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 MD

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

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General
BRIAN D. BILL
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Attorneys for Complainant

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.** **32144 Agoura Road, Suite 207** **Westlake Village, CA 91361,** **Physician's and Surgeon's Certificate No. A 103922** Respondent.	Case No. 800-2018-044565 OAH No. 2022020162 **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. William Prasifka (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 Rob Bonta, Attorney General of the State of California, by Brian D. Bill, Deputy Attorney General.

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

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

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

JURISDICTION

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

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

ADVISEMENT AND WAIVERS

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

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; 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.

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

CULPABILITY

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

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

to contest those charges.

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

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

CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board 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 Board considers and acts upon it. If the Board 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 Board shall not be disqualified from further action by having considered this matter.

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

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

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

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

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

DISCIPLINARY ORDER

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

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

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

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

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

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

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

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

this Decision.

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

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

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

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

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

responsibility.

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

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

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

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

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

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

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

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

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

8. 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.

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

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

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

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

facility.

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, 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, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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

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

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

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

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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: 8/24/22

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: 08.24.2022

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: _____

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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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

BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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Attorneys for Complainant

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.** **32144 Agoura Road, Suite 207** **Westlake Village, California 91361** **Physician's and Surgeon's Certificate A 103922,** Respondent.	Case No. 800-2018-044565 **ACCUSATION**

PARTIES

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

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

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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

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

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

6. Section 2227 of the Code states:

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

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

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

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

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

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

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

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,

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

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

STATUTORY PROVISIONS

8. Section 2234 of the Code states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and 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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FACTUAL ALLEGATIONS

Patient No. 1[1]

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

11. On or about February 8, 2017, at 28 weeks, Patient No. 1, who was approximately 28 weeks pregnant, was brought to the hospital by ambulance after she experienced multiple seizures at home and had sustained a hematoma[4] on her head. Emergency room doctors, including a hospital neurologist (the "Neurologist"), documented the Patient's non-compliance with the prescribed anti-seizure medication. Additionally, the hospital documented that the Patient was awake and alert and complained of headache, nausea, and vomiting.

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

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

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

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

[4] A hematoma is generally defined as a collection of blood outside of blood vessels. Most commonly, hematomas are caused by an injury to the wall of a blood vessel, prompting blood to 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.

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

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

Respondent's Care and Treatment of Patient No. 1

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

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

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

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

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

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

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[6] Swelling caused by excess fluid trapped in the body's tissues.

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

[8] A serious complication of high blood pressure during pregnancy. Hemolysis, elevated liver enzymes, low platelet count (HELLP) syndrome usually develops before the 37th week of 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.

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

a. That he did not go to the hospital until the Neurologist requested him to do so and that initially he understood that Patient No. 1 was being triaged and treated.

b. Respondent further stated that upon the second call from the Neurologist, at that time "it became necessary for me to come over directly".

c. He did not think the Patient had preeclampsia and that her seizures were the primary problem.

d. The Patient was "very much unstable, and her life was in danger. She was in and out of consciousness".

e. The Neurologist informed him that the "baby needs to come out". However, later during the interview, Respondent stated he "was able to then make the decision [to perform the Cesarean delivery] on [his] own as to what [he] thought about the entire situation. But [he] did not have to question the maternal care or the maternal status, because [he] had an expert give [him] their interpretation of the maternal care from a neurologist standpoint."

f. It was an emergency seizure situation which the Neurologist attempted to control.

g. Respondent did not contact a Maternal-Fetal Medicine (MFM)[9] sub-specialist, as there was insufficient time to conduct a MFM consultation.

h. When he arrived at the hospital, he consulted with another OB/GYN and a decision was made to proceed with delivery.

i. He was unaware of the infant's outcome.

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

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

[9] Maternal-fetal medicine is a subspecialty of obstetrics that focuses on the diagnosis, 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.

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

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

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

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

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

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

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

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

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

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

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

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

Medical Issue No. 5 – Delay in Treatment.

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

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

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

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

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

Patient No. 2

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

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

35. On the date of delivery, Respondent performed a ureterolysis[10] prior to making the

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Medical Issue No. 10 – Indication to Perform Ureterolysis.

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

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

Patient No. 3

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

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

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

a. Hospital policy did not allow TOLAC after 2 prior Cesarean deliveries and that he discussed the policy with Patient No. 3. Respondent stated in an interview with a Board investigator that he learned of this policy on April 27, 2014.

b. The Patient "admitted that she had lied about not knowing" about the hospital's TOLAC policy.

c. The Patient "lied about her prior [Cesarean delivery] history and what she was told about [the hospital's policy] and is officially discharged as [Respondent's] patient."

d. Respondent documented that he ended his care of the Patient when he discharged her from the hospital on May 11, 2014. Patient No. 3 was past her due date and at risk of entering labor without an identified provider. Respondent did not contact UCLA to inform them of the Patient and have them agree to accept her as a patient.

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

a. He initially stated that he learned of Patient No. 3's two prior Cesarean deliveries from medical records he received.

b. However, he also stated that on April 27, 2014, "upon questioning by the nursing staff, [he] learned more about [the Patient's prior deliveries] ... and what her intentions [regarding a TOLAC] were."

c. He was made aware of the hospital's TOLAC policy on April 27, 2014. After discovering this, he "offered [Patient No. 3] a repeat C-section" and

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

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

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

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

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

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

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

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

Medical Issue No. 12 – Patient Abandonment.

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

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

Patient No. 4

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

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

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60. According to the documented nurse screening exam prior to admission, Patient No. 4 was "dilat[ed][12] to 3 cm, effacement > 80%[13] station -1,[14] contraction regular FHR[15] 110-160.

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

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

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

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

65. The operative record notes a uterine incision time of 10:41 a.m. and a delivery time of 10:56 a.m. The delivery of the infant was difficult, and that the head was wedged in the pelvis. Ultimately, the infant was delivered as a breech and exhibited low APGAR scores.[16] The infant was diagnosed with hypoxic-ischemic encephalopathy[17] and transferred to UCLA for additional treatment.

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

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

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[12] A term that describes the amount of the cervix opening.

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

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

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

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

[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.

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

Patient No. 5

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

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

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

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

72. Respondent documented that he observed no active bleeding. Respondent did not document vaginal and cervical findings. He also did not document whether he performed a bi-manual[19] or uterine exam.

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

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

[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.

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

retained products of conception.

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

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

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

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

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

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

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

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

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

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

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

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

delivery.

c. As to Patient No. 1, Respondent delayed in providing the Patient appropriate treatment.

d. Respondent failed to maintain a professional environment and acted in a manner that undermined the hospital's culture of safety.

e. As to Patient No. 2, Respondent failed to properly assess the Patient's incision before ordering discharge from the hospital.

f. As to Patient No. 3, Respondent failed to timely refer the Patient to a provider that could perform the requested TOLAC.

g. As to Patient No. 3, Respondent abandoned the Patient by failing to timely refer her to a provider that could perform the requested TOLAC, thereby leaving her without medical care.

h. As to Patient No. 4, Respondent failed to perform a vaginal exam prior to proceeding with a Cesarean delivery.

i. As to Patient No. 5, Respondent failed to timely perform a repeat D & C.

j. Respondent failed to timely advise patients as to his inability to provide ongoing care after approximately the 28th week of pregnancy.

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

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

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

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

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THIRD CAUSE FOR DISCIPLINE

(Repeated Acts of Negligence)

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

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

DISCIPLINE CONSIDERATION

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

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

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

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 103922, issued to Troy Christopher Williams, M.D.;

2. Revoking, suspending, or denying approval of his authority to supervise physician assistants and advanced practice nurses;

3. If placed on probation, ordering him to pay the Board the costs of probation

monitoring; and

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

DATED: May 7, 2021

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

Complainant

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