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STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
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BY D. Richards ANALYST

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

12 In the Matter of the Accusation and Petition to  
13 Revoke Probation Against:

Case No. 8002016022447

14 **SHIQUAN XIONG, M.D.**

**ACCUSATION AND**

15 **10201 Hinderhill Drive**  
16 **Bakersfield, California 93312**

**PETITION TO REVOKE PROBATION**

17 **Physician's and Surgeon's Certificate**  
18 **No. A102651**

19 Respondent.

20 Complainant alleges:

21 PARTIES

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation and Petition to Revoke  
23 Probation solely in her official capacity as the Executive Director of the Medical Board of  
24 California (Board).

25 2. On or about January 30, 2008, the Board issued Physician's and Surgeon's Certificate  
26 Number A 102651 to Shiquan Xiong, M.D. (Respondent). The Physician's and Surgeon's  
27 Certificate was in effect at all times relevant to the charges brought herein and will expire on  
28 December 31, 2017, unless renewed.

3. In a disciplinary action entitled "In the Matter of Accusation Against Shiquan Xiong,

1 M.D.," Case No. 08-2012-225501, the Board issued a Decision on March 26, 2015, effective  
2 April 24, 2015, in which Respondent's Physician's and Surgeon's Certificate was revoked.  
3 However, the revocation was stayed and Respondent's Physician's and Surgeon's Certificate was  
4 placed on probation for a period of three (3) years with certain terms and conditions. A copy of  
5 that Decision is attached as Exhibit A and is incorporated by reference.

#### 6 JURISDICTION

7 4. This Accusation and Petition to Revoke Probation is brought before the Board, under  
8 the authority of the following laws. All section references are to the Business and Professions  
9 Code unless otherwise indicated.

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

14 6. Section 822 of the Code provides:

15 "If a licensing agency determines that its licentiate's ability to practice his or her  
16 profession safely is impaired because the licentiate is mentally ill, or physically ill affecting  
17 competency, the licensing agency may take action by any one of the following methods:

18 "(a) Revoking the licentiate's certificate or license.

19 "(b) Suspending the licentiate's right to practice.

20 "(c) Placing the licentiate on probation.

21 "(d) Taking such other action in relation to the licentiate as the licensing agency in its  
22 discretion deems proper. The licensing agency shall not reinstate a revoked or suspended  
23 certificate or license until it has received competent evidence of the absence or control of  
24 the condition which caused its action and until it is satisfied that with due regard for the  
25 public health and safety the person's right to practice his or her profession may be safely  
26 reinstated."

27 7. Section 824 of the Code provides:



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

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

14           Within 60 days after Respondent has successfully completed the clinical training  
15 program, Respondent shall participate in a professional enhancement program equivalent to  
16 the one offered by the Physician Assessment and Clinical Education Program at the  
17 University of California, San Diego School of Medicine, which shall include quarterly chart  
18 review, semi-annual practice assessment, and semi-annual review of professional growth  
19 and education. Respondent shall participate in the professional enhancement program at  
20 Respondent's expense during the term of probation, or until the Board or its designee  
21 determines that further participation is no longer necessary."

22           9. At all times after the effective date of Respondent's probation, Condition 17 of the  
23 Board's Decision and Order "In the Matter of Accusation Against Shiquan Xiong, M.D.," Case  
24 No. 08-2012-225501, effective April 24, 2015, stated:

25           "VIOLATION OF PROBATION. Failure to fully comply with any term or condition of  
26 probation is a violation of probation. If Respondent violates probation in any respect, the  
27 Board, after giving Respondent notice and the opportunity to be heard, may revoke  
28 probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition

1 to Revoke Probation, or an Interim Suspension Order is filed against Respondent during  
2 probation, the Board shall have continuing jurisdiction until the matter is final, and the  
3 period of probation shall be extended until the matter is final.”

4 10. Respondent’s probation is subject to revocation because she failed to comply with  
5 Probation Condition 6, referenced above, in that she failed to successfully complete the PACE  
6 Clinical Training Program. The facts and circumstances regarding this violation are as follows:

7 A. On March 26, 2015, effective on or about April 24, 2015 the Board issued its  
8 Order placing Respondent on probation for three years and requiring her to comply, inter  
9 alia, with Probation Condition 6, stated above. On or about April 23, 2015, an intake  
10 interview was conducted by a Medical Board Probation Inspector with Respondent during  
11 which all of the terms and conditions of the probation order were discussed with  
12 Respondent. Respondent indicated that she understood all of the terms and conditions.  
13 Respondent signed an Acknowledgment of Decision form indicating that she had received a  
14 copy of the probation order, the terms and conditions had been explained to her and she  
15 understood all of the terms and conditions of probation.

16 B. On or about August 25-26, 2015, Respondent participated in Phase I of the  
17 PACE Program. On April 20, 2016, The PACE Program issued a letter containing the results.  
18 The results of her Phase I comprehensive physician assessment are summarized as follows:

19 “...Overall, [Respondent’s] performance on the Standardized Patient Examination for  
20 Psychiatry was marginal to unacceptable. Her professional attitude and demeanor were  
21 polite and emphatic with each patient, however, the visits were all too short, hurried, and  
22 thus they left important elements of the patients’ histories untouched, and this could put  
23 patients at risk of harm....”

24 **Phase I Summary and Recommendations:**

25 “...Overall, [Respondent’s] performance on the Phase I, two-day, assessment was  
26 unsatisfactory. On the oral exam in psychiatry, [Respondent’s] case formulation and  
27 treatment plans were below average. Her overall approach to diagnosis was minimally  
28 satisfactory; however, patient evaluation in psychiatry was marginal to unacceptable

1 “Following [Respondent’s] evaluation, we have concerns about her ability to practice  
2 medicine safely. Given her behavior outlined in the Medical Board of California  
3 Accusation coupled with her behavior at the PACE Program, we recommend {Respondent}  
4 have a toxicology screen as well as a psychiatric evaluation. Additionally, her performance  
5 on the Microcog warrants a neuropsychological-fitness for duty evaluation....”

6 C. On November 4, 2015, a PACE Phase I report was received by the Board. The  
7 PACE SUMMARY AND RECOMMENDATION required Respondent to complete a  
8 Toxicology (BFT) Screening, and have both a Psychological evaluation and a  
9 Neuropsychological evaluation completed prior returning to Phase II. These PACE  
10 Recommendations became part of Respondents probation conditions per Condition 6, of the  
11 Board’s Decision and Order.

12 D. On December 10, 2015, Dr. H.T. performed the Psychological evaluation on  
13 Respondent. The Psychological evaluation recommendations were as follows: 1) Psychotherapy  
14 required., 2) Abstain from Alcohol and controlled substances, 3) Behavioral Family Therapy  
15 (BFT) required, 4) English classes required, and 5) Record Keeping Course. These PACE  
16 Recommendations became part of Respondents probation conditions per Condition 6, of the  
17 Board’s Decision and Order.

18 E. On December 21 and 30, 2015, Dr. H.G. performed the neuropsychological  
19 evaluation on Respondent. In Dr. H.G.’s Neuropsychological Fitness For Duty Evaluation  
20 Supplemental Report, he concluded the following:

21 “Within a reasonable neuropsychological certainty, [Respondent] is not able to function  
22 effectively as a physician and, in a manner conducive to public safety. As such, the  
23 findings of this evaluation indicate [Respondent] is not fit for duty as a psychiatrist.”

24 F. On or about December 28, 2015, Respondent was informed by letter that:  
25 The result of her Psychiatric Evaluation with Dr. H.T. indicate the following requirements  
26 became part of her probation.

- 27 1) abstain from alcohol and any controlled substances including marijuana;
- 28 2) immediately sign up with first lab for random drug testing;

1                   3) Within 60 days of the date of the evaluation report (December 23, 2015),  
2 enroll in an English language course to address problems with written and spoken English;

3                   4) Within 60 days of the date of the evaluation report, retain a psychotherapist  
4 approved by the Medical Board. The psychotherapist can be an LMFT, LCSW,  
5 Psychologist or Psychiatrist and must be knowledgeable in the treatment of personality  
6 disorders, especially those with narcissistic and anti social features. After approval of the  
7 psychotherapist, attend psychotherapy a minimum of 26 sessions per year.

8                   5) Pay \$3000 fee for Psychiatric Evaluation to the Medical Board.

9                   6) Attend courses already mandated in Order including: Prescribing Practices  
10 course, and Medical Record Keeping.

11                 G. On or about February 8-12, 2016, Respondent participated in Phase II of the  
12 PACE Program. On April 20, 2016, The PACE Program issued a letter containing the  
13 results. The results of her Phase II comprehensive physician assessment are summarized as  
14 follows:

15                 "...It is to be noted that [Respondent] got a phone call at the beginning of the examination  
16 process in which she was informed that her application for a hospital job had been rejected  
17 due to the restrictions on her license. At the end of the visit she expressed worries about  
18 loss of earning capacity and stated that she was becoming desperate and depressed..."

19                 **"Summary and Recommendations**

20                 "...Overall, [Respondent's] performance during Phase II was unsatisfactory. According  
21 to one of her evaluators, [Respondent] was disorganized and sometimes intrusive,  
22 frequently interrupting and talking over the faculty member. Additionally, during  
23 discussions with our faculty, she occasionally missed patient diagnoses. Significant gaps  
24 in [Respondent's] medical knowledge and clinical decision making were noted by each of  
25 the faculty she worked with while at PACE. [Respondent] received a failing score on a  
26 psychopharmacology examination and, as a result, Dr. W.P recommended she attend a  
27 course in psychopharmacology. Based on her overall performance, he also recommended  
28 extensive supervision and training before she returns to practice. [Respondent]

1 demonstrated only basic psychiatry knowledge on the oral clinical examination.  
2 According to Dr. A.P., while [Respondent] was mostly accurate with her diagnoses, she  
3 had little or no knowledge of medications that came on the market within the past few  
4 years. Additionally, her knowledge of psychotherapeutic indications was spotty and her  
5 knowledge of the mechanism of actions of medications other than SSRI's and SNRIs was  
6 inadequate. Her constellation of deficits cause us to have concerns about her ability to  
7 practice medicine safely."

8 "In addition the concerns identified above by the PACE Assessment, it is noteworthy  
9 that the neuropsychological fitness for duty evaluation performed by Dr. H.G. found  
10 [Respondent] currently unfit for duty as a psychiatrist and physician. Furthermore, the  
11 independent psychiatric evaluation performed by Dr. H.T., also reported potentially  
12 serious findings which could affect [Respondent's] ability to function safely as a  
13 psychiatrist. Finally, we are concerned for [Respondent's] wellbeing based on the  
14 financial worries and feelings of desperation and depression that she reported to Dr. A.P.  
15 as well as due to the findings from the independent psychiatric and neuropsychological  
16 evaluations. For her own mental health and wellbeing, we recommend that [Respondent]  
17 see a mental health provider and follow any treatment recommendations."

18  
19 "[Respondent's] overall performance on our comprehensive, seven day physician  
20 assessment is consistent with a **Fail, Category 4.**"

21  
22 **"The PACE Program has defined four possible outcomes of the physician assessment:**

23 ...

24 **"FAIL**

25 **"Category 4:** Signifies a poor performance that is not compatible with overall physician  
26 competency and safe practice. Physicians in this category performed poorly on all (or  
27 nearly all) aspects of this assessment. Alternatively, the physician could have a physical or  
28 mental health problem that prevents him/her from practicing safely. These physicians are



1 unsafe and, based on the observed performance in the PACE assessment, represent a  
2 potential danger to their patients. Some physicians in this category may be capable of  
3 remediating their clinical competency to a safe level and some may not. We will provide  
4 our recommendations regarding remedial education activities. The faculty and staff of the  
5 UCSD PACE Program do not give an outcome of “Fail” lightly or casually. This  
6 assignment reflects major, significant deficiencies in clinical competence, and physicians  
7 who receive this outcome, if they are deemed to be candidates for remedial education,  
8 should think in terms of engaging in a minimum of one full year of dedicated study and  
9 other learning activities requiring on average 30 to 40 hours per week. Under no  
10 circumstances will the UCSD PACE Program allow a physician to participate in a re-  
11 assessment less than six months from the time of completion of the initial assessment.”

12 H. On April 29, 2016, Respondent was sent a letter informing her that her overall  
13 performance was Fail, Category 4. She was also informed that the findings were, in part,  
14 based on the following:

- 15 1) Missed patient diagnoses;
- 16 2) Failing score on psychopharmacology examination;
- 17 3) Gaps in medical knowledge and clinical decision making were noted by  
18 each of the faculty at PACE;
- 19 4) Concern about [her] wellbeing based on findings from the independent  
20 psychiatric and neuropsychological evaluations, as well as reports to a PACE faculty doctor  
21 regarding [her] feelings of desperation and depression;
- 22 5) Disorganization, intrusiveness, frequently interrupting and talking over  
23 the faculty member.

24 PACE indicated if she is deemed to be a candidate for remedial education, she should  
25 think in terms of engaging in a minimum of one full year of dedicated study and other  
26 learning activities requiring an average of 30 to 40 hours per week. This would include  
27 coursework in psychopharmacology, and extensive supervision and training before  
28 returning to practice.

1 I. On September 26, 2016, a Cease Practice Order was issued by the Board.  
2 Within three (3) calendar days from the date of that order, Respondent was prohibited from  
3 engaging in the practice of medicine.

4 **CAUSE FOR DISCIPLINE**

5 (Mental Illness and/or Physical Illness Affecting Competency)

6 11. Respondent's Physician's and Surgeon's Certificate is subject to discipline under  
7 section 822 of the Code, in that her ability to practice medicine safely is impaired because she is  
8 mentally or physically ill affecting competency, as more particularly alleged hereinafter:

9 12. The facts and circumstances set forth in the Cause to Revoke Probation above are  
10 incorporated herein as if fully set forth.

11 **DISCIPLINE CONSIDERATIONS**

12 13. To determine the degree of discipline, if any, to be imposed on Respondent,  
13 Complainant alleges that effective on or about April 24, 2015, in a prior disciplinary action  
14 entitled "In the Matter of the Accusation Against Shiquan Xiong, M.D. before the Medical Board  
15 of California," in Case No. 08-2012-225501, Respondent's license was revoked, the revocation  
16 was stayed and Respondent was placed on three years' probation with terms and conditions for  
17 repeated acts of negligence, and failure to maintain adequate and accurate records, regarding the  
18 care provided to nine patients. That decision is now final and is incorporated by reference as if  
19 fully set forth.

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2 PRAYER

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

5 1. Revoking the probation that was granted by the Medical Board of California in Case  
6 No. 08-2012-225501 and imposing the disciplinary order that was stayed thereby revoking  
7 Physician's and Surgeon's Certificate No. A 102651 issued to Shiquan Xiong, M.D.;

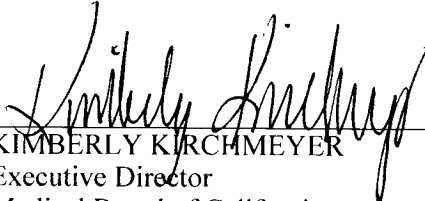
8 2. Revoking or suspending Physician's and Surgeon's Certificate No. A 102651 issued  
9 to Shiquan Xiong, M.D.;

10 3. Revoking, suspending or denying approval of Shiquan Xiong, M.D.'s authority to  
11 supervise physician assistants, pursuant to section 3527 of the Code;

12 4. Ordering Shiquan Xiong, M.D., if placed on probation, to pay the Medical Board of  
13 California the costs of probation monitoring; and

14 5. Taking such other and further action as deemed necessary and proper.

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16  
17 DATED: October 11, 2016

  
18 KIMBERLY KIRCHMEYER  
19 Executive Director  
20 Medical Board of California  
21 Department of Consumer Affairs  
22 State of California  
23 Complainant

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