

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

**In the Matter of the Accusation
Against:**

Dung Minh Tran, M.D.

**Physician's and Surgeon's
Certificate No. A 82188**

Respondent.

Case No. 800-2021-084593

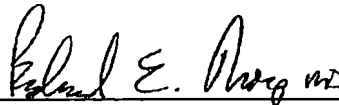
DECISION

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 April 4, 2025.

IT IS SO ORDERED March 7, 2025.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorp, Chair
Panel B**

1 ROB BONTA
Attorney General of California
2 MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
3 JOHN S. GATSCHET
Deputy Attorney General
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8 *Attorneys for Complainant*
9

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

14 **DUNG MINH TRAN, M.D.**
15 **480 Plumas Blvd., Ste. 201**
Yuba City, CA 95991-5005

16 **Physician's and Surgeon's Certificate No.**
17 **A 82188**

18 **Respondent.**

Case No. 800-2021-084593

OAH No. 2024090207

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

22 **PARTIES**

23 1. Reji Varghese ("Complainant") is the Executive Director of the Medical Board of
24 California ("Board"). He brought this action solely in his official capacity and is represented in
25 this matter by Rob Bonta, Attorney General of the State of California, by John S. Gatschet,
26 Deputy Attorney General.

27 2. Respondent Dung Minh Tran, M.D. ("Respondent") is represented in this proceeding
28 by attorney David Kahn, whose address is:

1 Gavrilov & Brooks
2 2315 Capitol Avenue
3 Sacramento, CA 95816

4 3. On or about March 5, 2003, the Board issued Physician's and Surgeon's Certificate
5 No. A 82188 to Respondent. That Certificate was in full force and effect at all times relevant to
6 the charges brought in Accusation No. 800-2021-084593, and will expire on March 31, 2025,
7 unless renewed.

8 **JURISDICTION**

9 4. Accusation No. 800-2021-084593 was filed before the Board, and is currently
10 pending against Respondent. The Accusation and all other statutorily required documents were
11 properly served on Respondent on July 25, 2024. Respondent timely filed his Notice of Defense
12 contesting the Accusation.

13 5. A copy of Accusation No. 800-2021-084593 is attached as Exhibit A and
14 incorporated herein by reference.

15 **ADVISEMENT AND WAIVERS**

16 6. Respondent has carefully read, fully discussed with counsel, and understands the
17 charges and allegations in Accusation No. 800-2021-084593. Respondent has also carefully read,
18 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
19 Disciplinary Order.

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

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

28 ///

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2021-084593, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 for the charges and allegations in Accusation No. 800-2021-084593, a true and correct copy of
7 which is attached hereto as Exhibit A, and that Respondent hereby gives up his right to contest
8 those charges.

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

12 CONTINGENCY

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

23 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
24 be an integrated writing representing the complete, final and exclusive embodiment of the
25 agreement of the parties in this above-entitled matter.

26 14. Respondent agrees that if he ever petitions for early termination or modification of
27 probation, or if an accusation and/or petition to revoke probation is filed against him before the
28 Board, all of the charges and allegations contained in Accusation No. 800-2021-084593 shall be

1 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
2 other licensing proceeding involving Respondent in the State of California.

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

6 16. In consideration of the foregoing admissions and stipulations, the parties agree that
7 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
8 enter the following Disciplinary Order:

9 **DISCIPLINARY ORDER**

10 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. A 82188
11 issued to Respondent Dung Minh Tran, M.D. is revoked. However, the revocation is stayed and
12 Respondent is placed on probation for six (6) years on the following terms and conditions:

13 1. **ACTUAL SUSPENSION.** As part of probation, Respondent is suspended from the
14 practice of medicine for ninety (90) days beginning the sixteenth (16th) day after the effective
15 date of this decision.

16 2. **PROFESSIONALISM PROGRAM (ETHICS COURSE).** Within 60 calendar days of
17 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
18 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
19 Respondent shall participate in and successfully complete that program. Respondent shall
20 provide any information and documents that the program may deem pertinent. Respondent shall
21 successfully complete the classroom component of the program not later than six (6) months after
22 Respondent's initial enrollment, and the longitudinal component of the program not later than the
23 time specified by the program, but no later than one (1) year after attending the classroom
24 component. The professionalism program shall be at Respondent's expense and shall be in
25 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

26 A professionalism program taken after the acts that gave rise to the charges in the
27 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
28 or its designee, be accepted towards the fulfillment of this condition if the program would have

1 been approved by the Board or its designee had the program been taken after the effective date of
2 this Decision.

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

6 3. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the
7 effective date of this Decision, Respondent shall enroll in a professional boundaries program
8 approved in advance by the Board or its designee. Respondent, at the program's discretion, shall
9 undergo and complete the program's assessment of Respondent's competency, mental health
10 and/or neuropsychological performance, and at minimum, a 24 hour program of interactive
11 education and training in the area of boundaries, which takes into account data obtained from the
12 assessment and from the Decision(s), Accusation(s) and any other information that the Board or
13 its designee deems relevant. The program shall evaluate Respondent at the end of the training
14 and the program shall provide any data from the assessment and training as well as the results of
15 the evaluation to the Board or its designee.

16 Failure to complete the entire program not later than six (6) months after Respondent's
17 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees
18 in writing to a later time for completion. Based on Respondent's performance in and evaluations
19 from the assessment, education, and training, the program shall advise the Board or its designee
20 of its recommendation(s) for additional education, training, psychotherapy and other measures
21 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with
22 program recommendations. At the completion of the program, Respondent shall submit to a final
23 evaluation. The program shall provide the results of the evaluation to the Board or its designee.
24 The professional boundaries program shall be at Respondent's expense and shall be in addition to
25 the Continuing Medical Education (CME) requirements for renewal of licensure.

26 The program has the authority to determine whether or not Respondent successfully
27 completed the program.

28 A professional boundaries course taken after the acts that gave rise to the charges in the

1 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
2 or its designee, be accepted towards the fulfillment of this condition if the course would have
3 been approved by the Board or its designee had the course been taken after the effective date of
4 this Decision.

5 4. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision,
6 Respondent shall submit to the Board or its designee for prior approval the name and
7 qualifications of a California-licensed board-certified psychiatrist or a licensed psychologist who
8 has a doctoral degree in psychology and at least five years of postgraduate experience in the
9 diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall
10 undergo and continue psychotherapy treatment, including any modifications to the frequency of
11 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

12 In the Board's sole discretion, the Board may consider a therapist who has an existing and
13 on-going therapeutic relationship with Respondent who possesses and has the qualifications of a
14 California-licensed Marriage and Family Therapist to satisfy this condition. Respondent
15 understands and agrees that the agreement to allow him to continue to see a pre-existing therapist
16 who is not a California-licensed board-certified psychiatrist or a licensed psychologist will solely
17 be at the Board's own decision making.

18 The psychotherapist shall consider any information provided by the Board or its designee
19 and any other information the psychotherapist deems relevant and shall furnish a written
20 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
21 psychotherapist with any information and documents that the psychotherapist may deem
22 pertinent.

23 Respondent shall have the treating psychotherapist submit quarterly status reports to the
24 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric
25 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of
26 probation, Respondent is found to be mentally unfit to resume the practice of medicine without
27 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the
28 period of probation shall be extended until the Board determines that Respondent is mentally fit

1 to resume the practice of medicine without restrictions.

2 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

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

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

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

23 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
24 date of this Decision, Respondent shall receive a notification from the Board or its designee to
25 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
26 shall cease the practice of medicine until a monitor is approved to provide monitoring
27 responsibility.

28 The monitor(s) shall submit a quarterly written report to the Board or its designee which

1 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
2 are within the standards of practice of practice, and whether Respondent is practicing medicine
3 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
4 that the monitor submits the quarterly written reports to the Board or its designee within 10
5 calendar days after the end of the preceding quarter.

6 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
7 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
8 name and qualifications of a replacement monitor who will be assuming that responsibility within
9 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
10 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
11 notification from the Board or its designee to cease the practice of medicine within three (3)
12 calendar days after being so notified. Respondent shall cease the practice of medicine until a
13 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

28 ///

1 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
2 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
3 advanced practice nurses.

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

7 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
8 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
9 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
10 enforcement, as applicable, in the amount of \$57,455.00 (fifty-seven thousand four hundred fifty-
11 five dollars and zero cents). Costs shall be payable to the Medical Board of California. Failure to
12 pay such costs shall be considered a violation of probation.

13 Payment must be made in full within 30 calendar days of the effective date of the Order, or
14 by a payment plan approved by the Medical Board of California. Any and all requests for a
15 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
16 the payment plan shall be considered a violation of probation.

17 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
18 repay investigation and enforcement costs.

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

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

24 11. GENERAL PROBATION REQUIREMENTS.

25 Compliance with Probation Unit

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

27 Address Changes

28 Respondent shall, at all times, keep the Board informed of Respondent's business and

1 residence addresses, email address (if available), and telephone number. Changes of such
2 addresses shall be immediately communicated in writing to the Board or its designee. Under no
3 circumstances shall a post office box serve as an address of record, except as allowed by Business
4 and Professions Code section 2021, subdivision (b).

5 Place of Practice

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

9 License Renewal

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

12 Travel or Residence Outside California

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

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

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

22 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
23 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
24 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
25 defined as any period of time Respondent is not practicing medicine as defined in Business and
26 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
27 patient care, clinical activity or teaching, or other activity as approved by the Board. If
28 Respondent resides in California and is considered to be in non-practice, Respondent shall

1 comply with all terms and conditions of probation. All time spent in an intensive training
2 program which has been approved by the Board or its designee shall not be considered non-
3 practice and does not relieve Respondent from complying with all the terms and conditions of
4 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
5 on probation with the medical licensing authority of that state or jurisdiction shall not be
6 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
7 period of non-practice.

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

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

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

15 Periods of non-practice for a Respondent residing outside of California will relieve
16 Respondent of the responsibility to comply with the probationary terms and conditions with the
17 exception of this condition and the following terms and conditions of probation: Obey All Laws;
18 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
19 Controlled Substances; and Biological Fluid Testing.

20 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
21 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
22 completion of probation. This term does not include cost recovery, which is due within 30
23 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
24 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
25 shall be fully restored.

26 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
27 of probation is a violation of probation. If Respondent violates probation in any respect, the
28 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and

1 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
2 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
3 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
4 the matter is final.

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

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

20 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
21 a new license or certification, or petition for reinstatement of a license, by any other health care
22 licensing action agency in the State of California, all of the charges and allegations contained in
23 Accusation No. 800-2021-084593 shall be deemed to be true, correct, and admitted by
24 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
25 restrict license.

26 ///


27 ///

28 ///

1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, J. Edward Brooks. I understand the stipulation and the effect it
4 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
5 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
6 Decision and Order of the Medical Board of California.

7
8 DATED: 01 / 24 / 2025


9 DUNG MINH TRAN, M.D.
Respondent

10 I have read and fully discussed with Respondent Dung Minh Tran, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13
14 DATED: 1/27/2025


15 J. EDWARD BROOKS
16 DAVID KAHN
Attorney for Respondent

17 ENDORSEMENT

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

20 DATED: February 19, 2025

Respectfully submitted,

21 ROB BONTA
22 Attorney General of California
23 MICHAEL C. BRUMMEL
Supervising Deputy Attorney General

24 John S. Gatschet
Digitally signed by John
S. Gatschet
Date: 2025.02.19
10:19:05 -08'00'

25 JOHN S. GATSCHE
26 Deputy Attorney General
Attorneys for Complainant

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1 ROB BONTA
Attorney General of California
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2021-084593

15 **Dung Minh Tran, M.D.**
16 **347 Alturas St**
Yuba City, CA 95991-4108

A C C U S A T I O N

17 **Physician's and Surgeon's Certificate**
18 **No. A 82188,**

19 Respondent.

20 **PARTIES**

21 1. Reji Varghese ("Complainant") brings this Accusation solely in his official capacity
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
23 ("Board").

24 2. On or about March 5, 2003, the Medical Board issued Physician's and Surgeon's
25 Certificate Number A 82188 to Dung Minh Tran, M.D. ("Respondent"). That Certificate was in
26 full force and effect at all times relevant to the charges brought herein and will expire on March
27 31, 2025, unless renewed.

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 STATUTORY PROVISIONS

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

10 5. Section 2234 of the Code, states, in pertinent part:

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

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

15 (b) Gross negligence.

16 (c) Repeated negligent acts. To be repeated, there must be two or more
17 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.

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

20 (2) When the standard of care requires a change in the diagnosis, act, or
21 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
22 licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

23 ...

24 6. Unprofessional conduct under Code section 2234 is conduct, which breaches the
25 rules or ethical code of the medical profession, or conduct which is unbecoming to a member in
26 good standing of the medical profession, and which demonstrates an unfitness to practice
27 medicine.¹

28 ¹ *Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.

1 **AMERICAN MEDICAL ASSOCIATION CODE OF ETHICS**

2 7. The American Medical Association's Principles of Medical Ethics² states, in pertinent
3 part:

4 Principles

5 I. A physician shall be dedicated to providing competent medical care, with
6 compassion and respect for human dignity and rights.

7 II. A physician shall uphold the standards of professionalism, be honest in all
8 professional interactions, and strive to report physicians deficient in character or
competence, or engaging in fraud or deception, to appropriate entities.

9 ...

10 IV. A physician shall respect the rights of patients, colleagues, and other health
11 professionals, and shall safeguard patient confidences and privacy within the constraints
12 of the law.

13 ...

14 VIII. A physician shall, while caring for a patient, regard responsibility to the patient
15 as paramount.

16 ...

17 8. The American Medical Association's Code of Medical Ethics, Article 9.1.2,³
18 *Romantic or Sexual Relationships with Key Third Parties* states, in pertinent part:

19 Patients are often accompanied by third parties who play an integral role in the
20 patient-physician relationship, including, but not limited to, spouses or partners, parents,
21 guardians, or surrogates. Sexual or romantic interactions between physicians and third
22 parties such as these may detract from the goals of the patient-physician relationship,
23 exploit the vulnerability of the third party, compromise the physician's ability to make
objective judgments about the patient's health care, and ultimately be detrimental to the
patient's well-being.

24 Third parties may be deeply involved the in the clinical encounter and in medical
25 decision making. The physician interacts and communicates with these individuals and
26 often is in a position to offer them information, advice, and emotional support. The more
27 deeply involved the individual is in the clinical encounter and in medical decision making,
the stronger the argument against sexual or romantic contact between the physician and a
key third party. Physicians should avoid sexual or romantic relations with any individual

28 ² <https://code-medical-ethics.ama-assn.org/principles>

³ <https://code-medical-ethics.ama-assn.org/index.php/ethics-opinions/romantic-or-sexual-relationships-key-third-parties>

1 whose decisions directly affect the health and welfare of the patient.

2 For these reasons, physicians should refrain from sexual or romantic interactions
3 with key third parties when the interaction would exploit trust, knowledge, influence, or
4 emotions derived from a professional relationship with the third party or could
5 compromise the patient's care.

6 Before initiating a relationship with a key third party, physicians should take into
7 account:

8 The nature of the patient's medical problem and the likely effect on patient care.

9 The length of the professional relationship.

10 The degree of the third party's emotional dependence on the physician.

11 The importance of the clinical encounter to the third party and the patient.

12 Whether the patient-physician relationship can be terminated in keeping with
13 ethics guidance and what implications doing so would have for patient.

14 9. The American Medical Association's Code of Medical Ethics, Article 9.1.3,⁴ *Sexual
15 Harassment in the Practice of Medicine* states, in pertinent part:

16 Sexual harassment can be defined as unwelcome sexual advances, requests for sexual
17 favors, and other verbal or physical conduct of a sexual nature.

18 Sexual harassment in the practice of medicine is unethical. Sexual harassment
19 exploits inequalities in status and power, abuses the rights and trust of those who are
20 subjected to such conduct; interferes with an individual's work performance, and may
21 influence or be perceived as influencing professional advancement in a manner unrelated
22 to clinical or academic performance harm professional working relationships, and create
23 an intimidating or hostile work environment; and is likely to jeopardize patient care.
24 Sexual relationships between medical supervisors and trainees are not acceptable, even if
25 consensual. The supervisory role should be eliminated if the parties wish to pursue their
26 relationship.

27 Physicians should promote and adhere to strict sexual harassment policies in medical
28 workplaces. Physicians who participate in grievance committees should be broadly
representative with respect to gender identity or sexual orientation, profession, and
employment status, have the power to enforce harassment policies, and be accessible to
the persons they are meant to serve.

10. The American Medical Association's Code of Medical Ethics, Article 9.4.3,⁵

⁴ <https://code-medical-ethics.ama-assn.org/index.php/ethics-opinions/sexual-harassment-practice-medicine>

⁵ <https://code-medical-ethics.ama-assn.org/index.php/ethics-opinions/discipline-medicine>

1 *Discipline in Medicine*, states in pertinent part:

2 Incompetence, corruption, dishonest, or unethical conduct on the part of members of
3 the medical profession is reprehensible. In addition to posing a real or potential threat to
4 patients, such conduct undermines the public's confidence in the profession. The
5 obligation to address misconduct falls on both individual physicians and on the profession
6 as a whole.

7 The goal of disciplinary review is both to protect patients and to help ensure that
8 colleagues receive appropriate assistance from a physician health program or other service
9 to enable them to practice safely and ethically. Disciplinary review must not be
10 undertaken falsely or maliciously.

11 Individually, physicians should report colleagues whose behavior is incompetent or
12 unethical in keeping with ethics guidance.

13 Collectively, medical societies have a civic and professional obligation to:

14 Report to the appropriate governmental body or state board of medical examiners
15 credible evidence that may come to their attention involving the alleged criminal conduct
16 of any physician relating to the practice of medicine.

17 Initiate disciplinary action whenever a physician is alleged to have engaged in
18 misconduct whenever there is credible evidence tending to establish unethical conduct,
19 regardless of the outcome of any civil or criminal proceedings relating to the alleged
20 misconduct.

21 Impose a penalty, up to and including expulsion from membership, on a physician
22 who violates ethical standards.

23 11. The American Medical Association's Code of Medical Ethics, Article 9.4.4,⁶

24 *Physicians with Disruptive Behavior*, states in pertinent part:

25 The importance of respect among all health professionals as a means of ensuring good
26 patient care is foundational to ethics. Physicians have a responsibility to address situations
27 in which individual physicians behave disruptively, that is, speak or act in ways that may
28 negatively affect patient care, including conduct that interferes with the individual's
29 ability to work with other members of the health care team, or for others to work with the
30 physician.

31 Disruptive behavior is different from criticism offered in good faith with the aim of
32 improving patient care and from collective action on the part of physicians. Physicians
33 must not submit false or malicious reports of disruptive behavior.

34 ⁶ <https://code-medical-ethics.ama-assn.org/index.php/ethics-opinions/physicians-disruptive-behavior>

1 Physicians who have leadership roles in a health care institution must be sensitive to
2 the unintended effects institutional structures, policies, and practices may have on patient
care and professional staff.

3 As members of the medical staff, physicians should develop and adopt policies or bylaw
4 provisions that:

5 Establish a body authorized to receive, review, and act on reports of disruptive
6 behavior, such as a medical staff wellness committee. Members must be required to
disclose relevant conflicts of interest and to recuse themselves from a hearing.

7 Establish procedural safeguards that protect due process.

8 Clearly state principal objectives in terms that ensure high standards of patient
care, and promote a professional practice and work environment.

9 Clearly describe the behaviors or types of behavior that will prompt intervention.

10 Provide a channel for reporting and appropriately recording instances of disruptive
behavior. A single incident may not warrant action, but individual reports may help
identify a pattern that requires intervention.

11 Establish a process to review or verify reports of disruptive behavior.

12 Establish a process to notify a physician that his or her behavior has been reported
as disruptive, and provide opportunity for the physician to respond to the report.

13 Provide for monitoring and assessing whether a physician's disruptive conduct
improves after intervention.

14 Provide for evaluative and corrective actions that are commensurate with the
behavior, such as self-correction and structured rehabilitation. Suspending the individual's
responsibilities or privileges should be a mechanism of final resort.

15 Identify who will be involved in the various stages of the process, from reviewing
16 reports to notifying physicians and monitoring conduct after intervention.

17 Provide clear guidelines for protecting confidentiality.

18 Ensure that individuals who report instances of disruptive behavior are
appropriately protected.

19 COST RECOVERY

20 12. Section 125.3 of the Code states, in pertinent part:

21 (a) Except as otherwise provided by law, in any order issued in resolution of a
22 disciplinary proceeding before any board within the department or before the
Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
23 administrative law judge may direct a licensee found to have committed a violation or
24 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
investigation and enforcement of the case.

25 (b) In the case of a disciplined licensee that is a corporation or a partnership, the
order may be made against the licensed corporate entity or licensed partnership.

26 (c) A certified copy of the actual costs, or a good faith estimate of costs where
27 actual costs are not available, signed by the entity bringing the proceeding or its
designated representative shall be prima facie evidence of reasonable costs of
28 investigation and prosecution of the case. The costs shall include the amount of
investigative and enforcement costs up to the date of the hearing, including, but not

1 limited to, charges imposed by the Attorney General.

2 (d) The administrative law judge shall make a proposed finding of the amount
3 of reasonable costs of investigation and prosecution of the case when requested
4 pursuant to subdivision (a). The finding of the administrative law judge with regard to
5 costs shall not be reviewable by the board to increase the cost award. The board may
6 reduce or eliminate the cost award, or remand to the administrative law judge if the
7 proposed decision fails to make a finding on costs requested pursuant to subdivision
8 (a).

9 (e) If an order for recovery of costs is made and timely payment is not made as
10 directed in the board's decision, the board may enforce the order for repayment in any
11 appropriate court. This right of enforcement shall be in addition to any other rights
12 the board may have as to any licensee to pay costs.

13 (f) In any action for recovery of costs, proof of the board's decision shall be
14 conclusive proof of the validity of the order of payment and the terms for payment.

15 (g) (1) Except as provided in paragraph (2), the board shall not renew or
16 reinstate the license of any licensee who has failed to pay all of the costs ordered
17 under this section.

18 (2) Notwithstanding paragraph (1), the board may, in its discretion,
19 conditionally renew or reinstate for a maximum of one year the license of any
20 licensee who demonstrates financial hardship and who enters into a formal agreement
21 with the board to reimburse the board within that one-year period for the unpaid
22 costs.

23 (h) All costs recovered under this section shall be considered a reimbursement
24 for costs incurred and shall be deposited in the fund of the board recovering the costs
25 to be available upon appropriation by the Legislature.

26 (i) Nothing in this section shall preclude a board from including the recovery of
27 the costs of investigation and enforcement of a case in any stipulated settlement.

28 (j) This section does not apply to any board if a specific statutory provision in
that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

FACTUAL ALLEGATIONS

21 13. Respondent attended and completed a residency in Internal Medicine. Respondent is
22 Board Certified in Internal Medicine. Respondent originally requested and received clinical
23 privileges at Adventist Health – Rideout Hospital ("Rideout") located in Marysville, California in
24 May 2003. The events alleged in the Accusation occurred while Respondent had clinical
25 privileges at Rideout.

26 ///

27 ///

28 ///

1 April 2021 Incident

2 14. On or about April 12, 2021, a registered nurse, "Nurse A"⁷, was working at Rideout
3 and providing care to a hospital patient. At that time, Nurse A had worked at Rideout for
4 approximately eight years. A group of nursing students from Chico State were also present with
5 Nurse A as she was providing care to the hospital patient. Respondent walked up to Nurse A and
6 Nurse A asked Respondent if the patient was going to be receiving a PICC⁸ line for the
7 administration of a long-term antibiotic. Respondent immediately replied stating, "So you don't
8 know anything about your patient ?! Why don't you know anything about your patient?!" Nurse
9 A told Respondent that she had not been present with Respondent when he had rounded on the
10 patient earlier and that the patient had just mentioned the PICC line to her.

11 15. Respondent turned to a nursing student who was observing the interaction between
12 Nurse A and Respondent. Respondent asked the nursing student, "Are you a nurse?" The
13 nursing student informed Respondent that they were still a nursing student. Respondent then
14 pointed to Nurse A and said very loudly, "Don't be like that nurse! Don't be like that nurse!"
15 Respondent was laughing as he said it and kept repeating the phrase. Respondent then asked
16 another nursing student who was standing nearby, if they were also a student as well. The
17 nursing student responded that they were a student and that they were shadowing Nurse A.
18 Respondent continued to repeat, "Don't be like that nurse!" and laughed at Nurse A. Nurse A
19 asked Respondent what she was doing wrong and if it was because she kept asking too many
20 questions about her patient. Respondent did not answer and continued to laugh at Nurse A and
21 continued to tell the nursing students, "to not be like Nurse A." A clinical coordinator
22 approached and asked Respondent what he was doing. Respondent left the area.

23 16. Nurse A was reluctant to submit a complaint because she did not want to cause
24 problems and knew she would be working with Respondent again. However, Nurse A felt
25 Respondent was completely inappropriate and felt humiliated, disrespected, and harassed by
26 Respondent. Nurse A made an internal complaint against Respondent.

27 ⁷ All witnesses are identified by an Alpha-Numeric character to protect confidentiality.
28 All witnesses will be fully identified in discovery.

⁸ Peripherally inserted central catheter (PICC).

August 2021 Incident

17. Prior to August 2021, licensed Respiratory Care Therapist B, "R.T. B" had previously worked with Respondent. According to R.T. B, Respondent had a reputation for not providing "clear and concise orders." R.T. B worked at Rideout from 2019 to 2022. According to R.T. B, in previous interactions, when R.T. B called for clarification about his orders, Respondent was often rude to R.T. B and would put her down. R.T. B stated in previous interactions, Respondent would ask her why she would waste his time calling him to ask such stupid questions.

18. On or about August 27, 2021, R.T. B was working in the emergency department at Rideout. R.T. B called Respondent to get a treatment order and to make a recommendation that the care team should obtain an ABG⁹ baseline on one of Respondent's patients. Respondent told R.T. B that she needed to listen to him and that if she did not, that "the patient's blood would be on her." Respondent told R.T. B that she "needed to be reeled in," and that he was going to be the one to do that. R.T. B said that there was no build up to Respondent's statements; he just started the phone conversation out that way. R.T. B tried to deescalate the situation but was unsuccessful and handed the phone to her supervisor, licensed Respiratory Care Therapist C, "R.T. C." R.T. C told Respondent they needed to order an ABG baseline and once they got the test results, they would call Respondent back. R.T. C obtained test results for the patient, called Respondent, and left a voicemail for Respondent with the test results. Respondent never called R.T. C back regarding the test results.

19. Later on August 27, 2021, Respondent arrived at the hospital. Respondent observed that his patient was not on BiPap.¹⁰ R.T. B was with a second patient at the time that Respondent arrived at the hospital. The medical team was trying to determine if the second patient required intubation. Respondent paged R.T. B and demanded that she leave the patient who might need intubation and immediately return to Respondent's patient. Upon arrival, Respondent immediately "ripped" into R.T. B in the public area of the emergency department in front of multiple witnesses. Respondent directly said to R.T. B, "Who do you think you are? I am a doctor. RTs act like they have authority in this hospital. You have no authority, and I'm here to

⁹ Arterial Blood Gas Analysis ("ABG").

¹⁰ Bilevel Positive Airway Pressure, a type of ventilator machine ("BiPap").

1 reel you in!" R.T. B asked Respondent if he had spoken to R.T. C. Respondent stated that R.T. C
2 had not called him but then Respondent checked his phone and saw that there was a voicemail
3 message from R.T. C. Respondent again asked R.T. B why the patient was not on BiPap. R.T. B
4 stated they had not received physician orders from Respondent, which needed to include
5 Respondent's requested settings for the machine. R.T. B could not place the patient on BiPap
6 without physician orders from Respondent.

7 20. Respondent then stated he did not know how to put orders into the system.
8 Respondent turned to a nurse who was nearby and asked him to put in orders for the patient.
9 Respondent told the nurse that R.T. B is "just an R.T.," and that a nurse must put the orders in.
10 Another nurse who was standing nearby told Respondent that R.T. B was the only person present
11 who could actually put the orders into the system correctly for the BiPap. A physician walked by
12 who overheard Respondent's comments about R.T. B and told Respondent that R.T. B's
13 "authority is implied in her title." After discussion, Respondent eventually asked R.T. B to sign
14 into the patient's medical chart and place the BiPap order. During Respondent's interactions with
15 R.T. B regarding this patient, Respondent told R.T. B he was going to "write her up." R.T. B was
16 never notified that Respondent wrote her up. R.T. B felt that she was "verbally assaulted" by
17 Respondent during her interactions on this patient and she wanted to quit her job as a result of
18 their interactions. Respondent's behavior, comments, and actions affected patient care by
19 delaying care for both Respondent's patient and the second patient that R.T. B was treating when
20 Respondent demanded that R.T. B immediately return to his patient.

21 November 14, 2021 Letter

22 21. Rideout's Medical Executive Committee ("MEC") convened a Focused Professional
23 Practice Evaluation ("FPPE") Committee to review Respondent's conduct as alleged in
24 paragraphs 14 through 20, as well as numerous other events where it was alleged Respondent
25 engaged in problematic and unprofessional interactions with medical staff at Rideout. Following
26 its review and assessment of interactions between Respondent and staff, the MEC sent a letter
27 dated November 14, 2021, to Respondent. The letter noted that the, "FPPE Committee concluded
28 that (Respondent's) behavior has indeed been inappropriate and has resulted in an adverse

1 working environment for the staff.” In the same letter, the MEC stated that during Respondent’s
2 meeting with the FPPE Committee, Respondent, “appeared to acknowledge the issues of (his)
3 perceived behavior and demonstrated some insight into the impact of your behavior on the staff as
4 well as on patient care.” The MEC letter noted that its letter, “will serve as a formal notice that
5 the complained behavior is inappropriate, inconsistent with the behavioral expectations of the
6 Medical Staff and constitutes a violation of your responsibilities as a Medical Staff member and
7 exposes both you and the Hospital to potential liability from patients and staff. Such behavior
8 cannot, and will not, be tolerated by the Medical Staff or the Hospital.” Finally, the MEC letter
9 noted that any further inappropriate behavior by Respondent, “will be promptly addressed by the
10 Medical Staff and may result in the imposition of appropriate corrective action, including a
11 suspension or revocation of your Medical Staff privileges.”

12 Relationship with Nurse D

13 22. Registered Nurse D (“Nurse D”) began working at Rideout in March 2017.
14 According to Nurse D, Respondent had a general reputation for being strict, mean, and rude to
15 nursing staff. Because of this, Nurse D paid extra attention to Respondent’s patients. Respondent
16 was in a position of power in comparison to Nurse D as Respondent was a physician and Nurse D
17 provided nursing care to Respondent’s patients under his direction. Starting in March 2020,
18 Respondent would tell his patients that were cared for by Nurse D that the patients were in “good
19 hands”. On or around March 2020, Respondent gave Nurse D a “side-hug” after they had
20 provided care to a patient. Nurse D was upset by the physical contact. A few days later,
21 Respondent texted Nurse D to meet him by the stairwell at the hospital. Nurse D felt compelled
22 to meet Respondent because she wanted to stay on his good side and she did not want him to be
23 mean and angry towards her. Nurse D met Respondent at the stairwell and Respondent hugged
24 her and attempted to kiss her. After this interaction, Respondent began texting Nurse D that he
25 wanted to see her at his medical office one day. At this time, Respondent was married and Nurse
26 D was engaged to get married.

27 23. On or beginning in April 2020 through December 2021, Nurse D and Respondent
28 engaged in a relationship. On or between April 2020 and December 2021, Respondent and Nurse

1 D shared text messages between each other regarding their relationship. In June 2020, Nurse D
2 and her fiancé observed Respondent standing at the stop sign near Nurse D's house and
3 Respondent stared at them as they left Nurse D's residence. Nurse D felt threatened by
4 Respondent being near her house.

5 24. On or around June or July 2020, Nurse D was in possession of a necklace with her
6 initials and her fiancé's initials on it. While Nurse D was at work at Rideout, Respondent asked
7 to see the necklace and Nurse D took the necklace off to show Respondent. Respondent snatched
8 the necklace from Nurse D. Over the following months, Nurse D would ask for the return of her
9 necklace but Respondent refused to return the necklace. Respondent would instead threaten to
10 show Nurse D's fiancé the text messages between them and expose their relationship to Nurse
11 D's fiancé. Respondent kept the necklace and used it to get Nurse D to do what he wanted her to
12 do, including having continued sexual contact. This continued on or between July 2020 and
13 December 2021. Based on Respondent's threats, Nurse D felt she had to continue a sexual
14 relationship with Respondent. Following her December 2020 marriage to her fiancé, Nurse D
15 thought that Respondent would return the necklace and end their relationship.

16 25. On or around January 2021, Nurse D's mother was diagnosed with cancer. Nurse D
17 was concerned her mother would not receive prompt treatment because of delays related to the
18 COVID-19 pandemic. Nurse D contacted Respondent to see if he could help expedite treatment
19 for her mother. Respondent agreed to help Nurse D. Respondent contacted a local surgeon who
20 was visiting Texas. The local surgeon agreed to see Nurse D's mother after office hours when the
21 surgeon returned to the area the following Monday. When Nurse D and her mother met with the
22 local surgeon, Respondent attended the appointment. Respondent also arranged for Nurse D's
23 mother to have expedited MRI/imaging studies that were completed approximately eight days
24 after the appointment with the local surgeon. The local surgeon asked Nurse D and her mother if
25 they wanted the local surgeon to perform a "partial or full" surgery. Nurse D reached out to
26 Respondent to discuss the matter. Respondent told Nurse D to come to his office. Nurse D went
27 to Respondent's office. When Nurse D arrived at Respondent's office he began touching and
28 kissing her. Respondent asked Nurse D if he could take photos of Nurse D's naked body. Nurse

1 D felt that in order to continue to receive Respondent's assistance with her mother, Nurse D had
2 no choice but to allow Respondent to take naked photos of her in his office.

3 26. On or about June 2021, Respondent brought cookies for Nurse D at work. Nurse D
4 did not want to accept the cookies at work because it might look suspicious to her co-workers.
5 Respondent became upset, informed Nurse D that she had "woken" him up, and that she was
6 "going to face consequences." Respondent threatened to visit Nurse D's husband at his place of
7 employment. Nurse D apologized to Respondent as she felt she had no choice.

8 27. On or about November 30, 2021, Respondent sent a text message to Nurse D, "I am
9 soo piss [sic] right now" and "I think this is going to get out of control because of YOU." On or
10 about December 3, 2021, Respondent saw Nurse D in the hospital. Nurse D tried to avoid him.
11 Respondent called Nurse D and told her that she needed to go to his office right away or he was
12 going to confront Nurse D's husband. Nurse D promised Respondent she would come to his
13 office the next day.

14 28. On or about December 4, 2021, Nurse D went to Respondent's office. Respondent
15 told Nurse D that if she engaged in sexual contact with him one last time that he would return the
16 necklace he had stolen and end their relationship. Nurse D had sexual contact with Respondent.
17 Nurse D asked for the necklace back and Respondent stated, "next time." Nurse D told
18 Respondent there would not be a "next time." Respondent told Nurse D she had to give him a
19 child and that she must do whatever he asked her to do because he was her "God."

20 29. On or about December 7, 2021, Respondent demanded that Nurse D either come to
21 his office or he was going to go to Nurse D's husband and tell Nurse D's husband about the
22 sexual relationship between Respondent and Nurse D. Respondent threatened to ruin Nurse D's
23 life, marriage and reputation. Respondent texted Nurse D that he was her "God" and she must
24 obey him. Respondent gave her ten minutes to get to his office. Nurse D arrived at Respondent's
25 office. Respondent took her keys and her wallet. Respondent demanded that Nurse D get naked,
26 lay on the exam table, and apologize for what she had done to him. Respondent and Nurse D
27 engaged in sexual contact even though Nurse D did not want to engage in sexual contact.

28 30. Following the incident on December 7, 2021, Respondent repeatedly tried to reach

1 out to Nurse D by text message. Nurse D, who was working at Rideout, tried to ignore him. On
2 December 8, 2021, Respondent began texting Nurse D at 7:59 am in the morning. In the text
3 messages, Respondent told Nurse D that it "is time to reveal this relationship" and that he was
4 driving over to Nurse D's fiancé's house. Respondent then texted Nurse D, "You want to test
5 me?" at approximately 8:19 am. At 8:30 am, Respondent began texting pictures of Nurse D's
6 fiancé's house to Nurse D. Respondent texted Nurse D that her fiancé was not home and that all
7 she was doing was making him "more upset." At 8:32 am, Respondent texted Nurse D,
8 "Remember(,) reputation first(,) then job(, and,) then marriage." At 8:39 am, Respondent texted
9 Nurse D, "How does it feel to be not in control(?)" Nurse D did not respond to these text
10 messages.

11 31. At 4:07 pm on December 8, 2021, Respondent texted Nurse D and stated, "I will see
12 you at the office at 5:20." At 4:09 pm, Respondent texted Nurse D, "If you don't show up then(,) I
13 will drive by his house and who knows what my mood will be. I hope he is at home by then(,)"
14 Respondent continued to text Nurse D with no response from Nurse D. At 5:26 pm, Respondent
15 left a voicemail on Nurse D's phone that stated, "Call me back NOW!" At 6:11 pm, Respondent
16 texted Nurse D as follows, "You know what I can't wait for you anymore at his home. I am
17 going back to office. I will try to wait for you at his home tomorrow." At 6:12 pm, Respondent
18 texted Nurse D, "Where are you? Are you still in hospital?" At 6:25 pm, Respondent texted
19 Nurse D as follows, "Ohh(,) you just left the hospital. I am going to the house. Answer my
20 phone now or I will come in." At 6:27 pm, Respondent left a voicemail on Nurse D's phone
21 where he stated, "Answer my fucking phone now or I will come in!" At 6:29 pm, Respondent
22 texted Nurse D and stated, "I am going back to his house now. Come out in 5 minutes or I will
23 come in." Respondent then texted Nurse D at 6:31 pm, "I am boiling up right now." At 6:36 pm,
24 Respondent texted Nurse D, "I am outside your house." Nurse D did not respond to these text
25 messages or voicemails.

26 32. On December 9, 2021, Respondent texted Nurse D at 7:54 am and stated, "Good
27 Morning." At 7:56 am, Respondent texted Nurse D and stated, "Too bad it has to end this way."
28 Respondent proceeded to text Nurse D and discuss the upcoming Rideout holiday party that was

1 scheduled to occur on December 17, 2021. Respondent noted he would attend the party where
2 Respondent expected Nurse D would be attending with her husband. At 8:09 am, Respondent
3 texted Nurse D, "You will never have a clear conscience until I forgive you so find a way to ask
4 for forgiveness. This will haunt you for life but then again I might be wrong as you are a
5 different animal." When Nurse D arrived at work, she saw Respondent's pickup pass by her in
6 the Rideout parking lot. Nurse D felt intimidated by seeing Respondent because Respondent was
7 on leave from the hospital at the time and was not supposed to be at the hospital. Nurse D did not
8 reply to his text messages. Respondent continued to leave voicemails on Nurse D's phone on
9 December 9, 2021, and December 10, 2021. At 11:24 am, on December 9, 2021, Respondent left
10 a voicemail for Nurse D as follows, "Oh come on now, don't block me yet. Let's play some
11 more. I know you're going to get this message and it's going to get deleted, okay, so don't block
12 me yet. Let's play some more, ok?" At 1:26 pm, on December 9, 2021, Respondent left a
13 voicemail for Nurse D as follows, "Oh come on baby, don't block me. I need to send you some
14 stuff. Come on now, stop playing games, okay? Bye."

15 33. On December 10, 2021, at 7:23 am, Respondent left a voicemail on Nurse D's phone
16 as follows, "Good morning my dear. I have a surprise for you today. Okay? By the end of the
17 day you will have a surprise. Bye." On December 10, 2021, when Nurse D arrived at work, she
18 observed Respondent's vehicle in the parking lot. At 9:25 am on December 10, 2021, one of
19 Nurse D's co-workers informed Nurse D that Respondent was still outside the hospital.
20 Respondent remained on leave from the hospital, and had no reason to be at the hospital.
21 Respondent then texted Nurse D nude photos of Nurse D. Nurse D was horrified and
22 embarrassed by the photos and deleted them. On or about December 13, 2021, Nurse D informed
23 Rideout's Human Resources Department that Respondent was engaging in stalking and harassing
24 behavior towards her.

25 Termination of Privileges

26 34. On or about December 13, 2021, Respondent's clinical privileges were summarily
27 suspended from Rideout following allegations that he had engaged in sexual harassment of a
28 hospital employee. On December 21, 2021, Rideout requested a temporary workplace restraining

1 order against Respondent, which a Court granted. Following Respondent's suspension, the MEC
2 recommended termination of his staff privileges. On January 6, 2022, Respondent formally
3 requested a hearing on the suspension. On April 6, 2022, Respondent withdrew his request for a
4 formal hearing and waived his right to a hearing on the suspension. Respondent's privileges at
5 Rideout were permanently terminated.

6 Board Interview

7 35. On or about December 19, 2022, Respondent was interviewed by the Medical Board.
8 Respondent acknowledged that Nurse D was his "Affair Partner" and that he had stipulated to a
9 workplace restraining order that protected Nurse D following the issuance of the temporary
10 workplace restraining order. Respondent invoked his Fifth Amendment Right against self-
11 incrimination approximately ninety-eight (98) times when asked specific questions related to his
12 relationship with Nurse D and the specific allegations that Respondent had engaged in threatening
13 and harassing behavior toward Nurse D. Respondent identified that it was his voice on the
14 voicemail left on Nurse D's phone at 11:24 am, on December 9, 2021.

15 FIRST CAUSE FOR DISCIPLINE

16 (Gross Negligence)

17 36. Respondent's license is subject to disciplinary action under sections 2227 and 2234,
18 subdivision (b), of the Code and the American Medical Association's Principles of Medical
19 Ethics I, II, IV, and VIII, and the American Medical Association's Code of Medical Ethics
20 Articles 9.1.3, 9.4.3, and 9.4.4, in that Respondent committed gross negligence in the following
21 separate and distinct ways. The circumstances are set forth in paragraphs 21 through 35, and those
22 paragraphs are incorporated by reference as if fully set forth herein.

23 37. Respondent committed gross negligence in the following ways:

24 A.) On or about June or July 2020, Respondent took Nurse D's necklace from
25 her person while she was working in a subservient role to Respondent as part of the medical
26 care team at Rideout. Over the following months, Respondent refused to give the necklace
27 back to Nurse D, using his possession of her necklace to request repeated sexual contact
28

1 with Nurse D. As such, Respondent engaged in the sexual harassment of Nurse D;
2 and,

3 B.) On or between December 7 through December 10, 2021, Respondent
4 engaged in sexually abusive behavior towards Nurse D, while she was working in a
5 subservient role to Respondent as part of the medical care team at Rideout. The sexually
6 abusive behavior included unwelcome sexual contact, stalking, threats, and texting
7 unwelcome nude photos to Nurse D. As such, Respondent engaged in the sexual
8 harassment of Nurse D.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Repeated Negligent Acts)**

11 38. Respondent's license is subject to disciplinary action under sections 2227 and 2234,
12 subdivision (c), of the Code and the American Medical Association's Principles of Medical
13 Ethics I, II, IV, and VIII, and the American Medical Association's Code of Medical Ethics
14 Articles 9.1.2, 9.1.3, 9.4.3, and 9.4.4, in that Respondent committed a series of distinct and simple
15 departures from the standard of care. The circumstances are set forth in paragraphs 13 through 37,
16 and those paragraphs are incorporated by reference as if fully set forth herein.

17 39. Complainant realleges each of the distinct and separate gross departures as set forth in
18 paragraph 37, as distinct and separate simple departures from the standard of care.

19 40. Respondent committed repeated negligent acts in the following additional ways:

20 A.) On or about April 12, 2021, Respondent was verbally abusive towards
21 Nurse A by providing criticism that was not offered in good faith and was not designed to
22 improve patient care but was instead offered to demean, shame, and humiliate Nurse A in
23 front of a group of nursing students;

24 B.) On or about August 27, 2021, Respondent was verbally abusive towards
25 R.T. B by providing criticism that was not offered in good faith and was not designed to
26 improve patient care but was instead offered to demean, shame, and humiliate R.T. B in
27 front of other hospital staff; and,
28

C.) On or about January 2021, Respondent attended a medical consultation appointment between Nurse D's mother, Nurse D, and a surgeon who was providing surgical care to Nurse D's mother. At the time of the medical consultation appointment, Respondent had no role in providing surgical care to Nurse D's mother. As such, Respondent should have refrained from creating a role that could compromise the care provided to Nurse D's mother, especially considering Respondent was in a sexual relationship with Nurse D who was acting as Nurse D's mother's third party support person.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

41. Respondent's license is subject to disciplinary action under sections 2227 and 2234, of the Code and the American Medical Association's Principles of Medical Ethics I, II, IV, and VIII, and the American Medical Association's Code of Medical Ethics Articles 9.1.2, 9.1.3, 9.4.3, and 9.4.4, in that Respondent committed general unprofessional conduct. The circumstances are set forth in paragraphs 13 through 40, and those paragraphs are incorporated by reference as if fully set forth herein.

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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 82188, issued to Dung Minh Tran, M.D.;
2. Revoking, suspending or denying approval of Dung Minh Tran, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Dung Minh Tran, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and,
4. Taking such other and further action as deemed necessary and proper.

DATED: JUL 25 2024

JENNA JONES FOR
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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