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

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

Case No. D1-2006-176260

ANDREW RUTLAND, M.D.
1771 West Romneya Drive, Suite A
Anaheim, CA 90801

**ACCUSATION AND PETITION TO
REVOKE PROBATION**

**Physician's and Surgeon's Certificate
No. G 24947**

Respondent.

Complainant alleges:

PARTIES

1. Barbara Johnston (Complainant) brings this Accusation and Petition to Revoke Probation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about July 9, 1973, the Medical Board of California issued Physician's and Surgeon's Certificate No. G 24947 to ANDREW RUTLAND, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2011, unless renewed.

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3. In a disciplinary action entitled, "In the Matter of the Reinstatement of Revoked Certificate of ANDREW RUTLAND," Case No. 20-2006-176260; OAH No. L2007050947, the Medical Board of California, Department of Consumer Affairs, State of California (Board) issued a decision, effective October 25, 2007, in which respondent's Physician's and Surgeon's Certificate No. G 24947, was reinstated and revoked. The revocation was stayed and respondent's Physician's and Surgeon's Certificate was placed on probation for a period of five (5) years, with various terms and conditions. A true and correct copy of that decision is attached as Exhibit A, and is incorporated by reference.

JURISDICTION

4. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division¹ deems proper.

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¹California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "Board" as used in the State Medical Practice Act (Cal. Bus. & Prof. Code, §§ 2000, et seq.) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

1 6. Section 2234 of the Code states:

2 "The Division of Medical Quality shall take action against any licensee who is charged with
3 unprofessional conduct. In addition to other provisions of this article, unprofessional conduct ²
4 includes, but is not limited to, the following:

5 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
6 violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical
7 Practice Act].

8 "(b) Gross negligence.

9 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
10 omissions. An initial negligent act or omission followed by a separate and distinct departure from
11 the applicable standard of care shall constitute repeated negligent acts.

12 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
13 that negligent diagnosis of the patient shall constitute a single negligent act.

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

19 "(d) Incompetence.

20 "(e) The commission of any act involving dishonesty or corruption which is substantially
21 related to the qualifications, functions, or duties of a physician and surgeon.

22 "(f) Any action or conduct which would have warranted the denial of a certificate."

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26 ²Unprofessional conduct under Code section 2234 is conduct which breaches the rules or ethical
27 code of the medical profession, or conduct which is unbecoming to a member in good standing
28 of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v.*
Board of Medical Quality Assurance (1978) 81 Cal.App.3d 564, 575.)

1 7. Section 2216 of the Code states:

2 "On or after July 1, 1996, no physician and surgeon shall perform procedures in an
3 outpatient setting using anesthesia, except local anesthesia or peripheral nerve blocks, or both,
4 complying with the community standard of practice, in doses that, when administered, have the
5 probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes,
6 unless the setting is specified in Section 1248.1 [of the Health and Safety Code]. Outpatient
7 settings where anxiolytics and analgesics are administered are excluded when administered, in
8 compliance with the community standard of practice, in doses that do not have the probability of
9 placing the patient at risk for loss of the patient's life-preserving protective reflexes.

10 "The definition of 'outpatient settings' contained in subdivision (c) of Section 1248 [of the
11 Health and Safety Code] shall apply to this section."

12 8. Section 2216.1 of the Code states:

13 "On and after July 1, 2000, it is unprofessional conduct for a physician and surgeon to
14 perform procedures in any outpatient setting except in compliance with Section 2216, unless the
15 setting has a minimum of two staff persons on the premises, one of whom shall either be a
16 licensed physician and surgeon or a licensed health care professional with current certification in
17 advanced cardiac life support (ACLS) as long as a patient is present who has not been discharged
18 from supervised care."

19 9. Section 2216.2, subdivision (a), of the Code states:

20 "It is unprofessional conduct for a physician and surgeon to fail to provide adequate
21 security by liability insurance, or by participation in an interdemnity trust, for claims by patients
22 arising out of surgical procedures performed outside of a general acute care hospital as defined in
23 subdivision (a) of Section 1250 of the Health and Safety Code.

24 10. Section 2234 of the Code states:

25 "A violation of any federal statute or federal regulation or any of the statutes or regulations
26 of this state regulating dangerous drugs or controlled substances constitutes unprofessional
27 conduct."

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11. Section 2240 of the Code states, in pertinent part:

"(a) Any physician and surgeon who performs a scheduled medical procedure outside of a general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, that results in the death of any patient on whom that medical treatment was performed by the physician and surgeon, or by a person acting under the physician and surgeon's orders or supervision, shall report, in writing on a form prescribed by the board, that occurrence to the board within 15 days after the occurrence.

"(b) Any physician and surgeon who performs a scheduled medical procedure outside of a general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, that results in the transfer to a hospital or emergency center for medical treatment for a period exceeding 24 hours, of any patient on whom that medical procedure was performed by the physician and surgeon, or by a person acting under the physician and surgeon's orders or supervision, shall report, in writing, on a form prescribed by the board that occurrence, within 15 days after the occurrence. The form shall contain all the following information:

"(1) Name of the patient's physician in the outpatient setting.

"(2) Name of the physician with hospital privileges.

"(3) Name of the patient and patient identifying information.

"(4) Name of the hospital or emergency center where the patient was transferred.

"(5) Type of outpatient procedure being performed.

"(6) Events triggering the transfer.

"(7) Duration of the hospital stay.

"(8) Final disposition or status, if not released from the hospital, of the patient.

"(9) Physician's practice specialty and ABMS certification, if applicable.

"(c) The form described in subdivision (b) shall be constructed in a format to enable the physician and surgeon to transmit the information in paragraphs (5) to (9), inclusive, to the board in a manner that the physician and surgeon and the patient are anonymous and their identifying information is not transmitted to the board. The entire form containing information described in paragraphs (1) to (9), inclusive, shall be placed in the patient's medical record.

1 ". . . .

2 "(f) The failure to comply with this section constitutes unprofessional conduct."

3 12. Section 4080 of the Code provides:

4 "All stock of any dangerous drug or dangerous device or of shipments through a customs
5 broker or carrier, shall be, at all times during business hours, open to inspection by authorized
6 officers of the law."

7 13. Section 4091, subdivision (a), of the Code provides in pertinent part:

8 "All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or
9 dangerous devices shall be at all times during business hours open to inspection by authorized
10 officers of the law, and shall be preserved for at least three years from the date of making...."

11 14. San Gabriel Municipal Code § 110.33, subdivision (a), provides:

12 "There are hereby imposed upon the business, trades, professions, callings and occupations
13 specified in this chapter license fees in the amounts prescribed in §§ 110.60 et seq. of this chapter.
14 No person shall transact or carry on any business, trade, profession, calling or occupation in the
15 city without first having procured a license from the city to do so or without complying with any
16 and all applicable provisions of this chapter."

17 15. Title 21 of the Code of Federal Regulations, section 1301.12, subdivision (a),
18 provides:

19 "A separate registration is required for each principal place of business or professional
20 practice at one general physical location where controlled substances are manufactured,
21 distributed, imported, exported or dispensed by a person."

22 16. Title 18 of the United States Code, section 1001, subdivision (a), provides:

23 "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction
24 of the executive, legislative, or judicial branch of the Government of the United States, knowingly
25 and willfully - -

26 "(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;

27 "(2) makes any materially false, fictitious, or fraudulent statement or representation; or
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1 (3) makes or uses any false writing or document knowing the same to contain any
2 materially false, fictitious, or fraudulent statement or entry;

3 "shall be fined under this title, imprisoned not more than 5 years or, if the offense involves
4 international or domestic terrorism . . . imprisoned not more than 8 years, or both."

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Dishonesty)**

7 17. Respondent has subjected his Physician's and Surgeon's Certificate No. G 24947 to
8 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (e), in
9 that he committed an act or acts involving dishonesty and/or corruption which is substantially
10 related to the qualifications, functions, or duties of a physician and surgeon, as more particularly
11 alleged herein:

12 (a) On or about October 28, 2008, Drug Enforcement Registration No. FR 1100635 was
13 assigned to respondent at the address of 1771 West Romneya, Suite A, Anaheim, California,
14 92901;

15 (b) Respondent answered "No" to the following question as part of his application for
16 Drug Enforcement Registration No. FR 1100635: "Has the applicant ever had a state professional
17 license or controlled substance registration revoked, suspended, restricted or denied, or is any
18 such action pending."

19 **SECOND CAUSE FOR DISCIPLINE**

20 **(Gross Negligence)**

21 18. Respondent has subjected his Physician's and Surgeon's Certificate No. G 24947 to
22 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
23 the Code, in that he committed gross negligence in his care and treatment of patient Y.C., as more
24 particularly alleged herein:

25 (a) On or about July 28, 2009, at approximately 11:00 a.m., Patient Y.C., a 30-year-old
26 woman, presented to respondent at "Rutland M.D. Medical Clinic," located at 789 South San
27 Gabriel Boulevard, San Gabriel, California, 91776, for the purpose of having an abortion;
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1 (b) Respondent performed a history and physical examination with the assistance of An
2 Li Chang, who acted as a Chinese translator;

3 (c) Respondent estimated a gestational age of 16 weeks based on the physical
4 examination and one ultrasound measurement of the biparietal diameter;

5 (d) Respondent did not document patient Y.C.'s last menstrual period date, height and
6 weight;

7 (e) The ultrasound photographs and report are not included in patient Y.C.'s medical
8 records;

9 (f) Respondent obtained two signed consent forms from patient Y.C. for a first trimester
10 abortion, although neither was witnessed;

11 (g) Patient Y.C. was moved to a procedure room where respondent performed a pelvic
12 examination;

13 (h) Respondent gave patient Y.C. an injection of Demerol³ but did not document this in
14 his medical records;

15 (i) Respondent placed the speculum and gave patient Y.C. a paracervical block with
16 lidocaine;

17 (j) During an interview with the Board on or about November 9, 2009, respondent stated
18 that he diluted the lidocaine solution by mixing 5 cc of 2% lidocaine with 35 cc of saline;

19 (k) Shortly after receiving the paracervical block, patient Y.C. began to have a reaction;

20 (l) Dr. Lars Hansen and an acupuncturist, who both work in the same office as
21 respondent, were called into the room and the three began performing cardiopulmonary
22 resuscitation (CPR);

23 (m) Chiang called 911;

24 (n) Emergency personnel arrived on the scene at approximately 1:21 p.m. and patient
25 Y.C. was found to be in full cardiac arrest;

26 _____
27 ³ "Demerol," a brand name for Meperidine Hydrochloride, is a narcotic pain reliever. It is
28 a Schedule II controlled substance under California Health and Safety Code section 11055. It is
also a dangerous drug within the meaning of section 4022 of the Code.

1 (o) Emergency personnel observed that respondent, Dr. Hansen, nor the acupuncturist
2 were actively caring for patient Y.C.;

3 (p) Paramedics performed life saving measures and took patient Y.C. to the nearest
4 hospital where she died six days later;

5 (q) An autopsy determined the cause of death to be sequelae of anoxic/ischemic
6 encephalopathy as a consequence of cardiopulmonary arrest due to lidocaine toxicity;

7 (r) Respondent committed gross negligence in his care and treatment of patient Y.C.,
8 which included, but was not limited to the following:

9 (1) The patient consent forms do not specifically pertain to the stated planned procedure
10 (second trimester abortion) and are not witnessed;

11 (2) Key information is missing from the patient's history such as height, weight and last
12 menstrual period;

13 (3) There is no record of the ultrasound examination;

14 (4) There is no detailed documentation of the events after the paracervical block was
15 given;

16 (5) There is no documentation of the resuscitative efforts.

17 (6) Respondent was practicing in an unlicensed facility;

18 (7) Respondent was performing or intending to perform an abortion in a facility
19 inadequately staffed for this purpose (second trimester abortions can be done safely in an
20 outpatient facility, however this requires nursing staff and ideally, an anesthetist);

21 (8) Respondent performed or intended to perform a surgical procedure in a facility
22 inadequately equipped to handle emergencies.

23 (9) The emergency kit that was available in the building at the time of the incident did
24 not meet these criteria in that it contained expired medications and did not include uterotonics;

25 (10) None of the personnel on site have current CPR certification based on the evidence
26 and documentation in this case;

27 (11) Respondent administered a paracervical block with lidocaine without knowledge of
28 the safe dosage range or maximum safe dose;

1 (12) Respondent failed to recognize lidocaine toxicity and failed to respond in a timely
2 manner in performing appropriate resuscitative measures and obtaining the assistance of
3 emergency personnel;

4 (13) Patient Y.C. was never given an oxygen mask; and,

5 (14) There was a significant delay between the time of patient Y.C.'s reaction to the
6 paracervical block and the time emergency personnel were called.

7 **THIRD CAUSE FOR DISCIPLINE**

8 **(Repeated Negligent Acts)**

9 19. Respondent has further subjected his Physician's and Surgeon's Certificate
10 No. G 24947 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
11 subdivision (c), of the Code, in that he has committed repeated negligent acts in his care and
12 treatment of patient Y.C., as more particularly alleged herein:

13 (a) Paragraph 18, above, is hereby incorporated by reference and realleged as if fully set
14 forth herein;

15 (b) Respondent committed repeated negligent acts in his care and treatment of patient
16 Y.C., which included, but was not limited to the following:

17 (1) The patient consent forms do not specifically pertain to the stated planned procedure
18 (second trimester abortion) and are not witnessed;

19 (2) Key information is missing from the patient's history such as height, weight and last
20 menstrual period;

21 (3) There is no record of the ultrasound examination;

22 (4) There is no detailed documentation of the events after the paracervical block was
23 given;

24 (5) There is no documentation of the resuscitative efforts.

25 (6) Respondent was practicing in an unlicensed facility;

26 (7) Respondent was performing or intending to perform an abortion in a facility
27 inadequately staffed for this purpose (second trimester abortions can be done safely in an
28 outpatient facility, however this requires nursing staff and ideally, an anesthetist);

1 (8) Respondent performed or intended to perform a surgical procedure in a facility
2 inadequately equipped to handle emergencies.

3 (9) The emergency kit that was available in the building at the time of the incident did
4 not meet these criteria in that it contained expired medications and did not include uterotonics;

5 (10) None of the personnel on site have current CPR certification based on the evidence
6 and documentation in this case;

7 (11) Respondent administered a paracervical block with lidocaine without knowledge of
8 the safe dosage range or maximum safe dose;

9 (12) Respondent failed to recognize lidocaine toxicity and failed to respond in a timely
10 manner in performing appropriate resuscitative measures and obtaining the assistance of
11 emergency personnel;

12 (13) Patient Y.C. was never given an oxygen mask; and,

13 (14) There was a significant delay between the time of patient Y.C.'s reaction to the
14 paracervical block and the time emergency personnel were called.

15 **FOURTH CAUSE FOR DISCIPLINE**

16 **(Incompetence)**

17 20. Respondent has further subjected his Physician's and Surgeon's Certificate
18 No. G 24947 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
19 subdivision (d), in that he demonstrated incompetence in his care and treatment of patient Y.C., as
20 more particularly alleged herein:

21 (a) Paragraph 18, above, is hereby incorporated by reference and realleged as if fully set
22 forth hereinafter;

23 (b) Respondent demonstrated incompetence in his care and treatment of patient Y.C.,
24 which included, but was not limited to the following:

25 (1) Administering a paracevical block with lidocaine without knowledge of the safe dose
26 range or maximum dose;

27 (2) Failing to recognize lidocaine toxicity and respond in a timely and appropriate
28 manner; and,

1 (3) During his on or about November 9, 2009, interview with the Board, respondent was
2 unaware of recent studies regarding CPR which concluded that mouth to mouth resuscitation was
3 no longer needed and only chest compressions should be used.

4 **FIFTH CAUSE FOR DISCIPLINE**

5 **(Lack of Advanced Cardiac life Support Certification)**

6 21. Respondent has further subjected his Physician's and Surgeon's Certificate
7 No. G 24947, to disciplinary action under sections 2227 and 2234, as defined by section 2216.1
8 of the Code, in that he performed a procedure in an outpatient setting that did not have a licensed
9 physician and surgeon or health care professional with current certification in advanced cardiac
10 life support, as more particularly alleged herein:

11 (a) Paragraph 18, above, is hereby incorporated by reference and realleged as if fully set
12 forth herein;

13 (b) During his on or about November 9, 2009, interview with the Board, respondent
14 stated that he had not done a CPR class since coming back to the practice of medicine and had not
15 done an advanced cardiac life support course; and,

16 (c) None of the other personnel where patient Y.C. appeared to have current CPR
17 certification based on the evidence and documentation obtained.

18 **SIXTH CAUSE FOR DISCIPLINE**

19 **(Failure to Obtain Malpractice Insurance)**

20 22. Respondent has further subjected his Physician's and Surgeon's Certificate
21 No. G 24947 to disciplinary action under sections 2227 and 2234, as defined by section 2216.2,
22 subdivision (a), of the Code, in that he does not have, and did not have, liability insurance, as
23 more particularly alleged herein:

24 (a) Paragraph 18, above, is hereby incorporated by reference and realleged as if fully set
25 forth herein; and,

26 (b) During his on or about November 9, 2009, interview with the Board, respondent
27 admitted that he did not have medical malpractice/liability insurance.

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1 **SEVENTH CAUSE FOR DISCIPLINE**

2 **(Failure to Report)**

3 23. Respondent has further subjected his Physician's and Surgeon's Certificate
4 No. G 24947 to disciplinary action under sections 2227 and 2234, as defined by section 2240,
5 subdivisions (a), (b), and (f), in that he failed to report the death of patient Y.C. to the Board, and
6 patient Y.C.'s transfer to a hospital/emergency room, as more particularly alleged hereinafter:

7 (a) Paragraph 18, above, is hereby incorporated by reference and realleged as if fully set
8 forth herein;

9 (b) Respondent never reported to the Board that patient Y.C. had been transferred to a
10 hospital and/or emergency center for treatment; and,

11 (c) Respondent never reported the death of patient Y.C. to the Board.

12 **EIGHTH CAUSE FOR DISCIPLINE**

13 **(Violation of Drug Laws)**

14 24. Respondent has further subjected his Physician's and Surgeon's Certificate
15 No. G 24947 to disciplinary action under sections 2227 and 2234 as defined by section 2238 of
16 the Code, in that he violated federal and state laws and/or regulations regulating dangerous drugs
17 and/or controlled substances, as more particularly alleged hereinafter:

18 (a) Paragraph 18, above, is hereby incorporated by reference and realleged as if fully set
19 forth hereinafter;

20 (b) On or about July 28, 2009, in an interview with officers from the San Gabriel Police
21 Department, respondent stated that, as part of his care and treatment of patient Y.C., he
22 administered Demerol and Valium;⁴

23 (c) Respondent further stated that he brought the Valium and Demerol to the medical
24 clinic from his Anaheim office;

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27 ⁴ "Valium," as known as diazepam, is a Schedule IV controlled substance within the
28 meaning of California Health and Safety Code section 11057, and a dangerous drug within the
meaning of section 4022 of the Code. It is used to treat anxiety.

1 (d) Respondent's Drug Enforcement Administration Certificate No. FR 1100635 is issued
2 to his address of record and respondent does not have a current DEA Certificate at the medical
3 clinic where patient Y.C. was treated;

4 (e) On or about November 3, 2009, Medical Board Investigator Eric Ryan presented to
5 respondent's medical clinic, "A Woman's Choice Clinic," located at 1550 Broadway, Suite C,
6 Chula Vista, California, 91911, to perform an unannounced visit pursuant to Business and
7 Professions Code section 4080;

8 (f) Investigator Ryan entered the facility and showed the receptionist identification;

9 (g) The receptionist identified where the dangerous drugs and controlled substances were
10 kept, however, there was no one present who could provide Investigator Ryan access for an
11 inspection;

12 (h) Respondent has violated federal and state laws and/or regulations regulating
13 dangerous drugs and/or controlled substances, which included, but was not limited to the
14 following:

15 (1) Transporting controlled substances, Demerol and Valium, to a medical clinic where
16 respondent does not have a current and valid DEA Certificate as required by Title 21 of the Code
17 of Federal Regulations, section 1301.12, subdivision (a);

18 (2) Failing to have his stock of dangerous drugs open for inspection by Investigator Ryan
19 as required by section 4080 of the Code;

20 (3) Failing to provide all records of manufacture and of sale, acquisition, or disposition of
21 dangerous drugs for inspection by Investigator Ryan as required by section 4091, subdivision (a),
22 of the Code.

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1 **NINTH CAUSE FOR DISCIPLINE**

2 **(General Unprofessional Conduct)**

3 25. Respondent has further subjected his Physician's and Surgeon's Certificate
4 No. G 24947 to disciplinary action under sections 2227 and 2234 of the Code in that he has
5 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct
6 which is unbecoming to a member in good standing of the medical profession, and which
7 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 17, 18,
8 19, 20, 21, 22, 23 and 24, above, which are hereby incorporated by reference and realleged
9 herein.

10 **CAUSE TO REVOKE PROBATION**

11 **(Failure To Obey All Laws)**

12 26. At all times after the effective date of respondent's probation, Condition 2, stated:

13 "Petitioner shall obey all federal, state and local laws, all rules governing the practice of
14 medicine in California and remain in full compliance with any court ordered criminal probation,
15 payments, and other orders."

16 27. Respondent's probation is subject to revocation because he failed to comply with
17 Probation Condition 2, in that respondent has failed to obey all federal, state and local laws, as
18 well as, all rules governing the practice of medicine in California, as more particularly alleged
19 herein:

20 (a) Paragraphs 17, 18, 19, 20, 21, 22, 23, 24 and 25, above, are hereby incorporated by
21 reference and realleged as if fully set forth herein; and,

22 (b) At the time patient Y.C. presented to respondent at his medical clinic in San Gabriel
23 on or about July 28, 2009, respondent had not procured a license from the City of San Gabriel to
24 transact or carry on any business, trade, profession, calling or occupation, as required by San
25 Gabriel Municipal Code section 110.33, subdivision (a).

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1 (c) Respondent has violated Title 18 of the United States Code section 1001, by
2 providing false information to the Drug Enforcement Administration when he answered that his
3 state professional license had never been revoked, suspended, denied, restricted, or placed on
4 probation.

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DISCIPLINE CONSIDERATIONS

28. To determine the degree of discipline, if any, to be imposed on respondent, Complainant alleges that the following disciplinary actions have been taken against respondent's Physician's and Surgeon's Certificate:

(a) On or about July 30, 1998, respondent and the Board entered into a Stipulation For Clinical Training and Evaluation in Investigation Nos. 04-1994-37525 and 04-1996-67144. The agreement provided that upon respondent's successful completion of the clinical training program and examination, Investigation Nos. 04-1994-37525 and 04-1996-67144 would be closed.

(b) On or about April, 29, 2002, in a disciplinary matter entitled, "In the Matter of the Accusation Against: Andrew Rutland, M.D.," Case Nos. 18-1999-101122; L-2001070507, the Board issued an order suspending respondent's Physician's and Surgeon's Certificate No. C 24947.

(c) On or about July 3, 2002, in a disciplinary matter entitled, "In the Matter of the Exparte Petition for Interim Suspension Order Against: Andrew Rutland, M.D.," Case Nos. 18-2002-13467; 18-2002-134903; 18-2002-134650; 18-2002-134651; 18-2002-134646, the Board issued a decision suspending respondent's Physician's and Surgeon's Certificate No. G 24947.

(d) On or about October 24, 2002, in a disciplinary matter entitled, "In the Matter of the Accusation Against: Andrew Rutland, M.D.," Case Nos. 18-1999-101122; L-2002070042, respondent and the Board entered into a "Stipulation For Surrender of Physician's and Surgeon's Certificate No. G 24947 and Physician Assistant Supervisor License No. SA 18870."

(f) On or about October 25, 2007, in a disciplinary matter entitled, "In the Matter of the Reinstatement of Revoked Certificate of: Andrew Rutland," Case Nos. L2007050947; 20-2006-176260, the Board issued a decision reinstating respondent's Physician's and Surgeon's Certificate No. G 24947. The newly reinstated certificate was revoked, however, the revocation was stayed and respondent was placed on probation for five (5) years with various terms and conditions.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 24947, issued to ANDREW RUTLAND, M.D.;
2. Revoking, suspending or denying approval of Andrew Rutland, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Andrew Rutland, M.D. to pay the Medical Board of California, if placed on probation, the costs of probation monitoring;
4. Taking such other and further action as deemed necessary and proper.

DATED: December 24, 2009


BARBARA JOHNSTON
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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Exhibit A
October 25, 2007,
Decision
In the Matter of the Reinstatement of Revoked Certificate of: Andrew Rutland

AGO - 0392

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

**In the Matter of the Petition for Reinstatement
of Revoked Certificate of:**

OAH No. L2007050947

ANDREW RUTLAND,

Petitioner.

PROPOSED DECISION

This matter came on regularly for hearing before H. Stuart Waxman, Administrative Law Judge with the Office of Administrative Hearings, on August 8, 2007, at Los Angeles, California.

Petitioner, Andrew Rutland (Petitioner) was present and was represented by Peter Osinoff, Attorney at Law.

Pursuant to the provisions of Government Code Section 11522, the Attorney General of the State of California was represented by Klint James McKay, Deputy Attorney General.

Oral and documentary evidence having been received and the matter submitted, the Administrative Law Judge makes the following Factual Findings:

1. On or about July 9, 1973, the Medical Board of California (Board) issued Physician and Surgeon Certificate No. G 24947 to Petitioner.

2. Petitioner attended medical school at Howard University where he graduated with honors. He performed his residency at Los Angeles County, University of Southern California (USC) Medical Center. After serving a fellowship in gynecological oncology at USC, he served in the United States Air Force, retiring as a Lieutenant Colonel. He remains a member of the Air Force Reserve today. Petitioner became board certified in obstetrics and gynecology in 1977. In 1982, he joined a medical group in Inglewood, California where he remained for 10 years. He then maintained a private practice for another 10 years. Petitioner also holds a law degree.

3. In a Stipulation for Clinical Training and Evaluation, Board Investigation Nos. 04-94-37525 and 04-96-67144, finalized on July 30, 1998, in *In the Matter of the Investigation of Andrew Rutland*, Petitioner agreed to attend a physician assessment and clinical education program, approved by the Board or its designee, in exchange for the closing of the investigations. Petitioner successfully completed the course offered by the Physician Assessment and Clinical Education (PACE) program at the University of California, San Diego.

4. On April 29, 2002, in *In the Matter of the Accusation Against Andrew Rutland, M.D.*, Case No. 18-1999-101122, Administrative Law Judge Ralph B. Dash issued an Interim Order of Suspension restricting Petitioner's physician's and surgeon's certificate as follows:

Respondent shall not perform any surgical procedure at any hospital, unless there is an independent medical doctor present at all times to observe and proctor Respondent. The proctor must have unrestricted surgical privileges at the hospital, and must be competent in the relevant field of surgery. If a volunteer cannot be found, Respondent shall bear the cost of the proctor.

5. At the time Judge Dash issued his interim suspension order, the operative pleading was the Second Amended Accusation. On June 28, 2002, a Third Amended Accusation was filed, which contained the addition of numerous allegations involving several additional patients to those referenced in the Second Amended Accusation.

6. On July 3, 2002, Administrative Law Judge Roy W. Hewitt issued an *Ex Parte* Interim Suspension Order based on the allegations in the Third Amended Accusation. According to that Order, Petitioner's physician and surgeon's certificate was suspended, and Petitioner was ordered not to "practice medicine or supervise physician's assistants in the State of California." On August 26, 2002, Petitioner entered into a stipulation that the Interim Suspension Order would remain in effect until the case was either settled or resolved by a hearing on the merits.

7. In a Decision effective October 24, 2002, the Board accepted Petitioner's surrender of his physician and surgeon's certificate in resolution of the Third Amended Accusation. Petitioner also agreed to pay \$3,160 in discovery costs. In addition, he agreed to pay \$37,000 in investigation and prosecution costs prior to the re-issuance of his license if he chose to seek reinstatement. Petitioner further agreed to the following:

For the purpose of resolving the Third Amended Accusation, Respondent hereby admits to the charges involving the B[. . .] matter, also known as "K.B.", as set forth in paragraphs 12 (except sub-paragraphs Q and R) and 13 (except sub-paragraphs K and O) of the Third Amended Accusation. Further, Respondent agrees that, at a hearing, Complainant could also establish a factual basis for the one or more of the other charges in the Third Amended Accusation.

8. Paragraphs 12 and 13 of the Third Amended Accusation contained allegations of gross negligence, repeated negligent acts and incompetence in Petitioner's care and treatment of three obstetrical patients. Two of those cases involved neonatal deaths in January 1997 and July 1999, respectively. One of those babies had been delivered by forceps delivery. The sub-paragraphs Petitioner refused to admit alleged charting errors and alterations.

9. Petitioner is deeply remorseful over the baby who died following the forceps delivery, and he has vowed never to deliver another baby using forceps again. Although he feels very badly about the other baby's death, he subsequently learned that, according to the autopsy report, the baby died after a pediatrician who was attempting to resuscitate the child perforated a blood vessel with a catheter inserted through the infant's umbilicus. That case was complicated by virtue of the mother being an insulin-dependent diabetic. Petitioner has vowed never to treat a diabetic obstetrical patient without the patient concurrently seeing a peri-natologist.

10. Petitioner believes some of his patients may have misunderstood his recommendations for surgery and become frightened by his strong feelings about it. To avoid that recurring in the future, he will include a second opinion option in his informed consent forms.

11. Petitioner has been named as a defendant in approximately 15 to 18 civil lawsuits. Many of those were prosecuted by the same plaintiff's attorney. Several of those cases were consolidated. The plaintiffs' attorney selected what he considered to be the strongest case to try first. After 3.5 weeks of trial, a defense verdict was returned. All of the other consolidated cases were subsequently voluntarily dismissed without payment by Petitioner. In June 2005, the plaintiffs' attorney wrote a letter indicating that most of the lawsuits were targeted against "an unscrupulous manufacturer of medical equipment" which had "used and abused" Petitioner. In that letter, the plaintiffs' attorney minimized Petitioner's involvement in the harm caused to the patients who filed lawsuits. Of the 15-18 civil cases filed against Petitioner in his more than 30 years of medical practice, he has settled only three for monetary sums.

12. Petitioner has worked with Rev. Jerdail Lauder, the Pastor of New Jerusalem Christian Center and the National President of the United States Pastors Association, in creating medical seminars and workshops for parishioners. Petitioner has served as a keynote speaker and panel member on many occasions, providing health-related information to attendees. He performed those functions without remuneration. Many of those who attended the seminars and workshops were indigent. Petitioner treated those patients without charge. Petitioner has also provided diversity training at churches and universities, again without remuneration.

13. Petitioner took the Medical Record Keeping course at PACE in February of this year, and an ethics course offered by The Institute for Medical Quality/California Medical Association in March of 2006.

14. Since he surrendered his medical license, Petitioner has kept up with developments in obstetrics and gynecology. His daughter began an OB/GYN residency at Loma Linda Medical Center at approximately the same time he surrendered his license. (She subsequently became chief resident.) Petitioner devoted his time toward helping her by studying with her. From the time she began her residency, Petitioner's daughter had her journals and compendiums sent to Petitioner's home, including three journals, a compendium and a newspaper from the American Board of Obstetrics and Gynecology. Petitioner has read each of those publications. He also discusses his daughter's cases with her (without the disclosure of any confidential information). In addition, he has learned to cross-reference literature on the Internet to obtain other scholarly articles, and he reads additional medical literature in medical libraries.

15. Petitioner's daughter considers her father to be a "phenomenal doctor." She described him as thorough and meticulous, and his thinking and teaching as methodical. Having observed him in the operating room via videotapes and DVD's while she was in medical school, she had high praise for his surgical approach and clinical thinking. She claimed Petitioner can "sense a patient." Petitioner educated his daughter to give her patients every option and to give them enough information to make an informed decision.

16. Petitioner's daughter is presently practicing obstetrics and gynecology in Virginia. She plans to return to California to open a practice with Petitioner should his license be reinstated. Petitioner is near retirement age and would very much like to conclude his medical career in practice with his daughter.

17. Petitioner raised and cared for his granddaughter after her father died and her mother (Petitioner's daughter) was performing her residency at Loma Linda Medical Center.

18. Petitioner enjoys a good reputation for honesty.

19. On June 2, 2005, Petitioner was involved in an automobile accident when another motorist traveling in the opposite direction crossed into Petitioner's lane. Petitioner suffered neck, back and hip injuries and was confined to a wheelchair. Petitioner's injuries have resolved for the most part, and he takes pain medication only infrequently. He considers himself physically fit for medical practice, and he is willing to undergo a medical examination before returning to practice.

LEGAL CONCLUSIONS

1. Cause exists to grant the Petition pursuant to the provisions of Business and Professions Code section 2307 by reason of Findings 4 through 15.

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2. Petitioner bore the burden of proving both his rehabilitation and his fitness to practice medicine. (*Houseman v. Board of Medical Examiners* (1948) 84 Cal.App.2d 308.) The standard of proof is clear and convincing evidence to a reasonable certainty. (*Hippard v. State Bar* (1989) 49 Cal.3d 1084; *Feinstein v. State Bar* (1952) 39 Cal.2d 541.) Petitioner's burden required a showing that he was no longer deserving of the adverse character judgment associated with the discipline imposed against his certificate. (*Tardiff v. State Bar* (1980) 27 Cal.3d 395.) Petitioner sustained his burden of proof.

3. Business and Professions Code section 2307, subdivision (e) states in pertinent part:

The panel of the division or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability.

4. California Code of Regulations, title 16, section 1657 states:

When considering a petition for reinstatement or a petition for modification of penalty, the Board, in evaluating the rehabilitation of the applicant and his present eligibility for a certificate or permit, may consider all activities of the petitioner since the disciplinary action was taken and shall also consider the following criteria:

- (1) The nature and severity of the act(s) or crime(s) for which the petitioner was disciplined;
- (2) Evidence of any act(s) or crime(s) committed subsequent to act(s) or crime(s) for which the petitioner was disciplined which also could be considered as grounds for denial under [Business and Professions] Code Section 480.
- (3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2) above.
- (4) The extent to which the petitioner has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed.
- (5) Petitioner's activity during the time the certificate was in good standing.
- (6) Evidence, if any, of the rehabilitation submitted by the petitioner.
- (7) Petitioner's professional ability and general reputation for truth.

5. Of the numerous lawsuits filed against Petitioner, the Board's 1998 investigation, and the disciplinary action which led to Petitioner's license surrender, liability was established with respect to three tragic incidents, which were admitted by Petitioner. He subsequently learned he was not at fault in connection with one of those three incidents. With respect to the others, although they are now temporally remote, Petitioner continues to feel the effects of the incidents today. As to the child who died following a forceps delivery, he continues to empathize with his patient's pain and sorrow over the loss of her child, and he has vowed to never allow a similar situation arise, by refusing to perform forceps deliveries for the remainder of his career.

6. Before surrendering his license, Petitioner enjoyed a medical career lasting more than three decades. He served his community not only in his office and in the hospital, but in community service as well. That service included treating indigent patients without charge. Since suffering license discipline, Petitioner has worked toward his rehabilitation by taking and completing a medical record keeping course and an ethics course, and by maintaining a current store of knowledge via continuous review of the medical literature. In addition, he cared for and raised his grandchild in order for his daughter to be free to study and work in order to enter the medical profession.

7. Although Petitioner has satisfied the criteria set forth in Business and Professions Code section 2307 and California Code of Regulations, title 16, section 1657, the fact that his license surrender rendered him unable to work in a "hands-on" setting for an extended period of time, and the fact that he suffered severe and debilitating injuries in an automobile accident approximately two years ago, raise legitimate concerns about his ability to practice medicine safely. To assuage those concerns, Petitioner will be required to undergo and pass a physical examination and a medical competency examination as condition precedents to practice. In addition, he will be required to retain the services of an independent practice monitor to ensure his continued safe practice of medicine. (See, Govt. Code § 11522.)

ORDER

WHEREFORE, THE FOLLOWING ORDER is hereby made:

The Petition of Andrew Rutland for reinstatement of his revoked Physician and Surgeon's Certificate No. G 24947 is granted subject to the following:

The newly reinstated certificate is hereby revoked. However, the revocation is stayed and Petitioner is placed on probation for five years upon the following terms and conditions:

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1. Notification

Prior to engaging in the practice of medicine Petitioner shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Petitioner, at any other facility where Petitioner engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Petitioner. Petitioner shall submit proof of compliance to the Division or its designee within 15 calendar days.

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

2. Obey All Laws

Petitioner shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

3. Quarterly Declarations

Petitioner shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation. Petitioner shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

4. Probation Unit Compliance

Petitioner shall comply with the Division's probation unit. Petitioner shall, at all times, keep the Division informed of his business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Division or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Petitioner shall not engage in the practice of medicine in his place of residence. Petitioner shall maintain a current and renewed California physician and surgeon's license.

Petitioner shall immediately inform the Division or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

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5. Interview with the Division or its Designee

Petitioner shall be available in person for interviews either at Petitioner's place of business or at the probation unit office, with the Division or its designee upon request at various intervals and either with or without prior notice throughout the term of probation.

6. Residing or Practicing Out-of-State

In the event Petitioner should leave the State of California to reside or to practice, Petitioner shall notify the Division or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which Petitioner is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Division or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve Petitioner of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws and Probation Unit Compliance.

Petitioner's license shall be automatically cancelled if Petitioner's periods of temporary or permanent residence or practice outside California total two years. However, Petitioner's license shall not be cancelled as long as Petitioner is residing and practicing medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

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7. Failure to Practice Medicine - California Resident

In the event Petitioner resides in the State of California and for any reason Petitioner stops practicing medicine in California, he shall notify the Division or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve Petitioner of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding 30 calendar days in which Petitioner is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Division or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

Petitioner's license shall be automatically cancelled if Petitioner resides in California and, for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code sections 2051 and 2052.

8. License Surrender

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

9. Probation Monitoring Costs

Petitioner shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Division, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Division or its designee no later than January 31 of each calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

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10. Oral and/or Written Examination

Within 60 calendar days of the effective date of this Decision, Petitioner shall take and pass an oral and/or written examination, administered by the Probation Unit. The Division or its designee shall administer the oral and/or written examination in a subject to be designated by the Division or its designee and the oral examination shall be audio tape recorded.

If Petitioner fails the first examination, Petitioner shall be allowed to take and pass a second examination, which may consist of an oral and/or written examination. The waiting period between the first and second examinations shall be at least 90 calendar days.

Failure to pass the required oral and/or written examination within 180 calendar days after the effective date of this Decision is a violation of probation. Petitioner shall pay the costs of all examinations. For purposes of this condition, if Petitioner is required to take and pass a written exam, it shall be either the Special Purpose Examination (SPEX) or an equivalent examination as determined by the Division or its designee.

Petitioner shall not practice medicine until Petitioner has passed the required examination and has been so notified by the Division or its designee in writing. This prohibition shall not bar Petitioner from practicing in a clinical training program approved by the Division or its designee. Petitioner's practice of medicine shall be restricted only to that which is required by the approved training program.

11. Medical Evaluation and Treatment

Within 30 calendar days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Division or its designee, Petitioner shall undergo a medical evaluation by a Division-appointed physician who shall consider any information provided by the Division or designee and any other information the evaluating physician deems relevant and shall furnish a medical report to the Division or its designee.

Following the evaluation, Petitioner shall comply with all restrictions or conditions recommended by the evaluating physician within 15 calendar days after being notified by the Division or its designee.

If Petitioner is required by the Division or its designee to undergo medical treatment, Petitioner shall, within 30 calendar days of the requirement notice, submit to the Division or its designee for prior approval the name and qualifications of a treating physician of Petitioner's choice. Upon approval of the treating physician, Petitioner shall, within 15 calendar days, undertake medical treatment and shall continue such treatment until further notice from the Division or its designee.

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The treating physician shall consider any information provided by the Division or its designee or any other information the treating physician may deem pertinent prior to commencement of treatment. Petitioner shall have the treating physician submit quarterly reports to the Division or its designee indicating whether or not Petitioner is capable of practicing medicine safely. Petitioner shall provide the Division or its designee with any and all medical records pertaining to treatment, that the Division or its designee deems necessary.

If, prior to the completion of probation, Petitioner is found to be physically incapable of resuming the practice of medicine without restrictions, the Division shall retain continuing jurisdiction over Petitioner's license and the period of probation shall be extended until the Division determines that Petitioner is physically capable of resuming the practice of medicine without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

Failure to undergo and continue medical treatment or comply with the required additional conditions or restrictions is a violation of probation.

Petitioner shall not engage in the practice of medicine until notified in writing by the Division or its designee of its determination that Petitioner is medically fit to practice safely.

12. Monitoring - Practice

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

The Division or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement.

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

The monitor(s) shall submit a quarterly written report to the Division or its designee which includes an evaluation of Petitioner's performance, indicating whether Petitioner's practices are within the standards of practice of medicine, and whether Petitioner is practicing medicine safely.

It shall be the sole responsibility of Petitioner to ensure that the monitor submits the quarterly written reports to the Division or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Petitioner shall, within five calendar days of such resignation or unavailability, submit to the Division or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Petitioner fails to obtain approval of a replacement monitor within 60 days of the resignation or unavailability of the monitor, Petitioner shall be suspended from the practice of medicine until a replacement monitor is approved and prepared to assume immediate monitoring responsibility. Petitioner shall cease the practice of medicine within three calendar days after being so notified by the Division or designee.

In lieu of a monitor, Petitioner may participate in a professional enhancement program equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Petitioner shall participate in the professional enhancement program at Petitioner's expense during the term of probation.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above is a violation of probation.

13. Solo Practice

Petitioner is prohibited from engaging in the solo practice of medicine.

14. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If Petitioner violates probation in any respect, the Division, after giving Petitioner notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Petitioner during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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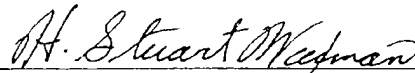
15. Compliance With Terms of October 24, 2002 Stipulation and Order

Petitioner shall comply with any and all provisions of the Stipulation and Order in Case No. 18-1999-101122, effective October 24, 2002, required for re-licensure unless the Board or its designee agrees, in writing, to waive such provision(s).

16. Completion of Probation

Petitioner shall comply with all financial obligations (e.g., probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Petitioner's certificate shall be fully restored.

DATED: September 4, 2007



H. STUART WAXMAN

Administrative Law Judge

Office of Administrative Hearings