

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

In the Matter of the Accusation Against:

Linda Jane Tang, M.D.

Physician's & Surgeon's
Certificate No. A 80493

Case No. 800-2017-036099

Respondent.

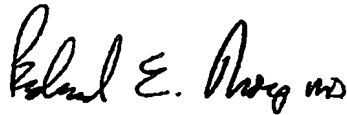
DECISION

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 July 8, 2021.

IT IS SO ORDERED: June 8, 2021.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair
Panel B

1 XAVIER BECERRA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 State Bar No. 113083
4 455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3884
5 Facsimile: (415) 703-5480
6 *Attorneys for Complainant*

7 **BEFORE THE**
8 **MEDICAL BOARD OF CALIFORNIA**
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 **LINDA JANE TANG, M.D.**
13 **301 Main St., #25E**
San Francisco, CA 94105-5032

14 **Physician's and Surgeon's Certificate No. A**
15 **80493**

16 Respondent.

Case No. 800-2017-036099

OAH No. 2020100266

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
22 California (Board). He brought this action solely in his official capacity and is represented in this
23 matter by Xavier Becerra, Attorney General of the State of California, by Mary Cain-Simon,
24 Supervising Deputy Attorney General.

25 2. Respondent Linda Jane Tang, M.D. (Respondent) is represented in this proceeding by
26 attorney Dominique Pollara, whose address is: 100 Howe Avenue, Suite 165N, Sacramento, CA
27 95825.

1 basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest
2 those charges.

3 10. Respondent agrees that her Physician's and Surgeon's Certificate is subject to
4 discipline and she agrees to be bound by the Board's probationary terms as set forth in the
5 Disciplinary Order below.

6 **CONTINGENCY**

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

17 12. Respondent agrees that if she ever petitions for early termination or modification of
18 probation, or if an accusation and/or petition to revoke probation is filed against her before the
19 Board, all of the charges and allegations contained in Accusation No. 800-2017-036099 shall be
20 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
21 other licensing proceeding involving Respondent in the State of California.

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

25 14. In consideration of the foregoing admissions and stipulations, the parties agree that
26 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
27 enter the following Disciplinary Order:
28

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 80493 issued
3 to Respondent LINDA JANE TANG, M.D. is revoked. However, the revocation is stayed and
4 Respondent is placed on probation for thirty-five (35) months on the following terms and
5 conditions:

6 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
7 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
8 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
9 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
10 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
11 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
12 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
13 completion of each course, the Board or its designee may administer an examination to test
14 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
15 hours of CME of which 40 hours were in satisfaction of this condition.

16 2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective
17 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
18 advance by the Board or its designee. Respondent shall provide the approved course provider
19 with any information and documents that the approved course provider may deem pertinent.
20 Respondent shall participate in and successfully complete the classroom component of the course
21 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
22 complete any other component of the course within one (1) year of enrollment. The medical
23 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
24 Medical Education (CME) requirements for renewal of licensure.

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

1 this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its
3 designee not later than 15 calendar days after successfully completing the course, or not later than
4 15 calendar days after the effective date of the Decision, whichever is later.

5 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
6 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
7 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
8 Respondent shall participate in and successfully complete that program. Respondent shall
9 provide any information and documents that the program may deem pertinent. Respondent shall
10 successfully complete the classroom component of the program not later than six (6) months after
11 Respondent's initial enrollment, and the longitudinal component of the program not later than the
12 time specified by the program, but no later than one (1) year after attending the classroom
13 component. The professionalism program shall be at Respondent's expense and shall be in
14 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

15 A professionalism program taken after the acts that gave rise to the charges in the
16 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
17 or its designee, be accepted towards the fulfillment of this condition if the program would have
18 been approved by the Board or its designee had the program been taken after the effective date of
19 this Decision.

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

23 4. PROOF OF SATISFACTORY COMPLETION OF INTERVENTIONAL
24 RADIOLOGY PRIVILEGING PROCESS AT TWO HOSPITALS. Within 60 calendar days of
25 the effective date of this Decision, Respondent shall provide to the Board or its designee proof,
26 including but not limited to privileging reports, that Respondent has successfully completed the
27 privileging process to practice in Interventional Radiology at two separate hospitals, unless the
28 Board or its designee agrees in writing to an extension of that time.

1 Respondent shall pay all expenses associated with providing the proof that she has
2 successfully completed the privileging process to practice interventional radiology at two
3 hospitals.

4 Determination as to whether Respondent successfully completed the discipline specific
5 privileging process is solely within the Board's jurisdiction. Respondent shall cooperate fully
6 with the Board or its designee in reaching its determination, and shall ensure prompt access by the
7 Board or its designee to all documents or information necessary to make its determination.

8 5. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective
9 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
10 practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons
11 whose licenses are valid and in good standing, and who are preferably American Board of
12 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
13 personal relationship with Respondent, or other relationship that could reasonably be expected to
14 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
15 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
16 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

17 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
18 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
19 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
20 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
21 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
22 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
23 signed statement for approval by the Board or its designee.

24 Within 60 calendar days of the effective date of this Decision, and continuing throughout
25 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
26 make all records available for immediate inspection and copying on the premises by the monitor
27 at all times during business hours and shall retain the records for the entire term of probation.

28 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective

1 date of this Decision, Respondent shall receive a notification from the Board or its designee to
2 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
3 shall cease the practice of medicine until a monitor is approved to provide monitoring
4 responsibility.

5 The monitor(s) shall submit a quarterly written report to the Board or its designee which
6 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
7 are within the standards of practice of medicine, and whether Respondent is practicing medicine
8 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
9 that the monitor submits the quarterly written reports to the Board or its designee within 10
10 calendar days after the end of the preceding quarter.

11 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
12 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
13 name and qualifications of a replacement monitor who will be assuming that responsibility within
14 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
15 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
16 notification from the Board or its designee to cease the practice of medicine within three (3)
17 calendar days after being so notified. Respondent shall cease the practice of medicine until a
18 replacement monitor is approved and assumes monitoring responsibility.

19 In lieu of a monitor, Respondent may participate in a professional enhancement program
20 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
21 review, semi-annual practice assessment, and semi-annual review of professional growth and
22 education. Respondent shall participate in the professional enhancement program at
23 Respondent's expense during the term of probation.

24 6. SOLO PRACTICE PROHIBITION. Until Respondent has been notified by the
25 Board or its designee that the Board or its designee have determined that she has successfully
26 completed the privileging process to practice Interventional Radiology at two separate hospitals,
27 as described in Paragraph 4, above, Respondent is prohibited from engaging in the solo practice
28 of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1)

1 Respondent merely shares office space with another physician but is not affiliated for purposes of
2 providing patient care, or 2) Respondent is the sole physician practitioner at that location.

3 If Respondent fails to establish a practice with another physician or secure employment in
4 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
5 Respondent shall receive a notification from the Board or its designee to cease the practice of
6 medicine within three (3) calendar days after being so notified. Respondent shall not resume
7 practice until an appropriate practice setting is established.

8 If, during the course of the probation, the Respondent's practice setting changes and the
9 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
10 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
11 If Respondent fails to establish a practice with another physician or secure employment in an
12 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
13 shall receive a notification from the Board or its designee to cease the practice of medicine within
14 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
15 appropriate practice setting is established.

16 STANDARD CONDITIONS

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

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

26 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
27 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
28 advanced practice nurses.

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

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

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

9 11. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

11 Respondent shall comply with the Board's probation unit.

12 Address Changes

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

18 Place of Practice

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

22 License Renewal

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

25 Travel or Residence Outside California

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

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

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

7 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
10 defined as any period of time Respondent is not practicing medicine as defined in Business and
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If
13 Respondent resides in California and is considered to be in non-practice, Respondent shall
14 comply with all terms and conditions of probation. All time spent in an intensive training
15 program which has been approved by the Board or its designee shall not be considered non-
16 practice and does not relieve Respondent from complying with all the terms and conditions of
17 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
18 on probation with the medical licensing authority of that state or jurisdiction shall not be
19 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
20 period of non-practice.

21 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
22 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
23 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
24 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
25 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

28 Periods of non-practice for a Respondent residing outside of California will relieve

1 Respondent of the responsibility to comply with the probationary terms and conditions with the
2 exception of this condition and the following terms and conditions of probation: Obey All Laws;
3 General Probation Requirements; Quarterly Declarations.

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

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

15 16. LICENSE SURRENDER. Following the effective date of this Decision, if
16 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
17 the terms and conditions of probation, Respondent may request to surrender her license. The
18 Board reserves the right to evaluate Respondent's request and to exercise its discretion in
19 determining whether or not to grant the request, or to take any other action deemed appropriate
20 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
21 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
22 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
23 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
24 application shall be treated as a petition for reinstatement of a revoked certificate.

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

1 year.
2 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
3 a new license or certification, or petition for reinstatement of a license, by any other health care
4 licensing action agency in the State of California, all of the charges and allegations contained in
5 Accusation No. 800-2017-036099 shall be deemed to be true, correct, and admitted by
6 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
7 restrict license.

8
9 ACCEPTANCE

10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
11 discussed it with my attorney, Dominique Pollara. I understand the stipulation and the effect it
12 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
13 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
14 Decision and Order of the Medical Board of California.

15
16 DATED: 3/12/14 
17 LINDA JANE TANG, M.D.
18 Respondent

19 I have read and fully discussed with Respondent Linda Jane Tang, M.D. the terms and
20 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
21 I approve its form and content.

22 DATED: 3/13/21 
23 DOMINIQUE POLLARA
24 Attorney for Respondent

25 ENDORSEMENT

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

1 DATED: March 15, 2021

Respectfully submitted,

2 XAVIER BECERRA
3 Attorney General of California
4 MARY CAIN-SIMON
5 Supervising Deputy Attorney General

Mary Cain-Simon

6 MARY CAIN-SIMON
7 Supervising Deputy Attorney General
8 *Attorneys for Complainant*

9
10 SF2019200850
11 Tang stipulation with revision.docx

Exhibit A

Accusation No. 800-2017-036099

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Oct. 1 2019
BY A. GEPENIA ANALYST

1 XAVIER BECERRA
Attorney General of California
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Facsimile: (415) 703-5480
6 *Attorneys for Complainant*

7 **BEFORE THE**
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11 In the Matter of the Accusation Against:

Case No. 800-2017-036099

12 **Linda Jane Tang, M.D.**
13 **301 Main St., #25E**
San Francisco, CA 94105-5032

ACCUSATION

14 **Physician's and Surgeon's Certificate**
15 **No. A 80493,**

Respondent.

17 **PARTIES**

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

22 2. On or about September 13, 2002, the Medical Board issued Physician's and Surgeon's
23 Certificate Number A 80493 to Linda Jane Tang, M.D. (Respondent). The Physician's and
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
25 herein and will expire on July 31, 2020, unless renewed.

26 //
27 //
28 //

1 JURISDICTION

2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
9 into a stipulation for disciplinary action with the board, may, in accordance with the
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

19 (5) Have any other action taken in relation to discipline as part of an order of
20 probation, as the board or an administrative law judge may deem proper.

21 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
22 medical review or advisory conferences, professional competency examinations,
23 continuing education activities, and cost reimbursement associated therewith that are
24 agreed to with the board and successfully completed by the licensee, or other matters
25 made confidential or privileged by existing law, is deemed public, and shall be made
26 available to the public by the board pursuant to Section 803.1.

27 STATUTORY PROVISIONS

28 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
2 (1) An initial negligent diagnosis followed by an act or omission medically
3 appropriate for that negligent diagnosis of the patient shall constitute a single
4 negligent act.

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

10 (d) Incompetence.

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

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

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

21 (h) The repeated failure by a certificate holder, in the absence of good cause, to
22 attend and participate in an interview by the board. This subdivision shall only apply
23 to a certificate holder who is the subject of an investigation by the board.

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

27 FACTS

28 7. At all times relevant to this matter, Respondent practiced medicine as a licensed
physician specializing in Interventional Radiology. On around August 23, 2017, her employer
initiated an investigation into her practice, based on issues of judgment and/or technical skill as
identified in a number of cases in which she had provided medical care and services. Respondent
resigned her employment before any investigation was commenced.

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PATIENT 1¹

1
2 8. Patient 1 was a 67-year old woman with multiple comorbidities including
3 hypertension, Type II diabetes, history of coccidioidomycosis, renal failure and bilateral pleural
4 effusions. Patient 1 came under Respondent's care when Patient 1 was referred to Interventional
5 Radiology for a CT- guided needle biopsy of a left upper lobe mass with associated mediastinal
6 adenopathy.

7 9. On July 11, 2017, Respondent performed a CT- guided biopsy of the left upper lobe
8 mass lesion, while Patient 1 was under conscious sedation in the interventional radiology suite.
9 At around 1:39 p.m., the proposed skin entry site was marked by CT localization, and following
10 sterile preparation and draping, a team time out was performed at 1:40 p.m. 1% lidocaine
11 anesthetic was then injected beginning at 1:42 p.m., followed by insertion under CT guidance of a
12 17-gauge biopsy needle where two core biopsies of the mass were obtained without difficulty.
13 Respondent made a third biopsy attempt, but was unsuccessful due to sudden onset of profuse
14 patient coughing and more than expected bleeding. Two images of the procedure show wide
15 trajectory excursions from the best intended path, with both penetrating deeply into lung
16 parenchyma.

17 10. After the patient began to desaturate to the mid 80's, Respondent stopped the
18 procedure. The patient was recovered with supplemental oxygen and a post-procedure chest X-
19 ray revealed no pneumothorax. At 4:10 p.m., the patient was observed to be clinically stable
20 without pain or respiratory distress and no medical issues related to the lung biopsy.

21 11. After the biopsy procedure, one of the CT technicians involved in the procedure filed
22 a responsible reporting form with Hospital Quality Control. The concern expressed in the report

23 was that there were several wide trajectories of the needles used during the procedure with a
24 captured image Series 2, Image 32 showing a needle tip in close apposition to the aortic arch.

25 //

26
27
28 ¹ The patients are designated in this document as Patients 1-5 to protect their privacy.
Respondent knows the names of the patients and can confirm their identities through discovery.

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct/Negligence and/or Gross Negligence)**

3
4 12. Respondent is subject to disciplinary action under sections 2234 and 2234(a), (b), and
5 (c) in that her care and treatment of Patient 1 included repeated negligent acts and/or gross
6 negligence. The circumstances are as follows:

7 13. The allegations of paragraphs 8-11 above are incorporated herein as if set out in full.

8 14. The penetration of the lung tissue and wide deviations of the needles as shown in the
9 CT images of the procedure comprise negligent acts and/or gross negligence.

10 **PATIENT 2**

11 15. Patient 2 was a 66- year old woman, and presented with multiple comorbidities
12 including multiple sclerosis, tracheostomy, colostomy, stag horn calculus and neurogenic bladder.
13 Patient 2 came under Respondent's care when she was referred to Interventional Radiology for an
14 elective exchange of a preexisting left-sided nephrostomy tube on October 13, 2016. The
15 procedure was performed under moderate sedation using fluoroscopic guidance and the post-
16 procedure note indicates that an 8.2 French nephrostomy tube was exchanged successfully with
17 no complication using the original nephrostomy tube track and into a previous mid renal pole
18 calyceal entry site.

19 16. However, during the procedure on Patient 2, Respondent made the choice of placing
20 the pigtail tip of the replacement nephrostomy tube within the mid pole calyx as opposed to
21 electively placing the pigtail end more centrally within the renal pelvis.

22 17. In a non-emergent, uncomplicated patient clinical procedure of establishing a
23 nephrostomy tube and final drainage position, the standard of care requires placement of the
24 pigtail loop within the central renal pelvis. Even where a coexistent stag horn calculus is also
25 present within the renal pelvis, it is best to place the pigtail end centrally within the renal pelvis,
26 as best allowed by the presence of the renal calculus. Placement of the pigtail entirely within a
27 single renal calyx predisposes the patient to potential complications of poor drainage, catheter
28 induced bleeding and or pain.

1 18. Respondent has admitted that the ideal positioning of the nephrostomy tube would
2 have indeed been centrally within the renal pelvis towards the infundibulum, despite the presence
3 of the staghorn calculus, and that she should have considered that at the time of the procedure.

4 19. Patient 2 had undergone previous tube replacements for issues of poor drainage and
5 debris blockage before the October 13, 2016 procedure by Respondent. After Respondent's
6 decision and action electively leaving the pigtail in a suboptimal location, Patient 2 required an
7 additional procedure at a later date to reposition the nephrostomy tube into the correct position
8 within the renal pelvis.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Unprofessional Conduct/Negligence and/or Gross Negligence)**

11 20. Respondent is subject to disciplinary action under sections 2234 and 2234(a), (b), and
12 (c) in that her care and treatment of a patient included negligence and/or gross negligence, and
13 repeated negligent acts. The circumstances are as follows:

14 21. The allegations of paragraphs 8-11 and 15-19 above are incorporated herein as if set
15 out in full.

16 22. Respondent's decisions and actions in electively leaving the pigtail in a suboptimal
17 location comprise negligent acts that required Patient 2 to undergo an additional procedure at a
18 later date to reposition the nephrostomy tube into the correct position within the renal pelvis.

19 **PATIENT 3**

20 23. Patient 3 was a 56-year old woman, with a past medical history including surgical and
21 radiation treatment of a sarcoma of the leg, and had metastatic nodules discovered on a chest CT
22 examination in May 2014. Patient 3 came under Respondent's care when she was referred to

23 Interventional Radiology on January 22, 2016 for a CT guided biopsy of a right lung base nodule
24 that the radiologist had described as being suspicious for a metastatic lesion, based on a recently
25 performed follow-up surveillance CT of the chest.

26 24. Chart notes indicate that on January 22, 2016, Respondent initiated a procedure
27 involving the CT localization of the right lung base, followed by a time out assessment of the
28

1 proposed procedure; and then a total of five biopsy specimens were obtained without patient
2 complication.

3 25. The CT localization images acquired on the January 22, 2016 interventional study
4 that was supervised and performed by Respondent show that there is a smooth-margined,
5 approximately 10mm lung nodule at the right lung base posteriorly that, given the patient's
6 history and that it was a new interval finding, necessitated biopsy as was intended by the ordering
7 physician. Instead, Respondent decided to biopsy a 2.6cm partially calcified mass superior to the
8 intended requested biopsy site.

9 26. When asked about her failure to biopsy the correct site, Respondent stated that on the
10 morning of January 22, 2016, she had multiple earlier procedures as well as phone calls to deal
11 with, and implied that these activities may have led to her becoming distracted in localizing the
12 requested nodule. However, Respondent had taken the mandatory procedural time out that should
13 have prevented her from committing this type of error.

14 27. The error in biopsy was not recognized until three months later when a follow-up
15 chest CT then reported the suspicious nodule to have now increased in size to 1.9 cm.
16 Irrespective of the time out procedure, it is mandatory that the interventional radiologist review
17 all available relevant reports and prior imaging to ensure both that the correct tissue is targeted for
18 the requested procedure, and that other pathologic factors or anatomy are recognized before the
19 onset of the procedure. Respondent did not recognize the concern and need for biopsy of the
20 smaller and more inferior nodule relative in position to the much larger adjacent lesion that was
21 erroneously biopsied.

22 28. Respondent's failure to review prior imaging studies and reports resulted in
23 Respondent failing to identify the true area of clinical concern for Patient 3. This failure resulted
24 in a three-month delay for Patient 3 to obtain the correct diagnosis and to initiate proper
25 treatment.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct/Negligence and/or Gross Negligence/Inadequate Medical Record-**
3 **Keeping)**

4 29. Respondent is subject to disciplinary action under sections 2234, 2234(a), (b), and (c)
5 and 2266, in that her care and treatment of a patient comprised negligence and gross negligence,
6 repeated negligent acts and inadequate medical record-keeping. The circumstances are as
7 follows:

8 30. The allegations of paragraphs 8-11, 15-19, and 23-28, above are incorporated herein
9 as if set out in full.

10 31. Respondent's actions in failing to review prior images and reports and then not
11 performing the biopsy on the correct site comprise negligence and/or gross negligence.

12 32. Respondent's failure to note in the records that she did not take a biopsy on the
13 correct site comprises inadequate medical record-keeping.

14 33. Respondent's actions in failing to perform the biopsy on the correct site and failure to
15 keep adequate medical records caused a three-month delay before Patient 3 was able to obtain a
16 correct diagnosis and proper treatment.

17 **PATIENT 4**

18 34. Patient 4 was a 64-year old man with a past medical history of end stage renal disease
19 who was hemodialysis dependent. Patient 4 came under Respondent's care when Patient 4 was
20 referred to Interventional Radiology for evaluation and possible interventional treatment of a
21 dialysis fistula, having symptoms of arterial spasm and a burning sensation during active
22 hemodialysis.

23 35. Respondent performed a fistulogram of both the arterial and venous limbs of the
24 dialysis fistula with a total of seven fluoroscopically recorded run offs obtained. In her post-
25 procedural note, Respondent stated there was "no significant stenosis seen," and listed the post-
26 operative diagnosis to be unchanged from the preoperative diagnosis of "arterial spasm and
27 burning sensation with dialysis."
28

1 36. Respondent's post-procedural note indicating arterial spasm is inconsistent with the
2 final procedural dictation of September 12, 2016, which Respondent concluded with
3 "unremarkable dialysis access, no hemodynamically significant stenosis identified."

4 37. Respondent failed to document and failed to initiate possible remedial treatment of an
5 approximately 50% short segment narrowing of the venous limb of the shunt that is clearly seen
6 on seven of the eight contrast injection series.

7 38. Respondent did not identify or report any abnormalities during her evaluation on
8 September 12, 2016 of the hemodialysis shunt in Patient 4, who was referred for dialysis-related
9 symptoms of pain and arterial spasm during episodes of active hemodialysis. Shunt blood flow
10 images taken by Respondent do show a short segment stenosis in the venous limb of the shunt
11 just distal to the arterial anastomosis that appears visually to be about a 50% reduction in vessel
12 lumen. In a symptomatic dialysis graft patient with an otherwise anatomically normal
13 fistulogram, consideration should be given to this single abnormality as either an active or
14 potentially active problem to the patient.

15 39. Whether this issue reflected a new interval finding or a stable finding present on
16 previous studies, Respondent did not undertake the simple procedure to angioplasty this solitary
17 area of stenosis and potentially either resolve the patient's current symptoms or possibly prevent a
18 subsequent procedure in time, should this focal stenosis further worsen. When asked to explain
19 why she did not undertake the angioplasty, Respondent stated that she "didn't find anything so I
20 didn't do any angioplasty."

21 **FOURTH CAUSE FOR DISCIPLINE**

22 **(Unprofessional Conduct/Negligence and/or Gross Negligence/Inadequate Medical Record-**
23 **keeping)**

24 40. Respondent is subject to disciplinary action under sections 2234 and 2234(a), (b), and
25 (c) and 2266 in that her care and treatment of a patient included negligence and/or gross
26 negligence, repeated negligent acts and inadequate medical record-keeping. The circumstances
27 are as follows:
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1 48. The chart notes provide little detail of the procedural difficulties, but when asked to
2 discuss the procedure, Respondent related that once she successfully passed a dialysis catheter to
3 the right atrial level she was unable to aspirate blood back through the catheter. Respondent
4 believed at the time the failure to aspirate was due to the catheter tenting or pressing against the
5 right atrial wall and accordingly pulled the catheter back slightly to alleviate any potential flow-
6 restrictive contact between the catheter tip and the right atrial wall. When asked about these
7 events, Respondent explained that this maneuver resulted in a successful aspiration of blood back
8 through the catheter confirming the desired intravascular location. Subsequent to this maneuver,
9 several additional catheter exchanges/manipulations were performed to better optimize catheter
10 length and final catheter tip position.

11 49. In the post-procedural note from August 15, 2017, Respondent documented the
12 procedure, including that she performed the time out as well as final catheter size and final
13 catheter placement location and of no apparent complications as a consequence to the procedure.

14 50. Films taken during the procedure, though, show the following:

15 (A) A catheter-delivered contrast injection performed at 17:16 demonstrates a
16 normally patent superior vena cava and no suggestion of any complex anatomy in the
17 region of the brachiocephalic superior vena caval junction;

18 (B) A single fluoroscopic image taken at 17:56 (Series 2, Image 1) shows a dialysis
19 catheter to have been placed over the interval with the catheter tip clearly projecting
20 outside the projected margins of the right heart silhouette;

21 (C) A second single fluoroscopic image taken at 18:02 shows the catheter to have
22 been repositioned over the interval with the tip now clearly within the silhouette of

23 the right heart border, but this image shows a large area of new radio opaque density
24 obscuring the right hilar structures that was not present on the 17:56 image.

25 51. Based on Respondent's failure to aspirate the catheter as described in paragraph 49,
26 above, and the abnormal catheter tip location on the 17:56 image with interval opacification of
27 the perihilar lung in this same region on the 18:02 image, it is apparent that there was an
28 unrecognized cardiac wall penetration that occurred at the time of the 17:56 image.


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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 80493, issued to Linda Jane Tang, M.D.;
2. Revoking, suspending or denying approval of Linda Jane Tang, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Linda Jane Tang, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: October 1, 2019



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

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