high risk. This law will not apply to settlements entered prior to Jan. 1, 2003.

The disclosure of settlements will not specify the actual dollar amount, but will place the amount in context as it relates to the malpractice payment average for other physicians in that specialty.

- The Medical Board to adopt, in regulation, standard terminology to describe disciplinary actions it discloses to the public.
- The prioritization of complaints upon which investigative and prosecutorial resources of the Board are expended as follows.
  - (1) Gross negligence, incompetence, or repeated negligent acts that involve death or serious bodily injury to a patient.
  - (2) Drug or alcohol abuse by a physician involving death or serious bodily injury to a patient.
  - (3) Repeated acts of clearly excessive prescribing or furnishing of controlled substances, or repeated acts of prescribing or furnishing controlled substances without a good faith prior examination and medical indication.
  - (4) Sexual misconduct with one or more patients in the course of treatment.
  - (5) Practicing medicine while under the influence of drugs or alcohol.

*(Continued on page 5)*

## RECIPROCITY

The Medical Board has been successful in achieving revisions to facilitate the licensure of out-of-state physicians, under specified parameters. Current law (Business and Professions Code section 2135) contains specific requirements regarding the issuance of a physician and surgeon's certificate to an out-of-state applicant. There are a number of well-qualified physicians excluded because of current requirements, including physicians having taken state boards administered before June 1967, and physicians who may not be able to obtain medical school transcripts to document clinical instruction, etc.

Specifically, per SB 1950, section 2135.5 has been added to the Business and Professions Code. The new law provides that:

"... the Division of Licensing may determine that an applicant for a physician's and surgeon's certificate has satisfied the medical curriculum requirements of section 2089, the clinical instruction requirements of section 2089.5 and 2089.7, and the examination requirements of section 2170 if the applicant meets all of the following criteria:

- (a) He or she holds an unlimited and unrestricted license as a physician and surgeon in another state.
- (b) He or she has been licensed by that state to practice as a physician and surgeon.
- (c) He or she is certified by a specialty board that is a member board of the American Board of Medical Specialties.
- (d) He or she has not been the subject of a denial of licensure under section 480.
- (e) He or she has not graduated from a school that has been disapproved by the division."

Physicians anticipating applying for licensure in California under this new statute should complete the entire licensing application packet. Materials are available on the Medical Board's Web site at [www.medbd.ca.gov](http://www.medbd.ca.gov) or by contacting the Division of Licensing at (916) 263-2344. Questions concerning licensing under this new statute also may be directed to this same number.



## CONTINUING MEDICAL EDUCATION

San Diego State University will host two CME programs which meet the new California licensing requirements for pain management/end-of-life care and for geriatrics.

### **Practical Pain Management and End-of-Life Care**

**Hyatt Regency La Jolla, Dec. 6-8, 2002**

### **Geriatrics Highlights: Improving the Quality of Life**

**Marriott La Jolla, Feb. 21-23, 2003**

These courses will present practical, clinically relevant content at a level appropriate for all practicing physicians. Each course is accredited to provide 12 hours of Category 1 credit from the California Medical Association. The pain program will meet the one-time requirement for AB 487 fulfillment and the geriatrics program will provide credits to satisfy your next licensing period for the geriatrics content requirement of Business and Professions Code section 2190.3 (required of family physicians and internists who see 25 percent of their patients age 65 or older).

For a brochure or for registration information, call SDSU at (619) 594-5152 or visit its Web site at [www.neverstoplearning.net](http://www.neverstoplearning.net).

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The San Diego Academy of Family Physicians and the University of California, San Diego, Physician Assessment and Clinical Education (PACE) Program are presenting a CME course on pain management and end-of-life care.

### **AB 487: Get a Grip on Pain An Evidence-Based Approach for Pain Management and Palliative Care**

**Town & Country Resort & Convention Center, San Diego, Jan. 11-12 & Feb. 8-9, 2003**

This course will serve to broaden and update the knowledge base of all physicians by presenting a comprehensive, evidence-based approach to the subjects of pain management and the treatment of the terminally ill patient. The course will focus on the latest, cutting-edge information that can be practically incorporated into a physician's practice. This course also fulfills AB 487 CME requirements.

For more information, call the SDAFP at (619) 422-1186, fax (619) 476-1536 or visit [www.paceprogram.ucsd.edu/pain.html](http://www.paceprogram.ucsd.edu/pain.html).

## **Major Legislation Signed Affecting Board** (continued from page 4)

- The appointment of an Enforcement Monitor for a two-year period to review the Enforcement and Diversion Programs of the Medical Board and to make recommendations to the Legislature which may improve the operations of these programs.
- A finding of repeated or multiple acts of sexual exploitation to require that an Administrative Law Judge render, and cannot stay, a decision of license revocation.
- The addition of two public members to the Board's Division of Medical Quality.
- The expedited activation of inactive licenses during times of declared state or national disaster.
- The Medical Board to recognize applicants who are licensed in another state and are board certified as meeting the educational and examination requirements contained in Business and Professions Code sections 2089, 2089.5, 2089.7 and 2170.

The Medical Board of California is committed to the early and effective implementation of SB 1950 to usher in the coming era of physician licensure and regulation. Adoption of the regulations and policies necessary to operationalize these, and other, provisions of SB 1950 will be reported in future issues of the *Action Report*.

# Use of Lasers, Dermabrators, Botox and Other Treatments by Non-Physicians

During the past few years, the Board has received an increase in calls inquiring about who may perform what type of cosmetic procedure and where. There is a particular interest in those elective cosmetic procedures that are becoming very popular with our appearance-oriented population, especially baby-boomers concerned with the signs of aging. Physicians call to find out who they may hire so that they may expand their practice to capture this market, and non-physicians call to find out if they might be allowed to profit by performing various treatments. The Board believed that it might be helpful to share some of these questions and our responses with our readers.

## **Who may use lasers or intense pulse light devices to remove hair, spider veins and tattoos?**

Physicians may use lasers or intense pulse light devices. In addition, physician assistants and registered nurses (not licensed vocational nurses) may perform these treatments under a physician's supervision. Unlicensed medical assistants, licensed vocational nurses, cosmetologists, electrologists or estheticians may not legally perform these treatments under any circumstance, nor may registered nurses or physician assistants perform them independently, without supervision.

## **Who may inject Botox?**

Physicians may inject Botox, or they may direct licensed registered nurses, licensed vocational nurses, or physician assistants to perform the injection under their supervision. No unlicensed persons, such as medical assistants, may inject Botox.

## **I've been approached by a nurse to be her "sponsoring physician," for her laser and Botox practice; would that be legal?**

No. There is no such thing as a "sponsoring physician." Nurses may not, under California law, employ or contract with a physician for supervision. A nurse may not have a private practice with no actual supervision. While the laws governing nursing recognize "the existence of overlapping functions between physicians and registered nurses" and permit "additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses" (Business and Professions Code section 2725), nurses may only perform medical functions under "standardized procedures." The Board does not believe this allows a nurse to have a private medical cosmetic practice without any physician supervision.

## **I see these ads for "Botox Parties" and think that it has to be illegal. Is it?**

The law does not restrict where Botox treatments may be performed, as long as they are performed by a physician, a

registered nurse, licensed vocational nurses, or physician assistant *under a physician's supervision*.

## **Who may perform microdermabrasion?**

It depends. If it's a cosmetic treatment, that is to say it only affects the outermost layer of the skin or the stratum corneum, then a licensed cosmetician or esthetician may perform the treatment. If it's a medical treatment, that is to say it penetrates to deeper levels of the epidermis, then it must be performed by a physician, or by a registered nurse or physician assistant under supervision. Treatments to remove scarring, blemishes, or wrinkles would be considered a medical treatment. Unlicensed personnel, including medical assistants, may not perform any type of microdermabrasion.

## **I would like to provide nonmedical dermabrasion, and hire an esthetician to perform that and also cosmetic facial and skin treatments. What do I need to do?**

It is legal for physicians to hire licensed cosmetologists or estheticians to perform cosmetology services, if they have obtained a facility permit from the Bureau of Barbering and Cosmetology. You may apply for a permit with the Department of Consumer Affairs, Bureau of Barbering and Cosmetology, 400 R Street, Suite 5100, Sacramento, CA 95814. You may obtain application forms at the DCA Web site at [www.dca.ca.gov](http://www.dca.ca.gov). All licensed cosmetologists, including estheticians, must perform their services in a facility with a permit.

## **Why can't I use a medical assistant instead of a nurse?**

Medical assistants are not licensed professionals. While doctors have become accustomed to their assistance in medical office practices, they are not required to have any degree, nor do they have to pass an examination or be licensed. For that reason, the law only allows them to perform technical supportive services as described in sections 2069-2071 of the Business and Professions Code, and Title 16 California Code of Regulations, sections 1366-1366.4.

## **What is the penalty if I get caught using an unlicensed person to perform medical treatment?**

The law provides a number of sanctions, ranging from license discipline to criminal prosecution, for aiding and abetting the unlicensed practice of medicine. Physicians could be charged with aiding and abetting unlicensed practice, and the employee could be charged with unlicensed practice.

## **I understand that all of these practices may be illegal, but I see advertisements all of the time for these kinds of illegal practices. What should I do?**

*(Continued on page 7)*

# Consider a Diversion Program Committee or Group Facilitator Position

The Physician Diversion Program is a statewide, highly structured, multifaceted, five-year monitoring and rehabilitation program. The program's mission is to protect the public by supporting and monitoring the recovery of physicians who suffer from substance-abuse and mental-health-related disorders. The Medical Board of California's Diversion Committee, a standing committee within the Board's Division of Medical Quality, oversees the program.

The monitoring resources used by the program contribute in a collective role to essentially function as a rehabilitation team that oversees the progress of the impaired physician's participation in the program. The program is expanding. Qualified persons are needed to serve as members of the program's Diversion Evaluation Committees as well as group facilitators.

## **Diversion Evaluation Committee Members, Alternates**

Diversion Evaluation Committees (DECs) are used by the program to determine the appropriateness of impaired physicians for participation, terms of participation and successful completion or termination of impaired physicians from the program. DEC members are volunteers but receive per diem and reimbursement or travel and other expenses necessarily incurred in the performance of their official duties.

Members may be California-licensed physicians, public members or former participants of a professional monitoring program. Physician members must possess a current, unrestricted medical license in good standing with no current pending accusation by the Board. Public members must possess a current, unrestricted license from the Board of Behavioral Sciences, the Board of Psychology or be certified as an alcohol and drug counselor or specialist. Candidates who are former participants in either California's Diversion Program or any other impaired professionals monitoring program must have successfully completed the program at least two years prior to

appointment to a DEC as well as have achieved a minimum of five years of uninterrupted recovery.

DEC members may serve two consecutive four-year terms with additional terms allowed after a four-year break between appointments. DEC members are needed for standing committees. Members are also needed to serve routinely as alternates in emergency situations, such as special DEC meetings or to attend for standing members unable to attend a particular meeting, etc. If you are interested in serving as a DEC member, please send your letter of interest along with a current CV to Elsa Paynes at the address listed below or for more information, please telephone (916) 263-1144.

Medical Board of California  
Physician Diversion Program

1420 Howe Avenue, Suite 14, Sacramento, CA 95825  
Telephone: (916) 263-2600 Fax: (916) 263-2607

## **Group Facilitators**

Participants in the Diversion Program attend Diversion Group meetings facilitated by group facilitators on a twice-weekly basis. Currently, Diversion group meetings are conducted in 16 locations throughout the state. Diversion facilitators contract with, and are paid directly by, the participants. The current rates approved by the program to be paid by participants are \$220 per month for attendance at one meeting per week and \$315 per month for twice-weekly meetings. This includes the cost of the group facilitator's participation in consultations, report writing and attendance at DEC meetings. A group facilitator must be certified as a drug and alcohol counselor in addition to being licensed as an MFT, LCSW, psychologist or physician who specializes in psychiatry. If you, or someone you know, would be interested in becoming a group facilitator for the Diversion Program and would like more information, please contact Paige Oliver at (916) 263-2604.

## **Treatments by Non-Physicians**

(continued from page 6)

You may file a complaint with the Medical Board. To do so, please send the advertisement and address or telephone number where you may be reached for further information to our Central Complaint Unit at 1426 Howe Avenue, Suite 93, Sacramento, CA 95825. The Medical Board will contact the business, in writing, inform them of the law and direct them to cease any illegal practice. If it is simply the advertisement that is misleading, they will be directed to change or clarify the ad.

It is impossible to cover all of the relevant legal issues in a short article, and these questions and answers are not a

substitute for professional legal advice. Physicians may want to consult with their attorneys or malpractice carriers if there is any question about the use of their office personnel. In addition, the Board has a number of written materials with more thorough information on this subject. There are legal opinions on the use of lasers and dermabrasion, materials outlining the legal limitations on use of medical assistants, as well as the actual statutes and regulations. To request any of these documents, please contact:

Medical Board of California  
1426 Howe Avenue, Suite 92  
Sacramento, CA 95825  
(916) 263-2389

## ANNOUNCING

# HIV Reporting by Non-Name Code Regulations Trainings

## How You or Your Agency Can Meet Reporting Requirements

ETR Associates is pleased to announce training opportunities for healthcare providers to ensure compliance with the HIV Reporting by Non-Name Code Regulations that became effective in California July 1, 2002.

This two-hour training is intended for any healthcare provider or HIV/counselor/outreach worker who submits a biological specimen to a laboratory or orders a laboratory test to detect the presence of HIV, a component of HIV anti-bodies, or antigens of HIV and all tests used to monitor HIV infection, including, viral load.

The training will provide:

- an overview of the reporting regulations with an emphasis on healthcare providers' specific responsibilities
- practice in completing the required forms and the Non-Name Code
- guidelines for explaining the regulations to patients in easy-to-understand language
- discussion of potential challenges and solutions to implementing the regulations
- development of an action plan for implementing the regulations at participants' sites



**For more information regarding these trainings, visit the California Office of AIDS Web site at [www.dhs.ca.gov/AIDS](http://www.dhs.ca.gov/AIDS) and click on the ETR link, or call (831) 438-4080 ext. 352 and ask about the HIV Reporting by Non-Name Code Trainings.**

## STD/HIV Prevention Training Center's Online Chlamydia Course

### Course Offers Free Continuing Education Credit

Did you know that chlamydia screening is recommended for all sexually active females aged 25 and younger?

The California STD/HIV Prevention Training Center has created an easy-to-use online chlamydia training course. The course is case-based and very interactive. Complete the course and receive free continuing education credits! Just visit [www.stdhivtraining.org](http://www.stdhivtraining.org).

### Chlamydia – The problem

Chlamydia is the most common bacterial sexually transmitted disease. Chlamydia is a leading cause of pelvic inflammatory disease (PID), which can lead to long-term reproductive health complications, such as ectopic pregnancy, infertility and chronic pelvic pain. Young women are especially susceptible to chlamydia infections. Fortunately, chlamydia is easily treatable with antibiotics.

### Chlamydia – A Solution

Screening young women for asymptomatic chlamydia infection reduces their risk of PID and is a cost-effective preventive service. Through this online training, clinicians can review clinical significance, epidemiology and risk factors, sexual history taking, rationale for chlamydia screening, diagnostic tests, treatment, and partner management. The training emphasizes screening for chlamydia among asymptomatic sexually active young women.

We encourage all physicians to take advantage of this great opportunity. The ONLINE CHLAMYDIA COURSE is located at: [www.stdhivtraining.org](http://www.stdhivtraining.org).

For more information on California STD/HIV Prevention Training Center activities, visit our Web site at [www.stdhivtraining.org](http://www.stdhivtraining.org), call (510) 883-6600, or e-mail [capte@dhs.ca.gov](mailto:capte@dhs.ca.gov).

**Developed by the California  
STD/HIV Prevention Training Center**





# 2001-2002 ANNUAL REPORT

# Medical Board of California

1426 Howe Avenue, Suite 54, Sacramento, CA 95825 (916) 263-2389 • www.medbd.ca.gov

## Board Tackles Challenges, Embraces Opportunities

The past year has been a year of change and reassessment of priorities for the Medical Board of California. As the terms of some members ended, and as new members were appointed, the Board is now constituted with a new membership that brings new ideas concerning how to meet its strong commitment to public protection. This has resulted in an active assessment of the present state of Board operations and a desire to forge new territory.

Over the past year, the Board has initiated a number of provocative discussions on topics such as alternative medicine and disclosure of more information to consumers. The Board's commitment to healthcare access resulted in working with the Legislature to develop a new loan payback program for physicians who commit to practice in underserved areas. Its interest in enhancing public protection resulted in the finalizing of outpatient surgery regulations and the appointment of an enforcement committee to recommend future improvements in enforcement operations.

This Board will continue to examine issues facing healthcare and work toward innovative solutions. In the past year, the Board established the following committees that will assess and improve its performance and identify opportunities for change:

**Enforcement Committee:** The Committee's goal is to review the entire disciplinary/enforcement process, from complaint intake through Attorney General prosecution, and to recommend and implement improvements in the process. The Committee will work with stakeholders, investigators, the Attorney General's Office, and other interested parties in making these improvements.

**Public Education Committee:** The Committee's objectives are to increase the public's awareness of the Board's services; and establish greater collaborative relationships with various parties and stakeholders to improve the flow of information to enhance public safety and to better serve the profession.

**Committee on Recertification:** The Committee is reviewing continuing competency and requalification for physicians and surgeons, and plans for periodic review of offshore schools to assess their relevance and efficacy.

**Non-Conventional Medicine Committee:** The Committee will examine and develop recommendations relating to the laws and policies that govern non-conventional medical practice. It will not promote or denounce any particular practice or therapy. Discussions at meetings will be dedicated to the examination of legal and policy issues that impact the delivery of non-conventional methods in the practice of medicine.

Also during 2001-2002, the **Division of Licensing** implemented a system of online license renewal, which enables physicians to renew their licenses online through the Board's Web site while paying by credit card. Also, payment by credit card has been extended to include initial processing fees.

(Continued on page 2)

### CURRENT PHYSICIAN AND SURGEON LICENSES BY COUNTY

Alameda	3,775	Inyo	46	Monterey	841	San Luis Obispo	686	Trinity	9
Alpine	0	Kern	944	Napa	453	San Mateo	2,338	Tulare	460
Amador	61	Kings	114	Nevada	235	Santa Barbara	1,109	Tuolumne	121
Butte	443	Lake	84	Orange	7,914	Santa Clara	5,597	Ventura	1,584
Calaveras	51	Lassen	47	Placer	745	Santa Cruz	614	Yolo	522
Colusa	12	Los Angeles	25,161	Plumas	30	Shasta	445	Yuba	65
Contra Costa	2,493	Madera	147	Riverside	2,332	Sierra	0	<b>California Total</b>	
Del Norte	56	Marin	1,438	Sacramento	3,293	Siskiyou	79	<b>86,934</b>	
El Dorado	261	Mariposa	14	San Benito	45	Solano	683	<b>Out of State Total</b>	
Fresno	1,570	Mendocino	212	San Bernardino	3,010	Sonoma	1,286	<b>25,339</b>	
Glenn	9	Merced	229	San Diego	8,128	Stanislaus	734	<b>Current Licenses</b>	
Humboldt	289	Modoc	6	San Francisco	4,886	Sutter	164	<b>112,273</b>	
Imperial	123	Mono	26	San Joaquin	860	Tehama	55		

### MISSION STATEMENT 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.*

## Board Tackles Challenges, Embraces Opportunities (Continued from page 1)

Since January 2002, the Board's Division of Licensing has completed a second round of redesign workshops to streamline the application process, and the recommended changes are now operational. The positive outcome from these workshops is evidenced by a decrease in time for initial review of U.S. and Canadian applications, while not compromising public safety. In June 2002, the average review time was 30 days, down from 72 days the prior year.

**Legislation:** The Board has begun implementation of AB 487 (Aroner), which requires physicians to take 12 credits of CME in pain management and the treatment of terminally ill and dying patients, and requires the Board to develop standards for

review of pain management cases.

To improve healthcare in diverse populations and eliminate disparities in care, culturally and linguistically appropriate services are critical. Accordingly, the Board developed a proposal for establishment of a loan payback program for physicians practicing in underserved areas. This proposal resulted in AB 982 (Firebaugh), the Physician Corps Loan Assumption Program. The program authorizes medical school loan repayments to participating, qualified and licensed physicians who practice in underserved areas of California.

The Board approved proposed Complementary and Alternative Medicine (CAM) Disciplinary Policies and

Procedures that will be included in the Board's Enforcement Operations Manual. Investigators will use the guidelines when investigating licensed and unlicensed CAM practitioners and when requesting expert opinions on CAM. This fulfills the requirement of SB 2100 (Vasconcellos, 1999-2000 legislative session).

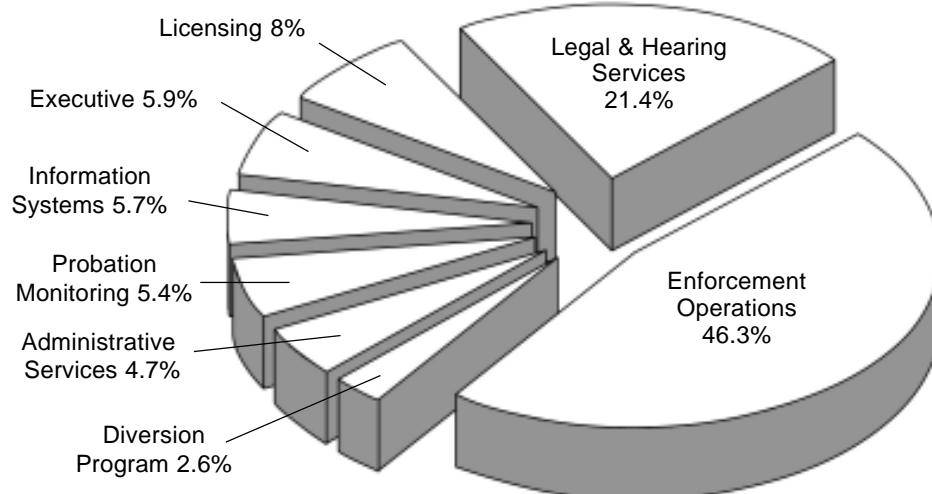
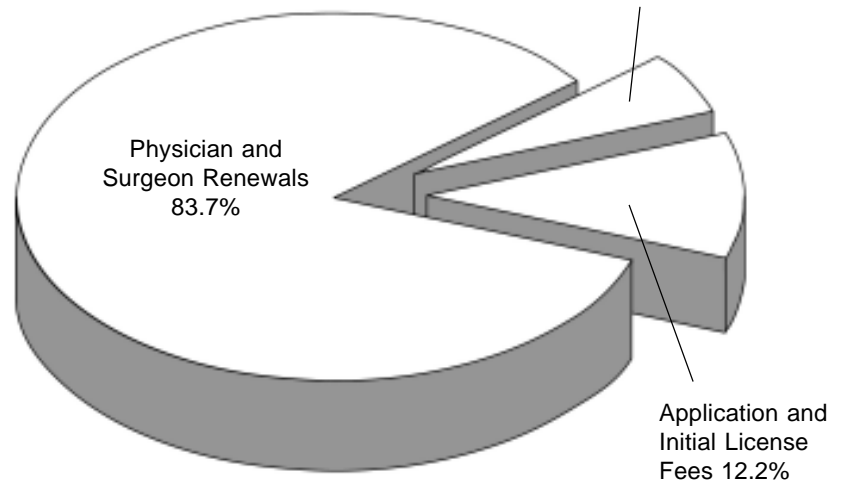
As indicated by the foregoing endeavors, this has been an active year for the Medical Board of California and the real benefits will be realized as the Board's new directions are fully implemented.

We look forward to sharing these successes throughout the year and anticipate that next year's Annual Report will more fully reflect the continuing progress of its dedicated membership.

### 2001-2002 FISCAL YEAR REVENUES & REIMBURSEMENTS

Physician & Surgeon Renewals	\$29,432,000
Application and Initial License Fees	\$4,290,000
Reimbursements	\$1,994,000
Other Regulatory Fees, Delinquency/Penalty/ Reinstatement Fees, Interest on Fund, Miscellaneous	\$1,438,000
<b>Total</b>	<b>\$37,154,000</b>

### MEDICAL BOARD OF CALIFORNIA



### 2001-2002 FISCAL YEAR BUDGET DISTRIBUTION

Enforcement Operations	\$17,806,000
Legal & Hearing Services	8,220,000
Licensing	3,058,000
Executive	2,288,000
Information Systems	2,210,000
Probation/Operation	
Safe Medicine	2,084,000
Administrative Services	1,814,000
Diversion Program	1,008,000
<b>Total</b>	<b>\$38,488,000</b>

# DIVISION OF LICENSING

The Medical Board of California's Division of Licensing is committed to protecting the public and serving the medical profession by adhering to the highest standards of efficiency, and by ensuring that all statutory requirements are met as a precondition to the issuance of a physician's and surgeon's license. To best meet this standard, improvements to the licensing process have been implemented this past year with noticeable results.

In addition to physician's and surgeon's licenses, the Division also licenses, registers and certifies various affiliated healing arts professionals and serves as the approving authority for those agencies that accredit outpatient surgery settings.

## Licensing Process Improvements Update

In the 2001-2002 fiscal year 4,920 physician and surgeon licenses were issued, as compared to 3,777 in 2000-2001.

With the initiation of the new e-licensing program, physicians and surgeons can renew their licenses online. New applicants for physician's and surgeon's licenses can submit payment for an application online via credit card, directly to the Board. At this point, this system does not displace the normal hard copy completion of the entire licensing packet and transmittal of that hard copy material to the Board.

Applicants can also continue to request an application by telephone or download an application from the Board's Web site and mail it to the Board for processing.

Fingerprint clearances from the Federal Bureau of Investigation and the

Department of Justice are a mandatory part of the application process. If the applicant resides in California, there is now an electronic process available for fingerprint clearances, called Live Scan. This process significantly reduces the time frame to process fingerprint clearances. The Live Scan process has streamlined and essentially eliminated the need for paper fingerprint cards for California applicants.

guest rotation. The Board has proposed changes to regulatory language in FY 02-03 to allow persons participating in an out-of-state postgraduate training program (residency) to come to California and participate in a "guest rotation" (also referred to as an "away rotation") for a maximum number of days even if they have exhausted their normal exemption period as currently provided for in Business and

Professions Code sections 2065 and 2066.

## Continuing Medical Education Audit

The Division recently completed the FY 01-02 audit for continuing medical education (CME). A total of 757 licensees were audited and, out of those, 653 passed. The licensees who failed the audit have received a letter from the Division notifying them of the outcome, and instructions for remediating the deficiency.

## Legislative CME Update

With the passage of AB 487 (Business and Professions Code section 2190.5), physicians are now

required to complete, in addition to, or as part of the currently required CME, a mandatory one-time requirement of 12 credit hours of CME in the subjects of pain management and the treatment of terminally ill and dying patients.

The only exemption currently provided by this section of law is for those physicians who are practicing in pathology or radiology.

However, the paper cards are still available for those applicants who reside out of state or who prefer to use this method.

## Legal Updates

A regulatory change to section 1320 of Title 16, California Code of Regulations, was implemented in 2000. An unintentional consequence of the amendment was that it affected out-of-state medical residents who come to California to participate in a

## AFFILIATED HEALING ARTS

	2001-2002 LICENSES	
	ISSUED	CURRENT
Licensed Midwife	10	120
Dispensing Optician	116	1,180
Contact Lens Dispenser	13	437
Non-Resident Contact Lens Seller <sup>1</sup>	7	10
Spectacle Lens Dispenser	117	1,747
Physician Asst. Supervisor <sup>2</sup>	—	—
Research Psychoanalyst	2	70
Accrediting Agencies for Outpatient Surgery Settings	0	4
Podiatrist	71	2,019

<sup>1</sup> Non-resident contact lens seller formerly was reported within the Dispensing Optician category.

<sup>2</sup> Pursuant to B&P Code section 3515, the physician assistant supervisor program became inoperative on July 1, 2001 and was repealed as of January 1, 2002. Therefore, any physician can supervise a physician assistant unless disciplinary action has been taken against the physician's license prohibiting the physician from such supervision.

## DIVISION OF LICENSING ACTIVITY

	FY 00-01	FY 01-02		FY 00-01	FY 01-02
<b>PHYSICIAN LICENSES ISSUED</b>			<b>SPECIAL FACULTY PERMITS</b>		
FLEX/USMLE <sup>1</sup>	3,237	4,110	Permits issued	1	1
NBME <sup>1</sup>	370	506	License exemptions renewed	2	2
Reciprocity with other states	170	304	Total active exemption	4	5
<b>Total new licenses issued</b>	<b>3,777</b>	<b>4,920</b>	<b>LICENSING ENFORCEMENT ACTIVITY</b>		
Renewal licenses issued—with fee	47,469	49,053	Probationary license granted	4	9
Renewal licenses—fee exempt <sup>2</sup>	4,457	4,933	License Denied (no hearing requested)	7	8
<b>Total licenses renewed</b>	<b>51,926</b>	<b>53,986</b>	Statement of Issues to deny license filed	11	6
<b>PHYSICIAN LICENSES IN EFFECT</b>			Statement of Issues granted (license denied)	3	1
California address	84,675	86,934	Statement of Issues denied (license granted)	5	4
Out-of-state address	24,614	25,339	Statement of Issues withdrawn	0	1
<b>Total</b>	<b>109,289</b>	<b>112,273</b>	<sup>1</sup> FLEX = Federation Licensing Exam USMLE = United States Medical Licensing Exam NBME = National Board Medical Exam		
<b>FICTITIOUS NAME PERMITS</b>			<sup>2</sup> Includes physicians with disabled, inactive, retired, military, or voluntary service license status.		
Issued <sup>3</sup>	1,082	1,003	<sup>3</sup> Includes Medical Board of California and Board of Podiatric Medicine.		
Renewed <sup>4</sup>	4,101	3,505	<sup>4</sup> Medical Board of California only.		
Total number of permits in effect <sup>4</sup>	8,505	8,692			

## VERIFICATION & REPORTING ACTIVITY SUMMARY

	FY 00-01	FY 01-02		FY 00-01	FY 01-02
<b>LICENSE STATUS VERIFICATIONS</b>			<b>REPORTS TO MEDICAL BOARD</b>		
Phone verifications	130,483	103,260	Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	194	271
Written verifications	3,934	2,897	Adverse Actions reported to the NPDB <sup>1</sup>	520 <sup>2</sup>	563 <sup>3</sup>
Authorized Internet users	842	934	NPDB reports received from insurance companies or self-insured individuals/organizations	909	907
Online access verifications	692,879	659,689	B&P Code §805 reports of health facility discipline received	135 <sup>4</sup>	155 <sup>5</sup>
Non-verification telephone calls	68,145	63,511			
Certification Letters and Letters of Good Standing	11,858	7,297			

<sup>1</sup> NPDB = National Practitioner Data Bank

<sup>2</sup> Includes 484 MDs, 30 podiatrists, and 6 physician assistants.

<sup>3</sup> Includes 531 MDs, 11 podiatrists, and 21 physician assistants.

<sup>4</sup> Includes 124 MDs, 3 podiatrists and 8 psychologists.

<sup>5</sup> Includes 151 MDs, 2 podiatrists and 2 psychologists.

The Annual Report also is available in the "Publications" section of the Medical Board's Web site: [www.medbd.ca.gov](http://www.medbd.ca.gov). For additional copies of this report, please fax your company name, address, telephone number and contact person to the Medical Board's Executive Office at (916) 263-2387, or mail your request to 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.



## DIVERSION PROGRAM

The Physician Diversion Program is a statewide, five-year monitoring and rehabilitation program. It is administered by the Medical Board of California to support and monitor the recovery of physicians who have substance-abuse or mental-health disorders.

The Diversion Program was created by statute in 1980 as a cost-effective alternative to discipline by the Medical Board. Diversion promotes public safety by encouraging physicians to seek early assistance for substance-abuse and mental-health disorders to avoid jeopardizing patient safety.

Physicians enter Diversion by one of three avenues. First, physicians may self-refer. This is often the result of concerned colleagues or family members encouraging the physician to seek help. Participation by self-referred physicians is completely confidential from the disciplinary arm of the Board. Second, physicians may be referred by the Enforcement Unit in lieu of pursuing disciplinary action. Finally, physicians may be directed to participate by the Board as part of a disciplinary order.

During FY 01-02, 52 physicians were accepted by the Diversion Evaluation

Activity <sup>1</sup>	00-01 01-02		Type of Impairment <sup>1</sup>	01-02 %	
	00-01	01-02		01-02	%
Beginning of fiscal year	256	273	Alcohol	56	21
Accepted into program	70	52	Alcohol		
Completions:			& mental illness	23	9
Successful	46	46	Other drugs	84	31
Unsuccessful	7	10	Other drugs		
Active at end of year	273	269	& mental illness	31	12
<b>Other Activity</b>			Alcohol & other drugs	40	15
Applicants <sup>2</sup>	41	53	Alcohol & other drugs		
Out-of-state-monitored			& mental illness	32	11
California licentiates	15	11	Mental illness	3	1
Completions:			<b>Total</b>	<b>269</b>	
Successful	3	4			
Unsuccessful	0	2			
<b>Total monitored at end of FY 01-02</b>		<b>327</b>			
<b>Total monitored during FY 01-02</b>		<b>389</b>			

<sup>1</sup> Does not include applicant or out-of-state participant data.

<sup>2</sup> Applicants are participants who either (1) have not been seen by a Diversion Evaluation Committee or (2) have not yet signed a Diversion Agreement.

Committee, signed a formal Diversion Agreement and entered the program. Of those, 37 physicians had no open cases with the Board, 10 physicians were diverted from discipline, and an additional five physicians entered as a result of disciplinary orders.

During FY 01-02, a total of 389 physicians were monitored by the Diversion Program. Of the 62 who left the program, 12 were unsuccessful, while 50 successfully completed the five-year program, with a minimum of three years of continuous sobriety and a change in lifestyle that would support ongoing recovery.

## DIVISION OF MEDICAL QUALITY

The data in this year's Annual Report has been reorganized in a more systematic fashion, grouping categories for ease of comparison. All of the information required by law is provided in a more readable and a more understandable display.

Last year the Enforcement Program experienced an increase of approximately 12% in the number of investigative cases opened compared to FY 00-01. There was also an increase of approximately 15%, compared to the previous year, in the number of cases referred by the Board to the Office of the Attorney General for the filing of administrative charges. Despite the increase in investigative cases opened, the average time to complete investigations fell below 200 days for the first time since FY 93-94. Last year, on average, it took 198 days to complete an investigation once the case was forwarded to a field office and assigned to an investigator. This continues the steady reduction from FY 94-95 when it required 345 days. The Enforcement Program will

continue to work to complete all investigations as quickly and objectively as possible.

### Operation Safe Medicine

The number of cases referred by Board investigators for criminal action during the past year also increased. The Board's unlicensed practice unit, Operation Safe Medicine (OSM), was responsible for much of the increase in criminal filings from 58 in FY 00-01 to 82 this FY. OSM has proved to be an effective mechanism for dealing with unlicensed activity and the so-called backroom clinics in the Los Angeles County and Orange County areas. Several criminal investigations conducted by OSM investigators have lead to the filing of felony and misdemeanor charges against unlicensed individuals treating various medical conditions.

### Central Complaint Unit

The Board's Central Complaint Unit (CCU) continues to do an outstanding job of reviewing and investigating complaints.

More than 11,000 complaints were received last year. In addition to the increasing numbers, complaints are becoming more complex, requiring CCU staff to conduct more intensive review of the cases presented.

In the coming year, the CCU will be reorganized into two sections to better handle the wide variety of complaints received. The Quality of Care section will focus its efforts on reviewing/ investigating allegations of physician negligence or incompetence. Staff will prioritize cases, giving the highest priority to those cases which resulted in patient harm or death. Staff will perform an analysis of the physician's complaint and malpractice history and increase the involvement of medical consultant reviewers who have particular expertise in the same practice speciality. The Technical Violation & Physician Conduct Section will focus its efforts on complaints that do not pose an immediate danger to the health and safety of patients.

# DIVISION OF MEDICAL QUALITY ACTION SUMMARY

## PHYSICIANS & SURGEONS

	FY 00-01	FY 01-02
<b>COMPLAINTS/INVESTIGATIONS<sup>1</sup></b>		
Complaints Received	10,899	11,218
Complaints Closed by Complaint Unit	7,690	9,477
Investigations		
Cases Opened	2,320	2,608
Cases Closed	2,374	2,449
Cases referred to the Attorney General (AG)	510	589
Cases referred for criminal action	58	82
Number of probation violation reports referred to the AG	22	27

Consumer inquiries	65,267
Jurisdictional inquiries	35,897
Complaint forms sent	14,359
Complaint forms returned by consumers	5,026

Average and median time (calendar days) in processing complaints during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review:

	FY 00-01		FY 01-02	
	Avg.	Median	Avg.	Median
1. Complaint Unit				
Processing	53	25	58	32
2. Investigation	204	153	198	153
3. AG Processing to preparation of an Accusation	112	75	103	64
4. Other stages of the legal process (e.g., after charges filed)	439	359	437	364

### Enforcement Field Operations Caseload

	Per Statewide Investigator	
Active Investigations	1,531	20
AG Assigned Cases <sup>2</sup>	655	9

### Probation Unit Caseload

Monitoring Cases <sup>3</sup>	498	36
Active Investigations	78	6
AG Assigned Cases <sup>2</sup>	53	n/a <sup>4</sup>

<sup>1</sup> Some cases closed were opened in a prior fiscal year.

<sup>2</sup> These cases are at various stages of AG processing and may require supplemental investigative work, such as subpoena service, interviewing new victims or witnesses, testifying at hearings, etc.

<sup>3</sup> 132 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2002.

<sup>4</sup> For Probation Unit caseload, the AG Assigned Cases are included as Monitoring Cases.

## COMPLAINTS RECEIVED BY TYPE & SOURCE

	Fraud	Health & Safety <sup>1</sup>	Non-Jurisdictional <sup>2</sup>	Competence/Negligence <sup>3</sup>	Other Category	Personal Conduct <sup>4</sup>	Unprofessional Conduct <sup>5</sup>	Unlicensed	Total
Public	176	266	402	4,676	0	26	1,637	95	<b>7,276</b>
B&P Code <sup>6</sup>	2	4	0	1,338	0	44	66	0	<b>1,454</b>
Prof. Group <sup>7</sup>	16	30	10	51	1	7	128	21	<b>264</b>
Govt. Agency <sup>8</sup>	44	88	18	557	38	179	952	120	<b>1,996</b>
Anonymous/ Misc.	30	27	9	36	0	15	77	34	<b>228</b>
<b>Totals</b>	<b>268</b>	<b>415</b>	<b>439</b>	<b>6,656</b>	<b>39</b>	<b>271</b>	<b>2,860</b>	<b>270</b>	<b>11,218</b>

<sup>1</sup> Health and Safety complaints include inappropriate prescribing, sale of dangerous drugs, etc.

<sup>2</sup> Non-jurisdictional complaints are not under the authority of the Board and are referred to other agencies such as the Department of Health Services, Department of Managed Health Care, etc.

<sup>3</sup> Competence/Negligence complaints are related to the quality of care provided by licensees.

<sup>4</sup> Personal Conduct complaints include licensee self-use of drugs/alcohol, conviction of a crime, etc.

<sup>5</sup> Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, failure to release medical records, etc.

<sup>6</sup> Reference is to B&P Code sections 800 and 2240(a) and includes complaints initiated based upon reports submitted to the Medical Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.

<sup>7</sup> "Professional Group" includes the following complaint sources: Other Licensee, Society/Trade Organization, and Industry.

<sup>8</sup> "Governmental Agency" includes the following complaint sources: Internal, Law Enforcement Agency, Other California State Agency, Other State, Other Unit of Consumer Affairs, and Federal or Other Governmental Agency.

## REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS

	FY 00-01	FY 01-02
<b>MEDICAL MALPRACTICE</b>		
Insurers: B&P Code §§801 & 801.1	921	872
Attorneys or Self-Reported or Employers		
B&P Code §§802 & 803.2	391	313
Courts: B&P Code §803	25	30
<b>Total Malpractice Reports</b>	<b>1,337</b>	<b>1,215</b>
<b>CORONERS' REPORTS</b>		
B&P Code §802.5	33	38
<b>CRIMINAL CHARGES &amp; CONVICTIONS</b>		
B&P Code §§802.1 & 803.5	37	38
<b>HEALTH FACILITY DISCIPLINE</b>		
Medical Cause or Reason		
B&P Code §805	124	151
<b>OUTPATIENT SURGERY SETTINGS REPORTS</b>		
Patient Death		
B&P Code §2240(a)	7	12
Patient Transfer*		
B&P Code §2240(b)	369	175

\* Pursuant to B&P Code section 2240(e), effective Jan. 1, 2002, patient transfer reports are sent to the Office of Statewide Health Planning and Development, which received 204 reports from Jan. 1 through June 30, 2002.

# DIVISION OF MEDICAL QUALITY ACTION SUMMARY

	FY 00-01	FY 01-02		FY 00-01	FY 01-02																																	
ADMINISTRATIVE ACTIONS			PETITION ACTIVITY																																			
Accusation	238	329	Petition for Reinstatement of license filed	16	10																																	
Petition to Revoke Probation	18	21	Petition for Reinstatement of license granted	8	7																																	
Number of completed investigations referred to the Attorney General’s Office awaiting the filing of an Accusation as of June 30	141	138	Petition for Reinstatement of license denied	7	7																																	
			Petition for Penalty Relief <sup>3</sup> granted	10	20																																	
			Petition for Penalty Relief <sup>3</sup> denied	6	7																																	
			Petition to Compel Exam filed	15	16																																	
			Petition to Compel Exam granted	13	18																																	
			Petition to Compel Exam denied	0	0																																	
ADMINISTRATIVE OUTCOMES			LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING																																			
Revocation	39	38	Interim Suspension Orders	17	23																																	
Surrender (in lieu of Accusation or with Accusation pending)	49	47	Temporary Restraining Orders	0	3																																	
Suspension Only	5	6	Other Suspension Orders	27	40 <sup>4</sup>																																	
Probation with Suspension	16	19	NOTE: Some orders granted were sought in prior fiscal year.																																			
Probation	91	69	<div><div>License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 01-02</div><table><tr><td></td><td>Orders Sought</td><td>Orders Granted</td></tr><tr><td>Criminal Charges/Conviction of a Crime</td><td>7</td><td>9</td></tr><tr><td>Drug Prescribing Violations</td><td>5</td><td>7</td></tr><tr><td>Fraud</td><td>4</td><td>5</td></tr><tr><td>Gross Negligence/Incompetence</td><td>11</td><td>9</td></tr><tr><td>Mental/Physical Illness</td><td>6</td><td>8</td></tr><tr><td>Self-Abuse of Drugs or Alcohol</td><td>8</td><td>9</td></tr><tr><td>Sexual Misconduct</td><td>13</td><td>15</td></tr><tr><td>Unlicensed Activity</td><td>0</td><td>1</td></tr><tr><td>Unprofessional Conduct</td><td>0</td><td>3</td></tr><tr><td>Total</td><td>54</td><td>66</td></tr></table></div>				Orders Sought	Orders Granted	Criminal Charges/Conviction of a Crime	7	9	Drug Prescribing Violations	5	7	Fraud	4	5	Gross Negligence/Incompetence	11	9	Mental/Physical Illness	6	8	Self-Abuse of Drugs or Alcohol	8	9	Sexual Misconduct	13	15	Unlicensed Activity	0	1	Unprofessional Conduct	0	3	Total	54	66
	Orders Sought	Orders Granted																																				
Criminal Charges/Conviction of a Crime	7	9																																				
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Sexual Misconduct	13	15																																				
Unlicensed Activity	0	1																																				
Unprofessional Conduct	0	3																																				
Total	54	66																																				
Probationary License Issued	4	9																																				
Public Reprimand	50	52																																				
Other Actions (e.g., exam required, education course, etc.)	34	21																																				
Accusation Withdrawn <sup>1</sup>	45	32																																				
Accusation Dismissed	9	16																																				
Dispositions of Probation Filings																																						
Additional Suspension or Probation	4	9																																				
Probation Revoked or License Surrendered	12	16																																				
Other Decisions	0	3																																				
Petition Withdrawn/Dismissed	0	1																																				
REFERRAL AND COMPLIANCE ACTIONS																																						
Citation and Administrative Fines Issued	513	520																																				
Physicians Called in for Medical Review	9	0																																				
Physicians Referred to Diversion Program <sup>2</sup>	12	27																																				

<b>Administrative Outcomes by Case Type in FY 01-02</b>									
	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	6	17	0	9	21	0	23	9	85
Inappropriate Prescribing	5	3	1	0	6	0	6	4	25
Unlicensed Activity	1	0	0	2	0	0	1	0	4
Sexual Misconduct	7	10	0	3	0	0	2	1	23
Mental Illness	4	8	1	0	5	2	0	1	21
Self-use of drugs/alcohol	2	6	3	1	7	5	0	0	24
Fraud	4	2	0	2	9	0	2	0	19
Conviction of a crime	3	0	1	1	5	1	1	1	13
Unprofessional Conduct	6	1	0	1	9 (1 <sup>5</sup> )	1	17	5	40 (1)
Miscellaneous violations	0	0	0	0	7	0	0	0	7
<b>Totals by Discipline Type</b>	<b>38</b>	<b>47</b>	<b>6</b>	<b>19</b>	<b>69 (1)</b>	<b>9</b>	<b>52</b>	<b>21</b>	<b>261 (1)</b>

<sup>1</sup> Accusations withdrawn for the following reasons: physician passed a competency exam; physician was issued a citation/fine instead; physician died; etc.

<sup>2</sup> Diversion Program referrals are made pursuant to B&P Code section 2350(b).

<sup>3</sup> Penalty Relief includes Petitions for Modification and/or Termination of Probation.

<sup>4</sup> Includes 5 Automatic Suspension Orders per B&P Code section 2236.1, 11 license restrictions per Penal Code section 23, 19 out-of-state suspension orders per B&P Code section 2310, and 5 stipulated agreements to suspend or restrict the practice of medicine.

<sup>5</sup> Figures in parentheses represent action taken by the Division of Licensing against dispensing opticians, research psychoanalysts, and licensed midwives.

# ENFORCEMENT ACTION SUMMARY FOR AFFILIATED HEALING ARTS

	FY 00-01	FY 01-02		FY 00-01	FY 01-02
<b>COMPLAINTS/INVESTIGATIONS</b>			<b>PETITION ACTIVITY</b>		
Complaints Received	1,015	1,046	Petition for Reinstatement of license filed	2	3
Complaints Closed by Complaint Unit	627	747	Petition for Reinstatement of license granted	0	1
Investigations:			Petition for Reinstatement of license denied	0	1
Cases Opened	324	347	Petition for Penalty Relief <sup>3</sup> granted	0	1
Cases Closed	330	328	Petition for Penalty Relief <sup>3</sup> denied	0	1
Cases referred to the AG	82	100			
Cases referred for criminal action	21	17			
Number of Probation Violation					
Reports referred to AG	1	4			
<b>LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING</b>			<b>REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS</b>		
Interim Suspension Orders	0	1		<b>FY 00-01</b>	<b>FY 01-02</b>
Other Suspension Orders <sup>2</sup>	1	3	<b>MEDICAL MALPRACTICE</b>		
<b>ADMINISTRATIVE ACTIONS</b>			<b>Insurers</b>		
Accusation	24	30	B&P Code §§801 & 801.1	21	14
Petition to Revoke Probation	1	4	<b>Attorneys or Self-Reported or Employers</b>		
Statement of Issues to deny application	5	5	B&P Code §§802 & 803.2	7	9
Number of completed investigations referred to AG awaiting the filing of an Accusation as of June 30	15	16	<b>Courts</b>		
<b>ADMINISTRATIVE OUTCOMES</b>			B&P Code §803	0	4
Revocation	4	2	<b>Total Malpractice Reports</b>	<b>28</b>	<b>27</b>
Surrender (in lieu of Accusation or with Accusation pending)	9	2	<b>CORONERS' REPORTS</b>		
Probation with Suspension	3	4	B&P Code §802.5	0	0
Probation	9	13	<b>CRIMINAL CHARGES &amp; CONVICTIONS</b>		
Public Reprimand	0	2	B&P Code §803.5	2	3
Other (e.g., exam required, education course)	3	2	<b>HEALTH FACILITY DISCIPLINE</b>		
Statement of Issues Granted (License Denied)	0	4	<b>Medical Cause or Reason</b>		
Statement of Issues Denied (License Granted)	3	2	B&P Code §805	11	4
Accusation/Statement of Issues Withdrawn	1	3	<b>OUTPATIENT SURGERY SETTINGS REPORT</b>		
Accusation Dismissed	0	1	<b>Patient Death</b>		
Disposition of Probation Filings			B&P Code §2240(a)	1	0
Additional Suspension or Probation	1	1	<b>Patient Transfer<sup>4</sup></b>		
Probation Revoked or License Surrendered	1	1	B&P Code §2240(b)	6	1
Petition Withdrawn/Dismissed	0	0			
<b>REFERRAL AND COMPLIANCE ACTIONS</b>					
Citation and Administrative Fines Issued	19	20			
Office Conferences Conducted	6	5			

<sup>1</sup> These figures include podiatrists, physician assistants, research psychoanalysts, dispensing opticians and licensed midwives. With the exception of the categories of complaints and investigations, the figures do not include psychologists.

<sup>2</sup> Includes Automatic Suspension Orders per B&P Code section 2236.1 and license restrictions per Penal Code section 23.

<sup>3</sup> Penalty Relief includes Petitions for Modification and/or Termination of Probation.

<sup>4</sup> Pursuant to B&P Code section 2240(e), effective Jan. 1, 2002, patient transfer reports are sent to the Office of Statewide Health Planning and Development, which received six reports from Jan. 1 through June 30, 2002.

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# News From the U.S. Food and Drug Administration

## Pharmaceutical Product Consolidation

FDA is consolidating the review for all new pharmaceutical products into the Center for Drug Evaluation and Research (CDER). Presently this work is performed in part by FDA's Center for Biologics Evaluation and Research (CBER) and in part by CDER. This consolidation will increase consistency and allow CBER to concentrate its scientific expertise and effort in the crucial areas of vaccines and blood safety and on cutting edge biologic scientific areas such as gene therapy and tissue transplantation.

An implementation action plan and timeline for this consolidation will be developed by January. Until FDA issues further guidance, companies should continue to work with CBER and CDER as they do at present. Any public comment or suggestions on this consolidation should be referred in writing to Murray M. Lumpkin, M.D., at HF-2, Room 14-71, 5600 Fishers Lane, Rockville, MD 20857.

## West Nile Virus

West Nile virus was recognized in the Western Hemisphere for the first time in 1999, when it caused an epidemic of encephalitis and meningitis in New York City. Since then it has been spreading across the country presenting a threat to the public health. Fatal encephalitis is the most serious outcome of the West Nile virus infection. Cases of severe illness are highest among the elderly, though less than 1% of persons infected with West Nile virus will develop severe illness. In cases of suspected West Nile virus meningitis or encephalitis in recent (e.g., <4 weeks before onset of illness) recipients of blood or organs, clinicians should contact local public health authorities to initiate an investigation. Serum or tissue samples should be retained for later studies. For more information visit these Web sites:

[www.cdc.gov/ncidod/dvbid/westnile/index.htm](http://www.cdc.gov/ncidod/dvbid/westnile/index.htm) or  
[www.fda.gov/oc/opacom/hottopics/westnile.html](http://www.fda.gov/oc/opacom/hottopics/westnile.html).

## Useful Web sites

MedWatch: [www.fda.gov/medwatch/elist.htm](http://www.fda.gov/medwatch/elist.htm)

*For:* Clinically important medical product safety alerts delivered via e-mail; concise, timely information about the drugs and devices; each e-mail contains a summary of the safety alert and often a hyperlink is available to link to more detailed information.

CDRH: [www.fda.gov/cdrh/contactslisting](http://www.fda.gov/cdrh/contactslisting)

*For:* Upcoming teleconferences and viewing locations; recalls and safety issues; notice of new policy, guidance, or public meetings.

CDER: [www.fda.gov/cder/cdernew/listserv.html](http://www.fda.gov/cder/cdernew/listserv.html)

*For:* Daily or weekly e-mail containing new updates to the Web site; notice of any new, medically necessary drug shortages.

## Recall of Human Tissue

FDA notified healthcare professionals that Cryolife, a human tissue-processing firm, was ordered to recall all distributed human allograft tissues, except allograft heart valves, that have been processed by Cryolife since October 3, 2001. This FDA recall order was issued after FDA discovered regulatory violations related to the processing of human tissue by Cryolife, documented fungal and bacterial contamination of Cryolife tissues, and found that Cryolife had not fully implemented adequate corrective actions.

For additional information: [www.fda.gov/cdrh/safety/humantissue.html](http://www.fda.gov/cdrh/safety/humantissue.html).

## Legislation Requires Board to Collect Data (continued from page 1)

better informed and, potentially, to enlist physician volunteers, depending on the situation.

### Q. Why should I fill out the optional data?

**A.** California healthcare is undergoing many rapid and large changes. The demand is growing for high-quality data to shape the response to these issues in medical care. Since questions regarding cultural background and language proficiency will be identified as optional for response and will be only available publicly if so indicated by the physician, privacy concerns are reduced. Most important, these data will increase understanding of the state's needs in the areas of cultural competence, numbers of specialists,

and total physician work force demographics. This information should be valuable in policy development.

### Q. How will the data be collected?

**A.** A survey form has been developed. It will be pilot-tested to optimize effectiveness and ease of response. Completion and return of the form will be required to maintain medical licensure in California.

### Q. If I renew my license online, will I be able to complete the survey online?

**A.** Hopefully, in the future, yes. In the present, however, it must be completed and returned by mail.

# ADMINISTRATIVE ACTIONS: MAY 1, 2002 TO JULY 31, 2002

## PHYSICIANS AND SURGEONS

ABUZENI, PATRICK ZIAD, M.D. (A63503)

Key Biscayne, FL

B&P Code §§2234(b)(c)(d), 2261, 2266. Committed acts of unprofessional conduct, gross negligence, repeated negligent acts and incompetence; made false statements; failed to maintain adequate records for conducting unauthorized and unconsented human experimentation on a patient; performed a thigh lift without appropriate supervision; failed to document the nature and extent of surgical procedures; failed to maintain adequate and accurate records; and knowingly signed the operative report of surgery to falsely represent the existence of a state of facts during the overall care and treatment of 1 patient. Revoked. June 24, 2002

ALTHOUSE, IVAN G., M.D. (CFE29848)

Napa, CA

B&P Code §822. Stipulated Decision. License placed in disabled status indefinitely until a determination is made by a board-certified neurologist that the licensee is no longer disabled and is able to practice medicine safely. May 2, 2002

ANDERSON, SCOTT VIRDEN, M.D. (A36233)

Ukiah, 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. Revocation, stayed, 5 years probation with terms and conditions. June 12, 2002

BECK, JOHN LESLIE, M.D. (G39300)

San Diego, CA

B&P Code §2234(b). Stipulated Decision. Performed surgery to repair injury to a patient's right ankle, but mistakenly performed it on the left ankle. Public Letter of Reprimand. May 7, 2002

BINDAL, ASHWANI KUMAR, M.D. (A41237)

Fremont, CA

B&P Code §§2234(c), 2242(a), 2266. Stipulated Decision. Committed acts of prescribing and furnishing medications to a patient without a good faith prior examination or medical indication, and failed to document all refills in the office chart. 60 days suspension, stayed, 2 years probation with terms and conditions. July 11, 2002

## Explanation of Disciplinary Language and Actions

### “Effective date of decision” —

Example: “May 10, 2002” at the bottom of the summary means the date the disciplinary decision goes into operation.

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

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

### “Judicial review is being pursued” —

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

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

### “Probationary Terms and Conditions” —

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

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

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

“**Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension**” — “Stayed” means the revocation is postponed, put off.

Professional practice may continue so long

as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days actual suspension from practice. Violation of probation may result in the revocation that was postponed.

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

“**Surrender**” — 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).

BRADLEY, SCOTT PAUL, M.D. (A43585)  
San Francisco, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, violation of drug statutes, prescribing for self-use, obtaining controlled substances by fraud, unprofessional conduct for patient abandonment, and prescribing controlled substances to a family member without medical indication for self-use. Revoked, stayed, 5 years probation with terms and conditions. May 14, 2002

BRYCE, WILLIAM C., M.D. (A28255) Azusa, CA  
B&P Code §§2234(b)(c)(d), 2264, 2266, 2273, 4170. Stipulated Decision. Charged with gross negligence, repeated negligent acts, incompetence, aiding and abetting the unlicensed practice of medicine, employing runners, cappers and steerers in the operation of respondent's medical practice, inadequate record keeping, improper drug dispensing, and general unprofessional conduct. Revoked, stayed, 3 years probation with terms and conditions including 30 days actual suspension. June 13, 2002

CARTY, THEOPHILE L., M.D. (G29652)  
Los Angeles, CA

B&P Code §§2234(a)(e), 2236. Failed to comply with Board-ordered probation and convicted in United States District Court, Central District of California of a felony for attempted bribery of a public official while attempting to secure a passport for another individual. Revoked. June 10, 2002

CHRISTENSEN, JAY RULON, M.D. (A19269)  
North Salt Lake, UT  
B&P Code §141(a). Stipulated Decision. Disciplined by Utah for failure to maintain controlled substance records in accordance with the Utah Controlled Substance Act. Public Letter of Reprimand. July 26, 2002

CORNERS, JERRY EDWARD, M.D. (G25325)  
Newport Beach, CA  
B&P Code §§2234, 2238. Committed acts of unprofessional conduct and violated state and federal drug statutes for possession of a controlled substance, being under the influence, and unlawful manufacture of a controlled substance (methamphetamine). Revoked. May 2, 2002

CWALINA, JOHN THADDEUS, M.D. (G25092)  
Orinda, CA

B&P Code §2234(b)(c). Committed acts of gross negligence and repeated negligent acts for failing to keep an anesthesia record and failing to use available blood in an emergency procedure. Revoked, stayed, 3 years probation with terms and conditions. July 11, 2002

DORAN, ALLEN ROBERT, M.D. (G50024)  
San Luis Obispo, CA

B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct for a criminal conviction by lying to a police officer and for violating terms of Board-ordered probation. Public Letter of Reprimand. June 20, 2002

ELLIS, WLADISLAW VLADISLAVOVI, M.D.  
(A24351) Berkeley, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and incompetence for a demonstrated gap in knowledge and experience with respect to recognition of pain and its causes in the care and treatment of 1 patient, leading to a treatment protocol which included the use of FDA-banned medications. Public Reprimand. July 11, 2002

GAYAGOY, JOSEPH DANGA, M.D. (A56352)  
Lodi, CA

B&P Code §§725, 2234. Stipulated Decision. Committed acts of unprofessional conduct and excessive prescribing. During treatment of a patient admitted to the hospital, the physician inadvertently miscalculated the dosage of a rapidly acting beta-blocker which was administered to the patient. The patient went into cardiac arrest and could not be resuscitated. Public Letter of Reprimand. May 7, 2002

GOBEZIE, GEBRE CHRISTOS, M.D. (A26738)  
Barstow, CA

B&P Code §2234(b)(c). Committed acts of gross negligence and repeated negligent acts in the care and treatment of 4 patients. Revoked, stayed, 5 years probation with terms and conditions. May 21, 2002

GOMER, DHARMAKUMAR WILSON, M.D.  
(A50690) San Bernardino, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with acts of negligence and failure to maintain adequate and accurate records in the care and treatment of 1 patient. Public Letter of Reprimand. July 24, 2002

GRAVES, JAMES FREDERICK, M.D. (G68069)  
Pace, FL

B&P Code §§141(a), 2305. Disciplined by Alabama for practicing medicine in a manner as to endanger the health of numerous patients; distributing controlled substances to persons or patients for reasons other than legitimate medical purposes; making false statements to the Medical Licensure Commission; prescribing significant amounts of narcotic medication to numerous patients without medical indication and with the knowledge that the purported patients were selling narcotics. Revoked. July 17, 2002

HERRMANN, DONALD WILLIAM, M.D. (G34040)  
San Diego, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence and failure to maintain adequate and accurate records in the care and treatment of 6 critical care patients. Revoked, stayed, 5 years probation with terms and conditions. May 29, 2002

HETHERINGTON, ELIZABETH ANNE, M.D.  
(G40463) Paradise Valley, CA

B&P Code §§141(a), 2234. Disciplined by Arizona for prescribing controlled substances to immediate family members and for failing to maintain adequate medical records for a patient. Public Letter of Reprimand. May 31, 2002

HOLLIS, VINCENT WENTWORTH, M.D. (C41324)  
Carson, CA

B&P Code §§726, 2234(b)(c), 2236(a). Engaged in repeated negligent acts including failure to recognize and manage transference and counter-transference issues; engaged in sexual relations with a patient; failed to properly terminate the physician-patient relationship; prescribed without a good faith prior examination and without contacting the prescribing physician; and criminally convicted for making a terrorist threat. Revoked. June 28, 2002

JONES, NOLAN CARTHELL, M.D. (A30400)  
Los Angeles, CA

B&P Code §2234. Stipulated Decision. Failed to comply with Board-ordered probationary conditions requiring submittal of a practice plan for monitoring and failed to have a properly certified supervisor for operation of the on-site x-ray machine. Existing probation order modified to include 3 additional years probation with terms and conditions. June 21, 2002

JUSTEN, JEROME, WILLIAM, M.D. (C17333)  
Santa Maria, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence, and failure to maintain adequate records in the care and treatment of 1 patient. License placed in inactive status. If reactivated, the license will be revoked, stayed, and placed on 3 years probation with terms and conditions. July 8, 2002

LEAF, NORMAN, M.D. (G20174) Beverly Hills, CA  
B&P Code §§2234, 2238, 2242(a), 2264. Stipulated Decision. Committed acts of unprofessional conduct, aided and abetted the unlicensed practice of medicine, prescribed without a medical examination, and violated drug statutes in the care and treatment of 1 patient. Public Letter of Reprimand. June 19, 2002

LEWIS, JONATHAN DAVID, M.D. (G75523)  
Chicago, IL

B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Illinois for entering into an improper business relationship with a patient. Public Letter of Reprimand. July 8, 2002

MALEKI, PEJMAN, M.D. (A66636) Irvine, CA  
B&P Code §§2234, 2239, 2354, 2262. Failed to comply with Diversion Program requirements, falsified drug logs, and used controlled substances. Revoked. July 18, 2002

MILLER, GLENN ELLIOTT, M.D. (G54401)  
Santa Barbara, CA

B&P Code §2234. Stipulated Decision. No admissions but charged with unprofessional conduct, gross negligence, repeated negligent acts, incompetence, dishonest acts, and sexual misconduct in the care and treatment of 1 patient. Revoked, stayed, 7 years probation with terms and conditions, including 180 days actual suspension. July 1, 2002

NADGIR, LAKSHMI, M.D. (C50065)  
Los Angeles, CA

B&P Code §§2234(e), 2261, 2262, 2264. Committed acts of unprofessional conduct, dishonesty, aided and abetted the unlicensed practice of medicine, falsified medical records, committed Medi-Cal fraud, and violated Board-ordered probation. Revoked. May 15, 2002

### ***For further information...***

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



NELSON, RICKY JOE, M.D. (G70300)  
Oklahoma City, OK  
B&P Code §§141(a), 2305. Disciplined by Oklahoma for 16 counts of unprofessional conduct for prescribing controlled and dangerous drugs over the Internet through Texas and Oklahoma Internet pharmacies without ever examining patients or establishing a physician/patient relationship. Revoked. May 2, 2002

NISBET, JON K., M.D. (G56931) Tucson, AZ  
B&P Code §141(a). Stipulated Decision. Disciplined by Arizona for unprofessional conduct by performing surgery on the wrong hip of a patient. Public Reprimand. May 17, 2002

OWYANG, DOUGLAS HAYDEN, M.D. (A26061)  
Fresno, CA  
B&P Code §2234(b). Stipulated Decision. Failed to follow the recommendation of a consulting radiologist to perform a chest x-ray or to pursue other diagnostic studies to identify and initiate treatment of abnormal findings of the same x-ray report. Public Reprimand. May 17, 2002

PARK, JONG W., M.D. (A44338) Orange, CA  
B&P Code §§2234, 2266. Failed to maintain adequate medical records, failed to take or document an adequate history, and failed to perform or document appropriate neurological examinations or to make a neurological referral. Public Reprimand. June 19, 2002

PIERCE, BARRY G., M.D. (G50471)  
Santa Rosa, CA  
B&P Code §2234. Stipulated Decision. No admissions but charged with sexual misconduct with a patient, gross negligence, and unprofessional conduct in the care and treatment of 1 patient. Revoked, stayed, 7 years probation with terms and conditions. May 24, 2002

RAMMING, KENNETH PAUL, M.D. (G27272)  
Los Angeles, CA  
B&P Code §§822, 2239, 2354. Failed to comply with Diversion Program; self-use of alcoholic beverages; and physical or mental illness impairing his ability to practice medicine safely. Revoked. July 22, 2002 Judicial review being pursued.

REITMAN, STEPHEN LEE, M.D. (G25924)  
El Cajon, CA  
B&P Code §§2234(b)(c), 2266. Committed acts of gross negligence, repeated negligent acts, and failed to maintain adequate medical records in the care and treatment of 1 patient. Revoked, stayed, 2 years probation with terms and conditions. May 10, 2002

ROTHBERG, MICHAEL LEE, M.D. (G65357)  
Clearwater, FL  
B&P Code §§141(a), 2234. Disciplined by Florida for performing surgery on the wrong finger and without appropriate documentation of preoperative diagnosis or verbal and written consent. Public Letter of Reprimand. July 8, 2002

SCHMITZ, ROBERT EUGENE, M.D. (CFE 17149)  
Palm Springs, CA  
B&P Code §822. Stipulated Decision. Unable to practice medicine safely due to mental illness or physical illness affecting competency. Suspended indefinitely from practicing medicine until the Division receives competent evidence of the absence or control of mental illness or physical illness affecting competency. June 24, 2002

SEIN, KOUNG, M.D. (A29847) Los Angeles, CA  
B&P Code §§2234(c), 2266. Committed acts of repeated negligence, and failed to maintain adequate and accurate records. Public Reprimand. July 1, 2002

SHENOY, SURENDRA T., M.D. (G55880)  
Richmond, CA  
B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct in the diagnosis and treatment of 1 patient undergoing a myocardial infarction. Public Letter of Reprimand. May 30, 2002

SIMA, ION, M.D. (A54836) Bellflower, CA  
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and failure to maintain adequate medical records in the care and treatment of 1 patient. Revoked, stayed, 4 years probation with terms and conditions. June 17, 2002

SMITH, JEFFRY ALAN, M.D. (C40820)  
Riverside, CA  
B&P Code §§288, 2234(e)(f), 2236. Convicted of 23 counts of lewd and lascivious acts with a child under the age of 14, and failed to appear for sentencing. Revoked. June 10, 2002

TODD, KENNETH D., M.D. (G46340)  
Baton Rouge, LA  
B&P Code §§141(a), 2238, 2266, 2305. Disciplined by Louisiana for ordering, receiving, and dispensing numerous anabolic steroids and other controlled substances without being a registered dispensing physician. Revoked. June 10, 2002

UNGER, JEFFREY ROBERT, M.D. (G45569)  
Chino, CA  
B&P Code §§141(a), 2234(e), 2235, 2305.  
Stipulated Decision. Disciplined by Nevada for  
engaging in fraud, misrepresentation, providing  
incomplete information in completing a license  
renewal application, and failed to comply with Board-  
ordered probation. Revoked, stayed, 2 years  
probation with terms and conditions. May 9, 2002

VILLAMIZAR, ALFONSO, M.D. (A34898)  
Inglewood, CA  
B&P Code §§2052, 2234(a)(b)(c)(e), 2236(a), 2306.  
Convicted for holding himself out as a medical  
doctor while his license was suspended and also  
convicted for practicing medicine without valid  
certification or authority. Failed to comply with  
several conditions of Board-ordered probation;  
engaged in the practice of medicine while his license  
was suspended; prescribed dangerous drugs  
without conducting a physical examination or without  
documenting such examination. Revoked.  
May 30, 2002

YAZDGERDI, DARYOUSH, M.D. (C39626)  
Vacaville, CA  
B&P Code §2234(a)(d). Failed to comply with terms  
and conditions of Board-ordered probation.  
Revoked. June 10, 2002

YOUNG, RICHARD LANE, M.D. (G44054)  
Clinton, NC  
B&P Code §§2236(a), 2239(a). Convicted twice in  
North Carolina of driving while under the influence of  
an impairing substance. Revoked. July 8, 2002

### PHYSICIAN ASSISTANTS

ADAMS, TIANA M., P.A. (PA14752) Corona, CA  
B&P Code §§3527, 3531. Stipulated Decision.  
Criminal conviction for causing great bodily injury to  
a co-worker while on duty. Revoked, stayed, 3 years  
probation with terms and conditions including 90  
days actual suspension. June 27, 2002

JANN, SONG SIAMENG, P.A. (PA14795)  
Covina, CA  
B&P Code §2234. Stipulated Decision. No  
admissions but charged with committing acts of  
gross negligence, repeated negligent acts, and  
incompetence in the care and treatment of 5  
patients; repeated excessive use of diagnostic  
procedures, and practicing without proper  
supervision. Revoked, stayed, 5 years probation  
with terms and conditions. May 24, 2002

MADDING, CATHERINE ANNE, P.A. (PA14207)  
San Francisco, CA  
B&P Code §§2234(e), 2238, 3527(a). Stipulated  
Decision. Committed acts of obtaining controlled  
substances by deceit and making false statements in  
an order or report to obtain controlled substances.  
Revoked, stayed, 5 years probation with terms and  
conditions. May 24, 2002

## Drug or Alcohol Problem?

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.

Physicians are not required by law to  
report a colleague to the Medical Board.  
However, according to the American  
Medical Association Code of Ethics,  
physicians have an ethical obligation 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

(916) 263-2600

[www.medbd.ca.gov](http://www.medbd.ca.gov)

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

SPENCE, JASON KEITH, P.A. (PA14404)  
San Francisco, CA  
B&P Code §§2052, 2234(b)(e), 3502,  
3502.1(c)(1)(2), 3527(a). Committed acts of gross  
negligence and dishonesty; exceeded drug policy and  
prescribing authority; practiced without a valid  
certificate by issuing and administering a Schedule IV  
controlled substance to a patient without an order  
from a supervising physician or surgeon; and  
performed unauthorized medical services which were  
not under the supervision of a licensed physician or  
surgeon. Revoked. May 23, 2002

WILKINSON, GREG MARTIN, P.A. (PA15659)  
Modesto, CA  
B&P Code §§141(a), 2234. Stipulated Decision.  
Disciplined by the United States Air Force for  
unprofessional conduct relative to female patients in a  
clinical setting. Revoked, stayed, 3 years probation  
with terms and conditions. June 24, 2002

## **SURRENDER OF LICENSE WHILE CHARGES PENDING**

### **PHYSICIANS AND SURGEONS**

BERANEK, STEVEN, M.D. (GFE66025)  
Enterprise, AL  
June 11, 2002

BLOOMFIELD, HAROLD HERMAN, M.D. (G18886)  
Del Mar, CA  
May 28, 2002

EGLIN, JACK, M.D. (AFE27781)  
Burbank, CA  
July 5, 2002

FARRELL, GEORGE, R., M.D. (C14810)  
San Diego, CA  
May 8, 2002

FLEMING, RICHARD E., M.D. (C18390)  
San Luis Obispo, CA  
May 9, 2002

GEE, STEVEN H., M.D. (C20869)  
San Leandro, CA  
May 16, 2002

JAZAYERI, ROBERT, M.D. (A40092)  
Santa Ana, CA  
June 30, 2002

LASSOFF, IRVING, M.D. (A27970)  
Beverly Hills, CA  
May 15, 2002

LAUERSEN, NIELS HELTH, M.D. (C37842)  
New York, NY  
July 18, 2002

PO, TEOFILO, M.D. (A23224)  
Hacienda Heights, CA  
July 19, 2002

PORTALES, RAMON, M.D. (C40910)  
San Dimas, CA  
July 1, 2002

RAMSDEN, CHARLES, H., M.D. (A17273)  
Toluca Lake, CA  
June 18, 2002

SHEFFER, LEE ALLAN, M.D. (C31421)  
Oroville, CA  
May 29, 2002

SCHULER, WILLARD DONALD, M.D. (G28700)  
Thornton, CO  
May 29, 2002

### **PHYSICIAN ASSISTANTS**

BEHREND, GAYLE ANN, P.A. (PA13443)  
Laguna Niguel, CA  
July 26, 2002

DAY, TERRY HALL, P.A. (PA10074)  
San Bernardino, CA  
July 8, 2002

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



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Candis Cohen, Editor (916) 263-2389

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