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

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| In the Matter of the Accusation Against:<br><br>Najeeb Khalil Ahmed Ansari, M.D.<br><br>Physician's and Surgeon's<br>Certificate No. A 63682<br><br>Respondent. | Case No. 800-2020-072507 |

## DECISION

The attached Stipulated Surrender of License and 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 August 15, 2025.

IT IS SO ORDERED August 8, 2025.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese
Executive Director

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
SARAH J. JACOBS
Deputy Attorney General
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*Attorneys for Complainant*

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

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| In the Matter of the Accusation Against:<br><br>**Najeeb Khalil Ahmed Ansari, M.D.**<br>**9 Ayesha Tower**<br>**Nashik 99 400160**<br>**INDIA**<br><br>**1431 Simpson Road #1120**<br>**Kissimmee, FL 34744-4604**<br><br>**Physician's and Surgeon's Certificate No. A 63682**<br><br>Respondent. | Case No. 800-2020-072507<br><br>OAH No. 2024020235<br><br>**STIPULATED SURRENDER OF LICENSE AND ORDER** |

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

## PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Sarah J. Jacobs, Deputy Attorney General.

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2. Najeeb Khalil Ahmed Ansari M.D. (Respondent) is represented in this proceeding by attorney Michael F. Ball, Esq., whose address is: McCormick Barstow, LLP, P.O. Box 28912, Fresno, CA, 93729-8912.

3. On or about October 17, 1997, the Board issued Physician's and Surgeon's Certificate No. A 63682 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2020-072507 and will expire on January 31, 2027, unless renewed.

## JURISDICTION

4. Accusation No. 800-2020-072507 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on November 8, 2023. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2020-072507 is attached as Exhibit A and incorporated by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2020-072507. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

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## CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2020-072507, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

## RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

## CONTINGENCY

12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

13. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. A 63682 without further notice to, or opportunity to be heard by, Respondent.

14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his

consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

15. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

**ADDITIONAL PROVISIONS**

16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

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17. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

18. In consideration of the foregoing admissions and stipulations, the parties agree the Executive Director of the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

**ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 63682, issued to Respondent Najeeb Khalil Ahmed Ansari M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2020-072507 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $130,961.75. prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of

California, all of the charges and allegations contained in Accusation No. 800-2020-072507 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

**ACCEPTANCE**

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

DATED: Jun 5, 2025

NAJEEB KHALIL AHMED ANSARI, M.D.
*Respondent*

I have read and fully discussed with Respondent Najeeb Khalil Ahmed Ansari, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 06/05/2025

MICHAEL F. BALL, ESQ.
*Attorney for Respondent*

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## ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: June 5, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

SARAH J. JACOBS
Deputy Attorney General
*Attorneys for Complainant*

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# Exhibit A

**Accusation No. 800-2020-072507**

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Attorney General of California
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Supervising Deputy Attorney General
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*Attorneys for Complainant*

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

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| In the Matter of the Accusation Against:<br><br>**Najeeb Khalil Ahmed Ansari, M.D.**<br>**9 Ayesha Tower**<br>**Nashik 99 400160**<br>**INDIA**<br><br>**Physician's and Surgeon's Certificate No. A 63682,**<br><br>Respondent. | Case No. 800-2020-072507<br><br>**A C C U S A T I O N** |

Complainant alleges:

**PARTIES**

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

2. On or about October 17, 1997, the Medical Board issued Physician's and Surgeon's Certificate Number A 63682 to Najeeb Khalil Ahmed Ansari, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2025, unless renewed.

## JURISDICTION

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

4. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code, states:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

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

(d) Incompetence.

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

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

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

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

**COST RECOVERY**

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

**DEFINITIONS**

8. Pediatric breast exams are performed to rate the Tanner sexual maturity at each well child visit from age 8 to 16. This scale rates a patient's sexual maturity from 1-5 (1 is pre-pubertal breasts, 2 is breast budding, and so on up to 5, which is adult breasts). Performing this exam requires brief visual inspection of the breasts which may include palpation of the breast tissue, but absent a complaint regarding the breasts, palpation of the breast tissue is not necessary. Breast examinations are not recommended for breast cancer screening in women younger than 25

years; however, breast examinations can provide an opportunity to educate the patient on what is normal and when to worry. Adolescents should be encouraged not to perform breast self-examinations because the adolescent then may inappropriately perform daily or weekly examinations with resultant milk production unrelated to pregnancy or lactation, or causing the patient to think that otherwise normal development is a symptom or indication of a disease or disorder.

9. Genitourinary exams are also part of Tanner sexual maturity ratings and require brief visual inspection of the genitalia. Examination of the external genitalia should be included as part of the annual comprehensive physical examination of children and adolescents of all ages. The physician looks for common abnormalities, such as lesions, labial adhesions, or vaginal discharge. To see the opening to the vaginal canal, one would typically grasp each labia majora between the thumb and index finger (left thumb/index finger of examiner to right labia majora and right thumb/index finger of examiner to left labia majora) and then gently pull the labia toward the sides or toward the examiner. In a sexually active female, one should test for chlamydia and gonorrhea. This test is most conveniently done by testing the patient's urine. If that test is not available or is not the clinic's standard practice, a vaginal swab can be inserted through the opening to the vaginal canal either by the examiner or the patient. Absent sexual activity or a problem disclosed or seen on exam suggesting an infection, a test is not medically necessary. A typical "pelvic exam," where the examiner inserts a speculum to view the cervix and perform a Pap smear, and the bimanual exam, where the examiner places the index and middle fingers well into the vagina and presses down on the abdomen with the other hand in an attempt to assess cervical motion tenderness and the uterine, ovarian, and tubal structures, is not necessary or standard in an adolescent. Pap smears are not required until adulthood. Assessment of cervical motion tenderness would be performed if one has reason to suspect pelvic inflammatory disease. The rest of the bimanual exam would not be performed absent a presenting problem.

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10. A motor/coordination exam is performed by asking the patient to jump up and down on each foot separately. It tests coordination and is typically performed on preschool and elementary school aged children.

11. A spine inspection is performed to assess for scoliosis (curvature of the spine). The patient is asked to bend over about half-way toward toe touching. The examiner is typically behind the patient. Palpation is usually not necessary -- it is typically a visual inspection for bumps, humps, and obvious deformities.

## FACTUAL ALLEGATIONS

12. At all times relevant to the charges brought herein, Respondent was employed as a locum tenens physician[1] at a clinic in Fresno, California. Each of the patients discussed below saw Respondent for a general checkup (also known as a well-child exam or "physical").

13. Each of the patients discussed below presented to Respondent one time only. For each of these visits, clinic staff would escort patients to an exam room, and ask the patient to get undressed and put on a paper gown for the exam. Patients, parents, and staff tend to interpret how much the patient should undress somewhat differently -- some patients are entirely naked under the gown, some remove their bra but not their underwear, and some leave on their bra and underwear. When Respondent enters the exam room, the patient is sitting on the exam table wearing the gown. Respondent then performs (or attempts to perform) a general pediatric well visit, and head to toe physical examination, including: breast exam; genitourinary exam; spine inspection, asking the patients to bend over; and motor/coordination exam.

### Circumstances related to Patient A[2]

14. Patient A had a single visit with Respondent, which occurred on or about October 28, 2020, when she was approximately thirteen years old. Patient A's blood pressure was 133/87 which was flagged in red and noted as representing Stage 1[3] hypertension per the 2017 AAP

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[1] Locum tenens providers work at healthcare facilities on a temporary, contract basis to fill gaps in care or occupy vacant positions until a full-time provider can be found.

[2] Patients are referred to by letter to protect their privacy.

[3] Stage 1 hypertension is a blood pressure reading ranging from 130 to 139 (systolic) over 80 to 89 (diastolic). Stage 2 hypertension is a blood pressure reading ranging from 140 or higher (systolic) over 90 or higher (diastolic).

(American Academy of Pediatrics) guidelines in the chart. Respondent's assessment and plan do not mention Patient A's blood pressure. Respondent documented for the chest/lung exam that he was unable to listen to Patient A's full heart, lungs, arteries, and abdomen because Patient A did not want to remove her bra. Respondent documented that Patient A refused the genitourinary exam. During the visit, a medical assistant (MA), interpreted for Respondent's conversations with Patient A, who spoke Spanish. Respondent told the MA to ask Patient A to remove her bra, and repeated the request three times despite both Patient A shaking her head no and her mother who was also in the room stating no. Respondent told the MA to have Patient A remove her underwear because he needed to stick his fingers inside Patient A to check her. The MA did not translate Respondent's request to Patient A because it made her uncomfortable. Patient A was on her menstrual period and the MA told this to Respondent, so a genitourinary exam was not performed.

**Circumstances related to Patient B**

15. Patient B had a single visit with Respondent, which occurred on or about October 29, 2020, when she was approximately fifteen years old. An MA was present during the entire exam. Respondent documented that Patient B had been sexually active for five months, with sexual activity occurring approximately every two weeks, and that Patient B indicated that she used condoms every time. Respondent documented Patient B's menstrual history. Respondent documented performing a full breast exam to rule out breast cancer with findings that her breasts were symmetric, no dominant or suspicious mass, no skin or nipple changes, and no abnormalities of the lymph nodes in Patient B's armpits (axillary adenopathy). Respondent performed a genitalia exam and performed a pelvic exam with a speculum and bimanually with normal findings. Respondent performed a vaginal swab test for chlamydia, gonorrhea, and candida. Respondent did not offer Patient B the option to self-swab. Respondent did not order a urine test for chlamydia and gonorrhea instead of the swab. Respondent documented that Patient B had confided in her aunt about sexual activity and would return for contraception with the aunt. Respondent performed a spine exam of Patient B, when she had her underwear on, and noted a significant lump on the right side of her spine for which he ordered imaging films.

**Circumstances related to Patient C**

16. Patient C had a single visit with Respondent, which occurred on or about October 1, 2020, when she was approximately fifteen years old. Respondent documented a menstrual history (menarche age 13, monthly periods, heavy flow) and Patient C's denial of sexual activity. Respondent performed a palpation exam of Patient C's breasts and determined them to be Tanner stage 3, small sized, left smaller than right, with nipples normal for age. Before Respondent performed a genitourinary exam, he asked Patient C to remove her underwear. However, when she did so slowly, he took over and stripped them off Patient C. Respondent inquired about Patient C's sexual activity when she was naked on the exam table, with her legs spread and while he was examining her genitalia. When Patient C responded in the negative as to engaging in sexual activity, Respondent asked her about using "anything else" and specifically about masturbating and using sex toys. Respondent did not explain the genitourinary exam he intended to perform on Patient C before beginning to examine her, nor did he tell her what he was going to do immediately before or while touching her. Respondent's findings from the genitourinary exam noted Patient C as Tanner stage 4 with normal vulva, no vaginal discharge, and negative result on the rectal guaiac test. The MA in attendance and Patient C felt uncomfortable with the manner in which Respondent examined Patient C's breasts and genitourinary area.

**Circumstances related to Patient D**

17. Patient D had a single visit with Respondent, which occurred on or about October 26, 2020, for a well-child check, when she was approximately fifteen years old. Patient D's history describes issues with anxiety and panic and a desire to see behavioral health. There is no mental health history documented. Upon depression screening, Patient D responded that nearly every day she had little interest or pleasure in doing things. Patient D also responded in the affirmative to questions about fatigue, little energy, feeling bad about herself or feeling a failure or feeling she was letting down family, and had trouble concentrating nearly every day. Patient D indicated on a form that she did not have thoughts of self-harm or feeling she would be better off dead, but Respondent did not inquire further of Patient D in this regard. Patient D was also screened for and found to have mild anxiety. Respondent noted that an appointment was made for Patient D

for behavioral therapy, but did not conduct a detailed history regarding Patient D's mental health issues, and a referral for behavioral therapy was not actually made. Respondent did not prescribe any antidepressants for Patient D. Respondent did not document Patient D's menstrual or sexual history. Respondent examined Patient D's breasts by placing both of his hands on her breasts simultaneously and squeezing them, after which he pulled on both of her nipples simultaneously. Respondent did not assess or document the Tanner stage of Patient D's breasts, but noted an otherwise complete exam to rule out breast cancer (breasts not symmetric, no dominant or suspicious mass, no skin or nipple changes, and no axillary adenopathy). Respondent performed a genitourinary exam on Patient D. Immediately before the exam, Patient D pulled her underwear down to her knees and Respondent removed them the rest of the way. Respondent did not explain the genitourinary exam he intended to perform on Patient D before beginning to examine her, nor did he tell her what he was going to do immediately before or while touching her. Respondent did not assess or document the Tanner stage of Patient D's genitalia, but noted normal genitalia and that a pelvic exam was not done. The MA in attendance and Patient D felt uncomfortable with the manner in which Respondent examined Patient D's breasts and genitourinary area. Respondent documented Patient D's obesity and his counseling, ordered tests, and referred her to the nutrition clinic.

**Circumstances related to Patient E**

18. Patient E had a single visit with Respondent, which occurred on or about October 27, 2020, for a well-child check, when she was approximately seventeen years old. Respondent did not obtain or document a menstrual or sexual history from Patient E. Respondent conducted a complete breast exam to rule out cancer and noted Patient E's breasts were symmetric, no dominant or suspicious mass, no skin or nipple changes, and no axillary adenopathy. Respondent did not explain the genitourinary exam he intended to perform on Patient E before beginning to examine her, nor did he tell her what he was going to do immediately before or while touching her. Respondent conducted a genitourinary exam on Patient E. Respondent documented that Patient E had normal female genitalia and noted that a pelvic exam was not needed. To examine Patient E's spine, Respondent stood behind Patient E and directed Patient E

to bend over while she was not wearing underwear, which exposed her naked genitalia to Respondent when Patient E bent over. Because Patient E did not bend over properly, Respondent asked Patient E to bend over three times. The MA in attendance and Patient E felt uncomfortable with the manner in which Respondent examined Patient E's breasts, genitourinary area, and spine. Though Respondent asked about Patient E's sexual history, he did not document a sexual or menstrual history in Patient E's records. Obesity was identified as a problem and Patient E was referred to the nutrition clinic.

**Circumstances related to Patient F**

19. Patient F had a single visit with Respondent, which occurred on or about October 21, 2020, for a well-child check, when she was approximately sixteen years old. Patient F complained of skin problems and heavy menstrual flow. Respondent did not obtain or document further menstrual history, nor any sexual history. Respondent physically examined Patient F and diagnosed mild hypertension and obesity. Respondent conducted a complete breast exam to rule out cancer with findings of breast symmetry, no dominant or suspicious mass, no skin or nipple changes, and no axillary adenopathy. Before examining her breasts, Respondent asked Patient F to lower her bra. Patient F lowered her bra a little bit, but left the straps on her shoulders. Respondent then removed the straps from Patient F's shoulders to completely expose her breasts. Respondent did not assess Patient F's breasts for or document their Tanner staging. Patient F was on her period, so Respondent did not examine her genitalia. Respondent diagnosed Patient F's skin as normal. Respondent documented that Patient F had heavy menstrual flow and documented the possibility of polycystic ovary syndrome[4] (PCOS) given this heavy flow and obesity. Respondent did a point of care anemia test, which was positive for mild anemia. Respondent diagnosed Patient F with anemia and eczema. Respondent noted PCOS as a possible issue, given Patient F being overweight and her heavy menstrual flow. Respondent indicated that Patient F was to return for recheck in three months. Despite diagnosing Patient F with eczema and anemia, Respondent made no recommendations and did not give Patient F prescriptions for

[4] Polycystic ovary syndrome is a condition in which the ovaries produce an abnormal amount of androgens, male sex hormones that are usually present in women in small amounts.

treating either the eczema or anemia. Respondent did not order any laboratory tests for Patient F's obesity.

**Circumstances related to Patient G**

20. Patient G had a single visit with Respondent, which occurred on or about October 21, 2020, for a well-child check, when she was approximately eleven years old. Respondent documented no parental medical concerns and a history for Patient G of left foot deformity, ankle surgery, and wearing of a shoe insert. Respondent removed Patient G's bra to expose her breasts and conducted a complete breast exam to rule out cancer. However, Respondent did not assess or document any findings or Tanner staging from the breast exam of Patient G. Respondent conducted a genitourinary exam and documented normal findings, but did not document Tanner staging. Respondent documented orthopedic findings and scoliosis, ordered radiographs of Patient G's elbow and spine, and referred her to orthopedics.

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

21. Respondent's Physician's and Surgeon's Certificate No. A 63682 is subject to disciplinary action under section 2227, as defined by 2234, subdivision (b), of the Code, in that he engaged in act(s) amounting to gross negligence in his care and treatment of Patient A, Patient C, Patient D, and Patient F. The circumstances are set forth in paragraphs 14, 16, 17, and 19 above, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

**Provider Sensitivity Regarding Examination of Breasts and Genitals**

22. The standard of care for a provider taking a history from and performing a physical exam on an adolescent requires the utmost sensitivity. This is especially true for inquiries the adolescent would regard as "private," such as sexuality and sexual intimacy, and exams of the breasts and genitalia. The adolescent and parent need to be properly prepared for the questions and the anticipated exam, so the experience is not a negative one. History should be taken with the patient fully clothed, especially sensitive history about sexual activity.

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23. Respondent's interaction with Patient A lacked requisite sensitivity in that he did not adequately prepare the patient and parent in an empathetic manner for the gynecologic part of the exam he intended to perform. Respondent's request for the MA to interpret his statement to Patient A to remove her underwear because he needed to stick his fingers inside her to check her, or any statement to that effect, constitutes gross negligence.

24. Respondent's interaction with Patient C lacked requisite sensitivity in that he did not adequately prepare the patient and parent in an empathetic manner for the gynecologic part of the exam he intended to perform. Respondent's stripping off Patient C's underwear when she was removing the garment too slowly, inquiring about sexual activity when Patient C was naked on the exam table with her legs spread and genitalia being examined, and asking Patient C about the use of sex toys and masturbation, constitute gross negligence.

**Breast Exams**

25. Inspection of the breasts for Tanner staging in pediatric patients is within the standard of care. Inspection for this purpose should be brief. While palpation of the breasts is not necessary to rule out breast cancer at this age, some physicians do perform a standard breast exam to demystify the procedure, normalize it for the patient, and provide education. However, it is not within the standard of care for a physician to place both of the patient's breasts or nipples in each of his hands or fingers simultaneously. Respondent's placing both of Patient D's breasts and nipples in each of his hands or fingers at the same time constitutes gross negligence.

**Behavioral Health History/Questionnaire**

26. When patient questionnaires are used, the standard of care dictates that the physician is responsible for noting and acting upon important positive answers. When a patient states that they are having mental health issues, the standard of care requires the physician to document potential for suicidality. Respondent's documentation regarding Patient D's mental health issues is inappropriately brief. It is somewhat unusual for an adolescent, such as Patient D, to request psychotherapy on her own. It may be a sign of maturity, seriousness of the condition, or both. Respondent did not note reviewing the depression questionnaire that Patient D filled out, which suggests moderate depression, as opposed to the history given by the patient of anxiety and panic.

Although Respondent documented he was making an appointment with a mental health provider, neither Patient D, nor her mother received notice of any such appointment, nor is an actual referral documented in the medical record. Respondent's failure to review Patient D's responses to the depression questionnaire, take an in depth history and documentation regarding danger to self and others and some indication of how serious the condition(s) may be in Patient D, who related anxiety, panic and a desire for psychotherapy, constitutes gross negligence.

**Anemia**

27. When indicated by history or physical exam, the standard of care requires a physician to evaluate menstruating females for anemia and treat the condition appropriately. The standard of care also requires that, when a menstruating female raises the issue of heavy menstrual flow, the physician must take and document a full menstrual and sexual history and respond appropriately. Respondent documented that Patient F had heavy menstrual flow and documented the possibility of polycystic ovary syndrome (PCOS) given Patient F's heavy flow and obesity. Respondent did a point of care anemia test, which was positive for mild anemia. Respondent diagnosed Patient F with anemia. Despite diagnosing Patient F with anemia, Respondent did not prescribe iron to ameliorate the anemia, to at least try to prevent it from worsening due to menstrual blood loss. The standard of care requires a full menstrual and sexual history of patients with heavy menstrual flow, including age of menarche, whether menstrual cycle was regular or irregular, number of days of bleeding, heaviness of bleeding (e.g. pads/day), presence or absence of significant pain (e.g. need for over the counter pain medication), interference with daily life (e.g. missed school), and whether the patient was sexually active and possibly pregnant. Respondent's failure to both conduct a full menstrual and sexual history of Patient F after diagnosing her with anemia and to prescribe iron to ameliorate the anemia constitutes gross negligence.

**SECOND CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

28. Respondent's Physician's and Surgeon's Certificate No. A 63682 is subject to disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code,

in that he committed multiple acts and/or omissions constituting negligence in his care and treatment of Patient A, Patient B, Patient C, Patient D, Patient E, Patient F, and Patient G. The circumstances are set forth in paragraphs 12 through 20, and 22 through 27 above, which are incorporated here by reference as if fully set forth herein, and are hereby alleged as separate and distinct acts of negligence. Additional circumstances are as follows:

**High Blood Pressure**

29. The standard of care dictates that blood pressure should be measured at all preventive care visits and proper counseling, treatment, follow-up, and referrals should be provided and documented as necessary. If elevated blood pressure is suspected, it should be confirmed with additional testing. For the first visit where Stage 1 hypertension is confirmed, the patient should have lifestyle counseling and arrangements made for a second visit in one to two weeks' time. Patient A's high blood pressure was highlighted in red on the note Respondent signed in her chart with an additional indication that it represented Stage 1 hypertension. Respondent's failure to ask that the blood pressure measurement be taken again by auscultation[5] to ensure it was correct; failure to note Patient A's hypertension as a problem; failure to advise Patient A about nutrition and exercise, and note it as an issue where 1-2 week follow up was necessary constitutes negligence.

**Eczema**

30. The standard of care dictates that identified medical problems should be documented and treated accordingly. Respondent documented Patient F's concern with skin problems for which he diagnosed her with eczema. However, his failure to document a management plan and to prescribe medications for the routine management of eczema (e.g. steroid cream, antihistamines, or barrier creams) constitutes negligence.

**Pelvic Exam**

31. The standard of care dictates that Tanner (sexual maturity) staging should be performed and documented annually from ages six through sixteen years to assess normal

[5] Taking blood pressure by auscultation is the action of utilizing a blood pressure cuff and a stethoscope to measure a patient's blood pressure.

development through adolescence. At a minimum, examination of the external genitalia should be included as part of the annual comprehensive physical examination of children and adolescents of all ages. A speculum exam is not necessary as Pap smears (to screen for cervical cancer) are not recommended until age twenty-one or until the patient has been sexually active for three years. A manual exam would only be necessary based on a history, such as one that suggested the possibility of pelvic inflammatory disease. Chlamydia and gonorrhea tests should be performed on sexually active patients -- the specimen can be taken via urine or a vaginal swab obtained by the physician or the patient herself. Inspection of the genitourinary area for sexual maturity rating and evaluation for discharge and lesions in a sexually active teen female is standard, recommended practice, as is obtaining a specimen for chlamydia and gonorrhea testing. Since the test can be done with urine, many practitioners spare the patient the insertion of a swab into the vagina, but it is unknown whether this clinic had the urine test available or did the urine test as opposed to the vaginal swab as a matter of routine. Patient B did not require a full pelvic exam (bimanual and speculum), as Pap smear of the cervix is not indicated at this age and there were no complaints that would require palpation of the cervix, ovaries, uterus, and tubes. Respondent's performing a bimanual and speculum exam on Patient B constitutes negligence.

**Tanner Staging After Genitourinary Exam**

32. The standard of care dictates that Tanner sexual maturity staging should be performed and documented annually from ages six through sixteen years to assess normal development through adolescence. At a minimum, examination of the external genitalia should be included as part of the annual comprehensive physical examination of children and adolescents of all ages. Respondent's failure to document Patient D's Tanner stage after performing a genitourinary exam constitutes negligence.

**Removal of Underwear for Genitourinary/Pelvic Exam**

33. Removal of the underwear is necessary to examine the external genitalia and perform Tanner sexual maturity rating. The standard of care requires the patient be asked and allowed to remove her own underwear. Respondent's taking over and stripping off of Patient C's underwear when he felt she was removing her underwear too slowly constitutes negligence. Respondent's

taking over and stripping off of Patient D's underwear when he felt she was removing her underwear too slowly constitutes negligence.

**Removal of Undergarment for Breast Exam**

34. The standard of care dictates that patients should remove their own clothing. Respondent's lowering Patient F's bra straps from off her shoulders to expose her breasts constitutes negligence. Respondent's lowering Patient G's bra straps from off her shoulders to expose her breasts constitutes negligence.

**Tanner Staging After Breast Exam**

35. The standard of care dictates that Tanner sexual maturity staging should be performed and documented annually from ages six through sixteen years to assess normal development through adolescence. Respondent's failure to document Patient D's Tanner stage after performing a breast exam constitutes negligence. Respondent's failure to document Patient F's Tanner stage after performing a breast exam constitutes negligence. Respondent's failure to document Patient G's Tanner stage after performing a breast exam constitutes negligence.

**Documentation of Sexual and Menstrual History**

36. The standard of care requires menstrual and sexual history to be obtained, documented, and responded to accordingly. Despite asking Patient E about sexual activity, Respondent failed to document Patient E's sexual or menstrual history in her medical record, which constitutes negligence.

37. When indicated by history or physical exam, the standard of care requires physicians to evaluate menstruating females for anemia and treat the condition appropriately. When a menstruating female raises the issue of heavy menstrual flow, the standard of care requires the physician to take and document a full menstrual and sexual history and respond appropriately. Respondent documented Patient F as having a heavy menstrual flow. The heavy menstrual flow should have prompted a full menstrual and sexual history including age of menarche, whether menstrual cycle was regular or irregular, number of days of bleeding, heaviness of bleeding (e.g. pads/day), presence or absence of significant pain (e.g. need for over the counter pain medication), interference with daily life (e.g. missed school), and whether the patient was

sexually active and possibly pregnant. Respondent's failure to obtain and document a full menstrual and sexual history of Patient F constitutes negligence.

**THIRD CAUSE FOR DISCIPLINE**

**(Incompetence)**

38. Respondent's Physician's and Surgeon's Certificate No. A 63682 is subject to disciplinary action under section 2227, as defined by section 2234, subdivision (d), of the Code, in that he committed an act or acts demonstrating incompetence in his care and treatment of Patient A, Patient B, Patient C, Patient D, Patient E, Patient F, and Patient G. The circumstances are set forth in paragraphs 12 through 20 above, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

39. The standard of care dictates that breast examinations are not recommended for breast cancer screening in women younger than twenty-five years per the American College of Obstetrics and Gynecology; however, breast examinations can provide an opportunity to educate on what is normal and when to worry. The standard of care also dictates that adolescents not be encouraged to perform breast self-examinations because the adolescent then may inappropriately perform daily or weekly examinations with resultant milk production unrelated to pregnancy or lactation, or may cause the patient to think that otherwise normal development is a symptom or indication of a disease or disorder. Respondent's documented findings from examining Patient B's breasts (pertaining to a lack of suspicious masses, skin changes, and enlarged lymph nodes) to rule out cancer was inappropriate at Patient B's age and constitutes a lack of knowledge. To the extent that Respondent examined Patient C's breasts to rule out cancer, it was inappropriate at Patient C's age and constitutes a lack of knowledge. Respondent's documented findings from examining Patient D's breasts (pertaining to a lack of suspicious masses, skin changes, and enlarged lymph nodes) to rule out cancer was inappropriate at Patient D's age and constitutes a lack of knowledge. Respondent's documented findings from examining Patient E's breasts (pertaining to a lack of suspicious masses, skin changes, and enlarged lymph nodes) to rule out cancer was inappropriate at Patient E's age and constitutes a lack of knowledge. Respondent's documented findings from examining Patient F's breasts (pertaining to a lack of suspicious

masses, skin changes, and enlarged lymph nodes) to rule out cancer was inappropriate at Patient F's age and constitutes a lack of knowledge. Respondent's documented findings from examining Patient G's breasts (pertaining to a lack of suspicious masses, skin changes, and enlarged lymph nodes) to rule out cancer was inappropriate at Patient G's age and constitutes a lack of knowledge.

40. The standard of care dictates that taking a history from and performing a physical exam on an adolescent requires the utmost sensitivity. This is especially true for inquiries the adolescent would regard as "private," such as sexuality and sexual intimacy, and exams of the breasts and genitalia. The standard of care requires that the adolescent and parent be properly prepared for the questions and the anticipated exam, so the experience is not a negative one. Respondent's failure to adequately prepare Patient A and her parent in an empathetic manner for the exam of her breasts and the gynecologic part of the exam he intended to perform and his failure to talk the patient through the exam as he was performing it on Patient A, constitutes a lack of knowledge. Respondent's failure to adequately prepare Patient C and her parent in an empathetic manner for the exam of her breasts and the gynecologic part of the exam he intended to perform and his failure to talk the patient through the exam as he was performing it on Patient C, constitutes a lack of knowledge. Respondent's failure to adequately prepare Patient D and her parent in an empathetic manner for the exam of her breasts and the gynecologic part of the exam he intended to perform and his failure to talk the patient through the exam as he was performing it on Patient D, constitutes a lack of knowledge. Respondent's failure to adequately prepare Patient E and her parent in an empathetic manner for the exam of her breasts and the gynecologic part of the exam he intended to perform and his failure to talk the patient through the exam as he was performing it on Patient E, constitutes a lack of knowledge.

**FOURTH CAUSE FOR DISCIPLINE**

**(Failure to Maintain Adequate Records)**

41. Respondent's Physician's and Surgeon's Certificate No. A 63682 is subject to disciplinary action under section 2227, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records in connection with his care and treatment of Patient A,

Patient B, Patient C, Patient D, Patient E, Patient F, and Patient G as more particularly alleged in paragraphs 12 through 20, 22 through 27, and 29 through 38 above, which are hereby incorporated by reference as if fully set forth herein.

**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 63682, issued to Respondent Najeeb Khalil Ahmed Ansari, M.D.;

2. Revoking, suspending or denying approval of Respondent Najeeb Khalil Ahmed Ansari, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Najeeb Khalil Ahmed Ansari, 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: NOV 08 2023

Jenna Jones For
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
*Complainant*

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