

VIRGINIA:

BEFORE THE BOARD OF MEDICINE

IN RE: GEOFFREY WREFORD GUBB, M.D.
License No.: 0101-028868

AMENDED ORDER

In accordance with Sections 54.1-2400(10), 2.2-4019 and 2.2-4021 of the Code of Virginia (1950), as amended ("Code"), an informal conference was held with Geoffrey Wreford Gubb, M.D., on September 8, 2010, in Henrico, Virginia. Members of the Virginia Board of Medicine ("Board") serving on the Special Conference Committee ("Committee") were: Deeni Bassam, M.D.; Chairman; Jennifer S. Lee, M.D.; and Gopinath Jadhav, M.D. Dr. Gubb appeared personally and was represented by legal counsel, Michael L. Goodman, Esquire, and Kristi L. VanderLaan, Esquire. Virginia Scher, Adjudication Specialist, was present as a representative for the Administrative Proceedings Division of the Department of Health Professions. The purpose of the informal conference was to inquire into allegations that Dr. Gubb may have violated certain laws governing the practice of medicine in the Commonwealth of Virginia, as set forth in a Notice of Informal Conference dated July 21, 2010.

By email dated September 30, 2010, counsel for Dr. Gubb proposed revisions to the Order entered September 13, 2010, whereby he requested that the Committee reconsider the permanent restriction of Dr. Gubb's prescribing of S-II-IV medications, and instead, asked that Dr. Gubb be permitted to seek removal of the restriction upon completion of additional courses in proper prescribing. After review of the proposal, the Chair determined that the modification was acceptable. This Amended Order has been entered *nunc pro tunc* to reflect this change.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Now, having properly considered the evidence and statements presented, the Committee makes the following Findings of Fact and Conclusions of Law:

1. Geoffrey Wreford Gubb, M.D., was issued license number 0101-028868 by the Board to practice medicine and surgery in Virginia on December 5, 1977. Said license is currently active and will expire on July 31, 2012, unless renewed or acted upon.

2. Dr. Gubb violated Sections 54.1-2915.A(3), (13) and (16) of the Code in his care and treatment of Patients A – P. Specifically:

a. From approximately January 9, 2009 to February 2010, Dr. Gubb prescribed opioids on a continuous basis to Patient A for treatment of chronic pain due to Lyme disease; however, he failed to monitor Patient A's compliance with the medication regimen.

b. From approximately October 2008 to September 2009, Dr. Gubb prescribed opioids on a continuous basis to Patient B for treatment of chronic pain due to Lyme disease and osteoarthritis; however, he failed to develop a treatment plan and failed to document the patient's medication regimen.

c. From approximately January 9, 2009 to August 2009, Dr. Gubb authorized prescriptions for butalbital/APAP/caffeine/codeine (C-III) for Patient C for treatment of migraine headaches, without examining the patient and without monitoring her use of medications. Prescription profiles Dr. Gubb obtained on or about September 14, 2009, show that Patient C had received narcotics prescriptions from other providers during this period.

d. From approximately August 8, 2008 to September 2009, Dr. Gubb

prescribed opioids on a continuous basis to Patient D for treatment of chronic pain; however, he failed to develop a treatment plan and failed to document the patient's medication regimen.

e. From approximately February 5, 2008 to September 2009, Dr. Gubb prescribed opioids on a continuous basis to Patient E; however, he failed to take a medical history and to develop a treatment plan including the pain being treated, and authorized prescriptions between office visits occurring only every 4-5 months.

f. From approximately March 24, 2009 to November 24, 2009, Dr. Gubb authorized prescriptions for opioids by telephone for Patient F, who lives in another part of the state, and failed to monitor the patient's treatment and usage of medications from other providers.

g. From approximately July 24, 2008 to July 21, 2009, during which time Patient G had no office visits, Dr. Gubb authorized prescriptions for opioids and failed to develop a treatment plan or to document the specific pain being treated.

h. From approximately August 2008 to August 2009, Dr. Gubb prescribed opioids on a continuous basis to Patient H for complaints of pain; however, he failed to develop a treatment plan and failed to document the patient's medication regimen.

i. From approximately August 2008 to July 2009, Dr. Gubb prescribed opioids on a continuous basis to Patient I for treatment of chronic pain due to Lyme disease; however, he failed to develop a treatment plan, failed to document the patient's medication regimen, and failed to monitor the patient's use of opioids, despite the fact he had knowledge that the patient was receiving opioids from another provider.

j. From approximately December 2008 to August 2009, Dr. Gubb prescribed

opioids on a continuous basis to Patient J; however, he failed to take a medical history; failed to develop a treatment plan, medication regimen and the specific pain being treated; and failed to monitor the patient's use of medications.

k. From approximately August 2007 to September 2009, Dr. Gubb prescribed opioids to Patient K for treatment of chronic pain due to Lyme disease and, beginning in February 2009, for hernia pain; however, he failed to take a medical history; failed to develop a treatment plan and medication regimen; failed to monitor the patient's use of medications and, in 2007 and 2008, authorized opioid prescriptions despite infrequent office visits.

l. From approximately April 2007 to July 2009, Dr. Gubb prescribed opioids on a continuous basis to Patient L for treatment of chronic pain due to Lyme disease; however, he failed to develop a treatment plan, failed to document the patient's medication regimen, and failed to monitor the patient's use of medications.

m. From approximately November 2008 to May 2009, Dr. Gubb prescribed opioids on a continuous basis to Patient M; however, he failed to take a medical history; failed to develop a treatment plan, medication regimen and the specific pain being treated, and failed to monitor the patient's use and possible abuse of medications.

n. From approximately August 2008 to August 2009, Dr. Gubb prescribed opioids on a continuous basis to Patient N for treatment of chronic pain due to Lyme disease; however, he failed to develop a treatment plan and medication regimen, and failed to monitor the patient's use and possible abuse of medications.

o. From approximately August 2008 to August 2009, Dr. Gubb prescribed opioids on a continuous basis to Patient O for treatment of chronic pain due to Lyme

disease and other conditions; however, he failed to develop a treatment plan and medication regimen, and failed to monitor the patient's use of medications, including opioids prescribed by other providers in August-December 2008.

p. From approximately March 2008 to September 2009, Dr. Gubb prescribed opioids on a continuous basis to Patient P for treatment of chronic pain due to Lyme disease; however, he failed to monitor the patient's compliance with the medication regimen.

3. In identifying changes he has made to his practice since treating the above patients, Dr. Gubb reported that he first accessed the PMP about three weeks ago, and stated he found it useful in identifying the same issues the Board has raised as concerns. Additionally, Dr. Gubb has made changes in his recordkeeping related to prescriptions in that he now keeps a hard copy of all prescriptions in the patient record. Dr. Gubb is no longer issuing prescriptions via computer and is no longer using the computer transmittal as the prescribing record. Instead, all Schedule II prescriptions are issued via a double-copy prescription pad; all other prescriptions are faxed to the pharmacy. Dr. Gubb has implemented pain contracts for all pain patients, and plans to implement urine screens in his practice in the future.

4. Dr. Gubb provided a certificate verifying that he had completed an online course for 2.50 hours of CME credit on August 29, 2010, entitled: "VCU Pain Management" sponsored by the VCU School of Medicine.

5. Dr. Gubb admitted that his documentation was not "precise" enough to capture his medical decision-making and medication management.

6. Through the course of its discussion with Dr. Gubb, the Committee determined that Dr. Gubb's medical records were inadequate in capturing appropriate clinical information.

Further, the Committee found that Dr. Gubb's responses to the Committee's questions regarding his care and treatment of the above patients demonstrated a significant lack of clinical knowledge in regard to the appropriate assessment and management of chronic pain patients and their other underlying co-morbid medical conditions.

ORDER

WHEREFORE, based on the above Findings of Fact and Conclusions of Law, it is hereby ORDERED that the license of Geoffrey Wreford Gubb, M.D., be, and hereby is, placed on INDEFINITE PROBATION, subject to the following TERMS AND CONDITIONS:

1. Dr. Gubb is prohibited from prescribing and administering Schedule II, III and IV controlled substances.
2. Within thirty (30) days of entry of this Order, Dr. Gubb shall provide the Board with a written statement certifying that he has read, and will comply with: (i) the laws governing the practice of medicine and other healing arts (Title 54.1, Chapter 29 of the Code); and (ii) the Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic (18 VAC 85-20-10 *et seq.*).
3. Within nine (9) months of entry of this Order, Dr. Gubb shall submit evidence satisfactory to the Board verifying that he has completed fifteen (15) hours of face-to-face continuing medical education (CME) in the subject of medical recordkeeping. Such CME shall be approved in advance of registration by the Executive Director of the Board, and shall be completed through face-to-face, interactive sessions (i.e., no home study, journal or Internet

courses). Any CME hours obtained in compliance with this term shall not be used toward compliance with the Board's continuing education requirements for license renewal.

4. Within nine (9) months of entry of this Order, Dr. Gubb shall submit evidence satisfactory to the Board verifying that he has completed fifteen (15) hours of face-to-face continuing medical education (CME) in the subject of proper prescribing. Such CME shall be approved in advance of registration by the Executive Director of the Board, and shall be completed through face-to-face, interactive sessions (i.e., no home study, journal or Internet courses). Any CME hours obtained in compliance with this term shall not be used toward compliance with the Board's continuing education requirements for license renewal.

5. Within twelve (12) months of entry of this Order, Dr. Gubb shall take and pass the Special Purpose Examination (SPEX) as administered by the Federation of State Medical Boards, and ensure that the results are submitted to the Board; or in the alternative, Dr. Gubb shall undergo a comprehensive competency evaluation at a nationally recognized program (e.g., Center for Personalized Education for Physicians (CPEP)) and ensure that the report from this competency evaluation is submitted to the Board for review.

6. Upon compliance with Terms 2-5 of this Order, a report shall be prepared regarding Dr. Gubb's compliance, and he may be noticed to appear before a Special Conference Committee of the Board.

Dr. Gubb shall maintain a course of conduct in his practice of medicine commensurate with the requirements of Title 54.1, Chapter 29 of the Code and all laws of the Commonwealth.

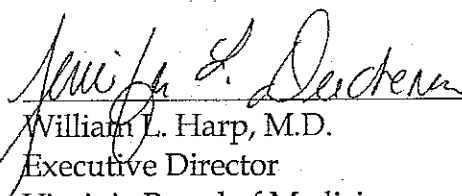
Violation of this Order may constitute grounds for suspension or revocation of Dr. Gubb's license. In the event that Dr. Gubb violates this Order, an administrative proceeding may be convened to determine whether such action is warranted.

Pursuant to Sections 2.2-4023 and 54.1-2400.2 of the Code, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

Pursuant to Section 54.1-2400(10) of the Code, Dr. Gubb may, not later than 5:00 p.m., on October 16, 2010, notify William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated.

Therefore, this Order shall become final on October 16, 2010, unless a request for a formal administrative hearing is received as described above.

FOR THE BOARD

For 

William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

Entered: 10/15/2010
Nunc Pro Tunc: September 13, 2010