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

In the Matter of the Accusation Against: )
) )
Prithvi Nambalat Shankar, M.D. ) Case No. 08-2011-218474 )
) )
Physician's and Surgeon's )
Certificate No. A 92177 )
) )
Respondent )

DECISION AND ORDER

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

This Decision shall become effective at 5:00 p.m. on September 4, 2015.

IT IS SO ORDERED: August 7, 2015.

MEDICAL BOARD OF CALIFORNIA

By: 

Dev Gnanadev, M.D., Chair
Panel B
BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

PRITHVI N. SHANKAR, M.D.
400 East Orangeburg, Suite 3
Modesto, CA 95350
Physician's and Surgeon's Certificate No. A 92177

Respondent.

Case No. 08-2011-218474
OAH No. 2014040176
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 Steve Diehl, Deputy Attorney General.

2. Respondent Prithvi N. Shankar, M.D. ("Respondent") is represented in this proceeding by attorney Peter R. Osinoff, Esq., whose address is: 3699 Wilshire Blvd., Tenth Floor, Los Angeles, CA 90010-2719.

3. On or about July 15, 2005, the Medical Board of California issued Physician's and Surgeon's Certificate No. A 92177 to Prithvi N. Shankar, M.D. (Respondent). The Physician's
and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 08-2011-218474 and will expire on April 30, 2017, unless renewed.

JURISDICTION

4. Accusation No. 08-2011-218474 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 March 12, 2014. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 08-2011-218474 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. 08-2011-218474. 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 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. 08-2011-218474, 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 factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges. All of the charges and allegations contained in Accusation, No. 08-2011-218474 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any future proceeding seeking to deny or restrict licensure.

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 No. A 92177 issued
to Respondent Prithvi N. Shankar, M.D. (Respondent) is revoked. However, the revocation is
stayed and Respondent is placed on probation for three (3) years on the following terms and
conditions.

1. **CONTROLLED SUBSTANCES - PARTIAL RESTRICTION.** Respondent shall not
order, prescribe, dispense, administer, furnish, or possess any human chorionic gonadotropin
(hCG) or testosterone, except that Respondent may prescribe testosterone as indicated to any
male patient he is currently treating for hypogonadism at the time of the execution of this
stipulation, pending the outcome of the clinical training program discussed below in condition 5.
Respondent shall not prescribe testosterone to any new patient, unless and until he is deemed
competent to do so by the clinical training program.

2. **CONTROLLED SUBSTANCES- MAINTAIN RECORDS AND ACCESS TO
RECORDS AND INVENTORIES.** Respondent shall maintain a record of all controlled
substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any
recommendation or approval which enables a patient or patient's primary caregiver to possess or
cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
and Safety Code section 11362.5, during probation, showing all the following: 1) the name and
address of patient; 2) the date; 3) the character and quantity of controlled substances involved;
and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All
records and any inventories of controlled substances shall be available for immediate inspection
and copying on the premises by the Board or its designee at all times during business hours and
shall be retained for the entire term of probation.

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3. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the Prescribing Practices Course at 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 prescribing practices course shall be at Respondent’s expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices 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.

4. **PROFESSIONALISM PROGRAM (ETHICS COURSE.)** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent’s initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent’s expense and shall be in

addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have
been approved by the Board or its designee had the program 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 program or not later
than 15 calendar days after the effective date of the Decision, whichever is later.

5. CLINICAL TRAINING PROGRAM. Within 60 calendar days of the effective date
of this Decision, Respondent shall enroll in a clinical training or educational program equivalent
to the Physician Assessment and Clinical Education Program (PACE) offered at the University of
California - San Diego School of Medicine (“Program”). Respondent shall successfully complete
the Program not later than six (6) months after Respondent’s initial enrollment unless the Board
or its designee agrees in writing to an extension of that time.

The Program shall consist of a Comprehensive Assessment program comprised of a two-
day assessment of Respondent’s physical and mental health; basic clinical and communication
skills common to all clinicians; and medical knowledge, skill and judgment pertaining to
Respondent’s area of practice in which Respondent was alleged to be deficient, and at minimum,
a 40 hour program of clinical education in the area of practice in which Respondent was alleged
to be deficient and which takes into account data obtained from the assessment, Decision(s),
Accusation(s), and any other information that the Board or its designee deems relevant.
Respondent shall pay all expenses associated with the clinical training program.

Based on Respondent’s performance and test results in the assessment and clinical
education, the Program will advise the Board or its designee of its recommendation(s) for the
scope and length of any additional educational or clinical training, treatment for any medical
condition, treatment for any psychological condition, or anything else affecting Respondent’s
practice of medicine. Respondent shall comply with Program recommendations, including (but
not limited to) whether Respondent may prescribe testosterone to male patients.

At the completion of any additional educational or clinical training, Respondent shall submit to and pass an examination. Determination as to whether Respondent successfully completed the examination or successfully completed the program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical training program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical training program have been completed. If the Respondent did not successfully complete the clinical training program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

6. **PROHIBITED PRACTICE.** During probation, Respondent is prohibited from supervising any structured diet or weight loss program. In the event that a structured diet or weight loss program is indicated for any of Respondent’s patients, that patient shall be referred to another physician for supervision of that structured diet or weight loss program. After the effective date of this Decision, all patients being treated by the Respondent shall be notified that the Respondent is prohibited from supervising any structured diet or weight loss program. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient’s name, address and phone number; patient’s medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.
7. **NOTIFICATION.** Within seven (7) days of the effective date of this Decision, 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.

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

9. **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.

10. **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.

11. **GENERAL PROBATION REQUIREMENTS.**

   Compliance with Probation Unit

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

   **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.

12. **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.

13. **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.

14. 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.

15. 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.

16. 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.

17. 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, Peter R. Osinoff, 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 voluntarily, knowingly, and intelligently, and agree to be bound by the
Decision and Order of the Medical Board of California.

DATED 5/14/2015

PRITHVI N. SHANKAR, M.D.

Respondent

I have read and fully discussed with Respondent Prithvi N. Shankar, 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 5/14/15

Peter R. Osinoff, 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: __/__/20__

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
CONNIE A. BROUSSARD
Supervising Deputy Attorney General

STEVE DIEHL
Deputy Attorney General
Attorneys for Complainant
Exhibit A

Accusation No. 08-2011-218474
BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Amended Accusation Against: Case No. 08-2011-218474

PRITHVI N. SHANKAR, M.D. AMENDED ACCUSATION
400 East Orangeburg, Suite 3
Modesto, CA 95350

Physician's and Surgeon's Certificate No. A 92177
Respondent.

Complainant alleges:

PARTIES

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

2. On or about July 15, 2005, the Medical Board of California issued Physician's and Surgeon's Certificate Number A 92177 to Prithvi N. Shankar, 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 April 30, 2015, unless renewed.
JURISDICTION

3. This Amended Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.

5. 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."

6. Section 2242 of the Code states:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

"(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

"(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

"(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

"(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

"(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

"(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized
the patient's records and ordered the renewal of a medically indicated prescription for an amount
not exceeding the original prescription in strength or amount or for more than one refill.

"(4) The licensee was acting in accordance with Section 120582 of the Health and Safety
Code."

7. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain
adequate and accurate records relating to the provision of services to their patients constitutes
unprofessional conduct."

8. Section 2052 of the Code states:

"(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who
advertisers or holds himself or herself out as practicing, any system or mode of treating the sick or
afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment,
blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition
of any person, without having at the time of so doing a valid, unrevoked, or unsuspended
certificate as provided in this chapter [Chapter 5, the Medical Practice Act], or without being
authorized to perform the act pursuant to a certificate obtained in accordance with some other
provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand
dollars ($10,000), by imprisonment in the state prison, by imprisonment in a county jail not
exceeding one year, or by both the fine and either imprisonment.

"(b) Any person who conspires with or aids or abets another to commit any act described in
subdivision (a) is guilty of a public offense, subject to the punishment described in that
subdivision.

"(c) The remedy provided in this section shall not preclude any other remedy provided by
law."

9. Section 2264 of the Code states:

"The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person
or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any
other mode of treating the sick or afflicted which requires a license to practice constitutes
unprofessional conduct."
10. Section 2238 of the Code states:
   "A violation of any federal statute or federal regulation or any of the statutes or regulations
of this state regulating dangerous drugs or controlled substances constitutes unprofessional
conduct."

**CONTROLLED SUBSTANCES**

11. Testosterone is a long acting, injectable, anabolic steroid. It is approved for use only
in men who have endogenous testosterone deficiency or hypogonadism. It is not approved for
use in women. It is a Schedule III controlled substance pursuant to Health and Safety Code
section 11056, subdivision (f), and a dangerous drug pursuant to Business and Professions Code
section 4022.

**FIRST CAUSE FOR DISCIPLINE**

(Dishonesty)

[Bus. & Prof. Code § 2234(e)]

12. Respondent is subject to disciplinary action under Code section 2234(e) in that he
was dishonest to a Medical Board Investigator. The circumstances are as follows:

13. The Hill Center for Integrated Medicine (Hill Center) is a clinic that offers integrative
medicine, including the Hill Diet, a six-week 500-calorie diet accompanied by injections of
Vitamin B, human chorionic gonadotropin (HCG), and other substances. The Hill Center also
offered hormone therapy injections.

14. The Hill Center was incorporated on or about July 27, 2006. The incorporation
records, including a Fictitious Name Permit filed with the Medical Board of California in or about
August 2006, document that Dr. T.M.\(^1\) owned 51% of the corporation.

15. In October 2010, a new Fictitious Name Permit was filed with the Medical Board in
or around October 2010, identifying Respondent as owning 51% of the Hill Center. Respondent
signed the Fictitious Name Permit identifying him as owner of 51% of the Hill Center under

\(^1\) Patient, physician, and other individual names are abbreviated herein to protect
confidentiality. Patient and other individuals' names will be provided upon receipt of a properly
executed and served Request for Discovery.
penalty of perjury.

16. On or about August 29, 2013, Medical Board Investigator Jesse Townsend interviewed Respondent. During the interview, Investigator Townsend asked Respondent about the ownership of the Hill Center; Respondent denied being an owner of, Fictitious Name Permit holder of, or having any financial interest in the Hill Center.

17. Respondent’s conduct of answering Investigator Townsend’s questions about ownership of the Hill Center untruthfully constitutes dishonesty or corruption within the meaning of Code section 2234(e).

SECOND CAUSE FOR DISCIPLINE
(Gross Negligence)
[Bus. & Prof. Code, § 2234(b)]

18. Respondent is subject to disciplinary action under Code section 2234, subdivision (b), in that Respondent’s care and treatment of patient S.T. constitutes gross negligence. The circumstances are as follows:

19. Complainant realleges paragraphs 12 through 17 above, and incorporates them by reference as if fully set forth herein.

20. Beginning on or about August 10, 2010, Respondent was employed as a medical doctor at The Hill Center. The Hill Center employed all staff and set up protocols as to how patients were to be treated; Respondent provided patient care pursuant to these preexisting protocols. Respondent was responsible for reviewing all lab results of patients, approving participation in the Hill Diet program, writing and approving all prescriptions for patients in the Hill Diet or hormone therapy programs, and reviewing all patient charts. Respondent did not typically meet with or examine the patients before admittance into the Hill Diet program, did not routinely examine patients during their participation in the Hill Diet or hormone therapy programs, and did not review or discuss with patients the potential side effects for either the Hill Diet or hormone therapy programs.

21. Respondent did not write individual prescriptions for each patient as injections were provided to patients by protocol. Nor did Respondent maintain a security prescription on file or written order in patient charts for Schedule III drugs like testosterone. Respondent did not
administer the injections to patients. Rather, a registered nurse or medical assistant would draw
up and administer the injections, usually without doctor supervision or presence at the Hill
Center.

22. Respondent did not know the content of the injections administered under the Hill
Diet and hormone therapy program, including the exact dose of testosterone in the Hill Center’s
“Woman’s Shot” that was administered to patients. Injection doses were structured by the
protocols without individual adjustment.

23. Beginning in or around October 2001, patient S.T. began receiving chiropractic care
at the Hill Center. In or around December 2010, S.T. recommenced chiropractic care at the Hill
Center. On or around February 11, 2011, S.T. started paperwork for the Hill Diet. On April 1,
2011, S.T. started that Hill Diet. S.T. also started the hormone therapy the Hill Center offered.
S.T. continued the Hill Diet and hormone therapy programs until approximately August 4, 2011,
when she decided to stop due to undesirable side effects she was experiencing and which she
believed were due to the Hill Diet and/or hormone therapy injections.

24. Respondent did not discuss the potential side effects of either the Hill Diet or
hormone therapy programs before S.T. began either program. Instead, S.T. was provided with a
copy of the Hill Diet description, which included a list of side effects for the Hill Diet and
hormone therapy programs. However, the lists left out the most severe and dangerous side effects
of the Hill Diet injections and did not inform S.T. of the risks that a 500-calorie diet can cause.
S.T.’s chart does not include a signed informed consent or document that staff discussed possible
side effects of these programs with S.T.

25. Respondent did not take a complete history or perform an examination before
approving S.T.’s participation in the Hill Diet or hormone therapy programs. A physical exam of
S.T. of any degree was not conducted by anyone at the Hill Center at any time during S.T.’s
participation in the Hill Diet or hormone therapy programs.

26. S.T.’s chart at the Hill Center is missing significant information; S.T.’s chart does not
contain a list of S.T.’s current medications and supplements, her personal medical history, her
psychiatric or surgical history, or a complete social history. There is no examination in S.T.’s
chart other than height and weight but S.T.’s weight was only recorded on two occasions and there are no blood pressure or other vital signs recorded in the chart.

27. S.T.’s February 11, 2011 application to start the Hill Diet includes an area to document laboratory “results/review” but this section is left blank.

28. S.T.’s chart also contains inaccurate information which Respondent failed to note or evaluate. For example, in the March 22, 2011 intake performed by a medical assistant, S.T.’s chart lists ovarian cysts as one of S.T.’s problems. HCG is a specific contraindication for ovarian cysts. Per a February 8, 2011 ultrasound, however, S.T. does not have ovarian cysts. Respondent should have looked at the ultrasound to confirm the presence of ovarian cysts, which Respondent did not do. S.T. was approved for participation in the HCG diet despite the notation in her chart that she has ovarian cysts.

29. On April 1, 2011, S.T. began the Hill Diet. S.T.’s chart does not document who administered what injections or what dietary advice she was given. An unsigned April 25, 2011 note states that S.T. picked up seven syringes without any note as to what the injunctions were or for what purpose. “Skinny B” injections were noted, but nowhere in the chart is there a description of its content with doses. At times, S.T. received “Phase C,” with no indication what that is.

30. None of the administered injections to S.T. are accompanied by a written order from Respondent or documentation of a verbal order. S.T.’s chart is devoid of documentation of doctor approval and justification for administration. Except for an occasional note by Nurse O., it is unclear from the chart what the rationale for each therapy is. Many notations and injections do not have initials indicating who administered them.

31. In or around June 2011, S.T. complained of hair loss. Except for an August 8, 2011 entry, S.T.’s chart does not document this complaint. In response to S.T.’s complaint of hair loss, on or around June 17, 2011, S.T. was given a “Women’s Shot” that contained testosterone, carnitine, and vitamin B12. S.T.’s copy of her chart from the Hill Center does not include a chart entry for this injection. S.T.’s chart does not document a medical need for hormone replacement therapy or testosterone. S.T.’s chart does not include a prescription for this Schedule III
controlled substance. A June 28, 2011 progress note by Hill Center administrator A.H. notes that following the injection, S.T. complained of clitoral swelling, extreme muscle soreness and mood change, which resolved over “a few weeks.” S.T. claims that she mentioned her complaints to Respondent, but Respondent did not examine S.T. or make a note in her chart.

32. Throughout S.T.’s participation in the Hill Diet and hormone therapy programs, S.T.’s chart was left largely blank. Numerous date stamps appear in the chart without a note concerning what happened on those dates. Most days have no comments concerning her symptoms and none have any physical exam findings. The “Subjective Complaints” section of the chart for most visits contains only the name of administered injections and is devoid of any other information. S.T.’s chart does not document drug names and doses, and frequently the drug administration and notes were not signed. Additionally, S.T.’s chart contains only two progress notes, dated June 28, 2011, and August 2, 2011, both of which appear to have been added after August 22, 2011, by a non-medical employee.

33. In his interview with the Medical Board Investigator, Respondent stated that he reviewed the Hill Center’s patient charts weekly. Despite this, Respondent admitted in his interview with the Medical Board Investigator that none of S.T.’s chart entries have his signature or initials. Respondent further stated that he failed to notice that S.T.’s chart did not record any weights. Respondent also failed to notice that S.T. was on the Hill Diet for four months, instead of the prescribed six weeks.

34. Respondent failed to order any follow-up laboratory tests of any kind to monitor potential complications of rapid weight loss or hormone therapy. S.T. had a history of hypokalemia and had been taking prescribed potassium supplements. This information was not recorded in S.T.’s initial evaluation or chart. Even without a preexisting problem, hypokalemia may result from rapid weight loss, but Respondent never ordered potassium levels.

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Amended Accusation
35. Respondent’s actions constitute gross negligence and subject him to discipline within the meaning of Section 2234(b) of the Code in that:

a. Respondent’s failure to require medication documentation, signed informed consent forms and full disclosure of drug side effects constitutes an extreme departure from the standard of care;

b. Respondent’s failure to personally see patients or to have delegated such responsibilities to a nurse practitioner constitutes an extreme departure from the standard of care;

c. Respondent’s failure to require routine symptom review, weights, vital signs, pertinent examination and regular laboratory testing, and then review them regularly constitutes an extreme departure from the standard of care;

d. Respondent’s failure to catch low blood pressure and low potassium constitutes an extreme departure from the standard of care;

e. Respondent’s failure to see S.T., sign off on a nurse practitioner’s recommendation or initial chart entries by an R.N. functioning under written protocols regarding R.N. recommendations prior to any change in therapy constitutes an extreme departure from the standard of care;

f. Respondent’s delegation of authority to medical assistants to make decisions about medication constitutes an extreme departure from the standard of care;

g. Respondent’s allowing administrators to give medical advice to patient S.T. constitutes an extreme departure from the standard of care;

h. Respondent’s failure to make injectable formula information readily available for patient charts constitutes an extreme departure from the standard of care;

i. Respondent allowing prescription of hormones, including testosterone, to Patient S.T. when she had normal hormone levels and his failure to address subsequent, predictable side effects constitutes an extreme departure from the standard of care; and

j. Respondent’s failure to maintain a security prescription on file or a written order in S.T.’s chart for the injections containing testosterone, individualize the dose of testosterone for S.T.’s needs, and ensure only a registered nurse drew up and administered injections of
testosterone while Respondent was on the premises constitutes an extreme departure from the
standard of care.

THIRD CAUSE FOR DISCIPLINE
(Incompetence)
[Bus. & Prof. Code, § 2234(d)]
36. Complainant realleges paragraphs 20 through 35 above, and incorporates them by
reference as if fully set forth herein.
37. Respondent is subject to disciplinary action under Code section 2234, subdivision (d),
in that he engaged in acts which include, but are not limited to the conduct alleged in paragraphs
11 through 26 above. Respondent has no special nutrition training. Respondent has little
knowledge of the Hill Diet injections side effects or of the risks of a 500 calorie diet. Respondent
does not know that the FDA considers the use of HCG for weight loss to be fraudulent or what
the FDA’s labeling requirements for products containing HCG are. Respondent does not know
that the FDA has not approved any indications for the use of testosterone in women.

FOURTH CAUSE FOR DISCIPLINE
(Prescribing without Prior Examination)
[Bus. & Prof. Code, § 2242]
38. Complainant realleges paragraphs 20 through 35 above, and incorporates them by
reference as if fully set forth herein.
39. Respondent is subject to disciplinary action under Code section 2242 in that he
prescribed patient S.T. dangerous drugs without prior examination and/or medical indication.

FIFTH CAUSE FOR DISCIPLINE
(Aiding and Abetting Unlicensed Practice of Medicine)
[Bus. & Prof. Code, §§ 2052(b), 2264]
40. Complainant realleges paragraphs 20 through 35 above, and incorporates them by
reference as if fully set forth herein.
41. Respondent is subject to disciplinary action under Code sections 2052, subdivision
(b) and 2264 in that he facilitated the unlicensed practice of medicine by delegating the care and
treatment of patient S.T. to a registered nurse and/or medical assistants at the Hill Center.
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Amended Accusation
SIXTH CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)
[Bus. & Prof. Code, § 2234(c)]

42. Complainant realleges paragraphs 20 through 35 above, and incorporates them by
reference as if fully set forth herein.

43. Respondent actions constitute repeated negligent acts and subject him to discipline
within the meaning of Code section 2234, subdivision (c) as follows:

a. Respondent’s failure to require medication documentation, signed informed consent
forms and full disclosure of drug side effects constitutes a departure from the standard of care;

b. Respondent’s failure to personally see patients or to have delegated such
responsibilities to a nurse practitioner constitutes a departure from the standard of care;

c. Respondent’s failure to require routine symptom review, weights, vital signs,
pertinent examination and regular laboratory testing, and then review them regularly constitutes a
departure from the standard of care;

d. Respondent’s failure to catch low blood pressure and low potassium constitutes a
departure from the standard of care;

e. Respondent’s failure to see S.T., sign off on a nurse practitioner’s recommendation or
initial chart entries by an R.N. functioning under written protocols regarding R.N.
recommendations prior to any change in therapy constitutes a departure from the standard of care;

f. Respondent’s delegation of authority to medical assistants to make decisions about
medication constitutes a departure from the standard of care;

g. Respondent’s actions of allowing administrators to give medical advice to patient
S.T. constitutes a departure from the standard of care;

h. Respondent’s failure to make injectable formula information readily available for
patient charts constitutes a departure from the standard of care;

i. Respondent’s actions of allowing prescription of hormones, including testosterone, to
Patient S.T. when she had normal hormone levels and his failure to address subsequent,
predictable side effects constitutes a departure from the standard of care; and

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Amended Accusation
j. Respondent's failure to maintain a security prescription on file or a written order in S.T.'s chart for the injections containing testosterone, individualize the dose of testosterone for S.T.'s needs, and ensure only a registered nurse drew up and administered injections of testosterone while Respondent was on the premises constitutes a departure from the standard of care.

**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 92177, issued to Prithvi N. Shankar, M.D.;

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

3. Ordering Prithvi N. Shankar, M.D. to pay the Medical Board of California the costs of probation, if placed on probation; and

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

DATED: March 12, 2014

Kimberly Birchmeier
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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Amended Accusation