

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

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

Troy Christopher Williams, M.D.

**Physician's and Surgeon's
Certificate No. A 103922**

Respondent.

Case No.: 800-2018-044565

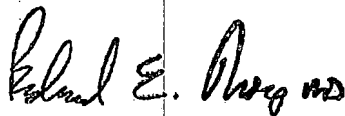
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 6, 2023.

IT IS SO ORDERED: February 2, 2023.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorp, M.D., Chair
Panel B**

1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 BRIAN D. BILL
Deputy Attorney General
4 State Bar No. 239146
Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6461
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2018-044565

12 **TROY CHRISTOPHER WILLIAMS, M.D.**
13 **32144 Agoura Road, Suite 207**
Westlake Village, CA 91361,

OAH No. 2022020162

14 **Physician's and Surgeon's**
15 **Certificate No. A 103922**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

16 Respondent.

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

19 **PARTIES**

20 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
21 California (Board). He brought this action solely in his official capacity and is represented in this
22 matter by Rob Bonta, Attorney General of the State of California, by Brian D. Bill, Deputy
23 Attorney General.

24 2. Respondent Troy Christopher Williams, M.D. (Respondent) is represented in this
25 proceeding by attorney Derek F. O'Reilly-Jones, whose address is: 355 South Grand Ave., Ste.
26 1750, Los Angeles, CA 90071-15622.

27 3. On or about May 14, 2008, the Board issued Physician's and Surgeon's Certificate
28 No. A 103922 to Respondent. The Physician's and Surgeon's Certificate was in full force and

1 effect at all times relevant to the charges brought in Accusation No. 800-2018-044565, and will
2 expire on March 31, 2024, unless renewed.

3 JURISDICTION

4 4. Accusation No. 800-2018-044565 was filed before the Board, and is currently
5 pending against Respondent. The Accusation and all other statutorily required documents were
6 properly served on Respondent on May 10, 2021. Respondent timely filed his Notice of Defense
7 contesting the Accusation.

8 5. A copy of Accusation No. 800-2018-044565 is attached as exhibit A and incorporated
9 herein by reference.

10 ADVISEMENT AND WAIVERS

11 6. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 800-2018-044565. Respondent has also carefully read,
13 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
14 Disciplinary Order.

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

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

23 CULPABILITY

24 9. Respondent understands and agrees that the charges and allegations in Accusation
25 No. 800-2018-044565, if proven at a hearing, constitute cause for imposing discipline upon his
26 Physician's and Surgeon's Certificate.

27 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
28 or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right

1 to contest those charges.

2 11. Respondent does not contest that, at an administrative hearing, complainant could
3 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
4 2018-044565, a true and correct copy of which is attached hereto as Exhibit A, and that he has
5 thereby subjected his Physician's and Surgeon's Certificate, No. A 103922 to disciplinary action.

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

9 **CONTINGENCY**

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

20 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
21 be an integrated writing representing the complete, final and exclusive embodiment of the
22 agreement of the parties in this above entitled matter

23 15. Respondent agrees that if he ever petitions for early termination or modification of
24 probation, or if an accusation and/or petition to revoke probation is filed against him before the
25 Board, all of the charges and allegations contained in Accusation No. 800-2018-044565 shall be
26 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
27 other licensing proceeding involving Respondent in the State of California.

28 16. The parties understand and agree that Portable Document Format (PDF) and facsimile

1 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
2 signatures thereto, shall have the same force and effect as the originals.

3 17. In consideration of the foregoing admissions and stipulations, the parties agree that
4 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
5 enter the following Disciplinary Order:

6 **DISCIPLINARY ORDER**

7 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 103922
8 issued to Respondent TROY CHRISTOPHER WILLIAMS, M.D. is revoked. However, the
9 revocation is stayed and Respondent is placed on probation for five (5) years on the following
10 terms and conditions:

11 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
12 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
13 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
14 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
15 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
16 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
17 the Continuing Medical Education (CME) requirements for renewal of licensure. Respondent
18 shall also complete an additional 20 hours of continuing education, specifically in the field of
19 obstetrics and pregnancy complications ("OB PC"), as a condition precedent to supervising any
20 mid-level practitioners (e.g. Nurse Practitioners or Physician Assistants). Completion of the
21 additional 20 hours of continuing education will be required only one time during the period of
22 probation and shall not be required each year of probation. Following the completion of each
23 course, the Board or its designee may administer an examination to test Respondent's knowledge
24 of the course. By the end of the first year of probation, Respondent shall provide proof of
25 attendance for 85 hours of CME of which 60 hours were in satisfaction of this condition.

26 2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective
27 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
28 advance by the Board or its designee. Respondent shall provide the approved course provider

1 with any information and documents that the approved course provider may deem pertinent.
2 Respondent shall participate in and successfully complete the classroom component of the course
3 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
4 complete any other component of the course within one (1) year of enrollment. The medical
5 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
6 Medical Education (CME) requirements for renewal of licensure.

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

12 Respondent shall submit a certification of successful completion to the Board or its
13 designee not later than 15 calendar days after successfully completing the course, or not later than
14 15 calendar days after the effective date of the Decision, whichever is later.

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

25 A professionalism program taken after the acts that gave rise to the charges in the
26 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
27 or its designee, be accepted towards the fulfillment of this condition if the program would have
28 been approved by the Board or its designee had the program been taken after the effective date of

1 this Decision.

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

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

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

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

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

1 responsibility.

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

8 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
9 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
10 name and qualifications of a replacement monitor who will be assuming that responsibility within
11 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
12 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
13 notification from the Board or its designee to cease the practice of medicine within three (3)
14 calendar days after being so notified. Respondent shall cease the practice of medicine until a
15 replacement monitor is approved and assumes monitoring responsibility.

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

21 5. PROCTORING. Respondent shall successfully complete at least twelve (12) vaginal
22 and/or C-section deliveries proctored by physicians and surgeons whose licenses are valid and in
23 good standing, and who are board-certified by the American Board of Obstetrics and Gynecology
24 (ABOG), provided that such deliveries shall include at least one vaginal and at least one C-
25 section delivery. All proctors shall have no prior or current business or personal relationship with
26 Respondent, or other relationship that could reasonably be expected to compromise the ability of
27 the proctor to render fair and unbiased proctoring report, including but not limited to any form of
28 bartering. Respondent shall pay all proctoring costs, if any. Respondent shall submit to the

1 Board or its designee for prior approval as the proctor(s) under this condition, the name and
2 qualifications of one or more licensed physicians and surgeons. At the end of the twelve (12)
3 proctored infant deliveries described above, the proctor(s) will submit a report(s) to the Board or
4 its designee which unequivocally states whether Respondent has demonstrated the ability to
5 safely and independently perform vaginal and C-section deliveries. Respondent shall not perform
6 deliveries without a proctor until Respondent has successfully completed all (12) twelve of the
7 proctored cases required by this condition and Respondent's proctors have so notified by the
8 Board or its designee in writing.

9 Based on Respondent's performance during the proctored cases, the proctor(s) will also
10 advise the Board or its designee of its recommendation(s), if any, for any additional education,
11 clinical training and/or further evaluation as may be necessary to ensure Respondent's safe
12 practice as a delivering obstetrician. Respondent shall comply with the proctors'
13 recommendations.

14 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
15 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
16 Chief Executive Officer at every hospital where privileges or membership are extended to
17 Respondent, at any other facility where Respondent engages in the practice of medicine,
18 including all physician and locum tenens registries or other similar agencies, and to the Chief
19 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
20 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
21 calendar days.

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

23 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
24 NURSES. As a condition precedent to supervising physician assistants and advanced practice
25 nurses, Respondent shall complete the additional 20 hours of OB PC continuing education as
26 described in Condition 1 above.

27 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
28 governing the practice of medicine in California and remain in full compliance with any court

1 ordered criminal probation, payments, and other orders.

2 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
3 ordered to reimburse the Board its costs of enforcement, in the amount of \$8,515.00 (eight
4 thousand five hundred and fifteen dollars). Costs shall be payable to the Medical Board of
5 California. Failure to pay such costs shall be considered a violation of probation.

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

10 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
11 repay enforcement costs.

12 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
13 under penalty of perjury on forms provided by the Board, stating whether there has been
14 compliance with all the conditions of probation.

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

17 11. GENERAL PROBATION REQUIREMENTS.

18 Compliance with Probation Unit

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

20 Address Changes

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

26 Place of Practice

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

1 facility.

2 License Renewal

3 Respondent shall maintain a current and renewed California physician's and surgeon's
4 license.

5 Travel or Residence Outside California

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

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

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

15 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
16 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
17 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
18 defined as any period of time Respondent is not practicing medicine as defined in Business and
19 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
20 patient care, clinical activity or teaching, or other activity as approved by the Board. If
21 Respondent resides in California and is considered to be in non-practice, Respondent shall
22 comply with all terms and conditions of probation. All time spent in an intensive training
23 program which has been approved by the Board or its designee shall not be considered non-
24 practice and does not relieve Respondent from complying with all the terms and conditions of
25 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
26 on probation with the medical licensing authority of that state or jurisdiction shall not be
27 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
28 period of non-practice.

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

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

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

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

13 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
14 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
15 completion of probation. This term does not include cost recovery, which is due within 30
16 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
17 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
18 shall be fully restored.

19 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
20 of probation is a violation of probation. If Respondent violates probation in any respect, the
21 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
22 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
23 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
24 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
25 the matter is final.

26 16. LICENSE SURRENDER. Following the effective date of this Decision, if
27 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
28 the terms and conditions of probation, Respondent may request to surrender his or her license.

1 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
2 determining whether or not to grant the request, or to take any other action deemed appropriate
3 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
4 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
5 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
6 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
7 application shall be treated as a petition for reinstatement of a revoked certificate.

8 17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
9 with probation monitoring each and every year of probation, as designated by the Board, which
10 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
11 California and delivered to the Board or its designee no later than January 31 of each calendar
12 year.

13 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
14 a new license or certification, or petition for reinstatement of a license, by any other health care
15 licensing action agency in the State of California, all of the charges and allegations contained in
16 Accusation No. 800-2018-044565 shall be deemed to be true, correct, and admitted by
17 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
18 restrict license.

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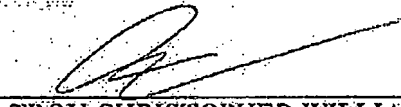
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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Derek F. O'Reilly-Jones. I understand the stipulation and the
4 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
5 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
6 bound by the Decision and Order of the Medical Board of California.

7
8 DATED: 8/24/22


9 TROY CHRISTOPHER WILLIAMS, M.D.
Respondent

10 I have read and fully discussed with Respondent Troy Christopher Williams, M.D. the
11 terms and conditions and other matters contained in the above Stipulated Settlement and
12 Disciplinary Order. I approve its form and content.

13
14 DATED: 08.24.2022


15 DEREK F. O'REILLY-JONES
Attorney for Respondent

16 ENDORSEMENT

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

19
20 DATED: _____

Respectfully submitted,

21 ROB BONTA
22 Attorney General of California
23 EDWARD KIM
Supervising Deputy Attorney General

24
25 BRIAN D. BILL
26 Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Derek F. O'Reilly-Jones. 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 Medical Board of California.

DATED: _____
TROY CHRISTOPHER WILLIAMS, M.D.
Respondent

I have read and fully discussed with Respondent Troy Christopher Williams, 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: _____
DEREK F. O'REILLY-JONES
Attorney for Respondent

ENDORSEMENT

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

DATED: August 25, 2022

Respectfully submitted,
ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General


BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
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6 Telephone: (213) 269-6461
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2018-044565

13 **TROY CHRISTOPHER WILLIAMS, M.D.**

A C C U S A T I O N

14 32144 Agoura Road, Suite 207
15 Westlake Village, California 91361

16 **Physician's and Surgeon's Certificate A 103922,**

17 **Respondent.**

18
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
21 as the Executive Director of the Medical Board of California (Board).

22 2. On May 14, 2008, the Board issued Physician's and Surgeon's Certificate Number A
23 103922 to Troy Christopher Williams, M.D. (Respondent). That license was in full force and
24 effect at all times relevant to the charges brought herein and will expire on March 31, 2022,
25 unless renewed.

26 //

27 //

28 //

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following provisions of the California Business and Professions Code (Code) unless otherwise indicated.

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in

1 damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with
2 respect to any claim that injury or damage was proximately caused by the physician's
3 and surgeon's error, negligence, or omission.

4 (c) Investigating the nature and causes of injuries from cases which shall be
5 reported of a high number of judgments, settlements, or arbitration awards against a
6 physician and surgeon.

7 6. Section 2227 of the Code states:

8 (a) A licensee whose matter has been heard by an administrative law judge of
9 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
10 Code, or whose default has been entered, and who is found guilty, or who has entered
11 into a stipulation for disciplinary action with the board, may, in accordance with the
12 provisions of this chapter:

13 (1) Have his or her license revoked upon order of the board.

14 (2) Have his or her right to practice suspended for a period not to exceed one
15 year upon order of the board.

16 (3) Be placed on probation and be required to pay the costs of probation
17 monitoring upon order of the board.

18 (4) Be publicly reprimanded by the board. The public reprimand may include a
19 requirement that the licensee complete relevant educational courses approved by the
20 board.

21 (5) Have any other action taken in relation to discipline as part of an order of
22 probation, as the board or an administrative law judge may deem proper.

23 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
24 medical review or advisory conferences, professional competency examinations,
25 continuing education activities, and cost reimbursement associated therewith that are
26 agreed to with the board and successfully completed by the licensee, or other matters
27 made confidential or privileged by existing law, is deemed public, and shall be made
28 available to the public by the board pursuant to Section 803.1.

7. Section 2228 of the Code states:

The authority of the board or the California Board of Podiatric Medicine to
discipline a licensee by placing him or her on probation includes, but is not limited to,
the following:

(a) Requiring the licensee to obtain additional professional training and to pass
an examination upon the completion of the training. The examination may be written
or oral, or both, and may be a practical or clinical examination, or both, at the option
of the board or the administrative law judge.

(b) Requiring the licensee to submit to a complete diagnostic examination by
one or more physicians and surgeons appointed by the board. If an examination is
ordered, the board shall receive and consider any other report of a complete
diagnostic examination given by one or more physicians and surgeons of the
licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee,

1 including requiring notice to applicable patients that the licensee is unable to perform
2 the indicated treatment, where appropriate.

3 (d) Providing the option of alternative community service in cases other than
4 violations relating to quality of care.

5 STATUTORY PROVISIONS

6 8. Section 2234 of the Code states:

7 The board shall take action against any licensee who is charged with
8 unprofessional conduct. In addition to other provisions of this article, unprofessional
9 conduct includes, but is not limited to, the following:

10 (a) Violating or attempting to violate, directly or indirectly, assisting in or
11 abetting the violation of, or conspiring to violate any provision of this chapter.

12 (b) Gross negligence.

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

17 (1) An initial negligent diagnosis followed by an act or omission medically
18 appropriate for that negligent diagnosis of the Patient shall constitute a single
19 negligent act.

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

25 (d) Incompetence.

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

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

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

9. 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.

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1 FACTUAL ALLEGATIONS

2 Patient No. 1¹

3 10. Patient No. 1 (also "Patient") at the time in question was a thirty-five-year-old female
4 who was 28 weeks pregnant, with a history of two prior vaginal deliveries at 38 weeks and 35
5 weeks, but without preeclampsia.² The Patient also had a history of seizure disorder and
6 hypertension. Her seizure disorder treatment included placement of a vagal nerve stimulator³ and
7 anti-seizure medication. However, the Patient was not compliant with her anti-seizure medicine
8 regimen. The Patient had been previously admitted to the hospital for seizures during the
9 pregnancy.

10 11. On or about February 8, 2017, at 28 weeks, Patient No. 1, who was approximately 28
11 weeks pregnant, was brought to the hospital by ambulance after she experienced multiple seizures
12 at home and had sustained a hematoma⁴ on her head. Emergency room doctors, including a
13 hospital neurologist (the "Neurologist"), documented the Patient's non-compliance with the
14 prescribed anti-seizure medication. Additionally, the hospital documented that the Patient was
15 awake and alert and complained of headache, nausea, and vomiting.

16 12. Patient No. 1 experienced additional seizures in the ER and initially declined
17 medication, but ultimately accepted this treatment. Patient No. 1 did not have any evidence of
18 preeclampsia or eclampsia.⁵

19 ¹ Patients herein are identified by numbers to protect their privacy.

20 ² Preeclampsia is a pregnancy complication characterized by high blood pressure and
21 signs of damage to another organ system, most often the liver and kidneys.

22 ³ Vagus nerve stimulation prevents seizures by sending regular, mild pulses of electrical
23 energy to the brain via the vagus nerve.

24 ⁴ A hematoma is generally defined as a collection of blood outside of blood vessels. Most
25 commonly, hematomas are caused by an injury to the wall of a blood vessel, prompting blood to
26 seep out of the blood vessel into the surrounding tissues. However, a hematoma can result from
an injury to any type of blood vessel (artery, vein, or small capillary). A hematoma usually
describes bleeding which has more or less clotted, whereas a hemorrhage signifies active,
ongoing bleeding.

27 ⁵ Eclampsia is a severe complication of preeclampsia. It's a rare but serious condition
28 where high blood pressure results in seizures during pregnancy.

1 13. Approximately 35-40 minutes after learning that Patient No. 1 was in the hospital, the
2 Neurologist called Respondent and expressed concern for the welfare of the Patient and fetus.

3 Respondent's Care and Treatment of Patient No. 1

4 14. As documented in the emergency room medical records, Respondent was called at
5 10:25 a.m. regarding the Patient and returned the call at 11:14 a.m. According to the medical
6 chart, at approximately 1:57 p.m., the Respondent made the decision to proceed with a Cesarean
7 delivery.

8 15. Respondent documented in the medical record that the Patient did not have edema,⁶
9 or proteinuria.⁷ Additionally, the Patient did not exhibit signs of HELLP syndrome,⁸ or
10 eclampsia. The Patient's blood pressure was normal.

11 16. Respondent's assessment was "seizure disorder presenting to Los Robles Hospital."

12 17. Respondent also documented that the Neurologist's "advice was that he wanted to
13 have the infant delivered as soon as possible and, in the efforts, to provide for the best-case
14 scenario care for the patient...as well as a possible safe outcome for the infant."

15 18. In his operative note, Respondent documented that "the Patient was in charge by [the
16 Neurologist] to be unstable and at risk for further injury requiring that she be delivered of the
17 fetus at this time. The decision was made together that this will be in the Patient as well as the
18 infant's best interest."

19 19. However, the Respondent failed to document that he performed a fetal assessment
20 before the Cesarean delivery.

21 //

22
23 ⁶ Swelling caused by excess fluid trapped in the body's tissues.

24 ⁷ The presence of abnormal quantities of protein in the urine, which may indicate damage
25 to the kidneys.

26 ⁸ A serious complication of high blood pressure during pregnancy. Hemolysis, elevated
27 liver enzymes, low platelet count (HELLP) syndrome usually develops before the 37th week of
28 pregnancy but can occur shortly after delivery. Many women are diagnosed with preeclampsia
beforehand. Symptoms include nausea, headache, stomach pain, and swelling. Treatment usually
requires delivery of the baby, even if the baby is premature.

1 20. Later, during an interview with a Board investigator, Respondent stated:

- 2 a. That he did not go to the hospital until the Neurologist requested him to do so and
3 that initially he understood that Patient No. 1 was being triaged and treated.
4 b. Respondent further stated that upon the second call from the Neurologist, at that
5 time "it became necessary for me to come over directly".
6 c. He did not think the Patient had preeclampsia and that her seizures were the
7 primary problem.
8 d. The Patient was "very much unstable, and her life was in danger. She was in and
9 out of consciousness".
10 e. The Neurologist informed him that the "baby needs to come out". However, later
11 during the interview, Respondent stated he "was able to then make the decision [to
12 perform the Cesarean delivery] on [his] own as to what [he] thought about the
13 entire situation. But [he] did not have to question the maternal care or the maternal
14 status, because [he] had an expert give [him] their interpretation of the maternal
15 care from a neurologist standpoint."
16 f. It was an emergency seizure situation which the Neurologist attempted to control.
17 g. Respondent did not contact a Maternal-Fetal Medicine (MFM)⁹ sub-specialist, as
18 there was insufficient time to conduct a MFM consultation.
19 h. When he arrived at the hospital, he consulted with another OB/GYN and a
20 decision was made to proceed with delivery.
21 i. He was unaware of the infant's outcome.

22 Medical Issue No. 1 - Preterm Birth by Cesarean Delivery.

23 21. The standard of care for a patient with seizures, even when the Patient is pregnant, is
24 to stop the seizures with anti-epileptic medication and to determine whether there is a treatable
25 underlying cause. Obstetricians should consult with a specialist in this effort. Whenever a seizure

26
27 ⁹ Maternal-fetal medicine is a subspecialty of obstetrics that focuses on the diagnosis,
28 treatment, and ongoing care of women who have a high risk of problems during pregnancy. This
includes patients with a history of previous complicated pregnancies, chronic health conditions,
or medical issues that arise unexpectedly.

1 occurs, acute seizure management involves assessing the Patient's clinical stability. Once the
2 patient is stabilized, the method of delivery should depend, in part, on factors such as gestational
3 age, fetal presentation, and the findings of the cervical examination. Induction of labor and
4 Cesarean delivery should not be recommended to women with epilepsy without specific
5 additional obstetric, medical, or neurologic indications.

6 22. Respondent's decision to perform a Cesarean section on Patient No. 1 constituted an
7 extreme departure from the standard of care because Patient No. 1 did not present with an
8 indication for preterm birth by Cesarean section.

9 Medical Issue No. 2 – Incorrect Interpretation of the Patient's Condition.

10 23. Cesarean delivery on a critically ill patient requires weighing the risks and benefits of
11 the surgery to both the mother and the fetus. Patient No. 1 was stable as indicated by her vital
12 signs, the Neurologist's assessment, and the cessation of her seizures with sedation and
13 intubation; her condition would not improve with delivery. The standard of care requires a
14 physician to accurately interpret vital signs and clinical status to determine whether a patient is
15 stable. If a patient is critically ill, then performing surgery may worsen the maternal condition.
16 Therefore, an obstetrician must weigh the risks and benefits for both the mother and fetus and, if
17 possible, shared decision-making should take place.

18 24. Respondent's failure to consider the risks and benefits of Cesarean section delivery
19 for Patient No. 1 and the fetus constitutes an extreme departure from the standard of care.

20 Medical Issue No. 3 – Failure to Obtain Subspecialist Consultation.

21 25. Before delivering a preterm infant for unclear maternal indications, the standard of
22 care requires an obstetrician to obtain a consultation with an MFM sub-specialist who is trained to
23 assess the whole clinical situation and assist in determining a delivery plan.

24 26. Respondent's failure to consult an MFM before performing the Cesarean constitutes a
25 simple departure from the standard of care.

26 Medical Issue No. 4 – Failure to Assess and/or Document Fetal Status.

27 27. The standard of care requires an obstetrician to monitor and document the fetal heart
28 rate assessment for a hospitalized patient with a viable fetus. Fetal monitoring should begin as

1 soon as possible after a seizure. If an abnormally low heart rate persists, the clinician must
2 assume fetal compromise or placental abruption and must proceed with a Cesarean delivery.

3 28. Respondent's failure to assess and/or document fetal status prior to performing the
4 Cesarean delivery constitutes a simple departure from the standard of care.

5 Medical Issue No. 5 – Delay in Treatment.

6 29. A pregnant patient with seizures is a medical emergency. Therefore, the standard of
7 care requires an obstetrician to be present to interpret the fetal and maternal status to determine
8 the appropriate medical management.

9 30. Respondent's delay in treating Patient No. 1 at the hospital constitutes an extreme
10 departure from the standard of care.

11 Medical Issue No. 6 – Failure to Accept Responsibility for Treatment Decisions.

12 31. The standard of care requires obstetricians to work collaboratively with other
13 physicians to determine obstetric care. However, other physicians from other specialties may
14 provide input, but should not dictate obstetric care.

15 32. Respondent misplaces the responsibility for performing the Caesarean delivery with
16 the Neurologist. Respondent's refusal to accept his own responsibility for the decision to perform
17 the Cesarean delivery constitutes a simple departure from the standard of care.

18 Patient No. 2

19 33. On or about January 24, 2017, Patient No. 2 (also "Patient") had a repeat Cesarean
20 delivery of twins. Patient No. 2 had a prior Cesarean delivery in 2014, and a vaginal delivery in
21 2004.

22 34. Prior to delivery, Patient No. 2 had prenatal visits almost weekly between 7 and 23
23 weeks. The records do not document the reasons for the frequent visits, and it is unclear as to
24 what findings, if any, prompted this management plan.

25 35. On the date of delivery, Respondent performed a ureterolysis¹⁰ prior to making the
26

27 ¹⁰ Ureterolysis is a surgical procedure aimed at exposing the ureter to free it from external
28 pressure or adhesions or to avoid injury to it during pelvic surgery, most often hysterectomy.

1 uterine incision to insure there was no injury to the ureters. The Cesarean delivery was
2 uneventful.

3 36. Respondent saw Patient No. 2 a day before discharge, but not the day of discharge.
4 Respondent believed that the hospital policy required the physician to see the Patient within 24
5 hours of discharge.

6 37. On the day of discharge, RN No. 1 contacted Respondent regarding fluid seeping
7 from the Patient No. 2's incision. Respondent told RN No. 1 to discharge Patient No. 2 and that
8 he would evaluate her post discharge.

9 38. RN No. 1 was not comfortable with Respondent's discharge instructions given the
10 Patient's condition. RN No. 1 addressed her concerns with hospital supervisors. As a result, the
11 decision was made to have a hospital physician assess the wound, place a Steri-Strip, and then
12 discharge Patient No. 2.

13 39. RN No. 1 updated Respondent as to Patient No. 2's condition and the care and
14 treatment provided by the hospital physician. Respondent became angry with RN No. 1.

15 40. RN No. 1 then filed an incident report with the hospital regarding Patient No. 2's
16 discharge.

17 41. When Respondent was made aware of the incident report, he confronted RN No. 1.
18 Respondent told RN No. 1 that the report could result in the loss of hospital privileges.

19 42. Respondent wrote a statement retracting the incident report and asked RN No. 1 to
20 sign it. RN No. 1 was frightened and concerned that Respondent might retaliate against her if she
21 did not sign the statement.

22 Medical Issue No. 7 – Failure to Maintain a Professional Environment and Undermining a
23 Culture of Safety with Hospital Staff.

24 43. The standard of care requires physicians to refrain from engaging in acts or exhibiting
25 behavior that undermines a culture of safety in a healthcare setting, including disruptive or
26 intimidating behavior, as it has a negative effect on the quality and safety of patient care.
27 Therefore, intimidating behavior and disruptive behavior are unprofessional and should not be
28 tolerated.

1 44. Respondent's behavior towards RN No. 1 after the filing of the incident report
2 constitutes an extreme departure from the standard of care because he created an unsafe
3 environment by requesting RN No. 1 to retract her incident report. Respondent's conduct was
4 intimidating, unprofessional, self-serving, and undermined the hospital's efforts to create a safe
5 culture to ensure quality patient care.

6 Medical Issue No. 8 - Failure to Assess the Patient's Incision Prior to Discharge.

7 45. The standard of care requires a physician to assess a wound disruption for the
8 potentially serious complications of separation and/or infection.

9 46. Respondent's failure to personally inspect the wound and/or cause the wound to be
10 inspected by another physician after RN No. 1 expressed her concern constitutes an extreme
11 departure from the standard of care.

12 Medical Issue No. 9 – Failure to Maintain Accurate Medical Records.

13 47. The standard of care is to maintain accurate medical records and document the
14 reasons for a care plan. In addition, tests performed and increased monitoring should have a
15 documented indication.

16 48. Respondent's failure to document the need for the frequency of appointments before
17 24 weeks, and his failure to document the indication for and performance of the ureterolysis
18 constitute a simple departure from the standard of care.

19 Medical Issue No. 10 – Indication to Perform Ureterolysis.

20 49. Dissection of the ureters is not needed to incise the lower uterine segment.
21 Unindicated performance of a ureterolysis violates the standard of care.

22 50. Respondent failed to document the indication for the ureterolysis. The ureterolysis
23 was not indicated and therefore unnecessary. Respondent's performance of the ureterolysis
24 without indication constitutes a simple departure from the standard of care.

25 Patient No. 3

26 51. Patient No. 3 (also "Patient") was 20 years old with a history of two prior Cesarean
27 deliveries. Patient No. 3 presented to the hospital on May 11, 2014. She was 41 weeks and one
28 day of the pregnancy, but was not in labor and was discharged home. Patient No. 3 wanted a trial

1 of labor after Cesarean (TOLAC).¹¹ However, it is not clear when or how Respondent learned of
2 Patient No. 3's two prior Cesarean deliveries.

3 52. Respondent's treatment note dated May 11, 2014, documents the following:

- 4 a. Hospital policy did not allow TOLAC after 2 prior Cesarean deliveries and that
5 he discussed the policy with Patient No. 3. Respondent stated in an interview
6 with a Board investigator that he learned of this policy on April 27, 2014.
7 b. The Patient "admitted that she had lied about not knowing" about the hospital's
8 TOLAC policy.
9 c. The Patient "lied about her prior [Cesarean delivery] history and what she was
10 told about [the hospital's policy] and is officially discharged as [Respondent's]
11 patient."
12 d. Respondent documented that he ended his care of the Patient when he
13 discharged her from the hospital on May 11, 2014. Patient No. 3 was past her
14 due date and at risk of entering labor without an identified provider.
15 Respondent did not contact UCLA to inform them of the Patient and have them
16 agree to accept her as a patient.

17 53. During an interview with a Board investigator, Respondent stated the following:

- 18 a. He initially stated that he learned of Patient No. 3's two prior Cesarean
19 deliveries from medical records he received.
20 b. However, he also stated that on April 27, 2014, "upon questioning by the
21 nursing staff, [he] learned more about [the Patient's prior deliveries] ... and
22 what her intentions [regarding a TOLAC] were."
23 c. He was made aware of the hospital's TOLAC policy on April 27, 2014.
24 After discovering this, he "offered [Patient No. 3] a repeat C-section" and

25
26 ¹¹ Trial of labor after Cesarean (TOLAC) is a planned or attempted vaginal birth after
27 Cesarean (VBAC). Sometimes, there is a need to change the plan, and a TOLAC results in
28 Cesarean birth after Cesarean (CBAC). A birth is officially considered a VBAC once the TOLAC
results in a vaginal delivery.

1 "as well offered to continue care for her as she kind of asked her questions
2 and kind of settled her mind on having the C-section delivery." However,
3 later in the interview, Respondent stated, "[patients] usually comply with
4 [his] medical advice."

5 d. Patient No. 3 arrived in the hospital requesting induction on May 11, 2014.

6 e. He offered to talk to the physician he was going to refer her to,

7 f. He states she came to get the records the following day. This is not
8 documented in the chart.

9 Medical Issue No. 11 – Failure to Timely Refer the Patient.

10 54. Physicians have an ethical obligation to respect patient autonomy and refer in a
11 timely fashion if they cannot provide the appropriate care the patient requests. A failure to timely
12 refer such a patient violates the standard of care.

13 55. Respondent's failure to refer the Patient to a physician/facility that would allow
14 TOLAC after two prior Cesarean deliveries, prior to her admission on May 11, 2014, constitutes
15 an extreme departure from the standard of care.

16 Medical Issue No. 12 – Patient Abandonment.

17 56. Physicians have an ethical and medical obligation not to abandon their patients.

18 57. Respondent's refusal to provide further care leaving Patient No. 3 past her due date
19 without a medical provider, constitutes an extreme departure from the standard of care.

20 Patient No. 4

21 58. Patient No. 4 (also "Patient") was 30 years old, 39 weeks pregnant, with a due date of
22 December 20, 2014. Patient No. 4 was admitted on December 12, 2014, at 9:30 a.m.

23 59. Patient No. 4 had a prior Cesarean delivery after a failure to progress. In her prior
24 pregnancy, Patient No. 4 had progressed to completely dilated and a low enough station for a
25 vacuum attempt, which ultimately failed.

26 //

27 //

28 //

1 60. According to the documented nurse screening exam prior to admission, Patient No. 4
2 was "dilat[ed]"¹² to 3 cm, effacement > 80%¹³ station -1,¹⁴ contraction regular FHR¹⁵ 110-160.

3 61. Respondent was given notice at 9:30 a.m. that the Patient was dilated to 5 cm.

4 62. Respondent's admission note dictated at 9:41 a.m. documents that the Patient entered
5 spontaneous labor. Respondent documented in his operative note that the Patient had been
6 laboring at home and he was unaware of this labor at that time.

7 63. Respondent's physical exam does not include a fetal assessment or vaginal exam.

8 64. The Patient was taken to the operating room at 10:05 a.m. According to Respondent,
9 the urgency of the Cesarean was not for FHR status.

10 65. The operative record notes a uterine incision time of 10:41 a.m. and a delivery time of
11 10:56 a.m. The delivery of the infant was difficult, and that the head was wedged in the pelvis.
12 Ultimately, the infant was delivered as a breech and exhibited low APGAR scores.¹⁶ The infant
13 was diagnosed with hypoxic-ischemic encephalopathy¹⁷ and transferred to UCLA for additional
14 treatment.

15 Medical Issue No. 13 – Failure to Perform A Vaginal Exam Before Proceeding with
16 Cesarean Delivery.

17 66. The standard of care requires a physician to assess the appropriateness of surgery and
18 fetal status before performing a Cesarean delivery.

19
20 ¹² A term that describes the amount of the cervix opening.

21 ¹³ A term that describes the state of cervix stretching and thinning.

22 ¹⁴ Station is another term used to indicate the progress of labor, and it refers to the position
23 of the baby's "presenting part" in relation to the ischial spines in the pelvis.

24 ¹⁵ Fetal heart rate (FHR) usually ranges from 120 to 160 beats per minute (bpm) in the in-
25 utero period.

26 ¹⁶ The Apgar score is a test given to newborns soon after birth. This test checks a baby's
27 heart rate, muscle tone, and other signs to see if extra medical care or emergency care is needed.

28 ¹⁷ Hypoxic-ischemic encephalopathy (HIE) is a type of newborn brain damage caused by
oxygen deprivation and limited blood flow. HIE is a type of birth injury; this is a broad term used
to refer to any harm that a baby experiences at or near the time of birth.

1 67. Respondent's failure to document a fetal assessment or perform a vaginal exam
2 constitutes an extreme departure from the standard of care.

3 Patient No. 5

4 68. Patient No. 5 (also "Patient") was admitted to the hospital on March 14, 2017. She
5 was 20 years old with no prior pregnancies.

6 69. On March 15, 2017, her child was delivered via vacuum-assisted vaginal delivery,
7 which was complicated by postpartum hemorrhage. Per Respondent's operative note, he was
8 contacted 30-40 minutes after delivery for significant bleeding.

9 70. Respondent performed a dilation and curettage procedure (D & C)¹⁸ to treat the
10 hemorrhage.

11 71. Patient No. 5 was discharged on March 17, 2017, but was readmitted the following
12 day with complaints of headache, visual deficits, and heavy bleeding. The Patient was initially
13 evaluated by the ER physician who documented that the Patient's heavy bleeding started at 6:30
14 a.m., but no active hemorrhaging was noted. Patient No. 5 was admitted to the hospital for
15 observation but was transferred to the ICU after an additional episode of vision loss.

16 72. Respondent documented that he observed no active bleeding. Respondent did not
17 document vaginal and cervical findings. He also did not document whether he performed a bi-
18 manual¹⁹ or uterine exam.

19 73. Patient No. 5 remained in the ICU overnight and was examined by the ICU physician
20 on March 18, 2017, who noted: "pelvic ultrasound suggests possible retained products of
21 conception."²⁰ An ultrasound exam performed on March 20, 2017, again indicated possible
22

23 ¹⁸ A dilation and curettage procedure also called a D & C, is a surgical procedure in which
24 the cervix (lower, narrow part of the uterus) is dilated (expanded) so that the uterine lining
25 (endometrium) can be scraped with a curette (spoon-shaped instrument) to remove abnormal
tissues.

26 ¹⁹ A bimanual exam is performed with two hands. The doctor uses this two-handed exam
to check the size and location of a woman's pelvic organs.

27 ²⁰ The term retained products of conception refers to placental and/or fetal tissue that
28 remains in the uterus after a spontaneous pregnancy loss, planned pregnancy termination, or
preterm/term delivery.

1 retained products of conception.

2 74. Patient No. 5 received multiple transfusions for continued bleeding on March 18,
3 2017, through March 20, 2017.

4 75. On March 20, 2017, Respondent performed a repeat D & C.

5 Medical Issue No. 14 – Delay in Performing a Repeat D & C.

6 76. In treating a postpartum hemorrhage with ultrasound and evidence of retained
7 products of conception, the standard of care requires that a D & C should be performed to treat
8 the cause of the hemorrhage and prevent infectious complications.

9 77. Respondent's failure to timely perform a repeat D & C during the second admission
10 despite ongoing bleeding requiring transfusions and ultrasound that was consistent with retained
11 products of conception, constitutes an extreme departure from the standard of care.

12 Medical Issue No. 15 - Inability to Provide Ongoing Prenatal Care Beyond 28 Weeks.

13 78. It is unprofessional and unethical to withhold information that impacts a patient's plan
14 of care. Engaging in this conduct violates the standard of care.

15 79. Respondent admitted during an interview with a Board investigator that he does not
16 inform patients that he cannot provide ongoing care after approximately the 28th week of
17 pregnancy.

18 80. Respondent's failure to inform patients at the first prenatal visit of his treatment limits
19 and failure to provide patients an option to seek care elsewhere constitutes an extreme departure
20 from the standard of care.

21 **FIRST CAUSE FOR DISCIPLINE**

22 (Gross Negligence)

23 81. Respondent Troy Christopher Williams, M.D., is subject to disciplinary action under
24 section 2234, subdivision (b), in that:

25 a. As to Patient No. 1, Respondent performed an unindicated preterm
26 Cesarean delivery.

27 b. As to Patient No. 1, Respondent incorrectly interpreted the Patient's
28 condition before deciding to perform the unindicated preterm Cesarean

1 delivery.

- 2 c. As to Patient No. 1, Respondent delayed in providing the Patient
3 appropriate treatment.
- 4 d. Respondent failed to maintain a professional environment and acted in a
5 manner that undermined the hospital's culture of safety.
- 6 e. As to Patient No. 2, Respondent failed to properly assess the Patient's
7 incision before ordering discharge from the hospital.
- 8 f. As to Patient No. 3, Respondent failed to timely refer the Patient to a
9 provider that could perform the requested TOLAC.
- 10 g. As to Patient No. 3, Respondent abandoned the Patient by failing to timely
11 refer her to a provider that could perform the requested TOLAC, thereby
12 leaving her without medical care.
- 13 h. As to Patient No. 4, Respondent failed to perform a vaginal exam prior to
14 proceeding with a Cesarean delivery.
- 15 i. As to Patient No. 5, Respondent failed to timely perform a repeat D & C.
- 16 j. Respondent failed to timely advise patients as to his inability to provide
17 ongoing care after approximately the 28th week of pregnancy.

18 82. The facts and circumstances regarding this Cause for Discipline are alleged in
19 paragraphs 10 through 80 above and are hereby incorporated by reference and realleged as if fully
20 set forth herein.

21 **SECOND CAUSE FOR DISCIPLINE**

22 **(Failure to Maintain Adequate and Accurate Medical Records)**

23 83. Respondent Troy Christopher Williams, M.D. is subject to disciplinary action under
24 section 2266 in that Respondent failed to maintain adequate and accurate medical records.

25 84. The facts and circumstances regarding this Cause for Discipline are alleged in
26 paragraphs 10 through 80 above and are hereby incorporated by reference and realleged as if fully
27 set forth herein.

28 //

1 THIRD CAUSE FOR DISCIPLINE

2 (Repeated Acts of Negligence)

3 85. Respondent Troy Christopher Williams, M.D. is subject to disciplinary action under
4 section 2234, subdivision (c) in that he engaged in numerous acts that constituted both simple and
5 extreme departures from the standard of care.

6 86. The facts and circumstances regarding this Cause for Discipline are alleged in
7 paragraphs 10 through 84 above and are hereby incorporated by reference and realleged as if fully
8 set forth herein.

9 DISCIPLINE CONSIDERATION

10 87. To determine the degree of discipline, if any, to be imposed on Respondent,
11 Complainant alleges that on or about August 27, 2013, in a prior action, the Medical Board of
12 California issued a Public Reprimand the Board issued a public reprimand in *The Matter of the*
13 *Accusation Against Troy Christopher Williams, M.D.*, Case No. 05-2009-200600, as

14 "Between April 2009 through August 2010, while Respondent worked at a
15 hospital, he committed simple departures from the standard of care for failing to
16 have sufficient obstetrical back-up physician arrangements in order to ensure
17 adequate patient coverage for times when he was unavailable in his care of three
18 female patients."

18 88. As a condition precedent, Respondent was required to successfully complete a
19 clinical training course. Respondent completed the condition and the public reprimand was
20 formally adopted as the Board's decision and order on August 18, 2014.

21 PRAYER

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


- 24 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 103922,
25 issued to Troy Christopher Williams, M.D.;
- 26 2. Revoking, suspending, or denying approval of his authority to supervise physician
27 assistants and advanced practice nurses;
- 28 3. If placed on probation, ordering him to pay the Board the costs of probation

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monitoring; and

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

DATED: May 7, 2021


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

Complainant

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