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FILED

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**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE LICENSE OF :

Hector Castillo, M.D.
License No. MA041481

Administrative Action

TO PRACTICE MEDICINE AND SURGERY:
IN THE STATE OF NEW JERSEY

Interim Consent Order

This matter was originally opened to the New Jersey State Board of Medical Examiners (hereinafter "the Board") upon receipt of information that Hector Castillo, M.D. (hereinafter "the Respondent") had permitted another physician whom he called in consultation for surgical cases to operate on patients without the patients' knowledge and consent.

Respondent appeared and testified before a Committee of the Board on November 9, 1997. A detailed review of Respondent's patient records and his responses under oath raised serious concerns about his internal medicine practice, his ophthalmology practice and his recordkeeping. The Board determined that Respondent should undergo

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a focused practice evaluation by Center for Personalized Education for Physicians (CPEP). Subsequent to this evaluation by CPEP, Respondent was to submit to a period of proctoring of his ophthalmology practice and reeducation. On May 26, 2000, the Board filed an Interim Consent Order whereby Respondent agreed to submit to a six month period of proctoring of his ophthalmology practice in order to be observed and critiqued on his operative management. Respondent was to insure that the proctor provided monthly written reports to the Medical Director of the Board detailing Respondent's progress in his operative management.

Further, under the terms of the Interim Consent Order filed May 26, 2000, Respondent was to successfully complete a sixty credit continuing medical education (CME) review course in internal medicine at Harvard Medical Center in Massachusetts and a second 60 credit CME review course in ophthalmology at the Wills Eye Hospital in Philadelphia, Pennsylvania. This coursework was to be accomplished within the six months following the entry of the Interim Consent Order.

Respondent appeared before a Committee of the Board on November 7, 2001 and acknowledged that he had not fulfilled all of the terms of the Interim Consent Order. In a Consent Order filed May 23, 2002, the Board reprimanded Dr. Castillo for failure to comply with the May 2000 Interim Consent Order. The Board required Respondent submit to a minimum six month period of proctoring of his ophthalmology

practice, with Respondent co-managing all surgical procedures in ophthalmology with said proctor. Respondent was to ensure that the proctor provide detailed monthly written reports to the Medical Director of the Board specifying Respondent's progress in his operative management.

Further, under the terms of the 2002 Consent Order, Respondent was to successfully complete ten CME credits in ophthalmology and successfully complete an ethics course, pay a civil penalty in the amount of \$5,000 and costs in the amount of \$30.

In December 2003, Jonathan Ditkoff, M.D., Board certified in ophthalmology, was approved by the Medical Board to serve as proctor to Respondent. Respondent failed to have this proctor submit detailed monthly reports as required under the Consent Order, with the proctor forwarding instead six one-sentence form letters on December 1, 2004. The Board called for Respondent to appear before a Committee of the Board regarding his noncompliance with the terms of the Consent Order including proctoring and reeducation.

Prior to Respondent's scheduled appearance before the Committee, Respondent documented to the Board that he completed sixty-one hours of internal CME coursework at Columbia University, in lieu of the Harvard Review Course. He submitted continuing medical information for September 2002 and June 2003 indicating that he had completed the ten CME credits in ophthalmology from Slack,

Inc. and had successfully completed an ethics course, and paid all penalty and costs in full.

On April 26, 2006, Respondent appeared and testified before a Committee of the Board relative to his partial noncompliance with both the Interim Consent Order of 2000 and the Consent Order of 2002.

The Board found that Respondent had failed to comply with certain recommendations of the CPEP evaluation, including but not limited to, the necessity for a neuropsychiatric evaluation, and the completion of all steps stemming from this evaluation.

Respondent being desirous of resolving this matter on an interim basis and the Board finding the within disposition to be adequately protective of the public health, safety and welfare, for the reasons expressed herein and other good cause having been shown.

IT IS ON THIS 18 DAY of March 2008

HEREBY ORDERED AND AGREED THAT:

1. Respondent agrees to comply with all previous Orders of the Board, except as modified below.

2. Respondent agrees to follow the recommendation proposed by the CPEP evaluation to undergo a neuropsychiatric evaluation at his own expense within two months of the entry of this Order.

Respondent shall identify qualified practitioner(s) to conduct this neuropsychiatric evaluation, which practitioner(s) shall be approved by the Board. Said practitioner, to be paid for by

Respondent, shall complete his/her evaluation within 60 days of the Board's approval of said practitioner.

Prior to undergoing this evaluation, Respondent shall sign a Release authorizing release of the evaluation report to the Board. The Board reserves any decision on future action, including the requirements to complete any or all steps stemming from the evaluation, until it has reviewed the evaluation report.

3. The CPEP evaluation required a "documentation coach." In lieu of a documentation coach, Respondent will successfully complete, at his own expense, an intensive, Board approved medical recordkeeping course including its followup sessions of chart review at three and six month intervals. After completion of the intensive medical recordkeeping followup sessions, the Board reserves the right for the Medical Director to randomly review records for a period of up to a year from completion of the course.

4. The CPEP evaluation required an EKG course. Respondent will successfully complete, at his own expense, an EKG course approved by the Board within three months of the filing of this Order.

5. The CPEP evaluation required an internal medicine preceptor and a communication coach. The Board waives both these requirements.

6. Respondent shall submit to a period of proctoring. Respondent shall identify an ophthalmological-surgical proctor

within thirty days of the filing of this Order. This New Jersey licensed physician, Board certified in ophthalmology, must be approved by the Board. Said proctor to be retained by Respondent at his own expense, will observe and critique all Respondent's ophthalmological surgical practice (including surgical practice in both the office and the hospital). Respondent will furnish the proctor with a copy of this Order and the proctor will, in writing, agree to abide by its terms. This should result in no additional expense to the consumer. Respondent shall ensure that the proctor provides monthly written reports to the Medical Director of the Board detailing Respondent's cases and critiquing his operative management according to the Guidelines attached hereto as Exhibit A.

7. If, after twenty-five procedures, the proctor reports to the Board that all procedures have been properly undertaken and conducted by Respondent, upon advice of the proctor in consultation with the Respondent, Respondent may apply to the Board to discontinue direct surgical proctoring.

8. Respondent shall identify a non-surgical monitor who monthly will review patient records of ten non-surgical patients, at least seven of which must be non-ophthalmological patients (eg. internal medicine), beginning sixty days from the filing of this Order. The monitor to be approved by the Board, shall submit a monthly report to the Medical Director of the Board or a Board

designee. Respondent shall ensure that the monitor provide these monthly written reports according to the guidelines attached hereto as Exhibit A. Following four months of reporting to the Board, Respondent may apply to the Board to discontinue the monitoring. The Board reserves the decision on future action regarding Respondent's practice based on the monitoring reports.

9. Four months after the surgical proctor and non-surgical monitor have completed their reporting, Respondent shall appear before the Board or a Committee of the Board for the purpose of discussing his compliance with this and other Orders. Respondent will contact the Board to schedule his appearance.

10. The entry of this Order is without prejudice to the Board or the Attorney General pursuing any further disciplinary actions against the Respondent, including but not limited to, any action based upon the reports of his proctor; actions based upon his failure to comply with Board orders, the records of surgeries co-managed with his proctor; actions based upon the discrepancy between his CME credits and the information Respondent provided the Board on his license renewal application; and all actions regarding his recordkeeping deficiencies.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

Mario A. Criscito, M.D.

By: _____
Mario A. Criscito, M.D. President

I have read the terms of the
within Order I understand the
terms of the Order and I agree
to comply with them. Consent is
hereby given to entry of this Order.

Hector Castillo

Hector Castillo, M.D.
Pro Se

Dated: 2/25/08

Hector Castillo: Exhibit A

Surgical Proctor shall report the details of Respondent's ophthalmologic surgical practice for each surgical procedure as follows.

- Date of procedure
- Patient's initials
- Comment on quality of pre procedure evaluation and treatment
- Comment on indications for procedure and appropriateness of procedure chosen
- Comment on technique and skill of respondent in performing procedure
- Comment on appropriateness and quality of post op recommendations and treatments
- Comment on complications reported in follow up discussions regarding cases observed

Non Surgical monitor shall report on ten non surgical patients per month as follows.

- Date(s) seen
- Patient's initials
- Presenting complaint(s)
- Quality of evaluation including history, physical, and testing ordered
- Appropriateness of differential diagnosis and final diagnostic impression
- Appropriateness of treatment and follow up recommended
- Quality and completeness of medical record generated