BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
	)	
	)	
RAHUL SHARMA, M.D.	)	Case No. 08-2012-222572
	)	
Physician's and Surgeon's Certificate No. A 72532	)	
	)	
	)	
Respondent.	)	
	)	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on August 7, 2015.

IT IS SO ORDERED July 9, 2015.

MEDICAL BOARD OF CALIFORNIA

Dev Gnanadev MD

By: _____
Dev Gnanadev, M.D., Chair
Panel B

KAMALA D. HARRIS
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
COLLEEN M. MCGURRIN
Deputy Attorney General
State Bar Number 147250
300 South Spring Street, Suite 1702
Los Angeles, California 90013
Telephone: (213) 620-2511
Facsimile: (213) 897-9395
Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **RAHUL SHARMA M.D.** **9610 Stockdale Hwy, Ste. B** **Bakersfield, CA 93311** **Physician's and Surgeon's Certificate Number A 72532** Respondent.	Case No. 08-2012-222572 OAH No. 2014100383 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical Board of California. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Colleen M. McGurrin, Deputy Attorney General.

2. RAHUL SHARMA M.D. ("Respondent") is represented in this proceeding by attorney Dennis R. Thelen, Esq., whose address is: 5001 E. Commercenter Drive, Suite 300 Bakersfield, California 93309.

3. On or about July 1, 2000, the Medical Board of California issued Physician's and Surgeon's Certificate Number A 72532 to Respondent. Said Certificate was in full force and

effect at all times relevant to the charges brought in Accusation No. 08-2012-222572 and will expire on November 30, 2015, unless renewed.

JURISDICTION

4. Accusation No. 08-2012-222572 was filed before the Medical Board of California (Board) , Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 15, 2014. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 08-2012-222572 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 08-2012-222572. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent freely, voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 08-2012-222572, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate Number A 72532 issued to Respondent RAHUL SHARMA M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be in OB/GYN, Ultrasound interpretations with the American Institute of Ultrasound in Medicine (AIUM), AIUM's established guidelines for documentation of in-office ultrasounds, and other courses deemed necessary by the Board or its designees aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of

this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

4. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is prohibited from supervising physician assistants.

5. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

6. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

7. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit and all terms and conditions of this Decision.

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Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

8. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month

in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete a clinical training program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; and General Probation Requirements.

10. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

11. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

12. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

13. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Dennis R. Thelen, Esq.. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order freely, voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 5-11-15

RAHUL SHARMA M.D.
Respondent

I have read and fully discussed with Respondent RAHUL SHARMA M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 5-11-15

Dennis R. Thelen, Esq.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 5/14/15

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 08-2012-222572

KAMALA D. HARRIS
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General
JOHN E. DECURE
Deputy Attorney General
State Bar No. 150700
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 897-8854
Facsimile: (213) 897-9395
Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **RAHUL SHARMA M.D.** **9610 Stockdale Hwy, Ste. B** **Bakersfield, CA 93311** **Physician's and Surgeon's Certificate No. A 72532** Respondent.	Case No. 08-2012-222572 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about July 1, 2000, the Board issued Physician's and Surgeon's Certificate Number A 72532 to RAHUL SHARMA M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on November 30, 2015, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All

section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview scheduled by the mutual agreement of the certificate holder and the

board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

BACKGROUND INFORMATION

5. Respondent's medical practice, which specializes in obstetrics and gynecology, is located in Delano, California. At all times relevant to the charges herein, Respondent did not have clinical hospital privileges at the Delano Regional Medical Center (DRMC), which is also located in Delano, California, within immediate proximity to Respondent's medical practice. According to Respondent, he has no current staff privileges, nor has he made a formal arrangement for coverage of his obstetric patients at DRMC.

6. During the Board's investigation of this matter, Respondent participated in a digitally recorded interview and discussed his care and treatment of several patients, including M.P., V.A., and D.L.

7. A prenatal ultrasound test uses high-frequency sound waves, inaudible to the human ear, that are transmitted through expectant mother's abdomen via a device called a transducer to look at the inside of the abdomen. With prenatal ultrasound, the echoes are recorded and transformed into video or photographic images of the unborn baby. The ultrasound is used during pregnancy to show images of the fetus, amniotic sac, placenta, and ovaries. Major anatomical abnormalities or birth defects are visible on an ultrasound. Most prenatal ultrasound procedures are performed topically, or on the surface of the skin, using a gel as a conductive medium to aid in the image quality. However, a transvaginal ultrasound is an alternative procedure in which a tubular probe is inserted into the vaginal canal. This method of ultrasound produces an image quality that is greatly enhanced, but it is not a common prenatal procedure; however, it may be used early in pregnancy to get a clearer view of the uterus or ovaries if a problem is suspected. Prenatal ultrasounds may also be used early in pregnancy to determine how far along the mother is in her pregnancy (gestational age). Ultrasounds are not hazardous, and there are no harmful side effects to the mother or unborn child. Ultrasounds do not use radiation, as X-ray tests do. An ultrasound is generally performed for all pregnant women around 20 weeks into a pregnancy. During this ultrasound, the doctor will confirm that the placenta is healthy and that the fetus is

growing properly in the uterus. The baby's heartbeat and movement of its body, arms and legs can also be seen on the ultrasound. An ultrasound may be performed earlier in the pregnancy to determine presence of more than one fetus, or the mother's due date or gestational age (the age of the fetus). Later in pregnancy, an ultrasound may be used to determine the health of the baby, placenta location, amount of amniotic fluid around the baby, position of the baby, and the baby's expected weight.

8. The American Institute of Ultrasound in Medicine (AIUM) is a multidisciplinary medical association of more than 9000 physicians, sonographers, scientists, students, and other health care providers dedicated to advancing the safe and effective use of ultrasound in medicine through professional and public education, research, development of guidelines, and accreditation. AIUM's established guidelines for the documentation of the in-office ultrasound are as follows:

"Adequate documentation and communication by all members of the diagnostic ultrasound health care team is essential for high-quality patient care. There should be a permanent record of the ultrasound examination and its interpretation. Images of all relevant areas defined in the particular guideline, both normal and abnormal, should be recorded in a retrievable format. Retention of the ultrasound images and report should be consistent both with clinical needs and with relevant legal and local health care facility requirements. Communication between the interpreting physician and referring provider should be clear, timely, and in a manner that minimizes potential errors. All communication should be performed in a manner that respects patient confidentiality. The reader is urged to refer also to the individual guideline for each ultrasound examination, since it may contain additional documentation requirements.

"Official documentation for the ultrasound images should include but is not limited to the following: patient's name and other identifying information; facility's identifying information; date of ultrasound examination; image orientation when appropriate. If a worksheet is used and retained, documentation should include: patient's name and other identifying information; date of ultrasound examination; relevant clinical information and/or current version of the appropriate *International Classification of Diseases* (*ICD*) code; specific ultrasound examination requested;

name of patient's health care provider and contact information as appropriate.

"A signed final report of the ultrasound findings is included in the patient's medical record and is the definitive documentation of the study. The final report should include but is not limited to the following: patient's name and other identifying information; name of patient's health care provider; location of ultrasound facility and contact information; relevant clinical information, including indication for the examination and/or current version of the appropriate *ICD* code; date of ultrasound examination; specific ultrasound examination performed; if endocavitary techniques are used, the method should be specified; the report should include comment on the components of the examination as outlined in the relevant practice guideline(s); appropriate anatomic and sonographic terminology should be used; the use of acronyms and abbreviations should be avoided; variations from normal size should be accompanied by measurements when appropriate (e.g., organomegaly and masses); and limitations of the examination should be noted; pertinent, commonly used anatomic measurements should be listed (e.g., fetal biometry); and comparison with prior relevant imaging studies if available; recommendations, including appropriate follow-up studies; an impression or conclusion; and a specific diagnosis or differential diagnosis should all be included."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence – Patient M.P.)

9. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code in that he committed acts of gross negligence in the care and treatment of patient M.P.[1] The circumstances are as follows:

10. On or about August 19, 2011, patient M.P., a female patient then 25 years old, saw Respondent for a pregnancy that was at approximately 17 to 18 weeks gestational age. The patient's last menstrual period was April 17, 2011, which gave her a calculated due date of January 25, 2012. On May 20, 2011, she had been seen for vaginal bleeding in early pregnancy.

[1] The names of patients are kept confidential to protect their privacy. They will be disclosed to Respondent upon his written request for discovery.

M.P. had also received prenatal care at Wasco Medical Plaza since June 9, 2011. Respondent's medical records for the patient generally suggest that M.P. had an essentially uncomplicated pregnancy, and there is no documentation of any third-trimester bleeding episodes. Respondent's records contain no documentation of any office ultrasounds performed by Respondent over the course of multiple patient visits. However, in his Board interview, Respondent stated that he routinely does an ultrasound at every single prenatal patient visit.

11. The DMRC patient records for M.P. show that she was admitted there on November 29, 2011, presenting with vaginal bleeding at 32 weeks gestation. The DMRC hospital records also contain copies of the patient's records from Wasco Medical Plaza, but none from Respondent's office. The DMRC admission history and physical notes that the patient had six in-office ultrasounds, which is consistent with Respondent's statement that he performed ultrasounds at every patient visit. An ultrasound performed at DMRC upon admission showed a complete placenta previa[2] and a breech-presenting fetus.[3] The fetal heart rate was borderline bradycardic (low heart rate). Steroids and magnesium sulfate tocolytics were administered, and the patient had a recurrent hemorrhagic (bleeding) event. On November 30, 2011, a cesarean section was performed.

12. Respondent had assumed prenatal care of patient M.P. at 17 to 18 weeks. Placenta previa is often present in mid-pregnancy, but, in the vast majority of cases, resolves by 28 to 30 weeks gestation. Respondent, who saw the patient four times, stated in his Board interview that he performed ultrasounds at every visit. The patient's history at DMRC also suggests that the patient underwent multiple ultrasounds. However, Respondent's patient records contain no documentation that ultrasounds were ordered or performed, or that any findings were noted. Had

[2] The placenta is the pancake-shaped organ – normally located near the top of the uterus – that supplies the fetus with nutrients through the umbilical cord. A placenta previa means that the placenta is lying unusually low in the uterus, next to or covering the cervix. A placenta previa early in pregnancy is not usually considered a problem, but if the placenta is still close to the cervix later in pregnancy, it can cause bleeding, which can lead to other complications and may require an early delivery. A placenta previa at time of delivery requires delivery by a cesarean section.

[3] Most babies will move into delivery position a few weeks prior to birth with the head moving closer to the birth canal. When this fails to happen, the baby's buttocks and/or feet will be positioned to be delivered first. This is referred to as breech presentation.

ultrasounds been properly performed and the findings documented, the patient would have known of her placenta previa when she experienced vaginal bleeding in the third trimester. She would likely have been placed on modified rest and pelvic rest, mitigating the likelihood of such a bleeding episode. In his Board interview, Respondent stated that he does "limited," "informal," and "casual" in-office ultrasounds on a routine basis, but such ultrasounds are not the standard of practice for every prenatal visit. If Respondent did only limited ultrasounds on M.P., a formal, more complete ultrasound should have been ordered or performed as well.

13. Respondent committed acts and/or omissions of gross negligence in the care and treatment of patient M.P as follows:

A. By failing to identify the patient's placenta previa, and breech presentation, during his four prenatal care visits and ultrasounds; or, in the alternative, by failing to order or perform a more complete ultrasound;

B. By failing to document his in-office ultrasound studies in accordance with AIUM standards; and

C. By routinely performing "limited," "informal," and "casual" in-office ultrasounds on the patient for every visit.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts – Patient M.P.)

14. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he committed repeated negligent acts in the care and treatment of patient M.P. The circumstances are as follows:

15. Paragraphs 5 through 12 are incorporated by reference as if set forth in full herein.

16. Respondent committed repeated negligent acts and/or omissions in the care and treatment of patient M.P as follows:

A. By failing to identify the patient's placenta previa, and breech presentation, during his four prenatal care visits and ultrasounds; or, in the alternative, by failing to order or perform a more complete ultrasound;

B. By failing to document his in-office ultrasound studies in accordance with AIUM

standards; and

C. By routinely performing "limited," "informal," and "casual" in-office ultrasounds on the patient for every visit.

THIRD CAUSE FOR DISCIPLINE

(Gross Negligence – Patient V.A.)

17. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code in that he committed acts of gross negligence in the care and treatment of patient V.A. The circumstances are as follows:

18. On or about November 9, 2010, patient V.A., a then 22-year-old female woman on her second pregnancy with a history of one previous full-term pregnancy to delivery, began her prenatal care with Respondent. V.A.'s due date was previously estimated to be June 17, 2011, based on her last menstrual period date of September 9, 2010, but an ultrasound performed on January 24, 2011, suggested a due date of June 30, 2011, thirteen days later than the original estimate. Well-established criteria from the American Congress of Obstetricians and Gynecologists (ACOG) asserts that if an ultrasound done at less than 20 weeks indicates more than a 10-day discrepancy from the menstrual-determined date, the due date should be adjusted according to that determined by the ultrasound. However, Respondent concluded in chart notes for six patient dates ranging from January 24, 2011 through June 6, 2011, that the originally estimated due date of June 17, 2011, was correct and would not be adjusted to June 30, 2011.

19. On or about January 24, 2011, Respondent performed an ultrasound examination on patient V.A. Despite AIUM guidelines requiring detailed record-keeping for in-office ultrasounds, Respondent's chart note for the patient's ultrasound reads only "UTZ DONE WNL," and excludes any other vital documentation.

20. On or about May 23, 2011, Respondent performed an ultrasound examination on patient V.A. Despite AIUM guidelines requiring detailed record-keeping for in-office ultrasounds, Respondent's chart note for the patient's ultrasound reads only "SONO DONE," and excludes any other vital documentation.

21. In 2011, the standard of practice required that a routine universal screening for Group B Strep[4] (GBS) was to be performed after 35 weeks of pregnancy. Respondent's patient records for V.A. do not reflect that he performed a GBS screening on her. In his Board interview, Respondent stated that although he practices universal screening on his patients, he may have missed screening patient V.A.

22. Respondent committed acts and/or omissions of gross negligence in the care and treatment of patient V.A by failing to properly document the in-office ultrasounds he performed on January 24, 2011, and May 23, 2011, in accordance with AIUM standards.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts – Patient V.A.)

23. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he committed repeated negligent acts or omissions in the care and treatment of patient V.A. The circumstances are as follows:

24. Paragraphs 5 through 8 and 18 through 21 are incorporated by reference as if set forth in full herein.

25. Respondent committed repeated negligent acts and/or omissions in the care and treatment of patient V.A. as follows:

A. By failing to properly document the in-office ultrasounds he performed on January 24, 2011, and May 23, 2011;

B. By failing to adjust the patient's due date based on the findings of the January 24, 2011 ultrasound; and

C. By failing to screen the patient for Group B Strep at or after 35 weeks of pregnancy.

[4] Group B streptococcus (GBS) is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum, among about 25 % of all healthy, adult women. Those women who test positive for GBS are said to be colonized. A mother can pass GBS to her baby during delivery. GBS is responsible for affecting about 1 in every 2,000 babies in the United States. Not every baby who is born to a mother who tests positive for GBS will become ill. Although GBS is rare in pregnant women, the outcome can be severe, and therefore physicians include testing as a routine part of prenatal care.

FIFTH CAUSE FOR DISCIPLINE

(Gross Negligence – Patient D.L.)

26. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code in that he committed acts of gross negligence in the care and treatment of patient D.L. The circumstances are as follows:

27. On or about November 19, 2011, Respondent began providing prenatal care to patient D.L., a then 18-year-old female patient with a history of two prior pregnancies but no full-term deliveries, a last menstrual period on June 7, 2011, and an estimated due date of March 15, 2012. When Respondent met with her on November 19, 2011, the patient was at 22 to 23 weeks gestation. In his Board interview, Respondent said that he did an in-office ultrasound on that date. However, Respondent's patient records for patient D.L. contain no documents or findings pertaining to an ultrasound performed on November 19, 2011.

28. On March 12, 2012, patient D.L. complained to Respondent that there was a decrease in fetal movement, and denied leakage of fluid. Respondent performed an ultrasound that was normal. Respondent's one-page report of the ultrasound stated only the baby's gestational age, the due date, and the conclusion "wnl" (within normal limits). On a prenatal care flow sheet, he documented the fetal heart tones at a rate of 152-per-minute. However, there was no notation that the patient's amniotic fluid volume was measured, nor is their evidence that a non-stress test (prolonged fetal monitoring) was performed to evaluate the patient's complaint of decreased fetal movement. The rest of the chart entry for March 12, 2012, suggests an otherwise uncomplicated pregnancy.

29. On March 13, 2012, patient D.L. was admitted at DRMC. Nursing notes indicate no fetal movement since March 11, 2012 at 7:00 P.M. An ultrasound determined that there was borderline oligohydramnios (deficient amniotic fluid volume) and fetal demise (no cardiac activity). Upon delivery on March 14, 2012, at 5:00 A.M., the fetus was stillborn. DMRC delivery staff estimated that the fetus had been dead for 24 to 48 hours.

30. Respondent committed acts and/or omissions of gross negligence in the care and treatment of patient M.P as follows:

A. By failing to document his in-office ultrasound study in accordance with AIUM standards upon the patient's first prenatal visit on November 19, 2011; and

B. By failing to properly and fully evaluate the patient's complaint of decreased fetal movement on March 12, 2012.

SIXTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts – Patient D.L.)

31. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he committed repeated negligent acts or omissions in the care and treatment of patient D.L. The circumstances are as follows:

32. Paragraphs 5 through 8 and 27 through 29 are incorporated by reference as if set forth in full herein.

33. Respondent committed repeated negligent acts and/or omissions in the care and treatment of patient D.L. as follows:

A. By failing to document his in-office ultrasound study in accordance with AIUM standards upon the patient's first prenatal visit on November 19, 2011; and

B. By failing to properly and fully evaluate the patient's complaint of decreased fetal movement on March 12, 2012.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 72532, issued to RAHUL SHARMA M.D.;

2. Revoking, suspending or denying approval of Rahul Sharma, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. Ordering Rahul Sharma, M.D., if placed on probation, to pay the Medical Board of California the costs of probation monitoring;

4. Taking such other and further action as deemed necessary and proper.

DATED: July 15, 2014

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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