

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

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

Roger James Bindra, M.D.

**Physician's and Surgeon's
Certificate No. A 55101**

Case No.: 800-2018-042535

Respondent.

DECISION

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

This Decision shall become effective at 5:00 p.m. on April 6, 2022.

IT IS SO ORDERED: March 7, 2022.

MEDICAL BOARD OF CALIFORNIA



**Laurie Rose Lubiano, J.D., Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JASON J. AHN
Deputy Attorney General
4 State Bar No. 253172
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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:

15 **ROGER JAMES BINDRA, M.D.**
16 **500 S. Anaheim Hills Rd.**
Ste. 110
Anaheim, CA 92807

17 **Physician's and Surgeon's**
18 **Certificate No. A 55101**

19 Respondent.

Case No. 800-2018-042535

OAH No. 2021040159

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
25 California (Board). He brought this action solely in his official capacity and is represented in this
26 matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn, Deputy
27 Attorney General.

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1 **CULPABILITY**

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
4 800-2018-042535, a copy of which is attached hereto as Exhibit A, and that he has thereby
5 subjected his Physician's and Surgeon's Certificate No. A 88590 to disciplinary action.

6 10. Respondent fully agrees that if an accusation is ever filed against him before the
7 Medical Board of California, all of the charges and allegations contained in Accusation No. 800-
8 800-2018-042535 shall be deemed true, correct, and fully admitted by Respondent for purposes of
9 that proceeding or any other licensing proceeding involving Respondent in the State of California.

10 11. Respondent fully agrees that his Physician's and Surgeon's Certificate No. A 88590
11 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set
12 forth in the Disciplinary Order below.

13 **CONTINGENCY**

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

24 13. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null
25 and void and not binding upon the parties unless approved and adopted by the Board, except for
26 this paragraph, which shall remain in full force and effect. Respondent fully understands and
27 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and
28 Disciplinary Order, the Board may receive oral and written communications from its staff and/or

1 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify
2 the Board, any member thereof, and/or any other person from future participation in this or any
3 other matter affecting or involving Respondent. In the event that the Board does not, in its
4 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the
5 exception of this paragraph, it shall not become effective, shall be of no evidentiary value
6 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party
7 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order
8 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any
9 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this
10 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

11 **ADDITIONAL PROVISIONS**

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

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

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

21 **DISCIPLINARY ORDER**

22 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 55101 issued
23 to Respondent Roger James Bindra, M.D. is revoked. However, the revocation is stayed and
24 Respondent is placed on probation for five (5) years on the following terms and conditions:

25 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
26 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
27 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
28 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at

1 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
2 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
3 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
4 completion of each course, the Board or its designee may administer an examination to test
5 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
6 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

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

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

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

21 The program has the authority to determine whether or not Respondent successfully
22 completed the program.

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

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1 4. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
2 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
3 where: 1) Respondent merely shares office space with another physician but is not affiliated for
4 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
5 location.

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

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

19 5. THIRD PARTY CHAPERONE. During probation, Respondent shall have a third
20 party chaperone present while consulting, examining or treating female patients. Respondent
21 shall, within 30 calendar days of the effective date of the Decision, submit to the Board or its
22 designee for prior approval name(s) of persons who will act as the third party chaperone.

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

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1 Each third party chaperone shall sign (in ink or electronically) and date each patient
2 medical record at the time the chaperone's services are provided. Each third party chaperone
3 shall read the Decision(s) and the Accusation(s), and fully understand the role of the third party
4 chaperone.

5 Respondent shall maintain a log of all patients seen for whom a third party chaperone is
6 required. The log shall contain the: 1) patient initials, address and telephone number; 2) medical
7 record number; and 3) date of service. Respondent shall keep this log in a separate file or ledger,
8 in chronological order, shall make the log available for immediate inspection and copying on the
9 premises at all times during business hours by the Board or its designee, and shall retain the log
10 for the entire term of probation.

11 Respondent is prohibited from terminating employment of a Board-approved third party
12 chaperone solely because that person provided information as required to the Board or its
13 designee.

14 If the third party chaperone resigns or is no longer available, Respondent shall, within five
15 (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for
16 prior approval, the name of the person(s) who will act as the third party chaperone. If Respondent
17 fails to obtain approval of a replacement chaperone within 30 calendar days of the resignation or
18 unavailability of the chaperone, Respondent shall receive a notification from the Board or its
19 designee to cease the practice of medicine within three (3) calendar days after being so notified.
20 Respondent shall cease the practice of medicine until a replacement chaperone is approved and
21 assumes monitoring responsibility.

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

1 calendar days.

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

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

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

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

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

14 10. GENERAL PROBATION REQUIREMENTS.

15 Compliance with Probation Unit

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

17 Address Changes

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

23 Place of Practice

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

27 License Renewal

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

1 license.

2 Travel or Residence Outside California

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

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

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

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

26 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
27 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
28 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program

1 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
2 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

5 Periods of non-practice for a Respondent residing outside of California will relieve
6 Respondent of the responsibility to comply with the probationary terms and conditions with the
7 exception of this condition and the following terms and conditions of probation: Obey All Laws;
8 General Probation Requirements; Quarterly Declarations.

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

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

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

1 application shall be treated as a petition for reinstatement of a revoked certificate.

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

7 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
8 a new license or certification, or petition for reinstatement of a license, by any other health care
9 licensing action agency in the State of California, all of the charges and allegations contained in
10 Accusation No. 800-2018-042535 shall be deemed to be true, correct, and admitted by
11 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
12 restrict license.

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1 ACCEPTANCE


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

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8 DATED: 10/28/21

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10 ROGER JAMES BINDRA, M.D.
Respondent

11 I have read and fully discussed with Respondent Roger James Bindra, M.D. the terms and
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
13 I approve its form and content.

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15 DATED: October 29, 2021

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17 RAYMOND J. MCMAHON, ESQ.
18 Attorney for Respondent
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ENDORSEMENT

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

DATED: November 16, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
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14 In the Matter of the Accusation Against:

Case No. 800-2018-042535

15 **ROGER JAMES BINDRA, M.D.**
500 S Anaheim Hills Rd, Ste. 110
16 Anaheim, CA 92807

A C C U S A T I O N

17 **Physician's and Surgeon's Certificate**
No. A 55101,

Respondent.

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20 **PARTIES**

21 1. William Prasifka (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 November 1, 1995, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 55101 to Roger James Bindra, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on September 30, 2021, unless renewed.

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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, in pertinent part:

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.

"..."

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.

7. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 55101 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A,¹ as more particularly alleged hereinafter:

9. On or about February 2, 2015 Patient A first presented to Respondent for a wellness exam. Patient A was a twelve (12) year-old female at that time. According to the medical records, Patient A was essentially healthy and started menarche² one month prior. As to tanner stages,³ Patient A was at stage 4 for pubic and breast areas. According to the medical records,

¹ References to "Patient A" are used to protect patient privacy.

² Menarche refers to the first occurrence of menstruation.

³ Tanner Staging, also known as Sexual Maturity Rating (SMR), is an objective

1 physical examination revealed a mild scoliosis curve that was estimated at 5 ~ 8 degrees and a
2 recheck in four (4) months was recommended. Patient A was 5'2" at this visit.

3 10. On or about February 17, 2015 Patient A returned to Respondent and received
4 vaccine updates.

5 11. On or about March 10, 2015, Patient A returned to Respondent and received vaccine
6 updates.

7 12. On or about June 1, 2015, Patient A presented to Respondent. According to the
8 medical records, Respondent rechecked Patient A's scoliosis and the condition was deemed to be
9 stable. A recheck in four (4) months was recommended. Respondent diagnosed Patient A with
10 mild papular acne⁴ and prescribed Clindagel.⁵

11 13. On or about October 16, 2015, Patient A returned to Respondent. According to the
12 medical records, Patient A was described as happy with the acne results, but Respondent
13 concluded that the scoliosis was clinically worse on physical examination. Respondent ordered
14 an x-ray examination and it revealed a scoliosis curve of 7 degrees. A scoliosis curve of 7
15 degrees is within the normal variant range of less than 9 degrees.

16 14. On or about January 6, 2016, Patient A returned to Respondent for her 13 year-old
17 well examination. According to the medical records, Patient A was now 5'4" and had minimal
18 acne on exam, fibrocystic changes in tanner stage 4 breasts, and was "nearing skeletal maturity."
19 The physical examination was otherwise normal.

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24 _____
25 classification system that provides users to document and track development and sequence of
secondary sex characteristics of children during puberty.

26 ⁴ Papular acne is a type of inflamed blemish, which develops when the hair follicle, or the
pore, becomes clogged with skin cells and excess oil.

27 ⁵ Clindagel (clindamycin) is an antibiotic, which can treat various types of infections,
28 including skin and vaginal infections.

1 15. For the rest of 2016, Patient A returned to Respondent on seven (7) more occasions to
2 recheck her rash and scoliosis. According to the medical records, Respondent diagnosed Patient
3 A's rash as pilaris⁶ and eczema⁷ and recommended over-the-counter medications. Respondent
4 described Patient A's acne as stable and continued prescribing clindamycin. Respondent
5 described Patient A's scoliosis as stable and not progressing. Patient A was now 5'5".
6 According to the medical records, no prescription medications were needed, no referrals to
7 specialists were made, and Patient A's medical issues remained without change through each of
8 these seven (7) visits in 2016.

9 16. On or about January 24, 2017, Patient A returned to Respondent for her 14 year-old
10 well examination. According to the medical records, Respondent found that Patient A had
11 reached skeletal maturity and showed no further height growth. Respondent described Patient
12 A's scoliosis and acne as stable and recommended continued follow-up of her scoliosis.

13 17. On or about February 7, 2017, Patient A returned to Respondent to recheck her skin
14 for dry skin and acne. According to the medical records, both conditions remained stable, and no
15 change in management occurred.

16 18. On or about April 18, 2017, Patient A returned to Respondent to recheck her skin for
17 dry skin and acne. According to the medical records, both conditions remained stable, and no
18 change in management occurred.

19 19. On or about May 23, 2017, Patient A presented to Respondent for a recheck of her
20 scoliosis. According to the medical records, Respondent deemed Patient A's scoliosis remained
21 stable.

22 20. On or about July 19, 2017, Patient A returned to Respondent for a recheck of her
23 acne. According to the medical records, Patient A's acne remained stable and Patient A was
24 responsive to the initial clindamycin gel prescription.

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26 _____
27 ⁶ Pilaris is a condition that causes rough patches and small, acne-like bumps on the skin.

28 ⁷ Eczema (atopic dermatitis) is a condition that makes your skin red and itchy. It is
common among children, but can occur at any age.

1 21. On or about September 19, 2017, Patient A presented to Respondent for a recheck of
2 her scoliosis. According to the medical records, Respondent deemed Patient A's scoliosis
3 remained stable.

4 22. On or about November 17, 2017, Patient A returned to Respondent for a recheck of
5 her acne. According to the medical records, Patient A's acne remained stable and Patient A was
6 responsive to the initial clindamycin gel prescription.

7 Disrobing / Lack of Gowns

8 23. For the majority of Patient A's visits to Respondent, from on or about February 2,
9 2015 through November 17, 2017, Respondent asked Patient A to disrobe completely, including
10 her bra, so that Respondent is able to perform a "complete" examination. Patient A was offered a
11 gown on some occasions, but not all. No chaperone or nurse was present in the examination
12 room except Respondent and Patient A and Respondent remained in the examination room while
13 Patient A disrobed and redressed in Respondent's view. Even for visits that were exclusively for
14 Patient A's acne or eczema on Patient A's arms and lower legs, Respondent asked Patient A to
15 disrobe completely and Respondent performed a full examination of Patient A's breasts,
16 including palpation. Respondent performed breast palpation examinations of Patient A at nearly
17 all of Patient A's visits.

18 24. During scoliosis checks, Respondent asked Patient A to frog jump and crouch like a
19 baseball player and lift her legs while lying on her stomach against Respondent's hand pressure.
20 This occurred while Patient A was partially nude and at times without a gown. Respondent also
21 pulled Patient A's underwear away from her bottom to feel for dry skin and lifted the front of
22 Patient A's underwear in the same way when Patient A was standing, to assess for dry skin near
23 Patient A's vagina. No gloves were ever used for these examinations.

24 Lack of Presence of Chaperones

25 25. During Respondent's care and treatment of Patient A, from on or about February 2,
26 2015 through November 17, 2017, a chaperone was present only once on or about February 2,
27 2015. For the rest of the visits no chaperone was present in the examination room when
28 Respondent was providing care and/or treatment to Patient A.

1 Excessive Number of Breast Examinations

2 26. During Respondent's care and treatment of Patient A, from on or about February 2,
3 2015 through November 17, 2017, Respondent administered a total of seven (7) breast
4 examinations on Patient A.

5 Excessive Number of Visits for Scoliosis

6 27. During Respondent's care and treatment of Patient A, from on or about February 2,
7 2015 through November 17, 2017, Respondent reassessed Patient A's scoliosis during ten (10)
8 patient visits, seven (7) of them after an x-ray examination revealed only a minimal curve of 7
9 degrees.

10 Excessive Number of Visits for Acne and Dry Skin

11 28. During Respondent's care and treatment of Patient A, from on or about February 2,
12 2015 through November 17, 2017, Patient A had a total of eleven (11) visits for Respondent to
13 assess Patient A's acne, dry skin, and pilaris. According to the medical records, Patient A's acne
14 was described as mild and popular and Respondent initially prescribed clindamycin gel and never
15 changed this in subsequent visits. According to the medical records, Patient A's acne was
16 described as stable and Patient A expressed satisfaction in each of the visits except one, wherein
17 Respondent reminded Patient A to use the same medication. According to the medical records,
18 Patient A's dry skin and pilaris were also described as mild and responding well to Respondent's
19 over-the-counter medication recommendations. Respondent did not implement and/or did not
20 document having implemented any management changes to these diagnoses during the multiple
21 visits.

22 29. Respondent committed gross negligence in his care and treatment of Patient A, which
23 included, but was not limited to, the following:

24 (a) Respondent conducted an excessive number of breast examinations of Patient

25 A.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 30. Respondent has subjected his Physician's and Surgeon's Certificate No. A 55101 to
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of
5 the Code, in that he committed repeated negligent acts in his care and treatment of Patient A, as
6 more particularly alleged herein:

7 31. Respondent committed repeated negligent acts in his care and treatment of Patient A,
8 including, but not limited to:

9 32. Paragraphs 8 through 29, above, are hereby incorporated by reference and realleged
10 as if fully set forth herein.

11 33. Respondent conducted an excessive number of breast examinations of Patient A;

12 34. Respondent recommended and/or allowed an excessive number of visits for care and
13 treatment of Patient A's scoliosis;

14 35. Respondent recommended and/or allowed an excessive number of visits for care and
15 treatment of Patient A's acne, dry skin, and pilaris;

16 36. Respondent failed to properly and/or adequately use chaperones during his care and
17 treatment of Patient A; and

18 37. Respondent failed to provide adequate privacy to Patient A during his care and
19 treatment of Patient A.

20 **THIRD CAUSE FOR DISCIPLINE**

21 **(Failure to Maintain Adequate and Accurate Records)**

22 38. Respondent has further subjected his Physician's and Surgeon's Certificate No.
23 A 55101 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
24 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and
25 treatment of Patient A, as more particularly alleged in paragraphs 8 through 37, above, which are
26 hereby incorporated by reference and realleged as if fully set forth herein.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(General Unprofessional Conduct)**


3 39. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 A 55101 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged
5 in conduct which breaches the rules or ethical code of the medical profession, or conduct which is
6 unbecoming of a member in good standing of the medical profession, and which demonstrates an
7 unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 38, above,
8 which are hereby incorporated by reference as if fully set forth herein.

9 **PRAYER**

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

- 12 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 55101, issued
13 to Roger James Bindra, M.D.;
- 14 2. Revoking, suspending or denying approval of Roger James Bindra, M.D.'s authority
15 to supervise physician assistants and advanced practice nurses;
- 16 3. Ordering Roger James Bindra, M.D., if placed on probation, to pay the Board the
17 costs of probation monitoring; and
- 18 4. Taking such other and further action as deemed necessary and proper.

19
20 DATED: MAR 15 2021

21 
22 WILLIAM PRASANNA
23 Executive Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California
27 Complainant

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