



COMMONWEALTH of VIRGINIA

Dianne L. Reynolds-Cane, M.D.
Director

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July 21, 2010

Geoffrey Wreford Gubb, M.D.
15249 Arthur's Court
P.O. Box 274
Belle Haven, Virginia 23306

UPS OVERNIGHT

RE: License No.: 0101-028868

Dear Dr. Gubb:

This letter is official notification that an informal conference of the Virginia Board of Medicine ("Board") will be held on **Wednesday, September 8, 2010, at 1:15 p.m.**, at the **Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Henico, Virginia**. The conference will be conducted pursuant to Sections 54.1-2400(10), 2.2-4019 and 2.2-4021 of the Code of Virginia (1950), as amended ("Code").

A Special Conference Committee ("Committee") will inquire into allegations that you may have violated certain laws governing the practice of medicine in Virginia. Specifically, you may have violated Sections 54.1-2915.A(3), (13), and (16) of the Code in your treatment of the following patients:

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

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

3. From approximately January 9, 2009 to August 2009, you 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 you obtained on or about September 14, 2009, show that Patient C had received narcotics prescriptions from other providers during this period.

4. From approximately August 8, 2008 to September 2009, you prescribed opioids on a continuous basis to Patient D for treatment of chronic pain; however, you failed to develop a treatment plan and failed to document the patient's medication regimen.

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

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

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

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

9. From approximately August 2008 to July 2009, you prescribed opioids on a continuous basis to Patient I for treatment of chronic pain due to Lyme disease; however, you 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 you had knowledge that the patient was receiving opioids from another provider.

10. From approximately December 2008 to August 2009, you prescribed opioids on a continuous basis to Patient J; however, you 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.

11. From approximately August 2007 to September 2009, you prescribed opioids to Patient K for treatment of chronic pain due to Lyme disease and, beginning in February 2009, for hernia pain; however, you 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.

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

13. From approximately November 2008 to May 2009, you prescribed opioids on a continuous basis to Patient M; however, you 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.

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

15. From approximately August 2008 to August 2009, you prescribed opioids on a continuous basis to Patient O for treatment of chronic pain due to Lyme disease and other conditions; however, you 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.

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

Please see Attachment I for the name of the patients referenced above.

After consideration of all information, the Committee may:

1. Exonerate you;
2. Place you on probation with such terms it deems appropriate;
3. Reprimand you;
4. Modify a previous Board Order; and
5. Impose a monetary penalty pursuant to Section 54.1-2401 of the Code.

Further, the Committee may refer this matter for a formal administrative proceeding when it has failed to dispose of a case by consent pursuant to Section 2.2-4019 of the Code.

You have the right to information that will be relied upon by the Committee in making a decision. Therefore, I enclose a copy of the documents that will be distributed to the Committee for its consideration when discussing the allegations with you and when

deliberating upon your case. These documents are enclosed only with the original notice sent by UPS overnight mail. Further, if you retain counsel, it is your responsibility to provide the enclosed materials to your attorney.

To facilitate this proceeding, you must submit eight (8) copies of any documents you wish for the Committee to consider to Reneé S. Dixon, Discipline Case Manager, Virginia Board of Medicine, 9960 Mayland Drive, Suite 300, Richmond, Virginia, 23233, by **August 18, 2010**. Your documents may not be submitted by facsimile or e-mail. Should you or Adjudication Specialist Virginia Scher wish to submit any documents for the Committee's consideration after **August 18, 2010**, such documents shall be considered only upon a ruling by the Chair of the Committee that good cause has been shown for late submission.

You may be represented by an attorney at the informal conference. If you obtain counsel, you should do so as soon as possible, because absent good cause to support a request for a continuance, the informal conference will be held on September 8, 2010. A request to continue this proceeding must state in detail the reason for the request and must establish good cause. Such request must be made, in writing, to me at the address listed on this letter and must be received by **August 4, 2010**. Only one such motion will be considered. Absent exigent circumstances, such as personal or family illness, a request for a continuance after **August 4, 2010**, will not be considered.

Relevant sections of the Administrative Process Act, which govern proceedings of this nature, as well as laws relating to the practice of medicine and other healing arts in Virginia cited in this notice can be found on the Internet at <http://leg1.state.va.us>. To access this information, please click on the *Code of Virginia* for statutes and *Virginia Administrative Code* for regulations.

In its deliberations, the Committee may utilize the Sanction Reference Points System, as contained in the Sanction Reference Manual. The manual, which is a guidance document of the Board, may be accessed at <http://www.dhp.virginia.gov/medicine>. You may request a paper copy from the Board office by calling (804) 367-4513.

Please advise the Board, in writing, of your intention to be present. Should you fail to appear at the informal conference, the Board may proceed to a formal administrative hearing in order to impose sanctions.

If you have any questions regarding this notice, please contact Virginia Scher, Adjudication Specialist, at (804) 367-4669.

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Sincerely,



William L. Harp, M.D.

Executive Director

Virginia Board of Medicine

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Enclosures:

Attachment I

Informal Conference Package w/ 7 volumes & 2 CD's

Map

cc: Karen A. Ransone, M.D., President, Virginia Board of Medicine
Reneé S. Dixon, Discipline Case Manager, Board of Medicine
Virginia Scher, Adjudication Specialist, APD
Lorraine McGehee, Deputy Director, APD
Michael L. Goodman, Esquire [w/enclosures]
Kim Martin, RN, LNP, Senior Investigator [127575]