

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

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

Bruce Hamilton Lockwood, M.D.

**Physician's and Surgeon's
Certificate No. C 40102**

Case No.: 800-2018-042395

Respondent.

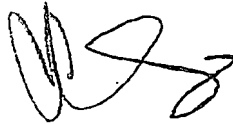
DECISION

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 July 26, 2023.

IT IS SO ORDERED: June 26, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
4 State Bar Number 147250
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6546
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation
13 Against:

14 **BRUCE HAMILTON LOCKWOOD, M.D.**
15 **23805 Stuart Ranch Rd. #210**
Malibu, CA 90265

16 **Physician's and Surgeon's Certificate**
17 **No. C 40102,**

18 Respondent.

Case No. 800-2018-042395

OAH No. 2022100136

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Reji Varghese (Complainant) is the Intermin Executive Director of the Medical Board
24 of California (Board). His predecessor brought this action solely in his official capacity and is
25 represented in this matter by Rob Bonta, Attorney General of the State of California, by Colleen
26 M. McGurrin, Deputy Attorney General.

27 2. Respondent Bruce Hamilton Lockwood, M.D. (Respondent) is represented in this
28 proceeding by attorney Raymond J. McMahan, Esq., of Doyle Schafer McMahan, LLP, whose

1 address is 5440 Trabuco Road, Irvine, CA 92620.

2 3. On or about November 9, 1981, the Board issued Physician's and Surgeon's
3 Certificate No. C 40102 to Bruce Hamilton Lockwood, M.D. (Respondent). The Physician's and
4 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in
5 First Amended Accusation No. 800-2018-042395, and will expire on January 31, 2025, unless
6 renewed.

7 **JURISDICTION**

8 4. First Amended Accusation No. 800-2018-042395 was filed before the Board, and is
9 currently pending against Respondent. The First Amended Accusation and all other statutorily
10 required documents were properly served on Respondent on March 2, 2022. Respondent timely
11 filed his Notice of Defense contesting the First Amended Accusation.

12 5. A copy of First Amended Accusation No. 800-2018-042395 is attached as exhibit A
13 and incorporated herein by reference.

14 **ADVISEMENT AND WAIVERS**

15 6. Respondent has carefully read, fully discussed with counsel, and understands the
16 charges and allegations in First Amended Accusation No. 800-2018-042395. Respondent has
17 also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated
18 Settlement and Disciplinary Order.

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

26 8. Respondent freely, voluntarily, knowingly, and intelligently waives and gives up each
27 and every right set forth above.

28 //

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in First Amended
3 Accusation No. 800-2018-042395, if proven at a hearing, constitute cause for imposing discipline
4 upon his Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie
6 factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives
7 up his right to contest those charges.

8 11. Respondent does not contest that, at an administrative hearing, Complainant could
9 establish a prima facie case with respect to the charges and allegations in First Amended
10 Accusation No. 800-2018-042395, a true and correct copy of which is attached hereto as Exhibit
11 A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. C 40102 to
12 disciplinary action.

13 12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
14 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
15 Disciplinary Order below.

16 CONTINGENCY

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

27 14. Respondent agrees that if he ever petitions for early termination or modification of
28 probation, or if an accusation and/or petition to revoke probation is filed against him before the

1 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-
2 042395 shall be deemed true, correct and fully admitted by Respondent for purposes of any such
3 proceeding or any other licensing proceeding involving Respondent in the State of California.

4 15. The parties understand and agree that Portable Document Format (PDF) and facsimile
5 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
6 signatures thereto, shall have the same force and effect as the originals.

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

10 **DISCIPLINARY ORDER**

11 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 40102 issued
12 to Respondent BRUCE HAMILTON LOCKWOOD, M.D. is revoked. However, the revocation
13 is stayed and Respondent is placed on probation for three (3) years on the following terms and
14 conditions:

15 1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO
16 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled
17 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any
18 recommendation or approval which enables a patient or patient's primary caregiver to possess or
19 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
20 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and
21 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;
22 and 4) the indications and diagnosis for which the controlled substances were furnished.

23 Respondent shall keep these records in a separate file or ledger, in chronological order. All
24 records and any inventories of controlled substances shall be available for immediate inspection
25 and copying on the premises by the Board or its designee at all times during business hours and
26 shall be retained for the entire term of probation.

27 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this
28 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee

1 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
2 per year, each year of probation in the areas of treating patients with a history of opioid, heroin or
3 drug/alcohol abuse, or any other area(s) deemed appropriate by the Board or its designee. The
4 educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or
5 knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at
6 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
7 requirements for renewal of licensure. Following the completion of each course, the Board or its
8 designee may administer an examination to test Respondent's knowledge of the course.
9 Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in
10 satisfaction of this condition.

11 3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
12 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
13 advance by the Board or its designee. Respondent shall provide the approved course provider
14 with any information and documents that the approved course provider may deem pertinent.
15 Respondent shall participate in and successfully complete the classroom component of the course
16 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
17 complete any other component of the course within one (1) year of enrollment. The prescribing
18 practices course shall be at Respondent's expense and shall be in addition to the Continuing
19 Medical Education (CME) requirements for renewal of licensure.

20 A prescribing practices course taken after the acts that gave rise to the charges in the First
21 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
22 the Board or its designee, be accepted towards the fulfillment of this condition if the course would
23 have been approved by the Board or its designee had the course been taken after the effective date
24 of this Decision.

25 Respondent shall submit a certification of successful completion to the Board or its
26 designee not later than 15 calendar days after successfully completing the course, or not later than
27 15 calendar days after the effective date of the Decision, whichever is later.

28 //

1 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
2 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
3 advance by the Board or its designee. Respondent shall provide the approved course provider
4 with any information and documents that the approved course provider may deem pertinent.
5 Respondent shall participate in and successfully complete the classroom component of the course
6 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
7 complete any other component of the course within one (1) year of enrollment. The medical
8 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
9 Medical Education (CME) requirements for renewal of licensure.

10 A medical record keeping course taken after the acts that gave rise to the charges in the
11 First Amended Accusation, but prior to the effective date of the Decision may, in the sole
12 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the
13 course would have been approved by the Board or its designee had the course been taken after the
14 effective date of this Decision.

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

18 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
19 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
20 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
21 Respondent shall participate in and successfully complete that program. Respondent shall
22 provide any information and documents that the program may deem pertinent. Respondent shall
23 successfully complete the classroom component of the program not later than six (6) months after
24 Respondent's initial enrollment, and the longitudinal component of the program not later than the
25 time specified by the program, but no later than one (1) year after attending the classroom
26 component. The professionalism program shall be at Respondent's expense and shall be in
27 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

28 A professionalism program taken after the acts that gave rise to the charges in the First

1 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
2 the Board or its designee, be accepted towards the fulfillment of this condition if the program
3 would have been approved by the Board or its designee had the program been taken after the
4 effective date of this Decision.

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

8 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
9 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
10 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
11 licenses are valid and in good standing, and who are preferably American Board of Medical
12 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
13 relationship with Respondent, or other relationship that could reasonably be expected to
14 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
15 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
16 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

17 The Board or its designee shall provide the approved monitor with copies of the Decision
18 and First Amended Accusation, and a proposed monitoring plan. Within 15 calendar days of
19 receipt of the Decision, First Amended Accusation, and proposed monitoring plan, the monitor
20 shall submit a signed statement that the monitor has read the Decision and First Amended
21 Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed
22 monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall
23 submit a revised monitoring plan with the signed statement for approval by the Board or its
24 designee.

25 Within 60 calendar days of the effective date of this Decision, and continuing throughout
26 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
27 make all records available for immediate inspection and copying on the premises by the monitor
28 at all times during business hours and shall retain the records for the entire term of probation.

1 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
2 date of this Decision, Respondent shall receive a notification from the Board or its designee to
3 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
4 shall cease the practice of medicine until a monitor is approved to provide monitoring
5 responsibility.

6 The monitor(s) shall submit a quarterly written report to the Board or its designee which
7 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
8 are within the standards of practice of medicine (psychiatry), and whether Respondent is
9 practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the
10 monitor submits the quarterly written reports to the Board or its designee within 10 calendar days
11 after the end of the preceding quarter.

12 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
13 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
14 name and qualifications of a replacement monitor who will be assuming that responsibility within
15 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
16 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
17 notification from the Board or its designee to cease the practice of medicine within three (3)
18 calendar days after being so notified. Respondent shall cease the practice of medicine until a
19 replacement monitor is approved and assumes monitoring responsibility.

20 In lieu of a monitor, Respondent may participate in a professional enhancement program
21 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
22 review, semi-annual practice assessment, and semi-annual review of professional growth and
23 education. Respondent shall participate in the professional enhancement program at Respondent's
24 expense during the term of probation.

25 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
26 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief
27 of Staff or the Chief Executive Officer at every hospital where privileges or membership are
28 extended to Respondent, at any other facility where Respondent engages in the practice of

1 medicine, including all physician and locum tenens registries or other similar agencies, and to the
2 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
3 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
4 15 calendar days.

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

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

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

12 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
13 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
14 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
15 enforcement, as applicable, in the amount of \$16,000 (sixteen thousand dollars). Costs shall be
16 payable to the Medical Board of California. Failure to pay such costs shall be considered a
17 violation of probation.

18 Payment must be made in full within 30 calendar days of the effective date of the Order, or
19 by a payment plan approved by the Medical Board of California. Any and all requests for a
20 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
21 the payment plan shall be considered a violation of probation.

22 The filing of bankruptcy by respondent shall not relieve Respondent of the responsibility to
23 repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

1 12. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

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

4 Address Changes

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

10 Place of Practice

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

14 License Renewal

15 Respondent shall maintain a current and renewed California physician's and surgeon's
16 license.

17 Travel or Residence Outside California

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

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

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

27 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
2 defined as any period of time Respondent is not practicing medicine as defined in Business and
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If
5 Respondent resides in California and is considered to be in non-practice, Respondent shall
6 comply with all terms and conditions of probation. All time spent in an intensive training
7 program which has been approved by the Board or its designee shall not be considered non-
8 practice and does not relieve Respondent from complying with all the terms and conditions of
9 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
10 on probation with the medical licensing authority of that state or jurisdiction shall not be
11 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
12 period of non-practice.

13 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
14 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
15 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
16 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
17 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

20 Periods of non-practice for a Respondent residing outside of California will relieve
21 Respondent of the responsibility to comply with the probationary terms and conditions with the
22 exception of this condition and the following terms and conditions of probation: Obey All Laws;
23 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
24 Controlled Substances; and Biological Fluid Testing..

25 15. COMPLETION OF PROBATION. Respondent shall comply with all financial
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
27 completion of probation. This term does not include cost recovery, which is due within 30
28 calendar days of the effective date of the Order, or by a payment plan approved by the Medical

1 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
2 shall be fully restored.

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

10 17. LICENSE SURRENDER. Following the effective date of this Decision, if
11 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
12 the terms and conditions of probation, Respondent may request to surrender his or her license.
13 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
14 determining whether or not to grant the request, or to take any other action deemed appropriate
15 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
16 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
17 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
18 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
19 application shall be treated as a petition for reinstatement of a revoked certificate.

20 18. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
21 with probation monitoring each and every year of probation, as designated by the Board, which
22 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
23 California and delivered to the Board or its designee no later than January 31 of each calendar
24 year.

25 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
26 a new license or certification, or petition for reinstatement of a license, by any other health care
27 licensing action agency in the State of California, all of the charges and allegations contained in
28 First Amended Accusation No. 800-2018-042395 shall be deemed to be true, correct, and


1 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
2 seeking to deny or restrict license.

3
4 **ACCEPTANCE**

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

10 DATED: 3/15/23 
11 BRUCE HAMILTON LOCKWOOD, M.D.
12 Respondent

13 I have read and fully discussed with Respondent Bruce Hamilton Lockwood, M.D. the
14 terms and conditions and other matters contained in the above Stipulated Settlement and
15 Disciplinary Order. I approve its form and content.

16 DATED: March 15, 2023 
17 RAYMOND J. MCMAHON, ESQ.
18 Attorney for Respondent

19 **ENDORSEMENT**

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

22 DATED: 03/16/2023

23 Respectfully submitted,

24 ROB BONTA
25 Attorney General of California
26 ROBERT MCKIM BELL
27 Supervising Deputy Attorney General


28 
COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

Exhibit A

First Amended Accusation No. 800-2018-042395

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
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6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

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

12 In the Matter of the First Amended Accusation
13 Against:

Case No. 800-2018-042395

14 **BRUCE HAMILTON LOCKWOOD, M.D.**
23805 Stuart Ranch Road, #210
15 Malibu, CA 90265

FIRST AMENDED ACCUSATION

16 **Physician's and Surgeon's Certificate**
17 **No. C 40102,**

Respondent.

18
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this First Amended Accusation solely in his
21 official capacity as the Executive Director of the Medical Board of California, Department of
22 Consumer Affairs (Board).

23 2. On November 9, 1981, the Board issued Physician's and Surgeon's Certificate
24 Number C 40102 to Bruce Hamilton Lockwood, M.D. (Respondent). That license was in full
25 force and effect at all times relevant to the charges brought herein and will expire on January 31,
26 2023, unless renewed.

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JURISDICTION

3. This First Amended 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.

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STATUTORY PROVISIONS

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

8 (d) Incompetence.

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

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

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

16 6. Section 2239 of the Code states:

17 (a) The use or prescribing for or administering to himself or herself, of any
18 controlled substance; or the use of any of the dangerous drugs specified in Section
19 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous
20 or injurious to the licensee, or to any other person or to the public, or to the extent that
21 such use impairs the ability of the licensee to practice medicine safely or more than
22 one misdemeanor or any felony involving the use, consumption, or self-
23 administration of any of the substances referred to in this section, or any combination
24 thereof, constitutes unprofessional conduct. The record of the conviction is
25 conclusive evidence of such unprofessional conduct.

26 (b) A plea or verdict of guilty or a conviction following a plea of nolo
27 contendere is deemed to be a conviction within the meaning of this section. The
28 Division of Medical Quality may order discipline of the licensee in accordance with
Section 2227 or the Division of Licensing may order the denial of the license when the
time for appeal has elapsed or the judgment of conviction has been affirmed on appeal
or when an order granting probation is made suspending imposition of sentence,
irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal
Code allowing such person to withdraw his or her plea of guilty and to enter a plea of
not guilty, or setting aside the verdict of guilty, or dismissing the accusation,
complaint, information, or indictment.

7. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
4022 without an appropriate prior examination and a medical indication, constitutes
unprofessional conduct. An appropriate prior examination does not require a
synchronous interaction between the patient and the licensee and can be achieved
through the use of telehealth, including, but not limited to, a self-screening tool or a
questionnaire, provided that the licensee complies with the appropriate standard of
care.

1 (b) No licensee shall be found to have committed unprofessional conduct within
2 the meaning of this section if, at the time the drugs were prescribed, dispensed, or
3 furnished, any of the following applies:

4 (1) The licensee was a designated physician and surgeon or podiatrist serving in
5 the absence of the patient's physician and surgeon or podiatrist, as the case may be,
6 and if the drugs were prescribed, dispensed, or furnished only as necessary to
7 maintain the patient until the return of the patient's practitioner, but in any case no
8 longer than 72 hours.

9 (2) The licensee transmitted the order for the drugs to a registered nurse or to a
10 licensed vocational nurse in an inpatient facility, and if both of the following
11 conditions exist:

12 (A) The practitioner had consulted with the registered nurse or licensed
13 vocational nurse who had reviewed the patient's records.

14 (B) The practitioner was designated as the practitioner to serve in the absence
15 of the patient's physician and surgeon or podiatrist, as the case may be.

16 (3) The licensee was a designated practitioner serving in the absence of the
17 patient's physician and surgeon or podiatrist, as the case may be, and was in
18 possession of or had utilized the patient's records and ordered the renewal of a
19 medically indicated prescription for an amount not exceeding the original prescription
20 in strength or amount or for more than one refill.

21 (4) The licensee was acting in accordance with Section 120582 of the Health
22 and Safety Code.

23 8. Section 725 of the Code states:

24 (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or
25 administering of drugs or treatment, repeated acts of clearly excessive use of
26 diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or
27 treatment facilities as determined by the standard of the community of licensees is
28 unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist,
physical therapist, chiropractor, optometrist, speech-language pathologist, or
audiologist.

(b) Any person who engages in repeated acts of clearly excessive prescribing or
administering of drugs or treatment is guilty of a misdemeanor and shall be punished
by a fine of not less than one hundred dollars (\$100) nor more than six hundred
dollars (\$600), or by imprisonment for a term of not less than 60 days nor more than
180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing,
dispensing, or administering dangerous drugs or prescription controlled substances
shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to
this section for treating intractable pain in compliance with Section 2241.5.

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1 9. Section 2266 of the Code states:

2 The failure of a physician and surgeon to maintain adequate and accurate
3 records relating to the provision of services to their patients constitutes unprofessional
4 conduct.

4 **COST RECOVERY**

5 10. Effective on January 1, 2022, section 125.3 of the Code was amended to provide as
6 follows:

7 (a) Except as otherwise provided by law, in any order issued in resolution of a
8 disciplinary proceeding before any board within the department or before the
9 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
10 administrative law judge may direct a licensee found to have committed a violation or
11 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
12 investigation and enforcement of the case.

11 (b) In the case of a disciplined licensee that is a corporation or a partnership, the order
12 may be made against the licensed corporate entity or licensed partnership.

12 (c) A certified copy of the actual costs, or a good faith estimate of costs where actual
13 costs are not available, signed by the entity bringing the proceeding or its designated
14 representative shall be prima facie evidence of reasonable costs of investigation and
15 prosecution of the case. The costs shall include the amount of investigative and
16 enforcement costs up to the date of the hearing, including, but not limited to, charges
17 imposed by the Attorney General.

16 (d) The administrative law judge shall make a proposed finding of the amount of
17 reasonable costs of investigation and prosecution of the case when requested pursuant
18 to subdivision (a). The finding of the administrative law judge with regard to costs
19 shall not be reviewable by the board to increase the cost award. The board may
20 reduce or eliminate the cost award, or remand to the administrative law judge if the
21 proposed decision fails to make a finding on costs requested pursuant to subdivision
22 (a).

20 (e) If an order for recovery of costs is made and timely payment is not made as
21 directed in the board's decision, the board may enforce the order for repayment in any
22 appropriate court. This right of enforcement shall be in addition to any other rights
23 the board may have as to any licensee to pay costs.

22 (f) In any action for recovery of costs, proof of the board's decision shall be
23 conclusive proof of the validity of the order of payment and the terms for payment.

24 (g) (1) Except as provided in paragraph (2), the board shall not renew or
25 reinstate the license of any licensee who has failed to pay all of the costs ordered
26 under this section.

26 (2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally
27 renew or reinstate for a maximum of one year the license of any licensee who
28 demonstrates financial hardship and who enters into a formal agreement with the
board to reimburse the board within that one-year period for the unpaid costs.

28 (h) All costs recovered under this section shall be considered a reimbursement for

1 costs incurred and shall be deposited in the fund of the board recovering the costs to
2 be available upon appropriation by the Legislature.

3 (i) Nothing in this section shall preclude a board from including the recovery of the
4 costs of investigation and enforcement of a case in any stipulated settlement.

5 (j) This section does not apply to any board if a specific statutory provision in that
6 board's licensing act provides for recovery of costs in an administrative disciplinary
7 proceeding.¹

8 FIRST CAUSE FOR DISCIPLINE

9 (Gross Negligence)

10 11. Respondent Bruce Hamilton Lockwood, M.D., is subject to disciplinary action under
11 section 2234, subdivision (b), of the Code, in that he was grossly negligent in the care of
12 Patient 1.² The circumstances are as follows:

13 12. Respondent is a psychiatrist with offices in Malibu and Westlake Village.

14 13. On or about February 27, 2014, Respondent began treating Patient 1, who had a
15 history of abusing Oxycontin and heroin. The patient reported that he had been treating with
16 another psychiatrist for two years and took Subutex,³ Xanax,⁴ and Celexa⁵ to treat bad panic
17 attacks. Respondent did not obtain the patient's medical records from his prior treating
18 psychiatrist. He did not confirm Patient 1's medication by reviewing a Controlled Substance
19 Utilization Review & Evaluation System (CURES)⁶ Report or perform a biological sample drug
20 screen. Respondent diagnosed Patient 1 with opioid abuse, heroin abuse, major depression-
21 recurrent, panic disorder, and generalized anxiety disorder. Respondent prescribed Subutex 8mg

22 ¹ Effective January 1, 2022, subdivision (k) of Section 125.3, which exempted physicians
23 and surgeons from paying recovery of the costs of investigation and prosecution by the Board,
24 was repealed.

25 ² The patient is identified by number in this Accusation to protect his privacy.

26 ³ Subutex, also known as buprenorphine, is a mixed opioid agonist-antagonist. It is used
27 in the treatment of opiate addiction.

28 ⁴ Xanax, also known as alprazolam, is an anxiolytic.

⁵ Celexa is a selective serotonin reuptake inhibitor (SSRI) used to treat depression.

⁶ CURES is a database, maintained by the Department of Justice, of Schedule II through
IV controlled substance prescriptions dispensed to patients.

1 (written as twice per day), Xanax 2 mg twice a day, and Celexa 20 mg once a day, for Patient 1,
2 advised him to read "Peace from Nervous Suffering" for alternative ways to deal with anxiety and
3 to return in one month. Respondent did not provide Patient 1 with a rescue dose of naloxone.⁷

4 14. Patient 1 returned to see Respondent on March 20, 2014. The summary of the
5 patient's chart indicates that he was "stable and same meds." It should be noted that Respondent
6 states that he provided a summary of Patient 1's chart to the Board. After that, Respondent
7 destroyed Patient 1's chart.

8 15. Patient 1 returned to see Respondent on April 17, 2014. He reported trouble sleeping
9 and more cravings for opioids. Respondent increased his dose of Subutex to 8mg twice a day,
10 from 1 ½ tabs per day, and prescribed trazodone, a sleeping pill.

11 16. Respondent saw Patient 1 on June 12, 2014; July 8, 2014; August 26, 2014; October
12 21, 2014; December 19, 2014; and January 6, 2015. All entries on the summary of patient
13 care are virtually identical: "stable, same meds."

14 17. The February 3, 2015, entry notes that Patient 1 was instructed to take only two
15 Xanax per day. Respondent explained that Patient 1 was taking more Xanax per day than
16 prescribed.

17 18. On March 3, 2015, there was no chart entry for the visit. On April 16, 2015,
18 Respondent only listed Patient 1's medications. The following eight visits of May 21, 2015; June
19 30, 2015 (no chart entry); August 14, 2015; September 1, 2015 (no chart entry); September 29,
20 2015; and November 10, 2015 (no chart entry), where entries are made, only "same meds" is
21 charted. On December 8, 2015, Respondent notes that Patient 1 is stable but gradually increasing
22 Xanax. There is no entry for the January 14, 2016, visit.

23 19. At the February 11, 2016, visit, Respondent increased Patient 1's dose of Xanax to 2
24 mg three times per day. The patient was advised not to take more than three Xanax per day.
25 There is no indication why the dose of Xanax had been increased.

26 20. It is unknown if Patient 1 returned for his next scheduled appointment of March 10,
27 2016, because there is no note for the visit. Patient 1 missed his next two scheduled

28 ⁷ Naloxone is an opioid antagonist used to rapidly reverse opioid overdose.

1 appointments. His next appointment on June 30, 2016, was telephonic. Respondent notes that he
2 advised Patient 1 to find another physician to write Subutex and Xanax for him and provided him
3 with the names of two physicians. However, Respondent also told Patient 1 that he would cover
4 his prescriptions until he found a new physician.

5 21. On September 9, 2016, Respondent was contacted by a pharmacist requesting
6 confirmation that a prescription for Xanax had been called in for Patient 1. Respondent had not
7 called in the prescription. Respondent contacted Patient 1 who allegedly admitted that he had
8 faxed a prescription for himself using Respondent's credentials.

9 22. Because he did not have Patient 1's address, Respondent sent Patient 1 a text on
10 October 21, 2016, advising him that he would no longer be treating him and recommended that
11 Patient 1 seek treatment at a "rehab facility." According to Patient 1's CURES Report,
12 Respondent continued to prescribe Subutex to Patient 1 until October 25, 2016. Respondent
13 charted that Patient 1 came to his office on October 25, 2016, demanding drugs. Respondent
14 notes that he sent him to urgent care.

15 23. The standard of care requires a physician to perform a complete history and
16 examination before prescribing medication to a new patient. The examination could consist of a
17 mental status examination for a psychiatrist.

18 24. Respondent was grossly negligent in the care and treatment of Patient 1 in that he
19 prescribed Subutex, Xanax, and Celexa without conducting a mental status examination.

20 25. The standard of care when starting a patient on Subutex is to safely suppress opioid
21 withdrawal with adequate dosing. The protocol requires close monitoring with daily follow-up.

22 26. When treating a patient for heroin use disorder, the standard of care requires that the
23 practitioner have an understanding of the use of naloxone.

24 27. Respondent was grossly negligent in the care and treatment of Patient 1 in that he
25 prescribed Subutex 8 mg for Patient 1 at his first visit, without having a full knowledge of the
26 patient's true dose, if any. Respondent failed to obtain Patient 1's prior treating psychiatrist's
27 records or even place a call to the physician to confirm the dose of Subutex. Respondent did not
28 check CURES or perform a drug screen on Patient 1. Respondent only followed up with Patient

1 1 on a monthly basis after prescribing Subutex for him. Respondent also failed to prescribe
2 naloxone for Patient 1.

3 28. The standard of care requires physicians to document subjective and objective
4 information regarding their patients. Physicians must also include a working diagnosis consistent
5 with pertinent findings and a treatment plan, which follows from the diagnosis. It is also
6 important that the physician document clinical judgments formed.

7 29. Respondent was grossly negligent in documenting his care and treatment of Patient 1.
8 Respondent failed to document a mental status examination of Patient 1. Further, there is no
9 documented basis for the diagnosis of Major Depression-recurrent or generalized anxiety disorder
10 rendered for Patient 1. There is no documentation of collateral information with the prior
11 provider of Subutex and Xanax. There is no documentation of any assessment of suicide risk
12 even though the diagnoses of Major Depression-recurrent, generalized anxiety disorder, opioid
13 abuse, and heroin abuse, placed Patient 1 at high risk for suicide. Many chart entries for visits
14 have no notes at all (March 3, 2015; June 30, 2015; September 1, 2015; November 10, 2015;
15 January 14, 2016; and March 10, 2016). After he submitted a summary of Patient 1's chart to the
16 Board, Respondent destroyed the original patient chart.

17 **SECOND CAUSE FOR DISCIPLINE**

18 **(Repeated Negligent Acts)**

19 30. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
20 the Code, in that he committed repeated negligent acts in the care and treatment of Patient 1.
21 The circumstances are as follows:

22 31. The allegations of the First Cause for Discipline are incorporated herein as if fully set
23 forth.

24 **THIRD CAUSE FOR DISCIPLINE**

25 **(Prescribing Without Prior Examination or Medical Indication)**

26 32. Respondent is subject to disciplinary action under section 2242, subdivision (a), of
27 the Code, in that he prescribed Subutex and Xanax to Patient 1 without a prior examination
28 and without medical indication. The circumstances are as follows:

1 33. The allegations of the First Cause for Discipline are incorporated herein as if fully set
2 forth.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 **(Excessive Prescribing)**

5 34. Respondent is subject to disciplinary action under section 725, subdivision (a), of the
6 Code, in that he excessively prescribed Xanax to Patient 1. The circumstances are as follows:

7 35. On or about February 27, 2014, Respondent prescribed Xanax to Patient 1 without
8 performing a medical examination and without medical indication.

9 36. On or about February 3, 2015, Respondent charted that Patient 1 was taking more
10 Xanax than was prescribed.

11 37. On or about December 8, 2015, Respondent notes that Patient 1 is stable but
12 gradually increasing Xanax. There is no entry for the January 14, 2016 visit.

13 38. On or about February 11, 2016, Respondent increased Patient 1's dose of Xanax to 2
14 mg three times per day. There is no indication why the dose of Xanax had been increased.

15 39. According to Patient 1's CURES Report, Respondent prescribed Xanax 2 mg to
16 Patient 1 in quick succession and without corresponding chart entries. For example, on January
17 2, 2016, Xanax 2 mg, #30, was prescribed. The next day, January 3, 2016, Respondent
18 prescribed or authorized a refill of Xanax 2 mg, #30. Less than a month later, on January 22,
19 2016, Respondent prescribed Xanax 2 mg, #80. Five days later, on January 27, 2016, Respondent
20 prescribed Xanax 2 mg, #15. The next day, January 28, 2016, Respondent prescribed Xanax 2
21 mg, #25. Twelve days later, on February 9, 2016, Respondent prescribed Xanax 2 mg, #80.
22 Then, on June 25, 2016, Xanax 2 mg, #30 was prescribed. Two days later, on June 27, 2016,
23 Respondent prescribed or authorized a refill for Xanax 2 mg, #30. Approximately one month
24 later on July 29, 2016, Respondent prescribed Xanax 2 mg, #60. Two days later, on July 31,
25 2016, Respondent prescribed Xanax 2 mg #10.

26 40. Typically, Xanax is prescribed in monthly doses. If abuse is suspected, it is
27 prescribed in weekly doses.

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1 FIFTH CAUSE FOR DISCIPLINE

2 (Self-Prescribing a Dangerous Drug)

3 41. Respondent is subject to disciplinary action under section 2239, subdivision (a), of
4 the Code, in that he self-prescribed testosterone, a controlled substance, and dangerous drug.

5 The circumstances are as follows:

6 42. According to his CURES Report, between January 9, 2017, and April 30, 2018,
7 Respondent self-prescribed testosterone, a steroid hormone, which is also a controlled substance
8 and a dangerous drug pursuant to Code section 4022, four times.

9 SIXTH CAUSE FOR DISCIPLINE

10 (Failure to Maintain Adequate and Accurate Records)

11 43. Respondent is subject to disciplinary action under section 2266 of the Code. The
12 circumstances are as follows:

13 44. The allegations of the First, Second, Third, and Fourth Causes for Discipline are
14 incorporated herein as if fully set forth.

15 PRAYER

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

18 1. Revoking or suspending Physician's and Surgeon's Certificate Number C 40102,
19 issued to Respondent Bruce Hamilton Lockwood, M.D.;

20 2. Revoking, suspending, or denying approval of Respondent Bruce Hamilton
21 Lockwood, M.D.'s authority to supervise physician assistants and advanced practice nurses;

22 3. Ordering Respondent Bruce Hamilton Lockwood, M.D. to pay the Board reasonable
23 costs of investigation and prosecution incurred after January 1, 2022;

24 4. Ordering Respondent Bruce Hamilton Lockwood, M.D., if placed on probation, to
25 pay the Board the costs of probation monitoring; and

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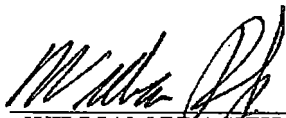
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5. Taking such other and further action as deemed necessary and proper.

DATED: MAR 02 2022



WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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