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BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No.17-1999-97314
PATRICK MARK SUTTON, M.D. 50 Allessandro Place, #420 Pasadena, California 91105 Physician's & Surgeon's Certificate No. G 53929, Respondent.	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Division of Medical Quality, Medical Board of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. December 2, 2002.

IT IS SO ORDERED October 31, 2002.

FOR THE DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
RONALD H. WENDER, M.D.
Chair, Panel B

BILL LOCKYER, Attorney General
of the State of California
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Attorneys for Complainant

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
STATE OF CALIFORNIA

In the Matter of the Accusation Against: PATRICK MARK SUTTON, M.D. 50 Allessandro Place, #420 Pasadena, California 91105, Physician's & Surgeon's Certificate No. G 53929, Respondent.	Case No. 17-1999-97314 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Ron Joseph (Complainant) is the Executive Director of the Medical Board of California ("Board"). He brought this action solely in his official capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of California, by Robert McKim Bell, Deputy Attorney General.

2. Respondent Patrick Mark Sutton, M.D. ("Respondent") is represented in this proceeding by attorney David Rosner, whose address is 11377 West Olympic Boulevard, 5th Floor, Los Angeles, California 90064.

3. On or about October 29, 1984, the Board issued Physician's and Surgeon's Certificate No. G 53929 to Dr. Sutton. (Respondent). The Certificate was in full force and effect

at all times relevant to the charges brought in Accusation No. 17-1999-98538 and will expire on August 31, 2002, unless renewed.

JURISDICTION

4. Accusation No. 17-1999-98538 was filed before the Board's Division of Medical Quality and is currently pending against Respondent, with a hearing due to begin on September 5, 2002. The Accusation and all other statutorily required documents were properly served on Respondent on June 25, 2001. Respondent timely filed his Notice of Defense contesting the Accusation. Thereafter, an Amended Accusation was filed and served. A copy of the Amended Accusation in case number 17-1999-98538 is attached as Appendix 1 and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the Amended Accusation in case number 17-1999-98538. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent admits that he failed to make and maintain adequate and accurate records of patient care as alleged in paragraph 18 of the Amended Accusation and has therefore subjected his license to disciplinary action under Business and Professions Code

section 2266 in that he failed, in his care of a single patient, to document instructions about proper diet and weight gain during pregnancy. The remaining charges in the Amended Accusation are denied and shall be deemed unproven.

9. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Division's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

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

11. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Division may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 53929 issued to Respondent Patrick Mark Sutton, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions.

Within 15 days after the effective date of this decision the respondent shall provide the Division, or its designee, proof of service that respondent has served a true copy of this decision on the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent or at any other facility where respondent engages in the practice of medicine and on the Chief Executive Officer at every insurance carrier where malpractice insurance coverage is extended to respondent.

1. PHYSICIAN ASSESSMENT AND CLINICAL EDUCATION PROGRAM Within 90 days from the effective date of this decision, respondent, at his expense, shall enroll in The Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine (hereinafter the "PACE Program"). The PACE Program consists of the Comprehensive Assessment Program which is comprised of two mandatory components: Phase 1 and Phase 2. Phase 1 is a two-day program which assesses physical and mental health; neuropsychological performance; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to the specialty or sub-specialty of the respondent. After the results of Phase 1 are reviewed, respondent shall complete Phase 2. Phase 2 comprises five (5) days (40 hours) of Clinical Education in respondent's field of specialty. The specific curriculum of Phase 2 is designed by PACE Faculty and the Department or Division of respondent's specialty, and utilizes data obtained from Phase 1. After respondent has completed Phase 1 and Phase 2, the PACE Evaluation Committee will review all results and make a recommendation to the Division or its designee as to whether further education, clinical training (including scope and length), treatment of any medical and/or psychological condition and any other matters affecting respondent's practice of medicine will be required or recommended. The Division or its designee may at any time request information from PACE regarding the respondent's participation in PACE and/or information derived therefrom. The Division may order respondent to undergo additional education, medical and/or psychological treatment based upon the recommendations received from PACE.

Upon approval of the recommendation by the Division or its designee, respondent

shall undertake and complete the recommended and approved PACE Program. At the completion of the PACE Program, respondent shall submit to an examination on its contents and substance. The examination shall be designed and administered by the PACE Program faculty. Respondent shall not be deemed to have successfully completed the program unless he/she passes the examination. Respondent agrees that the determination of the PACE Program faculty as to whether or not he passed the examination and/or successfully completed the PACE Program shall be binding.

Respondent shall complete the PACE Program no later than six months after his initial enrollment unless the Division or its designee agrees in writing to a later time for completion.

If respondent successfully completes the PACE Program, including the examination referenced above, he agrees to cause the PACE Program representative to forward a Certification of Successful Completion of the program to the Division or its designee. If respondent fails to successfully complete the PACE Program within the time limits outlined above, he shall be suspended from the practice of medicine.

Failure to participate in, and successfully complete all phases of the PACE Program, as outlined above, shall constitute a violation of probation.

2. EDUCATION COURSE Within ninety (90) days of the effective date of this decision, and on an annual basis thereafter, respondent shall submit to the Division or its designee for its prior approval an educational program or course to be designated by the Division or its designee which shall be aimed at correcting any areas of deficient practice or knowledge which shall not be less than 20 hours per year, for each year of probation. This program shall be in addition to the Continuing Medical Education (CME) requirements for re-licensure. Following the completion of each course, the Division or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 45 hours of continuing medical education of which 20 hours were in satisfaction of this condition and were approved in advance by the Division or its designee.

3. THIRD PARTY PRESENCE During probation, respondent shall have a

third party present in any office setting while performing breast, pelvic or ultrasound examinations or in any other situation in the office in which the patient is not fully clothed. Respondent shall, within thirty (30) days of the effective date of the decision, submit to the Division or its designee for its approval the name(s) of persons who will act as the third party present. The respondent shall execute a release authorizing the third party(s) present to divulge any information that the Board may request during interviews by the probation monitor on a periodic basis.

4. PACE PROFESSIONAL BOUNDARIES CLASS Within ninety (90) days of the effective date of this decision, respondent shall enroll in the "Professional Boundaries Program" offered through the University of California, San Diego, School of Medicine. Respondent shall successfully complete this program within the first year of probation.

5. COST RECOVERY The respondent is hereby ordered to reimburse the Division the liquidated sum of six thousand dollars ($6,000.00) in repayment of investigation and legal prosecution costs. Payment shall be made in annual increments of $1,500 during each year of probation. Failure to reimburse the Division's cost of investigation and prosecution shall constitute a violation of the probation order, unless the Division agrees in writing to payment by an installment plan because of financial hardship. The filing of bankruptcy by the respondent shall not relieve the respondent of his responsibility to reimburse the Division for its investigative and prosecution costs.

6. OBEY ALL LAWS Respondent 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.

7. QUARTERLY REPORTS Respondent 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.

8. PROBATION SURVEILLANCE PROGRAM COMPLIANCE Respondent shall comply with the Division's probation surveillance program. Respondent shall, at all times, keep the Division informed of his business and residence addresses which shall both

serve as addresses of record. Changes of such addresses shall be immediately communicated in writing to the Division. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Respondent shall, at all times, maintain a current and renewed physician's and surgeon's license.

Respondent shall also immediately inform the Division, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) days.

9. INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS DESIGNATED PHYSICIAN(S) Respondent shall appear in person for interviews with the Division, its designee or its designated physician(s) upon request at various intervals and with reasonable notice.

10. TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-STATE NON-PRACTICE In the event respondent should leave California to reside or to practice outside the State or for any reason should respondent stop practicing medicine in California, respondent shall notify the Division or its designee in writing within ten (10) days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty (30) days in which respondent 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 approved by the Division or its designee shall be considered as time spent in the practice of medicine. 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 or of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary order.

11. COMPLETION OF PROBATION Upon successful completion of probation, respondent's certificate shall be fully restored.

12. VIOLATION OF PROBATION If respondent violates probation in any respect, the Division, after giving respondent 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 is filed against respondent 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.

13. PROBATION COSTS Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Division. Such costs shall be payable to the Division of Medical Quality and delivered to the designated probation surveillance monitor no later than January 31 of each calendar year. Failure to pay costs within 30 days of the due date shall constitute a violation of probation.

14. LICENSE SURRENDER Following the effective date of this decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may voluntarily tender his certificate to the Board. The Division reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered license, respondent will not longer be subject to the terms and conditions of probation.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, David Rosner. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Division of Medical Quality, Medical Board of California.

DATED: August 27, 2002.

PATRICK MARK SUTTON, M.D.
Respondent

I have read and fully discussed with Respondent Patrick Mark Sutton, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: August 27, 2002.

DAVID ROSNER
Attorney for Respondent

ENDORSEMENT

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

DATED: August 23, 2002.

BILL LOCKYER, Attorney General
of the State of California

ROBERT McKIM BELL
Deputy Attorney General

Attorneys for Complainant

Appendix 1

Amended Accusation - Case No. 17-1999-98538

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 14 2002
BY: M. Anne L ANALYST

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

In the Matter of the Accusation Against: PATRICK SUTTON, M.D., 50 Allesandro Place, #420 Pasadena, California 91105 Physician's and Surgeon's Certificate No. G-53929, Respondent.	Case No. 17-1999-97314 OAH No. L-2001070492 **AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Ron Joseph (Complainant) brings this Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California ("Board"). This document supercedes and supplants the Accusation filed in this matter on June 25, 2001.

2. On or about October 29, 1984, the Board issued Physician's and Surgeon's Certificate Number G 53929 to Patrick Sutton, 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 August 31, 2004, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board's Division of Medical Quality, under the authority of the following sections of the Business and Professions Code ("Code").

4. 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 Division deems proper.

5. Section 2234 of the Code states:

"The Division of Medical Quality 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, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts.

"(d) Incompetence.

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

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

6. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

7. Section 726 of the Code states:

"The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division, under any initiative act referred to in this division and under Chapter 17 (commencing with Section 9000) of Division 3.

"This section shall not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship."

8. Section 14124.12 of the Welfare and Institutions Code states, in pertinent part:

"(a) Upon receipt of written notice from the Medical Board of California, the Osteopathic Medical Board of California, or the Board of Dental Examiners of California, that a licensee's license has been placed on probation as a result of a disciplinary action, the department may not reimburse any Medi-Cal claim for the type of surgical service or invasive procedure that gave rise to the probation, including any dental surgery or invasive procedure, that was performed by the licensee on or after the effective date of probation and until the termination of all probationary terms and conditions or until the probationary period has ended, whichever occurs first. This section shall apply except in any case in which the relevant licensing board determines that compelling circumstances warrant the continued reimbursement during the probationary period of any Medi-Cal claim, including any claim for dental services, as so described. In such a case, the department shall continue to reimburse the licensee for all procedures, except for those invasive or surgical procedures for which the licensee was placed on probation."

9. Section 125.3 of the Code provides, in pertinent part, that the Division

may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

FIRST CAUSE OF ACTION

(Patient Melinda W. - Gross Negligence)

10. Respondent is subject to disciplinary action for gross negligence under section 2234, subdivision (b) of the Code in his treatment of patient Melinda W. (hereinafter "Melinda"). The circumstances are as follows:

11. On or about August 13, 1997, Melinda saw respondent for the first visit of her prenatal care. Respondent estimated her due date to be March 19, 1998. Patient Melinda was 5 feet 8 inches tall and weighed 196 pounds.

12. On or about February 19, 1998, Melinda saw respondent for her last prenatal visit. At this visit, she weighed 246 pounds.

13. On March 21, 1998, respondent delivered the fetus with assistance of a vacuum pump. During the delivery, a midline episiotomy[1] was performed, and a shoulder dystocia was encountered. The baby suffered trauma to one shoulder and had paralysis of the arm at birth.

14. Shoulder dystocia is an obstetric emergency in which the infant's shoulders become lodged in the mother's pelvic area. The condition results from a size discrepancy between the fetal shoulders and the pelvic dimensions. As a result, delivery is complicated by the newborn becoming stuck behind the mother's pubic bone. Consequences can include fetal death or injury to the newborn's brachial plexus, a bundle of nerves that attach the arm to the neck and spinal column, resulting in permanent neurological damage, deformity and paralysis. Risk factors include maternal obesity and diabetes and fetal macrosomia, that is, a fetus greater than 4 kilograms (8 pounds, 13 ounces). Macrosomia is more frequent in obese women. The

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1. Surgical incision of the vulva to prevent laceration at the time of delivery.

risk of having a shoulder dystocia and the risk of incurring a permanent injury can be diminished by appropriate labor management. A physician should routinely estimate fetal weight and record the estimated fetal weight for all women in labor.

15. By the date of delivery, Melinda had gained more than 50 pounds since her first prenatal visit. There is no indication or documentation in the records that respondent ever counseled Melinda about her weight gain or diet.

16. Respondent took no ultrasound of Melinda during the pregnancy to estimate the fetal size.

17. Melinda was obese. Dr. Sutton failed to instruct her about proper diet and weight gain during pregnancy, or to document her condition and his advice.

SECOND CAUSE OF ACTION

(Patient Melinda W. - Failure to Maintain Adequate & Accurate Records)

18. By reason of the foregoing facts, Respondent is subject to disciplinary action under section 2266 of the Code for failure to maintain adequate and accurate records regarding the provision of services to his patient Melinda.

THIRD CAUSE OF ACTION

(Patient Ann B. - Gross Negligence)

19. Respondent is subject to disciplinary action for gross negligence under section 2234, subdivision (b) of the Code in his care of patient Ann B. (hereinafter "Ann"). The circumstances are as follows:

20. On or about August 2, 1996, Ann was admitted to Huntington Memorial Hospital for premature rupture of membranes. Her due date was two months later, October 6, 1996.

21. In the hospital, cultures were taken to assess the possibility of infection and Ann was placed on a continuous fetal monitor. She was admitted to the perinatal high risk unit for premature rupture of membranes. An ultrasound was performed.

22. Respondent did not order a gram stain and ordered incomplete cultures for Ann.

23. From August 2, 1996 to August 4, 1996, there were several instances of fetal bradycardia.[2] When the heart rate dropped and did not improve, the nurses took Ann to the operating room and called respondent.

24. On or about August 4, 1996, respondent performed a Cesarean section for fetal distress. A female fetus was delivered with APGAR scores of zero at one minute and zero at five minutes.[3] The baby died.

25. Respondent's conduct constituted gross negligence in that

A. He failed to do a vaginal gram stain for Ann, and failed to do complete cultures; and

B. He failed to deliver Ann's baby earlier during the hospitalization via Cesarean section on August 2 or 3, 1996.

FOURTH CAUSE OF ACTION

(Patient Consuelo G. - Gross Negligence)

26. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the Code for gross negligence in his care of patient Consuelo G. (hereinafter "Consuelo"). The circumstances are as follows:

27. On or about October 2, 1998, Consuelo saw respondent for prenatal care. During the course of her visits, respondent asked Consuelo how her sex life was going.

28. In or about March 1997, Consuelo complained to respondent that she had painful intercourse due to a history of removal of tissue in the vagina. Respondent scheduled an abdominal ultrasound.

29. On or about March 18, 1997 during the ultrasound, Consuelo told

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2. Slowness of the heartbeat, defined by convention as a rate under 60 beats per minute.

3. APGAR is a name used for scoring the viability of infants one minute and five minutes after birth. It refers to Activity, Pulse, Grimace (reflex irritability), Appearance (skin color) and Respiration. Each sign is given a value of zero, one or two. A score of 7-10 is considered normal, while 4-7 might require some resuscitative measures, and babies with APGARs of 3 and below require immediate resuscitation.

respondent that she was experiencing vaginal dryness and asked whether this was normal. Respondent slipped his left hand under her pants and slid two fingers between her labia and very quickly withdrew them. Respondent was not wearing gloves, did not ask permission, and there was no nurse present.

30. Thereafter, Consuelo asked for referral to another physician and did not return to see respondent.

31. Respondent attempted to engage Consuelo in inappropriate and unprofessional conversation regarding her sex life. In addition, in a manner unnecessary for proper medical care, without gloves and without the patient's permission, he touched her genital labia during a pelvic ultrasound, thus needlessly and inappropriately sexualizing her physical examination.

FIFTH CAUSE OF ACTION

(Patient Consuelo G. - Sexual Misconduct)

32. By reason of the foregoing facts, Respondent is subject to disciplinary action for sexual abuse, misconduct and relations with a patient under section 726 of the Code.

SIXTH CAUSE OF ACTION

(All Patients - Repeated Negligent Acts)

33. By reason of the facts alleged in paragraphs 10 through 32, Respondent is subject to disciplinary action for repeated negligent acts under section 2234, subdivision (c) of the Code in respect of his treatment of Melinda W., Ann B., and Consuelo G.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G-53929, issued to Patrick Sutton, M.D.;

2. Revoking, suspending or denying approval of Respondent's authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. Ordering the Respondent to pay the Division of Medical Quality the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring;

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

DATED: August 14, 2002.

RON JOSEPH
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

03573160-LA2001AD0836